



# Newcomer/Immigrant Health Patient Engagement

## Listening To You: Care, Share, Aware

**Caboto Club, Windsor, Ontario  
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## Patient Engagement- Newcomer/Immigrant Health in Windsor Essex

### Background:

The Windsor Essex Local Immigration Partnership (WE LIP) is partnering with the Erie St. Clair Local Health Integration Network (ESC LHIN) to bring a focus to the unique health needs of newcomers and immigrants in Windsor Essex.

Local Immigration Partnership Councils are funded by Citizenship and Immigration Canada, with the purpose of supporting the development of community-based partnerships and planning around the needs of newcomers. The WE LIP Council is made up of over 80 stakeholders from various community sectors, including health care, and the WE LIP is connected to the Go For Health (G4H) Cultural Diversity Committee. Through this collaboration, a Newcomer Health Report was compiled from a health survey that was completed in late 2012 by 531 newcomers, immigrants and refugees in Windsor Essex, along with information gathered from community engagement in February, 2013.

Some highlights from the G4H/WE LIP report:

- Participants represented 107 languages with Arabic being the primary language spoken (35%)
- 45% reported they use an interpreter at the doctor's office; 57% stated their interpretation is provided by family
- Approximately, 41% of participants responded that they use the hospital to see a doctor

Some suggestions for system improvement from the G4H/WE LIP community engagement event:

- Training and resource sharing for health care professionals and between health care, community and newcomer organizations
- Provide health information and education for newcomers in accessible and easy to understand formats
- Improve access to specific health care and programs – including NP access and mental health
- Engage newcomers regularly in the process of identifying what they need and what would work in terms of health care services
- Develop and fund health system navigators that support newcomers to move through health system and to link with appropriate providers

As a next step from the release of this report, the WE LIP began to make presentations to health service providers at various ESC LHIN Working Groups, and to LHIN staff in May 2014. To address the need for increased access to primary care, mental health supports and community health integration, a collaborative business case was activated by the WE LIP and submitted through the LHIN Chronic Disease Prevention and Management work. The business case was drafted with consultation/support from the following partners: Windsor Essex Community Health Centre, Multicultural Council of Windsor and Essex County, ESC Community Care Access Centre, Victorian Order of Nurses, Canadian Mental Health Association, Windsor Women Working with Immigrant Women and Community Support Centre.

## **“Listening to You- Care, Share, Aware”:**

As part of continuing engagement with newcomers and immigrants in the community, the ESC LHIN and WE LIP hosted an event on October 9, 2014. Over 120 participants came together with a common goal of improving the patient experience for newcomer/immigrants who access the Canadian health care system.

There were tables set up with hosts designated for English and French, as well as the following languages that were requested at point of registration: Arabic, Chaldean, Turkish, Urdu, Spanish, and other tables for individuals with interpreters. There were additional tables arranged for health service providers who requested participation in this important conversation. This was a welcome addition to the patient focus group, and is a good beginning to more formalized conversations to take place in the near future. A separate report was submitted for inclusion regarding refugee claimants, as participation in the face-to-face event was not comfortable for many.

Objectives of the patient engagement were to:

- Learn when and where newcomers are typically accessing health care
- Discuss barriers that may lead newcomers to forego or delay care, leading to more serious health problems and increased future costs to the health system
- Talk about what is working well within the system, and recommendations for improvement
- Find out about health promotion- participant awareness of and access to prevention programs
- Learn and discuss some of the challenges service providers have when working with newcomers

The advance registration forms included a short survey which returned the following findings:

- 60% of the participants were female
- 23 languages represented, other than English /French, with Arabic as top language (17%)
- 47% were Permanent Residents, 43% Canadian Citizens, and 10% other
- 57% have been in Canada less than 5 years

Each language-specific table featured a bilingual note taker and table host/facilitator who guided the discussions using 6 standardized questions, translated as needed. Information gathered is summarized below into most common themes under each of the guiding questions:

**1. When you need care for a health problem that you or a member of your family may have, where do you normally go to get help? (hospital ED, Walk-in clinic, doctor's office, Nurse Practitioner, other)**

- Walk-In Clinics
- Family doctor
- Emergency Department/Hospital

### *Participant quotes:*

- “I don’t use emergency services because they have a hard time to understand- not useful because they lack interpretation services.”
- “Have four kids- go everywhere” (walk-in, family doctor, hospital)

## **2. What do you think are some of the challenges in getting care?**

- Language barrier/Communication
- No access to interpreters (certified and at no cost)
- Wait times
- Access issues (including transportation)
- Lack of compassion/ allowance of sufficient time to review patient needs
- Getting an appointment with a specialist
- No coverage

### *Participant quotes:*

- “These problems impact the whole family. I had to ask my children to translate which puts so much stress on my children.”
- “Family members attending appointments may not understand medical terminology so multiple appointments have happened.”
- “Getting a reasonable appointment to see a specialist – my experience with ED is good.”
- “They are not sympathetic - they expect me to understand what they are doing without explaining it to me.”
- “Where to go when you first arrive?”
- “At the front desk, the clerk asks you if you want services in French or English, but then nobody can give care in French.”
- “Need to explain to people when and why use the ED.”
- “African. Felt prejudice because black stigma. Disagreed with what doctor treated and doctor said I refuse to treat you then.”
- “ER won’t give narcotics. Didn’t want narcotics, just to know what was wrong. Doctor thinks only there for drugs.”
- “Problem with walk-in clinics is doctor does not know medical history – some patients unable to explain history.”
- “The clinics ask to bring a translator to the appointments, but they do not help get one.”
- “During doctor’s appointment I need a translator. There are not many people that can help me. I can’t trust them because they do not keep my information confidential. Volunteer translators ask for money before they help.”
- “Doctor’s appointments take a long time and volunteer translators can’t always wait that long to be able to help.”

### 3. Please think about the last time you used the healthcare system – tell us what you think went **well**?

Participants gave a few examples of positive experiences in the doctor's office, pharmacy and at ED and in particular good patient care. However, many participants spoke of their health care experiences as negative overall. Though parts of the system were reflected on positively, the overall negative experiences seemed to result from lack of system coordination or patient understanding regarding services and individual patient journeys.

#### *Participant quotes:*

- “My doctor asked me lots of questions and offered a prescription substitute to save me money. Not all doctors give directions on when and how to take it.”
- “I went to my family doctor complaining about my eye. He referred me to a specialist. I went there, but couldn't communicate with him due to the language barrier, so he referred me to an Arabic speaking one.”
- “Very happy with NP- patient, takes the appropriate time to hear patients' concerns and if the translator is not available, the NP is kind and tries to communicate with the patient, she puts in the effort that other physicians do not care to do when it comes to communicating.”
- “Asking patients' permission before taking any actions.”

### 4. How did you feel about the “service” provided to you? What **recommendations** would you make to change or improve care delivery?

Recommendations included:

- coordinate the system and help patients to navigate for appropriate care
- focus on interpretation needs
- education and information for health care providers and patients
- wait time reduction
- dietary considerations for other cultures (in hospital, dietitian)
- create a database of physicians/health care providers who speak French and other languages

#### *Participant quotes:*

- “More interpreters are needed in Windsor, London offers lots of interpreters. In Windsor you need to bring your own interpreter – London provides them.”
- “Patients need to be heard some patients do not even go to their doctors if they can't get a family member to interpret.”
- “Not all circumstances allow the phone interpretation to work.”
- “Addressing the interpreter instead of the person is humiliating.”
- “Seniors feel like they are left out. Need advocates to help adjust to nursing care. Familiar of language and tradition would help.”
- “Diversify staff, in particular physicians, so they are more representative of the diversity.”
- “A clinic where translators of multiple languages could be available to help during appointments.”
- “Customer service, if there is attitude no one wants to go back, there needs to be more compassion.”

**5. Do you see your doctor for regular check-ups, or only when you or your family members are sick?**

Of those who responded that they see their family doctor for regular check-ups, many indicated that they have chronic conditions requiring multiple appointments. Other responses showed that they only go when they are sick, and some were more likely to visit the doctor when called or reminded by the doctor's office.

*Participant quotes:*

- "I see the doctor (ED) every three months to refill my prescription."
- "I do but it takes up my entire day for 15 minutes."
- "Usually when I am sick but I also do regular checkups as they are important for people with chronic disease."
- "Depends on the doctor/specialist not streamline."
- "There is a fear of learning that you are sick. Some diseases or illnesses are taboo in some countries."

**6. Who gives you healthy living information to prevent illness/disease?**

- Schools/Settlement Agencies
- Family, Friends, Self
- Community Health Centre/Diabetes Wellness
- Doctors/Nurses
- Printed materials/Internet
- No one

*Participant quotes:*

- "The doctor is often rushed so there is no time."
- "Doctors and pharmacies collide and I often feel forced to get meds there."
- "From people that already experienced something."
- "Need more community engagement."
- "Need to increase awareness about Nurse Practitioners."
- "With diagnosis, search information in my language on Google."

**Health Service Provider** participants had two designated tables, and discussions were guided with similar questions. Many of the challenges and suggestions were reflective of issues identified by the newcomers as well:

- Language barrier and lack of access to certified interpreters at medical appointments
- Newcomers may lack knowledge of health care system, providers may lack cultural awareness
- System Coordination/Patient Navigation
- Lack of health coverage , six month waiting period for OHIP

- Mental Health – no treatment for trauma/depression
- Settlement services can be helpful when available to assist with health appointments
- Provide client tools for self-management
- Offer Cultural Competency training across health care system
- More certified interpreters at no cost to patients- in person
- Need improved awareness and connection between health and settlement sectors- partnerships
- Have the patient's preferred language attached to their OHIP card.

### **Additional Challenges for Refugee Claimants**

- Similar challenges faced by newcomer/immigrants- translation, lack of awareness of services
- Not eligible for OHIP until after their hearing and Convention Refugee approval letter is received
- Interim Federal Health (IFH) coverage is divided into different services for different types of claimants- very confusing for patients and health providers. Doctors may refuse service to a person without coverage or they are told they have to pay for the service- this can lead to the patient not getting help when it is needed, and ending up in the emergency department.
- IFH now has to be renewed every year and many claimants do not realize this - will go to the doctor and find out that they are not covered as they failed to renew
- Sometimes refugee claimants are treated very rudely at such places as labs and this too is a factor in stopping them from going for the things that they need.
- If someone is not there advocating for these people they often are not able to access even the care they are covered for.

### **Concluding Summary:**

This report is a compilation of information shared through group discussions, individual surveys and consultations with key informants regarding challenges and opportunities in the health care system regarding newcomers, immigrants and refugee claimants.

Individual patient experience videos were recorded at the focus group event, and will be made available on the Erie St. Clair LHIN website and the Windsor Essex Local Immigration Partnership webpage. The videos will be shared with the ESC LHIN staff and Board of Directors in addition to members of the WE LIP Council.

As multi-sectoral stakeholders and newcomer/immigrants continue to work together, this information will be helpful in guiding the development of a strategic plan to coordinate and enhance health programs that are culturally safe and equally accessible.