



**Improving Access to Services for
Immigrant and Refugee
Communities**

Needs Assessment

Final Report

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Improving Access to Services for Immigrant and Refugee Communities

Executive Summary

Funding was obtained from the AIDS Community Action Program of the Public Health Agency of Canada for a three-year initiative, the Improving Access Project. The intent of the project is to improve access to health and social services for immigrant people living with or affected by HIV in Brandon and Winnipeg. A needs assessment was the research component of this project. Through a collaborative process involving community members, community organizations, service providers and policy makers, a health promotion and disease prevention strategy will be developed based on current research, promising practices and the local context.

Ethical approval for the study was obtained through the Brandon University Research Ethics Committee in May 2006. Data collection occurred in the fall and early winter of 2006. Analysis was completed in early 2007. Literature was examined as the data was analyzed, and a conceptual framework was identified which was then used to organize findings and recommendations. Themes were identified from the data, and several recommendations have been made that reflect the themes that evolved from participant contributions.

This report summarizes the needs assessment that was completed for the immigrant and refugee populations of Winnipeg and Brandon. The findings are based on data collected through focus groups and one key informant interview. A total of ten focus groups (five from Brandon and five from Winnipeg) and one key informant interview (Brandon) were held. A total of 93 individuals, both women and men, from African and Latin American countries participated in the research project. The quotes used in this report are taken verbatim from the transcripts.

Summary of Recommendations

The following recommendations were drawn from focus group discussions in Brandon and Winnipeg. The majority of recommendations apply to both communities however some recommendations are specific to Brandon only.

1. Identify a person or agency as accountable for the coordination of orientation activities for new immigrants/refugees.
2. The City of Brandon, employers and community agencies partner with the individual/agency coordinating orientation efforts to prepare the broader community in a timely way.
3. Regional Health Authorities in both Brandon and Winnipeg recruit interpreters for commonly spoken languages in each city.

4. Regional Health Authorities develop an education program for health interpreters, which would include a component of ongoing demonstration of confidence with the role and competency in the language being interpreted.
5. Brandon Regional Health Authority explore a partnership with Brandon University International Student Association as a potential source of recruits for health interpretation.
6. Regional Health Authorities and other service sectors provide health related information in languages other than English.
7. Regional Health Authorities and other service agencies sponsor and support employees to attend educational opportunities to improve sensitivity to alternate cultural belief systems and behaviours.
8. Regional Health Authorities and other community agencies strive to include members of immigrant communities in paid and volunteer activities to enhance a sense of inclusiveness as well as to increase understandings of other cultures within service providers.
9. The City of Brandon and community agencies engage the immigrant and refugee communities in social events to both welcome new arrivals and celebrate the development of new neighborhoods and communities within the broader community of the city.
10. As a part of the orientation process, newcomers have the opportunity to interact with persons from the dominant culture as well as from the already established immigrant community.
11. Develop a listing of key contacts for each cultural group and provide the list to newcomers as a means to access cultural support immediately upon arrival to the respective city.
12. Specific cultural communities identify credible community leaders, as recognized by the community, and provide a listing to the Regional Health Authorities and other service sectors for ongoing planning purposes.
13. Develop a comprehensive public education campaign to increase HIV awareness and prevention among the general population.
14. Increase awareness of the roles, responsibilities and HIV related services offered by publicly funded agencies such as Public Health Services and Community Health Centres.
15. Information related to HIV prevention, testing, treatment and support to be readily available and accessible to all Manitobans including immigrants and refugees. Various media sources including the use of community television is recommended.

16. HIV prevention efforts should be broadened beyond specifically developed education programs for immigrant populations on risk factors and focus on the fact that the risk of HIV is present in Canada, the communities rights and obligations related to HIV and good citizenship as well as issues related to social isolation and the stigma associated with HIV.

17. Overall improved integration into already existing immigrant communities and into the broader community of the city would perhaps relieve the sense of boredom, loneliness and use of “bars” as the major source of recreation.

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Background

Funding was obtained from the AIDS Community Action Program of the Public Health Agency of Canada for a three-year initiative, the Improving Access Project. The intent of the project is to improve access to health and social services for immigrant people living with or affected by HIV in Brandon and Winnipeg. The proposed needs assessment is a research component of this project. Through a collaborative process involving community members, community organizations, service providers and policy makers, a health promotion and disease prevention strategy will be developed based on current research, promising practices and the local context.

The Improving Access Project is also intended to identify barriers that hinder the provision of culturally responsive health and social services to immigrant and refugee (IR) communities. As well, the project involves IR communities in Brandon and Winnipeg in the development of resources and in community education activities to enhance awareness about HIV/AIDS and community resources available.

The Improving Access Coordinating Team provides overall direction to the research project in conjunction with the Principal Investigator from Brandon University. This is a community-based research collaboration between Brandon University, School of Health Studies and the Improving Access Project.

In addition, two Community Advisory Groups, one in Brandon and one in Winnipeg, have been established to provide input and support to the research project. Community consultant groups, one each from Brandon and Winnipeg, were brought together to provide input into the research design. A letter of invitation was sent to key ethno-cultural community leaders, who then self-selected to participate. Community Advisors were recruited because of their significant involvement in their ethno-cultural communities and their willingness to discuss issues related to HIV. The Advisors were provided an overview of the project and detailed information specific to their role. Participation by the Community Advisors was voluntary. They helped to develop appropriate questions for the focus groups and individual interviews and a recruitment strategy for research participants. Two, three hour meetings were held with the Community Advisors in both regions.

Project Objective

The primary objective of this research project was to identify the HIV-related health and social service needs of immigrants and refugees in Brandon and Winnipeg. Findings from the research will assist in tailoring programming and service delivery and in supporting advocacy efforts for more accessible, effective and culturally appropriate services.

Research Question

What are HIV-related health and social service needs of immigrant and refugee communities in Brandon and Winnipeg?

Sub-questions:

1. What are the beliefs of immigrant and refugee communities that affect their decision to access HIV-related health and social services?
2. What are the facilitators to accessing health and social services for the immigrant and refugee communities?
3. What are the barriers to accessing health and social services for immigrant and refugee communities?
4. How can access to health and social services for immigrants and refugees and their families be improved in Brandon and Winnipeg?

Areas of Study for the Research Project

The research project collected information from immigrants and refugees mainly from endemic and HIV-affected countries through focus group and one key informant interviews. These interviews focussed on the following areas:

- Awareness & perspectives of health and HIV/AIDS including prevention, transmission, and available resources
- Experiences accessing health and social services, including
 - Barriers people face when accessing health & social services, both generally and HIV-related
 - Perceived and actual gaps in health and social services
 - Facilitators to accessing health and social services
- Areas for improving health and social services & opportunities for involvement of ethno-cultural communities

Community Advisory Group

The existing Community Advisory Groups facilitated recruitment for study participants through identifying agencies and organizations involved with the immigrant/refugee populations. Once initial contact was made agencies/organizations were provided with a letter inviting them to participate in recruitment.

Sampling Technique

Focus groups

Participants included individuals with immigrant or refugee status who volunteered to participate in this study. Selection criteria for participant participation for the focus groups included:

- The participants must hold immigrant and/or refugee status,
- The participants must be 18 years of age or older within sexual reproductive age,
- The participants must be willing to talk about HIV, sexual and reproductive health and related services.

Recruiters were asked to recruit participants who:

- included representatives from Sudan, Ethiopia, Eritrea, DR Congo, Rwanda, Liberia, Uganda, Zambia, Somalia, El Salvador, Mexico, Colombia, Haiti, Sierra Leone, Burundi, Guatemala but not exclusively,
- included both women and men, and
- reflected diversity within population demographics including age, country of origin, level of education and competency with the English language.

A total of 10 focus groups (five from Brandon and five from Winnipeg) were held. A total of 93 individuals, both women and men, from African and Latin American countries participated in the research project. Research participants were not required to disclose their HIV status.

Key informant interviews

Key informants were intended to be individuals who live with or whose household is affected by HIV/AIDS. However, the one person who volunteered for an interview did not meet the criteria set forth. Since the information was felt to offer a useful perspective and validation of themes that emerged from the focus groups, the information has been included. The interview was held in Brandon.

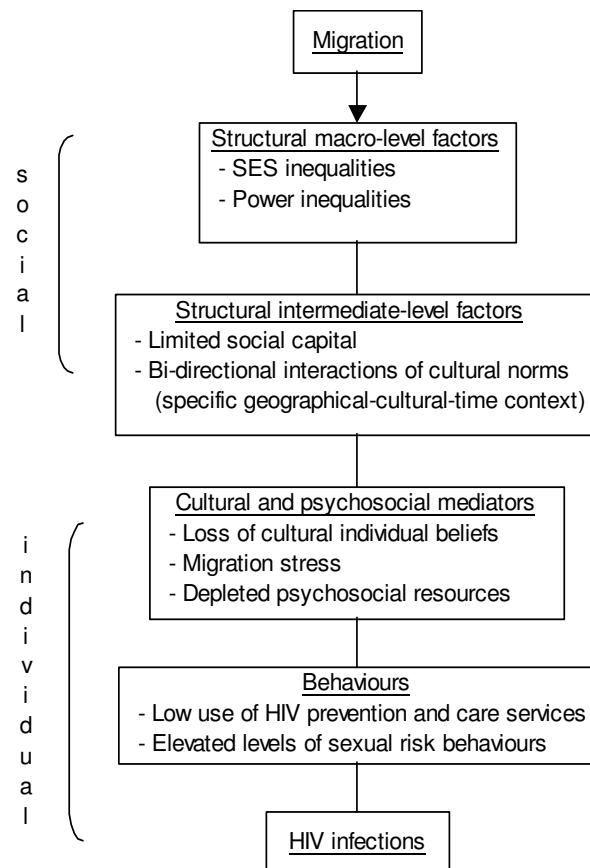
Literature

An attempt was made to make sense of the themes that emerged through a search of relevant literature related to immigration and HIV risk and status. Soskolne and Shtarkshall (2002) examined HIV infection as it related to immigration in Israel. The authors provided a framework for examining factors that influence the risk of HIV infection. This framework was useful in organizing recommendations that emerged from the themes in the current study.

Soskolne and Shtarkshall (2002) grouped these factors in the following way. Social factors were identified as structural macro-level factors (socioeconomic status, power inequalities) and structural intermediate-level factors (limited social capital and bi-directional interaction of cultural norms). Individual mediators included cultural and psychosocial mediators (loss of cultural beliefs, migration stress, and depleted psychosocial resources) and behaviours (low use of HIV prevention and care services and elevated levels of sexual risk behaviours). Interaction between the structural factors and individual mediators left immigrants at higher or lower risk of contracting HIV infection. (See Figure 1).

Figure 1: Framework of the associations between migration and HIV infections.

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Other literature examined (Lazarus, Himedan, Ostergaard & Liljestrand, 2005; Tapia, Schwartz, Prado, Lopez & Pantin, 2007; (Foley, 2005; Interagency Coalition on AIDS and Development, 2002) revealed that themes that emerged in this particular study were not unlike themes that have occurred in other studies that have looked at the interplay between immigration, and belonging to non-dominant culture groups and risk for HIV infection.

Recommendations

The primary reason for conducting this study was to identify HIV-related health and social service needs of immigrant and refugee communities in Brandon and Winnipeg as a basis for the development of services and programs. A set of recommendations has been developed to provide direction for this work. Because it was evident that health and social service needs beyond the scope of HIV infection were paramount, recommendations go beyond this one health issue. Recommendations are framed utilizing the work of Soskolne and Shtarkshall (2002).

Structural Macro-level factors

Power inequalities

Minimal ability to speak the language of the dominant culture was seen as a hindrance in accessing health care and information. Use of informal interpreters contributed to the sense of vulnerability through dependence on the goodwill of an acquaintance and the risk of private information being shared with others within the community. Although there was evidence of a strong desire for the immigrant population in Brandon to learn English, there is a barrier in that immigrants on work visas are restricted in their access to education, including language classes.

Lack of understanding of basic activities required for life in Canada was especially pronounced in the immigrant population coming to Brandon. There was little opportunity or support for many activities such as banking, transportation, paper work related to health care or learning the city. In Winnipeg, the need seems to be less acute. However it cannot be determined if this is related to a greater availability of resources for settlement or recruitment bias in that the majority of research participants were recruited through settlement agencies.

Socioeconomic inequalities

Concern was expressed within both sites that earning power was an issue. While there were comments made within the Winnipeg focus groups that indicated there are some problems related to over-utilization of welfare, the picture for Brandon is different because most of the participants came to Brandon on work visas, specifically to work at Maple Leaf Inc. The concern raised in Brandon focus groups was that of loss of income due to sick time.

Recommendation #1

Identify a person or agency as accountable for the coordination of orientation activities for new immigrants/refugees.

- There must be a detailed plan in place for orientation to the city to minimize stress of daily life in Canada – e.g., transportation, banking, attaining food, accessing schools, knowledge of public washrooms, etc.

- Attention must be given to a mechanism to assist newcomers to understand paper work such as application for health coverage.
- Immigrant communities currently living in the city must be provided the opportunity of participating in the orientation of newcomers through planned events.

Recommendation #2

The City of Brandon, employers and community agencies partner with the individual/agency coordinating orientation efforts to prepare the broader community in a timely way.

Recommendation #3

Regional Health Authorities in both Brandon and Winnipeg recruit interpreters for commonly spoken languages in each city, who:

- a. are in paid rather than volunteer positions
- b. are capable of understanding basic medical terminology
- c. are educated in the ethical and legal obligations with respect to confidentiality of health care information
- d. are capable of interpreting not only the language but the cultural nuances
- e. have sufficient understanding of the dominant culture to act as cultural brokers between the cultures.

Recommendation #4

Regional Health Authorities develop an education program for health interpreters, which would include a component of ongoing demonstration of confidence with the role and competency in the language being interpreted.

Recommendation #5

Brandon Regional Health Authority explore a partnership with Brandon University International Student Association as a potential source of recruits for health interpretation.

Recommendation #6

Regional Health Authorities and other service sectors provide health related information in languages other than English. Availability needs to be individualized to target the most common language(s) spoken by immigrants within the broader community.

Health related information could take the form of:

- written material
- video presentation
- theatre and dance
- community discussions at local gatherings

Structural Intermediate-level factors

Limited social capital

Social exclusion of the immigrant/refugee population was described by all focus groups. There were several examples of events that resulted in the participants feeling marginalized, discriminated against and the object of racism. This was evident in the broad community, but was especially noted within the context of public sector workers and healthcare providers.

Recommendation #7

Regional Health Authorities and other service agencies sponsor and support employees to attend educational opportunities to improve sensitivity to alternate cultural belief systems and behaviours.

Recommendation #8

Regional Health Authorities and other community agencies strive to include members of immigrant communities in paid and volunteer activities to enhance a sense of inclusiveness as well as to increase understandings of other cultures within service providers.

Recommendation #9

The City of Brandon and community agencies engage the immigrant and refugee communities in social events to both welcome new arrivals and celebrate the development of new neighborhoods and communities within the broader community of the city.

Bi-directional interactions of cultural norms

The participants in the focus groups identified unfamiliarity with expectations and social norms within Canada. These included such areas as health care expectations, expectations around marital relationships/behaviour, child rearing practices and so forth. Participants struggled with trying to “fit in” at the same time as having a sense of loss of their own culture and beliefs. Conflicts between cultural norms of country of origin and dominant society was especially evident as participants talked about the acculturation of children.

Recommendation #10

As a part of the orientation process, provide newcomers with opportunities to interact with persons from the dominant culture as well as from the already established immigrant community. This type of interaction could be fostered through a variety of community agencies, and could include a variety of social opportunities such as community barbeques, block parties, or other kinds of events.

Cultural and Psychosocial Mediators

Many stressors are encountered during the immigration process. The changes required through the geographical move, the entry to a foreign environment, new cultural norms, separation from family members and previous social supports, and potentially the inability to use previous individual coping mechanisms can all result in overwhelming psychological stress. Such stress may impact behaviours in a negative way, increasing the emergence of HIV risk behaviour.

Participants indicated that information obtained through their own community leaders was more likely to be well received than information provided by those within the dominant society. There were expressions of the feeling that those who had lived through the experience would have more credibility than those who had not.

Recommendation #11

Develop a listing of key contacts for each cultural group and provide the list to newcomers as a means to access cultural support immediately upon arrival to the respective city. Such personal connections will provide an opportunity for newcomers to discuss stressors related to migration, integration of cultural beliefs and customs, and the psychosocial impact of relocation with individuals who have similar experiences.

Recommendation #12

Specific cultural communities identify credible community leaders, as recognized by the community, and provide a listing to the Regional Health Authorities and other service sectors for ongoing planning purposes.

Low use of HIV prevention and care services

The interplay of several factors has the potential to result in the low use of HIV prevention and care services. Many immigrants, especially from countries of origin with high rates of HIV, felt that there is little/no risk of HIV infection in Canada based on the lack of publicity about HIV. Others identified that there was little or no awareness of any educational materials related to HIV. Not one participant acknowledged the existence of Public Health Services, focusing only on doctors and hospitals as a source of health information and care. Most participants were unaware of testing services available and expressed concern about confidentiality of personal health information.

Recommendation #13

Develop a comprehensive public education campaign to increase HIV awareness and prevention among the general population.

Recommendation #14

Increase awareness of the roles, responsibilities and HIV related services offered by publicly funded agencies such as public Health services and Community Health Centres.

Recommendation #15

Information related to HIV prevention, testing, treatment and support to be readily available and accessible to all Manitobans including immigrants and refugees. Education materials should be in plain English language, as well as translated, and available in first languages. Various media sources including community television should be considered as a means of disseminating information.

Recommendation #16

HIV prevention efforts should be broadened beyond specifically developed education programs for immigrant populations on risk factors and focus on the fact that the risk of HIV is present in Canada, the communities rights and obligations related to HIV and good citizenship as well as issues related to social isolation and the stigma associated with HIV.

Elevated levels of sexual risk behaviours

Participants noted that several persons do engage in risky behaviour, especially related to sexual activity. The reason for this is multi-dimensional, and is less related to lack of knowledge than a combination of other factors such as

- Loneliness
- Differing cultural norms in Canada
- Easy availability of “free” sex
- Fairly consistent use of alcohol (and perhaps other drugs) because of boredom and/or loneliness which impairs judgment
- Reluctance or lack of knowledge about procuring condoms
- Sense of anonymity and freedom

Recommendation #17

Overall improved integration into already existing immigrant communities and into the broader community of the city will address the sense of boredom, loneliness and use of “bars” as the major source of recreation.

Detailed Discussion of Study Findings

1. Experiences of Living in Brandon or Winnipeg

A. Community Responsiveness

Significant differences between Brandon and Winnipeg were identified in the discussions with the respective participants. Overall, the impression is that the City of Brandon was not prepared for the initial arrival of immigrants and refugees to the community. Most newcomers to Brandon have arrived through an employment opportunity with Maple Leaf Inc. and the work-related processes are fairly well established. However, orientation to the city and life in Manitoba was described as inadequate and challenging. Accessing basic amenities such as housing, the transit system and financial institutions have been difficult. There has also been little reported effort by the various service sectors to assist newcomers in their transition to Canada. Generally, participants described a sense of chaos with their arrival to Brandon.

I don't think that the city was prepared for all the new immigrants that have come. The city is still getting used to us.

I want to stress the importance of what is coming. If you think that for every Salvadorian that is here, two or three more members of their families are coming. We are talking about a boom that the city is not ready for.

Participants described the confusion of attempting to settle in the community without the necessary understanding of life in their new community. Every participant in this study spoke to the need for a bridging mechanism between the various cultures and the way of life in Canada as a means to support newcomers adapt to their new surroundings.

We have our own belief and culture that does not match the Canadian way. We don't understand Canadian laws. If we don't know the city, we don't know where to go... think about transportation, bus, weather, how to get a license. Immigrants start from zero. They give you an orientation to money but where to get condoms?

Inadequate communication between sectors has resulted in missed opportunities to support newcomers and augmented the difficulties with adapting to a new setting. Examples were provided of the Brandon School Division not being informed of students arriving from other countries and, therefore, unable to respond quickly to their needs. Lack of effective communication processes between sectors regarding the arrival of immigrants and refugees has resulted in fragmented and inefficient service delivery that does not support community responsiveness. Several participants also described some negative experiences with Child and Family Services of Western Manitoba and the Brandon Police Service that were the result of not understanding social customs and Canadian law.

The situation in Winnipeg is quite different however. Participants described several agencies in place to support newcomers to the city including Welcome Place and the International Centre. Participants reported that service providers are aware of a range of supports and clients are referred as needed.

[The] International Centre is really good for employment. They help new immigrants. They even help you with finances, like if you can't afford a course or something. They're really helpful... with getting a license, getting a job.

Winnipeg has so many sources, so many agencies...SERC, Nine Circles...places that help you actually.

B. Discrimination and Racism

Closely connected to the sense of difficulties encountered in learning a new way of life and adapting to a different culture were perceptions of discrimination and racism, both in the broader community and within the health care and social services. Within the community as a whole, comments were made about general acceptance in terms of employment, acceptance by co-workers, and responses of police and other public servants.

Sometimes you won't get the job because of your name and that makes me uncomfortable.

Sometimes co-workers will talk behind your back.

Some police, if they see a black man, they look at the individual to see if he committed a crime...this is a problem...

They [the police] do not follow up and get exactly what happened...they don't care...these things really affect new immigrants..."

Some individuals described their frustration with a sense of blame for societal issues with illicit drugs. Examples were provided of youth suspected of being involved with drugs.

...that every black immigrant kid is a drug dealer on the street like people say about them in this country. Not all of them. Some kids, their families raised them in a good manner...sometimes they walk on the street to visit friends, something like that.

Drugs were here even before we were dreaming of coming to this country.

Several examples of actions by health care workers were interpreted as blatant racism. There was the perception that at times health care workers did not want to treat participants because they could not communicate easily in English. An example was given of how a complaint was handled (or more accurately ignored), with the

interpretation that this would have been handled differently if the complainant had been Caucasian. In reference to the incident that occurred within the hospital, one respondent explained the situation as follows:

...that was when I learnt how lack of accountability, racism, and undermining human values are deep rooted in some service provider organizations here in Canada. I felt like saying if I were white, the administration would at least investigate the incident and punish those who were responsible for my physical and emotional suffering.

With regards to the focus of this particular study, it was noted that the study was being done with only immigrant and refugee populations, and that this, in itself, indicated racial bias because a similar study was not being conducted with the general population. Additionally, the thought was expressed that people in Canada seemed to think that immigrants and refugees were bringing HIV to Canada, when in fact they were tested prior to coming and were not allowed to come unless they were HIV negative. Other participants stated that racism was not an issue as far as obtaining health care. Summing up experiences were the telling remarks that:

People don't accept immigrants here... we wish that people respected us...

C. Cultural Integration

Stories emerged throughout the focus groups of struggles to integrate new ways of living and being as they adapted to life in Canada. Some of the experiences were positive, and provided people with freedom and material goods that would not have been possible in the country of origin. Other comments revealed fears and concerns about corruption of belief systems, loss of culture and breakdown of family relationships. Many participants noted changes in behaviour related to a certain degree of anonymity within the new surroundings, especially for those who had come to this country without family. Loneliness was also identified as a root cause of some of the changes in behaviour.

Men and women feel liberated when they get here and they start to do the wrong things.

Life here changes...you are lonely...you look for things that will keep you distracted, you look for entertainment... you feel free to do whatever you want...

When we come here, we come with one objective, to help our families that are left behind...but after awhile things change, and the priorities are different...families are breaking apart...a good percentage of us had happy families back there and now here are finding new partners...

D. Alcohol, Drug Use and Decision-Making

With regards to the idea of cultural adaptation in the context of behaviours that increase the risk of HIV/AIDS, there was a generally expressed opinion that a variety of factors, including different behavioural norms, led to poor decision-making, and potentially risky behaviour that would not have occurred in the country of origin. There was a fairly common theme of unprotected sex occurring within the population, which was not due to a lack of knowledge, but rather a sense of security associated with the anonymity of living in a new country, and the concurrent use of alcohol and/or drugs.

We come from a very different world...another culture... men go to the bars and Canadian women are all over them. Women here are ready to have sex with them right in the bathrooms [of the bar].

There are guys who lose control and end up having unprotected sex when they are drunk.

There is a thing, while you are lucid you know very well that you need to use protection, but after 3 or 4 beers, your judgment is not that good.

I think the difference is the money we have, back in [country of origin], we get paid only once a month and a low wage. Here, we have money every Friday, a lot more than back home, so it is easier to have fun here than it was back there.

I also know some people that didn't drink [alcohol] back home, do it here now. I think this country offers you many possibilities and you can take that whichever way you want, the good ones, the bad ones; it's your choice. The sad thing is that about 75% of us are making the bad choices.

a) Demographics of Immigrants

Several participants from Central and Latin American countries identified a recent change in the demographics of newcomers to the Brandon area. They attributed this change to the recruitment strategy employed by Maple Leaf Inc. Overall, concerns were raised regarding the social behaviours of recent newcomers including alcohol consumption and sexual activity with many partners.

The new groups that got here just awhile ago they are young kids, every group they are younger and younger ... I think Maple Leaf selected very well the people that came on the first groups; older adults, very responsible, hard workers. The kind of people that have come in the last groups are very different.

E. Employment and Income

a) Securing Employment

A significant difference in the immigrant and refugee experience in Brandon and Winnipeg is evident in the area of employment. The majority of participants in Brandon have arrived to the City through the job recruitment efforts of Maple Leaf Inc. They have guaranteed employment with the company and, for many, it is the initial step in the immigration process. The majority of individuals in Winnipeg, however, arrive through other immigration programs and do not have the security of employment. It was noted that many refugees do not find jobs due to the plethora of challenges with relocating to a new country, and remain on social assistance. It was the opinion of focus group participants that this was generally frowned upon.

b) Loss of wages/ Sick time

For those who are employed, the issue of sick time and resulting loss of wages was identified as a concern. Participants (particularly from Brandon) discussed the pressure they felt not to take sick time – unless it was for at least five days – in order not to lose pay. There seemed to be confusion among group participants about several issues related to sick time, including procuring of physician documentation of illness and fitness to work, whether or not certain types of illnesses were “more acceptable” as a reason for sick time, and when they would be paid and when they would lose wages. Some participants indicated that they did not want to stay home for fear of losing their “attendance bonus.”

c) Pressure of Time and Work

Many participants indicated that they felt a certain amount of pressure after coming to Canada in terms of the focus on work and the ‘busy’ lifestyles here. Participants also discussed that it took them time to become familiar with ‘the Canadian way’ of doing many things, and that this is stressful. Some found that there is a high value placed on material possessions as compared to value within their native culture. This was expressed in many ways including concern about lost work time due to illness, especially in light of the fact that there are often responsibilities for family members still living in the country of origin. Some participants noted that a number of immigrants and refugees are unemployed, some of whom are unwilling to look for work, not realizing that money is needed in this society.

The nature of life system in this country make almost everybody run short of time to do something else [besides work].

A lot of people are doing nothing...they don't go to school, they don't work...

They don't want to live on welfare...may be limited in their money and not able to go to school...and they always have to help people back home and send money.

d) Challenges with Work Visas

Several participants raised an issue that is specific to the Brandon experience in terms of restrictions associated with work visas. For example, individuals who come to Canada on a work visa are not eligible to attend formal education programs, including English classes, aside from the language classes that are provided through their respective employer. Language classes provided by employers tend to be work-specific and do not support activities of daily living in the community.

The language is always a problem and the solution is to learn it. But there is a challenge with that for the people that have work visas. The visa states that you are not authorized to attend any formal education programs while in the country and that includes English classes. So how are we supposed to learn it? This is a big flaw in the system. You can only access English classes at Westman Immigration Services after you are enrolled on the provincial Nominee program and that takes at least a year. The only classes that the newcomers can access are the Union ones, but it is only 2 to 3 hours a week, so there is very little that you can learn in that time.

We go to the union [classes] but that is like giving an aspirin for cancer. That's one of the differences with the Ethiopians. They always ask us, "Why aren't you going to Westman for English classes?" and we explain that we can't. Even the supervisors at Maple Leaf ask us why we don't go to classes and we explain to them the visa restrictions. It is absurd. They push you to the water and then tie your hands so you cannot swim.

Many participants spoke of the impact of the move to Canada on family units. They described having happy families back home, but depending on the individual's immigration stream, there are regulations which prevent family members immigrating at the same time. In the meantime, social behaviours have changed and newly arrived family members have great difficulty coping with the new behaviours and expectations.

From a social perspective, there will always be marriages that are going to end, but I think the rate would be a lot lower [if the families came along since the beginning].

F. Support within Cultural Community

When describing their experiences of adapting to life in Brandon or Winnipeg, the majority of participants highlighted the importance of the help they received from other members of their cultural community. Support was provided in many ways.

Because I don't speak English well, a close friend of mine helped me a lot.

My sister showed me how to use the phone book and that helped me know where services are available. I think if we go ahead with the program about educating newcomers about what they are going to find here, it will be a lot more meaningful if it comes from another Salvadorian, that has lived the experience and can talk about it with good knowledge. It would be more credible than coming from a Canadian or other person who has not lived the experience.

a) Importance of Community Leaders

It is apparent that leaders from within the community need to be identified and recruited to facilitate a bridging between community individuals and services. There is an apparent lack of trust and/or ability to communicate with those who are not part of the immigrant/refugee populations. Community participation in the development and provision of health care services is essential. Most participants identified that using people who are leaders within the immigrant/refugee community for transmission of health related information would be highly desirable. Some respondents identified that financial remuneration for leaders within the community to play such a role as a way to convince the leaders the message was important.

Community leaders are the only ones that can bring the community together...if they are paid, they will take it seriously...

Others refuted this idea, indicating that leaders do not always act in such a way as to benefit the community, but only themselves. Despite the differing views regarding remuneration, all participants indicated the need for the community leaders to be recognized by community members and not individuals who self-proclaim such a position of importance.

G. Relationships, Gender Roles and Intergenerational Issues

As individuals and families attempted to adapt to new environments and new cultural expectations, issues arose around relationships among family members. Some issues were related to male/female roles and changes in these brought about by different understandings within Canadian society, and the pressures to conform to new behavioural standards. Additionally, conflicts arose within families with children, as children apparently adapted more quickly, assuming new values and behaviours to conform with

age mates. Family members who had children in the country of origin waiting to come to Canada expressed concern about what would happen when they arrived. Cultural beliefs, religion and fear for safety were all factors that played a part in increasing stress within family relationships.

Within the context of health care, some participants expressed concern with accessing service from male physicians. This is a significant challenge within cultures whereby it is not deemed appropriate for a woman to be assessed and treated by a male service provider.

2. Health Care System

A. Access to Service

All respondents had some degree of contact with the health care system in Brandon or Winnipeg. The process to access services was identified as a positive feature in that services are free of charge with a Manitoba Health insurance card as the mechanism to gain access. However, the ability to speak in one's own language exclusively was commonly identified as a key barrier to service. Individuals described the difficulty in finding someone to interpret for them, either because they did not know anyone who could converse in their native language and English or due to the awkwardness of such a personal interaction with someone they did not know well.

You always have to find someone that speaks the language to be able to go to the doctor. I don't know [her] very well but I think she is a nice person.

Although many recognized the need for newcomers to learn the English language as quickly as possible, they also recognized that confidence with a new language does not happen quickly and that supports need to be in place to help with the transition. The value of trained interpreters was frequently voiced and the development of a language service was strongly recommended by several participants.

I have am little bit of English and I think that I can move around town fairly well, but when I think about going to the doctor, I feel that my English is not good enough. I don't know the right terminology to be able to explain to the doctor what it is that I am feeling, being specific. I can say that I have a pain, but not what type of pain. There is a need for interpreters, trained ones, which will make sure that the doctor understands all my symptoms.

It will be great to access language services...you need to understand what is happening to you.

Access to a family physician was identified as a key component to maintaining one's health in every session. Many participants talked about the difficulty with securing a family physician and, in Brandon, there is a sense that the community is underserved.

Accessing a family physician is really hard. The only option is the walk-in clinics but the service is not very good. The doctor only looks at you, writes the prescription and the appointment is over before you know it.

B. Lack of Awareness

Most participants referred to traditional points of access to health services. Specifically, family doctors, the hospital and walk-in clinics were identified. One participant also identified Health Links as a means to access health services. There was limited knowledge of community health programs and Public Health Services was never mentioned in any of the discussions. Questions were often raised among the group members about where to go for many services ranging from general health information to HIV testing so an information-sharing component became an unintended outcome of each session.

Where to get condoms and how to get the pill? Where do we go to get family planning or a PAP test?

As well as a lack of knowledge about programs and services, there was a general lack of understanding about documentation processes. Individuals described the challenge of receiving forms they did not understand and did not know how to follow-up. One individual shared an experience of receiving health-related forms in the mail and did not know who to contact for direction. As a result, the individual did not respond and was not aware of any impact of the decision. A commonly cited example of a challenge with documentation was completing a Pharmacare application form.

C. Wait Times

Not unlike many citizens in Brandon and Winnipeg, frustration with wait times for many health services was also a common theme. Participants described the challenges with finding a family physician and, if they were successful, the delay in getting an appointment. A few individuals shared their experience of presenting to the Emergency Room with severe pain because they were not able to wait for their scheduled appointment with a family physician. The majority of individuals shared a personal experience of waiting in the Emergency Room for greater than four hours as a patient or accompanying a friend.

Emergency room at the hospital is not working well and its name has to be changed to confusion room because people who go for emergency help don't get the help and then get confused.

Although appreciation for the quality of equipment available was voiced, the frustration with wait times also extended to diagnostic imaging services, access to surgical interventions and dental services. Difficulties accessing dental treatment services were frequently raised as an issue.

D. Expectations of Health Services

Two views emerged in the focus group discussions with respect to expectations of the health care system. Some participants did not have experience with the formal medical system in their country of origin so they had no frame of reference for their Canadian experiences. They described accessing traditional medicines most of the time and rarely presenting to a hospital. They were not familiar with the medications used in Canada so the prescribing practice of Canadian physicians is foreign. Others described accessing health care services through a family physician and/or hospital exclusively in their country of origin. Those individuals voiced disappointment with health services in Canada in comparison to services available in their native country. Despite having received information about Canada and what to expect when they arrive, many individuals found that, in general, health services are inferior to what they expected.

We are in a developed country but this is like my country that you have to be bleeding and almost dying to get medical attention.

Since arriving in Manitoba, participants in this study have been introduced to walk-in clinics as another point of access to health services but community health services, in particular Public Health Services, was never mentioned as a source of information or support.

I know [to go to] the hospital or medical clinics but not any agencies.

E. Outreach, Community Education and Public Awareness

Overall, participants in this study expressed the view that community education and public awareness efforts in the area of HIV are dismal at best. Most individuals had come from a country where HIV education is incorporated into every aspect of life. They found the silence in Manitoba particularly confusing. Given the language barriers that the majority of newcomers face, they felt it is imperative to have written materials translated and available throughout the community.

We don't know where to go, if there is a specific place, in terms of requiring information about HIV.

The need to incorporate HIV information and discussion within the public education system, beginning in elementary school, was often raised in the focus groups. An interesting note was that children of all ages in the home countries were aware of HIV/AIDS and that it was not unusual for them to openly discuss the topic.

Although several culturally appropriate mechanisms to deliver community education related to HIV were identified, including song, dance and theatre, there was overwhelming support for the effectiveness of television. A comment was made by a participant following the focus group that many immigrants and refugees watch television as a means to augment their English skills. Participants in Brandon identified Channel 12 as the easiest and most effective means to provide information including the location and description of services available.

The main problem is that we don't know what our rights are and also what are our responsibilities. We should educate the newcomers about the healthcare system.

3. HIV Infection

A. Knowledge/Perceptions of HIV

Overall, the majority of participants were highly knowledgeable about HIV, AIDS, transmission factors, and outcomes of the disease. It is important to note that many of the focus group participants were from African countries where HIV infection is endemic. Most people identified AIDS as a “killer” disease, that HIV was transmitted primarily by unprotected sex, although transmission through needles was also discussed. Participants identified that in home countries, HIV transmission within the health care system through the use of needles for more than one person, or transmission through blood transfusion had occurred, but they were not concerned about similar transmission in Canada. The expectation is that medical procedures in Canada will be safe. The most striking finding in this area was that they questioned if HIV was even present in Canada, because they saw no evidence of information for the general public related to prevention of HIV infection.

By the way, is there AIDS here in Canada?

Sometimes I ask myself how many people are affected by the virus here in Manitoba. How many people in the general population have HIV?...usually they have a graph of the population... I haven't seen that here.. they don't talk about how many people are infected and immigrants are not given the information about HIV.

We have the assumption that no one has HIV here. So it seemed to me, Canada is the only country that doesn't have HIV.

B. Prevention

Despite the participants' awareness of HIV upon arrival to Canada, the need for more aggressive prevention education and support was highlighted in many of the focus group discussions. Individuals in this study emphasized this need for all Canadians, however, not the immigrant and refugee populations exclusively.

I don't think a special prevention program is needed for immigrants in particular because I believe immigrants understand how necessary it is to protect oneself more than the majority of the people who live here, because we saw people dying from it. Therefore, prevention mechanisms or programs have to be designed for people who don't know about HIV/AIDS or at least at the level of the country because the more the issue concentrates on immigrants and refugees, the more it makes people think that the cause of these unforgiving killer diseases are immigrants and refugees. So, the scope of thinking in fighting the disease must be wider than immigrants and refugees.
You would never think you could get infected here.

C. Testing

Given the prevalence of HIV/AIDS in their countries of origin, HIV testing was not identified as problematic for the participants in this study. There was an overall sense of familiarity and comfort with discussing the procedure and all participants had experienced HIV testing as a prerequisite to entering Canada. There was support for mandatory HIV testing with regular medical checkups. Despite the intrusion to the individual, these views were based on the greater good.

One participant described an HIV testing centre in Uganda whereby anonymous testing was provided and individuals were given a small amount of money as incentive to be tested. The individual voiced support for such centers in Canada as a means to encourage public access to the testing procedure.

D. Stigma

The stigma related to a diagnosis of HIV infection cannot be overstated. There was a range of attitudes towards an individual living with HIV infection among the participants as evidenced by practical examples of kind and caring support to condemnation from a religious perspective. In many interviews, the mode of viral transmission was identified as the context for determining level of empathy. The notion of 'an innocent victim' versus those at fault through personal behaviours was highlighted in many discussions. Although many individuals talked about the need for compassion, there was an overall sense of pity for those affected regardless of the means by which they acquired the infection.

I feel sorry about what happened to the person and try to comfort the person in any way I can.

...but the problem is that nobody comes out and says help me...

I am not sure if I will be going to the clinic or hospital knowing that I am already infected. I would just pretend that I am healthy so that I wouldn't hear any lip service from anybody

I would isolate myself because I would worry that others would think about me and talk about me and they in their heart wouldn't like to be around me.

E. Role of Government

A predominant theme in many of the focus group discussions was the perceived role of government with regards to HIV infection. Overall, participants reported a higher expectation of government involvement with HIV initiatives related to public education, prevention and testing. Their views were the result of personal experience with government entities in their countries of origin. Based on the discussions, participants in this study clearly have a limited understanding of the roles and responsibilities national, provincial and municipal government bodies and the delivery of health and social services within the regions. Suggestions of "what the government should do" were frequently provided and many were related to direct service delivery.

HIV is an issue for the whole country and the government or minister of health must take the lead and come up with a plan. If there was a plan, then communities would be involved in making it happen.

The government may be only one person but he has a very long arm.

Conclusion

This study has provided significant insights into the experience of immigrants and refugees in Winnipeg and Brandon. Although the original intention of the study was to examine HIV-related health and social service needs of this population, it became clear that interventions related to HIV need to be situated in a broader context. As a result several recommendations have been made that are not directly related to HIV.

Recommendations were framed using the framework developed by Soskolne and Shtarkshall (2002), which included macro-level structural interventions, and intermediate-level structural interventions in an attempt to modify individual behaviours that increase the risk of acquiring HIV. A key intervention is supporting the ease with which immigrants and refugees can adapt to Canadian life, through better orientation, ongoing support from previous immigrants, and a much stronger commitment of the broader community to support the IR population. One important intervention is around language. Provision of services and educational material in other languages, and the use of trained interpreters for those just learning English would undoubtedly make the transition easier. Specific recommendations also emerged for the IR population relative to increased information about risk in the Canadian context, where and how to access services if needed. However, just as important would be continued and improved education for all Canadians about HIV risk.

Knowledge gained from this study has provided evidence that an opportunity exists not only to provide information and services related to HIV, but also to positively impact the quality of life for newcomers to the country in many ways. The IR populations that currently reside in Brandon and Winnipeg are eager to be involved in planning and working with any individuals or agencies that are involved with newcomers to the country. It would be a loss for everyone if advantage was not taken of this willingness to be involved.

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