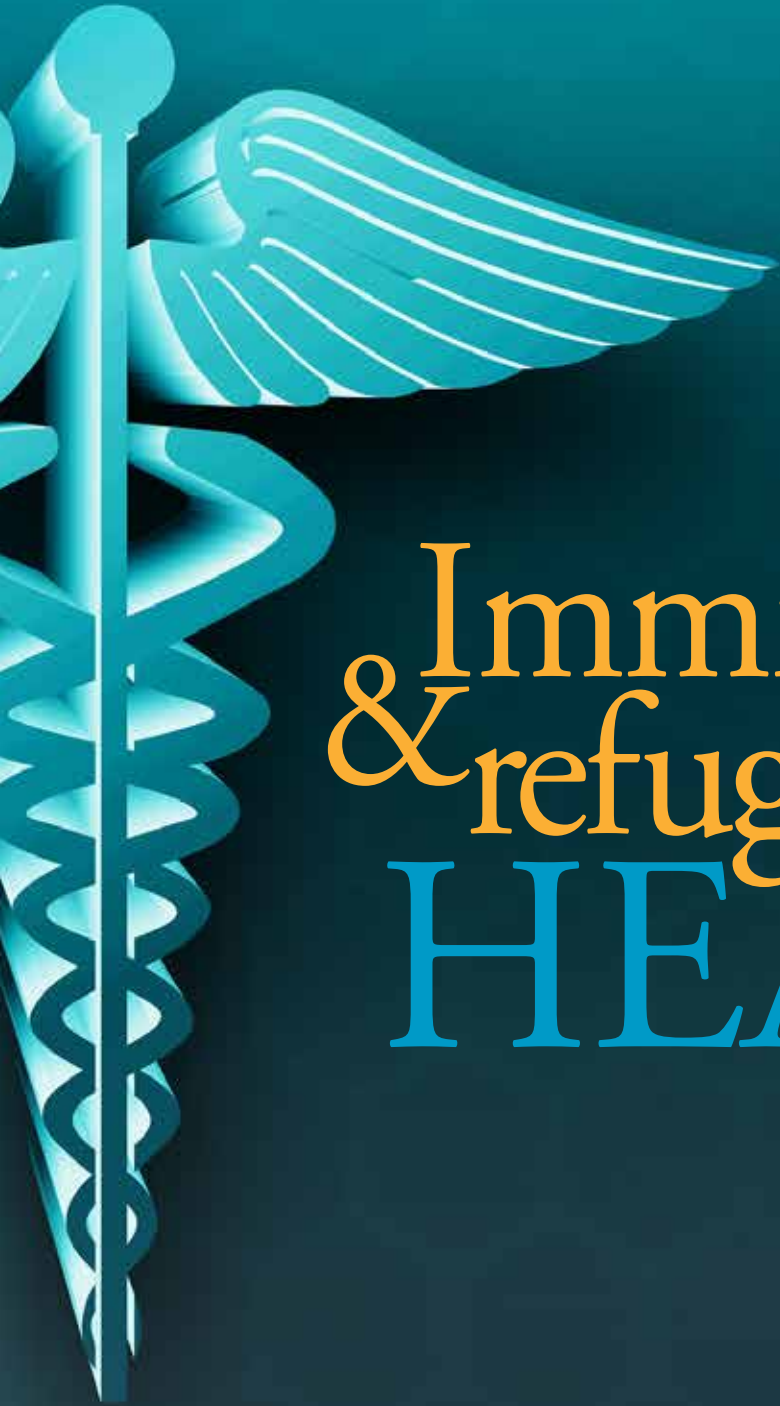


AMSSA
cultures west

Vol. 33, No. 1: Spring 2015



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& refugee women
HEALTH

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AMSSA is an association of Member Agencies providing immigrant settlement and multicultural services in communities throughout BC.

Our Vision

A just and equitable society in which everyone benefits from social and economic inclusion.

Our Mission

AMSSA facilitates collaborative leadership, knowledge exchange and stakeholder engagement to support member agencies that serve immigrants and build culturally inclusive communities.

Our Values

Inclusiveness • Integrity • Mutual Respect
Equity • Diversity • Collaboration

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Message from the President



*Immigrant
and refugee
women may face
very different
challenges in
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of settling in
Canada and
integrating with
Canadian society.*

AMSSA has a long and proud reputation for stepping up to address topical issues that impact the settlement sector across British Columbia. This edition of *Cultures West* (CW) is no different as we highlight the issue of immigrant and refugee women's health and access to services. Immigrant and refugee women may face very different challenges in their process of settling in Canada and integrating with Canadian society. However, as the primary care givers in their families, they share many of the same concerns with respect to accessing appropriate health care.

In this spring edition of *Cultures West* we have gathered several perspectives on health care and access to services as they affect immigrant and refugee women in BC. Many newcomer women with limited English language skills will rely on family members and friends to help them access health services. Our story on interpretation services explains **why professional interpreters are an essential resource for women seeking health services**. Ever heard of a "well woman" health exam? **Find out what a well woman exam is and why it's important** for immigrant and refugee women to have one annually. Immigrants have to take and pass an immigration medical examination prior to arriving in Canada so they are generally healthy on arrival. Read one **woman's personal journey of overcoming the unhealthy eating habits she picked up after migrating to Canada**.

Throughout BC, several service providers support Government Assisted Refugees (GARs), especially within those first 12 months. We profile one such agency that provides refugees with a healthy start. We also profile several community based health programs: one **provides women with basic health education**; another is a **multicultural health co-op**

where members share knowledge; and the other **empowers women to speak with their doctor**. Rounding out the individual stories is a thought provoking piece **advocating for a fresh perspective that honours alternative health care**.

Our feature story is based on a conversation with clinicians. The conversation explores the idea that **our understanding of health depends a great deal on our cultural context, and discusses how barriers to health become barriers to successful settlement and integration**.

As in every issue, you can take our **Mindbuster Quiz**. We invite you to test your knowledge about health care issues that immigrant and refugee women face, then celebrate with AMSSA members as they showcase their services in **Members Achievements**. In the last edition of *Cultures West* our theme was domestic violence against immigrant and refugee women. The **PostScript** story provides insight into the provincial government's plan to address domestic violence in this vulnerable population.

Canadians are proud of their universal health care system, but it's not a perfect system, especially as it pertains to the immigrant and refugee women who make this country their home. The perspectives that we present in the following pages are meant to raise awareness about the need to provide appropriate access for our newcomers so that they can maintain good health and settle successfully.

Jean McRae, President

Giving newcomers a voice in their health care: Community Interpreters

Kiran Malli

Kiran Malli, Director of the Provincial Language Service at PHSA, has worked in the area of multicultural access and cultural competency since 1990 and has been specializing in access to health care for limited and non-English speakers for many years.

Women, including immigrant and refugee women, use health services more often than men. Not only do men and women seek different types of health care, but as the primary caregivers, women also manage the health care needs of their children. In order for women to achieve the positive health outcomes for themselves and their children, they must be able to understand and effectively navigate the health care system. In other words, they must be health literate.

Wikipedia defines health literacy as the ability to obtain, read, understand and use health care information to make appropriate health decisions and follow instructions for treatment. Inherent in this definition is the ability to communicate with the health care provider. Communication is an indispensable part of health care but often for non-English speakers, it is not treated as such. Frequently the root cause of the health disparities new immigrant and refugee women experience is their lack of access to health services due, among other issues, to a language barrier.

Health care without communication is like putting together a puzzle in the dark. You might be able to feel your way around and get a few pieces to fit nicely, but chances are you will create a picture that is either all or mostly wrong. To communicate effectively, immigrant and refugee women with limited English-speaking abilities need the assistance of a Community Interpreter. Community interpreting is defined as bidirectional interpreting that takes place when people who speak different languages are communicating. According to the *National Standards Guide for Community Interpreting*, this is typically provided by public health care or community services and in settings such as government agencies, community centres, legal settings, educational institutions, and social services.

Professional interpreters serve as language conduits

The importance of using professional, vetted and qualified interpreters in health care cannot be understated. Interpreters are essential tools in the delivery of appropriate and accessible health care.



Health care without communication is like putting together a puzzle in the dark.

The skills involved in interpreting go far beyond those of speaking two or more languages. Just as having two legs doesn't make one a marathon runner, having two languages doesn't make one an interpreter. To finish a marathon, training is required: certain techniques are learned, put to use and perfected through the training process. Similarly, a professional interpreter has learned skills that they develop and perfect through training. The cognitive process of interpreting can indeed be as grueling as running a marathon.

In addition to the required skills and language proficiency, community interpreting as a profession is guided by ethical standards. The three cornerstone standards are accuracy, impartiality and confidentiality. All three are key in ensuring the speaker's message is delivered as it was intended. The Community Interpreter acts purely as a language conduit.

In immigrant and refugee women's health, the standard of confidentiality is not only essential, but also the foundation upon which all other standards are based. For example, when facilitating a domestic violence or sexual assault case, can an interpreter comfortably demonstrate accuracy and impartiality without first ensuring confidentiality? Language barriers intensify the trauma associated with domestic violence. Not only is the client having to live through their trauma, they are now subjected to "sharing" a very intimate and potentially shaming experience with yet another person: one who comes from the same language, if not cultural, community. If the client knows or knows of the interpreter, it can cause some discomfort. Confidentiality

becomes central to ensuring that accurate, impartial and respectful communication takes place. Without establishing this trust – a trust that the attending health care professional must also ensure – interpreting will not be effective. Regardless of the interpreter's language ability, without formal training in interpreting competencies, skills and techniques, the patient may not feel safe and therefore may be unwilling to share her story.

Community interpreting empowers women

Hearing a woman's story in her own voice is vital; using a professional interpreter allows for this. As the language conduit, the interpreter gives the patient a voice. The woman is able to explain her circumstance as she sees fit. She can understand and take in the information being provided without the filter of a family, spouse, or friend. She is empowered.

Giving her a voice is not only important for the accuracy of the message presented, but also the way in which it is being presented. Interpreters must be aware that men and women generally have different communication styles. Men are generally more directive and women are, generally more relational. This is an important consideration for interpreters when representing the opposite gender. The consequences of not changing the communicative style to match the client may be significant. The interpreter could be misrepresenting the communication of the patient or health care provider merely by stating things in a different tone or taking out/putting in words to create a certain impact. For example, a woman may say "I would really appreciate it if

you could help me with understanding this prescription information" and a male interpreter may interpret it as "Explain this prescription information to me." The meaning is intact. The patient will get help with the prescription information, but she may come across as demanding which was not her intent in the original statement. The accuracy related to intent (i.e. how the message was meant to be delivered and the expected impact on the receiver) was inaccurate.

Approximately 93% of our daily communication is non-verbal. Measuring accuracy means not only matching the meaning of the message, but also in matching tone, register, intent, and non-verbal indications. In the final analysis, interpreting is less about the words, and all about the message. Only a trained language professional can appreciate the subtleties of non-verbal communication, the cultural nuances of the situation, and the ability to intervene or not intervene. The ability to effectively use language skills, in addition to applying the proper professional ethical standards, comes only with training.

The Provincial Language Service

is a program of the Provincial Health Services Authority. PLS helps health care organizations provide services to their linguistically and culturally diverse clients through quality interpreting and translation services. For more information, visit pls.phsa.ca.

Mindbuster Quiz

- 1. What is the name of the program through which Government Assisted Refugees (GARs) receive health insurance during their first year in Canada?**
 - a. Refugee Health Insurance
 - b. Refugee Assistance Health Program
 - c. Interim Federal Health Program
 - d. Federal Insurance for Refugees
- 2. Which of the following is not considered one of the 12 determinants of health in Canada?**
 - a. Income and social status
 - b. Mental health
 - c. Gender
 - d. Culture
- 3. Healthy living is generally characterized by which of the following?**
 - a. Taking personal responsibility for one's health
 - b. Government policies and programs aimed at improving health in the population
 - c. Health promotion that encourages individual lifestyle changes
 - d. All of the above
- 4. Women are more likely to die following a heart attack than men.**
 - a. True.
 - b. False
- 5. Which of the following statements is true?**
 - a. When immigrant women arrive in Canada, they tend to be in poorer health than native-born Canadian women, but their health improves over time
 - b. When immigrant women arrive in Canada, they tend to be in better health than native-born Canadian women, but their health declines over time
- 6. Practical ways to enhance immigrants' health literacy skills include:**
 - a. Using clear and multiple forms of communication
 - b. Meaningful multilingual information about health issues
 - c. Increasing cultural competence in providers of health and social services
 - d. All of the above
 - e. None of the above
- 7. Which of the following is not a factor that contributes to mental stress during the migration process?**
 - a. Exposure to harsh conditions e.g. in refugee camps
 - b. Exposure to violence
 - c. Certainty about the outcome of the migration process
 - d. Disruption to family and community networks.
- 8. Immigrant and refugee women may avoid seeking health care services due to:**
 - a. Fear of speaking English and suspicion of government authority
 - b. Knowledge of the Canadian health system and knowledge of how to ask for services
 - c. Cultural differences and confidence in asking for services
 - d. All of the above
 - e. None of the above

See page 22 for answers

Medicine acculturation: When a tradition becomes alternative

Dr. Zhenyi Li

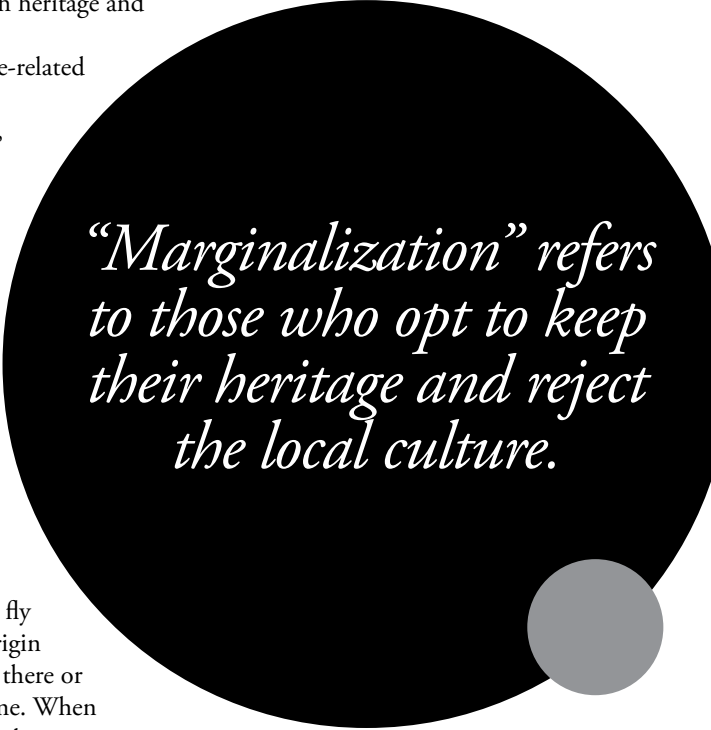
A newcomer to Canada faces many cross-cultural challenges: different food, different ways of doing things, different ways of thinking, and so on. Many immigrants, often with assistance from settlement sector agencies, work hard to overcome these challenges by adapting local ways of eating, doing, and thinking. This effort is often called “acculturation.”

Canadian intercultural socio-psychologist John Berry, Professor Emeritus at Queen’s University, found that immigrants follow one of four acculturation directions. In differentiating which of these four directions immigrants might choose, Berry asked immigrants two simple questions: 1) will you keep your heritage culture? and 2) will you accept the local culture? Some immigrants answered “yes” to both questions and Berry identifies that direction as “integration.” Some will accept the local culture and give up their heritage culture, which he calls “assimilation.” “Marginalization” refers to those who opt to keep their heritage and reject the local culture. This direction is responsible for creating ghettos, Chinatown, Little Italy, and Little India in many North American cities in the past. The last direction, “separation,” rarely happens. Berry sees this when people choose to deny both heritage and local cultures.

When facing healthcare-related issues, my research shows there was much hesitation, misinterpretation, misunderstanding, miscommunication, or even distrust in the acculturation process of immigrants. Many of them, especially if they are fairly new to Canada, were frustrated when their “traditions” were regarded as “alternative therapies,” many of which are not well covered by provincial insurances. Some opted to fly back to their country of origin to consult with physicians there or even had surgery back home. When immigrants choose marginalization

or separation, it slowed down their integration into Canada’s multicultural society. Such delays may also cause profound mistrust among communities. In the past ten years, a major hospital in Greater Vancouver invested much effort, resources, and time to regain trust from a particular immigrant community that had considered the hospital to be a “slaughter factory.”

Settlement service professionals should not ignore the difficulties in medicine acculturation. No one likes to have their tradition called “alternative” or even neglected, particularly when it’s related to their physical, mental, spiritual, and relational health. Settlement services providers should be pioneering agents who advocate for embracing diversity, not only in language and food, but also for medicine acculturation. For example, we need to help immigrants to learn more about values, attitudes and behaviours embedded in the Canadian health care system. We should also suggest that Canadian health care policy makers re-think other cultural medicines and treat them with the same respect as they do mainstream ones. There are several meaningful ways for providers of settlement services to help immigrants with medicine acculturation.



“Marginalization” refers to those who opt to keep their heritage and reject the local culture.

Dr. Zhenyi Li is an Associate Professor teaching Intercultural Communication at Royal Roads University. His current research with multiple universities and communities in Canada and the U.S. focuses on medicine acculturation of immigrants.

Providing a healthy start for refugees

Annette Floyd, MPH, RN



Bridge Clinic has been providing health care services to refugees in the Greater Vancouver area for more than 15 years. Part of Vancouver Coastal Health, the clinic is located within the Evergreen Community Health Centre. One of Bridge Clinic's roles is to provide health screening for newly-arrived Government Assisted Refugees (GARs). These are refugees who are selected from abroad for permanent resettlement in Canada.

If someone tests positive for a chronic hepatitis infection, they can be monitored regularly by a doctor which can minimize any potential damage to their liver.

The Immigrant Services Society of BC's Welcome House in downtown Vancouver is the first home for nearly all GARs who are resettled to the lower mainland. Nurses from Bridge Clinic go to Welcome House to meet new arrivals and provide an initial health screening for them.

The nurses provide all new GARs with a detailed introduction to health care in Canada and take a brief health history for each client. They arrange follow-up appointments, and offer blood tests to each new arrival, recommending slight variations depending on the client's country of origin. While all

adult GARs undergo blood tests during their Immigration Medical Exam (IME) prior to coming to Canada, clients rarely know the results of these tests, and the results are never forwarded to health care providers in Canada. So the Bridge Clinic nurses recommend that all clients repeat these blood tests and also offer additional tests not covered on the IME such as screening for hepatitis, an infection in the liver. Many of the countries from which refugees come have higher rates of hepatitis than Canada. If someone tests positive for a chronic hepatitis infection, they can be monitored regularly by a doctor which can minimize any potential damage to their liver. The nurses also arrange for new arrivals to get any recommended vaccinations.

For women, the Bridge nurses recommend that all clients book an appointment with them for a well woman exam. This is the annual exam recommended to all women in Canada who have been sexually active. It involves taking swabs to look for infections and a PAP test, which screens for cervical cancer. As most refugee women have never had such an exam, nurses often spend at least an hour with clients so that they can explain the exam and the reasons for it. This helps to minimize client's concerns. In-person, female interpreters are always used for these visits.

Bridge Clinic hopes that by providing this initial nursing service, newly arrived GARs will have a healthy start to their new lives in Canada.

Annette Floyd has been a nurse at Bridge Clinic since 2007. She recently completed a Masters in Public Health, including research on the experiences of non-literate refugee women accessing healthcare in Canada. She advocates for healthcare access for refugees both locally and nationally.

The well health exam: PAP tests and more

Tamera Stilwell

Maintaining health is important to successful resettlement...

Newcomer women are very busy adjusting to life in Canada and a visit to the nurse practitioner or doctor may be last thing on their minds – especially if they feel perfectly well. Some newcomers, particularly those from developing countries, are new to the concept of preventative health care and may have neither prior health screening nor education on basic public health subjects such as nutrition, exercise, or sexual health. But good physical and mental health is central to all other areas of life. Maintaining health is important to successful resettlement; to caring for children and families; to functioning in career and wage-earner roles; and for general wellbeing.

The well woman health care visit is more than a PAP (Papanicolaou) test. The well woman visit is a preventative care visit with the goal of preventing disease and maintaining health. This includes

age appropriate screening exams and laboratory tests; assessing for smoking, alcohol or substance misuse, promoting healthy habits including healthy diet, exercise, stress management; and ensuring vaccines are up to date.

Screening exams can detect conditions common in certain ethnic populations

Screening exams and tests are designed to find disease early, before symptoms develop. Early detection and treatment can slow worsening of many diseases and helps to prevent complications from developing. While newcomers taken as a group are healthier than their Canadian-born peers,

some conditions are more common in certain ethnic groups. For example, people from South Asia, Asia, sub-Saharan Africa, South and Central America have higher rates of diabetes than the Canadian average.

PAP tests are, of course, an important part of screening. PAP tests can prevent 70% of cervical cancer deaths. Up to 90% of cervical cancer death occurs in the developing countries with little or no access to screening. However, Canada continues to have low uptake of PAP testing despite widely available screening.

Good health includes reproductive and mental health

A well woman visit will include reproductive and sexual health screening and counselling. Some newcomer women have never received information about preventing sexually transmitted diseases or contraception. This information is particularly important for young women experiencing more liberal attitudes to sex in their new country. For other women, it may be more relevant and acceptable to discuss contraception for healthy spacing of children. Sexual dysfunction is also an important but sensitive topic especially for menopausal women and those who have been circumcised.

Finally, assessing mental health is an important part of a comprehensive well woman visit. Resettlement is very stressful and may be particularly difficult for women. Women are more likely than men to be isolated, to have limited English skills and to be impacted by intergenerational conflict or domestic abuse. Newcomers, especially refugees, may also be survivors of violence, war and rape.

In summary, the well woman visit is an important part of helping women maintain physical and mental health as they adjust to life in Canada.



Tamera Stilwell is a family Nurse Practitioner at BC Women's Hospital Newcomer Women's Health Clinic.



**North Coast
Immigrant & Multicultural
Services Society**

North Coast Immigrant & Multicultural Services Society
Welcome Immigrants and Visible Minorities
NCIMSS

Our Purpose

- To Partner with regional/community groups to promote understanding and unity
- To provide settlement resources and services for newcomers
- To promote cultural diversity
- To provide language development to aid with intercultural knowledge and government with respect to ethno-cultural groups in the community
- To assist in the coordination and delivery of multicultural events

What NCIMSS offers

- NCIMSS provides immigrant and visible minorities in Prince Rupert a place where you can have a coffee, ask question and gather information
- Drop in to see us and we can help you connect with agencies, services and resources who can help you meet your goals
- Get involved and become a member and you'll have an opportunity to present your culture and contribute to community diversity.

We welcome your participation and suggestions

- Newcomer's Guide
- BC Health Guide
- ESL Learning Material
- Work BC & Skills Connect Resources
- Canadian Newcomers Magazine

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250622-2915 or 250-624-6986



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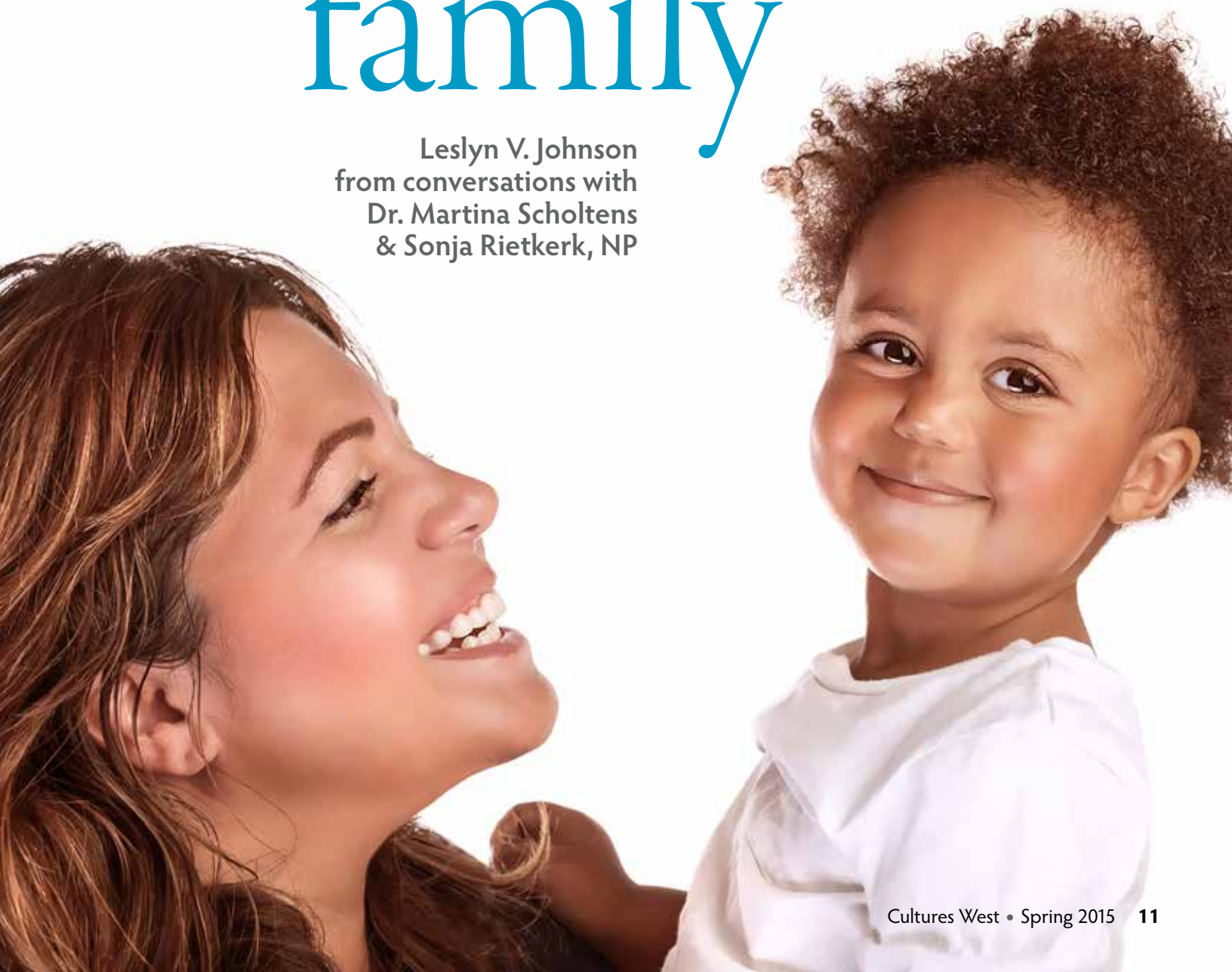
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Healthy mother healthy family

Leslyn V. Johnson
from conversations with
Dr. Martina Scholtens
& Sonja Rietkerk, NP





The way in which we interpret or understand the concept of health depends in large part on the cultural context in which we're operating. In much of North America, individuals tend to focus on preventative measures and lifestyle choices, whereas in many developing countries people don't generally seek medical attention unless they are sick, or think they are sick.

The World Health Organization (WHO) defines health as
“a state of complete physical, mental and social well-being
and not merely the absence of disease or infirmity.

Here in Canada, the Public Health Agency of Canada
recognizes 12 key determinants of health:

1. **Income and Social Status**
2. **Social Support Networks**
3. **Education and Literacy**
4. **Employment/Working Conditions**
5. **Social Environments**
6. **Physical Environments**
7. **Personal Health Practices and Coping Skills**
8. **Healthy Child Development**
9. **Biology and Genetic Endowment**
10. **Health Services**
11. **Gender**
12. **Culture**

*In many cases,
connecting with a medical
professional in Canada
will be the first time newcomer
women receive information
on sexual health,
reproduction and
contraception.*

It's essential for new immigrants and refugees to be in good health if they are to settle successfully. Regardless of their country of origin or migration journey, as the primary caregiver, newcomer women must learn how to take care of their own health and the health of their family within a Canadian context. For newcomer women, this includes being aware of available services, having access to health care and health insurance, and understanding what services are covered by insurance.

Dr. Martina Scholtens and Sonja Rietkerk, NP are two clinicians at the Bridge Community Health Clinic which provides immediate access to primary and preventative health services for refugees. In addition to the WHO definition, they believe access to health care is critical to the conversation on what is good health. "Access is huge" says Sonja. "In order to completely experience the UN definition, people need the ability to access services, information and the basic needs of daily living, including housing." For many immigrants and refugees, meeting Canada's 12 key determinants is a challenge. Prevention, screening, treating disease and managing conditions are all part of good health in Canada and most of the western world. Yet, this is a brand new concept for many newcomer women who perhaps learn for the first time that even if they're not sick, or don't have a physical problem or diagnosis, having a PAP test or mammogram is essential in identifying any potential problem so that it can be dealt with in a timely manner.

Anyone who is a newly arrived refugee, or a refugee claimant at any stage in their hearing process, may access care at Bridge Clinic, regardless of insurance status. However, most of Dr. Scholtens and Sonja's patients are Government Assisted Refugees (GARs). Many of the women who make up their caseload come from war-torn regions and have spent several years in transit before arriving in Vancouver. Not surprisingly, many of the women experience a variety of mental health conditions including trauma, Post Traumatic Stress Disorder (PTSD) and depression. While these patients might recognize feeling sad, anxious, alone or depressed, they do not always realize that it's okay to discuss these feelings with

their doctor. Rather, these issues tend to surface in a roundabout way, when the patient shows up with other conditions that have mental health origins.

At the same time, the Bridge Clinic team notes that the women who have chronic conditions often did not have consistent care while in transit. Multiple health care providers, different diagnoses, unclear diagnoses, miscommunication and confusion are all too common. These factors contribute to the women not having received appropriate care before coming to Canada.

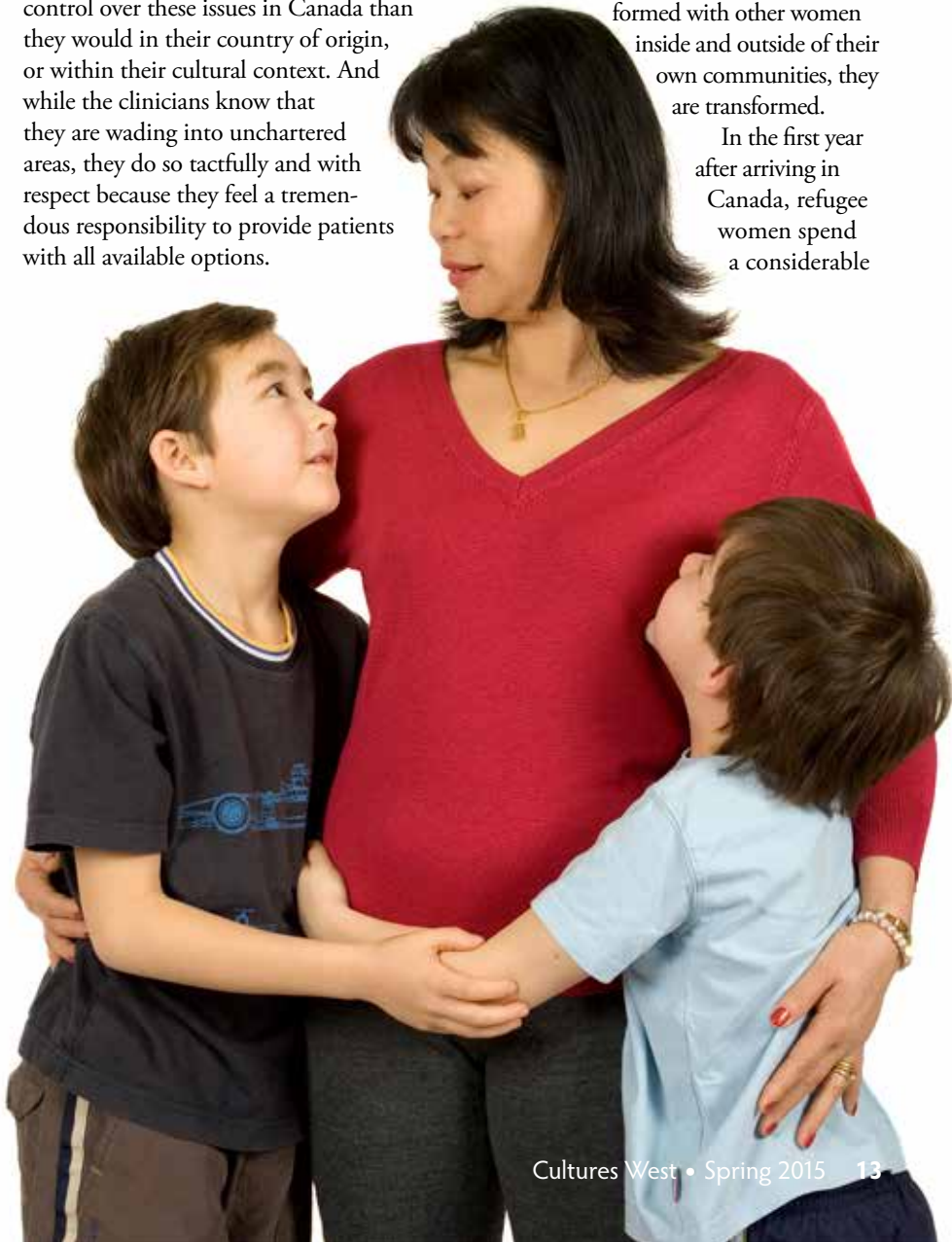
In many cases, connecting with a medical professional in Canada will be the first time newcomer women receive information on sexual health, reproduction and contraception. Clinicians at the Bridge Clinic say that it can be empowering when women find out that they are able to talk about women's health issues, and learn that they have a little more control over these issues in Canada than they would in their country of origin, or within their cultural context. And while the clinicians know that they are wading into uncharted areas, they do so tactfully and with respect because they feel a tremendous responsibility to provide patients with all available options.

Barriers to successful settlement and integration

Refugee and immigrant women experience different barriers to integration. For typical immigrant women and sponsored refugees, the number one priority is finding a job. For many GARs, the first year is spent learning a new language and generally getting the family settled. The Bridge Clinic clinicians stress "optimizing people's functioning" as a guide for assessing the state of their patients' health. They look to see if the women are not just physically well, but also getting along with their families, and functioning well within their communities. One of the major barriers to this optimization is the development of new friendships. Without close peer support, GAR women face loneliness, and a lack of community. While community centres are fairly common in Canada, refugee women are unfamiliar with these resources. After experiencing both the benefits of exercise and relationships

formed with other women inside and outside of their own communities, they are transformed.

In the first year after arriving in Canada, refugee women spend a considerable





amount of time and energy learning the language and taking care of their families, oftentimes leaving their own needs for last. After that first year, women may be drained which leads to difficulties learning English and consequently challenges in finding employment which then delays integration.

Housing is another major barrier to settlement and integration. “Poverty and health is a hot topic” says Sonja. While sponsored refugees may have family support, GARs find it difficult to afford adequate housing for their family. With limited funds available to spend on rent, many families end up living in less than ideal environments which can adversely affect their health.

Providing access to reputable health information

In March 2014, the BC Centre of Excellence for Women’s Health released the report “Bridging Settlement and Health: Supporting Newcomer Immigrant Women’s Health In British Columbia.” The report is the result of a study conducted on behalf of BC Women’s Hospital & Health Centre to understand the health needs and health care experiences of newcomer immigrant women in British Columbia in order to inform health information resources. Women in the study consistently reported challenges in finding a family doctor, especially a female doctor who spoke the same language. They were sometimes reluctant to use health care services in Canada because of negative experiences associated with physicians.

The Refugee Health Vancouver website was developed by Dr. Scholtens and other Vancouver area clinicians who have experience in refugee medicine. The website, www.refugeehealth.ca, provides health care providers with quick access to comprehensive information about refugee populations. Refugee medical care is complex due to culture, language, unusual medical diagnoses and non-standard medical coverage.

Resources available through the website are:

- community resources - dentists, physiotherapists and other community resources who speak other languages, accept Interim Federal Health (IFH) or offer reduced fees;
- patient handouts - educational handouts on health issues in 120 languages;
- medical guidelines on issues such as Hepatitis B; and
- cultural profiles – an overview of the main countries from which Canada receives refugees, with a focus on political and health issues.

Investing in refugee mental health

Sonja finds that there are multiple mental health resources available for the general population but a real lack of counselling and psychiatry services available for GARs to access. This is not because clinicians are unwilling to provide services, but due to the limited mental health resources to service this population. GARs receive federal funding in their first year to allow

them to find housing, get their kids into school and to focus on learning the language. Those areas are obviously critical to the settlement process. However, where mental health issues are involved, Dr. Scholtens suggests that the federal government should consider investing in mental health care especially within that first year window. Otherwise, chronic mental health conditions start to affect a woman’s ability to take care of her family, learn the new language and find employment, which in turn has a negative impact on the family’s ability to settle. The recommended investment doesn’t mean huge dollars for life-long treatment programs. Rather, it means getting the patient into counselling early, and perhaps providing some medication on a short term basis. However, that small investment up front can end up transforming the patient’s life, resulting in them becoming a productive member of the community.

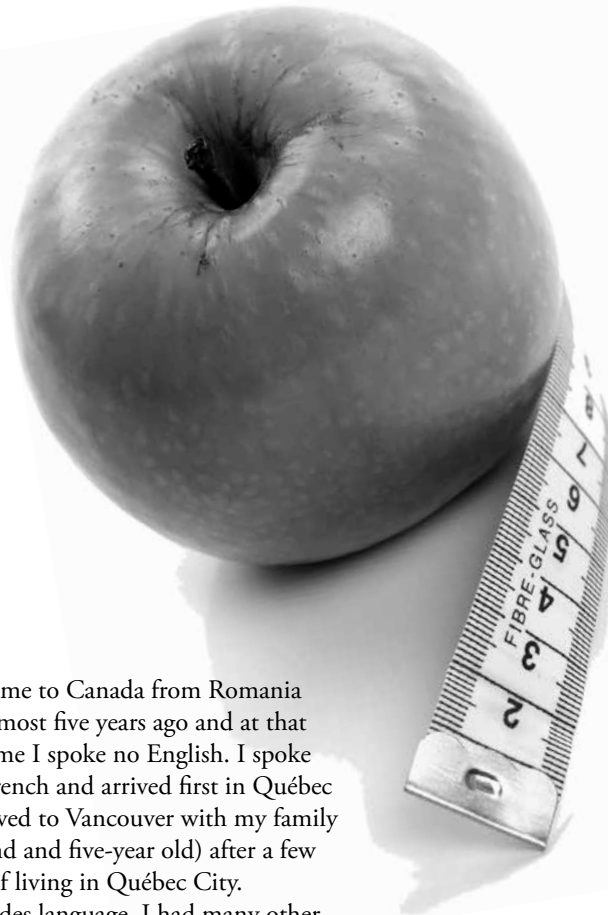
Healthy mother, healthy family

In the same vein as the saying “happy mother, happy family,” perhaps it is also true that if the mother is healthy, then the family is also likely to be healthy. Migration generates new experiences that can disrupt lives — new location, new home, new friends, new language and new job. Even when the decision to migrate is planned, or when a woman is happy moving to BC, the process of change and settlement can impact her mental and physical well-being. When Canada invites families to begin a new life within its borders, whether as a safe haven from persecution or to reunite with family already here, we need to ensure that they settle successfully. Providing immigrant and refugee women with access to health information and services is key to that success.

Sonja Rietkerk, a Family Nurse Practitioner, and **Dr. Martina Scholtens** provide health care to refugees at the Bridge Community Health Clinic. The clinic offers a well-trained, experienced team of professionals including: physicians, nurse practitioner, nurses, social worker, and interpreters. The clinicians also consult a psychiatrist, paediatrician and respiratory therapist.

My Canadian food and lifestyle journey

Ana Mateescu



I came to Canada from Romania almost five years ago and at that time I spoke no English. I spoke French and arrived first in Québec but moved to Vancouver with my family (husband and five-year old) after a few weeks of living in Québec City.

Besides language, I had many other challenges starting my new life in Canada. One of the big ones was food! All my life, up to the time I became pregnant, I was a tall and skinny woman measuring 5' 8" and weighing 110 pounds. After my pregnancy I gained 17 pounds and that was my weight when I arrived in Canada — 127 pounds.

In the first year after arriving in Canada I gained 22 pounds. How did that happen? That was the question I asked myself. I was eating the same food as I did back home. Coming from a former communist country where food was scarce and we struggled to get it every day, I never bothered to read the labels on the food packaging. We were happy just having it on our tables; we never thought about how the food was made or what was in it.

Not all food is created equal

Coming to Canada, not speaking English, feeling lost in the big Canadian stores and not being used to reading labels, I bought what was cheap and looked good. The very first time I understood a little bit about food labels was after the first year when I heard a

guest speaker at school talking about the importance of knowing what you eat.

I went home and began reading the labels of food I had in the house. I was horrified to see how much sugar was in my bread and my milk, and the ingredients that were in pasta and rice.

It was only two years ago that I learned about organic products. Fortunately, this happened at the same time that I could afford to buy them for my family. Before that time, I was going to school and working survival jobs, so I didn't have the money to afford organic food.

As a volunteer for Healthy Selves Healthy Communities, one of the community health literacy programs that Little Mountain Neighbourhood House runs, I learned to read labels on the food packaging, and I learned about Canadian diet and lifestyle.

It took me almost four years to lose those 22 pounds that I gained in my first year. Now I have totally transformed my diet and changed the stores where I shop. I buy more local and organic and don't eat bread, pasta and white rice. In addition, I avoid sweets and do lots of yoga!

Ana Mateescu is a project coordinator at Little Mountain Neighbourhood House.

Member Achievements

Fraser Valley Diversity and Immigration Partnership Council Abbotsford Community Services (ACS)



Abbotsford Community Services' Diversity Education Program is completing a successful first year of the Fraser Valley Diversity and Immigration Partnership Council. The Partnership Council is a group of stakeholders working together to make Abbotsford and Langley a welcoming home for immigrants. The Fraser Valley is situated on Stó:lō First Nation territory and is a hub for migration because of the lower cost of living and the available work in local industries. Abbotsford has a population of 133,500 and welcomes over 1,000 new immigrants each year. The neighboring Township and City of Langley have a combined population of 129,000. Overall, the region

is one of the most culturally diverse areas in BC. For these reasons, membership of this Partnership Council is extremely diverse – a strength that contributes to its success. Members include newer immigrants and long time residents who work in education, business, agriculture, and more.

The Partnership Council's first challenge was to build knowledge about local issues that immigrants and the host community face, in order to tackle the recognized gaps. Each member shared their knowledge of assets and gaps related to immigration, within their respective industries. ACS also held a successful World Café style event. In a roving, informal, and interactive setting, members and settlement workers networked face to face. Everyone learned about local issues that newcomers face, from language barriers to building social capacity amongst immigrant residents, to services that are necessary to meet these needs. Find out more at www.abbotsfordcommunityservices.com

Bounce Back Canadian Mental Health Association

Stress, low mood, and anxiety are common feelings. There are times when everyone could use help to strengthen their own mental health and ensure they are feeling their best and getting the most out of life. Bounce Back is a program that will help individuals achieve mental wellness by providing tools to feel better.

Bounce Back is a free, skill building program available to adults in British Columbia. It offers two forms of help: one is a free DVD which can be requested by phone or picked up at local doctors' offices. The DVD offers helpful strategies to overcome feelings of low mood, stress,

and anxiety. Telephone coaching is the second form of help and is available by doctor referral. Your Bounce Back coach will assist you to set goals to improve your own emotional well-being and will offer workbooks on a variety of subjects to help you reach your goals.

Already available in English, French, and Cantonese, the Bounce Back program is now offering coaching in Punjabi (written materials will be in English).

Bounce Back is operated by Canadian Mental Health Association with funding from the Ministry of Health.



Video Profiles – A Job Seeker's Guide Central Vancouver Island Multicultural Society (CVIMS)

CVIMS is now offering Video Profiles, a new on-line video tool to assist job seekers. Like a personal introduction, a video introduction offered along with a resume, gives a potential employer an opportunity to "meet" the job applicant. An employer can see the applicant as a real person, with skills and experience they can value, despite the fact that their English may not be perfect and they lack Canadian work experience. Employers are more likely to let go of biases and consider this person to meet their employment needs. Job seekers who create a video become more self confident.

The Job Seeker's Guide to Video Profiles is a step by step tool that coaches job seekers on their script, how to dress, choosing a background, filming and lighting techniques and even how to upload their finished product. This tool has been very well received by job seekers and employers as well as in a presentation at the Association of Service Providers for Employability and Career Training (ASPECT BC) Conference in 2014. It will also be showcased at the British Columbia Career Development Association (BCCDA) conference this spring.

You can find the online Guidebook and Video at

www.cvims.org/get-a-job/video-profiles/

The project is made possible through the Immigrant Integration Branch's Labour Market Legacy project funding.

HIV Awareness Project Multicultural and Immigrant Services of North Vancouver Island (MISA)

MISA has made education regarding the prevention of Human Immunodeficiency Virus (HIV) and how to access care within the health care system a priority in the communities of Campbell River and Comox Valley. HIV Awareness Project Coordinator, Lesley Webster, has been facilitating opportunities for HIV sessions for immigrant and refugee women and their families to learn about HIV and Harm Reduction in a safe, nonjudgmental environment. HIV education was also offered to all Settlement Practitioners and volunteers, allowing consistent and supportive information to be shared with individuals with language barriers, diverse needs and learning styles. Presentations were planned for a variety of groups such as the Women and Senior's groups, Conversation group and Family Recreation Night.

The HIV sessions included the basics about the virus, its transmission, prevention, testing, treatment and confidentiality. During the sessions many participants identified the lack of education available to them in their countries of origin, and were grateful for the refresher. Some of the main goals for the sessions were reducing stigma, breaking down myths and stereotypes, changing perceptions of HIV and Harm Reduction, and increasing the awareness and use of the available local community services.

The HIV Awareness project will wrap up with a Health and Wellness Fair which will include multiple community service providers who can address the health questions and needs of the local immigrant and refugee population.



Employment Services Program Langley Community Services Society (LCSS)

The Employment Services Program targets minimally skilled newcomers and refugee clients in the City and Township of Langley who require employment assistance. The unique program provides employment workshops; resume preparation, cover letters, volunteer and mentoring opportunities; skills assessments; labour market information; computer assisted labs; and direct employment support. To maximize opportunities for clients, the LCSS Employment Team works with local employers and partners with community service providers.

A full-time Employment Specialist ensures that the client is well prepared to enter into the Canadian job market. From a professional resume and cover letter; interview skills tips and techniques; and essential skills for the workplace training, clients are well prepared and confident as they embark upon their employment journey. Volunteers, mentors and the Settlement and Integration Services Team all support the client as he or she enters into the "world of work." So far, more than 50% of our 80 clients are gainfully employed and proud to be contributing to the wellbeing and financial sustainability of their families.

For more information, call
604.534.7921, extension 1401 or
604.533.7989, extension 1206.

The Employment Services Program started in September 2014 with funding from Citizenship and Immigration Canada.

Breaking into the Circle at Mommy & Me: How Immigrant Mothers Engage with Canadian Social Workers Victoria Immigrant and Refugee Centre Society (VIRCS)

In April 2014, VIRCS Moms Group participated in a community research project to bring attention to the experiences of immigrant women in Canada. Titled "Breaking into the Circle at Mommy & Me: How Immigrant Mothers Engage with Canadian Social Workers," the art project used collages so that even women with limited English speaking ability could share their experiences. The final poster showed an interesting contrast between the ways that settlement in Canada seems to rely on forms and documents as "tickets into society", and the joy participants felt when they began to experience a sense of belonging in the community. The project generated recommendations for helping professionals who work alongside immigrant mothers.

The project was presented at the 2014 Congress of the Humanities and Social Sciences in St. Catharines, Ontario, (CASW/AON) and the 2014 British Columbia Association of Social Workers conference in Vancouver. The women participants remain a tight knit group and they still enjoy a cup of tea together on Monday mornings at VIRCS.

The CASW/AON Scholarship Fund provided financial support for the project and conference participation.

Supporting health and well-being for individuals with language and cultural barriers: Umbrella Multicultural Health Co-op

UMHC was formally established in 2010.

More information is available at www.umbrellacoop.ca, on our Facebook page – [facebook.com/UmbrellaHealthCoop](https://www.facebook.com/UmbrellaHealthCoop) or by calling 604.553.0633

Umbrella Multicultural Health Co-op (UMHC) is a cooperative created by immigrant and refugee individuals to provide health services that are appropriate in both language and culture. Anyone who has faced language and cultural barriers to accessing health care can become a member of the co-op. As a member, people are given a say in what services they would like the co-op to offer and how to offer those services. Members are also eligible to sit on the board of directors which oversees the management of the co-op and plans for its future.

UMHC provides services through a Cross-Cultural Health Broker (CCHB) model. CCHBs often have medical backgrounds not yet recognized in Canada. They provide language and cultural interpretation to help communication between clients and health service providers. CCHBs also offer health workshops and individual support. No referrals are necessary for most services, and community members can contact the co-op directly when they are having a hard time accessing health services.

Current cross-cultural health brokers are from Afghanistan, Eritrea, India, Iraq, Mexico and South Sudan. Through these cross-cultural health brokers, UMHC currently offers the following services for women:

- prenatal classes for Spanish speaking moms;
- mom and baby groups in Spanish;
- Workshops on childhood development, breastfeeding, baby's first foods, etc.;
- pediatricians;
- support in accessing midwives and doulas;
- diabetes screening for each community in their own language in a supportive environment;
- groups for people with diabetes, pre diabetes or those helping to manage a family member's diabetes; and
- supports for people who have a family history of diabetes and want to live a healthier lifestyle.

The co-op empowers participants to take a leadership role and actively participate in the services by encouraging them to choose the topics of their interest or to facilitate a workshop in something they wish to share with others. People from immigrant and refugee backgrounds are also encouraged to volunteer at UMHC in various roles. UMHC is able to offer the services due to the kind support of many volunteers, fundraisers, donors as well as Vancity and the Green Shield, Lawson and Vancouver foundations.



Talking with your doctor and other health care professionals

Dr. William Godolphin,
Cathy Kline & Dr. Angela Towle

Many people find it hard to talk to doctors. For new immigrants and refugees there are often cultural barriers and a lack of information about the health system. Just finding a doctor and making an appointment can be a struggle.

UBC's Division of Health Care Communication asked a women's group at Reach Multicultural Family Centre about the challenges they face with access to health care and what they would like to be able to do to improve their relationship with their doctor. Few knew how to find or change doctors if they wanted to. Language was the most common barrier and the women were most interested in learning how to ask more questions and describe their symptoms when they visit their doctor.

The University of British Columbia's Division of Health Care Communication created the "Talk to Your Doc" workshops to help people get more out of their visits to the doctor. The division works to promote partnership in health care. We support several community-based programs to enable patients to improve their ability to talk with health professionals so that they can take a more active role in their health care.

Our approach is to teach people in the community to facilitate workshops about how to talk with doctors. Community groups using the workshops have included seniors, stroke survivors, pregnant women, mental health clients, new immigrants and refugees. We partnered with Patient Voices Network, an initiative of Impact BC, to train workshop facilitators across BC and produced a webinar for PainBC. Workshops are currently being delivered by trained facilitators with Vancouver Coastal Mental Health Services.

Workshops use the P.A.C.E. framework created by Dr. Cegala at the University of Ohio as an easy way for patients to be more involved in their health care. Skills are shown in short videos of a doctor-patient visit.

Workshops use the P.A.C.E. framework created by Dr. Cegala at the University of Ohio as an easy way for patients to be more involved in their health care. Skills are shown in short videos of a doctor-patient visit.

What is P.A.C.E

- Presenting detailed information about how you are feeling
- Asking questions if desired information is not provided
- Checking your understanding of the information that is given to you
- Expressing your concerns about the recommended treatment

Presenting Information

The information the patient gives to the doctor about their symptoms, lifestyle, values and family history provide the basis from which doctors recommend treatment options. We advise patients to try making a list of things they want to discuss before their appointment. Some people find it helpful to track their symptoms in a journal.

Asking Questions

Patients who ask more questions get more information. Patients should try writing down their questions before the appointment. Patients can ask questions, not only to get information, but also to get their doctor to do something for them. For example, they may ask "What are the side effects of this medication?" or "Could you refer me to a specialist?"

Checking Information

It is important for the patient to check the information the doctor gives her. She should try repeating what the doctor said in her own words, or ask the doctor to repeat instructions while she writes them down.

Expressing Concerns

Sometimes patients may have concerns or fears about a particular treatment. It is important to encourage them to be honest with their doctor. There are usually many different treatment options. By sharing her concerns, the patient can work with her doctor to find the treatment that best meets her needs.

"Talk to Your Doc" for high school students

UBC Medical students also put on "Talk to Your Doc" workshops in BC high schools to help adolescents learn how to find a doctor, prepare for an appointment and take a more active role in their health care. The workshops are most valued in schools that serve culturally diverse and lower income communities. Students who are the first English-speaking generation take information home about cultural norms and how to seek medical support.



Cathy Kline, MA is a Research Coordinator, and Dr. William Godolphin and Dr. Angela Towle are Co-Directors at the Division of Health Care Communication, University of British Columbia. You can find more information on their work at www.dhcc.chd.ubc.ca

Heart, Health, 'Hood Connection, Collaboration, and Community Health

Jennifer Wesman & Denise Beaupre

Jennifer Wesman, MA is Manager of Community Programs Department at LMNHS where she administers HHH. She uses creative community development and intercultural communication to develop health, literacy, and cultural bridging programs for newcomers and the greater community.

Denise Beaupre MSN has been teaching community nursing at BCIT for the last 13 years. Co-creator of "Healthy Selves, Healthy Communities," along with Jennifer Wesman, she continues to guide and support nursing students placed in the HHH program to build student capacity in promoting the health of the immigrant population.

Neighbourhood houses are known for their role in newcomer integration and settlement. They offer unique social, educational, and cultural programs while providing safe places for newcomers to build capacity, form new relationships, and learn to navigate Canadian systems. The "Heart, Health, 'Hood" (HHH) program at Little Mountain Neighbourhood House Society (LMNHS) is a cornerstone program where newcomers come together to connect with other immigrants, LMNHS volunteers, and healthcare professionals in a unique way that puts newcomers at the heart of community health education. The key to the HHH program is its aim to build "Healthy Selves" and, ultimately, "Healthy Communities," by providing health education related to the health goals chosen by the participants, in an environment that is informal, comfortable, non-judgmental and safe.

The title and foundation for "Heart, Health, 'Hood" reflect the ideas that optimal health is a combined will of self and heart (Heart); that knowledge of one's own health and body (Health) is empowering and valued; and that support of people in a neighborhood (the 'Hood) results in the overall health of an individual and a community. With a focus on health literacy, intercultural approaches to health and wellness, active learning and facilitated dialogue, the HHH program is now in its fourth year as a community based learning model and partnership between LMNHS and Level 3 BCIT Nursing Students.

Participants learn how to engage in healthy lifestyles

Participants chose weekly health promotion topics which were presented by the BCIT nursing students: heart health, healthy nutrition, diabetes, mental health, arthritis, stress management and healthy coping. The outcome for the HHH group is an intercultural learning experience that invites different ideas of health and wellness, goal setting through peer support, and timely access to relevant health information and community resources. This approach is especially important to newcomers who, upon arriving in Canada, experience a decline in their overall state of health, develop unhealthy dietary changes, and face higher levels of stress than the average Canadian. This, in turn, leads to chronic diseases such as hypertension, depression, arthritis, diabetes, heart disease, and obesity. Faced with physical, language and lifestyle challenges, immigrants may also have a difficult time finding or visiting a doctor and gaining access to culturally-relevant health information.

Helping to close the intercultural communication gap

Participant-focused programs like HHH are critical for new immigrants as they experience decreased health and increased social isolation. Together with these experiences is the need to develop intercultural communication skills for North-American health settings. In Vancouver, intercultural communication has recently been identified as "one of the most important elements for public health promotion and



BCIT student nurses provide hands-on training and small group support in response to the learning needs and health goals of newcomers.



Newcomers support each other during learning and goal-setting



HHH participants, LMNHS staff, and BCIT nurses make up a supportive group and active network for healthy living and newcomer integration.



Newcomers learn about topics such as heart health, hypertension, and coping with stress.

outreach to diverse population groups” (SPARC BC.2009. Taking the Long View of Integration Services). Understanding cultural notions and experiences of health can be a challenge for newcomers, health care professionals, and the greater community. The HHH program addresses this gap by increasing cultural connections and knowledge; supporting professionals and community volunteers to act as advocates and mentors to newcomers. It also creates spaces for newcomers to receive support from peers and student nurses as they achieve goals such as reading nutrition labels, understanding North American health care culture, and learning to navigate complicated health systems and terminology. Participants learn to break down large words and concepts related to body parts, functions, disease, medication, and are welcome to discuss alternative and cultural notions of health. Newcomers are supported to make informed health decisions, know where and how to get additional support, and develop trusting relationships with health care professionals and the greater community.

It’s a win-win for participants and nursing students

Participant-focused learning allows people to become healthy, active, engaged, and empowered citizens. One HHH participant believes such programming is “very good for newcomers because they need more education like this to know about Canada, the new system, diet, exercise...

Faced with physical, language and lifestyle challenges, immigrants may also have a difficult time finding or visiting a doctor and gaining access to culturally-relevant health information.

[which] help us to meet more people, make new friends and learn more.” HHH is a two-way learning experience where everyone takes away new knowledge and connections. Student nurses also receive valuable experience by building intercultural knowledge for practicing in a multicultural society.

Level 3 BCIT students Kim Harrison and Erika Kume report, “this is the first real opportunity [as student nurses] we’ve had to collaborate with a community agency like Little Mountain Neighbourhood House. Having practiced primarily in acute hospital settings, transitioning to a community-based setting was an interesting challenge for us. The program’s design resonated with our own nursing beliefs about building intercultural community capacity, promoting health literacy, and encouraging healthy living. As part of community nursing, we believe in a client-centred approach; meaning that participants’ needs are what should guide our practice ... This experience taught us the importance of partnerships, advocacy, and community-based holistic nursing.”

The HHH program bridges an important health literacy gap by addressing physical, social, educational and emotional determinants of health, and through building positive relationships and collaborative partnerships. The resulting success is two-way learning exchange and equitable health information and access for all; building blocks necessary for healthier individuals and communities.



For over a decade, the Multifaith Calendar has played an integral role in AMSSA's educational effort. The sale of the Calendar is a fundraising initiative which supports AMSSA's work and vision of: A just and equitable society in which everyone benefits from social and economic inclusion.

Learn more about the calendar: www.amssa.org/calendar

The 2016 Multifaith Calendar will be available in the Summer of 2015, stay tuned!



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Thank you for supporting AMSSA

ANSWERS Mindbuster Quiz

1. What is the name of the program through which Government Assisted Refugees (GARs) receive health insurance during their first year in Canada? **c. Interim Federal Health Program**
2. Which of the following is not considered one of the 12 determinants of health in Canada? **a. Mental health**
3. Healthy living is generally characterized by which of the following? **d. All of the above**
4. Women are more likely to die following a heart attack than men. **a. True**
5. Which of the following statements is true? **b. When immigrant women arrive in Canada, they tend to be in better health than native-born Canadian women, but their health declines over time**
6. Practical ways to enhance immigrants' health literacy skills include: **d. All of the above**
7. Which of the following is not a factor that contributes to mental stress during the migration process? **c. Certainty about the outcome of the migration process**
8. Immigrant and refugee women are likely to have a higher rate of health literacy than their Canadian-born counterparts. **b. False**



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Post Script: Provincial plan to address domestic violence recognizes immigrant and refugee populations

Excerpt from
*British Columbia's
Provincial Domestic
Violence Plan,
February 2014*

On April 1, 2014 the Province of BC launched a new plan that recognizes the critical need for a coordinated systemic approach to addressing domestic violence. The three-year plan is a cross-ministry one that builds on previous action plans and articulates the key actions required to strengthen services and supports that improve outcomes for those affected by domestic violence. It will focus on achieving the following outcomes:

- integrated, coordinated response strategy;
- enhanced information sharing between all service providers to increase safety; and
- improved direct services for survivors, children and perpetrators.

Supporting immigrant and refugee populations

This was an overarching theme in all the consultations and discussions surrounding the development of the provincial plan. BC has many distinct and diverse cultures and traditions requiring culturally responsive and relevant training, programs and services.

The increased vulnerability among immigrant and refugee women is a serious concern. This plan considers feedback from consultations and supports responsive and relevant approaches to address the unique needs of these populations by working closely with the settlement sector, anti-violence community and with government partners and advocacy groups.

What we heard

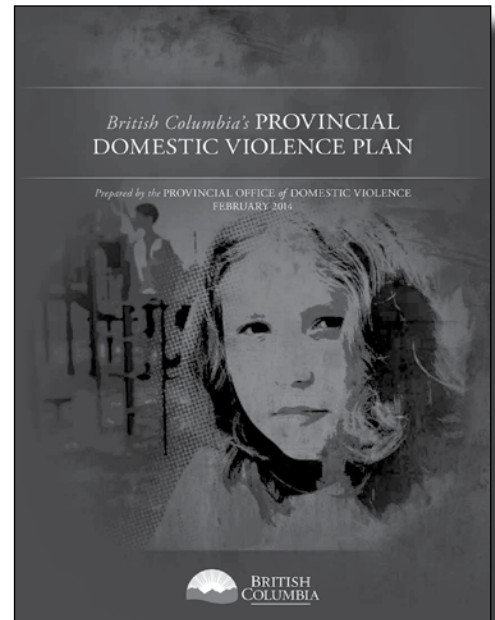
Consultations identified that the unique needs of immigrant and refugee populations require special attention. A need for increased cultural sensitivity was identified by many respondents. This included understanding unique barriers faced by individuals who may not have been living in Canada for a long period of time, and to identifying social, religious, or other factors that may prevent an individual from seeking help. Several factors were identified that may contribute to increased risk of abuse for mothers without legal status in Canada. These included reliance on their partner to obtain permanent resident status and to meet their basic needs, vulnerability of deportation, language barriers and cultural differences, and a lack of knowledge about their rights in Canada, lack of a support system, and fear and distrust of authority.

Also identified was a need to co-operate with different communities, and the need to involve them in addressing domestic violence. Common to these responses was a need for the community to become engaged in preventing and addressing domestic violence. Providing information in multiple languages was viewed as an effective way to remove barriers to accessing services and supports.

What we will do

Work with federal counterparts and Citizenship and Immigration Canada to leverage federal investment in settlement community initiatives;

- develop and implement prevention materials with a focus on immigrant/settlement populations who are impacted by domestic violence;
- develop and implement domestic violence competency and safety planning tools and resources to support the settlement sector to provide culturally appropriate services to immigrant families who are impacted by domestic violence; and
- identify on-going support, training and resources for staff/agencies to strengthen and enhance community-capacity to provide culturally appropriate women's transition house/safe home programs.





Provincial

BC Human Rights Coalition (BCHRC)
 BC Teachers Federation – Social Justice Program (BCTF - SJP)
 Canadian Cancer Society
 Canadian Mental Health Association (CMHA) - BC Division
 Immigrant Employment Council of BC (IEC-BC)
 Legal Services Society of BC (LSS)
 LISTN
 SCOUTS Canada
 Social Planning & Research Council of BC (SPARC BC)
 Society for Intercultural Education, Training & Research (SIETAR BC)
 Society of Translators and Interpreters of BC (STIBC)
 Tenant's Resource & Advisory Council (TRAC)
 The Association of BC Teachers of English as an Additional Language (BC TEAL)

North

Fort St. John Literacy Society
 Immigrant & Multicultural Services Society (IMSS)
 Multicultural Heritage Society of Prince George
 North Coast Immigrant and Multicultural Services Society (NCIMSS)
 Skeena Diversity Society
 Terrace & District Multicultural Association (TDMA)

Vancouver Island

Central Vancouver Island Multicultural Society (CVIMS)
 Communica: Dialogue and Resolution Services Society
 Cowichan Intercultural Society (CIS)
 Inter-Cultural Association of Greater Victoria (ICA)
 Multicultural & Immigrant Services Association of North Vancouver Island (MISA)
 Victoria Immigrant and Refugee Centre Society (VIRCS)

Fraser Valley

Abbotsford Community Services (ACS)
 Chilliwack Community Services (CCS)
 DIVERSEcity Community Resources Society (DCRS)
 Langley Community Services Society (LCSS)
 Mission Community Services Society (MCSS)
 Options Community Services Society
 Progressive Intercultural Community Services Society (PICS)
 Umoja Operation Compassion Society

Interior

Kamloops Immigrant Society (KIS)
 Kamloops Multicultural Society
 Kelowna Community Resources Society (KCRS)
 Shuswap Settlement Services Society
 South Okanagan Immigrant and Community Services (SOICS)
 Vernon & District Immigrant Services Society (VDISS)

MEMBERS

Lower Mainland

Association of Neighbourhood Houses British Columbia (ANHBC)
 Burnaby Family Life
 CHIMO Crisis Services
 Collingwood Neighbourhood House (CNH)
 Family Education and Support Centre
 Family Services of Greater Vancouver (FSGV)
 Family Services of the North Shore (FSNS)
 Immigrant Services Society of BC (ISSofBC)
 Inland Refugee Society of BC (IRS)
 Jewish Family Service Agency (JFSA)
 Kiwassa Neighbourhood Services Association
 Little Mountain Neighbourhood House Society (LMNHS)
 Multilingual Orientation Service Association for Immigrant Communities (MOSAIC)
 Mount Pleasant Neighbourhood House (MPNH)
 Multicultural Helping House Society (MHHS)
 Multifaith Action Society (MAS)
 North Shore Multicultural Society (NSMS)
 Pacific Community Resources Society (PCRS)
 Pacific Immigrant Resources Society (PIRS)
 REACH Multicultural Family Centre
 Richmond Multicultural Community Services (RMCS)
 Richmond Youth Service Agency
 Settlement Orientation Services (SOS)
 South Vancouver Neighbourhood House (SVNH)
 S.U.C.C.E.S.S.
 Vancouver & Lower Mainland Multicultural Family Support Services (VLMFSS)
 Vancouver Multicultural Society (VMS)
 Westcoast Child Care Resource Centre
 Westcoast Family Centres Society (WFC)
 YMCA of Greater Vancouver
 YWCA Metro Vancouver