Main Messages

1. Immediate actions at the community and regional level should be undertaken to reduce health disparities and address current gaps in health service access between immigrants, ethnocultural minorities, and the rest of the population.

2. More interpreter services are required on the North Shore. Informal use of friends, family members, or health staff untrained in language interpretation is an unacceptable “stop gap” solution that increases the likelihood of miscommunication and can also raise ethical concerns. The need for trained health interpreters is well supported in the research literature.¹

3. Translated health education materials should be expanded to include information on the Canadian health care system, and specific details on hospital, community health, and primary care services. Answers to frequently asked questions should be translated and widely disseminated.

4. Improved access to both VCH interpretation and translation services would reduce unnecessary health risks and economic costs associated with cross-cultural communication barriers.

5. Increased understanding of the differences between Canada’s health care system and those of other countries would enhance cross-cultural understanding between health professionals and the clients they serve. Frustrations around access to health services are, in part, due to an immigrant’s limited understanding of how to navigate the Canadian health care system. Health education workshops delivered in the first language of immigrants are required.

6. Cultural sensitivity training of health staff is necessary, as is recruitment and employment of multicultural health staff, to better reflect the diversity within the North Shore community served by VCH.

7. Health promotion, self management, and preventive services and programs should be delivered in a culturally sensitive manner, and whenever possible, be offered in the first language of immigrants. More outreach support to particularly vulnerable and often isolated groups (such as immigrant seniors) is also necessary. Emotional and financial support (e.g., transportation assistance) can further improve access to health services.

8. VCH can work with key community partners, such as the North Shore Multicultural Society and members of ethnocultural communities, to plan, deliver, and evaluate existing community health programs and services.

9. Several health needs identified in this report cut across ethnocultural groups and are shared by other vulnerable populations, including low-income families.

¹ Language barriers can lead to inferior health care and greater health risks, decreased use of preventive services, increased unnecessary use of diagnostic procedures, decreased probability of treatment compliance, and premature discharge from hospital (D’Elia, 2006; Hoen, Nielsen, & Sasso, 2006; Wilson, Chen, Grumbach, Wang, & Fernandez, 2005).
Executive Summary

Issue
The North Shore (NS) is home to a large and culturally diverse immigrant population, a population that is forecasted to increase in the near future. To date, ethnocultural health needs have not generated the same level of interest as other community health issues. Yet as diversity continues to increase, the health needs of immigrants and ethnocultural minorities should be addressed at all levels and in all programs within VCH.

Immigrants face unique health challenges related to cultural, historical, and social factors. Some of these factors include language barriers, limited understanding of the Canadian health care system, and conflicting family values and role expectations. Health providers may be unfamiliar with strategies to address communication barriers with their immigrant clients. The limited number of support services for immigrants who access the health system on the NS can often frustrate both providers and clients alike. Improving access to, and quality of, health services for immigrants and ethnocultural minorities can translate into significant reductions in (unnecessary) health risks and economic costs to the system (D’Elia, 2006).

Study Objectives
A review of the literature and local health reports revealed gaps in our current understanding of ethnocultural health needs and service utilization on the North Shore. In response, VCH completed health needs assessments with NS Iranian and Korean immigrants. In addition, VCH partnered with North Shore Multicultural Society (NSMS) on a community-based survey of health service utilization and access to health services among NS immigrants. Study objectives were as follows: to learn what ‘health’ means to these immigrant groups, to identify issues influencing their health, to recognize barriers they face in accessing health services, and to identify areas where improvements are necessary.

Key Findings
Similar to previous research findings, immigrants to the NS face multiple barriers to accessing health services including socio-cultural (e.g., immigration status, language problems) and organizational barriers (e.g., high costs, cultural insensitivity of health staff, limited supports for clients not proficient in English). When immigrants access health services, satisfaction with care is often compromised by language problems and culturally-based misunderstandings.

Discussions with immigrants and local service providers confirm an urgent need for more interpreter services on the North Shore. Currently, the majority have to rely on a family member or friend to act as an informal interpreter during health consultations. Reliance on non-professionals to act as interpreters can, however, lead to inferior health care and also raise important ethical concerns.

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3 The research was completed with Iranian and Korean communities as examples of a relatively established immigrant community and of a more recently settled immigrant community. However, the findings are considered transferable to all ethnocultural communities on the NS.
The recent experience of a NS community health nurse illustrates how partnering with a cross cultural health facilitator can improve both quality of care delivery and client satisfaction:

I was fortunate to work with a cross-cultural health facilitator when I visited a Korean family of infant twins. It was helpful to have the facilitator there during my visits to help explain how the boys were progressing, and to address the parents’ concerns. When the Infant Development Program (IDP) became involved, I was able to set up a visit with the family, the cross-cultural health facilitator, IDP, and myself. This led to a collaborative approach with the facilitator acting as a key family support. During our visits we discussed several health concerns, including the upcoming surgery scheduled for one of the twins. The parents were fortunate to have the facilitator there at the hospital; she was able to provide consistent reassurance, and offered a familiar face and voice in a culturally-sensitive context. I hope I have an opportunity to work with the cross cultural health facilitator again in the future.4

Availability of translated health education materials also needs to be increased. At present, most of VCH translated resources are in Chinese while limited materials are available in other languages. Information on how to navigate the Canadian health care system and answers to frequently asked questions about health care access should be provided in various print and electronic media forms, in the languages of NS immigrants (that is, Farsi, Korean, Cantonese, Mandarin, and Filipino). These resources should be readily accessible to service providers and the general public. Workshops that provide background information on hospital, community health, and primary health care services should also be delivered in the first languages of NS immigrants.

Improving access to health professionals that speak a second language is another priority. Recruitment and employment of multicultural health staff to better reflect the diversity within the community they serve is required. Immigrants would benefit from having more service providers within hospital and community health settings who speak their first language.

Cultural sensitivity training for health staff and service providers was also identified as a priority. When health and community service providers have a better understanding of culturally-based nuances, they can create more effective health strategies and connect immigrants to appropriate services and programs in the community.

Health promotion, self management, and preventive services and programs should be delivered in a culturally sensitive manner and whenever feasible, in the client’s first language. More outreach support to vulnerable and often isolated groups (such as immigrant seniors) is also necessary.

While Iranians and Korean immigrants identified similar issues, they also discussed issues specific to their ethnocultural group. Iranians may face health challenges that relate to their “status” in Canada; for instance, sponsorship status can present problems for both the sponsored individual (often an elderly parent) and their sponsor. Service providers should also be aware of class differences within the Iranian community that can in turn influence access to services and participation in programs. Unique issues identified by Koreans relate to the circumstances of international students. Korean students typically have limited family and social supports and face greater risk of depression caused by high parental expectations of

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4 The cross-cultural health facilitator in this example was part of the Cross Cultural Health Facilitators (CCHF) Project with the BC Multicultural Health Services Society, 2004-7.
Health needs of ethnocultural groups on the North Shore

Scholastic achievement. While similarities are evident between and within different immigrant groups, it is important to always bear in mind the variations that can exist among groups and between individuals as well.

It is strongly suggested that actions taken to address ethnocultural health needs be done in partnership with members of the communities themselves, and with community service agencies like NSMS. For example, when NSMS offers group-based workshops on health-related topics, VCH staff could take part as invited presenters. When NSMS offers a course on health literacy, VCH staff could also attend and participate. VCH can also work with community agencies and local ethnocultural organizations to prioritize health information materials to be translated, and to develop strategies for promotion and dissemination of information and services to immigrant communities across the North Shore.

Recommendations

Based on study findings and relevant literature the following recommendations to improve ethnocultural access to health services are proposed. Specific actions that can be taken to move the proposed recommendations forward are outlined in the full report.

Overarching Recommendation

Prioritization of Issues

1. Work with NS ethnocultural groups to prioritize recommendations in this report.

General Recommendations

Health Service Provision

1. Provide access to professional interpreter services for health services on the North Shore.
2. Increase cultural competence of NS health staff.
3. Increase ethnocultural diversity of NS health staff.
4. Increase participation of ethnocultural groups in health service provision.
5. Tailor community health programs (especially health promotion and disease, injury, and disability prevention) to increase participation among ethnocultural groups.

Health Knowledge and Cultural Beliefs

1. Translate key health service brochures and health education materials.
2. Create an updated list of NS health practitioners who are multilingual (and accepting new patients).
3. Provide health education in first language.

Language

1. Improve language skills development opportunities on the North Shore.

Community and Social Supports

1. Increase participation of ethnocultural groups within existing NS programs, including opportunities to build social connectedness.
2. Increase supports available to immigrant children and youth in public schools and community programs.
3. Ensure community-based housing meets the needs of ethnocultural group.
Health needs of ethnocultural groups on the North Shore