

## Equitable Access to Health Care, Health Promotion and Disease Prevention for Recent Immigrant Women Living in Nova Scotia\*

Integral to the Canadian healthcare system is the ideal of 'equal access for all'. However, research reveals that access to healthcare is influenced by factors such as income, education, age, culture and gender. This project focuses on how the specific experience of being an immigrant woman in Canada affects access to, and interaction with, healthcare.

The long-term goal of this project is to educate immigrant women about healthcare programs and policies, and identify the unique problems and needs that these women experience when they access healthcare. The goal of the Phase 1 was to obtain information to determine the direction of the next stage of this project and to explore the best strategies for reaching immigrant women and to encourage their participation in research. This pilot exploratory project conducted focus groups with 23 women from 13 different countries.

### Methodology

**Reaching Immigrant Women:** Researchers approached organizations that deal with immigrant women on a daily basis to identify potential participants.

Organizations responded in various ways. Some recognized the need for more information and research in the area of immigrant women and health, and provided a list of contact names, whereas other organizations assumed a protective role of women and said women would not want to participate in such research.

**Conducting Focus Groups:** Focus groups proved to be an effective and powerful tool for encouraging women to speak about their experiences, criticisms and suggestions for change in their access to healthcare. Although

researchers had developed questions as a guide for directing the focus groups, it became clear that each group had its own dynamic and specific focus. One group focused on language and cultural differences that made healthcare less accessible for immigrant women. Two other groups adopted a more emotional tone, focusing on mental health issues for immigrant women. A fourth group focused on employment barriers for immigrants and employment's connection to health. The final group discussed the healthcare system itself. The women responded positively to their participation in the focus groups, suggesting that the groups provided social support as well as imparting much needed health education and information.

### Findings

- ❖ Immigrant women in Nova Scotia have experienced problems accessing the healthcare system
- ❖ Immigrant women form their opinion of the Canadian healthcare system through direct comparison to the level of care they received in their country of origin

**\* *Equitable Access to Healthcare, Health Promotion and Disease Prevention for Recent Immigrant Women Living in Nova Scotia, Phase 1, was conducted by Dr. Swarna Weerasinghe (Principal Investigator), and Dr. Terry Mitchell, Department of Community Health and Epidemiology, Faculty of Medicine, Dalhousie University; Ms. Linda Hamilton, N.S. Council on Multicultural Health; and Dr. Mireille Ragheb, School of Nursing, Dalhousie University. Phase 1 focuses on the research methodology and preliminary outcomes of these qualitative focus groups, reflecting on the experiences, feelings and beliefs of these women.***

- ❖ The length of time living in Canada, the country (and region) of origin, socio-economic status, income, education level, and English skills contribute to the diversity of these women and their personal experiences with the health care system
- ❖ Basic communication with physicians is a major barrier to women who migrate from non-English speaking countries
- ❖ Some women expressed dissatisfaction with diagnostic and prescription practices in Canada
- ❖ Immigrant women require information on accessing the healthcare system at an early stage in their settlement in Canada
- ❖ Some immigrant women have experienced clashes between their ethnocultural or religious beliefs and Western medical practices
- ❖ The use of cultural health interpreters needs to be encouraged, even at the primary care level
- ❖ There is a relationship between under- and unemployment of foreign qualified and educated immigrants and their emotional and physical well-being
- ❖ One of the greatest misconceptions about immigrant women is that they are unable, or unwilling, to participate in research or even to speak about their lives
- ❖ Women used the focus groups as a venue for empowerment and to expand their social network

## Recommendations

- ❖ Future ethnocultural research must include informed participation through community-based workshops that include immigrant women, their family members and community organizations
- ❖ Future research should include care providers and policy makers at both the federal and provincial levels of government in order to stress their perspectives on the issues and to assist in transforming research into action and policy initiatives
- ❖ We must find innovative ways to facilitate women's expression in health research and go beyond merely using translators
- ❖ Informed participation of immigrant women empowers them; this must occur at each level of a research project

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