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Similarities and Differences in Health Care Use and HIV-Related Concerns Based on Immigration Profile: Findings from the BLACCH Study Interviews

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BLACCH

Black, African and Caribbean
Canadian Health Study

BLACCH:

**Similarities and Differences
in Health Care Use and
HIV-Related Concerns Based on
Immigration Profile**

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Today's Objective

To explore trends health service use
and their impact on HIV prevention efforts
for ACB people according to immigration class
and length of residence in Canada.

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for ACB people according to immigration class and length of residence in Canada.

BLACCH:**Background**

- African, Caribbean and other Black (ACB) communities are diverse
- Differences across ethnic lines and immigration profile
- Immigration experiences impact health care use, conceptualization of health and access to health information
- Understanding immigration experiences can help outreach and prevention efforts

Although often grouped for the purposes of research and program delivery, African, Caribbean and other Black (ACB) communities are quite diverse. In addition to differences along ethnic lines, there are differences in terms of immigration profile, which are evident within and between ethnic groups. The diversity of the immigration experiences of ACB people has implications for HIV prevention through its impact on health service use, conceptualization of health, and access to health information in the Canadian context. A better understanding of this diversity can: aid the design of targeted HIV outreach and prevention programs for ACB people; and provide insight into how HIV prevention messages and resources can effectively be distributed to ACB people.

BLACCH:**Methods**

- Community-based research
- Purposive sample of 22 individuals
- Topics: general health; HIV-related beliefs, stigma, behaviours, knowledge, services; health service use
- Conventional qualitative content analysis
 - Grounded theory and phenomenology
- Participants divided according to immigration class upon arrival in Canada and length of residence in Canada

Using a community-based research approach, a purposive sample of 22 ACB people were interviewed to collect information about their individual health-related experiences in London, Ontario. The respondents represented a cross-section of ACB communities in terms of age, ethnicity, income, education, immigration class and length of residence in Canada. The interviews covered a variety of topics, but this analysis focuses on: HIV-related beliefs, stigma, behaviours, knowledge and services; and health care service use. This presentation presents findings from a conventional qualitative content analysis, which is the initial analytic approach to grounded theory analytic methods and phenomenology. This exploratory method uses is descriptive and all themes described in this presentation emerged from the interview transcripts. During the analysis interview participants were divided according to their immigration class upon arrival in Canada (i.e. Canadian born, family class, skilled worker, refugee/ refugee claimant, student visa, not specified) and length of residence in Canada.

BLACCH:

Results

BLACCH: Results**Sample Characteristics**

- Immigration Class:
 - Canadian born: 6
 - Family class: 5
 - Skilled Worker class: 1
 - Refugee: 4
 - Student visa: 3
 - Did not indicate: 3
- Length of residence in Canada
 - 0-3 years: 3
 - 4-5 years: 1
 - 6-10 years: 5
 - 11+ years: 7

In the sample of 22: 6 were Canadian born; 5 were family class immigrants, 1 was a skilled worker, 4 were refugees or refugee claimants, 3 were student visa holders, and 3 did not indicate their immigration class. Also in the sample: 3 people had lived in Canada for 0-3 years; 1 person had lived in Canada 4-5 years; 5 people had lived in Canada 6-10 years; 7 people had lived in Canada 11+ years and 6 were Canadian born.

BLACCH: Results**Health Information Sources**

- Sources of health information
 - Internet
 - Word-of-mouth
 - Family doctors
 - Literature
- Canadian born
 - No one mentioned literature
- Student visa holders
 - No mention of word-of-mouth
- Regardless of length of residence in Canada
 - Internet is a popular source of health information
- 0-3 years in Canada
 - No mention of word-of-mouth, family doctors, literature

Participants tended to obtain health-related information through the Internet, word-of-mouth, family doctors and literature. However, literature was not a popular source for Canadian born people; and word-of-mouth and literature were not the best sources of information for student visa holders. Regardless of length of residence in Canada, the Internet was a popular source of information. Word-of-mouth, family doctors and literature were not good methods for reaching people who had been in Canada for 0-3 years.

BLACCH: Results**Health Services Use**

- Some responses:
 - Walk-in clinics, dentist, family doctor, pharmacies, emergency rooms, specialists
- Student visa holders
 - Walk-in clinics, dentists, pharmacists
- Refugees
 - None mentioned ERs or walk-in clinics
- 5 years of less
 - Pharmacy, family doctors

While everyone reported having access to healthcare locally, people who had lived in Canada for at least 4 years reported having family doctors. Those who lived in Canada for less than 4 years did not have family doctors. Canadian born persons and persons who lived in Canada for 4 or more years reported seeing their doctors regularly. Canadian born persons and those who lived in Canada for 6 or more years reported seeing their doctors when necessary.

Canadian born persons, people who have lived in Canada for 6 or more years and family class immigrants accessed a wide variety of health care services—walk-in clinics, family doctors, dentists, pharmacies, emergency rooms and specialists. Student visa holders accessed walk-in clinics, dentists and pharmacists. None of the refugee or refugee claimants interviewed reported accessing emergency rooms or walk-in clinics. Newer immigrants (5 years or less) were accessing the pharmacy and family doctors, when they had one.

BLACCH: Results**HIV Awareness**

- Across the board
 - HIV is important in community
 - HIV is a problem in the community
- Canadian born, 6+ years
 - HIV important for personal health
 - Only one person was HIV+
- Canadian born, refugees in Canada 4+ years
 - Unsure of HIV as a problem in their communities
- Focus on HIV in African countries

All groups reported that HIV is an important health issue in their communities, but only Canadian born persons, immigrants who had lived in Canada for 6 or more years, and a person who did not indicate his/her immigration class mentioned HIV as being important for personal health. Only one of these persons was HIV-positive. At the same time people across the board said that HIV was a problem in their communities. There were Canadian born persons and refugees who did not know whether or not HIV was problem in their communities, but these people tended to be in Canada for at least 4 years. When asked about HIV being a problem in Canada, two persons (a refugee and a student visa holder) said started discussing HIV in African countries.

Everyone felt their risk of contracting HIV was low or non-existent. Some of these persons cited abstinence and marriage as the reasons for this.

BLACCH: Results**HIV Risk**

- Across the board
 - Risk is low or non-existent
 - “I think, you never know, but I think it’s zero because I’m very, I am like very careful about things so yeah...”
(Student visa, 0-3 years)
 - Sexual activity seen as the primary risk factor
 - Some cite abstinence and marriage as reasons for low risk
- Only one person mentioned alcohol and IV drug use
 - “Mostly it’s sexual activities... There is also substance use, injection drugs, yeah.” (Family class, 0-3 years)

When asked what puts people at risk for contracting HIV, sexual activities were cited across the board, and only one person mentioned alcohol and IV drugs. This person had been in Canada for 2 months and was a family class immigrant.

BLACCH: Results

Barriers to Accessing HIV Services

- Across the board
 - Unaware of specific barriers ACB people face
 - Stigma
 - “Oh boy! They face the discrimination, they face a stigma, they face a stigma of whoever is providing them that information thinking that oh my gosh, you have AIDS or you, they just face all those preconceived notions because they just see a Black person. If they want information about AIDS then they must have AIDS because they just face all of that preconceived notions and therefore judgmental thoughts I guess that would be I guess, what’s the word? That will emulate into the person’s response to their questions whenever they’re trying to access information about AIDS.”
(Family class, 11+ years)
 - ACB people don’t try to access HIV services
- Family class, “other”, 6+ years
 - Discrimination
- Canadian born, student visa
 - Lack of education

Generally, people in the sample were unaware of the barriers ACB people faced when accessing HIV services. When barriers were identified, stigma was cited as a barrier by individuals in all groups. Only family class immigrants, those in the “other” category, and immigrants who had lived in Canada for over 6 years cited discrimination as a barrier. Lack of education was cited as a barrier by Canadian born persons and student visa holders. Lastly, across all immigration classes, participants responded that ACB persons don’t try to access services.

BLACCH: Results**HIV Service Needs**

- Across the board
 - Education
 - Prevention information
 - “I think that would be good in our community if we have like if we have something like that set up where the youth can go and have these classes that teach them about HIV/AIDS and the prevalence, the current status of like HIV prevalence in their community so that they can be aware of it.” (Family class, 11+ years)
- Canadian born persons, family class, refugees in Canada 11+ years
 - Culturally-based services
 - “I think community based kind of thing is much better because HIV become a taboo in our community; nobody wants to know it. HIV, having HIV positive means a death penalty and nobody knows...nobody wants to know his or her status at all and they don't want to talk about it, they don't want to hear about this kind of thing.” (Refugee, 11+ years)
- Family class, student visa holders, refugees & immigrants 6+ years
 - Greater sensitization to HIV

When asked what services ACB people need to meet HIV/AIDS-related needs, everyone said education or prevention information was important. Canadian born persons, and family class immigrants and refugees who had lived in Canada for 11 or more years called for culturally-based services. Family class immigrants, student visa holders, refugees and immigrants who had lived in Canada for over 6 years said greater sensitization to HIV was needed.

BLACCH: Results**HIV Service Needs**

- Across the board
 - Very knowledgeable
 - Able to identify myths
 - “That it’s only in homosexual communities or that they have the greatest risk. I think those are the biggest sort of myths that you hear, you know designating it to specific communities as if that’s the only place where can get it I think. That’s the one thing I’d say that I’m aware of.” (Canadian born)

Lastly, across the board, it was evident that respondents were knowledgeable about HIV transmission and able to identify myths about HIV. For instance, they knew that HIV is not a “homosexual disease” and it is not spread through casual contact.

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Conclusions

BLACCH: Conclusion**Recommendations**

- Connect HIV services with broader health care services for ACB communities
- Provide information through the Internet
- Provide information that is specific to HIV in Canada
- Focus on HIV as a ACB community issue, not just an individual one
- Increase the presence of ACB service providers

Stigma appears to be a greater barrier to accessing services than discrimination and lack of education, so prevention efforts must focus on stigma. Based on these preliminary findings, it would be advisable to connect HIV to health more broadly by focusing on its relationship to mental health, physical health and overall well-being. The Internet, social networks and family doctors may be the best means through which information about HIV should be distributed to ACB communities. Furthermore, the Internet might be the best avenue through which newcomers can be reached. Walk-in clinics and pharmacies may also be good avenues through which to distribute this information. These program components may serve to reduce stigma and increase sensitization to HIV.

More education is needed around HIV in ACB communities in Canada, not just a focus on HIV in ACB communities abroad. This kind of education is needed by newcomers, and established immigrants and Canadian born persons alike.

Across the board, people believed they had little or no risk of contracting HIV, even if HIV is an important issue and problem in their communities. This might suggest a need for messages that are less focused on individual vulnerability, but more focused on vulnerability in ACB communities as a whole. Also, it might be necessary to have targeted messages for refugees and student visa holders who do not see HIV as important to them personally, but saw it as important in their communities.

The presence of ACB people as service providers needs to be increased, and service providers should be aware of specific problems and challenges faced by ACB people—like conditions that are more common among refugees, and language challenges family class immigrants face. This need was expressed by Canadian born persons and immigrants who have been in Canada for 11 or more years.

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Future Steps

- More in-depth qualitative analyses
- Survey to validate and expand on these findings
 - 400 ACB people in London and surrounding areas

More in-depth qualitative analyses will be performed, and a quantitative survey is being conducted to help validate and expand on these findings.

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