



Newcomers Navigating Healthcare

A Community Conversation

Presented by
Greater Victoria Local
Immigration Partnership (GVLIP)
and Refugee Readiness Team
Vancouver Island (RRT-VI)



Greater Victoria
Local Immigration
Partnership



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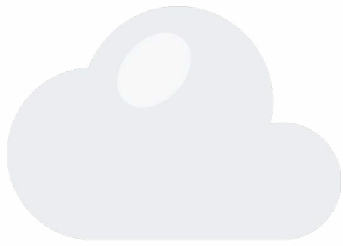
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Land Acknowledgement

The Greater Victoria Local Immigration Partnership (GVLIP) and the Refugee Readiness Team for Vancouver Island (RRT-VI) bring together individuals and organizations located on the traditional territories of the **WSÁNEĆ** and **Ləkʷəŋən** peoples. As newcomers and settlers, we are uninvited visitors on this land and we acknowledge with respect the Songhees, Esquimalt, Tsartlip, Tseycum, Tsawout, Pauquachin and T’sou-ke nations whose historical relationships with the land continue to this day. In the spirit of creating strong, respectful relationships, we are committed to working in partnership with all Indigenous communities who reside in the Greater Victoria area to reduce the impact of colonization that continues through our work with newcomers.



WHAT WE HEARD



This report presents the findings and insights from conversations that took place at the “Newcomers Navigating Healthcare: A Community Dialogue” in April 2023. The purpose of the event was to learn about and discuss the challenges and systemic inequities that newcomers experience when accessing healthcare services on Vancouver Island. Participants from various service areas were encouraged to consider how best to overcome these challenges by implementing better processes and policies and taking concrete actions in their respective sectors.

Key challenges:

Newcomer patients often feel unheard and might avoid healthcare services.

- o Existing medical interpretation or translation services are underutilized or misused by health service providers.
- o Some newcomer patients are more vulnerable depending on intersecting identities such as their sex and gender, ethnicity, immigration status, sexual orientation, and language.
- o The general adjustments of newcomers to a new culture affect their specific health journeys. For example, learning a new language, how to get around a new city, understanding the availability of services, and feeling disconnected from the community might make it more difficult or stressful to find one's way through the healthcare system.
- o Newcomer health literacy challenges are rooted in broader social determinants of health, including housing, education, social exclusion, employment, and/or job security.¹

Existing healthcare systems are often inequitable and are not easy to understand and use for newcomers.

- o Many English language learners find it difficult to find, understand, and use healthcare information and services to make health-related decisions for themselves and others. It is made worse when health services do not structure information about services with language learners in mind.
- o There is a lack of training for care providers on issues related to newcomer health.
- o There is a lack of knowledge about healthcare insurance, and coverage among service providers.

Different health, social, and community services are not well integrated.

- o Lack of integration of health and social services produces health inequities for newcomers. For example, mental health is significant for all newcomers across services but not often integrated with other healthcare services.
- o Settlement services are often the first point of contact for newcomers, yet there are mutual service and knowledge gaps between settlement and health and other service organizations.

Recommendations:

- o **Center the patient** and provide culturally sensitive, trauma- and violence-informed care. Putting newcomers at the center of their care means acknowledging and supporting their skills and agency.
- o **Use trained interpreters** and provide translated materials and instructions.
- o **Specify more time for newcomers' medical appointments** when they need an interpreter to improve healthcare outcomes.
- o **Support care-providers** by providing ongoing training and peer support for practitioners to increase their capacity to provide care to newcomers.²
- o **Bridge physical and mental health** by enhancing the integration and coordination of mental health services with physical healthcare and increasing the efficacy and use of referral processes between health services.
- o **Simplify healthcare systems** by enacting policies and practices that make it easier to use interpretation services and the Interim Federal Health Program (IFHP), to make referrals, and to increase the collaboration between healthcare services and community partners.
- o **Work together** to increase collaborative approaches between primary health, mental health, and community organizations and institutions such as schools, religious and community centers.
- o **Develop policies and processes** that make it easier for newcomers to find a community of support and belonging. These practices include communications and promotion of information related to access to trauma- and violence-informed, patient-centered, and culturally safe and supportive care.



GVLIP'S ANTI-RACISM AT WORK CAMPAIGN

The *Anti-Racism At Work* campaign was created to encourage everyone to speak up against racism at work, especially white colleagues, managers, directors, and leaders who are presently quiet, hesitant, or unsure how to address the issue.



"When I spoke about witnessing racism, some white colleagues stopped talking to me and those that supported my voice only did so quietly after the fact... the quiet people who are not racist in society need to start speaking up and being anti-racist."

(Anonymous respondent to Racism in Greater Victoria survey.)

We are GVLIP.

Greater Victoria Local Immigration Partnership

We champion the inclusion of newcomers in Greater Victoria.

As a coalition of local organizations, government agencies, institutions, businesses, and recent and established immigrants, we are championing the inclusion of newcomers in Greater Victoria.

1. HIGHLIGHTING THE ISSUE

In the context of the COVID-19 pandemic and recent primary healthcare crisis in British Columbia,² many communities across Canada find themselves unable to deliver safe, equitable and quality healthcare. In this context, healthcare professionals experience increasing pressure on their time and capacity to help underserved and marginalized populations including those who experience barriers related to their racial, ethnic, gender, sexual, economic, cultural, or linguistic identities. This can result in lower quality health care by structurally marginalized newcomers.³

The **Greater Victoria Local Immigration Partnership (GVLIP)** works to bring awareness to the experiences of marginalized groups, specifically immigrants and refugees on Vancouver Island. In collaboration with the **Refugee Readiness Team for Vancouver Island (RRT-VI)**, RRT-VI works to increase service providers' knowledge about how to use the *Interim Federal Health Program (IFHP)* to encourage more healthcare providers to sign up and to increase accessibility to healthcare for people who are classified as a refugee under Canada's immigration policy.

In April 2023, the GVLIP and RRT-VI brought together healthcare professionals, immigrant serving organizations, immigrants and refugees, and other service providers to better understand the challenges immigrants and refugees experience when accessing healthcare and to make recommendations to improve access to healthcare. This report represents a high-level summary of our conversations and an important first step toward taking action to promote equitable healthcare services and policies in the Greater Victoria Regional District.

It is our hope that this summary continues to spark an ongoing dialogue between different services and aid the collective work that lies ahead to ensure immigrants and refugees in our communities are healthy and thrive.

A Window into Newcomer Health

It is well-documented that access to timely and quality primary care is a critical resource for the health of immigrants and refugees¹ many of whom arrive with pre-existing, complex medical needs that are made more difficult by stress and trauma gained from migration and resettlement.⁴ Primary healthcare serves as an important gateway to other services newcomers need. Because newcomers experience significant cultural and linguistic barriers while accessing primary healthcare, they often have less access to different types of healthcare and community services.⁵ In the context of the global SARS-CoV-2 pandemic, newcomer patients experienced a worsening of mental health issues, and further disruption of access to primary care and community services.⁶ A recent report suggests that previous war-time traumas along with the public health restrictions have increased isolation, fear, and anxiety for refugees in Canada.⁷

Health literacy and navigation skills are needed when being introduced to a new healthcare system. This is especially challenging for those newcomers who are English language learners and may come from places where there are limited healthcare services. Other factors that make this navigation even more difficult include racialization, gender identity, gender expression, sexuality, ability, social economic status, housing security, and experiencing a lack of social support. For example, many racialized refugee mothers face multiple barriers due to limited English or French language skills, religious and cultural differences, and lack of social support systems disrupted by migration.⁸ As well, many newcomers seek refuge in Canada because of their sexual orientation, gender identity, and gender expression but still experience systemic marginalization and stigma when accessing healthcare services and social support in Canada.

¹ In this report, we will use the term "newcomers" to refer to immigrants and refugees. Find definitions for all terms used in the section: Definitions of Terms.

This report highlights the experiences of some of the most marginalized newcomer groups, for example, illiterate pregnant women, but it is important to remember that marginalization is based on specific contexts and the way power relations play out when accessing health and social support.⁹ Highly educated and skilled newcomers may also experience systemic challenges when finding their way through the Canadian healthcare system.

Expanding healthcare and social services means that we need to build capacity for *integrated healthcare* which is an approach that includes a high level of collaboration and communication among healthcare and other service professionals.¹⁰ Bringing together representatives from diverse sectors to talk about the challenges that newcomers experience is a first step toward providing more integrated healthcare for newcomers in our region.

Community Conversation on Vancouver Island – What did we do?

Who was there:

The event “Newcomers Navigating Healthcare: A Community Dialogue” brought together more than 60 different service providers from front line primary care services, mental health services, Island Health, settlement workers, academic institutions, English Language teachers and communities with living experience- to discuss what works to support better integrated healthcare and the challenges to providing support.

What did we talk about:

Five separate topics were discussed in small groups of 6-8 participants with the help of facilitators:

1. **Processing information:** How do English language learners manage and process information in the healthcare system?
2. **Interpretation needs:** How do newcomers navigate health appointments and procedures with and without interpreters?
3. **Pregnancy:** How might additional vulnerabilities affect pregnant immigrant women with a limited understanding of English?
4. **Mental health:** How are newcomers appropriately assessed and referred to mental health services and prescribed medication when needed?
5. **Interim Federal Health Program for refugees:** What complications do refugees experience when accessing healthcare through the Interim Federal Health Program (IFHP)?



Participants were able to switch groups once, which means that each participant was able to contribute to two of the five topics above.

Case Studies and Questions:

To aid learning and to make sure newcomer voices were centered in the discussion, each table read two short case studies based on 'real world' scenarios. In total, there were 10 case studies, drawn from reports provided by local settlement workers, counselors, and documented interviews with newcomers from across Canada. To protect confidentiality, personal details were hidden and multiple stories were combined as one. While none of the case studies used at the event corresponded exactly to *one* individual's story, they reflected as best as possible what many newcomers in Canada experience when needing care. Each case study included two lists of questions:

1. **What is happening:** Questions to analyze and help understand the situation and corresponding challenges.
2. **What can be done:** Questions to guide explore potential solutions and actions.



Participants' Voices:

"This event was eye opening, collaborative, and insightful."

"A great event to learn how to work together to collaborate and connect for a better community of practice for welcoming our newcomer communities."

The Report:

This report captures the essential themes that emerged from these conversations. The report has two main sections that correspond to the two sets of questions:

1. The first section summarizes the challenges newcomers face when accessing healthcare and includes excerpts of the case studies that were shared with attendees.
2. The second section summarizes promising practices to overcome key challenges and includes excerpts of comments from participants.

The report reflects the perspectives and experiences of those who participated in the event and aims to provide valuable resources and solutions for advancing equitable healthcare and social services with and for newcomers in the Greater Victoria region and on Vancouver Island .

2. UNDERSTANDING THE CHALLENGES TOGETHER

The first task given to each table was to use the prepared case studies to work through the challenges that newcomers experience when finding their way through a health issue or crisis. This was done to make sure that any participant who was *not* a newcomer would gain a better understanding of the challenges newcomers may experience when in need of healthcare.

Listed below are the main challenges that were gathered through this exercise. Included as well are excerpts of the newcomer voices that were used in the case studies that the participants read and analyzed to create the list below. They are included here to provide additional context and to highlight the first-person patient-centered focus of our discussions.

Navigating Healthcare as an English Language Learner

- **Language challenges make seemingly simple actions difficult:** Barriers to health access begin even before a patient arrives at a consultation. When learning a new language or feeling overwhelmed, seemingly simple actions such as calling someone on the phone can induce fear and anxiety. Newcomers might struggle with finding their way through public transportation, being able to make a medical appointment over the phone or knowing what to say. They might arrive at an appointment already stressed because of their experience getting there.
- **Expressing what pains or worries you is difficult in a new language:** Some newcomers may struggle to express their health needs because of different cultural expectations about what one should share with a professional, when to speak, waiting to be asked questions rather than volunteering information, and how to interpret the body language of providers.



Newcomer Voices:

"Finding my way to the clinic in Canada was difficult... I had to find my way with buses and street names that I could not read."¹¹

"I took a friend to help me interpreting. I regretted it though; she did not ask *my* questions. She asked questions that *she* wanted to know about, or *she* thought were important. I was upset and the doctor got confused too."¹²

Providers may also miss cues from newcomer patients. For example, mental health symptoms may be described as general distress instead of referred to by common English terms such as “depression” or “anxiety.”

- **Providing too much information too soon can lead to misunderstanding:** Overwhelming amounts of information about the healthcare system or about a diagnosis and treatment in a language they cannot comfortably read, leads newcomers to disengage and reduces their knowledge about the system, the diagnosis or treatment.¹³
- **Using family members or friends as interpreters leads to inconsistent care:** Many health practitioners and newcomer patients refer to friends or family members as interpreters. There are several concerns related to this practice including:
 - Because family or friends are not trained to make sure information is correctly relayed, a correct diagnosis or treatment of an ailment might be affected.
 - Family members, especially children, who provide interpretation might be compelled into taking on a caretaking role that may not be appropriate for them.
 - Some newcomer patients may not feel comfortable speaking openly in front of family members or friends.
- **Speaking to the interpreter instead of the patient makes newcomer patients feel ignored and unheard:** Providers who are not used to working with interpreters may forget to speak directly to the patient and address only the family member or interpreter present. This may make the newcomer patient feel ignored and unable to use their own voice.
- **Underuse of existing interpretation services affects the quality of care:** Despite the existence of *Provincial Language Services (PLS)* and national standards for the provision of interpreter services, PLS services are underused in British Columbia.



Newcomer Voice:

“Although having an interpreter is very helpful, the problem is that the doctor looks at her...and always talks to the interpreter. I am like nobody; I think I am not there... I am the most ignored one. And from that point...I try to find people who consider my being as a person and look at me as a whole rather than just the language.”¹⁴

When professional medical interpretation is not used in public health services and hospital settings, newcomers might receive treatment and procedures without adequate explanation and understanding. At private clinics and walk-in clinics, newcomers are often sent away when they are not able to bring an interpreter along with them to a consultation. These situations affect newcomers’ quality of care and health outcomes.

- **Health providers’ limited knowledge about PLS:** Many public health providers have difficulty accessing interpretation services because of time constraints on consultations and their knowledge or assumptions about the service. Private health providers do not have access to PLS.

Other Factors Affecting Quality of Care

- **Lack of reflexive practice and cultural sensitivity limits the agency of certain vulnerable patient populations:** Even when interpreters are used, many marginalized newcomer groups can feel ignored by the healthcare system. The lack of cultural and religious sensitivity by some providers and the stereotyping of different cultures can discourage patients from voicing their concerns which increases their vulnerability.
- **Pregnant newcomers might feel more vulnerable when navigating healthcare:** Many refugee women have large families and, in their country of origin, would rely on family support during and after pregnancy. It can be challenging for them to access medical care when they do not have such family support available in their new country. In addition, some newcomer women find it challenging to understand medical instructions or navigate their way to access pre- and post-partum care clinics and hospitals to get services by themselves.



Newcomer Voice:

“When I gave birth there was no interpreter and I did not know what was happening and what decisions were made for me. It was frightening not knowing the language...I had no idea what they [the healthcare workers] were talking about or what they were going to do to me.”¹⁵

“Sometimes you do not want to be fussy, like, they would think ‘the Muslim girls are the fussy ones’...I felt already ashamed...I was just praying in my head, ‘Please let the doctor be a woman.’”¹⁶

- **Assumptions about healthcare systems affect expectations of newcomer patients and healthcare providers:** In their country of origin, newcomers might have been used to less or more services, less or more access to providers, and healthcare systems that are less or more flexible. Providers making unfounded assumptions about the health services in a country of origin might unintentionally disrupt trust and affect the newcomer's willingness to engage in treatment plans.¹⁸ As well, newcomers might have assumptions about how the Canadian healthcare system works that might lead them to expect too much or too little from the system.
- **Lack of trust leads to avoiding care:** A lack of trust in the healthcare system can lead to avoidance of primary healthcare services and greater reliance on urgent or emergency care and then to increased costs. In addition, some newcomers will avoid seeking healthcare services for themselves or their families and rely on medications sent to them from their countries of origin, which may increase health risks due to a lack of adequate diagnoses and care.¹⁹



Newcomer Voice:

"[One] day I checked my kids' temperatures...oh my God...they were burning like a furnace...I got anxious I did not know what to do...I had lost my self confidence...I feel helpless [and I still feel afraid to call the walk-in clinic]." ¹⁷

Navigating the Mental Healthcare System

- **Mental health conditions may make it more difficult to find one's way through the healthcare system:** Navigating and accessing the mental health system can be very difficult for newcomers experiencing mental health conditions such as post-traumatic stress (PTSD), depression, dissociative disorders, and other traumas, while also dealing with other barriers such as language barriers and cultural stigma.
- **Health providers may inadvertently increase the emotional and psychological trauma of clients:** Many newcomer clients may have previous traumatizing experiences and more vulnerability due to pre-migration trauma. Lack of cultural sensitivity or discrimination by a healthcare provider may further perpetuate trauma and dehumanize healthcare experiences.

This can result in newcomer clients feeling shame, helplessness, and losing their self-confidence. Taken together these interpersonal barriers are structural conditions because training in cultural sensitivity and trauma-informed are not often systemically provided and their absence can lead to long-lasting trauma and avoidance of primary healthcare services.

- **Inconsistent interpretation during counseling negatively affects mental health outcomes:** Interpreters in counseling sessions often need to possess additional sensitivity and knowledge. Clients might not respond well to meeting different interpreters throughout their counseling sessions. Also, a client's "voice" might be lost when using different interpreters throughout someone's mental health journey which makes diagnosis and addressing their mental health concerns more difficult.
- **Lack of integrated care harms mental health outcomes:** Integrated care involves the coordination and collaboration between different healthcare providers to address both physical and mental health needs. If newcomers must deal with fragmented healthcare systems or disjointed services, it can lead to a lack of coordination and continuity of care. This can make it difficult for individuals to access appropriate mental health services or receive comprehensive care.
- **Some newcomers access mental health support through different avenues:** In some cases, newcomers avoid finding mainstream mental health support due to a variety of factors related to stigma, limited English proficiency, and cultural norms. In some contexts, they may ask for help from their trusted religious, spiritual, or community leaders instead.



Local Service Provider Voices:

"I wonder why the client's mental health needs were overlooked for so long. It might be because of their practices around interpretation... Always try to use the same interpreter, that way you can have a better understanding of the clients 'voice.'"

"A teen was sent to Emergency because of suicidal ideation. But the psychiatrist who assessed her did not use an interpreter and was not able to communicate with her, so they sent her home and did not follow up with us to see if she was all right."



Service Provider Voice:

“On a scale of 1 to 10, I think I would rate [my colleagues’] knowledge of IFHP as 6. I’ve heard so many providers tell you that they don’t have any idea of what IFHP is...they kind of figure that everyone has [MSP]...We’ve seen [IFHP] so infrequently so it’s a steep learning curve.”²⁰

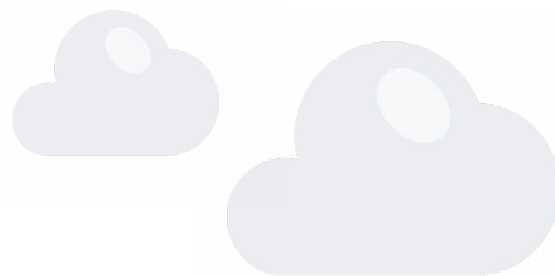
Settlement Worker’s Voice:

“We had a case that the client’s medication for Hepatitis C took 2 weeks to be approved and that impacted the client’s treatment. The approval time for medication can vary, ranging from a few days to up to two weeks and some medications are not covered by IFHP.

Another issue is the lengthy approval process for physiotherapy treatment, often taking around 2-3 months before it is authorized.”

Challenges Unique to Refugees

- **Limited knowledge about the healthcare system and the IFHP leads to lack of care, mistrust, and misunderstanding:** Refugees and other immigrants such as asylum seekers may lack knowledge about the healthcare system and their rights to access healthcare without fear. This can create a barrier to accessing healthcare services, as they may not know what services they are entitled to or how to navigate the system. Additionally, healthcare providers may also have limited knowledge of the healthcare coverage and policies available to refugees, others who are undocumented. This can lead to a lack of care and increased medical needs as well as mistrust and/or misunderstandings about the healthcare system in Canada.
- **Structural barriers to providing care under IFHP limits providers’ willingness to participate:** For example, the need to request pre-approval for every treatment can create difficulties for providers to offer care in a timely and ethical manner, as patients may need to wait for approval before receiving necessary treatments and providers might feel they are unable to offer their patients equitable and necessary care.



3. THINKING TOGETHER ABOUT WHAT WORKS

The second task given to event participants was to use the case studies during the first part of the discussion to discuss strategies to overcome the challenges within the healthcare system. The list below outlines the key approaches, recommendations, and comments shared by participants that have proven to be successful.



Best Practices for Communication and Interpretation

- **Provide clear and multilingual healthcare information:** Offering clear, accessible, and concise information about the healthcare system and services in multiple languages, along with simplified interpretations of medical terminology, is essential. Such resources will help break down the complexities of the healthcare system into manageable steps, enabling newcomers to navigate it more effectively. Translating essential documents into multiple languages ensures newcomers can give informed consent in their language of choice. This practice promotes inclusivity, empowers individuals to make decisions about their healthcare, and builds trust between patients and providers. Involving newcomers to screen the material makes sure the information is relevant, accurate, and helpful.
- **Improve communication skills of practitioners:** Offering training programs to practitioners to enhance their communication skills when working with newcomer patients is essential. This training should include clear and specific questioning techniques, the use of simpler terms and visual aids to explain complex medical terms, making sure there is mutual understanding before proceeding with treatments or procedures, awareness of cultural nuances and sensitivities, and effective interaction with interpreters and patients simultaneously.

- **Encourage questions from newcomer patients:** Explicitly encouraging newcomer patients to ask questions during appointments helps promote agency of newcomers and open space for communication. This approach makes sure that patients feel empowered to share all relevant information and concerns, leading to a more comprehensive assessment and effective treatment planning.
- **Enhance access to Provincial Language Services (PLS):** Increasing access to PLS, including interpretation services, for all health services, such as dentists, lab technicians, imaging centers, and pharmacies, ensures language barriers are effectively overcome. By providing easy access to interpretation services, healthcare providers can communicate better with patients, leading to improved understanding, diagnosis, and treatment.
- **Inform patients about their rights to use interpretation services:** Educating patients about their rights to use interpretation services, such as sharing information cards about PLS, empowers them to advocate for their needs during healthcare consultations. By raising awareness about available language support, patients can actively participate in their care and more effectively communicate with healthcare providers.
- **Train care providers on using interpretation services:** Educating Integrate training about using interpretation services in nursing and medical schools for students and also for providers who are actively practicing.
- **Allow sufficient time for appointments with interpreters:** Enabling healthcare providers to schedule longer appointments when using interpreters, supported through funding and flexibility from government programs, allows them to allocate the necessary time to listen to their newcomer patients. This approach builds effective communication and ensures that patients can fully express their concerns and receive comprehensive care.



Participant Voices:

“Engage the people you serve in developing the tools that are used. All materials need to be screened by a group of newcomers.”

“Practitioners need more training to communicate better when working with newcomers, they need to be aware of body language, cultural nuances and sensitivities.”

“Do we have informed consent if the client does not understand us or if we are moving too fast for them to ask questions?”

- **Strengthen internal processes for language services:** Creating better internal processes within public health services and hospitals ensures all staff members are informed, trained, and capable of using available interpretation services, including the PLS. This practice promotes the ethical, legal, and human rights of newcomers and promotes effective communication between patients and healthcare providers.
- **Help with forms and medical history:** Providing help to newcomer clients with language or literacy barriers when filling out necessary forms makes sure that they can provide precise information, give informed consent, and provide a better understanding of their medical history. This practice enhances patient safety and promotes better continuity of care.
- **Ensure consistent interpreter services during counseling:** By using a dedicated interpreter throughout the client’s mental health journey, the interpreter becomes familiar with the client’s unique tone of voice, which can prove invaluable when diagnosing and addressing mental health concerns. It will create trust and a secure environment for the client. The regular presence of the same interpreter creates a strong therapeutic partnership between the client and the healthcare team.
- **Use digital technologies for translation and interpretation:** Using digital technologies for translation and interpretation expands the pool of available interpreters and language services, as physical presence is not needed. This approach enables healthcare providers to access language support from a larger community of interpreters, which results in more efficient and clear communication with patients.
- **Streamline appointment booking process:** Simplifying the process of booking appointments and offering multiple engagement options, such as phone or online booking systems, increases the convenience and accessibility for newcomers. This approach improves timely access to care and encourages newcomers to seek healthcare services when needed.



Participant Voices:

“Encourage newcomers to ask questions at medical appointments. Practitioners can help this by asking at the end of appointment ‘Is there anything else you would like to know?’, ‘Do you have any other questions?’”

“Use the interpreter to ask a patient to summarize their understanding of the care plan.”



Participant Voices:

“Using trained interpreters is essential and ensures information is understood.”

“Using Provincial Language Services might feel overwhelming to staff with limited capacity.”

“Create training and education sessions and include it in curriculum development across the health sector.”



Participant Voices:

“We need person-centered care rather than problem-centered care. We need to take into account the ecological, social, and cultural background of each of our patients.”

“Along with interpreters, there is a need for in-person advocates to help refugees adequately and effectively access and receive care.”

Trauma-Informed and Patient-Centered Care

Train healthcare providers in Trauma- and Violence-Informed Care (TVIC):

Training healthcare providers and clinic staff in trauma- and violence-informed care equips them with the necessary skills to understand and address the unique challenges newcomers experience. This training helps providers create a safe and supportive environment, enhances communication, and provides appropriate care that acknowledges the impact of trauma and violence on the individual’s health. TVIC emphasizes a universal approach that considers the impact of trauma, promotes cultural humility, and centers care around the specific needs and experiences of everyone.²¹

Emphasize patient and family-centered care:

Shifting the focus from problem-centered care to patient and family-centered care ensures healthcare providers consider the person at the center of the treatment. This approach emphasizes holistic well-being and encourages providers to consider the social determinants of care such as the individual’s unique circumstances, cultural background, and support networks when delivering care.

Provide ongoing training on culturally sensitive care:

Providing ongoing training to primary healthcare practitioners and social care providers on cultural sensitivity addresses systemic unconscious biases and builds trust.

- **Build peer support for newcomer pregnant women:** Setting up teams of peer support for newcomer pregnant women helps counteract the isolation that some women may experience. Peer support offers a nurturing environment, shared experiences, and practical guidance, promoting a sense of belonging and improving
- **Launch cultural navigator or healthcare broker programs:** Cultural navigators or healthcare brokers can provide valuable help to patients from diverse backgrounds. They can help newcomers navigate the healthcare system, overcome cultural and linguistic barriers, and ensure they receive appropriate, trauma-/ violence-informed, and culturally sensitive care.

Integrated Care and Collaboration

- **Build collaborations across healthcare, and social and community services:** Promoting collaborations and relationships among various healthcare and social services enables integration of care, builds trust, and creates a robust support system without overwhelming any single service. Involving multiple community partners, including settlement providers, healthcare providers and mental health professionals, schools, social services, child and family services, cultural and religious communities, strengthens the overall support network for newcomers. Reaching out to diverse trusted authorities, such as religious leaders, can contribute to supporting the mental health of newcomers. Involving trusted figures from the community can help reduce stigma, provide guidance, and create a sense of belonging and support for individuals.
- **Build a community of practice for practitioners:** A community of practice supports practitioners through training and other initiatives such as toolkits on immigrant and refugee mental health and enhances their capacity to provide effective care to newcomers. By sharing knowledge, resources, and best practices, practitioners can stay updated and learn from each other’s experiences.²²



Participant Voices:

“I always tell my students: ‘every patient you have is your teacher!’ Learn from each patient and grow as a practitioner.”

“This is not about ‘check-the-box training’ but about continuous, persistent, and ongoing training and learning.”



Participant Voices:

“There is a Mind/Body problem in healthcare which has led to isolated treatments. We need to work better together.”

“There should be communication across sectors: healthcare, mental health, schools, community services.”

“There also needs to be mental health support for service providers to guard against burnout and protect us from losing compassion.”

- **Promote increased specialized healthcare services:** Advocating for and promoting increased specialized healthcare services, such as newcomer clinics and Community Health Centers, increases newcomers’ access to tailored care that addresses their specific needs. These specialized services are designed to cater to the unique challenges faced by newcomers and can contribute to improved health outcomes.
- **Better integrate services to promote mental health:** Strengthen uptake of mental health policy recommendations across national and local contexts. Increased training for primary care providers on culturally appropriate mental health can enhance mental health services and support.¹⁰ For example, the *Centre of Addiction and Mental Health (CAMH)* and *National Newcomer Navigation Network (N4)* offer workshops and webinars for primary care providers on immigrant and refugee mental health.²⁴

Streamline Interim Federal Health Program Information and Services

- **Enhance service providers’ knowledge and collaboration:** Service providers and healthcare organizations play a crucial role in facilitating access to care for refugees. By being knowledgeable about the IFHP, having insights into the needs of refugees, and collaborating with settlement services and other social service experts, providers can offer comprehensive and holistic care for refugees.

- **Share IFHP resources and education:** Educating hospital staff, medical office administrative staff, and providers about the IFHP and varying immigration statuses ensures refugees have proper access to healthcare.
- **Simplify IFHP registration and claims process:** Streamlining the IFHP registration and claims process helps providers enroll in and use the program more effectively. Educating private sponsors of refugees about the IFHP program and its benefits for those they sponsor ensures newcomers receive the necessary healthcare support.

Increase the Capacity of the Healthcare System

- **Speed up the accreditation of international medical practitioners and related healthcare professions:** Streamlining the accreditation and recognition processes for internationally educated medical practitioners and other healthcare professionals, including nurses and social workers, increases the availability of culturally and linguistically diverse healthcare providers. This means that newcomers have better access to quality care and contribute to a more diverse and inclusive healthcare workforce.



Participant Voices:

“There should be incentives for enrollment in IFHP.”

“Refugees and providers need to be reminded and encouraged to register for IFHP.”

4. CALLS TO ACTION: ADVANCING NEWCOMER HEALTHCARE EQUITY

CALLS TO ACTION



Unlock the power of communication



Empower healthcare practitioners as communication superheroes



Advocate for a comprehensive healthcare system



Enhance mental health access



Educate and empower refugees and healthcare providers about refugee healthcare coverage



Embrace language diversity



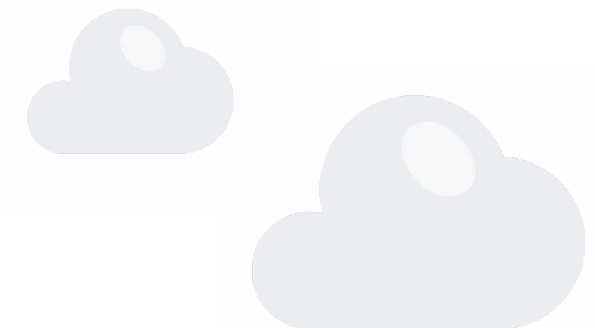
Advocate for equity in healthcare system

Access to healthcare services is a human right. To advance newcomer healthcare equity, the following calls to action should be answered:

- **Center the patient:** Provide culturally sensitive, trauma- and violence-informed, and patient-centered care. Recognize the unique needs and experiences of vulnerable newcomer populations, including women, racialized individuals, LGBTQIA2S+ individuals, and people with disabilities, create a safe and supportive environment for newcomer patients, and reduce healthcare inequities.
- **Translate materials and instructions:** Invest in the development and dissemination of plain, clear multilingual materials and resources to empower newcomers managing their health and finding their way through the healthcare system.
- **Use trained interpreters:** Improve healthcare providers' awareness and knowledge of available interpretation services and focus especially on the use of trained interpreters and translators in healthcare settings. This will improve communication and understanding between healthcare providers and newcomer patients.
- **Specify more time for newcomers' medical appointments:** Prioritize giving healthcare providers the time they need for appointments with English language learners, recognizing that interpretation takes extra time- it's essential for better healthcare outcomes.
- **Support care-providers:** Provide ongoing training and peer-led support for practitioners and increase their capacity to provide care to newcomers. This includes communication training and training in culturally sensitive trauma- and violence-informed care, as well as support, self-care, and community of practice support for practitioners.



- **Bridge physical and mental health:** Enhance the integration and coordination of mental health services and referral processes to give timely access and appropriate care to newcomers experiencing mental health challenges.
- **Simplify healthcare system:** Enact policies and practices that make it easier to use interpretation systems and IFHP, that make referral processes straightforward and more robust, especially concerning mental health referrals, and that increase the appropriate flow of information between health providers and important community partners.
- **Work together:** Increase collaborative approaches to primary healthcare, mental health, and the overall wellbeing of newcomers. For example, establishing specific medical clinics for newcomers and refugees. This includes organizations and institutions not directly related to healthcare, such as schools, religious, settlement agencies, and community centers.
- **Develop policies and processes:** Address social determinants of care by developing policies and processes that make it easier for newcomers to learn Canada's official languages, and to find a community of support and belonging. Address other social determinants of health such as safe housing, employment, education, and equitable access to all community supports.



WHO ARE WE?

We are GVLIP

The Greater Victoria Local Immigration Partnership (GVLIP) is responsive to the needs and aspirations of newcomers and the communities in which we live. By listening, informing, researching, connecting, and collaborating on community projects and events we foster partnerships with local governments, employers, educators, healthcare professionals, and housing organizations to create a welcoming, equitable, inclusive, just, and well-connected community in which everybody has opportunities to thrive, learn, live, work, and play in safety. We have four priorities: health, housing, employment, and equity.

The GVLIP Health Sector Table works to make sure that Greater Victoria has culturally competent health services that effectively work in collaboration with community partners to make sure that everybody is healthy in mind, body, and spirit.

We gratefully acknowledge the financial support of the Government of Canada through Immigration, Refugees and Citizenship Canada (IRCC).

We are RRT-VI

The Refugee Readiness Team of Vancouver Island (RRT-VI) works to make sure that Island communities are ready to welcome, respond to, and leverage the strengths and contributions of refugees and displaced Ukrainians. We are here to build safe, welcoming, and resilient communities where refugees and displaced Ukrainians can build their lives. We focus on four key areas: housing, health, employment, and education.

The RRT-VI addresses healthcare by working to make sure that forcibly displaced individuals have information about the healthcare system and associated services and by increasing the number of healthcare professionals registered with the Interim Federal Health Program (IFHP).

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DEFINITIONS OF TERMS

Term	Definition	Source
Asylum seeker	An asylum-seeker is someone whose request for sanctuary has yet to be processed.	United Nations High Commissioner for Refugees
Culturally Sensitive Care	Care that meets the social and cultural needs of diverse patient populations. An essential first step before learning about other cultures is an awareness of one's own beliefs, biases, values, and cultural practices.	College of Nurses of Ontario (2022)
Discrimination	The denial of equal treatment and opportunity to individuals or groups because of personal characteristics and membership in specific groups, with respect to education, accommodation, health care, employment, access to services, goods, and facilities. In British Columbia, discrimination is prohibited on the basis of race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age of that person or that group or class of persons, and in certain cases: political belief, lawful source of income or conviction of a criminal or summary conviction offence unrelated to their employment.	Canadian Race Relations Foundation (2019) BC Human Rights Code, Nd.
Diversity	Diversity is the presence of a wide range of human qualities and attributes, both visible and invisible, within a group, organization, or society.	

Equity	A condition or state of fair, inclusive, and respectful treatment of all people. Equity does not mean treating people the same without regard for individual differences.	Canadian Race Relations Foundation
Gender	The characteristics, attitudes and behaviors that are socially or culturally associated with a person's sex. The categories and specific characteristics associated with gender may vary culturally. An individual's gender includes gender identity and expression, both of which can be fluid and flexible. An individual's gender identity and expression may or may not conform to the socially accepted gender norms of their culture.	Government of Canada (2020)
IFHP	The Interim Federal Health Program provides limited, temporary coverage of healthcare benefits for specific groups of people in Canada who don't have provincial, territorial, or private healthcare coverage.	Government of Canada (2017)
Inclusion	Inclusion is creating an environment where people have both the feeling and reality of belonging and are able to achieve their full potential.	
Immigrants	People who are, or who have ever been, landed immigrants or permanent residents. They have been granted the right to live in Canada permanently by immigration authorities. Immigrants who have obtained Canadian citizenship by naturalization are included in this group	Statistic Canada (2022)
LGBTQIA2S+	An acronym for Lesbian, Gay, Bisexual, Trans, Queer/ Questioning, Intersex, Asexual, and Two-Spirit. The 'plus' describes that this acronym is not complete because there are many other affirmative ways in which people choose to self-identify.	
Newcomer	A newcomer is an immigrant or refugee who is adapting to life in Canada. Being a newcomer is not defined by a specific period. For example, a permanent resident who has been in Canada for 10 years could still be considered a newcomer. Once someone gets their Canadian citizenship, they are no longer a newcomer.	Government of Canada (2022)

Patient-Centered Care	Patient and family-centered care, also referred to as person-centered care or client-centered care, is an approach to care that puts patients and families at the forefront of their health and care by building strong partnerships and involving them in shared decision making as well as the design, delivery, and evaluation of healthcare services.	Nurses and Nurse Practitioners of British Columbia (2020)
PLS	Provincial Language Services supports organizations providing services to their linguistically and culturally diverse clients, including immigrants, refugees, official minority language speakers, and members of the Deaf, Deaf-Blind, and Hard of Hearing community through addressing language and communication access issues and barriers.	Provincial Health Services Authority
PTSD	Post-Traumatic Stress Disorder is a mental disorder that may occur after a person experiences or witnesses a traumatic event.	Government of Canada (2021)
Race	Race is a socially constructed way to categorize people and is used as the basis for discrimination by situating human beings within a hierarchy of social value.	Turpel-Lafond (2020, p.8)
Racialized	Refers to the process through which groups come to be socially constructed as races, based on characteristics such as race, ethnicity, language, economics, religion, culture, and politics. While some people use this expression to describe themselves, others find it problematic because it erases identity and homogenizes experiences. The best practice is to acknowledge groups and individuals in the most specific way possible and to follow the self-description of individuals.	Canadian Race Relations Foundation

Refugee	The internationally recognized legal definition of a refugee was set out in the 1951 Refugee Convention as: "A person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, unwilling to avail himself of the protection of that country". Refugees are ordinary people who have been forced to flee their homes across national borders because of conflict or human rights abuses. These devastating circumstances often arise suddenly, forcing families to react with urgency to factors beyond their control.	United Nations High Commissioner for Refugees
Stereotype	A stereotype is a widely held and oversimplified image or idea of a group of people that results in the unconscious or conscious categorization of each member of that group, without regard for individual differences. Stereotypes are generally untrue and resistant to new information. Stereotyping may relate to race, age, ethnicity, linguistics, religion, geographical or national groups, social, marital or family status, physical, developmental, or mental attributes, gender and/or gender identity, and other such categories.	
Systemic and Structural Barriers	Systemic and structural barriers are forms of racism that are pervasively and deeply embedded in and throughout systems, laws, written or unwritten policies, entrenched practices, and established beliefs and attitudes that produce, condone, and perpetuate widespread unfair treatment of people of color.	Bonilla-Silvia (1997)
Trauma-Informed Care	Trauma-informed care recognizes symptoms as originating from adaptations to the traumatic event(s) or context. Validating resilience is important event when past coping behaviors are now causing problems. Understanding a symptom as an adaptation reduces a survivor's guilt and shame, increases their self-esteem, and provides a guideline for developing new skills and resources to allow new and better adaptation to the current situation.	Elliot et al. (2005, p. 467)

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