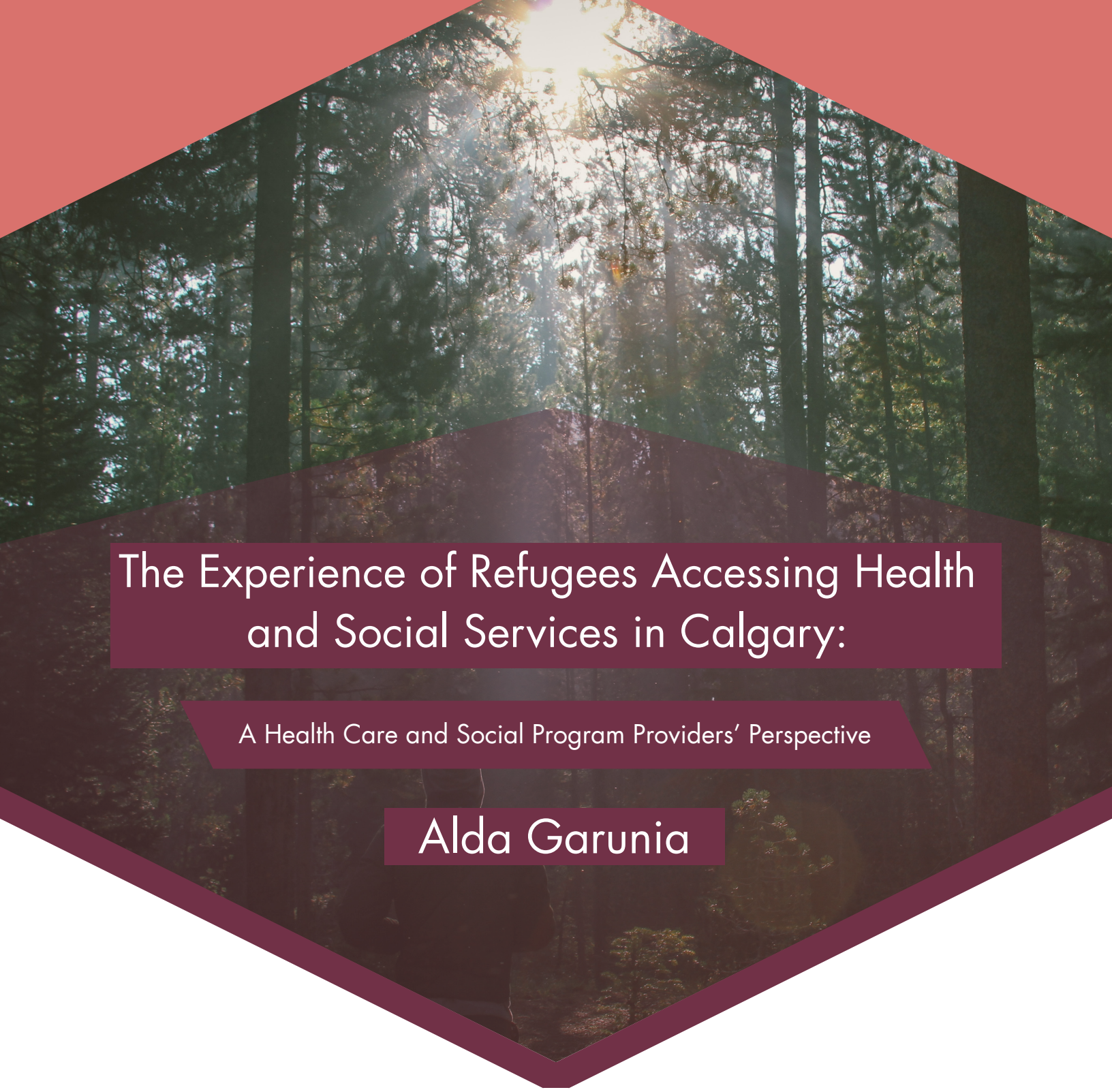

The Experience of Refugees Accessing Health and Social Services in Calgary:

A Health Care and Social Program Providers' Perspective

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Introduction

Health is defined by World Health Organization [WHO] (2016) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (para.1). Canada, as a member of the United Nations [UN], signed the 'Universal Declaration of Human Rights' which obliges the government to guarantee accessible healthcare for all residents, despite their status (Caulford & D'Andrade, 2012; Arya et al., 2012). 'Universal Declaration of Human Rights' (1948) Article 25 of the declaration states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food…medical care and necessary social services…" (para. 25).

The Interim Federal Health Plan of Canada [IFHP] sets out a guideline of specific healthcare costs that the government of Canada covers for refugees, protected persons and victims of human trafficking. The IFHP was implemented into Canada's system in 1957, and was responsible for financing refugee healthcare in Canada until drastic changes to the program were implemented. When policies are implemented beyond the control of a vulnerable population such as the refugees, it is important we understand the implications of such changes and what that means for the health of the refugee population. With the election of a new political party in Canada in 2015 – a promise was kept to reverse the changes made to the program. The question stemming from this health issue is: what can leaders in health and social care do to address the inequities posed to the refugee population by the changes to the IFHP, and have the gaps in access to health and social programs been addressed by the current policy change?

The following report highlights the history of refugees in Canada and the IFHP, as well as a literature review of research regarding access to health care and social programming within Canada for refugees. The literature being researched for this report sets a basis for the study completed by the research team. Following the literature review is the research completed on behalf of the research team focusing on refugee health and social programs, specifically in Calgary. Our findings are presented through a qualitative thematic analysis method, and recommendations for further research and implications for further practice within health care and social practitioners scope are given.

Background

Refugees in Canada

A refugee is defined by Alberta Human Services as a person fleeing their own country for another because of a well founded fear of persecution (Alberta Health, 2016). In Canada, when a person arrives to the country as a refugee – they are further funnelled and classified based on level of government support that is being received.

Table 1: Refugee Status Classification In Canada Adapted from Alberta Health, 2016

Privately Sponsored Refugee (PSR)	Government-Assisted Refugee (GAR)	Permanent Resident	Other Status
Receives financial and other support from a private sponsor for one year after their arrival in Canada.	Receives financial and other support from the federal government for up to one year after their arrival to Canada.	Privately sponsored and government assisted refugees arrive in Canada as permanent residents. Same benefits and responsibilities as citizens with a few exceptions such as: cannot vote, hold public office and/ or have a Canadian passport.	Joint Assistance Sponsorship, Refugee Claimant, Refugee landed in Canada, Protected person.

Arya, McMurray, & Rashid (2012) stated that Canada accepted an average of about 25,000 refugees per year prior to 2015 (p. 1875). Immigration and Refugee Board of Canada (2015) statistics, shows that about 21,000 refugees were given refugee status in 2014.

The IFHP was created in 1957 and provided funding for Canadian refugee claimants upon arrival to Canada, this included insurance coverage on: medications, social services, vaccines, health assessments, psychological services and dental care (Evans, Caudarella, Ratnapalan & Chan, 2014; Canadian Healthcare Association, 2012; Canadian Medical Association, 2015; Caulford & D'Andrade, 2012; Voices-Voix, n.d.). Spring 2012 brought a drastic change to the IFHP – not only was funding drastically decreased for refugee access to various health services such as emergency room care and dental coverage, but understanding and navigating the Canadian health care system became much more difficult. To appropriately understand the effects of cuts to healthcare within Canada with regard to changes to the IFHP, it is crucial to examine the history of the program itself and what it entailed.

Current Issue

With current developments in Syria there is an influx in the number of refugees arriving in Canada within a short period of time. This is due to Canada, along with other nations in the world, responding to this humanitarian challenge. In recent numbers, Canada recently had 25,920 refugees settle from Syria since November, 4, 2015 (Government of Canada, 2016). 14,921 people are government assisted refugees, and approximately 8,792 of those refugees are privately sponsored refugees (Government of Canada, 2016). As of February 2016, approximately 3,000 refugees were resettled in Alberta alone (Alberta Health, 2016).

After the changes brought on in 2012, refugees no longer had insurance coverage through the IFHP for medications including chemotherapy, prosthetics, assistive devices, dental care, vision care, or emergency services (Arya et al., 2012; Evans et al., 2014; Canadian Healthcare Association, 2012; Raza, Rashid, Redwood-Campbell, Rouleau & Berger, 2012; Sheikh, Rashid, Berger & Hulme, 2013). The Government of Canada (2015) webpage stated that "[coverage provided for] …prescription medications and related products, only if required to prevent or treat a disease posing a risk to public health or to treat a condition of public safety concern" (para. 5). In accordance with the cuts to the IFHP, government sponsored refugees continued to receive extended healthcare, whereas other refugee claimants received no benefits even if taxes are paid and refugees deemed to have arrived from 'safe countries' received practically no coverage for healthcare (Raza et al., 2012; Canadian Healthcare Association, 2012; Canadian Medical Association, 2013).

The policy changes implemented in 2012 were made in order to save 20 million dollars from the 50 million dollars that were being spent to maintain the program each year (Evans et al., 2014, p.2). In five years, the government was to save 100 million dollars (Arya et al., 2012, p. 1875). No evidence could be found to substantiate the cuts had saved the previous federal government any money.

With the fast changes that the Liberal government made to the provision of health

services for refugees, much of the policy that was drastically changed in 2012, changed again. "The Interim Federal Health Program (IFHP) provides limited, temporary, taxpayer-funded coverage of health-care benefits to people…who are not eligible for provincial or territorial health insurance" (Government of Canada, 2016, para. 3). Once the federal elections took place in 2015, the liberal government fully reinstated the IFHP – ensuring all changes were reversed. Prescription costs, in-patient and outpatient hospital services, services of health professionals, diagnostics and ambulance services are now covered under the basic coverage program. The IFHP is funded by taxes paid by the population of Canada (Government of Canada, 2016, para.1). As health care provision differs from province to province, the health care coverage for refugees pertaining to the specifics of Alberta are as followed:

> Refugees are able to have immediate access to health care services but will need to apply for coverage under the Alberta Health Care Insurance Plan. Until refugees receive their provincial health care card, they will be covered for up to one year under the Government of Canada's health care plan for refugees [IFHP]. Prescription medication listed on the Alberta Drug Benefit List will be covered for refugees under the IFHP (Alberta Health, 2016, para 1).

An updated list of health care providers that provide services to refugees in Alberta as of January, 13, 2016 is also listed on the Medavie Blue Cross page. Such organizations include various cities across Alberta, such as Airdrie, Athabasca, Banff, Brooks, Calgary, Edmonton and other cities (Medavie Blue Cross, 2016). Listed on this document are the names of health care providers and the location of services for refugees including a phone number to access services (Medavie Blue Cross, 2016). Over 53 pages are specific to the health care providers in Calgary registered to provide health services to refugees (Medavie Blue Cross, 2016). Information was also available on the Medavie pages in order to identify organizations providing social programs to refugees, such as Alberta Works offices and Calgary Catholic Immigration Society. The fact that this information is provided to the general public – improves the ability for newcomers to see where they may access specific health and social services in Alberta.

Impact on Refugees

Examination of literature revealed refugees in Canada had difficulty prior to the IFHP changes initiated in 2012. Refugees are twice as likely to encounter difficulty in accessing healthcare in comparison with other immigrants (Evans et al., 2014, p.3). Access to services among vulnerable migrants living in Canada is a major recurring theme in the literature. It is repeatedly emphasized that refugees tend to arrive to Canada with many health concerns, among these concerns having mental health being one of the most prevalent health issues (Pottie et al., 2015; Gurunge & Butt, 2015; Raza et al., 2012). Many studies exhibited that refugees felt that there was a lack of information on how to access healthcare, and that language and communication are a major barrier to accessing necessary health services (Lan Fang, Sixsmith, Lawthorn, Mountain & Shahrin, 2015; Edge & Newbold, 2012; Campbell, Klei, Hodges, Fissman & Kitto, 2014). Language as a key issue in access to services proved to be a recurring theme in the literature. One study found that there were

5% increased odds in revisits to emergency departments related to English not being the native tongue of refugee families (Saunders, To, Parkin & Guttmann, 2015, p. 3). They write, "Our findings regarding language highlight that language barriers may contribute to increased health services use or poor quality of care and may be an area in need of targeted interventions for improved patient safety" (Saunders, To, Parkin & Guttmann, 2015, p. 4).

Refugees tend to arrive to Canada with less social capital, and delay seeking care because of insurance reasons (Caulford & D'Andrade, 2012; McMurray, Breward, Breward, Alder & Arya, 2013). "Refugees also face social, cultural and economic hardships in host countries. Barriers to accessing services include language, limited finances, transportation, mistrust of service providers, insufficient information about health and social services and discrimination" (Stewart et al., 2014, p. 1143). In regards to treatment and disease, due to the changes in 2012 with the removal of prescription medication coverage and vaccination coverage, most refugees were unable to pay for the costs out of pocket – delaying prevention, treatment and becoming more ill, needing more extensive and extended hospital stays as a result (Kowal, Jardine & Bubela, 2015; Caulford & D'Andrade, 2012; Campbell et al., 2014). One article investigated the effects of the changes on emergency room visits, expressing that there was a 50% decrease in the number of hospitalizations and emergency department visits by refugees in Canada (Webster, 2015, para. 9).

Healthcare and Social Program Provider Experience

The literature reviewed included many position statements from various healthcare providers and healthcare provider groups. Canadian Doctors for Refugee Care [CDRC] (2015) placed a statement on their issues page stating that many healthcare providers are concerned "…that resettled refugees are suffering or will suffer tremendous hardship by not being able to access medications. They are at risk of severe complications." (para.17). The Canadian Nurses Students' Association [CNSA], Canadian Nurses Association [CNA] and the Canadian Association of Social Workers [CASW] presented statements similar to that of the CDRC. CNSA and CNA expressed concern over the adverse effects of the cuts on the health of the refugee population, and the impact of the cuts on primary health objectives and health inequity (Canadian Nursing Students Association, 2013; Canadian Nurses Association, 2015). CASW was particularly disappointed with the previous governing legislation on the cuts to the IFHP.

> "CASW has been an outspoken advocate for refugees' rights in Canada for many years, denouncing the previous administration's drastic cuts to the IFHP that limited essential health care for refugee claimants. Additionally, CASW was deeply disappointed in the previous government's callous decision to allow the provinces and territories to impose a minimum residency requirement on refugees to access social assistance." (CASW, 2015, para. 4-5).

As the IFHP coverage was reinstated in early 2016, new content was made available for health care providers on the government webpage. This

information added provides information for health care providers to become registered with Medavie Blue Cross in order to provide services to refugees – later getting reimbursed by the government of Canada (Government of Canada, 2016, p. 2). Health care providers are able to access information on how to determine client eligibility for health services – the page offers phone numbers, web portals and quick reference guides that appear to make the administrative process easier to process for the professionals navigating the system.

Research Question

As previous literature was reviewed, it was apparent that there are many gaps in social programs and health services available to the refugee population in Canada. With a passion for health and social equity, the research team determined that the issue of health and social programming needed to be explored further in the province of Alberta with a focus on the city of Calgary. As mentioned in the introduction, the major question was what can health care providers and social workers do to address the health and social inequity faced by the refugee population in Canada?

The following question informed data collection for the study: what is the experience of refugees accessing health and social services in Calgary based on the health care and social program providers' perspective?

Method

A qualitative research approach was implemented by the research team. The study focussed on the health and social care providers' perspective of refugees accessing health and social services in Calgary. Through thematic analysis of data collected from a questionnaire, the current situation regarding health and social support of refugees in Calgary was explored.

Recruitment and Participants

Participants contacted to complete the questionnaire were various employees within Calgary directly serving the refugee population including: physicians, nurses, administrative staff, social workers, case managers, career and employment consultants, volunteers, managers, etc. The sample was based on a convenience sample with a focus on organizations established in the northeast of Calgary. Organizations contacted for participation included Primacy Health Clinic, Calgary Catholic Immigration Society, Mosaic Primary Care Network, Foothills Hospital Emergency Department, Alberta Works Marlborough and Radisson Center. All these organizations were contacted because they each service the refugee population of Calgary varying from assisting with employment opportunities, providing direct health care and offering social assistance programs.

Potential participants were sent an email with a detailed introduction to the study inviting them to partake in the questionnaire. The research team also made personal visits to each agency to drop off requests for participation and consent forms. An online survey link was provided to each agency, where each participant was invited to complete the online questionnaire (see Table 2 for questionnaire questions). Kwiksurvey was used as the website provider for online survey completion, and participants were provided with a privacy statement of the website for referral.

Research was conducted from the months of April to May 2016; participants were invited to complete the online questionnaire within the 2-month period.

Questionnaire

1. In a few short words, please explain what your organization does for the refugee community in Calgary. {Paragraph Response}

2. Approximately how many refugees do you provide services to on a weekly basis? {Multiple Choice and Other Response}

3. What are some common health concerns refugees face when they arrive to Calgary? Please provide your answer below. {Paragraph Response}

4. Do the refugee families you service have a family physician they regularly see in Calgary? {Yes/No Response}

5. Have any of the refugees you provide services to visited an emergency room in Calgary for a health concern in the last 3 moths? If so, what was the concern? {Paragraph Response}

6. Have there been any recent policy changes in the last 2 years that has placed barriers in your organization to provide health or social services to the refugee population? If so, what concerns did your organization face? {Paragraph Response}

7. Have the cuts to the Interim Federal Health Program [IFHP] affected your organization at all? If so, what concerns did you face and how did it reflect in the provision of health care to the refugee population? If this question does not apply to you, please provide 'N/A' as your answer. {Paragraph Response}

8. Do the refugees you service access any social programs (community center, wellness program, career development program, educational program, etc.) within the city of Calgary? If so, which ones? If not do they wish to participate in any social programs? {Paragraph Response}

9. In a few short sentences please identify the common barriers, according to your organization, which prevent the refugee community in Calgary from accessing health and social services in Calgary. {Paragraph Response}

10. Are there any suggestions you have for improvement for access to health and social resources for refugees in Calgary? {Paragraph Response}

Ethical Considerations

The research team received approval for study by the Mount Royal University Human Research Ethics Board. No direct participant names were obtained during questionnaire completion. Participants were only expected to provide their job title and role in their agency of association. Risks were minimized by providing anonymity, using protected password and providing restricted access to information. Participants were made aware that findings would be compiled into a report and used for dissemination in conferences.

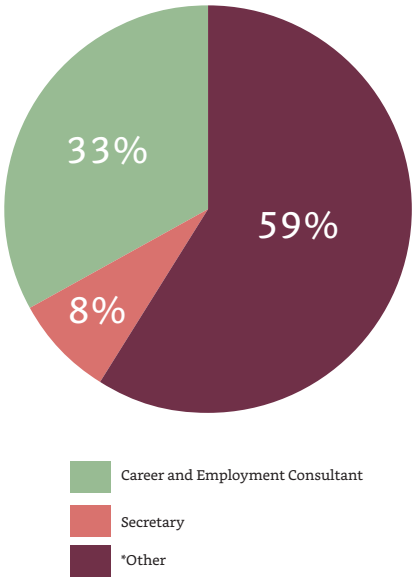
Limitations

The most important study limitation was the number of responses received. Out of the numerous agencies contacted, the study received responses from only 12 individuals, leading to limited data. Having only 12 respondents was not a concern as the research was to provide a brief understanding of the situation in Calgary. Further research into this topic could overcome this limitation by exploring other agencies for potential participation and data can be collected in a larger time frame.

Findings

Out of the numerous agencies contacted, only 12 responses were received by the research team. Many participants worked as Career Employment Consultants with Alberta Works: providing information on resources available in the community for language, health support and benefits, job searching and training, income support. See Table 3 for each participants' role within their organizations.

Table 3: Roles within Organizations

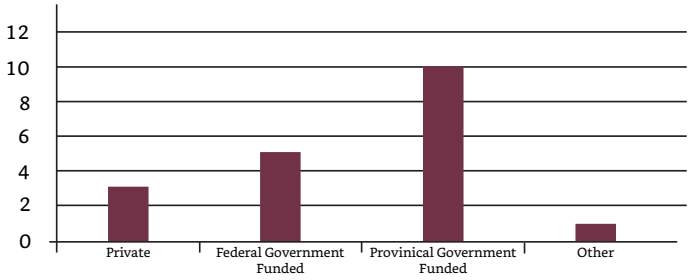


**Other reported roles included Research Coordinator, Research Assistant, Settlement Program Coordinator, and Volunteer Program Leader*

The most common health concerns identified by the respondents included mental health concerns (post traumatic stress disorder [PTSD], depression, anxiety, etc.), dental concerns, reproductive health teaching, vaccinations and access to health services.

Table 4: Common Health Care Coverage

Q: What kind of health care coverage do you commonly see in your organization?



"Lack of access to medical services for extended periods in the past. There may not be a specific concern, but parents may need a Dr's apt just to check their health or children may need to see the dentist for the first time in years..."
(Respondent 3)

As most respondents were based out of an Alberta Works office, when analyzing responses regarding the IFHP - most were answered from a perspective of a position which refers clients to accessing social and health services.

"The cuts to the IFHP meant that the Government of AB expanded its medical coverage so that refugee claimants who were previously not eligible for assistance under the AB Works Income Support program now were. This meant a change in intake procedures and a review of existing clients without coverage"
(Respondent 4)

Most respondents indicated that due to federal funding being reduced during the changes implemented in 2012, the provincial government increased funding for refugee health care therefore indicating the provincial government responded in a positive manner to the abrupt changes.

Respondents designated areas of which refugees in Calgary were accessing various social services including community centers, wellness programs, career development programs, educational programs, etc. As noted in Table 5, there appears to be a substantive amount of programs available for refugees to access for social programs within the Calgary area.

Social Services Utilized by Refugees in Calgary

- Alberta Health Services [AHS]
- Albeta Works
- Bow Valley college
- Calgary Bridge Foundation
- Calgary Immigrant Women's Association [CIWA]
- Calgary Center for Newcomers
- Calgary Catholic Immigration Society [CCIS]
- Calgary Immigrant Educational Society [CIES]
- Calgary Public Library
- City of Calgary Services
- Columbia College
- English Second Language, program with the Calgary Board of Education [ESL]
- Fair Entry Program Genesis Center
- Language Instruction for Newcomers to Canada [LINC]
- Welcome Center
- YMCA of Calgary

One important finding established through the completion of this survey was the barriers preventing refugees from accessing health and social services in Calgary. Most respondents indicated the same theme within each of their responses, as discussed below.

Language Barriers

As refugees arrive from to Canada, many may not speak and understand the English language fully or, in some cases, even at all. Accessing resources in a new country where the language is not understood can be quite intimidating.

> *"Language barriers, limited English makes it very difficult for refugees to seek out the help they need to express their concerns and address these problems. Often times we see* them evading *the fact that they are sick so that they don't have to deal with facing health care providers that might not understand their issue"* (Respondent 10).

Not only can not being able to speak the language be a barrier, but respondents also emphasized that securing translation services is also a hard task to manage.

> *"I would say language barriers would be first. They do have to secure interpreter to go and ask for information then access services" (Respondent 8)*

Culture

Respondents identified culture as being a barrier to refugees accessing health and social services within Calgary.

"…At the same time, cultural differences. some refugees have mental health issues but they do not want to be accessing services" (Respondent 8)

"…culture plays a big role where some chose to address their health naturally rather than seeking medical attention" (Respondent 9)

Transportation

Many respondents indicated that transportation was a major barrier for refugees trying to access health and social services in Calgary. Many refugees may come from countries where they may not have needed to know to drive. Navigating transportation in a city that is approximately 5,107 kilometers squared (ReMax, 2016) requires consideration of mode of transportation and time for transportation for people looking to access health and social services.

Information on Services and Accessing Services Available

"…Lack of information - where do I go? Am I eligible? How do I make an appointment?" (Respondent 3)

Most respondents identified that refugees do not fully understand what resources and programs are available for them to access within Calgary. This brings up a potential complication of coordinating social and health services in order to ensure the population for which these services are made available for are being utilised by them.

Another key finding was that of what suggestions the respondents had for improving access to health and social resources for refugees in the city of Calgary. Although each respondent had many suggestions for improving access to health and social services, there were apparent overlying themes of which proved to be of utmost importance to the situation.

Improving Translation Services

Many respondents indicated that due to language being a pertinent issue with refugees accessing health and social resources within Calgary, improving translation services would be in the best interest of this population.

"Translation services! This is such an important part of providing care. I wish more Healthcare providers knew about and used the available phone interpreters. However, in person assistance is always best" (Respondent 11).

"Better information for them in their own languages right when they step off the plane, rather than leaving it up to them to figure out" (Respondent 12).

Enhancing Connections Between Disciplines

Another common theme in the answers provided by the respondents, was the importance of enhancing connections between varying health and social disciplines within Calgary. Enhancing care provision between Alberta Health Services [AHS] with Alberta Works and other agencies and disciplines servicing the refugee population would further improve transition.

"Enhance health services connections in the community" (Respondent 5).

"Strengthen the partnership between AHS and Immigrant Serving Agencies (by organize educational workshops on topics related to health care; for example, 'importance of having family Doctor in Canada', 'Healthy Leaving'…" (Respondent 7).

Expanding Cultural Competency with Health and Social Care Providers

Many respondents suggested to improve cultural competency within agencies with the health and social care providers in order to better understand the population and to better understand what services can be referred to them.

"Cultural competency amongst health care providers and greater understanding of the needs of those with different cultural and religious backgrounds" (Respondent 10).

Improving Available Programs and Developing a Branch of Refugee Healthcare

Improvements to current programming proved to be of importance with the respondents, as well as potentially creating a branch of health care specific to the refugee population within AHS. Having a service in the community to help the refugee population appropriately use resources and assisting with transitioning to the Calgary community was another suggestion deriving from this theme.

"I think there should be more done in information sector. Possible workshops and involvement of involvement of the communities in these workshops. for example, if immigrant serving agencies have settlement services, they should deliver health information and resources available to refugees such as how to get a doctor, how to access counseling etc. Information should be available in different languages for new comers. I think health services should have a centre for refugee health same as they have aboriginal services etc. that could be culture sensitive and aware of issues" (Respondent 8).

"It must be very challenging for refugees to find the services that are out there for them if they don't have someone to connect with right away to help them to navigate the system" (Respondent 12).

Discussion

The findings were meant to portray a brief picture of the circumstances in Calgary, as there has been little to no research done to demonstrate the refugee health and social program situation in the city. The findings represent only but a fraction of the perspectives of health and social program providers within the city of Calgary, but as there are many common themes arising from data collected – it is apparent to see that there are many gaps and unaddressed issues within the healthcare and social program system. The research team expects to continue investigating the ongoing situation in Calgary by conducting further research in future graduate studies.

Implications for Practice

The findings in this study enhance comprehension of the current situation in Calgary in regards to refugees accessing health and social services in the city. Based on the findings of this 'snapshot' study – the research team agrees that a

broad spectrum of health and social program providers can use the information to further improve their practice.

Recommendations

By having the opportunity to gain insight into the perspectives of the well respected health and social program providers within the city of Calgary on the current situation regarding refugee access to health and social programming – the research team concluded that a few recommendations for improvement of the situation can be made.

- Increase communication between various agencies and sectors involved in refugee health and welfare

- Further research in: social and health agencies and sectors within Calgary to facilitate further understanding of dynamic situation.

- Research within the refugee community itself to understand the experience of the population accessing the available health and social programs available in Calgary.

- Creation of specialist nurse position to support refugees within the community, support other health and social care providers with facilitating communication and involvement with the refugee population.

Conclusion

This report was guided by the question: what is the experience of refugees accessing health and social services in Calgary based on the health care and social program providers' perspective? As data was collected and a thorough analysis was done pertaining to the research question, we were able to further explore and understand the limitations to refugee health and social services in Calgary. These limitations included transportation, language, culture and information on services available.

As the study proves, the refugee situation is a complex and dynamic area of health and social care that is influenced by all the social determinants of health. Health and social program providers need to continue to learn and evolve in order to ensure we are continuously practicing well with this vulnerable population.

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Appendix - Questionaire

In a few short words please explain what your organization does for the refugee community in Calgary.

R1 : Work in the emergency department, recruit possible refugees for studies.

R2: Not much, work in research department at hospital and we see refugees come into ED

R3: We provide information on resources available in the community for language learning, general support, job search and training.

R4: Connect and provide information to clients about provincial programs like senior, childcare subsidy,PDD, AISH,etc

R5: Offers information and connections to services

R6: We provide income support, career and employment services

R7: Our organization help refugees with their settlement needs, including the followings: Provide information about Life in Canada,(-geography, climate, people, history, , cities/provinces, language, economy, government, political system), provide information about community and government services, working in Canada, education system in Canada,information about rights and freedoms, rights and duties, , Canadiam law and Justice (public law, private, law, courts, legal representation, police, courts, family violence and armed forces). Help them apply for important documents such as; permanent resident card, SIN, heath care card...etch ....

R8: Alberta Works, Government of Alberta. We provide refugee community with Income support, health benefits, emergency support and employment services.

R9: I volunteer with CCIS as a welcome volunteer. I work with one family to help them get familiar with Calgary, get the set up with resources, and show them what it means to be Canadian.

R10: Programs are developed to suit the needs of immigrant and refugee youth.

R11: Volunteer group to help integrate and resettle refugees. Emotional and practical support.

R12: I am sponsoring a refugee family with 4 other families. This is a voluntary role.

What are the common health concerns refugees face when they arrive to Calgary? Please provide your answer below

R1 : I think it would be actually getting access to the healthcare and actually affording any services they need.

R2: Really depends, see a lot with common colds and flus.

R3: Lack of access to medical services for extended periods in the past. There may not be a specific concern, but parents may need a Dr's apt just to check their health or children may need to see the dentist for the first time in years. People may also need to access new prescriptions.

R4: No health care service like dental or vision and glasses coverage

R5: Mental health issues.

R6: I am unable to know.

R7: The common health concerns refugees face when they arrive to Calgary are: Post Traumatic Stress Disorder (PTSD) is the most common one.

R8: Mental health concerns (PTSD, depression, anxiety). sometimes undiagnosed mental health. physical health issue.

R9: Children unvaccinated (or not up to date), minor infections that are untreated, poor dental health, and chain smoking.

R10: Common cold, flu, headaches.
R11: Initial screening (blood work and recommended baseline testing), Dental care and the need for it has been huge with the children Reproductive health teaching Unaddressed illnesses and injuries.

R12: Our Congolese family of 7 arrived from a camp in Tanzania in relatively good health. 3 of the 7 had malaria and shortly after arrival we had to treat them for lice.

Do the refugees you provide services to have a family physician they regularly see in Calgary?

R1 : No.

R2: No.

R3: Some do. Many us walk-in clinics only.

R4: Unknown.

R5: Not Sure.

R6: No.

R7: Yes.

R8: No.

R9: Yes.

R10: No.

R11: Yes.

R12: We just connected them with the refugee clinic at Marlborough Mall, we will need to get them a family doctor outside of the clinic now as the clinic is just for initial services.

Have the cuts to the Interim Federal Health Program [IFHP] affected your organization at all? If so, what concerns do you face and how does it reflect in the provision of health care to the refugee population? If this question does not apply to you, please provide 'N/A' as your answer.

R1 : N/A

R2: N/A

R3: The cuts to the IFHP meant that the Government of AB expanded its medical coverage so that refugee claimants who were previously not eligible for assistance under the AB Works Income Support program now were. This meant a change in intake procedures and a review of existing clients without coverage.

R4: N/A

R5: No- We don't offers access to health services. I have realized at Alberta Health Services may have been affected with the population increase.

R6: N/A

R7: N/A

R8: Yes, increase number of people accessing services.

R9: N/A

R10: N/A

R11: N/A

R12: N/A

Do the refugees you service access any social programs (community center, wellness program, career development program, educational program, etc.) within the city of Calgary? If so, which ones? If not, do they wish to participate in any social programs?

R1 : N/A

R2: I would assume so, but we don't directly know that.

R3: Yes, many: CIWA, Centre for Newcomers, CCIS, CIES, Welcome Centre.

R4: Some of them, mostly the one that speaks English and are able to access more information about the different programs and services in the city.

R5: Community Services, Career Services, School Providers, and ESL classes providers.

R6: N/A

R7: Yes, they do access Geneses Centre, AHS, Bow valley College, Columbia College, City of Calgary Services, Public Libraries, Alberta Works & etch....

R8: I would say all of the above. even for programs not from Alberta works, they are still requesting information and support.

R9: They are on wait lists for LINC classes that are many months long. We will be attending local libraries and community centres in the future.

R10: Mentorship Program through the Calgary Bridge Foundation for Youth, YMCA, and Genesis Center.

R11: Fair Entry program with the City of Calgary. For recreation pass discounts (swimming centers).

R12: Yes, free English training, CIWA (Calgary Immigrant Women's Association), and have just accessed some programs offered by The Centre for Newcomers.

In a few short sentences please identify the common barriers, according to your organization, which prevent the refugee community in Calgary from accessing health and social services in Calgary.

R1 : It would be the cost of getting a healthcare and seeing a healthcare provider. Also language barriers where it's hard to communicate what they are feeling.

R2: Mostly health insurance and costs of actually going to the hospital.

R3: Language barriers, Lack of information - where do I go? Am I eligible? How do I make an appointment? Lack of family Doctors and limited availability due to high demand at refugee specific health locations, Lack of transportation, and Fear.

R4: Lack of English, limited English, lack of information, isolation.

R5: Lack of information regarding services (how to access services?, eligibility criteria?, direct connections to the health sector)

R6: Language barriers.

R7: Transportation, English language barrier (these two are the most common barriers).

R8: I would say language barriers would be first. They do have to secure interpreter to go and ask for information then access services. At the same time, cultural differences. some refugees have mental health issues but they do not want to be accessing services.

R9: My experience has shown me that transportation access and language issues are the two largest issues, with wait times being the final issue.

R10: Language barriers, limited English makes it very difficult for refugees to seek out the help they need to express their concerns and address these problems. Often times we see them evading the fact that they are sick so that they don't have to deal with facing health care providers that might not understand their issues. Also culture plays a big role where some chose to address their health naturally rather than seeking medical attention.

R11: They are assigned clinics upon arrival that sometimes do not suit the family's preference. They are very nervous to have Healthcare providers that do not speak their language. It is hard to obtain accurate histories and details get confused in the large families. Names are commonly spelled incorrectly and don't match documentation. Birthdates can be missing or incorrect. Provincial documentation assigns 01/01 as missing days and months while federal ID allows for no birthday to be listed.

R12: It must be very challenging for refugees to find the services that are out there for them if they don't have someone to connect with right away to help them to navigate the system.

Are there any suggestions you have for improvement for access to health and social resources for refugees in Calgary?

R1 : It would be difficult to implement, but a translator. As well as, cheaper access to health care.

R2: Cheaper or less costly hospital trips for them.

R3: Access to interpreters to accompany clients if needed Clear, simply worded guides in mother tongue explaining system and how it works. More funding for more LINC places.

R4: Work to eliminate or minimize their barriers like the ones mentioned above.

R5: Enhance health services connections in the community. Provide access to education and information. Make sure new immigrants understand their rights to health.

R6: N/A

R7: My suggestions will be: Reach newcomer refugees as soon as they arrive in the city, Strengthen the partnership between AHS and Immigrant Serving Agencies (by organize educational workshops on topics related to health care; for example, 'importance of having family Doctor in Canada', 'Healthy Leaving' and Etch...

R8: I think there should be more done in information sector. Possible workshops and involvement of involvement of the communities in these workshops. for example, if immigrant serving agencies

have settlement services, they should deliver health information and resources available to refugees such as how to get a doctor, how to access counseling etc. Information should be available in different languages for new commers. I think health services should have a centre for refugee health same as they have aboriginal services etc that could be culture sensitive and aware of issues.

R9: More LINC classes, especially classes with childcare. Without English, they feel stuck in their homes and are understandably nervous to go out. It's hard to integrate when you don't have the tools to learn the local language.

R10: If there was greater cultural competency amongst health care providers and greater understanding of the needs of those with different cultural and religious backgrounds.

R11: Translation services! This is such an important part of providing care. I wish more Healthcare providers knew about and used the available phone interpreters. However, in person assistance is always best. There should also be a bridge for when the one year federally covered benefits lapse.

R12: Better information for them in their own languages right when they step off the plane, rather than leaving it up to them to figure out.