MOSAIC

MVRRT / METRO VANCOUVER REFUGEE RESPONSE TEAM

MVRRT Refugee Healthcare Access

Key Findings & Summary Report

Submitted by:
PEERs Employment and Education Resources
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Executive Summary

Upon arrival, many refugees have significant health issues and an immediate need to access the healthcare system. To ensure refugees are accessing the care they require, the range of healthcare services must be understood and information and access to services must be readily available.

Over the contract term, April 2016 to March 2017, the Metro Vancouver Refugee Response Team (MVRRT) contracted PEERs Employment and Education Resources to work with its members to identify refugee healthcare access issues and through an online community consultation, to determine potential actions to address these issues. This report summarizes the issues and actions identified and provides some recommendations for potential next steps towards enhancing refugee access to healthcare.

Research conducted during this project included three main elements.

1. Establishment and consultation with the MVRRT Working Group to identify existing and emerging refugee healthcare access issues;
2. Consultation with MVRRT membership to obtain their input on issues related to refugee healthcare access issues; and
3. The development, distribution and analysis of input gathered within the MVRRT's Refugee Access to Healthcare Survey.

Through the consultation process sixteen key healthcare access barriers and challenges were identified. These barriers and challenges were organized into three broad categories: 1. Healthcare System Challenges, 2. Service and Referral Challenges and 3. Interim Federal Health Related Barriers. These were presented in an online survey out to refugee healthcare and immigrant service stakeholders across the ten communities of Metro Vancouver.

79 individuals including community and settlement workers and administrators, private sponsors, and healthcare providers and administrators responded to the survey. In the survey, they were asked to prioritize the barriers presented, provide suggestions for actions to address the barriers and identify existing promising or best practices. It is noteworthy, that on a scale of 1 to 5 where 1 is "low priority" and five is "top priority", none of the barriers or challenges was ranked lower than 3.5 and ten of the 16 were ranked as 4 or above. In other words, all barriers identified were seen by respondents as a priority and many as a significant priority.

Respondents suggested many actions to improve access to healthcare; in fact, responses to this questions totaled forty pages. The PEERs research team analyzed and sorted these responses and the following key themes emerged. Specific recommended actions are listed within the body and appendices of this report. As this report is a high-level summary and focuses on common key themes from the findings, it is recommended that Appendix 3 (pages 22 - 62) be reviewed for those interested in individual responses and detailed suggestions for further actions to the challenges.

Translation and Interpretation

Responses to the survey indicated a need for increased translation and interpretation services to assist refugees access and navigate the healthcare system.

Volunteers and Volunteering

Volunteers were suggested as useful supports in providing refugees with healthcare information, access to resources and assistance to attend appointments. However, it was also clearly recognized that in order to do this volunteers would need to be recruited, properly trained and supported to understand refugee needs and the requirements / procedures of the healthcare system.

Information and Resources

Respondents stated a need for healthcare information and resources to be provided in first language(s), but also made suggestions for some specific resources. These included, a current / up to date list of doctors accepting refugee patients, a list of multilingual doctors, a healthcare handbook for private sponsors, and an easy to navigate inventory of healthcare services (preferably translated into first languages).

Education and Awareness

Overall responses indicated a broad-based desire for education and awareness to enhance practitioner understanding of refugee needs and circumstances. Specifically, the recommended actions included a focus on providing education and awareness to private sponsors to increase their ability to support refugees, and to better connect with and utilize the supports available to them through immigrant service providers. Further education was also recommended as a means to increase mental health literacy and awareness of those working with and supporting refugees.

Advocacy

Responses focussed on advocacy for mental health and counselling services, but also on reducing perceived provincial differences / discrepancies within the Interim Federal Health Program and for more refugee health services overall.

This report and its findings will be shared with the MVRRT membership, Metro Vancouver healthcare stakeholders as well as government for further review and consideration and next step planning.

Acknowledgements

On behalf of the Metro Vancouver Refugee Response Team, PEERs would like to acknowledge the experience, input and insights brought forward by the many people who so fully participated in this research. The insights, knowledge and support provided by the MVRRT and the Refugee Healthcare Access Working Group was invaluable.

The research team would also like to express their appreciation of the nearly 80 individuals who took their time to share their experiences and perspectives within the online survey. The knowledge and direction provided by so many participants is a clear demonstration of the community's interest in working toward ensuring refugees have access to the healthcare services they require.

Finally, thanks must be given for the funding provided by the Provincial Government.

The Metro Vancouver Refugee Response Team

In late 2015 the B.C. government created a one year $1 million Refugee Readiness Fund, designed to augment federal government efforts in aid of Syrian and other refugees. Half of the funds were earmarked for five regional refugee response teams formed to proactively plan for the settlement of refugees in their communities. The Metro Vancouver Refugee Response Team (MVRRT) is one of the five, responsible for an area that includes ten municipalities in Metro Vancouver: Vancouver, Burnaby, Richmond, Tsawwassen, North Vancouver, West Vancouver, Coquitlam, Port Coquitlam, New Westminster and Port Moody.

The MVRRT was established in early 2016 and will complete its work at the end of March 2017. The MVRRT is managed by MOSAIC, a multilingual non-profit dedicated to addressing issues that affect immigrants and refugees. The MVRRT membership is comprised of a diverse range of organizations from across the region including ethnic and faith-based groups, immigrant and mainstream service providers, health and education authorities, libraries, government and business. More information about the MVRRT, its work and its membership can be accessed at www.metrovanrrt.ca.

MVRRT and its Focus on Refugee Healthcare Access Issues

The mission of the MVRRT is that ***"all refugees in Metro Vancouver have access to the information, services and supports to ease their settlement and expedite their integration into the community."*** To work toward the achievement of this vision, the MVRRT membership chose to focus its efforts on five priority areas:

1. Service Coordination
2. Public Education Related to Refugee Settlement and Integration

3. Language Training
4. Access to Healthcare
5. Employment

Working Groups were established to guide the work in each of these priority areas. The following individuals willingly and capably provided their knowledge, insights and time to the Refugee Healthcare Access Working Group:

1. **Annette Floyd**, Clinical Coordinator, Bridge Clinic, Vancouver Coastal Health
2. **Angie Kwok**, Executive Director, BC Centre for Ability
3. **Sandra Almeida**, Program Manager, Moving Ahead – VIPP, S.U.C.C.E.S.S.
4. **Saleem Spindari**, Manager, Refugee Settlement Support Projects, MOSAIC
5. **Sherman Chan**, Director, Settlement Programs, MOSAIC
6. **Dorla Tune,** Consultant, Burnaby Division of Practice
7. **Kirby Huminuik**, Clinical Counsellor and Consultant
8. **Catarina Moreno**, Executive Director, Vancouver Association for Survivors of Torture (VAST)
9. **Mariana Martinez Vieyra**, Provincial Refugee Mental Health Coordinator, Vancouver Association for Survivors of Torture (VAST)
10. **Ronnie Bahia**, Burnaby Public Health Nursing Supervisor
11. **Sarah Cameron**, Senior Manager, Children and Family Programs, MOSAIC

Two major healthcare access related activities were undertaken by the MVRRT; one was the development of this report and the second is the development of a ***Refugee Healthcare Access Roadmap***. The input provided by this working group in identifying emerging access issues and promising practices was critical to the development of the survey, this resulting report and the roadmap.

Research Methodology

Research Elements

Research conducted during this project included three main elements.

1. Establishment and consultation with the MVRRT Working Group to identify existing and emerging refugee healthcare access issues;

2. Consultation with the full MVRRT membership to obtain their input on issues related to refugee healthcare access issues; and

3. The development, distribution and analysis of input gathered within the MVRRT's Refugee Access to Healthcare Survey.

Establishment and Consultation with MVRRT Refugee Healthcare Access Working Group – Over the contract term, three working group meetings were organized and facilitated. A standing agenda item for these meetings was the identification of existing and emerging healthcare access issues. These were compiled, summarized and categorized. As additional issues were identified by the working group, they were added to this summary of issues. This summary has been included within this report as **Appendix 1.**

Consultation with the MVRRT Membership – The summary list of issues was shared and discussed at regular MVRRT meetings and further issues identified by the membership were added to the list. As requested throughout the contract, these emerging issues were submitted to the Ministry for their review, consideration and discussion at Refugee Response Team Network meetings.

Development, Distribution and Analysis of Survey – With guidance from the MVRRT Refugee Healthcare Access Working Group, these three objectives were identified for the survey:

1. To identify and prioritize challenges refugees face in accessing healthcare;
2. To identify programs, services, resources and practices that have been put in place to address these challenges; and
3. To gather recommendations for further improvements to refugee access to healthcare.

To develop the survey, the PEERs research team reviewed and organized the identified issues into these three broad categories:

1. Healthcare System Challenges
2. Interim Federal Health Related Barriers
3. Service and Referral Challenges

Guided by these three categories, the research team developed a preliminary draft of the survey. This draft was presented to the Working Group for feedback. Their input was incorporated and a second draft was electronically shared for additional feedback. This feedback was incorporated to develop the final version which was approved for distribution by the Working Group.

The survey was designed to obtain respondents sense of the level of criticalness of each of the issues held within each of these categories. In addition, respondents were asked to identify any resources, programs, services or practices that had been put in place to address these issues and to provide suggestions for additional actions that might address the issues. The survey questionnaire has been included within this report as **Appendix 2**.

With input from the Working Group, a distribution plan for the survey was developed. The plan endeavoured to reach to and obtain the input of a range of individuals involved in refugee healthcare access including:

- Settlement and Community Workers
- Private Sponsors
- Community Agency Administrators
- Medical Healthcare Practitioners

- Mental Healthcare Practitioners
- Health Administrators and / Health Authority Representatives
- Dental Care Practitioners

The distribution plan was designed to leverage from the networks of the Working Group and the full membership of the MVRRT. As per the plan, the request to complete the survey and to distribute and promote the survey was sent to the following types of groups and organizations with a specific request to identify and encourage healthcare practitioners to complete the survey:

- MVRRT Healthcare Working Group
- MVRRT regular membership
- Metro Vancouver Local Immigration Partnerships including:
  - The North Shore
  - Burnaby
  - Vancouver
  - The Tri-Cities
  - Richmond
  - New West
- All Divisions of Family Practice located within Metro Vancouver – Burnaby, Fraser North, Vancouver, Richmond and the North Shore
- Private Sponsor and Faith Groups – the MOSAIC team sent the request to 373 individuals
- Managers of all SWIS programs throughout Metro Vancouver

The survey was electronically distributed during January and February 2017 using Survey Monkey. 79 individuals from a variety of agencies and institutions completed the survey.

Information gathered in the survey was analyzed and this key findings and recommendations report was developed. Respondents cited numerous resources, services and practices and dozens of recommendations for enhancing refugee access to healthcare. These responses were sorted and organized into themes.

Limitations to the Survey

The research and findings from the survey represent the perspective and opinions of a limited population of respondents. Primary information for the survey was canvassed from the Metro Vancouver Refugee Response Team Healthcare Access Working Group and direct input and refinement from the 40+ members of the MVRRT. The distribution of the survey, as described above, was largely through the professional and healthcare networks of the MVRRT membership and, as a result, the survey findings represent the perspectives of a varied cross-section of settlement service staff, private sponsors, and healthcare workers. Of note, the survey received only 11 responses (16.6 %) from healthcare practitioners within the region. Furthermore, Working Group members from the healthcare sector

alerted the research team that many healthcare professionals / practitioners typically receive professional fees or stipends for participation in surveys. As a result, the survey results are weighted towards the perspectives, opinions and recommendations of the settlement and community service sector as well as those of private sponsors.

It is also recognized that the delivery of healthcare in BC is a complex and multi-faceted system. As the MVRRT spans ten communities and three health authorities (Vancouver Coastal Health, Fraser Health, and Providence Health Care) survey respondents' interpretation of the survey questions and issues raised may reflect local differences and varied understanding of refugee healthcare.

The findings, suggested actions and recommendation from the research are offered to the refugee healthcare stakeholders of Metro Vancouver as a starting point for further research, examination and prioritization. While the findings from this research indicate some clear priorities and consistent identification of recommendations, the MVRRT would recommend a thorough examination and well planned response to the issues before action is undertaken.

Survey Respondents

The following provides an overview of the respondents to the survey.

79 respondents from following MVRRT communities answered the survey. By percentage, the list below shows the breakdown of respondents by Metro Vancouver community.

- Vancouver: 54.5%
- Burnaby: 25.8%
- Coquitlam: 21.2%
- New Westminster: 12.1%
- Port Coquitlam: 10.6%
- Port Moody: 7.6%
- Richmond: 7.6%
- North Vancouver: 4.5%
- West Vancouver: 4.5%
- Tsawwassen: 1.5%

The survey asked respondents to share the length of time they had worked with refugees. The majority (75%) of respondents stated they had at least one year of experience working with refugees.

- 42.4% of the respondents have more than four years' experience working with refugees, and
- 33.3% have worked between one and three years of experience working with refugees.

45.5% of survey respondents are settlement or community workers, 27.3% are private sponsors and 16.7% of respondents are healthcare practitioners. The survey received no response from dental care practioners.

- Settlement / Community worker: 45.5%
- Private sponsor: 27.3%
- Community Agency Administrator: 9.1%
- Medical healthcare practitioner: 9.1%
- Mental healthcare practitioner: 4.6%
- Health administrator / Health Authority: 3.0%

Survey Findings

The following section summarizes the key finding and themes that emerged from the survey. A summary of all survey data has been included with this report as Appendix 3.

Responses to the survey were cross-tabulated across the different respondent groups and the demographic criteria collected within the survey. However, no significant differences (difference rating average greater than 0.5) were identified and so no comparative data has been included in the summary.

Survey respondents were asked to identify and prioritize challenges refugees face in accessing healthcare using a five-point scale, with 1 as "not critical at all / low priority" and 5 as "very critical / top priority". Respondents could also respond with a "Don't know" option.

Of note, all 16 identified challenges were rated above 3.5 on the scale indicating that all issues are considered to be at least somewhat of a priority to respondents. Ten of the 16 challenges were rated above 4.0 indicating that these are considered a significant priority for respondents.

Although there is little variance between the ratings of the highest ranked challenges, the top three priority issues identified are:

1. Inadequate language capacity / interpretation services to support refugee healthcare needs (rating: 4.34)
2. Inadequate number of IFH registered psychologists (rating: 4.26)
3. Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures) (rating: 4.23)

The following table provides healthcare challenges and issues in rank order as identified by respondents. The table has been colour-coded to distinguish between the three categories of healthcare challenges: Healthcare System Challenges, Service and Referral Challenges and Interim Federal Health Related Barriers.

Refugee Healthcare Challenges and Barriers

Rank	Description	Weighting	Type of Challenge
1	Inadequate language capacity / interpretation services to support refugee healthcare needs	4.34	Healthcare System Challenge
2	Inadequate number of IFH registered psychologists	4.26	IFH Related Barrier
3	Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures)	4.23	Healthcare System Challenge
4	Lack of auxiliary support services such as case management, accompaniment and interpretation	4.18	Healthcare System Challenge
5	Lack of mental health literacy and awareness of available services among refugee populations	4.16	Service and Referral Challenge
6	Lack of interpretation for mental health services	4.15	IFH Related Barrier
7	Lack of specialized mental health services for refugees	4.12	Service and Referral Challenge
7	The lack of trauma and supportive counselling services for refugees in community based settings	4.12	Service and Referral Challenge
7	The complexity of the healthcare system / lack of familiarity with Canadian healthcare system among refugees	4.12	Healthcare System Challenge
8	Inconsistencies amongst provinces e.g. registered clinical counsellors not IFH eligible in BC	4.09	IFH Related Barrier
9	Making referrals “stick”; e.g. getting refugee clients to attend set healthcare appointments	3.88	Service and Referral Challenge
10	The limited understanding amongst healthcare practitioners of the refugee experience and their specific healthcare issues	3.83	Service and Referral Challenge
11	Administrative barriers such as wait times to obtain a Personal Healthcare Number and wait times for appointments	3.76	Healthcare System Challenge
12	Perception by doctors that IFH is prohibitively cumbersome	3.69	IFH Related Barrier
13	Difficulty in reaching and sharing refugee healthcare related information with private sponsors	3.68	Service and Referral Challenge
13	The lack of consistency in the delivery of primary healthcare across communities	3.68	Healthcare System Challenge

Key Categories of Recommendations

In each challenge category (Service and Referral, Healthcare System, and Interim Federal Health) respondents identified numerous recommendations and suggestions for action to address individual barriers and challenges. This very long list of recommendations and suggested actions was analyzed and responses were batched into key themes or groupings of recommendations. These are listed and described below; all responses provided in the survey can be viewed in Appendix 2.

Many responses addressed a specific challenge, but a number of recommendations emerged from the responses that cut across categories or were repeated a number of times within the Service and Referral Challenges category.

Translation and Interpretation

Responses to the survey indicated a desire / demand for increased translation and interpretation services to assist refugees access and navigate the healthcare system. Individual responses indicated a need for increased translation and interpretation services to support mental health and counselling services, as well as to ease access to these services. However, the predominant sentiment is that there is a need for additional translation and interpretation services and increased funding to support these services.

Volunteers and Volunteering

Volunteering was raised frequently within the survey responses and the recommended actions. Volunteers were suggested as useful supports, in particular to provide refugees with healthcare information, access to resources and assistance to attend appointments. However, it was also clearly recognized that in order to do this volunteers would need to be recruited, properly trained and supported to understand refugee needs and the requirements / procedures of the healthcare system. Interestingly, university students and other refugees (presumably those who were further along in the settlement and integration process) were identified as potential sources of volunteers.

Information and Resources

Additional information and resources to assist refugees access and navigate the healthcare system was a predominant theme throughout the survey responses. Respondents stated a need for healthcare information and resources to be provided in first language(s), but also made suggestions for some specific resources. These included, a current / up to date list of doctors accepting refugee patients, a list of multilingual doctors, a healthcare handbook for private sponsors, and an easy to navigate inventory of healthcare services (preferably translated into first languages).

Education and Awareness

Similar to “Information and Resources” above, Education and Awareness was a key theme in the recommended actions. Overall responses indicated a broad-based desire for education and awareness to enhance practitioner understanding of refugee needs and circumstances. Specifically, the recommended actions included a focus on providing education and awareness to private sponsors to increase their ability to support refugees, and to better connect with and utilize the supports available to them through immigrant service providers. Further education was also recommended as a means to increase mental health literacy and awareness of those working with and supporting refugees.

Advocacy

Respondents identified a need for increased advocacy within refugee healthcare. Responses focussed on advocacy for mental health and counselling services, but also on reducing perceived provincial differences / discrepancies within the Interim Federal Health Program and for more refugee health services overall.

Summary of Recommended Further Actions

Respondents to the survey provided extensive input (approximately 40 pages in total) to the request for suggested actions to each of the identified challenges. As noted above, these recommendations ranged from the generic to very specific and individualized recommendations. The following section lists all the challenges with a summary of the recommended actions that were brought forward by the respondents.

The bulleted lists represent an analysis of the suggested actions; where recommendations duplicated or overlapped, they have been synthesized and brought forward as a common theme. The lists also include individual or unique statements.

The recommended actions listed as bullets below are not ranked or provided in a prioritized order, but rather represent a summary of all the recommendations that were brought forward.

Service and Referral Challenges

Lack of mental health literacy and awareness of available services among refugee populations. 4.16

- more education to increase the mental health literacy and awareness
- develop information in refugees' first languages
- engage volunteers and friends to disseminate the information with refugees
- in partnership with service providers and provide outreach services to reach refugees
- use counselling services by service providers
- set up information and referral centre
- extend service period for gar/refugee claimants
- inventory of healthcare services and coverage, ideally in refugees' first language
- develop list of doctors that take refugee patients
- provide mobile medical services

Lack of specialized mental health services for refugees. 4.12

- advocate for more mental healthcare services
- need special programs for youth and young adults
- offer translation and interpretation support to mental healthcare services
- training volunteers (i.e. university students, refugee peers) to assist mental health services

The lack of trauma and supportive counselling services for refugees in community based settings. 4.12

- support existing counselling or healthcare services
- continue advocacy for more services
- enhance translation and interpretation services to support counselling services
- provide outreach services to those who cannot attend regular office sessions

- recruit professional volunteers to assist refugees at various agencies
- train and provide peer support
- offer centralized services or referrals

The limited understanding amongst healthcare practitioners of the refugee experience and their specific healthcare issues. 3.83

- (mandatory) training for healthcare practitioners
- research and survey to refugees to increase understanding
- a health awareness program dedicated to refugees' needs
- to train more health care practitioners speaking in refugee's first language
- leverage from previous efforts and knowledge dissemination
- translation and interpretation services
- public education to increase awareness and understanding

Difficulty in reaching and sharing refugee healthcare related information with private sponsors. 3.68

- develop and distribute handbooks / guidebooks to private sponsors
- develop and distribute a list of multilingual doctors
- education to increase awareness
- connect private sponsors with service providers and healthcare practitioners
- more funding to support collaboration
- use volunteer support to distribute information
- set up referral protocols to protect refugees health information

Making referrals "stick"; e.g. getting refugee clients to attend set healthcare appointments. 3.88

- orientation and information in refugees' first language to increase the understanding of medical appointments and other aspects in healthcare system
- develop more volunteer services to support refugees to attend appointments
- offer translation and interpretation services
- connect private sponsors with healthcare system so sponsors can provide further support
- provide cell phones to refugees to ensure connection and communication with clinics

Healthcare System Challenges

Inadequate language capacity / interpretation services to support refugee healthcare needs 4.34

- more properly trained interpretation
- funding for service providers to hire more translator
- increase awareness of current translation services among healthcare practitioners

Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures) 4.23

- education to doctors and simplify billing process to increase acceptance
- develop more translation and interpretation services

- increase resources to support healthcare service practitioners

Lack of auxiliary support services such as case management, accompaniment and interpretation. 4.18
- develop more professional translation and interpretation services
- more funding for agencies to provide support

The complexity of the healthcare system / lack of familiarity with Canadian healthcare system among refugees. 4.12
- develop information sheets, healthcare navigator, or information hotline to help refugees navigate system works
- more education to private sponsors to increase the knowledge to support refugees
- holistic case management
- connect settlement services providers with healthcare sector so service providers can be better equipped to help refugees access healthcare services

Administrative barriers such as wait times to obtain a Personal Healthcare Number and wait times for appointments. 3.76
- set up more bridge clinics
- ensure easy access to translation and interpretation services
- simplify administration process for refugees
- encourage private sponsors to support, i.e. preparation prior to arrival

The lack of consistency in the delivery of primary healthcare across communities. 3.68
- Set up a Central Agency or Protocol to Address All Concerns

Interim Federal Health (IFH) Related Barriers

Inadequate number of IFH registered psychologists. 4.26
- develop volunteer support, i.e. volunteer university students

Lack of interpretation for mental health services. 4.15
- recruit foreign trained healthcare practitioners
- develop and post lists of resources

Inconsistencies amongst provinces e.g. registered clinical counsellors not IFH eligible in BC. 4.09
- advocate changes on regulations

Perception by doctors that IFH is prohibitively cumbersome. 3.69
- simplify the reporting and reimbursement system
- provide more education to healthcare practitioners
- link IFH with provincial system

Current Resources, Programs, Services or Practices

In addition to providing suggestions or recommendations for actions, survey respondents were asked to identify resources, programs, services or practices that they were aware of that have been put in place to address the identified healthcare challenges. Numerous and wide ranging responses were provided, however, many of the resources and practices cites were generic (e.g. English classes or volunteers). Nevertheless, some specific resources were identified as beneficial in assisting refugees, and those supporting them, access and navigate the healthcare system.

The following is a list of resources, programs and agencies cited by respondents. The research team recognizes that this list is by no means exhaustive; there are many other resources, programs, and services available to support refugee healthcare access. A full scan and the development of a comprehensive listing of supports was beyond the scope of this project.

The Bridge Clinic - http://www.thebridgeclinic.ca/

Centre for Addiction and Mental Health - http://www.camh.ca/en/hospital/care_program_and_services/specialty_clinics/Pages/New-Beginnings-Clinic.aspx

Vancouver Coastal Health Resources - http://www.vch.ca/public-health

Mount Pleasant Family Centre – Circles of Care and Connection Program - http://www.mpfamilycentre.ca/programs#ccc

Fraser Health New Canadian Clinic - http://www.fraserhealth.ca/health-info/health-topics/refugees/refugee-services/

Moving Ahead Program

- MOSAIC - https://www.mosaicbc.org/services/settlement/refugees/moving-ahead/
- ISSofBC - https://issbc.org/programs/settlement-services/moving-ahead/
- S.U.C.C.E.S.S. - http://map.successbc.ca/

Navigation Services at HealthLink BC - https://www.healthlinkbc.ca/navigation-services

Provincial Refugee Mental Health - http://refugeehealth.ca/node/945

Rainbow Refugee - www.rainbowrefugee.com

UNHCR' refugees' profiles and information sheets - http://www.unhcr.org/

Vancouver Association for Survivors of Torture (VAST) - http://vast-vancouver.ca/

Next Steps

As this report describes, the access to healthcare barriers and challenges faced by refugees and those who support them, are numerous. However, as this report also demonstrates, many of these issues can be addressed by increasing information and awareness of services and healthcare systems. This report includes many recommendations for actions that would lead to increased information sharing and awareness.

This report and its findings will be shared with the MVRRT membership, Metro Vancouver healthcare stakeholders as well as government for further review and consideration and next step planning.

Appendixes

Appendix 1: Summary of Emerging Issues

- IFH is now allowing clinical counsellors in Quebec and Ontario to register to be covered; this may also happen in BC. It was unclear what barriers exist to make this happen; as a result, in BC, clinical counsellor must have a PhD and so currently there is one who can speak Arabic. It was suggested that this is an area for advocacy or a "collective voice".

- Making referrals "stick" was raised as a critical issue. Service providers are finding that they are calling to remind clients 2 or 3 times and clients are still not attending health related appointments. As a result, service providers are becoming reluctant to set up and / or reset appointments. Some considerations:
  - Clients may need training to navigate and use the health care system (a healthcare "literacy" program)
  - Some clients have different perspective of time and appointments
  - Sometimes clients attend the first appointment and there is limited "engagement"; that is, they did not connect to the healthcare provider and so don't attend follow up for their next appointment
  - Some General Practitioners are reluctant to take on refugee families because of all the other issues that impact refugees families' ability to fully utilize the healthcare system
  - Clients lives, especially in the early months / years of settlement, are precarious and they must manage competing priorities; e.g. having to get to the food bank or taking care of a sick child will take precedence over a medical appointment
  - Better connections between healthcare providers and refugee clients need to be made; more interpretation and / or cultural brokerage – not only translate language but also the healthcare culture.
  - We need to not "re-traumatize" clients by pushing them through the "Western" healthcare system. Attendees speculated that it takes a family at least one to two years to be able to able to navigate the system on their own. Should consider how we provide services and where possible adjust service to support and make it easier for them; examples:
    1. Instead of booking specific time for vaccination, have a two or three hour block and have interpretation available.

2. Have a Nurse Practitioner take on the family initially; NP assists them to navigate the system and ensures immediate health issues are dealt with and then transitions the family to General Practitioner.

- Need to consider how referrals are made; consider increasing translation and providing accompaniment.
- Consider creating a checklist of typical issues and means to address the issues; this would offer a guide to refugee families and assists providers to understand what services the family had accessed. Fraser Health's "pregnancy passport" was raised as an example.
    1. It was suggested that unless trust was built between family and the system, a checklist will likely not work.
    2. It was also suggested that service providers would need an orientation in order to support the use of the checklist and that space for service providers to put their names and numbers would support referrals.
    3. It was also suggested that the checklist might be an "app".
- A "disconnect" between the settlement sector and the healthcare sector was identified. The Multi-Agency Partnership (MAP) was raised as a promising practice that could be replicated or expanded. It was initially established to support the needs of claimants.

- Training for health providers and admin staff to increase understanding of the refugee experience, health issues and their requirements for accessing the healthcare system.
    - MAP might be a support here; e.g. expand to include front-line workers.
    - It was shared that there would be a webinar hosted by UBC on refugee healthcare on October 5th. Here is information about the webinar: http://ubccpd.ca/course/refugee-health

- The continuum of healthcare is a very complex milieu for refugees and service providers, i.e. not all healthcare is funded by Ministry of Health; many disability services are managed by MCFD

- Vancouver Coastal Health has recently changed the amount of time clients can be served by Bridge Clinic; previously one year, now three months

- Doctors and other primary health care professionals need training to provide services to refugees; e.g. to obtain an understanding of refugee health care issues. Training materials and information exist, but it very difficult to distribute (lack a clear distribution mechanism) and gain the attention of primary healthcare workers.

- The loss of funding for trauma and other counselling within ISOs is having a significant impact of delivery of counselling to refugees. Currently there is no specialized mental health programs for refugees.

- 2nd Language capacity and interpretation and translation is under-resourced across the sector and is a recognized deficit in healthcare to refugees. There is a recognized need to know how many doctors with language competency against the number of refugee clients needing language supports.

- **An ongoing challenge of reaching and sharing information with Private Sponsors;** it was suggested that SWIS workers are very important to information distribution and to can help to ensure families are connecting with refugee specific healthcare providers

- **Some refugees feel they are constantly "starting over" with providing information and being diagnosed -** Settlement service case management models, like Moving Ahead, help to avoid this starting over and support clients to set and make appointments and work through the required interventions

- **Cultural stigmas attached to mental health are impacting refugee access to services** and their willingness to access mental health services /supports.
- **Some doctors are refusing to take on refugee clients because of the complexities / burden of the Interim Federal Health (IFH) paperwork**

- **Time delays in addressing health issues impede basic settlement and integration for refugees**, e.g. a refugee who waited seven months for a hearing aid

Appendix 2: Refugee Access to Healthcare Survey

On behalf of the Metro Vancouver Refugee Response Team (MVRRT), we ask that you take this brief survey.

Refugees often arrive with several healthcare issues; many requiring immediate attention. The MVRRT and its Refugee Healthcare Working Group have identified a number of challenges refugees face in accessing BC's healthcare system. The MVRRT is reporting these challenges back to government and is looking to identify means of addressing these challenges.

Survey Objectives:

1. To identify and prioritize challenges refugees face in accessing healthcare;
2. To identify programs, services, resources and practices that have been put in place to address these challenges; and
3. To gather recommendations for further improvements to refugee access to healthcare.

In advance, we thank you for your time and support of this work. All responses will remain anonymous and confidential and will only be used for the purposes of this project.

In response to the influx of refugees in 2015 - 2016, funding was provided to augment current refugee settlement programming to form five regional refugee response teams to proactively plan for the settlement of refugees in their communities. The Metro Vancouver Refugee Response Team (MVRRT), led by MOSAIC, is responsible for an area that includes ten municipalities in Metro Vancouver: Vancouver, Burnaby, Richmond, Tsawwassen, North Vancouver, West Vancouver, Coquitlam, Port Coquitlam, New Westminster and Port Moody. To learn more about the MVRRT, visit: www.metrovanrrt.ca

If you require any additional information about this survey or the work of the MVRRT, please do not hesitate to contact us.

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The following refugee specific healthcare access challenges have been identified by the MVRRT and its Healthcare Access Working Group. We have categorized the challenges into three groups 1) Service and Referral Challenges 2) Healthcare System Challenges 3) Interim Federal Health Barriers.

Using the scale of 1 to 5, how critical is this challenge in **your community** –
1 = very critical / top priority 5 = is not critical at all / very low priority

Below each "challenge" please list any resources, programs, services or practices that have emerged to address this challenge. If you have suggestions for further actions to address this challenge, please provide. Within the online survey respondents were given space to provide recommendations for further action for each challenge and to identify resources, programs, services or practices that have been put in place to address the challenges. (To save space here, only the challenges are listed).

	1	2	3	4	5	Don't Know
A. Service and Referral Challenges						
The lack of understanding amongst healthcare practitioners of the refugee experience and their specific healthcare issues						
Lack of mental health literacy and awareness of available services among refugee populations						
Lack of specialized mental health services for refugees						
The lack of trauma and supportive counselling services for refugees in community based settings						
Difficulty in reaching and sharing refugee healthcare related information with private sponsors						
Making referrals "stick"; e.g. getting refugee clients to attend set healthcare appointments						
B. Healthcare System Challenges						
The complexity of the healthcare system / lack of familiarity with Canadian health care system among refugees						
Administrative barriers such as wait times to obtain a Personal Healthcare Number and wait times for appointments						
Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures)						
Inadequate language capacity / interpretation services						
The lack of consistency in the delivery of primary healthcare across communities						
Lack of auxiliary support services such as case management and accompaniment by cultural brokers						
C. Interim Federal Health Related Barriers						
Perception by doctors that IFH is prohibitively cumbersome						
Lack of interpretation of mental health services						
Inadequate number of IFH registered psychologists						
Inconsistencies amongst provinces e.g. registered clinical counsellors not IFH eligible in BC						

A. Are there other challenges that refugees face in accessing healthcare that are not listed above?

B. Additional thoughts or recommendations.

1. If you have any additional thoughts or recommendations on refugee healthcare access, please provide them here.

C. Respondent Information

1. What community(s) do you work in? Please check all that apply.

   - ☐ Vancouver
   - ☐ Burnaby
   - ☐ Richmond
   - ☐ Tsawwassen
   - ☐ North Vancouver
   - ☐ West Vancouver
   - ☐ Coquitlam
   - ☐ Port Coquitlam
   - ☐ New Westminster
   - ☐ Port Moody
   - ☐ Other / Please specify

2. How long have you worked with refugees?

   - ☐ less than one year
   - ☐ 1 - 3 years
   - ☐ 4 years or more

3. What is your role / job in refugee healthcare?

   - ☐ Health administrator / Health Authority
   - ☐ Medical healthcare practitioner
   - ☐ Mental healthcare practitioner
   - ☐ Dental care practitioner
   - ☐ Community Agency Administrator
   - ☐ Settlement / Community worker
   - ☐ Private sponsor
   - ☐ Other

4. Please provide the name of the organization / agency you represent. This information will be kept confidential and only used for data analysis and comparisons.

Appendix 3: Survey Response Summary

79 respondents completed the survey. The responses have been aggregated and presented below by order of the survey questionnaire

A. Service and Referral Challenges

A. Service and Referral Challenges							
Answer Options	1 = not critical at all / very low priority	2	3	4	5 = very critical / top priority	Don't Know	Rating Average
The limited understanding amongst healthcare practitioners of the refugee experience and their specific healthcare issues.	3.8% 3	7.6% 6	16.5% 13	26.6% 21	29.1% 23	16.5% 13	**3.83**
Lack of mental health literacy and awareness of available services among refugee populations.	3.8% 3	2.5% 2	11.4% 9	32.9% 26	43.0% 34	6.3% 5	**4.16**
Lack of specialized mental health services for refugees.	3.8% 3	2.5% 2	15.2% 12	29.1% 23	43.0% 34	6.3% 5	**4.12**
The lack of trauma and supportive counselling services for refugees in community based settings.	3.8% 3	5.1% 4	15.2% 12	20.3% 16	48.1% 38	7.6% 6	**4.12**
Difficulty in reaching and sharing refugee healthcare related information with private sponsors.	3.8% 3	11.4% 9	15.2% 12	20.3% 16	25.3% 20	24.1% 19	**3.68**
Making referrals "stick"; e.g. getting refugee clients to attend set healthcare appointments.	5.1% 4	6.3% 5	20.3% 16	17.7% 14	38.0% 30	12.7% 10	**3.88**

1. The limited understanding amongst healthcare practitioners of the refugee experience and their specific healthcare issues.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
The limited understanding amongst healthcare practitioners of the	3.8% 3	7.6% 6	16.5% 13	26.6% 21	29.1% 23	16.5% 13	3.83

refugee experience and their
specific healthcare issues.

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Cross-Cultural Mental Health (CAMH):
  - Programs like CAMH Refugee Mental Health training are very useful.
  - Bring back the Cross-Cultural Mental Health team that was part of Vancouver Coastal Health.
- Bridge Clinic:
  - PR holders prefer to go to Bridge Clinic because of the language barrier with other health practitioners. There are close to none Arabic speaking physicians.
  - Bridge Health Clinic
  - Bridge clinic provides very good service initially
- The New Canadian Clinic: More in-services for Public Health Nursing Staff. Also, a centre similar to "The New Canadian Clinic" (which has been operating for years in Burnaby) located in Coquitlam neighborhood.
- Rainbow Refugee: Resources from Rainbow Refugee in Vancouver told me about health services in Vancouver. They referred me to Health Initiative for Men (HIM) and St. Paul hospital for my husband.
- UNHCR' Refugees' Profiles and Information Sheets: I once worked for UNHCR and they wrote and circulated background information on the countries and situations refugees were coming from. Very helpful to ESL teachers as well as to healthcare workers.
- Settlement Programs and Their Resources:
  - Some documents prepared by the settlement agencies and health authorities
  - I think there are programs/resources that exist but they are not well-known nor is there encouragement to seek these resources
  - I am not sure what exactly has been put in place to date so far. I think all of the agencies and heath care practitioners are doing the best they can, with the resources and funds they have to work with.
  - CCC: During our EYRP - CCC home visiting program outreach workers provide support, interpretation, referrals and accompaniments etc. to healthcare services. However, this service is currently under funded and will experience more IRCC cuts over the next 3 years.
  - Arabic groups and services, refugee support services at many organizations, translation services, and webinars about refugee experience.
- Doctors, Nurses and Other Health Care Practitioners:
  - I've actually found doctors and public health nurses to be very helpful. My experience is of individuals going to the doctor for small issues but being treated well by health care practitioners, as if they realize the patient in front of them is new to the country and the initial meeting can help with trust issues. Health care practitioners have not trivialized their issues, and can reassure the patients that they are listening, and that they are okay.
  - Health Unit has bookings available for a Refugee Immunization Clinic every week on Wednesdays and / or Fridays. We try to book clinics on Professional School Days, to

allow students to be immunized without missing school. We have at Mountain View Elementary School once a month an Immunization Clinic for young families.
  - Where I work, I would disagree that there is limited understanding about healthcare practitioners, indeed we have clinics and programs where it is our business to work with refugees and immigrants.
  - Despite my answer of "don't know", I am aware that refugees and their families that we have sponsored have enrolled in MSP and have obtained medical services as and when they needed them. I have not heard of any significant problems that may be traced to ignorance of refugee circumstances, on the part of medical practitioners.

2) What recommendations do you have for further action that might address this challenge?

- (Mandatory) Training for Healthcare Practitioners:
  - Training should be mandatory for frontline health workers in cultural experiences and competency.
  - My recommendations is for doctors to understand different cultures through some workshops or other resources that can be available to them
  - The temporary coverage is not clearly available without much research online. Even then doctors are not aware of the coverage and a good deal of initial time is spent discussing the billing as the family needs to be checked.
  - Physicians need to be made aware of guaranteed coverage for the willingness to take new refugees as patients.
  - Providing Workshops and educational material to health care providers regarding some of the common health issues facing refugees; have some knowledge about the health care system in their country of origin is important.
  - Education sessions to healthcare practitioners
  - More information sessions for healthcare practitioners to make them aware.
  - Contact of services providers
  - Training in trauma-informed care necessary.
  - Some professional schools (counselling, medicine, social work) have invited symposia to provide an introduction to refugee health and mental health, but there is no local professional training that provides a specialized training in this complex area. Development of a comprehensive training program is necessary. Harvard Medical School Refugee Trauma Program and the McGill Transcultural Psychiatry summer program are two model examples.
  - Just a brief list of possible issues that refugees might be dealing with; poor diet, regular body functions, dental neglect, lack of sleep etc. Things we take for granted that we might not be thinking of as a cause of issues.
- Research and Survey to Refugees to Increase Understanding: We should have interviews with some refugees to have a better understanding of their experience and issues and any expectations they may have.
- A Health Awareness Program Dedicated to Refugees:

  - There should be a health program run by medical health department of the Greater Vancouver on educating the refugees on how they can understand and pursue their medical care and support in the public system.
  - Recommendations - basic training on how the IFHP works for practitioners of public and private services.
  - Improvements to follow-up to ensure refugees have understood and are following care instructions especially for children.
- Leverage from Previous Efforts; Knowledge Dissemination:
  - Recommend building upon the work previously done and further complete/update the documents and also inform all the agencies that are involved in the care provision process.
- Translation and Interpretation Services:
  - It could be limited understanding, but sometimes refugees have not had access to proper health care services for many years and they arrived in Canada with non-diagnosed illness and trauma. The lack of proper translation services to communicate creates frustration and sometimes refugees due to their state of mind, emotional wounds, etc, are not able to verbalise what is really their health care needs. It is always good to develop best practise, and by that over the many years something was building up, but then financial burden creates changes, and it has to start all over again.
  - I think requesting a translator from Provincial language Services helped patients to explain to the doctors but not fully 100%
  - Translators are essential and once the refugees are working the time to coordinate translators and refugees is really challenging.
  - Making translators and interpreters available at all times is very crucial.
  - Having people who speak the refugee's first language for appointments would have been a huge help. We had medical professionals call one person who then had to call the family which sometimes too a long time.
  - Refugee families need interpreters' when accessing healthcare services and healthcare providers need to have time and patience to work with refugee families built in to their services/appointments to ensure refugees understand what is being said to them.
- Public Education to Increase Awareness and Understanding:
  - I recommend there are more public forums/information sessions to better educate everyone. Health Care Practitioners/Doctors are already overloaded. Are there enough translators to assist Refugees patients when attending Doctors' offices or other places, lab tests, hospitals? Have they been adequately informed about the protocols and waiting time in Doctors' offices which can long at times?
- Inventory of Healthcare Services and Coverage, ideally in refugees' first language :
  - Providing detailed information to the refugees about healthcare services.
  - Written information could be provided to the newcomer and also to the sponsoring group in the appropriate language about the scope of care covered by IFH (such as counselling and other supportive medical options) and what and when the transition to BC MSP means. It can be quite confusing and unclear.
  - More information to all Public Health nurses re: community resources to help assist refugees in their language.
- Others:

- No resources have been put into place to my knowledge. Limited knowledge has been evident by most of our health care workers.
- Due to the fact our family's English was quite good and attempting to maintain confidentiality I was unaware of the medical practitioner's level of understanding of their refugee experience.
- Long story short, I am now a Convention Refugee, so as my husband, in Canada. I never know about non-LGBTQ2S health practitioner's condition/knowledge. So, I don't have any voice for that. But, as a part of LGBTQ2S in Canada, I think the outreach effort from LGBTQ2S health practitioners can cope with the needs of LGBTQ2S refugees. However, I reckoned that I can't find any information about how I can find a tetanus shot. Because when I asked St. Paul or HIM to give me one, they said that, for the former, that its service is only for HIV+ people and the latter told me that they got no supplies. Therefore the recommendation is to make these shots (tetanus, flu, etc) can be accessed easily through those health-based community services/hospital.

2. Lack of mental health literacy and awareness of available services among refugee populations.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Lack of mental health literacy and awareness of available services among refugee populations.	3.8% 3	2.5% 2	11.4% 9	32.9% 26	43.0% 34	6.3% 5	4.16

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- CAMH Refugee Mental Health
- Group Therapy Sessions: There are some group therapy sessions but it caters to a level of English not all Syrians have at this time. I also know of some interpreters helping the clients and therapists. Sometimes some issues get lost in translation. Also, it is very traumatic experience for the interpreter who doesn't have training in dealing with the feelings that arise through interpretation.
- Coastal Health Resources are the main one when searching for mental health support.
- Language Services by Healthcare Authorities: The health care issue was one parent's diagnosis of colon cancer (before coming to Canada). It was surprising to learn that we could access translators for some appointments and that there are volunteer drivers to appointments.
- Provincial Refugee Mental Health and Vancouver Association for Survivors of Torture(VAST):
    - I am aware of the Provincial Refugee Mental Health Coordinator's toll-free number and The Vancouver Association for Survivors of Torture(VAST). When I contacted the above

toll-free number I spoke to someone who seemed unfamiliar with the services that were reportedly being offered. Fortunately we had no immediate concerns for our family's mental welfare but I searched unsuccessfully for information, in case the need arose in the future.
    - VAST (Vancouver Association for Survivors of Torture)
    - VAST
    - MOSAIC, ISSofBC, VAST - to name a few - has Refugee Support Groups. These groups are intended to bring mental support to newly arrived refugees. Since I have attended their sessions for several times, I never witnessed any practitioners specializing in mental health intervened nor observed neither approached one of the refugees, to seek their need in terms of mental health. It will be best if the mental health specialist comes to these support groups instead of touching only at the organizational level.
- Public Health Nurses:
    - Public health nurses are a key component of helping refugees connect to needed services and resources.
    - Public health nurses also connect families to local community programs and work in every area of the community where families visit, such as daycares, preschools, schools, etc.
- Settlement and Community Services:
    - Community services have services available where they can connect and talk with other refugees and workers, but they are much overloaded. There have been regular attempts to connect our Christian family with the rest of the Muslim refugee families in our small town. We were completely unaware that our Christian family does not want that, and is causing them stress. Our Canadian views will take some time to get used to! The community services staff members were also surprised by this reaction.
    - Community workers' assistance
    - Settlement workers are a huge asset! Ensuring refugees know to access this resource and how to access this resource is key.
    - ISS
    - In general, I have been impressed with the attitude and abilities shown by our arrivals, in taking advantage of opportunities available to them here. Of course, their knowledge of available services depends upon how our co-sponsors and I do our jobs. Some of our families have benefited by services provided by Mosaic and other such groups.

- Canadian initiatives in production of plain language resources on mental health.

2) What recommendations do you have for further action that might address this challenge?

- Education to Increase the Mental Health Literacy and Awareness:
    - This is an area that needs work and dedication from mental health care professionals. I have been working for more than 20 years in the field and I can see how many refugee families who arrived from Central America are still struggling with mental health issues, and now pass on to next generations with more severe patterns. Mental health literacy and awareness is essential for refugees. They may came from a lifestyle was not the

norm to access mental health care or services. I feel sometimes group sessions, with information/education and discussions in their language would normalise the gap in understanding. Sometimes people are very attached to their faith, and feel that would help them. Great work needs to be done with all churches and faith groups to help in this area.
    - I am aware mental health is great sigma in our refugee population
    - Refugees should be made aware of all the mental health services available for them in the community upon arrival.
    - Since mental health literacy is not a reality in many other countries where refugees come from, maybe doctors and health care practitioners could have additional resources to help them assess and talk to refugees about possible mental health issues - as I said earlier, form a trusting relationship first. For many refugees, mental health issues are scary and then need reassuring that it is a medical problem.
    - More public meeting or awareness about refugees' possible mental health situation.
    - This could be done better in partnership with the LINC and other services providers.
- Develop Information in Refugees' First Languages:
    - Recommendations are to have the mental health services available in the refugee in their own language.
    - I would recommend pamphlets in both English and other languages be made available to refugees...perhaps via libraries or Immigrant Services Centers. These pamphlets should include options available ranging from critical need to emotional support.
    - I feel that our family, especially the father is experiencing PTSD and needs help. I have tried to help but I am not a counsellor and I do not speak the language
    - Translated materials into first languages of the refugee population
    - Counselling in first language to discuss emotional experience of settling in Canada.
    - Again it would be helpful to provide a list of resources in the right language to the newcomer and a copy to the helpers of that person as I am aware those endless pieces of paper will be overwhelming at first and likely lost in a pile..
    - Health Unit also needs Translators available on site. We have a shortage of interpreters & translators available to do home visits or office visits. Most of the health information is passed on via a phone interpreter.
- Use Counselling Services by Service Providers
    - I think that part of the process of settlement needs to be counsellors available to address the issue of emotional and mental concerns
    - I do believe the Settlement Agencies are doing best in this regard; however, there are not enough available counsellors, especially for those who have experienced Trauma. This needs to be addressed immediately as a special task force and funding needs to be dedicated for this, not long drawn out meetings for interventions. This affects refugee's employment outcomes and integration in to Canadian Society. I would suggest, calling on all retired social workers and counselors who would be willing to work on contract temp, to address this issue. Training needs to exist and be made available. Need services in Arabic or translators available who could handle these sensitive issues.
- Engage Volunteers and Friends to Share the Information with Refugees
    - Volunteers as well to assist with general information sessions.

  - I don't have any information about this. If only refugees can have a ""local"" friend to speak with and to share with, mental health literacy won't be a problem. Question imposed on the connection made within the ""society""? Mental Health staff needs to develop opportunities to address communities (with language interpreters as required) from within.
- In Partnership with Service Providers and Provide Outreach Services to Reach Refugees
  - Have a representative who can go to different groups of refugees and inform them of the services available to them.
  - Information session to refugees by services providers
  - Continue working with these populations to have discussions about these issues and advocate for services to be available.
- One-Stop-Shop / Information and Referral Centre
  - It is crucial to universally connect new refugee families to local public health nursing programs where they can be screened and referred to mental health and other resources as needed.
  - Very few refugees are connected with their local public health unit for a public health nursing assessment. If they were standardly referred to their local public health unit and had a public health nurse, they could be assessed and referred as needed for dental, nutrition, immunizations, development, sleep, mental health, parenting support. There is a gap after children are seen at Bridge Clinic for initial immunizations - they are not necessarily connected with their local public health nurses for screening and referral. Public Health Nurses in all BC communities (and Canada wide) can assess refugee children with the use of professional health interpreters over the phone, at their home or in the health unit or in another community setting where the family feels comfortable.
  - Specifically related to mental health, the children can be screened by public health nurses with the Ages and Stages Questionnaire - Social Emotional, which is tailored to the age of the child, and if their score indicates a referral, referred to the public health mental health services e.g. Alan Cashmore in Vancouver.
  - Mothers can also be screened by public health nurses with the EPDS as needed and referred as necessary to GPs, public mental health programs and to the Reproductive Mental Health program.
  - Referrals can be made for other family members needing mental health help to public health mental health services.
  - Health brokers can bridge clients and health services. However, services must exist and be responsive to refugee health needs in the first place.
  - Along with a list perhaps a website or helpline to call when the need is identified would be most helpful, to have all the options in one place.
- Extend service for GAR/Refugee Claimants after 1 year to continue using services at Bridge Health Clinic
- To Train More Health Care Practitioners Speaking in Refugee's First Language
  - My recommendation is to add or find Arabic speaking doctors.
  - More health care professionals who actually speak the languages of the large groups of refugees- concern about translators/translations.
  - Are there enough English/Arabic speaking doctors or nurse practitioners available in the Metro Vancouver areas to service these clients?

- In some cities in Metro Vancouver, e.g. North Vancouver - there are no GPs that accept the IFH program. This is very difficult when trying to access health care for refugees before their care cards come through. When we first tried to access a pharmacy that accepted IFH on behalf of our refugee family, there were none - many came on board in North Vancouver recently and will now accept the IFH program. Action: Expand the number of GPs in Metro Vancouver (especially those that speak other languages) that accept refugees under the IFH (Medavie) program.

- Well Developed List of Doctors that Take Refugee Patients:
  - There is a list of practitioners who want to accept new refugees as their patient. When I got the list a d start calling, no one wants to accept new patient if they are ""refugee status"" newly immigrated. Why do they put their names forward as if they are accepting this scheme? Some of them agree over the phone, when we were there and gave them our health certificate, they said they are not receiving new patients. Very worrying! Is there an incentive to accept a new patient (especially newly immigrated)? Is there a warning to those who deny accepting while their list is on the IFHC?
  - Having a list of doctors available in each city who can converse in the refugee's language and be given to them on arrival. Our family had immediate concerns and we couldn't find a doctor. They still do not have a doctor after almost one year! Also they need a list of dentists.
- Mobile Medical Service: I would like to recommend a traveling Van, Mobile Medical service specifically set up to travel those patients homes, who are disabled, seniors and others who would find it challenging to attend physicians' offices, labs for tests, and for general exams and blood test etc.. This would also take some strain off the regular system. What is organized for their dental care?
- Others:
  - Language issues complicate matters as does their culture not to seek this type of help and local professions only help if the refugee is willing
  - Not sure what has been put in place. It took a lot of sensitive effort to explain and to overcome cultural resistance in some of the persons we worked with about the benefits of mental health help. This was done by the sponsor group members and not the medical clinic. Once they agreed that it might be beneficial it took a lot of searching and networking to find such help in the community in the language needed and to figure out a way to have the help be free or covered by the health plan.

3. Lack of specialized mental health services for refugees.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Lack of specialized mental health services for refugees.	3.8% 3	2.5% 2	15.2% 12	29.1% 23	43.0% 34	6.3% 5	4.12

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Settlement Services that Associated with Mental Health
    - SD43 LINC program has a short term counsellor visiting classrooms to talk about trauma and its effects. She is also available for some sessions with individual. This is very time limited due to the nature of the 'add-on' funding.
    - ISS
    - Hopefully, many NGO's helping refugees know about resources for mental health for refugees in their communities- as well, private sponsors should also know about these resources and search them out as soon as they see there is a mental health issue.
- Vancouver Association for Survivors of Torture(VAST)
- Cross-Cultural Mental Health team: Bring back the Cross-Cultural Mental Health team that was part of Vancouver Coastal Health.
- Alan Cashmore (for children under 5): However, Alan Cashmore (for children under 5) in Vancouver has a wait list as does PACE.
- Public mental health services: Public mental health services do have access to interpreters; however, perhaps the number of Arabic interpreters available for interpretation by phone and in person may need to increase.

2) What recommendations do you have for further action that might address this challenge?

- Advocate for More Mental Healthcare Services
    - Address PTSD issues. Vital for successful integration
    - Continued advocacy.
    - Lack of mental health services for the general population is lacking, this problem is not specific to refugees. I would think it would be hard to find mental health counselors that speak Arabic (and translation is not ideal for mental health counseling). It is hard to have services ready to accommodate a sudden influx of refugees who speak a certain language, and possibly by the time services are set up, they move out of service area (very common for moving out of Vancouver region to Fraser Valley).
    - Having more specialists.
    - Trauma-informed mental health services needed. Assume VCMHS still has the cross-cultural mental health clinic going; do not know if VAST has been brought back into being or something like it, as crucial to address torture and its impact on refugees.
    - More resources are needed for young children with mental health concerns.
    - Health Unit needs desperately an increase in Full Time Equivalent jobs for Public Health Nurses to better serve new immigrants & refugees. Consistently positions have been deleted over the past 10 years.
    - Mental Health Workers are located in Port Coquitlam. Would be beneficial if each city could have its own building with resources.
    - Address mental health issues in initial screening and normalize it as a service that should be accessible and available to all refugees (no stigma attached).
    - Greater awareness of who is eligible to receive this kind of care.
    - Some refugees come with PTSD and we are very limited in our knowledge on where to refer them. We can refer back to doctors, but most refugees are going to local walk-in clinics

  - Personally our sponsoring group is not aware of any additional services that could assist the trauma of leaving family and friends in war torn countries.
- Need Special Programs for Youth and Young Adults:
  - Special attention should be paid to adolescents and young adults on their adaptation to the new environment of studying and working in Vancouver.
- Offer Translation and Interpretation Support to Mental Healthcare Services
  - Make available resources in the refugee languages.
  - Very critical not having specialised trauma or mental health services for refugees. And then again is the language barrier. Art Therapy may work in many cases. The all family should be treated, adults and children.
  - Language barrier, cultural background differences
  - Post-traumatic stress should be a priority again with a proper translator.
  - Services that serve refugees in their first languages
  - Printed education information in first languages of refugees
  - Education session to refugees in their first language
  - Provision of services with translation
  - Services in native language or with appropriate translation
  - Practitioners need interpretation support and clients need a foundational relationship to start any services.
  - Need low barrier access to mental health services available in the language of the refugees or with translators available.
  - Given culture, language and symptom severity, refugee mental health is among the most complex area of specialized competency. Specialized services are a top priority.
- Training Volunteers (i.e. university students, refugee peers) to Assist Mental Health Services
  - Maybe also using 3rd/4th year grad students, nurses etc.
  - Provide training to those who are interested and are able to become mental health specialists among the refugee community.
- Others:
  - Educational psychologists are not enough to deal with the students' stress and emotional problems in schools.
  - That's difficult - I know as a sponsor just the lack of understanding of the situations they have faced. What their needs are. They are very quick to say that everything is fine and they're doing great.
  - All of our arrivals have experienced persecution and denial of educational opportunities which could result in a need for such services. However, the whole subject of the provision of mental health services in our region is controversial, quite apart from refugee needs. As I am not an expert on this subject I am loath to say more.
  - I worked with an ESL program for immigrants and refugees with mental illness. Crucial in that language learning involves using cognitive skills, memory, socializing skills, etc.
  - Mental Health providers is most welcomed to come to refugee support groups
  - Mental health is a very delicate diagnosis especially if it has been stigmatized as in some cultures. People experiences mental health challenges need to build trust with caregivers and support staff to even begin the discussion and/ or to reveal feelings and challenges. I actually think this first step is even more important that specialized services because it's the relationship with others that allows for further steps to be taken.

4. The lack of trauma and supportive counselling services for refugees in community based settings.

Answer Options	is not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
The lack of trauma and supportive counselling services for refugees in community based settings.	3.8% 3	5.1% 4	15.2% 12	20.3% 16	48.1% 38	7.6% 6	4.12

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Current Services in the Medical Systems:
  - Obviously a requirement. But, I believe trauma and supportive counselling services are already available within our medical systems.
  - There are good public mental health services in place; however, to access these may not be easy.
  - All public health and mental health staff are trained to use trauma informed care.
- VAST: We know about VAST but not much else
- Informal Support Groups:
  - I am aware only of an informal group sharing experience offered through the local library. I am unsure as to the qualifications of the group facilitator. The above could play a useful role if both translation and counselling services were of a professional level.
- Church Services:
  - In the case of Church based private sponsors, such professional counselling could be offered within that setting.
- Settlement Services by Immigrant Service Providers:
  - ISS of BC is initiating two years trauma and supportive clinical counselling services for refugees and there is a plan to launch it in March 2017.
  - SHARE Community Programs have a few services.
  - So many services were cut over the past 10 years or so.

2) What recommendations do you have for further action that might address this challenge?

- Support Existing Counselling or Healthcare Services:
  - Support existing counselling services who root their practices in anti-oppression to expand and provide holistic care for refugees
  - Use of the connection to the local public health unit could help with this.
- Continue Advocacy for More Services:

  - Increase of counselling services that support or focus on mental issues of refugees
  - Supportive, settlement-integrated counselling is an important complement to more specialized trauma treatment. Both must be in place in a coordinated continuum of care.
  - We are lacking in this area as well, but also the system of referral needs to be revised. Many refugee families are lacking of having a Family Doctor (there are not enough for any citizen), who may play a very important role in having a newly arrived refugee family. I feel our universities should better train physician, health care professionals in a better way to interact with refugees, which Canada is a receptive country to receive them. It would solve these bandage solutions to systematic gaps in serving refugees with their medical and mental health needs.
  - Making the authorities aware of this essential Clinical support for high need refugees.
  - There needs to be more training on trauma-informed care and more funding for services.
  - Many Syrian refugees have suffered from trauma from wars.
  - Trauma is supposed to be borne by the person (victim) in some cultures.
- Enhance Translation and Interpretation Services to Support Counselling Services
  - Translators. It is hard enough to discuss issues, especially in a foreign language. Yet it is a top priority in order for them to move forward and start their lives. They continue getting traumatized even though they are here with daily updates from back home from family and friends.
  - It's particularly challenging to have specific language based services when most refugees don't speak English. Translation and interpretation is much needed at facilities whether in person or over telephone.
  - Services that serve refugees in their first languages
  - Printed education information in first languages of refugees
  - Education session to refugees in their first language
  - Provision of services with translation
  - Providing counselling services to refugees with their mother language option.
  - Because of different stigmas about mental health issues across cultures, very important that services and educational opportunities are available in the various refugee communities in Vancouver and area, and there is access to information and services in first languages of refugees.
  - Specialists in trauma counseling and available in languages used by refugees could be increased.
  - Need low barrier access to mental health services available in the language of the refugees or with translators available.
- Provide Outreach Services:
  - Again a traveling team who can visit those who may not be able to attend regular office sessions, with Translators present.
- Recruit Professional Volunteers to Assist Refugees at Various Agencies:
  - There have been many professionals who have volunteered to assist Refugees at various agencies, however, many of them were not contacted or replied to, due to lack of staff and resources available to contract them. There should be an independent contractor/coordinators set up to access these volunteers lists and contact all of these people, then organize and mobilize them to assist in their communities.. They could be paid or volunteers are they are qualified counsellors/ social workers.

- Train and Provide Peer Support
    - Train some refugees to help their people because they can understand one another and can help one another more easily.
- Offer Centralized Services or Referrals
    - Co-ordinated case management is lacking for refugee families.
    - Need a centre with interpreters that specialize in new immigrants & refugees.

5. Difficulty in reaching and sharing refugee healthcare related information with private sponsors.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Difficulty in reaching and sharing refugee healthcare related information with private sponsors.	3.8% 3	11.4% 9	15.2% 12	20.3% 16	25.3% 20	24.1% 19	3.68

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Settlement Outreach Team: Settlement workers in many non-profit organizations have reached out to the groups who sponsored refugees and have helped with healthcare information.
- Inter Faith Committee: Again in the past, there were instances, such as Inter faith committee for refugees, who met regularly and supported and advocated for their private sponsor refugees. Profiles of refugees changes over time, and as well the needs.
- MPFCS -CCC Program: For the early years' service a provider MPFCS -CCC program has set up network meetings and has attempted to gather and share services providers' information with private sponsors and to inform them of what is available. Our organization took this on without funding because it needed to be done and even though we are very challenged by our administrative capacity.

2) What recommendations do you have for further action that might address this challenge?

- Develop and Distribute Handbooks / Guidebooks to Private Sponsors:
    - Someone really needs to make a handbook for private sponsors. I feel like all these groups are putting in a lot of time/energy learning the system and recreating the wheel each time.
    - Hard to access any kind of help
    - Too limited information can be found online!!
    - To include the PSRs within the same process as it is for GARs. Yes privately sponsor refugees are under the ability and willingness of a group of people trying hard to find all the information here and there.

- Develop and Distribute a List of Multilingual Doctors
    - Sponsors need a list of doctors and dentists who speak their language available to sponsors BEFORE the families arrive so that we can be more prepared
- Education to Increase Awareness:
    - Education sessions to aware private sponsors towards the issues.
    - A Media Blitz/ Publicity Campaign with all of the Major Newspapers and TV Stations. Not only Social Media, using that as well.
    - Inform sponsors by preparing a subject related workshop for them.
- Connect Private Sponsors with Service Providers and Healthcare Practitioners
    - The challenge is we as service providers are not able to locate the families that came under private sponsors - where they are residing, what are their needs, how to pass on the info /program available to them. Is there a contact list or email subscription blog or something that allow us to share the different program /services available to them?
    - If private sponsors were aware to phone their local public health nursing unit and speak to a public health nurse, this would help with access for the family to local resources and health screening and referral. It can be extremely difficult for a lay person to try to navigate the resources in a role that is normally done by the refugee settlement worker for GARs.
    - Government sponsored refugees get vaccinations and serology done and that information gets referred to health units. Privately Sponsored refugees have a delay in vaccinations as they we spend time requesting vaccine history and request serology from doctors or nurse practitioners.
- Funding to Support Collaboration:
    - More financial resources at the ground level for coordination is needed. Give the people doing the front line support to do case management.
    - Again coordination and case management is not happening. The bigger organizations seem unable to take this on and work with the smaller service providers effectively.
    - Continue inviting to tables and have discussions with this group.
- Use Volunteer Support to Distribute Information:
    - Have our volunteer do that for us.
- Set Up Referral Protocols to Protect Refugees Health Information:
    - Setting up referral protocols between health care providers and advocating agencies. No need to share detailed refugee healthcare information with private sponsors due to privacy
    - I had concerns about patient confidentiality and felt it important to have a single volunteer on the committee deal with health concerns. If of a critical nature this information was also shared with the co-ordinator of the committee. We appeared to have little information concerning any health concerns upon arrival or vaccination records. Having such information made available before arrival would have been helpful.
    - This depends on the level of sophistication and understanding of the newcomers. There is also the sensitive area of privacy and confidentiality to deal with and it should not be assumed that the sponsors need to know the content of medical information but they definitely do need to help with negotiating appointments and referrals. In our case we were initially very "hands-off" to respect the privacy of appointments but in conversation with the newcomers we realized that they welcomed one of us with a medical

background to sit in on most of the medical appointments, to take notes and clarify information. I am not sure of any resources to help with this other than the helpful orientation given by MOSAIC which emphasized the sensitivity needed to work with newcomers and how to balance the need-to-know information and the need for privacy.

6. Making referrals "stick"; e.g. getting refugee clients to attend set healthcare appointments.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Making referrals "stick"; e.g. getting refugee clients to attend set healthcare appointments.	5.1% 4	6.3% 5	20.3% 16	17.7% 14	38.0% 30	12.7% 10	3.88

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Umbrella Multicultural Co Op:
  - One organization that was helpful was: the Umbrella Multicultural Co Op. It is run mainly by volunteers out of New Westminster. A worker there telephones both the sponsor volunteer and the refugee, in their respective language ....with reminders of an upcoming appointment. I would recommend financial support for this organization as they appear to have a system in place that is working.
  - One group: The Umbrella Multicultural CoOp, operating on a volunteer basis for the most part, out of New Westminster B.C. were helpful. They would phone both the sponsor volunteer and the refugee, in their respective languages...reminding them of scheduled appointments.
- Settlement Service Providers:
  - Service providers to advocate for clients and provide cultural interpretation to help refugees to understand their issues, health system and process.
- Current Healthcare Navigator:
  - In Surrey, our organization has a healthcare navigator that assists refugees in accessing medical services. This has dramatically improved refugee attendance at appointments. The family we supported was willing to go to appointments. They relied heavily on volunteer drivers and sponsorship team.
  - We use text directly or via interpreters to contact our refugee family to set up appointments, having a way to text or call and to remind refugee families of appointments is critical.
- Private Sponsors:
  - As private sponsors we have been closely linked to the family so this has not been a problem.

- Again, getting a refugee to attend an appointment helps if you have a trusting relationship with them, maybe even go with them, reassure them it will help them
- Home visitors are accompanying them to the appointment to make sure they are getting there.

- Volunteers:
  - We use volunteers to drive refugees to appointments until they are more familiar with navigating around the city.

2) What recommendations do you have for further action that might address this challenge?

- Orientation and Information in Refugees' First Language to Increase the Understanding of Medical Appointments and other Aspects in Healthcare System:
  - Should not be a concern with private sponsorship? Brochure in different languages for newcomers about importance of keeping appointments or being on time?
  - Orientation about the new culture that the refugees are living in. The importance of making and keeping an appointment and being punctual. This will be learned with time. No recommendations
  - In smaller towns, transportation is an issue.
  - Too many appointments to attend, too difficult to understand and navigate so many systems, imagen this for a big family and how stressful is for adult refugees without the language. Doctors, dentist, specialist, refugee claimant's appointments and hearing.
  - Hard because of difficulty in understanding when and where appointments are - ex: a client came to my office (prenatal program), and we spent about half an hour trying to speak through a web translator, only to find she was actually looking for the ultrasound clinic on the 4th floor. She ended up missing her appointment. Hard when they don't recognize numbers in the elevator and for addresses. English classes are critical!!!
  - Perhaps we need better ways to teach refugees how our health care system works, but I don't consider it part of my job to "get" a refugee to do anything.
  - More education for them on Canadian Protocols. They need to know missing appointments is not acceptable, the Mobile Teams could be beneficial from some of these clients
  - Outreach programs very important; inclusion of whole extended or not family in healthcare of any one of its members, at least so as to understand what the treatment is (as may be lack of understanding of different approaches to those common in home country). Inclusion whole family should help clients attend regularly. Good if clients can attend community ESL and so learn life skills that include transportation.
- Develop More Volunteer Services to Support Refugees to Attend Appointments:
  - This responsibility rested upon the sponsor volunteer to physically take the refugee to each appointment.
  - Organizing volunteers drivers and translators. They often just can't get there; those with many children at home will need additional supports for childcare.
  - Refugees need assistance to access healthcare. Health care systems need to be accessible, responsive and welcoming.
- Offer Translation and Interpretation Services

- Have committee members aware of this ahead of time and arrange for transportation to be in place
- I don't really understand the referrals "stick", but we should have volunteers to come and convince refugees of the benefits of attending healthcare appointments.
- Refugees who are not coming regularly to their appointments might be caused by: (I) language barriers where English is not their first language; (ii) original life values that sometimes health practitioners may not be sensitive about this
- Ensure the ministry is financially supporting programs in this critical area. We currently do not receive health funding for core of our services. And having translators available to book, confirm and translate during the appointments.
- Need more interpreters to accompany families to appointments. Welcome House does not seem to have enough volunteers to bring families on the bus or sky train to health units in the suburbs.
- Many family doctors do not accept IFH. The refugee patients face challenges in making referral to specialists. Language will be a problem for their difficulties in expressing themselves clearly to their family doctors. Translators are needed.

- Connect Private Sponsors with Healthcare System so Sponsors can Provide Further Support:
  - At medical appointments permission from the newcomer should be sought by the health care worker about sharing details of upcoming appointments with the sponsors. Perhaps a shared calendar. Crucial Appointments were missed because the clinic would attempt to reach the newcomer on a cell phone while they were at language class and unable to answer. Or details of the appointment were given and not understood. Texting a newcomer is better than phoning for this reason or at least both should be done as well as a confirmation to one of the sponsors about those practical details."
  - Refugee families often do not have a phone or any way of being contacted when they arrive. This becomes very challenging for health care providers e.g. contacting them to visit a new baby after discharge from hospital. Because we take the time to build relationships and can accompany our clients to first visits and often support with interpretation we have more success in this area.
  - In order for the refugees to follow up we, as a committee, have taken them to all the doctor and dentist appointment thus far. It is time consuming and vital to have the tests followed up and help the refugees understand the appointment dates and what is ordered. Without the volunteer translator we have had the good fortune to have we would not have made the headway we have made. We also have a dentist who has volunteered his time and talent to help our family. Their dental needs have been complex and multiple with root canals, rotten teeth pulled and hours of dental cleaning. We have also found a denturist to offer free dentures for one member of the family who will need them for the back teeth that need to be extracted.
- Provide Cell Phones to Refugees to Ensure Connection and Communication with Clinics:
  - We believe that there should be a program where locals can donate old iPhone and refugees can be set up with messages and other apps like WhatsApp so that they can use the phone to communicate by text (often using google translate), and to use apps like transit and map apps to navigate. We have found this to be very successful with our refugee family. There is a program in the U.S. that donates iPhone to veterans. We are surprised that there is no such program here for refugee families."

B. Healthcare System Challenges

Healthcare System Challenges							
Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
The complexity of the healthcare system / lack of familiarity with Canadian healthcare system among refugees.	1.4% 1	1.4% 1	20.3% 15	32.4% 24	37.8% 28	6.7% 5	**4.12**
Administrative barriers such as wait times to obtain a Personal Healthcare Number and wait times for appointments.	5.4% 4	6.8% 5	17.6% 13	28.4% 21	27.0% 20	14.9% 11	**3.76**
Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures)	2.7% 2	5.4% 4	12.2% 9	12.2% 9	50.0% 37	17.6% 13	**4.23**
Inadequate language capacity / interpretation services to support refugee healthcare needs.	4.1% 3	6.8% 5	2.7% 2	20.3% 15	60.8% 45	5.4% 4	**4.34**
The lack of consistency in the delivery of primary healthcare across communities	6.8% 5	5.4% 4	20.3% 15	17.6% 13	27.0% 20	23.0% 17	**3.68**
Lack of auxiliary support services such as case management, accompaniment and interpretation.	1.4% 1	8.1% 6	12.2% 9	20.3% 15	48.7% 36	9.5% 7	**4.18**

1. The complexity of the healthcare system / lack of familiarity with Canadian healthcare system among refugees.

Answer Options	not critical at all / very low priority			very critical / top priority	Don't Know	Rating Average

The complexity of the healthcare system / lack of familiarity with Canadian healthcare system among refugees.	1.4% 1	1.4% 1	20.3% 15	32.4% 24	37.8% 28	6.7% 5	4.12

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Moving Ahead:
  - MOSAIC Moving Ahead is providing amazing services , particularly to Eritrean refugees. It is heavily under resourced as I have been denied services recently because of lack of staff. Still on waiting list looking to be called by Mosaic staff
  - We partnered with MOSAIC and it was very beneficial. The settlement worker from Burnaby came to the airport with us. He could speak the language and was very helpful and welcoming. Mustafah Ahmad
- ESL Classes:
  - ESL classes, if in community and teachers follow trauma-informed teaching guidelines, will teach the healthcare system.
- Bridge Clinic:
  - Only know about Bridge clinic. Bridge clinic only sees GARs, not privately sponsored refugees or BVORs.

2) What recommendations do you have for further action that might address this challenge?

- Develop Information Sheets, Healthcare Navigator, or Information Hotline to Help Refugees Navigate System Works:
  - A simple information sheet about how the system works – i.e., go to GP to get referral to see specialist; only go to ER under these types of circumstances, etc.
  - Refugees need to know what is covered and what is NOT covered. Their initial expectations seem to be unrealistic. Perhaps they have been told that everything is covered when they get to Canada. We don't know. But the UN health assessments are vague and incomplete, with some misinformation being given with no tests to back up the information, i.e. arthritis in the neck with no X-ray, bone density or peri-menopause blood levels to back the comment.
  - Updated brochures in all of the Welcome packages, followed up with immediate sessions to educate refugees, in agencies and churches. The community at large.
  - Service providers to provide information sessions on healthcare system
  - Brochures in first language (may already be available)
  - Need to address the language barrier when accessing health care.
  - A designated, knowledgeable person on the telephone, when applying for information related to Personal Health Care Numbers, Pharmacare, and Healthy Kids program. This person would be the contact for Refugee related calls, only.
  - Healthcare navigator that assists refugees and helps to educate them about the system.

  - Refugees are not able to navigate our Canadian Health Care System on their own.
  - There is always confusion regarding IFH and when PHN will came into effect or what is covered or not. It would be much easier to simplify the system among federal and provincial governments, than having refugees or people who are supporting them to understand it.
- More Education to Private Sponsors to Increase the Knowledge to Support Refugees
  - The sponsors need to have this information ahead of time and be prepared to discuss this with our families.
  - Much more education, both with Government sponsored refugees and those who are privately sponsored.
  - To augment above, advocacy needed to get communities to educate their members on the healthcare system. Make it part of outreach.
  - It is critical that private sponsors are aware that refugees should be referred to their local public health nursing unit who specialize in children and families' health care and community connections.
- Holistic Case Management:
  - Case Manager to educate refugee clients one-on-one and guide clients to navigate through the systems and procedures
  - As I explained before, we need a more holistic approach in which refugees are going to a place and are look after their medical needs, with limited referrals, but having more general and specialised health care on site as much as possible.
- Connect Settlement Services Providers with Healthcare Sector so Service Providers can be Better Equipped to Help Refugees Access Healthcare Services
  - There could be better connection between settlement, language and health care providers.
  - Need community support to utilize
  - Public Health Nurses do not have time to explain & remind & help out in this area. More work to be done with settlement workers and sponsors to ensure refugees attend all appointments (including vaccination appointments).
- Others:
  - Refugees need health workers to deal with their specific health problem.
  - It is completely different then back home. The amount of waiting and having to make an appointment is something they are not used to at all.
  - How familiar does one need to be with the healthcare system to make an appointment and see a doctor?
  - Many refugees don't have a family doctor so they go to walk in clinics and can easily fall through the cracks. I have found maternal health very good (public health nurses post-natal and re: children's vaccinations, referrals for pregnancies). I can easily see how mental health would go if they didn't go to a doctor to talk about it - but the ngo's or private sponsors who see them on a regular basis would see an issue and hopefully find the correct resources.

2. Administrative barriers such as wait times to obtain a Personal Healthcare Number and wait times for appointments.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Administrative barriers such as wait times to obtain a Personal Healthcare Number and wait times for appointments.	5.4% 4	6.8% 5	17.6% 13	28.4% 21	27.0% 20	14.9% 11	3.76

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Physician Volunteer's Support
  - Because we had a physician volunteer to take our sponsored family prior to their arrival we were able to have them seen quite soon after we searched out the PHN process. Again we had to discover this through our own exploration or the help of the overall private sponsorship coordinator for our religious denomination. Hours of time are spent discovering the support that is available.
- Case Managers or Advocator
  - Case managers or advocator to help refugees to access services according to the urgency of their needs.
- Bridge Clinic:
  - Majority of our new immigrants & refugees are seen at Bridge Clinic in Vancouver, where interpreters are on site. Then refugees with PHN's are referred to health unit.

2) What recommendations do you have for further action that might address this challenge?

- Set up More Bridge Clinic:
  - There needs to be another Bridge Clinic out in the suburbs.
  - Language programs quite disrupted by the need to take so much time off in refugees first year to travel into Vancouver to the bridge clinic, complicated by the necessity of having large families attending multiple appointments. TriCities location means a full day trip on public transit. Recommend setting up clinics in more accessible locations or have the clinic mobile to follow the settlement pattern of refugees.
- Ensure Easy Access to Translation and Interpretation Services
  - Getting appointments with translators was problematic and funding for services is not straight forward at all
- Simplify Administration Process for Refugees

- The PHN card that arrived eventually had no photo I.D. This therefore required a second trip bringing both PHN card and proof of Residence Status before the photo I.D. was reapplied for. Could this not all be done in one process?
- Increase or provide specialized health care services to refugees
- This challenge is present for anyone awaiting a PHN and it arrives eventually. It was suggested that I label the application as Refugee application in order to speed up the process.
- IFH covers the gap while waiting for a PHN but this needs to be explained to the newcomer as well as access to the PHN number as soon as it is valid at 3 months. (with an explanation that the card takes ages to come in the mail but having the number is good enough)

- Encourage Private Sponsors to Support
  - We were on top of applying for care cards for our refugee family the week that they arrived in Canada so that they did not have long to wait. We called the local health unit and found out where the free clinic was shall they need immediate health care when their care cards had not yet come through.
- Others
  - Explaining as best as one can about the Canadian medical system with all it's usual delays. Need to dispel the notion that they have arrived in a perfect situation and there are waiting times for all Canadians.
  - One practitioner who accepts our application to be his patient. Appointment time was 4 months
  - With immediate health concern this was long time to wait
  - This challenge is no more a barrier to refugees than it is to me. Welcome to Canada!
  - My experience is the wait times for PHN was as expected. Wait times for appointments were no different than for citizens.
  - Wait times for appointments is going to increase the number of patients we seen in emergency.
  - We were very discouraged to learn that the children in the refugee family did not qualify for dental checkups and cleaning under the Healthy Kids program - and will not until they have been in Canada for one year and have then applied for a MSP premium. We had found the children a dentist who used the Healthy Kids program and IFH and spoke their language - however, when their receptionist called Pacific Blue Cross Healthy Kids, the children were not covered so we could not use this dentist, We think that this is a major gap in care. The IFH program does not cover this type of dental care. We received help from the local public health unit's public health dental hygienist who explained that they were not covered under Healthy Kids and offered to screen the children and refer to low cost dental services as needed.

3. Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures)

Answer Options	not critical at all / very			very critical /	Don't Know	Rating Average

	low priority				top priority		
Particular difficulty obtaining family doctors (e.g. due to perception among doctors of complex health conditions and perception of burdensome IFH administrative procedures)	2.7% 2	5.4% 4	12.2% 9	12.2% 9	50.0% 37	17.6% 13	4.23

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Online Information of Doctors Accepting New Patients
  - The online list of doctors accepting new patients.
  - The online Gov't information related to the IFH program
- Bridge Clinic
  - Having Bridge clinic in Vancouver (can't speak for Fraser Health) is a very helpful transition but then comes the difficult transition to the regular primary care system.
  - Vancouver coastal health seems to be addressing this e.g. Out of 3 bridges clinic they say there is an easy transition to the community doctors. But I know this is the biggest problem for most newcomers and local residents alike.
  - Health Unit ends up sending most refugees back to Bridge Clinic to see a doctor, as walk in clinics do not have interpreters & Family Physicians are a scarce commodity here.
- Private Sponsors' Preparation Prior to Refugees' Arrival
  - We had success asking mid-main clinic to put a family on their waiting list ahead of arrival and thus get moved up to the top of the 3 month waiting list before they even arrived.
  - As noted earlier, in Metro Vancouver outside of Vancouver and Surrey, very few GPs are listed as participating in the IFH program under Medavie. In order to connect our refugee family with a local GP - accepting new patients - who spoke their language (and whose receptionist also spoke their language) a great deal of searching had to be done. This GP however did not accept IFH (as did none in North Vancouver). We applied for MSP for the family the week they arrived in Canada. We set up initial appointments to secure the GP i.e. filling out new patient forms, and once their care cards arrived, immediately made appointments for them with the GP as new patients. I am a public health nurse - we also have a former refugee settlement worker on our committee and as volunteers with this refugee family we were able to do this work - but I am very concerned that the average lay person would find it almost impossible to navigate this system on behalf of their refugee families.

2) What recommendations do you have for further action that might address this challenge?

- Education to Doctors and Simplify Billing Process to Increase Acceptance
  - Educate doctors on process. Any steps to streamline it for them?
  - Many family doctors are reluctant to accept refugee patients!

- Our doctor's accounting office seemed overwhelmed with the paperwork that was necessary to file a claim!!
- We need more family practitioners.
- The registry of practitioners willing to bill under the IFH
- If practitioners have signed on to the Registry agreeing to bill the IFH they should be compelled to do so and accept these patients.
- Streamline the process of billing to IFH. Don't advertise what cannot be delivered. This is cruel.
- Finding a family doctor is a challenge to the general population and Dr. seems to be able to pick and choose their patients. This is a point that should be addressed with the Medical Association.
- This happens more around dentists. Though, just lack of doctors that are accepting new patients is an overall issue.
- Easy to access if there are community advocates. Very difficult without advocates
- Problems accessing dental care and specialists unless they have community advocates
- Yes IFH is not well known, and it created confusion and frustration by many health care providers.

- Develop More Translation and Interpretation Services
  - Issue is more related to language barriers.
  - Accept more Foreign Trained Doctors who speak Arabic and other languages..
  - These are basic health needs of the refugees. There are too few health practitioners that can provide services in the client's first language.
  - Increase health practitioners who provide services in the clients' first language or with translation.
  - Most refugees don't know how to obtain a family doctor. They end up going to walk-in clinics without translators.
  - The difficulty in obtaining a family Dr is not one unique to refugees. Finding a FP in the Lower Mainland is difficult. Finding one able to provide services to large families is more difficult. Finding one who can do this and speak the language of the refugees is next to impossible. Need translator services available for appointments. Need ability to connect these families when they move into our communities NOT having to wait a year until no longer followed by Bridge clinic and/or move from federal coverage to provincial coverage. Part of placing a family in a community should be an automatic connection to a primary care physician or nurse practitioner in the community they are placed. Physicians/NP who are willing to open their practice to these individuals need to have translator support provided to them as part of accepting these clients.
- Increase Resources to Support Healthcare Service Providers
  - Increase resources to health service providers who are capable to provide the services e.g. bridge clinic or newcomer's clinic.

4. Inadequate language capacity / interpretation services to support refugee healthcare needs.

Answer Options	not critical at all / very low priority		very critical /	Don't Know	Rating Average

					top priority		
Inadequate language capacity / interpretation services to support refugee healthcare needs.	4.1% 3	6.8% 5	2.7% 2	20.3% 15	60.8% 45	5.4% 4	4.34

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Current Language Services by Healthcare Authorities
  - Interpretation is available at VCH and other agencies.
  - Most still unaware of PLS, or don't want to be bothered to use it.
  - Currently, the Provincial Language Services provides interpretation for certain healthcare settings but their services are not available at family clinics and other community health clinics.
  - Currently, the Provincial Language Services provides interpretation support at hospital but there is a lack of interpretation support at clinics and other health care settings.
  - I know VCH has interpretation services
  - Good help has been available at tertiary care level as they arranged interpreters.
  - Health Unit use to have on site interpreters for health unit & home visits, however, paying interpreters for their mileage was deleted, as well as some other job benefits, and therefore, interpreters are not available for home visits."
  - Phone interpreters are currently used
  - Seems to be good for public system but not private (e.g. dental, eye care). We had to hire our own which is costly.
- English Learning Programs
  - Language classes are critical.
- Umbrella Multicultural Co Op addressed this challenge
- Language Support by Settlement Agencies or Volunteers
  - Because we are involved with a specific organization and settlement worker , he was always available and eager to speak with our family
  - The Translators are there. Some agencies, IE. MOSAIC have many of them.. for hire.
  - The Walk-In Clinic in Squamish there has been a language support phone number to call and it has worked very well. However, for dental services this has not been available and we have had to us a local Arabic speaker to translate. It would be good if all health care providers could be given translation support. Currently they are depending on home visitor or support worker to attend the appointment.
  - We have found it expensive to hire MOSAIC interpreters but have done so for finances.
  - We have used volunteer interpreters as we need to use them frequently, but have had to make sure they are considerate and confidential. We are aware of the differences between professional and volunteer interpreters - as we have committee members who

have experience working with professional interpreters - but it is important that private sponsors understand how to use volunteer interpreters well.

2) What recommendations do you have for further action that might address this challenge?

- More Properly Trained Interpretation
  - Google translate is not accurate; especially with medical issues!! More properly trained interpretation is need it to support refugees.
  - Increase the number of interpreters available.
  - A pool of interpreters ,possibly from the many volunteers, willing to sign a confidentiality agreement
  - Definitely inadequate available times and coordinating with all players.
  - Increase health practitioners who provide services in the clients' first language or with translation.
  - Advocate for more training for interpreters from within various communities.
  - We have had to advocate that the professional health services hire interpreters eg PIRS as they have often asked our group to bring along a volunteer interpreter. We have expressed that for health appointments confidentiality and use of medical terminology requires a professional interpreter
  - Health care services cannot be delivered without informed consent. Without reliable, independent translation this is not possible.
  - Mental health services depend on linguistic comprehension. Translators for mental health services require specialized training.
  - Medical professionals are willing to offer services but coordinating with a translator is problematic. Only few Arabic speaking health workers and physicians can be found in Vancouver.
  - Very limited interpretation services
  - privacy/ confidentiality issues
  - Finding a family doctor who speaks the patient's language is very challenging especially with all of the Syrian refugee.
  -
- Funding for Service Providers to Hire more Translator
  - The government should grant more funding to service providers to hire them for full time work.
  - Increase resources to health service providers who are capable to provide the services e.g. bridge clinic or newcomer's clinic.
- Promote Current Translation Services to Healthcare Practitioners
  - Do health care providers know how to access translator services for clients that don't speak English?

5. The lack of consistency in the delivery of primary healthcare across communities

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
The lack of consistency in the delivery of primary healthcare across communities	6.8% 5	5.4% 4	20.3% 15	17.6% 13	27.0% 20	23.0% 17	3.68

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Volunteer Doctors
  - Because we had a volunteer doctor and dentist our sponsor family have received quite prompt care. They have no idea how long other families have had to wait. Private sponsorship requires hours of volunteer time to coordinate and be advocates for care and follow-up.
  - Due to a public health nurse being on our committee of volunteers, as well as a former refugee settlement worker, we knew to: call the local health unit to access services via the public health nurse on call that day for: dental screening, immunization, developmental screening. nutrition counseling and local free health clinic. Every public health unit offers the same services.

2) What recommendations do you have for further action that might address this challenge?

- Set up a Central Agency or Protocol to Address All Concerns
  - We need a central agency to handle all these concerns which sponsors can access and in turn share with families
  - A special task force to address this. Recently retired doctors/ nurses/ to assist with this.
  - Create some sort of coordination e.g. service providers and refugee serving agencies networking
  - Set up referral protocols if needed
- Others
  - I was advised to go to Vancouver downtown to get immediate service. why not in Burnaby New West
  - Also a highly important issue even for the Canadian citizens.
  - This is a problem for the general population and not just the Refugee population
  - Since 1960, there have been no new Hospitals built in the Vancouver Lower Mainland. A few hospitals have had upgrades or renovations. 2) A few hospitals have been closed, St. Joseph's, Shaughnessy & St. Mary's. 3) The population has exploded in the lower mainland, & there have been no new hospitals built or increase in Public Health Nurses, (when comparing nurse to population numbers).
  - The difficulty in obtaining a family doctor is not one unique to refugees. Finding a FP in the Lower Mainland is difficult. Finding one able to provide services to large families is

more difficult. Finding one who can do this and speak the language of the refugees is next to impossible. Need translator services available for appointments. Need ability to connect these families when they move into our communities NOT having to wait a year until no longer followed by Bridge clinic and/or move from federal coverage to provincial coverage. Part of placing a family in a community should be an automatic connection to a primary care physician or nurse practitioner in the community they are placed. Physicians/NP who are willing to open their practice to these individuals need to have translator support provided to them as part of accepting these clients.

6. Lack of auxiliary support services such as case management, accompaniment and interpretation.

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Lack of auxiliary support services such as case management, accompaniment and interpretation.	1.4% 1	8.1% 6	12.2% 9	20.3% 15	48.7% 36	9.5% 7	4.18

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Friends
  - Sometimes a refugee would rely on a friend who may speak a little bit more, but is trustworthy.
- Service Providers
  - ISS
  - We dealt with MOSAIC
  - Some programs such as the Moving Ahead Program (MAP) provide accompaniment and language support but staff doesn't provide interpretation at healthcare settings. They also have a big caseload.
  - Some settlement programs such as MAP (Moving Ahead Program) provide case management and accompaniment, and language support. But the service doesn't include interpretation at healthcare settings.
- Volunteers
  - Use of volunteers.
  - We have used our volunteer public health nurse and refugee settlement worker to case manage.
  - We have used our volunteers to drive the family to appointments and volunteer interpreters to interpret.

- This has required a fairly large number of volunteers, regular committee meetings and regular meetings with the family.

- Private sponsors
  - We are a private sponsorship committee of 6 with 5 active members. It would be impossible to give a figure of the number of hours spent as advocates for our refugee family. Without the dedicated commitment of our committee the family would not have already seen a physician, had some tests, and had dental work done.

2) What recommendations do you have for further action that might address this challenge?

- Develop More Professional Translation and Interpretation Services
  - Professional trained health care interpreters are needed.
  - It was wonderful to have translators at some appointments. We really could have used them at all appointments.
  - With a lack of accompaniment or interpretation, refugees might not access health care services or not explain their issues well
- More Funding for Agencies to Provide Support
  - MORE FUNDING FOR AGENCIES
  - Yes. Such auxiliary are very helpful and successful in helping refugees to navigate through the complicate system and access for services and advocating for them.
  - These are critical services that need to be in place and supported/funded.
  - Not sure how to suggest to make it better other than having case manager support at the settlement agencies for someone to call and help navigate system?

C. Interim Federal Health (IFH) Related Barriers

Interim Federal Health (IFH) Related Barriers							
Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Perception by doctors that IFH is prohibitively cumbersome	8.7% 6	2.9% 2	17.4% 12	14.5% 10	27.5% 19	29% 20	3.69
Lack of interpretation for mental health services	2.9% 2	10.1% 7	5.8% 4	20.3% 14	47.8% 33	13.0% 9	4.15
Inadequate number of IFH registered psychologists	0.0% 0	4.4% 3	11.4% 8	14.5% 10	37.7% 26	31.9% 22	4.26

Inconsistencies amongst provinces e.g. registered clinical counsellors not IFH eligible in BC	1.5% 1	5.8% 4	8.7% 6	17.4 12	30.4% 21	36.3 % 25	4.09

1. Perception by doctors that IFH is prohibitively cumbersome

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Perception by doctors that IFH is prohibitively cumbersome	8.7% 6	2.9% 2	17.4% 12	14.5% 10	27.5% 19	29% 20	3.69

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Web information

2) What recommendations do you have for further action that might address this challenge?

- Simplify the Reporting and Reimbursement System
  - That is a serious problem. Simplification of the reporting and reimbursement system between the Medical bodies and the physicians might help!
  - Make it easier for health care service providers to sign up with government to access reimbursement for services.
  - Need to streamline billing procedure. Ex. Took refugees to dentist for treatment of impacted wisdom tooth that had become infected. The dentist is on the IFH registry. He saw the patient, deemed it an ""Emergency"" and then did the required paper work to get ""preapproval"" from IFH. This took two months! In the meantime, after two courses of antibiotics, we had the tooth extracted by a volunteer dentist at the Downtown Eastside Dental Clinic. Our committee left a donation.
  - What would be the reason that there were no GPs accepting IFH in many Metro Vancouver communities? Who could encourage and walk GP offices through the process to register for IFH? Important to target those GPs accepting new patients whose staff speak languages that refugees speak.
  - Most doctors do not have time to learn all about Interim Federal Health. Most doctors are in private practice & need to see at least 5 patients each hour to cover the incredibly expensive overhead. Most doctors will only see a patient for 10 minutes & limit the conversation to 2 complaints or problems.
- Provide more Education to Healthcare Practitioners
  - Doctors and dentists need to be open to looking into ways to help refugees

- Even pharmacists need to be more knowledgeable about this matter
- More Information sent out to Doctors, they are busy, organize a special communication group to reach out to them. Create an easy brochure something like Steps 1. 2 .3. 4. etc.

- Link IFH with Provincial System
  - IFH could be linked to provincial systems ... in an ideal world, for billing purposes
- Others:
  - I believe it is more than a perception. I once asked my doctor to see one of our refugees. He agreed to do it, but stated that he would not process the billing.
  - It is a challenge for the physician to take extra time to begin addressing the multiple needs of the family. They have been waiting for many months while awaiting immigration and it seems that their expectation upon arrival is that all the medical and dental needs be addressed in a timely fashion. It makes it challenging for the committee to meet the many needs upon arrival. Our sponsored family have been here since mid-October. They have now had approximately 5 appointments with the physician and five LONG appointments with the dentist.
  - My dentist had no problem doing this
  - We have had no success using the IFH program so far. We paid for initial services as our group. For dental services, even for kids, we have had three dental practices offer the services at no charge as their contribution to Refugee settlement.
  - Wait times for approval of services have been very long
  - Many have not even heard of it and don't want to tackle the issue.

2. Lack of interpretation for mental health services

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Lack of interpretation for mental health services	2.9% 2	10.1% 7	5.8% 4	20.3% 14	47.8% 33	13.0% 9	4.15

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- Current Services by Services Providers and Healthcare Authorities
  - The ACE and Cross Cultural Mental Health program was very good but were both cut.
  - Should be no concern as local health authorities have a budget to hire professional health interpreters such as PIRS.

2) What recommendations do you have for further action that might address this challenge?

- Recruit Foreign Trained Healthcare Practitioners
    - I think doctors and nurses from the affected countries should be fast-tracked to get them into the health care force to assist especially with refugee cases.
    - Hire and pay more of them for full time work. There are actually many of them available cut the red tape, they do not all need to certified. Teachers from their countries could be hired as well who speak English.
    - Not sure if interpretation is the best option here. It is better if the provider is able to speak first language themselves.
    - There is a lack of culturally appropriate and trauma informed mental health services. Mental health service providers need to be better trained, need more time and look at alternative ways of providing services.
    - Hard to get around this one as it so hard to counsel in another language or with interpreter
- Develop and Post Lists of Resources
    - Again, lists of available resources given to both sponsors and newcomers
- Others
    - Sometimes even the interpreters don't seem to understand mental health
    - Interpretation at mental health is not ideal.....
    - We did not use mental health services as we were unable to access any. Fortunately none were needed immediately.
    - This is difficult to know the impact of leaving 3 close family members in a refugee situation back in the camps or wherever they are now living as refugees awaiting immigration. Our family have another daughter with her husband and 5 year old son awaiting immigration. Their UN application has expired and we, as a committee, are now trying to find out how to go about private sponsorship for them. It is a maze of paper work and dead ends that leave us feeling quite exhausted.
    - As mentioned above this is critical for refugees
    - Haven't been able to find anything so far

3. Inadequate number of IFH registered psychologists

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Inadequate number of IFH registered psychologists	0.0% 0	4.4% 3	11.4% 8	14.5% 10	37.7% 26	31.9% 22	4.26

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- None were reported

2) What recommendations do you have for further action that might address this challenge?

- Develop Volunteer Support, i.e. volunteer university students
  - Use 3rd, 4th year students and recent grads. The 3rd year ones could incorporate this as a practicum. Credits towards their programs.
- Fix this at professional body and federal level
- Others
  - I was refereed to family physician and not to a psychologist
  - This is very critical to have.
  - Arabic Speaking Psychologists
  - There is no relevant source that the Refugee Supporting Group can find for the refugee patients!
  - Did not use the services of a psychologist
  - We have no idea how to access these services. One of the family members could certainly use the support, in our observation. Of course that also requires a competent translator that is of the same religion and not one that creates tension simply to have them nearby.
  - I do not know of any working close to our health unit. Most Psychologists charge fees, which even ordinary Canadians cannot afford to pay.

4. Inconsistencies amongst provinces e.g. registered clinical counsellors not IFH eligible in BC

Answer Options	not critical at all / very low priority				very critical / top priority	Don't Know	Rating Average
Inconsistencies amongst provinces e.g. registered clinical counsellors not IFH eligible in BC	1.5% 1	5.8% 4	8.7% 6	17.4 12	30.4% 21	36.3% 25	4.09

1) What resources, programs, services or practices are you aware of that have been put in place to address this challenge?

- None has been reported

2) What recommendations do you have for further action that might address this challenge?

- Advocate Changes on Regulations
  - CUT THE RED TAPE PLEASE!

- IFH is a federal program and therefore there should be no difference in the services that are available in different provinces. That said, without a college of clinical counsellors, RCCs in BC may not have the training and regulatory oversight to provide insured services.

- Others:
  - Did not use services of clinical counsellors
  - Again we certainly could use access and awareness of where to access such support.
  - Deficient.
  - If registered clinical counselors, who speak languages that refugees speak, were under IFH, this would be a very valuable resource.

D. Other Challenges

- Lacking of Funding for Healthcare and Settlement Services
  - Money for dental, eye
  - Financial challenges.
  - Some exams (like X-ray are free only for the first 3 months) this should be extended to one year
  - Some prescription drugs are not covered. I asked for ACTA last time and I was told it is not covered.
  - Dental
  - Dental concerns are also a major challenge for this population.
  - Dental care and eye care. Fortunately, IFH worked for our refugee family, related to the need for eye care.
  - Need for up to date vaccinations. Public health seemed to be aware. This was addresed only after we obtained the PHC card.
  - Also the dentistry service is very expensive for many refugees. Finding a dentist who is joining the program of the first 3 months medical insurance especially for the private sponsorship.
  - Low cost dental services for refugee
  - Yes - all refugee children should be registered to access Healthy Kids coverage for dental and vision care in their first year in Canada. Why do they have care cards and have MSP premium waived so that they can see a GP - yet are unable to access the Healthy Kids program that all other low income children in Canada do?
  - They are in serious need of dental care - not just emergency dental care.
  - Top priority for all families right now is Dental care for adults, IFH is not covering certain dental work for all my clients and they cannot afford to pay payments as these families have large number of children to take care of. The process is very difficult for families because they are in pain and don't understand where to go , which dentist will support ,

help these families who are in high need of dental care. They need root canal, fillings etc. Please help these families process easier, they have to suffer day in and out of severe pain and still take care of their children's needs. It is a difficult and frustrating process to deal with IFH.

- Also families arriving after the Canadian deadline of Feb 2016 then receive the flight bills that, in our case, are $4000+ Canadian dollars. Settlement costs need to be discussed as well. Private sponsorship costs need to be realistic and up front to give groups realistic understanding of the undertaking of private sponsorship.
- Childcare for those whose children do not need to attend.
- Housing is the underlying issue. Families are very large and finding low cost housing to accommodate them is very challenging. If you don't have adequate housing, you don't have health.
- Lack of workshops in their first language on the topic of how to start discussing mental health issues with their loved ones, facilitated by a qualified medical professional.

- Foreign Credential Recognition
  - There are lots of people who are qualified as a health care providers such as counselors and psychologists and they also speak the first language of the patient but because of the barriers that was putting in front of them in order to be recognized as psychologists or counselors, they are now working the field empty because of this barriers. There is a huge need for those professionals to come back to the field after this barriers can be removed because coastal health is struggling finding counselors or psychologists.
- Participation and Commitment of Doctors
  - Doctors in IFH program should be reminded of their commitments - either to accept new patient, or give short appointments. They are choosing healthy and not newly-immigrated as their patients.
  - The sick needs the doctor and the doctor should look for those who desperately need his/her service
- Lack of Healthcare Practitioners Speaking in Other Languages
  - I was told one time by PHD student at UBC that there is only one Arabic speaking psychologist in BC.
- Lack of Awareness of the Language Services
  - Many family physician offices don't have awareness about interpretation bank services where they can use that service for someone who can’t speak English well enough
- Not Sufficient Education of Cultural Awareness
  - Appropriate, culturally relevant programs are not there or not accessible.
  - The stigma about mental illness varies across cultures. Health professionals need training in cross-cultural care.
- Lack of Time Among Private Sponsors to Get Prepared for Refugees’ Arrival

- The challenge of short notice arrival of the families is really quite strange. We were given short notice and had to scramble to find housing that was acceptable. There seems to be no coordination with the plans.

- Others
  - Second thing, translating the entire information source for health service in every language in the world is absolutely good. However, would it be smart to think ""how much of these refugees WANT to read this information?"" ""how many of these refugees can read?"" ""Do they know what a mental health is?"" ""Do they really understand that, here in Canada, mental health of every individual counts?"". So, ""connection"" with these refugees will be an absolute resolution just to dig on what they want, need and desire"
  - Many questions could be part of programs for the Cross-Cultural Mental Health symposia that used to take place through Soma Ganesan and Chris Friessen and may still be going on.
  - Transportation costs!
  - The difficulty in obtaining a family Dr is not one unique to refugees. Finding a FP in the Lower Mainland is difficult. Finding one able to provide services to large families is more difficult. Finding one who can do this and speak the language of the refugees is next to impossible. Need translator services available for appointments. Need ability to connect these families when they move into our communities NOT having to wait a year until no longer followed by Bridge clinic and/or move from federal coverage to provincial coverage. Part of placing a family in a community should be an automatic connection to a primary care physician or nurse practitioner in the community they are placed. Physicians/NP who are willing to open their practice to these individuals need to have translator support provided to them as part of accepting these clients.
  - There should be a fluid referral system for each refugee family to be connected to their local public health nursing unit.

E. Additional thoughts or recommendations

- Information and Guidebooks in Refugees' First Language
  - The barrier to accessing healthcare for refugees is preceded by the barrier of discussing mental health issues first and foremost. Without adequate information given to refugees in their first language on the importance of diagnosing and the prevalence of mental health issues, this is almost an impossible barrier to surmount. There are qualified settlement workers who give workshops. As one of them, I find the biggest barrier is talking to refugee families about mental health. There is oftentimes a cultural taboo around the topic. They often don't realize that in Canada, having a diagnosed mental

illness is not a death sentence, and that a diagnosis can lead to access to better services and programs to help them.

- Our health care system is difficult to navigate. Refugees require a trusting relationship with someone to follow through. More information in different languages would be helpful Ex: I sent away to the Govt. for information in Arabic, related to vaccinations. This was helpful.
- We should have many posters and leaflets in the refugees' language to raise their awareness of the healthcare access.
- Educate refugees of the healthcare system in Canada and the importance of having access to it.
- Workshops on health care should be available and widely known to all refugees, including all the various health care programs that are available
- Refugee healthcare needs to take into account that families arriving here with children with disabilities (or if they themselves are disabled) need to know a whole lot more about services and about government branches than other families. Educational material on disabilities and services needs to reach communities.

- Increase Accessible Interpretation Services
  - Dental and eye services should be able to access a funded telehealth interpreter line as do the public services. This should be part of the IFHP if you ask me.
  - Perhaps there need there should be a special office set up in each community where a doctor from their country would work under the supervisions of a Canadian Doctor, they would do the preliminary intake and questions. With a volunteer translator and then the other doctor would prescribe the treatments and or tests/prescriptions.
- Ensure Access to Refugee's Medical Information
  - The refugees do have to go through detailed medical exams to be let into Canada. It would help and avoid duplicate tests etc. if the doctors were able to access this information.
- Change the MSP and Pharmacare Policies
  - Pharmacare requires notarized statements of income from new comers because it does not have an Income Tax form to use to calculate the deductible. Could this be waived in the case of Refugees, within the first year?
  - As the refugees come through immigration there needs to be dedicated physicians and dentists that specifically meet the refugees and are given appts as they enter. This would make sense from all avenues since there are many who are basically well and only need initial screening. Others will need multiple follow-ups, understandably, but the initial health risks are addressed. An example of that is one of our refugees had a sudden onset of headaches and double vision and it was a worrisome time between the symptoms and when they could be seen by a physician along with a translator. This particular episode

could have been less dramatic to the sponsors if the initial assessment had shown that the BP was in normal range and some history of past health would have been available.
    - I think that the concern about mental, physical and emotional health is a top priority! This area of support needs to be available to sponsors, doctors ,and psychologists BEFORE the families arrive so to be better prepared to assist in a more effective settlement experience
- Change / Adjust IFH Reimbursement Policies
    - Lack of providers signed up to get IFH reimbursements - refugee has had to pay for services that should have been covered.
    - Inconsistent application of reimbursement for dental services - prevention is much cheaper for health system in the long term, but IFH mainly covers treatment, not preventative services (ie. pay to pull teeth rather than pay for root canal - in the long term has worse consequences for bite, need for more expensive bridges, etc.
- Others
    - Provide refugees with gifts and incentives to attend healthcare appointments.
    - Diagnosis of children with special needs, so that they are eligible for support services
    - The local central health unit had not seen refugee families come in for immunizations - we were told we were the first to bring them there - although they were ready and equipped to see them. However, teachers in the local community schools identify that there are refugee families attending their schools. What is the gap in connecting the refugee families to local public health services which can be the gateway to provide family care and referrals to mental health, developmental assessments, kindergarten readiness, community resources etc.? Are private sponsors on their own and unaware of this resource? Are GARs universally connected to their local public health unit after they leave Welcome House?
    - An inevitable psychological test for all refugees
    - In general, Health Care in British Columbia needs more money, more people resources. Ottawa has not assisted much in this department.
    - The difficulty in obtaining a family Dr is not one unique to refugees. Finding a FP in the Lower Mainland is difficult. Finding one able to provide services to large families is more difficult. Finding one who can do this and speak the language of the refugees is next to impossible. Need translator services available for appointments. Need ability to connect these families when they move into our communities NOT having to wait a year until no longer followed by Bridge clinic and/or move from federal coverage to provincial coverage. Part of placing a family in a community should be an automatic connection to a primary care physician or nurse practitioner in the community they are placed. Physicians/NP who are willing to open their practice to these individuals need to have translator support provided to them as part of accepting these clients.

F. Respondent Information

1. What community(s) do you work in? Please check all that apply.

What community(s) do you work in? Please check all that apply.		
Answer Options	Response Percent	Response Count
Vancouver	54.5%	36
Burnaby	25.8%	17
Coquitlam	21.2%	14
New Westminster	12.1%	8
Port Coquitlam	10.6%	7
Port Moody	7.6%	5
Richmond	7.6%	5
North Vancouver	4.5%	3
West Vancouver	4.5%	3
Tsawwassen	1.5%	1
Other (please specify)		11
	answered question	66
	skipped question	13

Others

- Chilliwack
- Langley
- Maple ridge
- Ladner/Delta
- Surrey (2)
- Squamish (2)
- Located in Vancouver but seeing clients from all over cities.

2. How long have you worked with refugees?

How long have you worked with refugees?		
Answer Options	Response Percent	Response Count
less than one year	16.7%	11
1 - 3 years	33.3%	22
4 years or more	42.4%	28
Non-Applicable	7.6%	5
	answered question	66
	skipped question	13

3. What is your role / job in refugee healthcare?

What is your role / job in refugee healthcare?		
Answer Options	Response Percent	Response Count
Settlement / Community worker	45.5%	30
Private sponsor	27.3%	18
Community Agency Administrator	9.1%	6
Medical healthcare practitioner	9.1%	6
Mental healthcare practitioner	4.6%	3
Health administrator / Health Authority	3.0%	2
Dental care practitioner	0.0%	0
	answered question	66
	skipped question	13

Others:

- Volunteer to assist immigrants
- Volunteer providing transportation to specialist appointments at Children's Hospital
- Church volunteer
- A refugee myself
- Administration