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TITLE: Greater BMI associated with increased length of time in Canada among immigrants. Results from the My Health My Community survey, Vancouver Coastal Health Authority 2013-2014.

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BACKGROUND:

The My Health My Community (MHMC) survey was developed to fill a local-level gap in information on health status and population needs, and to better understand how lifestyle, environment and neighbourhood characteristics affect health and well-being in local communities. Information from this survey will support the planning of local policies, programs and services.

OBJECTIVES:

To examine differences in body mass index (BMI) among immigrants by length of time in Canada.

METHODS:

The survey was administered online and through community outreach from June 27, 2013 to June 30, 2014. In total, 15,745 urban Vancouver Coastal Health residents completed the survey (almost 2% of the adult population). Of these, 5,629 identified as not being born in Canada. Immigrant respondents were grouped by length of time in Canada (0-5, 6-15, 16+ years). BMI was calculated using self-reported height and weight. BMI classification frequencies for the three immigrant subsets were compared to each other, and to the frequencies for Canadian-born. Differences were controlled for age and considered statistically significant if 95% confidence intervals were non-overlapping.

RESULTS:

Compared to recent immigrants, earlier immigrants were more likely to be classified as *overweight* and less likely to report BMI in the *normal* class. There was no difference between *obese* classifications.

Compared to Canadian-born, earlier immigrants were no different in the *normal* and *overweight* classifications, however lower in the *obese* class.

CONCLUSIONS:

Among immigrants, greater BMI with increased time in Canada suggests a change in obesogenic environment and lifestyle associated with immigration. The observation that proportion of *normal* and *overweight* earlier immigrants were no different than Canadian-born, and that *obese* class remained lower, may imply some benefit of enculturation or residual benefit from earlier life experiences.

IMPLICATIONS ON PRACTICE/POLICY:

Awareness to the intertwined effects of life experiences, including acculturation and enculturation on immigrants will help mitigate adverse health and promote positive well-being outcomes.