

## Recommendations / Future Directions

### Needs of women:

- 1) Immigrant women have special needs related to acculturation (eg, recent immigration, language issues, gender, uninsured, culturally-based health practices and beliefs) that can create barriers to accessing and receiving health care services.
- 2) Women benefit from service partnership models that are community-based and integrate a variety of service options from different health and social service sectors.
- 3) Women benefit from efforts to integrate gynecological health into a holistic women's health context.
- 4) More research and evaluation are needed to document health care needs of Ontario women. Community-based health research is an effective way to do this for Chinese-speaking immigrant women in Ontario.

### Health research:

- 1) Cultural interpreters are very valuable in cross-cultural health research. This is a subject that is worthy of further study.

### Community health partnerships:

- 1) Teamwork among multidisciplinary service partners, communication on vision, goals and project activities, and equally distributed decision-making power are important to the success of a community-based health services partnership.
- 2) The CCHS model is a cost-effective health service and prevention strategy, in need of a consistent funding base.

### Health services:

- 1) Public health efforts will benefit from offering more accessible, appropriate public education regarding Canada's health care system and "culture" for newcomers from China.
- 2) There is a need for more Chinese-speaking women doctors and HCPs doing Paps and related education. Equally important are doctor/nurse-initiated discussions of women's health issues, including gynecological health and the importance of regular Paps.
- 3) Front-line staffs at clinics and hospitals need to be aware of newcomer's health issues and cultural practice.
- 4) The CCPI Volunteer Program for FTHCPs is a cost-effective strategy in health service and promotion, and would benefit from transfer and use in other health sectors and contexts.
- 5) The issue of newcomer patients without OHIP coverage is a complex challenge that will require policy intervention for financial burdens to be shared among hospitals, government and community health sectors.

A full copy of the CCPI Project Final Report can be obtained from Scadding Court Community Centre at cost.



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## The Cervical Cancer Prevention Initiative (CCPI) 2001 - 2003

This 3 year research project, run out of Scadding Court Community Centre, was funded by the Ontario Women's Health Council. Its goals were to:

1. Develop a culturally sensitive Cervical Cancer Prevention Initiative within the context of a community-based health service model for immigrant women that is transferable to different cultural groups and locales within the Canadian context.
2. Reduce barriers and provide equitable access to effective health services for Chinese-speaking immigrant women, who often "fall between the cracks" of the Canadian health care system.

### The Cross-Cultural Health Services Clinic at Scadding Court Community Centre

The CCPI project supported the creation of the Cross-Cultural Health Services Clinic (CCHSC). The clinic operates on a partnership model and offers primary health care, prevention and health education services. Community outreach, policy initiatives and partnerships with different types of health professionals are key features. Foreign-trained health care professionals (FTHCPs) contribute as volunteers to the effective operation of the Clinic. The Clinic offers culturally and linguistically sensitive, community-based health services that could be used to reach other hard-to-serve groups.

### The Research: Evaluating the CCPI and Improving Access to Health Care

#### *profile of women accessing services of the CCPI*

The average participant in this study is 25 - 44 years old, married, has been pregnant, has been in Canada less than 5 years, speaks Mandarin as her first language, is not fluent in English, is highly educated, has a family income below \$25,000, and has a health service within the past 1-2 years. She does not feel comfortable with Canadian culture.

#### *6 separate studies were conducted as part of the CCPI*

### STUDY #1 - Major Survey Study

A health promotion and education strategy targeted Chinese-speaking women for cervical cancer prevention. Health education workshops and 2 CCPI videos offered linguistically and culturally appropriate cervical cancer prevention information and discussion about women's health issues. 316 women who came to the CCHSC or to another clinic (control site) filled out surveys. 3 groups were compared: 1) CCHSC women who had attended a CCPI Health education workshop, 2) CCHSC women who had not attended a Workshop and 3) women who went to the control site and who did not participate in any CCPI health promotion activities.

### **Study results:**

- 1) Workshops were an important strategy for providing equitable access through health promotion and education. The Workshops were found to increase cervical cancer prevention-related knowledge and behaviours, particularly for women who have lived in Canada 5 years or less. Ingredients for success of the health education strategy are a culturally sensitive message, a credible source within cultural context, and humour and social support.
- 2) Health services at the CCHS clinic are more effective in supporting cervical health in high-risk immigrant women than are the services offered at the control site.
- 3) Issues related to immigration and settlement, language and culture, gender, and OHIP coverage affect access to and quality of health care.
- 4) Immigrant women in their first year in Canada have limited access to health care, but access improves with each year that they have lived in Canada. This finding should be used to develop health education strategies for disease prevention in immigrant women.

### **STUDY #2 - Focus Groups**

129 women participated in focus groups on immigrant women's health and experience with Canadian health services.

#### **Study results:**

- 1) There was higher satisfaction with the Chinese health system because it is accessible, patient-controlled access to services, always open, integration of Traditional Chinese Medicine and Western Medicine.
- 2) Some advantages of the Canadian system are universal insurance coverage (but not for recent immigrants), more advanced technology and more health promotion.
- 3) Health is a holistic concept, involving physical, emotional/psychological health and prevention (eg, diet, exercise). Concerns focused upon gynecological cancers, menopause, osteoporosis, and pregnancy health.
- 4) Recommendations for women's health services are:
  - Access to experienced, ethical, caring, Chinese-speaking providers in community clinics
  - Less waiting time, cheaper medications
  - Option of Traditional Chinese Medicine and Western Medicine combined
  - More health education workshops in Chinese, and clinics like SCCC

### **STUDY #3 - Individual Qualitative Interviews**

15 women participated in 1-hour interviews on health perceptions of cervical cancer and barriers to prevention.

#### **Study Results:**

- 1) Cultural interpreters are not often used in conventional research approaches, however act as a valuable linguistic and cultural link in cross-cultural research.
- 2) Most women identified health as physical health together with a positive emotional and mental state of being.
- 3) Illness is often described using physical and mental/emotional feelings and symptoms.
- 4) Women generally associated cervical cancer with negative feelings.
- 5) The main barriers to Pap testing are feeling emotionally uncomfortable and not having enough knowledge.
- 6) Women recommended strategies to improve participation in testing: education to improve knowledge, media advertising, health education workshops and reminders from a friend to get tested.

- 7) Chinese language is an issue in finding a doctor in Canada and ¾ of the women chose doctors that were recommended by a friend.

### **STUDY #4 - Volunteer Training Program**

The cervical cancer prevention and health education strategy was largely designed and led by Chinese volunteers, mainly FTHCPs who were trained in topics such as professional English, workshop facilitation, public speaking, administration, job search skills and research. Volunteers were essential in the research process and crucial as cultural and linguistic interpreters. 5 volunteers participated in a focus group to evaluate the CCPI Volunteer Training Program. 2 other people involved in the CCPI project were interviewed also.

#### **Study results:**

- 1) 49 CCPI volunteers contributed 3,283 hours of service to the project.
- 2) CCPI volunteers improved their skills in areas of English language and translation, use of computer software, organizational and research, reception, and teamwork. Knowledge about the Canadian Health System was gained also. There was agreement this experience would be helpful in finding paid work in Canada.
- 3) Foreign-trained health professionals are an important yet underutilized resource in the Canadian health and research sectors.

### **STUDY #5 - Partnership Study**

The Canadian-trained professionals and the FTHCP volunteers created a collegial and teamwork-oriented environment that took advantage of everyone's skills. A variety of health care professionals and people involved in the CCPI project were interviewed about the CCHSC partnership.

#### **Study results:**

- 1) Ingredients for success of the project included funding, community-based and client-focused care, teamwork and partnering, a positive environment for diversity, multidisciplinary team, personal commitment, foreign-trained health care professionals and agreement on goals.
- 2) The model offers a Quality Assurance mechanism: the project team had opportunity to evaluate what was happening and incorporate feedback to direct future activities. This is a necessary part of community-based health partnerships.
- 3) Teamwork was a challenge for the multidisciplinary, multicultural project team. These sectors have different "cultures" and speak different languages.

### **STUDY #6 - Client Satisfaction Surveys**

92 patients at the CCHS clinic filled out surveys.

#### **Study results:**

- 1) There was high satisfaction with clinic health care professionals and volunteers. The lowest area of satisfaction was the wait time to see the health care professional.
- 2) Patients reported satisfaction with receiving the help they need and would recommend this clinic to friends or family.
- 3) Bilingual staff, convenient location and operating hours are an important source of satisfaction for many patients and childcare is recognized as a definite bonus.