BLACCH Study E-Bulletin #1: Executive Summary of the Black, African and Caribbean Canadian Health (BLACCH) Study

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Background
Originating in London, Ontario, the Black, African and Caribbean Canadian Health (BLACCH) Study began its work in 2009. The BLACCH Study is a mixed-methods community-based research project designed with the goal of improving health care access and the health status of Black people from Canada, Africa, the Caribbean and other parts of the world, who reside in London and Middlesex County, Ontario, Canada. The research team includes The University of Western Ontario, the Regional HIV/AIDS Connection, and the London Cross Cultural Learner Centre. This e-bulletin sheds light on the findings and outcomes that have emerged from the BLACCH Study.

Our Approach
In Phase I of this research project, a purposive sample of 30 individuals, which included community members and service providers, were interviewed. Questions were asked concerning the following topics: general health, migration, social determinants of health, health behaviours, HIV/AIDS, service use, social networks, and gendered experiences. Results and themes from this phase influenced the development of Phase II. As such, Phase II of the BLACCH project reached a sample size of approximately 188 London area ACB residents using three convenience-sampling methods. The participants ranged from 18 to 72 years and were born in a total of 36 countries. Approximately 42 different languages are spoken by the participants, and when asked about ethnic identities, 237 different responses were given that referred to country, geographic region, race and tribal origins.

Key Findings
At the very beginning of the interviews, before being asked about any health conditions, ACB community members were asked to define health. Their definitions of health were holistic and covered physical, emotional, spiritual, and mental health. Hence, efforts of promote health and prevent illness in ACB communities should be holistic.

Having proper interpretation and translation services were identified as important. Information should be translated into languages that are spoken in different African countries, like Swahili, and translations should be culturally-appropriate in order to preserve the intended meaning. For privacy purposes, it is not always appropriate to use local interpreters, because many ACB communities are small and privacy and confidentiality can be breached.

ACB community members were very concerned about chronic health conditions that can be prevented through diet and exercise, like diabetes. ACB immigrants reported that they had to work harder to stay healthy in Canada due to challenges they face when it comes to having healthy diets and exercising. This might be related to the “healthy immigrant effect” (CBC News, 2011; Ng, 2011).

Of the social determinants of health, the community seemed to be most pre-occupied with income and employment. This is not surprising given that many ACB immigrants have a responsibility to send money to relatives and friends in their countries of origin. At the same time, ACB immigrants’ material needs are greater in Canada, many ACB people have low incomes, and many ACB people are unemployed or underemployed. This responsibility is a source of stress for many people.

Whereas community members said they were aware of discrimination in Canada, very few said that they had
experienced discrimination personally. This is not unusual given that many people may be able to sense discrimination from a series of incidents in their lives, but they may not be able to accurately identify instances of discrimination. As a result, experiences of discrimination are best measured using appropriate questionnaires (Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005).

Many people had only been tested for HIV during the immigration process, and they received the results of their HIV test from a variety of people. Some people did not receive their results at all and assumed that receiving a visa or clearance to immigrate to Canada meant that they were not HIV-positive. This is incorrect, because Canada does not exclude individuals based on their HIV status.

Few people in ACB communities are being tested for HIV when they have new sexual partners. This is in spite of acknowledging that there are people who have multiple sexual partners at the same time. Asking a sexual partner to get tested or use condoms is a difficult thing to do, and for women, this is usually a matter of empowerment. It must be noted that these difficulties are not unique to ACB communities. Research participants suggested that couples testing might be a way to overcome these difficulties, but it might only be useful for new sexual partnerships.

Drug use prevalence in ACB communities is low, and most drug users only use marijuana. Drug peddling is a bigger problem, however. For instance, in some sectors of London, drug dealers are using African youth (some younger than 13) to sell drugs, and parents have little power to prevent or stop this.

Community members said that it is difficult for ACB newcomers to access social support (i.e. the support received from relatives and friends) after they immigrate. This is a result of having small, fragmented communities in which tribal and nationalistic differences persist, but this is not unique to ACB communities. Additionally, many newcomers face the burden of having to assimilate immediately upon arrival, which is a source of stress.

Many people in ACB communities maintain strong connections with people in their countries of origin, which have positive and negative impacts on their health. These connections provide a means of social support, which promotes mental health. At the same time, however, these connections might be a source of stress because of the responsibilities attached to them (described above).

Community development is important, but due to the diversity in ACB communities and longstanding conflicts rooted in a historical context, this will be difficult. Community development initiatives must be broad-based and reflective of the ACB population’s diversity—age, gender, ethnicity, region of origin, length of time in Canada, language, etc. Such broad-based initiatives can draw on the resources available in ACB communities and use them collectively to meet these communities’ needs.

Any initiatives to distribute information about health should include health care providers, such as primary care doctors. ACB people reported that their preferred source of health information is their health care provider followed by the Internet and then health literature. This suggests that these sources should be targeted for the distribution of health information to ACB communities. At the same time, many people were not comfortable with their doctors, which suggests that doctors need to be informed about how to provide culturally-appropriate care to ACB people. Hence, health information specific to ACB people’s needs should be shared with health care providers as well.

Preventive care, such as health screening and annual physical exams, is not accessed by many ACB people. Additionally, many people only access health care services when they feel ill and only report a decline in health once they become ill. Respondents also noted that people sometimes seek information about their illness from peers rather than professionals. Preventive care needs to be promoted to ACB people.

Doctors should be aware that some people do not acknowledge mental health because they view health holistically. Furthermore, stigma related to mental health prevents many ACB people from accessing mental health services.

It is important to include faith leaders in health initiatives for ACB people. Whereas the inclusion of religious leaders in such initiatives will be beneficial for some, it will be detrimental for others. Hence, the inclusion of faith leaders...
must be done very carefully with acknowledgements of the boundaries of such partnerships.

**Recommendations**

Since the main purpose of this research project was to improve the health of ACB people locally, we focused our attention on changes that can be made locally with existing resources and in a relatively short period of time. As such, our recommendations are as follows:

1. **Health care providers and ACB people should be provided with information about ACB people’s specific health care needs.** This can be done by:
   a. Preparing a checklist of physical and mental health conditions for which ACB people should be screened.
   b. Encouraging ACB people to make a list of their questions related to physical and mental health before appointments with their primary care providers.
   c. Making it possible for each person to complete a questionnaire about social stressors that impact his or her health, which can then be given to his or her primary care providers.

2. **ACB people should be encouraged to receive a physical exam every year.** ACB people interact with a variety of services, and at each point of access, they should be reminded to go to a primary care provider or clinic to receive a yearly physical exam. This examination is important for identifying illnesses early on, which will lead to better treatment outcomes.

3. **HIV testing for couples and families should be promoted.** Many people do not get tested for HIV when they are in relationships, and testing as couples will remove some of the barriers related to HIV testing, especially in new relationships. Research participants identified couples testing as a service they would like to utilize.

4. **There should be more education about how to prevent stigma and discrimination against people living with HIV and other health conditions.** Addressing these issues will help promote health screening and may also lead to greater social support for people who are ill.

Implementation of these recommendations requires collaboration between a few **key people** through the formation of a task force. The stakeholders who should be included in the task force are:

1. Service providers
2. Faith leaders
3. Community members/leaders
4. Health care providers
5. Business owners

**References**


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*If you want more information about the project or our work, please e-mail blachstudy@gmail.com to be added to our e-mail list, visit our Facebook page (The Black, African and Caribbean Canadian Health Study), join our Facebook group (The BLACCH Study), or follow us on Twitter (@BLACCH).*