

CHNC Conference

Supporting Syrian Refugees through a Collaborative Primary Health Care Response: *Reflections, Strategies, & Promising Practices*

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The Context



Federal Commitment to Receive 25,000 Syrian Refugees

- **High volume of arrivals. Target reached in 3 months**
- 25,080 – Total number of Syrian Refugees arrived to Canada between Dec 01, 2015 - Feb 27 2016
 - 14 383 GARs
 - 8527 PSRs
 - 2170 Blended PSRs & GARs
- Welcomed in Canada: **40,081** Syrian refugee arrivals (as of 01/29/17) to 350 communities

Ontario's Health Action Plan

Context: Federal Planning

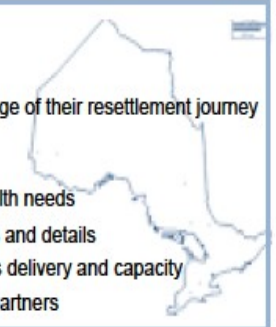
- The Government of Canada will identify 25,000 Syrian refugees by Dec. 31, with a target of 10,000 arriving by Dec. 31 and the remainder by the end of February.
- Immigration processing completed overseas, including security and full immigration medical examinations.
- Refugees will be transported to Toronto and Montreal and arrive in Canada with permanent resident status.
- Upon arrival, Privately Sponsored Refugees (PSRs) will continue directly to their final destinations / sponsors. Government Assisted Refugees (GARs) will be matched with communities where there are settlement supports, with temporary accommodation in Interim Lodging Sites (ILSs) in Ontario and Quebec if needed.

Health Action Plan

Goal:
To wrap health services around refugees at each stage of their resettlement journey in Ontario

Objectives:

1. Monitor Syrian Refugee situation and assess health needs
2. Determine and inform resettlement arrangements and details
3. Coordinate health system preparedness, services delivery and capacity
4. Develop information for refugees, agencies and partners



The Primary Health Care Response

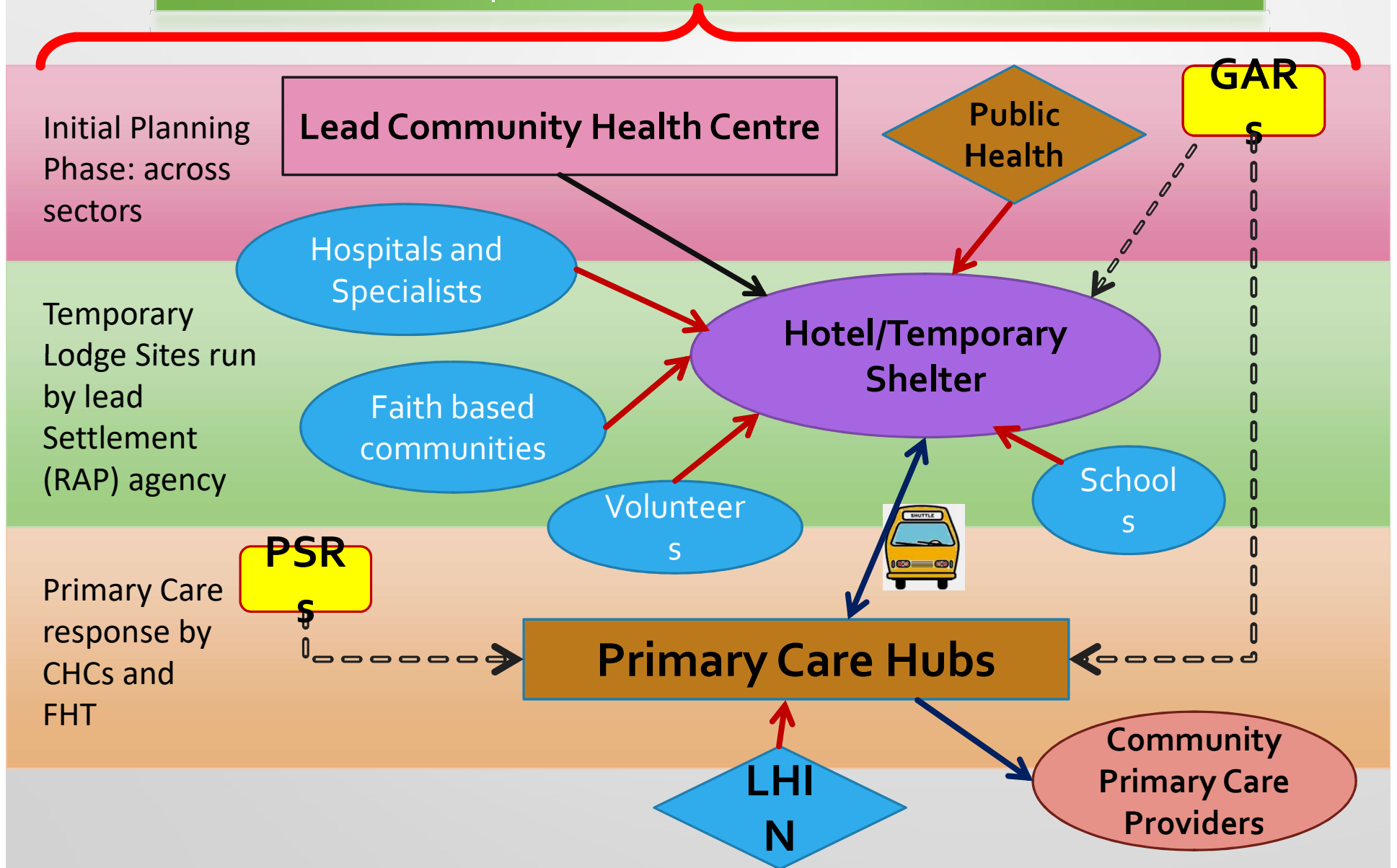


Nursing Response

- Lead immediate health care response at hotels in collaboration with partners
- RN coordinated triage in accordance with urgency and complexity of health care needs
- NP conducted initial medical assessments using a common tool
- RN facilitated connection to ongoing primary care
- RN Coordinated referrals and follow-up with health care and community partners

Collaborative Response Model

****Professional Interpretation Services + Central Information Line ****



Syrian Arrivals Assisted by CHC

December 2015-April 2016

- **1410** clients seen through **2347** client encounters;
Underestimate
- Equal ratio of male to female
- **GARs:** Large families, young adults with multiple children, few seniors
- **Episodic health issues:** sore throat and flu like symptoms, URIs (viral and streptococcus), pneumonia prenatal care , BC, anemia, GI, chronic disease, DM & HTN), head lice
- **Complex health issues:** high risk pregnancies, developmental delay, genetic disorders, autism, trauma/mental health

Lessons Learned



System Level

- Timely and accurate communication regarding the number and dates of arrival of Syrian Refugees
- Coordinating body at the system level
- Health systems navigation support for arrivals

Local Level

- Establish a network or planning table
- Development of a coordinated & flexible response plan
 - Model of care - shared care
 - Clearly defined roles
 - Identified Implementation lead
 - Identified partners
- Early planning across sectors to increase efficiency and capacity
- Early partner identification & engagement

Local Level

- **Communication plan**
 - Prior to, during and after response
 - Central phone number
 - Shared data base
- **Evaluation Plan**
 - Systems in place to measure the success of the response
- **Sharing results**
 - Development of a report with the findings and learnings of the response

Onsite Clinic

Communication

- Daily team huddles
- Ongoing communication with settlement agencies

Primary care team

- Composition
- Clinic coordinator
- Nurse Navigator

Onsite Clinic

Language assistance

- Medically trained interpreters

Transportation

- Transportation coordinating partner

Health Promotion & Systems navigation

- Education on site based on health needs

Exit Strategy

Access Alliance Exit Strategy Plan, Toronto Plaza Hotel

Phase 1
300-400+ Residents
Full Services

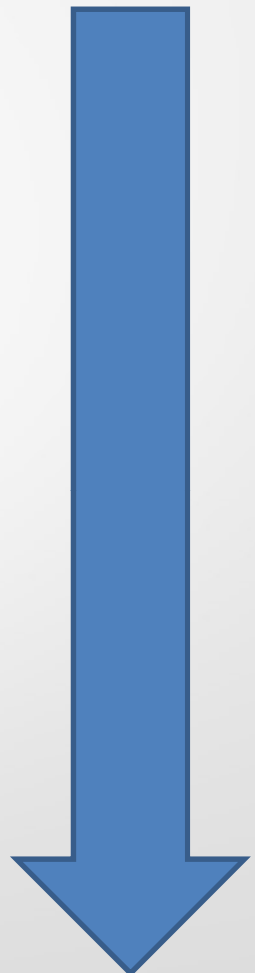
- **Arabic speaking onsite coordinator**
- Med sec
- **episodic care x 5 day/week**
- **nurse navigation/connection to HA clinics**
- **Peer outreach x 3 days**
- **3 interpreters**
- Red Cross
- Volunteers

Phase 2
200-300 Residents
Episodic care & Health System Navigation

- **Arabic speaking onsite coordinator**
- Med sec
- **episodic care x 5 days/week**
- **Nurse navigation for patient follow-up**
- **Peer outreach x 3 days**
- **3 interpreters**
- Red Cross
- Volunteers

Phase 3
<200 Residents
Health System Navigation

- **Part-time Arabic speaking onsite coordinator**
- **Nurse navigation for patient follow-up**
- **Peer outreach x 2 days**
- **1 medical interpreter**
- Communication with COSTI and Residents re: offsite health care options
- Volunteers
- Utilize AA Jane for urgent/episodic care



Our Partners across Toronto



Association of Ontario Health Centres
Community-governed primary health care
Association des centres de santé de l'Ontario



Canadian Centre for Refugee and Immigrant Health Care

TORONTO Public Health

St. Michael's



Inspired Care Inspiring Service

Toronto International Centre for Health and Well-being



Where are we now?



{ REFUGEE } 613

- Original focus: acute response to Syrian arrival
- 3 pillars: Inform, Connect, Inspire
- Task Forces were formed:
 - Health
 - Housing
 - Policy and Inspiring Change
- Raised awareness about refugee issues and involved larger community

Advocacy

- Local efforts- working groups
 - Local Immigration Partnerships (funded by IRCC)
 - Mental Health
 - Access to language support
- National efforts- Canadian Association of Community Health Centres
 - Newcomer Health Working group
 - Federal health coverage
 - Resources

Syrian Refugee Rapid Response Toolkit

Syrian Refugee Rapid Response Highlights of Innovations and Successes



Thank you!

Questions?

Questions

1. What are some of the successful practices that your organization or agency has implemented to support access to primary health care for large groups of newcomers?
2. What did you learn from your response efforts that you could apply in the future when working with newcomer arrivals e.g. change in model of care?
3. What advocacy steps has your organization or local planning committee taken to respond to needs of newcomer arrivals?

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