



AMSSA

Cultures West

Affiliation of Multicultural Societies and Service Agencies of BC

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ILLUSTRATION BY TONY SAMSON

Promoting Healthy Living in BC



Promoting Healthy Living in BC



**Affiliation of Multicultural
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of British Columbia**

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AMSSA is an affiliation of member agencies providing immigrant settlement and multicultural programs in communities throughout BC.

VISION:

AMSSA believes in a just and equitable society which values Canada's cultural diversity.

MISSION:

AMSSA provides leadership in advocacy and education in British Columbia for anti-racism, human rights, and social justice. AMSSA supports its members in serving immigrants, refugees and culturally diverse communities.

GOALS:

1. To build Member Agencies' capacity through effective communication, facilitation, and collaboration
2. To advocate for social justice and equity in immigration, multiculturalism, anti-racism, and human rights
3. To increase AMSSA's profile as a provincial organization

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Message from the President ...

At AMSSA's recent Multicultural Health Fair, almost 1500 attendees made it quite clear that Multicultural Health and access to culturally responsive health care is in fact a huge issue in our province. We heard first hand that although the common belief is that immigrants make up 26% of our population in British Columbia, in some communities almost 70% are members of a visible minority group! This is an every day reality for AMSSA member agencies and stakeholders. They are also aware that being able to access health care information and medical services in one's primary language, and within the context of one's culture are often a case of life and death. Literally.

Multicultural Health involves implementing culturally specific health promotional activities, developing and distributing culturally oriented health educational materials so that an individual can have better understand and manage their own healthcare. On the following pages you will have an opportunity to learn about this growing area of service delivery. We'll show you how recent research defines the issue and how different levels of government are responding to the needs of our communities. We also highlight the innovation and creativity of community organizations that deliver health related services to an increasingly diverse population.

And of course, you can't miss our regular departments – test your knowledge with the *Mind Buster Quiz*, check out the *Regional Round Up* for what's happening with AMSSA member agencies and use our *Bibliography* to find additional resources to explore the topic further.

Jean McRae, President



Accessible Health Care: A Response Framework for a Culturally Evolving Community

by Angela Sasso & Elizabeth Stanger

The Canadian Health Act claims accessibility as one of its five guiding principles. But how accessible is the current system? Twenty six percent of the British Columbian population confronts numerous barriers and challenges when attempting to utilize health care services. It is not enough just to exist as a service: accessibility involves the ability to appreciate the evolving community and the capacity to respond.

Barriers to access and health care utilization relate to one of three areas: cultural/linguistic barriers, socio-economic barriers and systemic barriers of accessibility and equity.

Between 1992 and 2001, British Columbia received a total of 424,000 new immigrants. Of those, half were unable to speak, read or write English. While the majority of newcomers go on to communicate effectively in English, there exists a severe negative impact while they learn about government services. It is not only services that are affected: the communication barrier is often the first substantial hurdle that newcomers face. How they overcome this hurdle depends on the resources available to assist them in integrating into their new community. And while the language barrier is felt most distinctly in the initial settlement phase after newcomers arrive, immigrants and ethno-cultural minorities continue to face multiple barriers in accessing and utilizing healthcare services.

Cultural barriers also impede access to healthcare for newcomers. Many newcomers come from countries that may have systems of health care delivery very different from ours. While in some cases lack of information acts an obstacle to access, in other cases diverse cultural approaches make it difficult for newcomers and ethnocultural minorities to understand and participate in the health care system.

Poverty also plays a role in health care access. Many immigrants find themselves living in poverty regardless of the previous socio-economic status they enjoyed in their home country. The ten year period between 1990 and 2000 saw a dramatic increase in the poverty rates among immigrants: immigrants living in Canada five years or less have a poverty rate of 35.8%; and, the poverty rate of immigrants living in Canada between six to ten years has increased from 18.7% in 1980 to 28.3% in 2000. The Longitudinal Survey of Immigrants to

Continued on page 7 ►

◀ Continued from page 3

And while the language barrier is felt most distinctly in the initial settlement phase after newcomers arrive, immigrants and ethno-cultural minorities continue to face multiple barriers in access and utilizing healthcare services.



Canada, 2001 found that 19% of all immigrants who encountered difficulties with accessing healthcare cited costs or financial difficulties as impediments to service.

The Health Services System

There is increasing concern that the health care system is less responsive to the health and health care needs of our increasingly diverse patient population, and that immigrants and ethnocultural communities have different experiences in the health services system than other Canadians. This is true even when they have similar medical conditions.

Accessible

In certain parts of the province, such as the Lower Mainland, a high percentage of residents do not speak English as their primary language. This presents a significant barrier not only for the healthcare consumer but also for the healthcare provider who is unable to perform their designated task. Language barriers place a definite and physical limitation on the quality of healthcare given and received. Due to an inability to pursue a diagnostic dialogue with the patient, healthcare providers rely on one of two main responses: using unreliable language sources (mainly family, friends or untrained "volunteers"), or using laboratory and other medical tests. Both result in increased spending as research shows that the use of

untrained volunteers results in higher costs to the health care system.

Culturally Responsive

Research over the past two decades has shown that quality of care requires attention to differences in culture – "the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group." (Cross, 1989: iv).

Although service responsiveness and service quality can be a challenge even when patient populations are relatively homogenous, the growing diversity of our patient population, especially in the Lower Mainland, increases the likelihood that cultural differences between patients and providers will lead to: diagnostic errors; harmful drug interactions resulting from simultaneous use of conventional and alternative medicines; inadequate patient adherence to clinical recommendations about prescriptions, self-care and treatment plans; and higher rates of hospital re-admission.

Cultural responsiveness extends beyond language to include a much larger set of professional attitudes, knowledge, behaviours and practices, and organizational policies, standards and performance management mechanism to ensure responsiveness to the diversity of the patients who walk through our health services' doors.

Enablers for Cultural Responsiveness

- Diverse staff that reflect the communities being served
- On-going education and skill building
- Standards and guidelines on culturally responsive care
- Ethnic data integrated into the set of Performance Management Systems

Comprehensiveness

In addition to providing culturally responsive care, health care planning must ensure that the services delivered are relevant to the health care needs of diverse communities.

The health impacts of major clinical conditions – such as heart disease, cancer, diabetes, mental health/substance abuse, asthma, stroke – are not that different from one community than another. There are a few conditions, however, of unique significance to some groups, such as sickle cell disease among Black populations. In addition, some health conditions disproportionately affect specific communities, populations or groups, such as post traumatic stress disorder among immigrants and refugees from war torn areas.

Vancouver is a global city and health care planners need to become more knowledgeable about and responsive to pertinent international health and migration health issues.

BC HealthGuide Improves Access to Health Care

by Nadeen Johansen

Anationally recognized and award-winning program, BC HealthGuide improves access to reliable health information using formats or tools that fit individuals' and families' diverse needs and situations.

As part of a provincial prevention and self-care strategy, the BC HealthGuide Program continues to expand and improve access to health information and services for all British Columbians, throughout the province. This strategy aims to support British Columbians in their efforts to maintain and improve their health.

The BC HealthGuide Program provides 24-hour health information and services in four easy formats to help British Columbians stay healthy, prevent illness and make better health decisions. These resources are the most comprehensive in Canada and include the BC HealthGuide handbook, BC HealthGuide OnLine, BC HealthFiles, and BC NurseLine with translation services.

The BC HealthGuide handbook provides medically reviewed information on health concerns, symptoms, home treatment and other care options. You can also find tips on how to prevent illness and when to consult your doctor. The handbook is available in English and French. Copies of the 2005 English edition of the BC HealthGuide handbook can be found at local pharmacies or Government Agents Offices. This year the handbook will be translated and available for BC's Chinese and Punjabi-speaking communities. A BC First Nations Health Handbook is already available.

The BC HealthGuide OnLine can be accessed at www.bchealthguide.org for current information on over 3,000 health topics, tests, procedures and resources. The newly expanded site includes monthly health features or topics, multicultural health, a medications library, a community support

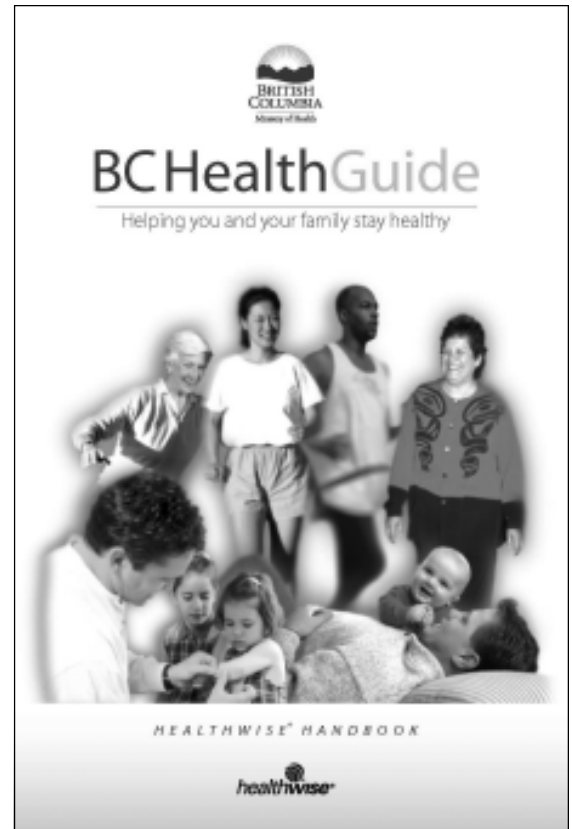
The BC HealthGuide OnLine can be accessed at www.bchealthguide.org for current information on over 3,000 health topics, tests, procedures and resources.

database, plus specialty channels with information for family, children and youth, women, men, seniors and Aboriginal communities.

BC HealthFiles or fact sheets on over 180 public health and safety topics can be found on-line and in public health units. A number of BC HealthFile topics are available in French, Chinese, Punjabi, Spanish and Vietnamese. These topics include the flu, immunizations, chicken pox and other diseases, sun safety and quitting smoking.

BC NurseLine provides 24-hour, confidential health information and advice. Anywhere in the province, callers can speak to a registered nurse 24-hours or a pharmacist from 9 am to 5 pm every day. Translation services are available in over 130 languages upon request. *Call toll-free in BC 1-866-215-4700, and in Greater Vancouver 604-215-4700. Call 1-866-889-4700 for deaf and hearing-impaired services.*

Making health information and services available in languages widely spoken in BC



is a priority for our province and health care system. We are working with health authorities, agencies, care providers and other partners to assess the health needs of diverse communities, and develop innovative health programs and services.

We recently partnered with the Affiliation of Multicultural Societies and Service Agencies (ANSSA) who hosted the 2006 Multicultural Health Fair – Promoting Healthy Living. And later this spring, the BC HealthGuide Program is participating in the Northern Regional Multicultural Health Fair to be hosted by the Immigrant and Multicultural Services Society in partnership with local agencies.

In British Columbia, we serve a diverse and multilingual province.

To meet diverse health care needs, we continue to develop and expand programs such as BC HealthGuide to support British Columbians in their efforts to care for their health and their families.

Access to Health for all British Columbians

The Provincial Language Service of the Provincial Health Services Authority

by Angela Sasso

The Provincial Language Service (PLS) is a province-wide, single access point for interpreting and translation services that specialize in health care. It is a program of the Provincial Health Services Authority (PHSA), with a mandate to promote access to health care for all British Columbians. While we support the work of PHSA agencies, we are also dedicated to proactively extending our services to other health authorities and health-related organizations.

In order to meet our province-wide mandate, we have implemented the Provincial Outreach Program (POP) which has resulted in collaborative agreements with a number of community-based immigrant and community service agencies from Prince George to Victoria. These collaborative ventures not only build capacity within local communities across BC through recruitment and training activities, but also connect smaller communities to a centralized, well-resourced and efficient service. This results in improved services for non- and limited-English speaking clients and, ultimately, improved efficiencies for the health care system. Through the POP, the PLS continues to draw interpreters from across the province and to date has recruited over 70 interpreters in 8 communities outside of the BC Lower Mainland. The program is definitely in its infancy but is quickly gaining ground.

Contributing to the success of POP is the active involvement of other Health Authorities, validating the need for qualified interpreters in health care and improving the overall climate for access to health care. An example of this is the newly implemented pilot project between the Vancouver Island Health Authority (VIHA) Public Health Nurses in the Comox Valley and the PLS. This year-long pilot project will include the recruitment and training of local interpreters, providing instruction to public health nurses on how to work effectively with interpreters, as well as delivering health interpreting services for that region. This partnership is innovative and will hopefully set the ground work for future collaboration with this and other Health Authorities.

At its core PLS is an interpreting and translation service specializing in health and mental health care (with over 275 interpreters providing services in more than 100 languages, and over 40 translators covering 40-plus languages). However, we also support health organizations and programs to develop and extend culturally com-



petent care across the province. The PLS, thus provides organizational assessment, training and consultation services for culturally competent health care; as well as community based training for health and mental health interpreters.

A sampling of our other initiatives include:

The Provincial Language Access Action Committee: A committee comprised of health care and community service providers. The primary goals are to address common issues they share across the province in delivering culturally competent care, and to address issues of equitable access to care for non-English and limited-English speakers. The committee addresses both language and culture.

The Mental Health & Addictions (MH&A) Translation Project: (more on page 7) This three-year project works to remove barriers for literate non-English speaking BC residents by translating evidence-based MH&A information fact sheets found on the www.heretohelp.bc.ca website. It then works with Lower Mainland community agencies to conduct community testing of materials to ensure the materials are culturally appropriate.

The Francophone Mental Health & Addictions Literacy Project: The project seeks to improve both awareness of and access to mental health services in BC for minority Francophone communities. The project will translate and disseminate a series of mental health fact sheets; train interpreters for working in mental health and develop training for community-based mental health workers on cultural competency.

For more information about these and other PLS initiatives please contact the Director, Suzanne Barclay, at 604-875-2553 or email sbarclay@phsa.ca

Enabling Access to Mental Health and Addictions Services

by Carmen Duna

Access to linguistically appropriate health care services is a concern for many immigrants and refugees who face language barriers daily when encountering BC's health care system. In mental health care, this concern is magnified since communication is an integral part of the consumer/provider relationship. Mental health issues combined with a language barrier can compound and challenge an already delicate situation. The unavailability of language services directly impacts a mental health care provider's ability to establish a clear diagnosis and treatment plan.

The Mental Health & Addictions Translation Project (MH&A) aims to improve language barriers for literate, non-English speaking BC residents seeking mental health information. It is a project of the Provincial Health Services Authority (PHSA) Mental Health & Addictions Services, supported by PHSA's Provincial Language Service (PLS) and Immigrant Services Society of BC. The goal of the project is to improve mental health literacy in BC's linguistically diverse communities. Mental health literacy refers to improving the knowledge and understanding that mental health consumers, their families and the general public have regarding mental illness.

The MH&A Translation Project established a unique and comprehensive translation process. Its success lies in the intersecting of evidenced based mental health material with community development principles, thereby creating materials that are both linguistically and culturally appropriate as well as medically accurate.

The PHSA, Vancouver Coastal Health Authority and Community is partnering to translate into Farsi (Persian), Korean, Punjabi, Spanish and Vietnamese the following evidence-based materials developed by the BC Partners for Mental Health and Addictions Information.

1. Anxiety Disorders
2. Depression
3. Mental Disorders: What Families and Friends Can Do to Help
4. Post-traumatic Stress Disorder
5. What is Addiction?
6. What are Mental Health Disorders?
7. Postpartum Depression
8. Getting Help for Mental Disorders
9. Suicide: Following the Warning Signs
10. Youth and Substance Abuse

Over the next three years, through the generous support of Manulife, the VGH and UBC Hospital Foundation, 43 MH&A information sheets will be translated into Chinese. In addition, Société Santé en français is supporting the translation of 20 articles as well as the province-wide development and implementation of other mental health literacy strategies. Further support from Eli Lilly and the BC Mental Health Foundation will enable the translation of a number of documents into three more languages.

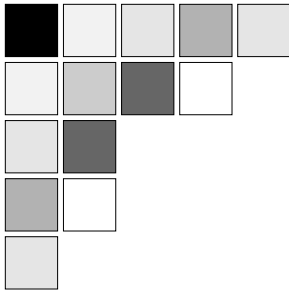
The PLS has joined with community agencies around the Lower Mainland to conduct community testing of the translated materials. Once completed, the materials will be posted on the www.heretohelp.bc.ca website and promoted to ethno-cultural and mainstream communities.

For more information about the project, please contact Carmen Duna at cduna@phsa.ca or at 604-875-2000 ext. 7180.



- About 50% of new immigrants cannot speak, read or write English on arrival in Canada. Between 1991 and 2001, 424,000 people immigrated to Canada.
- About 50% of people in Vancouver reported English as their mother tongue in the 2001 census, down from about 53% in the 1996 survey
- The lifetime risk of developing a mental disorder including substance use disorders is so high (nearly 50%) that almost all of BC will at some time have direct experience of such a disorder, either in themselves or in someone close.
- The challenges and stresses faced by people pre- and post-migration put immigrants and refugees at risk for developing mental illness

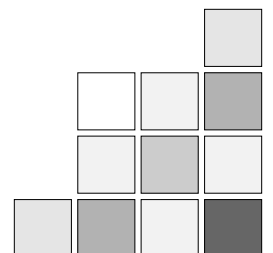
Its (MH&A Translation Project) success lies in the intersecting of evidenced based mental health material with community development principles, thereby creating materials that are both linguistically and culturally appropriate as well as medically accurate.



mind buster quiz

- In creating a health care system that is responsive to multi-linguistic needs, which of the following is not officially considered an enabler for access?
 - Interpreter Services
 - Translated Health Education Material
 - Bilingual Staff
 - Friends, family and co-workers
- Which of the following statements is true?
 - Immigrants' health improves the longer they remain in Canada
 - Immigrants' health deteriorates the longer they remain in Canada
 - Immigrants' health remains the same no matter how long they remain in Canada
- National health survey data show that recent immigrants, particularly those from non-European countries, are in better health than their Canadian-born counterparts.
 - True
 - False
- According to the 2001 Longitudinal Survey of Immigrants to Canada, of the 12,000 immigrants surveyed who tried to obtain access to health care services, what percentage encountered at least one difficulty?
 - 8.3%
 - 16.5%
 - 23.4%
 - 32.7%
- Which of the following is a factor affecting seniors' health?
 - rocky relationships among health care providers and General Practitioners
 - conflicting agendas amongst family members
 - language
 - all of the above
- What is lifetime risk of developing a mental disorder, including substance abuse disorders?
 - 50%
 - 40%
 - 30%
 - 20%
- Which constituencies in Canada experience language barriers to health care?
 - First Nations and Inuit communities
 - Newcomers to Canada (immigrants and refugees)
 - Deaf persons
 - All of the above
- The Canadian legislature addresses rights to official language service in health care. Which of the following does not specifically mention a commitment to ensuring equal treatment and protection in access to health and social service?
 - The Canadian Charter of Rights and Freedoms
 - The Canadian Multiculturalism Act
 - The Canadian Human Rights Act
 - The Criminal Code of Canada
- The incidence of Diabetes is 3 to 5 times higher than average in which of the following visible minority or immigrant groups?
 - African
 - Filipino
 - Latin America
 - South Asian and South Pacific
- Which of the following group of women has a lower than average rate of breast cancer?
 - Eastern European
 - Pacific Islanders
 - Asian
 - Latin American

**For answers to Mind Buster quiz,
see page 21**



City of Vancouver Supports Multicultural Health

Taken from the City Council Administrative Report



In September, 2005, Union of BC Municipalities (UBCM) invited BC municipalities to apply for project funding under a new initiative called Community Health Promotion Fund. The City submitted three Expressions of Interest proposals to UBCM, including one called “Promoting Healthy Living: A Multicultural Health Fair”. The Multicultural Health Fair Project became one of 30 successful community projects.

The Community Health Promotion Fund is intended to assist communities to address health promotion priorities, strengthen collaboration among local government, health authorities and non-governmental health organizations, and support innovation, best practice and information-sharing among health service providers. The City’s support of the Health Fair was a partnership between Social Planning, AMSSA and a number of other governmental and non-governmental groups.

Discussion

The City of Vancouver has a significant number of immigrants. The 2001 census showed that 46% of Vancouver residents were foreign-born, making Vancouver a city with the second highest concentration of immigrants in Canada, after Toronto.

A recent Statistics Canada report revealed a worrying trend: that after two years in Canada, immigrants’ health status is lower than when they arrived.

Although the immigrant population continues to grow, many new immigrants do not access BC’s many health services and initiatives at the same rate as the rest of the population. The BC NurseLine, for example, has multilingual capacity, but only 1% of service users are identified as immigrants. Many immigrants are completely unfamiliar with the range of health services available and when they do need services, they face language, cultural and other barriers. A recent Statistics Canada report revealed a worrying trend: that after two years in Canada, immigrants’ health status is lower than when they arrived. For many minority groups, health disparities can mean lower life expectancy, decreased quality of life and loss of economic opportunities.

The Health Fair was held in February, 2006, and attracted more than 1,400 people from the Lower Mainland’s diverse communities. The project also hosted strategic planning sessions with senior staff of the Provincial Health Authority, Vancouver Coastal Health, Providence and Fraser Health Authorities and community partners. The lessons learned from health initiatives as well as from available research on barriers and health issues will be used to develop an action plan among agencies and government partners towards improving health in BC’s multicultural communities. Social Planning staff supported this proposal because the interactive nature of the Fair and engagement of health authorities are both very positive approaches which could support the development of more accessible health services.

This type of initiative, which is intended to support immigrants’ access to services and which engages a range of community and local agencies, is also very much in line with the recommendations made in the recent work of the Mayor’s Working Group on Immigration.

Beginning with the planning of the Fair, Social Planning staff served as a member of the Project Steering Committee and will now continue to provide advice on the City’s perspective on issues and barriers facing immigrants and refugees.

Conclusion

The Multicultural Health Fair provided an excellent opportunity to promote stronger community participation in discussing access and related issues. In addition, it engaged key service providers to continue searching for ways to address critical issues facing multicultural and newcomer communities in Vancouver.

Promoting Healthy Living, AMSSA's Multicultural Health Fair 2006

Diverse in cultures and languages, Unified in health

by Mamie Hutt-Temoana

How do you live a healthy life? Where do you access information about cancer prevention? How do you sign up to be a transplant donor and what does a shiatsu massage really feel like? These were just a few of the questions on everyone's mind as they took part in AMSSA's second annual Multicultural Health Fair on Saturday February 18th launching BC's Multiculturalism Week 2006.

The Fair was inaugurated with a native blessing and a ribbon cutting opening ceremony attended by key government Ministers, Federal MPs, the Mayor of Vancouver and CEOs from noteworthy health organizations in the Lower Mainland. They had these wise and thoughtful words of support: "...multiculturalism is Vancouver and meeting the ethnic communities' health needs is vital and essential". A free community event, just walking in the front door of venue left each attendee with an enjoyable impression. A combination of interactive and instructive activities for multi-ethnic, multilingual families to learn about crucial health topics and healthy living ensured that everyone left entertained and health savvy.

Held at Collingwood Neighbourhood House in Vancouver, the day of nonstop health activities and information not only answered questions on healthy living in English but in an additional eleven languages. Meeting the needs of the multi-ethnic, multicultural population across the Lower Mainland, the Fair provided tour guide programs in eight languages and supplemented all the information through access to eight certified Cultural Health Brokers and Language Interpreters. Over 50% of the workshops were in languages other than English including Vietnamese, Tagalog, Spanish, Mandarin, Farsi, Punjabi and Cantonese.

Attended by over 1400 people of all ages including young families and seniors in their 80s, this year's event offered something for everyone. The largest Multicultural Health Fair in Canada, it can effectively boast participation from over 52 health and multicultural services and organizations whose exhibition booths took over two large halls. In addition, the 28 workshops and 30 presenters including cooking demonstrations from four continents, fitness demos from line dancing to yoga and workshops from 'Mental Health and You, Your Healthy Heart and How to Live with a Teenager' could be found in every corner of the centre. The possibilities for learning were limitless. As one entered the main health hall, an Internet café provided access to health information on the left while a main stage offered entertainment on the right and even a Japanese Urasenke Tea Ceremony was underway in the far corner of the room.

The six hour event incorporated dental and medical resources for all phases of life from childhood to the golden age. "What a world class event, so professional and outstanding" were comments echoing across Collingwood Neighbourhood House as people left the Fair. "I will surely have booth again next year" both Carol the Shiatsu practioner and Tina from the South Community Birth Program remarked. According to the Spanish Vancouver press, "It was a veritable cornucopia of health resources in British Columbia". Fortunately, the Legacy Project of AMSSA garnered a documentary of the entire Health Fair day's activities.

In addition to all the information available, the Health Fair was replete with funk and jazz as the music and the energy of the crowd filled the halls of Collingwood Neighbourhood House. The day started with the lively The Carnival Band playing in the lobby attracting huge crowds from the street and leading all the VIPs into the main exhibition hall. Throughout the day, main stage performances from five cross-cultural performers. Shiamak's *Indo Jazz Dance Movement* (a dance troupe straight from Bollywood), Han's *Korean Arts Drum Group*, *Tzimmes* (Jewish Music Group), and *Carol Weaver* (Shamanic drumming and world music) were all very popular. Crowds of spectators were standing in front of the stage and cheering on. The area was so crowded that people were lined up throughout the main hall.

Jam-packed the entire day, the *Healthy You* booth was without a doubt one of the most popular activities at the Fair. Participants had



In a society that speaks a variety of different languages, health care must respond with a range of multilingual tools to help communicate important information to non-English speakers.

the opportunity to partake in blood pressure, blood glucose, Body Mass Index screenings, as well as hearing tests. Information regarding optometry and dentistry were also provided. Another major draw was the lively and interactive children's activity corner where every child leaving the Fair received a paper crown of teeth on their heads. Famous Channel M personalities and hourly draws of prizes from Tropicana Hotel stays to Canuck tickets rounded out the day.

AMSSA's Multicultural Health Fair was supported by more than 68 volunteers assigned a variety of roles including Interpreters, Workshop and Booth Assistants, Roving Hosts, and Security. The Cultural Health Brokers, part of the volunteer contingent, were very effective in providing one-on-one cultural interpretation services. Theirs and the volunteers' diverse linguistic abilities and leadership really shone on the day of the Fair. Many Health Fair attendees and participants enjoyed having someone greet and assist them in a language familiar to them. As one woman from China noted to a volunteer in the Healthy You booth, "I didn't understand what the nurse was saying at all! What would I do without you?" The volunteers clearly demonstrated their dedication and energy. In the words of Wincy Li, the Volunteer Coordinator, "The Fair definitely would not have been as successful and far reaching as it was without them [volunteers]."

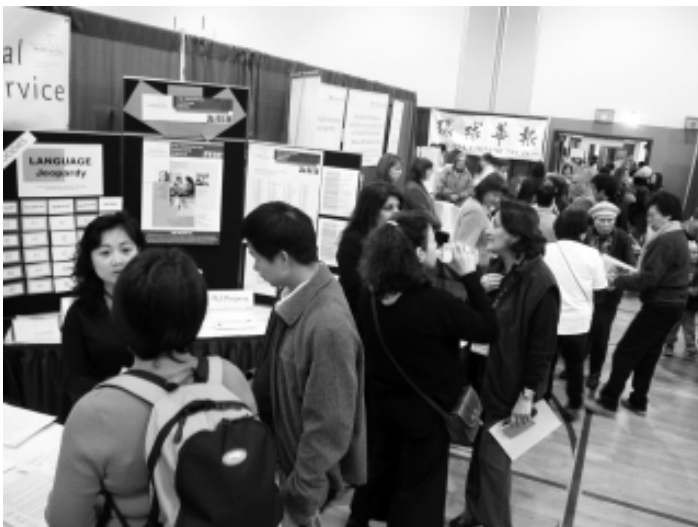
Why a Multicultural Health Fair? Asians, South Asians, Latin Americans and Africans bear a disproportionate burden of disease, injury and mental health needs in Canada. For these ethnic groups, health disparities can mean lower life expectancy, decreased quality of life

and loss of economic opportunities. For society, the disparities translate into decreased productivity, increased costs and social inequity. Most significantly, minority ethnic groups are more likely to suffer a higher rate of diabetes. The purpose of the 2006 Multicultural Health Fair was to address these and many other multicultural health needs.

In a society that speaks a variety of different languages, health care must respond with a range of multilingual tools to help communicate important information to non-English speakers. In BC alone 2.7 % of the population does not speak English or French. The 2006 Multicultural Health Fair's priority was to make sure that the services and information offered met the needs of the people who use them taking into full account each person's cultural background. The Fair met this and its other networking objectives by helping to strengthen the capacity of healthcare providers to deliver more equitable access to health care for immigrants and refugees.

Following the 2006 Fair's success, a 400% increase over last year's event, the 2007 Multicultural Health Fair, already in the planning stages. This annual Fair will continue to be a gateway to address the cultural and language needs of minority and ethnic communities to ensure appropriate health service provision for all in BC.

For more information on AMSSA's 2007 Multicultural Health Fair, please visit www.amssa.org.



BC Regional Roundup



Agency: PUENTE THEATRE OF VICTORIA
Project: Storytelling Our Lives

PUENTE Theatre of Victoria will be touring BC with its acclaimed production of *"Storytelling Our Lives"*. Real-life stories of immigrant women are given shape on stage by five professional actors and a chorus of 20 women from each immigrant community, using music, dance and mask to spice up the mix. The project is a collaboration between immigrant services organizations in Nanaimo, Courtenay, Campbell River, Duncan, Victoria, Kelowna and Penticton, who will coordinate various exciting and skill-building workshops, for the participating immigrant women in their cities, leading up to the performance.

"Storytelling Our Lives" is directed by Chilean-born, Lina de Guevara, the founder of PUENTE Theatre Society. Lina has always believed that it is crucial that immigrants to Canada have a platform to articulate their experience, both for the sake of their own confidence and sense of identity, and for the sake of the understanding and tolerance of the broader community in which they live. She manages to do this in this production by using the simplest, most potent and universal form of communication available: the art of storytelling.

Contact: Lina De Guevara, Artistic Director at 250 592-4367 or Paulina Grainger, Ass. General Manager at 250-721-5828



Agency: IMMIGRANT & MULTICULTURAL SERVICES SOCIETY

Project: Awards of Distinction

On March 18, 2006 over 100 people attended the first ever Awards of Distinction Dinner Banquet hosted by the Immigrant & Multicultural Services Society (IMSS) in Prince George. IMSS established The Awards of Distinction to recognize those that exemplify community leadership and innovation in the development of cultural awareness, while promoting acceptance and diversity in Prince George. Individuals and organizations were nominated and selected based on their contributions and achievements in the areas of education and heightened awareness of anti-racism and diversity. A total of seven awards were distributed in the following categories: Corporate Diversity, Education & Awareness, (Individual & Group), Community, (Youth, Individual and/or Group Category), and the Overcoming Obstacles Award.

IMSS organized and hosted the event was organized, with numerous community partnerships and funding from BCAMP. On hand to congratulate the winners and present the awards was local MLA, Minister of Education and Deputy Premier the Honourable Shirley Bond, and our Acting Mayor, Debora Munoz. IMSS received many compliments after this successful event and hopes to make this an annual awards ceremony. The success of our first year is a sign of the changing face of diversity in Prince George.

Agency: WESTCOAST CHILD CARE RESOURCE CENTRE

Project: Safe Spaces Training at Home

Westcoast Child Care Resource Centre is pleased to announce increased opportunities for Safe Spaces training in BC communities. Safe Spaces is a bullying prevention program designed specifically to meet the developmental needs of children 2½ – 5 years of age. Westcoast has trained 34 individuals to provide Safe Spaces training for staff of early childhood programs across the province. With funding provided through a partnership with Success By 6 and the National Crime Prevention Centre, these trainers are ready to offer Safe Spaces training to staff teams from child care and other early childhood education programs. The program uses stories, puppets, art activities and discussion to provide young children with vocabu-

lary and understanding of concepts related to safe/not safe, friendly/not friendly, fair/not fair, feelings and the Conflict Resolution ABCs. Young children develop empathy and emotional literacy skills that put them on the pathway to peaceful living with peers and family.

Contact: Lynne Griffin at 604-709-5661 or toll-free at 1-877-262-0022.

Agency: INTER-CULTURAL ASSOCIATION OF GREATER VICTORIA (ICA)

Project: Sifting Through the Layers Anti-racism DVD Resource Package

The Youth Against Racism theatre group created 13 skits based on their realities and learned to facilitate critical anti-racism workshops. After requests for live workshops, they created a DVD to make their workshops more accessible. Each skit is followed by documentary footage of the youth discussing the issues. These films innovatively explore issues of systemic racism, identity, white privilege, colonization, cultural appropriation and post 9/11 realities. The four short films were produced in partnership with CineVic Society of Independent Filmmakers as part of the Voice It project, which gave local artists the training and tools necessary to create films that explored their anti-racism ideas and experiences. The resource package includes a youth zine and facilitator guide that addresses the themes of each skit/short film and includes possible discussion questions.

Contact: admin@icavictoria.org or 250-388-4728.

Agency: MULTILINGUAL ORIENTATION SERVICE ASSOCIATION FOR IMMIGRANT COMMUNITIES (MOSAIC)

Project: 30th Anniversary Celebrations

MOSAIC is celebrating its 30th Anniversary this year. The anniversary celebration was launched on March 8, 2006 with a visit to MOSAIC by Her Excellency, the Right Honourable Michaëlle Jean, Governor General of Canada.

Another highlight to this year's celebration is a week of artistic performances and exhibits planned for September 24th-30th at the Vancouver East Cultural Centre. It will showcase works of emerging artists of immigrant and refugee background, in keeping with the anniversary celebration theme "Giving and Receiving, Building and

enriching Canada Together." A call for artists went out in February and submissions are now with the Selection Committee. Details to be confirmed.

MOSAIC thanks its clients, members and friends for their support. MOSAIC would like to acknowledge the Vancouver Foundation for its contribution to the September event.

Agency: ABBOTSFORD COMMUNITY SERVICES
Project: Cultural Diversity Awards

Abbotsford Community Services, along with its partners, Chilliwack Community Services, Mission Community Services and the Clearbrook Library held its fourth annual Cultural Diversity Awards. The exciting event recognized best practices amongst Fraser Valley businesses and service providers in responding to, and being inclusive of, the diversity in the region. This year more than 350 guests, nominees and sponsors were in attendance.

The dinner and awards ceremony featured keynote speaker Hugh Beard, Executive Producer of Force Four Entertainment. The Master of Ceremonies was Belle Puri, CBC Reporter with Canada Now. Nominees had an opportunity to showcase and share their designs of inclusive environments and innovative service delivery to diverse groups. Award Recipients were presented in the following



Continued on page 14 ►

ANNOUNCEMENTS

FUNDRAISING DINNER

Richmond Multicultural Concerns Society cordially invites you to its 20th Anniversary Fundraising Dinner on Friday, May 26, 2006, 7:00pm at South Hall in Vancouver. Tickets are \$45.00 per person. For reservations or more information, please call 604-279-7160.

NEW MEMBER

We are pleased to announce that **MOSAIC's** applications for membership in both AMSSA and IICC were approved! MOSAIC has carried out some tremendous work with the immigrant settlement sector in the Lower Mainland. AMSSA is very pleased to have them on board and looks forward to their valuable contribution over the coming year.

◀ *Continued from page 13: BC Regional Roundup*

categories: Inclusive Environment; Marketing Outreach; Innovative Initiative and Champion of Diversity.

A special Life of Inspiration Award was posthumously presented to Lexi Madsen.

Agency: CAMPBELL RIVER MULTICULTURAL AND IMMIGRANT SERVICES ASSOCIATION

Project: 10th Annual Walk Away From Racism

The Campbell River Multicultural and Immigrant Services Association hosted its 10th Annual Walk Away from Racism on April 1, 2006. This community event recognizes the March 21, International Day for Elimination of Racism. Hundreds of Campbell Riverites have "walked away" over the past 10 years - away from racism, toward a more culturally diverse and accepting community.

By joining the Walk, the citizens of Campbell River have peacefully demonstrated their desire for a culturally diverse and accepting community. Since the event was initiated in 1997, with 50 participants, it grew to a vibrant, celebratory crowd of 300 in the past two years.



ANNOUNCEMENTS

The **B.C. Ukrainian Cultural Festival Society** is sponsoring the 11th Annual Ukrainian Cultural Festival. The Festival takes place on Saturday, May 6, 2006 at the Clarke Foundation Theatre in Mission, BC. The event features dance competitions for children and adults, crafters, entertainment and Ukrainian food. For more information please call 604-576-7970, email aa7970@shaw.ca or check out www.vcn.bc.ca/bcucf

AMSSA is proud to announce its

3rd Annual Multicultural Health Fair Saturday March 3, 2007 Croatian Cultural Centre 3250 Commercial Drive, Vancouver, BC 11:00 am to 5:00 pm



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Developing Your Multicultural Health Fair

by Hilde Schlosar



On Sunday February 19th, the day following AMSSA's highly successful Multicultural Health Fair, service providers had an opportunity to attend a workshop on planning and organizing our own regional Multicultural Health Fairs. We represented six community and health service agencies within three different rural regions. Overwhelmingly, participants were impressed by the breadth and scope of AMSSA's Health Fair. And somewhat daunted by the idea of organizing our own regional version. AMSSA representatives gave us an overview of the process and their experiences in planning their first and second health fairs. Angelo Sasso of the Provincial Health Services Authority led us in brainstorming and discussions beginning with an overview of the current situation in immigrant's health and why regional health fairs can begin the process of positive change within a community. We explored some essential strategies in developing our own health fairs including:

- selecting a steering committee carefully; ensuring participation by health care decision makers and even local politicians
- conducting an informal preliminary survey of stakeholders
- choosing a theme for the health fair
- including children, youth, families and seniors as the target audience
- collecting and keeping meticulous information and records, even before starting the project; all contacts and opportunities both existing and future can be sourced in some way to make the Health Fair a success

*...AMSSA created a step-by-step Toolkit ...
an invaluable resource that can easily be the
framework for any size community, urban or rural
in planning a successful Multicultural Health Fair*

- evaluation techniques using unique methods such as survey questions tied to door prizes
- using both the media and steering committee's internal and external connections to ensure strong promotion of the event
- ensuring media involvement early on in the process
- in both the planning and delivery of the event, always keeping sight of the underlying goal "How do we help others access health care?"

Throughout the workshop it became clear that although each region has a unique set of circumstances to consider in presenting a Health Fair, we also face many of the same challenges. It was widely agreed that the primary challenge would be to convince the community that a Multicultural Health Fair was not only desirable but necessary. In addition, other shared concerns were fewer available agencies and staff to share in the planning and delivery, fewer consumers attending the health fair, less access to translated materials and geographical constraints, which hinder participation of both providers and consumers. On the plus side, smaller communities would require a smaller venue and therefore less funding, have a better informal network for promotion and had more possibility of impacting the entire community.

We left the workshop that day with our heads full of information, ideas and a palpable sense of excitement and anticipation. Prince George was already embarking on their own Multicultural Health Fair and their experiences would pave the way for other regional areas to do the same. Less daunted now than when we started we were able to see that so much of the groundwork has already been done by AMSSA; they have created a step-by-step Toolkit which will be an invaluable resource that can easily be the framework for any size community, urban or rural in planning a successful Multicultural Health Fair. We have the opportunity to draw from AMSSA as well as Prince George's experiences, their knowledge and just as importantly, from their guidance and encouragement.



Cross Cultural Mental Health Conference Addresses

Families in Transition: Strengths and Challenges

by Janey Chang

The 10th Annual Cross-Cultural Mental Health Conference, Immigrant & Refugee Mental Health Symposium was a wonderful success! Last October 141 participants from many professional backgrounds gathered together at SFU at Harbour Centre to listen, learn and discuss the theme *Families in Transition: Strengths & Challenges*. Mental health workers, settlement practitioners, family support workers, students, educators and refugees were among those who enjoyed a wide range of presentations. Topics included the immigrant and refugee integration process, spirituality, sexual orientation, the *Immigration Act*, and local, innovative programs and models. The keynote story was delivered by Comfort Ero and her fellow storyteller/actor Jean Pierre Makosso.

According to Chris Friesen, Director of Settlement Services at Immigrant Services Society (ISS) “the symposium has been a resounding success, bringing together people from both the formal and informal mental health system to learn and promote the unique needs of immigrants and refugees while highlighting the need for more culturally appropriate services.”

Chris also stated that “Last year over 44,000 immigrants settled in BC – the highest arrival numbers in almost a decade – making BC the second most popular destination in Canada. With the increasing demographic shift, the annual symposium brings to the forefront the need for the health care system, particularly the mental health system, to become more culturally competent.”

To commemorate and celebrate the event’s tenth year, the *Spirit of Hope Award* was launched. The award recognizes an individual, program, not-for-profit agency or public institution within BC that is making a significant impact on improving the mental health conditions of immigrants and refugees. Along with the award, a donation of \$1,000 would be given to a Mental Health program of the award recipients’ choice. We are pleased to announce that the winner of the First Annual Spirit of Hope Award went to the Access Community through English (ACE) Program! Sandra Slind, Coordinator of the ACE Program, graciously accepted the award on behalf of the program, and donated the prize money back to the ACE Program.

The design for the Spirit of Hope Award was determined by a contest open to immigrant and refugee youth aged 16 to 24 who have been in Canada for less than three years. The selection committee requested submissions signifying the issues of immigrants and refugees coming to Canada – for example, the themes of hope, settlement, adjustment challenges, etc. The final award design was created by 18-year old Andres Salaz, who was in attendance at the Symposium to present the award to the ACE Program. The Cross-Cultural Mental Health Conference has now adopted the artwork as its official logo!

The upcoming 11th Annual Cross-Cultural Mental Health Symposium is a partnership between The Cross-Cultural Psychiatry Program, Department of Psychiatry, VGH/Vancouver Community Mental Health Services; Vancouver Coastal Health; Immigrant Services Society of BC and Storefront Orientation Services. It takes place on Thursday and Friday, November 16 & 17, 2006 at SFU at Harbour Centre.

For more information, please contact Janey Chang, Symposium Coordinator at symposium@shaw.ca.

Ethnic Minority Seniors Face Barriers in Accessing Health Care

by Sharon Koehn, Ph.D.

"Fifteen or twenty years ago, the people were thinking like this that their own family members would attend them when they're sick, but with the passage of time, their views have changed because there are so many pressures on the family members. About thirty years ago, women were not going outside to work, but now most of the women are ..., so how can they attend the family members if they are sick? So the circumstances have changed, and ... our needs have also changed." The steam rising from hot cups of chai did little to mask the disappointment and affirmation of the elderly Punjabi women. Their group facilitator summarized the threads of their animated conversation on the topic: "There should be such facilities provided to them, [that] will be able to provide them their own food, their own language, or their own culture, so that they should feel good."

The Barriers to Access to Care for Ethnic Minority Seniors project focused on continuing care, ranging from services received in the home, through assisted living, adult day care and long-term care facilities. Contributors were seniors of Punjabi, Vietnamese, and Latin-American descent, their families, and health care and multicultural service providers.

Everyone concurred that it is no longer possible for all ethnic minority families to care for their aging relatives in the home. The immigration experience, the dependency relations that arise with sponsorship, and the differing adoption of Western cultural norms between generations can leave seniors feeling like burdens or abandoned. Intergenerational shifts in roles and status in Canada, can cause familial tension, which in extreme cases leads to parental abuse or neglect. The senior's language limitations, poor knowledge of the Canadian health and justice systems, dependency as a sponsored senior, and the culturally grounded fears of losing face in the

community contribute to the invisibility of this phenomenon. The guilt that arises from the conflicting values of filial duty and shame, and the need and desire to work and pursue a western lifestyle can also complicate relationships between family caregivers and professional caregivers. This can, in turn, compromise the level of service the professionals are able to provide.

Not surprisingly, the main barrier to accessing health care is language; yet still we see limited use of interpreters which compromises care provision. Health care providers cannot make an accurate assessment unless someone is available who speaks English; yet use of an interpreter is seen as "a very last resort." The common practice of using family or friends as interpreters compromises the accuracy of the interpretation and introduces serious ethical concerns. Ideally, health care providers should be from diverse ethnic backgrounds and speak languages representative of their client base in order to provide culturally appropriate services.

Even with English-language skills, health authorities are daunting. The availability of community health workers is of limited benefit to seniors used only to doctors and nurses; the roles of case managers and various other specialists are rarely understood to their fullest extent and are hence underutilized. Neither the senior, nor their family members, know who to call for the help they need; GPs, with whom seniors are most likely to come into contact know little about the Health Authority and its continuing care services. Seniors groups and religious facilities can be excellent conduits for relaying important health care access information to ethnic minority seniors.

In residential care, language, food and religion, are the major sources of concern. Families are expected to provide these services, yet seniors are placed in facilities away from supportive relatives according to the "first available bed" principle. Residential care management is not flexible in terms of scheduling to allow for 24-hour coverage by a nurse matched with the clients' language. Arguably both of these practices contravene the ethnic seniors' rights to have their individual differences accommodated, as per the Canadian Human Rights Commission. Obviously more needs to be done to ensure the comfort and safety of ethnic minority seniors in geriatric wards and care facilities. One positive step is to provide involved relatives with the advocacy skills necessary to secure the needs of elderly patients. Dr. Koehn is currently working with a cross-sector team of academics, health care providers and community representatives to identify viable research projects which can inform policy and practice in this area.





Healthy Eating Active Living Program Helps **Multicultural Communities Manage Diabetes**

by Patricia Dabiri

The Multicultural Family Centre's Healthy Eating Active Living (HEAL) Program is taking a new direction! For four years the Multicultural Family Centre (MFC) has been operating a highly successful, Health Canada funded Type 2 Diabetes prevention program with the Vietnamese, Latin American, and African communities. Now the MFC has obtained funding from Vancouver Coastal Health to provide culturally specific diabetes self management programs. These programs address both language and cultural issues to support patients of REACH and other community physicians, who are of African, Latin American or Vietnamese descent, in dealing with the challenges of managing and preventing Diabetes. The risk of developing Type 2 Diabetes in these communities is two to three times higher than that of the general Canadian population, yet they face many barriers to accessing health information and services. Community Health Workers are recruited from these target communities and hold monthly group meetings in first language, featuring health education presentations, nutrition information, physical activity, and a socially supportive environment. In addition, they act as a liaison between the patient and their physician, providing reminders, explanations, and follow up on required tests and medical procedures. They also work individually with patients to set and monitor personalized goals regarding lifestyle change strategies, to connect the patient with cultural and language specific community kitchens, and to promote physical activity.

The HEAL program has also "gone on the road"! A grant from the Vancouver Foundation enables a mobile team of Vietnamese, Latin American, and African Community Health Workers to deliver culturally relevant health information to their respective communities. This program was developed to respond to community requests for much needed health information on various health issues affecting immigrants and refugees from these communities, and is being delivered to a wide range of community groups and organizations. In addition, the "Djiko La Wamama" program ("African Women Cooking Together"), which is funded by the United Way, provides women from a wide range of African countries with the knowledge and skills to prepare healthy, nutritious meals and snacks for their families using both traditional and Canadian ingredients.

These programs complement the existing HEAL Diabetes Screening events which are culturally specific events organized by community health workers and volunteers to identify members of these target communities who may be at risk for undiagnosed diabetes or impaired glucose tolerance. Through these programs, the MFC is working to provide a culturally relevant response to the Type 2 Diabetes epidemic that currently threatens these high-risk communities.

For more information on HEAL and related programs at the Multicultural Family Centre, contact them at 604-524-6468.



Bridge Community Health Clinic Meets Unmet Health Care Needs

by Dr. Kerry Telford

Bridge Community Health Clinic (Bridge) was established in 1994 in response to the unmet health care needs of refugees. Bridge is a partnership between Providence Health Care, Vancouver Coastal Health Authority, Immigrant Services Society, BC Multicultural Health Services Society and other refugee and immigrant serving organizations.

The purpose of the clinic is to improve immediate access to primary and preventative health services for refugees, and to provide a bridge for them to access available health services within the community.

The Bridge Clinic has developed partnerships with other health organizations such as The BC Children's Hospital, Mount St Joseph's Hospital, BC Women's Hospital, TB Control Program, Sexually Transmitted Diseases Outreach Program and the Provincial Laboratory. The clinic has a dedicated team of doctors, nurses, interpreters, a health settlement worker and office assistants who all have expertise in working with diverse populations.

Clinical services are provided Monday through Friday in the afternoons. The clinic provides health screenings, immunization, routine health care and referrals to other health services. Bridge also has dedicated clinics for mental health problems, prenatal clinics, HIV/AIDS, chronic disease care, and provides immigration medical exams for refugee claimants. We also have access to other health professionals such as a counselor, nutritionist, occupational therapist, physiotherapist, respiratory therapist, pharmacist and community health nurses.

Bridge clients are usually refugees and refugee claimants. Over 80% of them have been in the country for less than one year. Only about 15% of clients at Bridge are able to speak either English or French. To address this, Bridge has on-site interpreters for the most common language groups and has access to telephone interpretation services. In addition, most of the staff speaks a second language.

The clinic serves a population that has many barriers to care. Some barriers in accessing services are systemic (i.e. lack of/ or limited health coverage, lack of immigration status). Barriers can also be individual in nature (i.e. culture, language, poverty, lack of knowledge/ understanding of the health system.)

The health settlement worker provides clients with an orientation of available services and an overview of the Canadian Health Care system. She also assists new comers to get health coverage and to register with a family doctor in the community. In addition, she refers them to other immigrant and settlement organizations for housing, legal assistance, financial assistance, support groups or language training.

The Bridge Clinic is located at the Raven Song Community Health Center at 2450 Ontario Street near Broadway and Main St. in Vancouver, BC. Our Phone number is 604-709-6540. We enjoy having the privilege of working with this unique population.

The purpose of the clinic is to improve immediate access to primary and preventative health services for refugees, and to provide a bridge for them to access available health services within the community.





Cross-Cultural Health Brokers Help Bridge Language Gaps

by Ellie Faroughi

For newcomer immigrants and refugees, health issues, language and cultural differences can create barriers that interpreters are not fully equipped to deal with. This leaves many families at a loss. In spite of the use of medical interpreters, in some situations the results are simply inadequate. Medical interpreters, skilled as they are, must adhere to professional standards and act only as a language conduit.

In response, BC Multicultural Health Services Society (BCMhSS) developed a pilot project - the Cross-Cultural Health Brokerage (CCHB) to serve as a bridge between communities and health care institutions to ensure full access to quality health care that is culturally and linguistically appropriate. The project is exploring the effectiveness of using this approach to bridge the gap between some immigrant and refugee clients and their health care providers due to differences in culture, expectations and understanding of the health care system. Vancouver Coastal Health (VCH) and SMART Fund have provided an operating grant to assist Vancouver, Richmond and North Shore communities in acute, community and primary health care sites of VCH. This free service offers comprehensive care for VCH patients and their families who lack or have limited English skills and have multiple barriers accessing services.

Brokering collectively describes a wide range of services provided to individuals and families such as bridging cultural understanding, providing support to individuals and their families, and linking them to resources to overcome their difficult life circumstances. The Cross-Cultural Health Brokers are bilingual trained professionals, who work collaboratively with health care providers to enable clients and their families from culturally diverse backgrounds to attain optimum health and well-being. They offer a holistic and family-oriented practice that extends beyond responding to present and immediate issues by being attentive to the underlying factors that may prevent patients from accessing or utilizing health services, and those which may impact care planning or treatment. They facilitate communication and cross-cultural understanding between clients and their health care providers, orient them to the Canadian medical system, and advocate for them by providing information, one-on-one and family support, and community referrals.

The current team of health brokers has members from the following communities: Afghan, Arab, Chinese, Iranian, Korean, Latin American, Russian and South Asian.

Benefits of the program

The benefits of this program are two-fold for health care providers. First, it is easier for them to communicate with patients. Second, this program also benefits the health care system by providing continuity of care, more adherences to appointment attendance and therefore requiring fewer follow-ups in response. Based on anecdotal evidence, improved use of primary care resources will reduce the potential demand on acute care services. Due to cultural differences, patients can often be misdiagnosed because they may not be able to communicate effectively and give all the details about their symptoms. A reduction in missed or delayed diagnoses, complications, unnecessary tests or procedures and even inappropriate referrals or hospitalizations will positively impact all levels of health care. Benefits for patients and their families include increased access to health resource, higher health literacy and more informed decisions, feeling more connected and less isolated, and better health outcomes and overall well-being.

For more information about this project, please contact BCMhSS at 604-709-6538 or e-mail bcmhss@yahoo.ca



Kudos ...



The Richmond Multicultural Society would like to introduce its new Executive Director, Parm Grewal. Parm has worked with the Society for the last two and a half years as a Settlement Worker and is actively involved in the community as well. Parm assumed her new position in November 2005 and brings with her a wealth of experience and expertise.

Parm is always full of energy and exciting ideas. She has already launched the concept of "one event per month" in an effort to spread more cross-cultural understanding to the community of Richmond. Parm enjoys communicating with clients and volunteers, and getting to know what their needs really are. Her door is always open and her warm smile is always welcoming. We are definitely excited to have her as a "New Captain of Our Ship". Welcome aboard, Parm!

mind buster answers

1. d - Friends, family and co-workers
2. b - Immigrants' health deteriorates the longer they remain in Canada
3. a - True
4. c - 23.4%
5. d - all of the above
6. a - 50%
7. d - all of the above
8. b - The Canadian Multiculturalism Act
9. d - South Asian and South Pacific
10. c - Asian

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What's Happening in Multicultural Health Care: A Provincial Snapshot

The AMSSA Multicultural Health Committee (MHC) was formed in 1988 in response to growing community interest in multicultural health issues.

The Committee's objective is to promote culturally sensitive, equitable and appropriate health care for all British Columbians. The Committee encourages communication and cooperation on multicultural health issues between government, health care providers, and the community, and it promotes the incorporation and implementation of multicultural policy in health care organizations. The Committee also provides a forum for minority cultural communities to identify and address their health issues.

MHC members consist of health care practitioners, academics/researchers, settlement workers and community activists. Since its inception, the Committee has effectively:

- brought the issue of culture and health to the forefront of the health care system and drawn the need for organizational change in the light of demographic changes
- educated practitioners, policy makers and researchers on issues of culture and health
- ensured that the community perspective was put on the table at all discussions.

Here is a sampling of the current and ongoing initiatives being undertaken by MHC members across British Columbia.

VANCOUVER COASTAL HEALTH AUTHORITY

- REGION WIDE INTERPRETER SERVICES
The expansion of interpreter services across the Vancouver Coastal Health Authority Region
- COMMUNITY MENTAL HEALTH INTERPRETING
Provide trained mental health interpreters to work in counseling sessions
- PRINT HEALTH MATERIALS DATABASE/ON-LINE CATALOGUE
On-line access to all VCH print materials, including translated materials
- PALLIATIVE CARE RE-DESIGN
Consultation with ethno-cultural minority groups in first language – incorporation of recommendations into re-design

- H.I.P PROJECT – CHINESE CONSULTATIONS
Improve outcomes for patients after hip surgery
- PUNJABI DRUG/ALCOHOL OUTREACH
Development of a community based response to drug/alcohol issues identified during consultation with the Punjabi community
- REFUGEE INTERPRETERS PROJECT
To train interpreters in refugee language and provide education and support around trauma and “survivor” issues

BC HEALTH GUIDE PROGRAM

- BC HEALTH FILES
Files available in a variety of languages including Chinese, Punjabi, French, among others
- BC NURSE LINE
Provides 24/7 telephone access to registered nurses with services available in a variety of languages.

BC HEALTH GUIDE PROGRAM and the PROVINCIAL LANGUAGE SERVICE (PHSA)

- BC HEALTHGUIDE HANDBOOK
Handbook on how to recognize and manage a variety of common health concerns – currently available in English and French and being translated into Chinese and Punjabi

THE PROVINCIAL LANGUAGE SERVICE, VANCOUVER COASTAL HEALTH AUTHORITY, FRASER HEALTH AUTHORITY and BC CANCER AGENCY

- ASSESSMENT FOR RISK MANAGEMENT
Development of an assessment/survey tool as a practical application of the WRHA matrix – based on the CCHSA standards

BC CANCER AGENCY

- PATTERNS AND TRENDS IN CANCER INCIDENCE AND MORTALITY IN BC INDO-CANADIANS
To describe and compare patterns of cancer incidence (anatomic sites) among adult Indo-Canadians, residents in Delhi, India and general BC population – results available

- **OVERCOMING SYSTEMIC BARRIERS TO PSYCHOSOCIAL SUPPORT: UNDERSTANDING THE NEEDS OF CHINESE CANCER PATIENTS AND FAMILY CAREGIVERS**
- **AN INTERDISCIPLINARY APPROACH TO UNDERSTAND AND REDUCE CANCER DISPARITIES**
To investigate relationship between socio-cultural issues and cancer disparities among BC immigrants
- **UNDERSTANDING THE CURRENT PRACTICE OF INTERPRETING: IMPLICATIONS FOR POLICY DEVELOPMENT**
Review findings within current standards of practice and training needs at Provincial Language Service
- **PALLIATIVE CARE IN A CROSS-CULTURAL CONTEXT: A NEW AND EMERGING TEAM (NET) FOR EQUITABLE AND QUALITY CANCER CARE FOR CULTURALLY DIVERSE POPULATIONS**
- **MENTAL HEALTH & ADDICTIONS TRANSLATION PROJECT**
To produce culturally relevant mental health information and To improve mental health literacy among BC's linguistically diverse communities

AMSSA

- **ACHIEVING EQUAL ACCESS IN HEALTH CARE**
To assess the state of interpreter services province wide and make recommendations for the equalization of services (delivery and training)
- **MULTICULTURAL HEALTH FAIR**
A free community event where multi-ethnic families can learn about vital health topics and about adopting healthier lifestyles.
- **PROMOTING HEALTHY LIVING IN BC'S MULTICULTURAL COMMUNITIES**
Supports effective intercultural communication in public health.

THE PROVINCIAL HEALTH SERVICES AUTHORITY – THE PROVINCIAL LANGUAGE SERVICE

- **INTERPRETER OUTREACH INITIATIVE**
The expansion of interpreter services across the Province
- **EN FRANÇAIS: IMPROVING ACCESS TO HEALTH CARE FOR BC'S FRANCOPHONE COMMUNITIES**
To enhance services to BC Francophone Communities
- **COMMUNITY TESTING OF WRITTEN MATERIALS (ENGLISH AND OTHER LANGUAGES)**
To ensure culturally relevant and accessible documents



Multicultural Health Care

Provincial Snapshot

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Post Script

Post Script is a regular Cultures West column where we update readers on an issue we covered in our previous edition. In the Fall 2005 edition we looked at the contributions that AMSSA member agencies are making within their communities. In this edition, we are thrilled to highlight two such projects! On this page, the Safe Harbour project, for which AMSSA is taking the lead. And on the facing page, Penticton and District Multicultural Society shares their community project which is creating social inclusion

Safe Harbour

by Romy Ritter

In February and March of 2006, 11 communities throughout B.C. implemented the *Safe Harbour* Project under the leadership of various community organizations with AMSSA's support and funding provided by the B.C. Ministry of Attorney General, Anti-Racism and Multiculturalism Program.

Safe Harbour is about a vision: an inclusive British Columbia that celebrates strong, healthy and diverse communities. Fulfilling the *Safe Harbour* vision starts with local storefront businesses and agencies. *Safe Harbour* locations serve as sanctuaries for people who experience discrimination or harassment and briefly need a safe place to go. But they are so much more. Each *Safe Harbour* location announces to the community that it understands and welcomes diversity. And each location is part of a growing network of smart, forward-looking businesses and agencies that proudly embrace the richness and diversity of BC's communities.

The participating organizations are: Skeena Diversity in Terrace; Immigrant and Multicultural Services Society and Multicultural Heritage Society in Prince George; Campbell River and Area Multicultural and Immigrant Services Association; Fraser Region Community Justice Association in Langley; South Vancouver Neighborhood House; The College of New Caledonia Quesnel Campus and Quesnel Multicultural Society; Chilliwack Community Services; Cowichan Intercultural and Immigrant Aid Society in Duncan; Kamloops Cariboo Region Immigrant Services; Abbotsford Community Services; and Richmond Multicultural Concerns Society and the City of Richmond. They have combined their unique local knowledge and AMSSA's *Safe Harbour* resources to enhance an appreciation of diversity and multiculturalism in their communities.

To support the implementation of *Safe Harbour*, AMSSA developed various resources including an Organizers' Training Manual; publicity and recruitment materials; a specific 2-hour curriculum, developed by Terre Flower; a Media Kit; the Community Participant Commitment Form; window decals; and the *Safe Harbour* Website – www.safeharbour.ca.

In addition to supporting those 11 communities, our goal is to widely publicize the project in order to create public awareness about *Safe Harbour*. It is our sincere hope that as the momentum grows, the *Safe Harbour* decal will become as widely recognized as Block Parent and other programs that promote community safety and well being across our province.

AMSSA is in a position to provide communities with the *Safe Harbour* resources at a modest cost recovery. If you are interested in delivering the *Safe Harbour Project* in your community, please visit www.safeharbour.ca or contact AMSSA at 604-718-2780 or 1-888-355-5560 or by email at amssa@amssa.org.



**SAFE
HARBOUR**

Community-Based Multimedia Project Creates Social Inclusion

By Teri Tallman

Building bridges between generation gaps can be challenging at the best of times. But add to that language barrier, cultural gaps, teens, seniors and busy schedules and you have the beginnings of a program called Through Your Eyes – An Immigration Experience.

The vision of this program was to create bridges between the generations while at the same time highlighting culture, communication, knowledge and understanding. An elder's personal journey of immigration is shared with their teen partner using pictures and memorabilia. The teen takes this information and scans it into a computer program which they then build upon to create a picture/music DVD for the senior. Through this process the elders share the wisdom and knowledge they gain through experience while youth share their technological skills.

It sounds simple enough, but to make it happen we have had to overcome numerous obstacles – timing, scheduling, securing computers & space and technical glitches just to mention a few. This project is a partnership led by the Penticton and District Multicultural Society (PDMS) and funded by the Service Canada New Horizon's for Senior's program. The partnership included Princess Margaret High School, the Sikh Temple and the Penticton Seniors Computer Club.

Classes were held in the club space, which houses multiple computer stations and state of the art equipment. The Computer Club members generously volunteered to assist the teens and participating seniors – many who previously rarely went outside their cultural community – to feel comfortable in this new environment.

Princess Margaret High School counsellor Pam Storrie was instrumental in assisting us to get the word out to interested teens. Teens could earn volunteer hours that counted toward their grad requirements as well as certification from PDMS that acknowledge their participant in the program. "All of this looks great in a student's portfolio," says Storrie.

One very large challenge was involving the Sikh community. Penticton has a large and growing population of Sikh elders and to involve them meant securing the assistance of our Settlement worker Mandy Channa. Many of these seniors had never really ventured out past their homes, the temple or within their neighbourhood communities - but venture out they did, bringing their

pictures, their stories and their experiences to share with their teen partners. Seniors also learned some basic computer skills as part of their involvement in the program. These seniors seemed to gain a sense of confidence and some of these same participants have since signed up for ELSA classes.

The Through Your Eyes Project has paired senior immigrants from Italy, Vietnam, the Netherlands, England, Germany, Greece, Pakistan, the Punjab and China with students whose backgrounds range from Canada, Vietnam, Guatemala, Greece and India.

It is projects such as these that really connect people and break down barriers: The youth connected to the seniors, the elders to youth and to the community. The partnerships, though at times challenging, helped to create a sense of understanding that was an excellent community building experience. The community and participants will all treasure and share the DVD Legacy of an immigration experience.



AMSSA Member Organizations

North

Immigrant & Multicultural Services Society (IMSS)
 Kitimat Multicultural Society
 Multicultural Heritage Society (MHS) - Prince George
 Quesnel Multicultural Society
 Terrace & District Multicultural Association (TDMA)

Interior

Kamloops Cariboo Regional Immigrant Society (KIS)
 Kamloops Multicultural Society
 Kelowna Community Resources Society
 Nelson Community Services Centre
 Penticton & District Multicultural Society (PDMS)
 Trail & District Multicultural Society (TDMS)
 Vernon & District Immigrant Services Society (VDISS)

Vancouver Island

Campbell River & Area Multicultural & Immigrant Services Association (CRMISA)
 Central Vancouver Island Multicultural Society (CVIMS)
 Comox Valley Family Services Association (CVFSA)
 Cowichan Valley Intercultural & Immigrant Aid Society (CVIIAS)
 Inter-Cultural Association of Greater Victoria (ICA)

Fraser Valley

Abbotsford Community Services (ACS)

Chilliwack Community Services
 Langley Family Services Association
 Mennonite Central Committee of BC – Refugee Assistance Program (MCC- RAP)
 Surrey-Delta Immigrant Services Society (SDISS)

Lower Mainland

411 Seniors Centre Society
 Association of Neighbourhood Houses of Greater Vancouver (ANH)
 Burnaby Multicultural Society (BMS)
 Chimo Crisis Services – Richmond
 Collingwood Neighbourhood House (CNH)
 Community Legal Assistance Society (CLAS)
 Family Education and Support Centre
 Family Services of Greater Vancouver (FSGV)
 Immigrant Services Society of BC (ISS)
 Inland Refugee Society of BC (IRS)
 Jewish Family Service Agency (JFSA)
 Kiwassa Neighbourhood Services Association
 Little Mountain Neighbourhood House Society (LMNHS)
 Mission Community Services Society (MCSS)
 MOSAIC
 Multicultural Helping House Society (MHHS)
 Multifaith Action Society (MAS)
 North Shore Multicultural Society (NSMS)

OPTIONS: Services to Communities Society – Surrey
 Pacific Immigrant Resources Society (PIRS)
 Progressive Inter-Cultural Community Services Society (PICS)
 Richmond Intercultural Advisory Committee
 Richmond Multicultural Concerns Society (RMCS)
 Scouts Canada – Provincial Society for Community Development
 Storefront Orientation Services (SOS)
 SUCCESS (United Chinese Community Enrichment Services)
 Taiwanese Canadian Cultural Society (TCCS)
 Vancouver & Lower Mainland Multicultural Family Support Services (VLMFSS)
 Vancouver Citizenship Council (VCC)
 Vancouver Cross-Cultural Seniors Network Society
 Vancouver Multicultural Society (VMS)
 Vancouver Association for the Survivors of Torture (VAST)
 Volunteer Vancouver
 WATARI
 West Coast Domestic Workers' Association (WCDWA)
 Westcoast Child Care Resource Centre – Multicultural & Diversity Services (WMDS)
 Westcoast Family Resources Society

Provincial

Association of BC TEAL (Teachers of English as an Additional Language)
 BC Association of Social Workers (BCASW) – Multiculturalism & Anti-Racism Committee
 BC Confederation of Parent Advisory Councils
 BC Human Rights Coalition (BCHRC)
 BC Settlement and Integration Workers Association (BCSIWA)
 BC Teachers Federation – Social Justice Program (BCTF - SJP)
 Canadian Cancer Society – BC & Yukon Division
 Canadian Jewish Congress (CJC) - Pacific Region
 Canadian Mental Health Association (CMHA) – BC Division
 Canadian Red Cross
 ELSA Net
 Gay & Lesbian Educators of BC (GALE BC)
 Institute for Media, Policy & Civil Society (IMPACS)
 Legal Services Society of BC (LSS)
 Scouts Canada
 Social Planning & Research Council of BC (SPARC)
 YMCA Vancouver International
 YWCA Vancouver International

