

Keeping Canadian Values in Health Care Symposium*

In May 1999, Operation Parasol brought over 5,000 Kosovar refugees to Nova Scotia. Non-government organizations, as well as federal, provincial and local government departments and agencies, collaborated to assist the Kosovar newcomers. These agencies included Citizenship and Immigration Canada (Nova Scotia office), the Department of National Defence, Health Canada, the Nova Scotia Department of Health, the Nova Scotia Department of Community Services, the Canadian Red Cross Society, the Metropolitan Immigrant Settlement Association, Dalhousie University's School of Dentistry, the Nova Scotia Association of Optometrists, local hospitals and clinics, as well as interpreters and hundreds of community volunteers. The goal of the service providers was to provide the displaced Kosovar people with food, shelter, health and social services, and security.

About 200,000 newcomers arrive in Canada every year. The Nova Scotia Council on Multicultural Health organized this symposium to bring the service providers for this relief project together to examine the delivery of multicultural health services in Nova Scotia. The goals of the symposium were to:

- ❖ share experiences and knowledge related to the health and well-being of the resettled refugees
- ❖ discuss issues and lessons learned from the Kosovo experience
- ❖ identify barriers to inclusion, diversity and social justice in health care services for newcomers
- ❖ discuss the development of multicultural health policy based on a broad understanding of diversity and inclusion.

Barriers to Health Services Provision for Newcomers

Interpretation challenges: Too few interpreters, interpreters untrained and overworked

Inadequate preparation: Too little time, not knowing what to expect

Culture: Newcomer community's different cultural understanding of mental health and mental health services

Unidentified needs: Needing to meet the mental health needs of providers and interpreters working with the refugees

Diversity: Needing to meet the education requirements of health professionals about the diverse physical, social and mental health needs of newcomers

Health protection: Provider and public fears about contracting communicable diseases from refugees

Professional challenges: Conflicting professional cultures

*** The Nova Scotia Council on Multicultural Health partnered the Canadian Council on Multicultural Health, the Canadian Mental Health Association (Nova Scotia Division), the Maritime Centre of Excellence for Women's Health, the Metropolitan Immigrant Settlement Association, and the Nova Scotia Department of Health for this symposium. Presenters included representatives of the agencies and departments involved with Operation Parasol.**

Recommendations for Removing Barriers

Service Provision

- ❖ Provide culturally-appropriate health services to meet the diverse physical, social and mental health needs of newcomers.
- ❖ Link with groups or agencies with expertise in compassion fatigue and the other mental health needs of those who respond to crises.

Establish Coordinating Network or Advisory Committee

- ❖ Initiate team-building, networking and a strategy for meeting newcomers' diverse health needs.
- ❖ Establish a coordinating network or advisory council that links resettlement programs, health and social services, educators, and newcomers.
- ❖ Engage the coordinating network to collaborate in planning integrated or seamless care delivery, ensure appropriate resource designation in crisis and non-crisis situations, and serve as a bridge between multicultural policy development and health care services.

Education

- ❖ Recruit and train interpreters in medical terminology, cultural and linguistic translation.
- ❖ Integrate multicultural issues in education curricula and continuing education programs for health and social service providers and volunteers.
- ❖ Educate providers and the public about communicable diseases and cultural sensitivity.

Policy Development

- ❖ Formulate a vision or policy statement for the medical, social and mental health service needs of newcomers.

- ❖ Assess the next steps towards development and implementation of multicultural health policy.
- ❖ Establish a coordinating advisory council to monitor the removal of barriers to access, and to plan the integration of services and the appropriate designation of resources.
- ❖ Lobby for the development of multicultural health policies. Amend the Canada Health Act and provincial multicultural health policies to expand mental, physical and social health services for culturally diverse newcomers. Provide funding for such programs during non-crisis situations.
- ❖ Develop legislation that is sensitive to culture, gender and age considerations of newcomers.
- ❖ Develop provincial standards for training and practice of cultural health interpreters.

Research

- ❖ Directly involve newcomers in community-based research about their diverse health needs.
- ❖ Determine health service needs of women, elders, and children using cultural, age and gender-based analysis.
- ❖ Conduct and use culturally relevant community-based research to develop the knowledge base about newcomers' diverse health needs and to shape policy, professional education, and service delivery.
- ❖ Develop a resource library for education providers about the needs of specific communities, their backgrounds, and the availability of resources.
- ❖ Use community-based research to convince federal and provincial governments to expand culturally responsive medical, social and mental health services for newcomers.

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