AOHC Conference

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

**Presenters:**
Fatima Mussa, MPH
Sideeka Narayan, RN MPH
Kim Cook, RN MSHSA
Nhlaloenhle Ndawana
Siffan Rahman

**Date:**
June 08, 2017
Presenters Disclosure

Presenters: Fatima Mussa, Sideeka Narayan, Kim Cook, Siffan Rahman, Nhlaloenhle Ndawana

Relationships to commercial interests:

Grants/Research Support: None
Speakers Bureau/Honoraria: None
Consulting Fees: None
Other: None
Objectives

• Panel Presentation
  • Provide context of the Syrian refugee response: international, federal, provincial and local
  • Describe the primary healthcare response: systems, local and onsite levels
  • Share success/challenges and promising practices from Toronto, Hamilton & Ottawa
  • Introduce Promising Practices Toolkit
• Activity & Discussion
Civil war has continued since 2011
Death toll 450 000-500,000
Half of Syria’s pre-war population of 23 million displaced
6.5 million displaced within Syria
Over 4.8 million refugees outside of Syria: Jordan, Turkey, Lebanon, Iraq, Europe, and Canada
Aylan Kurdi’s story: How a small Syrian child came to be washed up on a beach in Turkey

More has emerged about the death of three-year-old Aylan, pictured here smiling with his brother, whose story has given a face to the refugee crisis

Adam Withnall | @adamwithnall | Thursday 3 September 2015 12:57 BST | 388 shares

Aylan Kurdi (left) and his older brother, Ghalib, died when their dinghy sank off the coast of Turkey. Qattouby/Twitter

Significant Turning Point
Federal Commitment to 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
  – 8,527 PSRs
  – 2,170 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 (FSRs) 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 (ILS) 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

Health System Activities

Health Status Monitoring
- Monitor Refugee health status
  ⇒ Develop health status profiles to determine health needs
  ⇒ Conduct ongoing surveillance overseas and in Ontario for emerging communicable and infectious diseases

Health System Preparedness (before arrival)
- Identify and communicate refugee health needs to health service providers
  ⇒ Increase health service provider awareness of refugee health benefits and ensure provider registration with the Interim Federal Health Program

Health Service Delivery (upon arrival)
- Develop provincial guidance to support health service delivery
  ⇒ Provide access to required health care, and mental health / psychosocial supports
  ⇒ LHINs coordinate access to quality care (e.g. primary care, dental) while ensuring surge capacity (e.g. referrals, hospitals)
- Develop evidence-informed immunization approach
- Develop guidance to ensure health and safety of frontline health workers

Coordination
- Integrate and coordinate health system activities
  ⇒ Establish / leverage existing mechanisms and partnerships to:
    - Effectively engage health system partners early and often
    - Harness relevant expertise and resources across the health system
    - Ensure linkages with partners in other key sectors (e.g. education, housing, social services, etc.)

Communication
- Promote awareness of Ontario’s health system and services
  ⇒ Develop and promote tools and resources for refugees and sponsors to ensure easy access to health services and supports
Client Experience

https://youtu.be/Yac4bsWaGwY
The Primary Health Care Response
Role of CHCs

• Led immediate health care response at hotels in collaboration with partners
• Coordinated triage in accordance with urgency and complexity of health care needs
• Conducted initial medical assessments using a common tool
• Facilitated connection to ongoing primary care
• Coordinated referrals and follow-up with health care and community partners
Collaborative Response Model

**Professional Interpretation Services + Central Information Line**

- **Initial Planning Phase**: across sectors
  - **Primary Care Hubs**
    - Primary Care response by CHCs and FHT
  - **Lead Community Health Centre**
    - **Hospitals and Specialists**
    - **Faith based communities**
    - **Volunteers**
  - **Hotel/Temporary Shelter**
    - Temporary Lodge Sites run by lead Settlement (RAP) agency
  - **Public Health**
  - **GARs**
  - **Schools**
  - **Volunteers**
  - **Community Primary Care Providers**

**PSRs**

**LHIN**
<table>
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<th>CHC</th>
<th># Clients</th>
<th># Encounters</th>
<th>% Male</th>
<th>% Female</th>
<th>Top 3 Health Issues Addressed</th>
<th>Unique &amp; Complex Diagnoses</th>
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<td>2373</td>
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<td>52</td>
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<td>Mediterranean Fever, Thalassemia, Major Congenital heart disease, Congenital Malformation, Physical Disabilities, Autism</td>
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<td>1070</td>
<td>50</td>
<td>50</td>
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<td>Dental pain/caries, Oral Malformation, Development Delay, Mental Health Genetic &amp; Blood Disorders, Palliative Cancer, Rheumatism, Physical Disability</td>
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<td>56</td>
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<td>URI</td>
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<td>ENT</td>
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<tr>
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<td>4720</td>
<td></td>
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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
Promising Practices from Greater Toronto Area
Promising Practices from Greater Toronto Area (GTA)

• One primary care planning body to develop the model of care for the lead CHC teams to implement at hotels

• **Lead CHCs:** Access Alliance MHCS, Scarborough CHC, Queen West CHC, South Riverdale CHC

• Local engagement of multiple primary care providers

• Consistent Model of Care onsite at the hotel clinic
Promising Practices from Greater Toronto Area (GTA)

- Clinic coordination role
- On site Toronto Public Health Clinics
  - Dental Bus
  - Immunization
  - Health Promotion
- Onsite Transportation
- Coordination of home care at the hotel
- Exit strategy
Promising Practices from Hamilton
Hamilton’s Mayor’s Advisory Committee on Syrian Newcomers

- Existence at the end of initial response
- Local political response to newcomer arrivals
- Group limited to one year (April 2016 to April 2017)
- 20 agencies
- Monthly Meetings
- Focus on primary, mental, emotional and physical health needs are understood reviewed and supported
- Build far-reaching community collaboration within the health sector
- Stay abreast on emergency health issues
- Share information related to Syrian newcomer settlement
Committee Outputs

- Newcomer Oral Health Services in Hamilton
- Cultural Competence Resource Report
- Mental Health System Navigation Report
- Health System Navigation Report

Next steps:
- Work will continue
- Already existing Hamilton Immigration Partnership Council (HIPC)

(Connected to Citizenship and Immigration under the Local Immigration Partnership LIP)
Promising Practices from Ottawa
• Initiated Early by Mayor and stakeholders
• 3 pillars: Inform, Connect, Inspire
• Task Forces were formed:
  • Health
  • Housing
  • Policy and Inspiring Change
• Private Sponsorship support and info line
• Engaged media, and individuals eager to support
• Raised awareness about refugee issues and involved larger community
- Original focus: acute response to Syrian arrival
- Health Task Force
  - **Primary care**
    - Planning across sectors for response for arrivals
    - Education for service providers and sponsors
  - **Mental health**
    - Plan for pathway of referral
- Partnerships still strong
- Working groups amalgamated with existing groups looking at refugee and immigrant health - longer term care
Emergency Dental Clinics run by Ottawa Public Health

- Partnership among numerous entities
  - Ottawa Public Health, SWCHC, Carefor, LHIN, volunteer dentists, local colleges - clinical space
- Services provided included:
  - Coordination, transportation, free dental services, appointment management and follow ups, professional interpretation
1,487 SYRIAN REFUGEES

Government assisted Syrian refugees arrived in Ottawa between November 2015 and November 2016. The majority had large cavities, abscesses and experienced oral pain.

Ottawa Public Health DENTAL TREATMENT DAYS

254 adults
279 children
533 patients
1115 visits

Patients were prioritized and transportation was provided. Treatment was provided to children and adults who had urgent and complex dental needs. Patients were happy to receive treatment.
DENTAL SCREENINGS at Temporary Lodging Sites

Ottawa Public Health (OPH) dental hygienists were deployed to offer dental screenings at temporary lodging sites. OPH staff helped clients access dental treatment and soon identified capacity issues.

925 dental screenings
633 68% dental findings

DENTAL TREATMENT

49 specialist referrals

356 extractions
922 fillings

VOLUNTEERS

OPH asked the local dental community for help to increase the overall dental capacity by volunteering their time and skills to work in the OPH dental clinics alongside the public health dental teams. Volunteers reported high level of satisfaction with their volunteer experience and signed up for more dates.

57 volunteers
1012 volunteer hours
208 volunteer shifts

The refugees now have healthy smiles and the skills to make tooth brushing part of their daily routine. They will now be able to continue their journey of settling in Ottawa without dental pain and infection.
Thank you!

Questions?
Group Activity

1. What are some of the successful practices that your organization implemented during your primary care response?

2. What did you learn in your primary care response that you have applied to a second or ongoing response or could apply in the future to improve the response e.g. change in model of care?

3. What advocacy steps has your organization or local planning committee taken to respond to barriers experienced during the primary care response for Syrian Refugees? e.g. dental care, ophthalmology
Contact Information

Fatima Mussa
fmussa@accessalliance.ca
Sideeka Narayan
snarayan@accessalliance.ca
Kim Cook
kcook@schcontario.ca
Nhlaloenhle Ndawana
nndawana@hucchc.com
Siffan Rahman
srahman@swchc.on.ca