

HEALTH AND WELL-BEING AMONG IMMIGRANT YOUTH IN CANADA

Presenters:

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PRESENTATION OUTLINE

- ❖ CONTEXT AND SIGNIFICANCE
- ❖ THEORETICAL FRAMEWORK
- ❖ HEALTH ISSUES SPECIFIC TO IMMIGRANT YOUTH
- ❖ RESEARCH PURPOSE AND QUESTIONS
- ❖ RESEARCH DESIGN
- ❖ FINDINGS
- ❖ DISCUSSION AND LIMITATIONS OF THE STUDY
- ❖ IMPLICATIONS FOR PRACTICE, POLICY, AND SOCIAL WORK EDUCATION

CONTEXT AND SIGNIFICANCE

- ❖ In the 2021 Canada Census, 23% (or 8.36M) of Canada's population was immigrants.
- ❖ In the same Census, there were approximately 5.28M of youth aged between 12 and 24 (i.e., 14.3% of the Canadian population)
- ❖ Therefore, an estimated number of immigrant youth aged between 12 and 24 was approximately 1.21M.

THEORETICAL FRAMEWORK (1)

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A DUAL THEORETICAL APPROACH WAS USED

- THE INTERSECTIONALITY PERSPECTIVE (BERNARD, 2021; CRENSHAW, 1991; MCCALL, 2005)
 - SUGGESTS THAT SOCIAL IDENTITIES SUCH AS AGE, GENDER, RACE, ETHNICITY, CLASS, SEXUAL ORIENTATION, AND ABILITIES COMBINED AFFECT MARGINALIZED GROUPS OR ADD TO THE INEQUALITIES OF THESE GROUPS
- THE SOCIAL DETERMINANTS OF HEALTH (SDOFH) FRAMEWORK (WHO, 2010)
 - SUGGESTS THAT STRUCTURAL AND SOCIAL FACTORS SHAPE HEALTH
 - KEY SDOFH INCLUDE INCOME, HOUSING, FOOD INSECURITY, EMPLOYMENT, DEMOGRAPHICS (I.E., IMMIGRATION STATUS), NEIGHBORHOOD, AND SOCIAL POLICIES (RAPHAEL, 2006; SOLAR & IRWIN, 2010).

THEORETICAL FRAMEWORK (2)

- UNDER THIS DUAL-THEORETICAL APPROACH, WE UNDERSTAND THAT PEOPLE GROW, LIVE, WORK, AND AGE IN ENVIRONMENTS WHERE **HEALTHY SYSTEMS** PREVENT ILLNESS AND SUPPORT PEOPLE WITH ILLNESS (SOLAR & IRWIN, 2010)
- CONVERSELY, RISK FACTORS CONTRIBUTE TO POORER HEALTH OUTCOMES (BERNARD, 2021; LOGAN-GREENE ET AL., 2019)

HEALTH/MENTAL HEALTH ISSUES SPECIFIC TO IMMIGRANT YOUTH

- Previous studies conducted between 1991 and 2021 have found mixed findings in the mental and physical health of immigrants compared to non-immigrant youth in Canada
 - One study found that the prevalence of certain mental health disorders, including mood and anxiety disorders, was lower among immigrants compared to non-immigrant youth (Gadermann et al., 2022)
 - Other studies found that immigrant youth in Canada face elevated risks in certain aspects related to their health compared to non-immigrant youth (Guruge & Butt, 2015; Hilario et al., 2015; Salami et al., 2022)
 - Moreover, immigrants (immigrant youth) may not access or use services due to language barriers, stigma, administrative challenges, and other structural barriers (Salami et al., 2022; Salehi, 2010)

RESEARCH GAPS

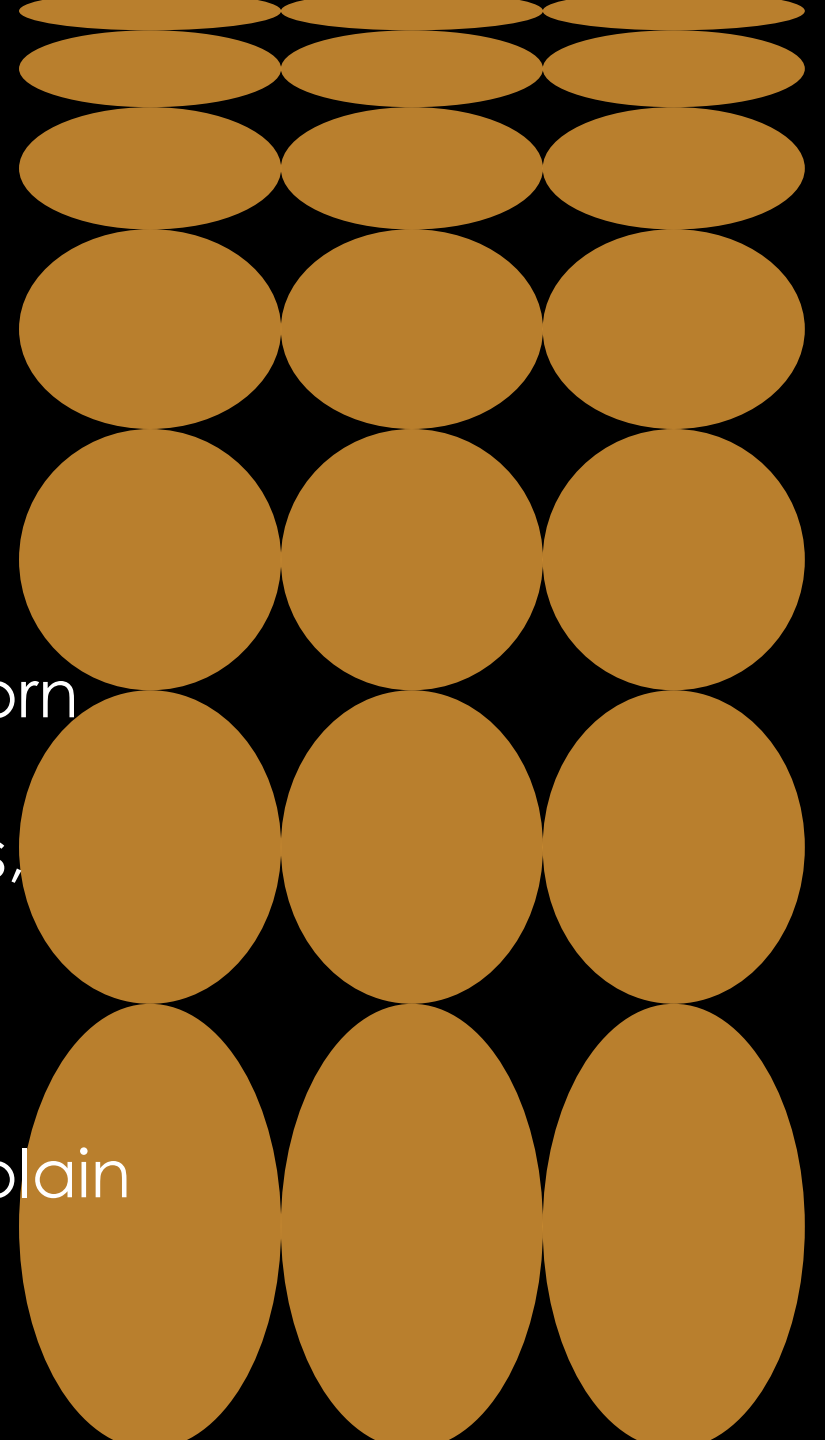
- GAPS IN PREVIOUS STUDIES INCLUDE THAT DATA HAVE BEEN CONCENTRATED WITHIN **SPECIFIC CANADIAN PROVINCES**;
- **IMMIGRANT SUBGROUPS** (E.G., CLASSIFIED BY TIME SINCE IMMIGRATION) HAVE BEEN **AGGREGATED**, THUS MASKING HETEROGENEITY;
- **LIMITED RESEARCH** ON FOOD SECURITY AS A SDOFH;
- **RELIANCE ON PARENT** INSTEAD OF YOUTH SELF-REPORTED DATA (HILARIO ET AL., 2015); AND
- INSUFFICIENT CAPTURE OF **INTERSECTIONAL FACTORS**.

RESEARCH PURPOSE & QUESTIONS

- THE PURPOSE OF THIS STUDY WAS TO EXAMINE THE HEALTH AND WELL-BEING OF IMMIGRANT YOUTH IN CANADA (AGED 12–24)

Research Questions:

- What is the health status and well-being of immigrant youth compared with Canadian-born peers?
- Do disparities exist between recent immigrants, long-term immigrants, and non-immigrants?
- In which health domains are inequalities most evident?
- Which behavioral and social determinants explain differences in health outcomes?



RESEARCH DESIGN (1)

- SECONDARY DATA ANALYSIS WAS USED TO ANALYZE A SUBSET OF THE CANADIAN COMMUNITY HEALTH SURVEY (CCHS) 2017–2018 DATA (STATISTICS CANADA, 2023)
 - CCHS IS A CROSS-SECTIONAL SURVEY THAT COLLECTS INFORMATION RELATED TO HEALTH STATUS, HEALTH CARE UTILIZATION, AND HEALTH DETERMINANTS FOR THE CANADIAN POPULATION
 - IT IS A TREND STUDY DESIGN, WHICH COLLECTED DATA FROM A LARGE SAMPLE OF RESPONDENTS (APPROXIMATELY 130,000) OF ALL AGES EVERY YEAR SINCE 2007
 - THE POPULATION OF INTEREST FOR OUR STUDY CONSISTS OF YOUTH AGED 12 TO 24 IN THE CCHS 2017-2018 CYCLE

RESEARCH DESIGN (2)

- SELECTED VARIABLES: BASED ON THE WORLD HEALTH ORGANIZATION'S THE SDOFH FRAMEWORK, AND RELATED LITERATURE ON YOUTH
- WE SELECTED 8 SOCIAL DETERMINANTS (PREDICTOR VARIABLES) AND 6 MEASURES OF HEALTH AND WELL-BEING (OUTCOME VARIABLES)
 - **8 PREDICTORS**: SEX, AGE, MAXIMUM EDUCATION LEVEL OF THE RESPONDENT, HAVING A REGULAR HEALTH CARE PROVIDER, CULTURAL/RACIAL BACKGROUND, DWELLING OWNERSHIP, TOTAL HOUSEHOLD INCOME, AND IMMIGRATION STATUS.
 - **6 OUTCOMES**: PERCEIVED HEALTH, PERCEIVED MENTAL HEALTH, SELF-PERCEIVED WEIGHT, ANXIETY DISORDER, SLEEP DIFFICULTIES, AND FOOD SECURITY.

DATA TRANSFORMATION

To meet different statistical analysis requirements, the data of selected variables were transformed

- Contraction of levels (i.e., from 5 to 3 levels) was applied to the variables of Perceived Health, Perceived Mental Health, Sleep Difficulties, and Social Provisions
- Recoding (e.g., from 1=Yes and 2=No to 0=No and 1=Yes) was applied to the variable: Anxiety
- New variable “Immigration Status” with the following levels: “0-9 years since immigration”, “more than 9 years since immigration”, “born in Canada” from two other variables - Immigrant (Yes/No), number of years since immigration (0-9, 10 or more)

DESCRIPTIVES – PREDICTORS (1)

APPROXIMATELY
5.28M OF THE
POPULATION WAS
AGED BETWEEN 12
AND 24 YEARS OLD
IN 2021 (STATISTICS
CANADA, 2023)

*USED STATISTICS
CANADA'S CLASSIFICATION

Variables	Count
Sex	
Male	7926 (50.5%)
Female	7759 (49.5%)
Age*	
12-14	4478 (28.5%)
15-17	4176 (26.6%)
18-19	1905 (12.1%)
20-24	5126 (32.7%)
Education	
Less than a secondary school education	9129 (58.6%)
Completed secondary school education	3953 (25.4%)
Is completing or has had a post-secondary education	2500 (16.0%)

DESCRIPTIVES – PREDICTORS (2)

- Majority (78.3%) of the participants had access to a regular health care provider.
- Majority (71.7%) of the participants' families owned their own dwellings
- Majority (78.2%) of the participants identified themselves as “White”
- Majority (91.3%) of the participants were born in Canada.
 - Among these born outside of Canada, 5.1% lived in Canada between 0 and 9 years, and another 3.6% lived in Canada for more than 9 years.
- Approximately 31.4% of the participants came from households with less than the median after-tax household income of \$59,800 in 2017 (Statistics Canada, 2019)

DESCRIPTIVES – MEASURES OF HEALTH & WELLNESS

Majority (69%) of the participants reported very good or excellent **mental health**, 24% were good, and the rest (5%) were fair/poor.

Majority (71%) of the participants reported very good or excellent **health**, 24% were good, and the rest (5%) were fair/poor.

Majority, 88%, reported no symptoms of **anxiety** disorder while the remaining (12%) did report anxiety.

Most of the participants (87%) reported **food security**, but 9% reported moderately insecure, and 4% severely insecure. Therefore, food insecurity reported 680K of youth aged 12 to 24.

Slightly more than half (57%) reported **social provisions** at the level higher than the mean of ranks and, and 43% below the mean of ranks.

Sleep difficulties, 55%-never or rarely, 29% Sometimes, 16% most or all the time

MODELS



FINDINGS – ASSOCIATIONS

BETWEEN PREDICTORS & MEASURES OF HEALTH AND WELLNESS

- FOR EACH OUTCOME VARIABLE SELECTED THOSE PREDICTORS THAT ACHIEVED **CV* ≥ 0.11** WITH THE OUTCOME AND WERE **STATISTICALLY SIGNIFICANT ($P \leq 0.05$)** (WEAKLY MODERATE AND ABOVE CV) (COHEN, 1988)
- INCLUDED **IMMIGRATION STATUS** VARIABLE AS A PREDICTOR FOR EACH OUTCOME (CVs WERE SIGNIFICANT BUT WITH A WEAK ASSOCIATION)

*CV IS CRAMER'S V COEFFICIENT OF PSEUDO-CORRELATION

Outcome Variable	Final Selected Predictors
Perceived Health	Household income and Immigration status
Perceived Mental Health	Sex, Age, and Immigration Status
Anxiety Disorder	Sex, Age, and Immigration Status
Sleep Difficulties	Sex and Immigration Status
Social Provisions	Cultural/racial background, and Immigration Status
Food Security	Dwelling Ownership and Immigration Status

TESTING MODELS, ESTIMATION, AND FIT

Method

- Regression analysis is used on the model testing to examine the roles of the predictor variables contributing to the change in the outcome variables

Models

- Ordinal regression was applied to the variables perceived health, perceived mental health, sleep difficulties, and social provisions.
- Logistic binomial is applied to the variables of anxiety disorder and food security

Effects

- We examined the main effects on all outcome variables and the interaction effects. In this presentation, we will focus on significant interaction effects between 2 or more predictor variables.

FINDINGS – MAIN EFFECTS

- **YOUTH OF LONG-TERM IMMIGRANT FAMILIES REPORT MORE OFTEN WORSE MENTAL HEALTH THAN SHORT-TERM IMMIGRANT YOUTH AND BORN IN CANADA YOUTH**
- **FEMALES AGED 15 – 17 FROM “LONG-TERM” IMMIGRANT FAMILIES REPORT THE WORST OF MENTAL HEALTH**

Perceived Mental Health			
Predictors & Significant Interactions		Coefficient (Conf. Interval)	p-value
Sex			
	Male	Ref.	-
	Female	-0.23 (-0.37, -0.09)	0.001
Age (Years Old)			
	12 – 14	Ref.	-
	15 – 17	-0.58 (-0.79, -0.39)	0.000
	18 – 19	0.36 (0.16, 0.56)	0.000
	20 – 24	.000 (-0.21, -0.19)	0.961
Immigration status			
	Immigrant: 0-9 yrs in Canada	Ref.	-
	Immigrant: 10 or more yrs in Canada	-0.43 (-0.57, -0.30)	0.000
	Born in Canada	0.11 (-0.10 - 0.21)	0.290

FINDINGS – INTERACTION EFFECTS

- WHILE THERE IS A SIGNIFICANT IMPROVEMENT IN MENTAL HEALTH OF LONG-TERM IMMIGRANT FEMALES WHEN MOVING FROM 15-17 TO 18-19 YEARS OLD, THIS IS NOT THE CASE FOR THE MALE POPULATION

Perceived Mental Health - Interactions			
Predictors and Significant Interactions		Coefficient (Conf. Interval)	p-value
Immigration Status * Sex * Age			
	Immigrants 0 – 9 Years in Canada or Male or 12 – 14	Ref.	-
	Immigrants > 9 Years in Canada * Female * 15 - 17	-0.10 (-0.46, 0.27)	0.603
	Born in Canada * Female * 15 – 17	0.25 (-0.33, 0.85)	0.405
	Immigrant > 9 Years in Canada * Female * 18 - 19	0.63 (0.25, 1.01)	0.001
	Born in Canada * Female * 18 - 19	-0.19 (-0.77, 0.38)	0.511
	Immigrants > 9 Years in Canada * Female * 20 - 24	0.24 (-0.16, 0.64)	0.245
	Born in Canada * Female * 20 - 24	-0.10 (-0.66, 0.46)	0.739

FINDINGS - MAIN EFFECTS

- IMMIGRANT YOUTH, WHO LIVED IN CANADA LONGER REPORTED SIGNIFICANTLY HIGHER LEVEL OF ANXIETY THAN RECENT IMMIGRANT YOUTH AND CANADA BORN YOUTH.

Note: Since “0” means “no anxiety” and “1” means “has anxiety”, a positive coefficient means “higher chances of anxiety occurrence”

Anxiety - Main Effects			
Predictors and Significant Interactions		Coefficient (Conf. Interval)	p-value
Sex			
	Male	Ref.	-
	Female	0.53 (0.45, 0.61)	0.000
Age (years old)			
	12 – 14	Ref.	-
	15 – 17	0.64 (0.54, 0.74)	0.000
	18 – 19	-0.25 (-0.36, -0.14)	0.000
	20 – 24	-0.09 (-0.21, 0.03)	0.134
Immigration Status			
	Immigrant: 0-9 yrs in Canada	Ref.	-
	Immigrant: 10 or more yrs in Canada	1.14 (0.86, 1.46)	0.000
	Born in Canada	0.15 (-0.19, 0.5)	0.403

FINDINGS – INTERACTION EFFECTS

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- THE INTERACTION OF GENDER (BEING FEMALE) AND AGE (15-17 YEARS OLD) (0.30) SHOWED ADDITIONAL INTENSIFICATION OF ANXIETY.
- FEMALE IMMIGRANT YOUTH, AGED 15-17 YEARS OLD WHO LIVED IN CANADA OVER 9 YEARS, EXPERIENCED OVERWHELMINGLY HIGHEST LEVEL OF ANXIETY FORM AMONG ALL THE SEX-AGE-IMMIGRATION GROUPS. MAJOR CONTRIBUTING FACTOR IS THE IMMIGRATION STATUS – MORE THAN 9 YEARS IN CANADA.

Anxiety - Interactions			
Predictors and Significant Interactions		Coefficient (Conf. Interval)	p-value
Sex * Age			
	Male or 12 – 14 Years Old	Ref.	-
	Female * 15 – 17	0.30 (0.16, 0.44)	0.000
	Female * 18 – 19	-0.38 (-0.53, -0.22)	0.000
	Female * 20 - 24	0.07 (-0.09, 0.24)	0.000

FINDINGS – MAIN AND INTERACTION EFFECTS

- YOUTH, WHOSE LIVED IN CANADA FOR OVER 9 YEARS AND LIVED WITH FAMILIES, WHO WERE RENTING THE DWELLING, EXPERIENCED MORE FREQUENT ON FOOD INSECURITY THAN THOSE FAMILIES OWNING THEIR DWELLINGS.
- AMONG THOSE WHO RENT, LONG-TERM IMMIGRANTS EXPERIENCED MUCH HIGHER CHANCE OF FEED INSECURITY

Food Security			
Predictors and Significant Interactions		Coefficient (Conf. Interval)	p-value
Dwelling Ownership			
	Owned	Ref.	-
	Rented	0.92 (0.73, 1.11)	0.000
Immigration Status			
	Immigrants 0 – 9 Years in Canada	Ref.	-
	Immigrants > 9 Years in Canada	0.22 (0.06, 0.39)	0.009
	Born in Canada	0.30 (0.04, 0.59)	0.030
Immigrant Status * Dwelling Ownership			
	Immigrants 0 – 9 Years in Canada or Owned	Ref.	-
	Immigrants > 9 Years in Canada * Rented	0.43 (0.19, 0.66)	0.000
	Born in Canada * Rented	-0.09 (-0.48, 0.30)	0.658

- PERCEIVED HEALTH IS REPORTED TO BE BEST AMONG YOUTH OF HOUSEHOLDS WITH INCOME \$20,000-\$39,000
- LONG-TERM IMMIGRANT YOUTH ARE MORE LIKELY TO REPORT WORSE HEALTH OUTCOMES THAN THE OTHER TWO IMMIGRATION GROUPS

Perceived Health			
Predictors & Significant Interactions		Coefficient	p-value
		(Conf. Interval)	
Total Household Income			
	Less than \$20,000	Ref.	-
	\$20,000 - \$39,000	0.57 (0.47, 0.66)	0.000
	\$40,000 - \$59,000	0.04 (-0.05, 0.13)	0.409
	\$60,000 - \$79,000	0.12 (0.02, 0.22)	0.016
	more than \$80,000	0.00 (-0.10 - 0.10)	0.940
Immigration status			
	Immigrant: 0-9 yrs in Canada	Ref.	-
	Immigrant: 10 or more yrs in Canada	-0.44 (-0.57, -0.32)	0.000
	Born in Canada	0.10 (-0.08 - 0.27)	0.280

FINDINGS – MAIN EFFECTS ONLY

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- SLEEP DIFFICULTIES ARE REPORTED MORE OFTEN BY FEMALES THAN BY MALES
- MORE SLEEP DIFFICULTIES ARE EXPERIENCED BY LONG-TERM IMMIGRANTS

Sleep Difficulties			
Predictors & Significant Interactions		Coefficient	p-value
		(Conf. Interval)	
Sex			
	Male	Ref.	-
	Female	0.42 (0.35, 0.48)	0.000
Immigration status			
	Immigrant: 0-9 yrs in Canada	Ref.	-
	Immigrant: 10 or more yrs in Canada	0.29 (0.15, 0.43)	0.000
	Born in Canada	-0.20 (-0.40 - 0.01)	0.056

FINDINGS – MAIN EFFECTS ONLY

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- NON-WHITE YOUTH RECEIVES SOCIAL PROVISIONS AT LOWER INTENSITY THAN THE WHITE YOUTH
- YOUTH OF LONG-TERM IMMIGRANT FAMILIES RECEIVE MORE SOCIAL SUPPORT THAN THE REMAINING TWO IMMIGRATION GROUPS

Social Provisions			
Predictors & Significant Interactions		Coefficient	p-value
		(Conf. Interval)	
Cultural/Racial Background			
	White	Ref.	-
	Non-White	-0.22 (-0.34, 0.10)	0.000
Immigration status			
	Immigrant: 0-9 yrs in Canada	Ref.	-
	Immigrant: 10 or more yrs in Canada	0.28 (0.09, 0.47)	0.009
	Born in Canada	0.09 (-0.16 - 0.35)	0.471

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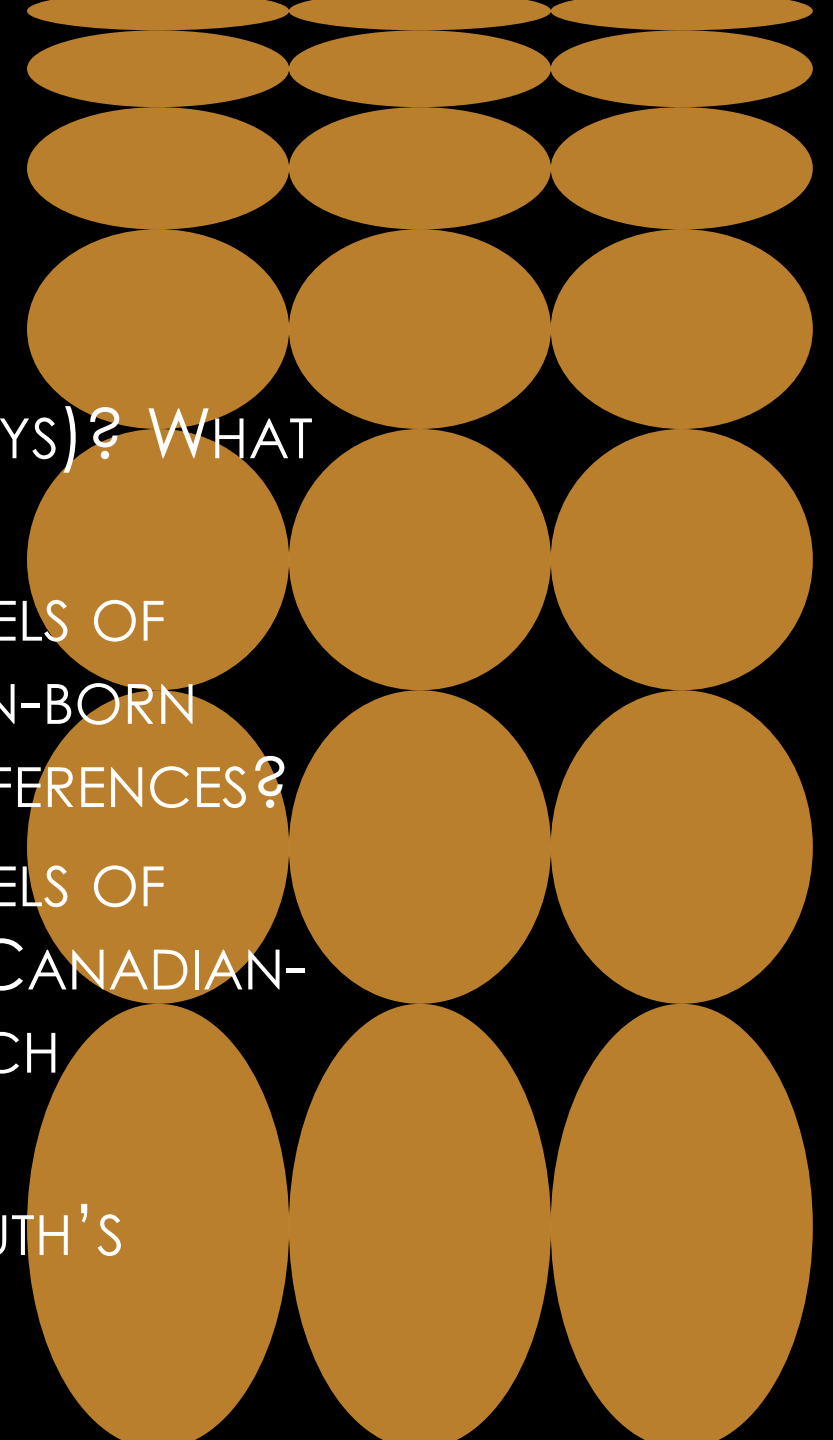
DISCUSSION QUESTIONS



DISCUSSION QUESTIONS

FROM YOUR WORK/LIVED EXPERIENCES:

- DO FEMALES (GIRLS) EXPERIENCE HIGHER LEVELS OF STRESS/DIFFICULTIES IN HIGH SCHOOL THAN MALES (BOYS)? WHAT MAY BE THE REASONS FOR SUCH DIFFERENCES?
- DO LONG-TERM IMMIGRANTS EXPERIENCE HIGHER LEVELS OF ANXIETY THAN RECENT IMMIGRANTS OR THE CANADIAN-BORN YOUTH? IF THIS IS THE CASE, WHAT LEADS TO SUCH DIFFERENCES?
- DO LONG-TERM IMMIGRANTS EXPERIENCE HIGHER LEVELS OF FOOD INSECURITY THAN RECENT IMMIGRANTS OR THE CANADIAN-BORN YOUTH? IF THIS IS THE CASE, WHAT LEADS TO SUCH DIFFERENCES?
- HOW DOES FOOD INSECURITY AFFECT IMMIGRANT YOUTH'S MENTAL WELLNESS?



LIMITATIONS OF THE STUDY

- THE CCHS DATA SET IS LIMITED TO PRESERVE PRIVACY DURING THE PROCESS OF CATEGORIZING INFORMATION INTO A SMALLER NUMBER OF CATEGORIES; THERE IS A SIGNIFICANT LOSS OF INFORMATION. INCORPORATING INFORMATION FROM THE LONGITUDINAL IMMIGRATION DATABASE (IMDB) WILL ALLOW FOR MORE PRECISE ANALYSIS OF DIVERSE IMMIGRANT GROUPS.
- CONSIDERATION OF ADDITIONAL VARIABLES, EVEN THOSE OF LOWER CRAMER'S V PSEUDO-CORRELATION, ONCE SIGNIFICANT, CAN UNCOVER ADDITIONAL SUBGROUPS OF SPECIAL CHARACTERISTICS IN THE STUDY OF HEALTH AND WELLNESS OF YOUTH IN CANADA. THE MAGNITUDE OF THIS STUDY (NINE DEPENDENT VARIABLES) AND VALUES OF CRAMER'S V PSEUDO-CORRELATION LIMITED THE PREDICTOR CHOICE. THE OBTAINED MODELS CAN BE THE BASIS OF FURTHER INVESTIGATION WITH ADDITIONAL SOCIAL FACTORS.

IMPLICATIONS



IMPLICATIONS FOR PRACTICE

- **TARGETED PROGRAMS FOR FEMALES** TO ADDRESS ANXIETY AND BODY IMAGE
 - SPECIFICALLY, THE TRANSITION FROM JUNIOR HIGH SCHOOL (AGES 12 TO 14) TO **HIGH SCHOOL** (AGES 15 – 17) (I.E., ADDRESS TRANSITION DURING ADOLESCENCE)
 - SCHOOL PROGRAMS MAY HELP DEVELOP **SELF-IMAGE, CONFIDENCE, AND DECREASE PEER PRESSURE** (I.E., ADDRESS PEER COMPARISONS, BULLYING)
- COMMUNITY DEVELOPMENT WORK FOR **AFFORDABLE HOUSING FOR NEW IMMIGRANT FAMILIES** (I.E., ADDRESS FOOD SECURITY)
- ADVOCACY WORK TO **ELIMINATE SYSTEMIC BARRIERS** FOR RACIALIZED GROUPS AND TO PROMOTE LONG-TERM WELLNESS (I.E., ADDRESS M.H. ISSUES AMONG LONG-TERM IMMIGRANTS)

IMPLICATIONS FOR PROGRAM/POLICY DEVELOPMENT

- SECURED FUNDING **SUPPORT FOR SETTLEMENT SERVICES**
- SECURED FUNDING FOR PROGRAMS/POLICIES **TO ADDRESS SYSTEMATIC BARRIERS** SUCH AS THE GLASS CEILING AND BAMBOO CEILING THAT AFFECT FEMALE AND RACIALIZED FEMALES (E.G., EDIA POLICIES)
- **AFFORDABLE HOUSING** IS A MAJOR CONCERN FOR NEWCOMERS; IF NOT WELL TAKEN CARE OF, ISSUES AROUND HOMELESSNESS AMONG NEWCOMERS OR YOUNG NEWCOMERS, OR HESITANT TO LEAVE ABUSIVE RELATIONSHIPS AMONG RACIALIZED WOMEN DUE TO THE INACCESSIBILITY OF HOUSING, OR FINANCIAL INDEPENDENCE
- ASSIST IMMIGRANT FAMILIES TO DEAL WITH **COMPETING FINANCIAL DEMANDS** (I.E., HOUSING VERSUS FOOD, CHILDREN'S EXTRACURRICULAR ACTIVITIES, MEDICAL/DENTAL CARE, ETC.)

IMPLICATIONS FOR TEACHING/RESEARCH

- EDUCATIONAL PROGRAM FOR SOCIAL AND HEALTH CARE PROFESSIONS TO UNDERSTAND THE **INTERGROUP DIFFERENCES** BETWEEN CANADIAN VERSUS FOREIGN-BORN YOUTH, MALE AND FEMALE, AS WELL AS GENDER DIVERSE YOUTH, LONG-TERM VERSUS RECENT IMMIGRANTS
- RESEARCH NEEDS TO COLLECT BOTH **QUALITATIVE (E.G., LIFE EXPERIENCES) AND QUANTITATIVE** DATA
- THE DATA SET WAS COLLECTED BETWEEN 2017 AND 2018; LONGITUDINAL DATA NEED TO BE USED (E.G., 2019, 2021 ONWARDS) TO EXAMINE THE **TREND**
- USE “**RACIALIZED**” INSTEAD OF “PLACE OF BIRTH”, MAYBE MORE RELEVANT AS RACIALIZED PEOPLE HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF THEIR SKIN COLOR, EVEN THOUGH THEY ARE THIRD, FOURTH, OR EVEN FIFTH GENERATIONS IN CANADA

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THANK YOU!

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