The experiences of newcomer Syrian refugees & service providers with a new refugee preventative health clinic model

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Disclosure Statement

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- **We have no affiliation (financial or otherwise)** with a pharmaceutical, medical device or communications organization.

Disclosure Statement

Sharon Yanicki, PhD RN - Presenter

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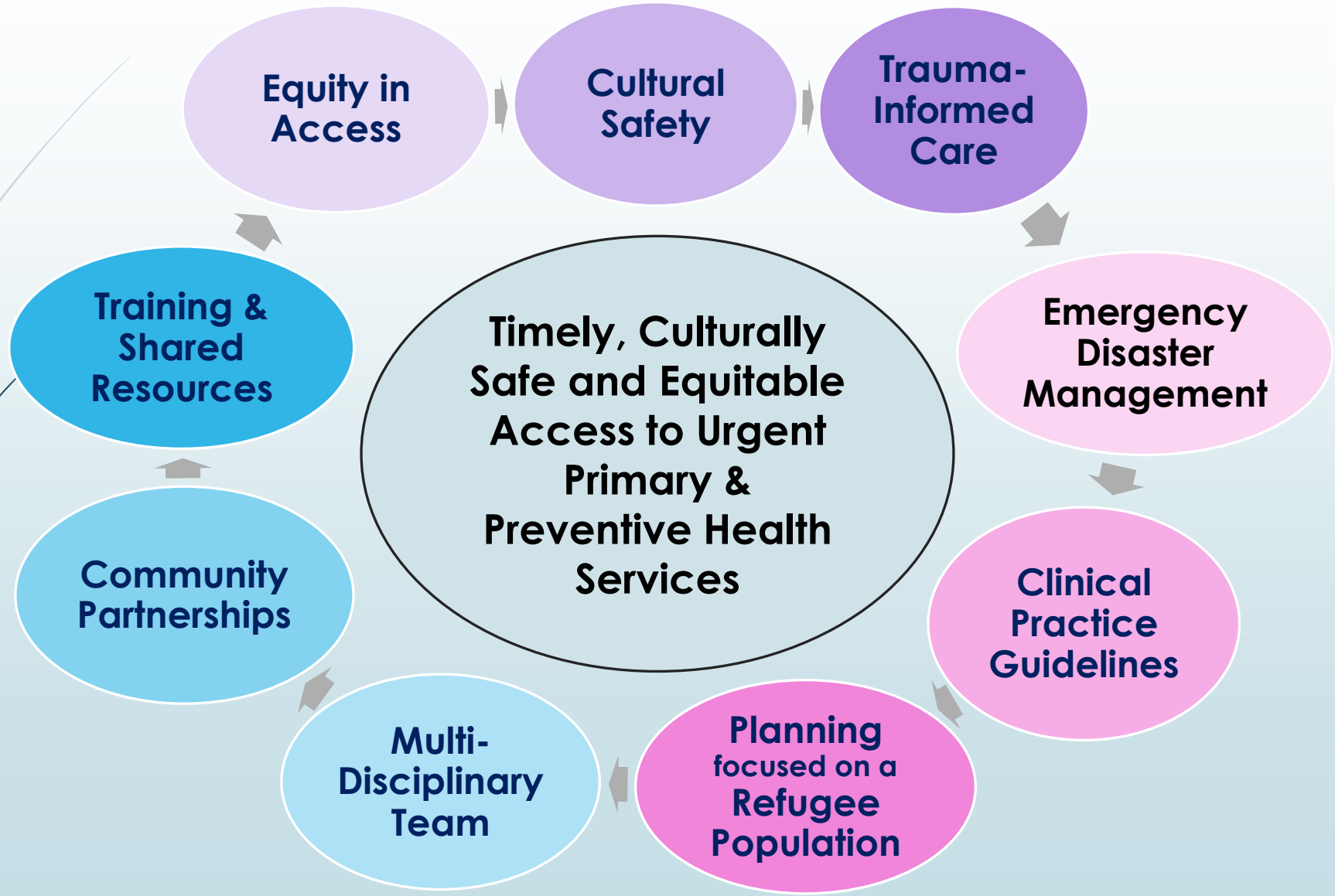
Underpinnings: Multi-Disciplinary Clinic Model



Multi-Disciplinary Clinic Services

Types of Service Providers	Services
Public Health Nurses	Immunizations Clinic lead, triage, physician* *& ER referrals***
Oral Public Health Staff	Oral screening & varnish* (children <19 years)& referrals to dentists**
Pre & Postnatal Nurse	Information, Better Beginnings/prenatal & postnatal*
Health Promotion Facilitation	Information & tobacco cessation*
Healthy Living & Chronic Disease Nurse	Information, urgent (family-identified) & referrals*
Laboratory Technician	Baseline screening – blood work*
Arabic Interpreters	Arabic Interpretive services (for males & females)*
Settlement Workers	Family navigators & case management*
Physician	*Urgent primary care services & referrals*** (as needed)
Administrative Support Students & Volunteers	Reception, electronic data entry & registrations* Group education, child care & snacks*

Descriptive Statistics: Highlights Primary MDCs

Five primary MDCs were held between Jan. and Mar. 2016; services were provided to between 21and 52 refugees per clinic.

Immunization

- Missing immunization records (79% no records, 20% partial records)
- 95% of refugees attending were immunized (children received 2 to 6 vaccines; adults usually received 2 vaccines)

Oral Public Health

- Poor oral health, especially in children <10 years old(65% urgent referrals)
- Across age groups: 53% urgent referrals; 75% referred for caries.
- 98% of children under 19 received fluoride varnish.

Urgent Primary Care

- High referral rate to family doctors (first clinic, n = 30, a physician attend 3 MDCs - referrals n = 27). Early links to a PC physician.

Study Design & Community Partners

This mixed methods study explored **the experiences of Syrian refugees and service providers at the MDCs (qualitative findings)** held Jan-Mar 2016 in Lethbridge and the costs of the new model (quantitative findings).

Ethics approval - Health Ethics Review Board, University of Alberta (Jan, 2017).

Community partner roles:

- AHS, South Zone designed a new **multidisciplinary clinic (MDC) model** in Oct 2015 with partners.
- LFS, IS provided Arabic interpreters and settlement worker at clinics and transportation support for refugees.
- Community partners supported recruitment and provided aggregate statistics.

Qualitative Study: Data Collection

An exploratory descriptive study (part of a larger mixed methods study) was conducted with participants in primary MDCs (Jan.-Mar. 2016).

Syrian refugees (Jan, 2017)

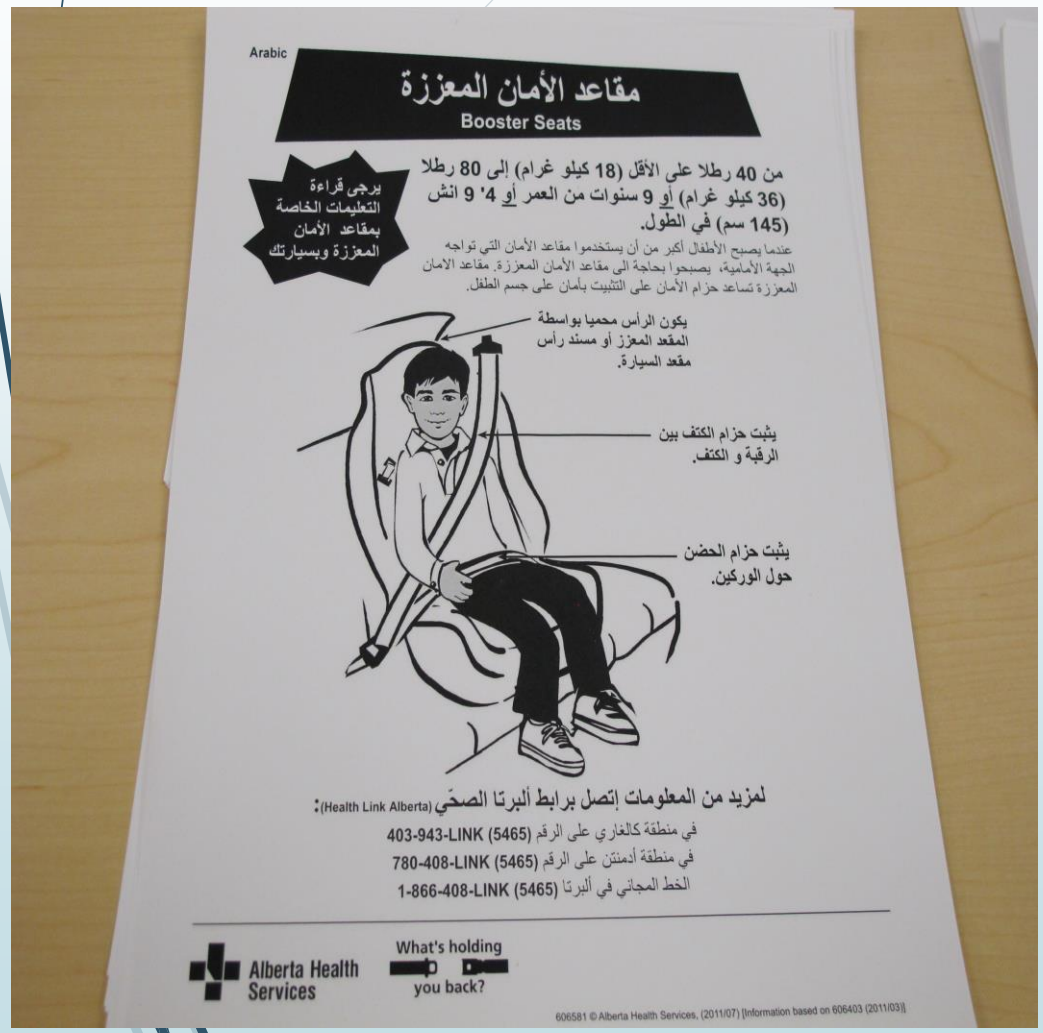
Talking Circles: Adult Syrian refugees were invited to participate in a gender-specific Talking Circle with the assistance of an Arabic interpreter (two groups, n = 10 men & 10 women). One female participant withdrew.

Service providers (Feb. – July 2017)

Focus Groups: AHS professionals and staff (two groups, n = 21) included a diverse sample of health service providers.

- Focus Group - LFS, IS settlement workers and Arabic interpreters (one group, n = 7) included a diverse sample of resettlement service providers.

Cultural Safety at the Refugee Health Clinics
Refugee Perspectives - Themes



Culturally appropriate and safe services

- Feeling Safe enough to disclose issues of concern
- Choice
- Dignity and Respect
- Privacy

Communication

- Language & Interpretive Services
- Information
- Informed Consent
- Some Misunderstandings

Health Equity Access to Urgent Primary & Preventive Health Care: Refugee Perspectives - Themes

Arabic translations of handouts

Access to Urgent Primary Health Care Services

- Timeliness – Emergency & Family Doctor
- Access concerns
- Health concerns

Access to Preventative Health Care Services

- Timeliness – MDC
- Multidisciplinary services
- Satisfaction with services
- Recommendations

Service Provider perspectives - Themes

Translator and nurse obtaining immunization consent

- **Collaborative Services & Communication**
  - Familiar setting
  - Interpretive services – In-Person versus Phone
  - Moments that stand out
- **Culturally Safe & Trauma-Informed Care**
  - Training & a new focus
  - Respect, trust, privacy & informed consent
- **Multidisciplinary Refuge Health Clinic model**
  - Timing & early access to health services
  - Concerns & recommendations?

Some Areas for Improvement

Syrian Refugee Concerns

- Some misunderstandings
- Blood tests
- Limited access to dentists

Service Provider Concerns

- Multiple refugee families arriving
- Staffing
- Limited health professional knowledge of settlement services
- Children's areas (e.g., space for nap).
- Privacy

Recommendations

- Match interpreter and refugee dialects
- Increase communication - lab results sent to attached PC physician
- Access to comprehensive dental care

- Stagger family arrival times
- Assign a clinic coordinator and provide adequate staffing.
- Orientation on Immigrant Services
- Quiet spaces for children.
- More private rooms.

Conclusions

- The **MDC model** is flexible and scalable and has been adopted in AHS South Zone.
- Collaboration with a local *Primary Care Network* and including physicians in MDCs (as needed) supported early attachment to family doctors and access to urgent primary care.
- Emergency disaster management and public health principles were applied to support timely, culturally safe, and equitable access.
- A multi-disciplinary focus expanded newcomer refugee access to preventive health services.
- Community partnerships increased local capacity (e.g., settlement worker and interpreter support at MDCs).
- Planning prior to the arrival of a large group of refugees supported the development of a multi-disciplinary model.
- Training health care professionals in cultural safety and trauma-informed care supported reflective practice.
- Syrian refugees reported feeling respected for their culture and religious customs and multi-disciplinary clinic services were valued.

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