

IMMIGRATION, HEALTH AND DISABILITY: PERCEPTIONS AND UNDERSTANDING

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Outline

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

Introduction

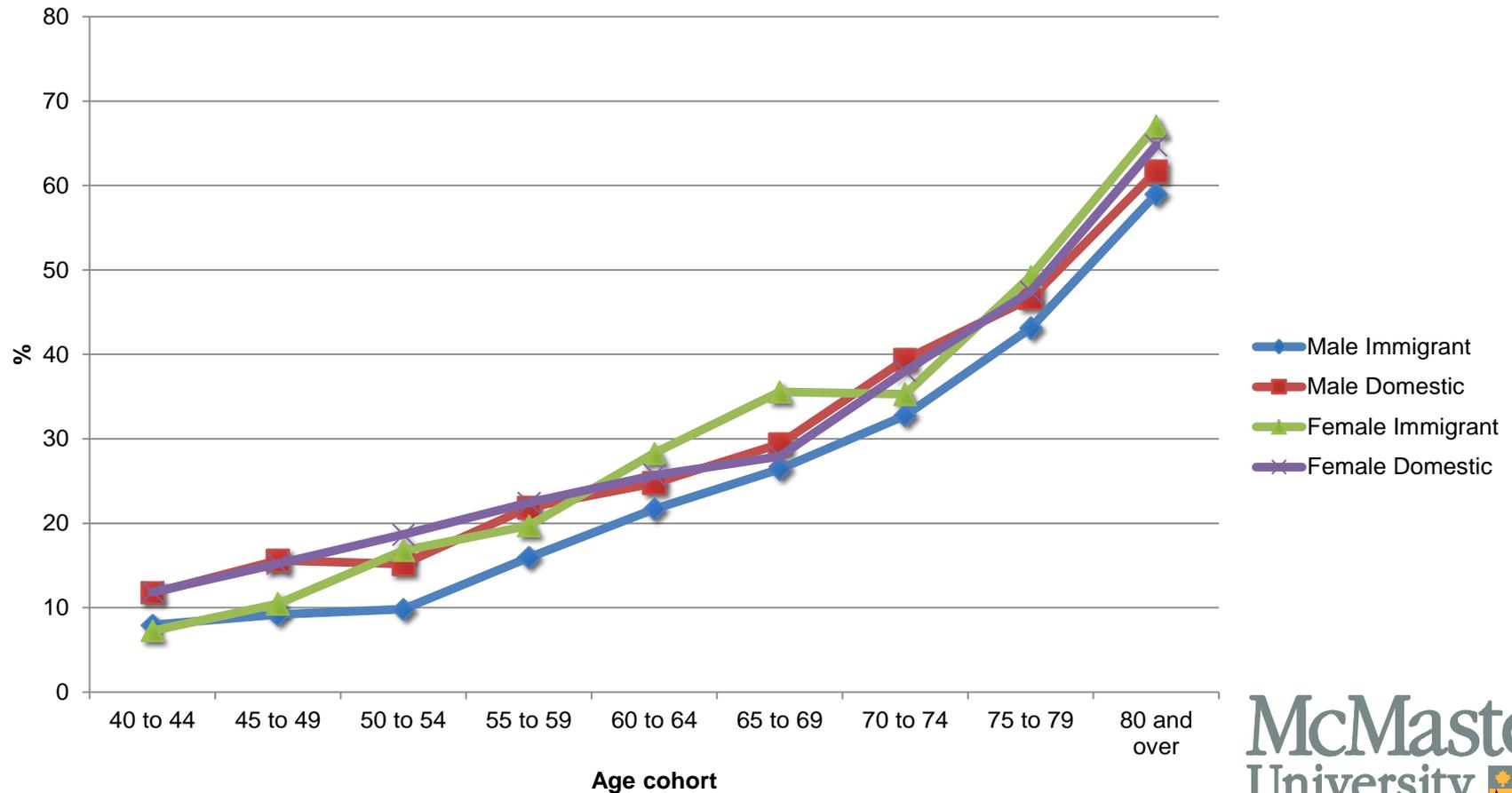
- Well established ‘healthy immigrant effect’, with declines in health shortly after arrival
 - Declines noted in self assessed health, physical health, increased chronic conditions, HUI3
 - Declines linked to barriers to care (i.e., language, insurance, knowledge) and acculturation issues
 - What about 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

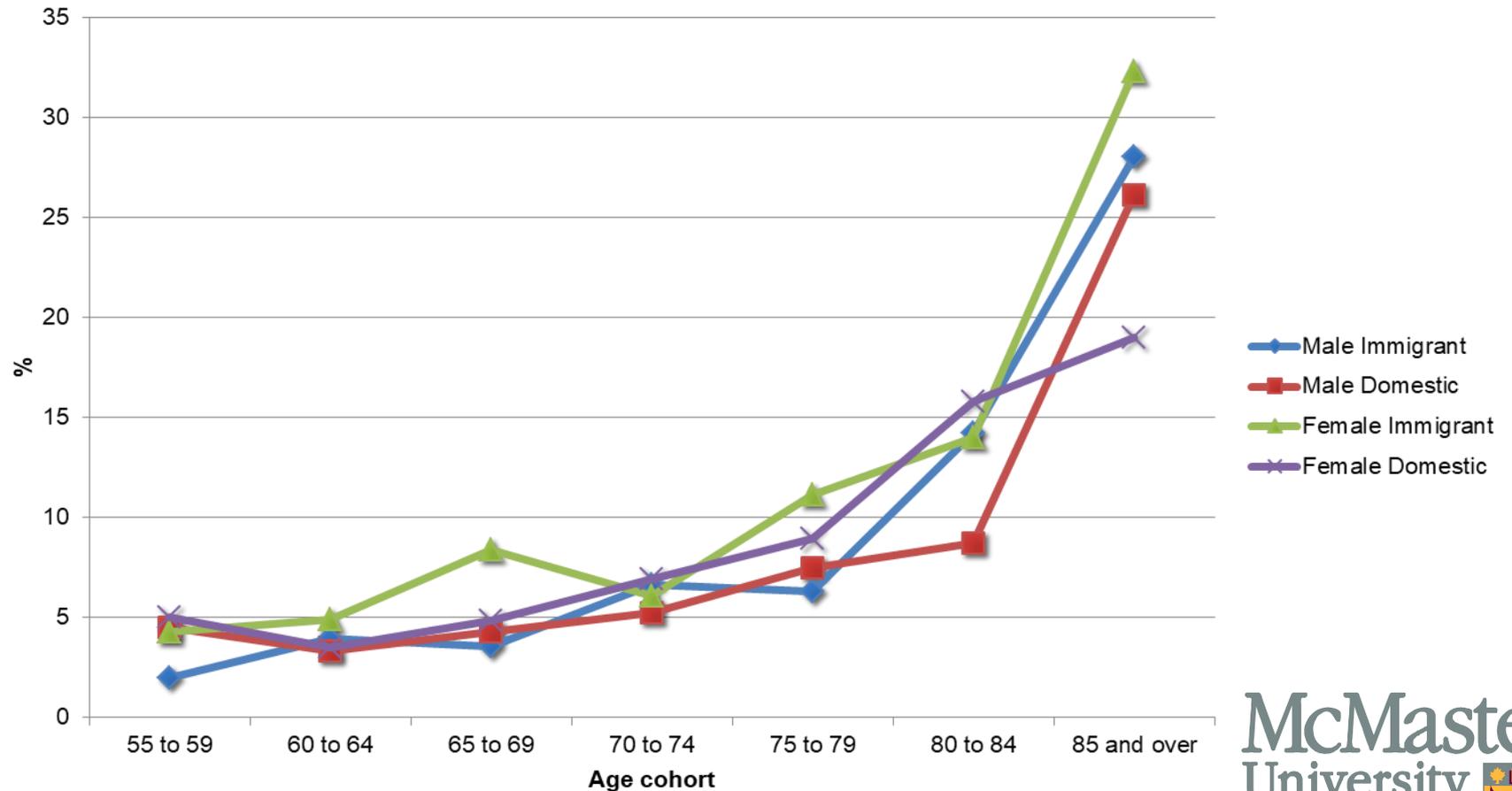


Total Disability

- 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



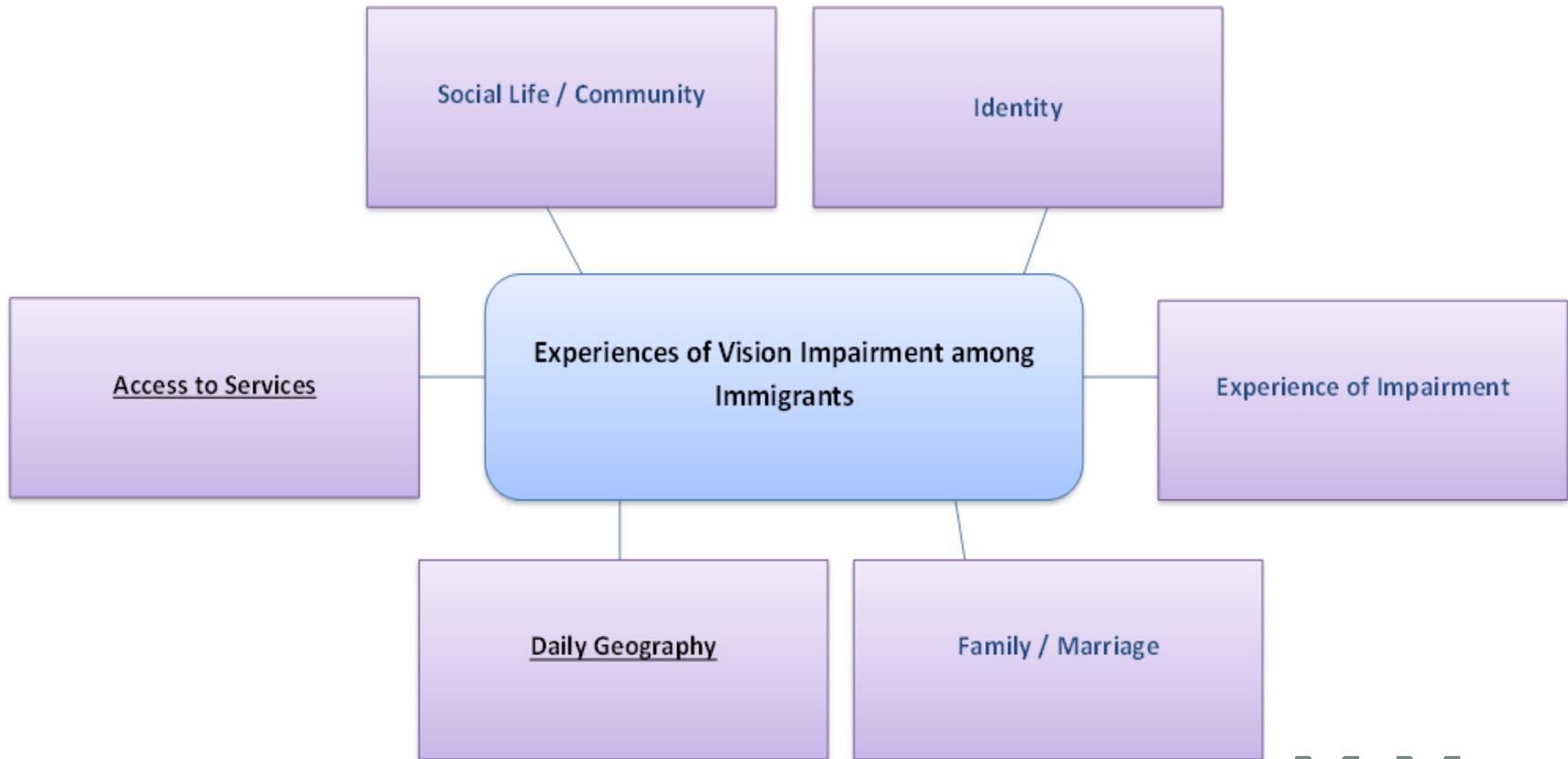
Support Service Use

- 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???

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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.

