

Western University

From the Selected Works of Shamara M Baidooonso, PhD

November, 2010

Highlighting the Social Determinants of Health as They Pertain to Africans in London, Ontario

Shamara M Baidooonso

The BLACCH Study Team, *The BLACCH Study Team*

**HIGHLIGHTING THE SOCIAL
DETERMINANTS OF HEALTH
AS THEY PERTAIN TO
AFRICANS IN LONDON,
ONTARIO**

Findings from the BLACCH Study Interviews

BLACCH Study Team

- Shamara Baidoobonso
- Monica Abdelkader
- Greta Bauer
- Sila Joshua
- Erica Lawson
- Roxanne Longman
Marcellin
- Harina Mokanan
- Mercy Nleya-Ncube
- Daniel Pugh



Background

- Very little is known about the experiences of Africans and how these experiences are related to health
- Information usually collected in large urban centres

Very little is known about the experiences of Africans and how these experiences are related to health in African communities in general. Furthermore, when this information is available, it is usually collected in large urban centres, and might have very little relevance locally, or in other small urban centres.

Social Determinants of Health

- Migration
- Income
- Education
- Housing
- Religion
- Culture
- Health care services

This presentation focuses on the SDOH. Specifically, I will speak about: migration, income, education, housing, religion, culture and health care services.

Objective

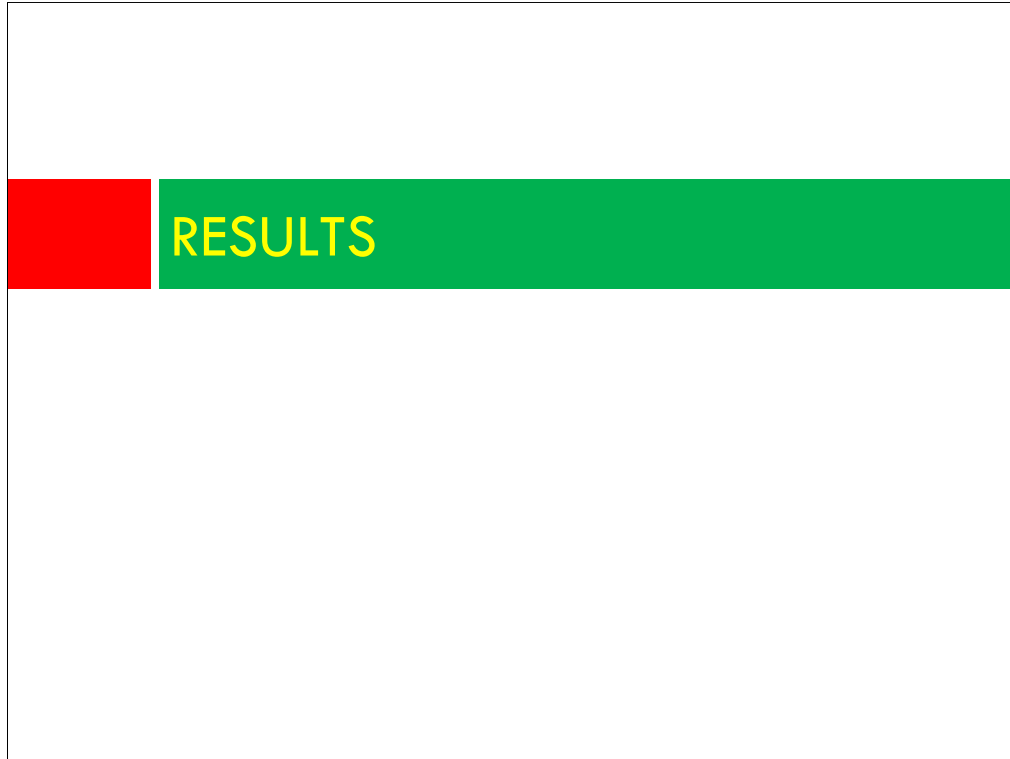
- To describe some of the similarities and differences between the experiences of Africans and Black persons from other regions of the world

To describe some of the similarities and differences between Africans and Black persons from other regions of the world.

Methods

- Community-based research
- Interviewed 22 community members
- Participants divided according to: African ethnicities, Caribbean ethnicities, Afro-Canadians, and Other ethnicities

The Black, African and Caribbean Canadian Health Study is a community-based research project, and this presentation is based on information gathered during 22 interviews with members of various Black communities in London. For the purposes of this comparison, the interview participants were divided into the following categories: African, Caribbean, Canadian and other. Now I will describe some of the general ideas and trends that came out of the interviews.



Africans had a wider variety of immigration experiences

- Harsh conditions in refugee camps
- Leaving families behind
- Migrating to other countries before coming to Canada
- Being more physically active “back home”
 - “For instance you walk in Africa average four hours a day...but even here you don’t have even half an hour walking time, you don’t exercise, you just work, work, work.”
- Not having time to relax in Canada
- Experiencing lower socio-economic status

Africans reported having a wider variety of immigration experiences when compared to others. For instance, some people mentioned enduring harsh conditions in refugee camps, having to leave families behind, and migrating to other countries before coming to Canada. Additionally, when comparing lives in Canada to lives “back home”, Africans reported: being more physically active “back home”; not having time to relax in Canada; and experiencing a decline in socio-economic status.

Canada offers opportunities

- Immigrants from the Caribbean and African
 - Came to Canada for opportunities for themselves or their children
 - “I have to come...my kids to have good education so I had to give...give myself up.”

However, like immigrants from the Caribbean, Africans said they came to Canada for opportunities for themselves or their children.

Canada has lived up to expectations

- Easier to access healthcare, food, education and shelter in Canada
 - “You have for so many things, easy things like way of life for example shelter, access for health care, access for food, access for work.”
- Material needs increase
- Finding work is difficult
 - “I thought when you just come in you can find a job here, there but then when you look at two months, I’ve been sitting for a job and it’s like [Gasps]...Yeah, I thought things are so easy here but it’s just the same, you just have to be tough as well.”

Most Africans that were interviewed said that Canada has lived up to their expectations. However, they were careful to point out that while it is easier to access healthcare, food and shelter in Canada, their material needs have increased and finding work is difficult.

Migration influenced health positively and negatively

- Some said they have been healthier since migrating, and others have been less healthy
- Unique reasons Africans gave for being less healthy since migrating:
 - Being more active “back home”
 - “I think the only difference is I’ve had to make a conscious effort in Canada as opposed to HOME COUNTRY to remain healthy cause in HOME COUNTRY I was more active.”
 - Having to work harder to be healthy in Canada

When asked about how migration impacted their health, respondents either said they were healthier or less healthy since migrating. Some of the unique reasons Africans gave included: being more active “back home” and having to work harder to be healthy in Canada.

Income impacts health

- Most people said income influenced their health
- Income influences health care service use and health products participants purchase
 - “I think if I had more money, things would change. I’d be healthier I think. But there are certain things that I can say...I cannot do because I don’t have money. And I cannot say I’m going to be eating this everyday because I cannot afford...but when I have money I can say okay, I’m going to be eating this everyday.”

Regardless of ethnicity, interview participants mentioned that income, education, housing, religion and culture impacted their health. For some participants, however, these factors had no effect on health.

Income influences the types of health care services people use and the health products they could purchase.

Education impacts health

- Some people said education did not influence their health
- Education was seen as a means by which participants could learn about their health

Education was seen as a means by which participants could learn about their health.

Housing had a mixed effect on health

- Most people said housing did not influence health
 - “My income not my housing.”
 - Interviewer: “And do you think housing has ever affected your health?”
 - Respondent: “No.”
- Only one African said housing affected health
 - “Your house is important. It affect your health.”

Only one African said that housing affected health, but this person did not specify how.

Religion impacts health positively

- Most Africans said religion has a positive influence on health
 - ▣ Teaching people how to prevent disease
 - ▣ Promoting mental health
 - “Whenever I feel as though that I’m in a close relationship with God I see the differences in my state of mind at that point and I obviously believe that a person’s state of mind influences their health, whether they’re stressed like in their mind in their mindset, it will ultimately show in their physical body and then perhaps develop an illness of some sort.”
- No Africans mentioned religion having a negative impact on health

African respondents generally saw religion as having a positive impact on health through: teaching people how to prevent disease and promoting mental health. No Africans mentioned religion having a negative impact on health.

Culture impacts health

- Africans mentioned that their cultures promoted health
- Ignoring symptoms is a cultural practice that has a negative effect on health
 - “Maybe ignoring the symptoms, not seeing...not personally but mostly the guys are commenting that they don’t seek help when they get sick, but the women mostly are conscious about health.”
- Eating unhealthy cultural foods
- Canadian foods are unhealthy and cultural foods are healthy

When asked about culture, Africans mentioned that their cultures promoted health, but that ignoring symptoms is an unhealthy cultural practice. Specifically, when thinking of the impact of culture on health, African participants talked about eating unhealthy cultural foods. Participants also talked about Canadian foods being unhealthy and their cultural foods being healthy.

Lack of primary care providers

- Not unique to Africans
- Some people had doctors in other cities
- Those who had primary care providers
 - Spoke to their doctors frequently or regularly
 - “I have a family physician, once in a couple of months. I do see him for prescriptions, I do see him now and then for a check up.”
 - Spoke to their doctors when it was necessary
 - “Oh, I see whenever I need. My children sick or I’m sick I call them, make appointment, I go there.”

Like interview respondents from other regions, Africans reported not having primary care providers in London and some of these people had doctors in other cities. However, the interviews did not provide enough information to determine how common this is. Those who did have primary care providers said they spoke to their doctors frequently or regularly, and some said they spoke to their doctors when it was necessary.

Africans use a variety of health services

- Clinics
- Dentists
- Pharmacies
- Family doctors and specialists
- None of the Africans we interviewed mentioned
 - Emergency departments
 - Complementary services like massage therapists

Africans tend to use a wide variety of health care services. They reported going to clinics, seeing dentists, using the pharmacy and seeing family doctors and specialists. None of the Africans we interviewed mentioned using emergency departments or complementary services like massage therapists, but people from other regions reported using these services.

Unsatisfied with health care locally

- All groups satisfied with health care in London
- Only Africans and Canadians reported being unsatisfied
- Some of the reasons Africans gave for being unsatisfied with health care in London
 - Shortage of family doctors
 - “There’s a shortage of doctors and because of the shortage of doctors, the family physician, they don’t even give a time to diagnose properly.”
 - Immigrants having difficulty finding doctors

While interview participants from all groups said they satisfied with health care in London, only Africans and Canadians reported being unsatisfied. Some of the reasons Africans gave for being unsatisfied with health care in London include: London having a shortage of family doctors and immigrants having difficulty finding doctors in general.

Recommendations for improving health care

- There is a shortage of doctors who understand African cultures and cultural diversity
 - “Actually that’s the right thing to do because people I’ve heard so many times misdiagnosed because of they are not aware of cultural backgrounds, what kind of disease might be they had...tropical disease...most of the doctors they aren’t aware of this.”
- African women need places where they can access health information
- Language assistance is needed

When asked for recommendations on how London’s health care system might be made more culturally-appropriate, African respondents said: there is a shortage of doctors who understand African cultures and cultural diversity; African women need places where they can access health information; and language assistance is needed.



Overall Recommendations

- Africans have some unique experiences, especially during migration
 - Separation from families and friends
 - Having to form new social networks in Canada while maintaining connections with relatives and friends ‘back home’
 - Migration can be stressful
- Programs focused on health should be multi-faceted
 - Should not ignore the influence of: income, education, housing, culture and religion
- Current health care system can be more satisfying
 - Making language resources more widely available
 - Address African women’s unique needs
 - Train healthcare providers to be more knowledgeable about African cultures

While some of the settlement and health-related needs of Africans might be similar to those of other immigrant groups, Africans have some unique experiences. Often, during migration many Africans are separated from their families and friends and have to form new social networks in Canada while maintaining connections with relatives and friends ‘back home’. The migration experience might also include exposure to stresses.

Since many factors have an influence on health, programs focused on health should be multi-faceted in that they should not ignore the influence income, education, housing, culture and religion have on health in African communities.

Lastly, the current health care system can be more satisfying for Africans if language resources are more widely available, the unique informational needs of African women are addressed and healthcare providers are more knowledgeable about African cultures

Future Steps

- Black, African and Caribbean Canadian Health Study
 - A survey of 400 people
 - Validate what was learned from these interviews
 - Determine how common certain experiences are

Currently, as part of the Black, African and Caribbean Canadian Health Study, a survey of 400 people is being undertaken to gather additional information that can be used to validate what was learned from these interviews and determine how common certain experiences are.