Health Promotion & Chronic Illness Prevention in Canada

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Methodology

Ovid Medline was used to locate primary data between 1990-2014. The search strategy and review process located 12 articles.

• The keywords used were:
  – Health Promotion
  – Chronic Disease Prevention
  – Immigrant/Migrant
  – Women
  – Canada/Ontario
Study Characteristics

• The majority of the articles are qualitative (9)
• The authors focused their studies on:
  – South Asian Women (India)
  – Asian Women (China, Korea, Vietnam)
  – Multiple ethnicities within the same study

<table>
<thead>
<tr>
<th>Study Location</th>
<th>Number of Articles</th>
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<tbody>
<tr>
<td>Ontario</td>
<td>7</td>
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<tr>
<td>Vancouver</td>
<td>3</td>
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<td>Alberta</td>
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Findings

• The *healthy immigrant effect* is the conceptual basis for most of the research conducted
  – *Healthy immigrant effect*: Immigrants are in relatively better health on arrival to Canada compared to native-born Canadians and converges with years in Canada to native-born levels

• Robust evidence suggests that the *healthy immigrant effect* impacts the incidence of chronic conditions for both men and women
Findings (2)

• Three major themes emerged from the articles analyzed:
  – The Social Determinants of Health
  – Access and Utilization of Health Care
  – Possibilities and Limitations for Health Promotion and Health Literacy
Social Determinants of Health

- Patriarchy and gender roles impact women’s ability for self-care
- Migratory status influences women’s social position
- Working conditions can be detrimental for chronic disease management
- Migration disrupts some healthy cultural practices
Access and Utilization of Health Care

• Income and job insecurity impact access and utilization of health services
• Women are subject to the dominant discourse of self-responsibility which may lead to self-blame and silence health concerns
• Many consultations are limited by time constraints and biomedical indicators
• English fluency interferes with access and utilization
Possibilities and limitations for health promotion and health literacy

• Standardized health initiatives assume individuals have control over their life circumstances and behaviours

• Universal interventions have limited relevance to particular groups

• Policy, programs, and practice should acknowledge the intersection of race, gender, and class
Possibilities and limitations for health promotion and health literacy (2)

• Many women prefer to obtain information as a collective, favouring information exchange vs. one-way transfer

• There is agreement about:
  – The need to develop ethno-culturally relevant resources to enable health promotion
  – The benefit of engaging future users in the production of effective health promotion materials and programs
Limitations

• We were not able to separate specific information about IRW in the majority of the studies because ethnicities and sex information were grouped together

• Many immigrant groups have not been included in health promotion research
  – Ex. Latin Americans, Caribbeans, Africans, Europeans

• The current evidence-based orientation of the healthcare system disadvantages groups not represented in studies
References


References (2)


