

Migration and Diabetes Project

Preliminary Findings: Nutrition and Food Insecurity among Recent Immigrant, Black Caribbean Immigrant and Canadian-Born Populations in Toronto

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STUDY OBJECTIVES

- › To explore risk factors, self-management practices, information seeking and access to health care among recent immigrants from 4 newcomer communities in the GTA (Phase 1)
- › To explore risk factors, self-management practices, information seeking and access to health care in the Black Caribbean immigrant community in the GTA (Phase 2).



FUNDING

- Phase 1: Public Health Agency of Canada
(Research) and Citizenship and Immigration
Canada (Knowledge Translation).
- Phase 2: CERIS – The Ontario Metropolis Centre

RESEARCH TEAM

Investigators and Staff:

- Ilene Hyman, Enza Gucciardi, Yogendra Shakya, Anneke Rummens, Dianne Patychuk, Marisa Creatore, Sio Khuan Koo
- Qamar Zaidi, Sivajini Sivasamy, Research Coordinators
- Peer researchers: Ying Zhou, Khadedda Yesmin, Zalika Jones, Tamara Estwick, Ruth Corrie, Lisa Brown
- Dragan Kljucic, Data Manager, CAPI Programmer and Designer



Community Partners:

Access Alliance Multicultural Health, Scarborough Centre for Healthy Communities, Rexdale CHC, Women's Health in Women's Hands CHC, Black Creek CHC, West Hill CHC, Rexdale CHC, Parkdale CHC, West Toronto DEC, Unison Health and Community Services, Vasantham Tamil Seniors, Toronto Chinese Health Education Committee, Black Health Alliance, TAIBU CHC

RATIONALE

- 5% of the Canadian pop. is living with Type II diabetes and this will increase to 11% by 2020 (CDA, 2011).
- Prevalence of Type II diabetes is increasing among Canadian immigrants (PHAC, 2005) with variation by ethnicity and country of origin.
- Immigrants from South Asia, Latin America, the Caribbean and sub-Saharan Africa have a two –three times greater risk of developing diabetes than Western European or North American immigrant populations (Creatore et al., 2010).
- Elevated risk begins earlier in life (e.g. 20 – 40) and is equivalent or higher among women (e.g. 35-49) (Creatore et al., 2010).



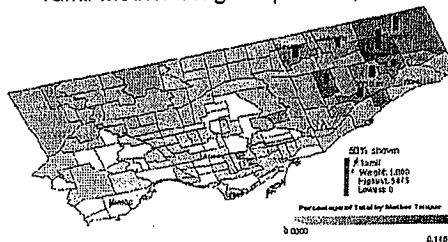
METHODS I

- Exploratory study using a structured questionnaire administered in 4 different study languages or English
- Criteria used for selection of newcomer / language communities:
 - High risk of developing diabetes post-migration
 - Current immigration trends in Canada
 - Major social, economic and linguistic barriers to care
 - Pre-existing relationship with community organizations

METHODS II

- Community and neighbourhood-based recruitment strategies
- Ethics from University of Toronto and collaborating hospitals
- CAPI used for data collection and entry

Tamil Mother Tongue Speakers, 2006

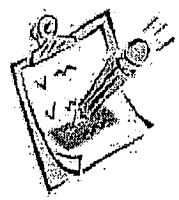


SAMPLE SIZES - STUDY POPULATIONS

	N
Recent Immigrant Communities	130
- Bangladeshi (Bengali-speaking)	35
- Mainland Chinese (Mandarin-speaking)	30
- Sri Lankan Tamils	30
- Pakistani (Urdu-speaking)	35
Black Caribbean Immigrants	48
Canadian Born	54

MEASURES

- Socio-demographic variables
- Risk factors
- Self-management practices
 - Nutrition / health practices
 - Use of physician and allied health services
- Information seeking
- Barriers to accessing health care
- Food security (Phase 2)



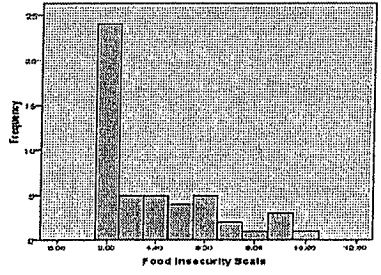
FOOD SECURITY QUESTIONS

The final questions are about activities in your daily life. In the past 12 months?

[Read out options and tick appropriate box] Always Often Sometimes Rarely Never

a) How often did you worry that food would run out before you had money to buy more

b) How often did the food you have not last and there wasn't any money to get more?



2011-2012
2010-2011
2009-2010

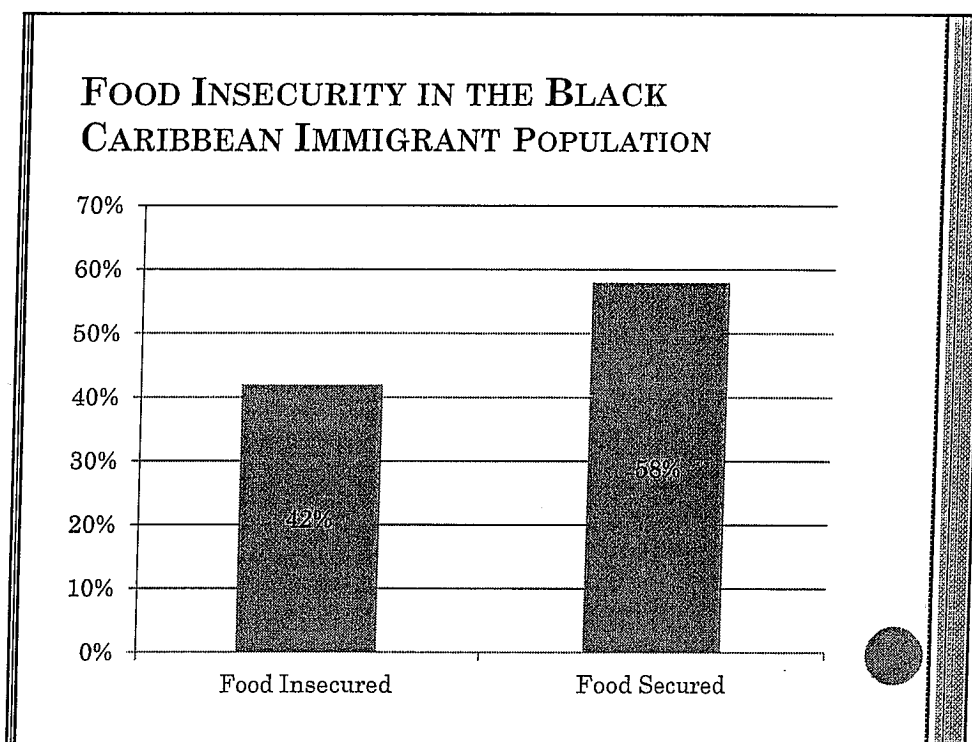


**DEMOGRAPHICS: RECENT IMMIGRANT, BLACK CARIBBEAN IMMIGRANT
AND CANADIAN-BORN GROUPS**

Indicator	Recent immigrants (N=130)	Black Caribbean immigrants (N=48)	Canadian-born (N=54)	P-value
Mean age	51.2	54.6	52.3	ns
Gender - % Male	44.6	35.4	51.9	ns
Marital Status - % Married	89.2	41.7	35.2	< 0.001
Education - % College or higher	61.5	12.5	50.0	< .0001
Employment - % Unemployed	18.5	4.3	22.2	< .0005
Type of Employment - % Permanent	60.0	74.2	94.1	< .05
Household Income - % less than \$50,000	83.3	64.1	66.7	< 0.05
# Household Dependents - % 4 or more	59.2	17.8	20.9	<0.0001
- % "often" reporting that they are unable to buy healthy food	46.2	31.3	58.8	ns

**NUTRITION AND HEALTH PRACTICE INDICATORS: RECENT IMMIGRANT AND
CANADIAN-BORN GROUPS**

Indicator	Recent immigrants (N=130)	Canadian-born (N=54)	P-value
% overweight or obese (BMI and waist circumference)	58.2	84.6	< 0.0001
% reporting "always" maintained a healthy diet in past 12 months	30.8	11.1	< 0.005
% reporting eating sweets/deserts once a week or more often	26.9	51.9	< 0.001
% reporting eating fast foods once a week or more often	9.2	22.2	< 0.05
% reporting "always" maintained a healthy body weight in past 12 months	33.9	9.3	< 0.001
% who engaged in regular physical activity	81.5	66.7	< 0.05
% who smoke	10	35.2	<0.0001
% who received info or care from a dietitian	19.2	38.9	< 0.005



FURTHER RESEARCH

- To explore the impact of food insecurity on diabetes risk and outcome in the Black Caribbean community.
 - To identify risk factors for diabetes among newcomers with and without the disease
 - To identify the determinants of diabetes self-management practices in newcomer and racialized groups.
 - To explore the effect of racialization on health and health care access (independent of language and newcomer status).
- A solid black circle is located to the right of the list.

IMPLICATIONS FOR PRACTICE AND POLICY

- o Continue to address the SDOH, especially income, that contribute to diabetes inequities through poverty- reduction strategies.
- o Consider the long -term process of dietary acculturation and develop policies and programs to support /maintain positive dietary and other health practices.
- o Develop and support policies and programs that recognize the unique needs of racialized and newcomer communities as a priority group.



THANK YOU!

QUESTIONS / COMMENTS?

