

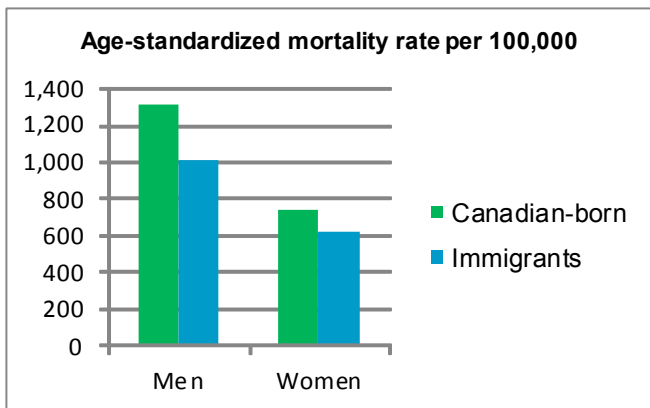
## Newcomer Health Care: Access and Navigation

This issue explores the challenges that newcomers to Canada may face in accessing health care. It identifies common strategies for supporting newcomers to navigate the health care system and provides a list of resources and referrals to assist immigrants and refugees in accessing health care information and services. For more, see the [Immigrant Health](#) page of AMSSA's website.

### Introduction

Newcomers to Canada are generally healthier than the average Canadian, in what is known as the “**healthy immigrant effect.**” This health advantage is greater for some ethnic communities, ages, and genders than others, and some groups of newcomers are particularly less likely to have good health than their Canadian counterparts, including women's maternal health and mental health, and refugees' maternal and infant health.<sup>1</sup>

The healthy immigrant effect also tends to diminish over time, with the health of newcomer populations tending to decline and converge towards the Canadian average.<sup>2</sup> The Canadian Medical Association's [clinical guidelines](#) for immigrants and refugees note that forced migration, low income, and limited proficiency in English or French increase the risk of a decline in health and should be considered in the assessment and delivery of preventive care.



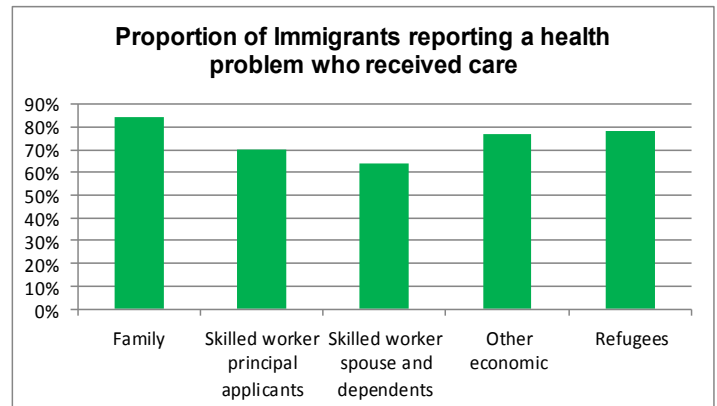
The [Public Health Agency of Canada](#) lists **12 key determinants of health**, including income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture. Therefore many of the activities of settlement services play a vital role in promoting newcomer health.

### References

- <sup>1</sup> Vang, Z. et al (2015). [The Healthy Immigrant Effect in Canada: A systematic review](#). Population Change and Lifecourse Strategic Knowledge Cluster Discussion Paper Series: Vol. 3: Iss. 1, Article 4
- <sup>2</sup> Ng, E. (2015). [The healthy immigrant effect and mortality rates](#). Statistics Canada.
- <sup>3,5</sup> Statistics Canada (2003). [Longitudinal Survey of Immigrants to Canada: Process, progress and prospects](#).
- <sup>4</sup> Pottie et al. [Preparing for Diversity: Improving Preventive Health Care for Immigrants](#). Our Diverse Cities.
- <sup>6</sup> Caulford, P. et al (2014). [Barriers and Facilitators to Health Care for Newcomers](#). Caring for Kids New to Canada.
- <sup>7,12</sup> National Centre for Cultural Competence (2004). [Bridging the Cultural Divide in Health Care Settings](#).

### Challenges to Accessing Health Care

Research shows that most newcomers to Canada are able to successfully access healthcare services if they need to.<sup>3</sup> However, some immigrants and refugees do experience barriers to accessing health care at the system, provider, or individual level.<sup>4</sup> Skilled workers—both principal applicants as well as spouses or dependents—are less likely than other immigration classes to access health care services when they need them, as are newcomers with East or Southeast Asian origins.



The most common reasons for newcomers not to access health care if they need it are: long waiting times, the services cost too much, language barriers, and the inability to find a doctor accepting new patients.<sup>5</sup> Other challenges include complex health insurance eligibility and entitlement rules, limited pre-arrival health care, and lack of familiarity with the Canadian healthcare system.<sup>6</sup>

Newcomers from a variety of cultural contexts may also approach health care differently from what is expected by the dominant culture in Canada, as related to:

- Belief systems about health and well-being
- Perceptions about illness and disease
- Help-seeking behaviours
- Attitudes towards health care providers
- Traditions of medicine

These cultural differences pose additional challenges for ensuring that newcomers are able to successfully navigate and access health care in Canada.<sup>7</sup>

## Bridging the Gap

Bridging the gap in newcomer health care requires the efforts of both newcomers themselves and health care providers. Research from the BC Centre of Excellence for Women's Health found that a majority of women newcomers were positive about the role that settlement agencies could play in providing access to guidance about the health care system.<sup>8</sup> Several strategies have been identified as effective at contributing to helping newcomers navigate the health care system:

### Language and Interpretation Services

There is a general consensus that health communication is best achieved when health care providers and patients speak the same language, but this is not always possible and interpretation services may be necessary. The importance of language in ensuring adequate access to health care cannot be overstated, with some research suggesting that language, rather than cultural beliefs and practices of patients, may be the most significant barrier to initial contact with health services.<sup>8</sup>

### Promoting Health Literacy

The term "health literacy" describes the ability to obtain, understand and use health information.<sup>9</sup> Health literacy is related to general literacy, which contributes to the barrier for newcomers who do not speak one of Canada's official

languages. However, research suggests that newcomers may face additional cultural and linguistic barriers to health literacy.<sup>10</sup> Health literacy can be promoted by simplifying and clarifying reading materials, communicating information via multiple formats and media, and organizing participatory community health education programs.<sup>11</sup>

### Cross-Cultural Health Brokers

Cross-cultural health brokers are members of a particular cultural community who have knowledge of the health-related values and beliefs of their own culture, as well as knowledge of the values and beliefs of mainstream Canadian culture. They sometimes have a professional background in health. Cross-cultural health brokers use their knowledge of health in various cultural contexts to bridge the gap in knowledge, expectations, and understanding between newcomers and health care providers.<sup>12</sup>

### Cultural Humility

Cultural humility is an approach to health care that recognizes not only the need to understand how differences in culture might affect the health care experience, but also that it is not possible to know everything about another person or group. This approach emphasizes that individuals need to be continually learning and listening to others' perspectives, and encourages health care providers to take cultural differences into account by asking questions rather than making assumptions.

## Resources and services in British Columbia

Topic / Population	Service / Resource	Description
Women's health	<a href="#">Newcomer Women's Health Clinic</a> (BC Women's Hospital)	Provides medical services by a nurse practitioner to newcomer women.
Mental health	AMSSA <i>Migration Matters</i> 21: <a href="#">Migrant Mental Health</a>	Page two contains a comprehensive list of resources and services.
Refugee claimants and privately sponsored refugees	<a href="#">Bridge Clinic</a> (Evergreen Community Health Centre)	Provides public health screening and short-term primary health care for sponsored refugees and refugee claimants until they find a family doctor in their community.
	<a href="#">Refugee Health Vancouver</a>	Searchable database for health care providers in Metro Vancouver that speak other languages, accept IFH, or offer reduced fees.
Cross cultural health brokers/promoters	<a href="#">Multicultural Family Centre</a> (REACH Community Health Centre)	Works with immigrant and refugee communities to develop and deliver culturally responsive health promotion programs and services.
	<a href="#">Umbrella Multicultural Health Coop</a>	Provides access to affordable and holistic health care services that are appropriate in culture and language through a cross-cultural health broker model.
Language	<a href="#">Healthlink BC</a> (Phone: dial 8-1-1)	Provides medically-approved information on health topics, symptoms, and medications. 130 languages by phone, 8 online.
	<a href="#">Provincial Language Service</a>	Provides interpreting and translation services to BC health authorities.
	AMSSA <a href="#">Family Health: Multilingual Resources</a>	Lists health care providers and community organizations that operate in languages in addition to English or with a multicultural mission.

<sup>8</sup> BC Centre of Excellence for Women's Health (2014). [Bridging Settlement and Health](#). BC Women's Hospital and Health Centre.

<sup>8</sup> Health Canada (2001). [Language Barriers in Access to Health Care](#).

<sup>9, 10</sup> Simich, L. (2009). [Health Literacy and Immigrant Populations](#). Metropolis Canada.

<sup>11</sup> Rootman, I. et al (2008). [A Vision for a Health Literate Canada](#). Canadian Public Health Association.