

Health Task Force: From Analysis to Action

Final Report

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Health Task Force – Final Report

1. Rationale

A culturally competent and linguistically appropriate approach to health care is necessary to adequately respond to the needs of all citizens and reflect the demographic reality of the province's multilingual and multi-ethnic composition. While some efforts have been made, there continues to be challenges to meeting all the health needs and expectations of many Nova Scotians, newcomers in particular. Cultural competency has not been sufficiently integrated into health policies, creating inequity in both the access and quality of health services.

Newcomers to Nova Scotia often experience challenges in accessing health care services that can affect their overall health, well-being and settlement process. The Metropolitan Immigrant Settlement Association (MISA)¹ has been noting more client health care access issues in the past several years. Yet because of limited capacity, MISA's interventions are limited to advocating on the client's behalf and resolving crises on a case-by-case basis. In 2003, MISA found that the frequency of these cases were increasing and accessing timely and appropriate medical supports for newcomers was the main focus for the Settlement Worker, Crisis Worker and Coordinator of Interpretation Services. MISA staff and board members have written letters and provided input regarding these issues to the Capital District Health Authority, Community Health Boards, Dalhousie University Faculty of Psychiatry, and numerous focus groups and strategic planning processes over the years without success.

In September 2003, with funding from Health Canada's Population Health Fund, MISA facilitated the development of a Task Force to explore ways to respond the myriad of health care access problems experienced by MISA clients, in particular government assisted refugees. The project fostered collaboration on newcomer health issues and created a safe forum for informed discussion leading to the development of new partnerships and a commitment to work together to better meet the needs of newcomers. Representatives from a broad range of sectors met over six months to share information, discuss problems and identify policies that influence newcomers' health. This is the first time there had been such a diverse network of health, cultural and social service providers convened in an ongoing process to explore newcomer health challenges. This project was the first step.

¹ MISA is a community-based settlement organization, which welcomes newcomers to Nova Scotia and provides specialized services to facilitate full and equitable participation of newcomers in Canadian life.

2. Project Description

a) Goals, objectives and intended outcomes:

In the fall of 2004, *Health Task Force: From Analysis to Action* was created to explore ways of enhancing the responsiveness of the health and social service sectors to the needs of newcomers. The project would build on the work of the Task Force and continue the inter-sectoral collaboration of key stakeholders through the creation of Working Groups to address specific policy issues identified by the Task Force. The Working Groups would incorporate newcomers who would ensure that any proposed policy would respond to the barriers and challenges faced by many newcomers in accessing health care. The Working Groups would prioritize the issues and develop recommendations and strategies for policy makers in Nova Scotia, with the intention of addressing inequities and barriers in order that the health and well-being of newcomers would improve. Finally, the Working Groups would highlight the impact of health care access issues on newcomer communities with the objective of stimulating discussion, building awareness and influencing policies and health practices. This process would allow the Working Groups, which include decision-makers (Capital District Health Authority; Department of Health) to implement the recommendations outlined by the Task Force.

It was anticipated that with the relationships, energy and momentum to date, the Health Task Force would lead to additional policy and procedural changes. After the work of the first Task Force, there was an interest and a willingness to explore better ways of making services accessible and equitable. The intention for this project was to engage representatives from newcomer communities, and the health care and social service sectors to give meaningful input into the development of health care policies, that would in turn would create a more inclusive and responsive health care system in Nova Scotia for diverse populations.

The Health Task Force also would provide a mechanism to support and strengthen other initiatives currently underway in Nova Scotia (i.e. Nova Scotia's Immigration Strategy; Department of Health's Diversity and Social Inclusion in Primary Health Care Initiative), and fits in with national and provincial interests in social and economic inclusion and raising awareness of issues surrounding cultural competency.

b) Activities

The Task Force members and individuals associated with many health and community organizations were contacted and invited to provide feedback on the first Task Force project and the recommendations that were developed from it. From these dialogues, four main areas were identified as needing further discussion and consultation. These four areas (Health Information, Cultural Health Interpretation, Access and Mental Health) each became the focus of a working group made up of diverse individuals representing various community health organizations, government departments, university faculties, health care facilities, multidisciplinary health professions, service providers, multicultural and ethno-cultural organizations, settlement organizations, community members and

newcomers. Some of these individuals were actively involved in the first Task Force but many of them were not. Each Working Group met up to two times a month, coming up with guidelines to assist policy makers to better meet the needs of newcomers. All four Working Groups came together approximately every six weeks to give updates and to provide ongoing feedback and support in the creation of a Newcomer Health Task Force Policy Platform.

To better understand the current situation and to ensure that the recommendations and guidelines were appropriate and reflected the both challenges faced by newcomers and the general difficulties experienced by health providers in providing appropriate care, several of the Working Groups conducted interviews and held focus groups with members of newcomer communities, and health providers in various community agencies, hospitals and clinics. One focus group was held with the YMCA Newcomers Centre Youth Group to get feedback on the needs and challenges newcomer youth face when accessing health care, health information, resources and supports, and some elements of their health education they see as problematic. Other focus groups were held with the Association of Internationally Educated Physicians, an ESL class at the Halifax Immigrant Learning Centre, MISA's settlement unit, and the quality improvement team of Capital Health's Mental Health Program. The consultations revealed general difficulties experienced by newcomers in accessing existing health care services, information, resources and supports. In all focus groups, recommendations were made on ways to improve the system. Most participants revealed a strong desire to take action on the issues that affect their own well-being and a desire to participate in a meaningful way in the process of change.

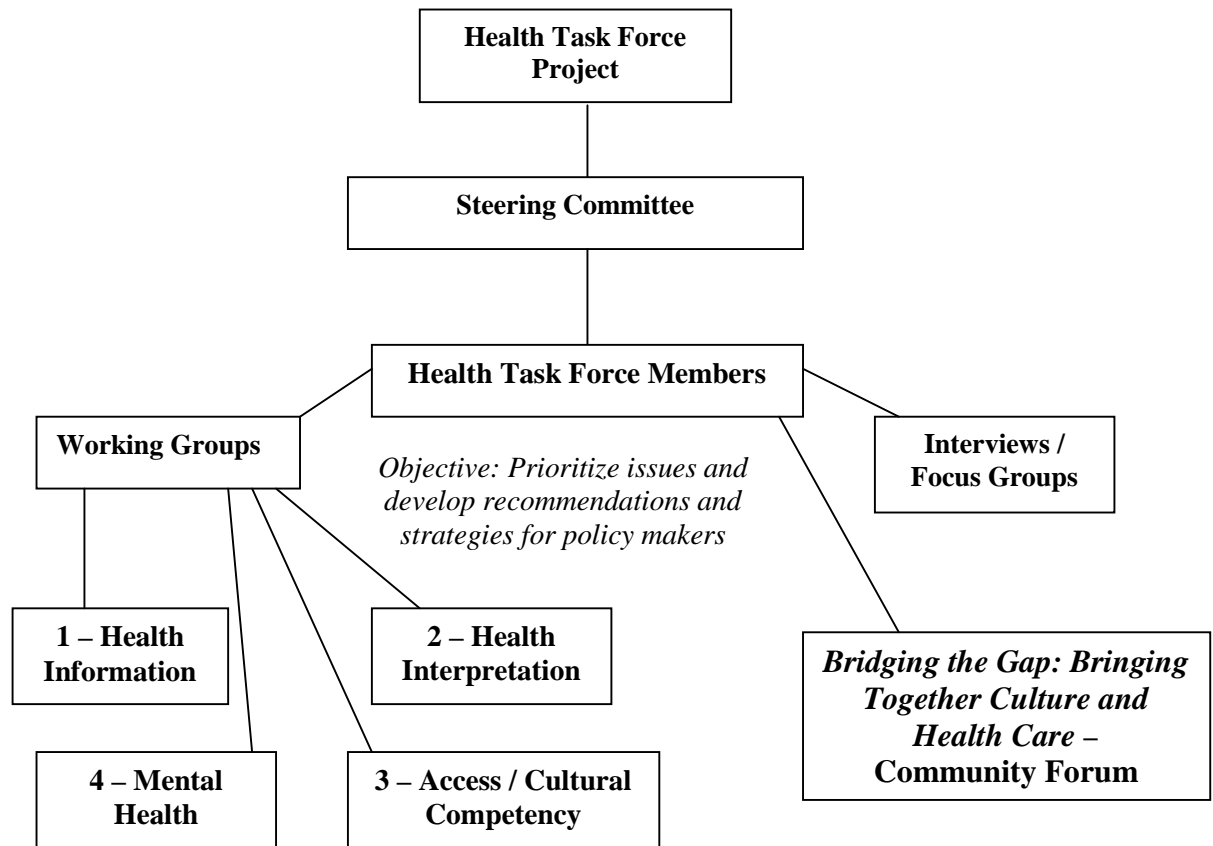
c) Newcomer Participation

This project incorporated members of the population group most affected by health care challenges, which are newcomers themselves. Not only were immigrant perspectives represented through diversity in membership, but also this project engaged more recently arrived immigrants whose experience with the health care system is more current. This provided a relevant sounding board and immediate feedback on the strategies developed.

d) Monitoring

Once a month the Steering Committee would meet and assess the development of the project. The Project Coordinator attended all Steering Committee, Working Group, and Plenary Session meetings, to ensure that the project was remaining within the scope of its objectives. Each Working Group Chair provided updates to the Steering Committee. The Project Coordinator kept in contact with all members through electronic and telephone interaction, and by participating in all meetings.

Project Outline



3. Evaluation

a) Ongoing Evaluation

The Task Force Steering Committee and Working Group Chairs undertook ongoing evaluations against the time-line and outcomes at its scheduled meetings to ensure progress was on track. Working group members evaluated the project against the initial outcomes identified in the proposal on an ongoing basis.

b) Outcomes

The Health Task Force helped to increase the capacity of the health administrators and service providers, and all other individuals and organizations involved, to understand and become aware of how to make health care accessible and responsive to newcomers. The Working Groups facilitated a discussion between newcomers and individuals working in health care and social service sectors around the needs and challenges in accessing health care services. New opportunities for collaboration and action were discovered.

In many ways, the Health Task Force was successful. Through the creation of Working Groups, key stakeholders were brought together to deliberate on issues that, until recently, were mainly discussed by the settlement organizations. New partnerships were formed and old ones were strengthened.

***Bridging the Gap* – Community Forum**

The most notable unanticipated outcome occurred on April 28th, 2005, when the Health Task Force organized a first of its kind, one-day Community Forum, *Bridging the Gap: Bringing Together Culture and Health Care*, for leaders from immigrant communities, health care providers, community agencies, educators, government and community advocates to come together to collaborate on ways of reducing the current barriers to equitable and accessible health care for newcomers. This diverse network of people examined the preliminary policy recommendations to determine the essential elements required for a more inclusive and responsive health care system in Nova Scotia. The concepts of the need for change were validated by the participation of newcomers and health care providers with experience in reception or delivery of care. One of the recurring themes of the day was that we must go beyond simply addressing the need for better access to health care; we must address all of the determinants of health affecting newcomers. Another theme was the need to have ongoing opportunities to come together in a spirit of sharing, collaborating and motivated action. Many expressed appreciation for the opportunity to meet and speak with people from different sectors, and to learn about different services and resources available in the community. People found it energizing to be with others who are passionate about the same issues, and who share an optimistic vision for the future. There was a resounding feeling in the room that this forum was very timely, as there are many initiatives already underway in the province and in HRM to attract and retain immigrants and create a culturally competent health care system. People asserted a desire for strong leadership, community engagement and collaborative action. A lot of information was gathered throughout the day, and people felt that everyone had a responsibility to share the knowledge and experience with others, outside of the room.

Linkages

Another significant outcome of the Health Task Force was the linkages that were formed with other initiatives both in the province and in the country. Through active networking, partnerships were created with the Capital District Mental Health Program, Envision Halifax, “Changing Worlds: Diversity and Health Care”, through the Division of Medical Education at Dalhousie University, Association of Internationally Educated Physicians, YMCA Newcomers Centre, Nova Scotia Council on Multicultural Health, United Way, Community Health, CDHA, Faculty of Occupational Therapy and Community Health and Epidemiology, Dalhousie University, Multicultural Health Brokers Co-op in Edmonton, and the Department of Health’s Diversity and Social Inclusion in Primary Health Care Initiative, among others. Information was shared and in all cases, there was a keen interest in having further discussions on how we can work together to address the challenges facing newcomers.

Presentations

As well, through various presentations (e.g. to the Dalhousie Nursing School, the Department of Health's Diversity and Social Inclusion Workshop, and the Health Equity and Diversity Conference, in Toronto) the Health Task Force was able to raise awareness in the broader community. By speaking out, the Health Task Force helped to bring newcomer health issues to the policy tables.

Newcomer Health Task Force Policy Platform

The final outcome of the project was the *Newcomer Health Task Force Policy Platform*, a document stating the Seven Policy Goals, reflecting the themes that emerged from the Working Groups, consultations, and the Community Forum. This document was distributed to the Nova Scotia Department of Health, Provincial Office of Immigration, District Health Authorities, and relevant stakeholders. The Task Force recommendations will also be incorporated into the final report of the Diversity and Social Inclusion in Primary Health Care Initiative, NS Department of Health.

c) Further Action

Initial discussions have taken place to establish a *Diversity Health Action Group* to continue this process of involvement and community consultations around health and equity issues. The group will be composed of members from all the diverse communities in HRM and beyond who face numerous barriers to health including inaccessibility to the social determinants of health (e.g. housing, employment, education, leisure and social support networks). The dialogue will continue in September with the auspice of the Capital District Health Authority, and with MISA as a partner. The Community Forum, "Bridging the Gap: Bringing Together Culture and Health Care", saw the emergence of a new beginning, as the mainstream health community stood up and committed themselves to taking the lead in addressing policies and taking action on these issues. It is a momentous occasion for the community to step up to take the lead in such an endeavour, making it no longer necessary for MISA to be in charge, remaining an engaged equal partner instead. In this way, the Health Task Force has achieved its ultimate objective: it has formalized a network of people outside of MISA who are eager and committed to engage in further conversations, and see to it that the Policy Goals come to fruition.

d) Learnings

One of the biggest challenges in the initial stages of the project was helping the Working Group members understand how to link community experience to the public-policy process. Members of the community were very interested in taking immediate action, and pursuing changes on the local level, but were less sure about how to influence policies on a larger scale. What helped was that several people in the Working groups had experience and skills working in different sectors and with part of the public policy process (it also helped to have government policy analysts on several of the Working Groups). In many ways, these people helped to effectively steer the discussion away

from local action plans to addresses larger social and health issues. While the Health Task Force, being a community-based project, was unable to directly affect policy changes, it hopes to indirectly through the Policy Platform.

One of the most important unanticipated outcomes of the Health Task Force was the visioning of the Diversity Health Action Group. This is an important point, as by the end of the Health Task Force the issues were no longer merely regarded as “newcomer” issues (to be left to the settlement organizations to handle) but were seen as inherent barriers within the societal systems. There was recognition that many other communities were fighting the same battles. Bringing together diverse communities is important to shape and inform an agenda of change – with an approach that addresses issues of oppressions, marginalization, client rights, inequity and discrimination, with respect to all diverse communities.

4. Sustainability

By strengthening the voices of newcomers and presenting their issues to decision makers in government, the Health Task Force was hoped to be a means by which newcomers could become part of the process of informing and influencing health policy in Nova Scotia. By being a part of this project, many newcomers felt empowered, and in the process acquired new skills and contacts. For instance, the newly established Association of Internationally Educated Physicians used the Health Task Force as a means through which they could get involved in identifying and addressing social and health issues, especially those barriers that affected their own health and well-being. Even after the project's end, this Association, as well as the other members of the Working Groups will continue to address these issues through active participation in other advisory boards, councils and working groups.

While the Health Task Force’s main objective was to influence provincial health policy, its biggest impact was in the local community. One worthy example was the influence the Health Task Force had on a local community organization in Dartmouth. After participating in one of the Working Groups, The Dartmouth Family Resource Centre adopted a new policy that money would be set aside in their budget to hire interpreters. This one small change will inevitably result in better access and quality of the services that they provide to newcomer families. By acknowledging the need to adopt a cultural competency framework, this one organization, and others like it, are developing their own capacities to make a difference in the health and well-being of their clients.

The Health Task Force has helped to produce a localized policy shift, by having the District Health Authorities, Office of Immigration, Health Canada, Dalhousie University, MISA and others all sitting around the same table pondering over the same questions. Therefore, while the Health Task Force project has ended, the dialogue around the Newcomer Health Task Force Policy Platform is sure to continue.

5. Conclusions

While the Health Task Force was facilitated by MISA this organization is only one of several who have identified the need for change. Ongoing consultation and participation in decision making by health care providers and community groups will continue to be needed to guarantee that adoption of the recommendations becomes a reality. To accomplish this it will be important for all of the different groups to continue to work together to develop ways of achieving and monitoring success. Solutions by other provinces with large immigrant populations, tailoring them to the needs of the newcomer to Nova Scotia, and implementation of innovative ideas generated by those who have contributed to the Task Force will turn analysis into action.

6. Final Recommendations

The Newcomer Health Task Force Policy Platform offers seven recommendations for policy makers to address the challenges facing newcomers today. The policy platform is framed around the following priority issues for newcomers: access to health information, development of health resources, access to health interpreters, access to culturally competent health care services, promotion of health and well-being, support for the health and well-being of refugees and community capacity and involvement. The ultimate goal is to ensure newcomer access to culturally competent and linguistically appropriate health services, information, resources and supports. The recommendations are based on external consultations and the experience and expertise of the Health Task Force members and advisors (see Appendix – *Blueprint for Action* for full description of the Seven Goals).

1. Develop health information that takes difference into account (i.e. difference in race, ethnicity, culture, language, gender, sexuality, religion, ability etc.)
2. Make sufficient human and fiscal resources available to provide culturally competent health care services, information, and social supports to newcomers.
3. Develop, endorse and enact policy commitments to providing competent health interpretation services in the primary care setting.
4. Ensure health care services address the cultural specific health needs, knowledge, beliefs and perspectives of the client.
5. Provide policies, programs and services that ensure the continued good health of new immigrants by addressing all of the determinants of health.
6. Provide specialized public health support to assist immigrant sub-groups that are more likely to experience socio-economic disadvantages and associated health problems, namely refugees.
7. Strengthen community-based resources and build immigrant communities' capacity to address health issues.