Breaking the Barrier – Multicultural Health Navigator Program
-Bridge, mediate, advocate-

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1. Introduction

Most Canadians find accessing and navigating the health care system a challenge. Individuals who do not speak the dominant languages and are unfamiliar with their rights and how the system works face additional barriers. According to Hindia Mohamed, Director of OLIP (Ottawa Local Immigration Partnership), *"the complexity of the health system is a problem for everyone and more so for newcomers."*[i] The Multicultural Health Navigator (MHN) program in Ottawa was created to address this reality.

Since 2014, the MHN program has helped newcomers[1] to Ottawa navigate the health care system, find a primary care provider and take part in programs promoting health and well-being. They currently provide services in 9 languages, visit newcomers in their homes and occasionally accompany newcomers to medical appointments. Apart from referring to health services, MHNs refer and link clients to settlement and social services. The interagency collaborations provide wrap around services for immigrants creating new lives in Canada.

"I arrived in Canada in 2013 seriously sick from a refugee camp in Uganda where I spent eight years after surviving the persecution which forced me to leave my home country. My journey to healthcare and school has been difficult but overcoming those obstacles has empowered me to take control of my life. I wouldn't be who I am right now in Canada if the MHN program didn't exist." – Program user

[1] In this chapter "Newcomers" refers to refugees, immigrants, ethnic and racialized individuals. In our program we do not have a defined time frame for eligibility to receive most of our services. In addition, we do not have a defined time frame for arrival to Canada, in order to be eligible to receive some of our services.

2. History of MHN program

Immigrant demographics in Ottawa prior to development of proposal

Approximately 12,000 newcomers came to Ottawa in 2009 including 6,300 immigrants, 2,700 temporary workers, 2,300 students, 460 humanitarian admissions, and 440 refugee claimants. By 2011, 22% of the people in Ottawa were foreign born. [ii]

Some of the key challenges facing newcomers included: accessing and navigating health services in Ottawa; language barriers; health care provider preference (same language, culture, gender and frequently religion); lack of accessible, culturally sensitive and linguistically appropriate information; housing; employment; transportation and child care. [iii]

Community Partnerships for immigrant health and well-being

In 2008, Somerset West Community Health Centre (SWCHC) and the Catholic Centre for Immigrants (CCI) received funding from the Champlain Local Health Integration Network (LHIN) to provide health screening and assessment for government assisted refugees (GAR). At the time, there was no standard process in Ottawa for newcomers to obtain health information and access the health and social services system. [iv]

During the same period (2009), a group of community, health and settlement agencies came together, with the support of the IRCC (Immigration, Refugees and Citizenship Canada) to form OLIP (Ottawa Local Immigration Partnership). OLIP was committed to "removing barriers that delayed or limited the integration of immigrants into local life."[v] OLIP engaged community partners working with newcomer communities including Community Health Centres, the City of Ottawa, and local immigration and settlement agencies. OLIP also led and facilitated community discussions on newcomer issues. In 2011, OLIP produced the Ottawa Immigration Strategy that identified priority themes and actions. OLIP also identified targeted "tables" to support these themes.

The Health and Well-being Table of OLIP (co-chaired by Jack McCarthy, then Executive Director of SWCHC) identified priorities to improve access to health and social services for newcomers. The priorities identified by this collaborative were:[vi]

1. Improve newcomers' access to health services, including those related to mental health, disease prevention and health promotion.
2. Enhance health literacy among newcomers.
3. Improve the quality of and access to health and population data for Ottawa newcomers, to potentially support with research on pressing health matters

4. Ensure that health workers reflect the diversity of the population and that staff is adequately trained to effectively serve newcomers.

As co-chair of this table, SWCHC played a pivotal role in convening, facilitating and supporting discussions and actioning the identified priorities.

The Multicultural Health Navigator Program

The Health and Well-being Table identified several potential ideas including an innovative program in Edmonton called the Multicultural Health Broker program. This program addressed most of OLIP's identified needs and issues.

The idea of guiding people through the system and connecting them to the appropriate resources was paramount for OLIP. Important in the thinking at this point were three critical factors.

- Care and system navigation provided by individuals who had a similar cultural background, spoke the same language and also experienced and were familiar with the health care system as the newcomers they would serve. These characteristics ensured an appropriate and trusting advocate for newcomers;
- Guiding, supporting and mentoring newcomers so that they would later be able to navigate and advocate for themselves in the system was critical to the initial thinking - *"walk with a person until they can walk on their own"*[vii]; and
- The collaborative working relationships between the MHN program and other social and settlement agencies was critical in moving this project forward to address the Social Determinants of Health (SDOH)

In 2014, a pilot proposal for a Multicultural Health Broker program was submitted by SWCHC, supported by OLIP, to the LHIN and funded. The pilot started with four part-time MHNs who were hired to work with individuals from four priority language communities—Nepali, Somali, Arabic and Franco-African/Caribbean. After a successful evaluation of the pilot, the MHN program has been a permanent Champlain region-wide program.

3. What the literature tells us

Many authors and health professionals recognize navigating the health care system is a barrier to achieving optimal health care. Patient navigators are one solution to making the navigation easier. "The need for patient navigation is in response to the growing complexity of healthcare service delivery, the aging population, increased polymorbidity and social inequalities in population health." [viii] These authors also recognize the important connection between the SDOH and primary care and the

need to address linkages with community-based health and social services as well as health services. "It is well known that the social determinants of health must be addressed to achieve health equity"[ix].

Multicultural Health Navigators are active internationally and in some communities across Canada. They provide needed health information and system navigation to newcomers. They act as a bridge between cultures. They are known by various names: multicultural health navigators, mediators, multicultural health brokers, lay health workers…to name a few.

In the US they are "front line public health workers who are trusted members of and/or have an unusually close understanding of the community served."[x] They are frequently referred to as Community Health Workers (CHW). Dr. Sara Torres, Chair and Co-Founder of the CHW Network says that "CHWs facilitate access by reaching out to marginalized communities instead of waiting for these communities to see health care providers. "[xi] And in the US, they have developed a strong relationship with the American Public Health Association.

In Canada, the CHW Network is an emerging Canada-wide initiative working to strengthen and support CHWs across the country. CHWs work in a wide range of settings including public health units, community health centres, ethno-specific and multicultural community-based organizations, as well as other regional and provincial organizations.[xii] The MHNs in Ottawa fall under the umbrella of the CHWs and are part of this network.

Dr. Torres offers these comments:: "We have learned that many CHWs are working across the country, but often think they are alone. They might not know or have not established links with groups or colleagues doing similar work in their city, region or province. We are also working for the recognition of CHWs as part of Canada's health human resources workforce. The contributions of the MHN program in Ottawa to the Network is vital in building a sense of solidarity, and in working together to promote healthier communities regardless of geographic location."[xiii]

In Canada, there are examples of CHWs being involved in community health programs. Their work has often focused on cancer care and chronic disease prevention and care, [xiv] prevention of entry or re-entry of children into provincial care, support and access to services of children with disabilities, and programs that target senior and youth isolation. [xv]

One of the best known programs in Canada is the Multicultural Health Broker program in Edmonton, Alberta. [xvi] This program began 24 years ago when a group of immigrant women came together to help other women understand and access prenatal and perinatal services. A partnership then ensued with the Edmonton

Public Health Department and the role of MHB expanded to include housing, employment, social services and health navigation and support. They serve as mediators between the systems and the families they serve.

CHW contributions have been highlighted in the literature including:

Benefits to the people they serve	**Benefits to the system**
-improves individual's understanding of disease and access to health system.[xvii]	-enhances patient satisfaction, improved coordination between hospital and community,[xviii]
-bridges gaps between racial/ethnic groups related to compliance with evidenced based guidelines for cancer prevention and early detection [xix]	-facilitates access to the system for underserved populations [xx]
-offers individualized and culturally appropriate advice. [xxi]	-CHWs understand the barriers that their clients are experiencing including financial, housing, language, transportation etc. [xxii]
-facilitates communication and enhance trust[xxiii]	- CHWs acts as a bridge between two worlds [xxiv] to support with systemic coordination and advocacy
- trusted and able to more effectively assist individuals to gain access to health services and resources [xxv]	-health service providers gain better understanding of the challenges faced by newcomer communities [xxvi] to appropriately meet their needs
-contributes to harmonious transition into the country[xxvii]	-health service providers gain a better understanding of the strengths and resilience of newcomer communities[xxviii]

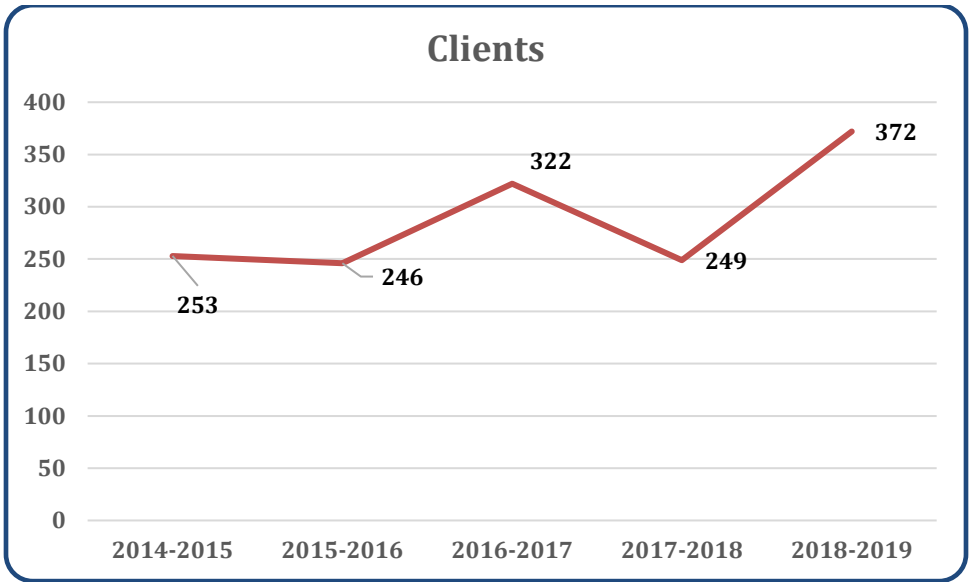
4. Growth of the MHN program – 2015 – 2018

The MHN program was successful in improving newcomer clients' ability to understand, access, navigate and utilize health and other support services. The program has also proven its effectiveness in reducing the reliance on emergency departments or other higher cost primary care options.

The MHN program ensures all clients have a primary health care provider before they leave the program and has been successful for five years since its establishment in 2014. This is a significant success in an environment where there are few providers. The program now provides navigation support to 5 other language groups; community partnerships have increased and collaboration between the original partners continues.

In January 2015, based on community demand, the program expanded to include more languages (Spanish, Dari, Farsi, Pashto) and an increase of resources to support Arabic and Francophone communities.

The average caseload of an MHN in the program at any one time is 50 clients (individuals and families). The program has served over 1,400 clients since 2015 in approximately 3,500 encounters.



Who are the MHNs?

There are currently 6 MHNs working part-time in the MHN program. They provide service in9 different languages: Arabic, Dari, Farsi, French, Nepali, Pashto, Somali, Spanish and Swahili.

The navigators have lived in Canada from 9 to 36 years. Their educational backgrounds are quite diverse: pharmacy, medicine, education, social work. The common element that makes them ideal for this position is that they are well connected within their respective communities and have key leadership roles within them. As a collective, they have various sets of skills and experiences. They possess skills in community engagement and in bringing together partners to address barriers and client needs. Other key skills and competencies include, but are not limited to, being avid advocates, displaying emotional intelligence, being passionate about education and empowering clients to take responsibility of their own health and well-being. They have a wide range of interests and are involved voluntarily in their communities in community advocacy work and support.

"*As MHNs we help people from different communities navigate the health care system. We simplify the system by starting with knowing how and explaining why. The formal system is rigid and does not adapt or respond to the needs of our communities. As a former refugee, I know what it takes to settle in a new country. Integration has so many challenges. The reward I always get is seeing my clients find their way in the system and feel at home." - Navigator*

Caseload and priority setting

The success of the MHN program means there is now a waiting list. Criteria has been developed to screen individuals and families and to determine services available. Program users must meet two or more criteria in Priority 1 to be eligible for an MHN right away. Otherwise, the person will go on a waitlist until the MHN's caseload can accommodate the new referral.

Screening Criteria for new clients		
1	2	3
-multiple health needs -limited fluency in English -does not have primary care provider -arrived in Canada within 1 year -does not have many social supports in Ottawa (family/friends) -is unaware of services/programs in the community	-fairly healthy -has some fluency in English OR can communicate effectively in English -does not have primary care provider -has some social supports in Ottawa	-healthy -can communicate effectively in English -has primary care provider -is well connected with their own community and has lots of social supports in Ottawa

Typical clients range from those who only need a link to a primary care provider to isolated seniors with multiple complex needs and facing many barriers.

Siffan Rahman, Manager of the MHN program comments: *"If a client or family only needs a primary care provider, then we simply provide the client with a list of clinics accepting new clients, given the client can call the clinics themselves or have someone help them with that. Otherwise, they are triaged and connected to a navigator."*[xxix]

Practice reflections from MHNs, other staff and clients

➢ Barriers to living and adjusting to life as a newcomer in Ottawa

- Communication
  - Everyday communication difficulties (language capacity)
  - Communication with professionals
  - Written communication
  - Low literacy levels in mother tongue
- Accessing Services
  - Do not know what services are available to them, where to go for help and who to ask
  - Lack of culturally appropriate services
- Housing
  - Lack of appropriate and safe housing
  - Lack of familiarity with shelters and how to access them when needed
- Transportation
  - How to use the bus system to get around the city
  - Lack of language capacity to ask for directions
- Health
  - Finding a primary care provider and coordinating their care
  - Post traumatic stress
  - Lack of cultural sensitivity and language capacity in health system
- Financial
  - Insufficient financial resources
  - Basic financial management in a Canadian setting e.g. learning how to pay the bills, setting up a bank account etc.
- Education
  - Finding appropriate schools for children and adult learning

➢ Barriers to quality client care

- Limited access to health and social services
- Inability to navigate the health care system
- Lack of culturally appropriate resources and health promotion materials
- Low level of health literacy
- Language and communication barriers

- Health professionals' lack of awareness of newcomer needs and services available in the community for appropriate referral
- Systems and agencies that do not connect with each other (siloed programs)
- Lack of referral sources (housing, shelter, etc)
- Waitlists for services

Paula Day, Nurse Practitioner at the ONHC comments: *"The MHNs help clients who might otherwise fall through the cracks. They provide a safety net. They work together with settlement workers and other social service providers to coordinate care. MHNs are able to connect with clients in their own language; they have a common cultural understanding; they make home visits and they know community resources."* [xxx]

5. Case Studies

#1. Client story: Maria

Maria (41 years old) Latin-American woman who has lived in Canada for many years. She is currently unemployed. A Diabetes Educator Nurse referred her to our program for multiple health, social and economic problems.

Maria has 2 children, 8 and 10 years. Her youngest child is being seen for learning and behavioural disabilities as well as eating problems. Various home visits were made to Maria's home to discuss nutritional issues. Maria experienced pain in her arms and both arms were swollen. She was taking medication for this, however, the medication didn't seem to be working and she was unable to do everyday tasks. She was frustrated and tired.

MHN Intervention:

- Helped to fill out application for Para-Transpo;
- Referred Maria to the Social Worker/Counsellor at settlement services for help with social and financial needs;
- Referred Maria to the Legal clinic for family legal issues;
- Referred Maria to Ontario Works for housing and financial help;
- Helped Maria to fill out the ODSP application, which was accepted. (Her financial issue was now solved with enough monthly income for her children and herself);
- Provided an education session regarding health providers' and patients' roles and responsibilities;
- Played a crucial role in encouraging Maria to continue her ESL education;

- Supported Maria to inform her teachers about her life circumstances so there will be flexibility when she is unwell;
- Maria has requested assistance for a referral to facilitate her children attending a summer camp program for low income families; and
- Maria has requested a referral to a parenting course

Outcomes:

- Maria feels more empowered and independent, and knows when to ask for help.
- Although, due to her health issues she is limited in what she can do, Maria is seeking programs and services to assist her.
- Maria has also resolved some of her social and financial issues and feels less worried.

2. Client story: Sejun

Sejun (36 years old) moved to Ottawa in January 2016. He arrived with his family of 5 from a refugee camp in Nepal. His eldest child, Sanani (age 14) was diagnosed with autism. Sanani was bullied by his siblings and called names.

Sejun and his family were seen and assessed at the Ottawa Newcomer Health Clinic, where they also received interpretation support from Ottawa Language Program. After their initial medical assessments, Sejun was referred to the MHN program for support with system navigation and basic healthcare education, finding a primary care provider and connecting to community health resources.

MHN Intervention:

- Connected family to a primary care provider, and community groups;
- Educated family on how to manage appointments and access interpretation support;
- Accompanied family to many appointments, both to help ease the transition and to introduce them to the provider (and to ensure that the provider was aware of the MHN support);
- Connected the parents to a dietitian for help in preparing culturally acceptable school lunches;
- Connected Sanani to a social worker, a behavioural therapist, and a Multicultural Liaison Officer at school;
- Supported the parents through education about Sanani's condition, how to deal with his needs and with sibling bullying; and

- Acted as a mediator with the Children's Aid Society when Sanani had behavioural difficulties at school.

Outcomes:

- Family obtained a primary care provider within 6 months of being connected to MHN;
- Parents became more aware of Sanani's condition and his needs;
- Sejun's understanding of the health care system improved and he was more aware of how to handle difficult situations and where to go for support; and
- The relationship between siblings improved

6. Observations and lessons learned

In the **DEVELOPMENT PHASE** we learned:

1. Characteristics, training and support of MHNs

The selection, training, and ongoing support of the MHNs has been critical to the ongoing success of this program.

The Ottawa experience has taught us a great deal about what knowledge and experience MHNs need to be successful:

- good connections in their identified linguistic community;
- have knowledge and understanding of the health and social services systems and how to navigate them, including:
  - different service provider roles
  - clients' rights and responsibilities
  - concepts like confidentiality and privacy
- have knowledge and experience accessing community resources;
- be supported and connected to existing health and social services agencies;
- have ability to provide information and assistance in the client's own language; and
- be creative and inventive problem solvers.

2. Skill sets of MHN

Being an MHN is a demanding job that requires a wide range of skills. The MHNs identified the skills that they consider to be critical for their work in the community.

- Exceptional listening skills and patience
- Awareness of body language
- Fierce advocacy skills
- Cultural sensitivity and respect
- Always be mindful that we don't always know the background story
- Collaborative mind set and skills
- Ongoing education about the system
- Continually build and nurture your network

"I understand the importance of helping newcomers to a different country, especially with a unique health system. My passion is to help new immigrants lead healthy and happy lives while connecting them with available health services. As a newcomer these services may be hard to find or completely foreign, but with a bit of guidance it becomes an opportunity to live a happier and healthier life. (Navigator)"

3. Being at the right tables, having the right people around these tables and taking on leadership roles

OLIP was already meeting regularly to identify and find solutions to problems that refugees and immigrants were experiencing. All the important players were at the OLIP Health and Well-being table, including the Executive Director from SWCHC, who was also co-chair of this table, and the primary funder in Ottawa–the Champlain LHIN.

Hindia Mohammed, OLIP Director, reflecting on the important work that OLIP has accomplished in 10 years said:[xxxi] *"'OLIP is able to bring the major players together at the same table. We connect on a continual basis with our partner agencies in the immigrant community. These are real partnerships – we value listening, identifying challenges, sharing our knowledge and experience, finding strengths and looking for solutions."*

Elaine Medline, VP Communications and Engagement at the Champlain LHIN commented on the factors that helped in the development of the MHN program

"A refugee medical clinic was already in operation in Ottawa, which involved many of the same players such as Somerset West Community Health Centre. So the Multicultural Health Navigator program was seen as a continuation and enhancement of what already existed. The Champlain LHIN believes in working with networks to drive integration at the community level, and we were fortunate to be part of such a strong and representative network as the Ottawa Local Immigration Partnership. The Multicultural Health Navigator proposal also fit well with LHIN priorities at the time—one of our main priorities was providing culturally appropriate care."

4. **Role and contribution of the Somerset West Community Health Centre**

During the development of the MHN proposal, SWCHC played a key role in supporting the process by: hosting meetings, providing in-kind support to smaller community partners, creating a space for conversations around health equity and the importance of the SDOH. SWCHC was able to support the initial fact-finding mission to see the Health Broker program in Edmonton. And the then, Executive Director, worked closely with OLIP to create and submit the proposal to the Champlain LHIN for the pilot project.

Jack McCarthy reflected that *"SWCHC's role was really a community development role. We hosted meetings, provided administrative and infrastructure support when needed (and when possible), created and supported a space for conversation, always worked with a community development philosophy and were able to provide support to prepare the initial funding proposal. As the Chair of the Table we made sure that the right people, including the funder, were all able to contribute to discussions."*[xxxii]

5. Communication

Communication is key to the success of most endeavors. In the case of the MHN project, the OLIP partners were already participating around a common table. They had agreed on principles of engagement and trusted and respected each other. They also were able to agree on priority issues and actions. This proposal for the MHN fit the issues and needs and the partners were ready to move on to the proposal. All important players were heard—including the funder.

6. Thoughtful and creative risk taking

The MHN idea was an innovative, but untested, solution to the difficult problem of health system navigation and access for newcomers in Ottawa. The OLIP table thought it would be successful, SWCHC was able to support a learning trip to Edmonton and then support the development of the proposal and the Champlain LHIN recognized the issue and agreed to fund the pilot project for a year. All these actions required risk taking—but also a bit of faith that it was the right thing to do.

In the **IMPLEMENTATION PHASE** we learned:

1. **Ongoing and consistent collaboration with other immigrant serving agencies**

Close collaboration with colleagues in other agencies is critical to being able to provide wrap around services. We have found that physical co-location with other service providers and agencies, enhances communication and facilitates client

management. Important to know the "right person" to connect with in the different organizations. Continual communication, coordination and advocacy with community partners is critical—and this takes time.

2. **Evaluation and data collection**

Data collection and timely charting are critical to the ongoing success and understanding of the program. Evaluation needs to be implemented at the beginning. The evaluation should measure the important outcomes that the MHN program is hoping to achieve. And the charting tools should be relevant and easy to manage.

3. **Knowledge is power**

Newcomers do not know what they are entitled to, and do not know what questions to ask. The job of the MHN is to educate and empower. As one of the MHNs said:

"*Our job is to empower people to be their own advocates and do their own system navigation."*

4. **MHNs need to continually learn about the system**

Experience has given us extensive grassroots knowledge about system navigation, accessing health services and other services such as Ontario Works. MHNs know how to support newcomers to access more appropriately the health system in Ontario. We need to keep learning and share our information with fellow MHNs and professional colleagues.

5. **MHNs provide care that is culturally and linguistically appropriate**

The MHNs can communicate more effectively with clients because they share a similar cultural background and speak the same language.

6. Most of the MHNs **have a similar lived experience as their clients.**

This provides for a greater understanding on the part of the MHN and a greater comfort level for the newcomers.

7. **Home visits** are critical to the success of this program.

Home visits allow the MHN to "meet the client on their own terms" and without the cost or hassle of finding transportation to an appointment. This is a critical element in the MHN program—32% of all encounters are home visits.

8. **Professional relationships**

To be successful, MHNs must collaborate with professionals in a variety of disciplines and these relationships need to be understood and nurtured. They work with health and social professionals to help them better understand the needs and priorities of newcomers.

One of the MHNs commented: *"We are "invisible" to the formal health/social system; we are not recognized. We are often questioned for what we do and the very important role we do play in the community is misunderstood and therefore under-valued. They think we're interpreters.*"

9. There is now **increased diversity of SWCHC staff** who are supporting a more ethnically diverse clientele. This has added to SWCHC's ability to provide services to its growing community.

10. **Health care, particularly with newcomers is all about the SDOH.** Housing, education, employment, literacy etc. all impact newcomer's health. The MHN program works because we are closely connected with community partners providing a diverse range of services. As MHNs we are comfortable and prepared to tackle the SDOH.

SUMMARY AND CONCLUSION

The Multicultural Health Navigator program, based at Somerset West Community Health Centre in Ottawa, is one of the first "formal" (within the health system) and permanent MHN program in Canada. It recognizes and tries to deal with challenges accessing and navigating the health care systems. These challenges are multiplied for newcomers who do not speak the dominant languages or understand the health care system, may not have a job or place to live, and do not have a social support network in place. The MHN program is a link between individuals and the system. Its main purpose is supporting and teaching newcomers about what their rights are, and how to access the system appropriately while empowering them to be able to manage the system independently when they are ready.

In a recent presentation to the Champlain LHIN, current Executive Director of SWCHC Naini Cloutier, emphasized the important contribution that this program makes to the health of newcomers in Ottawa*. "The current health care system is not welcoming to immigrants. Sadly, racism continues to be embedded in many of our current practices. The ability to address attitudinal and structural barriers is the value of the MHN approach. We have developed organizational expertise that allows us to deliver culturally appropriate care, advocate with immigrants and empower them to advocate for themselves".* [xxxiii]

According to Hindia Mohamed, the Executive Director of OLIP, *"this is the right time for this program because we are seeing increased inequities in the health and social systems. And this program addresses these inequities and the needs of immigrants. The question continues to be – how to support the person through a system that isn't working. The MHN program is addressing this question.* [xxxiv]

The MHN program demonstrates a successful collaboration between health and settlement sector partners that has improved newcomers'' integration into the Ottawa community.

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