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**Ethnic Inequality in Canada:
Economic and Health Dimensions**

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SEDAP Research Paper No. 182

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Ethnic Inequality in Canada: Economic and Health Dimensions

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ABSTRACT

This study examines ethnic based differences in economic and health status. We combine existing literature with our analysis of data from the Canadian Census and National Population Health Survey. If a given sub-topic is well researched, we summarize the findings; if, on the other hand, less is known, we present data placing them in the context of whatever literature does exist. Our findings are consistent with existing literature on ethnic inequalities in Canada. Recent immigrants with a mother tongue other than English or French are among the most economically disadvantaged in Canadian society, though the results vary depending on gender and ethnic background. In fact economic inequality according to type of occupation can be attributed to gender rather than ethnicity; that is, the Canadian labour force continues to be more gender- than ethnically-differentiated. Yet recent immigrants, especially from Asia, are advantaged in health outcomes compared to Canadian-born persons – the “healthy immigrant” effect. Interestingly they are less likely to report having a physical check-up and, for women (especially Asian-born women), a mammogram within the last year compared to their Canadian-born counterparts. Given the significance of both gender and ethnicity as predictors of well-being, future research should examine the intersection between the two identity markers and their relationship to social inequality.

Key Words: ethnicity; immigration; language; gender; income; occupation; health.

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RESUME

Cette étude examine les différences selon l'appartenance ethnique du statut socio-économique et de la santé. Nous combinons la littérature existante avec notre propre analyse des données du recensement du Canada et de l'Enquête nationale sur la santé de la population. Si une question donnée a été explorée de façon exhaustive, nous présentons un résumé des résultats; d'autre part, lorsqu'une question a été moins documentée, nous présentons des données nouvelles à la lumière de la littérature existante. Nos résultats corroborent les travaux publiés sur les inégalités ethniques au Canada. Les immigrants récents, dont la langue maternelle n'est ni l'anglais ni le Français, demeurent parmi les groupes les plus économiquement désavantagés de la société canadienne, bien que ces résultats varient selon le genre et l'appartenance ethnique. En particulier, l'inégalité économique par rapport au type d'occupation est davantage liée au genre plutôt qu'à l'appartenance ethnique; la structure de la population active canadienne continue plus à se différencier par rapport au genre que par rapport à l'identité ethnique. Cependant, les immigrants récents, particulièrement en provenance de l'Asie, rapportent un meilleur état de santé que les personnes nées au Canada ; «l'effet de l'immigrant en bonne santé.» Il est cependant intéressant qu'au contraire de leurs homologues nés au Canada, il est moins probable qu'ils rapportent avoir passé un examen général et, pour les femmes (particulièrement les femmes nées en Asie), une mammographie. Etant donné le pouvoir prédictif du genre et de l'appartenance ethnique sur le bien-être, les travaux de recherches futures devraient examiner l'intersection entre ces deux « marqueurs » d'identité et leur relation avec les inégalités sociales.

INTRODUCTION

Since the time of European settlement, Canadian society has been structured along ethnic and racial lines. The racial/ethnic dimension of inequality in Canada was first systemically studied and highlighted in John Porter's (1965) now-classic *Vertical Mosaic*. Analyzing national data for the period 1931-1961, Porter found evidence of an ethnically-ranked system in terms of occupations, income, "ethnic prestige," and entry into the Canadian elite. Canadians of British origins came out on top; French Canadians were second; persons of other European origins followed - with western and northern European origins ranking higher than southern and eastern European origins; and Blacks and Aboriginals - very small groups numerically - were at the bottom of the hierarchy. What Porter captured, for the most part, was an ethnically stratified white Canada, its "whiteness" virtually guaranteed by the immigration policies of the day.

Very few people of Asian origins lived in Canada as a result of the Oriental Exclusion Act in place from 1923 to 1947. Also, South Asians (i.e., persons from India and surrounding countries) were excluded from Canadian society through an order-in-council, implemented in 1908, that subjected them to the "continuous journey" rule. By this rule, immigrants could enter Canada only by way of one continuous journey from their home countries, with their tickets purchased in those countries. South Asians could only make a continuous journey to Canada through the Canadian Pacific Railway steamship company, which was prohibited by the Canadian government from selling tickets to South Asians (Bolaria and Li, 1985). The few Asians who had settled in Canada prior to these discriminatory immigration practices faced a number of occupational prohibitions: for example, the Chinese could not work in certain

occupations (e.g., coal mining, hand-logging, law, and pharmacy) and they were not able to hire white women to work for them in, for example, restaurants and laundries (Li, 1979). The overtly racist elements of Canadian immigration policy, with its characterization of “preferred” and “non-preferred” immigrants based on ethnicity/race,¹ were not eliminated, or at least softened, until 1962.² Even in 1971, persons of European origins comprised over 96 per cent of the Canadian population (Kalbach, 2000).

While Canadian immigration policy operated to exclude certain people from Canadian shores, racist policies/laws regarding Aboriginals were also in place. The Indian Act of 1876, followed by the residential school system commencing in the late nineteenth century, and the denial of the right of indigenous people to vote in federal elections (rescinded in 1960) and provincial elections (eliminated throughout the 50s and 60s, with Quebec finally allowing Aboriginals to vote in 1969) were all based on racist assumptions (Satzewich, 1998).³ Among other consequences, these practices made First Nations peoples basically invisible (both spatially and politically) in and to mainstream society. Even within the social sciences, Aboriginal Canadians were virtually ignored, except by a few anthropologists (e.g., Hawthorn, Belshaw, and Jamieson, 1958).

Thus, Canadian history is marked by racism towards persons of non-White/non – European origins. As noted by Simmons (1998: 93), Canadian leaders and most Canadian

¹ Race/ethnicity was not the only basis for immigrant selection, and thus inclusion/exclusion in Canadian society. As pointed out by Avery (1995), other bases included gender, sexual orientation, health status, and political beliefs.

² Simmons (1998) argues that contemporary Canadian immigration policy is no longer blatantly racist; it is non-racist but not anti-racist. Non-racist policies can display neo-racist features (i.e., systemic elements that can have racist influences and outcomes).

³ Sexism was also implicated in Aboriginal policy. For example, for many years, Aboriginal women who out-married would lose their status, whereas out-marrying men would retain theirs.

citizens historically viewed Canada as “a new European and Christian nation in the Americas.” As such, it recreated European hierarchies vis-à-vis European ethnic groups and excluded, as much as possible, non-Europeans. Porter’s (1965) work, then, must be placed in its historical context – near the end of a period in which Canada was almost entirely “white.”

While we are no longer in the past, history has a long arm that can reach to the present. Many significant events and policy changes have occurred since the time covered by Porter’s (1965) research. Important among these include: continued non-racist improvements in Canadian immigration policy; the establishment of the Canadian Charter of Rights and Freedoms; the institutionalization of Multiculturalism as a federal policy; the civil rights and women’s movements; the Employment Equity Act (which targets women, visible minorities,⁴ Aboriginals, and persons with disabilities); increasing awareness and acknowledgement of the injustices wrought on Aboriginal Canadians and nascent developments aimed at meeting their needs (Frideres, 2000); and, last but not least, research revealing that biologically-based race (and racial difference) is not scientifically valid. The last creates a dilemma for social scientists: while we recognize the social constructed nature of race, ignoring it means we risk denying the realities of racism (Fleras and Elliott, 1995). However, others argue that our continued use of the concept/term race as an analytical concept legitimizes it as a valid way to categorize human beings and groups (e.g., Goldberg, 1990).

⁴ We use the term “visible minority (ies)” in this chapter. While we recognize this term offends some people, alternative terms such as “persons of colour” are disagreeable to others. Eleven groups are considered, by the federal government, to constitute visible minorities: Chinese, South Asians [Indo-Canadians], Blacks, Arabs, Central/West Asians, Filipinos, Southeast Asians, Latin Americans, Japanese, Koreans, and Pacific Islanders.

These changes bode well for a Canadian society in which race and ethnicity are less significant as a principle of social organization and as a determinant of individual life chances. However, other changes have an opposite effect. Chief among these is the rapid change in the race/ethnic origins of immigrants. In the 1960s, approximately 90 per cent of immigrants came from Europe and the United States; now, about 80 per cent are members of visible minorities (Ley and Smith, 1997). The ten leading source countries of immigrants are now China (including Hong Kong), India, Pakistan, the Philippines, Korea, Iran, Romania and Sri Lanka – as well as the United States and the United Kingdom, the combined total of which is about one-quarter the number of immigrants from China alone (Citizenship and Immigration Canada, 2002).⁵

Also, economic conditions have changed significantly since the 1960s -- Canada has entered the global economy and has experienced considerable corporate restructuring/downsizing and increased economic inequality and uncertainty over this period (Baker and Solon, 2003; Johnson and Kuhn, 2004; Morissette, 1995; Myles and Street, 1995; Picot, Myles, and Wannell, 1990). Against this economic backdrop, ethnic/racial inequalities are more likely to surface (Li, 1995; Waters and Eschbach, 1995), especially in countries with an historical legacy of racist attitudes and practices. Thus, changing demographics and an uncertain economic environment can counteract the above-noted forces aimed at eliminating the structural allocation of persons based on ascribed characteristics such as ethnic/racial origin.

⁵ Also, it can be noted some of the immigrants from the United States and, particularly, the United Kingdom are members of visible minority groups.

Purpose

Our purpose in the chapter is to examine ethnic inequalities in Canada at the present time, focusing on two dimensions – economic inequalities and health inequalities. We combine existing literature/findings with original quantitative data analysis. If a given sub-topic is well researched, we summarize and synthesize the findings; if, on the other hand, less is known, we present data (in the Tables), placing them in the context of whatever literature does exist. We limit ourselves to Canadian literature for the most part; while there is a substantial body of research on ethnic/racial inequality in the United States, its applicability to Canada is tenuous given the substantively different histories of the two countries, especially regarding race.

DATA AND METHODS

Data

The data used for the original analyses presented here are from the 1996 Canadian Census and the 1996-1997 National Population Health Survey (NPHS). Census data are used to analyze the relationship between ethnicity and economic inequality, given the detailed information provided on the demographic, social, cultural, and economic characteristics of both permanent (Canadian-born citizens, naturalized citizens, landed immigrants) and non-permanent (e.g., refugee claimants) residents (the target population). The data used here are based on a 5% random sample of the public-use microdata individual file of the Census, with missing data excluded from the analyses.

The public-use microdata health file from the 1996-1997 NPHS is used to measure ethnic differences relating to issues of health status and health care utilization. Based on a multistage stratified probability sampling design, the data in this survey

reflect comprehensive information on health, use of health services, and socio-demographics characteristics of individuals. The target population of the NPHS includes household residents in all Canadian provinces, except for people residing in First Nations reserves, on Canadian Forces bases, and in institutions. Sample weights, which were adjusted to sum to sample size, are used in all NPHS data analyses here to account for unequal probabilities of selection as a result of this multistage sampling design. Missing data are excluded from the analyses.

Measures

This section details the ethnocultural independent variables and the economic and health dependent variables used in the analyses of Census and NPHS data. In terms of the independent variables, the Census data file contains information on three main indicators of the ethnocultural characteristics of Canadians - ethnic origin, mother tongue, and immigrant status.

Ethnic origin refers to the ethnic or cultural group(s) to which the respondent's ancestors belonged. We collapse this variable into 11 groups: 1) British (including persons with British and another ethnic origin(s)); 2) French (including persons with French and another ethnic origin(s)); 3) North or West [NW] Europe; 4) South or East [SE] Europe; 5) Chinese; 6) Indo (e.g., Bangladeshi, East Indian, Pakistani); 7) Other Asian (e.g., Filipino, Vietnamese, Indonesian, Japanese); 8) African (African and Caribbean origins); 9) Aboriginal (Inuit, Métis, North American Indian); 10) Canadian; and 11) Other (e.g., Latin American, South American, non-British, non-French, and non-Canadian multiple origins).⁶

⁶ Our categorization of ethnic origin, like any based on recent Canadian Census data, contains a degree of arbitrariness and guessing. The most difficult problem concerns the categorization of persons who report

Given the interrelatedness of ethnocultural variables (e.g., recent immigrants are likely to be of non-European ethnic origins and to have mother tongues that are neither English nor French), we combine mother tongue (i.e., first language learned in childhood and still understood) and immigrant status into the following 9 categories: 1) English, Canadian-born [CB]; 2) English, immigrated more than 10 years ago [>10] (i.e., 1985 or earlier); 3) English, immigrated 10 or less years ago [≤ 10] (i.e., 1986 or later); 4) French, Canadian-born; 5) French, immigrated more than 10 years ago; 6) French, immigrated 10 or less years ago; 7) Other, Canadian-born; 8) Other, immigrated more than 10 years ago; and 9) Other, immigrated 10 or less years ago. This categorization is based on the assumptions that an official language mother tongue (or not) and place of birth (and year of immigration if foreign-born) are important dimensions of ethnocultural background.

The ethnocultural measures in the NPHS public-use microdata file – used for the analysis of health inequalities – are less refined than in the Census; there are both fewer

multiple ethnic origins (up to six ethnic origins per person are possible in the 1996 Census). Limiting our analysis to persons with single origins is not feasible since 38 per cent of Canadians reported multiple origins in the 1996 Census (Pendakur and Mata, 2000). On the other hand, a classification including multiple origins has to be workable in terms of number of categories. We have therefore erred on the side of caution with regard to assessing ethnic inequality in that persons with another origin (or origins) along with British or French are placed in the British/French categories.

A second challenge with the 1996 Census data on ethnic origin is the large number of “Canadian/Canadien” responses. Between the 1991 and 1996 Censuses, the Canadian response increased dramatically such that it is now the largest ethnic origin group (Boyd, 1999). Part of this increase is due to a change in the format of the ethnicity question in the 1996 Census – from checked boxes to open-ended – and the fact that “Canadian” was added to the list of examples on the Census form. Analyses show that most persons reporting “Canadian/Canadien” are Canadian-born of English and French origins (Boyd, 1999; Pendakur and Mata, 2000). Within Quebec, nearly one-half of persons reported a “Canadien” origin in 1996, which Boyd (1999) attributes to the symbolic meaning of “Canadien” as a term French-Canadians favour to distinguish themselves from the French and from the (British) Canadian elite (as well as the absence of “French-Canadian” and “Québécois” as examples on the Census form). While this change in the distribution of ethnic origins is problematic for research assessing trends in the ethnicity of the Canadian population, it poses less difficulty for us. We categorize “Canadian” as a separate category, recognizing that it is largely a European-origin (and Canadian-born) group.

variables and larger aggregations of responses. There is no ethnic origin variable in this datafile. We measure ethnic origin in terms of country of birth, immigrant status, and language (i.e., language(s) in which a respondent can conduct a conversation).

Country of birth is coded as Canada, Europe (including Australia), Asia, and Other countries. To examine the “healthy immigrant effect” (i.e., immigrants, and particularly recent immigrants, are healthier than Canadian-born persons), the country of birth and length of time since immigration variables are combined creating the following categories: 1) Canada; 2) Europe, immigrated more than 10 years ago; 3) Europe, immigrated 10 or less years ago; 4) Asia, immigrated more than 10 years ago; 5) Asia, immigrated 10 or less years ago; 6) Other, immigrated more than 10 years ago; and 7) Other, immigrated 10 or less years ago. Language is coded as 1) English only; 2) French only; 3) English and French only; and 4) Other.

A multi-dimensional approach is also used to measure the economic and health dependent variables. We use three indicators of economic well-being available in the Census. While these indicators are related, they also provide a unique perspective on economic well-being and inequality. First, major source of income is the income component that constitutes the largest proportion of the total income of a family for the calendar year 1995. The major sources of income are collapsed into two categories: 1) private sources (i.e., wages/salaries, self-employment income, investment income, private pension, and other income) and 2) public sources (i.e., government transfer payments) or no income (n=19,860). The public-private split for major income source is a relevant measure of economic well-being as a reliance on public sources is often associated with lower economic well-being and higher economic instability and alienation, especially

during the traditional working years. These are issues that are not always captured by comparing average income in dollars between groups. Second, employment status refers to the labour market activity of respondents in the week prior to Census day. Persons are classified as either employed or non-employed (i.e., those who are either unemployed and not in the labour force) (n=24,015). Third, home ownership refers to whether the respondent or some member of his/her household (partially or fully) owns (with or without mortgage) the dwelling in which he/she resides, as opposed to rents (n=28,281).⁷ Since we feel that adults are the appropriate unit of analysis, especially for economic inequality, our analyses in this chapter are confined to the adult Canadian population. The data for major source of income and employment status refer to persons aged 20-64, and the home ownership data pertain to those aged 20 and over.

For health status, we ascertain if respondents have a chronic health condition(s); that is, a health problem (e.g., asthma, arthritis, high blood pressure, migraine headaches, diabetes, heart disease) that has lasted or is expected to last 6 months or more and that has been diagnosed by a health professional. Categories are “yes” (at least one condition) and “no” chronic condition (n=65,473). We also examine health care access and utilization: whether or not a respondent had a physical check-up during the 12 months prior to the NPHS interview (n=63,630); and whether or not a respondent had a mammogram during the past 12 months (n=24,253). The categories are yes/no. The health data apply to persons aged 20 and over, except the mammogram data that pertain only to women aged 35 and over. Overall, these indicators provide various insights (both unique and

⁷ Shelter occupancy on reserves (i.e., band housing) is included in the “rent” category. The band owns a high proportion of houses on reserves. The occupants make “mortgage payments” to the band, until such time as the mortgage is paid off, and are considered to be renters and not owners.

complementary) into ethnocultural-based inequalities in health and health-related behaviours.

Data Analysis

Logistic regression analysis is used to examine the relationship between ethnicity and economic and health inequality using Census and NPHS data respectively. Two regression models are computed for each economic and health dependent variable. The first model includes ethnocultural variables only. The second model introduces control variables of gender, age (20-34, 35-54, 55+), marital status (coded in the Census as: married, divorced/separated, widowed, never married; coded in the NPHS as: married, single, widowed/separated/divorced), education (coded in the Census as: total years of school; coded in the NPHS as: <high school graduate, high school graduate, college graduate, university graduate), and household income (for the health/NPHS analysis only) (coded as: low, low-middle, middle, upper-middle, and high income) to estimate the extent to which the findings in the first model are influenced by these variables. Significant findings in the second model may suggest the effects of discrimination.

RESULTS

Overview

Table 1 provides an overview of the Canadian population aged 20 and over, in terms of ethnic origin(s), mother tongue, place of birth, and recency of immigration. The Census sample data used in this table have been weighted to represent the entire Canadian population aged 20+ in 1996. Nearly 15 per cent of Canadians are members of visibly minority groups and Aboriginals – a substantial increase from 1971 when, as mentioned earlier, fewer than 4 per cent of Canadians were of non-European origins.

Now, more than 5 per cent of adult Canadians have a mother tongue other than English or French and have resided in Canada for 10 years or less. Another 9 per cent have an “other” mother tongue but are immigrants of longer duration of residence. Of course, the majority -- approximately 73 per cent -- of Canadians are of European origins and Canadian-born. Another 5 per cent are Canadian-born, but of non-European origins.

Economic Inequalities

A considerable amount of research exists on ethnic-based economic inequalities. The most well-researched area is income differences, for which we provide a summary of recent studies. Occupational inequality is another area in which various types of studies have been done, which we also summarize. Less well-studied topics include sources of income, employment status, and home ownership; for these areas, we provide original analysis based on the 1996 Census.

Income Recent studies on the ethnic dimensions of income inequalities, using different data and employing somewhat differing ethnicity categorizations and sets of control variables, converge on one main finding – that visible minorities and Aboriginals earn less income than European-origin Canadians (see, for example, DeSilva, 1999; Gee and Prus, 2000; George and Kuhn, 1994; George, Kuhn and Sweetman, 1996; Geschwender and Guppy, 1995; Li, 1998; Lian and Matthews, 1998; Maxim, White, Beavon and Whitehead, 2001; Pendakur and Pendakur, 1998).⁸ Further, ethnic variations in income between Canadians of European-origin have virtually disappeared, although there is some evidence that persons of southern European backgrounds earn less than

⁸ Although all groups of Aboriginals are wage/salary-disadvantaged, status Indians earn the least, followed by Inuit, then Métis, and finally non-status Indians.

their British-origin counterparts, and that French-Canadians fare better, in a reversal of Porter's data regarding the two "charter groups."

However, Hum and Simpson (1999) find that, except among black men, visible minority men who are Canadian-born do not experience a significant wage disadvantage. Although language does not explain the immigrant status difference, this finding may be related, in part, to other assimilation/acculturation indicators such as adherence to diverse value systems and sensitivity to/understanding of North American work culture. Specifically, in comparison to their Canadian-born counterparts, foreign-born visible minority men may continue to adhere strongly to traditional (country of birth) value systems around work and the family that may clash with Canadian norms, values, and beliefs. Such incongruence may give rise to conflict in the workplace, leading to employer-imposed limitations on wage opportunities. Insights into the salience of these indicators, which are more complex than the single variables of non-Canadian and Canadian work experience examined in the 1999 study, are best gained through the use of qualitative research methods (i.e., face-to-face interviews with employers and employees) in various labour market contexts.

Smith and Jackson (2002) also report that it is recent immigrants who fare much worse in income levels than did immigrants who arrived in Canada in the 1980s when they first immigrated – which cannot be explained by lower levels of educational attainment. In fact, recent immigrants most negatively affected in income are the most well educated who were selected on the basis of their skills (and language ability) (Thompson, 2002). Smith and Jackson (2002) attribute the economic difficulties of recent immigrants, at least in part, to increased racial discrimination, as do recent immigrants

themselves (Kunz, Milan and Schetagne, 2000). Others such as Thompson (2002) see the major cause in macroeconomic conditions, while others argue that an important policy challenge is the recognition of foreign credentials as equivalent to Canadian credentials when that is the case. More research is needed in this area, but one lesson learned is that visible minorities are a diverse group with regard to income outcomes.

Indeed, Gee and Prus (2000) examine income inequalities within ethnic/racial categories, and find large inequalities (gini coefficients in excess of 0.4) for visible minority men – the gini ratio is 0.41 among visible minority men compared to a gini ratio of about 0.34 for non-visible minority men. Gee and Prus (2000) also find that within-Aboriginal group income dispersion is significant, and Maxim et al. (2001) specifically find that the Inuit have the highest level and the Métis the lowest level of income polarization. Overall, these findings mean that even in disadvantaged groups, some people earn a lot of money. Gee and Prus (2000) argue that some visible minorities must “make it” in the Canadian labour force in order to entrench existing ascribed-based systems; if some minorities did not excel, there would be too great a discrepancy for Canadians to maintain their ideology of equal opportunities. That is, the status quo depends on the existence of some “exceptions.”

Most of the quantitative research on ethnicity and income does not examine the interrelationships among gender and ethnicity/race/immigration status. Either gender is used as a control variable, or women are compared with women and men with men. Regarding the later, we have seen that ethnic/racial factors figure more strongly in men’s incomes than women’s incomes. However, it has also been shown that gender differences in income are greater among visible minority groups than for those of European origins

(Harvey, Siu, Reil, and Blakely, 1999). This means that it is easy to overlook the fact that income is highly gendered. The disadvantaged economic fate of immigrant women can also be overlooked. Hum and Simpson (1999) find that immigrant women have very low income levels, regardless of whether or not they are visible minorities, and suggest that policy measures should focus more on immigrant assistance and perhaps less on traditional employment equity legislation.

Overall, it can be concluded that gender, ethnic/racial origin, and place of birth interrelate in complex ways in affecting income levels (Beach and Worswick, 1993). Research in Canada is only beginning to tease out these intersections, and we believe it is too early to conclude that race today is the fundamental basis of income differences between Canadians (Lian and Matthews, 1998). Men's incomes are more affected by race, and the large income gap between men and women suggests that gender is a more influential determinant of income than race (or ethnicity), and this is particularly so for visible minority groups. That said, however, there is much to be learned about how race and gender operate together in determining income outcomes in the Canadian context.

Occupation The ethnic dimension of occupations was one of Porter's (1965) foci and continues to be researched in Canada, albeit considerably less than income inequality. Indeed, Nakhaie (1997) finds that the British continue to dominate the Canadian "elite," although persons of non-British origins have made some inroads over the years.

As pointed out by Lautard and Guppy (1999), the relationship between ethnicity and occupation can be examined in two different ways. One way centers on the ethnic division of labour; that is, are ethnic groups concentrated in certain occupations? The other way examines the place of "ethnic" groups in the occupational prestige hierarchy.

Looking at the first dimension, for men only, it has been reported that Aboriginals are disproportionately represented in the construction industry (more than double the Canadian male average) – and underrepresented in managerial and administrative occupations. For Chinese, there is overrepresentation in the natural sciences, engineering, and mathematics occupations (13 per cent vs. 6 per cent) and in service occupations (19 per cent vs. 10 per cent); South Asian (Indo-Canadians) men are more likely to be in clerical occupations (11 per cent vs. 7 percent) as are Black men (12 percent); the latter two groups are underrepresented in managerial and administrative jobs (8 per cent for both vs. 14 per cent). Among women, Aboriginals are concentrated in service jobs (27 per cent vs. 16 per cent), but visible minority women (that is, Chinese, South Asian, and Black) do not have occupational distributions strikingly different from the Canadian average (Lautard and Guppy, 1999). It should be noted that the data on ethnic occupational concentration do not compare with the degree of gender occupational concentration. For example, nearly one-half of Canadian women are in clerical and service occupations, compared to 17 per cent of the male labour force. Canada therefore has a more gendered labour force than an ethnically-differentiated one.

Turning to occupational prestige, for men, ethnic groups with high levels include the Jewish, British, and Chinese; low levels of occupational prestige are found for – in ascending order – for Blacks, Greeks, Aboriginals, and Portuguese. For women, a very similar picture emerges, except that Chinese women fall below average (Lautard and Guppy, 1999). For occupational prestige, then, ethnicity outweighs gender as a predictor. These findings do not mean that high-prestige occupations are closed off entirely to members of visible minority groups (Satzewich, 2000); as with income, the diversity of

visible minorities with regard to occupational distribution is substantial. Nonetheless, as pointed out by Hou and Balakrishnan (1996), visible minorities face more hurdles in attaining income equality than occupational attainment.

Income Source, Employment, and Home Ownership This section expands on the literature described above by looking at other dimensions of economic well-being using 1996 Census data. The odds ratio of 1) having private income (as opposed to public or no income) as the major source of family income, 2) being employed (as opposed to being unemployed or not in the labour force), and 3) owning a home (as opposed to renting) across ethnocultural groups, before and after controlling for gender, age, marital status, and education, are shown in Table 2. The reference group for ethnicity is British origin and for mother tongue/immigration status it is English/Canadian-born.

Overall, these findings show that, as with research on income and occupation, there are both diversity between visible and non-visible minority groups as well as among visible minorities. Persons of Asian, especially Chinese, origin generally fare the best on these measures of economic well-being, followed by those of European-origin (with only moderate differences between European -- British, French, NW/SE-European -- groups), while persons of African and Aboriginal origin tend to be the most disadvantaged among the ethnocultural groups observed here. Our analysis also concurs with findings in the literature that foreign-born persons (especially recent immigrants) with a non-English mother tongue are economically disadvantaged. However, these advantages and disadvantages can be partially accounted for by ethnocultural differences in gender, age, marital status, and education. The advantage of persons of Asian origin in private income and employment status, for instance, is considerable reduced after introducing these

control variables, while the economic disadvantage of Canadian-born Francophones and Allophones compared to their Anglophone counterparts almost entirely disappears.

Health Inequalities

Research into the health of Canadians has grown considerably over the past few decades. The study of ethnocultural differences in health by contrast has received very little attention. An overview of the literature that does exist is provided here, and we add to it by examining both health status and health care access and utilization using 1996-1997 NPHS data.

Research on the health of immigrants shows that they have better health than their Canadian-born counterparts (e.g., Ali, 2002; Chen, Ng, and Wilkins, 1996; Kopec, Williams, To, and Austin, 2001; Perez, 2002), and that this “healthy immigrant effect” may explain some of the variance in health across different cultural/ethnic groups. The health of immigrants, however, varies with length of time since immigration, with the most recent immigrants experiencing better health than long-term immigrants whose health-related behaviours and thus health status are more similar to that of the Canadian-born population.

Using a more specific measure of ethnicity and health, Sheth and his colleagues (1999) conclude that there are significant differences in the rates of death from ischemic heart disease and cancer between European, South Asian, and Chinese Canadians. Their findings also indicate however, that there is a notable decline and convergence in mortality rates for heart disease and stroke for the three groups over time. O’Loughlin (1999), in a commentary on ethnicity and chronic disease, points out that this result is evidence that existing inequalities between ethnic groups are narrowing, and that due to

the rapidity with which these health patterns are changing, two of the key contributing factors may be lifestyle and environment.

Another examination of the association between ethnicity and chronic disease is Wang and colleagues' (2000) study on arthritis prevalence and place of birth using data from the 1994-95 NPHS. After adjusting for age, gender, socio-economic variables, and body mass index, the findings indicate that the risk for arthritis is significantly lower among Asian immigrants compared to North American-born Canadians. Thus, both immigrant status and ethnic origin are factors influencing the self-reported prevalence of arthritis in the Canadian population. Relatedly, Acharya (1998) finds differences in mental health status and its predictors by country of birth of Canadian immigrants, while Wu, Noh, and Kaspar (2003) find East and Southeast Asian, Chinese, South Asian, and black populations experience the lowest rates of depression in Canada.

A study on social inequality, population health, and housing in British Columbia by Dunn and Hayes (2000) investigates the ways in which housing-related factors in conjunction with other socio-demographic factors like ethnicity affect health. With regard to culture, their findings indicate that ethnic origin, simultaneously with housing factors, is an important indicator of self-rated health. In particular, respondents were more likely to report good health if they were of non-Western ethnic origin (e.g., Chinese, Filipino, Vietnamese, East Indian) and felt that they could purchase their needs readily in their residential neighbourhood.

Health Status: Chronic Conditions

Data from the 1996-97 NPHS expand this research, and investigate the differences between Canadians on the basis of country of birth/language and health status/care. The odds ratio of having 1) a chronic condition (as

opposed to not having one), 2) a physical check-up during the past 12 months (as opposed to not having one), and 3) a mammogram during the past 12 months (as opposed to not having one) across ethnocultural groups, before and after controls for gender, age, marital status, education, as well as income, are shown in Table 3. The reference group for country of birth/immigration status is Canadian-born and for language it is English only.

The data indicate that the likelihood of having a chronic condition(s), which is often considered a broad measure of health, is lowest for recent immigrants, especially Asian-born. This finding holds after socio-economic and demographic factors are taken into account. This “healthy immigrant effect,” may be due to a number of different factors including the fact that healthier individuals self-select into the immigration process and that the health requirements in the Immigration Act for entrance into Canada tend to disqualify people with serious medical conditions (Oxman-Martinez, Abdool, and Loiselle-Leonard, 2000). The likelihood of having a chronic health problem is also lower for non-English speaking Canadians (OR 0.835 for French only and 0.840 for Other, $p < .01$). Although Canadians living in First Nations communities are not included in this sample, research shows that the prevalence of all self-reported major chronic diseases is significantly higher amongst Aboriginal people than in the general population, and it appears to be increasing (Young, O’Neill, Elias, 1999).

Health Care Access and Utilization: Physical Check-Up and Mammogram Table

3 also presents data on the last time a respondent had a mammogram and/or physical examination. A notable finding is the strong relationship between rates of breast cancer screening and country of birth. Asian-born female immigrants have a significantly

decreased likelihood of having had a mammogram in the last year compared to Canadian-born women, which is supportive of the results from Hislop and his colleagues' (2000) research on breast and cervical cancer screening for Chinese Canadian women in British Columbia. This finding is striking given that early detection of breast cancer by mammograms has been shown to reduce mortality among middle and older aged women (Second Report on the Health of Canadians, 1999).

Why are Asian-born women, the majority of whom are long-term immigrants, not going for screening mammograms? First, in some traditional Asian cultures (i.e., Chinese, Vietnamese) where medical assistance is sought only when an individual is feeling ill, the concept of preventive medicine may be unfamiliar (Dinh, Ganesan, and Waxler-Morrison, 1990; Lai and Yue, 1990). Second, if, in addition to cultural incongruence, a language barrier exists between physician and patient, the likelihood that an older woman will go to a diagnostic clinic for screening may be further decreased. Third, there may be ethno-cultural differences in a fear of clinics, labs, and hospitals due to negative attitudes and behaviours of family physicians in some communities.

The likelihood of having a mammogram for French-only speaking women and of having a physical check-up for all French-only speaking persons in the last year is also significantly lower compared to their English-speaking counterparts. Yet, the opposite occurs for non-English or –French speaking adults. These findings seem curious in that we would expect differences in health care utilization between English-speakers and Canadians who speak another language to operate in the reverse direction, and for insignificant differences to exist between the two charter language groups. The fact that

French-speaking adults are less likely to have had a mammogram and/or physical exam in the last year may be related to differences in health status between the two groups.

CONCLUSION

Our findings are consistent with existing literature on ethnic inequalities in Canada. We find that persons with a non-English mother tongue are at an economic disadvantage. This is especially the case for recent immigrants with a mother tongue other than English or French -- our data analyses in fact show that they are among the most disadvantaged in Canadian society. We also find that certain visible minority and Aboriginal groups tend to be economically disadvantaged while others are economically advantaged (e.g., those of Chinese origin are the most financially secure of the groups measured here) compared to persons of European origin, even when gender, age, marital status, and education differences are taken into account. That is, visible minorities are a diverse group with regard to economic outcomes. By contrast, variation in economic well-being between European groups (British, French, and NW and SE European) is relatively minor. Overall, these findings lend support to the argument that the economic disparities faced by ethnic and racialized groups are partly attributable to racial discrimination in Canadian society. We also find significant differences in health status and health care utilization according to country of birth/immigrant status and language. However, unlike economic outcomes, recent immigrants (especially from Asia) are advantaged in health outcomes compared to Canadian-born persons. This advantage completely disappears with time -- as the number of years in Canada increases, the likelihood of experiencing a chronic health condition increases. Paradoxically, they are less likely to report having a physical check-up and, for older women (especially Asian-

born women), a mammogram within the last year compared to their Canadian-born counterparts. These patterns are observed for those who speak French only.

In interpreting the health inequality findings, the key emergent issue is the clash between the ethno-cultural values and beliefs of foreign-born and perhaps French-speaking Canadians and the health care system. Although it is difficult to provide insights into this relationship given the paucity of research in this area, it is important to acknowledge the contribution of our analysis to the literature; primarily, that cultural characteristics, regardless of socio-structural and demographic factors, are salient predictors of health.

Macleod and Eisenberg's (Chapter 2) suggestion that a cultural framework or lens is needed in order to fully examine the outcomes of social inequality in Canadian society is clearly supported by our findings in the economic and health domains. Indeed, the results indicate that the cultural variables of ethnicity, immigrant status, and mother tongue are related to economic well-being, health status, and health care utilization in Canada; specifically, Aboriginal, visible minority, and non-charter language-speaking identifications are tied to deficits in cultural capital (i.e., skills, qualifications, group memberships).

Finally, an interesting and important finding from the study is that much of the economic inequality according to type of occupation (occupational concentration) can be attributed to gender rather than ethnicity; that is, the Canadian labour force continues to be more gender- than ethnically-differentiated. Evidence of this gendered division in the labour force can be found in Fortin and Schirle's (Chapter 10) study on changes in income inequality over time. Using Survey of Consumer Finances data, they conclude

that income inequality (as measured by weekly earnings) for men has increased more than for women over the same period, and that this has occurred for different socio-structural reasons. Given the significance of both gender and ethnicity as predictors of economic well-being, future research should examine the intersection between the two identity markers and their relationship to social inequality.

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Table 1: Percentage Distribution of Ethnic Groups by Mother Tongue and Immigrant Status – Canadian Population Aged 20 +

Mother Tongue and Immigrant Status¹

Ethnicity

	English CB	English >10	English <=10	French CB	French >10	French <=10	Other CB	Other >10	Other <=10	Total
British	27.5%	3.6	0.4	0.5	<0.1	<0.1	0.1	0.1	<0.1	32.2% (6,638,760)
French	5.9	0.2	<0.1	12.6	0.2	0.1	0.1	0.1	<0.1	19.1 (3,941,208)
NW European	2.7	0.2	<0.1	0.1	<0.1	<0.1	0.9	1.9	0.2	6.2 (1,274,004)
SE European	2.3	0.3	<0.1	0.1	0.1	<0.1	1.8	3.6	0.8	9.0 (1,855,872)
Chinese	0.1	0.1	<0.1	<0.1	<0.1	<0.1	0.2	1.1	1.4	2.9 (595,332)
Indo	0.1	0.2	0.2	<0.1	<0.1	<0.1	0.1	0.6	0.7	1.9 (390,312)
Other Asian	0.2	0.1	0.1	<0.1	<0.1	<0.1	0.2	0.9	1.2	2.6 (540,756)
African	0.2	0.5	0.2	<0.1	<0.1	<0.1	<0.1	0.1	0.2	1.4 (297,576)
Aboriginal	0.6	<0.1	<0.1	0.1	----	----	0.6	<0.1	<0.1	1.3 (267,120)
Canadian	8.6	0.1	<0.1	9.9	<0.1	<0.1	0.2	0.1	<0.1	18.9 (3,904,632)
Other	2.0	0.3	0.1	0.2	<0.1	<0.1	0.4	0.7	0.5	4.4 (904,500)
Total	50.2% (10,342,188)	5.6 (1,151,352)	1.1 (218,088)	23.6 (4,855,716)	0.5 (97,596)	0.1 (30,636)	4.6 (949,284)	9.2 (1,903,716)	5.2 (1,061,496)	100% (20,610,072)

¹ CB = Canadian-Born; > 10 = Foreign-Born, immigrated more than 10 years ago;

<= 10 = Foreign-Born, immigrated 10 or less years ago. SOURCE: 1996 Census, public-use microdata individual file (weighted to population).

Table 2: Odds ratios (OR) of economic events in relation to ethnocultural factors, before (non-adjusted) and after (adjusted) controlling for gender, age, marital status, and education.

Ethnocultural Groups	Main Income: Private		Employed		Own Home	
	OR (Non-Adjusted)	OR (Adjusted)	OR (Non-Adjusted)	OR (Adjusted)	OR (Non-Adjusted)	OR (Adjusted)
Ethnicity						
British (ref)						
French	1.099	0.977	1.210**	1.032	0.894*	0.961
NW European	1.116	1.144	1.219**	1.334**	1.214**	1.193*
SE European	1.137	1.231*	1.290**	1.293**	1.404**	1.555**
Chinese	2.499**	2.315**	1.363**	0.872	2.684**	3.185**
Indo	1.526**	1.118	1.252*	0.793*	0.961	0.992
Other Asian	1.382*	0.862	1.696**	0.990	0.635**	0.716**
African	0.568**	0.449**	1.170	0.819	0.303**	0.408**
Aboriginal	0.265**	0.334**	0.443**	0.399**	0.126**	0.185**
Canadian	0.893*	0.829**	1.116*	0.963	0.861**	0.965
Other	1.568**	1.159	1.521**	1.035	0.773**	0.833*
Mother Tongue, Immigration						
English, CB (ref)						
English, >10	0.955	0.986	0.783**	0.943	1.107	0.907
English, <=10	1.216	1.011	0.875	0.728*	0.456**	0.397**
French, CB	0.719**	1.038	0.696**	0.889*	0.896**	0.943
French, >10	0.843	1.093	0.760	1.062	0.873	0.655*
French, <=10	0.556**	0.333**	0.896	0.511*	0.405**	0.330**
Other, CB	0.721**	0.863	0.658**	0.831*	0.936	0.906
Other, >10	0.516**	0.914	0.500**	0.893	1.239**	0.937
Other, <=10	0.424**	0.365**	0.514**	0.458**	0.281**	0.208**
Nagelkerke R²	0.024	0.261	0.017	0.354	0.062	0.196
n	19,860		24,015		28,281	

* $p < .05$, ** $p < .01$. SOURCE: 1996 Census, 5% random sample of the public-use microdata individual file.

Table 3: Odds ratios (OR) of health events in relation to ethnocultural factors, before (non-adjusted) and after (adjusted) controlling for gender (for Chronic Condition and Physical Check-up models only), age, marital status, education, and income.

Ethnocultural Groups	Have Chronic Condition		Had Physical Check-up		Had Mammogram	
	OR (Non-Adjusted)	OR (Adjusted)	OR (Non-Adjusted)	OR (Adjusted)	OR (Non-Adjusted)	OR (Adjusted)
Country of Birth, Immigration						
CB (ref)						
Europe, >10	1.346**	1.029	1.328**	1.136**	1.339**	1.229**
Europe, <=10	0.586**	0.695**	0.772**	0.842*	1.160	1.379*
Asia, >10	0.960	0.944	1.235**	1.217**	0.768**	0.826
Asia, <=10	0.393**	0.412**	0.824**	0.896	0.334**	0.377**
Other, >10	0.947	0.926	1.352**	1.385**	1.134	1.334*
Other, <=10	0.485**	0.548**	0.854	0.926	0.667*	0.920
Language						
English only (ref)						
French only	0.835**	0.710**	0.621**	0.611**	0.774**	0.797**
English & French	1.003	1.078**	0.862**	0.907**	0.998	1.048
Other	0.840**	0.865**	1.091**	1.137**	1.109*	1.129*
Nagelkerke R²	0.016	0.106	0.016	0.053	0.012	0.064
N	65,473		63,630		24,253	

* $p < .05$, ** $p < .01$. SOURCE: 1996-97 National Population Health Survey, public-use microdata health file (weighted for sampling design).

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