British Columbia Ministry of Health

Patients as Partners Initiative

Intercultural Community Engagement Tip Sheet for Chinese and South Asian Populations

British Columbia is the most culturally diverse province in Canada, and receives among the highest number of immigrants across the provinces and territories.[1] Cultural minorities face additional barriers accessing and navigating health-care services and information. To bridge this health disparity, services and resources should be culturally-tailored and accessible to cultural minorities, so as to improve patient participation and health outcomes. One strategy to improve B.C.'s health system is through meaningful intercultural community engagement. One of the Minister of Health's mandates is to "…ensure people from every background have the opportunity to reach their full potential."[2]

The purpose of this tip sheet is to provide guidance and support to health-care organizations in their intercultural community outreach activities. The tip sheet is intended for use by engagement staff, health-care practitioners, program managers, community development officers, and other health-care staff across B.C. who works on engagement projects and programs related to co-design of health-care services for multicultural populations.

This document shares iCON's (the interCultural Online Health Network, iconproject.org) experiences and lessons learned through its work for the Patients as Partners Initiative with Chinese and South Asian multicultural populations in B.C.

Who are the stakeholders? *

- ✓ Chinese and South Asian populations
- ✓ Community health service providers
- ✓ Community organizations and other agencies, public and private, that serve multicultural populations
- ✓ Healthy older adults and seniors
- ✓ Older adults and seniors with chronic disease
- ✓ Families and caregivers
- ✓ Health practitioners such as family doctors, nurses, geriatricians, specialists, etc. who care for immigrant and/or multicultural seniors.

*While other stakeholder groups are identified, the barriers, tips and techniques below are specific to engaging the Chinese and South Asian patient and family/informal caregiver populations.

[1] Province of British Columbia. WelcomeBC Multicultural B.C. webpage available at https://www.welcomebc.ca/Choose-B-C/Explore-British-Columbia/Multicultural-B-C

[2] Province of British Columbia. Minister of Health Mandate letter available at: https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/premier-cabinet-mlas/minister-letter/dix-mandate.pdf

Challenges to engagement:

- Language – limited proficiency in the English language coupled with limited access to interpretation services (see resource list for Provincial Language Service interpretation and translation services).
- Health literacy – difficulties understanding health information (especially technical and/or medical terminology) and challenges critically evaluating health information.
  - Health literacy is defined as "The ability of professionals and institutions to communicate effectively so that community members can make informed decisions and take appropriate actions to protect and promote their health."[3] Low health literacy is linked to more chronic conditions, longer hospitalizations and earlier deaths. While low health literacy can affect anyone, certain groups are linked to low health literacy, including immigrants and people in Canada who have English or French as a second language.
- System navigation – limited awareness of existing health services and resources, and knowledge of how to access them may be compounded by a lack of confidence to seek out and obtain these services.
- Challenges associated with normal aging process – failing/strained eyesight, memory loss, difficulty retaining new information, etc.
- Attitudes about health-care providers – strong reliance/value on and trust in traditional modalities of health care (e.g., visiting a family doctor for information about health); or a lack of trust in government institutions including health care because of perceived or actual cultural biases of healthcare providers and/or healthcare system.
- Cultural considerations – culturally-specific health-seeking and health-management behavior may be a barrier to engagement if these factors are not known or considered by providers and program administrators. This includes strong reliance on family (children, grandchildren, community) to support health management.
- Access to/usability of digital devices – no regular access to a computer or other device, lacking skills to operate computer/cellphone/tablet, cost of owning technology too high.
- Attitudes about technology to support self-management – perceived negative effects of technology (especially cellphones) on health and the belief that interaction with technology may detract from time spent with family; concerns about trustworthiness of sources of information; concerns about sharing information and privacy.
- Other – competing priorities, lack of time, mobility or accessibility challenges, stressful life situations (e.g., serious illness of self or family member, trauma, homelessness, addictions, etc.).

Strategies for effective intercultural participation

- Keep an open mind. Approach your interactions with respect for the diversity of experiences and personal contexts, and an understanding that patients are experts of their own experience in health.
- Approach cross-cultural interactions with humility and self-awareness. Develop collaborative, meaningful, and authentic relationships with communities. Avoid stereotyping and assuming groups of people are homogenous.
- Engage in and practice self-reflection. Be aware and mindful of how personal beliefs and values influence your assumptions and interactions with others.

[3] Rootman, I., & El-Bihbety, G. (2008). A vision for a health literate Canada. Report of the expert panel on health literacy. Ottawa: Canadian Public Health Association. Retrieved from: http://www.cpha.ca/uploads/portals/h-l/report_e.pdf

- Work with community champions and respected leaders or peers in community networks. Gather community perspectives through advisory groups, consultation sessions, or other means of seeking input/feedback to ensure cultural appropriateness of resource materials and implementation support.
- Use participatory and shared learning approaches to promote dialogue. Partner with communities (patients, families, community non-profit organizations, etc.) to create and define a vision, develop strategies, and undertake joint implementation. This creates a sense of shared ownership and helps diminish power imbalances while building community capacity.
- Work with community members to culturally tailor resources and approaches. Integrate community input, values, and preferences. Provide practical examples and easy to implement strategies that resonate with community members while still allowing for individual variation in each person's identification with their cultural influences. Consider how factors like cultural nuances, family structure and context, demographics, etc., may influence health-related behaviours and decision making.
- Meet communities where they gather. Have a network of social support (e.g., places of worship, community centres/hubs, cultural societies, neighbourhood houses, friendship societies, etc.). Build communities of practice to promote health with peer support and shared learning.
- Translate and adapt your resources. Simply translating materials is not always adequate. Consider literacy levels in first languages, demographics, places of origin, and the need to culturally adapt content to suit the needs of the community.
- Offer a variety of ways to connect. Consider other channels for dynamic communication that reach a diversity of preferences and language abilities (e.g., such as media, print, radio, and television).
- If communication is verbal, consider using a variety of techniques. One commonly used technique is 'teach back' by asking the participant to summarize what you have just communicated. This method will explore if you have communicated your message in a way that a person has understood what you were trying to say. This promotes and demonstrates the value of shared understanding.

Additional Resources

- South Asian populations:
  https://www.fraserhealth.ca/media/Providing-Diversity-Competent-Care-Sikh.pdf
  http://www.fraserhealth.ca/media/201606_South-Asian-Health-Report.pdf
  http://libraryguides.umassmed.edu/c.php?g=499760&p=3422584

- Chinese populations:
  https://depts.washington.edu/pfes/PDFs/ChineseCultureClue.pdf
  http://libraryguides.umassmed.edu/c.php?g=499760&p=3422588
  https://chinese.iconproject.org/en/Healthy-Living/Health-Tools

- Cross-cultural information:
  https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/when-medicine-and-culture-intersect
  http://trauma-informed.ca/wp-content/uploads/2013/10/Trauma-informed_Toolkit.pdf
  http://novascotia.ca/dhw/addictions/documents/TIP_Discussion_Guide_3.pdf
  http://www.kidsnewtocanada.ca/culture/competence
  Provincial Health Services Authority's Provincial Language Service at: http://www.phsa.ca/our-services/programs-services/provincial-language-service