Building Ties with the Health System

A Briefing Document from the Community Alliance of Racialized Ethnocultural Services for Equitable Health (CARES for Equitable Health)

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We prepared this briefing document as a group of organizations and individuals who work with ethnocultural communities and are interested in connecting more closely with the health system. Our group is coordinated by the BC Health Coalition.

We want to begin by expressing our support for the government's initiative to reform primary care and shift to a team-based model of care delivery. We believe that this approach will better support the communities we represent. This briefing document summarizes our thoughts and perspectives on how these reform initiatives could be organized in ways that will improve care for BC's ethnocultural communities.

The document also outlines some of the challenges that ethnocultural communities currently face in accessing care that is appropriate to their needs and propose some concrete solutions to address these challenges.

From our perspective, the Community Health Centre model provides the integrated health, social, and mental health care that will be most effective in meeting the complex and diverse needs of the ethnocultural communities we serve. We strongly believe that because Community Health Centres (CHCs) are governed by and responsive to the communities they serve, they are the ideal model to integrate the recommendations we have identified as critical to improving access to appropriate care for BC's diverse ethnocultural communities. We also understand that there are many other British Columbians (e.g. low-income seniors, single parents, at-risk youth, First Nations, rural communities etc.) who would benefit from having access to a Community Health Centre and we are committed to working with these groups to build broad support for the Community Health Centre model.

BACKGROUND

In this briefing document we use the term "ethnocultural communities" to include a wide range of individuals and families who have difficulty accessing primary care services that are appropriate for their needs. This group includes, but is not limited to:

- **Recent and not-so-recent immigrants**
- **People with precarious immigration status**
- **Seniors whose first language isn't English**
- **Temporary Foreign Workers**
- **Anyone who identifies as having language and/or cultural barriers**

In BC, 28.3% of residents are immigrants, giving BC the second highest proportion of immigrants in Canada, after Ontario.[1] Individuals identifying as a visible minority, now make up almost two thirds of the Greater Vancouver area.[2] The growing diversity points to the importance of looking at the needs of these populations in the redesign of BC's primary and community systems of care.

IDENTIFIED ISSUES

There is increasing evidence that immigrants and refugees face barriers to accessing health care in Canada.[3,4] Research has shown that new immigrants arriving in Canada are twice as likely to face challenges in accessing health care than those who were born in the country.[5] The myriad of barriers —including lack of language and culture alignment and low levels of literacy—are connected to delays in seeking care, compliance with treatment and reduced use of preventative services.

Many of the participants in our programs tell us that they can't find a family physician due to low numbers of family physicians accepting new patients and the reluctance of many physicians to accept members of the ethnocultural community as patients. This is due, in part, to concerns about the time it takes to serve non-English speakers. It also reflects the fact that many immigrants work multiple part-time jobs and/or are shift workers and so have difficulties in accessing care during regular office hours. As a result, many of the people we work with seek care at walk-in clinics, which limits their ability to build trust and rapport and creates difficulties managing and monitoring chronic diseases.

LANGUAGE BARRIERS

Additionally, lack of common language and cultural competency results in inadequate assessments or inappropriate care plans and referrals. Language barriers can also decrease the likelihood of compliance with follow up tests and treatment plans.[6] Many participants report that physicians are reluctant to accept non-English speakers as patients because of the additional time it takes to use an interpreter. Moreover, despite access to interpretation services, many of our participants report that their physicians did not access the Provincial Language Services (PLS) program and instead directed them to bring a friend or family member to assist with communication. This is highly inappropriate because it negates patient confidentiality and creates risks because of untrained interpreters. Even when PLS was used, the time-limited nature of appointments, difficulty finding an interpreter for the time of the appointment, inconsistencies in the interpreter's skill level, and lack of cultural awareness still present barriers to accessing appropriate and effective care.

CULTURALLY COMPETENT CARE

In our increasingly multicultural society, cultural awareness and safety is an integral component in many health care interactions.[7] Many new immigrants, refugees, and people with precarious immigration status experience trauma as a result of their migration experiences. In the context of mental health care, interpreting only the words often misses the cultural nuances of language and has the potential to limit the accuracy of the assessment or to result in refusal of service. Referrals to specialized services would also be better facilitated with more language support and a cultural perspective to contextualize the referral. Similarly, much needed support and counselling for victims of torture, would be facilitated by culturally appropriate support and linkages. Mental health issues continue to carry a stigma and culturally safe approaches are vital to aid diagnosis and connection to appropriate services.[8]

HEALTH CARE NAVIGATION

In general, navigating the health care system can be extremely difficult for people from ethnocultural communities due to differences between the Canadian health care system and that of their home country. Language barriers, the difficulty in finding a family physician, and the lack of cultural competency result in poorer health outcomes. These challenges are particularly difficult for members of ethnocultural communities who are low income, have limited literacy skills and/or are refugees or people with precarious immigration status. As many health researchers have argued these broader social determinants of health contribute to the differences in health status between immigrants and their Canadian born counterparts.[9,10]

OUR ROLE

The evidence of health disparities and related challenges in accessing appropriate primary health care services point to the importance of understanding both the lived experience of ethnocultural communities and the policy approaches that are most likely to enhance their experiences with the health system and their health status as individuals and communities.

As organizations that provide social support services to these communities (e.g. language and employment training, linkages to affordable housing and counselling, social support services, etc.), we provide many of the health prevention and promotion services that contribute to the health and well being of the ethnocultural communities we serve. We could play an even more significant role in providing these services and supporting primary care providers if we were more fully integrated into the primary care reform processes. Below we have some suggested solutions for how we could both help to alleviate some of barriers to primary care experienced by ethnocultural communities and better support primary care practitioners who are working in a range of primary care settings.

SUGGESTED SOLUTIONS

1. Ensure Cultural Health Brokers play a central role in primary health care reforms

Cultural Health Brokers (CHBs) are members of the same ethnocultural community as the clients that they support and are therefore uniquely well positioned to build relationships and understand the client within the context of their family and community. The relational nature of the role creates opportunities for knowledge exchange and for fostering independence, integration and connection with community. CHBs accompany clients to medical appointments, and they also support people to access the social support services they need related to the social determinants of health (e.g. housing, education, income security, etc.). They can play an important role to promote and model cross-culturally competent practices.

Ethnocultural communities are vulnerable communities who have low attachment to a family physician.[11] Physicians, as previously noted, express concerns about providing care to this population.[12] With the aid of a CHB to mediate the barriers, physicians can feel more supported and therefore more willing to provide care for this population. CHB can improve access and also the quality and cultural competency of the health care provided.[13]

2. Integrate services and support to address PTSD/mental health issues related to migration in primary health care services

Co-locating mental health and addictions with physical health services would make it much easier for members of ethnocultural communities to access needed services and reduce stigma associated with mental health care. Interdisciplinary teams, including CHBs, would address the identified gap and provide a comprehensive model to address both physical and mental health together. Adequate funding for mental health positions is crucial as they are the highest barrier services for ethnocultural communities to access because of the costs associated with visiting a private counsellor.

3. Embed a social determinants of health lens in all clinical work and specifically include the integration of social services and social care into the CHCs

Health researchers recognize that the social determinants of health significantly impact health and well being. Embedding a social justice and health equity lens can positively impact health outcomes. Social services and social care supports should be integrated with primary care services so that patients are able to access services that reflect their broader needs related to the social determinants of health, (i.e. employment and language training, and access to housing support worker to assist in finding affordable housing, etc.).

4. Adopt an "access without fear" approach to the provision of primary health care services for people with precarious immigration status

The Health Authorities can develop a written policy and provide ongoing training for staff to not report to the Canada Border Service Agency. Without clear written policy, those needing to access services will fear being reported. The 2018 report by Sanctuary Health titled *Still Waiting, Still Afraid* examined and critiqued the lack of access in the City of Vancouver even after passing the 2016 "Access Without Fear" policy. For people with precarious status, truly universal access means that insurance and ID are not required in order to access services.

5. Involve the community and settlement sector "from the ground-up" when establishing initiatives related to immigrants, refugees and people with precarious immigration status

Settlement agencies, neighbourhood houses, and community organizations play a critical role in connecting migrant communities to primary health care services including social services and social care. We are eager to support primary care reforms that benefit the communities we serve.

PROPOSED MODEL

The Community Health Centre model of primary health care delivery has been in use in North America since the 1970s and has the potential to address the social determinants of health. CHCs provide integrated health, social, and mental health care that can effectively meet the complex and diverse needs of the ethnocultural communities we serve. We strongly believe that because CHCs are governed by and responsive to the communities they serve, they are the ideal model to integrate our above recommendations. CHCs have the potential to offer health promotion strategies in culturally safe ways. A diverse, interdisciplinary team approach to care is a key component to improving health outcomes for ethnocultural communities, which will benefit the individuals, communities and the health care system.

END NOTES

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