

# Press Release

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**\*\*For Immediate Release\*\***

From the Atlantic Centre of Excellence for Women's Health and the Canadian Women's Health Network:

## **Health Care System in Atlantic Canada Neglects Immigrant, Refugee and Minority Women**

The health care system in Atlantic Canada cannot adequately help immigrant, refugee and racialized minorities if it cannot hear or see them. When it comes to access to health care for diverse populations, their current invisibility within the system is a top concern.

Recent studies sponsored by the Atlantic Centre of Excellence for Women's Health (ACEWH) have exposed a critical knowledge gap in the region about accessibility of health care for disadvantaged sub-populations in general, and women in particular.

A lack of information about the lives of women and their families – especially Aboriginals, 'indigenous' Blacks, immigrants and refugees – forms one of the chief roadblocks to their proper care.

Research sponsored by the ACEWH demonstrates that there are three major barriers for adequate health care:

### **Medical Research**

Health care systems are not well informed about the ethno-cultural diseases and medicines of minorities. Services do not investigate how various diseases affect Blacks or Asians differently, what conditions are prevalent among different ethnic groups, or what alternative therapies are available that best reflect cultural and religious beliefs.

### **Language and Communication**

Minorities who lack language skills – particularly immigrant women, who are the family caregivers – are uncertain about which health services are available to them. This, in turn, prevents them from fully using the services. Limited or insufficient social support networks and high levels of unemployment among these women further restrict their ability to maintain health.

## **Culture**

Access to health services by groups such as Acadians, Blacks, Aboriginals and immigrants is increasingly difficult because the regional health system is not always sensitive to the needs of a culturally diverse clientele. In practice, this can translate into a tendency to by-pass the system. Immigrant women sometimes prefer no physician at all if they cannot see a female physician for gynecological examinations; Black women use facilities for breast cancer screening less than others, relying more on community structures to manage health; Aboriginal women prefer care delivered within their own communities.

## **Steps for the Future**

The ACEWH recommends that more and better trained health care interpreters are needed to help prevent misunderstandings and to enhance communication processes respecting diagnoses.

Training in medical terminology and cultural and linguistic translation for interpreters would help immigrant encounters with doctors and nurses. A parallel need exists for more organizations to provide and deliver vital information and health education about how to use the system and about health promotion in an immigrant's own language.

Provincial and regional health systems in Atlantic Canada should develop umbrella policies integrating sensitivity training and multicultural issues into programs for health providers. Diversity training for medical and support staff must become a matter of policy and practice before the system can become culturally responsive.

Finally, culturally relevant community-based research on social and economic inclusion is required to shape policy, professional education, and service delivery.

For more details on study results and to arrange interviews with the study authors, please contact:

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