

OPINION EDITORIAL

The Healthy Immigrant Effect: Is Canada's Health System Failing Immigrants?

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A globalizing world has led to increased immigration to Canada as a result of the desire for success, safety, and happiness, because Canada is perceived as a nation where these desires are more readily available [1]. Canada receives over 240,000 immigrants annually, and recent estimates suggest that first-generation immigrants account for approximately 20% of Canada's population [2]. With Statistics Canada estimating that immigration will be the driving force of population growth by 2030, overtaking natural increase, immigration into Canada has important implications for individual health, population health, and healthcare systems [3].

A phenomenon called the "healthy immigrant effect" describes the process through which immigrants arrive with better health than the Canadian population, but suffer subsequently worsening health over time, leading to a convergence of health status between the immigrant and native-born populations [4,5]. The healthy immigrant effect characterizes the experience of majority of Canada's immigrant population, with the effect being strongest for the adult immigrant population [5]. Several causal factors have been linked to the deterioration of immigrant health in Canada, including discrimination, cultural and language barriers, and healthcare system-related factors, such as the inadequate cultural education provided in Canadian medical schools [6]. Institutional barriers including municipal, provincial, and federal laws, and healthcare practices have contributed heavily to disparities immigrants experience when seeking healthcare in Canada, such as challenges adapting

to new cultural norms and social institutions [7]. Despite Canada's reputation for providing superior access to healthcare and socioeconomic advantages, its healthcare system often fails to replicate these outcomes for immigrants in Canada due to structural, cultural, and communication barriers and inadequate cross-cultural training for healthcare providers [7].

BARRIERS TO HEALTHCARE ACCESS

Immigrant access to healthcare is impeded by several substantive barriers. Structural barriers involve barriers at the legal and institutional level, such as navigating a complex health system, unfamiliar system norms, and culturally insensitive health policy [7]. Communication barriers arise due to language differences, such as misinterpreting medical advice and having to provide an interpreter [6]. Finally, cultural barriers include racial and cultural insensitivity, as well as misunderstanding cultural differences [6]. The challenges faced by immigrants accessing healthcare are intensified in racial, ethnic, and religious minority groups [4].

STRUCTURAL BARRIERS

Structurally, the Canadian health system is a complex labyrinth for those who are unfamiliar with its procedures and services. The restructuring of the Canadian health system by the Liberal Party of Canada in the 1990's created additional fiscal pressures imposed on healthcare and increased the proportion of non-insured care, which had unequal impacts across the population [8]. Low-income and Canadians with less education, many of whom are

also immigrants, struggled to deal with these systemic changes [9]. Compounded with an often culturally insensitive health system, immigrants face profound barriers to accessing care, such as diagnostic delays, incomplete services, and service gatekeeping, which describes the role of primary care physicians in authorizing access to specialized care [10]. Indeed, a 2018 study conducted by Son et al. found that minority groups received diagnoses later than the cultural majority group [11]. When they do receive their diagnosis, ethnic minorities often suffer inferior access to essential services compared to other Canadians [12].

COMMUNICATION BARRIERS

Social norms governing communication and social power dynamics in Canada's health system also serve as a challenge. In many countries, physicians hold persuasive authority over patients, and patients are expected not to share information unless prompted [13]. This lingering power dynamic may lead patients to withhold concerns and relevant information [13].

Navigating the healthcare system is a structural support challenge, exacerbated by communication barriers [10]. Lai and Chau found that Chinese immigrants tend to access services when provided by practitioners ethnically and linguistically similar to the patient [14]. Khanlou et al. reported that many immigrant mothers did not understand the meaning of complex medical terms and were not able to articulate a request for care [15]. For immigrants, language is an obstacle to accurately conveying health concerns and interpreting medical advice from physicians [16].

CULTURAL BARRIERS

Cultural barriers to healthcare access for immigrants are well-researched. A study surveying Hmong, Mexican, and Somali immigrants demonstrated that patients frame their healthcare experiences in terms of their ethnic identities, and often find healthcare resources within their communities [17]. Immigrants rely heavily on community members to supply information about available resources, so social

isolation may occur if resources are not familiar or targeted to these communities [17]. Of note, many immigrants do not have immediate community support, leaving them unaware of available services and, in turn, reducing utilization [17]. The necessity of community support is driven by a lack of familiarity with Canada's health system and challenges with accessibility. For instance, immigrant women often prefer female physicians for care, a barrier introduced by socioeconomic conditions [5]. Female Muslim immigrants have reported concerns about male staff entering their hospital rooms without warning or respect for modesty, which demonstrates such cultural insensitivity [5].

BARRIERS WITH HEALTHCARE PROVIDERS

Despite demonstrable proof that increased cultural awareness improves cross-cultural medical encounters, cultural sensitivity remains an illusory concept [18]. In a Canadian study conducted by Papic et al., 69% of surveyed physicians received no cross-cultural training during their medical education and careers. In fact, 68% of physicians wished they had received more immigrant-specific cultural training, which is notable considering that most physicians are Canadian-born Caucasians [18,19]. Notwithstanding this professed desire among physicians, less than 20% of surveyed Canadian physicians believed that it was their responsibility to arrange for an interpreter, demonstrating a serious misalignment with best practices for immigrant care [19]. Alongside physician reliance on improvised strategies and personal experience for approaching immigrant care, these examples demonstrate that many practicing physicians do not have the adequate cross-cultural skills necessary to provide culturally-sensitive immigrant care [20].

CULTURAL TRAINING IN CANADIAN MEDICAL SCHOOLS

In 2000, over two-thirds of Canadian medical schools did not include cultural education involving either of Canada's largest non-white ethnic groups: Indigenous people and Asian Canadians [21]. Further, in 2002, only eight of 17 medical schools listed cultural sensitivity requirements in their

curricula [21]. Since, it has become a requirement for medical schools to offer cultural education; however, a 2010 review suggests that this education differs greatly between schools, and the gap is increasing [21,22]. As of 2010, cultural education in Canadian medical schools is mandatory, but the length of time dedicated to cultural diversity education differs between schools, with some schools offering only elective courses for cultural training while others provide continuous exposure through placements and clinical courses [21]. Medical education in Canada is becoming increasingly sensitive to cultural differences, but evidently, practicing physicians remain under-informed.

While structural, communication, and cultural barriers pose challenges to immigrant healthcare access in Canada, Canadian medical education is improving. Cross-cultural training intended to ensure that the next generation of healthcare providers have the skills to mitigate the “healthy immigrant effect” is a step in the right direction. These improvements demonstrate progress towards building more inclusive health systems. The body of literature detailing the diverse experiences of immigrants without English proficiency and other racial, ethnic, and religious minority groups in Canada is growing, and necessary to create a holistic picture of the immigrant healthcare experience. Furthermore, standardizing medical education and the responsibilities of healthcare providers regarding cross-cultural care is a prerequisite for improving immigrants’ quality of healthcare in Canada. No longer should immigrants be required to supply their own interpreter or face diagnostic delays due to a culturally insensitive healthcare system. The healthcare system must be restructured to address the hardships faced by immigrants to ensure all Canadians, regardless of birthplace, have equal access to healthcare.

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