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Appendix

1. Introduction

Diabetes has attracted increasing attention in recent years, from different organizations and levels of government. Health Canada observes that: "…diabetes is a complex health problem which cannot be addressed effectively by any single agency or sector of Canadian society.

It is essential to articulate and establish effective diabetes prevention and control strategies. For Health Canada this requires a concerted, long-term approach that engages Canadians affected by diabetes, their families, health care providers, health care institutions and workplaces, governments, voluntary organizations, the non-health sector and the public at large.

Several minority ethnic groups are believed to have an elevated risk of diabetes compared with the general population. A report by the Canadian Ethnocultural Council (CEC) remarked that: "though type 2 diabetes occurs most frequently in adulthood, it has been increasing in children and youth from high-risk ethnic groups." It is therefore fundamental to an effective diabetes prevention strategy to reach those communities that are at risk with relevant information about the disease. Social marketing has become an essential means of spreading information gained from research and it can perform a vital role in important issues such as health care and the environment.

A public awareness campaign around diabetes prevention needs to look closely at a given community's demographic situation, its knowledge and use of official and non-official languages and the social networks of its members. By social networks we are referring to the frequency with which community member's volunteer or participate in group activities and upon whom they depend when they need assistance. Our focus is on six groups that have been identified as potentially at greater risk of diabetes, notably the South Asian, Chinese, African, Latin American, Vietnamese, and Filipino origin populations of Canada. To understand the social networks of these groups we used data from the 2002 Statistics Canada's Ethnic Diversity Survey (hereafter EDS)..

With this data compiled, the focus will be directed at demographic information from the 2001 census and 2006 census (at the time of writing only the data on language knowledge and use was available from the 2006 census). We review the findings on the incidence of diabetes from the 2005 Canadian Community Health Survey (hereafter CCHS) and also look at issues of obesity, levels of physical activity and nutrition. Then detailed information made available from the CCHS is presented on the relationships between visible minority, immigrant status and diabetes as well as relevant health indicators. Finally to focus more specifically on the youth demographic an analysis is provided of responses to the national survey conducted across the country by the CEC with members of the six groups that focuses on their awareness of diabetes.

While the data in the census of Canada permits estimates of the size of a given group as well as the analysis of a number of demographic, social and economic characteristics, it does not examine the importance of an individual's sense of belonging to the group. Hence it is not apparent how a person's identification and attachment to an ethnic group influence their attitudes and behaviors when it comes to health needs. Such insight would be important - if not essential - to understanding how strong ethnic identities affect health outcomes. Owing to the complexity in establishing such connections there is not extensive documentation in Canada that examines the relationship between ethnic identity and health.

That which follows is divided into the following six sections:

- Community Demographic Profiles,
- Social Networks and Identity,
- Canadians with Diabetes
- Visible Minority, Social Characteristics and Diabetes
- Ethno-racial Youth and Diabetes Awareness

2. Community Demographic Profiles

The six groups focused of in this report largely reside in Canada's major cities. That noted it is important to acknowledge the presence of significant segments of these selected groups across various parts of the country. In other words any campaign to reach members of these communities must not only focus on their weight in certain parts of the country.

In 2001while immigrants represented just under twenty percent of the Canadian population, in the case of the communities analyzed here, all are majority immigrant groups. As observed below, the Chinese groups followed by the Filipino and Vietnamese have the largest share of immigrants.

Table 1
Number and Percentage of Immigrants and non-Immigrants for persons over the age of 15 in selected ethno-racial groups

	Total - Ethnic Origin	South Asian origins	Chinese	African origins	Latin American origins	Filipino	Vietnamese
Non-Immigrant	23 991 910	290 450	282 380	149 615	80 705	92 100	42 975
Immigrant	5 448 485 (18.5)	653 545 (69.3)	785 795 (73.5)	214 150 (58.9)	150 915 (65.3)	228 890 (71.3)	107 010 (71.3)
Total	29 440 395	943 995	1 068 175	363 765	231 615	320 990	149 985

Source: Statistics Canada, Census of Canada, 2001

- A majority of the South Asian, Filipino and African respondents to the 2001 census reside in the province of Ontario.

- The majority of Canada's South Asian population (52%) resides in Toronto.

- In the case of the Chinese population in 2001 some 47% resided in Ontario and 34% in British Columbia.

- Overall in the South Asian and Latin American groups there are slightly more men than women. There are more women than men in the groups of Chinese, Vietnamese, African origins and an especially wide gap in this regard for the Filipino group (in 2001 there were 187 055 women and 140 490 men).

- The six groups have a lower ratio of seniors than the overall Canadian population (12.1) and indeed it is lowest amongst Latin American origin (3.3), African (4.0) Vietnamese (5.0), Filipino (5.6), South Asian (6.0) than Chinese origin (9.9) Canadians and far lower amongst the African and populations.

- With the exception of the Chinese population the other communities examined here have relatively low shares of immigrants over the age of 65. Still the six groups have lower shares of seniors than does the total immigrant population .

- For the Canadian-born persons in the groups examined here the percentage of seniors is extremely low compared with total Canadian-born population

a. Mixing

Table 2
Single and Multiple ethnic responses for persons over the age of 15 in selected ethno-racial groups

Canada	South Asian origins	Chinese origins	African origins	Latin American origins	Filipino	Vietnamese
Total - EO number of responses	963195	1108860	384120	245395	327 550	151 410
Single response	800200 (83.0)	948490 (86.1)	243820 (63.2)	150235 (61.2)	266 140 (83.1)	119 120 (79.4)
Multiple responses	162995	160375	140300	95160	61 405	32 290
2 responses	114975	102285	73945	56450	40 535	27 460
3 responses	27470	32460	32120	21425	13 735	3 620
4 responses or more	20550	25630	34230	17290	7 135	1 210

Source: Statistics Canada, Census of Canada, 2001

- In all the groups examined here the majority give a single response when asked about their ethnic origin.

- Multiple declarations of ethnic origin are more common amongst the African and Latin American populations than the South Asian, Chinese, Filipino and Vietnamese population.

b. Education and Income

Table 3
Average Income of University Degree Holders who are immigrants and those who are non-immigrant in selected ethnic communities, 2001

Canada- University degree	Total - Immigrant status	Non-immigrant	Immigrant
Total - Ethnic origin Mean - Total income $	54 986	57 090	49 631
South Asian	42 372	36 028	43 545
Chinese	43 706	47 072	43 321
African	41 737	37 831	43 365
Latin American	38 595	38 475	38 942
Vietnamese	48 575	36 872	49 178
Filipino	33 499	32 106	34 321

Source: Statistics Canada, Census of Canada, 2001

- There is a considerably higher percentage of university degree holders within the South Asian, Chinese, African and Filipino origin groups than for the Canadian population on the whole. The Latin American and Vietnamese groups are just ahead of the national average in this regard.

- Despite higher levels of education, the average income of the six groups examined here is lower than that of the overall Canadian population (the differences can be explained in part by the fact that communities are younger on average and have less Canadian experience in the economy).

- With the exception of the Chinese population in all other groups examined here the immigrants with a university degree have higher average incomes than Canadian-born university degree holders that identify with the communities.

c. Family Structures

As regards family structures of the communities examined here as observed below multiple family households are far less common amongst the population on the whole than amongst the groups examined here. Only families of African Black origins are an exception.

Table 4
Household Structure of Selected Ethno-racial groups, 2001

Canada	Total - ethnic origin/religion	South Asian origins	Chinese origins	African Black origins only	Latin American origins	Filipino	Viet-namese
Household structure	23 799 055	646 015	788 725	105 955	125 025	214 395	91 510
Unattached individuals and non-family household of 2 persons or more	951960	15925	28400	10875	5950	11 165	4 465
One-family household: couples without children	5941830 (25.0)	59 815 (9.2)	96925 (12.2)	10270 (9.7)	14265 (11.3)	22 970 (10.7)	8 830 (9.6)
One-family household: couples with children and additional persons	812085	72170	77560	5975	8195	29 730	8 805
One-family household: couples with children and no additional person	9963615	298985	374885	39320	61185	85 400	40 410
One-family household: lone parent household	2263635 (9.8)	34805 (5.2)	57600 (7.3)	22320 (21.2)	18305 (14.6)	19 385 (9.1)	12 290 (13.5)
Multiple-family household	889 050 (3.7)	142 090 (21.9)	110 780 (13.9)	3 315 (3.1)	8 850 (7.0)	36 375 (17.0)	12 610 (13.7)

Source: Statistics Canada, Census of Canada, 2001

- South Asian and Filipino origins are more likely to live in multiple family households than the other groups.

- Lone parent households are more common among African Black and Latin American groups than amongst the overall population.

- One-family households where there are couples without children are far more common amongst the population on the whole than in any of the groups examined here.

3. Social Networks and Identity

a. Volunteerism

- Volunteerism (taking part in group activities) is less common for persons of Vietnamese and Latin American origin than members of the other groups examined here.

- With the exception of persons of African descent the other groups degree of volunteerism falls below the national average.

Table 5
Taken part in the activities of the group by selected ethnic groups, 2002

	Not in a visible minority	African	South Asian	Chinese	Vietnamese	Filipino	Latin American	Total
Yes	46.8%	48.6%	41.9%	38.3%	36.0	45.1	37.9%	46.4%
No	51.2%	48.6%	55.2%	59.5%	60.5	53.3	60.6%	51.3%
Not asked	1.6%	2.4%	2.5%	1.9%	3.5	1.6	1.6%	2.0%

Source: Ethnic Diversity Survey, 2002

- About one in three members of each group participate in one type of group or organization.

- Another one in ten participates in two or more groups or organizations.

- It is sports clubs or teams that volunteerism is more common amongst the groups examined here.

- Persons of South Asian origin are somewhat more likely to volunteer in religious organizations than other groups examined here.

- Persons of African origin are somewhat more likely to volunteer in community or ethnic and immigrant associations than the other groups examined here.

b. Trust

Table 6
Do you trust people by percentage for selected ethnic groups?

	Not in a visible minority	Chinese	South Asian	African	Latin American	Vietnamese	Filipino	All others	Total
People can be trusted	52.5%	52.6%	38.9%	33.7%	42.4%	44.0	38.8	38.5%	50.4%
You cannot be too careful in dealing with people	44.3%	41.0%	56.4%	62.2%	53.8%	48.5	56.1	44.1%	45.0%
Not asked	1.3%	1.8%	3.3%	2.7%	1.1%	5.0	2.7	14.6%	2.5%
Don't know	1.6%	4.3%	1.1%	1.3%	2.7%	2.5	2.4	2.5%	1.9%

Source: Ethnic Diversity Survey, 2002

- As to trust the EDS reveals that the African, South Asian, and Filipino groups are the least trusting of other people when compared to the groups examined here.
- African, Latin American and South Asian origin populations are the least trusting of people in their neighborhood.
- When it comes to trust in the workplace and/or school the African group is the least trusting and the Vietnamese most trusting.
- Amongst all the groups examined here people are by far most trusting of members of their family.

Table 7
Trusting People in our neighborhood, at work and school or in the family amongst selected groups on a 1-5 scale with 5 representing very strong

	Not in a visible minority	Chinese	South Asian	African	Latin American	Vietnamese	Filipino	All others	Total
4 and 5 - trusting people in your neighborhood	64.1%	50.0%	41.2%	36.3%	38.8%	45.0%	46.7%	41.4%	59.9%
4 and 5- trusting people at work /school	54.5%	54.3%	55.3%	44.7%	52.0%	56.6%	52.0%	46.2%	53.4%
5-Trust people in your family	82.4%	81.1%	72.9%	71.6%	85.1%	78.5	81.0	69.5%	80.9%

Source: Ethnic Diversity Survey, 2002

Satisfaction with life is highest amongst persons of Latin American origin than for the other groups examined here. The Chinese and African origin groups registered the lowest rates of life satisfaction although overall majorities of these two groups had positive rates of satisfaction

c. Religion

Religion institutions are often viewed as places where there is access to important minority communities and especially recent immigrants. Indeed, an important share of the existing social networks were defined by religious attachment.

- Persons of Filipino origin are most likely to describe religion as important to them (79%) and to participate with others at least once a month on that basis (76%).

- Religion is also important to the South Asian origin population (74%), to a somewhat lesser extent to the African (60%) and Latin American (59%) groups but much less so for the Vietnamese (44%) and Chinese (30%) population.

- Nearly one in two African (60%) and Latin American (59%) origin groups participate with others at least once a month on the basis of religion while some one-third and one quarter of Vietnamese and Chinese groups respectively participate on that basis.

Table 8
Importance of Religion and Religious Participation with others at least once a month,

2002

	Importance of Religion (4 and 5 on a 5 point scale)	Religious Participation with others at least once a month
Filipino	79	76
South Asian	74	63
African	60	48
Latin American	59	49
Vietnamese	44	32
Chinese	30	24

Source: Ethnic Diversity Survey, Statistics Canada, 2002

d. Languages

Table 9
Ability to speak, mother tongue and language spoken at home and percentage that speak a non-official language at home in selected non-official language groups, 2006

2006 Census of Canada	Ability to speak the Language	Mother Tongue	Language Spoken at Home (non-official)	% that speak the language at home	% that know neither official language
Punjabi	456 090	367 505	272 195	74	16
Urdu	208 125	146 805	94 610	65	7
Gujarti	105 395	81 465	50 535	62	9
Hindi	299 600	78 240	39 015	50	4
Bengali	52 430	45 685	32 005	70	6
Vietnamese	184 150	141 630	103 350	73	13
Tagalog	324 120	235 620	101 355	43	1
Chinese (n.o.s)	472 080	456 705	346 555	75	6
Mandarin	281 840	170 950	138 315	81	4
Cantonese	434 720	361 450	271 145	75	4

Source: Statistics Canada, Census of Canada, 2006 (The 2006 category 'Chinese, n.o.s.' includes responses of 'Chinese' as well as all Chinese languages other than Cantonese, Mandarin, Taiwanese, Chaochow (Teochow), Fukien, Hakka and Shanghainese).

- In 2006 three in four persons whose first language is either Chinese (Cantonese and Mandarin) Vietnamese and Punjabi speak these languages most often in their homes. Less than half of those whose first language is Tagalog speak that

language in the home. Persons whose mother tongue is Punjabi and Vietnamese have the highest percentage that report knowledge of neither English nor French

- According to the EDS when speaking with friends it is the Vietnamese (18.5 only and 34% in combination with English) and Chinese origin populations (13.5% only and 36.5 with English) that are most likely to use a non-official language with friends either alone or in combination with English.

- There are similar patterns of language use for South Asian (11.8 only and 31.8 with English), Latin American (10.9 English only and 32.9 with English) and Filipino origin populations (6.2% English only and 40.5% with English).

- The use of languages other than English or French with parents is relatively common amongst the Vietnamese (87.5), Latin American (81.5), Chinese (68.3), South Asian (57.9) and Filipino (55.6) populations.

- The use of languages other than English or French with siblings is more common amongst the Vietnamese (60.0) and Latin American origin populations (59.5) followed by Chinese (51.3), Filipino (48.5%) and South Asian (41.1) groups

e. Family and Friends

- Persons of Latin American origin are the least likely to have family members living in Canada though two out of three surveyed report having family in the country.

- Some eight in ten Vietnamese, Chinese, South Asian, Filipino and African Canadians report having family in the country.

- As to their frequency of contact with family in Canada, it is the South Asian group (55.9 weekly) that have the most frequent weekly contact of the six groups and the Chinese (38.4 weekly) the least frequent.

- Three in four persons of Latin American origin report having family members abroad compared with one in two persons in the other groups examined here.

- Latin Americans that are most likely to report having been back to their country of birth followed by the Chinese origin population.

- The spouses and children of most of the groups surveyed have more contact with the mother's side of the family than the father's. Amongst the South Asian population the gap between the two is somewhat narrower and indeed the majority of persons report having contact with both the mothe's and father's sides of the family equally.

- The Chinese and the Filipino groups are most likely to report having friends with the same first ancestry.

- As to friends with the same first ancestry, before the age of fifteen nearly one in

two members of the groups examined here report that most of their friends indeed possessed the same background.

f. Belonging

Table 10
Very Strong Sense of Belonging to Family, Canada, Province, City-Town-Municipality and Ethnic or Cultural Group, 2002

5 – very strong	Not in a visible minority	Chinese	South Asian	African	Vietnamese	Filipino	Latin American	Total
Belong to family	78.3%	64.9%	80.5%	80.5%	58.0	79.2	81.8%	76.3%
Belonging to Canada	62.0%	41.2%	61.5%	57.3%	43.5	57.8	58.2%	59.4%
Belonging to Province	35.9%	24.2%	40.4%	34.5%	25.0	38.4	36.4%	34.7%
Belong to Town, city or municipality	27.7%	23.4%	35.8%	30.6%	20.0	36.5	34.0%	27.7%
Belong to Ethnic or cultural group	26.2%	23.3%	40.9%	42.1%	20.0	42.4	36.4%	27.3%

Source: Ethnic Diversity Survey, 2002

- As to the degree of belonging to family it is the Vietnamese and Chinese population that is somewhat less inclined to express as high a level of such sentiment as the other groups examined here (when taking the “5” ranking as the criteria).

- Overall all groups examined here rank family belonging highest compared to other types of belonging.

- Belonging to one’s ethnic or cultural group is higher amongst the Filipino, African and South Asian populations than it is amongst the other groups.

- As to the degree of belonging to Canada, it is somewhat lower amongst the Chinese and Vietnamese groups than it is amongst the others (when compared on the 5 point range in the scale with the 5 representing very strong).

- As to belonging to province, city, town or municipality there is little difference across the various groups though the Chinese and Vietnamese populations exhibit a somewhat lower degree of belonging in this regard.

- The groups examined here are more likely to identity with Canada than with their province or municipality and thereafter identify nearly equally with their ethnic or cultural group and their respective provinces.

4. Diabetes in Canada: Social and Economic Characteristics for the Overall Population

a. Regional Breakdowns

Table 11
Number and Percentage with Diabetes in Canada 12 years and over, 2005

Date: 2005 Age group: Total, 12 years and over	Total population	With diabetes	Percentage with Diabetes
Canada	27 131 964	1 325 120	4.9
Newfoundland and Labrador	448813	30668	6.8
Nova Scotia	795983	52882	6.6
Prince Edward Island	117478	7427	6.3
New Brunswick	638232	38146	6.0
Quebec	6473413	332822	5.1
Saskatchewan	787765	40072	5.1
Ontario	10570076	510253	4.8
British Columbia	3601945	164010	4.6
Manitoba	935340	41152	4.4
Alberta	2686120	105242	3.9

Source: Canadian Community Health Survey, Statistics Canada, 2005

- According to the 2005 Canadian Community Health Survey an estimated 1.3 million Canadians have diabetes.
- The incidence of diabetes is higher in the Atlantic provinces and lowest in Alberta.

b. Gender and Age

- Diabetes is more common amongst men than women.
- Only in Nova Scotia and New Brunswick is the incidence of diabetes higher than it is elsewhere in the country.
- The presence of diabetes is considerably greater after the age of 45.
- Even when taking age into account the incidence of diabetes is still higher in Atlantic Canada (with the exception of New Brunswick).
- Between the two cohorts (45-64 and 65 plus) the most important increases in the incidence of diabetes were in Nova Scotia, Newfoundland, Quebec and Ontario.

- In most of Canada's major cities the incidence of diabetes is below the national average.

- In Hamilton and Montreal the rate of persons with diabetes exceeds the national average.

c. Education and Income

- Persons with lower levels of education report higher rates of diabetes as (12.4% with less than secondary education report having diabetes versus approximately 6% with better than a secondary education).

- Lower personal income also tends to correlate with a higher incidence of diabetes as (8% of those earning under $30 000 report having diabetes compared with about 4% for those earning over $50 000).

d. Obesity

With respect to issues of obesity the Canadian Community Health Survey explores both measured weights and self-reported weights.

- When it comes to self-reporting weights there appears a tendency to underestimate the rates of obesity. One-quarter of Canadians qualify as obese on the basis of the measure of body mass index yet less than one in six estimate that they are obese.

Table 12

2005-18 years and over	Underweight, self-reported adult body mass index under 18.50	Normal weight, self-reported adult body mass index 18.50 to 24.99	Overweight, self-reported adult body mass index 25.00 to 29.99	Obese, self-reported adult body mass index 30.00 or higher	Self-reported adult body mass index, not stated
Males-Self-Reported	1.1	40.5	40.9	16.8	0.7
Measured adult body mass index	1.0	32.2	41.1	25.7	F
Females-Self-Reported	4.3	51.8	26.1	14.2	3.7
Measured adult body mass index	2.5	45.4	28.7	23.0	F

Source: Canadian Community Health Survey, Statistics Canada, 2005

- Men are equally likely to underestimate their respective rates of obesity based on their self-reported rates contrasted with the measure of body mass index.

- Women are more likely to overestimate the degree to which they are underweight.

- It is in the 45-64 age group that rates of obesity based on body mass index are highest. Indeed amongst that group only one-quarter qualify for the normal weight category.

- And while the younger segment of the sample are less inclined to qualify as obese, in the 20-24 age bracket just over three in ten are ranked as overweight and obese combined.

- On the basis of body mass index overall, while men are more likely than women to qualify as obese, in the 18-34 category it is women that are slightly more inclined to fall into that group.

- When overweight and obese are combined men are considerably more likely to exceed women in this regard.

- In the case of self-reporting of weight it is the Atlantic provinces followed by Saskatchewan that have the highest rates of obesity.

- British Columbia and Quebec have the lowest rates of self-reported obesity amongst the Canadian population.

e. Physical Activity

- Men are more likely than women to engage in leisure time physical activity.

- Leisure time physical activity decreases with age and the biggest decreases occur between the three age cohorts of 15-19, 20 -24 and then 25-34. Thereafter there is little change in the degree of leisure-time physical activity.

- The gap in levels of leisure-time physical activity narrows as men and women enter their twenties and is relatively similar in the 35-44 age cohort. The gap reemerges beyond the age of 65.

- On average residents of the Atlantic provinces, Quebec and Manitoba are the least physically active whereas the highest degree of physical activity is in British Columbia and Alberta.

- Calgary, Vancouver and Regina report the highest self-reported rates of leisure-time physical activity while Montreal and Quebec City report lower rates of physical activity.

f. Fruit and Vegetable Consumption

- A majority of Canadians consume fruits and vegetables less than five times per day.

- Fruit and vegetable consumption is highest in the 12-19 age category and for persons over the age of 75.

- It is in the 20-24 and the 35-44 age groups that fruit and vegetable consumption is somewhat lower.

- Women consume more fruits and vegetables than men.

- Quebecers, Ontarians and British Columbians are the largest consumers of fruits and vegetables in Canada while Atlantic Canadians consume less on average than other Canadians.

- In a comparison of six cities it is the Ontario's larger urban centres that are larger consumers of fruits and vegetables than the major cities of Western Canada.

5. Visible Minority, Social Characteristics and Diabetes

Campaigns around awareness of health issues need to consider multiple expressions of identity. Is there any effect on the incidence of diabetes when ethnoracial identity is broken down by age, gender, income and immigrant status? In this regard it is worth asking whether there are varying degrees in vulnerability of ethnoracial minorities that merit greater scrutiny from health officials trying to reach the population with information about diabetes prevention. Though the Canadian Community Health Survey does not provide information on specific visible minority groups it nonetheless has a sizeable enough sample of the ethnoracial population on the whole to make important observations about the incidence of diabetes. The role of social class will be examined in this regard. That which follows will also examine where the visible minority and non-visible minority get health information.

Table 13

Total household income from all sources
Has diabetes Country of birth - Canada/other

Has diabetes		
	Canada	Other
No income or less than $15,000	338	284
	11.7%	87.4%
$15,000-$29,999	499	582
	9.9%	90.8%
$30,000-$49,999	390	711
	6.3%	91.5%
$50,000-$79,999	284	739
	4.3%	96.1%
$80,000 OR More	186	713
	2.9%	96.4%
Total	1697	223
	6.3%	6.9%

Source: Canadian Community Health Survey, Statistics Canada, 2005

Immigrant status data from the CCHS suggests that there is little difference according to gender and place of birth in the degree to which people report having diabetes. It is important to note however that the immigrant population is much younger on average, than the Canadian born population and since persons with diabetes are older on average it is to be expected that gaps will be important between the immigrant and non-immigrant as well as between white and visible minority when age is taken into account

- There is a substantial gap in the incidence of diabetes between those immigrants that have been here less than 10 years and those who have been here for longer than that period.

- The white population reports higher incidence of diabetes than the visible minority population for both males and females.

- However, visible minorities are far more likely to report incidence of diabetes

between the ages of 50 and 65 and during their 70's than are persons identifying as white within the same age groups

- Diabetes is more common amongst the Canadian-born population than the immigrant population across nearly the entire age spectrum.
- Incidence of diabetes is greater amongst Canadian households with lower income and less education.
- Both white and visible minority Canadians with lower incomes report higher incidence of diabetes.
- Immigrants in low income households in Canada resident for more than a decade are far more likely to report incidence of diabetes than immigrants that have arrived in the country more recently.

Table 14
Highest level of education, has diabetes
Cultural or racial origin

	Has diabetes		
	White	Visible Minority	Visible Minority
Less than secondary	805	66	
	10.1%	5.0%	
Secondary graduation	281	13	
	5.7%	2.2%	
Other post-secondary	117	9	
	4.7%	1.9%	
Post-secondary graduation	847	111	
	5.4%	5.4%	
Total	2050	199	
	6.6%	4.5	

Source: Canadian Community Health Survey, Statistics Canada, 2005

- Incidence of diabetes is higher amongst the Canadian-born than it is amongst the foreign-born with similar levels of education

.

- In the case of the white population, those with lower education report higher incidence of diabetes. Amongst visible minorities the level of education does not appear to be a factor in incidence of diabetes.

- Those immigrants who have been here considerably more than a decade have higher incidence of diabetes and when controlling for levels of education the gaps remain important.

- The incidence of diabetes is less in households with fewer persons as age plays a role in the degree of diabetes and homes with children are generally younger on average.

- Immigrants in larger households have a higher incidence of diabetes than the Canadian-born in larger households.

- Amongst those unable to work the incidence of diabetes is greater amongst the foreign-born than for Canadian born.

- Amongst those who are unemployed, it is the white population that reports a higher incidence of diabetes than the visible minority population.

- With few exceptions visible minorities born in Canadian report higher incidence of diabetes than whites born in Canada.

- The foreign born visible minority population between the ages of 35 and 44 has a lesser incidence of diabetes than the foreign-born white population. However the visible minority foreign born population reports a greater incidence of diabetes than the white foreign born population for the age group 55 to 64.

- When those with diabetes are asked who they contacted for health information in the last twelve months some four out of five immigrants and non-immigrants alike were in touch with a doctor.

- The Canadian- born population is slightly more likely than the immigrant population to contact various sources for health information. In particular, the Canadian-born is more inclined to contact the emergency room for health information.

- When contrasting the sources of health information sought on the part of whites and visible minorities with diabetes the former group is far more likely to have contacted a doctor than persons with visible minorities reporting diabetes.

- For their part the visible minority respondents are more likely to get information from a community health center or walk in clinic than the white population

- Visible minority Canadians with diabetes are somewhat less likely to report

having a regular medical doctor than the white population. The difference is to some extent a microcosm of the larger gap in the extent to which visible minorities generally report having a regular medical doctor compared with the white population.

6. Selected Ethnoracial Youth and Diabetes Awareness

To compliment the demographic and survey data a series of focus groups were held with members of the communities. The details are given in a separate document entitled: "Preventing Type 2 Diabetes in Ethnic Youth: Awareness in Ethnocultural Communities." The members of the communities were asked to respond to surveys, testing several dimensions of knowledge and awareness of diabetes. Particular attention was directed at youth and in the data which follows we will focus on those surveyed between the ages of 15 and 24 in comparison to the overall sample.

- Some 50% of those between the ages of 15-24 said they were knowledgeable about diabetes (6% reported that they were very knowledgeable and 44% somewhat knowledgeable). Just over 55% of the overall sample said they were knowledgeable (2.5% said they were very knowledgeable and 53% somewhat knowledgeable).

- Some 60% of the youth segment of the survey believes that older people are more likely to get diabetes, a view shared by around 48% of the overall sample.

- About 35% of the youth sample feel that women are more likely than men to get diabetes versus 22% of the overall sample.

- Approximately 15% of the youth sample believe that type 2 diabetes is hereditary compared with 25% of the overall sample.

- Some 90% of the youth surveyed think that healthy eating and regular exercise can control diabetes compared with 80% of the overall sample that share this view.

- Some 10% of the youth sample think that diabetes is not something that young people need to worry about compared with 14% of the overall sample.

- Twenty percent think that immigrant youth are unlikely to develop diabetes compared with 30% of the overall sample.

- As to participation in organized sport or physical activity (excluding physical education at school) some 70% of the sample says that they do so compared with 57% of the total sample.

- Sixty percent of the youth sample say they are members of a sports club or a community organized sport activity versus 40% of the total sample.

- Ten percent of the youth sample say their eating habits are excellent, 12.5% say they are very good, 30% say they are good, 33% fair and 12.5% poor.

- Overall some 10% of the survey respondents said their eating habits were excellent but 18.5% said it was very good and 38% said it was good.

- Some 52% of the youth sample report good or better eating habits compared with 67% of the overall sample that report good or better eating habits.

Conclusion

An effective outreach campaign aimed at diabetes awareness amongst the selected ethno-racial groups will need to consider the following:

- The lower average age of the communities examined here

- The important share of immigrants in each of the communities

- The not insignificant share of persons that know neither official language amongst the Punjabi and Vietnamese groups

- The important percentage of multiple family households in the communities in question

- The important percentage in each of the groups that do not have family members in Canada

- The high level of participation in sports clubs notably amongst ethnoracial youth

- The high level of participation in religious associations and ethnic and immigrant organizations amongst members of certain ethno-racial communities

- The strong sense of trust in the family amongst ethno-racial minorities

- The higher degree of trust in people at work and school than in those in the neighborhood

- The strong sense of belonging to Canada amongst the ethnoracial communities

- Members of visible minorities are more likely to get health information from a community health center or walk in clinic

- Members of visible minorities are less likely to have a regular medical doctor.

Appendix

Appendix 1
Has diabetes, Country of birth - Canada/other, Cultural or racial origin

Age	Cultural or racial origin	Country of birth - Canada/other		Total
Has diabetes		Canada	Other	
35 to 39 years	White	1.9%	.7%	1.8%
	Visible Minority	2.2%	.5%	1.5%
40 to 44 years	White	2.5%	2.6%	2.5%
	Visible Minority	3.3%	1.0%	2.3%
45 to 49 years	White	4.6%	2.8%	4.5%
	Visible Minority	3.6%	5.5%	4.4%
50 to 54 years	White	6.8%	5.4%	6.7%
	Visible Minority	10.5%	5.5%	8.6%
55 to 59 years	White	9.3%	6.2%	9.0%
	Visible Minority	13.6%	9.6%	11.8%
60 to 64 years	White	11.7%	8.7%	11.3%
	Visible Minority	12.5%	25.5%	17.2%
65 to 69 years	White	14.1%	15.2%	14.2%
	Visible Minority	12.2%	15.7%	13.9%
70 to 74 years	White	15.5%	9.9%	14.8%
	Visible Minority	26.2%	15.8%	22.2%
75 to 79 years	White	16.9%	16.5%	16.9%
	Visible Minority	25.6%	13.6%	21.3%
80 years or more	White	14.3%	17.3%	14.7%
	Visible Minority	16.7%	7.7%	12.9%

Source: Canadian Community Health Survey, Statistics Canada, 2005

Appendix 2
Access to health Information by immigrant status, 2005

Has diabetes	Born in Canada	Immigrant Other
Contact/health info - doctor *	79.1%	81.7
Contact/health info - community hlth ctr	8.4	4.2
Contact/health info - walk-in clinic	6.4	5.8
Contact/health info - health line	7.2	6.7
Contact/health info - emergency room	11.3	5.0
Contact/health info - other hosp. serv.	7.4	5.8

Source: Canadian Community Health Survey, Statistics Canada, 2005

Appendix 3
Access to health Information by visible minority status, 2005

Has diabetes	White	Visible Minority
Contact/health info - doctor *	81.0	65.7
Contact/health info - community health centers	6.5	23.2
Contact/health info - walk-in clinic	5.6	16.2
Contact/health info - health line	7.2	6.1
Contact/health info - emergency room	10.9	7.1
Contact/health info - other hosp. serv.	7.5	5.1

Appendix 4
Has regular medical doctor-with and without diabetes for White and Visible Minority

		Cultural or racial origin		
Has diabetes		White	Visible Minority	Total
Has regular medical doctor	Yes	1970	173	2143
		95.4%	86.5%	94.6%
	No	95	27	122
		4.6%	13.5%	5.4%
Total		2065	200	2265
Has regular medical doctor	Yes	24838	2851	27689
		85.2%	67.0%	82.9%
	No	4314	1402	5716
		14.8%	33.0%	17.1%
Total		29152	4253	33405
		100.0%	100.0%	100.0%