

IN THIS ISSUE:

- Women in low-income neighbourhoods are at greater risk of high blood pressure
- A parent's stress can affect her child's risk for asthma
- The "healthy immigrant effect" is evident in homeless populations
- Striking health disparities exist between Indigenous and non-Indigenous children

Neighbourhood chronic stress and gender inequalities in hypertension among Canadian adults: a multilevel analysis.

Matheson F, White HL, Moineddin R, Dunn JR, Glazier RH. *J Epidemiol Community Health*. Published Online First: 14 October 2009. doi:10.1136/jech.2008.083303. This research was supported by the Social Sciences and Humanities Research Council of Canada [Standard Research Grant Number 410-2005-2306].

CRICH STUDY CONTACT:

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BACKGROUND:

Living in deprived neighbourhoods (e.g. low neighbourhood income and education levels, high number of lone parent families, and high number of homes needing major repairs) is associated with poor cardiovascular outcomes.

FOCUS OF THE STUDY:

We explored gender differences in the association between neighbourhood deprivation and the prevalence of hypertension (high blood pressure) among Canadian adults.

KEY FINDINGS:

Neighbourhood deprivation appears to be a stronger predictor of hypertension among women. Women living in the most impoverished areas were, on average, 10% more likely to report having high blood pressure when compared with men living in the same neighbourhoods. We estimate that a 10% increase in prevalence translates to approximately 460,000 additional women living with high blood pressure across Canada.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

These findings add to the growing body of research that shows that neighbourhoods can have an important impact on cardiovascular health. Social policies (such as housing, education, and welfare policies) and targeted health care programs may help improve health for women in low-income neighbourhoods.

Parental stress increases the effect of traffic-related air pollution on childhood asthma incidence.

Shankardass K, McConnell R, Jerrett M, Milam J, Richardson J, Berhane K. *Proc Natl Acad Sci USA*; 2009 Jul 28;106(30):12406-11.

CRICH STUDY CONTACT:

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BACKGROUND:

Exposure to traffic-related pollution (TRP) and tobacco smoke have been associated with new onset asthma in children. Several studies suggest that increased severity of asthma among low socioeconomic status (SES) children and adults may be explained by stress.

FOCUS OF THE STUDY:

We investigated whether low socioeconomic status (SES) or high parental stress made a difference in the effect of TRP and in utero tobacco smoke exposure on new onset asthma.

KEY FINDINGS:

- The risk of asthma attributable to traffic-related pollution was significantly higher for children with high parental stress (parents who perceived their lives as unpredictable, uncontrollable, or overwhelming) than for children with low parental stress.
- Stress also was associated with greater susceptibility to effects of in utero tobacco smoke on asthma.
- A similar pattern of increased risk of asthma was observed among children from low SES families who also were exposed to either traffic-related pollution or in utero tobacco smoke.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

Interventions that help parents manage their stress may also improve outcomes for children who have asthma, or are at risk for asthma, and may reduce social disparities in childhood asthma.

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The Centre for Research on Inner City Health (CRICH) is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital. Our mission is to reduce health inequities through innovative research that supports social change.

www.crich.ca

The health of homeless immigrants.

Chiu S, Redelmeier DA, Tolomiczenko G, Kiss A, Hwang SW. The health of homeless immigrants. *J Epidemiol Community Health*; 2009 Aug 3.

CRICH STUDY CONTACT:

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BACKGROUND:

- People with inadequate housing experience a wide range of serious health problems.
- Immigrants tend to be healthier than their native-born counterparts (this is the “healthy immigrant effect” - see definition below).

FOCUS OF THE STUDY:

We examined the association between immigrant status and current health status among homeless people in Toronto. We also compared participants’ reports of barriers preventing them from exiting homelessness. We were interested in whether responses varied according to immigration status.

KEY FINDINGS:

Compared to other homeless people, homeless *recent* immigrants (10 years or less since immigration):

- Have fewer physical health, mental health, and substance use problems. The “healthy immigrant effect” was evident in the homeless population. However, the prevalence of mental health problems among homeless recent immigrants was still higher than among the general population.
- Experience different barriers preventing them from getting out of homelessness. Recent immigrants were more likely to report financial reasons for being homeless (i.e., insufficient income or lack of job/employment), and less likely to report reasons related to mental health conditions or addictions.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

Programs to address homelessness among recent immigrants should focus on:

- Job skills, training, and employment
- Improved access to culturally appropriate mental health services

WHAT IS THE “HEALTHY IMMIGRANT EFFECT”?

Recent immigrants are generally healthier than their native-born counterparts. The “healthy immigrant effect” is believed to be strongest among *recent* immigrants (10 years or less since immigration) because immigration policies in Canada tend to disqualify individuals with serious medical conditions. The effect may also be a result of younger, healthier, and better educated individuals self-selecting into immigration. Over time, however, the effect diminishes, and the health status of foreign-born individuals tends to worsen.

Indigenous Children’s Health Report: Health Assessment in Action.

Smylie J., Adomako P. *Indigenous Children’s Health Report: Health Assessment in Action*. Toronto: SMH, 2009.

CRICH STUDY CONTACT:

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BACKGROUND:

First Nations, Inuit, and Métis children and their families experience major disparities in the social determinants of health, compared to other Canadians. Significant deficiencies in current public health assessment data for Aboriginal children are also evident.

FOCUS OF THE STUDY:

We focused on First Nations, Inuit, and Métis children’s health status and assessment in Canada (ages birth to twelve years). There are also chapters on Indigenous children’s health status and assessment for Australia, New Zealand, and the United States.

KEY FINDINGS:

Striking Indigenous/non-Indigenous health status disparities exist in all four countries, including:

- Infant mortality rates that are 1.7 to 4 times higher than those of non-Indigenous infants
- Higher rates of sudden infant death syndrome
- Higher rates of child injury, accidental death, and suicide
- Higher rates of ear infections
- A disproportionate burden of respiratory tract illness and mortality
- A disproportionate burden of dental caries
- Increased exposure to environmental contaminants, including tobacco smoke

In addition to detailing health status inequities, the authors locate the roots of Indigenous child health disparities in colonization; document differential access to health care, economic, and social resources; and share successful strategies for change.

IMPLICATIONS FOR HEALTH POLICY AND PRACTICE:

In writing this report, our collective intention has been to equip Indigenous health stakeholders within and across our nations with rigorous data, and to support them as they work together to redress Indigenous child health disparities. This report documents best practices and describes how health assessment data can be put to action to inform strong policies and programs to improve Indigenous child health. This report provides a convincing example of the value that can be added by forming partnerships and working across jurisdictions – locally, regionally, nationally, and internationally.

DOWNLOAD THE FULL REPORT HERE:

http://www.stmichaelshospital.com/crich/indigenous_childrens_health_report.php