



Final Report

CAVWA: Understanding the community supports and service landscape for Vietnamese women in Calgary, Alberta

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1 Executive Summary

The Calgary Vietnamese Women's Association (CAVWA) acquired a Feminist Response and Recovery grant from Women and Gender Equality Canada to investigate the landscape of health and social support for Vietnamese women. This grant provided an opportunity to engage with Vietnamese women in Calgary and to identify the health and wellness needs existent within this community. This project is inherently collaborative; CAVWA and W21C have partnered to execute all research related activities. As such, this research is as much about the ways in which we work with and for community to better their lives and bolster their strength as it is about the end results. The main objectives of this project include (i) identifying the unmet needs of Vietnamese women in Calgary regarding community supports and discerning how Covid-19 has impacted this service landscape, and (ii) mapping the health and social care services offered for Vietnamese women in Calgary, with a focus on community supports. In this report, we explain the findings of our research and identify the ways in which service provision is, at times, inadequate for the Vietnamese community in Calgary.

W21C, in partnership with CAVWA, conducted a multi-phase, mixed methods research study where we examined the health and wellness needs of Vietnamese women, and the key services they require to thrive. We surveyed a sample of Vietnamese women, to uncover essential service needs. Priority areas identified included, but were not limited to, mental health services, dental services, and quick and easy access to family physicians. Our survey respondents indicated dissatisfaction with supports available for mothers and children, and for assistance caring for the elderly. To supplement our survey data, we conducted interviews and focus groups with Vietnamese women and key community leaders. These conversations led to important realizations. The central themes that emerged within this qualitative data were: (i) barriers persist to accessing and using health services in Calgary, though the desire to utilize these services is pronounced, (ii) to fill service gaps, Vietnamese women engage in time-intensive care work, and (iii) strategies are needed to help support and lessen the burden of care for Vietnamese women while simultaneously recognizing their meaningful contributions to the community.

To further assist the Vietnamese community, we prepared an environmental scan, categorizing all available services in Calgary that might be of benefit to the Vietnamese community. The purpose of mapping these services was twofold – to bring awareness to available services in our city, and to identify service gaps.

Taken together, our findings from this research indicate the need for culturally and linguistically appropriate services to lessen the unpaid, often unrecognized, care work that Vietnamese women assume in the face of significant community needs. Recognizing the existing structural barriers in place for racialized, immigrant, and minority women is not enough – we must also draw attention to the mechanisms through which these arrangements take place in everyday life.

2 Introduction

The rapid and extensive spread of the SARS-CoV-2 2019 (COVID-19) pandemic has exposed long-standing social, economic, geographic, and medical vulnerabilities across Canada. Canadians experienced severe social, psychological, and wellness impacts, notably in racialized and vulnerable groups. The Centers for Disease Control and Prevention (CDC) uses the terms “racial and ethnic minority groups” to refer to people of colour with a wide variety of backgrounds and experiences [1]. Still, “some experiences are common to many people within these groups, and social determinants of health have historically prevented them from having fair opportunities for economic, physical, and emotional health” [1]. This is especially true in times of hardship. COVID-19 has therefore worsened disparities to equitable services in racialized populations, because structurally vulnerable people experience barriers to receiving social services, or there may be gaps in service availability and accessibility [1].

The Calgary Vietnamese Women’s Association (CAVWA) has acquired a Feminist Response and Recovery grant from Women and Gender Equality Canada to investigate the landscape of health and social support for Vietnamese women using an equity lens. This grant provided an opportunity to engage with Vietnamese women and learn about their experiences and needs within community. Furthermore, this funding led to research activities to map and understand the social support landscape for Vietnamese women, as well as develop ways to engage stakeholders to overcome service gaps for Vietnamese women in Calgary. CAVWA approached the Ward of the 21st Century (W21C) to carry out these research services.

W21C is a research and innovation initiative based in the University of Calgary’s O’Brien Institute for Public Health and the Calgary zone of Alberta Health Services. Our collaborative space and diverse team enable health researchers to bring new ideas, prototypes, or health care innovations into the healthcare environment. Being situated within the O’Brien Institute means that W21C can tap into the Institute’s more than 400 members that have a range of academic and professional backgrounds, from research scientists and clinicians to health system decision-makers, and other health professionals. W21C can draw upon this membership to provide faculty leadership and content expertise to its projects. This faculty leadership can work alongside our strong team of project managers, research associates, research assistants, and students who work and train in health services research and policy. This team includes interdisciplinary research assistants and associates that have training in the domains of health research, clinical epidemiology, qualitative and quantitative methodology, nursing, psychology, sociology, among others. Our interdisciplinary team is ideally situated to support CAVWA in this assessment.

3 Objectives

Based on initial discussion with CAVWA, W21C has identified three objectives to be addressed:

1. Understand the unmet needs of Vietnamese women in Calgary regarding community supports and services (e.g., social support, mental health needs, urgent needs), especially focusing on how COVID-19 has impacted or altered their lives [1].
2. Map the health and social care services available for Vietnamese women in Calgary, with a focus on community supports, particularly noting the effects of COVID-19 on supports available.
3. Create a Knowledge Translation (KT) and engagement plan to share and communicate findings of the above two objectives with relevant stakeholders.

This project is inherently collaborative; CAVWA and W21C have partnered to execute all research related activities. As such, this research is as much about the ways in which we work with and for community to better their lives and bolster their strength as it is about the end results.

4 Background

To better understand the health and social support needs of Vietnamese women in Calgary, it is necessary to situate their experiences within a broader social context of immigration, racialization, and the social and/or economic vulnerabilities that structure their lives. What follows is a review of the Vietnamese community in Canada and the systems in place that limit their health, well-being, and overall livelihood. For the initial purposes of this analysis, the Vietnamese experience in Canada is included within a broader discussion of ethnic immigration and racialization, though the particulars unique to being Vietnamese will be drawn out and studied over the course of this research.

The Vietnamese community is the fifth largest non-European ethnic group in Canada, with over 150,000 people [7]. Almost all Canadians of Vietnamese origin are concentrated geographically, living in Ontario, Quebec, British Columbia, or Alberta. Of consequence for this study, over 70% of Canadians of Vietnamese origin were born outside of Canada. Of these, 75% arrived in Canada in the last forty years [7]. Much of the Vietnamese population in Canada are clearly newcomers or children of immigrants, indicating the impact of immigration in this community and its associated challenges.

Economic Disparities

Previous research has demonstrated that, during settlement, there are “numerous disadvantages [that] may affect immigrants’ and refugees’ health – stress, underemployment, downward mobility, discrimination, poor housing, lack of access to services, and inadequate social support” [6]. In Canada, this is evidenced in economic disparities tied to immigration and racialization. Canadians of Vietnamese origin consistently report incomes lower than the national average [7], with one-third of children of Vietnamese origin living in families with incomes below the poverty line [7]. Most senior Vietnamese women who live alone also live in poverty [8]. Further, persons from racialized groups, including the Vietnamese community, make up 54% of all immigrants in Canada [8]. However, they make up 71% of all immigrants living in poverty [8], suggesting layered experiences of structural disadvantage.

Ultimately, foreign-born visible minorities experience economic difficulties above and beyond what would be expected given their educational attainment [9]. That said, length of time in Canada brings with it better economic prosperity, with third-generation Vietnamese Canadians reporting incomes on par with the overall Canadian population.

Gendered Inequality

Economic inequalities are an influential factor in worse health and social outcomes for racialized populations in Canada; these effects are amplified for women. While newcomer and racialized populations in Canada are more likely to encounter financial hardship, women in this group are the most impacted, experiencing the highest income gap compared to non-racialized and non-immigrant men [10]. Further, despite high levels of education, a review of existing literature found that “racialized immigrant women in Canada are over-represented in low-paid, low-skill precarious jobs. They also face powerful structural barriers to decent professional employment due to the lack of acceptance of foreign educational and licencing credentials [10].” Financial stressors alone or entwined with other social disadvantages, such as language barriers, are known to affect physical health, social and emotional wellbeing, and mental health during settlement [10].

Cultural Considerations and Access to Health Care

Vietnamese women are most often the main caregiver in the family [11]. The propensity for Vietnamese women to assume prime responsibility for the health and well-being of their family is rooted in a collectivist cultural orientation [12]. Thus, care work is understood by Vietnamese women to be more than obligation; it is also an expression of their culture [12]. As Donovan and Williams explain:

“More than just reflections of one's implicit value system, care and care-giving were expressed as important facets of Vietnamese culture: they were seen as natural, essential and central to their identity.”

This cultural imperative is necessarily complicated by migration to Canada, wherein “Vietnamese women are constantly negotiating the differences between Western and Eastern living and Western and Eastern health care practices” when caring for themselves and their family [13]. Consequently, Vietnamese women must navigate a foreign health care system and often struggle to obtain culturally appropriate and language accessible services [12]. Recognizing the cultural inclination of Vietnamese women to assume care-giving roles within their families specifically and community generally does not absolve the Canadian healthcare system of responsibility. As Donnelly et al., discussed in 2005, which still rings true today, newcomers to Canada often struggle to access health care despite some improvements made to diversify services over the years [13]. Therefore, publicly funded health care is premised on universal accessibility in theory but less so in reality, particularly for socially marginalized women who simultaneously face significant barriers to access and are most in need of these supports [11].

Impact of COVID-19

The pandemic has magnified the unique risks and has highlighted the differential health and economic impacts for socially marginalized communities [14]. The CDC reports growing evidence that some racial

and ethnic minority groups are disproportionately affected by COVID- 19 [1]. As the Government of Canada describes:

“Members of racialized communities are more likely to experience inequitable living and working conditions that make them more susceptible to COVID-19, such as lower incomes, precarious employment, overcrowded housing, and limited access to health and social services. Many face increased risk of exposure to COVID-19 due to their employment in front-line essential occupations with frequent contact with other people and a limited ability to work from home [15].”

That the COVID-19 pandemic has worsened existing health inequities among racialized, indigenous, and minority groups is disturbing but, perhaps, predictable given what we know of the social determinants of health [15]. Structural disadvantages coincide with individual obligation to render the vulnerable more susceptible to illness and mortality. Further, as Gauthier et al. explain, regarding the absence of social support in times of crisis, “social networks evolve in response to both the burden of disease and containment efforts, changes in social support may become another important factor worsening inequalities” in older marginalized populations [16]”. Deficits in social support are particularly impactful for racialized and minority groups, wherein reliance on community to help meet health and wellness needs is the norm.

Vietnamese Community in Calgary

Up until this point, our focus has been examining barriers to health and wellness across racialized, immigrant, and minority groups. Given the lack of research on the Vietnamese community in Canada [12], and in Calgary specifically, we have had to generalize the Vietnamese experience to that of other groups. This was done with an awareness of the limits of such a review. While we can borrow insight from collective experiences of social marginalization, we cannot fully understand the lived experience of Vietnamese women in our city. That racialized and immigrant women are most vulnerable to ill health due to structural disadvantages is well established – but what are the actual and practical mechanisms through which this takes place in specific time and place? Therefore, this research endeavors to isolate the understandings of Vietnamese women in Calgary; to draw attention to what is not already known. We seek to explore the unmet health care and social needs of Vietnamese women and identify the challenges they face accessing services, particularly in times of crisis.

5 Methods

We have conducted a multiphase project to tackle the research objectives listed above. All phases of this project have been undertaken with the involvement and contributions of CAVWA and the Vietnamese community in Calgary. This phased approach includes three components, which are described in greater detail in APPENDIX A.

Briefly, we conducted a survey among the Vietnamese women to understand their service use patterns. To enhance our understanding of the survey data, we held focus groups with members of the Vietnamese women community. We then interviewed community level ‘key informants’ to contextualize the results from the possible solution-oriented activities that can be undertaken.

6 Findings

Demographics of Survey Participants

The following table provides an overview of our survey respondents (Vietnamese women in Calgary, Alberta). It includes common demographic information from which we can better understand the composition of our study participants, including age, marital status, education level, and income.

Table 1. Demographic characteristics of survey respondents

Characteristics	Total N=110	Missing
Age, n (%)		21 (19.1)
18-44	44 (49.4)	
44-64	39 (43.8)	
>65	6 (6.7)	
Sex, n (%)		23 (20.9)
Female	87 (97.8)	
Male	2 (2.2)	
Marital Status, n (%)		21 (19.1)
Married or Common-law	63 (70.8)	
Single	11 (12.4)	
In a relationship	2 (2.2)	
Separated	3 (3.4)	
Prefer not to answer	10 (11.2)	
Education level, n (%)		24 (21.8)
Less than high school	3 (3.5)	
High school diploma	26 (30.2)	
Some university or bachelor's degree	46 (53.5)	
Graduate or professional degree	12 (12.8)	
Income, n (%)		22 (20.0)
<\$20,000	8 (9.1)	
\$20,000-\$49,999	23 (26.1)	
\$50,000-\$74,999	11 (12.5)	
\$75,000-\$99,000	6 (6.8)	
>\$100,000	10 (11.4)	
Prefer not to answer	30 (34.1)	
Place of Birth, n (%)		21 (19.1)
Not born in Canada	86 (96.6)	
Born in Canada	2 (2.2)	
Prefer not to answer	1 (1.1)	
English Fluency, n (%)		21 (19.1)
Can read, write, speak, and understand English	47 (52.8)	

well	
Can speak and understand English well	8 (9.0)
Can speak and understand English a little	25 (28.1)
Can only understand but not speak English at all	2 (2.2)
Don't know any English at all	7 (7.9)
Employment, n (%)	22 (20.0)
Employed full time (35+ hours/week)	48 (54.5)
Employed part-time (up to 34 hours/week)	6 (6.8)
Self-employed	8 (9.1)
Student	2 (2.3)
Unemployed	13 (14.7)
Unable to work	4 (4.5)
Retired	7 (8.0)
Household Children, n (%)	28 (25.5)
No children	42 (51.2)
One child	15 (18.3)
Two or more children	25 (30.5)
Health Coverage, n (%)	22 (20.0)
No extended health insurance coverage	39 (44.3)
Have extended health insurance coverage	49 (55.7)

Survey Findings

Results from the survey revealed gaps and nuances in care for Vietnamese women within Calgary that were further explored in the focus group discussions and key informant interviews. All survey results were compiled into tables and can be found in APPENDIX D. Major findings in the survey represent themes of understanding/communication, mental health, and Covid-19. Additionally, this survey was offered in Vietnamese and English to reach as much of the Vietnamese population in Calgary as possible and to not exclude individuals who cannot speak English. Notably, out of the 110 participants who completed the survey, nearly 71% completed the survey in Vietnamese.

Understanding/Communication

When asked how important certain health and wellness services were to them, 85% of respondents marked “help with understanding symptoms” as important, very important, or extremely important. Furthermore, 88% of respondents marked “help with understanding medications” as important, very important, or extremely important. Response rates were similar when asked to rate how important health professionals who have time to discuss issues with them, accurate health information that is easily understandable, and information about medications and side effects with 82%, 90.5%, and 89% of respondents, respectively, rating these as important, very important, or extremely important. These numbers indicate that understanding and communication in health is a necessity within the Vietnamese community. Yet satisfaction rates for these same domains were markedly lower with only 62% of

respondents mostly or completely satisfied with the help they receive in understanding their symptoms and medications each. This was similar for satisfaction rates for health professionals who have time to discuss issues with them, accurate health information that is easily understandable, and information about medications and side effects, with percentages in the low to mid 60% range of respondents mostly or completely satisfied with these domains. As satisfaction rates are lower than importance rates, a need to improve health and healthcare related information and communication is a necessity to improve quality of life amongst Vietnamese women living in Calgary. This point is explored further in the findings from the focus group discussions and key informant interviews.

Mental Health

Mental health was also an important theme discovered from the survey. 92% of survey respondents indicated that mental health was important, very important, or extremely important to them. In addition, 86.5% and 82.5% rated help with maintaining a sense of control over their life and help with sad or distressing feelings as important, very important, or extremely important. This was similar to how respondents rated help with finding a sense of purpose and opportunities to get out socially as important, very important, or extremely important at 83% and 87.5% respectively. In terms of health and wellness services, the respondents of our survey clearly want services that support their mental health and wellness in various ways. Unfortunately, for many of these health and wellness domains and services, many respondents were not satisfied. For example, only 43.5% of the survey respondents were mostly or completely satisfied with help with finding a sense of purpose and meaning. In terms of opportunities to get out socially, only 53% of respondents were mostly or completely satisfied. Help with maintaining a sense of control over one's life and satisfaction with mental health services did not fare much better with each only having a mostly or completely satisfaction rate of 58%. Respondents were most satisfied with help with sad or distressing feelings with 63% of respondents feeling mostly or completely satisfied, however, whether these feelings are being remedied through community support or through established health and wellness services is unclear. While struggles with mental health and a lack of satisfaction with mental health resources available may not be a problem specific to the Vietnamese community here in Calgary, the survey results still indicate a clear gap in this space within this population that needs to be addressed.

Covid-19

Part of our survey addressed Covid-19 and how it affected the Vietnamese community, particularly Vietnamese women. An important note is that not all survey participants filled out each question. So, each question has a different total sample size (N) that the percentages are calculated from as individuals who chose not to answer the question were not included in the statistics for each question. All results for the COVID-19 questions within the survey can be found in APPENDIX D with the rest of the survey results.

When asked how much Covid-19 affected their day-to-day life, 95 survey participants responded. Of these 95, 71, or 75%, felt that Covid-19 had a moderate or major affect on their day-to-day life. Another 95 participants responded when asked if they felt their health and wellness needs were supported during the Covid-19 pandemic. Nearly 57% of the 95 respondents indicated they only felt their health and wellness needs were slightly supported or were not supported at all. When asked about their major concerns during the COVID-19 pandemic, 94 participants responded (85% of the total sample). Notably,

67% of respondents indicated that keeping themselves and their family healthy was a concern; 46% reported a fear of getting sick while at work; and 34% reported increased stress due to Covid-19 and its implications, fewer opportunities to connect with neighbors and the community, and loss of employment or needing to find new employment during the pandemic, each.

Respondents were also asked what additional supports they or their family needed to get through Covid-19. Seventy-two respondents answered this question, with 46% indicating they needed additional mental health supports during Covid-19, 38% indicating a need for support to find employment, 25% needed support to feed themselves and/or their families, and 24% needed support to create more opportunities to interact with their neighbors and community during this time. Notably, when asked if health and wellness initiatives within their community increased, decreased, or stayed the same during Covid-19, 91 participants responded, with 52% indicating that health initiatives remained the same and another 22% indicating they felt the health and wellness initiatives decreased in their community during Covid-19. However, when asked about specific initiatives such as provisions of face masks for vulnerable groups, distribution of information, education, and communication of health materials, and support for isolated or vulnerable people many respondents felt they increased or remained the same with fewer indicated these initiatives decreased during Covid-19. Finally, survey participants were asked if there were any initiatives they wished they had seen in their community since the start of Covid-19. This was a free text response question with notable answers of wanting a multilingual emergency emotional support hotline that can provide help to communities in relevant languages, wanting “more programs that will give hope to the community that everything will be normalized again, and that life will go on despite the crisis”, and more. Through many of these survey responses community and supporting one’s family are prevalent themes within this population of Vietnamese women; themes that are further highlighted within the focus group discussions and key informant interviews described below.

The responses from our survey show that, in general, the Vietnamese community in Calgary wanted more support, particularly for the community, during Covid-19. Many women in the community felt isolated from others and struggled with mental health symptoms. This could explain why mental health was rated so highly as an important facet of health in the survey as well.

Demographics of Focus Groups and Interview Participants

Seven individuals total participated across two focus groups. An additional six individuals participated in key informant interviews. One individual from the focus groups also participated in a key informant interview, making seven total key informant interviews conducted and 13 total participants between the focus groups and interviews. Of the 13 participants, 12 were female and one was male. Focus groups participants were Vietnamese community members here in Calgary. For the key informant interviews, participants included a physician, a pharmacist, an equity and diversity director at a not-for-profit, a university of Calgary employee, as well as seniors and recent immigrants.

Focus Group and Key Informant Findings

Focus groups and interviews with participating Vietnamese women and key community informants revealed three main themes: (i) barriers persist to accessing and using health services in Calgary, though the desire to utilize these services is pronounced, (ii) to fill service gaps, Vietnamese women engage in time-intensive care work, and (iii) strategies are needed to help support and lessen the burden of care

for Vietnamese women while simultaneously recognizing their meaningful contributions to the community.

Barriers to Care

Language Barriers

Participants spoke of significant barriers to accessing health care and social services in Calgary. While navigating the health system may be complex for the general population, this is distinctly more difficult for Vietnamese women. A strong command of the English language was seen by participants as necessary for appropriate care. Survey data shows that 53% of respondents can write, speak, read, and understand English well, while 9% could only speak and understand English. The remaining 38% of respondents had little or no English. Thus, while many Vietnamese women can communicate in English, understanding the intricacies of a diagnosis and accompanying medical jargon is far more difficult.

As one participant described, “I can speak English, but to be honest for, for the healthcare you know, definition or something, it’s really hard for me to understand what’s going on. What kind of task do I need to do?” Another participant agreed, explaining that “even though somebody may [be] fluent enough to run like a business, like a restaurant or, you know, a small business, for example, it doesn’t mean that they have all the words to explain the medical condition or symptoms, right? So, the language, I think is a big, big barrier.” These Vietnamese women speak to gradation in communication, wherein the ability to speak an official language, which one might assume to be advantageous, is not always enough to receive or participate in their health care.

If Vietnamese women who do speak English struggle to grasp the particulars of medical vocabulary and terminology, then women without this ability are especially vulnerable. Certain groups of Vietnamese women, such as seniors and recent immigrants, do not have any English at all and require interpreters. Here, it is worth noting that 97% of respondents are not born in Canada, signifying the real potential for gaps in communication.

Quite a few people called you know, like CAVWA to us, if they can get some interpreter who can also come pick them up to take them to their doctor’s appointment because they themselves can’t do it. And, and their family members are, you know, living away from them. So those are very commons [problems] that are faced by, by Vietnamese women who don’t speak English.

To further complicate matters, Vietnamese women seek support and interpretation services from their community. This is understandable given a shared language and cultural background but can prove problematic when interpreters themselves lack English language fluency skills. “Sometimes I go to the hospital, I translate, but like my knowledge is really limited,” one participant said, regretfully. Another participant told a similar story of her mother:

She can’t drive, she can’t read and it’s the children or it’s the friends or the grandchildren or someone in the community that they know. And they would just have to ask. So, there’s a lady that would also do this service as a driver. I don’t think she is a translator, but she can speak better English than the other person. So, she would be able to drive this senior and translate for this senior.

Relying on community members for translation services is, perhaps, sufficient in many areas of social life. It does, however, carry the potential to be harmful when it comes to an individual's health. Quality health care assumes understanding – of risks, of dosages, of cause and effect. It is therefore vital that health care providers are cognizant of and able to provide high calibre translation services for Vietnamese women.

Cultural Barriers

Cultural competence is crucial for improving physical and mental health among Vietnamese women. As one participant explained, "cultural competency is also about understanding you know, how Vietnamese culture values women, for example, the role of a mother, the, the role of a wife, the, the role of a nurturer, oftentimes the women." This was further evidenced in our survey data, wherein most respondents expressed dissatisfaction with services related to health and wellness for moms and small children and identified the need for help with taking care of disabled or sick family members. Many participants in our study voiced a distinctly gendered experience, where they felt that there was "a greater sort of a responsibility on the woman, typically, to take care of everybody else." Accordingly, Vietnamese culture, as was described to us, tended to reinforce gender- and generational- specific roles and responsibilities [12]. Our participants stated that they were more likely to prioritize the needs of their families before attending to themselves:

Vietnamese woman, they came from Vietnam, they are wonderful. They took care of everyone in the family, but themselves. So sometimes they ignore their needs completely and just like suffer, suffer the pain silently until thing got serious. So yeah, I think it's the culture thing.

There's this saying [about] Vietnamese women, how the best women are the ones who are sacrificing themselves for others. They want their parents to be well and do well. And unfortunately, sometimes it comes at the cost of their own health and wellbeing. Okay. So that's another barrier is the cultural values and the expectations of women in society.

While traditional gender roles, wherein the woman is seen to be selfless and willingly forgoes her needs for the betterment of the family, is not unique to Vietnamese culture, it is, perhaps, an intensified expectation for the women in our study. That Vietnamese women "sacrifice themselves for others" is a practiced understanding, enacted in small ways and in everyday behaviour. Thus, for our participants, deciding which familial needs are important inevitably involves deprioritizing others, most often their own. Cultural identity is therefore an important factor which impacts how care should be accomplished and whose health needs are necessarily prioritized.

That is not to say that the women in our study were not highly aware of their own requirements for health and wellness services. As discussed previously, less than 50% of respondents were satisfied with help with finding a sense of purpose and meaning. Just over 60% of respondents were satisfied with help for sad or distressing feelings. Further, survey data shows that 80% or more of respondents rated mental health and wellness services as very or extremely important. Across both survey and qualitative data, our participants spoke to the pronounced need for culturally- sensitive mental health care. "Mental support and mental health are really huge, huge unmet needs in the Vietnamese community," explained our participants; however, they also shared that Vietnamese women may be hesitant to access these services or may use different language to describe their problem(s).

I think that Vietnamese...we kind a, a shy person and we don't talk a lot about the mental health or something to the other people around. Like, for example, if I had mental health, I will not say that, instead, hey, I feel so tired. I feel a little bit stressful or something because I think because of the culture, Vietnamese people kind of shy, we are not showing anything about the mental problem. And we don't, we don't really want people around knowing that, oh, I have the problem issue inside.

That Vietnamese women are often hesitant to render visible their mental health concerns means that these distresses are prevalent but not openly shared, both within their own community and more broadly. As one woman described, “in Vietnamese culture, or like in Asian culture in general, if you’re seeking for a mental assistance, it’s not something that normal, they can see you differently. So, people even have, they have the mental problem, they’re still afraid to seek for medical attention regarding to mental wellness.” Further, if Vietnamese women *do* seek mental health services, they are often alone in navigating a complex – and sometimes foreign – health care system. As one participant, who was in contact with women seeking mental health support, explained, “[they] want to go and get help. And it was really like a jungle. And I, even though I lived here for so many years I still felt it difficult.” Here, a cultural proclivity to discuss mental health concerns is further aggravated by difficulties accessing services. Should Vietnamese women brave their own culturally perceived exposure, then, at minimum, mental health supports should be readily accessible and available.

Domestic Violence and the Vietnamese Community

Lastly, during these conversations, the women in our study highlighted the existence of domestic violence within the Vietnamese community but a hesitancy to speak its existence.

So, a lot of women are suffering from, from domestic violence you know, like physically and, and non-physical you know...and in our culture, people don't like to talk about it. They don't want to share with others because they are shame.

Perceptions of shame tied to domestic violence for some Vietnamese women works to conceal rather than reveal the need for dedicated support and refuge. This is further complicated by vulnerabilities tied to immigration and language barriers within the Vietnamese community. Our participants recounted several upsetting situations:

I remember during the COVID time when I was still working at the emergency admitting staff, so there's a Vietnamese lady who's within, in the emergency department she has a huge language barrier, right. So, she's having some like kind of domestic abuse going on at home, but she wasn't able to tell us or explain it to us. So, she just brought into the emergency by the EMS, but we don't know what's the story, what is going on...

This is the story I knew from a friend of mine, so there's this lady, she also in my community, her husband sponsored her to Canada. Yeah. But like their relationship very bad. Like the husband was like abusive and the woman, like being new to Canada, that the lady being new to Canada she's she didn't know where to go to seek for help. Yeah, so she, she should have like, got some help going to marriage counseling or, or someone--body to help her get over the abusive relationship, but she didn't get help.

Consequently, the experiences of immigrant Vietnamese women in domestic violence situations are often complicated by their specific position as newcomers, which includes limited language skills, material, and legal dependence on their partner and/or sponsor, and scarce financial freedom [17].

As can be seen, Vietnamese women in Calgary experience significant barriers to health care access and utilization. Although the above three barriers were the most prominent within our interviews and focus groups, there are additional concerns to be addressed. These include difficulties securing transportation, access to health care services outside traditional working hours, and a shortage of Vietnamese providers within the community.

Time-Intensive Care Work

The cultural inclinations and individual motivations of Vietnamese women, combined with significant barriers in accessing services in Calgary, compelled our participants to spend substantial amounts of time and energy caring for their community. This intensive care work often took place on participants' free time and without compensation; described by Vietnamese women as a communal obligation in the face of significant need. Consequently, participants in our study settled into the practice of meeting the ordinary and more complex daily needs of others:

Quite a few people called...us, if they can get some interpreter who can also come pick them up to take them to their doctor's appointment because they themselves can't do it. And, and their family members are, you know, living away from them.

So, we, we see people who like, okay, can you help drive? Can you, so they take it on them. And even my mom's like, she can't drive, she can't read and it's the children or it's the friends or the grandchildren or someone in the community that they know. And they would just have to ask.

When contemplating health service needs, one often thinks of larger systems and programs; our participants' stories are a testament to the urgency of everyday needs that play out in small ways and in minor moments. The Vietnamese women in our study worked diligently to provide the foundation for accessible health care, offering necessities such as transportation, translation, and childcare. As one participant, speaking of her community, pointedly described:

...when they cannot understand, because the language barrier, they, they have ears, but they can't hear. They have mouth, but they can't speak. And some of them, they have feet, but they can't walk because they don't drive. They don't know how to take the bus or whatever. So, if we're thinking about newcomers and old people, they, they are needing that touch.

That 'touch' is found in the supportive network of Vietnamese women who dedicate time to the needs of others, and especially those most vulnerable, in their community.

It is worth noting that care work is provided above and beyond what would ordinarily be expected, given that most women in our study had full-time employment and/or families of their own. The acts of care offered by our participants are by no means minor – they serve to amend gaps in service delivery

existent in our city, particularly for racialized and immigrant women most vulnerable to ill health. The Vietnamese women in our study characterised this time-intensive care work as “volunteer work.”

I still continue to volunteer for them at least two hours every week...become a coordinator for some projects or pick up and drop off the one who doesn't have vehicles at the doctor's appointments.

I've been volunteering to go to the court, go to the hospital and always kind of things, like helping the, the family [that] have children [that] have special needs.

However, such terminology implies the opportunity to choose; our participants inherently knew the importance of their roles and did not view them as optional and aspired to acquire “sustainable funding” for their efforts.

...what we dream of now is just like one part or full-time staff working for us. But I, I really believe that it's change. It will create a lot of changes and improvement in our community members life.

And, and of course, you know, like people do it out of their own, you know, like goodness from their hearts they don't expect, but they, if they are volunteers, they can't, they can't commit as much time as if they, if they're doing what they like, and they are compensated for us, they don't have to worry about their other jobs.

A richer understanding of the care Vietnamese women provide must therefore be understood as essential; their efforts reflect an attempt to meet important community needs in addition to their own. What is desired is recognition – of the service gaps our participants fill, of the care work they provide – from local authorities and social service agencies; to transform volunteerism into paid positions.

Strategies to Support the Vietnamese Community

A concluding significant theme common amongst participants was the need for strategies to help support and lessen the burden of care for Vietnamese women in Calgary. Additionally, these strategies ought to reinforce the strength of the Vietnamese community and augment their current efforts.

Strengthen Community Based Organizations

A primary strategy to rectify gaps in service delivery identified by our study participants was to bolster the strength of community-based organizations and assist them – through public funding and further resources – to realize their aspirations within the Vietnamese community.

I also want to add that CAVWA is a small community organization that's supporting, that is most actively solving, the Vietnamese community especially in terms of social services and support... CAVWA is one of those organizations that anyone can, can come and can ask for help. But due to the limited resources that we have, we were not able to, to meet the needs of people, you know...

...we are also a non-profit and we are very small group, we don't have, we lack a funding, lack of human resources.

As one participant emphasized, “I think [our] community has a lot of strength right now...there is a lot of strength.” Here, it is important to recognize the power existent in grassroots and small community organizations such as CAVWA; that they possess the capacity to effect real change in our city. In reference to the above problem of domestic violence, one participant shared what CAVWA was able to accomplish with a small amount of funding:

I just want to share an example about what we have done during the pandemic. So, we just receive our short-term funding for domestic violence prevention. At that time, we have a small funding for like emergency accommodation for someone fleeing from domestic violence. So yeah, during that time, all the emergency shelter was like fully occupied. So, when you call an emergency shelter, it took, it took you like a month or two months to get an emergency shelter. But as a community-based center, a woman come to us, and because we receive a, a small funding for accommodation. So, we get her a rental within Vietnamese community and a few days staying at the hotel, just after one week she can find jobs and she can find another rental to continue.

It is evident that the Vietnamese women in our study rely on each other and the wider community to ameliorate their circumstances; that women are likely to first seek support from those with similar cultural and ethnic backgrounds than turn to conventional health and social services. In recognition of this tendency, and the demonstrated ability of the Vietnamese community to act accordingly, government strategies that can back the efforts of smaller organizations, such as CAVWA, would prove productive.

It will be important to understand the community dynamics and the types of different organizations that are active in the community sphere [18]. Through ensuring cross sectorial collaborative initiative, the Vietnamese community members can be supported to improve their health and wellness where they can be involved as active partners.

Provision of Culturally Sensitive Health Services

Although study participants placed a substantial emphasis on their own capacity to care and provide for their community, additional strategies within the health and social service sectors are needed to lessen the burden of care for Vietnamese women in Calgary. That Vietnamese women, who are often themselves in structurally vulnerable situations, should shoulder this care burden without comprehensive support is a systemic problem that pleads addressing. This is particularly true when it comes to finding family physicians; 50% or more of respondents rated easy and quick access to doctors as very or extremely important. While quick and easy access to doctors was identified as a key need in our survey data, interviews and focus groups with Vietnamese women offered additional nuance. Participants signified that cultural barriers to health care access may be remedied with not only access to family physicians, but the availability of **Vietnamese** providers across a range of health and social services.

...there's only a handful of Vietnamese doctors and every single one of them has a very, very long waiting list of patients that they can see. So, it's very limited. If you wanted to access a doctor who could speak your language and then provide you with the service that, you know, is sort of

like the unwritten rules, you know, because they understand the culture and they understand where you're coming from.

I don't think there's a lot of counselors or psychologists who, who are Vietnamese and also are an immigrant. Who, who could like understand the Vietnamese culture, understand their background to giving appropriate advice. So yeah, so that would be a gap because like, for me I would, if I have an issue in my family, I would be more comfortable, like talking and sharing to a counselor who come from the same background as me, but I, I don't think I have that.

“Essentially,” one participant said, “if we had more people like either who could speak Vietnamese,” or if there was a “broader use of translation services,” then many of the identified linguistic and cultural barriers expressed in this research could be addressed. Preferably, there would be:

...immediate access to a roster of, you know, linguistically and culturally competent healthcare practitioners so and, and embed that into the health line, embed that into the clinics, embed that into the family doctor system, embed that into the public health nurse system embed into AHS public education program.

Ultimately, with the availability of culturally appropriate formal support, the intensity of caregiving done by Vietnamese women would be lessened or, ideally, rendered voluntary.

7 Discussion

This study offers preliminary insights into the unmet health care and social needs of Vietnamese women in Calgary and identifies the challenges they encounter accessing services, which were further exacerbated because of Covid-19. Vietnamese women in Calgary encounter hardships unique to their circumstance, though commonalities exist with previous research on ethnic immigration, racialization, and gender inequity detailed above.

Our findings suggest that barriers persist to accessing and using health services in Calgary for Vietnamese women, though their desire to utilize these services is pronounced. Our participants clearly articulated the need for culturally and linguistically appropriate service providers. Persistent barriers to good quality health care for our participants centered around two main themes: language and cultural difficulties. A strong command of the English language was identified by our participants as necessary; unfortunately, many of our participants lacked the fluency required to navigate a complex health system. To overcome these challenges, Vietnamese women sought out the assistance of community, of friends, of family, to assist in translation. This is reasonable given a shared linguistic and cultural background but can prove problematic when interpreters themselves lack English language fluency skills. While Vietnamese women often assume responsibility for the needs of their community, this does not absolve the provincial healthcare system of accountability, and a general awareness of the limits of peer translation within medical spaces is critical. To help rectify known worse health and social outcomes for racialized populations [10], it is necessary to fix our attention on the mechanisms, which are, at times, microscopic, through which this occurs – the moments when a word is missed, or a diagnosis misunderstood.

Further, we found that cultural barriers limit access to health and social services for Vietnamese women, particularly for mental health services and domestic violence situations. This aligns with our survey data, which revealed an overwhelming majority of our respondents were not born in Canada. Vietnamese culture is thus proximate to the experiences of Vietnamese women in Calgary; hesitations to express mental health concerns were common among our participants due to perceived threat of judgement. Further, some Vietnamese women tended to use veiled language when discussing their mental health symptoms, drawing on words such as “*tired*” or “*stressed*” to convey their needs. What is permissible to speak about openly is culturally mediated; providers who identify with Vietnamese culture or who are Vietnamese themselves can help discern this ambiguity. Additionally, Vietnamese culture, as was described to us, tended to reinforce gender- and generational- specific roles and responsibilities [12]. Our participants were more likely to prioritize the needs of their families before attending to themselves, which they described as duty that came at a cost: their own health and wellbeing. This was also evidenced in survey data, which indicated that Vietnamese women were most dissatisfied with services that provided help for moms and children, and assistance in caring for the elderly.

Emerging from our research was a second prevalent theme: Vietnamese women engage in time-intensive care work to help meet gaps in service needs. The cultural inclinations and individual motivations of Vietnamese women, combined with barriers to access, required our participants to spend substantial amounts of time and energy caring for their community. This work is supplementary to their own employment and household responsibilities: 70% of Vietnamese women surveyed were employed, and half have one or more children in the home. The Vietnamese women in our study provided the foundation for accessible health care, offering the community necessities such as transportation, translation, and childcare. In this way, care is most certainly work, and it is done for free. This is a load they should not be responsible to bear. Given that racialized and immigrant women are already vulnerable to ill health due to structural disadvantages, it is imperative that local authorities lessen this added burden through the provision of easily accessible health and social services within the Vietnamese community.

Therefore, strategies are needed to help support and lessen this unpaid, and often socially concealed, care workload for Vietnamese women. Our participants, alongside CAVWA, possess incredible strength and capacity in the face of need; harnessing that potential and compensating appropriately for the work Vietnamese women do would be of significant social benefit. As one participant explained, “we organize ourselves because we love our community. We want to, you know, promote unity. We want to support people. We want the Vietnamese community to be a healthy community.” There is an incredible amount of dedication present in these pages; it is our intention to render that known. Too often, the voices and efforts of smaller organizations are denied public recognition; this research is as much about appreciating the accomplishments of Vietnamese women within their community as it is about identifying service gaps. What we need, but do not yet have, are local level strategies that work to enable community organizations, such as CAVWA, to better accomplish their goals. This does not, however, lessen the need for more linguistically and culturally appropriate services for the Vietnamese community in Calgary.

8 Limitations

While interpreting the study findings, a few limitations need to be kept in mind. An important limitation of this study is related to the survey. The extent to which an English survey can successfully be translated into Vietnamese, without the loss of nuance, was, perhaps, overestimated, impacting the results. The possibility that questions were misunderstood or overlooked is conceivable. Our survey questions held an academic inclination, which may not have been suitable for the Vietnamese community, who consist largely of newcomers. Further, given a limited sample size, and missing data, the results of this survey may not be generalizable to, or reflective of, the broader Vietnamese community. Although the use of focus groups and interviews with Vietnamese women and community leaders were rich in detail, we cannot assume that all Vietnamese women possess similar beliefs, stories, or experiences. Our study is thus reflective of a particular group of women in a specific place and time, which is, arguably, valuable. Further community engaged participatory research is needed, with both the Vietnamese community and other grassroots organizations, to improve on our learnings, facilitate the co-creation of knowledge, and empower community.

9 Conclusion

This study endeavored to explore the health and wellness needs of the Vietnamese community in Calgary, and to identify gaps in service delivery. Using mixed methods, we were able to identify key areas for improvement. Further, we explored the experiences of Vietnamese women through collaborative discussion, discerning significant themes common amongst participants. It has long been the purpose of research to answer questions; to bring new knowledge to light. In partnership with CAVWA, we have gained unique insight into the experience of Vietnamese women in Calgary – their demographic composition, their belief in a healthy community, and their dedication to participate in public conversation. It has been our intention at W21C to facilitate this research project, and it is through CAVWA that we have had this opportunity to work with, and for, community.

10 Knowledge Translation Plan

a. Goals

The knowledge translation goals of this study are twofold: to (1) raise awareness and, (2) promote action. The results of this study, presented below, must be shared beyond the confines of this paper, and brought to a wider audience, namely the Vietnamese community, government and/or policy makers, and social service agencies. As with all participatory action research, our goal with this work is to incite transformation at the local level rather than simply offer information; this research is thus transformative rather than merely instructive [19]. In terms of raising awareness, our goal is to empower CAVWA with a deeper understanding of the needs of their community and the necessary knowledge and skills to bring this work to wider audiences. Secondly, we aspire to promote action within community, government, and especially social service agencies – to connect the needs of the Vietnamese community to broader social issues related to immigration, health disparities, and equitable service provision to enact change [19].

At the time of writing this report, CAVWA is in the process of filming a short documentary of 10-15 minutes, detailing the process of conducting this research project. Thus, we will include strategies to use and disseminate this documentary as part of the knowledge translation plan.

b. Knowledge User Audience

For the purposes of disseminating this research, we have identified three main target audiences: (1) the Calgary Vietnamese community, (2) Government and/or Policy Makers, and (3) Health Practitioners and Social Service Agencies.

Calgary Vietnamese Community

Given our focus on identifying the unmet needs of Vietnamese women in Calgary – and then comparing those needs against existing services – it is essential that the wider Vietnamese community is cognizant of our findings and has ownership of them. This is crucial since it allows the community to focus their current advocacy efforts on prominent needs *and* gain knowledge of existing services that they may not be aware of. It is our intention to work with CAVWA to bring this study to the attention of the wider community; it has been completed by Vietnamese women *for* Vietnamese women. This participatory research thus provides the basis for greater visibility for the Vietnamese community; to see their needs reflected in academic work and to have the necessary strategies to disseminate this information to others.

The main messages from this research that we recommend communicating to the Calgary Vietnamese community are the following: (i) celebrating the community's capacity to take actions to meet their own needs; (ii) acknowledging their hard work and the need to be compensated for, or relieved of this care work burden; and (iii) raising awareness of some of the resources identified in our environmental scan that meet some of the most urgent needs within the community.

Celebrating the community's capacity to take action to meet their own needs

An important theme throughout this research was the capacity that the Calgary Vietnamese women's community has shown in supporting each other and finding creative ways to meet their own needs. This is an important message to share so that the community know their efforts are not unnoticed. Additionally, sharing the stories of existing strengths and successes within the community can empower members and encourage further grassroots efforts, resulting in nimble initiatives embedded within the communities themselves.

Acknowledgment of the need for resource allocation to lessen the care work burden

A crucial complementary message to that of celebrating the capacity within the community is including an acknowledgement of the need for resources to be allocated to the community to help lessen the care work burden that many members of the community have taken on due to a lack of access to appropriate resources and services. This is an important step in ensuring the community feels they have been heard, and to encourage the necessary advocacy required to be supported with the unpaid work they currently provide to bridge gaps in service delivery.

Raising awareness of resources

It is likely that there may be low levels of awareness of certain resources and services available to the Calgary Vietnamese community, some of which may fill gaps identified through this research. It would be beneficial to share these resources to raise awareness of their existence, and subsequently share experiences of using these resources or services, should they be new to the community. Two themes that arose frequently when exploring service gaps was that of high-quality translation and interpretation services in Vietnamese for accessing health care, and access to mental health supports. We suggest ensuring that the resources identified through our environmental scan related to translation and interpretations services and mental health supports are widely shared. Furthermore, an asset and service mapping [20] for Vietnamese culturally sensitive services can be conducted by CAVWA and shared with the extended community.

Government/Policy Makers

Our second target audience includes government officials and policy makers. They are brokers of change; to spur transformation at a policy level first requires an awareness of need. Accordingly, proximate to such need is the pull of responsiveness. Use of this research evidence within the health system, which is a desired outcome, demands partnerships between CAVWA and local authorities; that community organizations can be formally recognized as experts of their own needs, and that policy officials are provided with the space and materials to listen.

The primary context we anticipate the messages from this research project being communicated to this audience is around funding applications to sustain and expand CAVWA's efforts in their community.

Key messages from this research to communicate to government and/or policy makers are as follows: the resourcefulness of the community in creating solutions to their needs, and the need for funding to compensate for this work; and the areas where the community's needs are currently not being met.

Resourcefulness of the community and the need for funding

This is an important message to communicate to government and policy makers to gain support for the community's existing grassroots effort. This research uncovered the significant number of hours of unpaid care work that Vietnamese women in Calgary take on, and many highlighted the lack of sustainability in this approach. Government and policy makers need to be aware of this hidden and unacknowledged care work that is of high value and impact to the community, and thus be more inclined to fund proposals for these initiatives in the future.

Gaps where the community's needs are not being met

One of the main gaps in care provision identified through this research was access to Vietnamese-speaking health care providers or translators and interpreters with this expertise. Despite the relatively high level of English ability and education among survey respondents, a common theme that arose from our interviews and focus groups was that understanding and translating medical terminology is a challenge, and access to Vietnamese-speaking providers, scarce. These all impact informed and shared decision making by the Vietnamese women regarding their health and wellness issues. Support is required on a local government level to ensure a top-down approach to committing resources to combat this language barrier.

Medical and Social Services

Perhaps most important is our final audience: medical professionals and social service agencies. While it is important to impress on municipal and provincial government the depth of need in the Vietnamese community, effecting change at a structural level requires significant time. Here, it is the need for actionable knowledge, not structural change, that is the primary motivator in communicating the results of this research. In the aim of creating more proximate improvements, we will target health care providers and the social service sector as agents of transformation. Individuals and service agencies work often with newcomers, the Vietnamese community, and other ethnic and/or racial minorities, and are thus more apt to implement a change that would be mutually beneficial (for their own workflow and the people they serve).

The key messages to communicate to this audience are the following: the need to provide high calibre translation services for Vietnamese patients and service users, and the need to provide quick and easy access to primary health care.

Need for translation services for Vietnamese patients and service users

A notable finding from this research project was that, despite the relatively high level of education and English language ability among survey respondents, there exists significant language barriers for Vietnamese people seeking medical and social care. This indicates that even those with a post-secondary education and a solid grasp of the English language may struggle with understanding and interpreting medical terminology. Providers of medical and social services must be informed of the need to include Vietnamese as a language they provide translation and interpretation services for, and to ensure these services remain accessible to the community.

Need to provide quick and easy access to primary care

In alignment with reducing the care work burden on the Vietnamese women's community, many survey respondents identified quick and easy access to a family doctor as an important piece of the health and wellness landscape for the community. It is essential that medical and social care providers are informed of this need and identify ways to encourage greater accessibility for the Vietnamese community.

c. Strategies for Dissemination

In addition to the documentary being created at the time of writing this report, we recommend several strategies that can be used to communicate the main findings of this research to the relevant knowledge user audiences.

Calgary Vietnamese Community

To make best use of the documentary being made by CAVWA, we recommend that it be shown as part of organized events. This could include a screening night centred around the documentary itself, and/or shown as an additional component to a pre-arranged event e.g., a potluck or other community gathering.

Additional suggestions of strategies that have shown good traction with communicating knowledge translation goals to the public include videos, infographics, and websites [22]. Short excerpts could be taken from the documentary to be shared on social media platforms, or additional short animated videos could be created using free tools such as [Moovly](#), [Wideo](#), or a free trial of [Vyond](#) [21].

Infographics have also been shown to have a high level of success in communicating messages to the public, and various findings from this report could be synthesized into infographics to share through social media or email using tools such as [Piktochart](#) or [Infogram](#). These tools could also be used to highlight existing resources that meet identified needs in the community. The mental health support services listed in our environmental scan could be included in a social media campaign aiming at tackling the stigma of talking about mental health in Vietnamese culture, for example.

We recommend that CAVWA add a section to their website dedicated to the findings of this project. The content that could be hosted includes the documentary, the list of resources collated for our environmental scan, and a summary of the research findings. This webpage could be used as the central repository for resources related to the study and could be linked in email campaigns to the community and when advertising community events.

Additionally, as resources are disseminated and tested by members of the community, we advise enabling community members to share their experiences of the services with other community members. This could be in the form of word of mouth, sharing stories through an email newsletter to CAVWA community members, or online forums such as a Facebook group. This would ensure that individuals may feel more comfortable in accessing services, since they have been personally recommended by other, trusted, members of their community.

Government/Policy Makers

Knowledge translation strategies that have been shown to be effective in communicating messages to decision makers include information packages, one-on-one meetings, and tailored summaries [20]. The context in which we suggest communicating with government and policy makers is through applying for additional funding for CAVWA to sustain and expand their efforts to support their community. A tailored summary of this report alongside the documentary could be shared prior to meetings with government officials or as supporting documents for funding applications. Given the competing demands on this audience's attention, it is important to ensure that summaries are kept concise and avoid containing additional unnecessary information from the main message that is to be put across. When submitting a proposal for a solicited grant application, components and data from this report could be included in a rationale section to provide evidence for the need for the funding.

At the time of writing this report, CAVWA are in the process of obtaining charitable status, which will make many more funding opportunities available to them, and arranging advocacy training, which will support their efforts in this area of raising awareness of their needs among policy and decision makers.

Resource on how to write grant proposals: <https://donorbox.org/nonprofit-blog/grant-proposals>

Local and provincial funding opportunities: <https://alignab.ca/grants-bursaries-and-awards/>

National funding opportunities: <https://charityvillage.com/canadian-foundations/>

Additional tips for targeting policy and decision makers through knowledge translation can be found in [KT Strategies](#).

Please review the resources section below for a small selection of relevant funding opportunities identified by the W21C research team at the time of writing this report. It should be noted that many of these opportunities are running information webinars or have their proposal deadlines in January/February 2023 so should be reviewed and shortlisted as soon as possible upon receiving this report.

Medical and Social Services

Given the consistent theme of language barriers in accessing health and social care, it is important to use this research to support requests to service providers to seek high calibre and consistently available translation and interpretation services in the Vietnamese language to better serve this community in Calgary.

For approaching medical and social services, we suggest similar strategies to communicating with decision makers and government officials. This issue could be tackled on a number of levels; a concise tailored summary of the data supporting this need from this report could be delivered to [providers of translation and interpretations services](#) whose languages do not include Vietnamese, and a one-on-one meeting set up to discuss the specifics needs of the community in more detail. Alternatively, collaborations with other support providers for newcomers to Canada, for example the Centre for Newcomers, could be explored and a joint advocacy effort launched.

Approaching medical and social services could also take a more grassroots approach whereby members of the community could ask their primary care providers whether Vietnamese translation services are available, and if not, the contact details of the translation service provider could be requested, asking that Vietnamese be added to the list of languages they offer.

d. Resources

Grant name	Organization	Link	Notes
Community Grants	The Calgary Foundation	https://calgaryfoundation.org/grantsawards-loans/types-of-grants/community-grants/	Grant funding that could be used to formalize the community support that CAVWA provides
Grassroots Grants	The Calgary Foundation	https://calgaryfoundation.org/grantsawards-loans/types-of-grants/grassroots-grants/	Smaller grants that can be used to fund individual events e.g., a screening of the CAVWA documentary

Community Needs Grants 2023	Canadian Women's Foundation	https://canadianwomen.org/grants-community2022/	Grant funding that could be used to formalize the community support that CAVWA provides
Community Initiatives Program	Government of Alberta	https://www.alberta.ca/cip-operating-grant.aspx#jumplinks-1	Grant funding that could be used to formalize the community support that CAVWA provides
Community Services Recovery Fund	Government of Canada	https://communityservicesrecoveryfund.ca/resources	Grant funding that could be used to conduct a project formalizing the community support that CAVWA provides

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APPENDIX A: Methods and Study Design

We have conducted a multiphase project to tackle the research objectives listed above. All phases of this project have been undertaken with the involvement and contributions of CAVWA and the Vietnamese community in Calgary. This phased approach includes three components, which are described in greater detail below.

Needs Assessment

The first phase of this project is a needs assessment, wherein we sought to uncover who has the need, how important it is that the need be filled, and how many people are experiencing that need [2]. We were also interested in examining why these needs exist and revealing some possible solutions for meeting gaps in services for the Vietnamese women's community in Calgary. To accomplish this goal, the research team settled on a mixed-methods approach, by surveying the community about their social and wellness service needs. We augmented this survey data by holding interviews and focus groups with key informants in the Vietnamese community. Our guiding questions for this phase of the project were: *What are the unmet health and social care needs Vietnamese women in Calgary face? What are the challenges they experience accessing services?*

Here, it is important to mention that this phase of the project required extensive support and engagement with the Calgary Vietnamese women's community generally and with CAVWA specifically. It was crucial to our philosophy and methodology that all survey materials be accessible in both English and Vietnamese. We sought to encourage *full* participation among the community; so that no member should go unheard. This decision proved important. Overwhelmingly, participants favoured the Vietnamese survey. Further, we did not exclude exclusively Vietnamese speaking participants from interviews and/or focus groups, should they want to share. We did this successfully by drawing on the expertise of our research team for immediate translation. Additionally, CAVWA collaborated with Vietnamese women and Vietnamese speaking volunteers to carry out community engagement activities, including survey recruitment and distribution.

Service Use Survey

Using survey methodology, we developed a survey that was distributed to the community. We focused on procuring information on the use and demand of services by Vietnamese women, along with information on those services that are available to meet these requirements. We similarly sought to understand the greatest health and wellness needs of Vietnamese women in Calgary and, if such services were already available, what prevented or hindered access? Questions fell under four broad categories, listed below:

1. Type and range of services included
2. Problems addressed by these services
3. Characteristics of clients that use the services (Vietnamese women)
4. How accessible and affordable these services are

We targeted an N of 100 completed surveys, anticipating that this would provide a good understanding of service use and other needs in the Vietnamese community in Calgary. Our survey strategy included the distribution of both English and Vietnamese surveys, to be completed in paper form or on-line (using Qualtrics, a virtual survey distribution tool accessed through the University of Calgary). While translating our English survey to Vietnamese introduced complexity into our study design, it was a necessary step; we were able to increase the involvement of more Vietnamese women in the research process by removing known language barriers. Surveys were then pilot tested by a small set of respondents to ensure questions were clear and the translation accurate and, later, distributed to the wider Vietnamese women's community.

Analysis

In total, we obtained 123 surveys, surpassing our goal; however, only 110 surveys could be used for analysis due to high levels of incompleteness. Our research partners at CAVWA then translated the Vietnamese survey responses (e.g., yes/no, short form answers) back into English for analysis. Survey data was exported into an excel spreadsheet, wherein the data was coded, and descriptive statistics obtained. All descriptive statistics were compiled using SAS 9.4 and missing data were excluded from the overall response count. Due to rounding and approximation errors the total percentage count may be a few decimal points less 100%.

Interviews and Focus Groups

To enhance and further understand our survey data, we held focus groups and interviews with members of the Vietnamese women community. We anticipated that these 'key informants' would provide valuable information on the most pressing needs facing their community. To this end, we completed two focus groups and seven interviews to delve into experience and prompt new sorts of conversations. Interviews were semi-structured; we developed an interview guide to probe into health and wellness needs of the Vietnamese community but were also open to participants' unanticipated insights.

Further, we were careful to conduct interviews and focus groups in a culturally sensitive manner. We sought to transcend our own perspectives and gain insight into the customs, beliefs, and viewpoints of the Vietnamese women's community to better understand their needs. Here, we aimed to identify not only their service needs, but to uncover the cultural significance attached to the concepts of health, wellness, and community. We drew from prior scholarship on culturally responsive focus groups to "acknowledge and connect participants' multiple cultures and social identities within the inquiry process, providing relevant lenses through which participants interact with researchers in the co-creation of knowledge." [3]

Analysis

Interviews and focus groups were recorded and later transcribed using transcription services and were then verified for accuracy by the study team. Transcripts were imported into NVivo 12 for qualitative thematic analysis. Thematic analysis is a method of analyzing qualitative data, wherein patterns of meaning (themes) emerge across a data set through the process of identifying and organizing commonalities in the data. This allows insight into shared meaning and experience; recurrent patterns in conversation suggest important community needs.

Ethics

The data collection methods and analysis along with all other aspects of this study were approved by the Conjoint Faculties Research Ethics Board at the University of Calgary (REB 20-1328).

APPENDIX B: Environmental Scan

Service Name	Organization Name	Website	Description of Service	Targeted Group	Fees?
HEALTH-RELATED SERVICES - Offered in Vietnamese					
Enhancement activities	CAVWA - Calgary Vietnamese Women's Association	https://cavwa.org/health-and-wellness-enhancement/	Weekly activities for members that help connect them with members of the community. These include yoga, drawing and cooking classes to increase health and well-being	CAVWA members of all ages**CAVWA welcomes all people to register as members regardless of gender, age, and nationality	N/A
Diversity Liaisons	Alberta Health Services AHS	https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1058883&serviceAtFacilityID=1131578#contentStart	Provides support for diverse clients such as assistance navigating the health system, education about good health care choices, travel health risks, nutrition, hygiene, staying active, etc.	The website mentions that it offers first language services in Cantonese, Mandarin, French and Korean. However, it implies that translation services may be offered in other languages (possibly Vietnamese).	N/A
Access Mental Health	Alberta Health Services AHS	https://www.albertahealthservices.ca/findhealth/Service.aspx?id=2381&serviceAtFacilityID=1019446#contentStart	Refers individuals in need to appropriate programs and services the individual needs in regard to addiction and mental health concerns.	This service is under the umbrella of AHS interpretation and translation services	N/A
Best Beginning	Alberta Health Services AHS	https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1568&serviceAtFacilityID=104156#contentStart	Provides services to teen mothers low-income women to promote the health of the baby and mother. Includes support groups, discussions about nutrition, referrals to community supports, dental referrals, family planning counselling, food hamper referrals, and childcare group sessions with a preschool curriculum.	This service is under the umbrella of AHS interpretation and translation services	N/A
Early Start Parent Information Line	Alberta Health Services AHS	https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1605&serviceAtFacilityID=1070270#contentStart	Nurses answer questions, offer support and give referrals to parents of children under 2 months old 24/7	This service is under the umbrella of AHS interpretation and translation services	N/A

Interpretation & Translation Services	Alberta Health Services AHS	https://www.albertahealthservices.ca/findhealth/Service.aspx?id=1080491&serviceAtFacilityID=1125981	<p>"To support patients and families with limited English proficiency and D/deaf and hard of hearing patients, AHS provides health care providers in our facilities access to professional medical interpretation and translation services on request.</p> <p>On-demand over-the-phone professional medical interpretation is provided by a contracted vendor and is available 24/7 in 240 languages across all AHS sites and programs (including Health Link).</p> <p>Video Remote Interpretation (VRI) is an additional mode of in-person interpretation available in many locations across the province."</p>	All Alberta residents with translation needs - patients must request this service if they'd like to use it.	N/A
Managed Referral programs	Patch Hull Services	https://hullserves.ca/our-services/managed-referral-programs/	Requires referrals from healthcare professionals, etc. Includes: <ul style="list-style-type: none"> - Family initiatives - Fostering Connections (Foster Care) - William Roper Hull School (focus on skills for students with behavioural and emotional difficulties) - Radisson Group Care Home - Preadolescent Treatment Program - Campus-Based Care - etc. 	Vulnerable children, youth, and families.	N/A
Education, Training, and Resources	Patch Hull Services	https://hullserves.ca/our-services/education-training-and-resources/	Includes: <ul style="list-style-type: none"> - Neurosequential Model of Therapeutics Training - Resources for children, youth, and families - Mental health in sports and life 	Vulnerable children, youth, and families.	N/A
Gender-Based Violence & Mental Health	Calgary Immigrant Women's Association	https://ciwa-online.com/newcomer-services/gender-based-violence-mental-health/	Offers supports in how to prevent conflicts, coping with mental health issues, fighting addiction, etc.	Immigrant women and their families	Membership fee (\$10)
Calgary Physicians that speak Vietnamese	various clinics	https://search.cpsa.ca/physiciansearch	This link provides the information of Vietnamese-speaking physicians in Calgary such as their specialty, gender, address of practice.	Vietnamese communities in Calgary	N/A

HEALTH-RELATED SERVICES - Offered only in English

Workshops and Programs	Women's Centre of Calgary	https://www.womenscentrecalgary.org/connect-with-others/	Workshops are on various topics such as yoga, stress management, care maintenance, computer skills, etc. Also offers other events, Artists in Residence, and Girls Programs	Women and girls	N/A
Community Resource Hubs	Women in Need Society	https://www.winsnyc.ca/commUNITY-resource-hubs-by-wins	Four resource hubs available in Calgary. Provide families with barrier free access to essential programs, services, and resources to support their well-being.	Newcomer and vulnerable women, and their families	N/A
Health and Wellness Programs	Diversecities	https://www.diversecities.org/health-wellness	Arranges for breast cancer and cervical cancer screenings for women, as well as family and wellness seminars, infant massages, family FUN activities, etc.	Women and visible minorities, marginalized groups, and new immigrants.	N/A
ENGLISH LANGUAGE SERVICES - Offered in Vietnamese					
Conversational English classes for Vietnamese	CAVWA - Calgary Vietnamese Women's Association	https://cavwa.org/en/	Free English classes for CAVWA members on Mondays and Thursdays	CAVWA members	N/A
English language program	Centre for Newcomers	https://www.centrefornewcomers.ca/services-programs	"Improve your ability to speak, understand, read and write in English. The Centre offers Language Instruction for Newcomers to Canada (LINC) for adults. To take part in LINC classes, you must first visit CLARC (Calgary Language Assessment and Referral Centre). at (403) 262-2656 and set up a time to meet with a specialist who will refer you to the right class."	Newcomers to Canada - offered free to eligible applicants	N/A
Language & Literacy Programs	Calgary Immigrant Women's Association	https://ciwa-online.com/newcomer-services/language-and-literacy/	Offers a series of specialized language programs such as a class for seniors, for women to prepare their preschool children for school (HIPPY - Home Instruction for Parents of Preschool Youngsters), and helping women learn English and how to read and write	Immigrant women and their families	Membership fee (\$10)
Language Instruction	Calgary Catholic Immigration Society	https://www.cciab.ca/services/services-for/language-instruction-linc.html	Free language classes at the beginner, intermediate, or advanced level. Offers writing and literacy support, seniors' classes, field trips, childcare, etc.	Adult (18+) Canadian immigrants; permanent residents and convention refugees. Canadian citizens not eligible.	N/A

English Support + Interpretation & Translation Services	Immigrant Services Calgary	https://www.immigrantservicescalgary.ca/translation-services/	<p>Includes:</p> <ul style="list-style-type: none"> - English Testing and classes - Translation services, for translating personal and business documents - Interpretation services, to help clients communicate in appointments, etc. - Corporate services, which offers multilingual options to organizations - Professional Interpreter training 	Canadian immigrants and refugees	Fees required for community interpreter training (CIT) and medical knowledge and terminology training (MKTT)
Welcome to the Library Program	Calgary Public Library	https://calgarylibrary.ca/connect/new-to-canada/	Supports newcomers with various language proficiency and professional resources, such as Learning Express (practice tests for Canadian citizenship, language test), Rosetta Stone (English learning app), Gale Courses (English, college, job-related courses), LinkedIn Learning, Pronounciator, Brainfuse HelpNow, etc.	Newcomers to Canada	N/A
New Friends and Neighbourhoods Group	Calgary Immigrant Women's Association	https://ciwa-online.com/newcomer-services/settlement/new-friends-and-neighbourhood-groups/	"The program helps immigrant women living in different areas around Calgary practice English and build friendships."	All immigrant/refugee woman	Membership fee (\$10)
ENGLISH LANGUAGE SERVICES - Offered only in English					
English Language Support	Calgary Immigrant Education Society /The Immigrant Education Society	https://immigrant-education.ca/programs/language/	Offers various in-class and online English language instruction for newcomers to Canada (LINC). See link for further details on specific classes available.	Canadian immigrants with limited English proficiency	N/A
FINANCE, CAREER, AND PROFESSIONAL DEVELOPMENT SERVICES - Offered in Vietnamese					
Free virtual tax clinic	CAVWA - Calgary Vietnamese Women's Association	https://cavwa.org/taxclinic/	They offer free tax filing for seniors, newcomers, and those with simple tax profiles (see link for details)	Seniors, newcomers, those with simple tax profiles.	N/A

Career development and job search services	Centre for Newcomers	https://www.centrefornewcomers.ca/careers	<p>"Learn about resume, interview, cover letter, networking, job search strategies as you look for work and plan your career in Canada. Our Job Search Centre provides clients with free computer use, fax and resume printing."</p> <p>More information is found under the "Careers" tab near the top of the page. Includes services like:</p> <ul style="list-style-type: none"> - Job search workshops - Assistance with EI applications - Job fairs - job training - Customer Service Cares 	Unemployed/underemployed permanent residents, citizens, or those legally able to work/train in Canada	N/A
Ethnicity Catering Work Experience	Centre for Newcomers	https://www.centrefornewcomers.ca/ethnicity	"This program introduces participants to the foodservice industry through paid work experience. Classroom and kitchen training is provided."	Newcomers to Canada	N/A
Volunteer development	Centre for Newcomers	https://www.centrefornewcomers.ca/volunteer	Newcomers are able to acquire volunteer experience as a mentor to other newcomers, as an English language tutor, or offering other volunteer help	More established or skilled newcomers and Canadians	N/A
Multicultural peer Mentorship	Centre for Newcomers	https://www.centrefornewcomers.ca/services-programs	" A 4-month program that matches Mentors working as professionals in their industry in Canada with Mentees who are professionals striving to find employment in their fields."	Professionally trained newcomers that are ready to start work in Canada	N/A
Pre-Employment Skills Program	Calgary Immigrant Women's Association	https://ciwa-online.com/newcomer-services/settlement/pre-employment-skills-program/	"The program equips immigrant women with the tools, skills and knowledge necessary for a successful job search."	All immigrant women with language and cultural barriers	Membership fee (\$10)
Volunteer Program	Calgary Immigrant Women's Association	https://ciwa-online.com/newcomer-services/settlement/volunteer-program/	Offers opportunities to volunteer with CIWA	All immigrant women or not community members	Membership fee (\$10)
Employment Services	Calgary Immigrant Women's Association	https://ciwa-online.com/employment-services/	<p>Offers</p> <ul style="list-style-type: none"> - Career bridging - Job training - Business and entrepreneurship <p>More info found on top banner of website under "Employment Services"</p>	All immigrant women	Membership fee (\$10)

Legal & Financial Assistance	Women's Centre of Calgary	https://www.womenscentrecalgary.org/get-assistance/legal-financial-assistance/	Offers: - Free legal advice clinics*not on criminal law and no legal representation - Helping low-income women with taxes and know about potential rebates and government benefits they could receive. - I.D. clinics (women can receive a free notarized photo I.D.*note: this is not a government-issued I.D. - Commissioner of Oaths	Women in Calgary	N/A
Professional & Job Seekers	Calgary Catholic Immigration Society	https://www.cci-sab.ca/services/services-for/professional-job-seekers.html	Provides various employment supports and services for new Canadian immigrants, such as Networking for success, Pathways to employment, Employment Communication workshops, etc.	All Canadian immigrants	N/A
Job Support	Immigrant Services Calgary	https://www.immigrantservicescalgary.ca/start-here/	Helps newcomers find employment through skills training, job search support, and connections to potential employers. (Ex. Employment Bridging Services, Education Counselling, Community Job board, etc.)	Canadian immigrants and refugees	N/A

FINANCE, CAREER, AND PROFESSIONAL DEVELOPMENT SERVICES - Offered only in English

Employment Training	Calgary Immigrant Education Society CIES/The Immigrant Education Society TIES	https://immigrant-education.ca/programs/employment/	The "employment-related programs are built to help learners develop the fundamental skills needed to navigate the Canadian job market and keep up in an ever-changing economy." Includes employment, Industry-based, and accounting training. Examples of programs include: - Clerical and computer skills - Entrepreneurship development - Security training - Basic accounting - Empowering youth through employment	Youth and Adult Canadian immigrants	Some programs require fees (ex. OST Childcare training, Clerical & Computer skills training)
Retail Ready Program	Women in Need Society	https://www.winsyyc.ca/retail-ready-by-wins	6-week program which provides training, and work experience in WINS thrift stores, to prepare women to find and maintain employment in Calgary.	Newcomer and vulnerable women.	N/A
Warehouse Ready Program	Women in Need Society	https://www.winsyyc.ca/warehouse-ready-by-wins	18-week program which offers 6 weeks of training and work experience in a WINS donation centre, followed by a 90 day paid employment period.	Newcomer and vulnerable women.	N/A

Career Coaching Support and Workshops	Directions for Immigrants in Trades and Professional Careers	https://directionsforimmigrants.ca/services/career-coaching-and https://directionsforimmigrants.ca/services/workshops	Career coaching helps clients to understand the accreditation process for a profession, develop a job search plan, practice interviews, review job offers, etc. Workshops provide interactive learning to discuss work search strategies, presentation skills, LinkedIn use, etc.	Canadian immigrants seeking employment success.	N/A
Exam Preparation Study Groups	Directions for Immigrants in Trades and Professional Careers	https://directionsforimmigrants.ca/services/study-groups	Offers study groups to help clients prepare for a selection of accreditation exams and employment success. For improving study skills and taking practice tests.	Canadian immigrants seeking employment success.	N/A
Employer Engagement Service	Directions for Immigrants in Trades and Professional Careers	https://directionsforimmigrants.ca/services/employer-engagement	Helps clients connect with employers and other professionals.	Canadian immigrants seeking employment success.	N/A
Windmill Microlending	Immigrant Access Fund	https://windmillmicrolending.org/about/how-we-help/	Provides loans of up to \$15,000 to pay for Canadian licensing or training. Also assist clients through coaching, a mentorship program, and free resources from their Career Planning and Success Centre.	Foreign-trained immigrants and refugees in financial need	N/A
Women in Leadership, SU Clubs	University of Calgary	https://www.ucalgary.ca/student-services/womens-centre/resource-database/women-leadership-su-club	Aims to encourage discussion, collaboration, and innovation between women of various backgrounds, career paths, etc. Hosts events aimed to engage and empower women in the area of leadership (ex. Speaking events, workshops, networking).	Women at the University of Calgary	Must be an active student (paying tuition & fees)

SETTLEMENT/IMMIGRANT SERVICES - Available in Vietnamese

Settlement services	Centre for Newcomers	https://www.centrefornewcomers.ca/settlement	<p>Various services that helped recent landed immigrants settle in Canada within 3 years of arriving. This includes:</p> <ul style="list-style-type: none"> - One on one needs assessment and counselling - Orientation to life in Canada - Assistance in identifying/reaching settlement goals - Financial empowerment <p>More information/services can be found under the "Settlement" tab near the top of the website.</p>	Landed immigrants who have been in Canada for less than 3 years	N/A
Life Skills for Immigrant Women	Centre for Newcomers	https://www.centrefornewcomers.ca/life-skills-for-immigrant-women	<p>"Life Skills Training for immigrant women empowers newcomer women to understand, adjust and fully participate in their settlement process. You will learn by sharing your experiences and listening to the experiences of other women (and learn from each other). The program organizes activities based on your interest and what you would like to know to help understand your community."</p> <ul style="list-style-type: none"> - 10 core lessons that help you improve English language skills, learn necessary communication skills, understand women's rights, help develop confidence and adjust to Canada, etc. 	Immigrant, refugee, & other low-income women with limited English skills	N/A
Find Me a Home Project	Calgary Immigrant Women's Association	https://ciwa-online.com/newcomer-services/settlement/find-me-a-home-project/	<p>"Find Me a Home provides temporary accommodation to multi-barriered immigrant/refugee women who are fleeing abusive situations by providing emergency and temporary accommodation for them and their children in a motel or hotel for a maximum of 3 night's stay until stable housing is established." Also provides a onetime rental subsidy paid to the landlord to prevent house evictions or to help pay for the damage deposit</p>	Immigrant/refugee women fleeing abuse	Membership fee (\$10)

Intake, Settlement, and Referral Services and Integration Program	Calgary Immigrant Women's Association	https://ciwa-online.com/new_comer-services/settlement/intake-settlement-and-referral-services/ https://ciwa-online.com/new_comer-services/settlement/integration-program/	<p>Assists immigrant women in accessing community resources and services such as:</p> <ul style="list-style-type: none"> - Brief counselling services - Health care support - Emergency housing support - Commissioner for oath - Social services access - Legal assistance - Food referrals - Furniture referrals - Clothing referrals - Income tax clinics/support - Interpretation services - Financial Literacy - Immigrant Women's Matched Savings Circle - Registered Education Savings Plan (RESP) - Financial coaching and money management workshops - First language support - Childcare (restrictions may apply) - Information about community resources - Information about employment standards - Orientation about education system in Canada - Legal Clinic services for low-income clients - Orientation on Canadian immigration policy and the Canadian legal system - Referrals to community resources and information on women's health - Women's health education - Workshops on senior citizens' benefits 	Permanent resident immigrant women and refugees	Membership fee (\$10)
Legal Clinic	Calgary Immigrant Women's Association	https://ciwa-online.com/new_comer-services/settlement/legal-clinic/	<p>"This program provides clients with family and immigration related legal support in collaboration with Calgary Legal Guidance." Includes services like:</p> <ul style="list-style-type: none"> - Legal advice - Legal Representation & Advocacy - Document Preparation - Notary Services - Referrals 	Immigrant women and their families including Canadian citizens and temporary foreign workers	Membership fee (\$10)

Children and Families' and Youth/Teen Services	Calgary Catholic Immigration Society	https://www.cci-sab.ca/services/services-for/children-families.html AND https://www.cci-sab.ca/services/services-for/youth-teens.html	Facilitates integration of families and children into the community, enhances services to newcomers, strengthens development of children and families. Offers: - Centre for Refugee Resilience (supports immigrants affected by trauma) - Cross Cultural Children's Centre (integration of immigrant and Canadian-born children) - Cultural Brokerage Program (bridging culture gaps) - Youth Connections - Elementary (matches Canadian students with newcomer student in school)	Immigrant children, families, and youth/teens.	N/A
Community Services	Calgary Catholic Immigration Society	https://www.cci-sab.ca/services/services-for/community.html	Includes: Canada Connects (connects community volunteers to immigrants), Cultural Diversity Services, Happipad Housing (home sharing initiative), Language Link, Regional Outreach Program (increases social participation). See link for further details.	All Canadian immigrants	N/A
Gateway Program	Immigrant Services Calgary	https://www.immigrantservicescalgary.ca/our-impact/	Gateway clients receive a personal guide to help each newcomer connect to the right programs and services to reach their goals. Assists immigrants to settle into Canada, find employment, access language training, prepare children for school, become a part of Calgary community.	Canadian immigrants and refugees	N/A
SETTLEMENT/IMMIGRANT SERVICES - Available only in English					
Settlement Assistance	Calgary Immigrant Education Society CIES/The Immigrant Education Society TIES	https://immigrant-education.ca/programs/settlement/	"Designed to help newcomers and new Canadians find where to go, what to do, and who to speak with." Includes the following programs: - Healthy Minds (mental health counselling) - Welcome resources information - Care for Newcomer Children (free childcare for LINC students) - Money Smart Financial Literacy - Settlement Chat (live chat support) - Newcomers Community Cookbook - E-SCAPE Seniors Program (free English conversations and social activities for seniors) - Arms Open Mentoring	Canadian immigrants	N/A

Youth Programs	Calgary Bridge Foundation for Youth	https://cbfy.ca/	Supports immigrant and refugee families with information and knowledge about Canadian culture and the schooling system. Includes: - Swiss program - Mentorship program - Transitioning into post-secondary - Afterschool program - RBC youth development - Youth employment program	Immigrant and refugee youth and families	N/A
FOOD AND BASIC NEEDS SERVICES - Available in Vietnamese					
Basic Needs	Women's Centre of Calgary	https://www.womenscentrecalgary.org/get-assistance/basic-needs/	Offers: - Peer support (trust-based, woman-to-woman support) - Community drop-in space (sitting area, coffee/snacks, upcoming events board) - Free Personal care items*when resources allow (pads, shampoo, conditioner, body wash, toothpaste, pregnancy test kits, condoms) - Women have free access to computers with internet, photocopier, fax machine, telephones. - Birthday program (with their child's I.D., mothers can come in two weeks before or after their child's birthday to select a gift from the Toy Room)	Women	N/A
COVID-19 Emergency Support Program	CAVWA - Calgary Vietnamese Women's Association	https://cavwa.org/covid-19-emergency-support/	Offers food, counselling, and other needs to Vietnamese families that are negatively affected by the pandemic	CAVWA members	N/A
FOOD AND BASIC NEEDS SERVICES - Available only in English					
WINS Thrift Stores	Women in Need Society	https://www.winsyyc.ca/shop	Offers six thrift store locations across Calgary, providing discounted and more accessible basic need resources to women and their families. - House to Home program: Allows vulnerable women and families to access thrift store resources for free	Newcomer and vulnerable women, and their families	Price of individual items in WINS thrift stores. Can access items for free through the House to Home program.
Good Food programs	The Alex Food Centre	https://thealexfc.ca/programs-2/	Offers high-quality food and meals for families at a discounted produce market. Includes drop-in family dinners, Drop-in community lunches, Drop-in community breakfast, etc.	Calgarian families in financial need.	Some foods require purchase.

Food and Garden Skills programs	The Alex Food Centre	https://thealexfood.ca/programs-2/	Various programs to help families develop skills in cooking, gardening, baking etc.	Calgarian families in financial need.	Some foods require purchase.
Low Income Supports	City of Calgary	https://www.calgary.ca/social-services/low-income/fair-entry-subsidy.html	Provides various programs and services to low income Calgarians. Includes fair entry program, access to food services, and low-income community resources.	Low income Calgarians	N/A
Browse and Borrow services	Calgary Public Library	https://calgarylibrary.ca/your-library/free-services/	Various free resources available to the public. Borrow a laptop, books, DVDs, newspapers, and even musical instruments.	Residents in Calgary	N/A
Affordable Housing	City of Calgary	https://www.calgary.ca/service-lines/affordable-housing.html	"Safe and affordable homes for lower-income Calgarians"		N/A
YOUTH, FAMILY, AND STUDENT SERVICES - Available in Vietnamese					
Senior Support Program	CAVWA - Calgary Vietnamese Women's Association	https://cavwa.org/senior-support/	Various services to help seniors in the community - Storytelling with Vietnamese Grandmas: helps Vietnamese children keep their mother tongue and retain their culture by learning about Vietnamese stories	CAVWA members - Children of CAVWA members	N/A
Youth Programming	Centre for Newcomers	https://www.centrefornewcomers.ca/gangintervention	"Two-tiered youth support program for immigrant youth to enable them to develop a sense of identity and belonging, serving vulnerable youth with settlement into Canada and averting at risk youth from criminal or gang involvement." They offer additional services to youth found by clicking on the link. I didn't include it because it doesn't directly apply to CAVWA. More information can be found under the "Youth" tab of the website	Immigrant youth	N/A
CFN Daycare	Centre for Newcomers	https://www.centrefornewcomers.ca/childcare	Affordable daycare for children 1 to 5-years old. Snacks and meals included. Childcare is free to parents attending CFN's LINC English program while in their English class onsite. Full-time daycare costs are \$1050-\$1300 a month depending on age. CFN will help eligible parents apply for the low-income Alberta Child Care Subsidy	Newcomers in need of childcare. An option for Community Based Care for Newcomer Children is free and made available to low-income parents from all Calgary LINC (language instruction for newcomers to Canada) schools	N/A

Parents, Seniors, & Youth Services	Calgary Immigrant Women's Association	https://ciwa-online.com/new_comer-services/parent-s-seniors-youth/	Various services offered for different age groups such as: <ul style="list-style-type: none"> - After school homework help for immigrant girls - Mindfulness support for immigrant seniors - Civic engagement for immigrant women program - Seniors social club - Cross cultural parenting program - Grandma's kitchen - In-home support program - One-on-one counselling for immigrant women - Pathways to success - Youth program 		Membership fee (\$10)
Family Resources	Calgary Immigrant Women's Association	https://ciwa-online.com/new_comer-services/family-resource-network/	Offers various services to families		Membership fee (\$10)
Senior Services	Calgary Catholic Immigration Society	https://www.cciab.ca/services/services-for/seniors.html	Provide various immigrant seniors services, legal workshops, and senior connections programs. See link for more detail.	Senior Canadian immigrants.	N/A
Kids, Seniors, and Family support	Immigrant Services Calgary	https://www.immigrantservicescalgary.ca/start-here/	Provides support to different family members requiring diverse support services. Offers: <ul style="list-style-type: none"> - Early Learning Across Cultures - Cross Cultural Adaptation Program - Healthy Start Calgary - Community Initiatives for Immigrant Seniors Program 	Canadian immigrants and refugees	N/A
Self-referral programs	Patch Hull Services	https://hullserves.ca/our-services/self-referral-programs/	Open to the public to refer themselves without referral by a physician, etc. Includes: <ul style="list-style-type: none"> - Community Parent Education - Braiding the Sweetgrass (supports Indigenous families facing intergenerational trauma) - Family Initiatives (helps strengthen family dynamics) - etc. 	Vulnerable children, youth, and families.	N/A
YOUTH, FAMILY, AND STUDENT SERVICES - Available only in English					
Her Story Program	Women in Need Society	https://www.winsnyc.ca/her-story	Helps younger girls connect with each other and build life skills.	Newcomer and vulnerable girls.	N/A

Positive Parenting Program	Women in Need Society	https://www.winnsyyc.ca/positive-parenting	Provides parents with "strategies to help them build strong, healthy relationships and confidently manage their children's behaviour and prevent problems developing."	Newcomer and vulnerable parents.	N/A
Children and Youth Programs	Diversecities	https://www.diversecities.org/children-and-youth	<ul style="list-style-type: none"> - Parenting program - Career Scene Investigation - World Culture Society & Supercool Afterschool: provides prevention and intervention initiatives in afterschool care. - Connect 360: provides youth with opportunities for volunteering and maintaining social connectivity 	Visible minorities, marginalized groups, and new immigrants.	N/A
International Student Services	University of Calgary	https://ucalgary.ca/student-services/iss	"Provides advice and programs to support all international students as they adjust to their UCalgary studies and life in Canada." Includes drop-in advising, immigration advising, and various workshops and webinars.	International students and newcomers at University of Calgary.	Must be an active student (paying tuition & fees)
International Student Supports	Mount Royal University	https://www.mtroyal.ca/ProgramsCourses/FacultiesSchoolsCentres/InternationalEducation/InternationalStudentSupports/index.htm	<p>Provides support to new international students integrating into Canada. Includes advising, wellness services, and programs such as:</p> <ul style="list-style-type: none"> - Global Wellness Community - International Kitchen - Language Partners Program (peer-to-peer English lessons) 	International students and newcomers at Mount Royal University	Must be an active student (paying tuition & fees)
SAIT International Centre	SAIT	https://www.sait.ca/international-students/international-centre	Provides a variety of support services for international students such as: <ul style="list-style-type: none"> - Academic advising - Admissions and registration assistance - Pre-departure and arrival assistance - International student orientation - Volunteer experiences within SAIT - A variety of social and cultural activities - Finance and life balance planning - Work placement opportunities 	International students and newcomers at Sait.	Must be an active student (paying tuition & fees)
OTHER SERVICES - Available in Vietnamese					
Agency Referrals & Resources	Women's Centre of Calgary	https://www.womenscentrecalgary.org/get-assistance/resources/	Click on the link provided to see a list of agencies that provide various services	Women	N/A

Vulnerable Population Services	Centre for Newcomers	https://www.centrefornewcomers.ca/vulnerable	<p>Offers various supports and services in the following areas:</p> <ul style="list-style-type: none"> - Income support/loan repayment - Domestic violence - LGBTQ+ services - Mental health - Case management - Therapy and support centre <p>More information found under "Vulnerable Populations" tab near top of website.</p>		N/A
CVCA City-wide Activities	Calgary Vietnamese Canadian Association	https://hoinguoivietcalgary-cvca.ca/en/activities/	Provides information about various activities around Calgary involving the Vietnamese community.	Vietnamese Calgarians. However, they encourage all Canadians to participate.	N/A
OTHER SERVICES - Available only in English					
Law and Advocacy Programs	Diversecities	diversecities.org/events?locale=en	<p>Connects marginalized communities with the mainstream legal system. Helps people navigate legal issues and systems. Builds community through legal literacy education programs. Includes:</p> <ul style="list-style-type: none"> - Free legal education seminars - Parenting after separation workshops - One-on-one support services - etc. 	Visible minorities, marginalized groups, and new immigrants.	N/A
Bridge Programs	Diversecities	https://www.diversecities.org/integration-civic-engagement	<p>Promote social inclusion and connection through group discussions and dynamics. Includes:</p> <ul style="list-style-type: none"> - Immigrant support group - Women's group - Mandarin group - Senior secret service group 	Visible minorities, marginalized groups, and new immigrants.	N/A
Women's Resource Centre	University of Calgary	https://www.ucalgary.ca/student-services/womens-centre/home	Offers a safe, inclusive place for students, staff, and faculty to connect and to support practice skills within feminist theory. Includes programs like Peer Support groups, and Ask First (sexual education club)	Women. University of Calgary students, staff, faculty.	N/A

Faculty Women's Club UCalgary	University of Calgary	<p>https://www.ucalgary.ca/student-services/womens-centre/resource-database/faculty-womens-club-ucalgary</p>	<p>"Welcomes women who are, or are spouses or partners of, faculty, staff, students or others connected with UCalgary, providing an opportunity for friendship, networking and social interaction.</p> <p>Services:</p> <ul style="list-style-type: none"> - Undergraduate Scholarship - Graduate Scholarship for a student with dependent children - Outstanding Academic Achievement Award" 	Women connected to University of Calgary	N/A
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APPENDIX C: Needs Assessment Survey

Vietnamese Women Health and Wellness Needs Survey

General Health Questions

The following questions will ask you about your general health. Please try to answer to the best of your ability.

1. How would you rate your overall health and wellness? (Health and wellness can mean your physical health, your mental health, your nutritional health, or just a feeling of wellbeing)

(circle your answer)

Poor

Fair

Good

Very Good

Excellent

2. How important is your health and wellness to you?

(circle your answer)

Not at all
important

Slightly
important

Somewhat
important

Moderately
important

Extremely
important

Unmet Needs

The next few questions will ask about your unmet health and wellness needs and about certain health and wellness things that you find important but are not satisfied with in your community.

3. During the past 12 months, was there ever a time when you felt that you needed help with your health and wellness, but you did not receive it?

(circle your answer)

Yes

No

4. Why did you not get this help? Please select all that apply.
(Please mark with ✓)

- Preferred to manage on my own;
- Didn't think anything more could help;
- Didn't know how or where to get help;
- Afraid to ask for help;
- Afraid of what others would think;
- Couldn't afford to pay;
- Problems with transportation or can't drive;
- Don't have childcare or problems with scheduling;
- Professional help not available in the area;
- Professional help not available at time required;
- Wait time too long;
- Didn't get around to it/didn't bother;
- Language barriers in understanding the help available;
- Help not available in my language;
- Personal or family responsibilities;
- N/A
- OTHER (please explain)

5. Rate how important you feel the following health and wellness services are to you.
(Please mark with **✓**)

Health and Wellness Service	Not at all important	Slightly important	Unsure	Very important	Extremely important
a) Mental health and wellness					
b) Family doctors or primary health					

Health and Wellness Service	Not at all important	Slightly important	Unsure	Very important	Extremely important
c) Health and wellness for moms and small children					
d) Sexual health					
e) Help with understanding symptoms					
f) Help with understanding medications					
g) Help with taking care of older family members					
h) Nutrition					
i) Help with taking care of sick or disabled family members					
j) Walk in clinics					
k) Dental health					

6. Rate how satisfied you are with the following health and wellness services.
(Please mark with ✓)

Health and Wellness Service	Completely dissatisfied	Somewhat dissatisfied	Unsure	Mostly satisfied	Completely satisfied
a) Mental health and wellness					
b) Family doctors or primary health					
c) Health and wellness for moms and small children					
d) Sexual health					
e) Help with understanding symptoms					
f) Help with understanding medications					
g) Help with taking care of older family members					
h) Nutrition					
i) Help with taking care of sick or disabled family members					
j) Walk in clinics					

Health and Wellness Service	Completely dissatisfied	Somewhat dissatisfied	Unsure	Mostly satisfied	Completely satisfied
k) Dental health					

7. Rate how important you feel the following things related to your health and wellness are.

(Please mark with ✓)

Health and Wellness Item	Not at all important	Slightly important	Unsure	Very important	Extremely important
a) Health professionals who have time to discuss issues with me					
b) Health professionals who treat me with respect					
c) Easy and quick access to doctors					
d) Easy and quick access to health professionals other than doctors					
e) Support from family and friends					
f) Accurate health information that is easily understandable					

Health and Wellness Item	Not at all important	Slightly important	Unsure	Very important	Extremely important
g) Information about medication and side effects					
h) Advice on what services and help are available and access to sources of information					
i) Help in maintaining independence in the face of illness					
j) Opportunities to participate in choices around treatment					
k) Help maintaining a sense of control over my life					
l) Help with distressing symptoms					
m) Help with sad or distressing feelings					
n) Help with finding a sense of purpose and meaning					
o) Support in dealing with changes in my body or the way that I look					

Health and Wellness Item	Not at all important	Slightly important	Unsure	Very important	Extremely important
p) Advice about food and diet					
q) Opportunities to get out socially					

8. Rate how satisfied you feel about the following things related to your health and wellness.

(Please mark with ✓)

Health item	Completely dissatisfied	Somewhat dissatisfied	Unsure	Mostly satisfied	Completely satisfied
a) Health professionals who have time to discuss issues with me					
b) Health professionals who treat me with respect					
c) Easy and quick access to doctors					
d) Easy and quick access to health professionals other than doctors					
e) Support from family and friends					
f) Accurate health information that is easily understandable					

Health item	Completely dissatisfied	Somewhat dissatisfied	Unsure	Mostly satisfied	Completely satisfied
g) Information about medication and side effects					
h) Advice on what services and help are available and access to sources of information					
i) Help in maintaining independence in the face of illness					
j) Opportunities to participate in choices around treatment					
k) Help maintaining a sense of control over my life					
l) Help with distressing symptoms					
m) Help with sad or distressing feelings					
n) Help with finding a sense of purpose and meaning					
o) Support in dealing with changes in my body or the way that I look					

Health item	Completely dissatisfied	Somewhat dissatisfied	Unsure	Mostly satisfied	Completely satisfied
p) Advice about food and diet					
q) Opportunities to get out socially					

9. Are there any other health and wellness needs that you feel are important to you, but they are not met? Please list or explain.

Needs associated with COVID-19/Coronavirus pandemic

The following questions are related to your health and wellness during the COVID-19/Coronavirus pandemic.

10. How much did COVID-19/Coronavirus pandemic affect your day-to-day life?

(circle your answer)

No effect Minor effect Unsure Moderate effect Major effect

11. During the COVID-19/Coronavirus pandemic, did you feel you were supported in your health and wellness needs?

(circle your answer)

Not at all supported Slightly supported Unsure Very supported Extremely supported

12. During the COVID-19/Coronavirus pandemic, what have been your major concerns?
Choose all that apply. (**Please** mark with ✓)

- Ability to access and afford food
- No transportation to pick up food, medicine, etc.
- Not knowing where to go for help
- Ability to afford medication
- Loss of employment/finding new employment
- Fear of getting sick while working
- Reintegration into work, childcare (health and safety)
- Keeping myself and my family healthy
- Fewer opportunities to connect with my neighbours and community due to COVID-19
- Feeling isolated and lonely
- Ability to pay rent/mortgage/bills, risk of eviction
- Fear of losing housing subsidy
- High personal debt
- Increased stress due to COVID 19 and its implications
- Mental health challenges
- Lack of mental health support
- Dental health
- Other (please explain): _____

13. What additional supports would you and/or your family have needed or do need to get through the COVID-19/Coronavirus pandemic? Please select all that apply. (**Please** mark with ✓)

- Support with food

- Support to find a job
- Mental health supports
- Alcohol and drug use supports
- More opportunities to interact with my neighbours and community
- Support to care for children and/or youth
- Other (please explain):

14. Since the start of the COVID-19/Coronavirus pandemic, have health and wellness initiatives in your community increased, decreased, or remained the same?

(circle your answer)

Decreased

Remained the same

Increased

15. Of the following initiatives, which do you feel increased, decreased, or stayed the same in your community during the COVID-19/Coronavirus pandemic?
(Please mark with ✓)

Initiatives	Decreased	Remained the Same	Increased
a) Health promotion activities (for example, activities about active living, proper handwashing)			
b) Distribution of information, education, and communication of health materials			
c) Support for isolated or vulnerable people			

Initiatives	Decreased	Remained the Same	Increased
d) Provision of transport services for essential service providers or vulnerable groups (e.g., front-line workers, pregnant women)			
e) Provision of face masks for vulnerable groups			
f) Setting up handwashing facilities/hand sanitation facilities			
g) Financial and material support			
h) Support to better access health services			

16. Were there any initiatives that you wished you would have seen in your community since the COVID 19/Coronavirus pandemic began?

17. Is there anything else you would like to share about your community and types of things your community needs to better their health and wellness?

Background Questions

Before we end the survey, please answer the following questions about your background.

18. How do you identify?

(Please mark with ✓)

- Man
- Woman
- Non-Binary
- Transgender person
- Another gender identity
- Prefer not to say

19. What is your age?

(circle your answer)

18-44 years

45-64 years

>65 years

20. What is your ethnic and/or cultural background?

(Please mark with ✓)

- Vietnamese
- Vietnamese Canadian (Canadian citizens of Vietnamese ancestry)
- Chinese-Vietnamese (Vietnamese people of full or partial Chinese ancestry)
- Chinese Canadian
- Other (please explain):

21. Do you consider your heritage as Vietnamese or part-Vietnamese?
(circle your answer)

Vietnamese

Part Vietnamese

22. How many people live in your household (including adults and children)?

23. How many children are in your household?

24. What is your marital status? **(Please** mark with ✓)

- Married
- In a domestic relationship
- Single (never married)
- Separated
- Prefer not to answer

25. What is your highest level of education? **(Please** mark with ✓)

- Graduate or professional degree (for example, MSc, MD, BNs, PhD)
- Bachelor's degree (for example, BA, BSc)
- Some university or college (for example, diploma, certificate)
- Secondary school or high school
- Did not complete secondary school or high school

26. What is your current employment status? **(Please** mark with ✓)

- Employed full time (35 hours/week or more)

- Employed part time (up to 34 hours/week)
- Unemployed and currently looking for work
- Unemployed and not currently looking for work
- Student
- Retired
- Homemaker
- Self-employed
- Unable to work

27. What is your household income? (**Please** mark with ✓)

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Prefer not to answer

28. Were you born in Canada? (**Please** mark with ✓)

- Yes
- No
- Prefer not to answer

29. If you were not born in Canada, which year did you come to Canada?

30. How many years have you lived in your current community?

31. What is your English level proficiency? (**Please** mark with ✓)

- I can read, write, speak, and understand English well
- I can speak and understand English well
- I can speak and understand English a little
- I can only understand but not speak English
- I don't know English at all

32. Do you have extended health insurance coverage (e.g., coverage for prescribed drugs, dental care, vision care, etc.)? (**Please** mark with ✓)

- Yes
- No

END OF SURVEY

Thank you for taking the time to complete this survey. We appreciate your contribution.

APPENDIX D: Needs Assessment Survey Results

Rate how important you feel the following health and wellness services are to you:

	Not at all important	Unsure	Neutral	Slightly Important	Important	Very Important	Extremely Important
<i>Mental health and wellness</i>	n/a	n/a	6 (6.0%)	3 (3.0%)	32 (31.7%)	45 (44.6%)	15 (15.0%)
<i>Family doctors or primary health</i>	n/a	1 (1.0%)	7 (7.0%)	5 (5.0%)	33 (32.7%)	44 (43.6%)	11 (11.0%)
<i>Health and wellness for small children</i>	1 (1.0%)	2 (2.0%)	17 (17.0%)	1 (1.0%)	21 (22.0%)	41 (42.5%)	13 (13.5%)
<i>Sexual health</i>	10 (10.0%)	3 (3.0%)	21 (21.0%)	5 (5.0%)	22 (22.0%)	29 (30.0%)	8 (8.0%)
<i>Help with understanding symptoms</i>	1 (1.0%)	2 (2.0%)	6 (6.0%)	6 (6.0%)	30 (30.0%)	46 (47.0%)	8 (8.0%)
<i>Help with understanding medications</i>	1 (1.0%)	2 (2.0%)	7 (7.0%)	2 (2.0%)	34 (35.0%)	41 (42.0%)	11 (11.0%)
<i>Help with taking care of older family members</i>	1 (1.0%)	1 (1.0%)	10 (10.3%)	4 (4.1%)	22 (22.7%)	44 (45.4%)	13 (13.4%)
<i>Nutrition</i>	1 (1.0%)	1 (1.0%)	6 (6.0%)	4 (4.0%)	33 (33.0%)	45 (45.5%)	9 (9.0%)
<i>Help with taking care of sick and disabled family members</i>	1 (1.0%)	4 (4.0%)	10 (10.0%)	3 (3.0%)	26 (27.0%)	38 (39.0%)	15 (15.5%)
<i>Walk-in clinics</i>	n/a	1 (1.0%)	10 (10.0%)	2 (2.0%)	23 (23.5%)	40 (41.0%)	13 (13.0%)
<i>Dental health</i>	n/a	n/a	6 (6.0%)	1 (1.0%)	30 (30.0%)	46 (46.0%)	16 (16.0%)

Rate how important you think the following things related to your health and wellness are:

	Not at all important	Unsure	Neutral	Slightly Important	Important	Very Important	Extremely Important
<i>Health professionals who have time to discuss issues with me</i>	n/a	1 (1.0%)	13 (13.0%)	1 (1.0%)	33 (33%)	39 (39.0%)	10 (10.0%)
<i>Health professionals who treat me with respect</i>	n/a	n/a	7 (7.0%)	1 (1.0%)	36 (37%)	35 (36.0%)	18 (18.5%)
<i>Easy and quick access to doctors</i>	1 (1.0%)	1 (1.0%)	5 (5.0%)	2 (2.0%)	31 (32%)	39 (40.0%)	17 (18.0%)
<i>Easy and quick access to health professionals other than doctors</i>	1 (1.0%)	2 (2)	9 (9.0%)	4 (4.0%)	39 (40%)	32 (33.0%)	10 (10.0%)
<i>Support from family members</i>	0 (0%)	1 (1.0%)	10 (10.4%)	3 (3.1%)	42 (43.3%)	28 (28.9%)	13 (13.4%)
<i>Accurate health information that's easily understandable</i>	0 (0%)	0 (0%)	6 (6.3%)	3 (3.2%)	35 (36.8%)	36 (37.9%)	15 (15.8%)
<i>Information about medication and side effects</i>	n/a	1 (1.0%)	8 (8.0%)	1 (1.0%)	32 (33.0%)	41 (42.0%)	14 (14.0%)
<i>Advice on what services and help are available and access to sources of information</i>	n/a	2 (2.0%)	9 (9.0%)	4 (4.0%)	35 (36.5%)	44 (45.0%)	12 (12.5%)
<i>Help in maintaining independence in the face of illness</i>	n/a	2 (2.0%)	10 (10.6%)	3 (3.0%)	31 (33.0%)	38 (39.0%)	10 (10.6%)
<i>Opportunities to participate in choices around treatment</i>	n/a	3 (3.0%)	10 (10.0%)	4 (4.0%)	34 (35.0%)	33 (34.0%)	12 (12.5%)
<i>Help maintaining a sense of control over my life</i>	1 (1.0%)	2 (2.0%)	8 (8.0%)	1 (1.0%)	34 (35.0%)	39 (40.0%)	11 (11.5%)
<i>Help with distressing symptoms</i>	n/a	3 (3.0%)	11 (11.6%)	3 (3.0%)	31 (32.6%)	37 (39.0%)	10 (10.5%)

<i>Help with sad or distressing feelings</i>	n/a	2 (2.0%)	11 (11.5%)	2 (2.0%)	36 (37.5%)	33 (34.0%)	12 (12.5%)
<i>Help with finding a sense of purpose or meaning</i>	n/a	4 (4.0%)	11 (11.6%)	2 (2.0%)	31 (32.6%)	36 (38.0%)	11 (11.6%)
<i>Support in dealing with changes in my body or the way I look</i>	1 (1.0%)	n/a	11 (11.7%)	4 (4.2%)	41 (43.6%)	25 (26.5%)	12 (12.8%)
<i>Advice about food and diet</i>	n/a	n/a	4 (4.0%)	4 (4.0%)	45 (47.0%)	36 (37.6%)	7 (7.3%)
<i>Opportunities to get out socially</i>	n/a	1 (1.0%)	6 (6.3%)	5 (5.0%)	40 (42.0%)	31 (32.0%)	13 (13.5%)

Rate how satisfied you are with the following health and wellness services:

	Unsure	Completely Dissatisfied	Somewhat Dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat Satisfied	Mostly Satisfied	Completely Satisfied
<i>Mental health and wellness</i>	6 (6.0%)	1 (1.0%)	14 (14.0%)	20 (20.0%)	1 (1.0%)	47 (47.0%)	11 (11.0%)
<i>Family doctors or primary health</i>	5 (5.0%)	n/a	18 (18.0%)	14 (14.0%)	1 (1.0%)	43 (42.6%)	20 (19.0%)
<i>Health and wellness for moms and small children</i>	9 (9.0%)	1 (1.0%)	8 (8.0%)	31 (32.0%)	n/a	28 (29.0%)	20 (20.6%)
<i>Sexual health</i>	11 (12.1%)	1 (1.1%)	3 (3.3%)	40 (44.0%)	2 (2.2%)	23 (25.3%)	11 (12.1%)
<i>Help with understanding symptoms</i>	8 (8.0%)	n/a	10 (10.0%)	17 (17.0%)	2 (2.0%)	42 (43.0%)	19 (19.0%)
<i>Help with understanding medications</i>	8 (8.0%)	n/a	11 (11.0%)	16 (16.5%)	n/a	40 (41.0%)	22 (20.6%)
<i>Help with taking care of older family members</i>	6 (6.6%)	1 (1.0%)	3 (3.0%)	32 (35.0%)	n/a	27 (30.0%)	22 (24.0%)
<i>Nutrition</i>	9 (9.5%)	n/a	7 (7.0%)	20 (21.0%)	1 (1.0%)	35 (37.0%)	23 (24.0%)
<i>Help with taking care of sick and disabled family members</i>	10 (11.0%)	2 (2.0%)	5 (5.0%)	34 (36.6%)	n/a	24 (26.0%)	18 (19.0%)
<i>Walk-in clinics</i>	5 (5.0%)	3 (3.0%)	16 (16.0%)	23 (23.0%)	3 (3.0%)	34 (34.0%)	16 (16.0%)
<i>Dental health</i>	7 (7.0%)	n/a	11 (11.0%)	15 (15.0%)	2 (2.0%)	43 (44.0%)	20 (20.0%)

Rate how satisfied you feel about the following things related to your health and wellness:

	Unsure	Completely dissatisfied	Somewhat dissatisfied	Neither Satisfied nor Dissatisfied	Somewhat satisfied	Mostly satisfied	Completely satisfied
<i>Health professionals who have time to discuss issues with me</i>	6 (6.0%)	n/a	11 (11.0%)	14 (14.6%)	1 (1.0%)	48 (50.0%)	12 (12.5%)
<i>Health professionals who treat me with respect</i>	2 (2.0%)	n/a	1 (1.0%)	13 (13.5%)	2 (2.0%)	48 (50.0%)	30 (31.0%)
<i>Easy and quick access to doctors</i>	7 (7.0%)	6 (6.0%)	15 (15.6%)	18 (19.0%)	1 (1.0%)	31 (32.0%)	17 (18.0%)
<i>Easy and quick access to health professionals other than doctors</i>	7 (7.5%)	2 (2.0%)	16 (17.0%)	18 (19.0%)	1 (1.0%)	35 (37.0%)	15 (16.0%)
<i>Support from family members</i>	5 (5.0%)	n/a	7 (7.0%)	13 (13.5%)	2 (2.0%)	42 (44.0%)	27 (28.0%)
<i>Accurate health information that's easily understandable</i>	6 (6.0%)	1 (1.0%)	3 (3.0%)	18 (19.0%)	2 (2.0%)	43 (45.0%)	23 (24.0%)

<i>Information about medication and side effects</i>	7 (7.4%)	1 (1.1%)	6 (6.4%)	18 (19.1%)	1 (1.1%)	42 (44.7%)	19 (20.2%)
<i>Advice on what services and help are available and access to sources of information</i>	9 (9.5%)	3 (3.0%)	11 (11.6%)	21 (22.0%)	1 (1.0%)	36 (38.0%)	12 (12.5%)
<i>Help in maintaining independence in the face of illness</i>	8 (8.6.0%)	3 (3.0%)	3 (3.0%)	26 (28.0%)	1 (1.0%)	33 (35.5%)	30 (31.0%)
<i>Opportunities to participate in choices around treatment</i>	9 (9.5%)	n/a	5 (5.0%)	27 (28.0%)	1 (1.0%)	36 (38.0%)	17 (18.0%)
<i>Help maintaining a sense of control over my life</i>	5 (5.0%)	1 (1.0%)	5 (5.0%)	23 (25.0%)	1 (1.0%)	39 (42.0%)	15 (16.0%)
<i>Help with distressing symptoms</i>	7 (7.5%)	2 (2.0%)	10 (10.5%)	25 (26.0%)	1 (1.0%)	37 (39.0%)	27 (28.0%)
<i>Help with sad or distressing feelings</i>	6 (6.5%)	3 (3.0%)	10 (11.0%)	26 (28.0%)	2 (2.0%)	36 (39.0%)	23 (24.0%)
<i>Help with finding a sense of purpose or meaning</i>	7 (8.0%)	3 (3.0%)	7 (8.0%)	34 (38.0%)	1 (1.0%)	28 (31.0%)	12 (12.5%)
<i>Support in dealing with changes in my</i>	7 (7.7%)	3 (3.0%)	9 (10.0%)	30 (33.0%)	1 (1.0%)	30 (33.0%)	11 (12.0%)

<i>body or the way I look</i>							
<i>Advice about food and diet</i>	7 (8.0%)	1 (1.0%)	6 (7.0%)	26 (29.0%)	1 (1.0%)	33 (36.0%)	16 (18.0%)
<i>Opportunities to get out socially</i>	7 (7.6%)	1 (1.0%)	1 (1.0%)	33 (36.0%)	1 (1.0%)	35 (38.0%)	14 (15.0%)

Covid-19

1. How much did COVID-19/Coronavirus pandemic affect your day-to-day life? N=95

Effect	n (%)	Missing, n (%)
No effect	7 (7.4)	16 (14.5)
Minor effect	13 (13.7)	
Unsure	4 (4.2)	
Moderate effect	40 (42.1)	
Major effect	31 (32.6)	

2. During the COVID-19/Coronavirus pandemic, did you feel you were supported in your health and wellness needs? N=95

Support with health and wellness needs	n (%)	Missing, n (%)
Not supported	8 (8.4)	16 (14.5)
Slightly supported	46 (48.2)	
Unsure	20 (21.1)	
Very supported	7 (7.4)	
Extremely supported	14 (14.7)	

3. During the COVID-19/Coronavirus pandemic, what have been your major concerns? Choose all that apply. N=94

Concerns during COVID-19 Pandemic	n (%)	Missing, n (%)
Fear of getting sick while working	43 (45.7)	17 (15.5)
Keeping myself and my family healthy	63 (67.0)	
Feeling isolated and lonely	21 (22.3)	
Increased stress due to Covid-19 and its implications	32 (34.0)	
Not knowing where to go for help	9 (9.6)	
Ability to afford medication	12 (12.8)	
Fewer opportunities to connect with my neighbors and community	32 (34.0)	
High personal debt	11 (11.7)	
Mental health challenges	22 (23.4)	
Lack of mental health support	10 (10.6)	
Dental health	16 (17.0)	
No transportation to pick up food, medicine, etc.	10 (10.6)	
Loss of employment/finding new employment	32 (34.0)	
Ability to access and afford food	26 (27.7)	
Reintegration into work, childcare (health and safety)	9 (9.6)	
Ability to pay rent/mortgage/bills, risk of eviction	13 (13.8)	
Other: effect of COVID-19 on the economy	1 (1.1)	

4. What additional supports would you and/or your family have needed or do need to get through the COVID-19/Coronavirus pandemic? Please select all that apply. N=72

Additional Supports Needed	n (%)	Missing, n (%)
Support with food	18 (25.0)	39 (35.5)
Support to find a job	27 (37.5)	
Mental health supports	33 (45.8)	
Alcohol and drug use supports	3 (4.2)	
More opportunities to interact with neighbors and community	17 (23.6)	
Support to care for children and/or youth	16 (22.2)	
Other: gas prices	1 (1.4)	
Other: health supports after COVID-19	1 (1.4)	
Other: dental health	1 (1.4)	

5. Since the start of the COVID-19/Coronavirus pandemic, have health and wellness initiatives in your community increased, decreased, or remained the same? N=91 (missing 20 (18%))

Increased/Decreased/Remained the same	n (%)	Missing n (%)
Decreased	20 (22.0)	20 (18.2)
Remained the same	47 (51.6)	
Increased	24 (26.4)	

6. Of the following initiatives, which do you feel increased, decreased, or stayed the same in your community during the COVID-19/Coronavirus pandemic?

Initiatives	Decreased n (%)	Remained the same n (%)	Increased n (%)	Missing n (%)
Health promotion activities (for example, activities about active living, proper handwashing)	12 (12.9)	29 (31.2)	52 (55.9)	18 (16.4)
Distribution of information, education, and communication of health materials	14 (15.4)	26 (28.6)	51 (56.0)	20 (18.2)
Support for isolated or vulnerable people	12 (13.3)	54 (60.0)	24 (26.7)	21 (19.1)
Provision of transport services for essential service providers or vulnerable groups (e.g., front-line workers, pregnant women)	10 (11.0)	52 (57.1)	29 (31.9)	20 (18.2)
Provision of face masks for vulnerable groups	8 (8.7)	32 (34.8)	52 (56.5)	19 (17.3)
Setting up handwashing facilities/hand sanitation facilities	3 (3.2)	26 (27.8)	64 (68.8)	18 (16.4)
Financial and material support	14 (15.4)	40 (44.0)	37 (40.7)	20 (18.2)
Support to better access health services	15 (16.1)	45 (48.4)	33 (35.5)	18 (16.4)

7. Were there any initiatives that you wished you would have seen in your community since the COVID 19/Coronavirus pandemic began? (14 free text responses)

- Multilingual emergency emotional support hotline that can provide help for my community in our own language
- Open some classes by online like tutoring
- The connection, health check
- More programs that will give hope to the community that everything will be normalized again and that life will go on despite the crisis.
- Integration back to school & disciplinary of homework
- Refer the new job after Covid-19
- Government support
- hospitals
- Mental health
- Support with food
- Suggest the new job after Covid-19

- Some financial support from the government was taken back by the government
- Mental health
- There should be a program that focuses on diseases and in-depth solutions are needed. Should have language support.

APPENDIX E: Interview and Focus Group Questions

Interviews

Interview protocol for key informant interviews:

1. Tell us about yourself
 - a. Prompt for: background, occupation
2. Please explain your engagement with the Vietnamese women's community in Calgary
 - a. Prompt for: length of involvement, kind of engagement/service offering, specific demographic of Vietnamese women they engage with/serve, percentage of their time spent specifically with/doing work for Vietnamese women in Calgary
3. In your experience, what are the most in-demand health and wellness services for Vietnamese women in Calgary?
4. In your experience, what are the barriers faced by Vietnamese women in Calgary in accessing health and wellness services?
5. Tell us about a time when you saw a Vietnamese woman's needs being well met by a health or wellness service
 - a. Prompt for: what was the need, what was the service, what was the impact, speculation on the reasons for the success of the service
6. Tell us about a time when you saw a health and wellness service failing to meet the needs of a Vietnamese woman
 - a. Prompt for: what was the need, what was the service, what was the impact, speculation on the reasons for the success of the service
7. Do you think there are any gaps in health and wellness services in Calgary for Vietnamese women? What are they?
8. If money, time, and resources weren't an issue, what is the one problem you would immediately solve to better serve the health and wellness needs of Vietnamese women in Calgary?

Focus Groups

Interview protocol for community leader focus group:

Start of Focus Group:

“For the purposes of this discussion, “community” is defined as where you live, work, and play.”

Opening question (5 mins)

- 1. To begin, why don’t we go around the table and introduce ourselves. State your name (or whatever you would like us to call you) and what makes you most proud of your community.**

General Community Questions (10 mins)

“I want to begin our discussion today with a few questions about health and quality of life in your community”.

- 2. What makes a community healthy?**
- 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in your community?**
[Prompt]
 - i. What are the biggest health problems/conditions in your community?**
- 4. What does quality of life mean to you?**
- 5. Who are the healthy people in your community?**

What makes them healthy?

Why are these people healthier than those who have (or experience) poor health?

Unmet needs (30 mins)

- 6. you please tell me about a time you had difficulty accessing health care services? For example, perhaps you identified what services you needed, but were unable to gain access due to transportation or you could not escape family related commitments? What was it like?**

Prompts

- a. Where is your home located in relation to the services you needed, was distance a problem?**
- b. Do you have people in your home or your community you can rely on to help you identify health care services you need, and who can help you access those services?**

- c. Were you concerned about financial, language, or cultural barriers/limitations to getting health care?
- d. Were there other things that prevented you from getting health care that we did not discuss?

AND

- 7. **Can you tell me about a time when you had accessed health care services, but the experience did not go well? For example, perhaps you were able to get the services you needed, but you left feeling like they were not adequate or that you were not treated properly? What was it like?**

Prompts

- a. Was there anything you or someone else did before, during, or after that time that made it a good experience?
- b. Have you ever felt that your language skills were a barrier to your ability to identify and access health care?
- c. Were there any cultural problems or misunderstandings? For example, perhaps where you come from it is not appropriate for a doctor to examine a person of the opposite sex, but when you went to a clinic only physicians that were of the opposite sex from you were available?
- d. Were there other things that you feel led you to have a bad experience that we did not discuss?

- 8. **Can you tell me about a time when you had accessed health care services, but the experience did go well? For example, perhaps you were able to get the services you needed, enjoyed speaking with your health care provider and left feeling satisfied? What was it like?**
- a. Perhaps you can compare this to a time when things did not go well?
- b. Was there anything you or someone else did before, during, or after that time that made it a good experience?
- c. Were there other things that you feel led you to have a good experience that we did not discuss?

- 9. **Can you share your thoughts about the Vietnamese community and the key unmet needs within the community?**
- a. Why do you think those unmet needs exist?
- b. What kind of needs are especially important?
- c. What are your suggestions or thoughts on improving those unmet needs?

Closing Discussion (15 mins)

“Let’s take a few minutes to reflect on responses you provided today. We will review the notes we took and the themes we observed. This is your opportunity to clarify your thoughts or to provide alternative responses.”

“Thank you for your participation in this focus group meeting. You have all raised a number of great issues for us to consider. We will look at what you have told us and use this information to inform CAVWAs activities.”

