How Are New Refugees Doing in Canada?

Comparison of the Health and Settlement of the Kosovars and Czech Roma

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ABSTRACT

Background: In 1999, a group of Kosovars arrived in Hamilton, Ontario, with a coordinated international pre-migration plan, as part of the United Nations Humanitarian Evacuation Program. Since 1997, a substantial number of Roma refugees from the Czech Republic also arrived in Hamilton, with no special pre-migration planning. This study examined whether the organized settlement efforts led to better adaptation and perceived health for the Kosovars, using the Czech Roma as a comparison group.

Methods: Adult members of 50 Kosovar (n=157 individuals) and 50 Czech Roma (n=76 individuals) randomly selected families completed a questionnaire on sociodemographics, health, well-being, and perceived adaptation to Canada. Differences between groups were examined using univariate and multivariate analyses. Comparison was made to the Ontario population where possible.

Results: There were more Kosovars than Czech Roma over the age of 50 (22.1% vs 10.5%, $p=0.03$). Nearly one quarter (21.7%) of the Kosovars had a score indicating post-traumatic stress disorder (PTSD) on the Harvard Trauma Questionnaire (HTQ), compared to none of the Roma ($p<0.001$). After adjustment for age and PTSD, the Kosovars were significantly more likely to report fair or poor adaptation to Canada (OR=10.5, 95% CI=3.6-31.2) and that life is somewhat or very stressful (OR=3.9, 95% CI=2.1-7.4). Differences for other measures were no longer significant after adjustment.

Conclusions: The health and adaptation of the Kosovars was not better than that of the Czech Roma. Reasons for this finding may include differences in demographics, the presence of PTSD, and differing length of time since arrival in Canada.

La traduction du résumé se trouve à la fin de l'article.

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As part of its role in the United Nations Humanitarian Evacuation Program,¹ Canada received approximately 5,000 refugees from Kosovo in the spring of 1999, 500 of whom arrived in Hamilton, Ontario. The majority of Kosovars destined for Hamilton came directly into community "settlement" houses set up in two local hotels. The refugees received social supports and sponsor groups were assigned to each family. Unlike with the usual arrival of refugees in Canada, there was a coordinated effort by health and other professionals to assist with the health and settlement needs of this large influx of Kosovar refugees. Since 1997, Hamilton has also received approximately 500 Roma refugees from the Czech Republic. In contrast, the Czech Roma were self-selected asylum seekers who applied individually for refugee status. As such, there was no pre-migration organizational planning for this group.

Studies examining refugee health profiles are often conducted in the context of international refugee camps,^{2,3} and relatively little information pertains to refugee groups in receiving host countries.⁴ One recognized barrier to settlement is the common presence of mental health difficulties, and often there is little data on the post-arrival physical health and self-perception of health of refugees.^{4,5} Many host countries have poor criteria for assessing how well refugees have integrated,⁶ compounding the difficulties in evaluating health. Canada has been a leading country in 'best settlement practices',⁷ encompassing areas such as language, employment and cultural orientation.

As a result of the special settlement efforts, we hypothesized that the Kosovars would report better adaptation and perceived health compared to other recent refugees. We compared the Kosovars and Czech Roma to generate their respective health profiles and highlight issues that may be helpful for planning future humanitarian efforts.

This paper describes the results of a questionnaire administered to individuals in randomly selected Kosovar and Czech Roma families regarding their health and adaptation to Canada. Comparisons were also made to the Ontario general population, where possible.

METHODS

Sample selection

The Settlement and Integration Services Organization in Hamilton (SISO), a

community-based agency that serves local immigrant and refugee groups, used their records of all Kosovar and Czech Roma families that were active with the organization in the spring of 2001. All Kosovar families who arrived as part of the UN evacuation program and the majority of Czech Roma families (> 80%) in Hamilton were listed and active with SISO at the time of the study (personal communication, SISO director). The Czech Roma list contained 423 members of 166 families, with 268 individuals aged 18 and older. The Kosovar list contained 480 members of 161 families, with 350 individuals aged 18 and older. The majority of the Czech Roma study participants (90.8%; 69/76) arrived in Hamilton in 1997, six arrived in 1999 or 2000, and one arrived in 1994. The majority of the Kosovar study participants (87.3%; 137/157) arrived in the spring or summer of 1999 and 18/157 arrived in 2000 (two did not indicate their arrival date). Two individuals representing the refugee groups, and who were affiliated with SISO, conducted the fieldwork. One was a refugee physician from Kosovo and the other was active in settlement activities for Czech Roma in Southern Ontario. To maintain confidentiality before consent was obtained, a list of random numbers was supplied by the researchers to SISO and assigned to the list of families. The fieldworkers then contacted the randomly selected families. All families on the list, including family members aged 18 or older, were eligible. Families were approached until 50 from each group agreed to participate. The fieldworkers contacted the families, explained how they obtained the family name and phone number, and invited the family to participate. The person with whom the fieldworker arranged the interview consented verbally for all family members, and at the time of questionnaire administration, each family member over 18 years of age gave written consent.

The questionnaire was self-completed in most cases, however the fieldworker assisted participants where necessary. The questionnaire took approximately 30 minutes to complete. The Hamilton Health Sciences Research Ethics Board approved the study.

TABLE I**Demographic Characteristics of the 157 Kosovar and 76 Czech Roma Refugees**

	Kosovars (n=157) % (n)	Czech Roma (n=76) % (n)	p-value
Female	54.1 (85/157)	51.3 (39/76)	0.69
Age (>50 years)	22.1 (34/154)	10.5 (8/76)	0.03*
Family size (mean, SD)	3.1, 1.4	1.5, 0.7	<0.001*
Married/common-law (among those aged 20+)	68.8 (108/157)	55.3 (42/76)	0.04
Months in Canada (median, interquartile range)	23.3, 2.0	44.6, 1.0	<0.001
Size of home town			
0-999	49.0 (77/157)	4.3 (3/70)	<0.001
1,000-4,999	15.3 (24/157)	1.4 (1/70)	
5,000-100,000	65.7 (46/70)	23.6 (37/157)	
> 100,000	28.6 (20/70)	12.0 (19/157)	
Education			
None	11.7 (18/154)	0	<0.001
Some elementary	27.9 (43/154)	35.5 (27/76)	
High school	39.6 (61/154)	63.2 (48/76)	
Post-secondary	20.8 (32/154)	1.3 (1/76)	
Currently has job	2.0 (3/153)	36.8 (28/76)	<0.001
Occupation in home country			
Construction/labour/mining	12.3 (18/156)	28.4 (21/74)	<0.001
Skilled trade	14.1 (22/156)	13.5 (10/74)	
Homemaker	30.1 (47/156)	14.9 (11/74)	
Student	23.7 (37/156)	10.8 (8/74)	
Other/not working	20.5 (32/156)	32.4 (24/74)	
Use tobacco daily	25.3 (39/154)	71.1 (54/76)	<0.001
Use alcohol daily	7.0 (11/157)	68.4 (52/76)	<0.001

* Student's t-test used. All other comparison, Chi-square test used

Note: not all respondents answered all questions

Data collection instruments

The questionnaire was developed by the research team and included demographic information, social support, general health, presence of stress, specific health conditions, tobacco and alcohol use, and health care services utilization questions. In order to compare to normative Canadian data, general health, specific health conditions, presence of stress, tobacco and alcohol use, and some demographic questions were taken directly from the Ontario Health⁸ and the Canada Health⁹ surveys. In addition, the Harvard Trauma Questionnaire (HTQ)¹⁰ was used to assess mental health status in relation to experiences in the home country. The HTQ was designed to measure symptoms associated with post-traumatic stress disorder (PTSD) in refugees. Existing translations of some of the questions were obtained from the Czech Ministry of Health and from other researchers who had translated and back-translated the HTQ into Albanian.³ The fieldworkers translated remaining questions. Fieldworkers conducted pilot interviews with two families from each group to pre-test the questionnaires.

Statistical analyses

Data were entered and analyzed using SPSS v 10.0.5 (SPSS Inc., Chicago IL). Univariate analyses were performed to

compare socio-demographic characteristics, self-reported health and well-being, perceived adaptation, and variables relating to mental and physical health between the Kosovar and Czech Roma refugees using the Chi-square test or Student's t-test, as appropriate. A score of ≥ 2.5 on Harvard Trauma Questionnaire was used to indicate the presence of PTSD.¹⁰ For variables that were significantly different between the two groups in univariate analyses ($p < 0.05$), adjustment for the potential confounders of age and presence of PTSD was made, using logistic regression analysis and forcing these variables into the models. Potential interactions between these variables were tested. A type 1 error rate (alpha) of less than 5% (two-tailed) was considered statistically significant.

Ontario population results from the 1996/97 National Population Health Survey¹² or the 1990 Ontario Health Survey⁸ are presented, where available.

RESULTS**Sample description**

The response rate for the families was 97.1% (100/103). Two Kosovar families refused and one Czech Roma family had moved out of the city. The demographic characteristics of the two groups are shown in Table I. On average, the mean size of

TABLE II

Self-rated Health, Well-being, and Use of Health Care in the 157 Kosovars and 76 Czech Roma, Compared to the Ontario Population

	Kosovars % (n)	Czech Roma % (n)	p-value§	Ontario population (%)
Self-reported health				
Excellent	25.5 (40/157)	10.5 (8/76)	<0.001	24.5*
Very good	20.4 (32/157)	38.2 (29/76)		38.6
Good	27.4 (43/157)	39.5 (30/76)		25.4
Fair	15.3 (24/157)	10.5 (8/76)		8.5
Poor	11.5 (18/157)	1.3 (1/76)		3.0
Satisfied with health				
Very satisfied	44.6 (70/157)	13.2 (10/76)	<0.001	33.2†
Somewhat satisfied	39.5 (62/157)	69.7 (53/76)		39.4
Not too satisfied	10.2 (16/157)	15.8 (12/76)		9.3
Not at all satisfied	5.7 (9/157)	1.3 (1/76)		2.1
Feelings about life				
Happy and interested	25.5 (40/157)	5.3 (4/76)	<0.001	55.2
Often happy	11.5 (18/157)	44.7 (34/76)		22.5
Sometimes happy	51.0 (80/157)	46.1 (35/76)		3.7
Often unhappy	12.1 (19/157)	3.9 (3/76)		1.1
Life stress				
Not at all stressful	21.7 (34/157)	10.5 (8/76)	<0.001	8.0†
Not too stressful	8.9 (14/157)	56.6 (43/76)		31.9
Somewhat stressful	55.4 (87/157)	31.6 (24/76)		35.1
Very stressful	14.0 (22/157)	1.3 (1/76)		6.1
Adaptation to Canada				
Excellent	17.1 (26/152)	2.6 (2/76)	<0.001	n/a
Very good	16.4 (25/152)	40.8 (31/76)		
Good	27.0 (41/152)	51.3 (39/76)		
Fair	27.0 (41/152)	5.3 (4/76)		
Poor	12.5 (19/152)	0		
Someone to confide in	56.4 (88/156)	100.0 (76/76)	<0.001	84.7†
Someone who can help in time of need	60.9 (95/156)	98.7 (75/76)	<0.001	90.5†
Health restricts work activities	22.3 (35/157)	7.9 (6/76)	0.007	19.3*
Arthritis/rheumatism	11.8 (18/152)	3.9 (3/76)	0.05	17.5*
High blood pressure	9.2 (14/153)	2.6 (2/76)	0.07	14.1*
Heart disease	5.9 (9/152)	3.9 (3/76)	0.53	3.9*
Diabetes	3.3 (5/153)	1.3 (1/76)	0.67	4.9*
Number of chronic health problems‡				
0	57.5 (84/146)	67.1 (49/73)	0.21	38.1*
1	21.9 (32/146)	19.2 (14/73)		26.1
2	10.3 (15/146)	11.0 (8/73)		15.7
3+	10.3 (15/146)	2.7 (2/73)		20.1
Stress symptoms				
Sleeping trouble	8.6 (13/152)	9.2 (7/76)	0.87	n/a
Problems with nerves	2.6 (4/153)	5.3 (4/76)	0.30	n/a
Headaches	12.5 (19/152)	6.6 (5/76)	0.17	n/a
Presence of Post-traumatic stress disorder	21.7 (34/157)	0	<0.001	n/a
Have regular				
Family physician	93.0 (146/157)	88.2 (67/76)	0.22	93.6*
Dentist	36.9 (58/157)	69.7 (53/76)	<0.001	

* National Population Health Survey, Ontario Respondents (1996/97)¹²† Ontario Health Survey (1990)⁸

‡ based on a list including: skin allergies/diseases, hay fever or allergies, serious back pain, arthritis or rheumatism, other serious problems with bones or joints, paralysis/speech problems due to stroke, asthma, emphysema/chronic bronchitis, epilepsy, hypertension, circulatory problems, heart disease, diabetes, urinary problems or kidney disease, stomach ulcer, other digestive problems, goitre or thyroid problems, eye problems (e.g., glaucoma), and cancer.

§ Chi-square test used for comparison

Note: not all respondents answered all questions

the Kosovar families was significantly larger than the Czech Roma, there were significantly more Kosovars over the age of 50, and the Kosovars were more likely to have come from smaller towns or villages compared to the Czech Roma.

Health and well-being

A higher proportion of Kosovars compared to Czech Roma (11.5% vs. 1.3%) reported that their health was poor. The proportions of respondents who reported excellent or very good health was similar for the Kosovars (45.9%) and the Czech Roma (48.7%) (Table II). A similar pattern was

seen for satisfaction with health, happiness with life, life stress, and adaptation to Canada, with more Kosovars choosing responses at the extreme ends of the scales compared to the Czech Roma (Table II). The responses to all of these variables were significantly different between the two groups by univariate analysis. The prevalence of PTSD was 21.7% (34/157) in the Kosovars, and 0% in the Czech Roma ($p<0.001$). The results after adjustment for age and PTSD score are shown in Table III. The Kosovars were significantly more likely to report fair or poor adaptation to Canada (OR=10.5, 95% CI=3.6-31.2),

that life was somewhat or very stressful (OR=3.9, 95% CI=2.1-7.4), and were more likely to report not having someone to help in a time of need (OR=42.3, 95% CI=5.7-312.5). Differences between groups for other outcome measures were no longer statistically significant after the adjustments. The groups were not significantly different in terms of chronic health conditions or stress symptoms.

In comparison to the Ontario population (10.3%), more Kosovars (26.8%) reported fair or poor health, however the proportions reporting excellent health were similar (24.0% for Ontario vs 25.5% for

the Kosovars). In contrast, the Czech Roma were similar to Ontario for fair or poor health, but a lower proportion (10.5%) reported excellent health. A similar pattern was seen for satisfaction with health. The Kosovars were more likely and the Czech Roma less likely than the Ontario population to report that life was stressful. The frequency of reporting three or more chronic conditions was lower in both the Kosovars (10.3%) and Czech Roma (2.7%) compared to the Ontario population (20.1%).

DISCUSSION

Our initial hypothesis that the Kosovar group would have better self-perceived health and settlement experiences than the Czech Roma group, as a result of the extra services received, was not supported. These results may be partially explained by differences between the groups in terms of age and the presence of PTSD symptoms. The Kosovars were older, more likely to lack formal education, and tended to come from smaller towns and villages. These factors have been reported to interfere with adaptation to a new country.^{11,13} We speculate that differences in demographics may be the result of the immigration approach, in that the refugee families included older Kosovars, who likely would not have come to Canada on their own. These differences may also explain the different response profiles between the Kosovars and the Czech Roma on several variables. For example, a higher proportion of Kosovars reported both 'excellent' and 'poor' health compared to the Czech Roma respondents. The Czech Roma, in contrast, less frequently provided responses on the extreme end of the scales, with most of their responses being in the middle of the scales. The dichotomy of the responses to the question of 'adaptation to Canada' within the Kosovar group may be partly explained by the contrast of 'euphoria' and PTSD symptoms described in the resettlement and integration literature.^{14,15} This 'euphoria' stage is sometimes observed soon after leaving a war zone but may be suppressed by those with PTSD. The more frequent reporting of poor health in the Kosovars may also be related to PTSD. Nearly one quarter of the Kosovars in this study were experiencing PTSD, an even higher pro-

TABLE III

Unadjusted and Adjusted (for Age and Presence of Post-traumatic Stress Disorder) Odds Ratios for Health and Adaptation Outcomes for the Kosovars Compared to Czech Roma (Reference Category)

	Unadjusted		Adjusted	
	OR (95% CI)*	p-value	OR (95% CI)	p-value
Fair/poor self-reported health	2.7 (1.2-5.9)	<0.001	1.7 (0.7-4.0)	0.25
Fair/poor adaptation to Canada	11.7 (4.1-33.8)	<0.001	10.5 (3.6-31.2)	<0.001
Not too/not at all satisfied with health	0.9 (0.4-1.9)	0.92	0.6 (0.3-1.5)	0.64
Life somewhat/very stressful	4.6 (2.6-8.3)	<0.001	3.9 (2.1-7.4)	<0.001
Sometimes/often unhappy	1.7 (0.98-3.0)	0.06	1.3 (0.7-2.3)	0.44
Health restricts work activity	3.3 (1.3-8.4)	0.01	1.5 (0.5-4.5)	0.42
Not having someone to help in time of need	47.8 (6.5-349.7)	<0.001	42.3 (5.7- 312.5)	<0.001

* 95% confidence interval

Note: the variable "someone to confide in" was not analyzed due to lack of variation in the Czech Roma group (100% reported having someone to confide in)

portion than recently reported ethnic Albanians living in Kosovo (17.1%) in 1999.³ That study also found that three quarters of respondents reported lacking food or water, and almost half reported ill health without access to medical care during the time of aggression. These physical and mental hardships experienced by the Kosovars would be expected to have an impact on their perceived current health and well-being.

There were several limitations in this study. We did not adjust for the effect of the clustered design, in which the family was the sampling unit but individual was the unit of analysis, which may have led to overestimates of the statistical significance of differences between groups. The questionnaires were filled out individually, but not in private, and the Kosovars especially may have felt obliged to respond more favourably as a result of the special treatment they received on their arrival. In addition, some of the response patterns suggest that despite our efforts to accurately translate the questionnaire, there may have been differences in the cultural interpretation of the questions or differing experience between the groups in responding to health questionnaires. For example, two thirds of the Czech Roma reported no chronic health problems – more than the Kosovars or the Ontario population – however few of the Roma reported excellent health. Our comparison group for the Kosovars was a different ethnic group and it would have been interesting to compare these Kosovars to another group of Kosovar refugees who had arrived without the special settlement services. Finally, the Czech Roma had been in Canada approximately twice as long as the Kosovars, and

many of the differences reported here may disappear over time.

It is almost certain that another global refugee crisis will occur in the future and the international community must be prepared. An organized international evacuation plan could result in improved health and settlement for refugees, however more research is needed on this issue. Our study suggests that the Kosovar evacuation resulted in a demographically different group than the usual 'healthy immigrant' population. Key issues that emerged for the Kosovars were the high prevalence of PTSD and poorer adaptation to life in Canada. As a result of these issues, we could not conclude that the Kosovars fared better than refugees who arrived through the 'traditional' approach. Canada could expand on its current approach and take a leadership role in the future to critically examine the most effective methods for the optimal settlement and health of refugees in an emergency evacuation situation.

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RÉSUMÉ

Contexte : En 1999, un groupe de Kosovars arrivait à Hamilton (Ontario) dans le cadre d'un plan international pré-migratoire coordonné par le Programme d'évacuation humanitaire des Nations Unies. Depuis 1997, un nombre important de réfugiés tziganes de la République tchèque sont également arrivés à Hamilton, mais sans le bénéfice d'une planification pré-migratoire. Nous avons voulu déterminer si les efforts d'établissement organisés ont amélioré l'adaptation et la santé perçue des Kosovars, en utilisant les Tziganes tchèques comme groupe témoin.

Méthode : Les membres adultes de 50 familles kosovares (n=157) et de 50 familles tziganes tchèques (n=76) sélectionnées au hasard ont rempli un questionnaire comportant des données socio-démographiques, sur la santé, sur le bien-être et sur l'adaptation perçue au Canada. Les différences entre les groupes ont été examinées à l'aide d'analyses bivariées et multivariées. Dans la mesure du possible, nous avons comparé les données obtenues à celles de la population ontarienne.

Résultats : Les Kosovars de plus de 50 ans étaient plus nombreux que les Tziganes tchèques de cette tranche d'âge (22,1 % contre 10,5 %, p=0,03). Près du quart (21,7 %) des Kosovars avaient un score indiquant un syndrome de stress post-traumatique (SSPT) selon le questionnaire Harvard d'évaluation des traumatismes, mais ce n'était le cas pour aucun des Tziganes (p<0,001). Après ajustement selon l'âge et le SSPT, les Kosovars étaient de manière significative plus susceptibles de déclarer s'être mal ou passablement adaptés au Canada (RC=10,5, IC de 95 % = 3,6-31,2) et avoir une vie assez ou très stressante (RC= 3,9, IC de 95 % = 2,1-7,4). Les différences constatées par d'autres mesures n'étaient plus significatives après ajustement.

Conclusions : La santé et l'adaptation des Kosovars n'étaient pas meilleures que celles des Tziganes tchèques. Ce résultat pourrait s'expliquer par les écarts démographiques, le SSPT et la durée du séjour au Canada dans chaque groupe.