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Recueil des instantanés recherches- politiques du RCCDR

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Introductory Note/Remarque préliminaire

CRDCN invites researchers publishing academic articles or producing policy reports that use microdata available through CRDCN to provide one-page snapshots that can be used to communicate their work to a wide audience.

Each CRDCN Research-Policy Snapshot Digest, produced twice per year, assembles the individual snapshots prepared in the previous six months, inviting authors to include up to one page of supplementary material to accompany their snapshot.

Le RCCDR invite les chercheurs qui publient des articles universitaires ou produisent des rapports sur les politiques publiques en se servant des microdonnées disponibles par l'intermédiaire du RCCDR à en fournir des synthèses d'une page qui pourront être utilisées pour faire connaître leurs travaux à un large public.

Chaque d'instantanés recherches-politiques du RCCDR, produit deux fois par an, compile les instantanés préparés au cours des six mois précédents en invitant leurs auteurs à ajouter jusqu'à une page de documentation supplémentaire pour les accompagner.

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Addressing disparities in colorectal cancer screening participation in Canada

Adefemi, K. (2025). Addressing disparities in colorectal cancer screening participation in Canada. *CRDCN Research-Policy Snapshots*, 4(1). <http://hdl.handle.net/11375/30913>

Context

This research investigates the distribution of colorectal cancer screening participation in Canada, focusing on the impact of racial and sociodemographic factors. It addresses the critical knowledge gap in understanding current screening behaviours, disparities among diverse Canadian populations and the various factors that significantly affect screening participation. By analyzing nationally representative data, this study provides an up-to-date assessment of screening rates, highlighting persistent disparities across socioeconomic levels, geographic regions, and racial/ethnic groups. This research is crucial for informing targeted interventions and policy measures to improve screening participation and reduce the burden of colorectal cancer in Canada.

Key finding(s) from the research

Despite increased colorectal cancer screening participation rates across Canada, significant disparities persist across socioeconomic, geographic, and racial/ethnic groups.

Population(s) studied: Adults aged 50-74 in all Canadian provinces

Research dataset(s) used: Canadian Community Health Survey, 2017

Policy implications for this research

This research highlights the need for policies and interventions to address disparities in colorectal cancer screening across Canada. These could include developing targeted interventions to address socioeconomic barriers, ensuring equitable access to screening services regardless of income level; strengthening public awareness campaigns to increase knowledge about the importance and availability of colorectal cancer screening, particularly in lower socioeconomic groups and regions with lower screening participation rates; and implementing culturally tailored health promotion initiatives for immigrant and minority ethnic groups, addressing cultural barriers and misconceptions, and fostering trust in the healthcare system to promote better engagement with screening programs.

Policy area(s) this research can inform: Health; Immigration and ethnocultural diversity; Population and demography; Seniors and aging

Read the full article

Adefemi, K., Knight, J. C., Zhu, Y., & Wang, P. P. (2024). Racial and sociodemographic distribution of colorectal cancer screening in Canada: A cross-sectional study. *Canadian Journal of Public Health* 115(3), 371–383. <https://doi.org/10.17269/s41997-024-00859-9>

Men and women from low socioeconomic backgrounds experience elevated risk of chronic *and* acute alcohol harms

De Mesa, S. D. (2025). Men and women from low socioeconomic backgrounds experience elevated risk of chronic and acute alcohol harms. *CRDCN Research-Policy Snapshots*, 4(1). <http://hdl.handle.net/11375/30935>

Context

This is one of the first studies that addresses sex differences in people with low socioeconomic positions and alcohol-attributable harm. Alcohol attributable harm was measured by emergency department (ED) visits. Each ED visit was then classified into acute wholly alcohol-attributed (e.g., alcohol intoxication) or chronic wholly alcohol-attributed (e.g., alcoholic liver disease). This study found that men and women of low socioeconomic positions had more acute and chronic alcohol attributable ED visits than their counterparts with high socioeconomic positioning. Further, men with low socioeconomic positioning made up the majority of ED visits in this statistic.

Key finding(s) from the research

Men and women with low socio-economic positioning experience experienced increased risk of alcohol-related acute and chronic ED visits.

Population(s) studied: Residents of Ontario and Alberta aged 16-64 years old

Research dataset(s) used: Canadian Community Health Survey, Cycles 2.1, 3.1

Policy implications for this research

Low socioeconomic positioning is consistent with lower levels of education, inaccessibility to health resources, poorer diet, and low physical activity. Addressing inequalities at the population level is a step forward in reducing the socio-economic inequality in alcohol-attributed harm. Additionally, the implications from this study can be extended to healthcare, specifically in hospitals. Hospitals, which are already overburdened and understaffed, will benefit from a reduction of alcohol related ED visits and new policy implementations surrounding them.

Policy area(s) this research can inform: Agriculture and food; Health; Population and demography

Read the full article

Benny, C., Hobin, E., Andreacchi, A. T., Schwartz, N., & Smith, B. T. (2024). Socio-economic inequities in emergency department visits for wholly alcohol-attributable acute and chronic harms in Canada, 2003–2017. *Drug and Alcohol Review*, 43(4), 927-36. <https://doi.org/10.1111/dar.13821>

What lessons on Canadian Indigenous policy has scholarship published in the journal *Canadian Public Policy* offered since the 1970s?

Feir, D. L., & Shipley, S. (2025). What lessons on Canadian Indigenous policy has scholarship published in the journal *Canadian Public Policy* offered since the 1970s? *CRDCN Research-Policy Snapshots*, 4(1). <http://hdl.handle.net/11375/30915>

Context

Indigenous policy discussions in Canada have become increasingly salient nationally, as evidenced by language in Parliament House debates. Contemporary research has outlined differences in income that Indigenous organizations have advocated for closing. While there is evidence that recent moves towards increased recognized rights to self-governance and land have increased Indigenous incomes, some of these policies may increase income inequality between Indigenous and non-Indigenous people. To ensure that future policy increases the well-being of Indigenous peoples, research in the policy arena must incorporate an Indigenous worldview and work to answer questions Indigenous communities prioritize and move towards more comprehensive evaluation methods.

Key finding(s) from the research

Articles on Indigenous self-determination in the *Canadian Public Policy* journal have shifted towards being more quantitative, which in practice limits the breadth of questions researchers are able to answer to what variables settler-influenced institutions such as Statistics Canada have decided are important to collect.

Population(s) studied: First Nations, Metis, and Inuit populations in Canada aged 15-65

Research dataset(s) used: Linked Parliamentary Data Project, Canadian Hansard Dataset

Policy implications for this research

Census data still suggest significant differences in income between Indigenous and non-Indigenous people. However, many potentially important aspects of Indigenous realities can't be captured simply from this measure. It is important for public policy to both interrogate whether recent policies are actually moving Canada closer to an equitable income distribution and to consider the potential implications of policy for outcomes not measured.

Policy area(s) this research can inform: Education, training and learning; Government; Indigenous Peoples; Labour; Society and community

Read the full article

Feir, D. L. Policies for other people: Reflections from an economist on research and federal policy regarding Indigenous nations in Canada after 1975. (2024). *Canadian Public Policy*, 50(1), 36-61. <https://doi.org/10.3138/cpp.2023-051>

Glass ceilings and glass escalators in the Canadian oral health workforce

Gupta, N. (2025). Glass ceilings and glass escalators in the Canadian oral health workforce. *CRDCN Research-Policy Snapshots*, 4(1).
<http://hdl.handle.net/11375/30916>

Context

Oral health is a key component of overall health, but many Canadians do not access dental care services. The newly expanding Canadian Dental Care Plan recognizes the crucial role of dental professionals in service delivery, however it does not address potential impacts of labour market imbalances. This study used census data and statistical decomposition analyses to assess gender imbalances in the dental workforce in relation to compensation. Results may help inform human resources planning to counter gendered inequalities as a challenge for the health and dental care sector to attract and retain talent.

Key finding(s) from the research

This research found evidence of persistent gendered wage gaps in the dental workforce: a 'glass ceiling' in dentistry (women dentists earned significantly less than men, despite numerical parity), and a 'glass escalator' among dental hygienists (men earned significantly more, despite representing merely 3% of this workforce).

Population(s) studied: Adults aged 25–54 working as a dentist or a dental hygienist/therapist

Research dataset(s) used: 2021 Canadian population census

Policy implications for this research

Issues of gender and other imbalances in the dental workforce have been understudied. The Canadian Dental Care Plan, being phased in over 2022–2025, does not address underlying imbalances in the dental workforce and thus may miss significant opportunities for gender equity promotion.

Policy area(s) this research can inform: Health; Income, pensions, spending and wealth; Labour

Read the full article

Gupta, N., & Miah, P. (2024). Imbalances in the oral health workforce: A Canadian population-based study. *BMC Health Services Research*, 24(1), 1191. <https://doi.org/10.1186/s12913-024-11677-7>

The implications of food insecurity for nutritional adequacy

Li, T., & Hutchinson, J. M. (2025). The implications of food insecurity for nutritional adequacy. *CRDCN Research-Policy Snapshots*, 4(1).
<http://hdl.handle.net/11375/30917>

Context

Household food insecurity is a well-established social determinant of health. While previous research has shown that food insecurity increases the risk of nutrient inadequacy, this study is the first to examine this relationship across the severity of food insecurity in Canada. Households are classified as more severely food-insecure if the experience of deprivation goes beyond worrying about affording food or limited food selection to more serious compromises in the quality and quantity of food consumed. The researchers modelled distributions of usual micronutrient intakes using data on food and beverage consumption and determined the proportion of people with inadequate micronutrient intakes at each level of food insecurity.

Key finding(s) from the research

Adults living in more severely food-insecure households are more likely to have inadequate intakes of a wide range of micronutrients, including vitamins A, B6, and C, folate, calcium, magnesium, and zinc.

Population(s) studied: Adults aged 19–64 years in the 10 provinces

Research dataset(s) used: 2015 Canadian Community Health Survey Nutrition

Policy implications for this research

The findings add to a large body of evidence showing poorer dietary intake and health for Canadians living in more severely food-insecure households and reinforce the need for governments to make food insecurity reduction a policy objective. The only policy interventions shown to reduce food insecurity have been those that improve the financial circumstances of struggling households, like improvements to minimum wage, social assistance, or child benefits. Since the health consequences of food insecurity are worse for people living in severely food-insecure households, interventions should prioritize support for households most likely to be severely food-insecure, such as those with very low incomes.

Policy area(s) this research can inform: Health; Income, pensions, spending and wealth

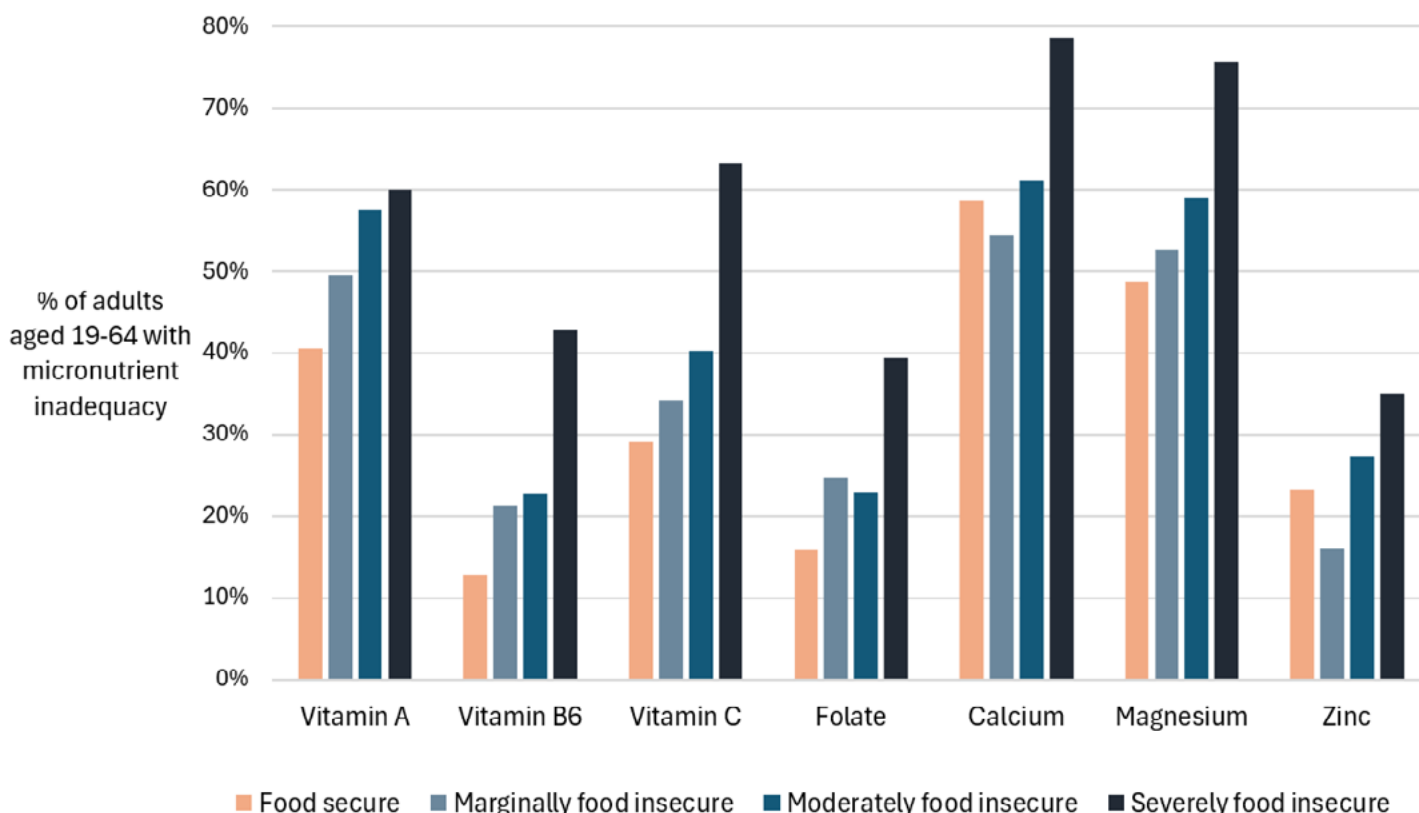
Read the full article

Hutchinson, J. M., & Tarasuk, V. (2024). Prevalence of micronutrient inadequacy differs by severity of food insecurity among adults living in Canada in 2015. *Applied Physiology, Nutrition, and Metabolism*, 49(8). <https://doi.org/10.1139/apnm-2023-0614>

Supplementary Information

Li, T., & Hutchinson, J. M. (2025). The implications of food insecurity for nutritional adequacy. *CRDCN Research-Policy Snapshots*, 4(1).
<http://hdl.handle.net/11375/30917>

The prevalence of micronutrient inadequacy is higher among adults living in more severely food-insecure households.



Data source: 2015 Canadian Community Health Survey Nutrition

Adapted from: Hutchinson, J. M., & Tarasuk, V. (2024). Prevalence of micronutrient inadequacy differs by severity of food insecurity among adults living in Canada in 2015. *Applied Physiology, Nutrition, and Metabolism*.

The nap gap: How stopping naps early links to language and anxiety in preschool children

Newton, A. (2025). The nap gap: How stopping naps early links to language and anxiety in preschool children. *CRDCN Research-Policy Snapshots*, 4(1). <http://hdl.handle.net/11375/30918>

Context

Most 2-year-old children nap, but very few 5-year-olds do. How is the timing of when children stop napping related to language and psychosocial outcomes? This study provides answers to this question in the largest longitudinal study of Canadian children to date (>4900 children). There is conflicting evidence in the literature on the influence of naps on children's development and learning. This study provides more clarity and can inform childcare napping policies.

Key finding(s) from the research

Children who stop napping at a younger age (i.e., between 2-3 years old) than peers who are still napping understand more words and have slightly lower anxiety scores, 2 years later.

Population(s) studied: Children 0-5-years-old living in Canada

Research dataset(s) used: National Longitudinal Study of Children and Youth (Cycles 3-7)

Policy implications for this research

This research supports a flexible approach to napping policies. That is, children who have naturally stopped napping each day need not be encouraged to nap during the day. This research does not suggest that children should be encouraged to quit napping younger than their development would dictate; rather, parents and childcare providers should carefully attend to their child's napping needs and apply a flexible approach to napping (i.e., create environments to support napping and alternative quiet, low stimulation activities for non-napping children). These policy implications are also supported by several other preschool napping studies.

Policy area(s) this research can inform: Children and youth; Education, training and learning

Read the full article

Newton, A. T., Tremblay, P. F., Batterink, L. J., & Reid, G. J. (2024). Early nap cessation in young children as a correlate of language and psychosocial outcomes: Evidence from a large Canadian sample. *Sleep Health*, 10(2), 190-197. <https://doi.org/10.1016/j.sleh.2023.11.010>

Do student outcomes vary by post-secondary pathways? Insights from a large administrative linkage

Pizarro Milian, R. (2025). Do student outcomes vary by post-secondary pathways? Insights from a large administrative linkage. *CRDCN Research-Policy Snapshots*, 4(1). <http://hdl.handle.net/11375/30919>

Context

Existing research on the relationship between post-secondary pathways and student success in Ontario has relied on datasets which are subject to many limitations, ranging from sparse coverage of relevant controls to limited sample sizes across structurally small pathways (e.g., college-to-university). This research draws on a linkage between vast administrative files at the Toronto District School Board (TDSB) and various files within the Education and Labour Market Longitudinal Linkage Platform (ELMLP) to overcome these limitations.

Key finding(s) from the research

This research finds that graduation rates vary considerably depending on the pathways that students travel through Ontario post-secondary education, and that these disparities persist even after controlling for differences among students across a wide range of characteristics – including academic performance at the high school level.

Population(s) studied: Students who started Grade 9 at TDSB between 2004-2006 and entered post-secondary education in Ontario in the Fall of 2009, 2010, or 2011.

Research dataset(s) used: Linkages between the Education and Labour Market Longitudinal Linkage Platform (ELMLP), Postsecondary Student Information System (PSIS) files, T1 Family File (T1FF), Canada Student Loans Program (CSLP) files, and administrative student records from the Toronto District School Board (TDSB)

Policy implications for this research

For over a decade the Ontario provincial government has embraced transfer between post-secondary institutions as a policy strategy to support student success. This work produces evidence that transfer pathways potentially disadvantage the students traveling through them and, as such, raises questions about how this strategy can be fine-tuned. These findings support the notion that additional efforts are required to ensure that transfer aspiring students are supported throughout their journeys. This includes not only one-on-one transfer advising, but also timely access to information about course equivalencies and articulation agreements.

Policy area(s) this research can inform: Children and youth; Education, training and learning

Read the full article

Pizarro Milian, R., Reynolds, D., Jacob, N., Abdulkarim, F., Parekh, G., Brown, R., & Walters, D. (2024). Pathways to Success, or Unfulfilled Dreams? An Examination of Pathway-Based Disparities in Graduation Rates. *Journal of College Student Retention: Research, Theory & Practice*. <https://doi.org/10.1177/15210251231220869>

Social class, social mobility, and mental health

Vanzella-Yang, A., & Veenstra, G. (2025). Social class, social mobility, and mental health. *CRDCN Research-Policy Snapshots*, 4(1).
<http://hdl.handle.net/11375/30921>

Context

This study investigated the relationship between intergenerational mobility and mental health in Canada, a country with mobility rates higher than those of the United States but lower than those of Nordic countries. This study used uncommonly accurate income data for respondents and their parents and deployed advanced statistical methods to distinguish the effects of mobility from those of social positions of origin and destination. The analysis focused on intergenerational mobility in income and in education, two key dimensions of social class. The Kessler (K-10) scale of psychological distress was used to assess mental health.

Key finding(s) from the research

Downward educational mobility is associated with greater psychological distress among men.

Population(s) studied: Canadian adults aged 25 years or older

Research dataset(s) used: Longitudinal and International Study of Adults (LISA) linked with T1 Family Files from Canada Revenue Agency

Policy implications for this research

Individuals in the study with consistently low incomes over their lifetimes experienced relatively high levels of psychological distress, as did men who experienced downward educational mobility. In this context, it is imperative to provide mental health resources and support for individuals who are socioeconomically disadvantaged, with consideration paid to the life course stage in which the socioeconomic circumstances arose. Given the links between psychological distress and other health outcomes, such support could additionally prevent the onset of more serious health problems, promote social and health equity, and reduce costs to individuals and society.

Policy area(s) this research can inform: Education, training and learning; Health; Income, pensions, spending and wealth; Population and demography; Society and community

Read the full article

Vanzella-Yang, A., & Veenstra, G. (2024). Social mobility and mental health in Canada. *Canadian Journal of Public Health*, 115, 148–156. <https://doi.org/10.17269/s41997-023-00818-w>