Community Report
The Health Needs of Newcomers and Immigrants in Hamilton
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September 2013
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Hamilton Chamber of Commerce
Hamilton Health Sciences

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Hamilton Centre for Civic Inclusion
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Executive Summary

The Hamilton Immigration Partnership Council’s (HIPC) Health Working Group, which is co-convened by Hamilton Centre for Civic Inclusion’s (HCCI), hosted a ‘Health Equity Roundtable’ (HER) event in March 2013. The event brought together 100 health care providers, settlement service providers, policy makers and other stakeholders from 33 organizations who work with newcomers in Hamilton.

The HER event provided a forum to initiate conversations with organizations in Hamilton about health equity among newcomer populations. In this context, health equity refers to “…the absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically” (World Health Organization, 2013).

The HER event served as a platform where organizations participated in cross sector dialogue to identify barriers to achieving health equity and suggested recommendations on how to overcome these barriers. The event also secured 30 commitments from participants to adopt some of the recommendations within their organizations.

Eight salient themes emerged from the analysis of qualitative data generated at group discussions. These themes identify issues that service providers feel are important in administering equitable services and contributing to the overall health of newcomer clients. These themes included:

- Significance of collaboration, coordination and partnerships
- Translation, interpretation and language barriers
- Awareness of services for newcomers
- Awareness of newcomer and immigrant issues
- Need for local research
- Newcomer participation in policy and programming
- Discrimination and racism
- Culturally appropriate services
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Introduction

Immigration continues to play a significant role in propelling Canada’s economic, social and political strength. The role of successful newcomer settlement and benefits of long term immigrant integration have been studied widely by researchers and policy makers alike. Successful settlement and seamless integration has been attributed to gaining meaningful employment, having access to safe and affordable housing, having a strong linguistic aptitude of the English or French language, and most importantly retaining physical and emotional health (Asanin & Wilson, 2008; see also Edge & Newbold, 2013; Kiss et al., 2013). Recent local research shows that while newcomers are healthier than their Canadian counterparts upon entry, their health declines after arrival due to socio-economic, cultural and linguistic barriers (Newbold, 2012). The health decline that newcomers and immigrants face indicates that further attention needs to be paid to identifying these barriers and design innovative solutions to counter these effects.

In March of 2013 the Hamilton Immigration Partnership Council’s (HIPC) Health Working Group, co-convened by Hamilton Centre for Civic Inclusion’s (HCCI) hosted a ‘Health Equity Roundtable’ event which brought together 100 health care providers, settlement service providers, policy makers and other stakeholders who serve newcomers in Hamilton.

The event provided a forum to initiate conversations among Hamilton organizations about the notion of health equity when administering services to newcomers, immigrants and refugees. Here, health equity refers to the “...absence of unfair and avoidable or remediable differences in health among populations or groups defined socially, economically, demographically or geographically” (World Health Organization, 2013).

In doing so, the HER event served as a platform through which 100 participants from 33 organizations engaged in cross sector dialogue to identify barriers to achieving health equity and suggested recommendations on how to overcome these barriers. The HER event also encouraged participants to commit to having their organizations adopt some of the recommendations resulting from the discussion.

This report serves as a community generated baseline of priorities in working towards a coordinated health care system to meet the needs of newcomers in Hamilton.

In analyzing the comments from roundtable discussions, eight salient themes emerged that reflect the perceived barriers newcomers and service providers encounter in administering equitable services. This report examines these themes in detail, provides an overview of participants’ suggested recommendations and presents the commitments made by participants.
Structure of the Health Equity Roundtable

The goal of the Health Equity Roundtable (HER) event was to provide for community dialogue in identifying barriers and solutions in providing equitable services that result in the best possible health outcomes for newcomer and immigrant clients. To accomplish this goal, two guest speakers informed participants of what health equity is and ways in which providers can attain it. Following the two presentations, the audience participated in small group discussions by answering 4 key questions. The discussions were led by 10 facilitators who were service providers and health care professionals. With instructions, they engaged participants in rich discussion and prompted them to commit to one action to address health equity within their professional capacity. The four questions included:

- What are the barriers to addressing health inequities among newcomer populations and what would help to overcome these barriers?
- What tools and resources do you need to help your organization move forward in addressing health inequities in the newcomer populations?
- Strengths in addressing health inequities among the newcomer population often already exist in the work we do. Provide examples of how your work addresses health inequities.
- Write down your commitment to addressing health inequities in the newcomer population on the post card provided.

Results

The role of the facilitators was to capture and make notes of the roundtable discussions of small groups of participants. Participants were also encouraged to write down their ideas and comments on flip charts provided at the event. This exercise resulted in 187 comments and a series of facilitators’ notes and 30 commitments to work towards health equity within participants’ current roles. All of the gathered information was analyzed and eight salient themes emerged from participants’ discussions. These themes include:

- Significance of collaboration, coordination and partnerships
- Translation, interpretation and language barriers
- Awareness of services for newcomers
- Awareness of newcomer and immigrant issues
- Culturally appropriate services
- Need for local research
- Newcomer participation in policy and programming
- Discrimination and racism

The chart below shows the frequency in which these themes emerged in the discussions.
Significance of Collaboration, Coordination and Partnerships

Studies have shown that the support newcomers receive from services is a key contributor to maintaining good mental and physical health (Khanlou, 2009). Similarly, the roundtable discussions identified a coordinated system of service delivery as a priority in adopting a health equity lens. The majority of comments which addressed this theme indicated that partnerships and collaboration between service providers across organizations and sectors are a strength and an important asset in moving the health equity agenda forward. Some of these comments included:

- [There needs to be] seamless integration of health and social services [and] open discussions between immigrant service agencies and health services for more connection.
- [We need to know] which organizations are already involved, how to contact them [and] reduce duplication of services between different organizations.
- We also build strong partnerships since we work better together.

The discussions also revealed that many of participants’ organizations are already engaging in activities that encourage collaboration and partnerships with other providers. It was noted that many of these activities depend on partnerships which are vital for the creation of a service system that provides newcomers with services which are easy to navigate. Comments that exemplify this include:

- Partnerships are key. We partner with [many agencies].
- We link with amazing services [which are] already available. We also

<table>
<thead>
<tr>
<th>Theme</th>
<th>Comments Mentions</th>
<th>Percentage of All Comments</th>
</tr>
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<tbody>
<tr>
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<td><strong>Total</strong></td>
<td><strong>8</strong></td>
<td><strong>100%</strong></td>
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help patients find an established health care provider in the community.
• We also build strong partnerships since we work better together.

➢ Translation, Interpretation and Language Barriers

Comments regarding language barriers were the second most frequent theme emerging from the group discussions. Participants noted that language barriers posed challenges for newcomers and immigrants and more supports in this area would move health equity forward. Some of these comments included the following,

• Arrange and advocate for and provide appropriate translation and interpretation services with each clinical encounter.
• Use simple language and translate health messages including how to access services.
• Use posters in their language in locations that newcomers frequent such as grocery stores, and to their support workers, schools, places of worship and hospitals.
• We need more funding for interpretation services and translation [and] multilingual educational materials...

Numerous participants shared the ways in which their organizations have been dealing with a lack of resources for translation and interpretation services. Most of their comments indicated they created innovative solutions to counter a lack of appropriate interpretation services in an attempt to overcome their clients’ language barriers. These comments include:

• We have hired outreach workers who speak the language and understand the culture and develop relationships [with newcomer clients].
• We provide cross cultural interpretation and translation.
• We provide cultural interpretation services to ease accessibility to our services. We have women’s health educators who are culturally representative, culturally sensitive, and work with different newcomer and immigrant populations in the community.

➢ Awareness of Services Available for Newcomers

The third most frequent theme referred to the role of public awareness of the wide array of services available for newcomers and immigrants in Hamilton. Comments falling under this theme made it clear that awareness of services is pertinent for newcomers and immigrants and vital for service providers who administer healthcare services. The discussions suggested that
health care providers and non-health care service providers need to know about other services in meeting the needs of their clients to ensure that a holistic approach is used to meet multiple needs. Participants identified a lack of awareness of services as a significant barrier for newcomers. They also suggested that a variety of tools or initiatives need to be created in order to increase awareness of services and move health equity forward. Some of these comments include:

- [We need] a comprehensive list of resources available to newcomers [is needed] so we can make appropriate referrals.
- [We need to] know what services are already catering to the newcomer population both internally and externally.
- Make improved connections to know what the needs are, what the services are and how to access them both internally and externally.
- [We need to be] aware of the services available in Hamilton to refer and have handouts to give to newcomers, a resource manual online to easily keep up to date, use them to make newcomers aware of services available for them.
- There needs to me more awareness of services by community members [and] targeted outreach and support in navigating the system.
- Maybe we can organize public meetings to inform newcomers about available services for them.

In addition to identifying these barriers, participants indicated that their organizations engage in initiatives to increase awareness of services available to newcomer clients. A comment describing this initiative includes:

- [We ensure the] coordination of services among partners and service providers both internally and externally and we also establish advisory networks with ethnic communities.

**Culturally Appropriate Services**

Studies show that culturally appropriate services need to be adopted in delivering health services to newcomers to ensure that ethno-cultural or faith based diversity does not serve as a barrier to accessing care (Newbold, B. K. 2010; see also Asanin, J. & Wilson, K., 2008). Similarly, participants of the HER event noted that while services from all sectors, need to adopt a culturally appropriate, inclusive and specialized approach to providing services to newcomer and immigrant clients from diverse backgrounds, this is pertinent for providers working in the area of clinical, primary care, mental health and related settings. Participants' recognize that a lack of culturally appropriate services served as a barrier for newcomers to access healthcare services and more needs to be done to overcome these accessibility issues. During the
roundtable discussions the participants recommended solutions to overcome these barriers. These comments included:

- Provide culturally relevant information and programming. Build trust and relationships across different cultural barriers. To help: take time for relationship building within different ethnic communities or partners.
- [We need] cultural competency training and accountability within hospital and health care organizations.
- [We need] cross cultural training for workers, front line workers, dealing with new immigrants.
- Workforce needs to be culturally competent and training on this needs to be provided.

Some comments reflected the current work done by organizations to provide culturally appropriate services. For example, participants noted that:

- We also contribute many hours of work towards developing relationships and fostering collaboration among small ethno-cultural organizations in Hamilton.
- [We provide] culturally specific programs such as those for seniors regarding healthier lifestyles. These programs provide a sense of community building aside from the classes. These programs are barrier free and have reduced or no fees.”

➢ Awareness of Newcomer and Immigrant Issues

Participants noted that lack of awareness and understanding of newcomer settlement and experiences of immigration among service providers are barriers to accessing health care systems and services. The participants noted that there is a need for greater public awareness about the realities of immigration among broader community. Participants noted that further tools and initiatives are needed to increase awareness and shift attitudes. Some of these comments included:

- [There needs to be] more public awareness of groups who are immigrating to specific cities, government not aware, raise public awareness and public is not currently prepared.
- [There is a] lack of understanding of immigration process.
- [We need] more education and awareness around needs of newcomer populations.

A couple comments indicated that the organizations are taking actions and participating in
activities which increase awareness of newcomer and immigrant issues by engaging in:

- “…education to and advocacy on behalf of clients and the community” and noting that “… we speak up and speak out and rally and lobby for change.”

**Need for Local Research**

The data revealed that there is a need for more local, evidence based research which focuses on newcomers’ and immigrants’ health needs and the multiple barriers they face in accessing health care services. Most of the comments indicated that more tools are required in this area to support newcomers and address their needs. A few participants noted things organizations were doing to generate local data and many noted that a lack of data was a barrier in itself. Some of these comments included the following:

- [We need] a) data to determine local health inequalities that exist to prioritize monitor and examine progress that newcomers are making and b) literature …to identify best practices to reach and engage newcomers.
- Support and funding from council [for] evidence based research supporting programs is needed.

**Newcomer and Immigrant Participation in Policy and Programming**

The necessity of engaging newcomers and immigrants in policy creation, civic participation, program development and delivery of services was a prominent theme. Participants noted that the lack of immigrant and newcomer participation in policy development, priority setting and program delivery is a barrier to achieving better health outcomes for newcomers. Other comments indicated that more work needs to be done in this area to move the health equity agenda forward. Some of these comments suggested a need for:

- [Hosting] training, workshops, [and to] involve the new immigrants in the process of programming, policy, evaluation and etc.
- [Thinking of] innovative and flexible ways to participate for newcomer populations.
- [Involving] newcomers in the process of evaluation.
- [Having] more representation in service providers of populations they serve.
- [Establishing] an advisory group composed of different representatives from the ethno-cultural groups to provide guidance and inform identify culturally sensitive and appropriate direction.
Participants also discussed the steps their own organizations are taking to engage newcomer participation in programming, policy and service provision.

- We have hired outreach workers who speak the language and understand the culture and develop relationships.
- We engage [target] populations in service delivery. For example, the prenatal groups and programs.
- [We have] diversity in the staff of our organization.

**Discrimination and Racism**

In discussing the challenges that newcomers face in achieving equitable health outcomes in Hamilton, participants noted that systemic discrimination and racism are also barriers. Some shared that their organization was actively seeking to address this issue.

- Systematic racism, discrimination and homophobia [exist]. To tackle this, we need to empower clients to complain when experiencing racism, discrimination and homophobia.
- [Barriers include] lack of funding and white privilege.
- [Issues such as] language interpretation, neighbourhood of relocation, precarious employment, lack of information regarding newcomer communities lead to disrespect and racism.

Most of the answers to question three which asked participant to provide examples of any work being carried out to address health inequities described activities which promote the adoption of inclusive organizational practices and promote working within anti-racist and anti-oppressive practices.

**Discussion**

As demonstrated by findings from the roundtable discussions, achieving health equity, particularly better health outcomes for newcomers and immigrants requires a multifaceted approach which reaches across sectors and systems. Similarly, current research suggests that the solution to health disparities lies in macro social and economic policies which are founded on collaboration and coordination of efforts across institutions, services and sectors (Khanlou, 2009). While this requires resources beyond those available to service providers and the Health Working Group, there is opportunity to adopt practices at the organizational level to address health disparities as they pertain to newcomers, immigrants, and other vulnerable populations.

Participants of the Health Equity Roundtable event contributed ample feedback and input into the creation of recommendations for service providers in Hamilton. This input included a
reflection of the work their organizations already engage in to address health disparities. Participants’ feedback suggests that work can be done at the local level through the reshaping of services, “…reduction of institutional barriers…” and adoption of practices which will improve equitable access to services (Gardner, 2008). As such, the recommendations outlined in this report are directed at service providers working with newcomers, policy makers, members of government and the media.

Recommendations

Collaboration, Coordination and Partnerships

1. Create a list of all services (health services and non-health services) available for newcomer clients. Make this resource available to all service providers.
   - “…being aware of services available in Hamilton to refer and have handouts to give to newcomers and use resources to make newcomers aware of services available for them.”
   - “…a comprehensive list of resources available to newcomers [is needed] so we can make appropriate referrals.”

2. Host an event for health care, settlement and other providers to learn about the services and programs available for newcomer clients and provide opportunity for networking and sharing of best practices in working with newcomers and immigrants.
   - “Open discussions between immigrant service agencies and health services for more connection”
   - “Seamless integration of health and social services is needed.”

3. Connect with collaborative planning tables to gain access to leaders of various sectors who are working with newcomers. Through such platforms, share information and resources, work collaboratively and engage in joint efforts to coordinate services for newcomers.
   - “Reduce duplication of services between different organizations”
   - “Establish an advisory group composed of different representatives from the ethnocultural groups to provide guidance and inform [or] identify culturally sensitive [or] appropriate directions.”

Translation, Interpretation and Language Barriers

4. Increase awareness of interpretation technologies available for health care professionals to meet the needs of newcomers with language barriers. Interpretation technologies can include interpretation services, smartphone applications, language lines, medically trained volunteer interpreters and more
   - “Increase access, translation services, cultural competency in health care services and using technology to see a larger picture.”
5. Make materials and resources available to staff and clients in languages other than English and French. Make these materials available electronically for web access via organizations’ websites.

   - “Education [and] information sharing [is needed], support [is needed] from management as well as tools in multiple languages.”

**Awareness of Services for newcomers**

6. Make information and resources available to those working directly with newcomers such as front line staff. Information and resource sharing can take place at team meetings, staff retreats, and professional development sessions, via internal communication vehicles such as a newsletter or an internal webpage.

   - “Distribution of information is at fault. Information… needs to get to the people on the ground.”
   - “[We need] more training for service providers.”

7. Centralize resources and materials and make them available in multiple languages and in one place by enhancing existing web based platforms. Update program, service or organization records available on local Information and Referral organizations’ websites and databases.

   - “All agencies [should] share resources or pool these resources.”
   - “An online resource manual which can be easily kept up to date [is needed], [we can] use these to make newcomers aware of services available for them.”

**Culturally Appropriate Services**

8. Develop a series of organizational best practices to better tailor programs to meet the needs of newcomer and immigrant communities. Share this information widely among other service providers.

   - “Develop best practices and increase communication to help support the development of best practices to tailor programs to community’s needs”

9. Organizations or service providers (such as food banks, local faith based organizations, temporary shelters, etc.) that provide food and refreshments to clients should provide culturally appropriate food options (such as vegetarian food options, kosher food, halal meat and etc.). Providers can inquire about these food items during client’s needs assessment or intake process.

   - “The ideal goal is health equity for all, living wage for all and adequate or culturally appropriate food [for all].”

**Awareness of Newcomer and Immigrant Issues**

10. Partner with the Hamilton Media Advisory Committee to gain access to representatives from local newspapers, radio stations, television programs, television channels and more to raise awareness about specific programs, services, project based initiatives and activities which
highlight the realities of immigration in Hamilton.

- “[We need to] daily update websites, update front desk personnel… and improve awareness.

**Need for Local Research**

11. Support local research initiatives which aim to generate data, statistics and information in outlining the barriers that newcomers and immigrants face in navigating the health sector and other service sectors. Support can be in the form of pooling resources to fund research activities, share existing data, create a strategy for disseminating information and etc.

- “[Make] current data on community coordination [available] to keep community updated on changes. Increasingly use rapid response evaluation methodologies to identify what changes are working and which ones are not.”

**Newcomer Participation in Policy and Programming**

12. Involve, hire and consult with newcomers and immigrants in policy development and evaluation of services and strive for an ethnically diverse workforce.

- “[We need to] involve the new immigrants in the process of programming, policy, evaluations and etc.”
- “Cross cultural training for workers, front line workers dealing with new immigrants [is needed].”

**Discrimination and Racism**

13. Employ an anti-oppressive and anti-racist approach to service delivery by providing professional development opportunities to front line staff members. For example, professional development sessions can introduce front line providers to the needs of immigrants from diverse faith based communities, ethnic backgrounds, LGBTQ newcomers, and etc.

- “Create workshops regarding culturally appropriate training and educating and learning about cultural differences.”
References


