

Immigrant child health in Canada: a scoping review

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ABSTRACT

Introduction Understanding the health of immigrant children from birth to 18 years of age is important given the significance of the early childhood years and complexity of factors that may influence the health status of immigrant populations. Thus, the purpose of this review was to understand the extent and nature of the literature on the health of immigrant children in Canada.

Methods We conducted a scoping review of the literature. The review was focused on studies of first-generation and second-generation immigrant children aged 0–18 years. We completed standardised data extraction of immigration status, immigration route, age of children, data source, health or clinical focus, country of origin and major findings.

Results In total, 250 published papers representing data from 237 studies met the inclusion criteria for this study. A total of 178 articles used quantitative methodologies (mostly survey and cross-sectional study designs), 54 used qualitative methodologies and 18 used mixed methodologies. The articles considered in this review included 147 (59%) focusing on physical health, 76 (30%) focusing on mental health and 37 (15%) focusing on the social aspects of health for refugee and first-generation and second-generation immigrant children across the provinces and territories of Canada.

Conclusions Several literature gaps exist with respect to child immigrant health in Canada. For instance, there are no exclusive studies on immigrant boys and limited studies on children of international students.

INTRODUCTION

Globally, trends in migration are increasing due to factors such as conflict, persecution, poor living environments and lack of personal safety.¹ As of 2016, approximately 7 540 830 foreign-born individuals lived in Canada, representing 21.9% of the population.² The size of Canada's foreign-born population is also reflected in the proportion of immigrant children. Children under the age of 15 years with an immigrant background (ie, first-generation and second-generation immigrants) number nearly 2.2 million in Canada and could represent up to 49% of the total population of children by the year 2036.³ Considering the growing population

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ According to a phenomenon known as the healthy immigrant effect, immigrants to Canada arrive in better health than their Canadian-born counterparts, but many experience a decline in their health status with time in Canada.
- ⇒ Immigrant children in Europe and North America are at increased risk for communicable diseases, chronic illness, mental health disorders and poor social well-being.

WHAT THIS STUDY ADDS

- ⇒ Our review identified that experiences of discrimination and a lack of cultural competence within healthcare systems represent barriers to immigrant families using or seeking services for their children.
- ⇒ While immigrant children in Canada experience inequitable access to resources, their unique migration experiences differentially impact their physical health, mental health and social well-being.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Findings from this review support the development of collaborative and multisectoral networks that enact cultural safety for immigrant families, particularly newcomer immigrants and refugees, towards facilitating access to the Canadian healthcare system.

of immigrant children in Canada, the significance of the early childhood years, and increasing evidence that immigration status profoundly influences well-being, an understanding of immigrant children's outcomes from birth to 18 years of age is invaluable towards ensuring their long-term health and well-being.⁴

Evidence suggests immigrants arrive in Canada with better health than their Canadian-born counterparts, however, inequitable access to societal resources negatively influences the wholesome health they experience on arrival, a phenomenon referred to as the 'healthy immigrant effect'.^{4,5} Social determinants of health such as housing, education, employment, food security, access to healthcare services and other social supports are



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foundational to well-being, and notably, these are also areas within which many immigrants face difficulties.^{6 7} Despite this generalisation, individuals from immigrant backgrounds are diverse and have unique intersecting factors that predispose them to increased vulnerabilities compared with their native counterparts. Various combinations of premigration and postmigration experiences also contribute to the health issues experienced by immigrants.⁵

Canadian primary care providers have identified several high priority issues among immigrant and refugee populations new to the country, such as certain infectious diseases, mental health conditions, iron deficiency anaemia, diabetes, dental caries and other key maternal and child health conditions.⁸ Children and infants of immigrant/refugee women may have poor nutritional status due to interruption of feeding, poor breastfeeding practices and lack of healthy food access.¹ Additionally, many immigrants and refugees come from areas with increased incidences of communicable diseases which increase their risk of infection. However, non-communicable diseases leading to chronic illnesses are increasingly recognised as shaping the health status of immigrants and refugees.¹

A systematic study in Europe demonstrated that immigrant children may be increasingly at risk of mental health disorders and medical conditions such as tuberculosis and dental caries⁹; in North America, Asian children have a higher risk of developing mental health issues due to 'high acculturation stress, low English language competence, language brokering and discrepancies in children's and parent's cultural orientation (the non-Western cultural orientation, eg, collectivistic, acceptance feelings of parents or harsh parenting)'.¹⁰ By and large, immigrant children face compounded challenges during adolescence, as Pottie *et al*¹¹ stressed, noting that first-generation immigrants are more likely to experience bullying, violence and suicidal behaviours compared with native-born or later-generation immigrants. Furthermore, exposure to adverse living conditions and unmet social determinants of health as children can have negative outcomes that lead to cycles of adversity and influence health across the lifespan and across generations.¹² Therefore, the nested environment of immigrant children also has implication for future generations and requires increased attention.

This paper reports on a scoping review of evidence on immigrant child health in Canada. To our knowledge, this is the first comprehensive synthesis of the literature on the health of immigrant children in Canada. This review aimed to determine the extent, range and scope of the literature related to immigrant child health in Canada. Our approach allows for reflection on how future research, policy and practice can improve the health of Canadian children with an immigrant background.

METHODS

We used a scoping review methodology to collate studies focusing on immigrant child health in Canada. Scoping reviews are appropriate for broad topics with diverse study designs.¹³ Arksey and O'Malley¹³ indicated five stages in conducting a scoping review. The first and second stages are identification of research questions and relevant studies through literature searches. The third stage includes study selection, and stages 4 and 5 comprise data extraction and collation.

Identification of research questions and relevant studies

We identified broad research questions as guided by Arksey and O'Malley¹³: (1) What is the extent and nature of the literature on the health of immigrant children in Canada? and (2) What are the gaps in evidence on the health of immigrant children in Canada? A health science librarian assisted in refining our search strategy and in searching the following databases: PUBMED, CINAHL, Scopus, SocIndex and Sociological Abstract. We combined three sets of keywords. The first set were those that represented immigrant populations, such as immigrant*, migrant*, immigration*, migration* and transients. The second set were those related to child, such as child*, adolescent*, infant, toddler and preschool. The third set were those that represented health, such as health*, wellness, wellbeing, illness*, disease* and morbidit*. We conceptualised immigrants inclusively, to describe 'a person who moves into a country other than that of his or her nationality or usual residence, so that the country of destination effectively becomes his or her new country of usual residence', whether short-term or long-term, corresponding to a stay between 3 and 12 months or >12 months, respectively.¹⁴ We conceptualised health broadly, in line with WHO's¹⁵ definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. Our three keyword sets were also combined with the word Canada and the names of each Canadian province/territory (online supplemental file 1).

Our initial search was completed in 2017 to focus on articles from the previous 20 years; our updated database search was completed in May 2021. Journal articles were also identified through a review of the reference lists of articles meeting our inclusion criteria. We subsequently completed a grey literature search in February 2022 with revision of our initial submission to the journal. Grey literature were identified through targeted Google searches using the keywords applied in our database search. Our grey literature search also included the university grey literature collection; a search in ProQuest Dissertations and Theses and searches of the websites of government agencies, research institutes and organisations that focus on immigrant child health, child health or population health. We reviewed the first 100 results when searches yielded more than 10 pages. Our grey literature search is outlined in online supplemental file 2.

PRISMA 2020 flow diagram for updated systematic reviews which included searches of databases, registers and other sources

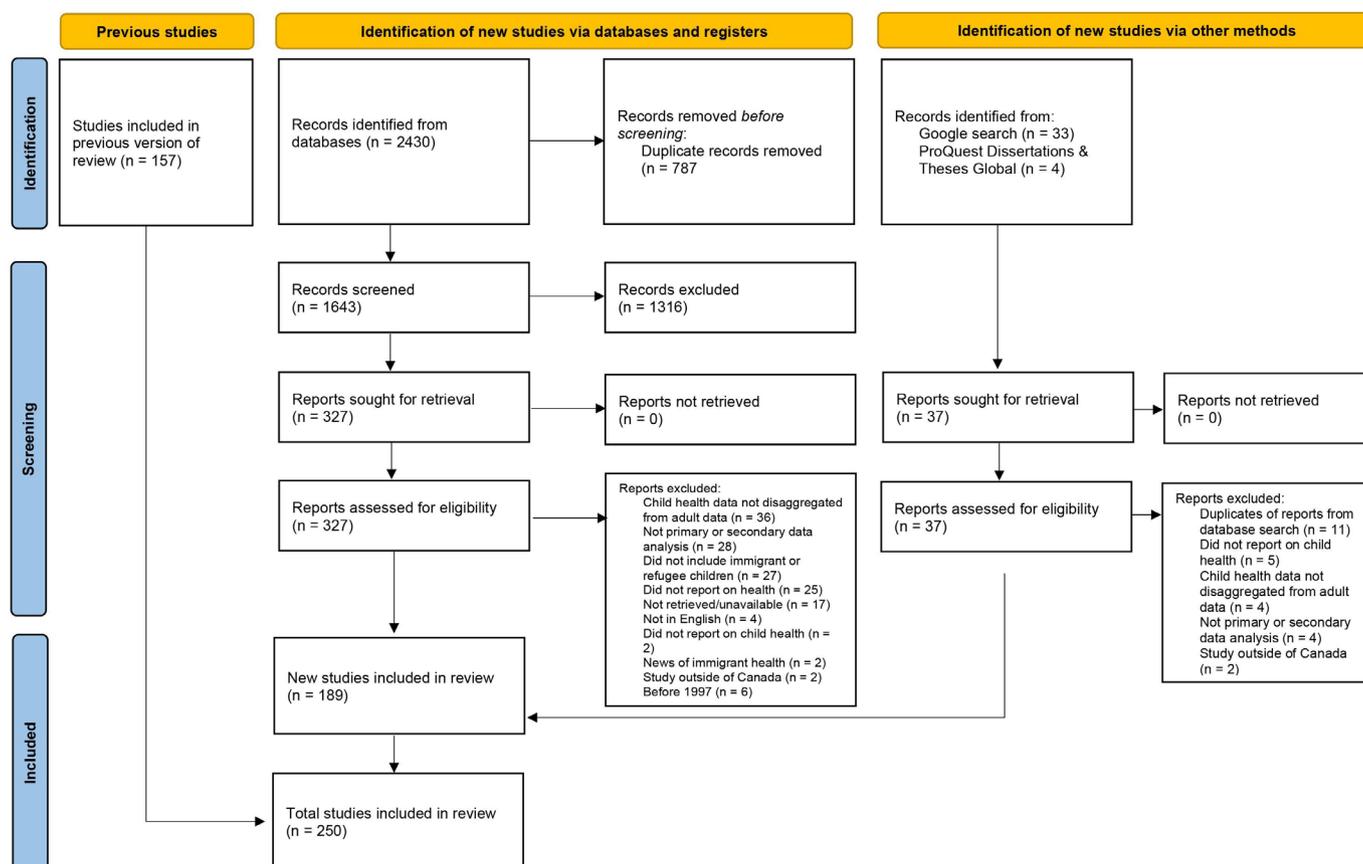


Figure 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram of selected studies. Adapted from Page *et al.*¹⁰⁰ For more information, visit: <http://www.prisma-statement.org/>.

Study selection

Due to the vast literature retrieved, we limited our analysis to articles published in the past 20 years at the time of the initial search in 2017, then updated our results to include articles published up to May 2021 when the last search was completed, then added the publications identified from our grey literature search. Two members of the research team read the titles and abstracts, then full text of relevant articles to identify those that met the inclusion criteria. Disagreements were resolved by a third member of the research team. Articles were included that: (1) focused on first-generation or second-generation immigrant children age 0–18 years; (2) contained primary data or secondary analysis and (3) reported on studies completed in Canada. In our screening, we conceptualised first-generation and second-generation immigrant children as children born outside of Canada or children with at least one parent born outside of Canada, respectively; this was inclusive of children of international students and transient foreign workers. We excluded reviews and articles focused on the education system without information on health. Grey literature were also reviewed using these criteria. [Figure 1](#) details each stage of the selection process.

Data extraction and collation

We extracted the following information: author name(s), year of study, purpose, methodology, data collection

method, sampling, sample size, gender of participants, immigration status, immigration route, age of child, data source (parent, child, health professional, etc), health or clinical focus, country of origin, province/territory of participants and major findings. Based on the approach by Arksey and O'Malley,¹³ we did not complete a quality appraisal of included studies as the main objective was to map out the extent of the literature. The team read the results and identified preliminary categories. These were then expanded and eventually collapsed into three major categories.

RESULTS

In total, 250 published papers representing data from 237 studies met our inclusion criteria and are summarised in online supplemental file 3. A total of 178 articles used quantitative methodologies (mostly survey and cross-sectional study designs), 54 used qualitative methodologies (mostly explorative) and 18 used mixed methodologies. Most of the research studies were conducted in non-clinical settings. The type and size of the selected sample varied according to the study design. In quantitative studies, both probability and non-probability types of sampling were used. The most common was convenience sampling based on predetermined inclusion and exclusion criteria. Other common types were

cluster or snowball sampling and secondary data analysis. Many studies used a combination of sampling strategies. Ninety-eight articles did not clearly describe the sampling strategy employed.

The sample size for quantitative studies ranged from 36 to 3 370 641 participants. Among qualitative studies, mostly purposive sampling was adopted, and the sample sizes ranged from 1 to 94. In mixed-method studies, various types of sampling techniques were used, and sample sizes ranged from 12 to 1225 participants. The main data sources were children and adolescents (n=119) followed by parents and caregivers (n=80). Large Canadian national datasets, various surveys and registries (n=66) as well as document, chart and record reviews (n=31) were also used as major sources of data. In a few studies, data were also collected from teachers (n=5), adults (n=7), families (n=6), healthcare professionals and service providers (n=15) and stakeholders and leaders (n=6).

Most studies included both male and female children (83%); however, a few studies focused primarily on adolescent girls. The most common age group was 13–18 years (27%) followed by 0–5 years (17%) and 6–12 years (10%). Immigrants listed regions of Asia, Africa, America, Europe, the Caribbean, the Middle East and Oceania as their countries of origin. Most studies broadly identified immigrants (56%) as the target population. The second-largest group identified was second-generation immigrants born in Canada (41%) followed by refugees (35%). Very few studies focused on children of international students or undocumented/failed claimant children. While the majority of studies specified the generation of the immigrant child as either first or second, approximately 23% of the studies did not provide this information. The majority of the selected studies in this scoping review were conducted in Ontario (45%), Québec (29%), British Columbia (16%) and Alberta (14%).

The 250 publications considered in this review included 147 (59%) focusing on physical health, 76 (30%) focusing on mental health and 37 (15%) focusing on the social aspects of health. Due to poor delineation between first-generation and second-generation immigrant children in reports of findings, the synthesis of results focuses on studies addressing the health of refugee children, first-generation immigrant children and studies where the differences in the outcomes of first-generation and second-generation immigrant children are specified.

Physical health

Our review revealed a myriad of investigations into the causes, relationships, experiences and prevalence of physical illness among immigrant children. The most frequent topic was the identification and screening of tuberculosis in children and adolescents, with findings generally reporting poor outcomes. Immigrant children were at higher risk of testing positive for tuberculosis owing to low vaccination rates and high incidence rates

in the countries from which they migrated.^{16–20} Dhawan *et al*²¹ identified that younger children, aged 4 years and below, had the highest prevalence of tuberculosis in an Albertan sample. Vitamin D deficiency followed as the second most studied physical health topic. This was highlighted as an under-recognised public health problem, with reports indicating immigrant children had lower-than-desirable vitamin D levels compared with the Canadian-born population and would benefit from dietary supplementation.^{22–25} Additionally, refugee children tended to have more significant levels of vitamin D deficiency compared with newcomer immigrant children.²⁶ HIV and malaria were also of concern in immigrant child populations due to high incidence in countries of origin.^{27 28}

Dental and oral health outcomes were less favourable for immigrant and refugee children due to poor oral hygiene, unawareness of publicly funded facilities and lack of dental health insurance, which jointly contributed to increased risk and prevalence of early childhood caries.^{29–33} Utilisation of dental services and adherence to preventative dental routines were facilitated by access to high-quality services, friendly and knowledgeable staff and providers, referrals or reminders and community-based dental programmes.³⁴ A high prevalence of asthma among immigrant children postmigration to Canada was attributed to environmental factors, especially in relation to duration of residence.^{35 36} However, the overall incidence of asthma was lower in immigrants compared with long-term Canadian residents and the incidence in first-generation immigrant children was slightly lower than in second-generation immigrant children.³⁷ Bin Yameen *et al*³⁸ found refugee children had a higher prevalence of disparate visual acuity and unmet eye care needs compared with the general Canadian paediatric population. Several other health conditions were also identified in the literature. For example, refugee children younger than 5 years had a higher prevalence of anaemia than refugee children <15 years overall,³⁹ and high rates of past or current infectious disease has been documented among immigrant and refugee children in Canada.⁴⁰

Health behaviours and metrics that contributed to physical health were also investigated. Maticka-Tyndale *et al*⁴¹ found the median age of first intercourse for immigrant adolescent girls was comparable to their non-immigrant counterparts, but higher for adolescent immigrant boys. While newcomer youth who are sexually active are generally more likely to have accessed sexual health services, Salehi⁴² also found no association between gender and likelihood of accessing sexual health services. In comparison to their Canadian-born counterparts, immigrant youth had a lower incidence of tobacco use or smoking in general and first-generation immigrant adolescents were less likely to use cannabis.^{43–45}

Studies on body mass index (BMI) and body fat showed an interesting mix of higher and lower BMI in immigrant child populations.^{46–49} BMI was lower among immigrant youth than their non-immigrant counterparts but subject

to increases over time.⁵⁰ Factors such as an abundance of fast food in Canada, the high cost of healthy foods, food insecurity and a change in diet from their home countries contributed to an upward trend in BMI and poor nutritional status in immigrant children; however, findings across studies showed BMI also differed with ethnicity.^{51 52} There was a lower prevalence of physical injury among immigrant children, but they also tended to have more severe injuries or were more likely to report multiple injuries compared with Canadian-born children.⁵³ Refugee children typically benefitted from federal health programmes to bridge their access to primary and emergency care.⁵⁴

Mental health

This review looked closely at the mental health of immigrant children in relation to acculturation, adaptation and discrimination. Some studies reported the mental health outcomes of immigrant adolescents as poor, as they displayed more emotional and behavioural problems in comparison to counterparts back in their home country.^{55 56} Other studies reported immigrant children generally had better mental health status than non-immigrant children, with an indication that second-generation immigrant children had poorer mental health status than first-generation immigrant children.^{57–59} Younger age at migration was associated with a greater risk of mood disorders and substance abuse.^{60–62} Notably, immigrant and refugee adolescents tended to have higher levels of resilience than non-migrants despite having experienced more trauma.⁶³

Rousseau *et al*⁶⁴ reported that while parents assessed their children's mental health as generally good despite the stresses of resettlement, teenagers' self-reports showed they internalised emotional problems to a great extent with this declining over adolescence. In a more recent study examining mothers' perspectives, mothers reported concerns with poor mental in their children related to issues of discrimination, resettlement challenges, access and stigma.^{65 66} Results also described how immigrant children perceived themselves in light of their ethnic, linguistic and cultural similarities to peers, which influenced their sense of belonging, overall life satisfaction and was sometimes detrimental to their mental health.^{57 67–69}

Postmigration perceptions of discrimination predicted both emotional problems and aggressive behaviour, especially among adolescent immigrants.⁷⁰ This generally improved with family support and longer stays in the resettlement country.⁷¹ Refugee children with greater engagement with their family routines had better anger regulation, and postmigratory daily hassles were positively associated with increased sadness regulation in children with lower levels of premigratory life stressors.⁷² For some immigrant children, a weaker relationship with their parents was identified as a significant predictor of behavioural problems such as physical aggression, indirect aggression and property offences.⁷³

The promotion of multiculturalism in Canada greatly enhanced adaptation, yet immigrant adolescents still felt discriminated against for their skin colour, especially within the first year of arrival in Canada.⁷⁴ The sensitive subject of understanding immigrant children's diagnoses through a collaborative lens by health service providers⁷⁵—which should involve liaising with social agencies, schools, immigration or housing—was stressed. A multimodal approach was found to ease the integration of refugee children who fled to Canada to escape war and terrorism in their home countries.⁷⁶ A good understanding of immigrant and refugee child mental health was emphasised to include appreciation of cultural differences, fostering emotional safety, inclusion of family and community in interventions, collaborative decision-making pathways and consideration of migration-specific variables.^{77–82}

Social health

Coping strategies are required to adjust to a new society, and family support was shown in the findings of this study to be an integral strategy of resettlement and social adjustment.⁸³ Immigrant adolescents navigated loss of family, friends and cultural familiarity due to migration, resulting in feelings of disconnection and a lack of belonging.^{78 84} Adjustment was often also critically affected by the low income levels of working immigrant families, which negatively impacted their children's well-being.⁸⁵ Low social support and sustained poverty were more common among minority migrants with young children. This social determinant of health weaved into greater deprivation indexes that accounted for disparities in help-seeking behaviours. These children presented more frequently to Canadian paediatric emergency departments and faced long wait times when seeking care.^{86–88} Other social barriers to access in Canada were language, especially for immigrants who were not native English or French speakers, and cultural differences, which fostered mistrust of institutional systems and doubts about provider compassion and competence.

DISCUSSION

As the population of immigrants in Canada increased over the past several decades, the body of literature on their health outcomes grew accordingly. In recent years, a number of reviews have been undertaken which synthesise the outcomes and experiences of various immigrant populations in Canada, with a small proportion focusing on immigrant children. Our review thus fills a gap in knowledge by providing a comprehensive synthesis of the extant literature and outlining key findings about the physical health, mental health and social well-being of immigrant children in Canada. Our findings are consistent with recent reviews which emphasise interacting microfactors, mesofactors and macrofactors that impact the health of immigrant children in Canada.^{89–92} The interplay of diverse factors that improve, support

or worsen the health of immigrant children stress the importance of attending to this population with multi-component approaches that acknowledge their needs, strengths and unique experiences.

Of particular interest in the literature on immigrant health are the manifestations of the healthy immigrant effect within various immigrant populations and its effects on their short-term and long-term health outcomes. While this phenomenon is often broadly applied to all immigrant groups, recent systematic reviews highlight that the degree to which it occurs depends heavily on migration route, life-stage at the time of migration and the measures assessed.⁹³ Economic-class immigrants tend to have a prominent health advantage on migration to Canada, while the research on refugee populations has been inconclusive.⁹⁴ Additionally, adults aged 20–65 years are more likely to experience a decline in their health postmigration, but this varies across metrics such as level of overweight and prevalence of chronic conditions; furthermore, there is variability in the prevalence of healthy immigrant effect between male and female immigrants.⁹⁴ Overall, patterns of health congruent with the healthy immigrant effect are more prominent in recent immigrants, immigrants from poorer countries and immigrants from culturally dissimilar countries compared with Canada, implicating broader structural factors which contribute to the health status of adult and child immigrant populations.^{93 95}

For immigrant children, efforts to understand their postmigration health outcomes have yielded mixed results, as corroborated by our findings and other similar reviews.^{93 95} While previous findings on the well-being of immigrant youth demonstrate that they fare well in terms of health, social integration and school achievement despite bullying and other negative interactions with peers, our review reports varied outcomes.⁹⁶ For example, our findings on the physical health revealed that immigrant children had worse outcomes in some areas (eg, tuberculosis, vitamin D deficiency, oral health, degree of injury), but better outcomes in others (eg, asthma, BMI, incidence of injury).^{16–26 29–37} Ethnicity and gender also influenced the variability of outcomes. Ethnic minority children had higher levels of vitamin D deficiency, with the highest seen in immigrant girls.⁵¹ Additionally, immigrant girls were more likely to be overweight, while immigrant boys had a higher prevalence of decayed, missing or filled teeth.^{26 31} Moreover, differences in physical health outcomes such as higher rates of asthma in second-generation immigrant children and increased prevalence of anaemia and unmet visual needs in refugee children further reflect the diversity in their health needs.^{29–33 38 39} This combination of findings also exposes the differential impacts of migration context and social determinants of health on the outcomes of immigrant children.⁹⁵

Findings on the mental health and social well-being of immigrant children have historically been inconsistent as well. In several of the studies included in our

review, immigrant children were reported to have better outcomes,^{57–59 63 82} with the reverse documented in other studies.^{55 56} On one occasion, parents' reports of positive mental health in their children contradicted children's self-reports which actually revealed high incidences of poor mental health⁶⁴; furthermore, another group of parents reported concern about poor mental health in their children.⁶⁵ Nevertheless, it should be acknowledged that parental reports of mental health are shaped by their cultural conceptualisations of mental health which may not correspond with Western conceptualisations, thus influencing how and what they communicate about their children's mental health.⁸² Parents also reported socio-economic status as a barrier to mental health service access,^{65 82} and it has been documented that socio-economic status contributes to immigrant children's self-perceived mental health and their shared sense of well-being within the family.^{66 84 96} Yet, despite the higher prevalence of poverty in immigrant households, immigrant children generally experience better mental and social well-being than their Canadian counterparts, in part, due to protective factors such as social networks and bonds with others of similar cultural and ethnic backgrounds which foster a sense of belonging.⁹⁵ Social support is crucial to the well-being of children and youth, and especially important during periods of adjustment. In many immigrant families, strong transnational ties ameliorate the emotional, social, cultural and economic stresses associated with resettlement.⁹⁷ However, discordance between cultural values in their home country and their host country can contribute to tension and pose greater challenges with identity and acculturation as immigrant children reconstruct their sense of self.⁸²

Despite the mixed evidence on mental health and social well-being, consistent across studies were reports of discrimination which contributed to the development of emotional problems and aggressive behaviours. Children's experiences with racism and discrimination deteriorated their self-esteem, leading to feelings of social isolation, and subsequently discouraged them from seeking professional assistance for physical or mental health concerns.^{41 65} Discrimination experienced by parents impacted immigrant children through the restrictions of opportunities available to their parents who balanced multiple low-wage jobs to meet material needs, leaving less time to nurture the development of social and emotional well-being in their children.⁶⁵ Additionally, mental health in immigrant youth was also impacted by parental experiences with resettlement, parental mental health and parenting approach.^{65 81} The literature thus demonstrates that immigrant children's experiences are not entirely independent from their parents', nor are they isolated from the broader contexts of their migration. Factors which affect the health of immigrant parents are also implicated in their children's health outcomes, most notably, in terms of health access and informed decision-making. This underscores the importance of a global perspective that accounts

for children's needs as separate, yet nested within their parents' circumstances.^{65 83}

Our findings highlight a number of systemic barriers that impact healthcare access for immigrant children and are echoed in a recent qualitative study on healthcare access for immigrant children in Canada.⁹⁰ Social determinants of health such as education, employment, income, housing and food security, gender, social security and belonging have a pronounced influence on the health of immigrant populations.⁹⁵ In addition to encounters with discrimination, immigrant populations in Canada experience access barriers related to culture, socioeconomic status, communication, knowledge and the structure of the healthcare system.⁹⁸ Furthermore, language barriers, cultural discordance and challenges with acquiring information serve as deterrents to accessing many institutional systems such as primary care, mental health services or specialised care services for children with disabilities, asthma or cancer.^{65 90 99}

The studies analysed in our review primarily focused on those aged 13–18 years, highlighting a significant lack of research on preteens and preschool-aged children despite how vital these years are to long-term health and well-being.⁴ Research on this population should focus on strategies to improve the health of refugee children, especially in terms of nutritional deficiencies, oral health and eye health due to their disparate outcomes in these areas.^{22-24 26 29-33 38 39 54} The extent of health coverage for refugee and undocumented migrant children is unknown, and little to no research has been done on the children of international students and transient foreign workers. It is also concerning that little research focuses on the health of immigrant boys; furthermore, none of the articles identified in our review addressed the health of immigrant children identifying as lesbian, gay, bisexual, transgender or queer. This is a missed opportunity to understand associations of gender and health, especially since gender has been identified as an important demographic factor in the health outcomes of immigrant children.^{70 83} For greater inclusivity and thorough consideration of intersectionality in research on immigrant child health, diverse gender categories need to be considered in future inquiries.

Additionally, notable differences exist across studies with respect to the definition of first-generation versus second-generation immigrants and in some studies, this was not delineated for the population of interest. The lack of disaggregated data across generations of immigrant children poses potential challenges in assessing for differences in their health outcomes. Standardised conceptualisations in data collection will facilitate a shared understanding of how various social determinants of health influence immigrant children's health outcomes. Our review also reveals an apparent gap in research by presenting evidence that, despite findings by Rousseau *et al*,⁸⁶ indicating undocumented immigrant children face an especially great risk of health inequities and disparities due to their precarious legal status, very

few studies have focused on this vulnerable group. Longitudinal studies also need greater focus on unaccompanied minors and children of undocumented migrants to understand the health effects of migration status, unemployment and poverty.

Given the diverse backgrounds and experiences of immigrant populations, it is necessary to provide a full range of services, including culturally sensitive community-based treatment services and trauma-focused care.^{79 80} Further research on belief-related barriers among parents is needed to inform changes to existing services and programmes for newcomer families. Importantly, research should extend towards understanding the role of family, peer and educational systems in developing effective mental health programmes for immigrant children to build on the protective role of social support.^{62 67 68 81 83 95} Finally, there is a significant need for multidisciplinary research to explore broader familial and institutional factors constituting barriers to healthcare access for immigrant children.

CONCLUSION

Although this review was limited by the lack of clarity between first-generation and second-generation outcomes in some studies, it remains the first comprehensive document of its kind and provides a thorough overview of the literature for any healthcare professional wishing to engage in research involving immigrant child health in Canada. Our review revealed that there are still gaps in our knowledge of the health of immigrant children in Canada and this population still experiences challenges with healthcare access and disparate health outcomes across various measures. Collaborative multi-sectoral partnerships across health and social services may improve immigrant's experiences with navigating services which are fundamental to their health and well-being.

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Online supplemental file 1: search strategy

PubMed	
LIMITERS:	
<ul style="list-style-type: none"> • None 	
#	Query
1.	Emigrants and Immigrants[MeSH Terms] OR Refugees[MeSH Terms]
2.	immigrant*[tiab] OR immigration[tiab] OR emigrant*[tiab] OR emigration[tiab] OR refugee*[tiab] OR asylum seeker*[tiab] OR asylee*[tiab] OR displaced[tiab] OR displacement[tiab] OR transient*[tiab] OR incomer*[tiab] OR "new comer*[tiab] OR newcomer*[tiab] OR migrant*[tiab] OR settler* OR resettler*[tiab]
3.	#1 OR #2
4.	Infant[MeSH Terms] OR Child[MeSH Terms] OR Child, Abandoned[MeSH Terms] OR Child, Adopted[MeSH Terms] OR child, Exceptional[MeSH Terms] OR Child, Foster[MeSH Terms] OR Child, Orphaned[MeSH Terms] OR Child, Unwanted[MeSH Terms] OR Adolescent[MeSH Terms] OR Minors[MeSH Terms]
5.	pediatric*[tiab] OR paediatric*[tiab] OR child*[tiab] OR newborn*[tiab] OR infan*[tiab] OR baby[tiab] OR babies[tiab] OR neonat*[tiab] OR pre-term[tiab] OR preterm*[tiab] OR "premature birth*[tiab] OR NICU[tiab] OR preschool*[tiab] OR pre-school*[tiab] OR kindergarten*[tiab] OR kindergarden*[tiab] OR "elementary school*[tiab] OR "nursery school*[tiab] OR schoolchild*[tiab] OR toddler*[tiab] OR boy[tiab] OR boys[tiab] OR girl*[tiab] OR "middle school*[tiab] OR pubescen*[tiab] OR juvenile*[tiab] OR teen*[tiab] OR youth*[tiab] OR "high school*[tiab] OR adolesc*[tiab] OR pre-pubesc*[tiab] OR prepubesc*[tiab]
6.	#4 OR #5
7.	Health[MeSH Terms]
8.	health[tiab] OR wellbeing[tiab] OR "well being" [tiab] OR well-being[tiab] OR wellness[tiab] OR well-ness[tiab] OR illness*[tiab] OR disease*[tiab] OR disorder*[tiab] OR infection*[tiab] OR morbidit*[tiab] OR mortalit*[tiab]
9.	#7 OR #8
10.	Canada[MeSH Terms]
11.	Canad*[tiab] OR "British Columbia"[tiab] OR "Colombie Britannique"[tiab] OR Alberta*[tiab] OR Saskatchewan[tiab] OR Manitoba*[tiab] OR Ontario[tiab] OR Quebec[tiab] OR "Nouveau Brunswick"[tiab] OR "Nova Scotia"[tiab] OR "Nouvelle Ecosse"[tiab] OR "Prince Edward Island"[tiab] OR Newfoundland[tiab] OR Labrador[tiab] OR Nunavut[tiab] OR NWT[tiab] OR "northwest territories"[tiab] OR Yukon[tiab] OR Nunavik[tiab] OR Inuvialuit[tiab]
12.	#10 OR #11
13.	#3 AND #6 AND #9 AND #12

Supplemental file 3: study summaries

Citations	Year	Author/s	Type of Study	Purpose	Methodology: Study Design	Methodology: Type of sampling	Methodology: Sample Size	Characteristics of Participants (Gender)	Immigration status/route of migration	Characteristic of Participants: Type of immigrants	Characteristic of target group (Age)	Data Sources	Area of focus/Clinical condition or Clinical area	Data Collection Period	Country of Origin	Province of Study	Major Findings
Abada, T., Hou, F., & Ram, B. (2008). The effects of harassment and victimization on self-rated health and mental health among Canadian adolescents. <i>Social Science & Medicine</i> , 67(4), 557–567. https://doi.org/10.1016/j.socscimed.2008.04.006	2008	Abada, T., Hou, F., & Ram, B.	Quantitative	To examine the impact of harassment on the self-rated mental health and mental health status among Canadian youth, ages 16-17 years.	Longitudinal survey	Not stated	About 2270 children surveyed in cycle 2 for study, with only 1742 (77%) remaining at cycle 4. 1/5 of sample size were immigrants	M & F	Not stated	Not stated	16-17 years	Secondary analysis 1996/1997 to 2000/2001 data from the Canadian National Longitudinal Survey of Children and Youth	Mental health	1996 - 2001 (data set)	Not stated	Canada-wide	Immigrant teens reported higher levels of depressions but had comparably overall health status to non-immigrant children. Immigrant children (and girls) were significantly more likely than boys and non-immigrant children to experience depression when harassed at school.
Ahmed, N. (2005). Intergenerational impact of immigrants' selection and assimilation on health outcomes of children. <i>Statistics Canada</i> . https://bits.eerx.is.tpsu.edu/viewdoc/download?doi=10.1.1.54.4.9049&rep=rep1&type=pdf	2005	Ahmed, N.	Quantitative	To compare health outcomes between children of various immigrant families with their Canadian counterparts; compare health outcomes of children of various immigrant families to their Canadian counterparts in terms of resources; to compare children from various regions of origin to their Canadian counterparts; and to explore the association between health outcomes and time of residency in Canada for children of various immigrant groups.	Longitudinal survey	Survey used probability sampling	11,617 children	M & F	Not stated	1st & 2nd generation	4-13 years	Cycle 2 of National Longitudinal Survey of Children and Youth (NLSCY)	Physical health; general health outcomes	1996-1997	Bangladesh, Saudi Arabia, Singapore, Hong Kong, India, Sri Lanka, Indonesia, Korea, Japan, China; Germany, UK, France, Turkey, Netherlands, Norway, Sweden, Ireland.	Canada-wide	There are no significant differences between the health outcomes of children from immigrant families and their Canadian-born counterparts. Children of immigrant from America had better health outcomes than other children; children of Asian immigrant had the lowest outcomes. Immigrant children's health outcomes were also impacted by the working hours of their mother, poor health conditions of their mothers, residential movement, and living in a rural area. Children from lone-parent families were also more vulnerable to poorer health outcomes. Levels of health outcomes corresponded with level of resources observed for both children of American and Asian immigrants.
Aiko Bruce, A., Witol, A., Alvdj-Korenec, T., Mayan, M., Greenslade, H., Plaha, M., & Venner, M. A. (2018). "A complex interface: Exploring sickle cell disease from a parent's perspective, after moving from Sub-Saharan Africa to North America." <i>Pediatric Hematology & Oncology</i> , 35(7/8), 373–384. https://doi.org/10.1080/08880018.2018.1541949	2018	Aiko Bruce, A., Witol, A., Alvdj-Korenec, T., Mayan, M., Greenslade, H., Plaha, M., & Venner, M. A.	Qualitative	To explore the way immigrant parents of children with Sickle Cell Diseases from Sub-Saharan Africa navigate the disease within western medical care contexts.	Focusd ethnography	Purposive & convenience sampling	12 families	M & F	Not stated	Not stated	Parents with children under 18 years	Parents	Sickle Cell Disease	Not stated	Congo, Nigeria, Liberia, Burkina Faso, Cameroon, Burundi	Alberta	Themes identified were memories of SCD in Africa, the emotional journey towards acceptance, parental approach to care for their child. Though majority of the children were diagnosed in Canada, parents' memories from home were of images of sick children, which impacted conceptualization. Many parents shocked by the diagnosis and faced with difficult decisions of how to move forward, though some relieved they lived in Canada and had access to good health care and better treatments; others were discouraged had difficulty understanding - forget seriousness of condition and ignore medical advice and medications. Relied on immediate family and small circle within the community for support, clinical team main source of support for parents.

Al-Rudainy, O. (2011). <i>Role of acculturation, social capital and oral health literacy on access to dental care among preschool children of Arabic-speaking immigrants in Toronto, Canada</i> [Master's thesis, University of Toronto]. Networked Digital Library of Theses & Dissertations.	2011	Al-Rudainy, O.	Quantitative	Determine level of access to dental care among Arabic-speaking immigrant preschool children; investigate social and cultural influences to access to dental care; measure oral health of preschool children as reported by their parents.	Descriptive, cross-sectional survey	Non-probability snowball sampling	100 Arabic-speaking parents	M & F	Not stated	1st & 2nd generation	Parents with children aged 71 months or younger	Parents	Oral/dental health	Not stated	Not stated	Ontario	Only 34% shared that their children were seen by a dentist, primarily for regular checkup (41%), dental problems (20.6%) or issues with teeth or gingival appearance (17.6%), or pain (2.9%), with most visits taking place in the first 4 years. 66% had not visited a dentist before d/t not knowing there was a need to see the dentist; 12% thought it was too early or their child was too young, and others were following dentist advice to start later; 3% stated it was too expensive. Most parents believed children should start drinking from cup at 1 year old w/ variety of responses regarding timing for first dentist visit; identified risks for early childhood caries. Higher levels of education and older age correlated with higher oral health literacy scores, income nonsignificant.
Alvarez, G. G., Clark, M., Altpeter, E., Douglas, P., Jones, J., Paty, M.-C., Posey, D. L. & Chemtob, D. (2010). Pediatric tuberculosis immigration screening in high-immigration, low-incidence countries. <i>International Journal of Tuberculosis and Lung Disease</i> , 14(12), 1530-1537.	2010	Alvarez, G. G., Clark, M., Altpeter, E., Douglas, P., Jones, J., Paty, M.-C., Posey, D. L. & Chemtob, D.	Quantitative	To compare the TB immigration medical examination requirements in children in selected countries with high immigration and low TB incidence rates.	Descriptive	Systematic sampling	13 countries including Canada	Not stated	Not stated	1st generation	0-17 years	Country representative	TB immigration medical examination requirements in children	July and August 2008 and April 2009.	Not stated	Canada-wide	Various screening programs employed in countries surveyed in the study. In Canada initial screening tool used to screen for TB as part of formal immigration. TB screening for children is only through history and physical examination. Chest radiography used to screen for TB in migrant children who are older than 11 years. Tuberculin skin test (TST), sputum test, and interferon-gamma release assay (IGRA) not used to screen out the immigrant children.
Amin, M. S., Perez, A., & Nyachwayo, P. (2015). Parental awareness and dental attendance of children among African immigrants. <i>Journal of immigrant and minority health</i> , 17(1), 132-138.	2015	Amin, M. S., Perez, A., & Nyachwayo, P.	Quantitative	To assess parental awareness of their child's dental status and the relationship between parental awareness and children's dental attendance.	Questionnaire based study	Convenient sample (networking)	Correlation analysis with SPSS	M & F	Skilled worker, economic migrants, refugees	1st generation	0-6 Years	Parents/caregivers	Dental care			Alberta	Prevalence of early childhood caries was high in the study population while pediatric dental visits were uncommon and often performed for restorative reasons. Some socio-demographic variables such as age of the child, duration in Canada, and insurance status significantly correlated with dental attendance, but not with parental awareness of untreated caries. No strong correlation was found between children's dental attendance and parental awareness of children's untreated caries.
Amin, M., & Perez, A. (2012). Is the wait-for-patient-to-come approach suitable for African newcomers to Alberta, Canada? <i>Community Dentistry and Oral Epidemiology</i> , 40(6), 523-531. doi: http://dx.doi.org/10.1111/j.1600-0528.2012.00698.x	2012	Amin, M., & Perez, A.	Qualitative	To identify psychosocial barriers to providing and obtaining preventive dental care for preschool children among African recent immigrants	Qualitative study: 7 focus groups with 7 to 8 mothers and debriefing interviews with community health workers	Non explicitly stated (purposive recruitment)	48 mothers	F	Immigrants (not specified)	1st generation	3-5 years (Pre-school)	Parents/caregivers	Dental care: dentistry and oral epidemiology		Ethiopia, Eritrea, and Somalia	Alberta	Early detection barriers: Mothers' concepts of oral health was about treatment, aesthetics, and social appearance. Mothers did not understand the concept of gum disease. Mothers' views of caries detection were based on three assumptions: caries is relatively easy to see, caries is always symptomatic, and the indicators of caries are discoloration, cavitation, and pain. Home remedies were used as dental treatment. Prevention barriers: Mothers viewed brushing teeth and controlling sugar as the main prevention strategy but fathers sometimes chose soft drinks for kids. Access barriers: Parents' ignorance of existing publicly funded dental programs and preventive dental services and lack of familiarity with the dental care delivery system. Community health workers also had limited, and sometimes inaccurate information about dental coverage available to newcomer families in Alberta.
Amirali, E. L., Bezonsky, R., & McDonough, R. (1998). Culture and Munchausen-by-proxy syndrome: The case of an 11-year-old boy presenting with hyperactivity. <i>The Canadian Journal of Psychiatry</i> , 43(6), 632-635.	1998	Amirali, E. L., Bezonsky, R., & McDonough, R.	Qualitative	To discuss some of the challenges presented to the clinician who deals with a possible Munchausen-by-proxy (MBP) syndrome.	Longitudinal case study	Unique characteristic of case	1 child	M	Recent immigrants	1st generation	11-year-old boy	Parents	Culture and Munchausen-by-Proxy (MBP) syndrome (Mental Health).	Not stated	Belarus	Not Stated	Family therapy to strengthen parent-child relations was the main treatment.

Anderson, L. C., Mah, C. L., & Sellen, D. W. (2015). Eating well with Canada's food guide? Authoritative knowledge about food and health among newcomer mothers. <i>Appetite</i> , 91, 357-365. http://dx.doi.org/10.1016/j.appet.2015.04.063	2015	Anderson, L. C., Mah, C. L., & Sellen, D. W.	Qualitative	To inform the design of culturally competent programs aimed at improving young children's diets in newcomer families in Toronto, and will also assist providers and policymakers in understanding how child caregivers use and interpret nutrition recommendations.	Ethnography	Purposive sampling	32 participants: 15 Latin American and 15 Tamil speakers	F	Refugees, family class citizen, permanent resident, refugee claimant, humanitarian claimant	Not stated	1-5 years	Parents/caregivers; newcomer mothers	nutrition		Sri Lankan newcomers	Ontario	Participants devalued their previous nutrition practices before coming into Canada. They felt that they didn't know how best to feed their kids. Fresh food was important, and most didn't know how to represent their traditional foods in the Canada Food Guide (CFG) meal plan. They felt that foods in Canada were not fresh and had hormones and pesticides. Tamil speakers were unable to access CFG programs while Latin Americans had more access due to community-based programs. Tamil speakers had a (moral/disease orientation) biomedical viewpoint of the CFG. They were more focused on keeping food clean and safe to prevent disease. Latin Americans were focused on the nutrient benefits and variety in nutrition.
Ashdown, H., Jalloh, C., & Wylie, J. L. (2015). Youth perspectives on sexual health workshops: informing future practice. <i>Qualitative Health Research</i> , 25(11), 1540-1550. https://doi.org/10.1177/1049732315570125	2015	Ashdown, H., Jalloh, C., & Wylie, J. L.	Mixed Methods	To explore participant youth's perceptions on the design and content of a sexual education workshop.	Test workshop & Focus groups	Convenience sampling	80 youth	M & F	Immigrants (not specified) & refugees	Not stated	15 - 19 years	Children/Adolescents	Sexual/Reproductive health education		immigrants from low-income countries	Not Stated	Youth identified conflict in messages on sexual health reproductive health given in Canada and back home, e.g., female circumcision was seen negatively in Canada and use of condoms were promoted over abstinence in the workshop.
Aucoin, M., Weaver, R., Thomas, R., & Jones, L. (2013). Vitamin D status of refugees arriving in Canada Findings from the Calgary Refugee Health Program. <i>Canadian Family Physician</i> , 59(4), e188-e194. Retrieved from https://www.cfp.ca/content/59/4/e188.full	2013	Aucoin, M., Weaver, R., Thomas, R., & Jones, L.	Quantitative	To determine the 25-hydroxyvitamin D (25(OH)D) serum levels in refugee women of childbearing age and refugee children from the Calgary Refugee Health Program, compare their 25(OH)D serum levels to the recommended levels to determine the prevalence of deficiency, compare their 25(OH)D serum levels with those in the general Canadian population in the appropriate age and sex groups, and investigate the association of vitamin D deficiency with potential risk factors.	Cross-sectional chart review.	Retrospective sampling	1217 refugee women and children screened: 461 women and 756 children (0 to 19 years)	M & F	Refugees	Both 1st and 2nd generations	0-19 years	Children/Adolescents; women of childbearing age	Vitamin D skeletal health in refugee health	June 2005 and January 2010.		Alberta	Considering the Osteoporosis Canada guidelines, 81% of children had lower than-desirable 25(OH)D levels (< 75 nmol/L), and 10% of children were vitamin D deficient (< 25 nmol/L). Female refugees between the ages of 12 and 19 years old had lower mean values of 25(OH)D than male refugees in the same age group did (P = .01).
Auger, N., Giraud, J., & Daniel, M. (2009). The joint influence of area income, inequality, and immigrant density on adverse birth outcomes: a population-based study. <i>BMC Public Health</i> , 9(1), 237-247. https://doi.org/10.1186/1471-2458-9-237	2009	Auger, N., Giraud, J., & Daniel, M.	Quantitative	Examine the relationship between birth outcomes and area income, income inequality and segregation within the context of various social markers.	Not stated; used multi-level logistic regression analysis	Not stated	Mothers of N = 353, 120 singleton births in 143 local community service centers	F	Not stated	1st generation	Birth to 5 years (per data file)	Quebec birth file & 2001 Canada Census: singleton births from 1999-2001 were extracted	Birth outcomes: pre-term births (PTB) and small-for-gestational age births (SGA)	1999-2003 (data set)	Not stated	Quebec	Higher rates of SGA noted in foreign-born mothers, comparable rates of SGA births; PTB more frequent in areas with low immigrant density & SGA births more frequent in areas with high immigrant density. Greater immigrant density positively associated with PTB for foreign-born mothers; greater immigrant density associated with progressively higher proportions of SGA births.
Azrak, M. E., Huang, A., Hai-Santiago, K., Bertone, M. F., DeMar, D., & Schroth, R. J. (2017). The oral health of preschool children of refugee and immigrant families in Manitoba. <i>Journal of the Canadian</i>	2017	Azrak, M. E., Huang, A., Hai-Santiago, K., Bertone, M. F., DeMar, D., & Schroth, R. J.	Quantitative	Investigate the oral health of preschool children from immigrant and refugee families in Winnipeg.	Cross-sectional	Purposive sampling	211 children	M & F	Immigrants (not specified) & refugees	1st generation & 2nd generation	Children 12-71 months of age	Parents and caregivers, dental examination	Oral/dental health	Not stated	Africa, Americas, Eastern Mediterranean, Europe, Southeast Asia, Western Pacific	Manitoba	45.5% of children had early childhood caries (ECC) & 31.8% had severe ECC (S-ECC). Increasing age, the presence of debris on teeth, parents believing that their child has dental problems, and the presence of enamel hypoplasia were significantly and independently associated with ECC and S-ECC. 11.6% had developmental defects of enamel & 2.8% had been affected by infant dental mutilation. No significant difference in the proportion of boys and girls with S-ECC, but boys had significantly higher decayed, missing, and filled teeth (dmft) scores than girls. Canadian-born children had significantly lower dmft scores than foreign-born.

Dental Association, 83(9), 1-10.																		
Badri, P., Wolfe, R., Farmer, A., & Amin, M. (2018). Psychosocial determinants of adherence to preventive dental attendance for preschool children among Filipino immigrants in Edmonton, Alberta. <i>Journal of Immigrant and Minority Health</i> , 20(3), 658-667. https://doi.org/10.1007/s10903-017-0599-z	2018	Badri, P., Wolfe, R., Farmer, A., & Amin, M.	Qualitative	Explore how Filipino immigrant parents in Edmonton's experience following preventative dental attendance (PDA) routines for their preschool children and factors which may affect parental adherence.	Inductive focused ethnography	Purposive sampling	18 parents (13 mothers, 5 fathers)	M & F	Not stated	1st generation	Children aged 2-6 years	Parents	Oral/dental health	Not stated	Philippines	Alberta	Psychosocial themes: stressors, resources, paradox, and structural barriers. Upon arrival in Canada, most parents had low-priority attitudes and perceptions towards preventative dental attendance (PDA); after migration, grew more open to new knowledge about the importance of PDA. Socioeconomic inequalities and migration: poor access to dental services in the Philippines due to financial hardships (which continued post-migration). Instead relied on symptomatic dental visits. Structural barriers: low-socioeconomic status, lack of oral health knowledge, dental access hardship. Parents who lived in Canada longer were more receptive to PDA for their children. Factors that encouraged PDA adherence: high quality dental services, knowledgeable providers, friendly dental staff, referrals/reminders, community-based dental programs. Paradoxes (some considered a resource, some considered a stressor): perceptions, community impact, past dental experience.	
Bakshaei, M., & Henderson, R. I. (2016). Gender at the intersection with race and class in the schooling and wellbeing of immigrant-origin students. <i>BioMed Central Women's Health</i> , 16(1), 47. https://doi.org/10.1186/s12905-016-0328-0	2016	Bakshaei, M., & Henderson, R. I.	Mixed Methods	Why do first- and second-generation female adolescents of South Asian origin in Quebec's French-language secondary schools significantly outperform their male peers of similar ethnic backgrounds? Does such outperformance translate into involvement in a more beneficial acculturation process and greater well-being for these girls? To explore the socio-educational experiences of South Asian students in their families, ethno-cultural communities, and schools.	In-depth interviews and questionnaires; qualitative reports was the primary focus	Not stated	19 students, 25 school personnel, 36 parents	M & F	Not stated	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers; Health care personnel; Teachers	Women's health	2011 to 2012	South Asian	Quebec	Academic perseverance among these girls does not necessarily translate into their improved well-being or their involvement in an advantageous process of acculturation. South Asian girls experience loss of identity and social landmarks shaping feelings of isolation, stigma, stress, and depression among the girls.	
Bartsch, E., Park, A. L., Jairam, J., & Ray, J. G. (2017). Concomitant preterm birth and severe small-for-gestational age birth weight among infants of immigrant mothers in Ontario originating from the Philippines and East Asia: A population-based study. <i>BMJ Open</i> , 7(7), Article e015386. https://doi.org/10.1136/bmjopen-2016-015386	2017	Bartsch, E., Park, A. L., Jairam, J., & Ray, J. G.	Quantitative	Evaluate the prevalence of preterm birth and small for gestational age in infants born to immigrant mothers in Ontario who are from the Philippines and East Asia.	Population-based study	Not stated	858654 births	M & F	Not stated	2nd generation	Newborns	Vital Statistics birth records	Maternal birth outcomes, SGA, PTB	2002-2011 (data set)	Philippines, Vietnam, Hong Kong, South Korea, China	Ontario	Rates of PTB-SGA were significantly higher among infants of mothers from the Philippines (6.5 per 1000; RR 2.91) and Vietnam (3.7 per 1000; RR 1.68). Compared with mothers from China, the outcomes of PTB without severe SGA & severe SGA without PTB were significantly more prevalent among newborns of mothers from Hong Kong, Vietnam, and the Philippines.	

Bartsch, E., Park, A. L., Pulver, A. J., Urquia, M. L., & Ray, J. G. (2015). Maternal and paternal birthplace and risk of stillbirth. <i>Journal of Obstetrics and Gynaecology Canada</i> , 37(4), 314–323. https://doi.org/10.1016/S1701-2163(15)30281-4	2015	Bartsch, E., Park, A. L., Pulver, A. J., Urquia, M. L., & Ray, J. G.	Quantitative	Evaluate the impact of maternal and paternal country of origin on the risk of stillbirth.	Retrospective case-control	Not stated	1373 still births & 1166097 live births	M & F	Not stated	2nd generation	Newborns	Vital Statistics birth records	Maternal birth outcomes, stillbirth	2002–2011	China, Philippines, Afghanistan, Poland, Somalia, Vietnam, Mexico, Romania, Pakistan, Bangladesh, Iraq, Sri Lanka, India, Guyana, Jamaica, Portugal, Nigeria, South Korea, Lebanon, Iran	Ontario	Compared with parents where both were Canadian born, adjusted odds ratio was higher when immigrant parents came from the same country (1.32) or from different countries (1.34); with the risk of stillbirth being highest for immigrant parents coming from the same country if the country had high domestic stillbirth rates. Lower odds of stillbirth associated with Canadian-born mother and foreign-born father. Odds of stillbirth were highest when both parents were from Nigeria, followed by Portugal, Jamaica, Guyana, India, Sri Lanka; lower odds when both parents were from China.
Beers, A. N., Shahnaz, N., Westerberg, B. D., & Kozak, F. K. (2010). Wideband reflectance in normal Caucasian and Chinese school-aged children and in children with otitis media with effusion. <i>Ear and Hearing</i> , 31(2), 221–233.	2010	Beers, A. N., Shahnaz, N., Westerberg, B. D., & Kozak, F. K.	Quantitative	Establish normal limits of wideband reflectance (WBR) data for early school-aged children & to assess for significant differences between Caucasian and Chinese children, male and female children, and children and adults; compare the normal limits of pediatric WBR data with the WBR data of children presenting with abnormal middle ear conditions.	Case-control study	Recruited from 8 elementary schools in the GVA	78 children with normal middle ear status + 64 children with abnormal middle ear status	M & F	Not stated	Not stated	5y1mo to 6y11mo	Children/A dolescents	Ear health	Not stated	China	British Columbia	Chinese children had lower energy reflectance values over the mid-frequency range compared to Caucasian children, indicating lower sound absorption.
Beiser, M., & Hou, F. (2016). Mental health effects of premigration trauma and postmigration discrimination on refugee youth in Canada. <i>The Journal of Nervous and Mental Disease</i> , 204(6), 464–470. DOI: 10.1097/NMD.0000000000000516	2016	Beiser, M., & Hou, F.	Quantitative	To examine the role of pre- and post-migration trauma in explaining differences in refugee and immigrant mental health	Secondary data analysis	Based on set criteria	90	M & F	Immigrants (not specified)	1st generation	6–12 Years (School age)	Children/A dolescents	Mental health		Vietnam, El Salvador, Ethiopia, Sri Lanka, Tamils, Afghanistan	Alberta, British Columbia, Manitoba, Ontario, Quebec	Post migration perception of discrimination predicted both emotional problems (EP) and aggressive behaviour (AB) and explained immigrant versus refugee differences in EP. Refugee youth showed higher levels of aggressive behavior (AB), but there were no differences among boys and girls, nor among visible/non-visible minorities. Refugee youth perceived themselves as more instrumentally and socially competent than their immigrant counterparts. More than half of all immigrant families and two-thirds of refugee families were living in poverty. Refugee youth had significantly higher levels of both emotional problems (EP) and aggressive behavior (AB) than immigrant youth.
Beiser, M., Goodwill, A. M., Albanese, P., McShane, K., & Nowakowski, M. (2014). Predictors of immigrant children's mental health in Canada: Selection, settlement contingencies, culture, or all of the above? <i>Social Psychiatry and Psychiatric Epidemiology</i> , 49(5), 743–756. https://doi.org/10.1007/s00127-013-0794-8	2014	Beiser, M., Goodwill, A. M., Albanese, P., McShane, K., & Nowakowski, M.	Quantitative	Examines the extent to which arrival characteristics, resettlement contingencies and cultural factors account for country of origin variations in immigrant children's mental health.	Survey design	Snowball sampling	2,031 families; 180 children in each region, stratified to provide equal numbers by ethnicity and age group	M & F	Not stated	Not stated	3–5 years (Pre-school); 6–12 Years (School age)	Children/A dolescents	Emotional health		Hong Kong (HK), People's Republic of China (PRC), Philippines	Alberta, British Columbia, Manitoba, Ontario	Children from Hong Kong had the highest levels of emotional problems (EP), followed by children from the People's Republic of China, and both had higher levels of emotional problems than Filipino children. Filipino children had the best mental health, followed by, in descending order, People's Republic of China and Hong Kong children. Harsh parenting was a more common practice for Hong Kong than other country of origin groups, and accounted for the mental health disadvantage of 11- to 13-year-old Hong Kong children
Beiser, M., Hamilton, H., Rummens, J. A., Oxman-Martinez, J., Ogilvie, L.	2010	Beiser, M., Hamilton, H., Rummens, J. A.,	Quantitative	To examine the importance of general determinants and immigration-	A sub-study of the New Canada	Not stated	2160	M & F	Immigrants (not specified)	Both 1st and 2nd	3–5 years (Pre-school); 6–12 Years	Children/A dolescents	Mental health		Hong Kong (HK), Chinese, Mainland	Alberta, British Columbia, Manitoba, Ontario.	Migration-specific variables contribute to understanding immigrant children's mental health.

Humphrey, C., & Armstrong, R. (2010). Predictors of emotional problems and physical aggression among children of Hong Kong Chinese, Mainland Chinese and Filipino immigrants to Canada. <i>Social psychiatry and Psychiatric Epidemiology</i> , 45(10), 1011-1021. https://doi.org/10.1007/s00127-009-0140-3		Oxman-Martínez, J., Ogilvie, L., Humphrey, C., & Armstrong, R.		specific determinants to the mental health of immigrant children and youth	n Children and Youth Study (NCCYS)				generations	(School age)					d (PRC) Chinese and Filipino.	Quebec, Saskatchewan	
Beiser, M., Hou, F., Hyman, L., & Tousignant, M. (2002). Poverty, family process, and the mental health of immigrant children in Canada. <i>American Journal of Public Health</i> , 92(2), 220-227. https://doi.org/10.2105/AJPH.92.2.220	2002	Beiser, M., Hou, F., Hyman, L., & Tousignant, M.	Quantitative	To examine the differential effects of poverty on the mental health of foreign-born children, Canadian-born children of immigrant parents, and children of non-immigrant parents.	Secondary analysis of survey data	Multistage stratified cluster sampling	13349	M & F	Immigrants (not specified)	Both 1st and 2nd generations	3-5 years (Pre-school); 6-12 Years (School age)	Children/Adolescents	Mental health	1994-1995	Europe, Asia, Black	Canada-wide	Younger children had more behavioral problems than their older counterparts, and girls had fewer problems than boys. Length of stay in Canada had no significant effect. Compared with children whose parents were European/White immigrants, children whose parents came from other countries tended to have fewer problems. Poverty was associated with higher proportions of single-parent families and higher levels of parental depression and family dysfunction.
Beiser, M., Puente-Duran, S., & Hou, F. (2015). Cultural distance and emotional problems among immigrant and refugee youth in Canada: Findings from the new Canadian child and youth study (NCCYS). <i>International Journal of Intercultural Relations</i> , 49, 33-45. http://dx.doi.org/10.1016/j.ijintrel.2015.06.005	2015	Beiser, M., Puente-Duran, S., & Hou, F.	Quantitative	To examine the proposition that cultural distance (based on the difference between an objective measure of home and resettlement country adherence to Traditionalism vs. Secularism) has an adverse effect on the mental health of immigrant and refugee youth; to investigate societal, sociopsychological, and personal factors affecting this relationship.	Questionnaire	Purposive - researcher used strategies recommended for difficult-to-identify, hard-to-find, and highly mobile groups	2074	M & F	Immigrants (not specified) & refugees	Both 1st and 2nd generations	11-13 years	Children/Adolescents; Parents/caregivers	Acculturation and cultural distance, emotional problems in youth	2006	The Philippines, Hong Kong, Mainland China, Ethiopia, Somalia, Caribbean countries, Serbia, Vietnam, Lebanon, Haiti, Latin America, Kurdistan (Parts of Turkey, Iran, and Iraq), Iran, India, Sri Lanka, and Afghanistan	Alberta, British Columbia, Manitoba, Ontario, Quebec	Youth with higher cultural distance (CD) scored higher for emotional problems than youth with lower CD; youth with high CD tended to be in Canada longer and perceived more discrimination than youth in the low CD group. Large CD families experienced more resettlement stress but maintained a higher level of family functioning. Parents in the large CD group were more likely to practice warm parenting than their small CD counterparts. There were no differences between the groups' strategies for acculturation, but youth in the small CD group reported higher levels of instrumental competence. CD had an adverse but relatively small effect on youth mental health. Resettlement stress was associated with higher levels of youth emotional problems. Parental depression and harsh parenting predicted poorer mental health, and warm parenting was protective against the same. Social competence mitigated adverse effects of CD on mental health.

Beiser, M., Taa, B., Fenta-Wube, H., Baheretibeb, Y., Pain, C., & Araya, M. (2012). A comparison of levels and predictors of emotional problems among preadolescent Ethiopians in Addis Ababa, Ethiopia, and Toronto, Canada. <i>Transcultural Psychiatry</i> , 49(5), 651-677. http://dx.doi.org/10.1177/1363461512457155	2012	Beiser, M., Taa, B., Fenta-Wube, H., Baheretibeb, Y., Pain, C., & Araya, M.	Quantitative	The two study questions were: (a) Are the stresses of dissonant acculturation and their effect on mental health unique to the immigration context, or, in an increasingly global world, do they also challenge and jeopardize the mental health of "stayers," i.e., children and youth who grow up in the home country? and (b) Are prejudice, discrimination, and intergenerational value conflicts immigration-specific mental health challenges, or are they also salient for youth who remain in the country of origin?	Questionnaire	Qualified households that met inclusion criteria were selected on a probability basis	64	M & F	Immigrants (not specified) & refugees	Both 1st and 2nd generations	11-13 years	Children/Adolescents/ Parents /caregivers	Emotional problems of adolescents	Not stated	Ethiopia	Ontario	Compared to children of the same age in Ethiopia, Ethiopian youngsters living in Toronto reported higher levels of emotional problems (EP). Parental depression levels tended to be higher, as did the levels of dissonance regarding ethnocultural retention, prejudice, and discrimination. The effects of these components (except prejudice) were small. Toronto sample children reported higher levels of self-esteem but more perceived discrimination and higher levels of parent-child dissonance. Perceived prejudice did not explain the emotional problems in Toronto children, but was the only significant predictor of self-rated EP.
Beiser, M., Zilber, N., Simich, L., Youngmann, R., Zohar, A. H., Taa, B., & Hou, F. (2011). Regional effects on the mental health of immigrant children: Results from the new Canadian children and youth study (NCCYS). <i>Health and Place</i> , 17(3), 822-829. http://dx.doi.org/10.1016/j.healthplace.2011.03.005	2011	Beiser, M., Zilber, N., Simich, L., Youngmann, R., Zohar, A. H., Taa, B., & Hou, F.	Quantitative	To what extent do individual and social capital, opportunity structure, and level of welcome account for previously observed regional differences in children's mental health?	Questionnaire	Purposive based on recommendation from Community Advisory Councils, snowball	2031	M & F	Immigrants (not specified) & refugees	Both 1st and 2nd generations	4-6 and 11-13	Children/Adolescents; Parents/caregivers	Emotional problems and region of resettlement	2002-2004	Hong Kong, Mainland China, and the Philippines.	Alberta, British Columbia, Manitoba, Ontario, Quebec	Children living in Toronto had the highest levels of EP. Immigrant parents living in Vancouver the least. Families in Toronto had lower levels of social capital than those living elsewhere. Immigrant families living in the Prairies reported the highest levels of annual income, but higher levels of work-related stress. Families in the Prairies also reported the best home-school relationships. Immigrant families in Vancouver felt less marginalized than elsewhere and reported higher levels of neighbourhood social organization. Montreal's immigrant neighbourhoods were the least socially organized. Language level on arrival, social support, and parental depression all had independent and significant contributions to predicting children's EP.
Ben-Cheikh, L., & Rousseau, C. (2013). Autism and social support in recently immigrated families: Experience of parents from Maghreb. <i>Sante Mentale Au Quebec</i> , 38(1), 189-205. https://doi.org/10.7202/1019192ar	2013	Ben-Cheikh, L., & Rousseau, C.	Qualitative	To examine the impact of a diagnosis of autism on social support networks of Maghreb-born parents, new immigrants to Quebec, and having a child diagnosed with a pervasive developmental disorder.	Explorative	Purposive	10	M & F	Immigrants (not specified)	1st generation	Average age 35 years	Parents/caregivers; Parents of children aged 2-6 years old	Autism and social support in recent immigrant families	Not stated	Morocco, Algeria or Tunisia	Quebec	Findings emphasize that the diagnosis of autism transforms the family and community network of parents, it affects their family and community relationships and their relationship to professional help services, it creates distances and tensions but also generates new links, sources of support. Group meetings between mothers from the same community with an autistic child are seen as particularly beneficial. Analysis of the report to professional services shows that developing a therapeutic alliance is often difficult because of administrative obstacles and difficulties in intercultural communication. Findings underscore the importance for parents of recent immigrants to meet other families in their community with the same problem, to share their experiences in a safe environment.

Benchimol, E. I., Mack, D. R., Guttman, A., Nguyen, G. C., To, T., Mojaverian, N., Quach, P., & Manuel, D. G. (2015). Inflammatory bowel disease in immigrants to Canada and their children: A population-based cohort study. <i>American Journal of Gastroenterology</i> , 110(4), 553-563. http://dx.doi.org/10.1038/ajg.2015.52	2015	Benchimol, E. I., Mack, D. R., Guttman, A., Nguyen, G. C., To, T., Mojaverian, N., Quach, P., & Manuel, D. G.	Quantitative	What is the risk of IBD in immigrants to Canada? What is the risk of IBD in Canadian-born children of immigrants compared to the children of non-immigrants? The study aimed to quantify the risk of IBD in those with early-life exposure to the Canadian environment.	Retrospective cohort study based on the health administrative data of all residents of Ontario eligible for universal government health care insurance.	Purposive (Any resident of Ontario who qualified for universal government health care insurance between the fiscal years of 1994-2009 were selected)	The total number of immigrants studied was 2,144,600 with 554,961 people being under the age of 18 at the time of immigration to Canada and 219,688 under the age of 18 at the end of the study period. 12,036,921 non-immigrants were also studied, with 2,623,325 under the age of 18 at the end of the study period.	M & F	Skilled worker, economic migrants, refugees	Both 1st and 2nd generations	Characterized as 'pediatric' (age under 18)	Health administrative data from Ontario government	Inflammatory bowel diseases (Crohn's disease or Ulcerative colitis)	1994-2009	Separated into world region of birth using the World Bank classification: East Asia and Pacific, Eastern Europe and Central Asia, Latin America and the Caribbean, Middle East and North Africa, South Asia, Sub-Saharan Africa, or Western Europe and North America.	Ontario	Immigrants from all regions had lower incidence of IBD compared with non-immigrants. Relative incidence was lowest in immigrants from the East Asia and Pacific region and highest in immigrants from the Western Europe and North America and Middle East regions. Age at arrival to Canada was significantly associated with the risk of developing IBD - every year of increased age at arrival was associated with a 1.34-1.38% decreased hazard of IBD (whether non-immigrants were included as references or not influenced these numbers), ulcerative colitis (UC) and Crohn's disease (CD). Children of immigrants had a lower incidence of IBD and CD compared to children of non-immigrants, but not UC. There was lower relative incidence of IBD, UC, and CD among the children of immigrant mothers from East Asia and Pacific, Eastern Europe and Central Asia, and Latin America and the Caribbean.
Benchimol, E. I., Manuel, D. G., To, T., Mack, D. R., Nguyen, G. C., Gommerman, J. L., Croitoru, K., Mojaverian, N., Wang, X., Quach, P., & Guttman, A. (2015). Asthma, type 1 and type 2 diabetes mellitus, and inflammatory bowel disease amongst South Asian immigrants to Canada and their children: A population-based cohort study. <i>PLoS ONE</i> , 10(4), 1-13. e0123599. http://dx.doi.org/10.1371/journal.pone.0123599	2015	Benchimol, E. I., Manuel, D. G., To, T., Mack, D. R., Nguyen, G. C., Gommerman, J. L., Croitoru, K., Mojaverian, N., Wang, X., Quach, P., & Guttman, A.	Quantitative	What is the risk contributed by early life exposure to the Canadian environment in developing the immune-mediated chronic diseases of asthma, type 1 (T1DM) and type 2 (T2DM) diabetes mellitus, and inflammatory bowel disease?	Retrospective cohort study based on the health administrative data of all residents of Ontario eligible for universal government health care insurance.	Purposive (Any resident of Ontario who qualified for universal government health care insurance between the fiscal years of 1994-2009 were selected)	443,265 immigrants from South Asian regions and 1,454,505 immigrants from other regions; 10,753,800 non-immigrants. 112,901 of the South Asian immigrants were under 18 at the time of immigration (416,552 immigrants from other regions), and at the end of the study period, 60,509 South Asian immigrants were under the age of 18 (148,166 immigrants from other regions).	M & F	Refugees	Both 1st and 2nd generations	Characterized as 'pediatric' (age under 18)	Health administrative data from Ontario government	Asthma, type 1 and type 2 diabetes mellitus, and inflammatory bowel disease (IBD)	1994-2008	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka; other world regions included East Asia and Pacific, Eastern Europe and Central Asia, Latin America and the Caribbean, Middle East and North Africa, Sub-Saharan Africa, Western Europe and North America, and not classified.	Ontario	Asthma incidence decreased in South Asian immigrants between 1996 and 2008. Children from South Asia had a lower incidence of asthma compared to non-immigrant children, but the children of women from South Asia had a significantly higher incidence of asthma than non-immigrants. Standardized prevalence of asthma increased in South Asian immigrant children from 1994 to 2008. Standardized incidence of T1DM increased from 1994 to 2008 in South Asian immigrant children as well as non-immigrants. Standard prevalence of T1DM increased in both cohorts but was lower in both South Asian immigrant children and immigrant children from other regions. Ontario-born children of South Asian immigrants and immigrants from other regions had lower incidence of T1DM than the children of non-immigrants. T2DM dealt with diagnoses from 18-64 years of age, so is excluded from extraction. The incidence of pediatric onset IBD was lower in South Asian immigrants compared to non-immigrants, and the incidence remained lower in the children of immigrants from other regions. However, the risk of developing IBD in the Ontario-born children of South Asian immigrants was not different from the children of non-immigrants. Prevalence of IBD increased in both immigrant and non-immigrant populations from 1994 to 2008.

Berman, H. (1999). Health in the aftermath of violence: A critical narrative study of children of war and children of battered women. <i>Canadian Journal of Nursing Research</i> , 31(3), 89-109. http://cjunr.archive.mcgill.ca/article/view/1538	1999	Berman, H.	Qualitative	How is health understood and experienced by two groups who have grown up amid violence, children of war and children of battered women?	Critical Narrative	Purposive	16 children of war and 16 children of battered women	M & F	Refugees	1st generation	10-17 years old	Children/A dolescents	Relationship between violence and health	258 states between 1995-1996, and if this is the same study the data collection period should be the same.	Participants from the children of war group were from Bosnia, Burundi, Somalia, and Liberia. Participants from children who had witnessed the abuse of women were either Canadian born (with no identification of ethnic background), from Eritrea, Eastern Europe, or identified as Ojibwa.	Not Stated	Four themes emerged from the research on what health meant to the participants: not being sick (health as the absence of illness, no need for medication, and being 'normal'), being able to do what you want to do (health as necessary for participating in sports, social events, and recreation), being mentally healthy and happy, and just getting through the day (health as necessary for ordinary function). Children of families experiencing violence against women felt as if violence had a negative impact on their health. Children of war had persistent fear and nightmares, and intrusive thoughts (getting through the day was an ongoing challenge). Persistent difficulties occurred especially because of a lack of peer acceptance, but all believed that the violence they had witnessed had been detrimental to their health and well-being. Children of war tended to experience their suffering together in groups, while children of women experiencing violence tended to suffer alone.
Berman, H. (1999). Stories of growing up amid violence by refugee children of war and children of battered women living in Canada. <i>Image: Journal of Nursing Scholarship</i> , 31(1), 57-63. https://doi.org/10.1111/j.1547-5069.1999.tb00422.x	1999	Berman, H.	Qualitative	Purpose: to explore how two groups of children who grew up amid violence "make sense" of their experience.	Critical narrative with interviews	Convenience	32 (16 refugee children and 16 children of battered women)	M & F	Refugees	1st generation	10-17 years	Children/A dolescents	Relationship between violence and health	1995-1996	Somalia, Liberia, Burundi, or Bosnia	Not Stated	The children of war described their early years as times of great happiness where things were 'normal', with a sudden end to everything peaceful. Most children could tell interviewers exactly when the fighting began in their home countries but did not understand what the fighting was about. All children expressed feelings of betrayal around the conflicts as the countries they came from had been experiencing civil wars. Unlike the children of battered women, refugee children were able to experience their suffering collectively with their families. Finally, many children spoke about a sense of confidence, a hope for the future, and that despite the circumstances they had grown up in, they felt they were going to succeed. They felt lucky they were alive, even though they had suffered many losses including friends, family, and culture. They also expressed concern over being members of a visible minority in Canada.
Berman, H., Edmunds, K. A., Haldenby, A., Lopez, R., Mulcahy, G. A., & Forchuk, C. (2009). Uprooted and displaced: A critical narrative study of homeless, aboriginal, and newcomer girls in Canada. <i>Issues in Mental Health Nursing</i> , 30(7), 418-430. https://doi.org/10.1080/01612840802624475	2009	Berman, H., Edmunds, K. A., Haldenby, A., Lopez, R., Mulcahy, G. A., & Forchuk, C.	Qualitative	To explore experiences of uprooting and displacement of homeless, Aboriginal, and newcomer girls living in Southwestern Ontario.	Narrative inquiry	Not stated	19 girls: 6 Aboriginal girls, 6 homeless girls, 7 newcomer girls	F	Immigrants (not specified) & refugees	1st generation	14-19	Children/A dolescents	Mental health; social wellbeing	Not stated	Saudi Arabia, Somalia, Korea, Iran, Iraq	Ontario	Being uprooted and displaced creates social boundaries and profound experiences of disconnections in relationships; in negotiating new spaces, there is potential for the formation of alliances and sources of support. Moving to Canada meant leaving extended family members, friends, and a familiar country behind; many had roundabout journeys with all except one temporarily living in at least one country before arriving in Canada; experienced relative geographic stability post-settlement. Newcomer girls had a very clear sense of space, as in which spaces were welcoming or not; losses of migration such as family, friends, cultural familiarity, and belonging; many felt disconnected upon arrival to Canada while living in multicultural enclaves in typically predominantly white cities; newcomer cities often characterized by downward mobility and financial challenges - served as a constant reminder of larger society to which they did not belong. Some newcomer girls felt a sense of community from living in neighborhoods with other primarily newcomer families - connected to history, culture, and heritage; for those who wanted to leave these communities for increased upward mobility, met with racism and other forms of social exclusion.
Berman, H., Ford-Gilboe, M., Moutrey, B., & Cekić, S. (2001). Portraits of pain and promise: A photographic study of Bosnian youth. <i>Canadian Journal of Nursing Research</i> , 32(4), 21-41. http://cjunr.archive.mcgill.ca/article/view/1602	2001	Berman, H., Ford-Gilboe, M., Moutrey, B., & Cekić, S.	Qualitative	What are the everyday challenges and struggles faced by Bosnian refugee youth in Canada? What are the merits and limitations of photo novella as a method for capturing children's perspectives and feelings?	Photo novella with audiotaped interviews	Convenience sampling	7	M & F	Refugees	1st generation	11-14 years of age	Children/A dolescents	Refugee child health	Not stated	Bosnia	Not Stated	Themes that emerged during the analysis included understanding that something in the world was forever changed, but not being able to pinpoint exactly what (the transition from peace to war in Bosnia); the frequent necessity to relocate and leave family and loved ones behind; the importance of family and friends in the lives of children; the desire to return to Bosnia as it used to be (before the war); the importance of remaining loyal to old cultures while balancing tensions with new cultures in Canada; the surreal nature of being uprooted and moved to a foreign country; and the idea of a life continuing after the war they fled. Fear regarding separation from family was more pronounced than those associated with military invasions.

Berman, H., Mulcahy, G. A., Forchuk, C., Edmunds, K. A., Haldenby, A., & Lopez, R. (2009). Uprooted and displaced: A critical narrative study of homeless, Aboriginal, and newcomer girls in Canada. <i>Issues in Mental Health Nursing</i> , 30(7), 418-430. http://dx.doi.org/10.1080/01612840802624475	2009	Berman, H., Mulcahy, G. A., Forchuk, C., Edmunds, K. A., Haldenby, A., & Lopez, R.	Qualitative	Purpose: to examine the lived experiences of displacement, highlighting not only these structural forces that marginalize and subordinate girls who are homeless, Aboriginal, or new to Canada, but also their sense of agency.	Explorative	Advertising at community organizations, shopping malls, and community centres.	19 (6 Aboriginal girls, 6 homeless girls, and 7 newcomer girls)	F	Immigrants (not specified)	1st generation	14-19 years	Children/A dolescents	Mental health, Displacement	Not stated	Saudi Arabia, Somalia, Korea, Iran, and Iraq	Ontario	For most of the newcomer girls, uprooting and displacement was a single event (migration from their countries of origin). The girls described feelings of being different or not belonging, and that they existed in a liminal space where they felt marginalized and devalued. They described the loss of family, friends, cultural familiarity, and belonging upon their arrival to Canada. They felt excluded physically as well, because most newcomer communities are sharply demarcated from the rest of the primarily white cities. The ability to speak either French or English enhanced the girls' abilities to move in and out of marginalized spaces, but they weighed these desires to move out against an equally compelling desire to remain in these spaces where they felt accepted and were unlikely to experience racism. Their cultural communities provided welcoming places that offered hope, encouragement, and solidarity. Newcomer girls wanted to create conditions that would allow them to fulfill their hopes and dreams in Canada; this included overcoming barriers like racism, language, and academic challenges.
Berry, J. W., & Sabatier, C. (2010). Acculturation, discrimination, and adaptation among second generation immigrant youth in Montreal and Paris. <i>International Journal of Intercultural Relations</i> , 34(3), 191-207. https://doi.org/10.1016/j.ijintrel.2009.11.007	2010	Berry, J. W., & Sabatier, C.	Quantitative	How do immigrant youth acculturate: how well do they adapt; and are there important relationships between, how they acculturate and how well they adapt?	Questionnaire	Selection from school lists and neighborhood networks	718	M & F	Immigrants (not specified)	2nd generation	11-19 years	Children/A dolescents	Acculturation and discrimination	Not stated	Greece, Italy, Haiti, Vietnam for the Quebec group; Algeria, Morocco, Portugal and Vietnam for the Paris group, with Antilleans considered geographic immigrant groups who may be discriminated due to skin colour	Quebec	Ethnic acculturation strategies (attitudes, identity and behaviour) are higher in Montreal than in Paris, but there are no differences in national acculturation (consistent with the promotion of multiculturalism in Canada). The percentage of youth using 'integration' acculturation strategies was slightly higher in Montreal than Paris when considered alone, and once adjusted for orientation factor scores, is considerably higher. The percentage of youth using 'assimilation' strategies were considerably higher in Paris than Montreal when considered alone, but only by a small difference when using orientation factor scores. In Paris discrimination is highest for those categorized as separation and integration, and lowest for those categorized as assimilation and marginalization (retaining one's own culture put one at risk for discrimination). No relationship to discrimination was found in Montreal. While perceived group discrimination was higher in Paris than Montreal, perceived individual discrimination was higher in Montreal than Paris. The immigrant youth hold varying views about how they wish to acculturate and about their cultural identities. There is support for the two forms of adaptation: psychological well-being and sociocultural competence are conceptually and empirically distinct among immigrant youth, and they have different predictors. The pattern of relationships between how youth acculturate and how well they adapt largely replicates the findings with adult immigrants. Those seeking to integrate adapt better than those who are marginalized, with assimilation and separation ways falling in between.
Beukeboom, C., & Arya, N. (2018). Prevalence of nutritional deficiencies among populations of newly arriving government assisted refugee children to Kitchener/Waterloo, Ontario, Canada. <i>Journal of Immigrant and Minority Health</i> , 20(6), 1317-1323. https://doi.org/10.1007/s10903-018-0730-9	2018	Beukeboom, C., & Arya, N.	Quantitative	Assess for variable prevalence of anemia, vitamin D, and B12 deficiencies among refugee children by ethnic population.	Cross-sectional retrospective chart review	Not stated	388 children (180 F, 208 M)	M & F	Refugees	1st generation	<= 16 years	Chart review from Refugee Health Clinic in Kitchener, Canada	Nutritional status/deficiencies	Jan 2009- Dec 2014	80% from Iraq, Somalia, Myanmar, Afghanistan	Ontario	15.7% of were anemic, with Somali children having the lowest hemoglobin levels compared to those from Iraq, Afghanistan, and Myanmar; 53.5% were vitamin D deficient, mostly among those from Iraq and Afghanistan; 11.2% had deficient B12 levels. Children from Afghanistan and Iraq had the lowest mean/median Vitamin D and B12 levels, but the highest hemoglobin levels; children from Myanmar had highest B12 levels.
Bin Yameen, T. A., Abadeh, A., & Lichter, M. (2019). Visual impairment and unmet eye care needs among a Syrian pediatric refugee population in a Canadian city. <i>Canadian Journal of Ophthalmology/Journal Canadien d'ophtalmologie</i> , 54(6), 668-673. https://doi.org/10.1016/j.cjco.2019.03.009	2019	Bin Yameen, T. A., Abadeh, A., & Lichter, M.	Quantitative	Examine the eye health status and determine the prevalence of vision impairment within Syrian pediatric refugees living in Canada.	Cross-sectional descriptive study	Not stated	522 adults, 274 children	M & F	Refugees	1st generation	<18 years	Children/A dolescents	Ocular health	July 2016 - Nov 2017	Syria	Ontario	Uncorrected vision prevalence: 17.2% for distance; 4.7% for near; 0.7% for both distance and near vision, including loss of vision - of this groups, 95.3% had not seen an eye specialist in the past year, 25.2% had parents who were dissatisfied with their children's visions. Compared to Canadian pediatric population, had higher prevalence rate of disparate visual acuity between eyes (5.8% compared to 0.17%); myopia 17.9x higher in Syrian refugee population than Canadian pediatric population.

Bolduc, E. L. (2017). <i>Engagement into treatment: Comparing immigrants and non-immigrants in youth mental health services in Montreal</i> (Publication No. 28249636) [Master's thesis, McGill University]. ProQuest Dissertations & Theses Global.	2017	Bolduc, E. L.	Quantitative	To examine the multiple levels of factors which impact youth and parents' engagement with youth mental health services.	Retrospective file review	Not stated	541 youths	M & F	Not stated	1st & 2nd generation	6-18 years	CSSS de la Montagne; CSSS Bordeaux-Cartierville -St-Laurent * CSSS: Centre de santé et de services sociaux	Mental health	Data from referrals between March 2013-March 2014	South Asia, East Asia, South Europe, East Europe, Central America, Caribbean, North Africa	Quebec	When compared to non-immigrants, first- and second-generation immigrants have a decreased likelihood of utilizing youth mental health services/treatment and are less likely to have high engagement when they do. Facilitators of youth and family engagement with mental health care include mixed therapy, referrals, and collaborative approaches to care. Initial engagement was lowest for first- and second-generation immigrant children.
Borges, K., Vasilevska-Ristovska, J., Hussain-Shamsy, N., Patel, V., Banh, T., Hebert, D., Pearl, R., J. Radhakrishnan, S., Piscione, T. D., Licht, C. B. P., Langlois, V., Levin, L., Strug, L., & Parekh, R. S. (2016). Parental attitudes to genetic testing differ by ethnicity and immigration in childhood nephrotic syndrome: A cross-sectional study. <i>Canadian Journal of Kidney Health and Disease</i> , 3(6), 1-8. http://dx.doi.org/10.1186/s40697-016-0104-y	2016	Borges, K., Vasilevska-Ristovska, J., Hussain-Shamsy, N., Patel, V., Banh, T., Hebert, D., Pearl, R. J., Radhakrishnan, S., Piscione, T. D., Licht, C. B. P., Langlois, V., Levin, L., Strug, L., & Parekh, R. S.	Quantitative	To determine whether ethnicity and immigration status influence parental interest in clinical genetic testing for a potentially progressive kidney disease.	Cross-section	Purposive	320	M & F	Immigrants (not specified)	Both 1st and 2nd generations	Parents' average age 35-48 years	Parents/care givers; Parents of children aged 1-18 years	Parental attitudes from ethnicity and immigration aspect for genetic testing of their children with nephrotic syndrome	Not stated	European and South Asian origin	Ontario	The majority of parents (85 %) were interested in genetic testing for their child. South Asian and East/Southeast Asian parents had 74% and 76 % lower odds of agreeing to genetic testing when compared to Europeans (odds ratio (OR) 0.26, 95 % confidence interval (CI) 0.10-0.68; OR 0.24, 95 % CI 0.07-0.79, respectively) after controlling for age and sex of child, age and education level of parent, initial steroid resistance, and duration of time in Canada. Immigrants to Canada also had significantly lower odds (OR 0.29, 95 % CI 0.12-0.72) of agreeing to genetic testing after similar adjustment. Higher education level was not associated with greater interest in genetic testing (OR 1.24, 95 % CI 0.64-2.42).
Brabant, L. H., Lapierre, S., Damant, D., Dube-Quenum, M., Lessard, G., & Fournier, C. (2016). Immigrant children: Their experience of violence at school and community in host country. <i>Children and Society</i> , 30(3), 241-251. https://doi.org/10.1111/chso.12131	2016	Brabant, L. H., Lapierre, S., Damant, D., Dube-Quenum, M., Lessard, G., & Fournier, C.	Qualitative	Aim: To understand how immigrant children living in the Quebec City region (Canada) perceive and experience all forms of violence. Objectives: 1) Explore their representations of violence and the various forms experienced 2) Identify their emotions in relation to the violence 3) Explore how violence affects their lives, including their health 4) Explore their reactions, behaviors, and coping strategies.	Exploratory study	Non-probabilistic sampling (participants met inclusion criteria)	42	M & F	Immigrants (not specified)	1st generation	9-13 years old	Children/Adolescents	Violence and its effects on children	Not stated	Listed as continent of origin: South or Central America, Europe, Africa, or Asia.	Quebec	The children generally considered violence to be a negative social phenomenon which could be divided into categories of physical aggression and verbal abuse and stated that girls were more likely to be emotionally abusive while boys were likely to be physically abusive. Almost all the children in the study had experienced violence in the form of peer aggression and said they had faced social exclusion because of their different skin colour, accents, or customs. The first year in Canada appeared to be the hardest for these children. Children reported some somatic symptoms after experiencing violence. Some were angry, while others were sad. A few children admitted a direct effect on their academic performance, and a number feared a recurrence of violence. Some had internalized discrimination against them, and only a few said they did not feel affected by the violence. Reactions to and coping strategies for violence against them included aggression as retaliation, avoidance, seeking safety, or trying to tell someone else about the incident to help neutralize the aggressor. Many children looked to other immigrant peers for support, and a number of children sought help from adults or prayed to God to stop the violence. Strategies to help relieve the emotional and cognitive effects of the offense included strategies aimed at well-being like doing a physical activity, doing something fun or social, and doing other self-care activities.

Brassard, P., Steensma, C., Cadieux, L., & Lands, L. C. (2006). Evaluation of a school-based tuberculosis screening program and associate investigation targeting recently immigrated children in a low-burden country. <i>Pediatrics</i> , 117(2), e148-156. Retrieved from https://pediatrics.aapublications.org/content/117/2/e148.full	2006	Brassard, P., Steensma, C., Cadieux, L., & Lands, L. C.	Quantitative	To evaluate a school-based screening program targeted at children with a high risk for TB infection in Montreal, as well as subsequent investigation of family and household associates with LTBI based on screening, treatment, and adherence rates, as well as cost-effectiveness of the program	Retrospective study based on TB screening clinics run by TB clinic at Montreal Children's Hospital in welcoming classes for newly arrived immigrant children in a selected number of elementary and secondary schools.	Any children screened at the TB clinic who met inclusion criteria	2524	M & F	Immigrants (not specified)	1st generation	1-18 years old		Tuberculosis screening, treatment, and follow up	1998-2003	Divided by region of origin: East/Southeast Asia, Eastern Europe, Central Asia, South Asia, South/Central America, North Africa/Middle East, Caribbean, Sub-Saharan Africa, North America/Western Europe	Quebec	The prevalence of TST positive immigrant children is significantly higher than Canadian-born Montreal children or other young high-risk TB populations (Indigenous children) but is comparable to existing school-based students for immigrant children in Canada and other low-burden countries. 21% of children sampled had a positive TST test greater than or equal to 10mm. 89% of these children then presented at the MCH TB clinic for follow-up, and 77% of the presenting children were started on LTBI treatment. Of the children started on treatment, 92% of the children finished their therapy with adequate adherence. 99 children with TST tests between 5-9mm also presented at the clinic and 9% of them were started on LTBI treatment based on other factors. 21% of cases were lost to follow-up. 599 associates were investigated from the 484 TST positive schoolchildren seen in the TB clinic, 38% of which ended up being TST positive. The cost-benefit analysis demonstrated that during the 5-year period, an estimated 36.1 cases of active TB were prevented by the school-screening program and the subsequent associate investigation. The costs of the program totaled \$193,461. Comparatively, treating 36.1 active cases would yield a cost of \$557,384, giving the school-screening program approach a net savings of \$363,923 (\$72,785 per year).
Burgos, M., Al-Adeimi, M., & Brown, J. (2017). Protective factors of family life for immigrant youth. <i>Child and Adolescent Social Work Journal</i> , 34, 235-245. https://doi.org/10.1007/s10560-016-0462-4	2017	Burgos, M., Al-Adeimi, M., & Brown, J.	Mixed Methods	To identify the positive aspects and strengths experienced by newcomer youth within their home environments.	Focus group interviews with concept mapping	Word-of-mouth, posters, through a local agency	12	Not stated	Immigrants (not specified)	1st generation	15-18 years	Children/Adolescents	Protective factors, home environment, health and safety	Not Stated	Singapore, Syria, Columbia, Iraq, Saudi Arabia, or United Arab Emirates	Not Stated	A five-cluster map was generated including the clusters of comfortable, routines, consistency, personal space, and earning privileges; comfortable involved maintaining cultural identity at home and feeling safe and supported within the home environment; routines focused on enjoying home interactions and appreciating the structure and rules offered in the home; consistency focused on positive communication within the family, cooperation, maintaining connections and relationships, and the importance of a clean and organized home which led to predictability; personal space showed youth valued their physical personal space at home where they could listen to music and play with electronics; earning privileges referred to the potential to earn privileges or child tax benefit money (which parents could choose to distribute some of to them), and of living in a larger house as well as being able to keep their culture and language intact at home.
Carranza, M. (2013). Value transmission among Salvadorian mothers and daughters: Marianismo and sexual morality. <i>Child and Adolescent Social Work Journal</i> , 30(4), 311-327. https://www.researchgate.net/publication/257544337 . https://doi.org/10.1007/s10560-012-0291-z	2013	Carranza, M.	Qualitative	To examining value transmission among immigrant mothers and daughters of Salvadorian heritage in Canada that asked: 1. What values do Salvadorian mothers and daughters consider important to maintain or modify as they settle in their new country? 2. What ideology informs their choices in value maintenance or modification?	Grounded theory approach	Purposive	32 (16 mothers and 16 daughters)	F	Immigrants (not specified)	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers	Value transmission mothers and daughter related to Marianismo and sexual morality	Not stated	El Salvador	Ontario	Findings show that female chastity emerged as a core value that respondents wanted to maintain, while values such as respect and obedience were being transformed. For the daughters in this study, neither value maintenance nor transformation was an easy process. Some daughters were as committed as their mothers; others were not. Regardless, they were aware of the many obstacles to remaining chaste, obedient, and respectful in Canadian society. Most mothers reported that respect, obedience, and virginity were important values to maintain in Canada. A small minority felt that these values needed to be modified as they believed such values were becoming obsolete in their new country.

Carranza, M. E. (2015). Protesting against mothers' surveillance: Salvadorian mothers and their daughters negotiating adolescence in a foreign context. <i>Journal of Family Social Work</i> , 18(2), 106-122. https://doi.org/10.1080/1052138.2015.1005784	2015	Carranza, M. E.	Qualitative	What meaning(s) do mothers ascribe to mother-daughter tensions during adolescence? -What strategies do mothers develop to manage the tensions emerging during adolescence while living in a new country? -How do daughters respond to mother-daughter tensions and the strategies used by their mothers?	In-depth research and grounded theory	Snowball sampling and purposive sampling	32 (16 mothers, 8 adolescent daughters, 8 adult daughters)	F	Immigrants (not specified) & refugees	Both 1st and 2nd generations	13-17 years	Children/Adolescents; Parents/care givers	Adolescence and family conflict	Not stated	El Salvador	Ontario	All mothers referred to high levels of conflict with their daughters during the teenage years. Some saw adolescences as a phase, some saw the conflict as a result of their daughter having friends who were bad influences, and others saw their assertion of independence as disrespectful. Mothers with divorces or separations had more challenges related to their daughters' cognitive, behavioral, and social behaviors (and many of them blamed these changes on the problematic influences of Canadian friends). Two major strategies were developed to deal with the conflict by the mothers: increased communication with open-mindedness and a high level of vigilance. Most daughters perceived what they thought was 'too much fighting' with their mothers, due in part to their mothers being 'too rigid'. Some daughters talked about keeping things like high-risk behaviors a secret from their mothers, especially if they thought it would worry them; some daughters slipped out of the house without their mothers' knowledge to avoid conflict. These daughters felt they developed their own acts of resistance to belong with the rest of their Canadian peers. Many daughters felt their mothers being too strict led them to develop their own acts of protest.
Caxaj, C. S. & Berman, H. (2010). Belonging among newcomer youths. <i>Advances in Nursing Science</i> , 33(4), E17-E30. https://doi.org/10.1197/ANS.0b013e3181fb2f0f	2010	Caxaj, C. S. & Berman, H.	Qualitative	To explore the experiences of newcomer youth relating to their inclusion or exclusions and feelings of belonging.	Discourse analysis	Purposive sampling	25 selected texts & transcripts from 7 previously conducted interviews	M & F	Not stated	1st generation	Interview participants: 13-17 years	Children/Adolescents	Social wellbeing; sense of belonging	Data collected over 4 months - date not specified	Southeast Asia	Ontario	Youth experiences of exclusion and inclusion directly impacted their feelings of belonging. The authors identified 6 themes: experiences of unfamiliarity and indifference which made them feel pressured to conform to the norms in their new settings, yet also made them feel isolated; many experienced wellbeing as an experience shared by the collective family; they were bothered by feelings of having left a life behind them and loss of what was familiar which for some resulted in changing selves.
Chance, L. J., Costigan, C. L., & Leadbeater, B. J. (2013). Co-parenting in immigrant Chinese Canadian families: The role of discrepancies in acculturation and expectations for adolescent assistance. <i>Journal of Family Psychology</i> , 27(6), 905-914. DOI: 10.1037/a0034909	2013	Chance, L. J., Costigan, C. L., & Leadbeater, B. J.	Quantitative	To investigate the concurrent relations among discrepancies in parental acculturation, discrepancies in parental expectations for adolescents, and co-parenting quality	Cross-sectional	Randomly selected from secondary data set	162	M & F	Immigrants (not specified)	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents; Parents/care givers	Co-parenting in immigrant Chinese Canadian families	Not stated	China, Taiwan and Hong Kong	Alberta, British Columbia, Manitoba, Saskatchewan	Acculturation was assessed as parents' behavioral involvement in both Canadian and Chinese cultures. As predicted, mother-father differences in acculturation (in relation to both cultures) were related to discrepant expectations for how much adolescents should assist the family. Further, mother-father differences in Chinese acculturation were related to fathers' perceptions of a poorer co-parenting relationship. Acculturation discrepancies were related to divergent views on how much adolescents should assist their families. Finally, this relation was partially mediated by discrepant parental expectations for adolescent assistance.
Chen, X., & Tse, H. C. (2010). Social and psychological adjustment of Chinese Canadian children. <i>International Journal of Behavioral Development</i> , 34(4), 330-338. https://doi.org/10.1177/0165025409337546	2010	Chen, X., & Tse, H. C.	Quantitative	Purpose: to examine social and psychological adjustment of immigrant and Canadian-born Chinese Canadian children. Hypothesis: immigrant Chinese children would experience more adjustment difficulties than Canadian-born Chinese children.	Survey: Questionnaires	Not stated	356 Chinese Canadian children	M & F	Immigrants (not specified)	Both 1st and 2nd generations	Grade 4-8 (approx. 9-14 years)	Children/Adolescents; Teachers; Peer assessors (605 other non-Chinese children)	Acculturation	Not stated	China, Hong Kong, or Taiwan	Ontario	Overall, boys had higher scores on aggression and negative sociometric nominations and lower scores on sociability, shyness, and positive sociometric nominations than girls. Children in higher grades had lower scores on perceived self-worth and higher scores on loneliness than those in lower grades. Immigrant Chinese children had lower scores on sociability, positive sociometric nominations, teacher-rated competence, and perceived self-worth, and higher scores on loneliness than Canadian-born Chinese children. Immigrant boys also had significantly higher scores on victimization than Canadian-born boys, but no differences were found with girls. English language proficiency was positively associated with sociability, positive sociometric nominations, teacher-rated competence, and perceived self-worth, and negatively associated with shyness and loneliness. Chinese language proficiency was positively associated with shyness. Participation in Chinese cultural activities were positively associated with positive sociometric nominations, teacher-rated competence, and perceived self-worth, and negatively associated with shyness and loneliness. In the immigrant group, English language proficiency was positively associated with positive sociometric nominations, and Chinese language proficiency was positively associated with peer victimization. Participation in Chinese cultural activities were negatively associated with victimization in the immigrant children. Participation in Chinese cultural activities were negatively associated with loneliness more strongly in immigrant children than in Canadian-born Chinese children. Acculturation played a more important role in social and psychological adjustment in immigrant children than in Canadian-born children. The social and emotional problems in immigrant children did not lead to consistent deviant behavioral patterns.R32

Cheng, D., Schmid, K. L., & Woo, G. C. (2007). Myopia prevalence in Chinese Canadian children in an optometric practice. <i>Optometry and Vision Science</i> , 84(1), 21-32. DOI: 10.1097/O1.opx.0000254042.24803.1f	2007	Cheng, D., Schmid, K., & Woo, G.	Quantitative	The study aims to determine the prevalence and progression of myopia in ethnic Chinese children living in Canada, and whether Chinese children living in Canada would have higher or lower prevalence of myopia than those living in China.	Longitudinal	Purposive (refraction data) and random (questionnaire data)	1468 (refraction data) and 300 (questionnaire data)	M & F	Not stated	1st generation	6-12 Years (School age)	Children/Adolescents; Parents/care givers	Optometry	2003	China	Ontario	Both the rates of myopia and the rates of refractive change (the progression of myopia) in Chinese Canadian children are comparable to those found in Chinese children in East Asian countries, and migration to Canada does not lower their myopia risk. Chinese Canadian children were found to spend less time outside doing anti myopia genic activities than their Caucasian-Canadian counterparts, and more time doing near activities than their Caucasian-Canadian counterparts. They were also found to do more near work than Chinese children living in Tianjin, China.
Choi, Y. R. (2005). <i>Chinese immigrant children: Predictors of emotional and behavioural problems</i> [Master's Thesis, McGill University]. Networked Digital Library of Theses & Dissertations.	2007	Choi, Y. R.	Quantitative	Explore the impacts of immigrant children's social relationships within their families and peer groups & the impacts of demographic backgrounds on behavioral problems.	Cross-sectional analysis	N/A; snowball sampling used in original data set	182 children	M & F	Not stated	1st generation	11-13 years	New Canadian Children and Youth Study (NCCYS) 1st Wave in Montreal	Mental health, social wellbeing, behavioral problems	Winter 2002 - Fall 2003 (data set)	China	Quebec	Children's relationships with both parents and peers were the most significant predictor of specific behavior problems; additionally, demographic factors such as family structures, gender, and ethnicity were also a source of influence. Most children scored on the low range for exhibiting behavioral problems, physical aggression, indirect aggression, and property offence; though there were a few who had very high scores on the emotional and behavioral scales. Many perceived their relationships with their parents to be healthy. Boys reported higher levels of participating in bullying and had higher indirect aggression scores than girls. Children from Hong Kong had higher scores for involvement with peers in trouble, participating in bullying, and four types of hyperactivity/inattention problems, emotional/anxiety problems, physical aggression, and property offences.
Chow, H. P. H. (2007). Sense of belonging and life satisfaction among Hong Kong adolescent immigrants in Canada. <i>Journal of Ethnic and Migration Studies</i> , 33(3), 511-520. https://doi.org/10.1080/13691830701234830	2007	Chow, H.	Quantitative	What are the primary factors affecting Hong Kong adolescent immigrants' life satisfaction and sense of belonging in Canada?	Survey	Questionnaire/survey	368	M & F	Permanent resident	1st generation	13-18 Years (Adolescence)	Children/Adolescents	Sense of belonging & life satisfaction	1997	China (Hong Kong)	Ontario	Respondents who indicated political and cultural reasons for immigration were important and who immigrated to Canada at a later stage in life expressed more favourable experiences in making friends in Canada, and those whose fathers were residing in Canada were found to demonstrate a stronger sense of belonging to Canada. Immigrant students who had visited Canada as a tourist or studied in Canada before emigration expressed a weaker sense of belonging to Canada. Experience in making friends with Canadians and satisfaction with academic experience were significantly and positively associated with life satisfaction, whereas economic reasons for emigration and racial discrimination experiences in Canada had significant negative effects on life satisfaction for immigrants.
Comeau, J. L., Tran, T. H., Moore, D. L., Phi, C. M., & Quach, C. (2013). Salmonella enterica serotype typhi infections in a Canadian pediatric hospital: A retrospective case series. <i>Canadian Medical Association Journal Open</i> , 1(1), E56-61. http://dx.doi.org/10.9778/cmajo.20120012	2013	Comeau, J., Tran, T., Moore, D., Phi, C., & Quach, C.	Quantitative	Aims to describe the epidemiology of Salmonella enterica serotype Typhi infections among children presenting to a pediatric teaching hospital in Montreal, Quebec.	Retrospective chart review for all patients less than 18 years old in the Montreal Children's Hospital with a laboratory-confirmed diagnosis of S. enterica ser. Typhi.	Secondary analysis/retrospective chart review	39 (12 whose country of origin was not Canada)	M & F	Not stated	Not stated	0-12 months (Infants); 1-2 years (Toddlers); 3-5 years (Pre-school); 6-12 Years (School age); 13-18 Years (Adolescence)	Medical charts	Epidemiology & Infectious Diseases	1991-2011	Bangladesh, India, Bahrain, Japan, Pakistan	Quebec	Most cases of typhoid fever occurred in Canadians who had traveled to endemic areas, mainly the Indian subcontinent, and who had not received vaccination against the disease.
Comeau, J., Georgiades, K., Duncan, L., Wang, L., & Boyle, M. H. (2019). Changes in the prevalence of child and youth mental disorders and perceived need for professional help between 1983 and 2014: Evidence from the Ontario Child Health Study. <i>Canadian Journal of Psychiatry</i> , 64(4), 256-264. https://doi.org/10.1177/0706743719830035	2019	Comeau, J., Georgiades, K., Duncan, L., Wang, L., & Boyle, M. H.	Quantitative	Investigate for changes in the prevalence of mental disorders among children (ages 4-11) and youth (ages 12-16) and the perceived need for professional support between 1983 & 2014 in Ontario; assess if measured changes vary by age, sex, urban or rural residency, socioeconomic status, lone-parent status, or immigrant background.	Cross-sectional survey (data set)	Stratified random cluster sample	1983 (n=2836) and 2014 (n=5785) Ontario Child Health Studies	M & F	Not stated	Not stated	Children (4-11 years) Youth (12-16 years)	Ontario Child Health Studies Children/Adolescents, parents, teachers	Mental health	1983-2014	Not stated	Ontario	There was an increase in the prevalence of perceived need for professional help (6.8% to 18.95% among 4- to 16-year-olds; there was an increase in disorder among children (15.4% to 19.6%) due to increase in hyperactivity among males (8.9% to 15.7%). Conduct disorder decreased (7.2% to 2.5%) while emotional disorder increased (9.2% to 13.2%) among youth. Prevalence of any disorder decreased for children and youth in immigrant families, but not for those in non-immigrant families; relative increase in perceived need for professional help were lower among children in immigrant versus non-immigrant families.

Costigan, C., & Dokis, D. (2006). Relations between parent-child acculturation differences and adjustment with immigrant Chinese families. <i>Child Development</i> , 77(5), 1252-1267. https://doi.org/10.1111/j.1467-8624.2006.00932.x	2006	Costigan, C., & Dokis, D.	Quantitative	The relations between parent and child acculturation and family and child adjustment were examined among immigrant Chinese families in Canada with early adolescents; acculturation was assessed in public and private domains separately in Chinese and Canadian cultures.	Members of each family independently completed a questionnaire in either English or Chinese script	Purposive and snowball	271 individuals (89 fathers, 91 mothers, and 91 children) from 91 two-parent immigrant Chinese families	M & F	Not stated	1st generation	9-15 Years	Children/Adolescents; Parents/caregivers	Acculturation and child adjustment difficulties (conflict, depression, and achievement problems)	Not stated	China	British Columbia	Overall, children reported relatively low levels of conflict, few depressive feelings, and strong achievement motivation despite the presence of parent-child differences in acculturation, particularly in the Canadian dimension. A family context in which children are more engaged in Canadian culture than parents is NOT associated with poorer adjustment; when children were strongly oriented toward Chinese culture and parents were also strongly oriented toward Chinese culture, adjustment was increased, but not when parents were weakly oriented toward Chinese culture. When mothers or fathers are more strongly involved with Chinese behaviors, lower levels of Chinese behaviors among children were associated with poorer adjustment.
Costigan, C., Koryzma, C., Hua, J., & Chance, L. (2010). Ethnic identity, achievement, and psychological adjustment: Examining risk and resilience among youth from immigrant Chinese families in Canada. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 16(2), 264-273. http://dx.doi.org/10.1037/a0017275	2010	Costigan, C., Koryzma, C., Hua, J., & Chance, L.	Quantitative	Ethnic identity was explored in two dimensions: ethnic affirmation and belonging and ethnic identity achievement. Two conflicting hypotheses were examined related to the risk of poor achievement: (1) the risk of poor achievement can be buffered by strong feelings of identity vs. (2) high feelings of ethnic identity exacerbate the risk associated with poorer academic achievement.	Exploratory	Purposive and snowball	95	M & F	Not stated	1st generation	9-15 Years	Children/Adolescents	Psychological adjustment, resilience and ethnic identity	Not stated	China	British Columbia	Stronger feelings of ethnic identity were associated with higher levels of self-esteem and fewer symptoms of depression, as well as higher grade point averages. Lower levels of ethnic identity do not appear to be associated with vulnerability in terms of low GPA, but higher levels of ethnic identity appear to be associated with higher GPA. High levels of ethnic identity were associated with higher levels of self-esteem, and for males only, lower levels of ethnic identity were associated with lower levels of self-esteem. High levels of ethnic identity were associated with below average symptoms of depression, and low levels of ethnic identity were associated with above average symptoms of depression. At medium and high levels of ethnic identity, there was no relation between GPA and symptoms of depression; however, at low levels of ethnic identity, GPA was significantly negatively associated with symptoms of depression. High feelings of ethnic identity are therefore considered protective.
Davison, C., Thompson, W., Torunian, M., Walsh, P., McFaull, S., & Pickett, W. (2013). Off-road vehicle ridership and associated helmet use in Canadian youth: An equity analysis. <i>The Journal of Rural Health</i> , 29(1), 39-45.	2013	Davison, C., Thompson, W., Torunian, M., Walsh, P., McFaull, S., & Pickett, W.	Quantitative	The prevalence of off-road ridership and off-road helmet use in different subgroups of Canadian youth was examined in order to better understand possible inequities associated with these health risk behaviors.	Data from cycle 6 (2009-2010) of the WHO health behavior in school aged children study (HBSC) was used; this is a survey of young people.	Convenience/purposive	26,078 youth (6,143 immigrants for more than 5 years, 1,212 immigrants for less than 5 years, for a total of 7,355 immigrant youth)	M & F	Not stated	Not stated	9-19 Years	Children/Adolescents	Health risks and health inequities	2009-2010	Not stated	Alberta, British Columbia, Manitoba, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Quebec, Saskatchewan, Yukon	New immigrant youth were less likely to report riding off-road vehicles; however, helmet use was less common among new immigrant youth (10.5% of the reported cases of not always wearing a helmet were attributable to being a new immigrant to Canada).
Davy, C., Magalhaes, L., Mandich, A., & Galheigo, S. (2014). Aspects of the resilience and settlement of refugee youth: A narrative study using body maps. <i>Cadernos De Terapia Ocupacional Da UFSCar</i> , 22(2), 231-241. https://doi.org/10.4322/cto.2014.045	2014	Davy, C., Magalhaes, L., Mandich, A., & Galheigo, S.	Qualitative	This study assisted refugee youths in telling their transition story through art in order to understand facilitators and barriers to successful settlement in Ontario, Canada.	Two individual body mapping sessions (including a demographic interview in the first session) along with a third debrief and evaluation session were utilized.	Purposive	3	M & F	Not stated	1st generation	13-18 Years (Adolescence)	Children/Adolescents	Resilience, psychological art and narration	Not specified	Sudan, Congo, & Palestine	Ontario	One participant is more confident to stand up for what is right after arriving in Canada, another stated their English has improved. All participants spoke of the value of education since arriving in Canada. Language barriers were most prevalent in school, and all participants learned English primarily through school. Faith was a predominant theme among the female participants.

de Freitas Girardi, J., Miconi, D., Rousseau, C., & Lyke, C. (2020). Creative expression workshops as Psychological First Aid (PFA) for asylum-seeking children: An exploratory study in temporary shelters in Montreal. <i>Clinical Child Psychology and Psychiatry</i> , 25(2), 483–493. https://doi.org/10.1177/1359104519891760	2020	de Freitas Girardi, J., Miconi, D., Rousseau, C., & Lyke, C.	Qualitative	Describe the implementation of workshops focuses on creative expression to determine whether core elements of Psychological First Aid (PFA) are met; explore the potential of creative expression workshops to support the needs of youth in temporary shelters seeking asylum.	Exploratory	Not stated	Average of 15 children participated in workshops ages 4+; average of 5 children participated in workshops for 2- to 3-year-olds	M & F	Refugees	1st generation	2-18 years	Children/Adolescents	Mental health	Jan 2017 - Jun 2018	Not stated	Quebec	Results suggest that the intervention contributed to fostering emotional safety and feelings of normalcy in children & supported the creation of connections among both children and parents. Children's expressions of their experiences during the workshop helped to promote self-efficacy & was seen as a potential way to provide comfort and hope during a period of extreme instability. High needs of children and the lack of adequate resources in temporary shelters served as significant challenges and barriers to the intervention.
De Souza, L., Urquia, M., Sgro, M., & Ray, J. (2012). One size does not fit all: Differences in newborn weight among mothers of Philippine and other East Asian origin. <i>Journal of Obstetrics and Gynecology Canada</i> , 34(11), 1026–1037. https://doi.org/10.1016/S1701-2163(16)35432-9	2012	De Souza, L., Urquia, M., Sgro, M., & Ray, J.	Quantitative	To determine the likelihood that infants born to Filipina, other East Asian, and Canadian-born women may be misclassified as small for gestational age when using conventional Canadian birth weight curves rather than those specific to their world region.	Data analysis of Canada's Vital Statistics information.	Purposive	486,599 Canadian mothers; 15,367 mothers from the Philippines, and 45,452 mothers from other East Asian countries	F	Not stated	1st generation	0-12 months (Infants)	Canada's Vital Statistics	Birth weights and misclassification	2002-2007	Philippines, East Asia, Canada	Ontario	After controlling for maternal age and parity, East Asian male infants above the 10th percentile weight on their own world-region-specific curves were 1.75 times more likely to be misclassified as small for gestational age (SGA), and Filipino male infants were 2.12 times more likely to be misclassified as SGA. Furthermore, 60/1000 East Asian male and female newborns would be missed as large for gestational age (LGA) using Canadian-born curves rather than those for mothers of other East Asian origin, and 54/1000 male infants as well as 49/1000 female infants of Filipina mothers would be missed as LGA when plotted on a birth weight curve for infants of Canadian-born mothers.
Dea, C., Gauvin, L., Fournier, M., & Goldfeld, S. (2019). Does place matter? An international comparison of early childhood development outcomes between the metropolitan areas of Melbourne, Australia and Montreal, Canada. <i>International Journal of Environmental Research and Public Health</i> , 16(16), Article 2915. https://doi.org/10.3390/ijerph16162915	2019	Dea, C., Gauvin, L., Fournier, M., & Goldfeld, S.	Quantitative	Compare outcomes of early childhood development (ECD) between kindergarten-aged children in the metropolitan areas of MTL and MEL according to the Early Development Instrument (EDI) indicators; contrast disparities between various demographic and socioeconomic groups of both cities.	Cross-sectional surveys	Purposive sampling	Not stated; "all children who were in their first year of compulsory schooling" in the select metropolitan areas	M & F	Not stated	Not stated	4-6 years	Children/Adolescents	Early childhood development	In 2012	Not stated	Quebec	26.8% of children in Montreal compared to 19.2% in Melbourne were vulnerable in at least one of the domains of early childhood development (ECD) (physical health and wellbeing, social competence, emotional maturity, language and cognitive development, communication skills & general knowledge. In both cities, boys, immigrants, children not speaking the language of the majority at home, and those living in the most deprived areas were at greater risk of being developmentally vulnerable. Immigrant children at greater risk of being vulnerable for almost all indicators in both cities; only exceptions were in MEL for physical health and wellbeing and social competence where there was not a statistically significant difference.
Denov, M., & Akesson, B. (2013). Neither here nor there? Place and placemaking in the lives of separated children. <i>International Journal of Migration, Health and Social Care</i> , 9(2), 56–70. https://doi.org/10.1108/IJMHSC-06-2013-0012	2013	Denov, M., & Akesson, B.	Qualitative	Explores the reality of place and the process and activity of placemaking in the lives of separated children.	Exploratory study	Purposive	17	M & F	Refugees	1st generation	Adults who had been separated from their families before the age of 18	Adults who had been separated from their families before the age of 18	Refugee health and placemaking	2008-2010	Angola, Sudan, Nigeria, Ethiopia, other not specified	Alberta, British Columbia, Manitoba, Ontario, Quebec	Separated children interacted in and with their physical and social environments, and looked to places to provide shelter, safety, and meaning in the midst of instability and chaos and in turn, created a place where they could establish and ground themselves. In the making of a new place, their connections to the places they left behind were in no way lost; they were able to transcend the locality of place and connect with social networks scattered across the globe. Placemaking is clearly important for the development of identity and increased participants' connection to other people and larger communities. Placemaking also contributed to feelings of social inclusion and served as a form of healing for participants as well as an act of defiance in the face of power and authority.

Dhawan, V., Bown, J., Lau, A., Langlois-Klassen, D., Bhargava, D. K. R., Chui, L., Collin, S. M., & Long, R. (2018). Towards the elimination of paediatric tuberculosis in high-income, immigrant-receiving countries: a 25-year conventional and molecular epidemiological case study. <i>ERJ Open Research</i> , 4(2), Article 00131-2017. https://doi.org/10.1183/23120541.00131-2017	2018	Dhawan, V., Bown, J., Lau, A., Langlois-Klassen, D., Bhargava, D. K. R., Chui, L., Collin, S. M., & Long, R.	Quantitative	Describe trends in pediatric TB and identify children at risk within the context of immigration; identify effective strategies to eliminate pediatric TB in Canada and other high-income, low-incidence, immigrant-receiving countries.	Retrospective cohort study	Not stated	176 children	M & F	Not stated	1st & 2nd generation	Not stated; those under 15 years defined as pediatric	Provincial TB registry; Provincial Laboratory for Public Health	Tuberculosis	Jan 1990 - Dec 2014	Leading countries: Philippines, Ethiopia, Sudan, Kenya, Pakistan, Haiti, Vietnam	Alberta	During the time of the study, 176 children ages 0-14 years were diagnosed with tuberculosis; foreign-born children or Canadian-born children of foreign-born adults accounted for a large proportion of the cases (growing from 32.1% to 89.5%); foreign-born children alone accounted for an increasingly large proportion of total cases (18.9% in 1990-1994 to 52.6% in 2010-2014). Of the 61 "Canadian born other" cases, 43 (70.5%) had at least one foreign-born parent; 57(96.6%) of 59 foreign-born TB case-patients were born in a high TB incidence country and 21 (36.8%) of these children were less than 5 years old when they immigrated to Canada. Children aged 0-4 years had the highest rates regardless of population group.
Doering, D., Kocunichyk, R., & Lester, S. (1999). A tuberculosis screening and chemoprophylaxis project in children from a high-risk population in Edmonton, Alberta. <i>Canadian Journal of Public Health</i> , 90(3), 152-155. https://doi.org/10.1007/BF03404496	1999	Doering, D., Kocunichyk, R., & Lester, S.	Quantitative	To determine a better approach to screening for the identification and testing of tuberculosis in foreign-born children who have recently arrived in Canada.	Consent form		1146	Not stated	Not stated	1st generation	Not stated	Mantoux test	Tuberculosis	1993-1994	Not specified	Alberta	Of those tested, 972 had no significant reaction and 174 had a significant reaction and were referred to the TB clinic for assessment. Visible BCG scars were present in 705 of the total students, and 162 of those with significant reactions reported a history of BCG vaccination. Of the 174 significant reactors, 10 students were not seen at the TB clinic; 164 students were assessed at the TB clinic with no active cases diagnosed, 1 student referred to a specialist for a non-TB related issue, 3 had been previously treated for TB, 3 were not recommended prophylaxis due to a very recent BCG vaccination, and 27 students were referred to a clinic physician for further assessment. 154/174 of the significant reactors were offered preventative treatment with isoniazid and 124 of these accepted that recommendation. Most (27/30) of the students who did not accept the recommendation had been told that their positive reaction was to be expected given their BCG status by their physician. An estimated 7.8 cases of active TB were prevented.
Dyson, L. (2015). In the convergence of ethnicity and immigration: the status and socio-ecological predictors of the self-concept of recent Chinese immigrant school-age children in Canada. <i>Journal of Child and Family Studies</i> , 24(1), 1-11. https://doi.org/10.1007/s10826-013-9808-0	2015	Dyson, L.		To investigate the status and socio-ecological predictors of the self-concept of recent Chinese immigrant children of school age who were living in Canada. Socio-ecological predictors were hypothesized to be the current classroom environment and the family's heritage cultural beliefs.	Assessment scales (The Perceived Competence Scale for Children, My Class Inventory, and The Individualism-Collectivism Scale) were used.	Purposive	202 school-aged participants (112 recent Chinese immigrants, 90 non-immigrants)	M & F	Not stated	1st generation	8-13 Years	Children/A dolescents; Parents/care givers	Self-concept		Taiwan, China, Singapore, and Malaysia	Not Stated	The results of the study confirm that Chinese immigrant children display a lower self-concept than their Caucasian non-immigrant counterparts in all domains of self-concept including scholastic competence, social acceptance, athletic competence, physical appearance, behavioral conduct, and global self-competence. The classroom environment for immigrant children did not differ substantially from their non-immigrant counterparts, except that immigrant children perceived the classroom to be more competitive than non-immigrant students. A negative classroom environment was associated with higher self-competence in immigrants.
Dyson, L., Qi, J., & Wang, M. (2013). At the interface of ethnicity and recent immigration: Family functioning of Chinese with school-age children in Canada. <i>Journal of Child and Family Studies</i> , 22(8), 1061-1073. https://doi.org/10.1007/s10826-012-9667-0	2013	Dyson, L., Qi, J., & Wang, M.	Quantitative	To examine the family functioning of recent Chinese immigrants living in Canada in terms of its status and those socio-ecological factors that influence it.	Assessment scales (Family Environment Scale, Inventory of Social Support and Child-Rearing Practice Report)	Purposive	202 families (112 immigrant families, 90 non-immigrant Caucasian families)	M & F	Not stated	1st generation	Families with children 8-13 Years	Parents/care givers	Family functioning	Not stated	Taiwan, China, Singapore, and Malaysia	Not Stated	Child gender and SES had no significant findings, so were excluded from analysis. Immigrant families scored lower than non-immigrant families on the relationship domain of family functioning. Immigrants scored lower on formal kinship supports and respondent's child scales of social supports than non-immigrant families. Immigrant families scored higher on emphasis on achievement, authoritarian control, and encouragement of independence than non-immigrant families. In both groups, the higher the encouragement of independence, the more cohesive the family relationship was. The higher the emphasis on achievement in the family, the higher the family cohesion for immigrant children (but the opposite was found for non-immigrant children). The greater the over-investment in the child, the less family cohesion for immigrants (but the opposite for non-immigrant children). The greater the emphasis on the supervision of the child, the more encouragement for independence, and the more social support, the greater the personal growth for both groups. The greater the social support for immigrants, the stronger the maintenance of the family system was.

Elsayed, D., Song, J.-H., Myatt, E., Colasante, T., & Malti, T. (2019). Anger and sadness regulation in refugee children: the roles of pre- and post-migratory factors. <i>Child Psychiatry & Human Development</i> , 50(5), 846-855. https://doi.org/10.1007/s10578-019-00887-4	2019	Elsayed, D., Song, J.-H., Myatt, E., Colasante, T., & Malti, T.	Mixed methods	Examine the main and interactive factors of life stressors pre-migration and daily hassles post-migratory and emotion regulation in Syrian refugee children aged 5-13 years old.	Narrative inquiry: used hierarchical linear regressions to investigate quantitative data	Purposive sampling	103 children	M & F	Refugees	1st generation	5-13 years	Mothers and children	Mental health	Not stated	Syria	Not stated	Children who had higher engagement with family routines had better anger regulation; children with lower post-migratory family routine engagement typically had greater pre-migratory life stressors. Pre- and post-migratory factors interacted: higher post-migratory daily hassles associated with worse sadness regulation for children with lower levels of pre-migratory life stressors; daily hassles not associated with sadness regulation in children who had higher levels of pre-migratory life stressors. Girls had higher ratings in anger and sadness regulation, though age was not significantly associated with these measures.
Elyasi, M., Abtahi, M., Kornerup, L., & Amin, M. (2021). Impact of parents' sense of coherence on children's oral health-related behaviors and dental caries experience among newcomers. <i>Journal Of Health Care for The Poor and Underserved</i> , 32(1), 423-434.	2021	Elyasi, M., Abtahi, M., Kornerup, L., & Amin, M.	Quantitative	Examine the relationship between sense of coherence in newcomer immigrant parents in Canada and the oral health outcomes of their children.	Community-based cross-sectional study	Convenience sampling	274 children	M & F	Not stated	1st & 2nd generation	1-12 years	Parents, dental examination	Oral/dental health	March 2015 - February 2017	South Asia, East Asia, Africa, Europe	Alberta	42.3% (158) children had dental coverage; 62.8% (172) of mothers reported that their children's teeth were brushed twice daily or more; 34.7% (95) consumed sugar-added snacks once a day or more; 34.3% had dental visits within the last year, 63% of which were for regular checkups. Mother's SOC was not associated with children's tooth brushing frequency, sugar intake, or frequency and pattern of dental visits. Immigrant mother's level of education was significantly correlated with their children's use of dental care, especially in the case of preventative use; there was a significant correlation between family incomes and children's use of dental care and decayed/missing/filled teeth (dmft) measures; children's dental insurance status was significantly associated with the frequency and pattern of dental visits as well as their dmft scores.
Emerson, S. D., Gagné-Petteni, M., Guhn, M., Oberle, E., Georgiades, K., Milbrath, C., Janus, M., Schonert-Reichl, K. A., & Gadermann, A. M. (2021). Social context factors and refugee children's emotional health. <i>Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services</i> , 1-13. https://doi.org/10.1007/s00127-021-02173-y	2021	Emerson, S. D., Gagné-Petteni, M., Guhn, M., Oberle, E., Georgiades, K., Milbrath, C., Janus, M., Schonert-Reichl, K. A., & Gadermann, A. M.	Quantitative	To explore the relationship between social contexts characteristics and refugee children emotional health.	Self-report survey	Not stated	682 students	M & F	Refugee	1st & 2nd generation	Grade 4	Middle Years Development Instrument (MYDI); BC Ministry of Health; Immigrant, Refugees and Citizenship Canada (IRCC)	Social wellbeing; emotional & mental wellbeing	2010/2011-2016/2017	Asia, Africa, Europe, the Americas	British Columbia	Perceptions of support within the school climate, support received from adults at home and in the school setting, and feelings of peer belonging were independently related to emotional health. Greater levels of support and peer belonging were associated with increased levels of optimism, self-concept, life satisfaction, and less sadness. These results were consistent between first and second generation children.
Evans, A. B., Kulik, D., Banerji, A., Boggid, A., Kain, K. C., Abdelhaleem, M., & Morris, S. K. (2014). Imported pediatric malaria at the hospital for sick children, Toronto, Canada: a 16 year review. <i>BMC Pediatrics</i> , 2014(14), Article 251. https://doi.org/10.1186/1471-2431-14-251	2014	Evans, A. B., Kulik, D., Banerji, A., Boggid, A., Kain, K. C., Abdelhaleem, M., & Morris, S. K.	Quantitative	Describe the epidemiology of malaria at the Hospital for Sick Children over a period of 16 years; identify populations who may be at risk for malaria infection or severe malaria in Toronto.	Retrospective chart review	Not stated	107 children	M & F	Not stated	1st & 2nd generation	<18 years	Clinical records at Hospital for Sick Children	Pediatric malaria	July 1997 - June 2013	Top 4: Ghana (24), Nigeria (21), India (14), Pakistan (12); Ivory Coast, DRC, Cameroon, Tanzania, Kenya, Uganda, Ethiopia, Angola, Benin, Congo, Republic of Guinea, Mali, Rwanda, Zambia, Thailand, Sri Lanka, Afghanistan, Honduras, Nicaragua, Guyana	Ontario	From chart review, 107 children were identified to have been diagnosed with malaria (over the course of 16 years); 35% were born in Canada and 63% were recent or previous immigrants. Most frequent country of infection: Ghana, Nigeria, India. 1/3 of patients had a delay in treatment of 2 or more days; 10% saw two or more primary healthcare professionals before admission. Prophylaxis was documented in 21% of cases and of this proportion, 27% were appropriate for the region of travel and only 1 case adhered to their prescription.

Evans, A., Caudarella, A., Ratnapalan, S., & Chan, K. (2014). The cost and impact of the interim Federal health program cuts on child refugees in Canada. <i>PLoS ONE</i> 9(8), Article e96902. https://doi.org/10.1371/journal.pone.0106198	2014	Evans, A., Caudarella, A., Ratnapalan, S., & Chan, K.	Quantitative	Evaluate the impact of cuts to the Interim Federal Health Program (IFHP) at the Hospital for Sick Children, particularly the effects on health care payments to the hospital, health care costs and changes in the rates of emergency room visits and hospitalization.	Retrospective chart review	Not stated	315 children (visits)	M & F	Refugees	1st generation	<18 years	Hospital for Sick Children emergency room patient charts	Health coverage	Jan 2012 - Dec 2012	Not stated	Ontario	173 documented visits by child refugee claimants under IFHP in the six months prior to the program's budget cuts; 142 visits in the 6 months after the cuts. Number of children presenting to ER during these same time periods were 25755 and 31189, respectively-- with the proportion being refugees significantly decreasing. Admission rates of refugee children increased from 6.4% to 12% after the funding cuts while the admission rate for all patients before and after were 11.1% and 10%, respectively. Top three admission codes for refugee children were: sickle cell anemia with crisis, epilepsy (not intractable), and appendicitis.
Fanella, S. T., Lipkin, H., & Crockett, M. E. (2012). Presentation of pediatric malaria to a Canadian children's hospital. <i>Journal of Travel Medicine</i> , 19(6), 391-394. http://dx.doi.org/10.1111/j.1708-8305.2012.00662.x	2012	Fanella, S. T., Lipkin, H., & Crockett, M. E.	Quantitative	To review the aspects of malaria at WCH (Winnipeg Children's Hospital) in both travelers and immigrants, and to identify possible gaps in management.	Retrospective analysis	Purposive	38 cases (11 were children returning to family's nation of origin, 26 cases from new immigrants and refugees)	M & F	Not stated	Both 1st and 2nd generations	Not stated	Hospital records	Malaria/Traveler's health	1989-2008	India, Pakistan, Sub-Saharan Africa	Manitoba	Common symptoms for children included fever, chills, headache, anorexia, fatigue, abdominal pain, emesis, diarrhea, and cough for all ages of children. Severe malaria with parasitemia of >5% occurred in 3 cases, all of whom originated from Mozambique. The causative species <i>P vivax</i> was seen in 100% of cases from India and Pakistan, but only in 37% of those from Africa. Only half of the children (55%) had a malaria smear performed at an outside facility and 80% of children had more than 24-hour delay from the time of initial assessment to the time of presentation at WCH.
Fanella, S. T., Lipkin, H., & Crockett, M. E. (2012). Presentation of pediatric malaria to a Canadian children's hospital. <i>Journal of Travel Medicine</i> , 19(6), 391-394. doi: http://dx.doi.org/10.1111/j.1708-8305.2012.00662.x	1999	Lay, C., & Verkuynen, M	Quantitative	Study was aimed at comparing relations of personal self-esteem and collective self-esteem between foreign-born adolescents and Canadian-born adolescents	Cross sectional study	Not stated	97	M & F	Immigrants (not specified)	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents	Focus of the study was on relation between personal self-esteem and collective self-esteem between foreign-born adolescents and Canadian-born adolescents	Not stated	Not stated	Ontario	The study found that cultural values of foreign-born adolescents in comparison with the Canadian-born adolescents was more allocentric (i.e., more focused on the ingroup) and their cultural milieu is more collectivistic in comparison to the foreign-born group. The foreign-born adolescents exhibited a very high association between their private-collective self-esteem and their membership-collective self-esteem subscale scores.
Fellin, M., King, G., Esses, V., Lindsay, S., & Klassen, A. (2013). Barriers and facilitators to health and social service access and utilization for immigrant parents raising a child with a physical disability. <i>International Journal of Migration, Health and Social Care</i> , 9(3), 135-145. https://doi.org/10.1108/IJMHSC-07-2013-0024	2013	Fellin, M., King, G., Esses, V., Lindsay, S., & Klassen, A.	Qualitative	To examine the barriers and facilitators to health and social service access and utilization for immigrant parents raising a child with a physical disability in order to understand their specific needs and experiences of care.	Grounded theory with semi-structured interviews	Purposive	5	Not stated	Not stated	1st generation	Not stated	Parents/caregivers	Physical disability and access to health care services	2010	Asia, Africa and the Caribbean	Ontario	Parents were often unaware of the extent of the possibilities for independence and the achievement of personal goals for their child with a disability; parents viewed doctors or the medical system as authorities (and were therefore less likely to bring up fears or other options with the physicians); barriers to access included language barriers, barriers to accessing the system, and lack of knowledge about the services and funding available (especially when parents had to pay upfront for treatments and equipment and was reimbursed later). Parents were also concerned about experiencing discrimination and receiving culturally sensitive care, especially surrounding gender relations. Facilitators to health and social services included having a third person to help navigate the system (such as a social worker) and having home visits from service providers.
Fortin, K., Carceller, A., Robert, M., Chevalier, L., Lamarre, V., & Lebel, M. H. (2007). Prevalence of positive tuberculin skin tests in foreign-born children. <i>Journal of Paediatrics and Child Health</i> , 43(11), 768-772. https://doi.org/10.1111/j.1440-1754.2007.01169.x	2007	Fortin, K., Carceller, A., Robert, M., Chevalier, L., Lamarre, V., & Lebel, M. H.	Quantitative	To evaluate the prevalence of positive tuberculin skin tests (TST) in internationally adopted and immigrant children. To identify risk factors for positive TST in these populations.	Retrospective medical record review	Purposive	670 children (112 immigrants and 558 adoptees)	M & F	Not stated	1st generation	0-19 Years	Medical records	Tuberculosis	1998-2001	Americas, Europe, Eastern Mediterranean, Africa, Southeast Asia, Western Pacific, or Unknown	Quebec	Seventy-six percent of children in the internationally adopted group and 82% of children in the immigrant group had TST results available. The overall incidence of positive TST for foreign-born children was 12.2% in the internationally adopted group and 31% in the immigrant group. Among 63 children with positive TST, BCG vaccination was recorded in 52% of children. Immigrant children were at a greater risk for positive TST than internationally adopted children. In the univariate model, age, region of origin, and BCG vaccination were associated with positive TST. In the multivariate model, only BCG vaccination and age were associated with positive TST. For each one-year increase in age on arrival in Canada, there was a 1.2 times greater risk for positive TST.

Fortin, S., Gauthier, A., Gomez, L., Bibeau, G., Rasquin, A., & Faure, C. (2014). Diverse pathways to care for children with stomach pain in a Canadian cosmopolitan city. <i>Health & Social Care in the Community</i> , 22(5), 515-523. https://doi.org/10.1111/hsc.12109	2014	Fortin, S., Gauthier, A., Gomez, L., Bibeau, G., Rasquin, A., & Faure, C.	Qualitative	To examine life with functional gastrointestinal disorders from the perspective of immigrant and non-immigrant patients and family; examine for existing discrepancies between immigrant and non-immigrant pediatric patients with FGIDs.	Multidisciplinary exploratory study	Purposive sampling	38 families; 43 children	M & F	Not stated	Not stated	8-16 years	Children and parents	GI disorders	Nov 2008 - June 2009	Haiti, North America, Latin America, Eastern Europe, Quebecois	Quebec	Three types of therapeutic spaces: home, complementary & alternative therapies, biomedical treatments. Fewer immigrant than non-immigrant families were referred to a pediatric gastroenterology clinic; immigrant families used medicinal herbs from their homeland. North African and Haitian families used religion and spirituality as a source of hope, sometimes resorting to prayer before medicine. Immigrant families tend to rely more on family and social networks; more likely to ease own uncertainty and anxiety regarding FGIDs.
Fortin, S., Gauthier, A., Gomez, L., Bibeau, G., Rasquin, A., & Faure, C. (2014). Diverse pathways to care for children with stomach pain in a Canadian cosmopolitan city. <i>Health and Social Care in the Community</i> , 22(5), 515-523. http://dx.doi.org/10.1111/hsc.12109	2014	Fortin, S., Gauthier, A., Gomez, L., Bibeau, G., Rasquin, A., & Faure, C.	Qualitative	This paper examines the discrepancy between immigrant and non-immigrant pediatric patients with Functional Gastrointestinal Disorders (FGIDs).	Explorative qualitative study using semi-structured interviews.	Convenience sampling of children from the pediatric gastroenterology clinic and families (including a child experiencing abdominal pain, his or her siblings, mother and/or father as well as other significant individuals living in the home) from community.	A total of 38 families with immigrant and non-immigrant backgrounds were recruited: 27 families from the community and 11 from the pediatric gastroenterology clinic.	Not stated	Not stated	Not stated	Children were included if they were 8-16 years of age	Parents/caregivers	Functional Gastrointestinal Disorders	November 2008 to June 2009	5 families from Haiti, 4 North African families, 5 Latin American Families, 1 Eastern European Family and 23 French-speaking Quebec families	Quebec	29 of 38 families regardless of immigrant background or place of recruitment used biomedical health services at least once for their child's stomach aches. Fewer immigrant families than non-immigrant families were referred to a pediatric gastroenterology clinic. All families used home remedies. 1/3 of families from all backgrounds used complementary and alternative treatments.
Fortin, S., Gauthier, A., Gomez, L., Faure, C., Bibeau, G., & Rasquin, A. (2013). Uncertainty, culture and pathways to care in pediatric functional gastrointestinal disorders. <i>Anthropology and Medicine</i> , 20(3), 311-323. http://dx.doi.org/10.1080/13648470.2013.853026	2013	Fortin, S., Gauthier, A., Gomez, L., Faure, C., Bibeau, G., & Rasquin, A.	Qualitative	To examine how children and families of diverse ethnic backgrounds perceive, understand, and treat symptoms related to functional gastrointestinal disorders (FGIDs)	Exploratory study using semi-structured interviews	Montreal families of immigrant and non-immigrant background from paediatric gastroenterology hospital clinic and from the community	38 families: Nine families from the paediatric gastroenterology hospital clinic and 29 families from the community.	Not stated	Not stated	Not stated	8 to 16 years	Children/A adolescents; Parents/caregivers	Functional Gastrointestinal Disorders	Not stated (?)	Five families from Haiti, four families from Maghreb (North Africa), five from Latin America, one from Eastern Europe, and 23 families were French-speaking Quebecers	Quebec	Three main themes: (1) Suspicion of the authenticity of symptoms and trouble communicating the signs (2) Instability and plasticity of meanings and (3) The variability of the responses to abdominal pain.
Freeman, H. J., & Hershfield, N. B. (2001). Anticipation in an Indo-Canadian family with Crohn's Disease. <i>Canadian Journal of Gastroenterology</i> , 15(10), 695-698. https://doi.org/10.1155/2001/518043	2001	Freeman, H. J., & Hershfield, N. B.	Qualitative	Explore genetic and environmental factors in the incidence of Crohn's disease in an immigrant family.	Case study	Not stated	Indo-Canadian family with Crohn's disease (n=4)	M & F	Immigrants (not specified)	1st & 2nd generation	15-76 years	Clinical data	Crohn's disease	Not stated	Uganda	British Columbia	The manifestations of Crohn's disease between the family members supports the belief that there is an element of genetic predisposition that when combined with an environmental factor leads to disease onset. The concept of genetic anticipation may also be an explanation of the findings, where the disease manifests earlier and with more severe symptoms with each generation.

Gagné, M. H., Shapka, J. D., & Law, D. M. (2012). The impact of social contexts in schools: Adolescents who are new to Canada and their sense of belonging. The Impact of Immigration on Children's Development, 24, 17-34. https://doi.org/10.1159/000331022	2012	Gagne, M.H., Shapka, J.D., & Law, D. M.	Quantitative	(1) Are length of time in Canada, generation status and racial/ethnic background associated with students' sense of belonging? (2) In what ways are perceptions of school social context associated with school belonging? (3) Is the relationship between school social support and school belonging moderated by generation status?	Questionnaire developed using data from a large, multi-ethnic urban center on the west coast of Canada	Convenience sample of students from grade 5 to 12 from six secondary schools and two elementary schools in lower mainland British Columbia	N= 733 with 71% of sample from 6 secondary schools and two elementary schools	M & F	Immigrants (not specified)	Both 1st and 2nd generations	Mean age of 1.5 generation was 14.96, 2nd generation was 14.47, and 3rd generation was 15.32	Children/Adolescents; Questionnaires completed during class time	Social Context and sense of belonging for new adolescents to Canada	Not included	Asian, European, Aboriginal, African/Caribbean, South Asian, Latin American, Middle Eastern and Mixed Variables	British Columbia	Generational Status was negatively associated with school belonging older generation students reported lower levels of school belonging. Perceived similarity predicted school belonging - ethnic and linguistic similarity to peers, hanging out with peers was positively associated with school belonging as well as adult support for school and personal help. Significant relationship between adult support for school help and generational status as well as between peer support for personal help and generational status - all associated with school belonging.
Gagné, M. H., Shapka, J. D., & Law, D. M. (2014). Moving beyond grades: The social and emotional well-being of Chinese Canadians at school. Asian American Journal of Psychology, 5(4), 373-382. http://dx.doi.org/10.1037/a0038243	41944	Gagne, M. H., Shapka, J.D., & Law, D.M.	Quantitative	Purpose: To investigate how adult and peer social support at school impacts school belonging and self-worth and are moderated by generation status. Questions: 1) To what extent does generation status (i.e., 1.5 vs 2nd generation) moderate the relationship between social support at school with school belonging and general self-worth for Canadian immigrants of Chinese descent? 2) It is expected that both adult and peer support at school will contribute more strongly to the sense of school belonging and general self-worth of newcomers of Chinese descent	Not stated	Convenience sample of Chinese were recruited as part of a larger study from six secondary schools and two elementary schools in the Lower Mainland of British Columbia	211 Chinese were recruited as part of a larger study from six secondary schools and two elementary schools in the Lower Mainland of British Columbia	Not stated	Immigrants (not specified)	Both 1st and 2nd generations	Not stated	Children/Adolescents; Data from a larger study	Social and Emotional Well-Being	2007-2008	Chinese	British Columbia	Peer support was positively associated with general self-worth and were different for 1.5 to 2nd generation groups respectively $t(210) = 7.657$, $B = 1.1861$, $p = .000$; $t(210) = 19.716$, $B = 0.586$, $p = .000$.
Gagnon, A. J., Dougherty, G., Wahoush, O., Saucier, J. F., Dennis, C. L., Stanger, E., Palmer, B., Merry, L., & Stewart, D. E. (2013). International migration to Canada: The post-birth health of mothers and infants by immigration class. Social Science and Medicine, 76(1), 197-207. http://dx.doi.org/10.1016/j.socscimed.2012.11.001	2012	Gagnon, A. J., Dougherty, G., Wahoush, O., Saucier, J., Dennis, C., Stranger, E., Palmer, B., Merry, L., & Stewart, D. E.	Quantitative	1) Do newly arrived refugee or asylum-seeking women or their infants experience a greater number or a different distribution of professionally identified health concerns after birth than newly arrived immigrant or Canadian-born women? 2) Are these concerns in refugees or asylum-seekers unaddressed more often by the Canadian healthcare system than in other women or infants?	Not stated.	Convenience sample of women and their infants recruited on the postpartum units of 11 hospitals serving the highest percentage of asylum seekers in cities receiving the greatest number of refugees to Canada	1127 women and their infants were recruited from 11 hospitals in Toronto and Montreal	F	Refugees, asylum seekers, immigrants (not specified)	Not stated	0-12 months (Infants)	Parents/caregivers	Post-birth health of mothers and infants by immigration class	Feb 2006-May, 2009	Africa, Asia, Europe, Latin America, Northern America	Ontario, Quebec	Findings shows one week postpartum, asylum-seeking and immigrant women had greater rates of professionally identified health concerns than Canadian-born women; and at four months, all three migrant groups (refugee, asylum-seeker, immigrant, or Canadian-born) had greater rates of professionally identified concerns. Importantly, international migrants were at greater risk of not having these concerns addressed by the Canadian health care system.

Gatt, J. M., Alexander, R., Emond, A., Foster, K., Hadfield, K., Mason-Jones, A., Reid, S., Theron, L., Ungar, M., Woules, T. A., & Wu, Q. (2020). Trauma, resilience, and mental health in migrant and non-migrant youth: an international cross-sectional study across six countries. <i>Frontiers in Psychiatry</i> , 10, Article 997. https://doi.org/10.3389/fpsy.2019.00997	2020	Gatt, J. M., Alexander, R., Emond, A., Foster, K., Hadfield, K., Mason-Jones, A., Reid, S., Theron, L., Ungar, M., Woules, T. A., & Wu, Q.	Quantitative	Assess for differences in measure of resilience, wellbeing, and mental health behaviours between migrant and non-migrant adolescents in six countries who have been exposed to varying levels of trauma.	Cross-sectional surveys	Convenience sampling	194 adolescents (Australia, n = 25; Canada, n = 21; China, n = 77; New Zealand, n = 33; South Africa, n = 28; United Kingdom, n = 10)	M & F	Internal and external migrants	Not stated	10-17 years	Children/Adolescents	Mental health and wellbeing	Not stated	Majority were from: Australia, Iraq, China, Philippines, New Zealand, South Africa, Europe, England	Australia, Canada, New Zealand, South Africa, United Kingdom	Compared to non-migrants, migrants had higher average exposures to traumatic events in the year prior to the study, and internal migrants had higher levels of exposure than external migrants; South African migrants had the highest exposure to traumatic events. External migrants scored higher in resilience, yet lower prosocial behaviors than internal migrants and non-migrants; internal and external migrants had higher reports of peer problems than non-migrant. Trauma did not seem to impact scores for resilience, wellbeing, or behavior for migrants. Generally, migrant adolescents had higher resilience than non-migrants, though they experienced more trauma, the impact was less detrimental than that had on their non-migrant counterparts.
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George, M. A., & Bassani, C. (2013). Does living in a neighbourhood with others of the same ethnic background contribute to health of Canada's immigrant children? Canadian Journal of Public Health, 104(7), e482-e486. https://doi.org/10.17269/cjph.104.4101	2013	George, M. A., & Bassani, C.	Quantitative	Refugee or asylum-seeking women or their infants' experience	Two data sets: the New Canadian Children and Youth Study (NCCYS) and STAS Canada Census Data. Logistic regression was used to examine the influence of neighborhood ethnic concentrations and mean income on health. Descriptive stats	Families from specific countries (Hong Kong, Mainland China and Philippines) who spoke the dominant language of those countries, had moved to Canada within the past 10 years and having at least one child in two developmental age groups, 4-6 yrs and 11-13 yrs. Children were recruited from school boards in Vancouver; the remainder came from responses to study promotion through ethnic media outlets and recruitment at ethnocultural events, community centers, parenting programs, language schools, churches, temples or malls and through snowball sampling where participants referred neighbors or friends who were eligible for the study	Quota sampling ensured an equal sample size from each immigrant group. 180 children were recruited from each city for each ethnic community, 90 from the younger age group and 90 from the older age group, although 91 were interviewed for one community (mainland China).	M & F	Not stated	Not stated	Two target age ranges: 4-6 and 11-13	New Canadian Children and Youth Data sets which is a national longitudinal study of children whose families settled in urban centers in Canada and Statistics Canada 2001 Data along with	Ethnicity and health of Immigrant Children	Not stated	Mainland China, Hong Kong and Filipino	British Columbia, Ontario, Quebec	Children of Hong Kong ethnicity were less likely to report being in excellent health, compared to the Filipino group (OR=0.69). No significant health difference was noted between Mainland Chinese and Filipino children. Female children were likely to report excellent health compared to male children (OR=1.41), illustrating the need to control for sex in health research for immigrant children. Neighborhood variables demonstrated only one significant effect, mean low educational attainment. As the percentage of adults in the neighborhood with a high school and less than high school education increased, the likelihood of the immigrant sample of children reporting excellent health increased (OR=1.13). Neighborhood income level did not play a role in health disparities. One important ethnic context was noted: the interaction between child's ethnicity and ethnic concentration. Children from Mainland China were negatively affected as mainland Chinese ethnic concentration increased in their neighborhood compared to the Filipino group (OR=0.90). Hong Kong Chinese communities appeared to have no influence on the health of Hong Kong Chinese participants.
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George, M. A., & Bassani, C. (2016). The health of immigrant children who live in areas with high immigrant concentration. <i>Ethnicity and Health</i> , 21(5), 426-438. http://dx.doi.org/10.1080/13557858.2015.1066762	2016	George, M.A. & Bassani, C.	Quantitative	How does ethnicity, ethnic concentration and living in a neighbourhood with others of the same ethnic background contribute to the health of immigrant children?	Two data sets used. One from New Canada n Children and Youth Study (NCCYS) and other from Statistics Canada 2001 data. Also structured questionnaires were used to collect data from each family in their home	Quota Sampling	180 children were recruited, 90 children from the younger age group and 90 from the older age group. Various sampling techniques were used because no complete lists of immigrant populations exist in Canada	M & F	Not stated	Not stated	4-6 years and 11-13 years	Children/A dolescents; Parents/care givers; The New Children and Youth Study data set and the Canadian Census	Health of Immigrant children who live in areas with high immigrant concentration	2001-2003	Mainland China, Hong Kong, Philippines, Iran and India (Punjab)	British Columbia	The health of immigrant children differs according to their ethnic background, in spite of all settling in the same urban centre. Children from Iran (78.6%) were in excellent health in contrast to other groups. 36.6% of children from the Philippines and 35.9% from Punjab were reported to be in excellent health. Fewer children from Mainland China and Hong Kong reported excellent health (11.0% and 14.9% respectively). 0.00 - 7.70% of children in the sample lived in neighborhoods where individuals were from the five groups specified in the study. On average there were higher concentrations of people from Mainland China (3.29%), Hong Kong (3.16%) and Punjab (2.40%) in their neighborhood samples. There was a smaller concentration of people from the Philippines (1.59%) and Iran (0.59%) residing in the 24 neighborhoods. Mainland China, Hong Kong and Punjabi groups with ethnic concentrations of (7.0, 7.1 and 7.50 respectively) suggest that immigrant ethnic concentration is likely for these three ethnic groups.
George, M. A., & Bassani, C. (2018). Influence of perceived racial discrimination on the health of immigrant children in Canada. <i>Journal of International Migration and Integration</i> , 19(3), 527-540. https://doi.org/10.1007/s12134-018-0539-3	2018	George, M. A., & Bassani, C.	Mixed methods	Examine the impact of perceived parental, family, and cultural discrimination on immigrant child health.	Secondary analysis of a national longitudinal survey	Completing quota, snowball, & purposive sampling	1081 children at Time 1; 627 children at Time 2	M & F	Immigrants (not specified) & refugees	1st generation	4-6 years or 11-13 years	New Canadian Child and Youth Study (NCCYS); Parents (interviews)	General health status	2002-2006	Mainland China, Hong Kong, Philippines, Iran, Afghanistan, India	British Columbia	Among those who reported to the ED for mental health concerns, 14% were admitted, with 53.8% not having accessed any outpatient mental health services prior; this was typically seen in younger age groups (14-17).
Georgiades, K., Boyle, M. H., & Duku, E. (2007). Contextual influences on children's mental health and school performance: The moderating effects of family immigrant status. <i>Child Development</i> , 78(5), 1572-1591. https://doi.org/10.1111/1467-8624.2007.01084.x	2007 (September/October)	Georgiades, K., Boyle, M. H., & Duku, E.	Quantitative	To study contextual influences on children's mental health and school performance, the moderating effects of family immigrant status and underlying family processes.	National Longitudinal Study	The data for this research come from Cycle 1 (1994-1995) of the National Longitudinal Survey of Children and Youth (NLSCY; Special Surveys Division, 1996).	A cohort of 22,831 children ages 0 to 11 years living in 13,439 households (86.3% response) across Canada. Children were identified using a stratified, multi-stage probability sample design based on area frames in which dwellings (residences) were the sampling units.	Not stated	Immigrants (not specified)	Not stated	4-11 years	Parents/care givers; Teachers	Children's mental health and school performance	1994-1995	French, British Isles (English, Scottish, Irish), European (1,882; German, Italian, Ukrainian, Dutch, Jewish, Polish, Portuguese), Asian (416; Chinese, South Asian), Aboriginal (362; North American Indian, Metis, Inuit/Es kimo) and Other (581; Black, Other).	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	4,892 neighborhoods with the number of families within each one ranging from 1 to 18 and the number of children in each one ranging from 1 to 27. Parent analysis showed 13,470 children coming from 9145 families; teacher analysis showed 6700 children from 4998 families; non-immigrant families comprised 76% for both parent and teacher analyses; immigrant families in Canada for more than 15 years or less comprised 11%; immigrant families in Canada for more than 15 years comprised 13%. Neighborhood, family and child level characteristics: 25.8% of recent immigrant families are likely to live below poverty line; 13.8% of non-immigrant families likely to live below poverty line; 33.89% of new immigrants likely to live in neighborhoods characterized by higher concentration of immigrants; 10.87 of non-immigrants live in neighborhoods with high concentration of immigrants. Long standing immigrants are report the highest level of household income and are less likely to live in disadvantaged neighborhoods with moderate concentration of immigrants. Family Process: recent immigrant families report higher levels of family dysfunction but lower levels of hostile parenting when compared to non-immigrant families; long standing immigrants and non-immigrants report similar level of family dysfunction and hostile parenting. Neighborhood disadvantage exhibits a strong positive association with externalizing behavior problems while concentration of immigrants exhibits a strong negative association. Boys score significantly higher on levels of externalizing behaviors. Living below poverty line is associated with behavior problems for children in recent immigrant families compared to children in non-immigrant families.

Georgiades, K., Boyle, M. H., Duku, E., & Racine, Y. (2006). Tobacco use among immigrant and nonimmigrant adolescents: Individual and family level influences. <i>Journal of Adolescent Health, 38</i> (4), 443.e1-443.e7. https://doi.org/10.1016/j.jadohealth.2005.02.007	2006	Georgiades, K., Boyle, M. H., Duku, E., & Racine, Y.	Quantitative	To identify individual and family level characteristics that might explain differences in rates of tobacco use among immigrant and non-immigrant adolescents. The objectives of the present study are three-fold: (a) to examine whether adolescents born outside of Canada and those born in Canada to immigrant parents are less likely to use tobacco when compared with Canadian-born adolescents of Canadian-born parent(s). (b) to examine whether immigrant status moderates the association between family SES and tobacco use, and (c) to examine whether family level characteristics (i.e., family dysfunction, parental tobacco use, and parental negative affect) and child level characteristics (i.e., affiliation with peers who smoke) mediate the association between immigrant status and tobacco use.	Survey	Probability sample taken from adolescents participating in the Ontario Health Survey	5401 adolescents aged 12-18 years in Ontario Health Survey (OHS)	M & F	Not stated	Both 1st and 2nd generations	12-18 years	Children/Adolescents	Tobacco use among immigrant and non-immigrant adolescents: individual and family level influences	January - December 1990	Not stated	Ontario	Adolescents born outside of Canada report the lowest rates of tobacco use, despite greater economic hardship. A negative association emerges between family socioeconomic status and tobacco use among adolescents born in Canada but not among adolescents born outside of Canada. Immigrant youth are less likely to affiliate with peers who smoke and are more likely to come from families where parents do not smoke; these differences partially explain the decreased rates of tobacco use among immigrant adolescents. Parental tobacco use and family dysfunction increase the likelihood of adolescent tobacco use. Affiliation with peers who smoke increased the adolescent's risk for smoking.
Gill, P. J., Saunders, N., Guttman, A., Gandhi, S., Kurdyak, P., & Vigod, S. (2017). Emergency department as a first contact for mental health problems in children and youth. <i>Journal of the American Academy of Child & Adolescent Psychiatry, 56</i> (6), 475-482. https://doi.org/10.1016/j.jaac.2017.03.012	2017	Gill, P. J., Saunders, N., Guttman, A., Gandhi, S., Kurdyak, P., & Vigod, S.	Quantitative	To describe adolescents who are more likely to use the emergency department as their first contact for mental health issues.	Population-based cross-sectional cohort study	Not stated	118, 851 adolescents	M & F	Immigrants (not specified) & refugees	Not stated	10-24 years	Linked data from Ontario Ministry of Health and Long-Term Care & the Institute for Clinical Evaluative Sciences	Mental health; HC access	April 1, 2010 - March 31, 2014	Not stated	Ontario	Visits were typically due to substance-related disorders (26.6%), anxiety (20.4%), mood or affective disorders (18.2%), and acute stress disorder (14.4%). Among those who reported to the ED for mental health concerns, 14% were admitted, with 53.5% not having any outpatient mental health; this was typically associated with age where younger age group (14-17) were more likely (RR = 1.09) to use the ED in this way than older age groups (22-24). Increased use was also more likely for rural residence (RR 1.16), lowest income quartile (1.04), refugee immigrants (RR 1.17), and other immigrants (RR = 1.10). Highest risk (RR = 1.78) of ED first contact was seen in those without a consistent provider or without access to primary care. Highest risk was seen in those with a previous history of low-acuity ED access and with primary care providers who were in the lowest tertile in terms of number of mental health visits.

Golomb, M. R., Hune, S., MacGregor, D. L., & deVeber, G. (n.d.). Alternative therapy use by Chinese Canadian children with stroke and cerebrovascular disease. <i>Journal of Child Neurology</i> , 18(10), 714-717. https://doi.org/10.1177/08830738030180100201	2003	Golomb, M. R., Hune, S., MacGregor, D. L., & deVeber, G.	Mixed methods	Examine alternative therapy use by the parents of 17 immigrant and first-generation Chinese American children who have stroke or cerebrovascular disease & the considerations and implications for care.	Retrospective chart review; questionnaire	Not stated	17 children: 9 boys & 8 girls	M & F	Immigrants (not specified)	1st generation & 2nd generation	Not stated	Medical records from the Stroke Clinic at The Hospital for Sick Children; Parents	Cardiovascular/cerebrovascular health	January 1992 - May 2002	Hong Kong, People's Republic of China, Vietnam, Trinidad, Taiwan, Canada, Canada	Ontario	53% (9 out of 17) of families used alternative therapies; all used Chinese herbs, but only 3 could name what specific herbs and mixes were used and pharmacists on the research team were unable to identify literature on the contents of pharmacologic actions; 4 of these families were using items that could affect coagulation. The documentation of the use of alternative therapies was identified in 3 of 9 medical records; 3 families also disclosed discomfort with discussing the use of alternative therapies with the physician, stating that non-Chinese individuals would not understand their use, that their use would not be accepted, and that they feel "put down" when attempting to discuss alternative therapies with their physicians. There was no association identified between use of alternative therapies and parental educational level of foreign birth for the child.
Green, P., & Munn, E. (2018). Atopic dermatitis complicated by severe impetigo in a Syrian refugee infant. <i>BMJ Case Reports</i> , 2018, 1-3. https://doi.org/10.1136/bcr-2017-223149	2018	Green, P., & Munn, E.	Qualitative	Examine the case of a Syrian refugee infant with atopic dermatitis who later developed severe impetigo; discuss how the Canadian healthcare model addresses barriers to health and healthcare.	Case report	Not stated	1 infant	F	Refugees	2nd generation	3 months	Medical records from pediatric dermatology clinic; parents	Dermatological conditions; atopic dermatitis & impetigo	2016	Syria	Ontario	The refugee clinic and the pediatric dermatology clinic both had professional interpretation services during all of the family's appointments; this was important as the parents' understanding of the prolonged treatment plan was crucial in its effectiveness and safety. Access to primary care (in this case, a refugee specific clinic) as facilitated by the local resettlement agency allowed for appropriate and timely referral pathways such as to the pediatric dermatologist by a family physician. Physicians, nurses, and other healthcare providers at the health clinic were familiar with the needs of this population, and thus were able to be sensitive to their gender, cultural, and social needs. Jointly, these measures minimized or eliminated barriers that refugee families would otherwise face in seeking treatment for their child.
Green, T. J., Li, W., Barr, S. I., Jahani, M., & Chapman, G. E. (2015). Vitamin D supplementation is associated with higher serum 25OHD in Asian and white infants living in Vancouver, Canada. <i>Maternal and Child Nutrition</i> , 11(2), 253-259. http://dx.doi.org/10.1111/mcn.12008	2015	Green, T.J., Li, W., Barr, S. I., Jahani, M. and Chapman, G.E.	Quantitative	To understand the association between vitamin D supplementation and serum 25OHD in Asian and white infants living in Vancouver Canada	Questionnaires and non-fasting blood sample, skin color assessment	Convenience sample of Asian Immigrants and white mothers and their infants 2-4 months	Asian immigrants (n=28), White mothers (37) and their infants aged 2-4 months	Not stated	Not stated	1st generation	0-12 months (Infants)	Parents/caregivers; Lab results and skin color assessment	Maternal and child nutrition - vitamin D supplementation is associated with higher serum 25OHD in Asian and White infants living in Vancouver	April 2010 to Aug 2011	Chinese, Indian, Pakistani, Filipino, Iranian	British Columbia	Infants of Asian Immigrant background were exclusively breastfed (78%) using WHO definition; 15% of infants received some formula or infant cereal since birth but were not receiving formula at the time of study and 5% of infants received less than one feeding of formula per day; 89% of infants had received a Vitamin D supplement. There was an absence of ethnic group and skin color effect on infant (25OHD) due to sample size limitations, no African American infants, small number of infants were not supplemented. A high rate of supplementation was noted.
Greenaway, C., Greenwald, Z. R., Akaberi, A., Song, S., Passos-Castilho, A. M., Abou Chakra, C. N., Palayew, A., Alabdulkarim, B., Platt, R., Azoulay, L., Brisson, M., & Quach, C. (2021). Epidemiology of varicella among immigrants and non-immigrants in Quebec, Canada, before and after the introduction of childhood varicella vaccination: a retrospective cohort study. <i>Lancet Infectious Diseases</i> , 21(1), 116-126. https://doi.org/10.1016/S1473-3099(20)30277-2	2021	Greenaway, C., Greenwald, Z. R., Akaberi, A., Song, S., Passos-Castilho, A. M., Abou Chakra, C. N., Palayew, A., Alabdulkarim, B., Platt, R., Azoulay, L., Brisson, M., & Quach, C.	Quantitative	To address the gap in population-based epidemiological data on varicella and compare rates between immigrant and non-immigrant populations & describe the epidemiological pattern over 18 years before and after the introduction of the vaccine.	Retrospective cohort study	Not stated	228, 619 varicella cases	M & F	Immigrants (not specified) & refugees	Not stated	Up to 50 years	Linked data between administrative health databases and immigration data.	Vaccinations; preventative health	1996-2014	Latin America and the Caribbean, Middle East and North Africa, East Asia and the Pacific, Eastern Europe and Central Asia, South Asia, Sub-Saharan Africa	Quebec	5.8% of identified varicella cases were from immigrants; the incidence decreased between the pre-vaccination and public vaccination periods in immigrants (by 87%) and non-immigrants (93%). The average age at diagnosis increased for both groups between pre-vaccination and public vaccination periods; mean age at diagnosis was higher in immigrants than non-immigrants (16.3 years vs 8.8 years). During the public vaccination period, immigrants less than 50 years of age had higher rates of varicella infections than non-immigrants; the highest risk was noticed in adolescents and young adults, those from Latin America, Caribbean, and South Asia, and women of childbearing age (15-40).

Greenfield, B., Rousseau, C., Slatkoff, J., Lewkowsky, M., Davis, M., Dube, S., Lashley, M. E., Morin, L., Dray, P. & Harnden, B. (2006). Profile of a metropolitan north American immigrant suicidal adolescent population. <i>Canadian Journal of Psychiatry - Revue Canadienne De Psychiatrie</i> , 51(3), 155-159. https://doi.org/10.1177/070674370605100305	2006	Greenfield, B., Rousseau, C., Slatkoff, J., Lewkowsky, M., Davis, M., Dube, S., Lashley, M. E., Morin, L., Dray, P. & Harnden, B.	Quantitative	1) Do immigrant and non-immigrant adolescents presenting to a Canadian metropolitan pediatric hospital ER for assessment of suicide differ with respect to recognized diagnostic demographic and lifestyle risk factors? 2) Are there intergroup differences with respect to the evolution of their disorders over a 6-month period?	Secondary data analysis obtained from a previous study. Questionnaires	Convenience sample	344 suicidal adolescents aged 12-17 years presenting at a large metropolitan ER in North America	M	Not stated	Both 1st and 2nd generations	6-12 Years (School age); 13-18 Years (Adolescence)	Children/Adolescents	Adolescent suicide profile in North America	Dec 1996-Oct 1998	Canada, US, Southeast Asia, West-Indies, Europe and Middle East	Not Stated	North American population used drugs to a significantly greater extent at baseline than did immigrants or the mixed group. No statistically significant diagnostic or family functioning differences between suicidal immigrant and non-immigrant adolescents at baseline and at 6 month follow up.
Gregory, E., Crouse, D. L., Krishnamoorthy, P., & Legault, L. (n.d.). Comparisons of type 1 and 2 diabetes socioeconomic characteristics in a Montreal pediatric clinic. <i>Canadian Journal of Diabetes</i> , 34(4), 340-345. https://doi.org/10.1016/S1499-2671(10)44008-3	2010	Gregory, E., Crouse, D. L., Krishnamoorthy, P., & Legault, L.	Quantitative	To describe the pediatric diabetes population in a Montreal clinic & compare socioeconomic status with incidence of Type 1 or Type 2 Diabetes.	Chart review	Not stated	471 patients	M & F	Immigrants (not specified)	Not stated	Not stated	Medical records; Statistics Canada 2001 census	Diabetes	Data collection cut-off at April 1, 2005	Not stated	Quebec	Patients with T2DM had higher BMIs; 81% were in the obese range, while only 13.2% of patients with T1DM were in the obese range. Patients with T1DM had higher HbA1c than T2DM (8.6% vs 7.3%). Compared with patients with T1DM, patients with T2DM tend to live in neighborhoods with lower household incomes, lower educational attainment, and more unmarried couples, and higher percentage of immigrants.
Guigné, F., Duke, P., & Rourke, L. (2013). B vitamin D deficiency an underreported issue in refugee health? Two cases of infants presenting with vitamin D-deficiency rickets. <i>Canadian Family Physician</i> , 59(6), 641-643. https://www.cfp.ca/content/cfp/59/6/641.full.pdf	2013	Guigné, F., Duke, P., & Rourke, L.	Qualitative	To highlight the issue of Rickets in refugee populations	Case Report	Purposeful/selective sampling	2 Children	F	Not stated	1st generation	0-12 months (Infants); 1-2 years (Toddlers)	Health care personnel	Vitamin D deficiency an under reported issue in refugee health	Not identified	Both children of African parents (no country identified)	Newfoundland and Labrador	Two cases of vitamin D-deficiency rickets in infants born to refugee parents in Canada, south of 55°N latitude are presented.
Guttmann, A., Dick, P., & To, T. (2004). Infant hospitalization and maternal depression, poverty and single parenthood—a population-based study. <i>Child: Care, Health and Development</i> , 30(1), 67-75. https://doi.org/10.1111/j.1365-2214.2004.00390.x	2004	Guttmann, A., Dick, P., & To, T.	Quantitative	Examine how family sociodemographic and psychodynamic factors contribute to the risk of hospitalization in children under 2 years of age.	Cross-sectional analysis of cycle data	Random sampling (NLSCY)	Weighted sample = 322,697. unweighted = 2184	M & F	Immigrants (not specified)	Not stated	12-24 months	National Longitudinal Survey of Children and Youth 1994/95	Infant hospitalization	1994-1995 (NLSCY)	Not stated	Canada-wide	Reasons for hospitalization included: respiratory illness (48%), gastrointestinal illness (11%), other (41%). 11.2% of children were hospitalized between the ages of 12-24 months with reported health being the only statistically significant biological factor identified as a risk of hospitalization. Family variables associated with hospitalization were low income (OR 1.66), single parenthood (OR 1.55), and maternal depression (OR 1.81); reduced risk of hospitalization was associated with having a recently migrated parent to Canada (OR 0.53).

Guttmann, A., Manuel, D., Stukel, T. A., Desmeules, M., Cernat, G., & Glazier, R. H. (2008). Immunization coverage among young children of urban immigrant mothers: Findings from a universal health care system. <i>Ambulatory Pediatrics, 8</i> (3), 205-209. http://dx.doi.org/10.1016/j.ambp.2008.01.010	2008	Guttmann, A., Manuel, D., Stukel, T. A., DesMeules, M., Cernat, G., and Glazier, R. H.	Quantitative	An investigation of access to effective primary health care services in children of new immigrants to Canada by assessing immunization coverage at age 2.	The use of multiple linked administrative data sets. All health care records analyzed were obtained through a data agreement with the Ontario Ministry of Health and the Institute for Clinical Evaluative Sciences. We used the same cohort and databases as a previous study on immunization coverage and capitalized on a pan-Canadian initiative to link health administrative data sets with the Landed Immigrant Database (LIDS) maintained by Citizenship and Immigration Canada.	We used our previous cohort of all urban babies born in hospital between July 1, 1997, and June 30, 1998.	Our final cohort included 98,123 mother-infant dyads, of whom 18,634 mothers were immigrants to Canada since 1985.	Not stated	Immigrants (not specified)	1st generation	0-12 months (Infants); 1-2 years (Toddlers)	Parents/care givers; Health care personnel	Immunization coverage among young children of urban immigrant mothers	July 1, 1997, and June 30, 1998	Latin/Central America, Caribbean, Western Europe, Australia, New Zealand, Japan, Singapore, United States, Eastern Europe, Middle East, Africa, Southeast and Northeast Asia, Oceania, South Asia	Ontario	Children of immigrant mothers were more likely to live in the lowest income neighborhoods (42.2% vs 19.6%) but less likely to have a teenage mother. Children of immigrant mothers were more likely to have high volume and foreign-trained providers of care. Immunization coverage is higher in those from South and East Asia. Findings suggest that under universal health insurance, disparities in access to care by new immigrants are minimized; it is clear that universal access is not sufficient to ensure effective care.
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Habersaat, S., Tessier, R., Larose, S., Nadeau, L., Tarabulsy, G., Moss, E., & Pierrehumbert, B. (2010). Adoption, adolescence and behavior problems: Which risk factors? <i>Annales Medico-Psychologiques</i> , 168(5), 343-349. doi:10.1016/j.amp.2009.03.023 https://doi.org/10.1016/j.amp.2009.03.023	2010	Habersaat, S., Tessier, R., Larose, S., Nadeau, L., Tarabulsy, G., Moss, E., Pierrehumbert, B.	Quantitative	To explore the impact of the age at adoption, gender and country of origin in developing problem behaviors for adopted adolescents.	Parent-reported and self-reported questionnaires on problem behaviors, and information about adoption (date and country)	Multi-stage Sampling	358	M & F	Canadian Citizen Adoption	Humanitarian Immigrants	6-12 Years (School age); 13-18 Years (Adolescence)	Children: Survey Child Behaviour Checklist	Adoption and behavior problems in adolescents	1985-2002	Mexico, Colombia, Venezuela, Bolivia, Peru, Honduras, Costa Rica, Haiti, China, Taiwan, Korea, Russia, Romania, Poland, Ukraine	Quebec	Exposure to racism, difficulty establishing an identity and integrating into a new family and new culture led to adopted children developing psychological issues. The older children are at the time of adoption, the more prone they are to developing behavioural problems; Adolescents that have been adopted lately and from the orphanages in Eastern Europe were the most vulnerable to problem behaviours. Adopted boys were more prone to behaviour issues related to attention and disrespect of rules than their female counterparts. Adopted girls had more difficulty adapting emotionally, tended to show antisocial behaviour, and were more vulnerable to the internalization of their feelings, thus resulting in somatic symptoms. A study also found that adopted girls were more vulnerable to sexual abuse and suicidal thoughts as well as exposure to illicit substances. Adopted children from East Asia were observed to be the least vulnerable to behavioural problems compared to the adopted children from Eastern Europe, the Caribbean and Latin America. In the case of children who were adopted before 6 months or between 12 and 24 months, the country of origin has no impact on problem behaviours. In terms of the risks in developing separation anxiety and selective attachment, children who were adopted between 6-12 months and 12 months and over were observed to be more vulnerable.
Hamilton, H. A., Marshall, L., Rummens, J. A., Fenta, H., & Simich, L. (2011). Immigrant parents' perceptions of school environment and children's mental health and behavior. <i>Journal of School Health</i> , 81(6), 313-319. http://dx.doi.org/10.1111/j.1746-1561.2011.00596.x	2011	Hamilton, H. A., Marshall, L., Rummens, J. A., Fenta, H., & Simich, L.	Quantitative	To examine the relationship between parents' perceptions of school environment and children's emotional health	Survey - subset of data from the New Canadian Children and Youth study	4- to 6- and 11- to 13-year-old children born outside of Canada or into Hong Kong Chinese, Filipino and mainland Chinese families in Greater Toronto who immigrated to Canada within the 10 years prior to entry into the study	N=53 children ages 4-6 and 11-13	F	Not stated	Both 1st and 2nd generations	4-6 and 11-13	Parents/carers	Emotional Distress	2002-2004	Canada	Ontario	48% female and 52% male respondents, 59% were age 4-6, 49% reported living in households reported to be better than prior to immigrating. Parental depression had strong influence on emotional distress in children. Ethnicity has significant influence on association between perception of school and emotional distress in children. Higher parental perception of school was associated with less emotional distress in children. Children of Filipino parents had fewer symptoms of emotional distress than Hong Kong Chinese children. Filipinos had more positive perceptions of school environment.
Hamilton, H. A., Noh, S., & Adlaf, E. M. (2009). Adolescent risk behaviours and psychological distress across immigrant Generations. <i>Canadian Public Health Association</i> , 100(3), 221-225. https://doi.org/10.1007/BF03405545	2009	Hamilton, H. A., Noh, S., & Adlaf, E. M.	Quantitative	To examine disparities in hazardous and harmful drinking	Survey design - Ontario student drug use survey	Province-wide survey of 7th and 12th graders	4,069 students	Not stated	Immigrants (not specified)	Both 1st and 2nd generations	12-19 years old	Children/Adolescents; 2005 Ontario student drug use survey	Substance use	2005	Canada	Ontario	1st generation immigrant youth reside in urban rather than rural areas. There are statistically significant variations in hazardous and harmful drinking, drug use, delinquency and distress. First generation youth report less harmful drinking and less likely to use illicit drugs than 2nd generation; second generation youth report less drinking and drug use than third generation youth. Main difference in delinquency and distress is between first and second generation. Symptoms of psychological distress are greater between second and third generation youths. Greater use of substances by native-born youths.
Hamilton, H. A., Owusu-Bempah, A., Boak, A., & Mann, R. E. (2018). Ethnoracial differences in cannabis use among native-born and foreign-born high school students in Ontario. <i>Journal of Ethnicity in Substance Abuse</i> , 17(2), 123-134. https://doi.org/10.1080/15332640.2017.1312655	2018	Hamilton, H. A., Owusu-Bempah, A., Boak, A., & Mann, R. E.	Quantitative	Explore the relationship between ethnoracial background and immigrant status in terms of cannabis use in a population of students from Ontario, Canada.	Stratified two-stage cluster design	Pooled sample of high school students	12,527 students	M & F	Immigrants (not specified)	1st & 2nd generation	Grade 7-12	Ontario Student Drug Use and Health Survey (OSDUHS)	Cannabis use	2011, 2013 surveys	East/Southeast Asian, South Asian	Ontario	Adolescents of South Asian and East/Southeast Asian background were less likely to use cannabis than adolescents who were White, Black, or had mixed-race background; adolescents with mixed-race backgrounds were more likely to use cannabis than those from a White background. Variable relationship between ethnoracial background and cannabis use among foreign-born and native-born youth (both immigrants). Foreign born students, grade 9 and 10, and with higher subjective socioeconomic status, had lower odds of any cannabis use in the 12 months preceding the study.

Hamilton, H. A., van, d. M., Boak, A., & Mann, R. E. (2014). Subjective social status, immigrant generation, and cannabis and alcohol use among adolescents. <i>Journal of Youth and Adolescence</i> , 43(7), 1163-1175. http://dx.doi.org/10.1007/s10964-013-0054-y	2014	Hamilton, H. A., van, d. M., Boak, A., & Mann, R. E.	Quantitative	Examination of whether socioeconomic and substance use and between parental education and substance use varied by immigrants	Survey - 2011 Ontario student drug use and health survey.	A representative sample of students from 12-19 years old in grades 7 to 12	9288 students in 7th to 12th grade	M & F	Immigrants (not specified)	Both 1st and 2nd generations	13-18 Years (Adolescence); 12-19	Children/Adolescents	Cannabis and alcohol use among adolescent immigrant children	2011	Canada	Ontario	First generation immigrants with low subjective Socioeconomic Status had lower probability of cannabis and alcohol use. There was no difference in use between immigrant generations at high subjective socioeconomic status. A comparison between immigrant generations indicates that a greater proportion of the third- and later-generation sample were females and reported higher subjective SES; SES demographic factors were not significantly related to cannabis use after adjusting for parental education, immigrant generation and demographic characteristics. Adolescents whose parents had some university or college education had greater odds of using cannabis vs. their peers whose parents had a university degree. Age, family structure, and ethnic background were significantly associated with alcohol use. First generation immigrants were likely to consume alcohol than third and later generations immigrants. Subjective SES is not associated with cannabis or regular alcohol use among adolescents.
Harrison, R., Wong, T., Ewan, C., Contreras, B., & Phung, Y. (1997). Feeding practices and dental caries in an urban Canadian population of vietnamese preschool children. <i>ASDC Journal of Dentistry for Children</i> , 64(2), 112-117.	1997	Harrison, R., Wong, T., Ewan, C., Contreras, B., & Phung, Y.	Quantitative	To determine the prevalence of dental caries in Vietnamese infants and preschool children To analyze information about current dental health and nutrition practices in this group of children To design a culturally specific oral health promotion program with input from the Vietnamese community	Interviews using an interview instrument to assess demographic variables, infant feeding and comforting practices and dental health knowledge and practices. Conducted a descriptive study	Convenience sample of Vietnamese children	60	M & F	Immigrants (not specified)	1st generation	0-12 months (Infants); 1-2 years (Toddlers)	Parents/caregivers	Clinical condition	Information not stated	Canada	British Columbia	Inappropriate bottle-feeding habits are one of the factors contributing to high prevalence of nursing caries in immigrant pre-school Vietnamese children.
Hilario, C. T., Vo, D. X., Johnson, J. L., & Saewyc, E. M. (2014). Acculturation, gender, and mental health of Southeast Asian immigrant youth in Canada. <i>Journal of Immigrant and Minority Health</i> , 16(6), 1121-1129. http://dx.doi.org/10.1007/s10903-014-9978-x	2014	Hilario, C. T., Vo, D. X., Johnson, J. L., & Saewyc, E. M.	Quantitative	To describe gender-based and migration-related differences in mental health and to examine the linkages between acculturation and protective factors for mental health among Southeast Asian youth.	Cluster stratified sampling design	Representative sample of secondary school students	29300	M & F	Immigrants (not specified)	1st generation	12-19 years	Children/Adolescents	Mental health among secondary school students	February to June 2008	Canada	British Columbia	Southeast Asian girls reported higher rates of mental health issues than boys. Acculturation was not related to mental health. Boys and girls who lived in Canada for less than 5 years were likely to report extreme levels of despair. Girls in Canada less than 10 years report extreme despair and extreme stress. Family connectedness was a protective factor for both stress and despair and in girls and boys. School connectedness was a protective factor for girls. Ethnic identity connectedness was associated with lower despair among boys but higher stress for girls. Immigrant teens may be at a higher risk for distrust. There are gender differences in mental health of southeast Asian youth.
Homma, Y., Saewyc, E. M., Wong, S. T., & Zumbo, B. D. (2013). Sexual health and risk behaviour among East Asian adolescents in British Columbia. <i>Canadian Journal of Human Sexuality</i> , 22(1), 13-24. http://dx.doi.org/10.3138/cjhs.927	2013	Homma, Y., Saewyc, E. M., Wong, S. T., & Zumbo, B. D.	Quantitative	To document the prevalence of sexual behaviour and reason for abstaining from sexual intercourse among East Asian adolescents in BC	Secondary analysis	Any student who was East Asian (Japanese, Korean, Chinese)	29315	M & F	Not stated	Not stated	12-19 years	Children/Adolescents	Clinical Area	Reference 2008 Adolescent survey BC	Canada	British Columbia	Less than 10% of East Asians have had sexual intercourse: most who were sexually experienced engaged in high-risk behaviours. English speaking immigrant and Canadian-born students were more likely to experience sexual intercourse. Immigrant students who did not participate in sexual intercourse were waiting to meet the right person.

Hong, J. S., Merrin, G. J., Crosby, S., Jozefowicz, D. M., Lee, J. M., & Allen-Meares, P. (2016). Individual and contextual factors associated with immigrant youth feeling unsafe in school: A socioecological analysis. <i>Journal of Immigrant and Minority Health</i> , 18(5), 996-1006. http://dx.doi.org/10.1007/s10903-015-0242-9	2016	Hong, J. S., Merrin, G. J., Crosby, S., Jozefowicz, D. M., Lee, J. M., & Allen-Meares, P.	Quantitative	The study explores the covariates of feeling unsafe in school among immigrant youth with an individual, family friend and school contacts To explore immigrant youth's perception of school and safety using the socioecological framework	Questionnaire	Adolescents from more than 70 countries	4288	M & F	Immigrants (not specified)	1st generation	13-18 Years (Adolescence)	Children/Adolescents	Clinical area	1992-2006 School year	United States	Not Stated	Youth from vulnerable populations are at increased risk of feeling unsafe. Perceptions of school safety are affected by exposure to violence and harassment of at-risk population.
Hoover, J., Vatanparast, H., & Uswak, G. (2016). Risk determinants of dental caries and oral hygiene status in 3-15 year-old recent immigrant and refugee children in Saskatchewan, Canada: A pilot study. <i>Journal of Immigrant and Minority Health</i> , 19(6), 1315-1321. https://doi.org/10.1007/s10903-016-0452-9	2016	Hoover, J., Vatanparast, H., & Uswak, G.	Quantitative	To identify the risk determinants of caries and record oral hygiene status in recent immigrant and refugee children residing in Saskatchewan and Regina, Saskatchewan, Canada	Survey	Convenience sample of 3- to 15-year-old refugee and immigrant children	133	M & F	Immigrants (not specified) & refugees	1st generation	3 to 15 years old	Children/Adolescents; Parents/caregivers	Clinical condition	September 2012 to June 2013	Canada	Saskatchewan	Access barriers were associated with parental knowledge of preventive services, English skills and external constraints related to dental insurance.
Hossain, N. (2011). A portrait of immigrant children's health: Physical activity and injury prevention. [Doctoral dissertation, York University]. Library and Archives Canada. https://www.collectionscanada.gc.ca/obj/ihesscanada/vol2/002/NR80517.PDF?is_fulltext=1&oclc_number=890511536	2011	Hossain, N.	Quantitative	To identify the risk and prevalence of unintentional injury, physical activity, and obesity among immigrant children; identify the difference in diet, lifestyle, sport participation, and injury prevention approaches between immigrant children and Canadian-born children; identify variations in the rate of injury and participation in physical activity over time; and identify barriers and facilitators to injury prevention approaches.	Longitudinal survey	Survey used probability sampling	22,831 children (physical injury analysis); 20,433 (physical activity analysis)	M & F	Not stated	1st generation	4-11 years	Cycle 1 of National Longitudinal Survey of Children and Youth (NLSCY)	Physical health	1994	Not stated	Canada-wide	Canadian-born children had an increased prevalence of injuries compared to immigrant children (12% vs 7.7%). Immigrant children had a decreased risk of injury compared to Canadian-born children (OR=0.74) but had more serious injuries (broken or fractured bones; burns or scalds) or were more likely to have multiple injuries, or sustain injuries to their arms or hands. Immigrant children experienced increased risk of injury with time spent in Canada, but overtime, still had lower odds than their Canadian-born counterparts even after more than 10 years in Canada. Immigrant children were less likely to engage in physical activity (48% vs 58%). The rate of physical activity of immigrant children increased with time spent in Canada but was lower than that of their Canadian-born counterparts even after over 10 years in Canada.
Hsu, L., & Alden, L. E. (2008). Cultural influences on willingness to seek treatment for social anxiety in Chinese and European heritage students. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 14(3), 215-23. http://dx.doi.org/10.1037/1099-9809.14.3.215	2008	Hsu, L., & Alden, L. E.	Quantitative	An examination of culture-related influences on willingness to seek treatment for social anxiety in first- and second-generation students of Chinese heritage and their European counterparts	Survey	University students in undergraduate psychology courses	172	M & F	Not stated	Both 1st and 2nd generations	Not stated; 17 to 25 years	Children/Adolescents	Clinical Area	Not stated	Hong Kong, Taiwan, mainland China, United States, Canada and Europe	British Columbia	Asians in North America tend to delay treatment for mental health problems. Reluctance of first generation Chinese to seek treatment is associated with greater Chinese heritage acculturation. Generational effect for willingness to seek treatment between first- and second-generation Chinese.

Hua, J. M., & Costigan, C. L. (2012). The familial context of adolescent language brokering within immigrant Chinese families in Canada. <i>Journal of Youth and Adolescence</i> , 41(7), 894-906. https://doi.org/10.1007/s10964-011-9682-2	2012	Hua, J. M., & Costigan, C. L.	Quantitative	- Evaluate the moderating effects of adolescents' belief in family obligation values; evaluate their perception of parental psychological control on the relationship between the frequency of language brokering and adolescent psychological health and quality of parent-child relationship.	Cross-sectional	Random sampling	182 adolescents	M & F	Immigrants (not specified)	1st & 2nd generation	12-17 years	Children/Adolescents; families	Mental health	Not stated	Mainland China, Taiwan, Hong Kong	Western Canada	91.8% of adolescents shared that they engaged in language brokering for their parents at least a few times a year; 8.2% reported never having done so; average was few times a year. Older adolescents were more likely to language broker for parents and were also more likely to have internalizing symptoms, lower self-esteem, and greater parent-child conflict. Increased frequency of language brokering was associated with poorer psychological health in adolescents who had strong family obligating values of who saw their parents as highly psychologically controlling; increased frequency of language brokering was also associated with higher levels of parent-child conflict. Contrary to previous studies, frequency of language brokering was not significantly associated with self-esteem or parent-child congruence.
Innis, S. M., Palaty, J., Vaghri, Z., & Lockitch, G. (2006). Increased levels of mercury associated with high fish intakes among children from Vancouver, Canada. <i>The Journal of Pediatrics</i> , 148(6), 759-763. https://doi.org/10.1016/j.jpeds.2006.02.001	2006	Innis, S. M., Palaty, J., Vaghri, Z., & Lockitch, G.	Quantitative	To assess exposure to mercury (Hg) among children in population subgroups whose traditional dietary practices include fish.	Cross-sectional analytic study	Not stated	228	M & F	Not stated	Not stated	1.5-5 years (Pre-school)	Blood draw from pre-school children, and interview from parents	Mercury level among pre-school children	May and June 2013	Chinese, Caucasian, South and Southeast Asian, First Nations, Hispanic, Middle Eastern and other mixed ethnicities	British Columbia	Blood concentrations vary in children from different ethnic groups. The relationship between elevated mercury, fish intake, and blood n-3 EPA is consistent when fish or other seafood are a major source of Hg exposure. Inverse relationship between blood Hg and attentional focusing in children above 3 years of age, after adjusting for other factors such as iron deficiency anemia, low serum zinc, age, sex, ethnicity and family income.
Isaacs, S., Valaitis, R., Newbold, K. B., Black, M., & Sargeant, J. (2013). Brokering for the primary healthcare needs of recent immigrant families in Atlantic, Canada. <i>Primary Health Care Research and Development</i> , 14(1), 63-79. http://dx.doi.org/10.1017/S1463423612000229	2013	Isaacs, S., Valaitis, R., Newbold, K. B., Black, M., & Sargeant, J.	Mixed Methods	To describe how broker-organization-supported community-based services address primary healthcare needs of recent immigrant children	Case study	Network organizations serving neighbourhoods providing services to recent immigrants or families with young children, newborns to 6 years of age	27 organizations	M & F	Immigrants (not specified)	1st generation	Newborn to 6 years old	Health care personnel	Clinical Area	During 2009	Canada	New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island	Broker organizations were dependent on for many of the network interactions helping to sustain primary health care systems for recent immigrant families. Needs as experienced by families involve different kinds of brokers and participants with different levels of network cohesiveness. Non-health funded organizations (legal and settlement services) played an important role within primary healthcare network for recent immigrant families.
Islam, F. (2015). Immigrating to Canada during early childhood associated with increased risk for mood disorders. <i>Community Mental Health Journal</i> , 51(6), 723-732. https://doi.org/10.1007/s10597-015-9851-y	2015	Islam, F.	Quantitative	Explored how age at the time of migration to Canada impacted mental health.	Secondary analysis of cross-sectional data	Area framing, telephone list framing, random digit dialing (CCHS survey)	8839 immigrants	M & F	Immigrants (not specified)	1st generation	12 years and up	Canadian Community Health Survey (2007-1011)	Mental health (mood disorders)	2007-2011 (survey)	Not stated	Canada-wide	There was a higher prevalence of mood disorders in children who migrated before the age of six (early childhood) compared to those who migrated later; earlier migration was also associated with increased risk of mood disorders (OR 1.40) compared to adult migration (with adjustment for key factors such as gender, racialized status, sense of belonging, working status last week, self-rated health, physical activity level, smoking status). Following factors also associated with having mood disorders for immigrant populations: female gender (OR 1.94), age between 25-44 years (OR 1.89), age between 45-64 years (OR 1.89), racialized status (OR 0.51), weak sense of belonging (OR 1.42), not being employed (OR 1.60), inactive physical activity status (OR 5.69), smoker (OR 1.75), fair-poor self-rated health (OR 5.69).
Kam, A., Ford-Jones, L., Malloy, P., Khan, K., & Kitai, I. (2007). Active tuberculosis among adolescents in Toronto, Canada: Clinical features and delays in diagnosis. <i>Pediatric Infectious Disease Journal</i> , 26(4), 355-356. DOI: 10.1097/01.inf.0000258700.86040.b6. Retrieved from https://ovidsp-de2-ovid-com.login.ezproxy.library.ualberta.ca/	2007	Kam, A., Ford-Jones, L., Malloy, P., Khan, K., & Kitai, I.	Quantitative	To investigate the time to diagnosis and treatment of adolescent patients with TB To determine demographics, clinical presentation, site of disease, incidence of comorbidities and rate of compliance in this population	Retrospective study	All cases of children treated for TB Sick Children's Hospital (Convenience sampling)	23	M & F	Immigrants (not specified)	1st generation	13-18 Years (Adolescence)	Health Records	Clinical condition	January 1999 to December 2004	Canada	Ontario	Clinicians need greater awareness of unique features of adolescent tuberculosis. Lack of experience among physicians may contribute to low level of suspicion for and delay in diagnosis of TB. Delay diagnosis in adolescents may have significant public health repercussions especially in schools.

Kandasamy, T., Cherniak, R., Shah, R., Yudin, M. H., & Spitzer, R. (2014). Obstetric risks and outcomes of refugee women at a single centre in Toronto. <i>Journal of Obstetrics and Gynaecology Canada</i> , 36(4), 296-302. https://doi.org/10.1016/S1701-2163(15)30604-6	2014	Kandasamy, T., Cherniak, R., Shah, R., Yudin, M. H., & Spitzer, R.	Quantitative	Identify the risk of adverse obstetric and perinatal outcomes for refugee women in Toronto.	Retrospective cohort design	Not stated	274 refugee women	F	Refugees	1st generation	Not stated	Health records; refugee claimant status papers	Obstetric and perinatal health	Jan 1, 2008 - Dec 31, 2010	Latin America and the Caribbean, Sub-Saharan Africa, East Asia and the Pacific, Eastern Europe and Central Asia	Ontario	Refugee women were generally younger and multiparous compared to non-refugee women; they also had higher rate of being single and homeless. Refugee women with more than one child were more likely to have a Caesarean-section (c-section) with a 1.5x increase in low-birth-weight infants compared to non-refugee women. Women from SSA had significantly higher rates of delivering LBW infants and delivery by c-section than non-refugee women. Generally, refugee women had significantly higher rates of having had a prior c-section (80%), HIV+ status, homelessness, social isolation, and delays in accessing prenatal care.
Kanji, Z. (2009). <i>Understanding the experiences of Ismaili Afghan refugee children through photo conversations</i> (Accession Number 109852929) [Doctoral dissertation, University of Alberta]. Open Dissertations.	2009	Kanji, Z.	Qualitative	Give meaning to the phenomenon of resilience in terms of how Afghan children adapt in spite of adversities faces after war; add to the body of knowledge of nursing science and healthy childhood development practices.	Hermeneutic photography	Snowball sampling	7 children	M & F	Refugees	1st generation	13-17 years	Children/Adolescents	Mental health and wellbeing; resilience	Not stated	Afghanistan	Alberta	Four themes were identified in the day-to-day life experiences of the Afghan refugee children: cherishing the family, treasuring the Afghan culture, creating opportune spaces to dwell, building and sustaining resilience. Spending time with family allowed them to cherish their culture and volunteering helped to facilitate their integration into the Ismaili culture in Canada; as a result, they were able to retain their mother tongue (Farsi) and were also able to learn English to navigate life in Canada. The ability to retain their culture while embedded within Ismaili culture and supported by the new Canadian culture allowed them to settle well in Canada. Support from family, friends, and their community helped them navigate the burdens, tensions, hardships.
Kanji, Z., & Cameron, B. L. (2010). Exploring the experiences of resilience in muslim afghan refugee children. <i>Journal of Muslim Mental Health</i> , 5(1), 22-40. doi:10.1080/15564901003620973	2010	Kanji, Z., & Cameron, B. L.	Qualitative	The aim of this study was to explore the experiences of Muslim Afghan refugee children living in Canada. The purpose of this study was to understand the phenomenon of resilience in an exploratory way with regard to how Afghan refugee children adapt despite facing adversities in the aftermath of war. The core research question was: What are the experiences of Afghan refugee children currently living in Canada in the aftermath of war? The related question was: How do they describe their experiences of day-to-day life? In this article, we will discuss only one theme—building and sustaining resilience—in both the transitional country of Pakistan and the host country of Canada.	Hermeneutic photography	Purposive	7	M & F	Refugees	1st generation	13-17 years	Children/Adolescents	Resilience experiences among Muslim Afghan refugee children	Not stated	Afghanistan	Alberta	Building and sustaining resilience was a theme that emerged from the data analysis. The subthemes were: Consequences of Dwelling in Adversity, A Journey of supports in Pakistan and Canada, drawing strength from Divine support, family, community, maintaining the Afghan culture, varying spaces, and challenges and tensions of daily living.

Khan, S., Yao, Z., & Shah, B. R. (2017). Gestational diabetes care and outcomes for refugee women: population-based cohort study. <i>Diabetic Medicine</i> , 34(11), 1608-1614. https://doi.org/10.1111/dme.13440	2017	Khan, S., Yao, Z., & Shah, B. R.	Quantitative	To identify the prevalence of adverse clinical outcomes, healthcare utilization rates, and incidence of post-partum T2DM in refugees diagnosed with gestational diabetes when compared with other immigrant and non-immigrant populations.	Population-based cohort study	Purposive sampling	40,902 women	F	Immigrants (not specified) & refugees	Not stated	Not stated	Data from Institute for Clinical Evaluative Sciences, Registered Persons Database, Ontario Diabetes Databases	Obstetric and perinatal health; gestational diabetes	Births between April 2002 - March 2014	Not stated	Ontario	Refugee and immigrant women had lower socioeconomic status compared to non-immigrant women; also had higher parity; a smaller proportion of refugee women were proficient in English at immigration. Refugees and other immigrants had lower rates of GDM outcomes than non-immigrants: pre-eclampsia, preterm birth, respiratory distress syndrome. Refugees less likely to attend well-baby visits within a timely manner for the first routine vaccinations. The incidence of post-partum diabetes was high across all groups, but there was an increased risk for refugee women.
Khanlou, N., & Crawford, C. (2006). Post-migratory experiences of newcomer female youth: Self-esteem and identity development. <i>Journal of Immigrant and Minority Health</i> , 8(1), 45-56. https://doi.org/10.1007/s10903-006-6341-x	2006	Khanlou, N., & Crawford, C.	Qualitative	Afghan refugee children living in Canada	Participatory action research	Convenience sample	10 female newcomer youth	F	Refugees	1st generation	10 to 17 years old	Children/Adolescents; Parents/Caregivers; Teachers	Clinical Area	2000 - 2001	Korea, China, Russia and Taiwan	Ontario	The study identifies issues faced by newcomer youth such as identity development, language barriers and relationship issues. Female youth were sensitive to cues from the dominant society such as citizenship and cultural identity. Anglicizing their names or silencing self to minimize their differences. Mothers play an important role in imparting values and codes about womanhood to their daughters. Some may challenge gender stereotypes where others may reinforce them. The intersection of gender, life stage, migrant and racialized status are important in mental health promotion, education and practice in multicultural settings.
Khanlou, N., Shakya, Y., & Muntaner, C. (2009). Mental health services for newcomer youth: Exploring needs and enhancing access. <i>Provincial Centre of Excellence for Child and Youth Mental Health</i> . https://accessalliance.ca/wp-content/uploads/2018/06/FINAL-REPORT-RG-No-122-CHEO-July-31-2009.doc.pdf	2009	Khanlou, N., Shakya, Y., & Muntaner, C.	Mixed-methods	To understand the access barriers and mental health needs of families and youth from newcomer communities.	Community-based participatory research	Purposive sampling	59 total including children, mothers, and service providers	M & F	Not stated, some refugee youth	1st generation	14-18 years	Children/Adolescents; Parents; Service Providers	Mental health	2009	Afghanistan, Colombia, Sudan, India	Ontario	There were varied descriptions of mental health among the participants which sometimes did not align with Western definitions of mental health. A majority of barriers to accessing mental health services were due to economic and socio-cultural circumstances. Language barriers and poverty were the two most prominent barriers to accessing mental healthcare. Many youth also reported a strain from shifting family roles (e.g., having to translate or assist parents with access to services). Youth also reported feeling caught between two cultures and separation from family at home to be difficult.
Kimber, M., Georgiades, K., Jack, S. M., Couturier, J., & Wahoush, O. (2015). Body image and appearance perceptions from immigrant adolescents in Canada: An interpretive description. <i>Body Image</i> , 15, 120-131. https://doi.org/10.1016/j.bodyim.2015.08.002	2015	Kimber, M., Georgiades, K., Jack, S. M., Couturier, J., & Wahoush, O.	Qualitative	How do immigrant adolescents in Canada describe their body image and the importance of appearance?	Cross-sectional observation study	Purposive sampling	18	M & F	Not stated	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents	Body image perception among immigrant adolescents	Not stated	Mexico, Canada, Peru, South Korea, China, Dabai, Pakistan, Saudi Arabia, India and Ethiopia	Ontario	Immigrant adolescents in the study described male and female appearance ideals that were characterized by muscularity and slimness respectively, but also emphasized the notion of moderation with respect to body weight and shape. More specifically, for the study participants, it was important to be not too fat or too muscular. The results suggest that the internalization of this "thin and curvy" ideal occurs long before the college years. However, the qualitative approach of the study was unable to determine the extent to which this characterization of the ideal female appearance influenced the appearance satisfaction or dissatisfaction of adolescent participants in the study.
Kronick, R., Rousseau, C., & Cleveland, J. (2015). Asylum-seeking children's experiences of detention in Canada: A qualitative study. <i>American Journal of Orthopsychiatry</i> , 85(3), 287-294. http://dx.doi.org/10.1037/ort0000061	2015	Kronick, R., Rousseau, C., & Cleveland, J.	Qualitative	To understand the experiences of detained children and families who have sought asylum in Canada.	Ethnographic	Purposive	35	M & F	Asylum-seeker, failed claimant	1st generation	0-20 years	Children/Adolescents; Parents/caregivers	Asylum-seeking children's experiences of detention	6 months	Europe, Southeast Asia, West Africa, East Africa, North America, Middle East, Central Africa, South Asia, Latin America	Ontario, Quebec	The majority of families were asylum seekers (65%), and the remaining 35% of families were failed refugee claimants. Detention appears to be a frightening experience of deprivation that leaves children feeling criminalized and helpless. Family separation further shatters children's sense of well-being. Children's emotional and behavioral responses to separation and detention suggest that the experience is acutely stressful and, in some cases, traumatic—even when detention is brief. Distress and impairment may persist months after release, therefore, any incarceration, even under relatively safe conditions, is damaging for immigrant children, especially those with high levels of previous trauma exposure.

Kukaswadia, A., Pickett, W., & Janssen, I. (2014). Influence of country of birth and ethnicity on body mass index among Canadian youth: a national survey. <i>Canadian Medical Association Journal Open</i> , 2(3), E145-E152. doi: 10.9778/cmajo.2013.0088. Retrieved from http://cmajopen.ca/content/2/3/E145	2014	Kukaswadia, A., Pickett, W., & Janssen, I.	Quantitative	Study sought to examine the independent and joint effects of country of birth and ethnicity on body mass index (BMI)	Cross section observational study	Not stated	19272	M & F	Not stated	Both 1st and 2nd generations	6-12 Years (School age)	Children/Adolescents	BMI of immigrant school-aged children in Canada	Not stated	East and Southeast Asia, Africa, East India and South Asia	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	The most important finding of this study was that the BMI of foreign-born youth was lower than that of their Canadian-born peers, and that this association was not linear with time since immigration. This goes against the theory of acculturation. BMI also differed by ethnicity.
Kukaswadia, A., Pickett, W., & Janssen, I. (2014). Time since immigration and ethnicity as predictors of physical activity among Canadian youth: A cross-sectional study. <i>PLoS ONE</i> , 9(2), e89509. https://doi.org/10.1371/journal.pone.0089509	2014	Kukaswadia, A., Pickett, W., & Janssen, I.	Quantitative	The study sought to investigate differences in moderate-to-vigorous physical activity levels between immigrant youth and their Canadian-born peers	Cross sectional study	Not stated	23124	M & F	Not stated	Both 1st and 2nd generations	6-12 Years (School age)	Children/Adolescents	Ethnicity and time since immigration as predictors of physical activity among Canadian youth	2009-2010	Canada, East and Southeast Asia, Africa, East India and South Asia	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	First, immigrant youth in Canada are less active than their Canadian-born peers. Second, reported physical activity increases with increased time since immigration. Third, reported physical activity differs by ethnicity. Finally, exploratory tests of possible interactions between immigrant generation and ethnicity were generally negative but do suggest that East and Southeast Asian youth have reduced physical activity levels irrespective of their immigration status and the length for which they have resided in Canada.
Kwak, K. (2016). An evaluation of the healthy immigrant effect with adolescents in Canada: Examinations of gender and length of residence. <i>Social Science and Medicine</i> , 157, 87-95. https://doi.org/10.1016/j.socscimed.2016.03.017	2016	Kwak, K	Quantitative	The study sought to extend the premise of the healthy immigrant effect to adolescents in Canada	Cross sectional study	Random household sampling	42002	M & F	Not stated	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents	Comparison of foreign-born immigrants and non-immigrant adolescents' perceived general health and mental health as well as diagnosed chronic illnesses and psychological illnesses; utilizing national data sets of three years	National data sets of 2007, 2009 and 2011	Not stated	Not Stated	Firstly, immigrant adolescents indeed showed better health than their non-immigrant counterparts, reporting more positive self-perceptions of their health as well as fewer incidences of diagnosed illnesses. Secondly, there were no differences in health conditions between recent and long-term immigrant adolescents in two of the three survey years. Concerning the healthy immigrant effect, superior health conditions displayed by immigrants may be attributed to immigration policies prioritizing healthy immigrants as well as immigrants' resilience despite their less affluent backgrounds.

Kwak, K., & Rudmin, F. (2014). Adolescent health and adaptation in Canada: examination of gender and age aspects of the healthy immigrant effect. <i>International Journal for Equity in Health</i> , 13(103), 1-10. https://doi.org/10.1186/s12939-014-0103-5	2014	Kwak, K., & Rudmin, F.	Quantitative	To investigate whether immigrant adolescents' reports are better than their non-immigrant peers; if so, to what extent the healthy immigrant effect is evident in the domains of health (measured as general health, mental health, chronic illnesses, and psychological illness) and in the domain of adaptation (measured as daily stress, life satisfaction, and sense of belonging and; clarify the influences of gender and age in conjunction with the healthy immigrant effect	Cross sectional study	Random sampling	14492	M & F	Not stated	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents	The study focuses on adolescents' well-being to ascertain the healthy immigrant effect by examining physical, mental and psychological domains of health and daily stress, life satisfaction, and sense of belonging for adaptation domains	2007 (January to December 2007, CCH S)	Not stated	Not Stated	Immigrant adolescents were better than non-immigrant peers on the four health measures and did not differ from non-immigrants on the three adaptation measures despite having less household income and more family members in the household. Immigrant girls exhibited more resilient adaptability, while young immigrant boys and older non-immigrant girls displayed some potential vulnerability. Length of residence, on the other hand, did not contribute to differences for the health and adaptation of immigrant adolescents.
Lam, C. M. (2007). Towards a Chinese Conception of Adolescent Development in a Migration Context. <i>The Scientific World Journal</i> , 7, 506-518. http://dx.doi.org/10.1100/tsw.2007.66	2007	Lam, C. M.	Qualitative	To understand the experience of Chinese Canadian adolescents' development in a migration context	Cross sectional study	Not stated	19	M & F	Not stated	1st generation	13-18 Years (Adolescence)	Children/Adolescents; Parents/care givers	Understanding the voices, feelings, perceptions, and subjective experiences of Chinese Canadian adolescents with regard to process of adolescent development in a migration context	Not stated	Hong Kong	Ontario	The results reveal a Chinese conception of adolescent development that is based on the notion that there is a dynamic interplay between culture and migration in immigrant families. In the specific migration context, the indigenous Chinese concepts of bao, guan, and guanxi are reinforced and intensified, and thus develop meanings and themes to the adolescent development process and outcome. Existing theories of adolescent development have been constructed in the Western historical and ideological context and have led to the devaluation of experiences and perceptions of other cultures.
Lane, G., Farag, M., White, J., Nisbet, C., & Vatanparast, H. (2018). Chronic health disparities among refugee and immigrant children in Canada. <i>Applied Physiology, Nutrition, and Metabolism</i> , 43(10), 1043-1058. https://doi.org/10.1139/apnm-2017-0407	2018	Lane, G., Farag, M., White, J., Nisbet, C., & Vatanparast, H.	Mixed methods	To describe the nutritional and health status of a sample of immigrant and refugee children between 3-13 years of age who had resided in Canada for under 5 years.	Cross-sectional study	Purposive sampling	300 children	M & F	Immigrants (not specified) & refugees	1st generation	3-13 years	Parents; newcomer service providers, healthcare providers, policy makers	General health status; nutrition	Not stated	Middle East, Iran, Iraq, Pakistan), Asia (Burma, India, Philippines), Africa, Latin America, Eastern Europe, Western Europe, United States	Saskatchewan	Newcomer parents reported struggles with meeting desired standard of living. A significant proportion of refugees (23%) had stunted growth compared with other immigrants (5%). At higher risk of being overweight or obese were older children, children with better-educated parents, those with a poorer quality diet. 12.9% of girls (3-6 years) and 11.2% of girls (7-13 years) were obese; 9.7% boys (3-6 years) and 8.8% of boys (7-13 years) were obese. Immigrant children (11-13 years) had significant higher chance of waist circumference >= 90th percentile when compared with refugee children; immigrant children also had higher mean total body fat and trunk fat when compared with refugee children. 42% of immigrants and 60% of refugees had high blood cholesterol. Concerns for refugee children: stunting, high cholesterol levels, older immigrant children with privileged backgrounds in low-income countries may have a greater risk of obesity and overweight. Potential for heightened parental concern and skewed parental healthy weight perceptions, mental health problems, insufficient knowledge about chronic health conditions, previous food deprivation may influence diet and contribute to weight gain.
Lane, G., Nisbet, C., & Vatanparast, H. (2019). Food insecurity and nutritional risk among Canadian newcomer children in Saskatchewan. <i>Nutrients</i> , 11(8), 1744-1760. https://doi.org/10.3390/nu11081744	2019	Lane, G., Nisbet, C., & Vatanparast, H.	Mixed methods	To describe the food security status of newcomer families with children (3-13 years old).	Exploratory sequential design	Purposive sampling	300 children	M & F	Immigrants (not specified) & refugees	1st generation	3-13 years	Parents, Children/Adolescents; newcomer service providers, healthcare providers, policy makers	Food insecurity; nutritional risk	Not stated	Asia, Middle East, Africa, Latin America, Eastern Europe, Western Europe, United States	Saskatchewan	50% of newcomer household experienced food insecurity- 18% were marginally food insecure, 26% were moderately food insecure, 6% severely food insecure; 41% of children being identified as food-insecure- 16% marginally food insecure, 24% moderately food insecure, 2% severely food insecure. Household food insecurity was more common in more recent newcomer families & families where the parents had completed high school or some years of post-secondary education. Food insecure children (ages 4-8) had a greater risk of consuming lower amounts of energy from protein, had less servings of milk products, and generally had insufficient intake of VitB12 and calcium. Changes in food purchasing habits due to low income, the use of food budgets to buy prescriptions or to repay transportation loans, and school food environment were noted to impact children's food security.

Lane, G., Nisbet, C., Whiting, S. J., & Vatanparast, H. (2019). Canadian newcomer children's bone health and vitamin D status. <i>Applied Physiology, Nutrition, and Metabolism</i> , 44(7), 796-803. https://doi.org/10.1139/apnm-2018-0705	2019	Lane, G., Nisbet, C., Whiting, S. J., & Vatanparast, H.	Mixed methods	To describe the nutritional and health status of a sample of immigrant and refugee children between 3-13 years of age who had resided in Canada for under 5 years.	Cross-sectional study	Purposive sampling	300 children	M & F	Immigrants (not specified) & refugees	1st generation	3-13 years	X-ray absorptiometry; blood samples, Children/A adolescents (surveys), Parents/Family, newcomer service providers	General health status; nutrition; bone health & Vitamin D status	Not stated	Middle East (Iran, Iraq, Pakistan); Asia (Burma, India, Philippines); Africa, Latin America, Eastern Europe, Western Europe and United States	Saskatchewan	A high proportion of refugee children (72.3%) had insufficient or deficient serum Vitamin D levels when compared with immigrants (53.2%); Vitamin D deficiency was most prevalent in ethnic minority girls. Higher Vitamin D levels were identified in newcomer children with higher Vitamin D intake, younger newcomer children, and those from Western Europe or the US; newcomer children from Middle East, Asia, and Africa had highest risk for insufficient vitamin D levels. Immigrants also tended to have higher average total body bone mineral content compared with refugees. Predictors of total body bone mineral content levels: total body fat, serum Vitamin D levels, calcium intake, height, height by calcium intake, total body fat by calcium intake, and total body fat by height.
Lecompte, V., Miconi, D., & Rousseau, C. (2018). Challenges related to migration and child attachment: A pilot study with South Asian immigrant mother-child dyads. <i>Attachment & Human Development</i> , 20(2), 208-222. https://doi.org/10.1080/14616734.2017.1398765	2018	Lecompte, V., Miconi, D., & Rousseau, C.	Quantitative	Explore the psychological, social, and cultural risk factors related to insecure child attachment for a sample of South Asian immigrant families with high immigration stress.	Pilot study	Not stated	33 mothers and children (19 boys, 14 girls)	M & F	Immigrants (not specified) & refugees	1st & 2nd generation	12-84 months	Parents/Family	Maternal mental health; child attachment	Not stated	Bangladesh, India, Pakistan, Sri Lanka	Quebec	Maternal depressive symptoms were associated with lower child attachment security scores. Having less support from friends was associated with increased child ambivalent attachment behaviors. A greater sense of belonging to their origin country was associated with increased child disorganized attachment behaviors.
Lindsay, S., King, G., Klassen, A. F., Esses, V., & Stachel, M. (2012). Working with immigrant families raising a child with a disability: Challenges and recommendations for healthcare and community service providers. <i>Disability and Rehabilitation</i> , 34(23), 2007-2017. https://doi.org/10.3109/09638288.2012.667192	2012	Lindsay, S., King, G., Klassen, A. F., Esses, V., & Stachel, M.	Qualitative	The purpose of this study is to develop a better understanding of the experiences of service providers working with immigrant families raising a child with a physical disability	Cross-sectional study	Purposive sampling	13	F	Not stated	Not stated	Not stated	Health care personnel	Health workers' perceived issues (barriers/facilitators) experienced by rehabilitation service providers in providing care to immigrant parents raising a child with a disability	June to July 2010	Not stated	Ontario	The study showed that healthcare and community service providers faced several challenges in providing care to immigrant families raising a child with a disability. Such challenges included: (1) lack of training in providing culturally sensitive care; (2) language and communication issues; (3) discrepancies in conceptualizations of disability between healthcare providers and immigrant parents; (4) building rapport; and (5) helping families to advocate for their children.
Locker, D., Clarke, M., & Murray, H. (1998). Oral health status of Canadian-born and immigrant adolescents in North York, Ontario. <i>Community Dentistry and Oral Epidemiology</i> , 26(3), 177-181. https://doi.org/10.1111/1600-0528.1998.tb01947.x	1998	Locker, D., Clarke, M., & Murray, H.	Quantitative	Study aims to document the extent to which inequities and inequalities in oral health between groups of adolescents according to place of birth	Cross-sectional study	Random sampling	721	M & F	Not stated	Both 1st and 2nd generations	13 and 14 years (Grade 8 students only)	Children/A adolescents	The oral health and dental visiting patterns of Canadian-born and immigrant students in Ontario	Not stated	Not stated	Ontario	Results indicate that, overall, the oral health status of the foreign-born adolescents included in the study was less favorable than that of those born in Canada. They had poorer oral hygiene, more decay and greater needs for dental services. Which goes to suggest that there is a relationship between immigration history and oral health status.

Lussier, I. D., Derevensky, J., Gupta, R., & Vitaro, F. (2014). Risk, compensatory, protective, and vulnerability factors related to youth gambling problems. <i>Psychology of Addictive Behaviors</i> , 28(2), 404-413. http://dx.doi.org/10.1037/a0034259	2014	Lussier, I. D., Derevensky, J., Gupta, R., & Vitaro, F.	Quantitative	(1) identify whether personal risk attributes (gender, impulsivity, and emotional problems) and environmental risk factors (family, peers, and neighborhood) operate additively or interactively in the prediction of gambling problems in a sample of low SES adolescents. (2) identify whether individual resources (social bonding, personal competence, and social competence) operate as compensatory or protective factors in the prediction of youth gambling problems.	Cross-sectional	Not stated	1055	M & F	Immigrants (not specified)	Both 1st and 2nd generations	11-18 years	Children/Adolescents	Risk, compensatory, protective and vulnerability factors related to youth gambling.	Not stated	Not stated	Quebec	A majority (60.2%) of respondents gambled at least once in the past year. The most endorsed activities were cards, sports betting, scratch tickets, poker, and bingo. Overall, 39.8% of participants were non-gamblers (n = 419; 35.1%); 49.6% were social gamblers. 7.9% met the criteria for At-Risk gambling and 2.8% met the criteria for Probable Pathological Gambling (PPG). Overall, 10.7% (n = 112) of the sample indicated some form of gambling-related problem. Based on a sample of adolescents deriving mostly from low-income homes, analyses identified social bonding as a compensatory factor and peer and neighborhood risk as additional salient risk factors in the prediction of youth gambling problems, net of personal risk attributes such as impulsivity and gender, which also made significant contributions. Of all six environmental risks (family, peers, and neighborhood) and individual resource (social bonding, personal competence, and social competence) variables, low social bonding emerged as the strongest predictor of problem gambling, followed by neighborhood and peer environmental risk. No moderating role was identified for global individual resource or global environmental risk scores on the relationships between personal risk attributes (impulsivity and anxiety) and youth gambling problems. As well, the two three-way interaction terms between either personal risk attribute, global environmental risk, and global individual resources were not significant.
Ma, X. (2002). The first ten years in Canada: A multi-level assessment of behavioral and emotional problems of immigrant children. <i>Canadian Public Policy/Analyse De Politiques</i> , 28(3), 395-418. https://doi.org/10.2307/3552229	2002	Ma, X.	Quantitative	Explores the emotional and behavioral problems of immigrant children when compared to non-immigrant children.	Secondary analysis of a national longitudinal survey	Stratified sampling	182 immigrant children, 2,122 non-immigrant children	M & F	Immigrants (not specified)	Not stated	7-11 years	National Longitudinal Survey of Children and Youth; census data	Mental health; behavioral and emotional problems	1995	United States, Europe, Asia	Canada-wide	Immigrant children had better behavioral and emotional outcomes than non-immigrant children. Gender was a significant variable in behavioral and emotional problems in immigrant children; female immigrant children were more likely to report incidences of property offences, hyperactive behavior, prosocial behavior, and emotional disorder. Characteristics of the city of residence had strong effects on the behavioral and emotional problems of immigrant children: population characteristics, socioeconomic condition, social climate, social services conditions. For non-immigrant children, characteristics of the child were more important than city characteristics. Social equity was a significant problem for non-immigrant children; social environment was more of an issue for immigrant children. Immigrant children originating from regions other than Europe were statistically more likely to report incidents of property offences or hyperactive behavior.
MacPherson, D. W., Zencovich, M., & Gushulak, B. D. (2006). Emerging pediatric HIV epidemic related to migration. <i>Emerging Infectious Diseases</i> , 12(4), 612-617. https://doi.org/10.3201/eid1204.051025	2006	MacPherson, D. W., Zencovich, M., & Gushulak, B. D.	Quantitative	To describe the results of data acquired after 3 years of a medical screening program for HIV antibodies in child applicants of residency in Canada.	Not stated	Not stated	36 children (18 boys, 18 girls)	M & F	Immigrants (not specified) & refugees	1st generation	<15 years	Medical screening data from Citizenship and Immigration Canada	Pediatric HIV	Jan 2002-Feb 2005	Africa, Europe, Asia/Pacific Islands	Ontario	12 children were <1 years old at diagnosis, 7 were 2-4 years, 7 were 5-7 years, 2 were 8-10 years, 8 were 11-14 years; median age as 6 for girls and 4 for boys. 32 of 36 affected children originated from Africa, 2 from Europe, 2 for Asia/Pacific Islands; 33 (92%) of cases were in groups identified as eligible for admission to Canada. Maternal infection was the primary risk factor; 27 (75%) were tested due to know maternal HIV positivity, 6 (17%) were tested due to adoption, 2(6%) were tested due to having an HIV positive sibling, 1 (3%) was identified due to concurrent treatment for tuberculosis, 4 (11%) of the children had received any type of antiretroviral therapy; 2 of these children were family class, 1 was a refugee claimant, and 1 economic applicant.
Malebranche, M., Norrie, E., Hao, S., Brown, G., Talavlikar, R., Hull, A., De Vetten, G., Nerenberg, K. A., Metcalfe, A., & Fabreau, G. (2020). Antenatal care utilization and obstetric and newborn outcomes among pregnant refugees attending a specialized refugee clinic. <i>Journal of Immigrant and Minority Health</i> , 22(3), 467-475. https://dx.doi.org/10.1007/s10903-019-00961-y	2020	Malebranche, M., Norrie, E., Hao, S., Brown, G., Talavlikar, R., Hull, A., De Vetten, G., Nerenberg, K. A., Metcalfe, A., & Fabreau, G.	Quantitative	To describe the utilization of antenatal care and obstetric and newborn outcomes in refugee women at a refugee clinic; assess if there were variances in outcomes between refugee and asylum seekers.	Retrospective cohort study	Not stated	179 women	F	Refugees, asylum seekers	1st generation	17 years and up	Chart review of Mosaic Refugee Health Clinic electronic medical records	Maternal and newborn health; antenatal/pre-natal care	Jan 2011-Dec 2016	Top 5: Eritrea, Ethiopia, Afghanistan, Iraq, Somalia; others: Africa, Asia, Europe, Americas	Alberta	Median time from arrival to first visit to clinic was greater in asylum seekers (2.8 months) compared to refugees (0.4 months). Though 40.8% of all women received adequate or adequate plus antenatal care, a larger proportion of asylum-seeking women did not receive adequate antenatal care; 51.2% of government assisted refugees, 39.1% of privately sponsored refugees, and 18.8% of asylum seekers had adequate or adequate plus care. There were no differences identifies in obstetric and newborn outcomes: mode of delivery, birthweight (SGA or LGA). The identified differences in utilization of antenatal care between asylum seekers and refugees may indicate persistent barriers.

Marcoux, D., Dang, J., Auguste, H., McCuaig, C., Powell, J., Hatami, A., Maari, C., & Le Meur, J. B. (2018). Emergence of African species of dermatophytes in tinea capitis: A 17-year experience in a Montreal pediatric hospital. <i>Pediatric Dermatology</i> , 35(3), 323-328. https://doi.org/10.1111/pde.13446	2018	Marcoux, D., Dang, J., Auguste, H., McCuaig, C., Powell, J., Hatami, A., Maari, C., & Le Meur, J. B.	Quantitative	To determine clinical and epidemiological characteristics of tinea capitis in children who were infected with an African species of dermatophytes.	Retrospective cohort study	Not stated	315 cases	M & F	Immigrants (not specified)	1st & 2nd generation	Not stated	Medical records from Saint-Justine University Hospital Center	Infection; hair disorders	2000-2016	Majority Africa	Quebec	Proportion of tinea capitis cases from African species of dermatophytes increased 6x in 17 years in Montreal. Most frequently affected were African immigrant children (84%), men and boys (61%), and preschoolers aged 2-5 years (51%); family contamination occurred in 45% of cases. In 39% of cases, a systemic antifungal treatment was prescribed by a referring physician; 90% of cases were referred to pediatric dermatologist; treatment failure with oral terbinafine happened in 39% of <i>Microsporum audouinii</i> infections.
Marx, G., Marín, S. R., Chicoine, J. F., & Alvarez, F. (2002). Long-term follow-up of chronic hepatitis B virus infection in children of different ethnic origins. The Journal of Infectious Diseases, 186(3), 295-301. https://doi.org/10.1086/341508	2002	Marx, G., Marín, S. R., Chicoine, J. F., & Alvarez, F.	Quantitative	Study aims to describe the long-term outcome of chronic hepatitis B virus (HBV) infection in a heterogeneous group of children of different ethnic origins	Longitudinal cohort	Not stated	174	M & F	Immigrants (not specified)	Both 1st and 2nd generations	0-12 months (Infants); 1-2 years (Toddlers); 3-5 years (Pre-school); 6-12 Years (School age); 13-18 Years (Adolescence); 1 month to 18 years	Children/Adolescents; Clinical reports and observation	Seroconversion rates were studied in 174 hepatitis Be antigen (HBeAg)-positive children who were of different ethnic origins and living in Canada	20 years	China, Vietnam, Romania, Russia, Haiti, Pakistan, Bangladesh, India, Latin America and Canada	Quebec	Overall, 40.2% became anti-HBeAg positive, and 8.6% were hepatitis B surface-antigen positive during a mean follow-up of 4.5 years. Spontaneous seroconversion rates were lower in Asian-born, mainly vertically infected, children, versus those born either in Canada or where horizontal transmission predominates (24% vs. 44%, P<0.05). Kaplan-Meier analysis showed that the cumulative persistence of HBeAg after 13 years was 25% in Asian-born children, versus 6% in all others (P < .05). Treatment of 27 children accelerated seroconversion by 3 years, without influencing the proportion seroconverting over time. Thus, although Asian-born children seroconvert more slowly, a large proportion will seroconvert before adulthood.
Maticka-Tyndale, E., Barrett, M., & McKay, A. (2000). Adolescent sexual and reproductive health in Canada: a review of national data sources and their limitations. <i>Canadian Journal of Human Sexuality</i> , 9(1), 41-65.	2000	Maticka-Tyndale, E., Barrett, M., & McKay, A.	Quantitative	To review trends in the sexual and reproductive health practices of young Canadians.	Retrospective analysis of secondary data	Not stated	44,744 individuals	M & F	Immigrants (not specified)	1st generation	15-49 years	National Population Health Survey (1996); General Social Survey (1995)	Sexual & reproductive health	1995 & 1996	Not stated	Canada-wide	Median age of first intercourse declined from 18 years to 17 years for men and from 20 to 17 years for women with data suggesting that it has continued to decline for young women but not for men. Women born outside Canada had higher median age of first intercourse compared to those born in Canada (20 years vs 17 years); for women who were foreign-born, median age for first intercourse was stable at 19 to 20 years between 1942-1946 cohorts and 1972-1976 cohorts. Difference between immigrant and Canadian born men less significant; foreign born had higher median age for first intercourse (18) compared to Canadian born (17). Living in a household with higher income was negatively associated with having had intercourse by 15 years of age; 7.1% of males aged 15-19 from 2 highest income quartiles and 27.4% of those from 2 lowest income quartiles.
Maximova, K., O'Loughlin, J., & Gray-Donald, K. (2011). Healthy weight advantage lost in one generation among immigrant elementary schoolchildren in multi-ethnic, disadvantaged, inner-city neighborhoods in Montreal, Canada. <i>Annals of Epidemiology</i> , 21(4), 238-244. https://doi.org/10.1016/j.annepidem.2011.01.002	2011	Maximova, K., O'Loughlin, J., & Gray-Donald, K.	Quantitative	Study sought to determine if the rate of increase in body mass index (BMI) differs between first generation immigrant children and second-generation immigrant children and if the rate of increase varies across ethnic groups	Cross sectional design	Not stated	6392	M & F	Not stated	Both 1st and 2nd generations	9 - 15 years (students)	Children/Adolescents	Examine the relationship between increases in body weight in different ethnic groups	1993 - 1997	Europe, Central/South America, Asia, and Canada	Quebec	This study identified that the largest increases in BMI with each year of age were among native-born Canadian children, whereas the smallest increases were among first generation immigrant children. Moreover, BMI increases in second generation immigrant children were similar to native-born children.
Meacham, T., Guzder, J., Rousseau, C., Pacione, L., Blais-McPherson, M., & Nadeau, L. (2014). Refugee children and their families: Supporting psychological well-being and positive adaptation following migration. <i>Current Problems in Pediatric and Adolescent Health Care</i> , 44(7), 208-215. https://doi.org/10.1016/j.cppeds.2014.03.005	2014	Meacham, T., Guzder, J., Rousseau, C., Pacione, L., Blais-McPherson, M., & Nadeau, L.	Qualitative	Study sought to describe mental health interventions for refugee children with a particular emphasis on collaborative work with pediatricians	Case Study	Purposive Sampling	3	M & F	Refugees	1st generation	8, 9 and 11 years of age	Children	Psychosocial well-being support for refugee children and their families following migration	Not Stated	Africa and South Asia	Quebec	This study found and illustrates the importance of collaborative care and multi-modal treatment for refugee children and their families. Also finding treatment interventions that are acceptable to families, addressing interventions to address stressors, and promoting strengths.

Medcalf, K. E., Park, A. L., Vermeulen, M. J., & Ray, J. G. (2016). Maternal origin and risk of neonatal and maternal ICU admission. <i>Critical Care Medicine</i> , 44(7), 1314-1326. https://doi.org/10.1097/CCM.0000000000001647	2016	Medcalf, K. E., Park, A. L., Vermeulen, M. J., & Ray, J. G.	Quantitative	Assess relationship between maternal world region of birth and maternal country of origin with the risk of admission to maternal ICU, infant admission to neonatal ICU, or concurrent admissions to ICU.	Retrospective population-based cohort study	Not stated	604, 253 Canadian born mothers; 221, 574 immigrant mothers	M & F	Immigrants (not specified)	Not stated	Mothers 14-50; infants born at >= 24 weeks	Linked databases at the Institute for Clinical Evaluative Sciences (ICES); Canadian Institute for Health Information Discharge Abstract Database	Maternal and newborn health	April 1, 2003-Dec 31, 2012	Europe and Western Nations, Middle East and North Africa, South Asia, East Asia, Latin America, Africa, Caribbean	Ontario	Rates of neonatal ICU admission was greater in immigrant infants from South Asia, Africa, and the Caribbean; rates of maternal ICU admission was greatest in immigrant mothers from Africa and the Caribbean with mothers from Ghana and Jamaica being at highest risk. Maternal ICU admissions was significantly higher than Canadian born for all regions except Europe and Western nations. Mothers from Caribbean had 1.41x adjusted risk of newborn being admitted to ICU. The risk of concurrent ICU admission for both mother and baby highest in pairs from Ghana and Jamaica. Highest risk countries of neonatal ICU admission: Sri Lanka, Ghana, Guyana, Jamaica, Trinidad, Tobago. Adjustments for residence in Canada did not significantly change the rank order of the risk for maternal ICU, neonatal ICU, or co-ICU.
Mihan, R., Kerr, J., Maticka-Tyndale, E., & ACBY Team. (2016). HIV-related stigma among African, Caribbean, and Black youth in Windsor, Ontario. <i>AIDS Care</i> , 28(6), 758-763. http://dx.doi.org/10.1080/09540121.2016.1158397	2016	Mihan, R., Kerr, J., Maticka-Tyndale, E., & ACBY Team	Quantitative	Study explores factors that influence HIV-related stigma among 16- to 25-year-old youth residing in a Canadian city who identify as African, Caribbean, or Black	Cross sectional study	Purposive	510	M & F	Not stated	Both 1st and 2nd generations	18 - 25 years	Youths - Survey	Study focuses on factors that influence HIV-related stigma among youths residing in a Canadian city who identify as African, Caribbean, or Black while considering religious differences	April 2013 - March 2014	Africa and The Caribbean	Ontario	This study found that knowledge had the largest influence on stigma, even when considering direct and indirect effects of other variables, providing an explanatory pathway for the effects on stigma of gender, African-Muslim identification, and time in Canada.
Miller, K. K., & Banerji, A. (2004). Epidemiology of malaria presenting at British Columbia's children's hospital, 1984-2001. <i>Canadian Journal of Public Health</i> , 95(4), 245-248. https://doi.org/10.1007/BF03405123	2004	Miller, K. K., & Banerji, A.	Quantitative	Provide a description of the epidemiology of malaria as diagnosed at the British Columbia's Children's Hospital (BCCH) between 1984 and 2001.	Retrospective chart review	Not stated	40 children	M & F	Immigrants (not specified)	1st generation	<= 16 years	Medical records from BCCH	Malaria	1984-2001	East Indian (India, Pakistan, England)	British Columbia	40 children were diagnosed with malaria a total of 42 times; 30 cases (71.4%) were in 28 Canadian residents, 12 (28.6%) were in immigrant or refugee children; 26 (65%) of children were male; 31 (77.5%) of children were of East Indian background; 33 exposures (78.6%) took place on the Indian subcontinent. 37 cases (88.1%) of infections were due to <i>Plasmodium vivax</i> , 3 (7.1%) were due to <i>P. falciparum</i> , and 2 (4.8%) were due to unknown species. 14 (46.7%) of the Canadian resident children reported some form of pre-travel counseling; 10 (33.3%) were prescribed some form of prophylaxis and at least 6 (60%) were non-compliant.
Minodier, P., Lamarre, V., Carle, M. E., Blais, D., Ovetchikine, P., & Tapiero, B. (2010). Evaluation of a school-based program for diagnosis and treatment of latent tuberculosis infection in immigrant children. <i>Journal of Infection and Public Health</i> , 3(2), 67-75. http://dx.doi.org/10.1016/j.jiph.2010.02.001	2010	Minodier, P., Lamarre, V., Carle, M. E., Blais, D., Ovetchikine, P., & Tapiero, B.	Quantitative	To evaluate a 10-year school-based latent tuberculosis infection (LTBI) screening program, targeting immigrant children in Montreal, Canada, and to identify predictive factors for refusal and poor adherence to treatment	Cross sectional study	Purposive	724	M & F	Not stated	Not stated	10 - 12 years	Children/A dolescents	Study focuses on identifying predictive factors for refusal and poor adherence to treatment of LTBI	1997 - 2007	Canada, United States, Europe, Africa, Latin America, and South-eastern Asia	Quebec	Study found that school-based TB-screening program is effective if targeted towards recent immigrant children. Factors of refusal of testing and treatment seem essentially related to beliefs and behaviours concerning protection by BCG vaccination, risks of LTBI, and ability of TST to detect disease. Young age contributed to compliance. Improving adherence to treatment requires a comprehension of socio-cultural beliefs and behaviours involved in LTBI, as well as accessibility to TB Clinics.
Moerman, J. N., Rajten, F., Subbarao, P., Sears, M. R., Anand, S. S., & Stanojevic, S. (2014). The prevalence of asthma in Canadian children of South Asian descent. <i>Pediatric Pulmonology</i> , 49(1), 43-48. http://dx.doi.org/10.1002/ppul.22907	2014	Moerman, J. N., Rajten, F., Subbarao, P., Sears, M. R., Anand, S. S., & Stanojevic, S.	Quantitative	Study aimed to estimate the prevalence of asthma in South Asian children and adolescents and compare this to a similar group of children and adolescents from the general population, and those living in the Indian subcontinent	Cross sectional study	Not stated	157	M & F	Not stated	Both 1st and 2nd generations	6-12 Years (School age); 13-18 Years (Adolescence)	Children/A dolescents	To estimate the burden of asthma among children in the South Asian population in Canada	Not stated	South Asia and Canada	British Columbia, Manitoba, Nova Scotia, Ontario, Saskatchewan	This study demonstrated that the prevalence of asthma in South Asian children living in Canada is similar to non-South Asian children. Consistent with the literature for other ethnic groups, a higher asthma prevalence was observed for South Asian children living in Canada compared to those residing in the Indian sub-continent. Risk factors for asthma in South Asian Canadian children were similar to those previously reported for the overall population of children in Canada.

Moffat, T., Galloway, T., & Latham, J. (2005). Stature and adiposity among children in contrasting neighborhoods in the city of Hamilton, Ontario, Canada. <i>American Journal of Human Biology</i> , 17(3), 355-367. https://doi.org/10.1002/ajhb.20125	2005	Moffat, T., Galloway, T., & Latham, J.	Quantitative	To compare stature and adiposity among children attending elementary schools in three neighborhoods that contrast by socioeconomic status and recent immigrant status.	Cross sectional study	Not stated	266	M & F	Not stated	Both 1st and 2nd generations	6-12 Years (School age)	Children/Adolescents	Comparing stature and adiposity among children attending schools in socio-economically contrasting neighborhoods	Not stated	Not stated	Ontario	This study reveals significant disparities in stature and adiposity for children living in socio-economically contrasting neighborhoods in the southern Ontario city of Hamilton, with a greater prevalence of children in the overweight/obese category among students attending the low-SES schools compared to those at the high-SES school.
Moffat, T., Sellen, D., Wilson, W., Anderson, L., Chadwick, S., & Amarra, S. (2015). Comparison of infant vitamin d supplement use among Canadian-born, immigrant, and refugee mothers. <i>Journal of Transcultural Nursing</i> , 26(3), 261-269. http://dx.doi.org/10.1177/1043659614531793	2015	Moffat, T., Sellen, D., Wilson, W., Anderson, L., Chadwick, S., & Amarra, S.	Qualitative	Study explored knowledge, barriers, intentions, and practice of infant vitamin D supplementation among Canadian-born immigrant mothers and refugee mothers	Cross sectional study	Purposive	94	F	Skilled worker, economic migrants, refugees	Both 1st and 2nd generations	0 - 3 years old	Parents/caregivers	This study qualitatively explores knowledge, barriers, intentions, and practice of vitamin D supplementation	October 2009 to June 2010	Asia, Africa, Europe, Middle East, South America, Mexico and Canada	Not Stated	Study found that non-refugee immigrant and Canadian-born mothers are mostly positive and proactive about supplementing their infants due, at least partly, to public health education delivered through prenatal classes. In comparison to government assisted refugees there was little difference in reported vitamin D supplementation practices, knowledge, or beliefs between immigrant and Canadian-born mothers.
Montazer, S., & Wheaton, B. (2011). The impact of generation and country of origin on the mental health of children of immigrants. <i>Journal of Health and Social Behavior</i> , 52(1), 23-42. http://dx.doi.org/10.1177/0022146510395027	2011	Montazer, S., & Wheaton, B.	Quantitative	Study examined the contrast in social and economic conditions between countries of origin and destination to distinguish the nature and extent of the task of adjustment for new immigrants and thus specify the uniqueness of trajectories of adjustment across generations	Cross sectional study	Purposive	838	M & F	Skilled worker, economic migrants, refugees	2nd generation	6-12 Years (School age)	Children/Adolescents; Parents/caregivers	Study examined the relationship between generations per se, country of origin and the mental health of immigrant children	Not stated	Afghanistan, Nigeria, Angola, Pakistan, China, Sri Lanka, Ghana, Tanzania, Guyana, Uganda, India, Vietnam, Kenya, Zambia, Laos, Nicaragua, Costa Rica, Panama, Ecuador, Paraguay, Egypt, Peru, El Salvador, Philippines, Grenada, Poland, Guatemala, Serbia, Montenegro, Honduras, Slovakia, Republic of Iraq, St. Vincent, Lebanon, Syria, Mauritius, Turkey, Morocco, Ukraine, Croatia, Jordan, Czech Republic	Ontario	Study found that conditional adaptation approach emphasizes the fact that children from higher, and therefore similar, gross national product (GNP) backgrounds do not face an adjustment process that affects their mental health, in part because the task of adjustment itself is informed by greater knowledge, similarity, and awareness of host country practices. But for immigrants from lower GNP backgrounds, there is much to learn, more uncertainty, possibly more discrimination and often a greater cultural distance to bridge leading to mental health issues.

Nadeau, L., & Measham, T. (2006). Caring for migrant and refugee children: Challenges associated with mental health care in pediatrics. <i>Journal of Developmental and Behavioral Pediatrics</i> , 27(2), 145-154. Retrieved from https://ovidspdc2-ovid-com.login.ezproxy.library.ualberta.ca	2006	Nadeau, L., & Measham, T.	Qualitative	Study sought to highlight the challenges of access to care for migrant and refugee children while considering the role of pediatricians in their mental health care.	Case study	Purposive	3	M & F	Immigrants (not specified) & refugees	2nd generation	3-5 years (Pre-school); 6-12 Years (School age)	Parents/caregivers	Access to care for migrant and refugee children while considering the role of pediatricians in their mental health care.	Not stated	Sri Lanka, Bosnia and Pakistan	Quebec	This study found and illustrates the importance of collaborative care between immigrant families and pediatricians, and multi-modal treatment for refugee children and their families.
Nadeau, L., Jaimes, A., Johnson-Lafleur, J., & Rousseau, C. (2017). Perspectives of migrant youth, parents and clinicians on community-based mental health services: negotiating safe pathways. <i>Journal of child and family studies</i> , 26(7), 1936-1948. https://doi.org/10.1007/s10826-017-0700-1	2017	Nadeau, L., Jaimes, A., Johnson-Lafleur, J., & Rousseau, C.	Qualitative	To improve understanding of youth mental health quality of care including factors that improve access to care, collaborative youth mental health service use, efficacy and satisfaction in this population.	Multiple case study design, exploratory	Partial purposive sampling	15 participants (5 youth, 5 parents, 5 clinicians)	M & F	Immigrants (not specified)	1st & 2nd generation	12-17 years	Children/Adolescents, parents, therapist	Mental health	March 2010-June 2011	South Asia, Southeast Asia, Canada, Europe	Quebec	Four themes were identified: providing equilibrium between communication, collaboration and privacy/confidentiality; particular attention to continuity of care and creating a welcoming environment to support the development of trusting relationships; family inclusion in interventions; providing collaborative decision-making pathways for care, addressing interinstitutional and interprofessional collaboration, and cultural differences in values and explanatory models. Subthemes: balancing collaboration with accessibility and confidentiality, continuity in people and places, improved communication within the family; increased collaboration and institutional support for clinicians, strengthening the role of parents and promoting continuity; finding meaning and familiarity, being comfortable with services as a part of access to care, negotiating values and services in first-generation migrant families.
Narushima, M., Wong, J. P., Li, A., & Sutdhibhasilp, N. (2013). Sustainable capacity building among immigrant communities: The raising sexually healthy children program in Canada. <i>Health Promotion International</i> , 29(1), 26-37. http://dx.doi.org/10.1093/heapro/dat035	2013	Narushima, M., Wong, J. P., Li, A., & Sutdhibhasilp, N.	Qualitative	To examine the developmental processes and outcomes of the Raising Sexually Healthy Children (RSHC) program and to identify the strengths, challenges, and insights that can be used to improve the program at the individual, group/organization, and community levels.	Case study (Multiple case study approach)	Purposive	31	M & F	Immigrants (not specified)	Not stated	Not stated; Mostly mentioned were immigrant parents and community stakeholders	Parents/caregivers; Community stakeholders	Sustainable capacity building among immigrant communities	2009-2010	Hong Kong, Taiwan, Mainland China, Portugal, Azores, Brazil and Angola, Sri Lanka, India and Malaysia	Ontario	Factors enhanced sustainable capacity building at the individual, group/organizational and community levels are enhanced sustainable personal competencies and social networks, development from personal into collective capacity building and empowerment, establishment of sustainable output activities through community partnerships. Factors hindered sustainable capacity building at the individual, group/organizational and community levels are time and finance demands from family, work and geographical dispersion, lack of structure in the group, lack of connections and high turnover of Peer Parent Leaders, negative attitudes towards "sex talk", gender in the culture, lack of human and financial resources, lack of stable formal structure and internal diversity among community. Strategies used by these communities to address challenges common to immigrant families are ecological and synergistic considering capacity building as a multi-level, synergistic and ongoing process. Also using capacity building model in immigrant communities. However, its time-consuming processes of capacity building, which contributed to the sustainability of Raising Sexually Healthy Children is an empowering health promotion program for immigrant communities in Canada.
Navara, G. S., & Lollis, S. (2009). How adolescent children of African Jamaican immigrants living in Canada perceive and negotiate their roles within a matrifocal family. <i>Family Process</i> , 48(5), 441-458. http://dx.doi.org/10.1111/j.1545-5300.2009.01294.x	2009	Navara, G. S., & Lollis, S.	Quantitative	How do adolescent children of African Jamaican immigrants living in Canada perceive and negotiate their roles within a matrifocal family?	Grounded Theory	Purposive	20	M & F	Immigrants (not specified)	1st generation	18-26 years	Children/Adolescents; Young adults	Adolescent/young adult-parent relationships of African Jamaican immigrants in Canada. Specifically, we focused on the transmission of cultural values and beliefs within these relationships and how the adolescents navigated and negotiated potential changes in these values because of their acculturative experiences.	Not stated	Jamaica	New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec	A model emerged from the findings name "the cultural value of matrifocality within the African-Jamaican immigrant parent-adolescent relationship. The findings came out were around family practices including food/meal preparation (e.g., day-to-day meal preparation or food preparation for special gatherings); family storytelling (e.g., stories around their mothers' or grandmothers' search for a better life and how relocating to Canada facilitated that search); and religious practices (e.g., church attendance, participation in choirs). As these practices were examined, several themes (e.g., the intentional construction of family) emerged from the data. Most significant findings were related to the issue of matrifocality within the African Jamaican family. Issues of respect and adolescent agency are also discussed as they related to the manner in which the adolescent/young adult attempted to negotiate various roles within the family.

Ndengeyigoma, A., de Montigny, F., & Miron, J. M. (2014). Development of personal identity among refugee adolescents: Facilitating elements and obstacles. <i>Journal of Child Health Care</i> , 18(4), 369-377. https://doi.org/10.1177/1367493513496670	2014	Ndengeyigoma, A., de Montigny, F., & Miron, J. M.	Qualitative	What environmental characteristics and personal elements facilitate the development of personal identity, and what are the obstacles to such development?	Phenomenological (qualitative study)	Selection by reasoned choice (purposeful)	12	M & F	Refugees	1st generation	13-18 Years (Adolescence)	Children/Adolescents	Personal identity formation/development	Not specified	Specified as "sub-Saharan Africa" only	Quebec	Three categories that contributed to these young peoples' identities were identified: personal characteristics (including capacity for self-criticism, religious beliefs, and complex migratory paths), interpersonal relationships (being accepted or rejected by peers, family dynamics including values, role distribution, sibling relationships, and parental control) and environmental characteristics (cultural and intercultural encounters, both positive and negative).
Newbold, K. B., & Patel, A. (2006). Use of dental services by immigrant Canadians. <i>Journal Canadian Dental Association</i> , 72(3), 143-143f. Retrieved from http://cdad.ca/jcda/vol-72/issue-2/143.pdf	2006	Newbold, K. B., & Patel, A.	Quantitative	To identify the factors associated with dental visits by Canadians aged 12 years and older and to compare the use of dental services by foreign-born and native-born populations.	Survey	Not stated	19644977	M & F	Immigrants (not specified)	1st generation	6-12 Years (School age); 13-18 Years (Adolescence); 12 years and older	Children/Adolescents; Parents/caregivers; Children, adolescents and adults, age 12 years and older	Use of dental services by immigrant Canadians	1996-1997	United States, Europe, Australia, Asia and others	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	Immigrants were significantly more likely than native-born Canadians to have visited a dentist (OR = 1.18). In general, individuals with greater income adequacy, those who were better educated, were married or were younger, and those who had dental insurance were more likely to have visited a dentist. Among foreign-born participants, recent arrivals (resident in Canada for less than 4 years) were less likely to have used a dentist. Immigrants from Asia were less likely to have used a dentist, whereas those with European origins were more likely to have used a dentist.
Nguyen, H., Rawana, J. S., & Flora, D. B. (2011). Risk and protective predictors of trajectories of depressive symptoms among adolescents from immigrant backgrounds. <i>Journal of Youth and Adolescence</i> , 40(11), 1544-1558. http://dx.doi.org/10.1007/s10964-011-9636-8	2011	Nguyen, H., Rawana, J. S., & Flora, D. B.	Quantitative	To explore the predictive effects of developmental risk and protective factors on the longitudinal trajectories of depressive symptoms among youth from immigrant backgrounds in Canada using population-based data set.	Longitudinal survey (secondary data from seventh cycle of data collection by the National Longitudinal Survey of Children and Youth (NLSCY) adopted cohort-sequential design.	Computerized, re-scaled values of longitudinal post-stratification weights supplied by Statistics Canada.	1060	M & F	Immigrants (not specified)	Both 1st and 2nd generations	12-23 years	Children/Adolescents; Young adults age up to 23 years	Risk and protective predictors contribute to trajectories of depressive symptoms among adolescents from immigrant backgrounds in Canada.	1995-2011	Not specified in terms of country names. Mentioned two groups of origin from settler and non-settler societies.	Canada-wide	Individual variation in trajectories of depressive symptoms among selected sample of adolescents was predicted by self-esteem, optimism, positive peer relationships, problematic maternal conflict resolution with and maternal cohesion suggest that adolescents from immigrant families draw on these traits to promote resiliency. As hypothesized, lower initial levels of depressive symptoms (at age 12) were associated with higher levels of self-esteem, optimism, positive peer relationships, and maternal cohesion (i.e., adolescents felt that their parents understood them, were fair to them, and were affectionate with them), suggesting a protective effect at any given age. Conversely, higher levels of depressive symptoms at age 12 were associated with lower levels of problematic conflict resolution with one's mother at any given age, also consistent with the hypotheses. While it was expected that these time varying risk and protective factors would have varying predictive effects on depressive symptoms over time, they did not interact with age. With respect to immigration-related variables, proficiency in English or French and second-generation immigration status affected trajectories of depressive symptoms. Greater proficiency in English or French was associated with greater levels of depressive symptoms in early adulthood, while second-generation immigration status with two foreign-born parents was associated with greater levels of depressive symptoms during late adolescence. Furthermore, family dysfunction, problematic paternal conflict resolution, and paternal cohesion were not significantly related to levels of depressive symptoms. An interesting finding was the lack of gender differences of depressive symptoms. The findings also revealed that second-generation immigrant status was associated with steeper inclines in depressive symptoms.
O'Loughlin, J., Maximova, K., Fraser, K., & Gray-Donald, K. (2010). Does the "healthy immigrant effect" extend to smoking in immigrant children? <i>Journal of Adolescent Health</i> , 46(3), 299-301. http://dx.doi.org/10.1016/j.jadohealth.2009.08.005	2010	O'Loughlin, J., Maximova, K., Fraser, K., & Gray-Donald, K.	Quantitative	Objective: To examine whether the number of years lived in Canada relates to the risk of smoking among immigrant children.	Cross Sectional study	Not stated	1,959 children	M & F	Immigrants (not specified)	Immigrants & refugees	12 and less	Age 12 or less	Lifestyle-related behaviors in immigrant children. Looking for relationship between number of years lived in Canada and ever smoking.	1993	Not specified	Quebec	The risk of ever smoking among children who had lived 6-10 years in Canada was double the risk among those who had lived 5 years in Canada. The risk was triple among children who had lived 11-12 years in Canada.

O'Loughlin, J., Paradis, G., Meshefedjian, G., Eppel, A., Belbraouet, S., & Gray-Donard, K. (2004). Lifestyle risk factors for chronic disease by family origin among children in multiethnic, low-income, urban neighborhoods. <i>Ethnicity and Disease</i> , 14(3), 340-350.	2004	O'Loughlin, J., Paradis, G., Meshefedjian, G., Eppel, A., Belbraouet, S., & Gray-Donard, K.	Quantitative	To describe the prevalence of lifestyle risk factors (LRF) for chronic disease by family origin (FO) among children in multiethnic, low-income, urban neighborhoods.	Cross Sectional analysis	Not stated	4659	M & F	Not stated	Both 1st and 2nd generations	6-12 Years (School age)	Children/A dolescents	Smoking, level of physical activity, dietary habits, body mass index, sedentary behavior among school children aged 9-12, studying grade 4-6	5 Years : May/ June every year from 1993 to 1997.	From 13 different countries	Quebec	Relative to Canadian children, a higher proportion of Haitian, Portuguese, and other Central American/Caribbean children had 2 or more lifestyle risk factors (LRF); the proportion was similar among Cambodian, Vietnamese, Chinese, South American, East European, Arabic, Italian, and South Asian children, and lower among Salvadoran children.
Omand, J. A., Darling, P. B., Parkin, P. C., Birken, C. S., Khovratovich, M., Thorpe, K. E., Carsley, S., DeGroot, J., & Maguire, J. L. (2014). Non-western immigrant children have lower 25-hydroxyvitamin D than children from western families. <i>Public Health Nutrition</i> , 17(7), 1547-1554.	2014	Omand, J. A., Darling, P. B., Parkin, P. C., Birken, C. S., Khovratovich, M., Thorpe, K. E., Carsley, S., DeGroot, J., & Maguire, J. L.	Quantitative	The primary objective of the present study was to determine whether children older than 1 year of age from non-Western immigrant families have lower serum 25(OH)D levels than children from Western-born families. The secondary objective was to evaluate whether known dietary, environmental or biological determinants of 25(OH)D influence this relationship.	Cross-sectional observational study	Not stated	1540, Children 1-6 years of age	M & F	Not stated	Both 1st and 2nd generations	1-2 years (Toddlers);3-5 years (Pre-school);6-12 Years (School age)	Children/A dolescents; Parents/care givers	Serum 25-hydroxyvitamin D concentrations of non-Western immigrants were compared with those of Western-born families.	Between December 2008 and July 2011.	Non-Western immigrants including: Mixed Western, Mixed Western /non-Western, East Asian & Southeast Asian, South-west Asian, African & Caribbean.	Ontario	55% took vitamin Supplements and mean cow's milk intake was 1.8 cups. Of non-Western immigrant families, 4% of children and 96% of parents were born outside Canada, in a non-Western country. Median serum 25(OH)D was 83 nmol/l. Eighty-one children (5 %) had 25(OH)D levels below 50 nmol/l (thirty-one (3 %) children from Western families and fifty (12%) children S105 non-Western immigrant families). Children older than 1 year of age from non-Western immigrant families may be at increased risk of lower 25(OH)D.
Omorodion, F., Gbadebo, K., & Ishak, P. (2007). HIV vulnerability and sexual risk among African youth in Windsor, Canada. <i>Culture, Health and Sexuality</i> , 9(4), 429-437.	2007	Omorodion, F., Gbadebo, K., & Ishak, P.	Qualitative	To examine the sexual experiences of young men and women of African heritage living in Windsor area, of south-western Ontario, Canada. The aim was to contribute to better understanding of the risk factors that increase young African people's vulnerability to HIV infection in Canada.	Exploratory study	Voluntary participation	26	M & F	Diverse immigration status	Not stated	Average age 20 years	Adults	HIV vulnerability and sexual risk among African youth.	Between April 2004 and June 2005	Ghana, Liberia, Nigeria, Sierra Leone, Somalia and Sudan	Not Stated	Four major themes emerged from the analysis. These were: (1) awareness and concerns about STIs and HIV/AIDS; (2) partners' influence on negotiating sex; (3) effects of migration and availability of health care on perceptions of own risk and assumptions about prevalence in Canada; and (4) general discomfort talking about sex. Findings presented show that establishing residency in a modern developed society does not eliminate the influence of patriarchal and oppressive cultural values, norms and beliefs that subordinate women and make them powerless. The study supports the view that culturally entrenched gender inequalities may increase the risk of STI/HIV infection among African youth resident in Canada.
Oxman-Martinez, J., Rummens, A. J., Moreau, J., Choi, Y. R., Beiser, M., Ogilvie, L., & Armstrong, R. (2012). Perceived ethnic discrimination and social exclusion: Newcomer immigrant children in Canada. <i>American Journal of Orthopsychiatry</i> , 82(3), 376-388. http://dx.doi.org/10.1111/j.1939-0025.2012.01161.x	2012	Oxman-Martinez, J., Rummens, A. J., Moreau, J., Choi, Y. R., Beiser, M., Ogilvie, L., & Armstrong, R.	Quantitative	This article examines relationships between perceived ethnic discrimination, social exclusion, psychosocial functioning, and academic performance among newcomer immigrant children from the People's Republic of China, Hong Kong, and the Philippines.	Not stated	Snowball and time-space sampling	1053, children 11-13 years	M & F	Not stated	Both 1st and 2nd generations	6-12 Years (School age); 13-18 Years (Adolescence)	Children/A dolescents; Parents/care givers	Relationships between perceived ethnic discrimination, social exclusion, psychosocial functioning, and academic performance among newcomer immigrant children in Canada.	2002-2004	China, Hong Kong, and the Philippines	Alberta, British Columbia, Manitoba, Ontario, Quebec, Saskatchewan	25% of children reported being treated unfairly by peers and 14% by teachers because of who they are. Regression analyses revealed that perceived ethnic discrimination by peers and teachers was negatively related to children's sense of social competence in peer relationships. Children's self-esteem and sense of academic competence were negatively related to perceived discrimination by teachers. One in 5 children reported feeling like an outsider, with boys revealing higher levels of psychological isolation than girls. More than 1 in 10 were socially isolated and reported never participating in organized activities. Finally, significant differences were found among ethnic groups and settlement regions for economic exclusion. One of the most important factors related to migration is length of time since arrival to the host country. Our findings revealed that children who have been in Canada for a shorter period of time reported experiencing more perceived teacher discrimination, psychological isolation, and economic exclusion.

Patterson, B., Kyu, H. H., & Georgiades, K. (2013). Age at immigration to Canada and the occurrence of mood, anxiety, and substance use disorders. <i>The Canadian Journal of Psychiatry</i> , 58(4), 210-217. https://doi.org/10.1177/070674371305800406	2013	Patterson, B., Kyu, H. H., & Georgiades, K.	Quantitative	To assess the relationship between age at immigration and the risk for mood, anxiety, and substance abuse disorders in immigrant adults to Canada.	Secondary analysis of cross-sectional survey	Multi-stage stratified cluster design (survey)	4,946 respondents	M & F	Immigrants (not specified)	1st generation	15+ years (survey)	Canadian Community Health Survey (CCHS)	Mental health and wellbeing; substance use	2002	Other North America, South and Central America and the Caribbean, Europe, Africa, Asia, Oceania (Australia, New Zealand)	Canada-wide	Immigrants who arrived in Canada before the age of 6 had the highest risk for mood (OR 3.41) and anxiety (OR 6.89) disorders when compared to those who immigrated at the age of 18 or older (with adjustment for covariates: duration of residence, sex, education, current school attendance, marital status, urbanicity, visible minority status, estimated household income, current age, household size). The longer people live in Canada, the greater their risk of developing a mood disorder; risk does plateau. Being male was associated with decreased risk for anxiety disorder, but increased risk for substance abuse disorder. Other risk factors for mood disorder: larger household size; having South or Central American or Caribbean heritage. Risk factors for substance abuse disorder: urban residency, being single; being from Asia was associated with a lower risk.
Phan, T. (2003). Life in school: Narratives of resiliency among Vietnamese-Canadian youths. <i>Adolescence</i> , 38(151), 555-566. Retrieved from https://www.researchgate.net/publication/8881073_Life_in_school_Narratives_of_resiliency_among_Vietnamese-Canadian_youths	2003	Phan, T.	Qualitative	To investigate urban Vietnamese youths in their academic journey.	Not stated	Purposeful	11	M & F	Refugees	1st generation	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers	Researching lives of Vietnamese youths age b/w 17 and 18 who were growing up in Canada in order to explore the factors that might have served as a buffer, preventing them from losing hope despite their low socioeconomic status and limited access to resources. Also, to add their diverse voices to the research literature on academic resiliency.	Two and a half years (1997 - 1999)	Vietnam	British Columbia	The students reported experiencing or witnessing racial conflict, harassment, and unfair treatment. The boys reported experiencing more racism than did the girls. However, most of the students felt confident that racism would not present insurmountable obstacles for them in the future.
Philpneri, A., Hanna, S., Mandhane, P. J., & Georgiades, K. (2019). Association of immigrant generational status with asthma. <i>Canadian Journal of Public Health</i> , 110(4), 462-471. https://doi.org/10.17269/41997-019-00201-8	2019	Philpneri, A., Hanna, S., Mandhane, P. J., & Georgiades, K.	Quantitative	To assess for whether the risk of asthma is lower in second- and first-generation immigrants when compared to non-immigrants in Canada.	Secondary analysis of a national longitudinal survey	Not stated	15,799 participants	M & F	Immigrants (not specified)	1st & 2nd generation	2-26 years	Canadian National Longitudinal Survey of Children and Youth	Asthma	1994-2008	US, Europe, UK, France, Germany, Netherlands, India, Philippines, Jamaica, Guyana	Canada-wide	There was a lower prevalence of asthma in first generation (32%) and second generation (34%) immigrants than non-immigrants (46%). With adjustment (age, parent's time in Canada, interaction between generation and parent's time in Canada), first and second-generation immigrants had lower odds (0.21 and 0.19) of having asthma compared to non-immigrants. Asthma medication use was significantly lower in second-generation immigrants than non-immigrants (OR 0.79). With every year second-generation children's parents resided in Canada, their odds for having asthma increased by 5%.
Pitt, R. S., Sherman, J., & Macdonald, M. E. (2015). Low-income working immigrant families in Quebec: Exploring their challenges to well-being. <i>Canadian Journal of Public Health</i> . <i>Revue Canadienne De Sante Publique</i> , 106(8), e539-545. http://dx.doi.org/10.17269/cjph.106.5028	2015	Pitt, R. S., Sherman, J., & Macdonald, M. E.	Qualitative	To identify low-income working families' health challenges and understand their barriers and facilitators to navigating those challenges.	Focused ethnography	Purposeful	25 participants	M & F	Permanent resident, student visa (spouse)	Both 1st and 2nd generations	26-51 years	Families and staff	Well-being	September to December 2014 (4 months)	Brazil, Venezuela, Haiti, El Salvador, Benin, Cameroon, Côte d'Ivoire, Algeria, Iran, and Romania	Quebec	Families described health as physical, mental and socio-cultural well-being. Challenges to well-being included insufficient finances, non-standard work, hurdles in professional equivalency, isolation, children's acculturation, inadequate access to health care and the Canadian winter. Personal and structural barriers and facilitators to navigating challenges centred on parents' sense of the challenges being finite, control over discrete dimensions of life and hope of children's future success. Families who incorporated these perceptions into their narratives seemed to describe the challenges as navigable. Importantly, the SDH model did not anticipate the degree to which challenges would be defined by immigration factors.

Ponde, M. P., Rousseau, C., & Carlos, M. A. C. (2013). Pervasive developmental disorder in the children of immigrant parents: comparison of different assessment instruments. <i>Arquivos de Neuro-Psiquiatria</i> , 71(11), 877-882. https://doi.org/10.1590/0004-282X20130091	2013	Ponde, M. P., Rousseau, C., & Carlos, M. A. C.	Quantitative	To describe how the Childhood Autism Rating Scale (CARS) interacts with the Autism Diagnostic Observation Schedule (ADOS) and with clinical diagnoses according to the metrics of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) for children of immigrant parents.	Cross-sectional study	Not stated	49 children	M & F	Immigrants (not specified)	1st & 2nd generation	2-15 years	Parents, children/adolescents	Autism spectrum disorder	Not stated	Asia, Arab world, Latin America and the Caribbean, North America, Europe	Quebec	There was complete agreement between the ADOS and DSM-IV in the evaluated sample; CARS had high specificity (100%) and low sensitivity (41%), negative predictive value of 16% and a positive predictive value of 100% when compared to the DSM-IV as a standard; when CARS compared to ADOS as standard, 39% sensitivity, 16% negative predictive value, 100% specificity, and 100% positive predictive value. Parents were comforted by having a foreigner complete the assessments and reported that they felt at ease. Families from Bangladesh, India, & Pakistan rejected the idea of "problems" or "difficulty" and preferred more indirect questions about the child's wellbeing.
Prowse, S., Schroth, R. J., Wilson, A., Edwards, J. M., Sarson, J., Levi, J. A., & Moffatt, M. E. (2014). Diversity considerations for promoting early childhood oral health: a pilot study. <i>International Journal of Dentistry</i> , 2014, Article 175084. https://doi.org/10.1155/2014/175084	2014	Prowse, S., Schroth, R. J., Wilson, A., Edwards, J. M., Sarson, J., Levi, J. A., & Moffatt, M. E.	Qualitative	To explore the views are held by parents and caregivers of four cultural groups regarding early childhood oral health and early childhood caries.	Descriptive study	Convenience sampling	40 parents and caregivers	M & F	Immigrants (not specified) & refugees	1st & 2nd generation	<6 years	Parents & caregivers	Oral/dental health	Not stated	Chad, Congo, Ethiopia, Iraq, Morocco, Nigeria, Somalia, Eritrea, Sudan	Manitoba	Barriers identified to good oral health practices: temperament of the child, finances, inability to control child's sugar intake. Influences to perception of oral health: religion and genetic. Newcomer participants identified sweets, poor oral hygiene and genetics as factors believed to contribute to oral health. The use of laypeople to promote oral health practices was suggested by newcomer parents.
Pulver A., Guttmann A., Ray J.G., O'Campo P., & Urquia, M.L. (2020). Differences in early childhood maltreatment by maternal birthplace and child sex. <i>Journal of Pediatrics</i> , 218, 184-191.e2. https://doi.org/10.1016/j.jpeds.2019.11.038	2020	Pulver A., Guttmann A., Ray J.G., O'Campo P., & Urquia, M.L.	Quantitative	To identify the patterns of early childhood maltreatment identified within health systems in terms of maternal birthplace and child sex.	Retrospective population-based cohort study	Not stated	1,240,946 children	M & F	Immigrants (not specified) & refugees	2nd generation	Birth to 5 years	Linked data from the Institute for Clinical Evaluative Sciences (ICES); Registered Persons Database; 2001 and 2006 census data; Canadian Institute for Health Information Discharge Abstract Database; Immigration, Refugees, and Citizenship Canada	Child maltreatment, mental health	April 1, 2002-March 31, 2012	India, China, Pakistan, Philippines, Other South Asia, Other East Asia/Pacific, Latin America	Ontario	Children of immigrant mothers had maltreatment rates 36% (10/1000) lower compared to non-immigrant mothers (16/1000). Rate of maltreatment over 5 years varied with maternal birthplace: highest in children born to mothers who were born in Canada, SSA (12/1000), Caribbean (12/1000); lowest in children born to mothers from India (8/1000), China (8/1000). Rates of maltreatment were 27-48% lower in children of maternal immigrant groups compared to Canadian-born mothers, except for children born to Caribbean mothers (16/1000). There were no significant differences among sons and daughters in terms of odds of early childhood health system-identified maltreatment according to maternal birthplace. Risk was lowest among children born to mothers from India, China, East Asian countries; highest risk in children born to mothers from SSA, Caribbean. Children of immigrant parents were more likely to have an injury associated with social circumstances (aRR 1.12).

Pulver, A., Guttman, A., Ray, J. G., O'Campo, P. J., & Urquia, M. L. (2020). Receipt of routine preventive care among infant daughters and sons of immigrant mothers in Ontario, Canada: a retrospective cohort study. <i>BMJ Open</i> , 14(7), Article e036127. https://doi.org/10.1136/bmjopen-2019-036127	2020	Pulver, A., Guttman, A., Ray, J. G., O'Campo, P. J., & Urquia, M. L.	Quantitative	To assess for gender disparities in routine preventative care for infants between maternal countries of birth and according to mother tongue among infants born to Indian mothers.	Retrospective population-based cohort study	Not stated	350,366 singletons	M & F	Immigrants (not specified)	2nd generation	Birth to 24 months	Linked databases at the Institute for Clinical Evaluative Sciences (ICES); Registered Persons Database; census data; Discharge Abstract Database; Ontario Health Insurance Plan; Immigration, Refugees, and Citizenship Canada Permanent Resident Database	Preventative care, infant health	April 1, 2002-March 31, 2014	India, Pakistan, China, Philippines, Sri Lanka, Jamaica, Afghanistan, Vietnam, Poland, Somalia, Iraq, USA, Guyana, Iran	Ontario	Under immunization (26.5%-58.2%) and insufficient well-child visits (10.5%-47.8%) were prevalent between boys and girls, but varied depending on the maternal birthplace. Girls with mothers born in India were 1.19x (adjusted) more likely to have insufficient well-child visits, compared to their brothers; this was primarily identified in the Punjabi mother tongue subgroup (aOR 1.26). Girls in Afghani families had a greater OR (1.27) of inadequate checkups compared to their male sibling. Girls had significantly lower odds (OR 0.73) of under immunization in the Hindi mother tongue subgroup, though this was not significant after adjustment.
Quon, E. (2010). <i>Effects of generation of immigration on overweight in Canadian youth</i> (Accession No. AAMR71018) [Master's thesis, Concordia University]. ProQuest Dissertations & Theses Global.	2010	Quon, E.	Quantitative	To assess for a relationship between immigrant generations and prevalence of overweight in Canadian youth; examine the impact of risk factors such as acculturation, ethnicity, socioeconomic status on the relationship.	Secondary analysis of a national longitudinal survey	Purposive sampling	24,124 children & adolescents	M & F	Immigrants (not specified)	1st, 2nd, 3rd generation; mixed generation	6-17 years	National Longitudinal Survey of Children and Youth	Obesity/overweight	1994-2007	Latin America, Asia	Canada-wide	Generation of immigration was significantly associated with BMI percentile in both groups; in increasing order for children (6-11 years) was first generation, second generation, mixed generation, third generation, then aboriginal; in increasing order for adolescents (11-17 years) was second generation, mixed generation, first generation, third generation, and Aboriginal. Race was also significantly associated with BMI percentile: East Asian and South Asian groups had lower average BMI percentiles than White groups; Southeast Asian, Black, Native groups have higher average BMI percentiles; East Asian adolescents had lowest average BMI percentile, then White, Black, and Native, with Southeast Asian and South Asian groups with the highest average BMI percentiles. Speaking English or French was associated with higher BMI in first, second, and third generation children.
Quon, E. C., McGrath, J. J., & Roy-Gagnon, M. (2012). Generation of immigration and body mass index in Canadian youth. <i>Journal of Pediatric Psychology</i> , 37(8), 843-853. http://dx.doi.org/10.1093/jpepsy/jss037	2016	Gorrab, A. A., Fournier, A., Bouaziz, A. A., Spiegelblatt, L., Scuccimarr, R., Mrabet, A., & Dahdah, N.	Quantitative	To determine the incidence of KD among Maghrebi children in Quebec in comparison to available reports from their countries of origin.	Retrospective study/Survey	Quebec Children with potential Maghrebi Origins diagnosed with Kawasaki Disease compared with children from the countries of origin: Tunisia 31, Morocco 23, and Algeria 64.	34 potential Maghrebi identified in Quebec. Consent was obtained from 28/34-28% with origins from Morocco 15, Algeria 11 and Tunisia 2 and from Tunisia 31, Morocco 23 and Algeria 64.	Not stated	Not stated	Not stated	0-12 months (Infants); 1-2 years (Toddlers); 3-5 years (Pre-school)	Stats Canada and retrospective chart reviews	Incidence rate of Kawasaki Disease in North African community in Quebec with comparison to countries of origin	2001-2009	Maghreb Countries (Tunisia, Morocco, Algeria)	Quebec	79% of children in Quebec with Kawasaki disease were younger than 5 years. 70% in Morocco, 91% in Algeria, 69% in Tunisia (p=.45). There was a high frequency of atopic illnesses 12.8/28 (42.8%) personal history of asthma and/or allergy in addition to 20/28 (71.4%) of similar family history. Infectious disease history was more frequent in Quebec with 11/28 (39%) presenting an infectious illness preceding KD compared to 2 patients in the study from Tunisia and Algeria and 1 from Moroccan series (p.001). The presenting symptoms were comparable between Quebec and the other countries.
Quon, E. C., McGrath, J. J., & Roy-Gagnon, M. (2012). Generation of immigration and body mass index in Canadian youth. <i>Journal of Pediatric Psychology</i> , 37(8), 843-853. http://dx.doi.org/10.1093/jpepsy/jss037	2012	Quon, E. C., McGrath, J. J., & Roy-Gagnon, M.	Quantitative	To assess the cross-sectional effect of acculturation, as measured by generation of immigration, on body mass index (BMI) in Canadian children and adolescents. The secondary goal was to examine the effect of generation of immigration on change in BMI over time.	Secondary population-based data from National Longitudinal Survey of Children and Youth.	Not stated clearly. The NLSYC sample is representative of children aged 0-11 years that were living in any Canadian province in 1994/1995, when survey weights are applied.	26442	M & F	Immigrants (not specified)	Both 1st and 2nd generations	6-12 Years (School age); 13-18 Years (Adolescence)	Secondary data	Role of acculturation, as measured by generational status, on body mass index (BMI).	1994/1995	Races: White, East Asian, South Asian, Southeast Asian, Blacks and Aboriginal.	Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Quebec, Saskatchewan, Yukon	The current study demonstrated that there are both cross-sectional and longitudinal differences in BMI between generations of immigration. Specifically, children of immigrant parents tend to have lower BMI than children of Canadian-born parents across childhood and adolescent age groups. However, contrary to most previous findings, first-generation immigrant youth did not have lower BMI than higher generations. In addition, first-generation immigrants were shown to gain weight relative to other groups across the adolescent age group.

Radhakrishnan, D., Guttman, A., To, T., Reisman, J. J., Knight, B. D., Mojaverian, N., Manuel, D. G., Gommerman, J. L., Croitoru, K., & Benchimol, E. I. (2019). Generational patterns of asthma incidence among immigrants to Canada over two decades. A population-based cohort study. <i>Annals of the American Thoracic Society</i> , 16(2), 248-257. https://doi.org/10.1153/AnnATS.2018.03-187OC	2019	Radhakrishnan, D., Guttman, A., To, T., Reisman, J. J., Knight, B. D., Mojaverian, N., Manuel, D. G., Gommerman, J. L., Croitoru, K., & Benchimol, E. I.	Quantitative	To gain understanding of the influence of environmental exposure on asthma risk when comparing asthma rates between recent immigrants and long-term Canadian residents.	Retrospective cohort study	Not stated	11,740,942 records (Immigrants: 2,237,553 Non-Immigrants: 9,503,389)	M & F	Immigrants (not specified)	Not stated	Preschoolers (<5 years), school-aged children (5-17.99 years), adults (18-64.99 years)	Ontario health administrative data from the Institute for Clinical Evaluative Sciences (ICES); Immigration, Refugees, and Citizenship Canada Permanent Resident Database; MOMBAB Y dataset	Asthma	April 1, 1996 - March 31, 2013	Sub-Saharan Africa, South Asia, Middle East and North Africa, Latin America and Caribbean, Eastern Europe and Central Asia, East Asia and Pacific, Western Europe and North America	Ontario	Incidence of asthma was lower in immigrants compared with long-term Canadian residents; immigrants only contributed a small amount to the incidence of asthma in Ontario. Children of immigrants born in Ontario had significantly higher incidence of asthma compared to children born to long-term residents.
Rasmi, S., Chuang, S. S., & Safdar, S. (2012). The relationship between perceived parental rejection and adjustment for Arab, Canadian, and Arab Canadian youth. <i>Journal of Cross-Cultural Psychology</i> , 43(1), 84-90. https://doi.org/10.1177/0022022111428172	2012	Rasmi, S., Chuang, S. S., & Safdar, S.	Quantitative	Examining how the parent-youth relationship is related to youth adjustment in Arab immigrants to Canada and compared to matched samples of European Canadians and Arabs in the Middle East (Egypt and Lebanon).	Cross-Sectional	Not stated	407	M & F	Immigrants (not specified)	1st and 2nd generation	18-21 years	Children/Adolescents	Psychological well-being, life satisfaction, and risk behavior among Canadian and non-Canadian youth.	Not stated	Europe and Arab	Not Stated	European Canadian youth were less likely to perceive parental rejection and had higher life satisfaction than both Arab groups. However, although Arab Canadians and Arabs perceived more parental rejection than their European Canadian counterparts, it had less of an effect on their adjustment.
Ray, J. G., Redelmeier, D. A., Urquia, M. L., Guttman, A., McDonald, S. D., & Vermeulen, M. J. (2014). Risk of cerebral palsy among the offspring of immigrants. <i>PLoS ONE</i> , 9(7), Article e102275. https://doi.org/10.1371/journal.pone.0102275	2014	Ray, J. G., Redelmeier, D. A., Urquia, M. L., Guttman, A., McDonald, S. D., & Vermeulen, M. J.	Quantitative	To determine the risk of cerebral palsy in children of immigrant women compared with non-immigrant women, according to origin, and length of time since migration.	Retrospective population-based cohort study	Not stated	744,058 newborns; 1346 cases of CP	M & F	Immigrants (not specified)	2nd generation	Birth to 4 years	Linked datasets at the Institute for Clinical Evaluative Sciences (ICES)	Cerebral palsy	April 1, 2002 and March 31, 2008	Western Nation or Europe, African/Caribbean, North African/Middle Eastern, Latin America, East Asian/Pacific and South Asia	Ontario	There was a lower incidence of cerebral palsy among immigrant children compared to non-immigrants. Mothers from the Pacific, East Asia, and the Caribbean had significantly lower risks of a child with CP. These results were consistent even after adjusting for maternal risk factors such as gestational hypertension, preeclampsia, placental abruption or infarction.
Redditt, V. J., Graziano, D., Janakiram, P., & Rashid, M. (2015). Health status of newly arrived refugees in Toronto, Ont: Part 2: chronic diseases. <i>Canadian Family Physician</i> , 61(7), e310-e315.	2015	Redditt, V. J., Graziano, D., Janakiram, P., & Rashid, M.	Quantitative	To assess for the prevalence of chronic disease in new refugee patients and identify associated demographic factors.	Retrospective chart review	Not stated	1063 refugee patients	M & F	Refugees	1st generation	0 - >= 65 years	Electronic medical records at a primary care clinic for refugees	Chronic diseases	December 2011 - June 2014	Africa, Europe, Eastern Mediterranean Region, Asia, Americas; top source countries: Hungary, North Korea, Nigeria	Ontario	There was a higher prevalence of anemia in children younger than 5 years (14%) compared to children less than 15 years overall (11%); there were no variances noted according to region. 25% of women above the age of 15 had anemia, with African women having the highest rates (37%). 30% of patients above the age of 15 had elevated BP, with this rate being highest among male patients (38%). 8% of patients older than 15 years had markers of prediabetes or diabetes, with rates higher in European patients (15%).
Redditt, V. J., Janakiram, P., Graziano, D., & Rashid, M. (2015). Health status of newly arrived refugees in Toronto, Ont: Part 1: infectious diseases. <i>Canadian Family Physician</i> , 61(7), e303-e309.	2015	Redditt, V. J., Janakiram, P., Graziano, D., & Rashid, M.	Quantitative	To assess for the prevalence of infectious disease in new refugee patients and identify associated demographic factors.	Retrospective chart review	Not stated	1063 refugee patients	M & F	Refugees	1st generation	0 - >= 65 years	Electronic medical records at a primary care clinic for refugees	Infectious diseases	December 2011 - June 2014	Africa, Europe, Eastern Mediterranean Region, Asia, Americas; top source countries: Hungary, North Korea, Nigeria	Ontario	Children less than 5 years of age had the high levels of Hepatitis B immunity (68%) compared to the general population (39%); this rate was also high in Asian refugees (64%). There was an equal prevalence of Strongyloides infection between children and adults, with the highest rate being in those from Africa (6%).

Rousseau, C., & Drapeau, A. (2003). Are refugee children an at-risk group? A longitudinal study of Cambodian adolescents. <i>Journal of Refugee Studies</i> , 16(1), 67-81. https://doi.org/10.1093/jrs/16.1.67	2003	Rousseau, C., & Drapeau, A.	Quantitative	The objective of this paper is to present the changing pattern of mental health and social adjustment problems from early adolescence until adulthood of Cambodian adolescents living in a Canadian urban setting.	Longitudinal Study	Cluster sampling	124	M & F	Refugees	1st generation	13-18 years	Children/Adolescents; Parents/caregivers	Pattern of mental health and social adjustment problems among Cambodian adolescents living in Canada.	4 years (1994 - 1998)	Cambodia and Canada	Quebec	A number of variables were investigated to cover a wide array of mental health (internalizing and externalizing symptoms, risk behaviour) and social adjustment (social competence, academic performance) dimensions. Overall, the parental estimation of their children's mental health symptoms and the social adjustment of the adolescents are stable across time and gender. Self-reporting of externalizing symptoms by boys is also stable, although boys tend to report fewer internalizing symptoms at mid-adolescence; girls tend to report a lower level of both externalizing and internalizing symptoms at mid-adolescence. This drop in self-reported internalizing symptoms at mid-adolescence is significant. The teenagers' mental health profile, engaging in risk behaviour, tends to decline over adolescence. The direction of the evolution of the social adjustment of young Cambodians living in Montreal varies across indices. The feeling of competence reported by both boys and girls is stable over time. However, academic difficulty defined as failing a course at baseline (early adolescents, 1994) and T2 (Time-2, mid-adolescents in 1996) does not appear to be a significant predictor of leaving school in late adolescence. Social competence, academic difficulty and gender of young Cambodians do not appear to be significantly related to emotional and behavioural symptoms. According to their parents, Cambodian adolescents have lower levels of internalizing and externalizing symptoms than do their Quebec-born peers, particularly the boys. Regarding social adjustment, the level of competence reported in mid- and late adolescence is significantly lower for the Cambodian than for the Quebec-born girls (Table 4), whereas the pattern of academic difficulty is similar in Cambodian and Quebec-born teenagers, boys and girls alike.
Rousseau, C., & Jamil, U. (2010). Muslim families' understanding of, and reaction to, 'the war on terror'. <i>American Journal of Orthopsychiatry</i> , 80(4), 601-609. http://dx.doi.org/10.1111/j.1939-0025.2010.01065.x	2010	Rousseau, C., & Jamil, U.	Qualitative	Research objectives: to describe the parent-child transmission of understanding and emotional reaction to the War on Terror (WOT) in South Asian Muslim immigrant families in Park Extension, Montreal, and to understand some of the factors that influence this transmission, in particular the familial patterns of identity assignment and feelings of helplessness and agency.	Grounded theory approach	Snowball	20 families (approx. 40 individual interviews)	M & F	Immigrants (not specified)	Both 1st and 2nd generations	6-12 Years (School age)/13-18 Years (Adolescence); Families with children age b/w 6-18 years	Children/Adolescents; Parents/caregivers	Emotional reaction to War on Terror	Not stated	Pakistan and Bangladesh	Quebec	Results indicated that the families' emotional reactions and communication about these events were interlinked with family patterns of identity assignment. The majority of parents avoided talking with their children about the WOT and felt that these issues should not be discussed at school. Most children shared their parents' feelings of helplessness and familial patterns of identity assignment. Parents reporting a greater sense of agency displayed less avoidance, had a more complex vision of self and other, and favored the school's role in helping children make sense of these events.
Rousseau, C., Drapeau, A., & Platt, R. (1999). Family trauma and its association with emotional and behavioral problems and social adjustment in adolescent Cambodian refugees. <i>Child Abuse and Neglect</i> , 23(12), 1263-1273. https://doi.org/10.1016/S0145-2134(99)00100-3	1999	Rousseau, C., Drapeau, A., & Platt, R.	Quantitative	The main aim of this study was to investigate the effect of war-related trauma on the subsequent social adjustment and functioning of young Cambodian refugees.	Longitudinal	Not stated	67	M & F	Refugees	1st generation	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers	Family trauma and its association with emotional and behavioral problems and social adjustment of young Cambodian refugees settled in Montreal.	2 years (1994 - 1996)	Cambodia	Quebec	The trauma a family suffered before leaving their homeland and prior to the teenager's birth seems to play a protective role at various times in adolescence with regard to externalized symptoms, risk behavior, and school failure in boys, and foster positive social adjustment in girls.
Rousseau, C., Drapeau, A., & Platt, R. (2000). Living conditions and emotional profiles of Cambodian, central American, and Quebecois youth. <i>Canadian Journal of Psychiatry - Revue Canadienne De Psychiatrie</i> , 45(10), 905-911. https://doi.org/10.1177/070674370004501005	2000	Rousseau, C., Drapeau, A., & Platt, R.	Quantitative	Objectives: To compare Cambodian and Central American adolescent refugees to Quebec with their Quebec-born peers in regard to emotional and behavioural problems, feelings of competence, and risk-behaviour profiles, and to examine relations between emotional variables and living conditions in the 3 groups.		Cluster	225	M & F	Refugees	1st generation	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers	Compares Cambodian and Central American adolescent refugees with Quebec-born adolescents in terms of emotional problems, feelings of competence, and risk behaviours.	2 years (1994 - 1996)	Cambodian and Central American	Quebec	The level of emotional and behavioural problems reported by teenagers was lowest in Central Americans and highest in Quebecois; the latter group also reported more risk behaviours than did either refugee group. The socioeconomic status of the Cambodian and Central American refugee households was lower than that of the Quebecois. Living conditions were not a major determinant of emotional distress in young Cambodians, but low annual income was associated with internalizing symptoms among Central American youth. The most powerful predictor of externalizing symptoms among the Quebecois youth was having a single-parent household.

Rousseau, C., Drapeau, A., & Platt, R. (2004). Family environment and emotional and behavioural symptoms in adolescent Cambodian refugees: Influence of time, gender, and acculturation. <i>Medicine, Conflict and Survival</i> , 20(2), 151-165. https://doi.org/10.1080/1362369042000234735	2004	Rousseau, C., Drapeau, A., & Platt, R.	Quantitative	To examine how the effects of a number of risk and protective factors on the mental health of young Cambodian refugees evolve as they grow through adolescence.	Longitudinal	Not stated	67	M & F	Refugees	1st generation	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers	Influence of family environment, gender, and acculturation on the mental health of Cambodian adolescent refugees.	2 years (1994 - 1996)	Cambodia	Quebec	Family conflict tends to increase from early to mid-adolescence. The association between family environment and mental health changes over time and, overall, family environment is associated with externalisation whereas gender, acculturation level, and family structure influence internalisation. Cambodian girls and boys cope differently with the challenges of adolescence in the host country, adopting traditional strategies and borrowing new ones from the host culture.
Rousseau, C., Drapeau, A., & Rahimi, S. (2003). The complexity of trauma response: A 4-year follow-up of adolescent Cambodian refugees. <i>Child Abuse and Neglect</i> , 27(11), 1277-1290. https://doi.org/10.1016/j.chabu.2003.07.001	2003	Rousseau, C., Drapeau, A., & Rahimi, S.	Quantitative	The objective of this study was to document the psychosocial adjustment of young refugees during their adolescence and its association with the war-related trauma experienced by their family before migration.	Longitudinal	Not stated	57	M & F	Refugees	1st generation	13-18 Years (Adolescence)	Children/Adolescents; Parents/caregivers	Psychosocial adjustment of Cambodian adolescent refugees and its association with war-related trauma.	4 Years (1994 - 1998)	Cambodia	Quebec	The associations between pre-migratory exposure to political violence and post migratory psychosocial adjustment fluctuated over the adolescence period. Overall, the adolescents whose families were more highly exposed to political violence tended to report a more positive social adjustment and less mental health symptoms than those less exposed.
Rousseau, C., Hassan, G., Measham, T., & Lashley, M. (2008). Prevalence and correlates of conduct disorder and problem behavior in Caribbean and Filipino immigrant adolescents. <i>European Child and Adolescent Psychiatry</i> , 17(5), 264-273. http://dx.doi.org/10.1007/s00787-007-0640-1	2008	Rousseau, C., Hassan, G., Measham, T., & Lashley, M.	Quantitative	To investigate the prevalence and subtypes of conduct disorder (CD) and behavioral problems among youth in two communities (Caribbean and Filipino) characterized by prolonged parent-child separation upon immigration.	Not stated	Cluster	252	M & F	Immigrants (not specified). Canadian domestic workers program	Both 1st and 2nd generations	13-18 Years (Adolescence); 12-19 years old adolescents	Children/Adolescents; Parents/caregivers	Mental health of adolescents in immigrant families	Not stated	Caribbean and Philippines	Quebec	Adolescents reported fewer problem behaviors than their host country peers, despite immigrant background or parent-child separation. The high adolescent-onset conduct disorder (CD) rate supports the hypothesis that psychosocial stressors play a role in the emergence of the disorder. Specifically, high levels of perceived racism and low collective self-esteem predicted problem behaviors in these youngsters.
Rousseau, C., Hassan, G., Measham, T., Moreau, N., Lashley, M., Castro, T., Blake, C., & McKenzie, G. (2009). From the family universe to the outside world: Family relations, school attitude, and perception of racism in Caribbean and Filipino adolescents. <i>Health & Place</i> , 15(3), 751-760. https://doi.org/10.1016/j.healthplace.2008.12.004	2009	Rousseau, C., Hassan, G., Measham, T., Moreau, N., Lashley, M., Castro, T., Blake, C., & McKenzie, G.	Mixed methods	Assess for a relationship between family relations and perception of minority status in Caribbean and Filipino adolescents; assess for the impact of separations from their parents during migration; assess for how family relationships and environmental perception may be associated with adolescent mental health.	Population-based cross-sectional study	Cluster sampling	254 adolescents and their parents	M & F	Immigrants (not specified)	1st & 2nd generation	12-19 years	Children/Adolescents, parents, therapist	Mental health and wellbeing; belonging	Not stated	Caribbean and Philippines	Quebec	There were similar distributions of age and time spent in Canada between Caribbean and Filipino groups; a larger proportion of Filipino adolescent's report immigrating separately from their families; there were more first-generation immigrants in the Filipino group and more second generation immigrants in the Caribbean group. Overall Filipino adolescents had greater rates of internalizing symptoms; for this group, higher family conflict was significantly associated with poorer school attitude; greater family cohesion was associated with better school attitude; greater internalizing symptoms were reported by parents for their sons than daughters. For Caribbean adolescents, family cohesion and symptoms of anxiety and depression in their parents contributed to 26% of how parents rated their adolescent's internalizing and externalizing symptoms.

Rousseau, C., Hassan, G., Measham, T., Moreau, N., Lashley, M., Castro, T., Blake, C., & McKenzie, G. (2009). From the family universe to the outside world: Family relations, school attitude, and perception of racism in Caribbean and Filipino adolescents. <i>Health and Place</i> , 15(3), 721-730. http://dx.doi.org/10.1016/j.healthplace.2008.12.004	2009	Rousseau, C., Hassan, G., Measham, T., Moreau, N., Lashley, M., Castro, T., Blake, C., & McKenzie, G.	Mixed Methods	To look at the associations between family relations and adolescents' perceptions of both their own group and the host society and analyzes how these affect their mental health.	Survey and qualitative interview	Cluster	254 (quantitative part) and 59 (qualitative part)	M & F	Immigrants (not specified), Canadian domestic workers program	Both 1st and 2nd generations	13-18 Years (Adolescence); 12-19 years old adolescents included in survey and 14-25 years old for focus group discussion	Children/A dolescents; Parents/care givers; Health care personnel; Community leaders	Mental health of adolescents in immigrant's family	Not stated	Caribbean and Philippines	Quebec	The results suggest that family cohesion plays a key role in shaping adolescents' perceptions of racism in the host country and in promoting a positive appraisal of their own community. Family relations and perceptions of the environment are associated with the adolescents' self-reported emotional and behavioral symptoms. More specifically, attitudes toward school are related to youth mental health for both communities whereas perception of racism is significantly associated with symptoms in the case of Caribbean adolescents only. The bivariate associations between family relations and environmental variables read in the light of the focus groups suggest that family cohesion may make it easier for young people of both groups to invest in the host society, although through slightly different mechanisms: Caribbean adolescents with cohesive families tend to have lower perceptions of racism and increased collective self-esteem, while the Filipino youth have a more positive attitude toward school.
Rousseau, C., Laurin-Lamothe, A., Rummens, J. A., Meloni, F., Steinmetz, N., & Alvarez, F. (2013). Uninsured immigrant and refugee children presenting to Canadian paediatric emergency departments: Disparities in help-seeking and service delivery. <i>Paediatric and Child Health</i> , 18(9), 465-469. https://doi.org/10.1093/pch/18.9.465	2013	Rousseau, C., Laurin-Lamothe, A., Rummens, J. A., Meloni, F., Steinmetz, N., & Alvarez, F.	Quantitative	To explore possible differences in help-seeking and service delivery across migratory statuses, institutions and provinces.	Review of hospital emergency-based documents	Random sampling	2035	M & F	Refugee claimant undocumented, 'grey zone', new permanent residents with delay of coverage and visitors.	1st generation	0-18 years	Emergency files from hospitals	Disparities in help-seeking and service delivery among uninsured immigrant and refugee children presenting to Canadian paediatric emergency departments	2008-2009	Not stated	Ontario, Quebec	Refugee claimant children with Interim Federal Health Program (IFHP) benefits considered for less urgent problems than the overall hospital population, except in one hospital that had a multicultural paediatric ambulatory clinic. Undocumented children and new permanent resident immigrant children within the three-month waiting period for provincial health care coverage were over-represented in the very urgent triage category and presented more often for injuries, trauma and mental health problems than did refugee claimant children. Refugee claimants constituted 55.9% and other uninsured (undocumented, 'grey zone', new permanent resident) constituted 39.4% of the total sample ($\chi^2[4] = 114.3, P < 0.001$). Because of the lack of systematic documentation of migratory status in the medical records, it was very difficult, and often impossible, to identify the precise immigration status of individuals within this second group of uninsured children.
Rousseau, C., Laurin-Lamothe, A., Rummens, J. A., Meloni, F., Steinmetz, N., & Alvarez, F. (2013). Uninsured immigrant and refugee children presenting to Canadian paediatric emergency departments: Disparities in help-seeking and service delivery. <i>Paediatrics & Child Health</i> , 18(9), 465-469.	2013	Rousseau, C., Laurin-Lamothe, A., Rummens, J. A., Meloni, F., Steinmetz, N., & Alvarez, F.	Quantitative	To investigate for differences in help-seeking behaviors and service delivery between different migration statuses, institutions, and provinces	Retrospective chart review	Not stated	2035 cases	M & F	Immigrants (not specified) & refugees	1st & 2nd generation	0-18 years	Emergency department files at three major hospitals in Toronto	Healthcare access	2008-2009	Not stated	Ontario, Quebec	Refugee children within the Interim Federal Health Program were less likely to seek emergency care for less urgent problem than the general hospital population, with the exception of a hospital with a multicultural pediatric ambulatory clinic. Undocumented children and those with new permanent residency status had high rates of presentation in the very urgent triage category in the three-month period while waiting for provincial health coverage; they often presented with injuries, mental health problems, and trauma in higher proportions than refugee children.
Rousseau, C., Said, T. M., Gagne, M. J., & Bibeau, G. (1998). Resilience in unaccompanied minors from the north of Somalia. <i>Psychoanalytic Review</i> , 85(4), 615-637.	1998	Rousseau, C., Said, T. M., Gagne, M. J., & Bibeau, G.	Qualitative	To achieve a better understanding of the migratory phenomena in unaccompanied refugee children from north of Somalia.	Ethnographic approach	Purposive	10	M	Refugees	1st generation	13-18 Years (Adolescence)	Children/A dolescents; Adults from Somali community and care givers	Resilience and migratory process in unaccompanied refugee children	Not stated	Somalia (North)	Ontario, Quebec	For young Somalis, who forced to leave their country because of social, political and economic factors, can be considered dreadful and traumatizing. However, because of the special relationship it has with the traditional meaning of sending young boys off to learn about nomadic pastoral existence, exile can be source of acquiring positive attributes. Beyond all possible losses, one can regain potential for change. It can be hypothesized that the relation between the individual meaning and the collective meaning has an important role in the resilience and protection processes.
Salami, B., Alrazi, D.A., Ibrahim, S., Vallianatos, H., Urichuk, L., & Islam, B. (2021). African immigrant parents' perspectives on the factors influencing their children's mental health. <i>Journal of Child and Family Studies</i> , 31, 142-154. https://doi.org/10.1007/s10826-021-02130-y	2021	Salami, B., Alrazi, D.A., Ibrahim, S., Vallianatos, H., Urichuk, L., & Islam, B.	Qualitative	To explore the factors that contribute to the mental health outcomes of African immigrant children living in Alberta, Canada from the perspective of their parents.	Participant action research	Purposive sampling	81 African immigrant parents	M & F	Economic immigrants, refugees, international students, family class, temporary foreign workers, other streams of immigration	Parents are 1st generation	Parents of children 18 years or younger	Parents	Mental health	Not stated	Africa	Alberta	Racial discrimination was believed to significantly impact children's mental health through the limitations placed on the opportunities available to their parents. Navigating several low-wage jobs to make ends meet made it difficult for parents to engage in quality time with their children as they needed to work to meet the material needs of their children to foster their mental and emotional development. Parents believed their children's experiences with racism and discrimination contributed to their feelings of low self-esteem, social isolation, and other emotional challenges. Cultural beliefs about mental health such as stigma and spiritual beliefs made it challenging to seek professional assistance. Children's experiences of trauma and unaddressed trauma experienced by their parents were believed to negatively impact their mental health.

Salami, B., Mason, A., Salma, J., Yohani, S., Amin, M., Okeke-Ihejirika, P., & Ladha, T. (2020). Access to healthcare for immigrant children in Canada. <i>International Journal of Environmental Research and Public Health</i> , 17(9), 3320. https://doi.org/10.3390/ijerph17093320	2020	Salami, B., Mason, A., Salma, J., Yohani, S., Amin, M., Okeke-Ihejirika, P., & Ladha, T.	Qualitative	To assess for the ways which immigrants from various immigrant categories access health services for their children.	Descriptive qualitative design	Snowball sampling	50 immigrant parents (17 fathers and 33 mothers)	M & F	Economic or skilled immigrant; refugees privately sponsored; refugee, government sponsored; family-sponsored immigrant, temporary foreign worker, visitor visa, international student	Not stated	Average age of child = 6 years	Parents	Healthcare access	Not stated	India, Libya, Iraq, China, Philippines, Nigeria, Vietnam, Pakistan, Ukraine, Romania, Ghana, Ethiopia, Syria, South Korea, Saudi Arabia, Nepal and Egypt, Liberia	Alberta	Themes identified include system barriers, language and cultural barriers, issues with relationship with health professionals, financial barriers to access. System barriers: long wait times; inconvenient appointment hours. Language and cultural barriers: poor English fluency and familiarity with the healthcare system made it difficult to engage with healthcare professionals or understand health information; lack of translation services; ineffective translation services; difficulty navigating a foreign healthcare system. Relationship with health professionals: lack of relationship building, reluctance to prescribe requested medications. Financial barriers to access: not able to afford health services including mental health services.
Salehi, L., Lofers, A. K., Hoffmann, S. M., Polsky, J. Y., & Rouleau, K. D. (2015). Health and growth status of immigrant and refugee children in Toronto, Ontario: a retrospective chart review. <i>Paediatrics & Child Health</i> , 20(8), e38-e42. https://doi.org/10.1093/pch/20.8.e38	2015	Salehi, L., Lofers, A. K., Hoffmann, S. M., Polsky, J. Y., & Rouleau, K. D.	Quantitative	To describe the health and growth status variables of immigrant and refugee children less than 6 years in Toronto, Ontario	Retrospective chart review	Not stated	210 charts	M & F	Immigrants (not specified) & refugees	1st & 2nd generation	≤6 years of age	Access Alliance Multicultural Health and Community Services (AAMHCS)	General health status; growth status	Jan 1, 1998 - Dec 31, 2008,	Most represented: Afghanistan, Myanmar, Colombia	Ontario	According to the CDC, 7.2% and 11.6% of charts reviewed were under the third percentile for height-for-age and weight-for-age; according to WHO, 8.4% and 5.0%. Prevalence of anaemia 22.8%, iron deficiency 53.3%, hepatitis B 2.5%, parasitic infections 33.6%, elevated blood lead levels 4.9%, and HIV 0%. 46.7% of children were living in lowest quintile neighborhoods.
Salehi, L., Lofers, A. K., Hoffmann, S. M., Polsky, J. Y., & Rouleau, K. D. (2015). Health and growth status of immigrant and refugee children in Toronto, Ontario: a retrospective chart review. <i>Paediatrics & Child Health</i> , 20(8), e38-e42. https://doi.org/10.1093/pch/20.8.e38	2015	Salehi, L., Lofers, A. K., Hoffmann, S. M., Polsky, J. Y., & Rouleau, K. D.	Quantitative	To describe the health and growth status variables of immigrant and refugee children less than 6 years in Toronto, Ontario	Retrospective chart review	Not stated	210 charts	M & F	Immigrants & refugees	1st & 2nd generation	≤6 years of age	Access Alliance Multicultural Health and Community Services (AAMHCS)	General health status; growth status	Jan 1, 1998 - Dec 31, 2008,	Most represented: Afghanistan, Myanmar, Colombia	Ontario	According to the CDC, 7.2% and 11.6% of charts reviewed were under the third percentile for height-for-age and weight-for-age; according to WHO, 8.4% and 5.0%. Prevalence of anaemia 22.8%, iron deficiency 53.3%, hepatitis B 2.5%, parasitic infections 33.6%, elevated blood lead levels 4.9%, and HIV 0%. 46.7% of children were living in lowest quintile neighborhoods.
Salehi, R., & Flicker, S. (2010). Predictors of exposure to sexual health education among teens who are newcomers to Canada. <i>Canadian Journal of Human Sexuality</i> , 19(4), 157-167. Retrieved from https://www.researchgate.net/publication/289038015_Predictors_of_exposure_to_sexual_health_education_among_teens_who_are_newcomers_to_Canada	2010	Salehi, R., & Flicker, S.	Quantitative	To investigate predictors of access to sexual health education among urban youth in Toronto with a particular focus on newcomer youth, namely immigrant, refugee, or "undocumented" youth who have lived in Canada for three years or less.	Survey (Toronto Teen survey)	Non-random, they used pre-existing youth groups	1216	M & F	Immigrants (not specified) & refugees, undocumented youth	Both 1st and 2nd generations	13-18 Years (Adolescence); 13-17+ years but not more than 18 years	Children/Adolescents	Sexual health education	December 2006 to August 2007	Not specified	Ontario	Overall, 92% of the total sample indicated that they had received some sexual health education through classes or workshops and 8% said they had received no such education. Controlling for gender, age, religion, socioeconomic status, and sexual experience, all youth not born in Canada were significantly less likely to report having received sexual health education than those born in Canada. Within this group, 81.2% of those identified as newcomer youth had received some sexual health education compared to 91.8% for youth who had been in Canada longer and 93.7% for Canadian born youth.

Salehi, R., Hynie, M., & Flicker, S. (2014). Factors associated with access to sexual health services among teens in Toronto: Does immigration matter? <i>Journal of Immigrant and Minority Health</i> , 16(4), 638-645. http://dx.doi.org/10.1007/s10903-013-9961-y	2014	Salehi, R., Hynie, M., & Flicker, S.	Quantitative	(a) Explore the factors associated with access to sexual health services among teens in Toronto. (b) Compare the utilization patterns of sexual health services by Toronto adolescents as a function of their immigration history and ethnicity.	Secondary data from Toronto Teen Survey (TTS) project	Non-random but from most diverse samples of TTS project pre-existing youth groups	1216	M & F	Immigrants (not specified)	Both 1st and 2nd generations	13-18 Years (Adolescence)	Children/Adolescents	Sexual health services	December 2006 to August 2007	Not specified	Ontario	Among young women, those with more social resources had significantly accessed services more often than those with fewer resources, but among men there was no difference as a function of social resources. Although immigration predicted access to sexual health services on its own, it was not statistically significant in this model when other variables were included. Immigration status, in and of itself, was not a predictor of youth's access to sexual health services. The impact of immigration status appears to occur because of its association with other variables, such as race.
Saunders, N. R. (2015). <i>Pediatric emergency room revisits in urban Ontario: Does being an immigrant matter?</i> (Publication No. 10160933) [Master's thesis, University of Toronto], ProQuest Dissertations & Theses Global.	2015	Saunders, N. R.	Quantitative	To assess for the relationship between unscheduled emergency department revisits and immigrant status between a group of children in urban Ontario.	Retrospective population-based cohort study	Not stated	3,322,901 children	M & F	Economic class, Family class, Refugee class	1st & 2nd generation	0-17 years	National Ambulatory Care Reporting System; MOMBAB Y database; Permanent Resident Data System; 2006 Canadian Census and Registered Persons Database	Healthcare access; physical health	April 2003- March 2010	Central and Eastern Europe, East Asia, Eastern and Southern Africa, Latin America and Caribbean, Middle East and North America, South Asia, West and Central Africa	Toronto	More recent immigrant children were more likely to have an ED revisit when compared with non-immigrant children; however, there were no differences in the odds of revisit across immigrant classes of across various regions of origin. Among the most recent immigrants, children 6 and under represented 72% of revisits compared to only 53% in the nonimmigrant group. Immigrants who did not speak English or French as their native tongue had a higher likelihood of having an ED revisit. Compared to other immigrant groups, economic class immigrants had the lowest incidence of ED revisits.
Saunders, N. R., Lebenbaum, M., Lu, H., Stukel, T. A., Urquia, M. L., & Guttman, A. (2018). Trend in mental health service utilization in immigrant youth in Ontario, Canada, 1996-2012: a population-based longitudinal cohort study. <i>BMJ Open</i> , 8(9), Article e022647. https://doi.org/10.1136/bmjopen-2018-022647	2018	Saunders, N. R., Lebenbaum, M., Lu, H., Stukel, T. A., Urquia, M. L., & Guttman, A.	Quantitative	To describe patterns in mental health service use by youth according to immigration status and associated characteristics.	Population-based longitudinal study	Youth 10-24 years who were eligible for Ontario Health Insurance Plan during period of the study from 1996 to 2012	2.5-2.9 million individuals each time period (over 3 years)	M & F	Immigrants (not specified) & refugees	Not stated	10-24 years	Linked health and administrative databases: Registered Person Database; National Ambulatory Care Reporting System; Permanent Resident Data System; CIHI Discharge Abstract Database; Ontario Mental Health Reporting System	Mental health; health service utilization	1996 - 2012	East Asia and Pacific, Europe and Continental Asia, Latin America and Caribbean, Middle East and North Africa, North America, South Asia, Sub-Saharan Africa	Ontario	There was a significant relationship between late childhood and early and teen rate of mental health service use. Individuals from urban neighborhoods had the lowest rate of hospital admissions and the greatest rate of outpatient physician mental health service use. Refugees tended to have greater rates of ED visits and hospitalizations compared with non-refugee recent immigrants.

Saunders, N. R., Macpherson, A., Guan, J., Sheng, L., & Guttman, A. (2017). Unintentional injuries in children and youth from immigrant families in Ontario, Canada: a population-based cross-sectional study. <i>CMAJ Open</i> , 5(1), E90-E96. https://doi.org/10.9778/cmajo.20160099	2017	Saunders, N. R., Macpherson, A., Guan, J., Sheng, L., & Guttman, A.	Quantitative	To examine the relationship between family immigrant status and rates of unintentional injury in children and youth.	Population-based cross-sectional study	All children and youth from birth - 24 years living in Ontario with a valid OHP number	Annual average of 3,173,391 non-immigrants; 910,258 immigrants	M & F	Immigrants (not specified)	Not stated	Birth to 24 years	Linked health and administrative databases: Registered Person Database; CIHI Discharge Abstract Database; National Ambulatory Care Reporting System, Ontario Registrar General - Death (Vital Stats); Permanent Resident Data System; MOMBAB Y Database	Healthy immigration effect; unintentional injuries among children	Jan. 1, 2008 - Dec. 31, 2012	Not stated	Ontario	Immigrants had lower rates of injury across all types of unintentional injury. For non-immigrants, having the lowest neighborhood income quintile was significantly associated with having higher rates of unintentional injury. For immigrants, have lowest income quintile was significantly associated with lower rates of injury. The greatest rates of injury in the non-immigrant group were among adolescent, 10-14 years (RR 0.88); highest visit rates in the non-immigrant group was for children age 15-19. The lowest rates of injury in the immigrant group were among young children, 0-4 years (RR 1.23); this group also had the highest visit rates. With adjusting for variables such as age, sex, rurality, and income, immigrants had a 44% decreased risk of unintentional injury overall when compared with non-immigrants.
Saunders, N. R., Macpherson, A., Guan, J., Sheng, L., & Guttman, A. (2018). The shrinking health advantage: unintentional injuries among children and youth from immigrant families. <i>BMC Public Health</i> , 18(1), 1-10. https://doi.org/10.1186/s12889-017-4612-1	2018	Saunders, N. R., Macpherson, A., Guan, J., Sheng, L., & Guttman, A.	Quantitative	To explore the epidemiology of unintentional injury-related visits to the emergency department, hospitalizations, and deaths per cause of injury in recent, intermediate-term, and long-term children and adolescents from immigrant families; to test for the relationship between unintentional injury, length of residence, and region of origin.	Population-based cross-sectional study	Not stated	999,951 immigrants	M & F	Immigrants (not specified)	Not stated	Birth to 24 years	Linked health and administrative databases: Registered Person Database; CIHI Discharge Abstract Database; National Ambulatory Care Reporting System, Ontario Registrar General - Death (Vital Stats); Permanent Resident Data System; MOMBAB Y Database	Unintentional injuries in children	2011-2012	East Asia/Pacific; South Asia, Eastern Europe/Central Asia, Africa, Middle East, South America, Central America, US/UK/Western Europe	Ontario	Younger age was associated with injury, especially for ages 0-4 (RR 1.3), male sex (RR 1.52), and higher incomes (RR 0.93); longer length of time in Canada was associated with greater risk of unintentional injuries for most causes not including hot object/scalding burns, injuries related to machinery, non-motor vehicle bicycle and pedestrian injuries.
Saunders, N. R., Parkin, P. C., Birken, C. S., Maguire, J. L., & Borkhoff, C. M. (2016). Iron status of young children from immigrant families. <i>Archives of Disease in Childhood</i> , 101(12), 1130-1136. http://dx.doi.org/10.1136/archdischild-2015-309398	2016	Saunders, N. R., Parkin, P. C., Birken, C. S., Maguire, J. L., & Borkhoff, C. M.	Quantitative	Do children from immigrant families have lower serum ferritin levels than children from non-immigrant families? Is there an association between family immigration status and iron deficiency and iron deficiency anemia? Are there other known ethnicity, dietary, environmental, or biological determinants of low iron status that influence this relationship?	Cross-sectional observational	Met inclusion criteria for study (urban children living in Toronto, between ages of 12 and 72 months, whose families could communicate in English).	2614 children total; 1244 immigrant, 1268 non-immigrant, and 102 with 'missing' immigrant status	M & F	Immigrants (not specified)	Both 1st and 2nd generations	12-72 months (Preschool)	Children/Adolescents; Parents/caregivers	Iron deficiency and iron deficiency anemia	2008-2013	"Maternal ethnicity" only - either European, Asian, or Other	Ontario	No association between family immigrant status and iron status, including serum ferritin, ID, and IDA was identified. Ethnicity also did not appear to independently explain differences in serum ferritin or ID but did have an independent effect in contributing to IDA.

Saunders, N. R., To, T., Parkin, P. C., & Guttman, A. (2016). Emergency department revisits by urban immigrant children in Canada: A population-based cohort study. <i>Journal of Pediatrics</i> , 170, 218-226. http://dx.doi.org/10.1016/j.jpeds.2015.11.037	2016	Saunders, N. R., To, T., Parkin, P. C., & Guttman, A.	Quantitative	To examine the relationship between family immigrant status and unscheduled 7-day revisits to the emergency department (ED) and to test this relationship within subgroups of immigrants by visa class (family, economic, refugee), native tongue on landing in Canada, and region of origin.	Retrospective, Population-based cohort study	Not stated	3322901	M & F	Skilled worker, economic migrants, refugees	Both 1st and 2nd generations	0-12 months (Infants); 1-2 years (Toddlers); 3-5 years (Pre-school); 6-12 Years (School age); 13-18 Years (Adolescence); 0-17 years	Secondary data	Emergency Department revisits	April 2003 to March 2010	Central and Eastern Europe, East Asia, Eastern and Southern Africa, Latin America and Caribbean, Middle East and North Africa	Ontario	Of 3,322,901 initial visits to the ED, 249 648 (7.5%) resulted in a 7-day revisit. There was no significant association of immigrant status with either ED revisits or poor revisit outcomes (greater acuity visit or need for admission) in the adjusted models. Within immigrants, the odds of revisit were not associated with immigrant classes or region of origin; however, immigrants whose native tongue was not English, or French had a slightly greater odds of revisiting the ED (aOR 1.05; 95% CI 1.01, 1.09). Significant predictors of revisits included younger age, greater triage acuity score, greater prediction for using an ED, daytime shifts, and greater deprivation index.
Schmitt, I. (2010). 'Normally I should belong to the others': Young people's gendered transcultural competences in creating belonging in Germany and Canada. <i>Childhood</i> , 17(2), 163-180. https://doi.org/10.1177/0907568210365643	2010	Schmitt, I.	Qualitative	To understand how young people create their own brands of belonging, when belonging is regulated, structurally as well as discursively, through conceptualizations of 'the nation'.	Ethnography informed by postcolonial and feminist thinking	Not stated (Appears to be purposive sampling)	70 students in Germany and 19 students in Canada	Not stated	Immigrants (not specified)	Not stated	12-13 years	Children/Adolescents	Anthropology?? Ethno-cultural Belonging to the nation	2004-2005	Parents of two participants were from China and London	Not Stated	National belonging was unquestionable – everybody is Canadian or becomes Canadian after a very short time. There is indifference of the Canadian research participants to citizenship status and national identity. Belonging among Canadian immigrants was not a problem of legal or national identity. Belonging was about cultural identity and physical attributes e.g., of not being slim and blonde, and/or not fitting to certain fashion or dress sense. Issues of colour was positively connoted by students. Belonging involved investment in normative understandings of good looks and fashion.
Seguin, L., Nikiema, B., Gauvin, L., Lambert, M., Thanh Tu, M., Kainami, L., & Paradis, G. (2012). Tracking exposure to child poverty during the first 10 years of life in a Quebec birth cohort. <i>Canadian Journal of Public Health</i> , 103(4), e270-e276. https://doi.org/10.1007/BF03404234	2012	Seguin, L., Nikiema, B., Gauvin, L., Lambert, M., Thanh Tu, M., Kainami, L., & Paradis, G.	Quantitative	To examine patterns of exposure to poverty during the first 10 years of life in the Quebec Longitudinal study of child development cohort according to three measures of poverty and to explore family characteristics associated with different poverty exposures.	Longitudinal	Subjects' baseline data were collected at 5 months of age and home interviews were conducted annually up to the age of 8 years and every 2 years thereafter, provided that subjects still resided in the province of Quebec	2120	M & F	Not stated	Not stated	birth to 10 years	Quebec longitudinal study of child development	Child poverty	1998-2008	Europe, Canada, Non-European	Quebec	The three measures of poverty that we examined demonstrated similar patterns of exposure to child poverty and showed that a high proportion of children are exposed to poverty very early on. Many are exposed to chronic poverty. The low SES index appears to identify a larger proportion of chronically poor families than the LICD or the SW poverty indicators. Few poor families are dependent on SW, a last resort source of income, which implies that poverty affects a high proportion of working families. A higher proportion of families stopped receiving SW compared to those coming out of low-income status when their child was 4 to 8 years old might be due to the return to work of mothers when their child began school.
Sethi, S., Este, D. C., & Charlebois, M. B. (2001). Factors influencing child-rearing practices of recently migrated East Indian and Chinese women with children from infancy to age six. <i>Hong Kong Nursing Journal</i> , 37(3), 14-20.	2001	Sethi, S., Este, D. C., & Charlebois, M. B.	Qualitative	To uncover factors that influence child-rearing practices of recently migrated (up to 3 years after arrival to Canada) East Indian and Chinese women with children aged 0-6 years.	Descriptive	Convenience sampling	21	F	Skilled worker, economic migrants, immigrants (not specified), Students	1st generation	0-6 years	Parents/caregivers	Child-rearing practices among immigrants	Not stated	Mainland China, Hong Kong, and India (Northern part)	Alberta	Four themes emerged: 1) Adhering to traditional values of child-rearing; 2) Parental Vision; 3) Challenges of raising a child in a Canadian society; and 4) experiences with the Canadian health care system. Finding shows that child-rearing practices have both universal and unique aspects across cultures. The universal aspect of child-rearing is that all parents regardless of their cultural orientations wish their children to become valued members of the society. To achieve this goal, parents use unique beliefs, values and practices of their cultural group. The findings of this study have highlighted that the cultural values and beliefs endure, however, they are not immutable. To avoid stereotyping people according to their origins there are more variations intracultural than intercultural.

Shea, J., & Beausoleil, N. (2012). Breaking down 'healthism': barriers to health and fitness as identified by immigrant youth in St. John's, Newfoundland, Canada. <i>Sport, Education, and Society</i> , 17(1), 97-112. https://doi.org/10.1080/13573322.2011.607914	2012	Shea, J., & Beausoleil	Qualitative	Focuses on a particular segment of the youth population, recent immigrant youth to St. John's, NL and how they relate to current cultural messages about health and fitness.	Explorative study	All focus group meetings took place in areas accessible to participants. There were 3 separate same-sex focus groups developed for this study-2 female groups and one consisting of male participants.	15	M & F	Not stated	Not stated	12-17 years	Children/Adolescents	Health and fitness	Not stated	Algeria, Columbia, Egypt, Iceland, Iran, Iraq, Kenya, Liberia, Russia, Sierra Leone, Sudan and Ukraine.	Newfoundland and Labrador	The study uncovered 14 health and 16 fitness-related themes and a focus on 2 in particular: barriers to health and barriers to fitness. Barriers- high cost and unsupportive environments, fast food, and the high cost of healthy foods. High cost of participation in sports and physical activity. Unsportsive school environments and inadequate neighborhoods.
Short, K., & Johnston, C. (1997). Stress, maternal distress, and children's adjustment following immigration: The buffering role of social support. (1997). <i>Journal of Consulting and Clinical Psychology</i> , 65(3), 494-503. http://dx.doi.org/10.1037/0022-006X.65.3.494	1997	Short, K., and Johnston, C.	Quantitative	In a sample of families immigrating from Hong Kong to Canada, family stress, maternal distress, and maternal social support would each show a relationship to child behavior problems. It was expected that the relationships between stress and child behavior would be moderated by maternal social support; that is, among children of stressed or distressed mothers, it was predicted that those whose mothers believed that they were receiving a high degree of support would show fewer child behavior problems than those whose mothers felt relatively isolated.	Not stated	Advertised through ethnospic service agencies and English as a second language classes drawing 22% of the sample. The study was also publicized more widely within the community of Hong Kong immigrant mothers, through media advertisement, shopping mall displays and posters.	97	M & F	Immigrants (not specified)	Both 1st and 2nd generations	6-8 years and 9-11 years	Parents/caregivers	Stress and children's adjustment	Not stated	China	Canada-wide	As hypothesized, in this sample immigrant children of both genders whose mothers reported lower levels of stress and distress were reported to have fewer adjustment problems than children living under more difficult circumstances. For girls, higher levels of maternal support were also associated with fewer child problems. Maternal social support appeared to protect boys, but not girls, from the influence of family stress. In the present study, maternal distress was not buffered by support for either gender. For boys, a significant interaction term that operated in an unanticipated direction emerged, such that higher levels of support were associated with a stronger relationship between maternal distress and child behavior. Only tentative support for a stress-buffering relationship was found in this study, and even then, only for boys. It is worth considering how variability in immigrant child adjustment might otherwise be explained.
Smith, C., Clark, A. F., Wilk, P., Tucker, P., & Gilliland, J. A. (2020). Assessing the effectiveness of a naturally occurring population-level physical activity intervention for children. <i>Public Health</i> , 178(2020), 62-71. https://doi.org/10.1016/j.puhe.2019.08.022	2020	Smith, C., Clark, A. F., Wilk, P., Tucker, P., & Gilliland, J. A.	Quantitative	To explore how the use of a recreation access pass impacts the physical activity level of grade 5 children.	Pre- evaluation	All grade 5 students in London, Ontario, Canada	643 children	M & F	Immigrants (not specified)	Not stated	Grade 5	Parents and children	Physical activity and health	2014-2015	Not stated	Ontario	Levels of physical activity increased significantly at the 6-month follow-up, significant increases were seen in girls, visible minorities, immigrants, and children who had less parental support. Generally, girls benefited more from the recreation pass than boys. Lower support from parents was associated with increased levels of physical activity. There were no significant differences noted in children from single-parents household, those who had less educated of underemployed fathers, or with those in higher levels of peer and parental support

Stermac, L., Elgie, S., Dunlap, H., & Kelly, T. (2010). Educational experiences and achievements of war-zone immigrant students in Canada. <i>Vulnerable Children and Youth Studies</i> , 5(2), 97-107. https://doi.org/10.1080/17450120903440399	2010	Stermac, L., Elgie, S., Dunlap, H., & Kelly, T.	Quantitative	To describe the achievements and educational experiences of immigrant students who entered Canada's education system after leaving global war-zone regions.	Not stated	Not stated	793 cases (245 war zone students, 272 non war zone students, 276 Canadian born students)	M & F	Immigrants (not specified) & refugees	1st generation	15 years	Student information from Statistics Canada Programme for International Student Assessment (PISA); Youth in Transition Survey (YITS)	Trauma, mental health	Not stated	Africa, Asia, Central America, Europe, Middle East	Ontario	Adolescents from war zone areas were successful in Canada's educational system; war zone students did comparably to other immigrant students and Canadian born students across many metrics of scholarly achievement, and even doing better in some instances (math, science, English). In general, immigrant students and war zone students had strong connections and were typically very engaged in their learning and school environment. Parents of immigrant children were more likely to have a university education than those of Canadian born students.
Stoll, K. (2008). Correlates and predictors of tobacco use among immigrant and refugee youth in a Western Canadian city. <i>Journal of Immigrant and Minority Health</i> , 10(6), 567-574. https://dx.doi.org/10.1007/s10903-008-9136-4	2008	Stoll, K.	Mixed Methods	Tobacco control is a priority of the BC Ministry of Health as illness associated with tobacco use are the leading cause of preventable death in the province. As a result of increased immigration, BC's demographic profile is becoming more diverse and necessitates approaches to health promotion and disease prevention that are culturally relevant.	Focus groups took place at ISS, in post-secondary schools and community-based venues.	Snowball	194	M & F	Immigrants (not specified) & refugees	Not stated	15-24 years	Children/Adolescents	smoking	May and August 2005	Philippines, China, Afghanistan, Columbia, India, Iran, Korea, Ethiopia, Bangladesh, Mexico, Vietnam, Indonesia, Russia, Sudan, Taiwan, Guatemala, Honduras, Iraq, Hong Kong, Fiji, Japan, Israel, Former Yugoslavia, Democratic Republic of Congo, Belgium, Bosnia, Nicaragua, Cambodia, Czech Republic, Sierra Leone, Kyrgyz Republic, Burma, Malaysia, Poland, Ukraine, Pakistan, Chile, Liberia, El Salvador	British Columbia	12% of immigrant and refugee youth reported that they had smoked part of or a whole cigarette in the 30 days preceding the survey. Male participants had a 3x greater likelihood of smoking compared to female participants. Immigrant and refugee youth had an increased likelihood of being non-smokers when they didn't have a father who smoked or when they had less friends who smoked.
Tardif, C. Y., & Geva, E. (2006). The link between acculturation disparity and conflict among Chinese Canadian immigrant mother-adolescent dyads. <i>Journal of Cross-Cultural Psychology</i> , 37(2), 191-211. https://doi.org/10.1177/0022022105284496	2006	Tardif, C. Y., & Geva, E.	Quantitative	Measure both the degree of acculturation disparity among immigrant parents and adolescents and the various dimensions of parent-adolescent conflict.	Multi-informant and multidimensional approach	Advertisements-shopping areas, doctor's offices, Chinese newspapers	164 Chinese Canadian immigrant mothers and their firstborn, mid-adolescent children and 30 third-generation Anglo-Canadian mothers and their firstborn	M & F	Not stated	2nd generation	13-18 Years (Adolescence)	Parents/caregivers	Acculturation disparity and conflict	2001-2002	China	Ontario	The results of this intracultural study show that the construct of acculturation disparity can reveal important differences in the quality of mother-adolescent relationships. Mothers in the high acculturation-disparity groups reported significantly more conflicts than did mothers in the low acculturation-disparity group in which the mother-adolescent dyad is not very acculturated. Interpersonal conflicts higher in the high acculturation-disparity group. Low acculturation dyads had more emotionally intense conflicts with their sons-greater expectations.

Torabi, M., Singh, H., Galloway, K., & Israels, S. J. (2015). Geographical variation in the incidence of childhood leukaemia in Manitoba. <i>Journal of Paediatrics and Child Health</i> , 51(11), 1121-1126. https://doi.org/10.1111/jpe.12930	2015	Torabi, M., Singh, H., Galloway, K., & Israels, S. J.	Quantitative	To describe the socio-demographic and geographical variations that are associated with childhood leukaemia in Manitoba.	Spatial analysis	All children in Manitoba 14 and below from the Canadian Cancer Registry	168 children (88 boys and 80 girls)	M & F	Immigrants (not specified)	Not stated	0 - 14 years	Canadian Cancer Registry; 2006 Canadian census	Childhood leukaemia	1992-2008	Not stated	Manitoba	There was a higher incidence of leukaemia in southeast Manitoba compared to other regions. Using the age and sex-adjusted model, areas with greater percentage of immigrant residents and visible minorities had higher rate ratios of childhood leukaemia. There was no significant association identified between unemployment and incidence of childhood leukaemia. Rates of leukaemia were greatest for children ages 0-4 years, were lower for ages 5-9, and lowest for age 10-14.
Toussignant, M., Habimana, E., Biron, C., Malo, C., Sidoli-LeBlanc, E., & Bendris, N. (1999). The Quebec adolescent refugee project: Psychopathology and family variables in a sample from 35 nations. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 38(11), 1426-1432. https://doi.org/10.1097/00004583-199911000-00018	1999	Toussignant, M., Habimana, E., Biron, C., Malo, C., Sidoli-LeBlanc, E., & Bendris, N.	Quantitative	To address growing concerns regarding the mental health and adaptation of adolescents from refugee families	Diagnostic interview, Quebec Child Mental Health Survey, and children's global assessment scale	High school lists	98 boys 105 girls	M & F	Refugees	Not stated	13-18 Years (Adolescence)	Children/Adolescents	Psychopathology and family variables	Not stated	35 nations, El Salvador (32) Cambodia (25), Laos (18), Iran (17), Vietnam (16), Southeast Asia (59) Central America (54)	Quebec	The refugee sample obtained a total rate of psychopathology 1.8 times higher than the 13-to-14-year age group. Unipolar depression and CD rates were twice as high in the refugee group than in the QCMHS group. Girls had a higher prevalence for all mental health conditions than boys except conduct disorder. Parental separation was associated with boys' mental health.
Tulli, M., Salami, B., Meherali, S., Yohani, S., Hegadoren, K., & Begashaw, L. (2020). Immigrant mothers' perspectives of barriers and facilitators in accessing mental health care for their children. <i>Journal of Transcultural Nursing</i> , 31(6), 598-605. https://doi.org/10.1177/1043659620902812	2020	Tulli, M., Salami, B., Meherali, S., Yohani, S., Hegadoren, K., & Begashaw, L.	Qualitative	To examine the perceptions of immigrant and refugee mothers in terms of perceived barriers and facilitators to mental health services for their children.	Qualitative descriptive study	Recruited through community organization	18 immigrant and refugee mothers	F	Refugee, family class, economic class, other	Not stated	Less than 18 years	Parents with children less than 18 years	Mental health	Not stated	Sudan, Haiti, Ukraine, Romania, Ethiopia, Syria, Nigeria, Dominican Republic, Colombia, Pakistan, China	Alberta	Mothers described their children as having poor mental health without using language typically associated with mental illness. Several barriers were identified: financial challenges, insufficient information, discrimination/racism, language barriers, feelings of isolation, stigma, and not feeling heard by service providers. Several facilitators were identified: services being offered by schools, higher levels of personal education, and services being offered for free.
Urquia, M. L., Berger, H., & Ray, J. G. (2015). Risk of adverse outcomes among infants of immigrant women according to birth-weight curves tailored to maternal world region of origin. <i>CMAJ</i> , 187(1), E32-E40. https://doi.org/10.1503/cmaj.140748	2015	Urquia, M. L., Berger, H., & Ray, J. G.	Quantitative	To assess if the use of birth-weight curves specific to maternal world region of origin are able to better identify adverse neonatal and obstetric outcomes than use of a single birth-weight curve generated from infants of Canadian born women.	Retrospective cohort study	All live singleton infants born between April 1, 2002, to March 31, 2012 at 23-41 weeks in Ontario hospital	328,387 immigrant women; 761,260 non-immigrant women	M & F	Immigrants (not specified)	Not stated	Not stated; mothers 15-49 years at delivery	Linked datasets at the Institute for Clinical Evaluative Sciences (ICES); Canadian Institute for Health Discharge Abstract Database; Citizenship and Immigration Canada Database	Infant health, neonatal outcomes, birth weight	Apr. 1, 2002 - Mar. 31, 2012	Europe and Western Nations; Africa and Caribbean; North Africa and Middle East; Latin America; East and Southeast Asia, and the Pacific; and South Asia	Ontario	The Canadian curve categorized 6.2% more infants as small for gestational age who were East or South Asia. There were lower odds of neonatal death with SGA infants (according to the Canadian curve) born to immigrant women than to non-immigrant women; the odds were higher using world-region specific birth weight curves. There were lower odds for some adverse outcomes for LGA infants of immigrant women compared to non-immigrant women when using the world-region specific birthweight curves: prolonged hospital stays; use of mechanical ventilation, birth trauma, shoulder dystocia; when defined as LGA per Canadian birthweight curve, immigrant women had comparably odds for these adverse outcomes.
Urquia, M. L., Frank, J. W., & Glazier, R. H. (2010). From places to flows. <i>International secondary migration and birth outcomes. Social Science & Medicine</i> , 71(9), 1620-1626. https://doi.org/10.1016/j.socscimed.2010.08.006	2010	Urquia, M. L., Frank, J. W., & Glazier, R. H.	Quantitative	- To explore the relationship between secondary migrations and infant birthweight at term and preterm birth in an immigrant cohort in Ontario.	Population-based retrospective cohort study	All live singleton infants born between April 1, 1988, to March 31, 2007 to immigrant women who arrived in Canada between Jan 1, 1985 to	320,398 singleton live births	M & F	Family class, economic class, refugees	1st & 2nd generation	Not stated	Canadian Institute for Health Information Discharge Abstract Database; Landed Immigrant Data System; legal documents shared by immigrants	Birth outcomes: pre-term births (PTB) and infant birthweight	April 1, 1988- March 31 2007	Not stated	Ontario	A majority of migrant mothers were primary migrants (93%); a large proportion of primary and secondary migrants were from non-industrialized countries (80.7%). Secondary immigrants who were born in non-industrialized countries had decreased odds of preterm birth and had a higher average birthweight at term; this did not extend to secondary immigrants born in industrialized countries. It was found that 5.25% of the variation for birthweight at term was due to the immigrant country of origin and 0.8% was due to country of last permanent residence.

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Urquia, M. L., Frank, J. W., Glazier, R. H., & Moineddin, R. (2007). Birth outcomes by neighbourhood income and recent immigration in Toronto. <i>Health Reports, 18</i> (4), 21-30.	2007	Urquia, M. L., Frank, J. W., Glazier, R. H., & Moineddin, R.	Quantitative	To examine the differences in birth outcomes according to neighborhood income and recent migration as related to singleton live births in Toronto.	Population-based cross-sectional study	All live singleton infants born between April 1, 1996, to March 31, 2001 to women living in Toronto in 2001	143,030 singleton live births	M & F	Immigrants (not specified)	1st & 2nd generation	Not stated	Ontario's vital statistics; Canadian Institute for Health Discharge Abstract Database; linked maternal and newborn data from Registered Persons Database, residence codes, and admission and discharge dates	Birth outcomes: pre-term births (PTB) and infant birthweight	April 1, 1996 - March 31, 2001	Top five: China, India, Pakistan, the Philippines, and Sri Lanka	Ontario	There was a relationship between low neighborhood income and risk of preterm birth, low birthweight, and low birthweight at term; this was less pronounced with recent immigrants when compared to longer-term residents. More recent immigration was associated with having a decreased risk of preterm birth, but this group had a higher risk for low birthweight in general and low birthweight at term. As the percentage of population below the low-income threshold increased, rates of preterm birth, low birthweight, and low birthweight at term increased. 31.5% of singleton births were to recent immigrant mothers. Recent immigrant mothers had increased likelihood of living in lower income neighborhoods, a decreased likelihood of being younger than 20 or older than 35.
Urquia, M. L., Frank, J. W., Glazier, R. H., Matheson, F. L., & Gagnon, A. J. (2009). Neighborhood context and infant birthweight among recent immigrant mothers: A multilevel analysis. <i>American Journal of Public Health, 99</i> (2), 285-293. http://dx.doi.org/10.2105/AJPH.2007.127498	2009	Urquia, M. L., Frank, J. W., Glazier, R. H., Moineddin, R., Matheson, F. L., & Gagnon, A. J.	Quantitative	To compare the influence of the residential environment and maternal country of origin on birthweight and low birthweight of infants born to recent immigrants to Urban Ontario	Mixed procedure in SAS 9.1 to fit models, with the continuous measure of birthweight	Random	22,189 infants born to women who immigrated to Ontario from January 1993 to March 1995	M & F	Skilled worker, economic migrants, refugees	1st generation	0-12 months (Infants)	Birth and maternal obstetric records	Infant birthweight among recent immigrant mothers	Jan 1, 1993 - March 31, 1995	155 countries	Ontario	The residential environment has little, if any influence on birthweight among recent immigrants to Ontario. Country of origin appears to be a much more important factor in low birthweight among children of recent immigrants than current neighborhood. Findings of neighborhood influences among recent immigrants should be interpreted with caution.
Urquia, M. L., Frank, J. W., Moineddin, R., & Glazier, R. H. (2010). Immigrants' duration of residence and adverse birth outcomes: A population-based study. <i>An International Journal of Obstetrics and Gynaecology, 117</i> (5), 591-601. http://dx.doi.org/10.1111/j.1471-0528.2010.02523.x	2010	Urquia, M., Frank, J., Moineddin, R., & Glazier, R.	Quantitative	Examine preterm and small-for-gestational-age births among immigrants, by duration of residence, and to compare them with the Canadian-born population	Population-based cross-sectional study	Singleton newborns born to immigrant mothers and non-immigrant mothers	83,233 newborns born to immigrant mothers and 31,423 newborns born to non-immigrant mothers	M & F	Skilled worker, economic migrants, refugees	1st generation	0-12 months (Infants)	Maternal and obstetric records	Adverse birth outcomes for immigrants	April 2002 - March 2007	Central/East Europe, Caribbean, Hispanic America, Middle East, South Asia, Africa, Industrialized countries	Ontario	Duration of residence of immigrants in urban Ontario was independently associated with increases in preterm birth weight, but not in small for gestational age. There was no strong evidence indicating that the influence of duration of residence on birth outcomes varied with the maternal region of birth or with preterm subgroups.

Urquia, M. L., Frank, J. W., Moineddin, R., & Glazier, R. H. (2011). Does time since immigration modify neighborhood deprivation gradients in preterm birth? A multilevel analysis. <i>Journal of Urban Health</i> , 88(5), 959-976. http://dx.doi.org/10.1007/s11524-011-9569-2	2011	Urquia, M. L., Frank, J. W., Moineddin, R., & Glazier, R. H.	Quantitative	Do immigrants' place of residence with increasing length of residence in Ontario affect preterm birth rates?	Survey	Cross-classified random	n=83,233 births	M & F	Immigrants (not specified)	Both 1st and 2nd generations	0-12 months (Infants)	Hospital records and immigration database	Neighborhood deprivation and preterm birth	Birth data from Ontario hospital records (2002 - 2007) and linked with an official Canadian immigration database (1985 - 2000)	Industrialized countries, Central and East Europe, Middle East & North Africa, Sub-Saharan Africa, Eastern and Southern Africa, West and Central Africa, Caribbean, Hispanic America, East Asia and Pacific, South Asia	Ontario	Immigrants' duration of residence in Ontario cities modifies the influence of both the maternal place of birth and place of residence at delivery on preterm birth. Maternal country of birth was influential for preterm birth up to 14 years of residence in Canada, but neighborhoods were not. The pattern was reversed after 14 years of residence, when the association between deprivation and preterm birth among immigrants reached the level of inequalities observed among the Canadian-born population.
Urquia, M. L., Moineddin, R., Jha, P., O'campo, P. J., Glazier, R. H., Henry, D. A., & Ray, J. G. (2016). Sex ratios at birth after induced abortion. <i>Canadian Medical Association Journal</i> , 188(9), E181-E190. doi: 10.1503/cmaj.151074	2016	Urquia, M. L., Moineddin, R., Jha, P., O'campo, P. J., McKenzie, K., Glazier, R. H., Henry, D. A., & Ray, J. G.	Qualitative	To evaluate the male: female ratio at birth in relation to the mother's country of birth, the sex and birth order of her children, and the type, number and timing of any abortions she had between live births.	Secondary data analysis from population-based administrative databases linked at the Institute for Clinical Evaluative Sciences (Toronto)	Purposeful by setting the inclusion criteria	1220933	M & F	Permanent residents	2nd generation	Live births	Secondary data: Population-based administrative databases linked at the Institute for Clinical Evaluative Sciences (Toronto)	Focused on male: female ratios of liveborn children in Ontario, where induced abortions are both legal and free.	Apr. 1, 2002, and Mar. 31, 2012	Asian countries; immigrants from India, China (including Hong Kong, Macau and Taiwan) - immigrants from other South Asian countries (Afghanistan, Bangladesh, Sri Lanka, Pakistan); immigrants from other Asian countries (Iran, Nepal, Bhutan, Maldives, Vietnam, Philippines, Indonesia, Cambodia, Thailand, Singapore, Myanmar, Lao People's Democratic Republic, Brunei Darussalam, Timor-Leste)	Ontario	High male: female ratios among infants of mothers born in India who immigrated to Ontario were associated with having had induced abortions, especially in the second trimester of pregnancy, when fetal sex can be accurately determined by ultrasonography.

																		and Malaysia) and immigrants from the rest of the world.	
Van Hulst, A., Séguin, L., Zanzunegui, M. V., Vélez, M. P., & Nikiéma, B. (2011). The influence of poverty and social support on the perceived health of children born to minority migrant mothers. <i>Ethnicity and Health</i> , 16(3), 185-200. https://doi.org/10.1080/1557858.2011.59536	2011	Van Hulst, A., Séguin, L., Zanzunegui, M. V., Vélez, M. P., & Nikiéma, B.	Quantitative	What are the associations between maternal perception of child's health and migration status, and how does poverty and low social support play a role?	Longitudinal study design	Quebec longitudinal study of child development-a birth cohort of children followed annually since the age of 5 months. Random sample	A random sample of 1,990 families	M & F	Not stated	Not stated	1-2 years (Toddlers)	Home based interviews-mostly mothers, questionnaires	Poverty and low social support	1997 & 1998	not stated	Quebec	Exposure to both low social support and sustained poverty was more common among minority migrants than among Canadian-born families with young children; compared to children of Canadian-born mothers, children of minority migrants were perceived in worse health when mothers reported low social support and sustained poverty but were perceived in better health when mothers reported high social support and not being poor.		
Vang, Z. M. (2016). Infant mortality among the Canadian-born offspring of immigrants and non-immigrants in Canada: A population-based study. <i>Population Health Metrics</i> , 14(32), 1-15. http://dx.doi.org/10.1186/s12963-016-0101-5	2016	Vang, Z.	Quantitative	To compare neonatal and post neonatal mortality between the Canadian-born population and immigrants from diverse origin countries/regions.	Multivariate analysis	Canadian linked live birth infant death file created by Statistics Canada through probabilistic linkage of birth and death registrations. (Research Data Centre)	3,370,641 singleton live births occurring during the years 1990-2005	M & F	Not stated	Not stated	0-12 months (Infants)	Statistics Canada	Neonatal and post neonatal mortality	1990-2005	Sub-Saharan Africa, Haiti, Caribbean, Pakistan, US, North Africa, Latin America, South Asia, West/Central Asia, Europe	Alberta, British Columbia, Manitoba, Northwest Territories, Nunavut, Quebec, Saskatchewan, Yukon	Neonatal and post neonatal mortality was substantially lower among the offspring of immigrant than Canadian-born women. Migrants from Haiti and Pakistan deviate from this general pattern, with higher mortality rates than the Canadian-born population throughout infancy. Adult immigrants in Canada not only have lower mortality than their Canadian-born counterparts but this study demonstrates that they are also able to pass on their survival advantage to their Canadian-born offspring.		
Vanthuyne, K., Meloni, F., Ruiz-Casares, M., Rousseau, C., & Ricard-Guay, A. (2013). Health workers' perceptions of access to care for children and pregnant women with precarious immigration status: Health as a right or a privilege? <i>Social Science and Medicine</i> , 93, 78-85. http://dx.doi.org/10.1016/j.socscimed.2013.06.008	2013	Vanthuyne, K., Meloni, F., Ruiz-Casares, M., Rousseau, C., & Ricard-Guay, A.	Mixed Methods	What kind of discursive frameworks do clinicians, administrators and support staff mobilize when arguing for, or against, the "deservingness" of pregnant women and children who are partially or completely uninsured to access healthcare?	Grounded theory approach	E-mail invitations to participating hospitals and health and social services centres to complete an online semi-structured questionnaire	237 health practitioners (physicians, nurses, social workers, administrators, researchers)	M & F	Refugees	Not stated	Not applicable	Health care workers	Health care workers' perceptions and precarious immigration status	April-June 2010	Canada	Quebec	The quantitative analysis of responses to the survey questions revealed the existence of a wide gap between attitudes towards entitlement to health care and the endorsement of principles stemming from human rights and the best interest of the child. Half of the respondents were in favor of extending services to not fully insured pregnant women and children based on child development considerations. The qualitative analysis shows that healthcare workers perceive uninsured immigrants (and more specifically pregnant women and children) as "deserving" of universal access to healthcare, pragmatic considerations push most of them to consider these immigrants as "underserving" of free care.		
Vatanparast, H., Nisbet, C., & Gushulak, B. (2013). Vitamin D insufficiency and bone mineral status in a population of newcomer children in Canada. <i>Nutrients</i> , 5(5), 1561-1572. http://dx.doi.org/10.3390/nu5051561	2013	Vatanparast, H., Nisbet, C., & Gushulak, B.	Quantitative	To obtain a national perspective on vitamin D status of immigrant children in comparison to non-immigrant children: to evaluate determinants of vitamin D and its association with bone mineral status in children new to Canada	Cross sectional design, health and nutrition measures were collected from immigrant	Convenience sampling	N=33 immigrant and n=39 refugee children 7-11 years who had been living in Saskatchewan for more than 5 years.	M & F	Immigrants (not specified) & refugees	Not stated	6-12 Years (School age)	Children/Adolescents; Canadian Community Health Survey and the United States Department of Agriculture questionnaire; CHMS children's physical activity questionnaire	Vitamin D and bone mineral status in newcomer children in Canada	2010-2011	not stated	Saskatchewan	Immigrant children had extremely low levels of vitamin D, especially girls. Serum vitamin D levels was identified as a notable predictor of total body bone mineral content. First generation immigrant children (6-11 years) had significantly decreased vitamin D levels compared to their non-immigrant children-especially true in girls. Low vitamin D intake through poorer quality diet was identified in immigrant children, especially newcomers' refugees. Longer duration in Canada was associated with greater risk for deficiency. Other risk factors included being from a region with darker skin.		

Vichinsky, E. P., MacKlin, E. A., Waye, J. S., Lorey, F., & Olivieri, N. F. (2005). Changes in the epidemiology of thalassemia in North America: A new minority disease. <i>Pediatrics</i> , 116(6), e818-e825. DOI: 10.1542/peds.2005-0843https://pediatrics.aappublications.org/content/116/6/e818	2005	Vichinsky, E. P., MacKlin, E. A., Waye, J. S., Lorey, F., & Olivieri, N. F.	Quantitative	Changing patterns of immigration to North America, along with improved treatment, have altered the clinical spectrum of thalassemia, one of the world's most common genetic diseases.	Cross sectional study	Selection of participants on set inclusion criteria.	721 patients with thalassemia syndromes	M & F	Not stated	Not stated	0-60 years	health care database/register	Thalassemia and changing patterns of immigration to North America	June 2001-January 2004	Asia, Middle East, Canada, US	Ontario	The mismatch between need and service for Roma refugee children is a complex issue that requires the attention of the Roma community and service providers: its resolution is central to Canada's principle, not of assimilation, but of multiculturalism.
Vuksan, V., Rogovik, A., Jenkins, A., Peeva, V., Beljan-Zdravkovic, U., Stavro, M., Fairgrieve, C., Devanesen, S., Hanna, A., & Watson, W. (2012). Cardiovascular risk factors, diet and lifestyle among European, South Asian and Chinese adolescents in Canada. <i>Paediatrics and Child Health</i> , 17(1), e1-e6. https://doi.org/10.1093/pch/17.1.e1	2012	Vuksan, V., Rogovik, A., Jenkins, A., Peeva, V., Beljan-Zdravkovic, U., Stavro, M., Fairgrieve, C., Devanesen, S., Hanna, A., & Watson, W.	Quantitative	To assess the prevalence of CVD risk factors among apparently healthy adolescents in the three largest ethnic population groups in Canada (European, South Asian and Chinese.) Also, compare the presence of CVD RF, including diet and lifestyle among healthy multiethnic adolescents.	Cross sectional study	Convenience sample	203 adolescents from 62 GTA secondary schools were recruited (48% Europeans, 35% Chinese and 18% South Asians) with a mean age of 17.3 years	M & F	Immigrants (not specified)	2nd generation	15-19	Children/Adolescents	Cardiovascular risk factors, diet and lifestyle	Not stated	China, Europe and South Asia	Ontario, Saskatchewan	South Asian adolescents have comparably higher rates of cardiovascular risk factors than their European and Chinese counterparts, which could partly be attributed to the lower physical activity of South Asians. The majority of South Asians have at least one disordered indicator, including an abnormally decreased HDL and elevated TG levels.
Wahi, G., Boyle, M.H., Morrison, K.M., & Georgiades, K. (2014). Body mass index among immigrant and non-immigrant youth: Evidence from the Canadian Community Health Survey. <i>Can J Public Health</i> 105, e239-e244 (2014). https://doi.org/10.17269/cjph.105.4288	2014	Wahi, G., Boyle, M.H., Morrison, K.M., & Georgiades, K.	Quantitative	To assess for differences in the BMI and obesity between immigrant and non-immigrant youth & examine the relationship to socio-demographics factors.	Cross-sectional survey	Random sampling	63,509 youth	M & F	Not stated	1st generation	12-19 years	4 cycles of Canadian Community Health Survey (CCHS)	Physical health, BMI & obesity	2000-2008	Not stated	Canada-wide	Non-immigrant youth were more likely to be overweight than immigrant youth (22% vs 18%). Immigrant youth also had lower BMI compared to non-immigrant youth (P<0.001). For immigrant youth, their BMI increased with every year they resided in Canada by 0.02. The results of the analysis did not reveal associations between BMI & overweight and lifestyle measures or sociodemographic characteristics. There was also a negative relationship between how often fruit & vegetables were consumed and BMI, but a positive relationship with energy expenditure.
Wahoush, E. O. (2009). Equitable health-care access: the experiences of refugee claimant mothers with an ill preschooler. <i>Canadian Journal of Nursing Research Archive</i> , 41(3), 186-207.	2009	Wahoush, E. O.	Mixed methods	To create knowledge about health equity and access to health services for refugee preschool children.	Retrospective cross-sectional semi-structured interview design	Purposive sampling	55 mothers (3 focus groups, n=22; semi-structured interviews, n=33)	F	Refugees	1st generation	Preschool	Mothers	Healthcare access	Not stated	Africa, Europe, Asia and Middle East, Pacific, South and Central America	Ontario	Of all illnesses, mothers attempted to treat these the most: fever, cough, colds, diarrhea, rashes, sore throat, earache; there were no differences identified in the type of illness that resulted in consultations to a healthcare provider; mothers typically consulted a healthcare provider based on how long the illness had been ongoing, how severe they perceived it to be, and how threatening the illness was. Mothers typically used their own personal health practices during initial stages of illness before utilizing health services. Personal enabling factors to use of health services: perceived need, their awareness of available health services, the ability to access health services; general enabling factors: living in the same city, transportation/public transit, having help or advice from friends. Barriers: cost, negative previous experiences, language barriers.

Wahoush, E. O. (2009). Equitable health-care access: The experiences of refugee and refugee claimant mothers with an ill preschooler. <i>Canadian Journal of Nursing Research</i> , 41(3), 186-206. Retrieved from http://cnr.archive.mcgill.ca/article/view/2212	2009	Wahoush, E.	Mixed Methods	To generate evidence about equity and access to health services for preschool children in refugee families. 1.How do refugee and refugee claimant mothers respond when their preschool child has an acute minor illness? 2.What factors influence mothers' choices and actions in helping their child to recover? 3.What problems or barriers do mothers encounter in seeking access to health services for their child?	Retrospective cross-sectional semi-structured interview design supplemented with 3 focus groups.	Purposive sampling was used to promote the inclusion of the most informative participants, refugee and refugee claimant mothers of a preschool child.	55 mothers	F	Refugees	Both 1st and 2nd generations	3-5 years (Pre-school)	Parents/carers	Equitable health care access and refugee/refugee claimants	August 2004-May 2005	Africa, Asia and Middle East, Europe, Pacific, South and Central America	Ontario	When health insurance was adequate, the needs of most of the children were met during a medical visit. The healthcare needs of the children in this study were similar to those of children generally. However, the responses of their mothers were affected by immigration policy and health care policy. Despite these and other challenges the participants exhibited strong coping skills in looking after their children.
Washbrook, E., Bradbury, B., Waldfogel, J., Corak, M., & Ghangro. (2012). The development of young children of immigrants in Australia, Canada, the United Kingdom, and the United States. <i>Child Development</i> , 83(5), 1591-1607. http://dx.doi.org/10.1111/j.1467-8624.2012.01796.x	2012	Washbrook, E., Bradbury, B., Waldfogel, J., Corak, M., & Ghangro, A.	Quantitative	To incorporate the role of early child development in comparative analyses of immigrant integration.	Comparative research.	Clustered by vital area in Australia, Labour force survey in Canada, Child benefit records clustered by electoral ward in United Kingdom, registered births in vital stats in the US	35799	M & F	Not stated	2nd generation	4-5 years old	Parents/carers; The longitudinal study of Australian Children; the National Longitudinal survey-birth cohort for the US.	Development of young children	200-2004	not stated	Canada-wide	Stronger differences in the estimates between domains of child outcomes than we do for sets of outcomes across countries. Evidence of poorer outcomes among children of immigrants on nonverbal assessments in the United Kingdom, and on math and literacy assessments in the US. Substantial variation across countries in the outcomes of adolescent children of immigrants, and in particular the poor relative performance of this group in the US compared to their equivalents in Australia in Canada.
Walsh, C. A., Este, D., Krieg, B., & Giurgiu, B. (2011). Needs of refugee children in Canada: What can Roma refugee families tell us? <i>Journal of Comparative Family Studies</i> , 42(4), 599-614. Retrieved from http://www.jstor.org/stable/41604470	2011	Walsh, C. A., Este, D., Krieg, B., & Giurgiu, B.	Qualitative	To understand the needs of Roma refugee children for service, and the barriers to accessing such services.	Exploratory study	Purposive sample selection was used to target self-identified members of the Roma community and their self-identified leadership, as well as service providers in the health, child welfare, immigration, education, social services, religious and policing sectors.	24 Roma parents and 62 service providers = 86	M & F	Refugees	Not stated	Not stated	Parents/carers; community service providers	Educational, social and health service needs of Roma children	Summer of 2004	Hungary	Ontario	Roma children have high needs for service across multiple domains. This need, however, is coupled with Roma families' inability and sometimes unwillingness, to access and effectively uptake services. Barriers are related to language and culture differences. Language profoundly hinders nearly all interactions in a new country, not just contact with institutional structures. Roma culture features a mistrust of institutional systems and doubts about provider compassion and competence; this discourages help-seeking. When help is sought, families often encounter suspicion, discrimination and service that is not linguistically or culturally competent. A gap between need and service access exists in the education, social services and health care sectors in Canada. Providers agree with Roma assertions that providers know little about Roma culture. The problems Roma refugees have with establishing relationships with institutional systems must be understood within the context of their long history of racism, marginalization and social exclusion.

Wang, H. Y., Wong, G. W., Chen, Y. Z., Ferguson, A. C., Greene, J. M., Ma, Y., Zhong, N., Lai, C. K. W., Sears, M. R. (2008). Prevalence of asthma among Chinese adolescents living in Canada and in China. <i>Canadian Medical Association Journal</i> , 179(11), 1133-1142. http://dx.doi.org/10.1503/cmaj.071797	2008	Wang, H. Y., Wong, G. W., Chen, Y. Z., Ferguson, A. C., Greene, J. M., Ma, Y., Zhong, N., Lai, C., & Sears, M.	Quantitative	Studies of the prevalence of asthma among migrating populations may help in identifying environmental risk factors. Examining children of the same ethnic background living in different environments for part or all of their lives may help to identify factors relevant to the development of diseases and may explain some of the observed geographic variations in prevalence.	Analysis of data from phase 3 of the International Study of Asthma and Allergies in Childhood, conducted in 1 centre in Canada with a large Chinese population (Vancouver) and 3 centres in China.	Recruited participants using schools as sampling units.	10,924 adolescents aged 13 or 14 years. 8101 from China and 2823 from Vancouver. Using city and country of residence, ethnicity, birthplace and years of residence, they classified 10,029 of these adolescents in 6 population subgroups.	M & F	Skilled worker, economic migrants	Both 1st and 2nd generations	13-14 years old	Children/Adolescents	Asthma among Chinese adolescents	2001	China and Canada	British Columbia	The study confirmed a lower prevalence of asthma symptoms among Chinese adolescents born in mainland China and a significantly higher prevalence among Chinese adolescents born in Hong Kong and Canada. The results suggest that early environmental exposure reduced the subsequent development of asthma, despite similar genetic background. However, the environment continues to be an important factor influencing the prevalence of asthma and atopy even after the early years of sensitization. Among Chinese adolescents in Vancouver, they observed increasing prevalence of ever wheezing and ever having had asthma with longer duration of residence in Canada, although most trends did not achieve significance when stratified by sex, possibly because of sample sizes. Current nocturnal coughing and current exercise-induced wheezing showed no significant gradients among the different groups of Chinese adolescents. Asthma symptoms in Chinese adolescents were lowest among those living in mainland China, were greater among those who lived in Hong Kong or who had immigrated to Canada during childhood and were highest for those born in Canada. These findings strongly suggest that environmental factors and duration of exposure, in addition to genetic factors, influence the prevalence of asthma.
Wanigaratne, S., Cole, D. C., Bassil, K., Hyman, L., Moineddin, R., Shakya, Y., & Urquia, M. L. (2016). Severe neonatal morbidity among births to refugee women. <i>Maternal and Child Health Journal</i> , 20(10), 2189-2198. http://dx.doi.org/10.1007/s10995-016-2047-4	2016	Wanigaratne, S., Cole, D., Bassil, K., Hyman, L., Moineddin, R., Shakya, Y., & Urquia, M. L.	Quantitative	This study had four objectives. The first objective was to assess the extent that a healthy migrant effect with respect to Severe Neonatal Morbidity (SNM) risk was operative among refugees and other immigrants compared to non-immigrants. Secondly, we identify whether refugee status was an independent risk factor for SNM among immigrants. Thirdly, we examine whether sponsorship status was associated with SNM risk among refugees. Lastly, we examine whether refugees were at greater risk of specific SNM subtypes compared to other immigrants and to non-immigrants.	Survey	Immigration records (1985-2010) linked to Ontario hospital data (2002-2010) were used to examine SNM. Retrospective Survey	Refugees n=29,755 non-immigrants n=860,314 other immigrants n=230,847	F	Refugee, claimants and non-immigrants	Both 1st and 2nd generation	0-12 months (Infants)	Secondary data set from immigration and hospital record.	Severe Neonatal Morbidity among refugee women in Ontario	April 1, 2002- March 31, 2011	Sub Saharan Africa, South Asia, Latin America and Caribbean, Western and Central Asia, East Asia, Eastern Europe, Southern Europe, Southeast Asia, Oceania Islands, North Africa	Ontario	Infants born to refugee women had a similar risk of severe neonatal morbidity compared to non-immigrants while non-refugee immigrants had a lower risk. This suggests migrant effect applies to non-refugees but likely does not apply to refugees. Refugee status was a weak risk factor for SNM and is likely not a clinically relevant indicator. Differences in the immigration process, access to health care and other government supports between non-sponsored and sponsored refugees did not impact SNM. There were borderline differences in severe neonatal morbidity (SNM) among refugees (N = 29,755) compared to both non-immigrants (N = 860,314) and other immigrants (N = 230,847) with a larger difference comparing other immigrants to non-immigrants. Asylum-seekers did not differ from sponsored refugees. Though rare, several SNM subtypes were significant with large effect sizes. This study found that the healthy migrant effect applies to non-refugees with respect to SNM risk, but likely does not apply to refugees. Non-refugee immigrants had a 20% lower risk of SNM compared to non-immigrants, while refugees exhibited a borderline significantly lower risk, suggesting similar SNM risk between refugees and non-immigrants. Approximately 80% of both refugee and other immigrants delivered within the first 10 years of arrival to Canada.

Wanigaratne, S., Cole, D.C., Bassil, K., Hyman, I., Moineddin, R., Urquia, M.L. (2016). The influence of refugee status and secondary migration on preterm birth. <i>Journal of Epidemiology and Community Health</i> , 70(6), 622-628. https://doi.org/10.1136/jech-2015-206529	2016	Wanigaratne, S., Cole, D.C., Bassil, K., Hyman, I., Moineddin, R., Urquia, M.L.	Quantitative	To identify if refugee status was related to preterm birth and if the relationship between refugee status and preterm birth was different between primary and secondary migrants.	Retrospective population-based cohort study	All live singleton births between April 1, 2002 - March 31, 2011	100,894 births (primary non-refugees); 11,618 births (primary refugees); 9,746 births (secondary non-refugees); 1,295 births (secondary refugees)	F	Immigrants (not specified) & refugees	1st generation	Mothers less than 15 years at time of arrival excluded	Linked data from two administrative databases: Immigration Canada Permanent Resident Database; Discharge Abstract Database	Birth outcomes: pre-term births (PTB)	April 1, 2002 - March 31, 2011	Sub-Saharan Africa; South Asia; Middle East/North Africa/Central Asia; Latin America and Caribbean; Eastern Europe; Southeast Asia; Oceania Islands; East Asia, Southern Europe	Ontario	The refugee cohort had higher odds of a shorter gestation (17%) when compared to the non-refugee cohort. Secondary migration served as a modifying factor between refugee status and preterm birth. Secondary refugees were more likely to have a short gestation compared non secondary non-refugees (58%). Primary refugees were more likely to have a short gestation than primary non-refugees (12%).
Werneck, R., Lawrence, H., Kulkarni, G., & Locker, D. (2008). Early childhood caries and access to dental care among children of Portuguese-speaking immigrants in the city of Toronto. <i>Journal of Canadian Dental Association</i> , 74(9), 805-805g. http://www.cda-adc.ca/jcda/vol-74/issue-9/805.html	2008	Werneck, R., Lawrence, H., Kulkarni, G., & Locker, D.	Quantitative	To determine the influence of accessibility of dental services and other factors on the development of early childhood caries (ECC) among Toronto children 48 months of age or younger with at least one Portuguese-speaking immigrant parent.	Population-based case-control study	Network convenience and snowball sampling	52 early childhood caries and 52 controls (without ECC).	M & F	Not stated	Both 1st and 2nd generations	48 months or younger	Parents/caregivers	Early dental caries	Not stated	Portugal, Brazil, Angola, Mozambique or the Azores	Ontario	The strongest predictors of ECC in this immigrant population after adjustment for frequent snack consumption were lack of dental care and lack of dental insurance. Young children of immigrants from Portugal, Brazil, Angola, and the Azores residing in Toronto have difficulty in obtaining dental care primarily because of lack of dental insurance and lack of a family dentist, each being an important risk factor for ECC in this study.
Wilson-Mitchell, K., & Rummens, J. (2013). Perinatal outcomes of uninsured immigrant, refugee and migrant mothers and newborns living in Toronto, Canada. <i>International Journal of Environmental Research and Public Health</i> , 10, 2198-2213. http://dx.doi.org/10.3390/ijerph10062198	2013	Wilson-Mitchell, K., & Rummens, J.	Quantitative	Canadian health care insurance is not universal for all newcomer populations. New immigrant, refugee claimant, and migrant women face various barriers to health care due to the lack of public health insurance coverage.	A retrospective chart review conducted on hospital records for mothers and newborns	Convenience sampling	453 charts, 175 uninsured and 278 insured	M & F	Skilled worker, economic migrants, refugee, new immigrants	Not stated	0-12 months (Infants)	Charts	Perinatal outcomes	2007-2010	Africa, South Asia, Middle East, Eastern Europe, Western Europe, South America, Central America, Caribbean, East Asia & Pacific, USA, Canada	Ontario	There were no significant differences in the preterm birth rates and the low birth weights. The overall PTB rate was higher than the Canadian national rate (7.6%), the Ontario provincial rate (7.7%), or the local CELHN rate (7.6%). The overall LBW rates were also higher than the Canadian rate (6.0%), the provincial rate (6.1), or the CELHN rate (6.3%). High levels of less-than-adequate and definitively inadequate prenatal care uncovered in this study indicate that uninsured pregnant women experience significantly disparate access to an essential health care service.
Wong, S., Homma, Y., Johnson, J., & Saewyc, E. (2010). The unmet health needs of East Asian High School Students: Are homestay students at risk? <i>Canadian Journal of Public Health</i> , 101(3), 241-245. https://doi.org/10.1007/BF03404382	2010	Wong, S., Homma, Y., Johnson, J., & Saewyc, E.	Quantitative	The relationship between immigrant generation and social integration is not straightforward, but depends on a combination of factors, including intersections between generational status, racial status, and neighborhood characteristics. For sense of belonging to Canada there are some generational effects, but these correspond to differences in racial status.	Not stated	Not stated	3085 homestay students	M & F	Not stated	Both 1st and 2nd generations	13-18 Years (Adolescence)	British Columbia Adolescent Health Survey	Health risk behaviors	2003	East Asia or Canada	British Columbia	Homestay students remain a "forgotten" and extremely vulnerable group of youth, in part because they have special living arrangements. Female homestay students feel more isolated than any other group and are more vulnerable to poor health outcomes given the number of sexual and substance use behaviors. There is also a higher likelihood of sexual abuse and cocaine use among female homestay students.

Wu, Z., Schimmele, C., & Hou, F. (2012). Self-perceived integration of immigrants and their children. <i>Canadian Journal of Sociology</i> , 37(4), 381-408. https://www.jstor.org/stable/10.2307/canaj.sociol.37.4.381	2012	Wu, Z., Schimmele, C., & Hou, F.	Quantitative	To examine the relationship between immigrant generation and subjective well-being.	Cross sectional data from the 2002 ethnic diversity survey and the 2001 Canadian Census	Census tract neighborhood	21150	M & F	Not stated	Both 1st and 2nd generations	15 years and older	Children/Adolescents; Parents/caregivers	Social integration of immigrants and sense of belonging to Canada	2001	Not stated	Canada-wide	The relationship between immigrant generation and social integration is not straightforward, but depends on a combination of factors, including intersections between generational status, racial status, and neighborhood characteristics. For sense of belonging to Canada there are some generational effects, but these correspond to differences in racial status.
Yang, C., Yasseen, A. S., Stimec, J., Rea, E., Waters, V., Lam, R., Morris, S. K., & Kitai, I. (2018). Prevalence of tuberculosis infection and disease in children referred for tuberculosis medical surveillance in Ontario: A single-cohort study. <i>CMAJ Open</i> 6(3), E365-E371. https://doi.org/10.9778/cmajo.20180043	2018	Yang, C., Yasseen, A. S., Stimec, J., Rea, E., Waters, V., Lam, R., Morris, S. K., & Kitai, I.	Quantitative	To examine the prevalence of tuberculosis in children and adolescents who were evaluated at the Hospital for Sick Children tuberculosis program after referral from the tuberculosis medical surveillance program.	A retrospective single-cohort study	Convenience sampling	216 children	M & F	Immigrants (not specified)	1st generation	<18 years	Data from medical records at the tuberculosis clinic at the Hospital for Sick Children	Pediatric TB	Nov 2012 - June 2016	Philippines, India, Israel, Saudi Arabia, Russia, Nepal	Ontario	The average age of the sample was 10 years, with most being born in the Philippines or India. 76.8% of the sample had been previously treated for TB; 15.7% of the sample were government sponsored refugees from regions with high incidence of TB. 84.6% had negative assays who had been previously treated for TB; 14.4% had abnormalities in their chest radiography (with 4 showing changes that were believed to be TB). None of the children had a diagnosis of active TB during the follow-up; 1.4% were treated for a latent TB following the assay testing at SickKids. Positive assay results were associated with past contact with infectious TB (OR 5.97) and being older at the time of their first clinic visit but was not significantly associated with chest radiography abnormalities or a history of previous TB treatment.
Yang, F. J. (2019). Is childhood migration a mental health risk? Exploring health behaviors and psychosocial resources as pathways using the cross-sectional Canadian Community Health Survey. <i>Social Science Research</i> , 83(2019), Article 102303. https://doi.org/10.1016/j.ssresearch.2019.04.016	2019	Yang, F. J.	Quantitative	To assess the effect of early migration on the health behaviors and access to psychosocial resources for childhood immigrants	Cross-sectional	Not stated	7 4282 immigrants	M & F	Immigrants (not specified)	1st generation	15 years and up	Canadian Community Health Survey, Mental Health 2012 (CCHS-MH, 2012)	Mental health, health behavior	2012	U.K., U.S., South America /Central, America /Caribbean, Germany, Italy, Netherlands, Other Europe, Africa, China, Hong Kong, Taiwan, Philippines, India, Other Asia, Oceania	Canada-wide	8.15% of the immigrants arrived between 0-11 years old; 13.16% arrived between 12-18 years. Childhood immigrants are 4x more likely to use drugs and tend to have higher levels of interpersonal strain compared to adult immigrants; adolescent immigrants are 1.84x more likely to use drugs compared to adult immigrants. Increased length of time since migration was related to decreased risk of drug use and psychological distress when adjusted for age at migration. Childhood immigrants are 25% less likely--and teenage immigrants 30% likely--to be daily smokers compared to adult immigrants. There was a positive relationship between childhood immigration and exercise levels, stronger social support.
Yang, S., Dahhou, M., Bushnik, T., Wilkins, R., Kaufman, J. S., Sheppard, A. J., & Kramer, M. S. (2020). Perinatal health among foreign versus native-born mothers in Canada: variations across outcomes and cohorts. <i>Journal of Public Health</i> , 42(1), e26-e33. https://doi.org/10.1093/pubmed/dfz006	2020	Yang, S., Dahhou, M., Bushnik, T., Wilkins, R., Kaufman, J. S., Sheppard, A. J., & Kramer, M. S.	Quantitative	To explore the differences in the perinatal health of foreign-born and native-born mothers living in Canada in respect to multiple outcomes over a period of 10 years.	Retrospective cohort study	Singleton births from 1994-1996 and 2004-2006 Canadian Birth-Census Cohort	94, 896 births (1996) and 131, 271 births (2006)	M & F	Immigrants (not specified)	1st generation	Not stated	Canadian Birth Census Cohort; Canadian Live Birth, Infant Death and Stillbirth database	Perinatal health	1996 - 2006	Asia, Africa, Latin America	Canada-wide (except Ontario)	In the 1996 cohort, there were no significant differences identified in the adverse outcomes of foreign-born compared to native-born mothers; in the 2006 cohort, foreign-born mothers had decreased risk of preterm birth, large for gestational age, stillbirth, small for gestational age, and infant mortality (relatively and absolutely). There was a decreased risk of preterm birth for foreign-born mothers in the 2006 cohort; especially for Caucasian, East Asian, Southeast Asian, and South Asian mothers. Birth to foreign-born mothers increased overtime, from 13.3% to 22.3%. Over 50% of foreign-born mothers were from Asian countries, there were no differences identified between foreign born mothers based on length of time in Canada.

Yasseen, A. S., Rea, E., Hirji, M. M., Yang, C., Alvarez, G. G., Khan, K., & Kitai, I. (2019). Paediatric tuberculosis among the foreign-born: Utility of the Canadian TB immigration medical surveillance programme. <i>The International Journal of Tuberculosis and Lung Disease</i> , 23(1), 105-111. https://doi.org/10.5588/ijtld.18.0317	2019	Yasseen, A. S., Rea, E., Hirji, M. M., Yang, C., Alvarez, G. G., Khan, K., & Kitai, I.	Quantitative	To assess for the utility of the Canadian immigration medical exam and the TB Medical Surveillance for identifying pediatric TB.	Population-based retrospective cohort study	Not stated	232, 169 children/adolescents	M & F	Immigrants (not specified)	1st generation	Birth to 17 years	Linked immigration and public health databases: Department of Immigration, Refugee, and Citizenship Canada; provincial electronic reportable disease registry; immigration medical exam	Pediatric TB	Jan 01, 2002 - Dec 31, 2011	East Asia, Australia and New Zealand, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, North America, Pacific Islands, South Asia, Sub-Saharan Africa, Western Europe	Ontario	There were 125 cases of TB diagnosed at or after immigration (20 children and 105 adolescents). The total number of cases were from immigrants originating from across 34 countries. Active TB was identified in 0/419 children and in 10/418 adolescents who were referred for follow-up/surveillance. There was a relationship between TB medical surveillance and prior TB diagnosis (immigrants from the Philippines had the greatest hazard ratio of 31.2). The rates of TB diagnoses prior to migrations were variables between countries with high TB burden.
Yip, D., Bhargava, R., Yao, Y., Sutherland, K., Manfreda, J., & Long, R. (2007). Pediatric tuberculosis in Alberta. <i>Canadian Journal of Public Health</i> , 98(4), 276-280. https://doi.org/10.1007/BF03405402	2007	Yip, D., Bhargava, R., Yao, Y., Sutherland, K., Manfreda, J., & Long, R.	Quantitative	To describe the case characteristics and epidemiology of pediatric TB in Alberta as a province that accepts a large number of immigrants.	Not stated	All children less than 15 years old who had been diagnosed with TB between 1990-2004	124 cases	M & F	Immigrants (not specified)	1st & 2nd generation	< 15 years	Alberta TB Registry; Laboratory for Public Health; blood work and diagnostic testing	Pediatric TB	1990-2004	Not stated	Alberta	Canadian born cases had an increased likelihood of identifying a source case in Alberta, to be detected using contact tracing, to have primary pulmonary TB, and to live at a rural address. Among Canadian born others, 12 were Metis, 11 were children of foreign-born parents. The incidence of TB was highest in "Status Indians" and in the foreign-born population when compared to Canadian born other.
Yohani, S. (2008). Creating an ecology of hope: Arts-based interventions with refugee children. <i>Child and Adolescent Social Work Journal</i> , 25(4), 309-323. http://dx.doi.org/10.1007/s10560-008-0129-x	2008	Yohani, S.	Qualitative	To illustrate how a synthesis of human ecology theory and hope theory leads to ways of building hope in refugee children and those in their social and cultural milieu.	Not stated	With ethical clearance and consent of the parents and program staff, for 6 months, the researcher participated in the multi-ethnic groups that comprised children of several different countries.	17 children from 12 families	M & F	Refugees	2nd generation	8 to 18 years	Children/Adolescents	Art-based interventions and refugee children	Not stated	Sierra Leone, Iraq, Sudan, Pakistan, Philippines, and China	Not Stated	Exploring hope using creative approaches with children, providing ways for children to share their hope work with others, and discussing with adults how hope affects their children may create connections that enhance hope.

Yuen, T., Landreth, G., & Baggerly, J. (2002). Filial therapy with immigrant Chinese families. <i>International Journal of Play Therapy</i> , 11(2), 63-90. http://dx.doi.org/10.1037/h0088865	2002	Yuen, T., Landreth, G., & Baggerly, J.	Quantitative	To determine the effectiveness of filial therapy as a method of prevention and intervention for immigrant Chinese families in Canada. To increase empathic attitude, acceptance level of children, reduce stress and problems, improve self-concept.	Not stated	18 parents randomly selected for the experimental group of filial therapy and divided into 2 training groups with 9 parents in each group. The other 17 parents were placed in the control group and received no treatment.	35 parents. 18 parents were randomly selected for the experimental group and divided into two training groups with 9 parents in each group. The other 17 parents were placed in the control group and received no treatment.	M & F	Not stated	Not stated	3 to 10 years	Parents/carers	Filial therapy and child development	Not stated	China	British Columbia	The results of this study supported the effectiveness of the Landreth (1991) 10-week filial therapy training model with immigrant Chinese parents in Canada. Immigrant Chinese parents with different cultural values face the challenge of helping their children adjust to the local society while maintaining their own cultural traditions. The findings demonstrate immigrant Chinese parents were able to incorporate new relationship skills in their interactions with their children during special play sessions. Parents in the experimental group reported significantly more accepting attitudes toward their children, a decrease in stress related to parenting, and a smaller number of children's behavior problems than parents in the control group.
Zipursky, A., Park, A., Urquia, M., Creatore, M., & Ray, J. (2014). Influence of paternal and maternal ethnicity and ethnic enclaves on newborn weight. <i>Journal of Epidemiology and Community Health</i> , 68, 942-949. http://dx.doi.org/10.1136/jech-2014-204257	2014	Zipursky, A., Park, A., Urquia, M., Creatore, M., & Ray, J.	Quantitative	Research questions: 1. Whether there is a difference in birthweight in children born to one or two immigrant parents? 2. Whether the relation between parental country origin and birthweight is modified by neighbourhood ethnic composition?	Survey	Not stated	692301	M & F	Not stated	Both 1st and 2nd generations	0-12 months (Infants)	Vital statistics	Paternal and maternal ethnicity and newborn weight	2002-2009	Canada, Bangladesh, Sri Lanka, Pakistan, India, Philippines, Vietnam, Korea, China	Ontario	Infants of one or two foreign-born parents had lower birth weights than infants of 2 Canadian-born parents. When all 9 immigrant countries were aggregated together, the adjusted birthweight difference was greatest for infants of 2 same country foreign-born parents compared with those of 2 Canadian-born parents. Smaller weight differences were seen for mixed-origin couples, with infants born to foreign-born mothers and Canadian-born fathers having the most similar birthweights to those of Canadian-born parents.

Supplemental file 2: grey literature search

Search #	Source Searched	Webpage/Link	Date of Last Search	Search Terms	Results	Reviewed	Selected
#1	Google Advanced Search	https://www.google.ca/advanced_search	14-Feb-22	immigrant child health canada -pubmed -cinahl -scopus -socindex -sociologicalabstract Limiters: English; Canada; .edu	860,000	100	4
#2	Google Advanced Search	https://www.google.ca/advanced_search	14-Feb-22	immigrant child health canada -pubmed -cinahl -scopus -socindex -sociologicalabstract Limiters: English; Canada; .org	7,333,000	100	4
#3	Google Advanced Search	https://www.google.ca/advanced_search	14-Feb-22	immigrant child health canada -pubmed -cinahl -scopus -socindex -sociologicalabstract Limiters: English; Canada; .gov	312,000	100	0
#4	Google Advanced Search	https://www.google.ca/advanced_search	14-Feb-22	immigrant child health canada -pubmed -cinahl -scopus -socindex -sociologicalabstract Limiters: English; Canada; .gc.ca	1,010,000	100	3
#5	Google Advanced Search	https://www.google.ca/advanced_search	14-Feb-22	immigrant child health canada -pubmed -cinahl -scopus -socindex -sociologicalabstract Limiters: English; Canada; .ca	5,060,000	100	6
#6	Googe Scholar	https://scholar.google.com/	22-Feb-22	immigrant child health canada Limiters: 1997 to now	50,000	100	7
#7	Google Scholar	https://scholar.google.com/	22-Feb-22	(newcomer or refugee) and (child or youth or adolescent) and (health or wellbeing or well-being) and canada Limiters: 1997 to now	2,490	100	9
#8	[Redacted] Grey Literature Collection	[redacted]	22-Feb-22	include all: immigrant child health	4,637	100	0
#9	Proquest Dissertations and Theses Global	[redacted]	22-Feb-22	(immigrant or newcomer or refugee) and (child or youth or adolescent) and (health or wellbeing or well-being) and canada Limiters: 1997 to now	146	100	4
#10	Government of Canada	https://www.canada.ca/en.html	22-Feb-22	immigrant child health	17,133	100	0
#11	Hospital for Sick Children	https://lab.research.sickkids.ca/task/reports-theses/	22-Feb-22	No search function available: review of publications, reports & theses (1997 - 2021)	N/A	179 publications 31 reports & theses	0
#12	Caring for Kids New to Canada	https://kidsnewtocanada.ca/	22-Feb-22	immigrant child health	100 results shown	100	0
#13	Women & Children's Health Research Institute	https://www.wchri.org/	22-Feb-22	immigrant child health	318	100	0
#14	Caring for Newcomer Children	https://cmascanada.ca/	22-Feb-22	health	54	54	0