



Healthcare Needs of Immigrants and Refugees: Challenges and Opportunities



Promising Practices for Intersectoral Collaboration



Nancy Clark

Promising Practices for Intersectoral Collaboration

- Canada's health care systems are complex
- The needs of newcomers (immigrants and refugees) are also complex
- Intersectoral collaboration and partnership is at the forefront of integrated care

Collaboration

‘a recognized relationship among different sectors or groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by the public health sector acting alone’

The Public Health Agency of Canada
(1997: 9)

Integrated Health Care

How integrated care helps patients navigate the health system

Integrated care provides seamless care pathways along and within each patient's continuum of care. It addresses the social determinants of health, health promotion and the prevention of disease within a primary health care approach.

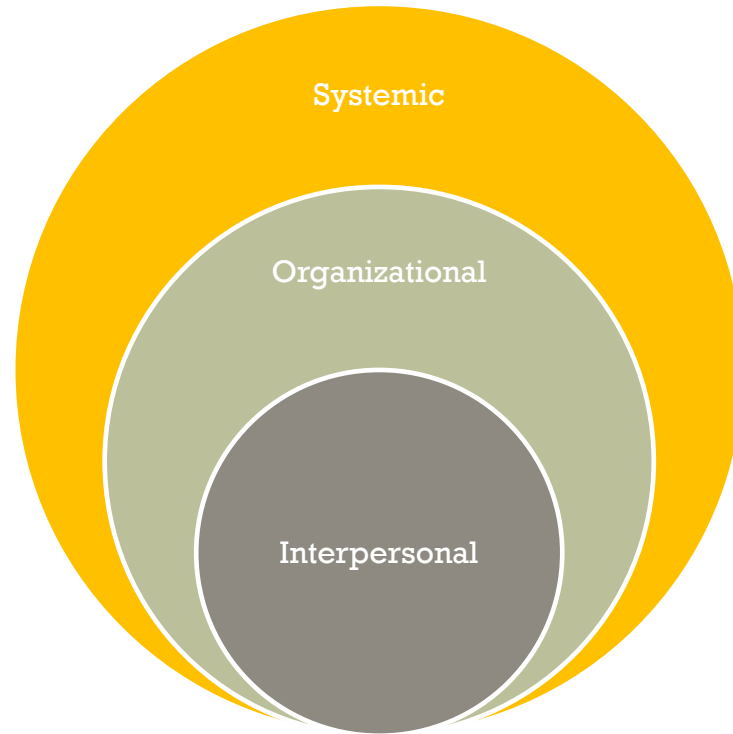
It is based on six key principles:

1. **Person-centred care** that is seamless along the continuum of care
2. **Quality services** appropriate for patient needs
3. **Health promotion and illness prevention**
4. **Equitable access to quality care** and multi-sectoral policies to address the social determinants of health
5. **Sustainability** based on universal access to quality health services
6. **Accountability** by stakeholders — the public/patients/families, providers and funders — for ensuring the system is effective

The Canadian Nurses Association (2017)

Framework for intersectoral collaboration

- Systemic-
- Organizational
- Interpersonal



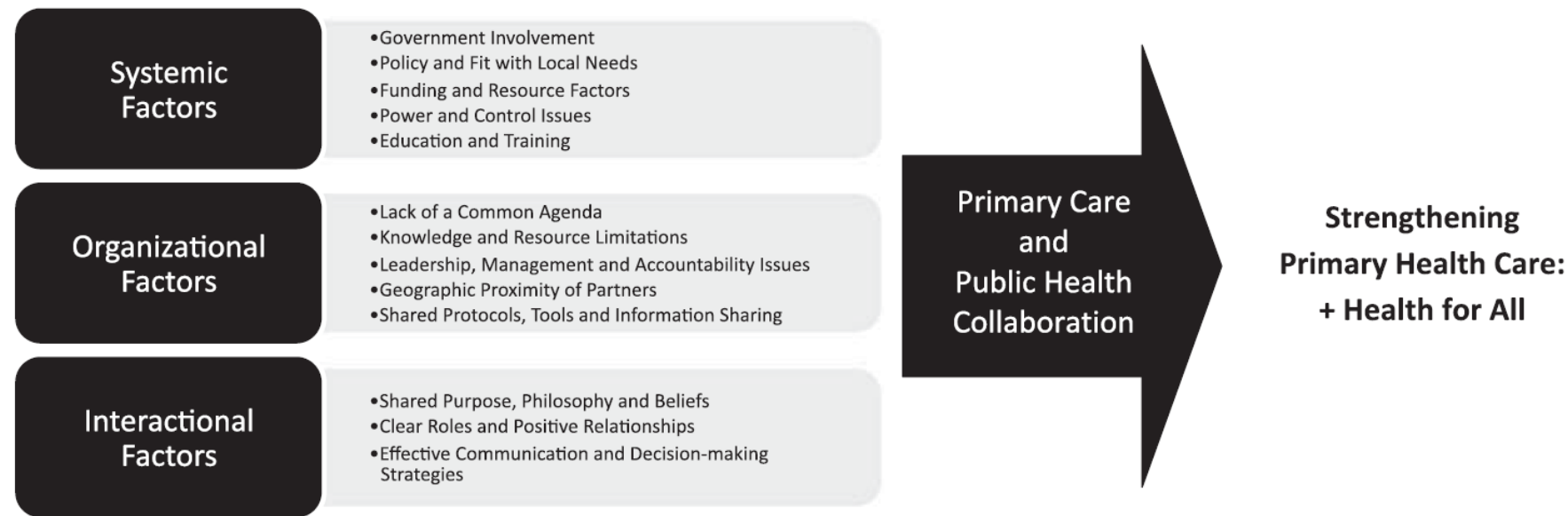


Figure 2 Factors Influencing Collaboration between Primary Care and Public Health

Promising practices of collaboration

- Collaboration aimed at improving health through coordination of services
- Improving access to health care by established frameworks (e.g. care for uninsured)
- Improve cost and quality by providing a population long term and health promotion perspective
- Using clinical & community practice to address community health problems
- Strengthen health promotion & protection
- Collaborate in policy, research and training across systems

Promising practices of collaboration

Can you identify systemic factors, organizational and interactional that support collaboration between immigrant service organization and health care agency/service?

What do you see as some of the challenges and barriers for integrated collaboration?



Pathways to Prosperity Conference
2020

Newcomers' Healthcare Needs

Zarghoona Wakil

Together we advance an inclusive and
thriving Canada



MOSAIC

MOSAIC Organizational Profile

Non-profit Society and Registered Charity

Governed by a volunteer Board of Directors

Over 300 employees

500+ volunteers

Accredited by CARF

MOSAIC Services

Integrated Service Delivery Approach

Settlement

Pre-Arrival
Sponsorship Agreement Holder
Community Building
Civic Engagement
Community Leadership
Advocacy
Specialized Services

Employment

Job readiness
Essential Skills
Soft Skills
Training Placement/ Retention/
Advancement

Language

LINC
MOSAIC Engage
Intercultural Competency Training
IELTS Testing

Interpretation &
Translation

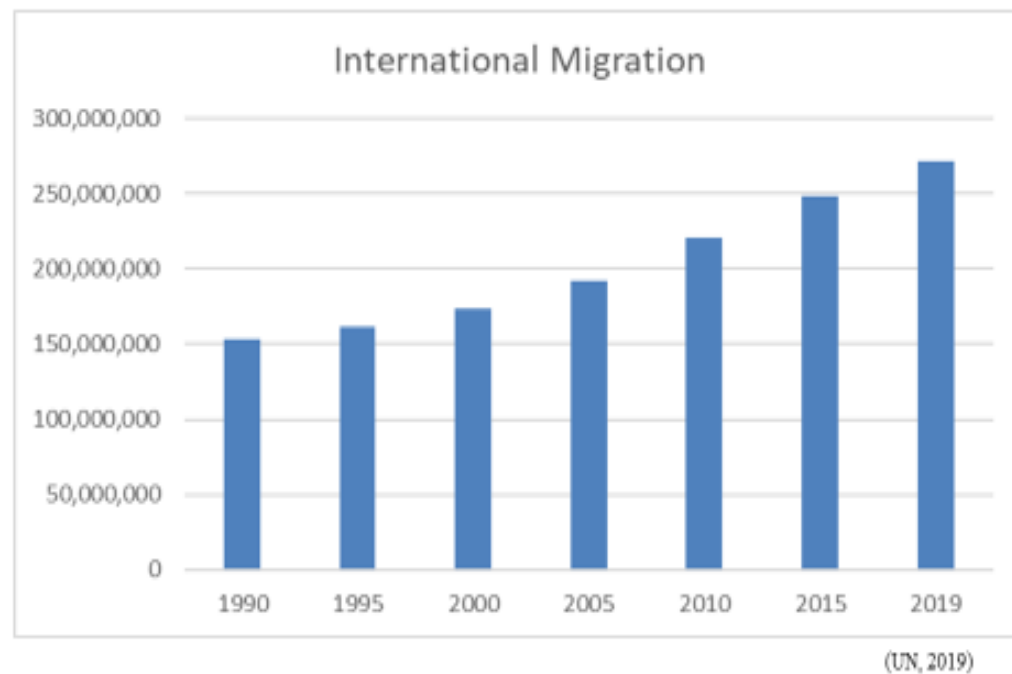
LINC
MOSAIC Engage
Intercultural Competency Training
IELTS Testing

International Migration

International migrants reaches **272 million in 2019**, an increase of 51 million since 2010

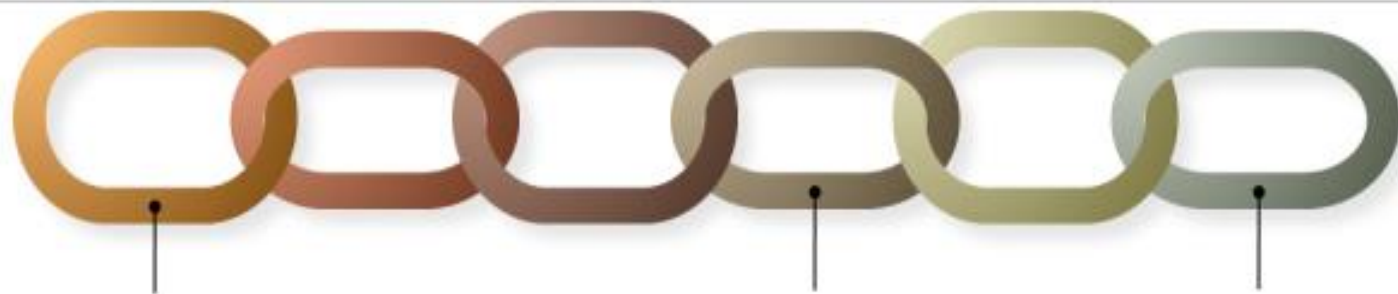
comprise 3.5% of the global population, compared to 2.8% in the year 2000

Worldwide



Continuing an upward trend in all world regions

In Canada (Statistics Canada 2016)



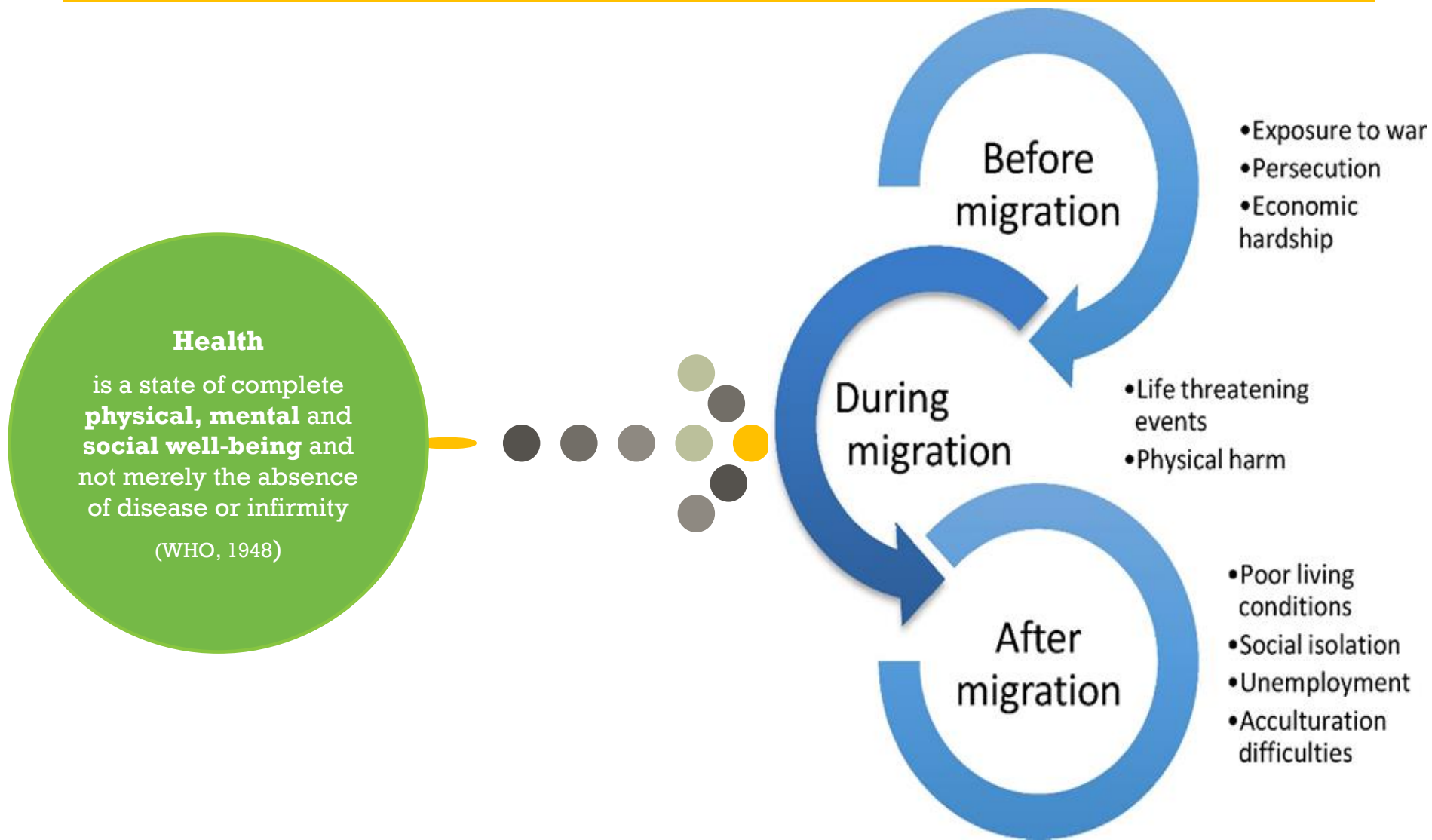
More than 1 in 5
Canadians are foreign-
born

The proportion was much
lower from 1951 to 1991

Canada welcomes newcomers for
economic, social and humanitarian
reasons

“Healthy Immigrant Effect” (HIE)- Newcomers are at better health upon arrival than a few years down the road

Factors Impacting Health of Newcomers



Common barriers newcomers face in accessing primary care services

Systemic level

- Policies do not meet the needs of [newcomers]
- Lack of language and cultural translators/ interpreters
- Lack of coordination among agencies in addressing the SDH
- Discrimination
- Timing of delivery of public health services

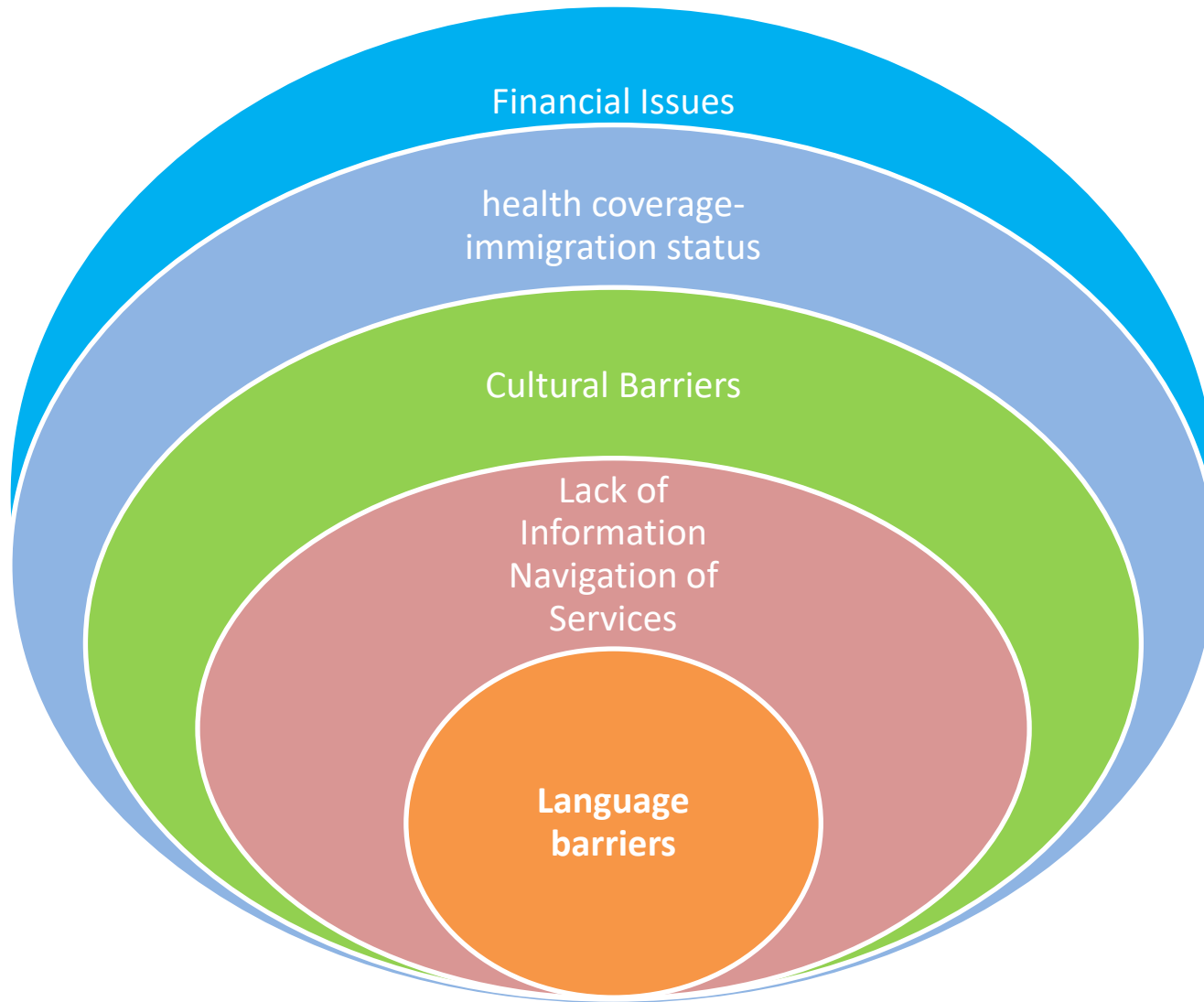
Provider & Practitioner-level

- Lack cultural competency training
- Language challenges
- Competing demands for time
- Physician payment schedules
- Difficulty in perceiving risk disparities
- Physical location of health services

Patient- level

- Wait lists
- Lack of access to physician or continuous care
- Inability to navigate the system
- Gender barriers
- Fear of being discriminated or stigmatized
- Transportation and logistics

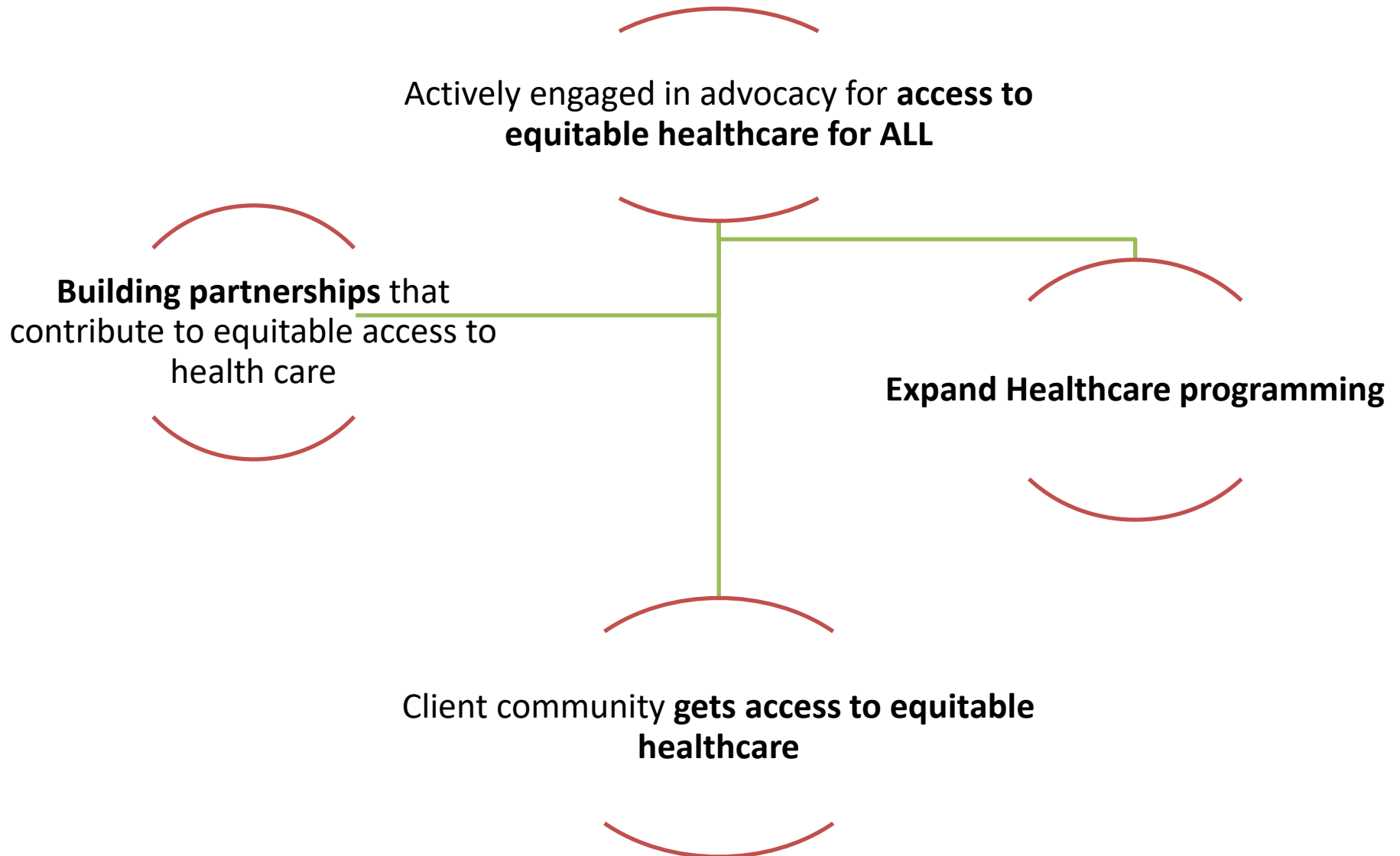
Barriers to Health Services for Immigrants & Refugees



SDH Factors Impacting Health of Immigrants and Refugees



MOSAIC





Thank You



Burnaby's Primary Care Network COVID 19 Strategy: An Ethnoculturally Appropriate Response



Georgia Bekiou

What is the PCN?

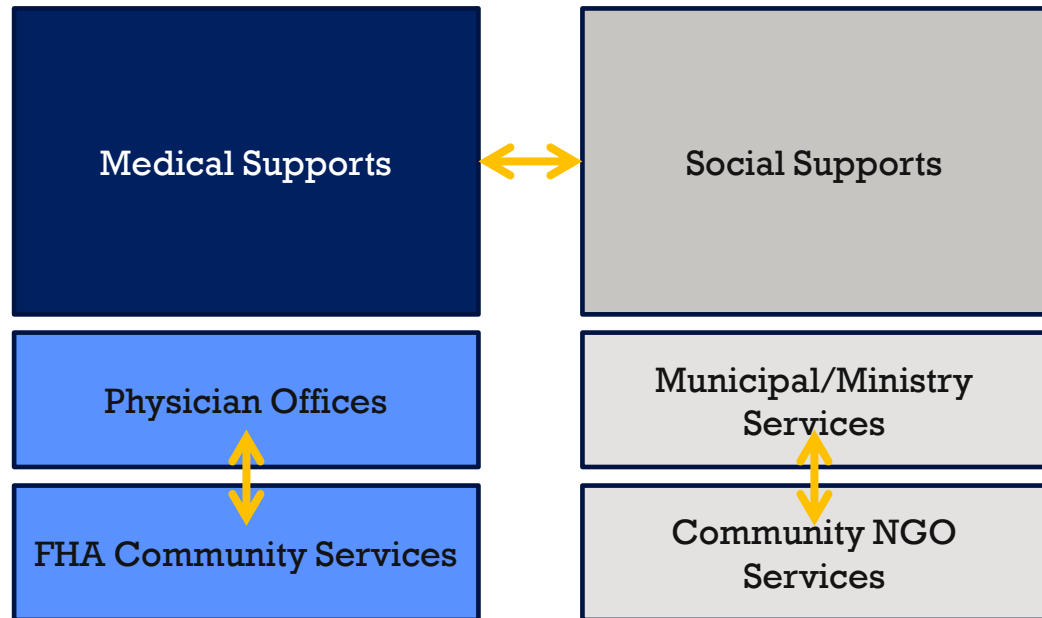
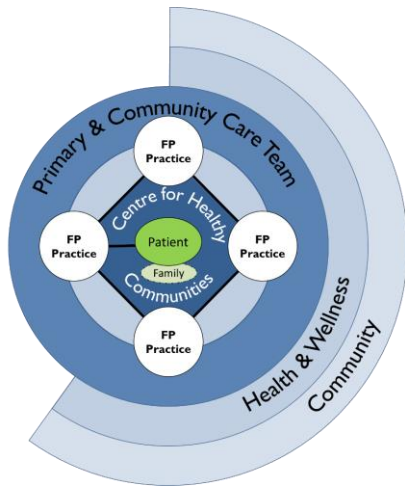
Collaborative community-wide response to providing the medical and social supports residents need to stay as healthy as possible in their homes and communities:

- Family Doctors
- Health Authority community services
- Social support services delivered by community agencies- social determinants of health are key

The focus is on building networks of providers that integrate and expand medical and social supports that are available to residents locally, in particular for vulnerable populations.



Our Vision: the Burnaby PCN Model



Burnaby's COVID Response System:

A PCN Working Example of a Collaborative Community- wide Response

- Homeless/Underhoused
- Social Isolation
- Food Security
- Families and Children
- Youth and Teens
- Developmental Disability
- Financial Supports
- Technology
- Seniors at Home

Why don't immigrant families access healthcare?

The Patient Experience

- Health literacy
- Language barriers
- System navigation
- Previous bad experience
- Stigma
- Financial supports

It's all about relationship!

Locking Arms: a grassroots, co-leadership model

The Context for a Cohesive COVID Response

- Representation at all levels of governance on the PCN
- Collective design and decision-making
- A commitment to a common end-goal
- Passion and a spirit of collegiality

It's all about relationship!

A working example: burnabycoronavirus.com

Website translation into several languages

Call backs in multiple languages

Support with completing the assessment and booking an appointment at the COVID site

Supporting Doc Talks in multiple languages

Support with flu clinics: to determine eligibility and support appointment scheduling and attendance



Committed to Collective Impact

Immigrant and Newcomer Agencies came together with each other and the medical supports to offer:

- Language supports & cultural sensitivity for COVID response: burnabycornovarus.com
- Cultural translation for the PCN services
 - Built services that respond to unique client needs
- Cultural translation of PCN offerings to the community of immigrants in Burnaby

Moving Forward: A Paradigm Shift




Lessons Learned From a Virtual Health Literacy Program



SOUTH OKANAGAN
IMMIGRANT AND
COMMUNITY SERVICES



Cherry Fernandez & Fatima Al-Roubaiai
November 23, 2020



I would like to begin by acknowledging that the land on which I live, work and study is the unceded territory of the Syilx (Okanagan) Peoples.



Funded by South Okanagan Immigrant & Community Services (SOICS) & Mitacs Accelerate Fellowship

www.soics.ca – Cherry Fernandez, Karina Chambers, Samantha O'Hara, Kiana Stearns, Tahira Saeed
 University of British Columbia Okanagan, School of Nursing – Nelly Oelke, Lise Olsen, Katrina Plamondon
 Queen's University – Setareh Ghahari

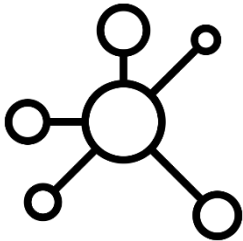
- Canada's health care system is an obstacle course
- Immigrants tend to arrive to Canada healthier than their Canadian-born counterparts
- Barriers in accessing health services impact their ability to maintain this health advantage¹, including:
 - stigma, language, cultural differences and gap in knowledge to navigate the system
- Compounded by the barriers that already exist for those living in small urban and rural communities²:
 - financial, geographical

1. Kalich, A., Heinemann, L., & Ghahari, S. (2016). A scoping review of immigrant experience of health care access barriers in Canada. *Journal of immigrant and minority health*, 18(3), 697-709.

2. Murphy, P., Burge, F., & Wong, S. T. (2019). Measurement and rural primary health care: A scoping review. *Rural and Remote Health*, 19(3), 4911.

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Staying Healthy Workshop Series



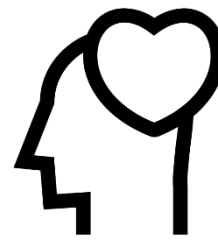
Created by H Alberto Gongora
from Noun Project

1. Health System



Created by Vectors Market
from Noun Project

2. Healthy Body



Created by Bharat
from Noun Project

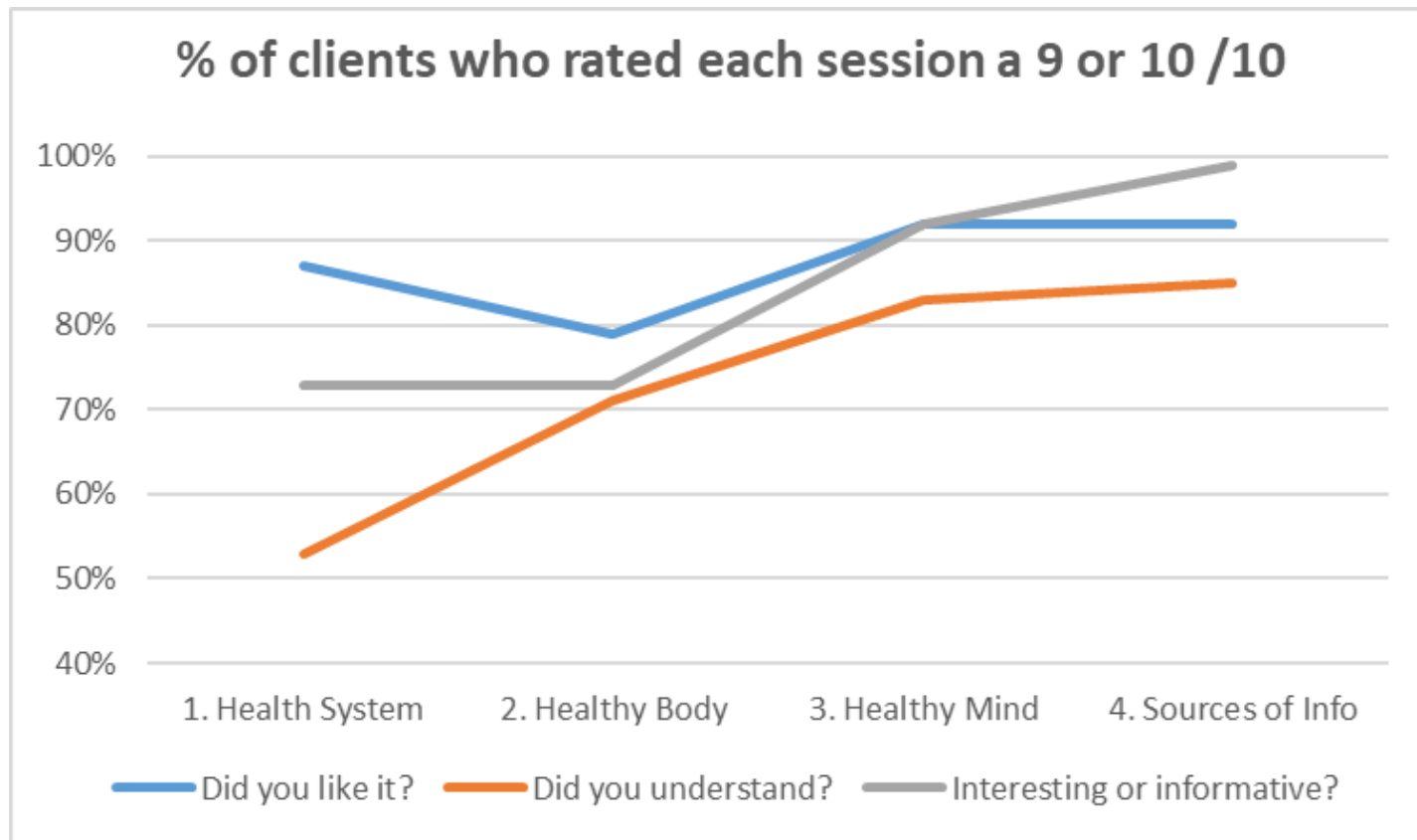
3. Healthy Mind



Created by Smalllike
from Noun Project

4. Sources of Information

- ✓ Pre & Post Program Questionnaire
- ✓ Evaluation Surveys and Instructor Debriefs
- ✓ Client Focus Group



Quotes from Clients:

“I learned about 811 from the workshop. I know if I need some information to connect with them, it was really useful information for me.”

“the topics that I liked the most is about physical health because we are immigrants and for me I come from [country] and we don't need to take vitamin D but when I come to Canada, ya, is it good that some people tell us that, you know, you need to take vitamin D for your health.”

“And I also try a breathing exercise like she starts everyday in the class.”

Lessons Learned From a Virtual Health Literacy Program

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¹School of Nursing, University of British Columbia, Okanagan; ²South Okanagan Immigrant and Community Services; ³Rural Coordination Centre of British Columbia

Project Overview

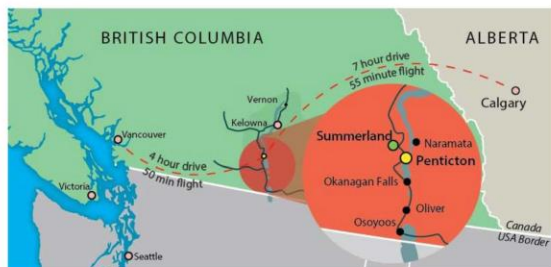


Photo credit: starthereokanagan.com/life-south-okanagan/

Background: The 'healthy immigrant effect' shows that immigrants arrive to Canada with relatively better health than their Canadian-born counterparts¹. Barriers to accessing health services contribute to this health decline². As more immigrants settle in rural communities, they face added challenges³.

To overcome these barriers, the [South Okanagan Immigrants and Community Services](#) sponsored the development of a health literacy program to strengthen client language skills related to health and build knowledge of health services.

Goal: To support immigrants living in the South Okanagan in navigating health services and maintaining health and wellbeing.



Staying Healthy Workshop Series



Adapted from the *ACHIEVE* program⁴.

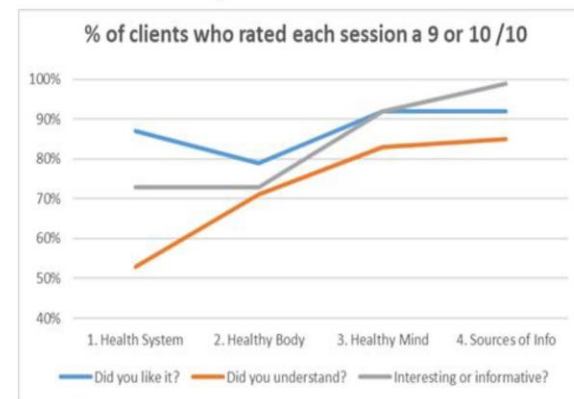
Methods: In May 2020, we delivered this full series to Intermediate and Beginner Level English Language classes. Due to the pandemic, all activities transitioned from in-person to virtual.

Using a mixed-methods approach, data collected were analyzed using the [RE-AIM Framework](#). This comprehensive evaluation looked at five dimensions: Reach, Effectiveness, Adoption, Implementation, and Maintenance. The full RE-AIM analysis will be available at a later date.

Results

Preliminary Considerations:

- Importance of the client voice: Clients involved at every step. Focus groups before and after the program, and individual session surveys.
- Promote local ownership: Co-developed content and structure contributed to success. Delivery is not dependent on the presence of a researcher or health professional.
- RE-AIM Framework: Multidimensional evaluation will contribute to long-term sustainability.



Participants rated each session based on three questions:

1. Did you like the presentation? 1-10
2. Did you understand the presentation? 1-10
3. Was the presentation interesting or informative to you?

1. Shommu et al. (2016). What is the scope of improving immigrant and ethnic minority healthcare using community navigators: A systematic scoping review. *International Journal for Equity in Health*, 15, 6-6.
2. Kalich et al. (2016). A scoping review of immigrant experience of health care access barriers in Canada. *Journal of immigrant and minority health*, 18(3), 697-709.
3. Murphy et al. (2019). Measurement and rural primary health care: A scoping review. *Rural and Remote Health*, 19(3), 4911-4911.
4. Ghahari et al. (2020). Development and pilot testing of a health education program to improve immigrants' access to Canadian health services. *BMC Health Services Research*, 20(1), 321-321.



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OF BRITISH COLUMBIA



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SOUTH OKANAGAN
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Thank you!

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