



Health and wellbeing

Strategic overview

Sound health is crucial for integration - not only for its inherent value but also for its effect on vital integration outcomes, such as economic and educational performance. Health care is both complex and costly. It accounts for slightly more than 11% of Canadian GDP, occupies roughly 40% of provincial spending, and spans a wide array of services. These include services provided by family physicians, specialists, hospitals, clinics, pharmacies, dentists, therapists, and many other health professionals. Access to these services is influenced, or controlled, by a large number of public and quasi-public institutions.

Not surprisingly, newcomers find it extremely difficult to understand, access, and navigate the health system. As a result, many do not get the help they need, nor the help they are entitled to as taxpayers. Instead, they engage the health system in improvised and inefficient ways - such as relying disproportionately on emergency room visits – and, as a group, obtain substandard service. An extensive body of research has confirmed the existence of health care inequities and numerous access barriers that are likely responsible for a decline in immigrant health after arriving in Canada.

To address these issues – or, rather, a subset of these issues - the Health and Wellbeing Sector identified four strategic priorities:

- 1) Improving newcomers' access to health care;
- 2) Enhancing health literacy among immigrants and refugees, and building agency capacity to support this goal;
- 3) Improving intercultural competency and diversity among health care providers; and
- 4) Improving health planning, coordination, and service capacity for immigrants and refugees.

Twelve distinct initiatives are underway to address the strategic priorities. These are listed in the Activities section below. The twelve initiatives derived from collaboration among 80 partners – a significant achievement in itself – and, together, they leveraged nearly \$1.4 million.

According to participants, the work of the health table has enhanced the sector's capacity to develop coherent strategies, to mobilize stakeholders, to leverage assistance, and to share knowledge. This has manifested itself in terms of a strong cadre of leaders who champion newcomer health, robust partnerships, common agendas, and greater collaboration across sectors in order to exploit potential synergies, such as telephone language interpretation for health providers or the incorporation of health information in language training.

Participants also cited an enhanced ability by local health organizations to advocate on behalf of important issues – such as refugee health care or the funding priorities of the Local Health Integration Network (LHIN) – and to impact public policy and spending priorities.

We can get caught up with our programs and clients so with the help of OLIP we are able to formally meet other members from various organizations and learn about how we can further develop our own programs as initiatives serving immigrants and refugees.

Member of the Health and Wellbeing Sector Table

At a service level, the changes introduced by the Health and Wellbeing Sector Table have resulted in larger numbers of clients served, higher attendance rates, more appropriate referrals, and enhanced service provider skills. Satisfaction with these developments is evident in a survey of sector participants. Fully 75% of respondents regarded the work of the sector as either successful or extremely successful: Priorities 1 and 2 achieved an 83% rating, while priority 3 was rated at 75%. (Priority 4 was assessed differently.) These ratings are especially significant as the priorities refer to service access, health literacy, and an ability to navigate health services. These are the pre-eminent objectives of the Health and Wellbeing sector.

Activities

This section selectively highlights initiatives aimed at operationalizing the sector's strategic priorities. It illustrates the depth and richness of the actions that are underway. The Sector focuses on community health interactions occupying somewhere between 5-10% of overall health spending. Given the importance and size of the sector, this percentage nevertheless represents a very significant domain of activity.

Priority 1: Improving immigrants' and refugees' access to health care

Action 1: Establishment of the Ottawa Newcomer Clinic

The Ottawa Newcomer Clinic (ONC) provides health services, including mental health counseling, to recently-arrived government assisted refugees, before transitioning them to mainstream services. The ONC is a collaboration among the Champlain LHIN, Catholic

Centre for Immigrants, the Ottawa Local Immigration Partnership (OLIP), and the Somerset Community Health Centre (SWCHC).

Since its inception, the clinic has seen over 200 persons, connecting 96% of its cases with family doctors. This is a significant achievement for a group that has traditionally been underserved. A measure of the clinic's 'success' is that its clients resist onwards referral and would prefer to remain with the clinic.

Consideration is being given to expanding the clinic's scope to include all refugees, as well as giving it a role in providing settlement counselors with health-related training.

Action 2: Establishment of the Ottawa Language Access (OLA) project

The OLA project is at an advanced stage of planning: Funding has been secured; an implementation plan is in place; and staff have been hired. The goal of the project is to help immigrants and refugees with limited proficiency in English or French to access health care. Three initial priority areas have been chosen: diabetes and other chronic diseases; seniors' health; and mental health and addictions.

The OLA will offer telephone interpretation services - booked either on-line or by telephone - to prescribed local health organizations. The project builds on an existing model operating in Toronto. The main partners in OLA are the Champlain LHIN (Local Integration Health Network) which is funding the project, SWCHC, and OLIP.

The project is premised on a number of key findings and observations: (1) That the cost of (in-person) interpretation can be sharply reduced through bulk contracting and telephone interpretation; (2) That shifting interpretation 'technologies' will take time; (3) That training in the use of telephone interpretation is essential and will be required of health care agencies wishing to access the service; (4) That standards and interpreter training are essential to ensure uniformity and quality; and (5) That outreach to health organizations is required to ensure that interpretation capacity is efficiently utilized.

The project will be evaluated by after two years of operation.

Action 3: Creation of a Multicultural Health Navigators Team

The goal of the Multicultural Health Navigator initiative is to help newcomers understand and access the health care system, increasing their knowledge of health services. Four groups are targeted: Franco-Caribbeans and Africans; Somalis; Arabic-speaking newcomers; and Nepalese. The project also seeks to enhance the awareness and cultural sensitivity of health care providers.

The Navigator initiative is modeled after Edmonton's Multicultural Health Brokers Cooperative which has a twenty year history and has grown into a multi-million dollar undertaking. The initiative is supported by the Champlain LHIN, and is delivered by the Somerset West and Centretown Community Health Centres, in collaboration with the Catholic Centre for Immigrants and the Centre for Economic and Social Council of Ottawa-Carleton.

The program employs four part-time community health workers (or navigators) to provide outreach and liaise with the targeted communities, helping members to access health services. The navigators are themselves members of the communities they serve and speak the language of the community.

A large part of my work is centred on empowering the clients to independently achieve their health needs. My biggest motivation comes from our communal spirit of helping each other. I like to think that I am here to share, not to preach and teach.

Abha Satyal, a navigator working with the

Many people are coming from refugee camps and have very limited education. They feel confused when they come here. There are a lot of things that they have never done before, like signing a form at a doctor's office or finding transportation. We are here to assure them that they can navigate the health system, and to accompany them if they need help.

Nimo Farah, the community health navigator for the Ottawa's Somali community

According to an analysis done in December 2014, in one year, health navigators have conducted more than 200 home visits; they have located primary-care practitioners for some 150 individuals; and they have accompanied clients to over 180 appointments. The project has completed its pilot phase and is in receipt of ongoing funding. An evaluation of this initiative has been concluded.

[One can make] the economic argument about helping people navigate the system better; it's not only great for the client experience, the patient experience - but it's using the resources in the most efficient effective way.

Jack McCarthy, Director SWCHC

In a short period of time, this program has made a difference in the lives of newcomers to our region. Having access to health services that are culturally sensitive to the needs of refugees and immigrants is so important... It means that people can have their health needs met so they can get on with their lives in their new country.

Chantale LeClerc, Champlain LHIN CEO

Action 4: Creation of a walk-in Mental Health Clinic

The Mental Health Clinic, led by Jewish Family Services and funded by the Champlain LHIN, offers walk-in, single session counseling that is focused on mental and emotional wellbeing. Service wait times are low and services are free to users, who do not need formal referrals. Multilingual support is available at three sites to clients of OCISO, Somali Family Services, and Chinese Family Services. Counselors practicing at the Clinic receive monthly training in narrative therapy from the University of Ottawa.

The Mental Health Clinic was developed by the Jewish Family Services and involves partners from Ottawa's health and resource centres and LASI (Local Agencies Serving Immigrants) in response to a long-recognized need for mental health services in languages other than English or French. This model is reputed to meet the needs of 50 percent of clients that seek counselling services are suffering from mild to medium mental and emotional problems. Clients suffering from severe traumas need additional sessions and are referred elsewhere, which is seen to be part of the successes of the walk-in, single session model. According to the project leads, "Partners are thrilled with the new capacity [and those agencies] ... who have not yet received funding are looking forward to becoming [project] sites." Current plans call for the program to be extended to eight settlement agencies.

Priority 2: Enhancing health literacy among immigrants and refugees, and building the capacity of agencies to support this goal

Action 1: Health Skills Health Smart Project (HSHS)

The Health Skills Health Smart initiative is a collaborative undertaking by Ottawa Public Health (OPH), OLIP, and settlement and health service providers. HSHS aims to improve

HSHS provided quick access to compiled, condensed, structured health information [that] helped me to serve clients confidently.

Participating health care service provider

health literacy and the ability of newcomers to access appropriate health services. It targets settlement and other front-line workers who serve newcomers.

Based on extensive consultations with immigrants and immigrant service providers, HSHS trains frontline workers to provide key health information to newcomers, including where to obtain health services and medical practitioners, when to go to the hospital, and how to

manage health through nutrition and physical activity. To help practitioners in this task, a resource manual has been developed offering real life training scenarios to help guide settlement workers and to support interactions with clients. Topics include where to obtain services, healthy eating, dental care, immunization and many others subjects that newcomers find pertinent.

To date, over 150 frontline workers from settlement agencies, community health and resource centres, school boards and ethnocultural associations have been trained to deliver the HSHS program. As well, the original training material has been expanded and the resource manual for the program has been adapted and translated into French.

According to an internal evaluation by Ottawa Public Health, the HSHS training program and the resource material that was developed for settlement workers has been well received. 90 percent of respondents rated their training sessions between 8 and 10 on a scale where 1 signified “didn’t like it” and 10 signaled “liked it a lot”; and roughly similar proportions and scores were obtained for the resource materials.

Action 2: Marrying health promotion with language learning

The *Promoting Healthy Living through Language Instruction* is an intersectoral project that incorporates lessons on a variety of essential health topics into English language training for adults (ESL - English as a Second Language). The lesson plans were developed by a multidisciplinary team of ESL instructors, nutritionists, public health nurses and others. Thirty-three lessons have been produced on topics that include healthy eating, dental and mental health, active living, and shopping and cooking on a budget. The lesson plans are accessible on-line to ESL instructors utilizing the OLIP website and other web platforms.

Program assessments have been extremely positive, leading to efforts to institutionalize the inclusion of health information in the ESL curriculum and ESL trainer programs. Lesson plans are also being adapted for use in French language training.

Building on this success, in collaboration with OLIP, the health-language training model is being shared with other sector tables to encourage the development of lesson plans that incorporate training material from other spheres of integration.

There is a sense of collective ownership of the project by all partners involved, which greatly facilitates the seamless integration of the lesson plans in the classroom and their dissemination through existing networks...[the lesson plans] are seen as relevant and effective tools which engage immigrants in meaningful discussions on health topics.

Marcela, Tapia, project lead, OPH

The project is based on a partnership that involves Ottawa Public Health, the Ottawa

Carleton District School Board, the Ottawa Catholic School Board, OLIP, and various community organizations.

Action 3: Chronic disease assessment and awareness building

The program makes immigrant communities aware of the risk of contracting diabetes. It accomplishes this by providing target communities with information about how to reduce susceptibility to the disease; and it makes newcomers aware of the need for medical screening. Communities targeted by the program include the South Asians and Nepalese, Somalis, and Ibero-Americans. The project is a partnership among the Canadian Diabetes Association, the Catholic Centre for Immigrants, the Champlain LHIN, and the Centretown Community Health Centre.

The program centres on educational presentations to the targeted groups. To assist in this task, community representatives are trained to serve as liaison agents. They are responsible for promoting follow-up visits to the Centretown Community Health Centre to obtain medical referrals. The representatives also help to adapt training material to community needs.

Since the program's inception, screening numbers have risen sharply. Some 1,500 persons from various cultural communities have now been screened for diabetes. Relations with community developers and health support workers have also expanded, as has the training component which relies on webinars to reach health workers and other service providers. Roughly 325 health care providers have been trained.

Reaction by stakeholders and trainers has been positive. An evaluation of the program found that 84% of service providers felt better able to serve their clients; 92% reported that their training expectations had been met; 89% said that the training tools were both useful and relevant; and 94% felt that the training had benefitted their work and practice. Most importantly, over 90% indicated that the sessions were very well-received by the targeted communities.

In addition to these improvements, respondents indicated that the project had strengthened bonds between community groups and service providers.

Priority 3: Strengthening the intercultural competency of health care providers and promoting diversity in the health sector

Action 1: Cross cultural competency training for health care practitioners

This project delivers workshops, webinars and other training on best practices relating to the provision of health care to diverse cultural communities. The training is directed to health care practitioners, intermediaries and managers in the health field. The project was developed as a result of collaboration between the University of Ottawa and the Ottawa Newcomer Clinic.

Sharing knowledge and concrete experience with practitioners in health care is key to supporting organizations' efforts to strengthen equity and inclusion..

Simone Thibault, Executive Director of Centretown Community Health Centre, and
the lead of the Project

Action 2: Promotion of health equity

The health equity project has compiled a repository of tools and training material for use by community health organizations in the Champlain region to help them provide equitable and culturally sensitize services. The goal was to reduce health care disparities and to prepare health care professionals and agency management to deal with the challenges that arise in the course of creating an equitable environment. The repository of tools and practices has been very well received by health care agencies and is seen as having created momentum for change.

This project benefitted from the support and ideas of the Ottawa Equity project which involves a large number organizations extending beyond the health sector. Participants in the Equity Project include the Champlain LHIN, OLIP, the Centretown Community Health Centre, the Pinecrest-Queensway Community Health Centre, the Western Ottawa Community Resource Centre, the City of Ottawa, Ottawa Public Health, the University of Ottawa's Centre on Governance, the City for All Women Initiative, the Ottawa Carleton District School Board, the Ottawa Public Library, Vanier Community Services, the Children's Aid Society, and the Ottawa Police Services.

Action 3: Health Advocacy for Refugees Program

The Health Advocacy for Refugees Program (HARP) is an initiative of the Elisabeth Bruyère Research Institute at the University of Ottawa. Limited financial assistance comes from the Alex Trebek foundation and in-kind support is provided by the Ottawa Newcomer Clinic. There is also involvement by ethnocultural communities and by interpreter service organizations.

The goals of HARP are to provide refugees with quick access to health care; to train medical students to work with refugees and vulnerable populations (under the supervision of a physician); to acquaint students with issues relating to global health and

infectious disease; and to equip medical trainees with the intercultural competencies they will need to work in diverse settings.

The program is widely regarded as a success.

Priority 4: Improving health planning, service coordination, and capacity among health organizations that serve immigrants and refugees

Action 1: Secure closer alignment between the Health Sector's strategic priorities and those of the Champlain LHIN

The Champlain LHIN has been a leader in championing and underwriting the work of the OLIP Health Sector table. This has expressed itself in the form of increased investment by the LHIN in a variety of projects aimed at promoting better, and better-targeted, health services for newcomers. It has also greatly strengthened coordination between health and settlement agencies.

LHIN priority areas generally align with those of the Health Sector table in regards to chronic disease, seniors, and mental health. Notwithstanding this de facto alignment, an aspirational objective promoted by OLIP is to amend the LHIN's regulatory priorities, making immigrants a strategic priority on a par with the aboriginal and francophone populations. This would perpetuate support for newcomer health services and aid in the transition from sector projects to on-going programs. To date, the same advantages have been procured through implementation agreements (that establish immigrant services as an operational priority) as could be obtained by regulatory amendment. The shift from operational to regulatory priorities would institutionalize the mainstreaming of health services for immigrants as a matter of priority.

Action 2: Research and consultations on Francophone immigrant health needs

This project is in the early stages of development. It calls for collaboration among OLIP, the *Réseau de soutien de l'immigration francophone de l'est de l'Ontario*, and the *Réseau de service de santé en français de l'est de l'Ontario* to conduct research on the health needs of Francophone immigrants in Ottawa and on the availability of health services in French. The project aims to improve immigrant health planning by francophone service agencies and to stimulate productive exchanges with Anglophone organizations engaged in similar issues.

Achievements, challenges and future directions

Achievements

Measured against its strategic objectives, the Health and Wellbeing Sector has made significant progress. In particular, it has succeeded in capturing the imagination of key regional and local health institutions, directing their attention to newcomer concerns. This has generated important changes in spending and organizational focus – to wit, \$1.4 million leveraged by the Ottawa Health Sector to improve newcomer health and access to health services.

Significant progress has also been made on building connections between health institutions and immigrant service provider organizations. These relationships constitute investments that will bear fruit over the long term, yielding synergies, such as those derived by introducing health information into language classes or by training immigrant settlement officers to purvey health advice.

At an operational level, multiple health initiatives are underway – some advanced, others in the early stages of development – to address what many participants regard as the key priorities: improved access to services and health literacy. The initiatives - including the Multicultural Health Navigators project, the Newcomer Clinic, and Health Skills Health Smart - have produced outstanding results, both from the perspective of service recipients as well as that of service producers. A successful start has also been made on mental health counseling which has long been a chronically underserved area and on interpretation service to improve access to health care.

Among the lessons that have emerged is the realization that the Sector Table offers a forum for responding to crises and health needs in a coordinated manner – for example, to prepare for a sharp increase in specific refugee populations. This represents a new and important capacity at the local level. Equally important is the realization that improved efficiency, better coordination, and elevated expenditure will not produce transformational change overnight. In the near term, capacity accretions in one area simply move some of the logjam downstream. The full benefits of the work performed by the Health and Wellbeing Sector Table will only be realized through sustained effort and the passage of time.

Challenges

Notwithstanding its success, numerous challenges face the health domain. Some are specific to the sector, but others are related to OLIP, to networking models more generally, and to the fiscal constraints that face Canadian governments.

One issue mentioned frequently by respondents was the need to maintain momentum. Over the past year, OLIP has reduced the frequency of meetings and several participants opined that the reduced contact had weakened the table. The challenge facing OLIP is that its resources have been pared back by Citizenship and Immigration Canada, making it difficult to respond to growing demands occasioned by the initiative's overall success.

The health and wellbeing sector is now at a stage where it needs to evaluate results, consolidate gains, and build capacity. In particular, it needs to effect a transition from projects to programs and to mainstreaming successful services. This will prove difficult in the current fiscal environment. Difficulties may also arise in specific areas such as refugee health, where the federal government seems determined to withdraw support.

[Many of the current activities] are projects so [an important issue is] how to mainstream those into the existing capacity so they begin to shape practice over time to reach one quarter of the population, rather than [relying on] specialized programs that get sunsetted.

Member of the Health & Wellbeing Sector Table

A more specific challenge related to the health and wellbeing sector table concerns the need to make referrals into the highly fractured primary care system. To date the project has focused on community health centres; however, the table recognizes that it will need to expand its scope. This is complicated by the fact that different populations rely to varying extents on clinics, doctors, and hospitals.

Another challenge that is not specific to health but finds expression in other sectors concerns the difference between OLIP's footprint and that of regional health institutions. Before adjusting its priorities, the regional health authority must determine not only what suits OLIP but also its sister organizations which fall within the same health region. This is challenging to organize because CIC does not provide resources for spatial consolidations by its networks.

Finally, as the health sector seeks to consolidate its gains and decide where to invest its efforts, it is hampered by a lack of timely data relating to Ottawa's newcomer population. To this end, the table has identified a need for refined data and projections to help it understand ethnocultural and neighbourhood shifts, shifts in school populations, and changes in newcomer needs and socio-economic attainments.

An [important gap] is how to really use data well and how to make sure we get up-to-date data. I think the data has to be constantly refreshed ...- it's very important to know just what are the shifts [in new arrivals of immigrants] ... there can be dramatic shifts at any point in time so really getting a sense of what populations are on the move, and what is [our] response [is vital] - I would really look to OLIP [to provide this information].

Jack McCarthy, Director SWCHC

Future directions

At this time, future directions for the health and wellbeing sector remain to be determined, though they are prefigured in the challenges identified by members of the sector table.

In a recent survey, and in follow-up interviews, sector table members underlined the need to consolidate gains and to successfully execute and mainstream existing projects before embarking on new ones.

A number of exceptions were cited: Respondents expressed support for activities that involved cross-sectoral partnerships; as well, projects that used technology to advance health literacy and client outreach were favoured. Respondents also signaled that the sector table should continue its efforts to have newcomers designated as a LHIN priority. And, there was consensus that the sector table should continue its efforts to help immigrants access mental health supports, as well as seeking improvements in seniors' healthcare.