

Increasing Access to Public Health for Immigrants and Refugees

Executive Summary including Results and Recommendations

Strategic & Quality Initiatives
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Main Messages

This project set out to determine and make recommendations on how Region of Waterloo Public Health and Emergency Services (ROWPHE) could best increase and improve access to its information, programs, and services for immigrants and refugees. To answer this question, a comprehensive literature review, public health unit scan, stakeholder consultation, and feasibility assessment were completed. Based on the evidence, recommendations to improve access were developed and approved.

High Level Summary and Related Recommendations

Language barriers are one of the most common access barriers in our health unit which is consistent with findings of the literature we reviewed. Our stakeholders reported that most areas of ROWPHE are not providing interpretation consistently. Addressing language barriers has been shown to be a successful intervention to increase access to public health and is commonly used in other health units. Addressing language barriers is most effective when professional interpretation and translation are used consistently.

- To address this barrier, ROWPHE will where possible, consistently, across the department, provide interpretation to anyone who needs it and provide translation of identified priority resources and documents.

Another common barrier is that immigrant/refugee-serving organizations do not have the information they need to make referrals and relay important information about ROWPHE to their clients. In addition, many immigrants/refugees are not aware of what ROWPHE has to offer them, especially upon arrival to Canada.

- To address this barrier, ROWPHE will continue building on relationships with key settlement agencies and ethnic groups to maintain or increase immigrant and refugee awareness of and access to ROWPHE information, programs, and services.

Some promising practices from the literature that ROWPHE is doing include delivering programs and services in partnership with community partners, through peers, and in places where immigrants/refugees go that are comfortable, convenient and often address language barriers.

- ROWPHE will continue to monitor and provide service at community sites, and build upon and strengthen existing peer approaches.

Determinants of health such as income or culture continue to be an access barrier for some immigrants and refugees, and the literature and examples from public health units (PHUs) have shown that addressing these barriers can improve access for everyone.

- ROWPHE Divisions and Teams will continue to consider offering assistance as needed to all clients to address barriers to participation due to financial hardship such as transportation and childcare. In addition, all new ROWPHE staff will complete a half-day training in diversity and inclusion as part of their onboarding orientation.

As immigrants and refugees are a Departmental priority population, ROWPHE will continue to explore and discuss ongoing opportunities to increase access for immigrants/refugees.

Executive Summary

Immigrant and Refugee Initiative Context

- The Immigrant & Refugee Initiative is a Department Leadership Team (DLT) directed initiative with the goal for Public Health to better serve immigrants and refugees as an identified Priority Population in the Region of Waterloo Public Health and Emergency Services (ROWPHE) Department.
- The Immigrant and Refugee Project Scoping (Priority Population) was included by DLT as an initiative on the 2013 DLT Work Plan in part as a result of some of the recommendations from the 2012 Immigrant and Refugee Access to Public Health Services - Joint Planning Committee Report to DLT.
- In December 2013, the initiative was launched by DLT with **four** confirmed action areas related to:
 - 1) participating in the Immigration Partnership (IP) where appropriate
 - 2) increasing access to ROWPHE services
 - 3) coordinating interpretation/translation across the department,
 - 4) incorporating immigrants/refugees as a priority population.
- In March 2014, DLT approved the Immigrant & Refugee Initiative Charter and the High Level Work Plan, 2014 to 2016.
- DLT also decided that Strategic and Quality Initiatives (SQI) and the EPPF Advisory Committee would use the Evidence and Practice Base Planning Framework (EPPF) to answer the question, **“How can Region of Waterloo Public Health and Emergency Services best increase access to ROWPHE information, programs, and services for immigrants and refugees?”** DLT wanted more evidence before deciding how they would increase access for this population. Paramedic services was not included in this project.

Literature Review Results

The literature review answered the following question: **What are promising practices for improving access to Public Health information, programs, and services for immigrants and refugees?”** A total of 42 articles were included in the literature review after applying inclusion criteria and critically appraising 161 articles.

From the literature review, the **most promising practices** for improving immigrant and refugee access to public health information, programs and services, were ranked based on the number of articles that supported each approach or practice. The ranking is as follows:

1. **Peer Approaches**
2. **Addressing the Social Determinants of Health through Policy Development, Advocacy and Innovative Programming**
3. **Providing Access to Interpretation, Translation, and Culturally Appropriate Multi-Lingual Resources**
4. **Increasing Cultural Competency/ Awareness**
5. **Going to Places where Newcomers Are**
6. **Community Development**
7. **Collaborative Partnerships**
8. **Using Preferred Channels of Communication**
9. **Healthy Equity Measurement, Assessment, and Reporting**

Health Unit Scan Results

The EPPF Advisory Committee gathered information from 10 comparable health units, from staff at division meetings, and from managers at Divisional Management Teams (DMTs) to determine what we are currently doing to support immigrants and refugees, what other health units are doing, and where there might be opportunities to improve access. We found that ROWPHE and other health units are using promising practices

identified in the literature to some degree. All ROWPHE divisions identified opportunities to increase access using these practices. Most PHUs are using interpretation/translation to some degree and there is opportunity to improve access in this area.

Stakeholder Consultation Results

A total of 43 one-on-one/joint interviews groups were completed with 72 ROWPHE clients, staff, and service providers/community leaders. The primary goal of the interviews was to identify immigrant and refugee access barriers to ROWPHE programs and services and to identify opportunities to address these barriers.

What is Working/What ROWPHE is Doing Well to Increase Access:

- Delivering programs and services, in partnership with community partners, through peers, and in places where immigrants/refugees go that are comfortable, convenient for participants, and address language barriers. Notable examples include the Ontario Early Years Centre Growing Healthy Two-gether Program and YMCA Cross Cultural Services Health Clinics.
- Service providers, clients, and staff identified that ROWPHE is consistently providing interpretation in the Healthy Babies Healthy Children (HBHC) program and sometimes in other areas, for example, Infant Child Development, Tuberculosis Control, and Dental Health.
- Some staff are meeting regularly with service providers including Employment & Income Services outreach workers and the Centre for Family Medicine Refugee Health Supports Group to problem solve and share information.

Access Barriers and Opportunities:

1) Interpretation/Translation: In nearly every interview, participants identified language as a barrier to accessing ROWPHE programs and services and stressed the importance of providing professional interpretation or hiring staff who speak other languages to increase access. Many participants noted inconsistencies in ROWPHE's approach to interpretation; a few service areas offer professional interpretation and other service areas do not. Many also identified that it would be helpful to translate health promotion/information resources and make them available in print and on the ROWPHE website. It would also be helpful to translate important documents like notices and vaccination records.

2) Partnership, Communication, and Targeted Outreach: In nearly every interview with staff and service providers, participants stressed the importance of ROWPHE staff taking the initiative to meet regularly with immigrant/refugee-serving organizations so that they have the information they need to make referrals and relay important information about ROWPHE to their clients. Many immigrants/refugees are not aware of what ROWPHE has to offer them, especially upon arrival to Canada. Most participants also stressed the importance of working with immigrant/refugee service providers and community groups where newcomers go, in order to share what ROWPHE is and what we have to offer (ex. having brochures at Service Ontario), or to deliver joint services and programs. Many respondents said it was important to establish contacts with settlement services, ROWPHE, and ethnic group leaders and peers to be able to mutually ask questions about services and to work with them for targeted outreach efforts.

3) Addressing the Social Determinants of Health Barriers: Actions which address the Social Determinants of Health (SDOH) that prevent accessing service such as providing bus tickets, childcare, and healthy food/food vouchers at the program make a big difference for participants' ability to use health information or attend services/ programs. Providing ongoing cultural sensitivity training to staff, having staff that are culturally aware, and addressing culture barriers can build trust and increase access. Some participants thought that ROWPHE could take a leadership role in advocating for policy changes to increase access to health services

including dental and Ontario Health Insurance Program (OHIP) coverage for pregnant immigrant women within the first three months of arrival.

Immigrant/Refugee Access Preferences for Public Health:

The **18** immigrants/refugees interviewed:

- are finding out about ROWPHE through their primary contacts including settlement and service agencies, schools, friends, and family members.
- get health information primarily from family doctors, ROWPHE, and the Internet. But, about half reported not using the Internet at all. Some get information from schools, friends, and family.
- want to get information about ROWPHE available in their language from brochures at locations newcomers frequent like Service Ontario, the ROWPHE website, or from settlement agencies. They would like to get ROWPHE information directly from ROWPHE staff if they are already accessing a program.

Recommendation Criteria and Development Process

- After the research was completed, the EPPF advisory committee developed recommendations based on the following criteria:
 - ✓ **Based on promising practice** – All recommendations are directly addressing at least one promising practice for increasing access identified in the literature review.
 - ✓ **Addressing Access Barrier/Need/Gap** –All recommendations address strong access barriers identified in the stakeholder consultation and/or ROWPHE public health unit scan.
 - ✓ **Within ROWPHE Mandate** – All recommendations must fit within the Ontario Public Health Standards (OPHS) and our ROWPHE mandate.
 - ✓ **Broad Impact** – All recommendations need to have an impact on increasing client access in more than one division that can be articulated in the impacts section.
 - ✓ **Feasibility** – DMTs provided feedback on the feasibility of implementing recommendations, and these recommendations were removed, modified, or changed based on this feedback.
 - ✓ Additional criteria including **resource requirements, proposed lead**, and whether or not there is a current **opportunity** (ex. existing training) to create efficiencies, were also considered.

Feasibility Assessment Results

After creating the draft recommendations, representatives from the EPPF Advisory Committee met with DMTs in Child and Family Health (CFH), Infectious Diseases, Dental and Sexual Health (IDS), Central Resources (CRS), Health Protection and Investigation (HPI), and Healthy Living (HLV) to get feedback on the feasibility of implementing the recommendations. The following is a summary of the feedback:

- In principle DMTs supported the five broad recommendations presented.
- Most feasibility concerns related to lack of clarity on what the recommendations would look like in practice, and not having the resources to implement all of the recommendations. In addition, feedback indicated that recommendations were too detailed with too many activities.
- It would be helpful to prioritize recommendations and sequence the implementation.

As a result of the feedback, the EPPF Advisory Committee simplified/amalgamated supporting activities, and removed activities if there were concerns about feasibility or the research indicated that other activities had a greater need or broader impact.

Approved Recommendations

1. Where possible, consistently, across the department, provide interpretation to anyone who needs it and provide translation of identified priority* resources and documents.

- 1.1 Update/create Department Standard Operating Procedures (SOPs) on interpretation and translation and create division/program guidelines as appropriate.
- 1.2 Provide Citizen Service language line training (30 min.) and Multicultural Centre training to all ROWPHE staff on when to use an interpreter, how to access interpreter services, and how to work with interpreters so that staff feel comfortable using an interpreter. Explore annual refresher trainings, demonstrations, team discussion and knowledge transfer as options for ongoing support.
- 1.3 Utilize existing budget for multi-linguistic communication (including translation/audio-visual/social media translation) to be used when program areas are targeting a population that speaks a specific language or to overcome an access barrier. Monitor budget to assess sufficiency, and reallocate as appropriate.

*Criteria for prioritization of resources identified for translation to be developed by divisions.

2. Continue building on relationships with key settlement agencies and ethnic groups to maintain or increase immigrant and refugee awareness of and access to ROWPHE information, programs, and services.

- 2.1 Coordinate ROWPHE communication with agencies working directly with immigrants and refugees (i.e. settlement workers) to share what programs and service we offer, changes to service levels, and important information on how to refer their clients to ROWPHE. Ask agencies to promote services.
- 2.2 Continue participation in Immigration Partnership and identify/participate in opportunities that seek to improve health access issues.
- 2.3 Monitor and provide relevant services (and escalate as required based on situational assessment or developing events) at community sites such as Reception House, Sanctuary Refugee Health Centre, YMCA Settlement Services, KDCHC, and public libraries.
- 2.4 Establish a connection with and maintain a contact list/advisory group of different ethnic leaders in Waterloo Region in collaboration with the Immigration Partnership to help ROWPHE staff reach ethnic communities for consultation on a subject or for targeted outreach.

3. Build upon and strengthen existing peer approaches within the department and reallocate existing resources as appropriate.

4. Recognizing the broader benefits of health equity training, require that all new staff complete the half day corporate diversity and inclusion training.

5. Communicate Expectations and Explore and Discuss Ongoing Opportunities to Increase Access

- 5.1. Communicate to staff what ROWPHE is doing for the Immigrant & Refugee Initiative and what staff need to consider as part of regular Immigrant & Refugee Initiative status updates to DLT.
- 5.2. When undertaking service improvement initiatives, reference the corporate Service Improvement Program and when applicable, incorporate assessment of immigrant and refugee access to PH services.