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Bridging Settlement and Health:

Supporting Newcomer Immigrant
Women's Health In British Columbia

**BC WOMEN'S
HOSPITAL+
HEALTH CENTRE**



An agency of the Provincial Health Services Authority

This report summarizes the results of a project undertaken by the BC Centre of Excellence for Women's Health to understand the health needs and health care experiences of newcomer immigrant women in British Columbia to inform health information resources. This project was conducted on behalf of BC Women's Hospital + Health Centre with the support of Citizenship and Immigration Canada, the BC Ministry of Jobs, Tourism and Skills Development and the BC Ministry of Health.



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British Columbia
Centre of Excellence
for Women's Health

TABLE OF CONTENTS

| | |
|---|----|
| Acknowledgements | 4 |
| Introduction | 7 |
| Newcomer Immigrant Women in BC | 7 |
| Voices of Newcomer Immigrant Women | 8 |
| Coming to Canada | 8 |
| Living in Canada | 9 |
| Health and Health Care Experiences | 10 |
| Settlement Services as a Resource for Health Information | 11 |
| Voices of Service Providers | 12 |
| Health Information Resources to Help Bridge Settlement and Health | 13 |
| Video Initiative | 14 |

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Immigrant Services Society of BC

MOSAIC

Options Community Services Society

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INTRODUCTION

Health is an important resource for settlement. Settling in British Columbia, regardless of where a person comes from, entails learning how to maintain one's own health in a new context and support other family members in their settlement experience. Settlement also entails knowing when and how to seek health care should a need arise, as well as obtaining health insurance, and understanding what services are available and insured. Migration also affects health because it often involves disruptions in a family, finding a new home, making new friends, living in a new environment and finding employment. Even when a woman is happy she has come to B.C., she can find the process of change and settlement challenging and disruptive to her mental and physical well-being.

This project involved an extensive evidence review, a scan of services for newcomer immigrant women, and consultations with health care providers, settlement workers and newcomer immigrant women. Discussion groups were conducted with women in English, Farsi, Mandarin and Punjabi. Based on what women said about their experiences of health care and settlement, informational videos were developed to explain health insurance and how to navigate health care services in British Columbia. These resources are a first step toward strengthening the bridge between settlement and health.

NEWCOMER IMMIGRANT WOMEN IN BC

Newcomer immigrant women—those who have lived in the province less than five years—come to British Columbia from all over the world. According to Census data, 396,521 immigrants came to B.C. from 2002 to 2011, an average of nearly 40,000 per year. The majority of immigrants to B.C. in the past decade have been from the Asian and Pacific regions, with the top three source countries consistently being Mainland China, the Philippines and India.



Approximately half of all newcomers to B.C. are women. While the majority live in families, some are lone mothers with children. Most settle in the Lower Mainland of the province, but newcomers make their homes in every community. Many are visible minorities, though not all. In terms of age range, recent female immigrants tend to be somewhat younger than the average age of women in the province (between 25 to 44 years of age). Though newcomer immigrant women are better educated than Canadian-born women on average, they do not usually find employment consistent with their education or skills, which may reflect challenges with language and the need for English-language training. This employment pattern may also reflect how foreign-obtained credentials are accepted by employers or the match between newcomers' skills and education and the available employment opportunities.

Newcomers experience challenges with: acculturation; language; unemployment and deskilling; access to health care and social support; finding housing; coping with discrimination; and maintaining family dynamics. Individuals who emigrate during adolescence experience specific challenges. First and second generation adolescents, for example, are often caught between their own social and cultural identity and having to mediate the new culture as well as navigate a new social system for their parents. Immigrant youth often undertake roles beyond the capacity of their age, which may affect their mental health.

VOICES OF NEWCOMER IMMIGRANT WOMEN

COMING TO CANADA

The majority of the women we spoke with were from China, India and Iran; others came from Sri Lanka, Libya, Iraq, Afghanistan, France, Myanmar and Taiwan. The average length of time the women had lived in Canada was a year but a few had been here only a few weeks and others had been here five years. Nearly all of the women said that they came to Canada "to seek a better life". Several wanted to experience a new culture and many wanted to learn English and/or acquire an education for themselves and their children. Some women came to reunite with family, including husbands who had immigrated earlier or children who had come to Canada to study. Some women said they came in "search of safety" and a few women revealed that they were from war-torn countries.

For some women, challenges arose immediately upon arriving in Canada, including difficulties with cross-cultural adjustment; finding employment; downward social mobility; financial insecurity; social isolation; loneliness; and boredom. A few individuals expressed a desire to return to where they came from because the challenges were so great. Others reported being mentally and practically prepared for migration, particularly the challenge of finding full-time, permanent employment. However, many women recalled feeling lonely

and isolated when they first arrived. Despite such challenges, almost all of the women said that they were generally happy with their decision to move to Canada and had little or no desire to return to their former home country.

LIVING IN CANADA

Several women spoke of loneliness and social isolation: “I seek friendship. I feel down here. We are alone and have no one.” The importance of building social connections was mentioned by many women and they felt that lack of social support enhanced their struggles associated with settlement. Women also described having to learn a new language, procedures, rules, and social norms, as well as how to access resources, build relationships, and find employment as crucial components to surviving in Canada. Language was identified as the main precursor for success:



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AND IRAN.

“Well, life has its problems, especially when you move to a place that requires a good command of language so you that could have proper social interactions. Then you can to find your way and find a good job. You need to know about the resources and know where to apply for different things. Then you will find out about the regulations of these governmental organizations through your social connections.”

Several women revealed having learned from friends and family that the settlement process would be extremely challenging and the challenge of “starting from the beginning” was consistently reported among all the focus groups. Women particularly reported that it was difficult to accept downward social mobility, the need to become re-educated and the work involved in rebuilding social networks in Canada. Yet the majority of the women reported enjoying life in Canada. They referred to the country’s beauty, different workplace culture, good education system, nice people, freedoms, safety, positive energy, good transportation systems, cleanliness, and multiculturalism as positive elements of living in Canada.

A few participants revealed specific difficulties acquiring appropriate housing. One woman described her poor living conditions and worried how they were affecting her family's physical and mental health:

"We are renting a basement for \$600 and the landlord does not provide heat at night. The temperature outside is minus three. The biggest stress for us is that we have to spend the night in the cold. Now when we spend the night like this, I get backaches. My back is stiff now. Now we are not fighting anybody and I am still paying my rent in full, but this has costs to my health. "

It is worth noting that difficulties experienced by some women were not representative of the entire group; some women, for example, indicated that they had no issues finding employment. There were also a few women who reported few challenges with the settlement process. However, the social circumstances that determined how and why various women came to Canada shaped their individual settlement experiences; usually, those who came with the most resources had the easiest time with the settlement process.

HEALTH AND HEALTH CARE EXPERIENCES

The focus of our discussions with newcomer women was on their health needs and experiences with care. We were told that health has different meanings but that the majority of women regarded health as comprised of physical, mental and spiritual components. Both mental and emotional health were seen as integral to maintaining physical health:

"I think health is more about mental and emotional well-being. Emotional health is far more important because if we are not well emotionally, then we can't have full physical health. To live here [in Canada] and have peace, you need emotional well-being. You can't live without it."

All of the women indicated having accessed health care to various degrees while living in Canada. Health care services that were most frequently discussed included: emergency services; walk-in clinics; family doctors; dental visits; health screenings and blood tests.

Women consistently indicated that finding a family doctor, especially a female doctor that spoke the same language, was extremely challenging. Negative experiences associated with physicians sometimes deterred them from using health care services in Canada. Several participants reported using traditional medicines or over the counter medications rather than seeking health care services while others reported returning to their home country for care when confronted with wait lists for procedures. One woman said that self-

medication with traditional medicines was not ideal and perhaps even unsafe, but that often newcomers feel they are left with no alternatives. Women said that access to reliable health information was important for alleviating stress.

Many women revealed confusion regarding health care, particularly:

Understanding health insurance, including how to obtain coverage, what services were covered, what fees were involved, and the waiting period for health insurance (Medical Services Plan).

The variations in coverage for different classes of immigrants and between various provinces.

The fees associated with ambulance services, pharmaceuticals and services outside hospitals or physicians' offices.

How to locate a family doctor, particularly one who spoke their language, understood the settlement experience, and provided comprehensive women's health care, including reproductive health screening.

What women can do to maintain their health and the role of preventative procedures such as reproductive health screening.

SETTLEMENT SERVICES AS A RESOURCE FOR HEALTH INFORMATION

We asked women if settlement services were or could be a resource for health and health information. Most of the women admitted that when they were seeking support or information about services and resources, they would likely first ask for advice from immediate friends and family members. However, several women acknowledged that the information provided by their friends and family members was sometimes inaccurate.

Some women said such misinformation about Canadian policies, processes and procedures delayed their access to available services and resources:



"I am often misled by my friends. They will give me some advice, but it is based on some of their successful experiences in the past. It is not at all based on successful experiences in Canada."

Women were generally positive about the idea that settlement services could be resources for health information and guidance about the health care system. Those individuals who had had experience with settlement services were enthusiastic about the quality of services that they had received to date. Women reported having received help from settlement agencies on securing employment, finding housing, locating English classes, and on re-educating themselves. Women reported that they did not always think to seek assistance from settlement services. Overall, women emphasized that they experienced gaps in information and that settlement services were once place that they would appreciate learning about health and health care in British Columbia.

VOICES OF SERVICE PROVIDERS

Key informants from the health and settlement sectors recommended strategies to “bring health to communities,” such as the use of health navigators, cultural brokers, or cross-cultural health promoters to help women find a doctor, provide translation at appointments, and offer health education. They also suggested mobile health clinics could provide health care (e.g., mammograms) and health information. All key informants spoke to the need for culturally competent health and settlement providers as well as better information about the needs of newcomer women. They also advocated for greater communication

and collaboration between the settlement and health services with respect to sharing information about resources and services for newcomer women and expressed a need to gather feedback regarding how best to address newcomer women's needs.

Service providers recommended several strategies to “bring health to communities”, including:

Increasing the number of female health care providers from diverse linguistic and cultural backgrounds.

Improving access to translation and interpreter services.

Offering orientation sessions through settlement services regarding the health care system.

Creating multilingual resource sheets for women (e.g., perinatal care, cervical and breast cancer screening).

Creating culturally responsive health services as well as increasing access to multilingual resources in community settings such as libraries and schools.

HEALTH INFORMATION RESOURCES TO HELP BRIDGE SETTLEMENT AND HEALTH

Given the mutual effects of health and settlement, the processes of acculturation and adjustment involves both the health and settlement sectors. The various forms of evidence compiled through this project suggest that efforts to increase the health literacy of newcomer immigrant women and the cultural competency of health care providers would facilitate women's access to and use of health care in British Columbia. Moreover, establishing mechanisms to strengthen the links between settlement services and the health care system would support women both in terms of their health and in terms of their overall settlement process.

Consultation participants suggested it would be valuable to have more information on health, housing, employment and cross-cultural differences and other information important for settlement in Canada during the application process or at least early in the settlement period. The most consistent suggestion was to increase the provision of reliable and accessible information about the processes and procedures associated with accessing health care, particularly primary health care and emergency services, and to advise women on how to stay healthy.

Health care providers can develop a greater understanding of the settlement experience and the health needs of newcomer women, particularly those who come from countries without well-developed systems of formal health care. Health care services can be organized to be welcoming, supportive and safe for diverse women and their families through, for example, the use of trained interpreters, the provision of child-minding, and information about health care procedures and facilities.

Findings suggest that the settlement sector can support newcomer women through the provision of information about the organization of health care, assistance with accessing services, and the provision of information on maintaining health and well-being. By strengthening the bridge between health and settlement, newcomer immigrant women are more likely to successfully manage the migration experience, to maintain their own health and the health of their families, and to adjust to their new life in British Columbia.

VIDEO INITIATIVE

The project team developed two health information videos in partnership with a working group made up of experts from the health and settlement sectors, building on the input from the consultation with newcomer immigrant women. The videos are currently available in English, French, Punjabi, Farsi, Mandarin, and Korean. Given the feedback we received throughout this project, the video series is called, "Getting Started: An Introduction to Health Care in British Columbia for Newcomer Immigrant Women." Designed to help newcomer immigrant women navigate health services in B.C., the first video explains health insurance (and the Medical Services Plan) and how eligible women can apply for coverage. The second video provides an overview of health services in B.C. with a focus on going to a doctor or hospital for care.

Getting started: An Introduction to Health Care in British Columbia for Newcomer Immigrant Women:

Video 1: Health Insurance for You and Your Family.

Video 2: Health Care Services for You and Your Family.

Developed by BC Women's Hospital + Health Centre and the BC Centre of Excellence for Women's Health.

Available through BC Women's and settlement services throughout British Columbia.

www.bcwomens.ca



PERSPECTIVES OF NEWCOMER IMMIGRANT WOMEN

“Life has its problems, especially when you move to a place that requires a good command of language to have proper social interactions. Then you can find your way to find a good job. You need to know about the resources and know where to apply for different things. Then you will find out about the regulations of these governmental organizations through your social connections.”

“At a clinic, the doctor saw me. Every time the doctor would give me piece of paper for a blood test to test my blood sugar. I do the same thing every time. Two days ago, I received a letter. It said you must pay for the blood test. I then went to the hospital and gave it to the doctor to ask her. I am covered by the government, so why did they send me this paper? And the clinic also knows that I have coverage, because the clinic sent me for the test. When I went for the test, the place [biomedical lab] wouldn't take my money. They said it was free. Why was I sent this letter?”

“I don't have any family doctor here, so I tried to avoid seeing a doctor, because it's very difficult. One time I was ill in Montreal, so I went to a clinic, just a walk-in clinic, and I waited for five or six hour before meeting with the doctor, and it was nothing. I didn't need any medication. I was ill, but I didn't need any medication, just rest. So that is a lot of time to meet with a doctor, and maybe it was not necessary, but we have to check because it is important to check. But yes, so the reality is that there are not enough doctors in Canada. It is not easy to meet with a doctor so it is not inviting to try to do that.”