



# Measuring Multiple and Intersecting Identities

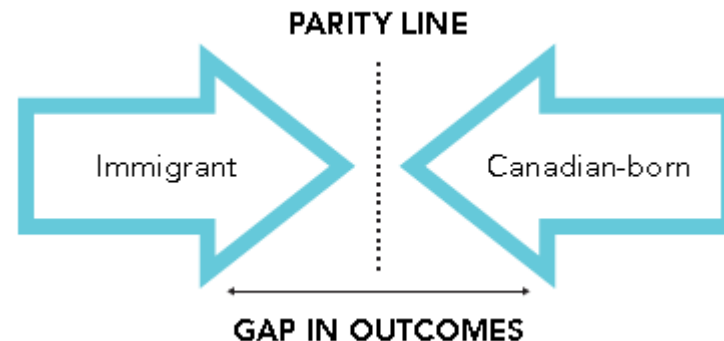
Disaggregating visible minority status in the inclusion framework - Health indicators

December 15, 2021

# What is the cimmi ?

Canadian Index for  
Measuring Integration

- ▶ A uniquely Canadian resource for policymakers, researchers, settlement service provider organizations and local immigration partnerships
- ▶ Evaluates the extent to which relative parity is achieved between immigrants and the Canadian-born population across Canada
- ▶ Uses Statistics Canada datasets starting from 1991
- ▶ Provides rankings based on the gap in outcomes between immigrants and the Canadian-born population
- ▶ The smaller the gap, the better the region performs relative to the rest of Canada



## ► Why expand the CIMI to CIMII?

- Immigrants are not a homogenous group and embody a considerable degree of diversity.
  - E.g.: visible minority immigrants are different from non-visible minority immigrants, second generation of immigrants are different from the first generation, etc.
- It is critical to disaggregate immigrant data by different identity markers to improve the understanding of newcomer needs and emerging trends, measuring immigrant outcomes.
- Upon exploring the feasibility of intersecting generation status, inter/intra-provincial migration, and official language minorities within immigrant groups, these themes fall outside the CIMI's concept of integration.
- However, they can fit within a broader inclusion model that examines more than just gaps between immigrants and non-immigrants, assessing diverse groups as they intersect with immigrant status and identity markers.
  - E.g., although generation status cannot measure integration within the current CIMI model, it can be applied to a more comprehensive inclusion framework.

Moving towards  
the CIMII  
(2020-2023)

# Evolution from Integration to Inclusion

- ▶ Current CIMI definition of **integration**:
  - ▶ **Integration** is a dynamic process that we envision as an interaction between immigrants and non-immigrants along a metaphoric “two-way street.” Achieving integration requires that there be relative parity between immigrants and non-immigrants in several key areas (i.e., economic, social, civic and democratic participation, and health). Reducing disparities for societal participation and ensuring equitable access to services are also fundamental to achieving successful integration.
- ▶ **Inclusion** on the other hand aims at a broader vision or wider set of identity markers that accounts for but is not limited to immigrants.
- ▶ **Inclusion** [...] is about creating a culture that strives for equity and embraces, respects, accepts and values difference (Source: <https://ccdi.ca/our-story/diversity-defined/>)
- ▶ **Inclusion** is a process that ensures that members of the society have the **ability** to access, regardless of ethnocultural origin, the **opportunities** and **resources** necessary to participate, barrier-free, in the economic, social, and political life of society (Statistics Canada).

# How do we measure inclusion?

- ▶ While diversity is relatively straightforward to measure, “inclusion” is less tangible and often described in qualitative and/or subjective terms.
- ▶ At the root of this problem is that *inclusion is invisible to those who enjoy it* (inclusion reflects the absence of negative incidents that make one feel excluded).
- ▶ ANALOGY related to healthcare (**HEALTH**): we tend not to think about our health until we have an illness or injury. Doctors often ask us to rate on a scale of 1 to 10: “how much does it hurt?”
- ▶ In the context of the work environment (**ECONOMIC**), inclusion has been defined as “being able to bring your *whole self* to work.” But how do you measure this? Qualitative data may be the key (i.e., in-depth interviews with migrant workers) or new sources of quantitative data (i.e., tailored surveys for employees).
- ▶ As it relates to the community and society (**SOCIAL**), we might think of measuring inclusion as the absence of racism/discrimination or victimization.
- ▶ Civic inclusion (**CIVIC & DEMOCRATIC PARTICIPATION**) stresses the connection that migrants feel with their community and which is created by their local involvement with the community and its organizations. As for political inclusion, many civic inclusion issues are the result of an uncertain or temporary legal status.





# Why visible minority status?

- ▶ “Social inclusion, or more accurately, social exclusion, is a critical issue facing members of the racialized and immigrant communities today. We are among the most marginalized historically, and that is still the case.”

*-Avvy Go, Director, Metro Toronto Chinese and Southeast Asian Legal Clinic, Evidence, 7 March 2012*

# Visible Minority Status

## ► Definition

The term “visible minority” is used in this presentation. The Employment Equity Act defines visible minorities as "persons, other than Indigenous peoples, who are non-Caucasian in race or non-white in colour." (<https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=45152>)

The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean and Japanese.

## ► In this analysis, we will look at:

- **Visible minority population:** South Asian, Chinese, Black, Filipino, and other visible minorities are grouped due to small sample sizes (Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, visible minority n.i.e., multiple visible minorities).
- **Non-visible minority population:** White, Indigenous peoples.



## While most Canadians report living in an inclusive community, visible minorities and those born outside Canada are less likely to feel this way

- ▶ An inclusive community is one where people can participate in activities without fear of experiencing harassment or discrimination. Most Canadians (**86%**) reported living in inclusive communities during the pandemic, and the results showed no statistically significant differences in the perception of inclusiveness of their community by gender, age group, or highest level of education of respondent.
- ▶ Visible minorities and those born abroad see their communities as less inclusive during the pandemic. For example, **81%** of the visible minority population described their community as inclusive, while **87%** of those not designated as a visible minority did so. Similarly, **81%** of people born abroad felt their community was inclusive compared with **88%** of those born in Canada. This difference becomes even greater when the results are adjusted for the effects of gender, age group, education and the respondent's region of residence.

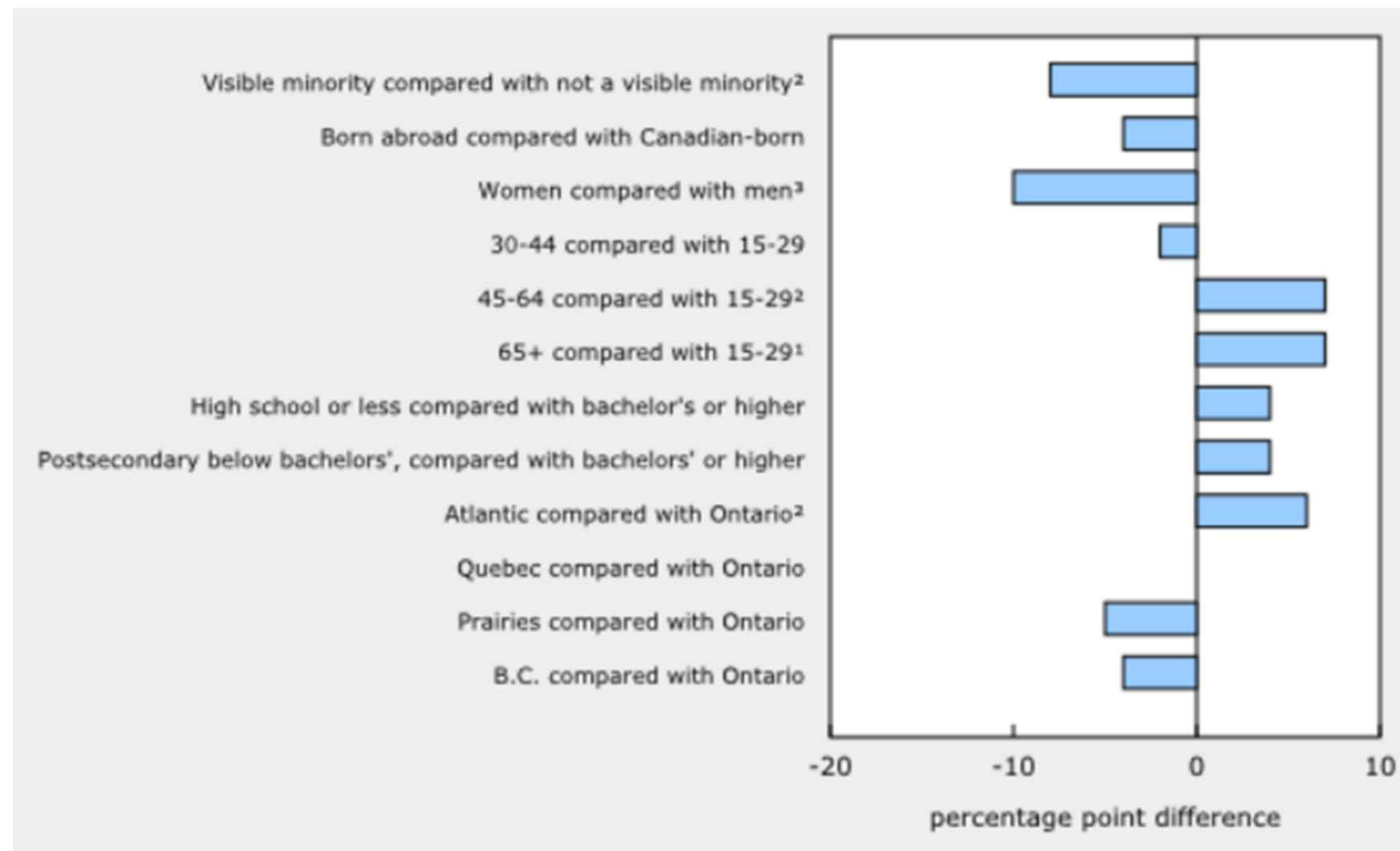
*Source: Portrait of Canadian Society - Experiences During the Pandemic (PCS2), 2021.*

## Persons designated as visible minorities consider their neighbourhoods less safe for people with different skin colour, ethnic origin or religion

- ▶ Canadians were asked how often they think people in their neighbourhood had been harassed or attacked because of their skin colour, ethnic origin or religion since the start of the pandemic. Overall, **13%** of Canadians reported that people in their neighbourhood had often or sometimes been targeted for these reasons.
- ▶ While the majority of Canadians (**87%**) did not consider their communities as unsafe to others, there were important differences (SEE CHART ON NEXT SLIDE).
- ▶ Visible minorities were less likely to see their neighbourhoods as safe for people of different skin colour, ethnic origin or religion compared with those who were not a visible minority (**80%** versus **88%**).
- ▶ Perception of safety in neighbourhoods also differed by gender, age group, and the respondent's region of residence. Women considered their communities less friendly to people of diverse origins than men (**82%** vs. **92%**), as did younger people (aged 15 to 29) compared with those aged 45 to 64 (**83%** vs. **91%**).

*Source: Portrait of Canadian Society - Experiences During the Pandemic (PCS2), 2021.*

## Perceived differences in seeing neighbourhoods as safe for people with different skin colour, ethnic origin or religion, by visible minority status, place of birth, gender, age group, highest level of education and respondent's region of residence



1:  $p \leq .10$

2:  $p \leq .05$

3:  $p \leq .005$

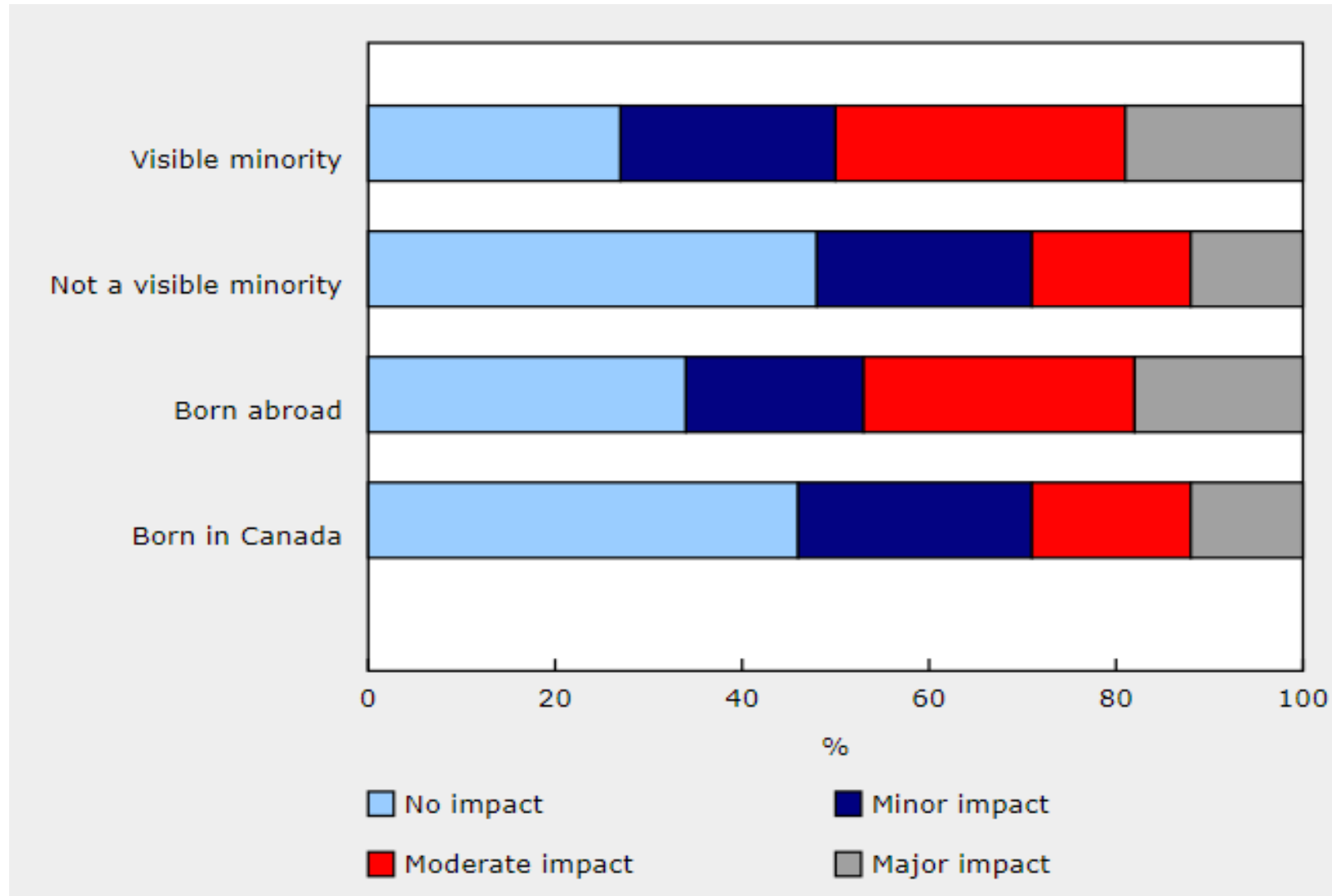
**Source:**  
Portrait of Canadian  
Society - Experiences  
During the Pandemic  
(PCS2), 2021.

# Visible minorities or persons born outside Canada report more financial impacts due to the pandemic

- ▶ Many visible minorities and newcomers to Canada work in the industries and essential services most often affected by the pandemic, and have experienced unemployment, job change and economic uncertainty.
- ▶ Throughout the pandemic, the unemployment rates of visible minorities remained higher than those of other Canadians
- ▶ Visible minorities and immigrants were significantly more likely than other Canadians to state that COVID-19 had a major impact on their ability to meet financial obligations or essential needs, such as rent or mortgage payments, utilities and groceries.
- ▶ Just over half of all visible minorities (**51%**) and almost half of those born abroad (**47%**) reported a major or moderate financial impact of the pandemic, compared with only **29%** of other Canadians. These differences remained significantly large after adjusting the results by gender, age group, education and region of residence.

*Source: Portrait of Canadian Society - Experiences During the Pandemic (PCS2), 2021.*

## Impact of COVID-19 on the ability to meet the financial obligations or essential needs (e.g., rent or mortgage payments, utilities and groceries), by visible minority status and place of birth



**Source:**  
Portrait of Canadian Society - Experiences During the Pandemic (PCS2), 2021.

# Sample Demographics

		White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous	Total population
Sex	Male	49.1%	54.9%	49.4%	46.1%	41.3%	48.7%	49.5%	49.2%
	Female	50.9%	45.1%	50.6%	53.9%	58.7%	51.3%	50.5%	50.8%
Sexual orientation	Heterosexual	96.4%	98.3%	97.0%	98.3%	95.0%	96.2%	92.2%	96.4%
	Gay or lesbian	1.7%	0.5%	1.6%	0.4%	3.5%	1.5%	2.7%	1.6%
	Bisexual or pansexual	1.9%	1.2%	1.4%	1.2%	1.5%	2.3%	5.1%	2.0%
Age	18-24	8.4%	14.9%	15.4%	17.9%	12.1%	19.3%	15.0%	10.6%
	25-44	30.9%	48.6%	38.9%	44.0%	43.8%	44.5%	39.9%	34.4%
	45-64	35.5%	25.9%	31.4%	28.2%	31.8%	25.9%	34.2%	33.6%
	65+	25.2%	10.5%	14.2%	9.9%	12.3%	10.3%	10.9%	21.4%
Education level	less than bachelor	74.0%	51.2%	47.7%	71.4%	72.6%	58.3%	85.3%	70.5%
	Bachelor+	26.0%	48.8%	52.3%	28.6%	27.4%	41.7%	14.7%	29.5%
Income	No income	1.0%	2.5%	3.1%	2.0%	0.8%	2.9%	1.0%	1.4%
	<20k	21.6%	32.9%	36.7%	32.9%	25.6%	34.1%	29.3%	24.7%
	<40k	31.5%	39.8%	31.1%	31.8%	38.3%	31.3%	31.3%	32.1%
	<60k	16.6%	10.5%	10.9%	15.2%	18.8%	13.1%	16.3%	15.7%
	<80k	11.4%	4.6%	6.2%	7.9%	8.6%	6.3%	8.4%	10.1%
	80k+	17.7%	9.6%	12.0%	10.3%	7.8%	12.2%	13.6%	16.0%
Immigrant status	NonIMM	88.4%	16.3%	18.8%	23.0%	10.1%	28.3%	99.1%	73.8%
	IMM	11.6%	83.7%	81.2%	77.0%	89.9%	71.7%	0.9%	26.2%
Recent IMM vs Established IMM	Established IMM	92.6%	80.3%	89.2%	77.4%	73.4%	78.2%	Small sample size	84.3%
	Recent IMM	7.4%	19.7%	10.8%	22.6%	26.6%	21.8%		15.7%

- Female/male ratio is close to 50/50 in all groups.
- Nearly 4% of the sample is either gay/lesbian or bisexual/pansexual.
- The majority (68%) is at the age of 25-64.
- Chinese and South Asian people had the highest level of education among groups.
- Nearly half of the White people earned more than \$40k per year.
- 90% of Filipino population are immigrants; of which 27% immigrated recently while these numbers for the White population are only 12% and 7%.



# Sample Demographics (Cont.)

		White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous	Total population
Marital status	Married	48.2%	<b>66.2%</b>	58.8%	41.5%	<b>61.6%</b>	51.2%	37.5%	<b>49.6%</b>
	Living common-law	15.6%	1.0%	4.1%	8.3%	5.5%	6.4%	15.9%	13.1%
	Widowed	5.7%	1.7%	2.1%	3.6%	4.3%	2.4%	3.4%	4.9%
	Separated	2.3%	0.8%	0.9%	4.9%	1.4%	2.6%	3.3%	2.3%
	Divorced	5.8%	2.1%	3.4%	4.9%	2.0%	3.3%	7.6%	5.2%
	Single, never married	22.4%	28.2%	30.7%	36.7%	25.2%	34.1%	32.3%	24.9%
Household size categories	1	18.2%	6.7%	13.1%	15.6%	5.8%	11.8%	17.6%	16.4%
	2	40.4%	16.2%	28.6%	20.6%	16.5%	23.5%	33.4%	35.8%
	3	17.5%	20.7%	23.4%	15.7%	21.5%	20.5%	19.7%	18.3%
	4	<b>15.8%</b>	<b>31.8%</b>	21.5%	22.3%	<b>28.3%</b>	26.2%	18.8%	18.3%
	5+	<b>8.1%</b>	<b>24.6%</b>	13.4%	25.8%	<b>27.9%</b>	18.0%	10.4%	11.1%
Household with children	No	81.6%	67.5%	77.8%	61.9%	69.7%	70.9%	72.7%	78.6%
	Yes	<b>18.4%</b>	32.5%	22.2%	<b>38.1%</b>	30.3%	29.1%	27.3%	21.4%
Full-time / part-time working status	Full-time	86.2%	86.9%	84.9%	79.2%	85.4%	84.7%	85.9%	85.8%
	Part-time	13.8%	13.1%	15.1%	20.8%	14.6%	15.3%	14.1%	14.2%
Sense of belonging to local community	Very strong	16.8%	27.8%	11.3%	18.5%	<b>23.2%</b>	18.9%	18.1%	17.5%
	Somewhat strong	51.3%	53.7%	49.3%	48.0%	<b>58.8%</b>	47.8%	48.4%	51.0%
	Somewhat weak	24.7%	15.3%	<b>30.1%</b>	23.2%	14.4%	26.7%	24.6%	24.4%
	Very weak	7.1%	3.3%	<b>9.3%</b>	10.3%	3.5%	6.6%	8.9%	7.0%

- 50% of the sample is married;
- 56% of South Asian and Filipino people lived in a household of 4+ people while that number for White people is only 24%.
- 38% of Black people lived in a household with children while only 18% of White people did so.
- Black people worked full-time (<80%) less than any other groups.
- Chinese people seem to have weakest SoB to local community while Filipino people had the highest SoB.

# Methodology

- ▶ **Datasets: CCHS 2019**

- ▶ **Health indicators:**

- 1 - Have a regular health care provider
- 2- Self-perceived unmet healthcare needs
- 3- Satisfaction with life
- 4- Perceived mental health
- 5- Self-perceived life stress/ work stress

- ▶ **Two types of analyses:**

- 1 - Unadjusted/descriptive analysis
- 2 - Adjusted/statistical analysis using logistic regression (indicator 1,2) and linear regression (indicator 3,4,5)
  - Dependent variable: health indicator (e.g., satisfaction with life)
  - Key independent variable: visible minority status (“White” is the reference group)
  - Controls: age, sex, sexual orientation, household size, presence of children in household, marital status, income, education, knowledge of the official language, working status, occupations, and mental health and physical health.

# Have a regular health care provider

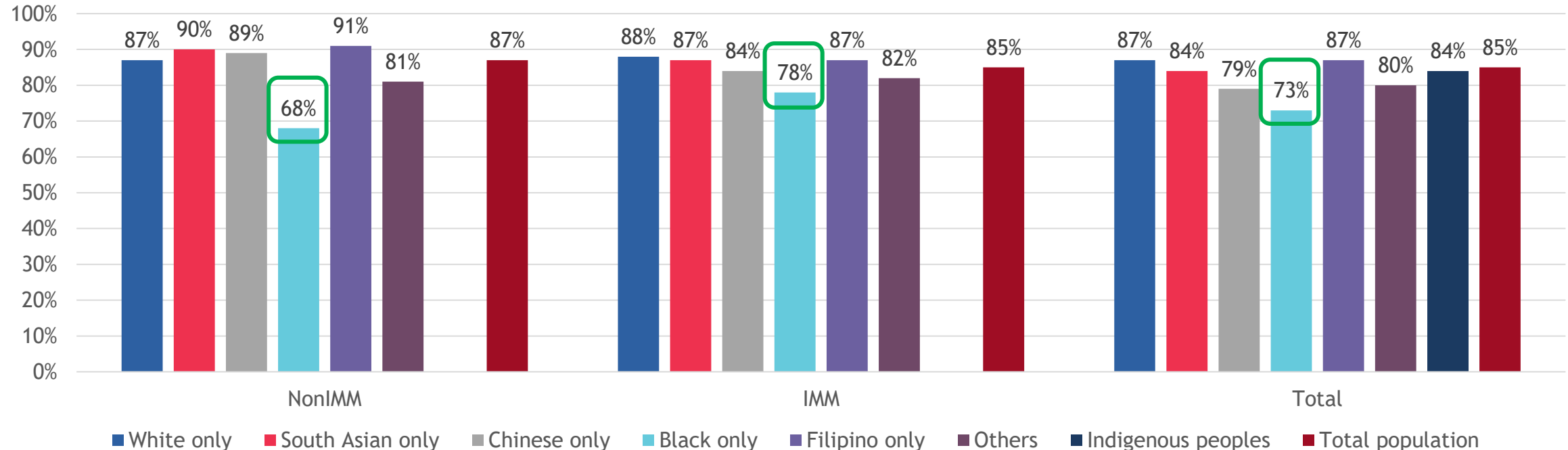
- ▶ Definition: Refers to the percentage of individuals who have a regular health care provider\*.
- ▶ Population: Age 18+

*\* A regular health care provider is defined as a health professional that a person sees or talks to when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, or nurse practitioner.*

# Which group is more likely to have a regular health care provider?

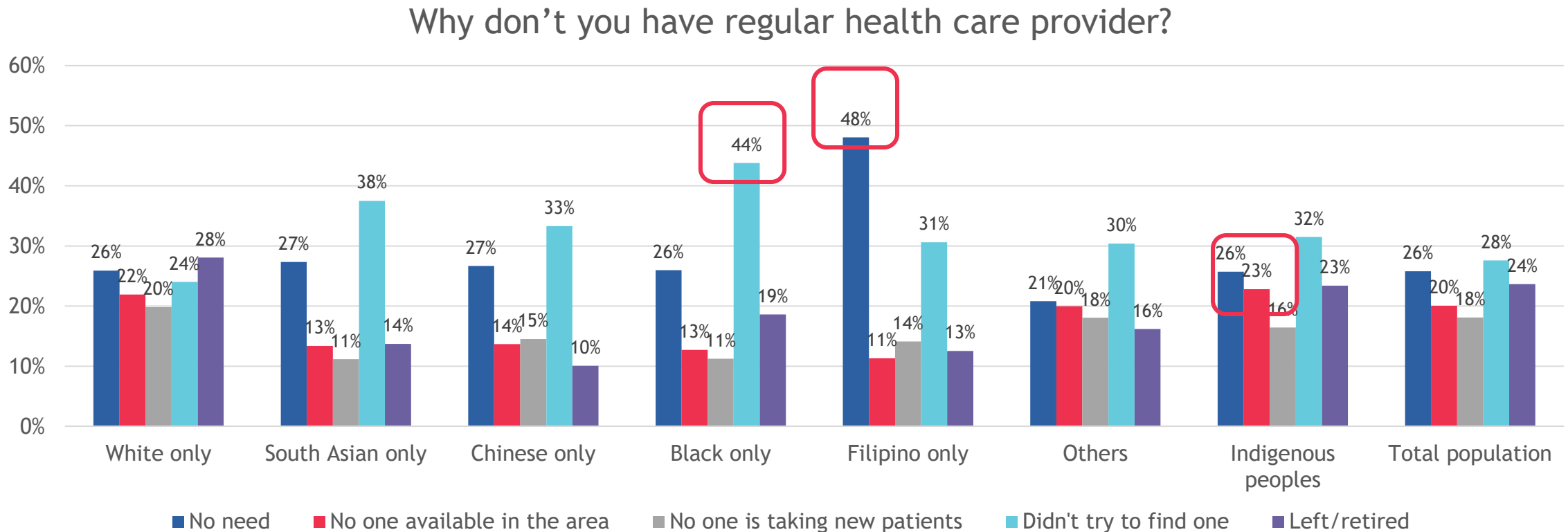
- ▶ White and Filipino people are more likely to have a regular health care provider than other groups.
- ▶ Black people are the least likely to have a regular health care provider compared to the other groups (there is a 14-percentage point difference between Black and White).
- ▶ Immigrants are slightly less likely to have health care providers compared to non-immigrants.

Has a regular health care provider by immigrant status (% of yes)



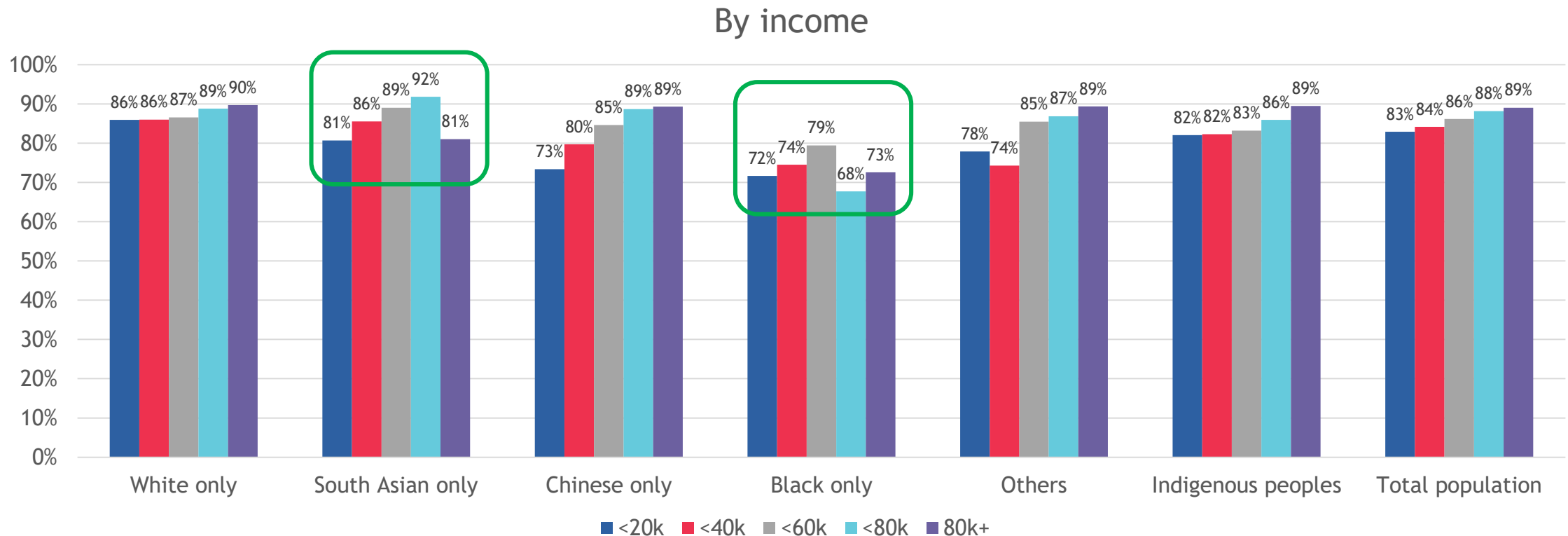
# Why don't they have a regular health care provider?

- ▶ With the exception of White and Filipino, “didn't try to find one” was the main reason for not having a regular health care provider.
- ▶ Most individuals within the Filipino group don't have a regular health care provider because they don't need one.
- ▶ Indigenous peoples have the highest percentage of individuals who reported that there is no health care provider in their area.



# Have a regular health care provider by income

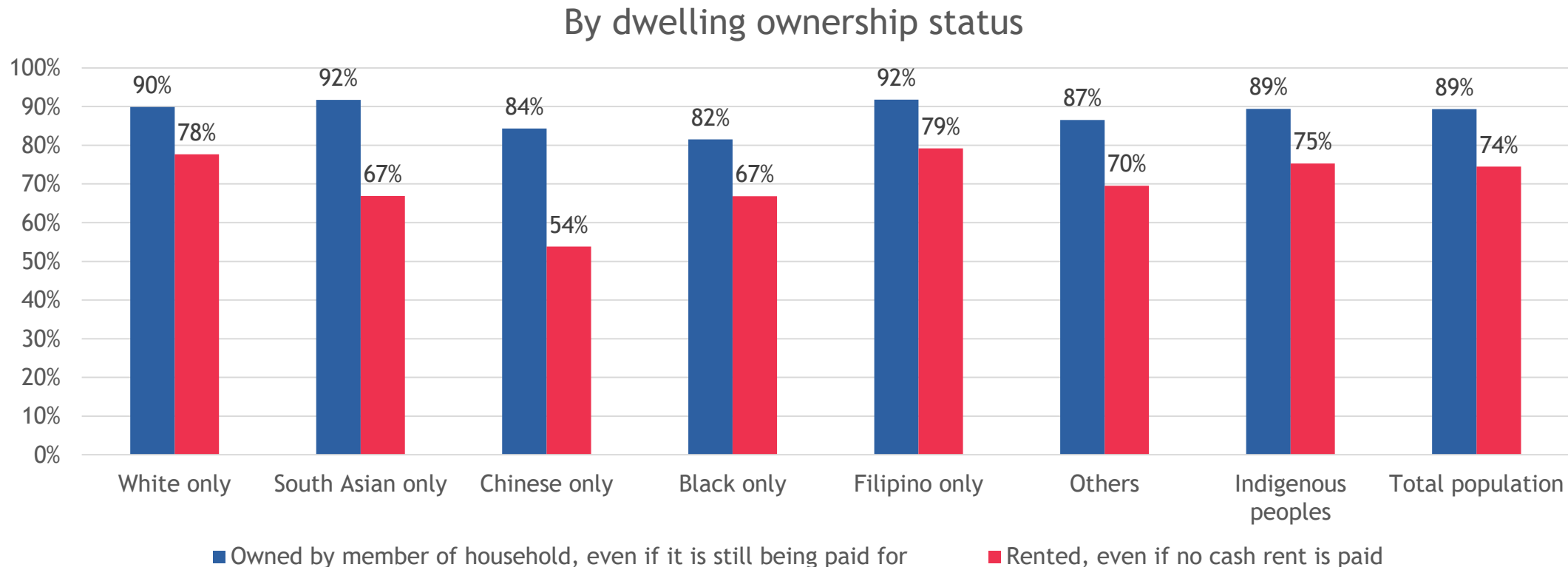
- Higher income means a higher chance of an individual to have a medical doctor. This is true for all groups except South Asian and Black people.





# Have a regular health care provider by dwelling ownership status

- ▶ There is a significant difference between those who own and rent a dwelling. Across all groups, those who own dwelling are more likely to have a regular health care provider than those who are renting.



	Exp(B)	
	Non-immigrants	Immigrants
(Constant)	6.479	5.569
<b>White (ref)</b>		
South Asian	1.625	1.078
Chinese	1.462	0.887
Black	0.412	0.760
Filipino	2.057	1.126
Others	0.913	-
Sex	1.759	1.534
Full-time	0.902	0.732
Personal income	1.035	1.060
<b>Noc 0, management (Ref)</b>		
Noc A, professional jobs	1.182	0.939
Noc B, technical jobs	1.119	0.806
Noc C, intermediate jobs	1.160	1.095
Noc D, labor jobs	1.124	0.592
Didn't work	1.300	0.738
SefPer Mental Health	1.001	1.014
SefPer Physical Health	0.949	0.863

# Logistic Regression

	Non-immigrants	Immigrants
<b>MariStt - Married (Ref)</b>		
Common Law	0.593	0.692
Widowed	0.912	1.104
Separated	0.956	0.905
Divorced	0.745	0.945
Single	0.666	1.121
<b>KOL_English (Ref)</b>		
KOL_French	0.764	0.236
KOL_Both EF	0.738	0.596
KOL_Neither EF	-	1.478
	Established	Recent
<b>White (ref)</b>		
South Asian	1.255	0.868
Chinese	0.782	0.868
Black	1.029	0.586
Filipino	1.036	1.641
Others	1.012	1.165

All results are statistically significant at  $p < 0.05$ .

# Summary of findings

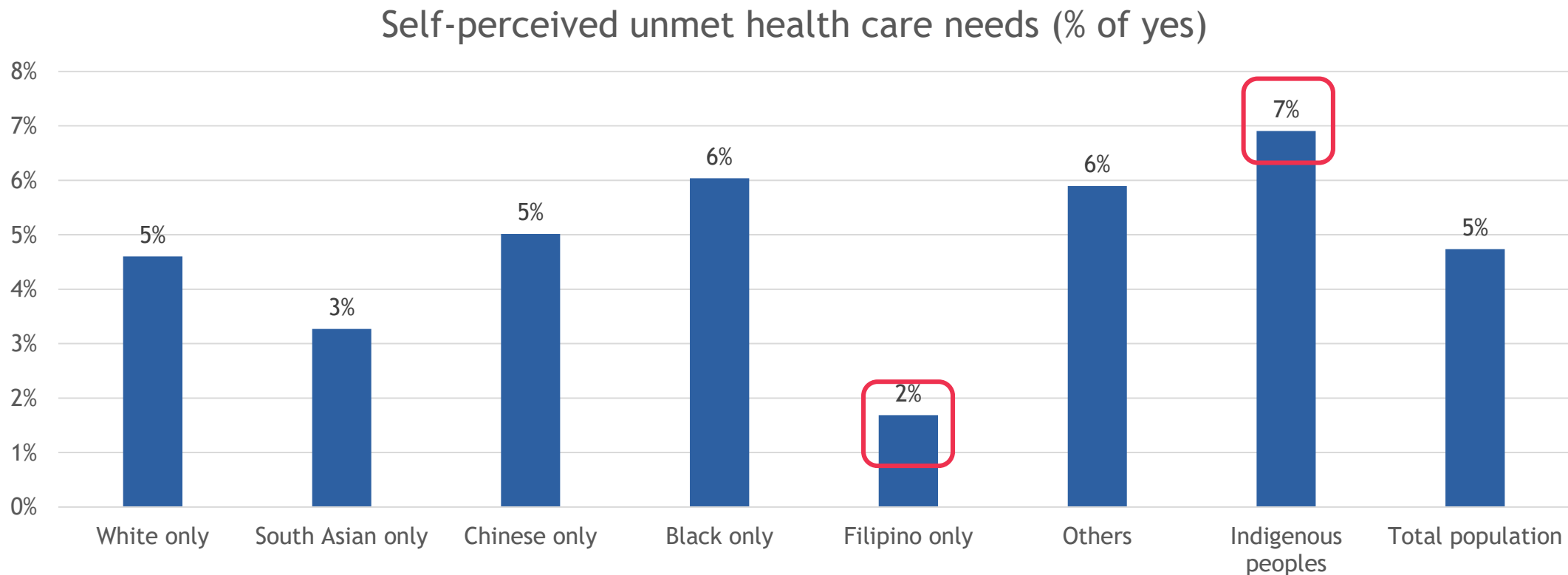
- ▶ **After controlling for socio-demographic differences**, the differences in having a regular medical doctor between White people and other groups are all significant, indicating that being a member of a visible minority group is a contributing factor to explain if an individual has a regular health care provider or not.
  - Both with and without controlling for socio-demographics, Black people were more likely not having regular health care provider compared to other groups.
  - Both with and without controlling for socio-demographics, Filipino people were more likely to report having a regular healthcare provider than any other groups.
- ▶ Other socio-demographic characteristics, including household size, presence of children in household, marital status, income, education, age, knowledge of the official language, working status, occupations, and mental health and physical health, are all contributing factors to the likeliness of having a regular medical doctor for both immigrants and non-immigrants.

# Self-perceived unmet healthcare needs

- ▶ **Definition:** Refers to the percentage of individuals reporting their perceived unmet healthcare needs.
- ▶ **Population:** 18+

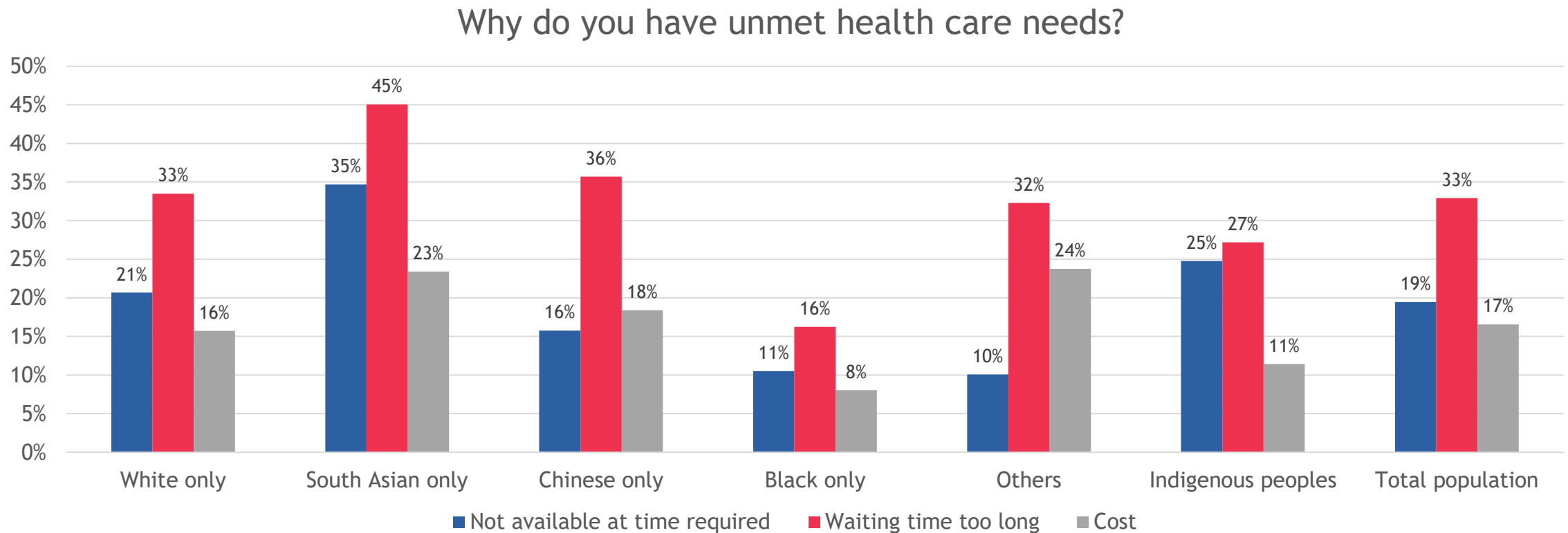
# Which group is more likely to report having unmet health care needs?

- ▶ Indigenous peoples are the group that is more likely to report having unmet health care needs, followed by Black and Others, while Filipino were the least likely.



# Why do they have unmet health care needs?

- ▶ Long waiting times are the main reason for unmet health care needs across all groups, followed by the unavailability of health care services when needed.

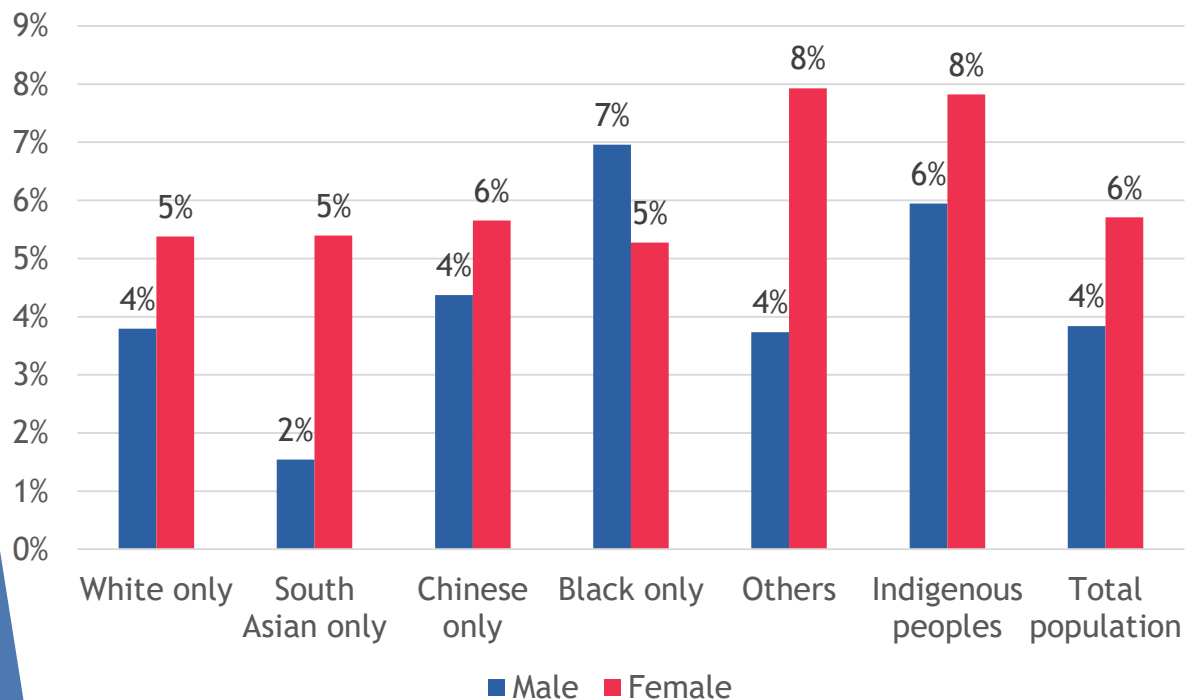




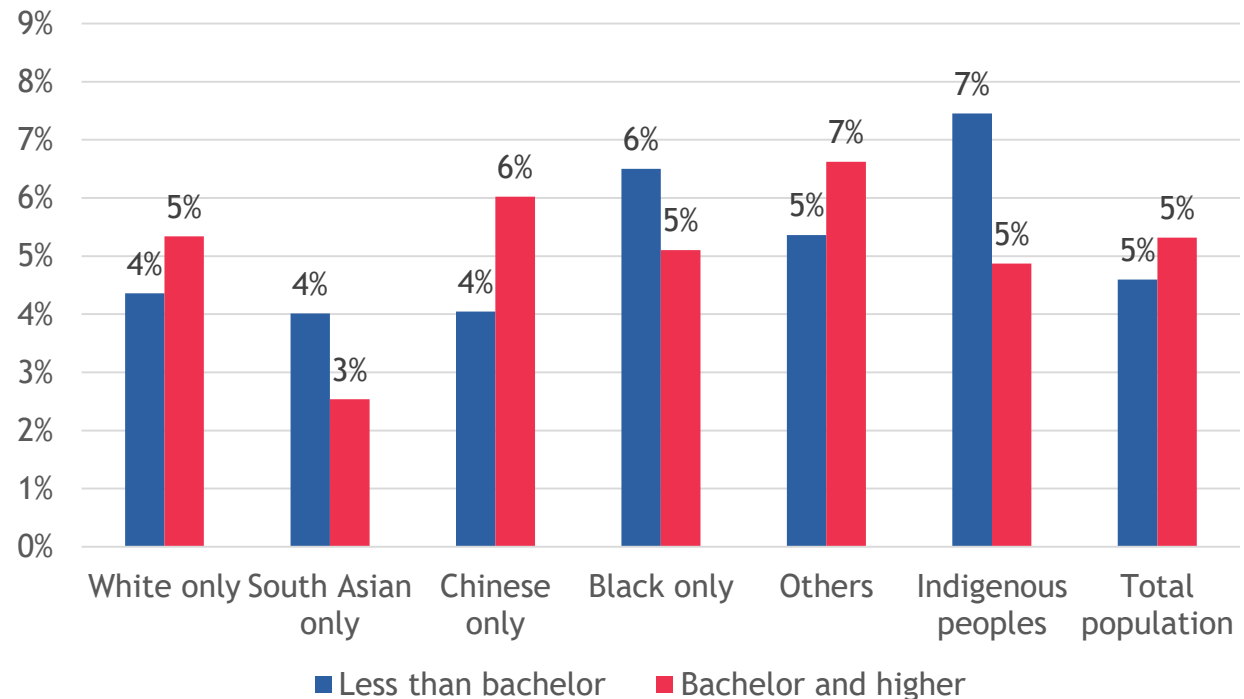
# Unmet health care needs by sex and education

- ▶ Females are more likely to report unmet health care needs compared to males across all groups, except within the Black group.
- ▶ There is a small difference between those with less than bachelor's degrees and those with bachelor's degrees and higher.

By sex



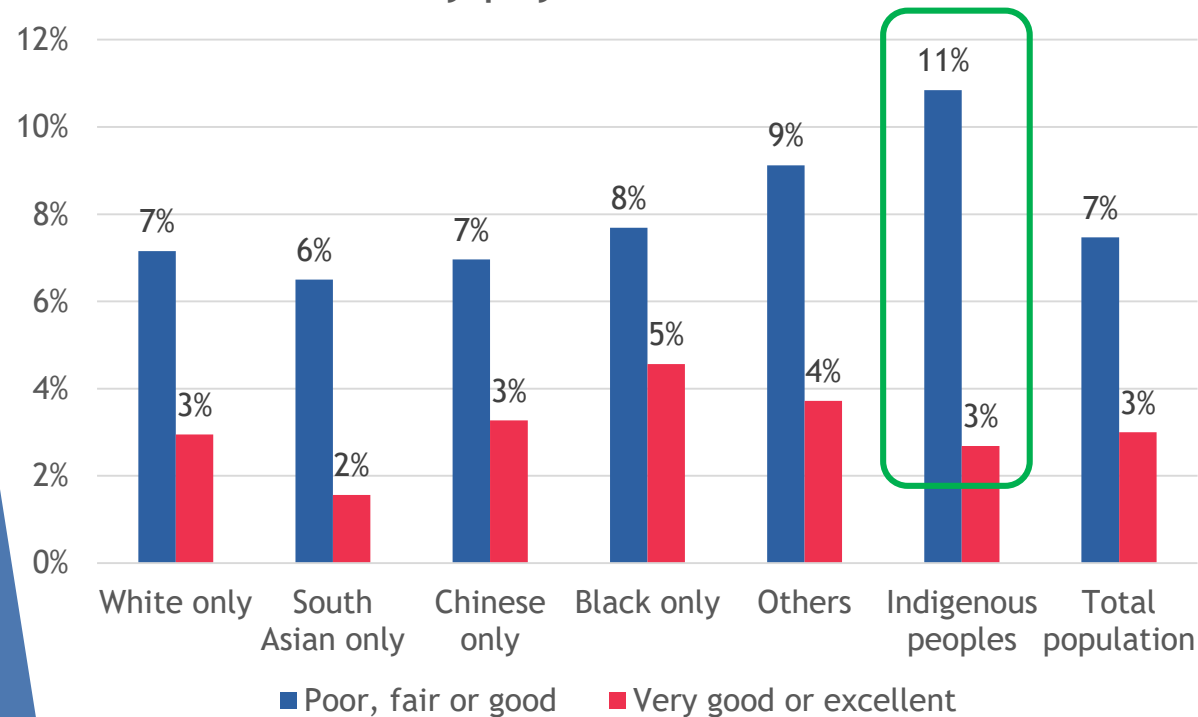
By education



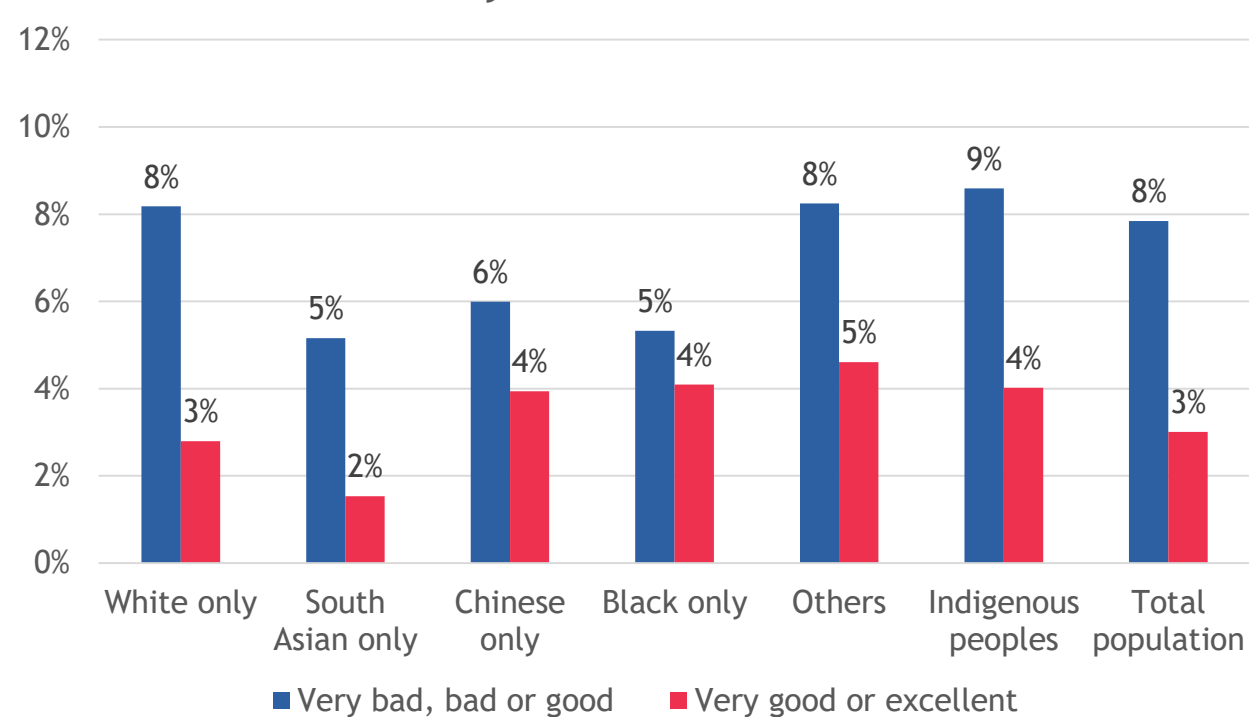
# Unmet health care needs by physical and mental health

- ▶ Individuals who report very good or excellent mental or physical health are much less likely to report unmet health care needs, no matter which group they belong to.
- ▶ The largest gap is within the Indigenous group, where there is an 8-percentage point difference between those who say that their physical health is poor, fair or good and those who are assessing it as very good or excellent.

By physical health



By mental health



	Exp(B)	
	Non-immigrants	Immigrants
(Constant)	0.047	0.051
<b>White (ref)</b>		
South Asian	0.635	0.596
Chinese	0.187	-
Black	0.545	0.759
Filipino	-	0.625
Others	0.705	1.150
Sex	1.491	1.422
Full-time	0.824	0.555
Personal income	0.982	0.966
<b>Noc 0, management (Ref)</b>		
Noc A, professional jobs	0.922	1.441
Noc B, technical jobs	0.914	1.859
Noc C, intermediate jobs	0.783	1.398
Noc D, labor jobs	0.650	0.904
Didn't work	0.682	0.723
SefPer Mental Health	0.654	0.703
SefPer Physical Health	0.649	0.645

# Logistic Regression

	Non-immigrants	Immigrants
<b>MariStt - Married (Ref)</b>		
Common Law	1.215	1.269
Widowed	0.780	0.707
Separated	1.399	0.712
Divorced	1.290	1.250
Single	1.078	1.320
<b>KOL_English (Ref)</b>		
KOL_French	0.906	1.129
KOL_Both EF	1.251	1.948
KOL_Neither EF	-	3.134
	Established	Recent
<b>White (ref)</b>		
South Asian	0.650	0.268
Chinese	1.153	0.305
Black	-	0.119
Filipino	0.644	0.171
Others	1.308	0.587

All results are statistically significant at  $p < 0.05$ .

# Summary of findings

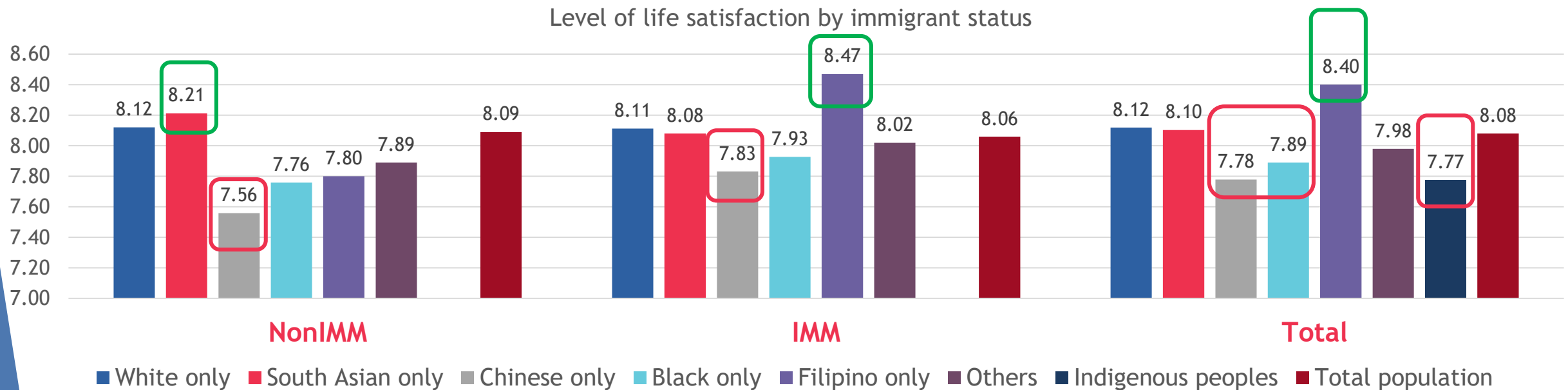
- ▶ **After controlling for socio-demographic differences**, the differences in unmet health care needs between White people and other groups are significant, indicating that being a member of a visible minority group is a contributing factor to explain if an individual has an unmet health care needs.
  - After controlling for socio-demographics, Chinese and Black non-immigrants were the least likely to have unmet health care needs.
- ▶ Other socio-demographic characteristics, including household size, presence of children in household, marital status, income, education, knowledge of the official language, working status, occupations, age and physical health, are all contributing factors to the likeliness of having unmet health care needs of both immigrants and non-immigrants.
  - Females are more likely than males to have unmet health care needs no matter their immigrant status.
  - Widowed non-immigrants and widowed and separated immigrants were less likely to have unmet health care needs than their counterparts.
  - Recent visible minority immigrants are less likely to report unmet health care needs than non-visible minority immigrants.

# Satisfaction with life

- ▶ Question: Using a scale of 0 to 10, where 0 means “very dissatisfied” and 10 means “very satisfied”, how do you feel about your life as a whole right now?
- ▶ Definition: Satisfaction with life refers to the mean scores, range from 0 (very dissatisfied) to 10 (very satisfied).
- ▶ Study population: 18+

# Which group reported higher level of life satisfaction?

- ▶ Indigenous, Chinese and Black people reported lower level of life satisfaction (7.8/10) than other groups. Filipino people reported the highest level of life satisfaction (8.4/10).
- ▶ Within immigrants, Filipino individuals reported much higher life satisfaction while Chinese people reported much lower satisfaction.
- ▶ Within non-immigrants, Chinese people reported lowest satisfaction while South Asians showed the highest satisfaction.

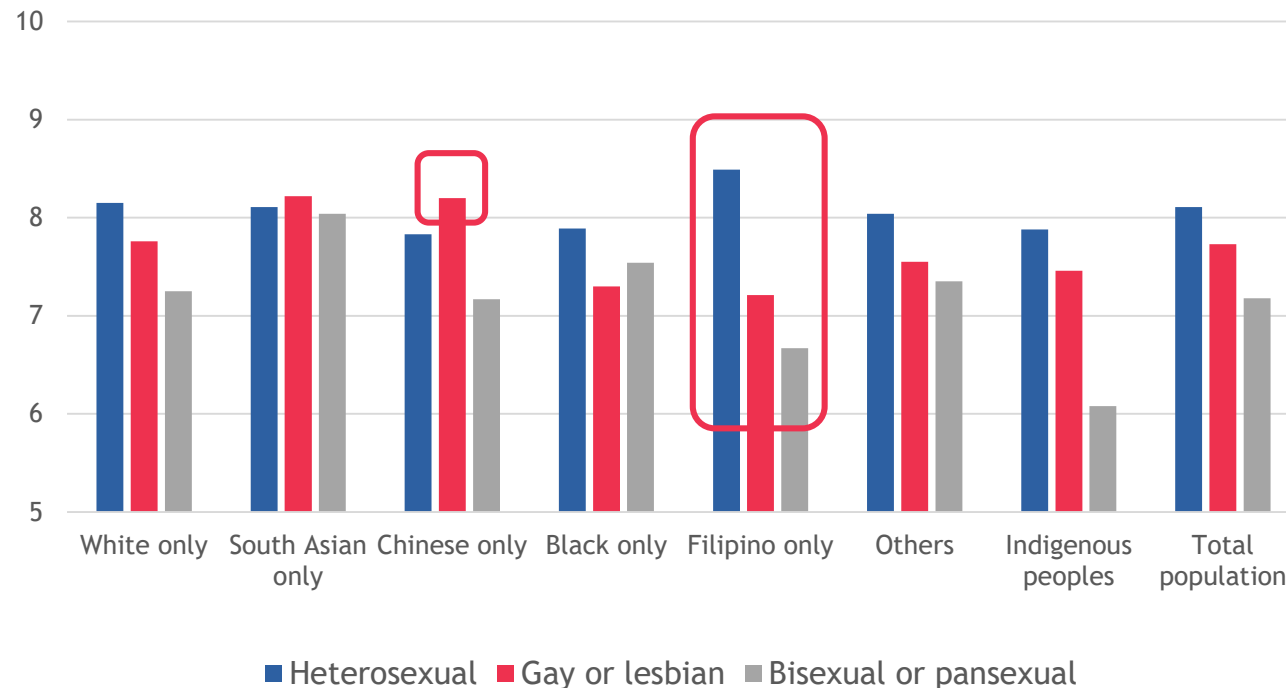




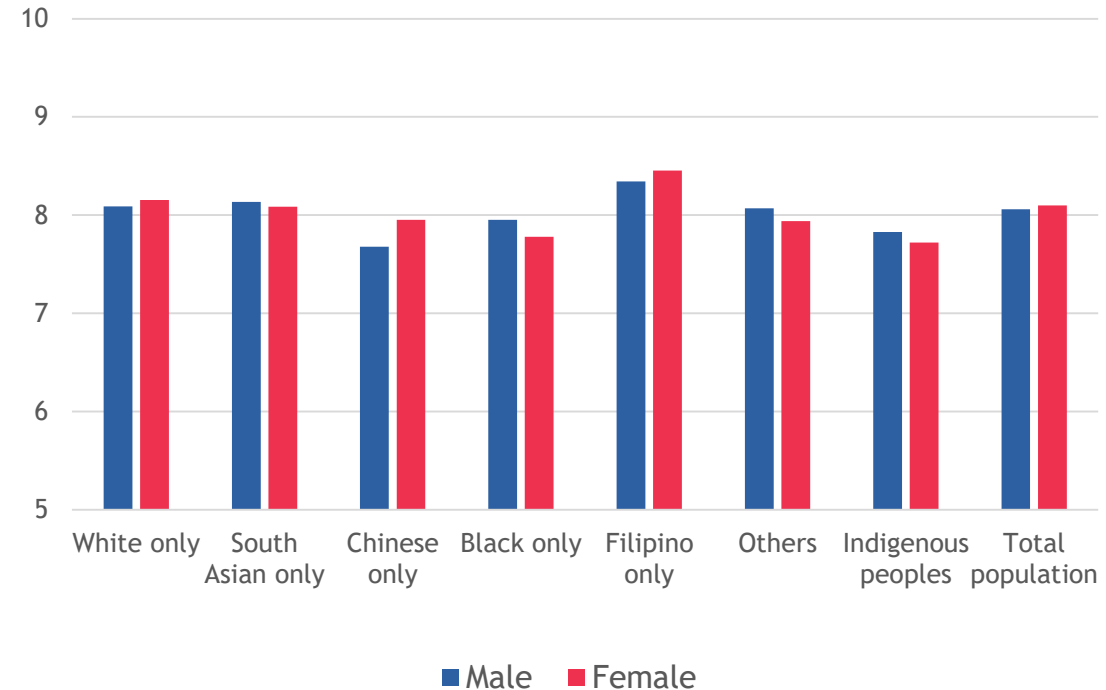
# Satisfaction with life by sexual orientation

- There is a small difference in life satisfaction level between males and females; however there exists significant gaps between gay/lesbian and bisexual/pansexual individuals, and their heterosexual counterparts. Heterosexual individuals reported the highest level of life satisfaction, followed by their gay or lesbian counterparts. Bisexual or pansexual group reported the lowest level of life satisfaction.
- Notably, **Filipino heterosexual individuals** reported the highest satisfaction level (8.5/10) while **Filipino bisexual or pansexual peers** (6.7/10) reported the almost lowest level of life satisfaction among research groups.

By sexual orientation

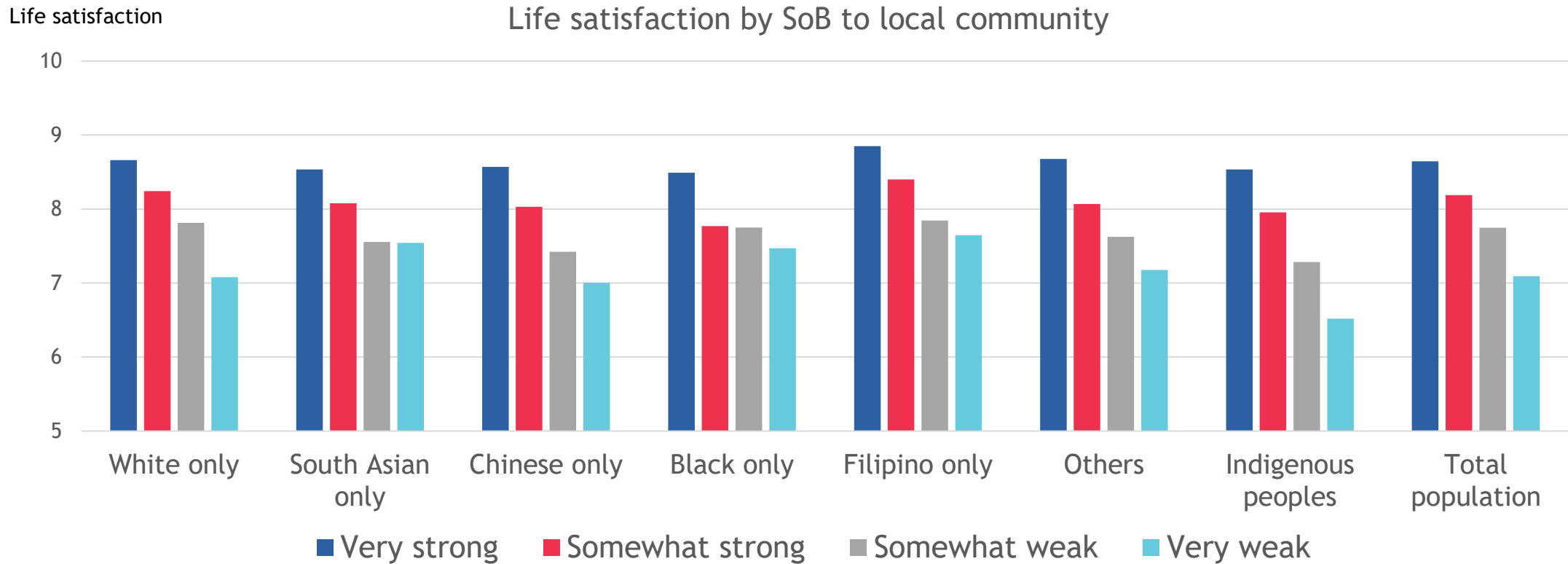


By sex



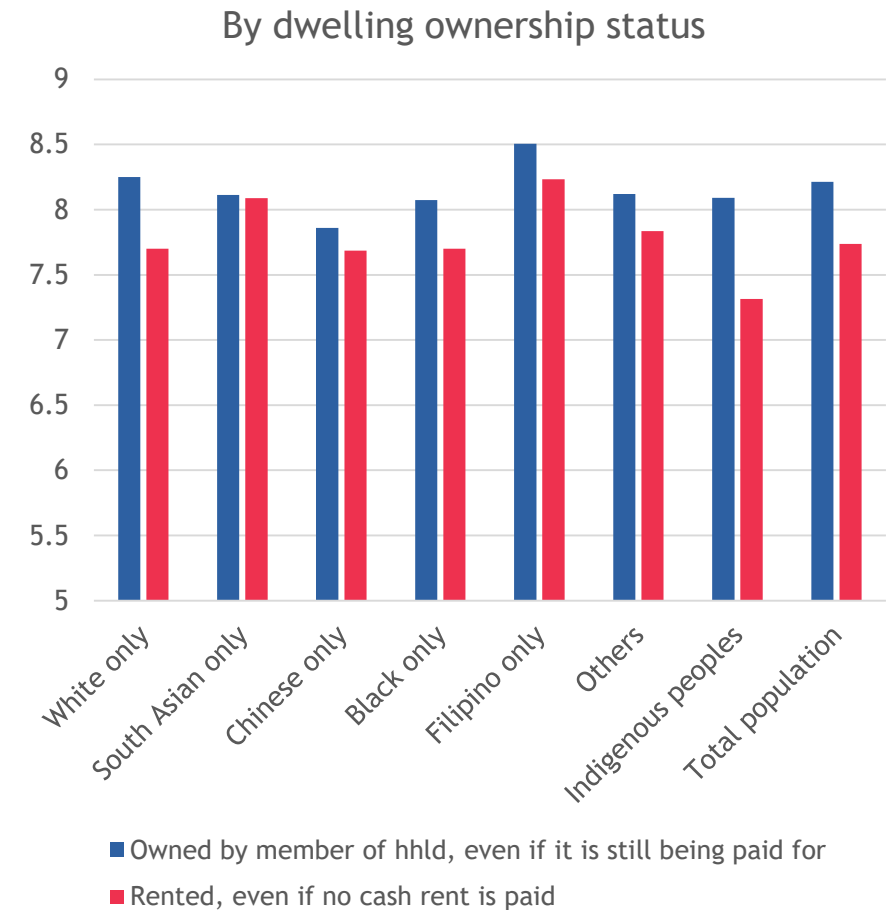
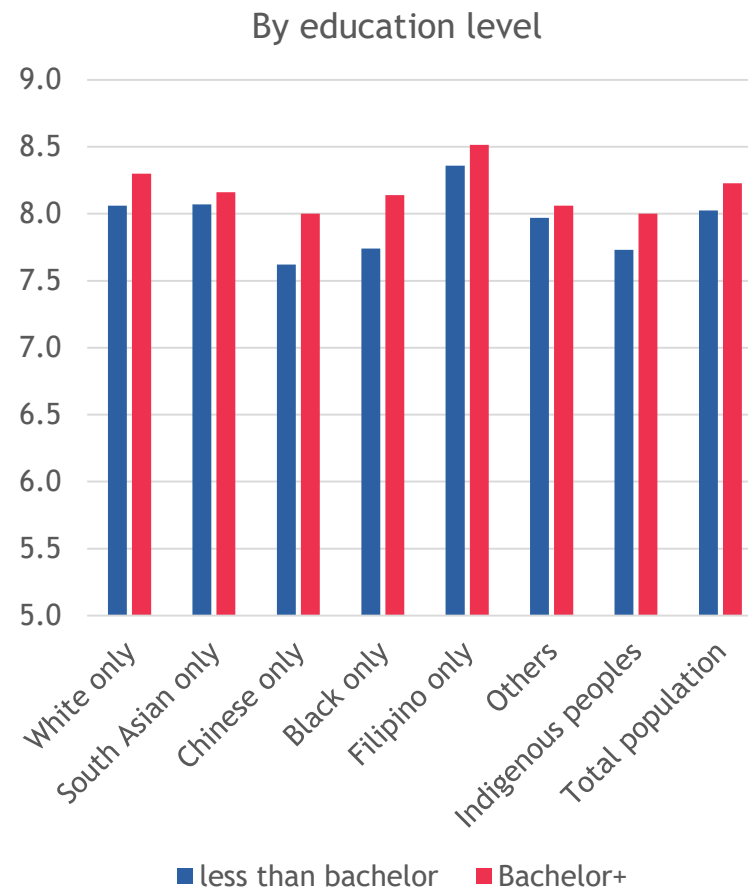
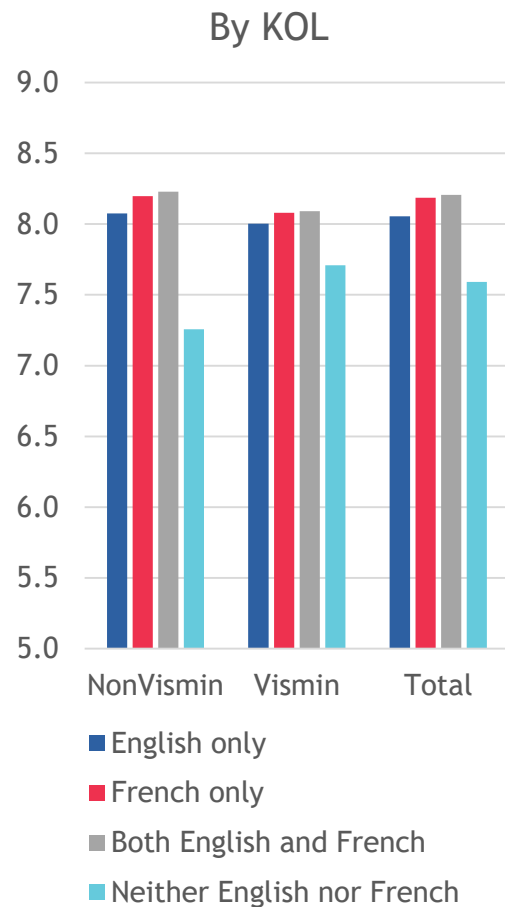
# Life satisfaction and SoB to local community

The higher the sense of belonging to local community, the higher level of life satisfaction. This holds true to all groups.



# Satisfaction with life by knowledge of official languages, education level, and dwelling ownership status

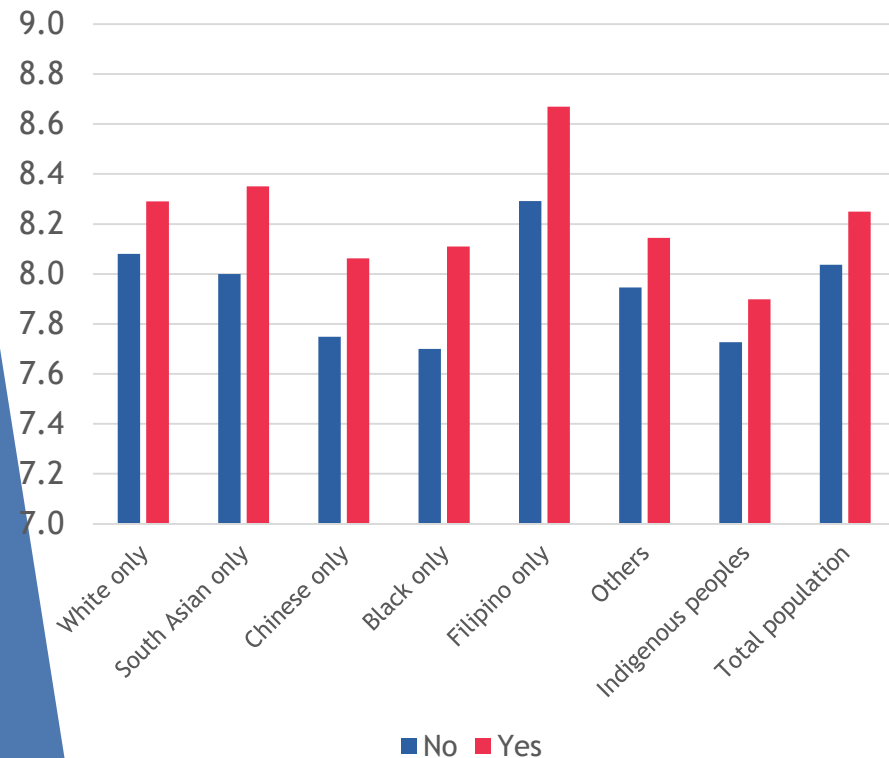
Those who have *knowledge of neither English nor French, education level less than bachelor, and live in a rented unit* were more likely to report **lower** level of life satisfaction than their counterparts.



# Satisfaction with life by household size

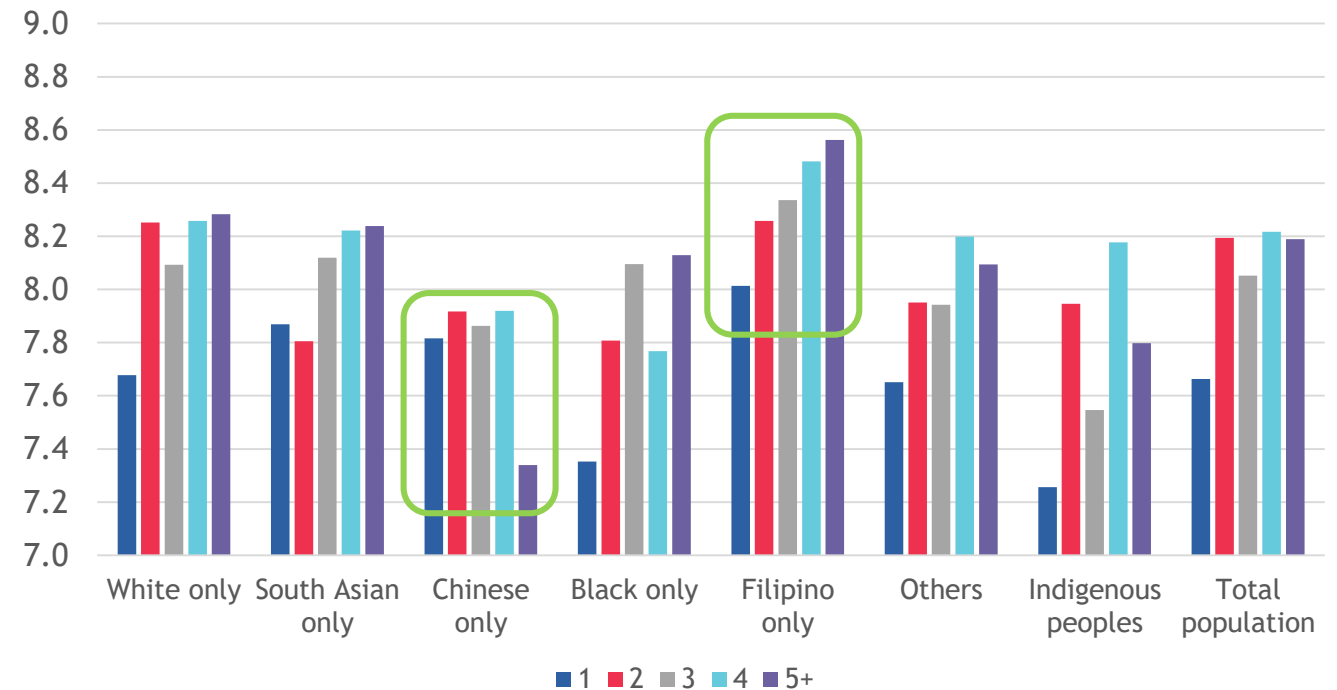
Those who live in a household with children seem to be more satisfied with life in general than those who don't.

Household with children



- Those who live alone seem to be much less satisfied with life in general than those who live with someone else. This holds true for all groups (esp. Indigenous peoples), except for the Chinese people.
- For Chinese people: there is not much difference in living alone or with someone else. Notably, **the Chinese who lives in a household of 5+ is much less satisfied than those lives in a smaller household.**
- For Filipino people: **more people in the household, more satisfied they are.**

Household size



# Linear Regression

	Whole population	Non-immigrants	Immigrants
(Constant)	4.213	4.081	4.590
<b>White (ref)</b>			
South Asian	-0.140	-0.033	-0.145
Chinese	<b>-0.162</b>	<b>-0.300</b>	-0.132
Black	-0.117	-0.163	-0.097
Filipino	<b>-0.019</b>	-0.206	<b>0.063</b>
Others	-0.075	-0.098	-0.062
Indigenous people	<b>0.041</b>		
<b>Heterosexual (Ref)</b>			
Gay or Lesbian	-0.158	-0.049	-0.515
Bisexual or pansexual	-0.232	-0.258	0.110
Not elsewhere classified (NEC)	<b>-0.009</b>	-0.108	1.081
Sex	0.160	0.143	0.177
Immigrant status	-0.041		
<b>Age 25-44 (ref)</b>			
Age 18_24	0.149	0.153	0.141
Age 45_64	<b>-0.121</b>	<b>-0.074</b>	<b>-0.251</b>
Age 65	0.051	0.099	-0.075

	Whole population	Non-immigrants	Immigrants
<b>Noc 0, management (Ref)</b>			
NocA, professional jobs	-0.085	-0.122	0.016
Noc B, technical jobs	-0.059	-0.042	-0.096
Noc C, intermedicate jobs	-0.095	-0.063	-0.171
Noc D, labor jobs	-0.072	-0.086	-0.038
didnt work	-0.102	-0.164	0.087
Fulltime	-0.033	-0.066	0.092
<b>KOL_English (Ref)</b>			
KOL_French	0.037	0.020	0.136
KOL_Both EF	0.035	0.042	-0.015
KOL_Neither EF	0.055	0.164	-0.067
Personal income	0.011	0.011	0.007
Highest level of education-9	-0.024	-0.014	-0.041
Own a House (compared to rent)	0.164	0.136	0.221
Household with children	-0.040	-0.048	-0.024
Household size - (D)	0.024	0.028	0.022
<b>MariStt_Married (Ref)</b>			
MariStt_CommonLaw	-0.091	-0.096	-0.078
MariStt_Widowed	-0.302	-0.312	-0.238
MariStt_Separated	-0.424	-0.463	-0.299
MariStt_Divorced	-0.452	-0.462	-0.441
MariStt_Single	-0.354	-0.355	-0.333
SefPerMenHealth	0.566	0.592	0.488
SefPerHealth	0.476	0.480	0.450

All results are statistically significant at  $p < 0.05$ , except for the NEC/Whole population.

# Summary of findings

- ▶ **After controlling for socio-demographic differences**, the differences in life satisfaction between White people and other groups are all significant, indicating that being a member of a visible minority group is a contributing factor to explain one's level of life satisfaction.
  - Without controlling for socio-demographics, Indigenous peoples reported the lowest level of satisfaction; however, after controlling, they reported the highest satisfaction level.
  - Without controlling for socio-demographics, Filipino people reported the highest level of satisfaction. After controlling, Filipino immigrants still reported a high satisfaction level but not the Filipino non-immigrants.
- ▶ Other socio-demographic characteristics, including sexual orientation, household size, presence of children in household, marital status, income, education, age, knowledge of official language, working status, occupations, and notably mental health and physical health, are all contributing factors to the level of life satisfaction of both immigrants and non-immigrants.

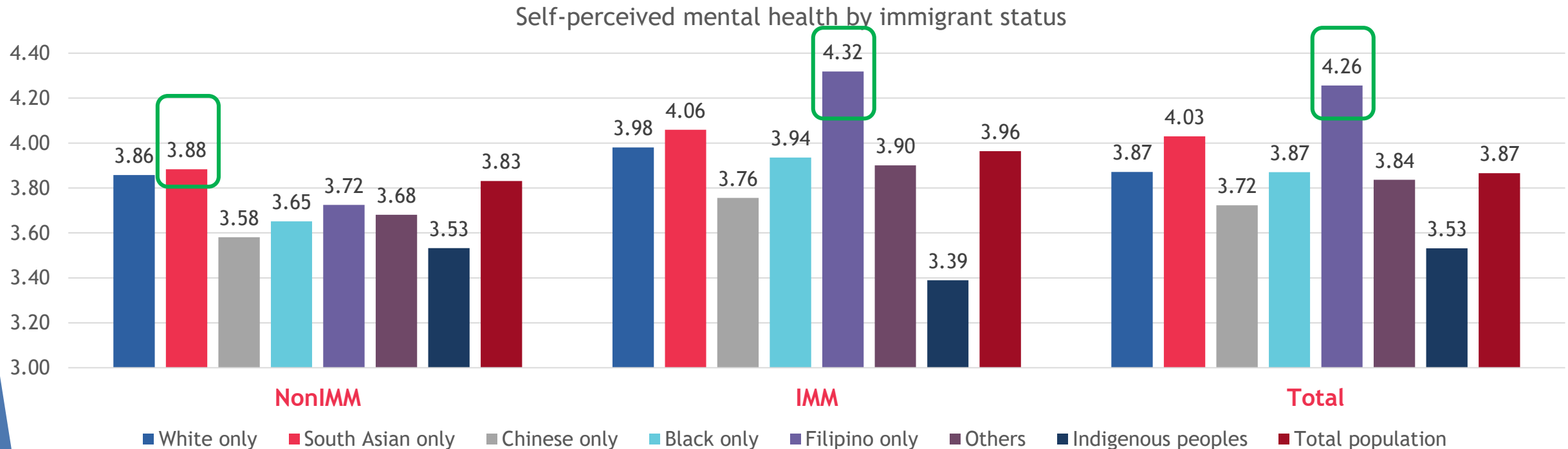
# Self-perceived mental health

- ▶ Question: In general, would you say your mental health is...?
  - 1: Poor
  - 2: Fair
  - 3: Good
  - 4: Very good
  - 5: Excellent
- ▶ Definition of the indicator: Self-perceived mental health\* refers to the mean scores, range from 1 (poor) to 5 (excellent).
- ▶ Population: 18+

*\* Refers to the population suffering from some form of mental disorder, mental or emotional problems or distress, not necessarily reflected in self-perceived health.*

# Which group reported better mental health?

- ▶ The mean scores of self-rated mental health of all groups are 3.4 and above, meaning that on average, all groups rated their mental health as good, very good or excellent.
- ▶ Within immigrant group, Filipinos reported the highest mental health (4.3/5).
- ▶ Within non-immigrant group, South Asians reported the highest mental health (3.9/5).

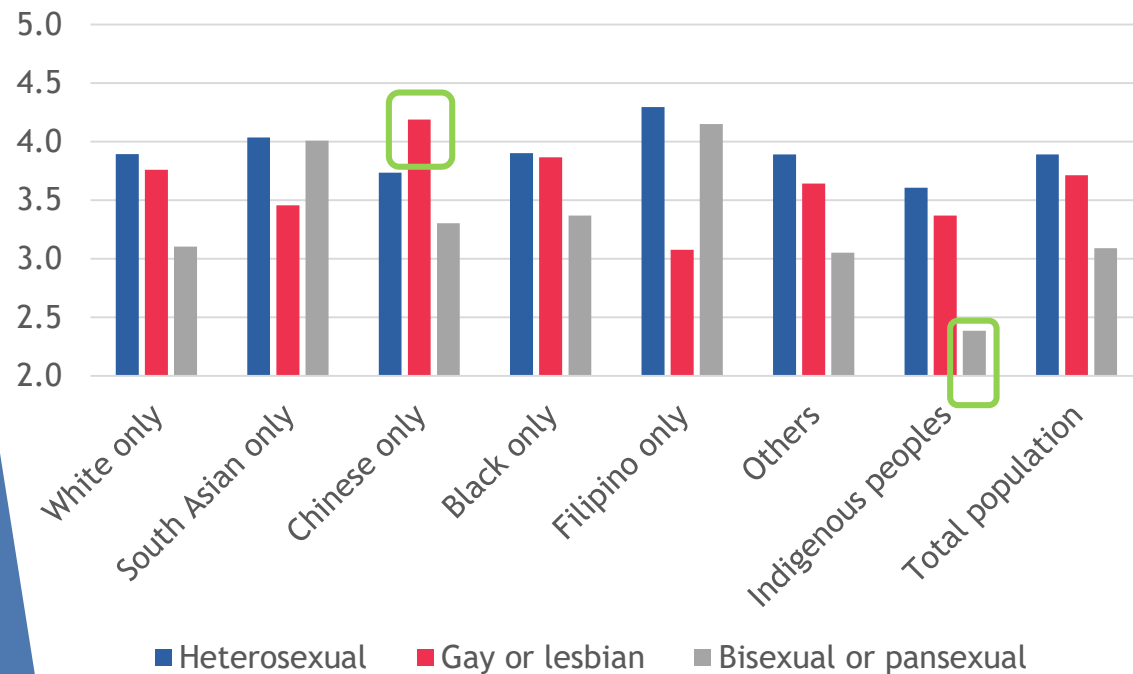




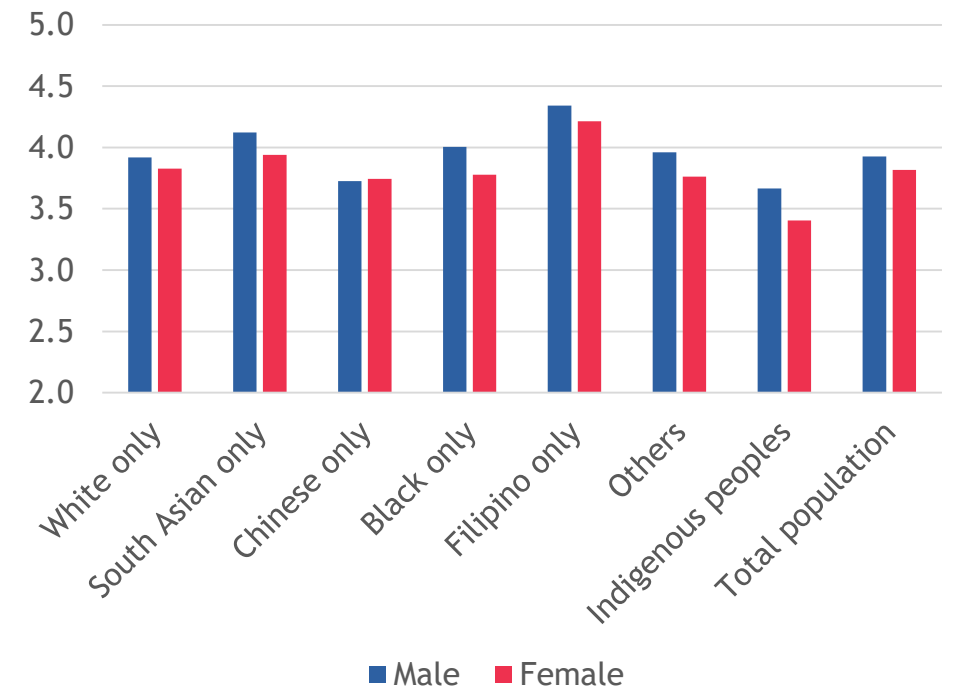
# Self-perceived mental health by sexual orientation

- Heterosexual individuals reported the highest mental health in most groups, except for Chinese people in which Gay or lesbian rated higher mental health than other sexual orientation groups.
- Bisexual or pansexual individuals were the least likely to report good mental health in most groups (esp. Indigenous), except for South Asian and Filipino people.
- Females were consistently less likely to rate good mental health than males even though the gaps are quite small.

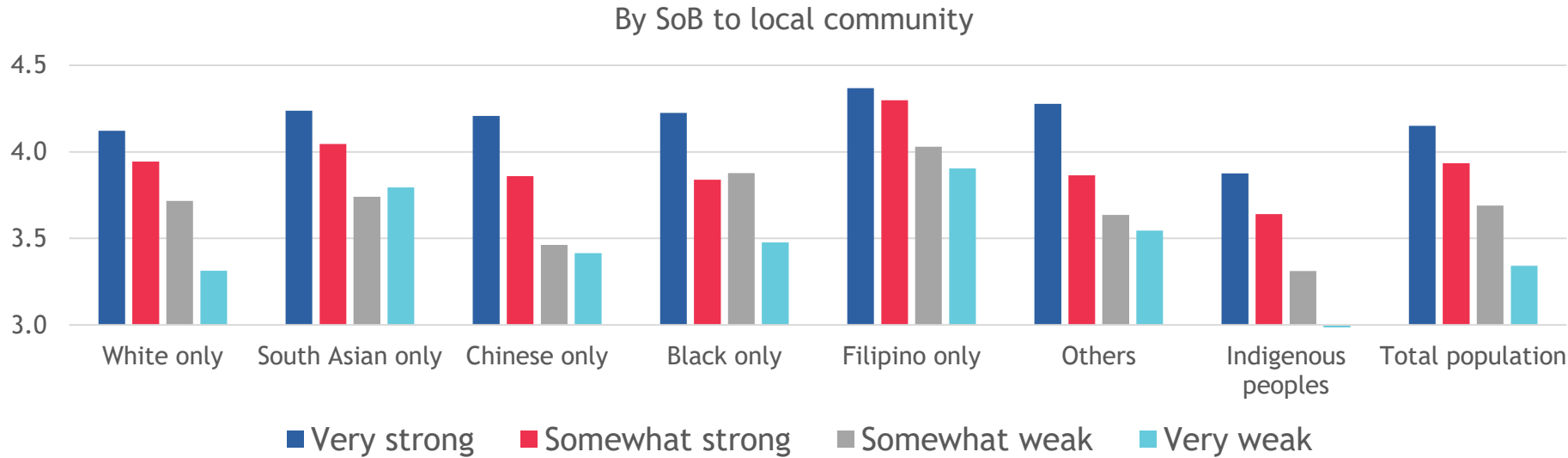
By sexual orientation



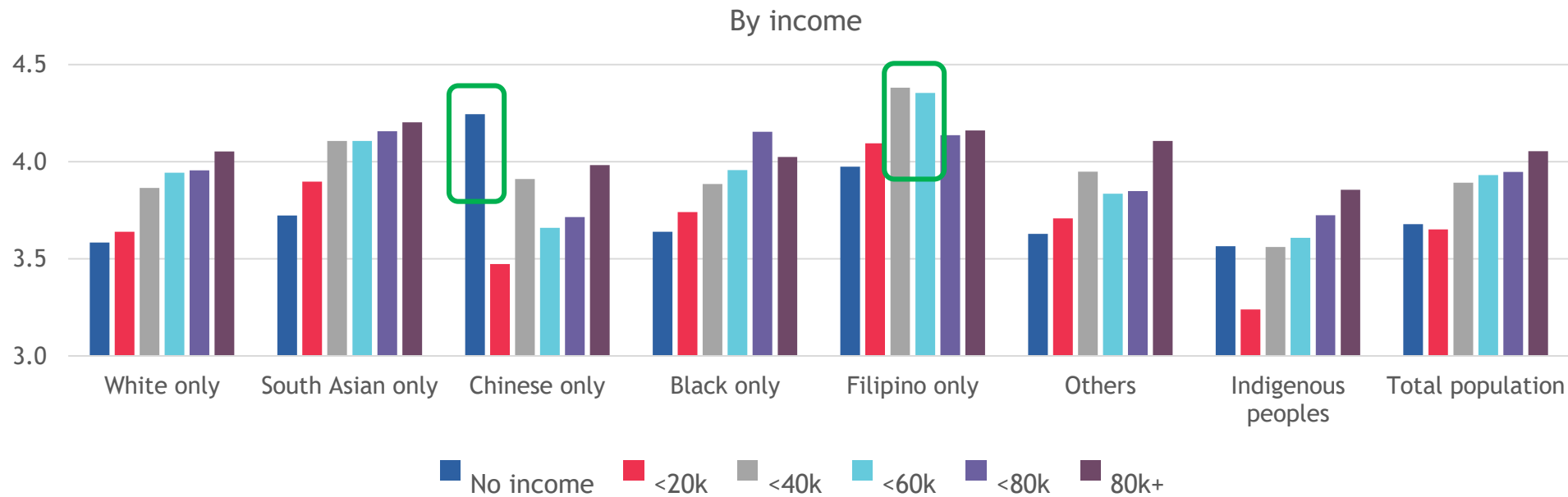
By sex



# Self-perceived mental health by SoB to local community & income



The higher the sense of belonging to local community, the higher mental health. This holds true to all groups.

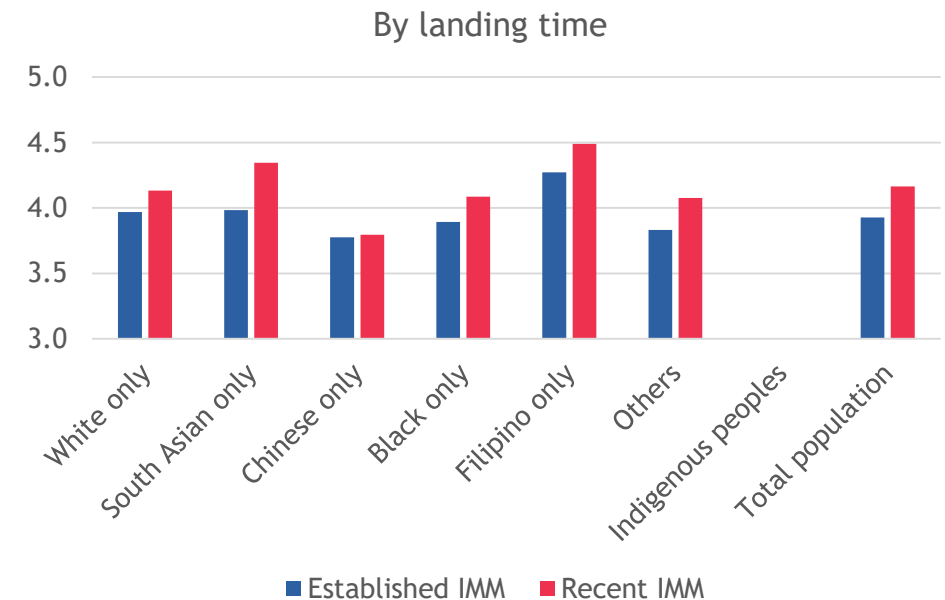
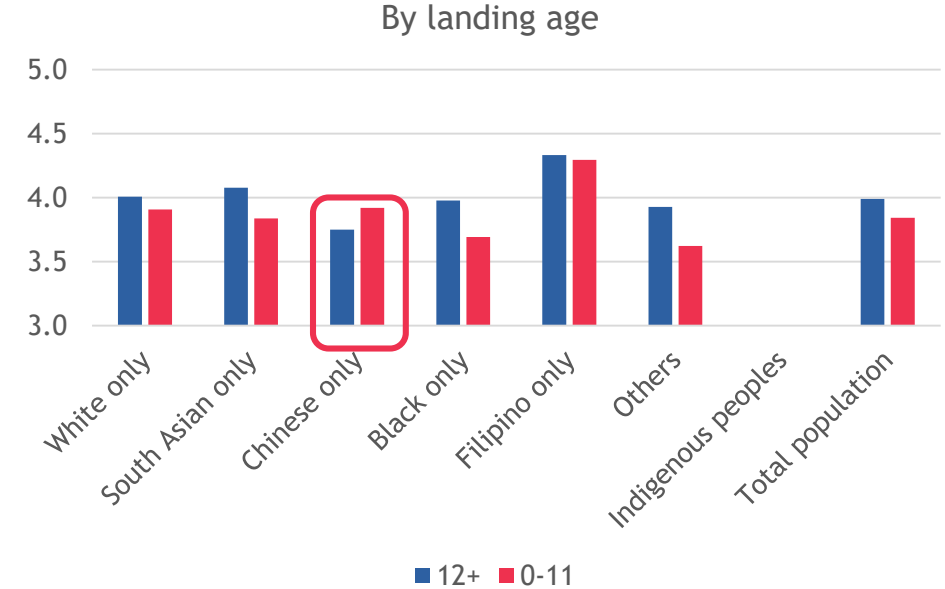
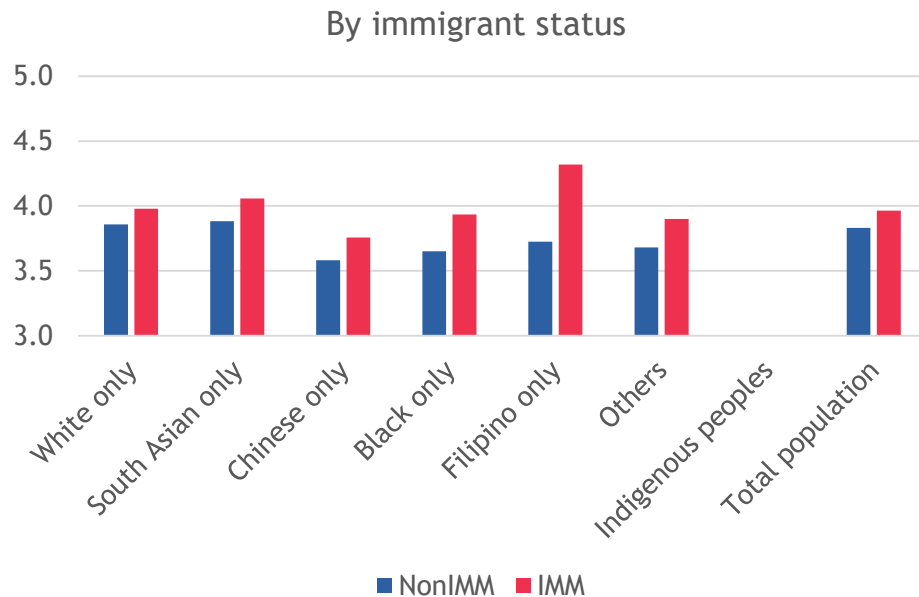


The higher income, the higher mental health. This holds true for most groups, except for:

- Chinese people: those had no income rated the highest mental health.
- Filipino people: those have medium income (\$20k-60k) rated the highest mental health.

# Self-perceived mental health by immigrant status

- Immigrants reported higher mental health than non-immigrants in all groups.
- Those who landed at 12+ years old reported better mental health than those who landed as a child in all groups, except for the Chinese people who see the opposite trend.
- Recent immigrants reported higher mental health than established immigrants across all groups.



# Linear Regression

	Whole population	Non-immigrants	Immigrants
(Constant)	1.955	1.863	2.296
<b>White (ref)</b>			
South Asian	0.118	0.136	0.061
Chinese	-0.085	-0.079	-0.135
Black	0.055	0.031	0.049
Filipino	0.292	0.095	0.281
Others	0.011	-0.005	-0.018
Indigenous peoples	-0.072		
<b>Heterosexual (Ref)</b>			
Gay or Lesbian	-0.090	-0.120	-0.016
Bisexual or pansexual	-0.407	-0.416	-0.277
Not elsewhere classified	-0.312	-0.350	0.018
Sex	-0.082	-0.082	-0.062
Immigrant status	0.082		
<b>Age 25-44 (ref)</b>			
Age 18_24	-0.042	-0.040	-0.045
Age 45_64	0.195	0.216	0.139
Age 65	0.414	0.462	0.311

	Whole population	Non-immigrants	Immigrants
<b>Noc 0, management (Ref)</b>			
NocA, professional jobs	-0.081	-0.066	-0.113
Noc B, technical jobs	-0.078	-0.075	-0.090
Noc C, intermedicate jobs	-0.043	-0.048	-0.048
Noc D, labor jobs	-0.028	-0.014	-0.099
didnt work	-0.051	-0.021	-0.192
Fulltime	0.077	0.098	-0.007
<b>KOL_English (Ref)</b>			
KOL_French	0.163	0.172	0.003
KOL_Both EF	0.081	0.100	-0.003
KOL_Neither EF	-0.146	0.280	-0.095
Personal income	0.005	0.009	-0.005
Highest level of education-9	0.011	0.000	0.038
Own or rent a House	0.035	0.063	-0.016
Household with children	0.026	-0.008	0.090
Household size - (D)	-0.005	0.007	-0.024
<b>MariStt_Married (Ref)</b>			
MariStt_CommonLaw	-0.040	-0.022	-0.061
MariStt_Widowed	-0.041	-0.038	-0.026
MariStt_Separated	-0.198	-0.161	-0.279
MariStt_Divorced	-0.121	-0.092	-0.186
MariStt_Single	-0.153	-0.124	-0.192
SefPerHealth	0.459	0.463	0.435

All results are statistically significant at  $p < 0.05$ , except for the NEC/Immigrants.

# Summary of findings

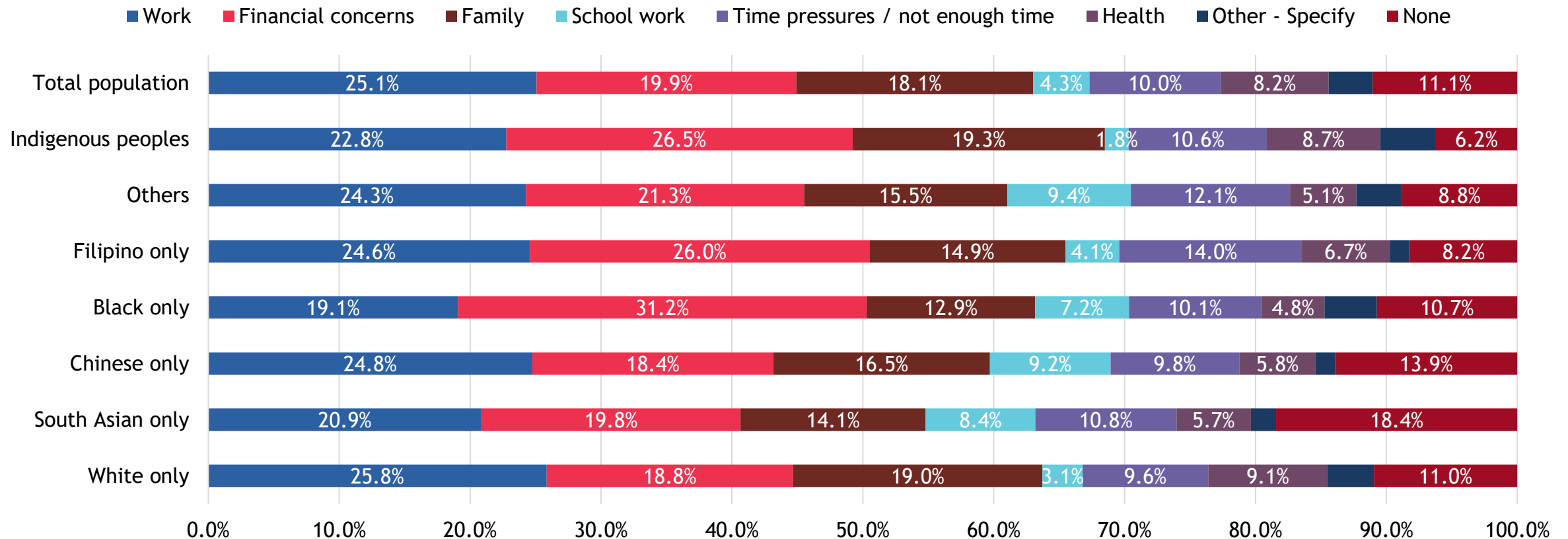
- ▶ **After controlling for socio-demographic differences**, the differences in self-perceived mental health between White people and other groups are all significant, indicating that being a member of a visible minority group is a contributing factor to explain one's mental health.
  - After controlling for socio-demographics, Indigenous & Chinese people self-rated the lowest mental health while Filipino & South Asian people reported the highest mental health.
- ▶ Other socio-demographic characteristics, including sexual orientation, household size, presence of children in household, marital status, income, education, knowledge of official language, working status, occupations, and notably age and physical health, are all contributing factors to the mental health of both immigrants and non-immigrants.
  - Immigrants rated their mental health better than non-immigrants.
  - Heterosexual, older, management jobs, higher education, married and good physical health tend to rate their mental health better than their counterparts.
  - Interestingly, Canadian-born renters reported higher mental health than Canadian-born owners. For them, more people in the household but without children, the better their mental health. However, for immigrants, house owners, less people in household but with children, the better their mental health.

# Self-perceived life stress

- ▶ Question: Thinking about the amount of stress in your life, would you say that most of your days are...?
  - 1: Not at all stressful
  - 2: Not very stressful
  - 3: A bit stressful
  - 4: Quite a bit stressful
  - 5: Extremely stressful
- ▶ Definition: Self-perceived life stress refers to the mean scores, range from 1 (not at all stressful) to 5 (extremely stressful).
- ▶ Study population: 18+

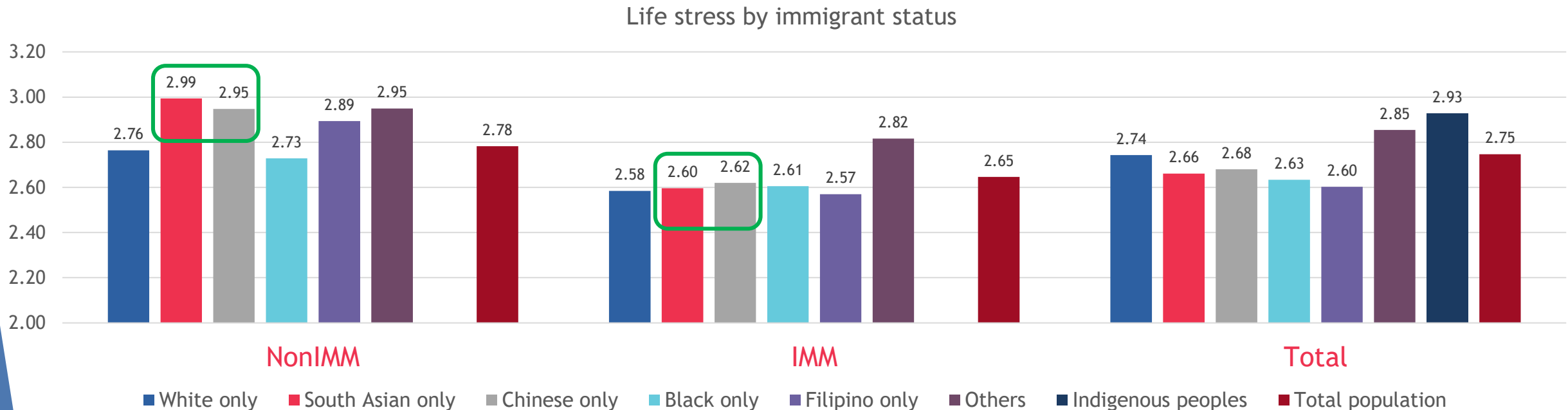
# Most important stress source contributing to feelings of stress

- **Work, financial concerns and family** are the most popular stress sources for all groups.
- South Asian people are less likely to feel stressed than any other groups.
- Black people are less likely to feel stressed due to **work** but more likely to feel stress due to **financial concerns** than any other groups.
- Indigenous and White people are more likely to feel stressed due to **family** than any other groups.



# Which group reported higher level of life stress?

- ▶ Indigenous peoples and “Others” reported the highest life stress while Filipinos and Black people reported the lowest level.
- ▶ There is a significant difference in life stress level between immigrants and non-immigrants in most groups, especially in White and South Asian groups.





# By knowledge of official languages (KOL) & income

Life stress by KOL

	NonVismin	Vismin	Total
English only	2.74	2.73	2.74
French only	2.57	2.65	2.58
Both English and French	2.84	2.94	2.86
Neither English nor French	2.39	2.37	2.37

Work stress by KOL

	NonVismin	Vismin	Total
English only	2.94	2.80	2.90
French only	3.00	2.72	2.97
Both English and French	3.05	3.03	3.05
Neither English nor French	2.77	2.36	2.44

Bilingual individuals reported highest level of stress at life and work while those who don't have knowledge of both E&F reported lowest stress level. This holds true to both Nonvismin and vismin groups.

Life stress by income

	White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous peoples	Total population
No income	2.84	2.77	2.38	3.10	1.77	2.61	2.70	2.74
<20k	2.71	2.65	2.76	2.60	2.55	2.90	2.83	2.73
<40k	2.66	2.65	2.64	2.71	2.47	2.74	2.93	2.67
<60k	2.68	2.55	2.77	2.53	2.82	2.92	3.02	2.71
<80k	2.83	2.65	2.76	2.53	2.82	2.89	3.08	2.83
80k+	2.93	2.97	2.82	2.82	2.77	2.89	2.94	2.92

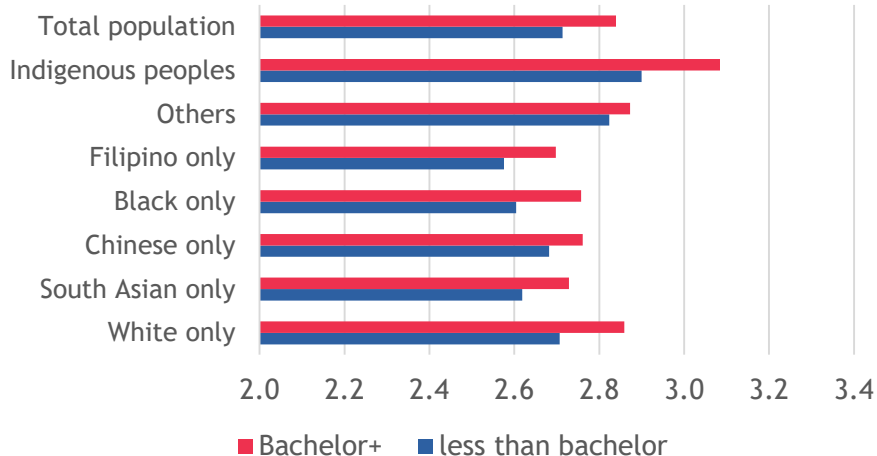
Work stress by income

	White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous peoples	Total population
No income	2.92	1.93	2.32	2.93	Small sample size	2.36	2.01	2.59
<20k	2.67	2.68	2.56	2.70		2.81	2.65	2.68
<40k	2.92	2.71	2.86	2.86		2.88	2.98	2.89
<60k	2.95	2.66	2.76	2.45		3.11	3.13	2.94
<80k	3.13	2.65	3.00	3.15		2.92	3.42	3.11
80k+	3.20	3.05	3.21	2.99		3.11	3.09	3.18

There is no linear relationship between life stress and income. However, there seems to be a linear relationship between work stress and income (the higher the income, the higher stress).

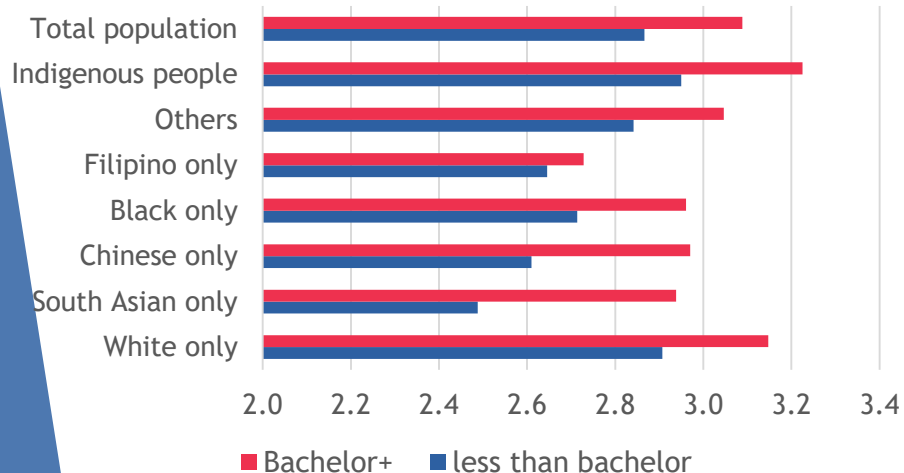
# Life/work stress by highest education level & working status

## Life stress by education level



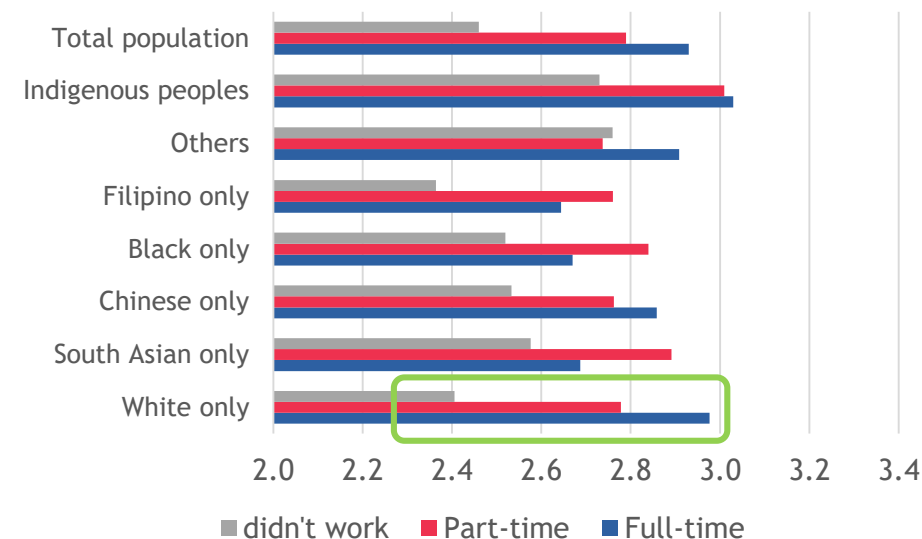
Those with *higher education* and work *full-time* reported much **higher** stress at both work and life than those with lower education and work part-time or didn't work.

## Work stress by education level

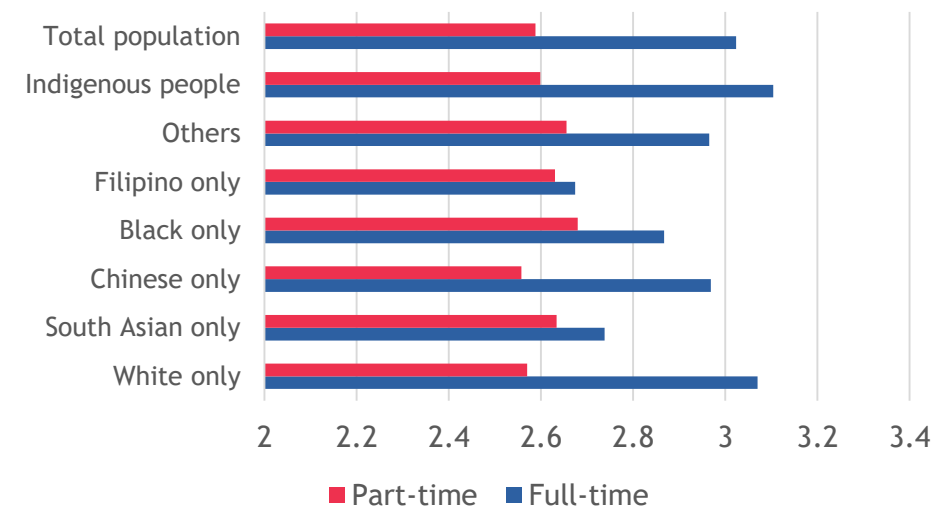


Notably, *White* individuals who *didn't work* reported much **lower** life stress than those who work.

## Life stress by working status



## Work stress by working status



# Life stress by SoB to local community & marital status

## Life stress by SoB to local community

	White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous peoples	Total population
Very strong	2.54	2.37	2.39	2.42	2.14	2.64	2.91	2.53
SW strong	2.71	2.76	2.64	2.61	2.77	2.78	2.81	2.72
SW weak	2.87	2.86	2.95	2.81	2.76	3.00	3.04	2.89
Very weak	3.02	3.06	3.02	2.88	3.04	3.33	3.35	3.06

The stronger the sense of belonging to local community, the lower life stress.

## Life stress by SoB to marital status

	White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous peoples	Total population
Married	2.71	2.60	2.63	2.69	2.57	2.79	2.88	2.71
Living CL	2.86	2.79	2.98	2.70	2.82	2.66	3.06	2.85
Widowed	2.27	2.21	2.50	2.27	2.01	2.52	2.46	2.29
Separated	2.88	2.86	2.74	2.40	2.69	2.74	3.09	2.84
Divorced	2.70	2.95	2.45	2.57	3.19	2.98	2.98	2.73
Single, NM	2.85	2.83	2.90	2.67	2.68	2.98	2.93	2.86

Widowed individuals consistently reported the lowest life stress compared to others across all groups.

## Life stress by children presence in household

	White only	South Asian only	Chinese only	Black only	Filipino only	Others	Indigenous peoples	Total population
No	2.68	2.71	2.70	2.61	2.51	2.83	2.88	2.70
Yes	3.01	2.60	2.76	2.72	2.81	2.86	3.06	2.93

Those living in household with children reported higher stress than those without children. This holds true in all groups, except for South Asians who experience the opposite trend.

# Linear Regression

	Whole population	Non-immigrants	Immigrants
(Constant)	4.122	4.116	4.046
<b>White (ref)</b>			
South Asian	-0.056	0.142	-0.115
Chinese	-0.117	-0.038	-0.176
Black	<b>-0.192</b>	<b>-0.276</b>	<b>-0.168</b>
Filipino	-0.044	0.086	-0.071
Others	0.055	0.079	0.024
Indigenous peoples	0.003		
<b>Heterosexual (Ref)</b>			
Gay or Lesbian	<b>0.082</b>	<b>0.125</b>	-0.021
Bisexual or pansexual	0.080	0.095	<b>0.005</b>
Not elsewhere classified	-0.025	<b>-0.001</b>	-0.126
Sex	0.130	0.127	0.129
Immigrant status	-0.071		
<b>Age 25-44 (ref)</b>			
Age 18_24	0.043	0.013	0.166
Age 45_64	0.011	0.030	-0.011
Age 65+	<b>-0.292</b>	<b>-0.248</b>	<b>-0.407</b>

	Whole population	Non-immigrants	Immigrants
<b>Noc 0, management (Ref)</b>			
NocA, professional jobs	-0.140	-0.126	-0.165
Noc B, technical jobs	-0.237	-0.232	-0.243
Noc C, intermedicate jobs	-0.286	-0.291	-0.247
Noc D, labor jobs	-0.395	-0.419	-0.299
didnt work	<b>-0.463</b>	<b>-0.472</b>	<b>-0.409</b>
Fulltime	0.127	0.164	0.038
<b>KOL_English (Ref)</b>			
KOL_French	-0.035	-0.029	-0.065
KOL_Both EF	0.093	0.098	0.074
KOL_Neither EF	<b>-0.121</b>	<b>-0.723</b>	<b>-0.071</b>
Personal income	0.013	0.013	0.014
Highest level of education-9	0.020	0.015	0.037
Own or rent a House	-0.018	-0.039	0.028
Household with children	0.063	0.067	0.046
Household size - (D)	0.036	0.049	0.011
<b>MariStt_Married (Ref)</b>			
MariStt_CommonLaw	0.008	-0.013	0.077
MariStt_Widowed	<b>-0.071</b>	<b>-0.053</b>	<b>-0.124</b>
MariStt_Separated	0.051	0.063	0.012
MariStt_Divorced	0.035	0.040	-0.004
MariStt_Single	0.037	0.012	0.109
SefPerMenHealth	-0.256	-0.262	-0.240
SefPerHealth	-0.130	-0.125	-0.145

All results are statistically significant at  $p < 0.05$ , except for the NEC/Non-imm & Bisexual or pansexual/Imm.

# Summary of findings

- ▶ **Work, financial concerns and family** are the most popular stress sources for all groups.
- ▶ **After controlling for socio-demographic differences**, the differences in life stress between White people and other groups are significant, indicating that being a member of a visible minority group is a contributing factor to explain one's level of life stress.
  - In both descriptive and adjusted data, Black people (both immigrants and non-immigrants) are always among the groups who reported the lowest level of life stress.
  - Indigenous peoples and "Others" are always the groups who reported the highest level of life stress, with or without controls.
- ▶ Other socio-demographic characteristics, including sexual orientation, household size, presence of children in household, marital status, income, education, age, knowledge of official language, working status, occupations, and notably mental health and physical health, are all contributing factors to the level of life stress of both immigrants and non-immigrants.
  - Gay/lesbian and bisexual/pansexual groups are generally more likely to report higher life stress than heterosexual group.
  - People who aged 65+, didn't work, don't have knowledge of both E&F, are widowed, have lower income, lower education, without children, better (self-rated) mental & physical health reported much lower life stress than their counterparts.

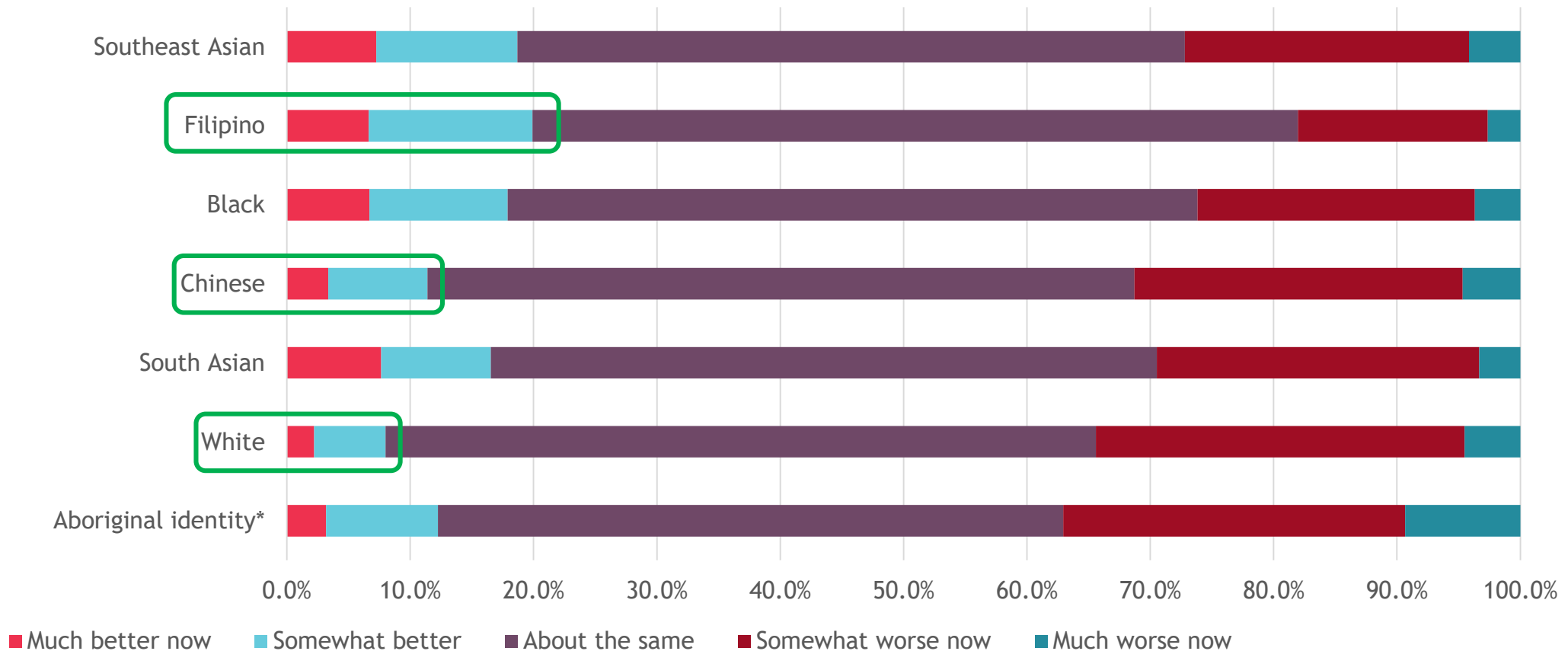
# KEY TAKEAWAYS

- ▶ Descriptive data show that sense of belonging to local community is a very important factor which affects positively on life satisfaction, mental health and life stress of all groups.
- ▶ Immigrant status is also an important contributing factor to the life satisfaction/stress level & mental health of most visible minority groups. However, it seems to be not an explanatory factor for White people in all three indicators.
- ▶ In addition, both descriptive and adjusted data show that household size, presence of children in household, marital status, income, education, age, knowledge of official language, working status, occupations, and notably **physical health and sexual orientation** are all important contributing factors to the mental life both immigrants and non-immigrants.

# KEY TAKEAWAYS ABOUT MENTAL LIFE OF ALL GROUPS

Descriptive data	Adjusted data
<b>White</b> immigrants and non-immigrants reported high life satisfaction, good mental health, and low life stress compared to the other groups.	Both <b>White</b> immigrants and non-immigrants have higher life satisfaction than their counterparts from most groups.
<b>Indigenous peoples</b> reported lowest satisfaction with life & mental health, and highest life stress.	<b>Indigenous peoples</b> reported highest satisfaction with life but reported very low mental health and very high life stress.
<b>Filipino</b> immigrants reported highest satisfaction with life, highest mental health, and low life stress compared to immigrants of other groups. However, it is not the case for Filipino non-immigrants who reported average levels in all three indicators.	<b>Filipino</b> immigrants reported very high satisfaction with life, highest mental health and low life stress. In contrast, Filipino non-immigrants reported low satisfaction, high stress but good mental health.
Both <b>Chinese</b> Canadian-born & immigrants reported low satisfaction with life, low mental health and high life stress.	<b>Chinese</b> Canadian-born reported the lowest life satisfaction, lowest mental health, but they also rated lower life stress than immigrants from most of other groups. Similarly, Chinese immigrants also reported very low life satisfaction, low mental health, and very low life stress.
<b>Black</b> people reported a slightly lower life satisfaction, similar level of mental health, and a slightly lower life stress than the overall population.	Consistent with descriptive data, <b>Black</b> people reported average life satisfaction and mental health and very low life stress.
<b>South Asian</b> Canadian-born reported highest life satisfaction and mental health but they also reported highest life stress while their immigrant counterparts reported average levels in all three indicators.	<b>South Asian</b> Canadian-born reported high life satisfaction, highest mental health, and highest life stress. In contrast, South Asian immigrants reported lowest life satisfaction but high mental health and average life stress relative to immigrants from other groups.

# Compared to before the pandemic started, how would you say your mental health is now?



\* Aboriginal identity - First nations / Métis / Inuk (Inuit)  
Source: CCHS 2020



# Moving forward

- ▶ Examine how immigrant categories, generation status as well as discrimination experience affect the health outcomes of different VM groups.
- ▶ Explore how different VM groups perform over time (since 1991 till now).
- ▶ Explore immigrant gaps within each VM group, controlled by socio-demographic differences.
- ▶ Sexual orientation is an important factor to explain the health outcomes of different VM groups; therefore, exploring the outcome gaps between VM groups within each sexual orientation group would be beneficial.
- ▶ Occupation is also an explanatory factor to the health outcomes; therefore, exploring outcome gaps between VM groups within each occupation (occupation index) would help us more precisely target the groups in need.



THANK YOU

Contact:

*Paul Holley at [paul.holley@acs-aec.ca](mailto:paul.holley@acs-aec.ca)*

*Anh Nguyen at [anh.nguyen@acs-aec.ca](mailto:anh.nguyen@acs-aec.ca)*

*Stefan Stefanovic at [stefan.stefanovic@acs-aec.ca](mailto:stefan.stefanovic@acs-aec.ca)*