



# **PCERII Funded Research**

## **Progress Report**

### **Understanding the Health Care Needs of Canadian Immigrants**

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## **1. Research Problem**

This study examines the adaptive strategies of selected immigrant groups in the Edmonton area, and how these strategies affect their health and their integration into Canadian society.. The research also documents the barriers immigrants encounter in accessing health services, and suggest programmes and policies that promote improvements to the health status of immigrant individuals and communities.

## **2. Methodology**

The first stage of research involved examining existing databases relevant to the communities under study. In the second stage, a community profile was constructed for each of the three communities, based upon interviews with community leaders. The third stage, we interviewed 10 respondents from each community (30), as well as 15 health care providers and policy makers.

In keeping with mainstream anthropological principles, much of the research was qualitative, utilizing participant observation, ethnographic interviews, and focus groups. In addition to topics relating to health, work, community integration and immigration experience, interviews also elicited information on standard sociological and actuarial categories such as age, education and occupation, in order to provide a context for the case-study data. Analysis (nearing completion) utilizes a combination of qualitative and quantitative approaches.

An advisory committee consisting of representatives from the six immigrant communities, health care institutions and immigrant-serving agencies has provided on-going input and support to the project, and will help disseminate the study's findings.

## **3. Progress to Date**

Relevant databases have been examined, the three community profiles have been constructed, and all 45 in-depth interviews have been completed and transcribed. Analysis of the 30 interviews conducted with immigrants has been completed, and the 15 interviews conducted in health care providers and policy makers is under way.

## **4. Preliminary Findings**

The first level of analysis was qualitative and cultural. The qualitative research software, NUD\*IST, was used to organize the interview material into major themes under the following headings: Background, Challenges, Social Support, Degree of Integration, Values and Attitudes, Health Issues, and Coping Strategies. Analysis revealed that the three communities under study have some things in common. There are, however, important systemic differences in the obstacles they face, as well as cultural differences in how these obstacles are perceived and addressed. A more detailed summary of thematic findings is attached.

The second level of analysis was quantitative and psychological. SPSS was used to study the relations among health, integration, and coping styles at the individual level. This involved exploring a variety of questions such as whether immigrants who report high levels of stress visit medical doctors more frequently than individuals with low stress levels. Preliminary findings are as follows:

- (1) As predicted, the greatest stress is experienced by younger immigrants, those who have been in Canada the shortest length of time, those with the most children, and those who rent rather than own their own homes.
- (2) Also as predicted, different stress levels are associated with different coping strategies. Those with minimal stress tend to rely on their own internal resources in time of need; those with moderate stress tend to take some kind of concrete action to improve their situation; and those with the highest stress levels tend to rely on others such as family and friends.
- (3) Not predicted is a weak association between integration and stress. Those who participate less in their own ethnic communities than in the larger society experience the greatest amount of stress.
- (4) As predicted, these associations, based on individual data, have some correspondence to cultural patterns
  - For example, the Chileans are the oldest, have been in Canada the longest, have the highest degree of home ownership, are moderately integrated, experience the least amount of stress, and tend to rely on their own internal resources.
  - In contrast, the Somali and Chinese, who experience higher stress levels, are younger, have been here less time, own their own homes less often, and depend more on action or upon family and friends in time of need.
- (5) Not all of the cultural patterning is predictable on the basis of individual patterns, however. For example, the Chinese, who are more affluent than the Somali, own their own homes more often, and encounter covert rather than overt discrimination, nevertheless experience higher stress than do the Somali.
- (6) We were somewhat surprised to find that stress levels and resulting coping strategies are not significantly associated with health-related behaviors. Some of the findings associated with health behavior are, nevertheless interesting.
  - Almost everyone, regardless of cultural affiliation, thinks highly of the Canadian health care system, visits a doctor at least once a year, and has the same complaints about the health care system as do majority Canadians,
  - Biomedicine is the preferred method of treatment in all three communities, but especially popular with the Somali. In addition, Chileans and Chinese use home remedies and alternative treatments a good deal,
  - Chileans are divided in their opinions of whether their health has improved, stayed the same, or declined after immigration. The Somali tend to feel their health has declined; and the Chinese feel their health has improved.

Findings from analysis of the 15 interviews with health care providers and policy makers will be presented in the final report.

## **5. Policy Implications**

The single most important factor influencing how individual immigrants respond to crises is stress. Stress reactions vary, of course, from individual to individual, but they are not entirely psychological. Rather, they are strongly influenced by cultural background. Those who rely upon internal resources in time of crisis, such as the Chileans, are not likely to utilize community service organizations nor are they likely to take an active role in attempting to change external factors causing the crisis. Other groups, such as the Chinese and Somali, also may fail to utilize community services, but for different reasons. The Chinese, for example, "lose face" when they apply to outsiders for help, and are thus more likely to turn to family and friends for assistance in time of need. Understanding these kinds of basic cultural differences is essential if community service organizations are to be effective. The policy implications of cultural difference in response to stresses encountered by immigrants will be discussed in detail in the final report.

## **6. Staffing**

David Young and Denise Spitzer were assisted by four individuals in conducting the in-depth interviews. Three of these individuals were students: one undergraduate and two graduate students. Transcription assistance was provided by several undergraduate students and one graduate student.

## **7. Presentations and Publications**

David Young and Denise Spitzer participated in a brown bag lunch at the Royal Alexandra Hospital. David Young made formal presentations at the Second National Conferences in Montreal and the Prairie Centre Regional Conference in Regina. David Young and Denise Spitzer made a joint presentation at the Third National Conference in Vancouver. In addition, some of the research findings have been presented in anthropology classes at the University of Alberta.

## **8. Projected Date of Completion**

April 30, 1999

## **9. Graduate Students Involved in the Project**

<u>Name of Student</u>	<u>Program</u>	<u>Data to be Used in Thesis?</u>
Mana Ali Advisory Committee	Diploma in Social Work Grant MacEwan	No
Monica Chavez Advisory Committee	Nursing Diploma Grant MacEwan	No
Adrienne Wiebe Advisory Committee	Ph.D., Anthropology	No

Craig Candler	M.A., Anthropology	No
Tracey Spack	Ph.D., Anthropology	No
Kim Mah	Ph.D., Anthropology	Indirectly

## 10. Attachment:

### Thematic Comparison of the Chinese, Somali and Chilean Communities

#### *Background*

The Chileans have been here for 20 years or more, while the Chinese and Somali immigrated to Canada within the past ten years. The Chileans and Chinese come from middle-class backgrounds and are well-educated; the Somali come with a somewhat lower socio-economic status. The Chileans and Somali immigrated primarily because of political harassment and personal danger; the Chinese feared political instability and its effects upon business.

#### *Making the Transition*

The greatest initial challenges for all three groups were language, the cold weather, lack of recognition of their experience and credentials, and finding meaningful employment. The Chileans and Somali appear to have suffered the greatest culture shock --the Chileans because of decline in both economic and social status and the Somali because of the transition from a very homogeneous society to a culturally-diverse industrialized country where they are separated from kin. Because they have been here the longest, and have worked hard to improve their socio-economic conditions, the Chileans have succeeded in regaining much of their lost status. They currently appear to be well-integrated into Canadian life. The Chinese and Somali have not been here as long and are not yet as well integrated.

#### *Social Relations and Support*

The Chinese and Chileans have access to greater material resources than the Somalis. Chinese are the most active in ethnic and community organizations, but the well-developed class-structure within the Chinese community is a source of tension. There is also tension between earlier Chinese immigrants and more recent immigrants from Hong Kong. Although the Chileans were initially active in assisting each other, political differences came to the fore after Pinochet stepped down and now contribute to a low level of involvement in ethnic and community affairs. Although Somali women have been able to form an active women's group, and ethnic and cultural ties remain strong, former clan divisions hinder the development of greater cohesiveness in the Somali community.

Chileans have good relations with their neighbors and co-workers but have few close friends and relatives upon whom they can rely in time of need. The Somalis receive respect from their neighbors but feel they are not fully-accepted as Canadians; a few have suffered from overt racist attitudes and behaviors. The Chinese report very positive relations with neighbors. They rely upon extended family and close friends in time of need rather than approaching Chinese

community organizations, as this would involve "loss of face." Religion (Islam) is the most important for the Somalis, somewhat less so for the Chinese (who are Christians and Buddhists), and of nominal importance for the Chileans (who are Catholic).

### *Health*

Chileans and Chinese feel their health status has either remained the same or improved since coming to Canada, whereas the Somali tend to feel it has declined. All three groups emphasize the importance of life style. In addition, the Somali view health as largely in the hands of God. The Chinese are especially interested in nutrition, and the Chileans place the greatest emphasis upon mental health and a positive attitude. Chileans have the greatest interest in alternative health practices, followed by the Chinese, and the Somali. All three groups are very positive about the Canadian health care system, particularly its universality. There are complaints, however. Most of the complaints are shared with other Canadians: gradual deterioration of the system, long waits to see specialists, poor service in emergency, and the high cost of pharmaceuticals. The Chileans believe doctors under emphasize holistic approaches and over prescribe medication; the Somali are especially concerned about the cost of health care premiums and medication, and they seem to suffer the most from communication and cultural barriers between themselves and health care personnel.

### *Coping Styles*

Cultural values of the Chileans and Chinese are the most consonant with middle-class Canadian values, such as an emphasis upon individualism and self-reliance. The Chileans talk the least about discriminatory treatment; the Chinese are the most willing to overlook it; and the Somali are the most inclined to take it seriously. Chileans are the most politically-informed and have been able to imbue their jobs (even when lower status than in Chile) with meaning. They are also the most private, relying heavily upon their own spiritual, artistic, and intellectual resources, a strategy which seems to work well for those in the prime of life, but which may be more problematic in old age. Most of the Chinese have access to considerable material resources and traditionally rely upon primary groups such as extended families. This strategy is a source of great strength but can be problematic when families become separated geographically, as is often the case in the Hong Kong immigrant community. The Somali have fewer material resources, and face more obstacles to integration than the other two groups; their strength lies in their religious faith, strong ethnic and cultural ties, and great personal resilience.

## **11. M.A. and Ph.D. Students with Research Project**

1. Craig Candler, M.A., Anthropology
2. Kim Mah, Ph.D., Anthropology
3. Tracey Spack, Ph.D., Anthropology
4. Adrienne Wiebe, Ph.D., Anthropology

## **12. Presentations relevant to PCERII : Professional Conferences**

Spitzer, D. (1999) *"Here I'm Like a Chicken": Stories from Somali Women in Canada.* Presentation to the Africa Society Conference, Edmonton, February 26-28.

Neufeld, A., Harrison, M., Stewart, M., Hughes, K., and Spitzer, D. (1999) *Participation of Immigrant Women Caregivers in Qualitative Research*. Paper prepared by. Advances in Qualitative Methods Conference, Edmonton, February 18-20.

Spitzer, D. & Bubel, A. (1999) *Documenting Women's Stories: The Photo-Novella as a Method of Data Presentation*. Advances in Qualitative Methods Conference, Edmonton, February 18-20.

Young, D. & Spitzer, D. (1999) *Health, Integration and Coping Styles: A Comparison of Chinese, Somali and Chilean Immigrants to Edmonton*. Presentation to the 3rd National Metropolis Project, Vancouver. January 13-16.

Spitzer, D. (1998) *Whose Body? Women, Biomedicine and Menopause*. Presentation to the Society for the Social Study of Science Conference, Halifax, October 29.

Young, D. & Spitzer, D. (1998) *Coping Styles of Chinese, Somali and Chilean Immigrants to Edmonton: Implications for Understanding Integration and Health*. Presentation to Bridging the Gap: Research, Policy and Service Perspectives on the Metropolis Project, Regina, October 31.

Spitzer, D. & Bubel, A. (1998) "About as Useful as a Book of Poetry:" *The Photo-novella as a Tool in Research and Change*. Presentation for the Society for Applied Anthropology Conference, San Juan, Puerto Rico, April 21-25.

Young, D., Spitzer, D & Pang, F. (1997) *Barriers to the Health of Chinese Immigrants in Edmonton*. Presentation to the 2nd National Metropolis Conference, Montreal. November 23-26.

Spitzer, D. (1997) *Migration and Menopause: Negotiating Meanings of Midlife in a New World*. Presentation for the Canadian Anthropology Society (CASCA), St. John's, June 12-15.

### **13. Publications Relevant to the Prairie Centre**

Spitzer, D. (In press) "They Don't Listen to Your Body": Minority Women, Nurses and Childbirth. In *Care and Consequences*, Diana Gustafson, ed.

Spitzer, D., Henry, C. & Popp, J. (1998) Back to Basics: Towards a Consensus on Health and Translation. *Health & Cultures* 13 (2): 5-6.

Spitzer, D. (1998) From Fair Society to Special Interest: The Struggle for Equity in HealthContinues. Editorial. *Health & Cultures* 13(2): 3.

Spitzer, D. (in revision) Immigrant Women and Menopause: Changing Roles, Re-Creating Meanings. *Health Care for Women International*..