

IMMIGRATION, HEALTH AND DISABILITY: PERCEPTIONS AND UNDERSTANDING

K. Bruce Newbold, Stine Hansen & Rob Wilton
School of Geography & Earth Sciences
McMaster University

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Outline

- 1. Introduction
- 2. Disability: Prevalence
- 3. Disability: Perceptions
- 4. Conclusions

Introduction

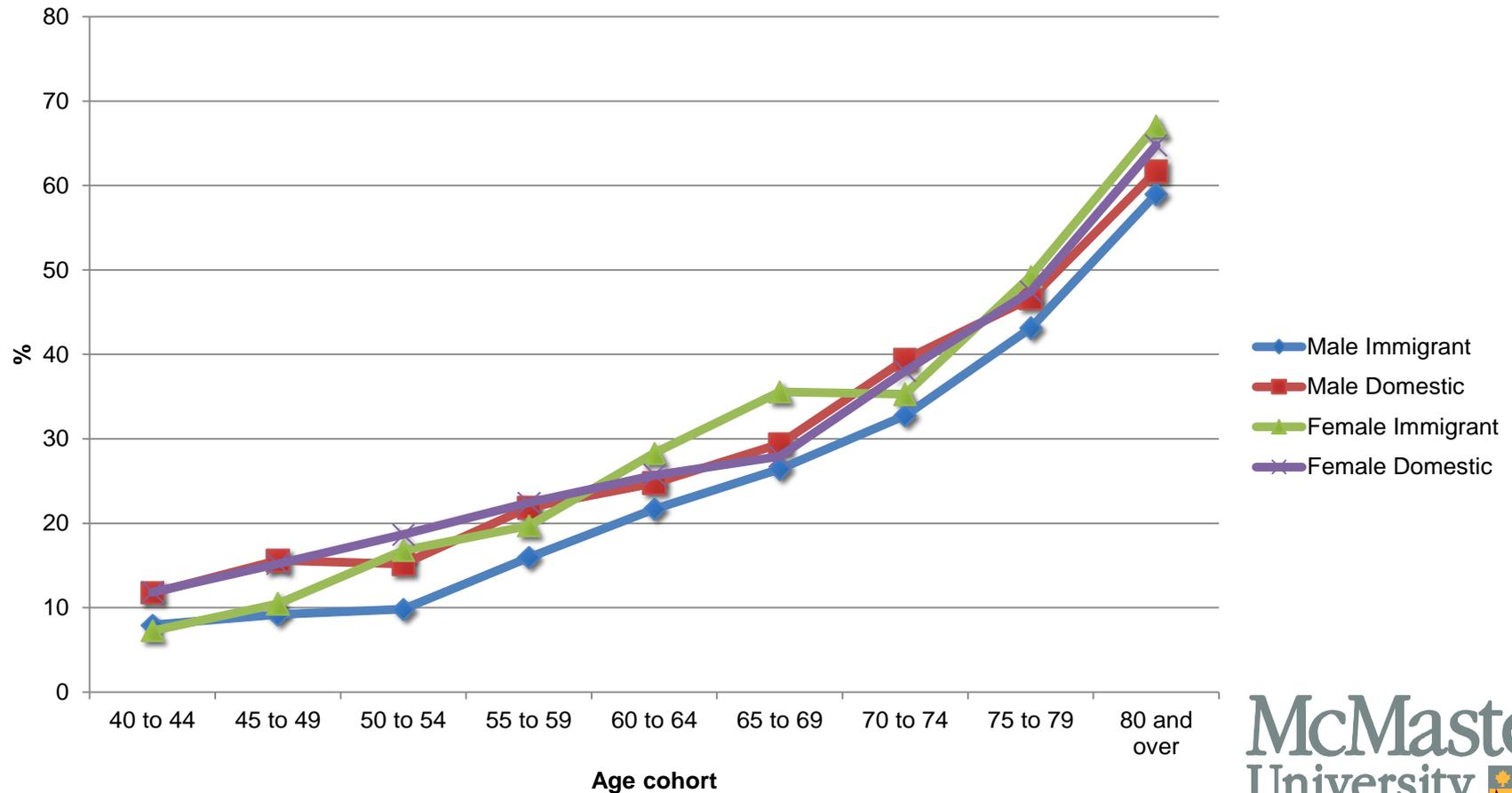
- Well established ‘healthy immigrant effect’, with declines in health shortly after arrival
 - Declines noted in self assessed health, physical health, increased chronic conditions, HUI3
 - Declines linked to barriers to care (i.e., language, insurance, knowledge) and acculturation issues
 - What about disability?
 - Are there differences in rates of disability between immigrants and non-immigrants?
 - Are immigrants more (less) likely to use support services or different services?
 - Do perceptions of disability differ?

Introduction (cont'd)

- **Disability** (WHO 2001) as “*any restriction or lack (resulting from an impairment) of ability to perform an activity in the matter or within the range considered normal for a human being.*”
 - Disability prevalence increases with age
 - Individuals with long-term disabilities are more likely to be: female, older, unmarried, childless, in fair/poor health, and have less than a High School education
- Literature is largely silent with respect to disability amongst Canadian immigrants, as well as use of support services by disabled immigrants and perceptions of disability

Paper 1: Disability Prevalence

Total Disability Prevalence Rates

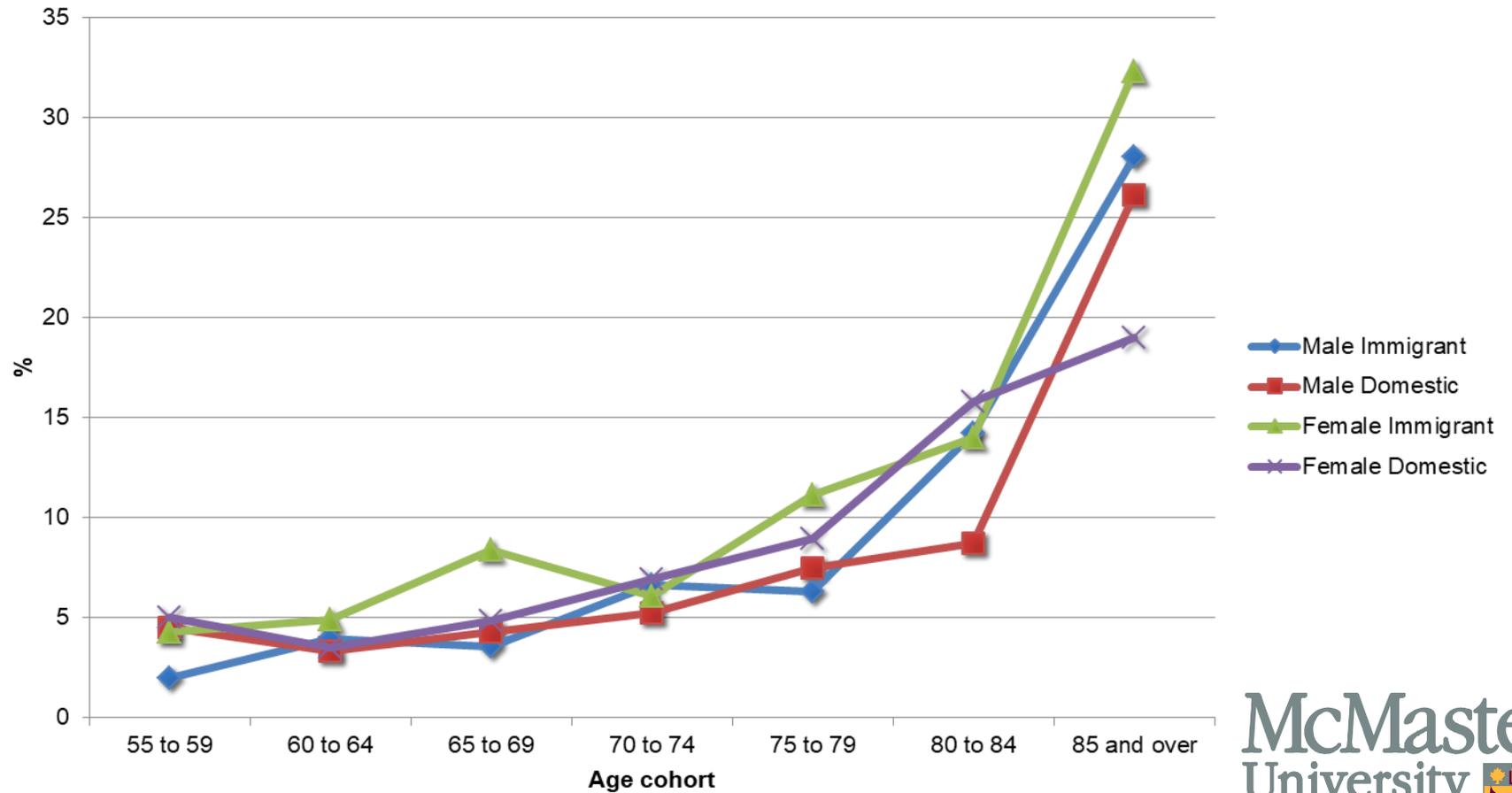


Total Disability

- Immigrants less likely to report disability than native-born, but immigrants are more likely to report severe/very severe disability
- Female immigrants typically have higher prevalence rates

Vision

Seeing Prevalence Rates



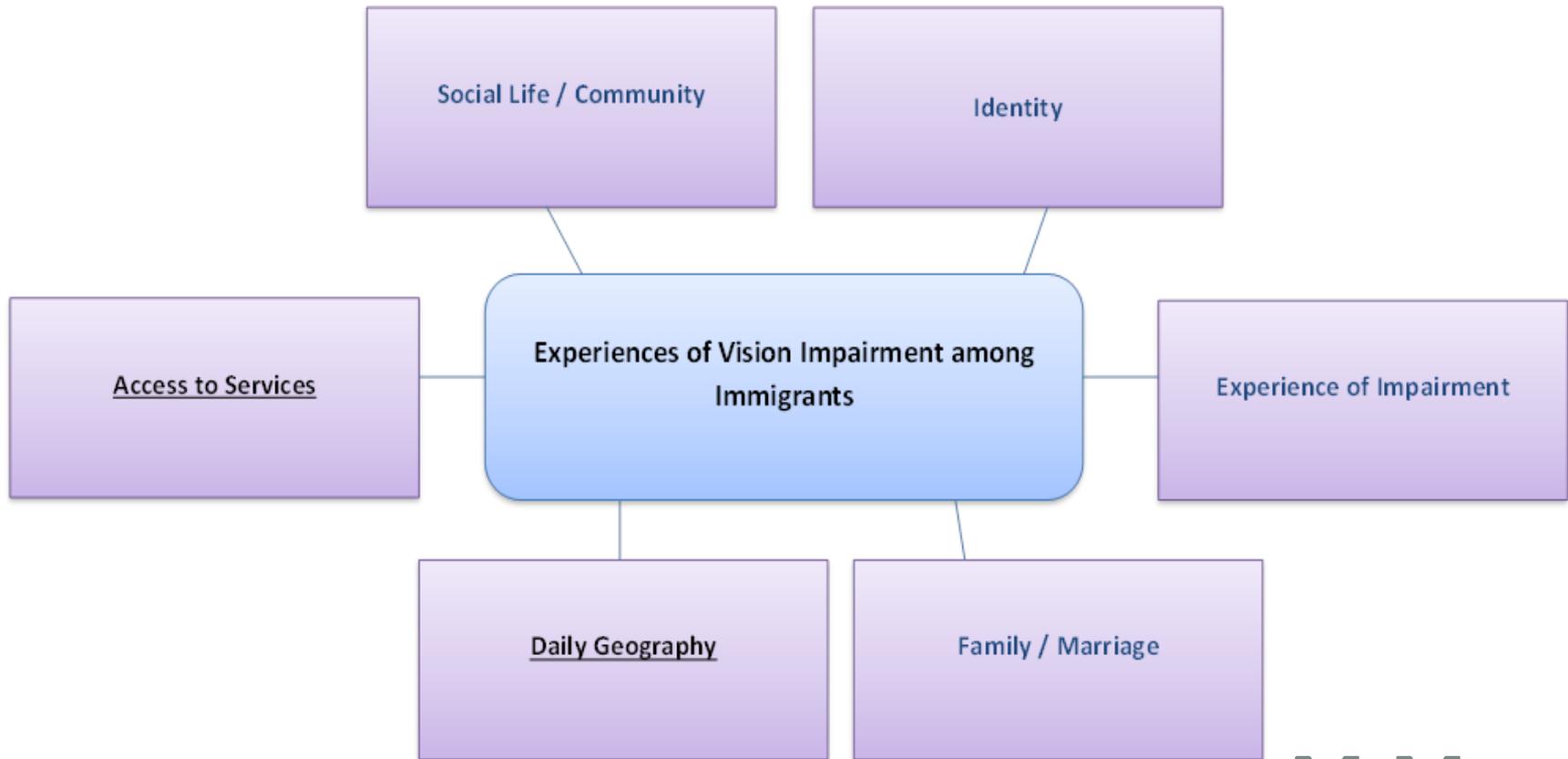
Support Service Use

- Use of support services (overall and specific support needs) greater with:
 - Increasing age
 - Increasing income
 - Gender (females)
 - Severity of disability
- Immigrants:
 - Aged 70-79 more likely to receive support
 - Females less likely to receive support with meals, housework and personal care
 - Severe disability less likely to receive support with meals, housework, errands and personal care
 - Low income (<\$19,000) less likely to receive support

Support Service Use (Cont'd)

- Younger adults (<79) more likely to report unmet support needs
 - But, immigrants aged 70 to 79 reported higher unmet need for support
- Females more likely to report unmet support needs, but no difference by immigrant status
- Individuals with severe disabilities more likely to report unmet support needs
 - But, immigrants with severe disabilities were less likely to report unmet care needs
- Lower income more likely to report unmet needs for support
- Lower education less likely to report unmet needs for support

Paper 2: Perceptions of Vision Disability



Perception of Disability

- Perception of own impairment

*“yeah, it’s disability because it is a physical challenge”
(Participant 7)*

*“maybe God wants to use me in this, in this way by
allowing things like this to happen to me” (Participant 1)*

*“when someone lose something important in his or her
body it is like, he is not going to be normal anymore”
(Participant 6)*

First Contact Service Utilization Behaviour

- Perception of disability did not influence service utilization behaviours for the majority of participants
- Perception of Canada positively influenced first contact service utilization behaviour.
 - i.e. multiculturalism, equal rights, friendly attitude etc.

“...this country is like a right country, everyone has rights”
(Participant 6)

Invisible Disability and Daily Geography

- Coping mechanism: Hiding one's disability
- The white cane and stigma
- Vision impairment constrained their daily geography in several ways:
 1. Transportation (i.e. driving)
 2. Navigating the outdoors (i.e. during winter)
 3. Shopping (i.e. debit machine, prices, quality of produce)

Paper 3: Voices of Disabled Key Informants

- Immigrants have different needs and therefore build their own support systems
- Want support that fits their cultural life style
- Culture and internalized social beliefs of disability
- Immigrants bring their cultural understandings of disability with them to Canada

Conclusions

- Informal care givers (family and friends) as primary support, regardless of immigrant status
 - Higher levels of reliance on family and friends amongst immigrants.
 - Role of culture and expectations amongst immigrants?
 - Knowledge of system, insurance, or ability to pay?
- Use of support increases with age, regardless of nativity status
- Females: more likely to have support overall, but not amongst immigrant females
- Income as an important determinant of use of support services
- Participants showed that there was a different view of disability depending on country of origin

Next Steps...

- Further analysis of differences in perceptions of physical disabilities
 - To explore how the intersections of gender, physical disability, immigrant status and places influence adult immigrants and refugees from the Middle East and South Asia experiences of disability
 - To explore understandings of physical disability by non-disabled Middle Eastern and South Asian immigrants and refugees
 - To explore how social and health services are perceived and utilized by physically disabled adult immigrants and refugees from the Middle East and South Asia.

Questions???

Bruce Newbold

School of Geography & Earth Sciences

McMaster University

newbold@mcmaster.ca

905.525.9140 x27948



School of **Geography**
and **Earth Sciences**



1. Hansen S, Wilton R, Newbold KB. 2017. There is always this feeling of otherness': Exploring the lived experiences of visually impaired immigrant women in Canada. *Disability and Society*, 32(8): 1121-1141.

2. Newbold KB and Simone D. 2015. Comparing disability amongst immigrants and native-born in Canada. *Social Science & Medicine*, 145: 53-62.

