



HOW *REAC!* IS DRAWING LESSONS FROM SUCCESS: NEW WAYS OF COLLABORATING CAN SUPPORT MARGINALIZED MIGRANTS' HEALTH

P2P Workshop

November 25, 2024



BIENVENUE ! *WELCOME!*

ICE-BREAKER

TODAY'S WORKSHOP

- A few words about the *REAC!* project
- May Massijeh, *Connecting roles: representing migrant service users on the REAC! research advisory board and supporting the community in my professional practice*
- Andrew Lusztyk, *Adapting volunteer engagement models during and after a crisis: what Together Project learned from the pandemic*
- Cliff Ledwos, *Learning from research evidence to inform and highlight our work during and beyond COVID-19*
- Nina Meango & Hajar El Kabbary, *Importance de l'approche inclusive pour répondre aux besoins des communautés migrantes : Place du réseau communautaire au Québec*

OVERVIEW OF THE RESEARCH PROJECT



THE *REAC!* RESEARCH TEAM

Principal investigators



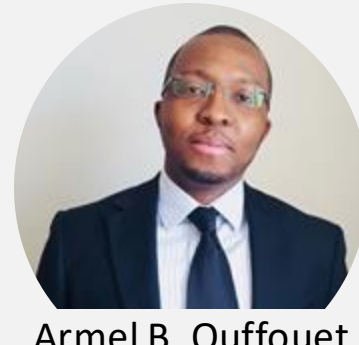
Lara Gautier



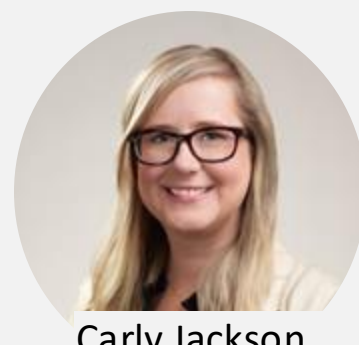
Nassera Touati



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Carly Jackson



Laila Mahmoudi

Research coordinator

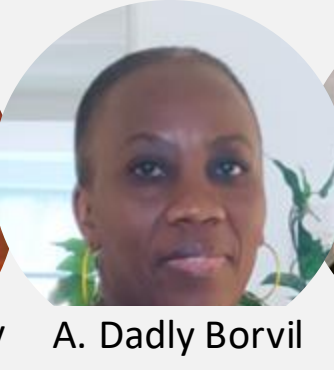


Assia Iguedjtal

+ Ibrahima Diallo



Muzhgan Haydari



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Shinjini Monda



Noreen Nazari

Remerciements / Thank you: Lama Boustani, Emilie L Perrault, Anne Drujon, Fariha Chowdhury



RESEARCH OBJECTIVES

**to analyse the responsiveness of
intersectoral initiatives in the pandemic
context;**

**to draw lessons for a sustainable response
to the needs of refugees and asylum seekers**

in two major Canadian sanctuary cities for migrants,
i.e., Montreal, and Toronto

- and a smaller-size city with a history of welcoming refugees, i.e., Sherbrooke

MULTIPLE CASE STUDY

Intersectoral initiative = 1 case



3 CITIES

Montreal (8 cases), Sherbrooke (5 cases), Toronto (8 cases)

161 PARTICIPANTS

- 81 (66 QC + 24 ON) frontline workers, managers, funders and policy-makers
- 81 refugees and asylum seekers

Two Analytical Categories;

- A. Implementation of responsive intersectoral collaborations**
- B. Responsiveness to newcomers' needs and expectations**

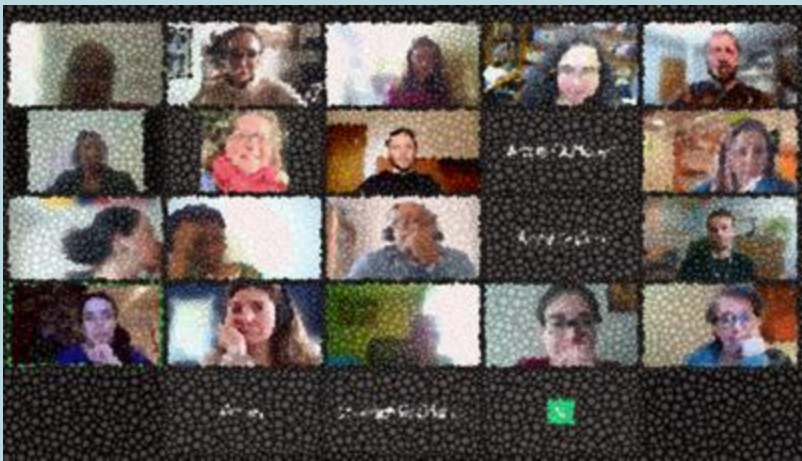
TAKEAWAY MESSAGES FROM KT EVENTS

- Pandemic = a catalyst, mobilizing force for consultation and coordination
Demonstrated **high capacity for adaptation** in times of emergency
 - BUT: lesser approachability of services
- Facilitating factors for cross-sectoral initiatives
 - Pre-existing relationships/partnerships / trust
 - Comm's & coordination (leadership, \$, formalized processes)
 - Well-supported network of volunteers
 - Knowledge/experience sharing between partnering org's
- Repeated, ongoing challenges of...
 - lack of recognition of the role/leadership of community organizations
 - power imbalance between public institutions & community sector
 - instable, short-term funding for the community sector
 - instable human resources (retention, recruitment of volunteers)



CONNECTING ROLES: REPRESENTING MIGRANT SERVICE USERS
ON THE REAC RESEARCH ADVISORY BOARD AND SUPPORTING
THE COMMUNITY IN MY PROFESSIONAL PRACTICE

May Massijeh, Community Engagement Coordinator
at Health Access Thorncliffe Park (HATP), Toronto



GOVERNANCE OF THE RESEARCH

Advisory boards

service providers, funders, migrant service users

Zoom meetings every 3-4 months

Participatory approach



Co-creation

- Review of the research protocol, data collection and recruitment tools
Comments and suggestions on the research stages (recruitment,...)
 - Selection of cross-sectoral initiatives to focus on (deliberative workshops)
 - Discussion of the analysis plan
 - Discussion of preliminary results
- = Sharing ideas/recommendations throughout the research process
- + Organisation of 9+ diverse knowledge-exchange events in 2023-2024

REAC ADVISORY BOARDS AND LIVED EXPERIENCE REPRESENTATION

GOVERNANCE OF THE RESEARCH
MIGRANT USER REPRESENTATION

ROLE OF MIGRANT USER REPRESENTATIVE ON THE ADVISORY BOARDS

- Contribute to defining the project's objectives.
- Provide guidance on recruiting participants for focus groups.
- Engage in discussions with project partners and support knowledge-sharing activities.
- Facilitate and support the dissemination of the study's findings in different knowledge-sharing events.

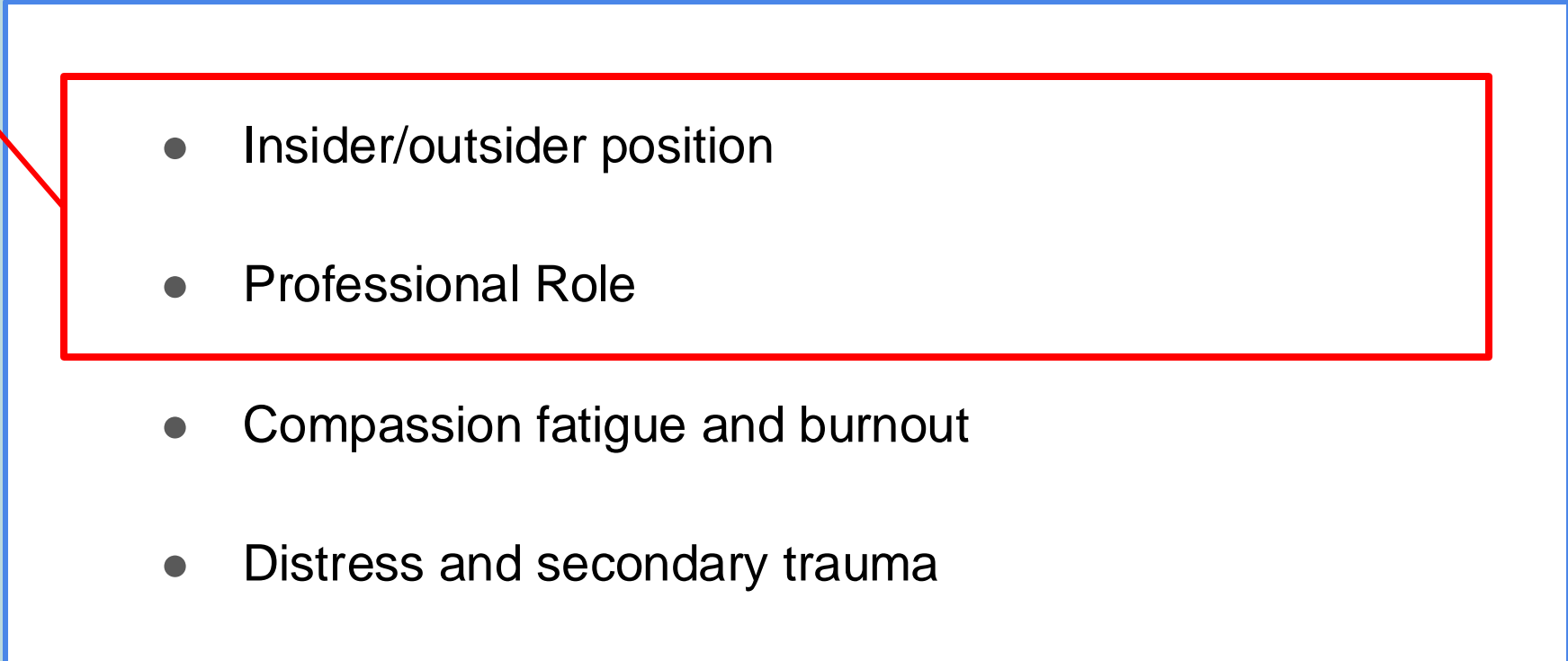
From - Collaboration agreement of the user representative (Ontario)

CODESIGN CONSIDERATIONS

REFLECTIONS OF PEER RESEARCHERS
PERSONAL REFLECTIONS

USER REPRESENTATIVES

PEER RESEARCHERS

- 
- Insider/outsider position
 - Professional Role
 - Compassion fatigue and burnout
 - Distress and secondary trauma

In (Oda et al., 2022), “Ethical Challenges of Conducting Longitudinal Community-Based Research with Refugees: Reflections from Peer Researchers”

PEER RESEARCHERS and USER REPRESENTATIVES

Positionality and the insider/outsider position: Complexity and Intersectionality creates insider/outsider position,

PEER RESEARCHERS (Oda et al., 2022)	USER REPRESENTATIVE (Anecdotal)
<ul style="list-style-type: none">- The need for self disclosure that can support in building rapport and trust however discomfort and distrust might arise.- Can lead to perceived power imbalance tied to professional boundaries- Might have hidden implications on data validity and misinterpretation	<ul style="list-style-type: none">- Lived experience is viewed as an asset to support the design and the implementation of the research- The user representative is chosen for a part of their identity (migration experience), however, other parts and roles might emerge, and that might interact with the research project in different ways.- Their role is viewed mostly from the lens of their refugee experience

PEER RESEARCHERS and USER REPRESENTATIVES

Professional Role:

Conflict (for PR) and/or opportunity (for UR) can both emerge from holding dual roles.

PEER RESEARCHERS (Oda et al., 2022)	USER REPRESENTATIVE (Anecdotal)
<ul style="list-style-type: none">- Conflict in connected roles both as service providers and peer researchers- Potential of CBR becoming an intervention study. <p><i>“While familiarity was positively related to participants’ trust and willingness to participate in this project and being interviewed, this ‘dual relationship’ led to some unique challenges as well.”</i></p> <p>Research Assistant 4, (Oda et al., 2022)</p>	<ul style="list-style-type: none">- User representatives can use their professional roles as an asset (supporting in recruitment, knowledge dissemination)- Professional roles might allow for an additional insight not just as a service user but as someone who supports service users, however the challenge can always be the limitation of the time the user representative can spend on advocacy, outreach and engagement.

RECOMMENDATIONS AND CONSIDERATIONS:

- Lived experience in research shows up differently and is depended on the context that individual lives/work/identify. For the migrant representatives there is the hidden insider/outsider position, and their declared professional roles.
- **Steps beyond Representation Roles:** Engagement and advocacy
- **Recruitment and codesign:** Introduce elements of reflection on the opportunities and the conflict
- **Potential Future Research:** Gap in research
- **Design tools:** Looking at existing models in lived experience populations engagement “People with lived experience in patient engagement in research “PIPER” (KiTE UHN) (Research Team members, Research Knowledge Ambassadors, Peer Reviewers , Decision Makers, Fundraising ambassadors)
- Expanding the context that we see lived experience in refugee’s participation research to consider all the roles they can play.

PRESENTATION SUMMARY AND QUESTION

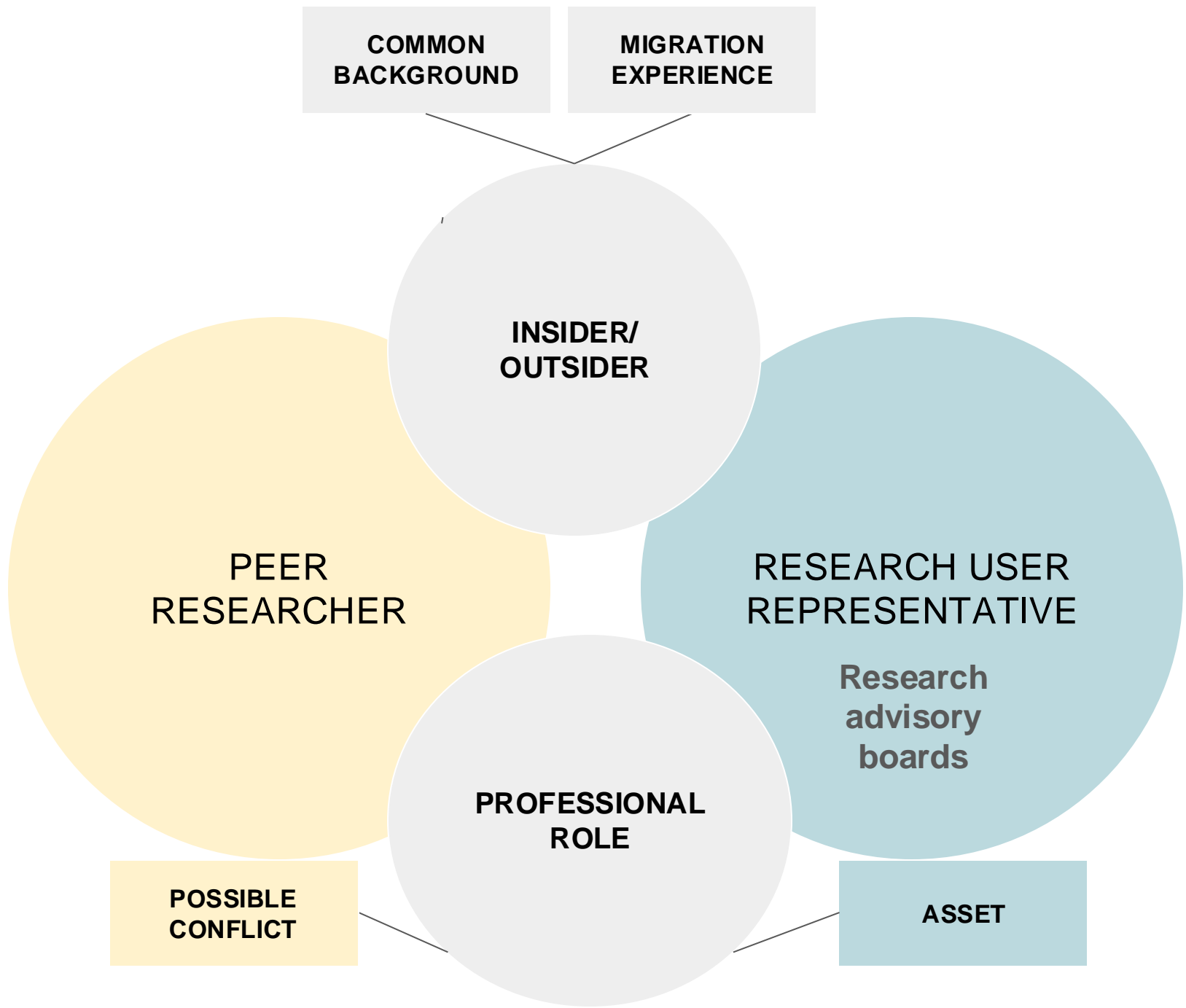
How else do you see migrants lived experiences impacting the roles they might play in research?

How can community based research adapt to lived experience

Piper Tool Suggested Roles for people with lived experience in patient engagement in research:

- Research Team members
- Research Knowledge Ambassadors
- Peer Reviewers
- Decision Makers
- Fundraising ambassadors

I suggest developing a similar tool like Pride in Patient Engagement in research to work with refugees and immigrants and expanding how we look at the roles in the context of their Hidden and declared roles.





ADAPTING VOLUNTEER ENGAGEMENT MODELS DURING
AND AFTER A CRISIS: WHAT TOGETHER PROJECT LEARNED
FROM THE PANDEMIC

Andrew Luszyk, Co-Founder / Co-Director at
Together Project

About Together Project

Together Project makes change in three interconnected ways:

1. building newcomer social connections
2. supporting newcomer integration priorities
3. amplifying community involvement in newcomer integration



the Welcome Group Program

The Welcome Group Program connects Government-Assisted Refugees, Protected Persons and Refugee Claimants to a “Welcome Group” of 3+ volunteers for 3-6 months of social support tailored to the integration priorities of each household.

- Volunteer training and support
- Translation/interpretation
- Performance measurement
- Hybrid (remote and in-person)
- Community collaboration

VACCINE ACCESS PROJECT: Origins and design process



- Awareness of the need for a “whole of society approach”
- Critical importance of vaccine access in marginalized communities
- Freeze on hospital volunteer programs
- Vaccine Hunters not able to provide interpretation support
- Tap into existing pool of volunteers, trained to provide remote social support via the Welcome Group Program

Defining Beneficiaries

- Recently-arrived GARs and refugee claimants
- Limited digital literacy or access
- Low levels of English
- Other barriers in navigating vaccine booking system

Volunteer Recruitment

- Volunteers already had criminal record checks, training in trauma-informed care, cultural humility and informed consent
- A portion of the volunteers spoke the languages of the newcomer beneficiaries



TOGETHER
PROJECT

togetherproject.ca | a project of MakeWay

SEEKING VOLUNTEERS FOR TOGETHER PROJECT'S VACCINE ACCESS PROJECT

Together Project and the Crossroads Clinic, at Women's College Hospital, are seeking volunteers to assist newcomer refugees in booking COVID-19 vaccination appointments.

Newcomer refugees urgently need help to access COVID vaccine appointments, given the complexity of navigating booking systems and the barriers many newcomers face, such as digital constraints (limited internet/technology access, less familiar with websites), language barriers, lacking OHIP, etc. **Trained Vaccine Access volunteers can make a potentially life-saving difference by helping bridge these gaps.**

The Crossroads Refugee Clinic is collaborating with Together Project to offer much-needed support to the clinic's newcomer patients to book vaccine appointments. **As a Welcome Group volunteer, you are being invited to participate in this new and separate volunteer initiative - please note that participation in this program is unrelated to your existing match, and is entirely voluntary.**

As part of this **8-week urgent response initiative**, Vaccine Access volunteers will be matched with newcomers, based on their schedule and capacity, to provide individual online/phone support with COVID vaccine registration (or referral to appropriate COVID vaccine pop-up sites).

The Volunteer's Role in the Project

TOGETHER PROJECT

togetherproject.ca | a project of MakeWay

TOGETHER PROJECT VACCINE ACCESS PROJECT

Connecting with newcomers.

Volunteers are connected directly to newcomers who have determined they are interested in getting the COVID-19 vaccine and are eligible to get it.



Make appointments.

Volunteers help newcomers find a clinic or hospital where they are eligible to get a vaccine and help them book their appointment.



Find pop-up clinics.

Volunteers are helping newcomers find pop-up clinics in their area of the city where they are eligible, either because they live in a hotspot or work in a certain field.



Provide translation support.

Many newcomers need assistance translating important information regarding their vaccine appointment.



Answers questions.

Newcomers may have questions about how to get to their appointment or what the process will look like when they arrive. *Volunteers are not providing medical advice about the vaccines.*

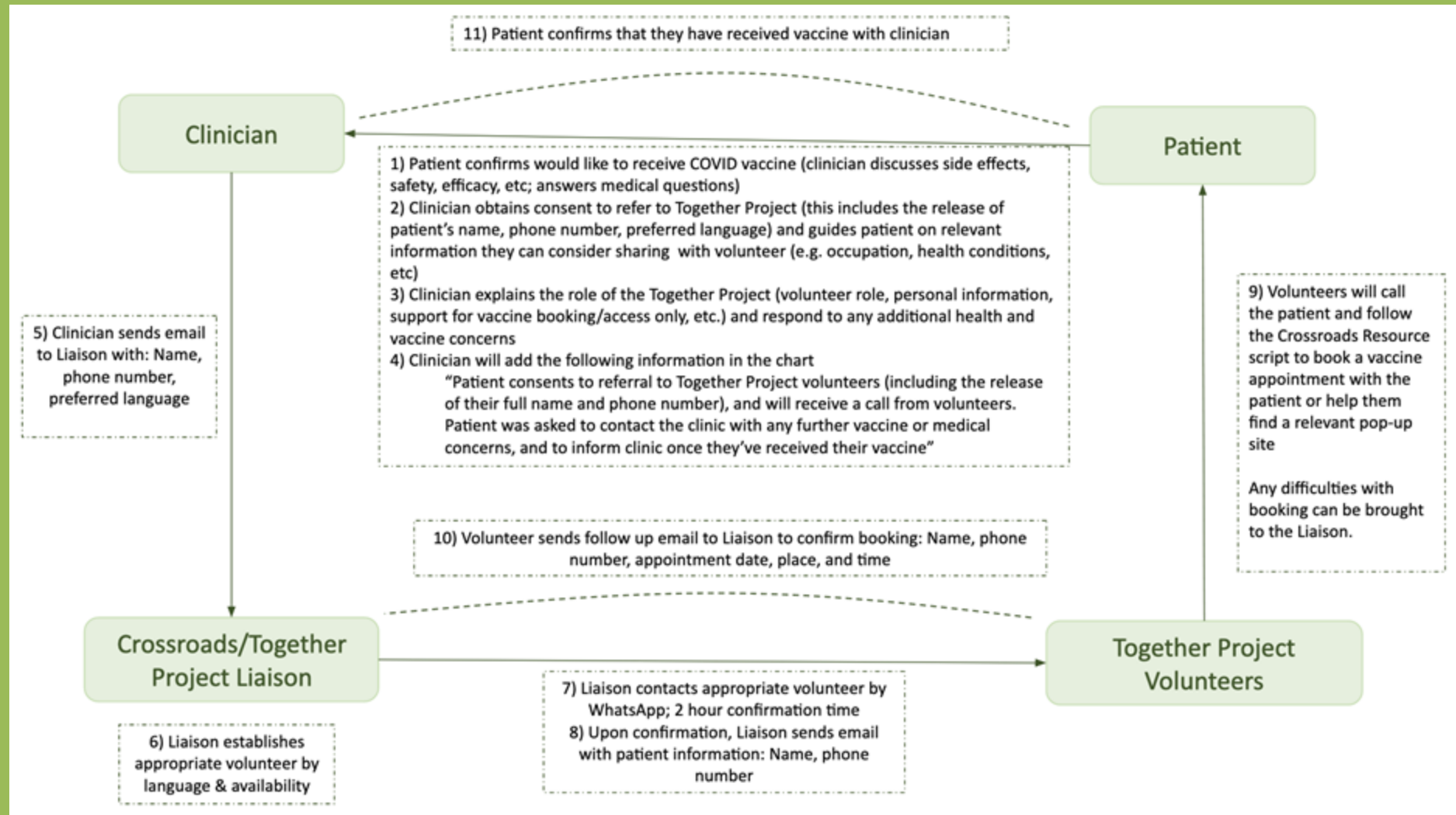


Share resources.

Volunteers are encouraged to share important information about vaccine appointments with newcomers, such as how long they must wait before a second shot.



The Vaccine Access Project in Action



Results: May-July 2021



Vaccine Access Project resulted in 70 newcomers overcoming barriers to access COVID-19 1st/2nd doses



“Our Winning Shot” resulted in 26,000+ doses administered at a single clinic on June 27, 2021.

Success Factors



<https://vimeo.com/643578169>

- Defining roles and responsibilities for Project volunteers vs. healthcare providers
- Dedicated Vaccine Access Project Volunteer Coordinator
- Volunteer training and access to resources
- Schedule flexibility for both newcomers and volunteers
- Protecting newcomers' privacy



LEARNING FROM RESEARCH EVIDENCE TO INFORM AND
HIGHLIGHT OUR WORK DURING AND BEYOND COVID-19

Cliff Ledwos, Associate Executive Director and Director of
Primary Care, Access Alliance



Access Alliance

Multicultural Health and Community Services

Pandemic Reflections: Was There A Silver Lining? Commitment And Cross-Sectoral Collaborations

P2P Workshop: November 25, 2024

Cliff Ledwos

Acting Executive Director

Access Alliance Multicultural Health and Community Services

- March 2020, Ontario declared a state of emergency
- As an essential service – could we close our doors?
 - We needed to step forward and make a commitment
 - Re-think best respond
 - Care and support to our clients and community would continue.
- Access alliance created a COVID response framework to outline our **commitment** and guide decision-making, service offering and deployment of staff



- In that commitment and response to the pandemic (and any crisis):
 - There is a “Silver lining”.
 - Pieces that can move forward during the crisis AND over the long term (post-COVID-19).
 - Mission, vision, values, and strategic priorities are all critical (what we are doing that also applies to the pandemic).





What did this mean for us?

- Accept the “grey”
- Remain calm and measured
- Be prepared for the long haul
- Utilize resources appropriately
- **Remember the people we serve and support**



High level framework

- **Why:** pandemic
- **What:** Critical Services
- **Where:** On-site and Off-site
- **How:** Face 2 Face + Virtual + Partners
- **When:** Monday to Friday
- **Who:** Staff and volunteers



Who: the details

- Essential need clients
- Elderly/frail
- Socially Isolated
- Food insecure
- Marginally housed
- Low literacy
- Chronic Disease
 - Diabetes
 - Heart
 - Lung
 - Cancer
- Immunocompromised
- Emotional and Mental Wellness



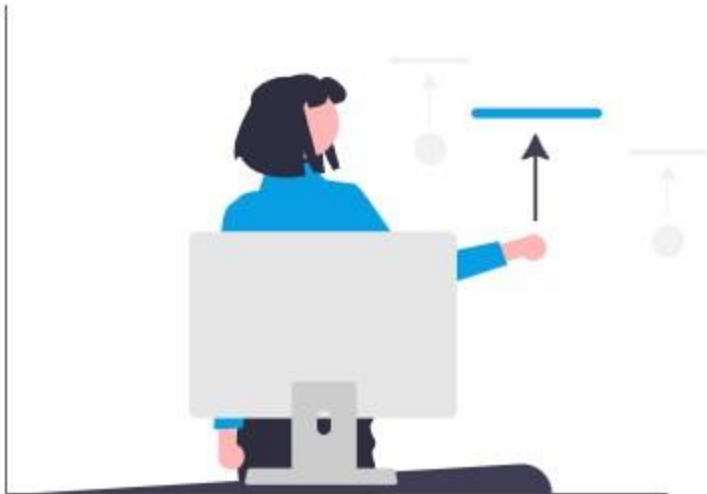
General principles

- Response proportional to “threat”
- Be evidence-informed
- Support health and safety for clients/patients, community members and staff



General principles

- Sustain programming levels
 - Access to services is a key issue for vulnerable communities
 - They will be most affected by disruption



Caring 4 Clients during COVID (C4CC)

“No service reductions to clients and community, rather explore different delivery methodologies.”



The C4CC framework:

Focused on providing essential services to the elderly/frail and communities most at risk due to social isolation and food insecurity, as well as people with chronic illnesses and who are immuno-compromised.

Access alliance caring for clients in covid-19 (#C4CC) initiative was based on 4 key strategies:

- Regular **check-in** with vulnerable clients;
- **Communicating clear and accurate info** to constituents;
- **Creating service alternatives** to maintain service continuity;
- Conducting **case management** to offer approximate support to medically complex and socially valuable clients.



Notably, our C4CC initiative was launched

Access Alliance

Multicultural Health and Community Services

Caring for Clients in COVID-19 (#C4CC)

The Access Alliance Pandemic Response

- **CHECK-IN WITH VULNERABLE CLIENTS**
- **COMMUNICATE CLEAR & ACCURATE INFO**
- **CREATE SERVICE ALTERNATIVES**
- **CASE MANAGE AND SUPPORT**



*#Here4theVulnerable
#CHC #FlattenTheCurve*



Within 2 weeks:

- Screening stations were established at all sites to protect clients, staff and community members.
- All direct service staff were equipped with laptops rotated into the office regularly so clients who needed or preferred to be seen in person had that choice;
- Program staff quickly retooled programming and created a wide variety of online options, making sure we were continuing to support individuals and families;

And then:

- An incredible array of COVID-specific responses were developed to address emerging needs either led by Access Alliance or in partnerships with partner organizations and critical stakeholders:
- The level of collaboration in the community health and services sector has been inspiring. The following pages outline some examples.

The new collaborative initiatives....

- National Scan of Effective practices for emergencies
- Regional and local response planning and operations
- Free Testing Centres
- Financial Awareness and Income Support Project
- Food With Dignity
- Hidden Smiles Project #gotyoucovered
- Stay in Touch Smart Phones for Seniors
- Buddies for Seniors
- RIOmix: Online Multilingual health information library
- Virtual Client Care Case Management
- High Priority Community Vaccination Clinics
- Community Ambassadors
- Connect with Dignity
- NIWIC Clinic Extend



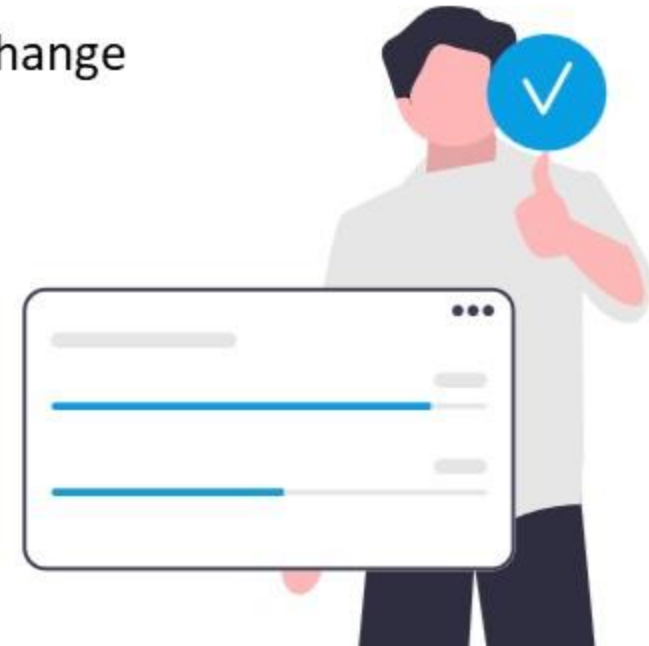
What's Next...

Access Alliance will address the impact of erosion:

- Reduced access to health services, including delayed diagnosis and treatment,
- Poor self-management of chronic conditions due to isolation and quarantines,
- Accumulated family debt
- Increased food insecurity
- Exacerbation of mental health problems due to the impact of social distancing and staying home
- Impact on immigrant and refugee settlement
- Xenophobia and racism evident throughout this period
- Weakening or even closure of organizations that have less stable funding
 - Many of which provide critical grassroots services

Operational priorities post-COVID

- Advocacy issues and ensure we're working cross-sector (access to OHIP, basic income programs, etc.)
- Incorporate and expand emerging opportunities for virtual service and care;
 - New technology-based products and services for high-priority communities
- Communications/social action role in service of advocacy/systems change commitments.



Post-COVID

Strengthen organizational and system capacity to ensure:

- Have resources and plans to respond appropriately to community needs
- Strategically position ourselves to advocate for necessary policies (e.g. focus on the most vulnerable, no OHIP waiting period, maintain basic income programs, no sick days, etc.)
- Continue demonstrating good value for money in terms of funding received



Thank you!

Do you have any questions?





IMPORTANCE DE L'APPROCHE INCLUSIVE POUR
RÉPONDRE AUX BESOINS DES COMMUNAUTÉS
MIGRANTES :
PLACE DU RÉSEAU COMMUNAUTAIRE AU QUÉBEC

Nina Meango & Hajar Elkabbary, ACCÉSSS Québec,
Montreal

<https://www.youtube.com/watch?v=nE-emTOk-3s>

WAYS FORWARD...

- Need to sustain & support frontline human resources to ensure service continuity
- Need to better promote peer helpers/navigators/ambassadors, who play a key role in guiding/supporting these population
- HUGE BLIND SPOT: accountability towards migrant service users during crises. Migrant users are a source of knowledge and expertise (cf. patient-partner approach)
- Beyond crises: towards a definition of care and service trajectories **by and for** users?

The moment when the need(s) arise, identify the most appropriate form of interaction they prefer, and what needs the collaborating actors are able to meet

➤ >>> *Information ecosystems*



DISCUSSION