Bridge Clinic Program Review:

Stakeholder Engagement Report

March 2015

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Background

Started in 1994, Bridge Clinic provides public health screening and primary health care to refugees and refugee claimants – acting as a bridge, or temporary transition, to health services in the community. Historically, Bridge Clinic has lived in Raven Song Community Health Centre however during this review process it moved to Evergreen Community Health Center. Bridge Clinic operates within an ever-changing context and climate. Since its inception, much of the context around refugees has changed, including several federal-level policies and refugee settlement patterns. Given this unique context and ongoing changes, there is a desire to better understand the needs of the Bridge Clinic client base as it currently stands. In addition, the last internal review of Bridge Clinic occurred over 6 years ago, in 2008, and there has never been a formal stakeholder or client engagement process.

Engagement Objectives

To obtain input from clients and partner organizations regarding Bridge Clinic services. In particular:

1. To understand any concerns with existing services and generate ideas, from a client and partner perspective, for how to mitigate those concerns and promote successful outcomes for clients.
2. To gain input from clients on how best to meet the needs of this unique client population in the context of which Bridge Clinic is functioning, both now and in the future.
3. To solicit input from community stakeholders on how to work collaboratively with partners to meet the needs of Bridge Clinic clients.

Key Themes

→ Generally, there is a high level of satisfaction and appreciation of Bridge Clinic from both clients and partner agencies, much of which is connected to the quality of care provided by staff, as well as their willingness to collaborate in order to provide quality care to often complex clients. Both these groups of stakeholders view Bridge Clinic services as unique and essential.

→ There are opportunities (outlined below) to make small shifts that would improve client experience as well as access to care, both internally and in relation to how Bridge Clinic works with other service providers.

→ Both clients and partners are ***highly*** concerned about insufficient mental health services for refugees, in the face of an urgent and growing need.

→ Transitioning clients to primary health care providers in their home communities remains a challenge due to insufficient support from the broader health care system, as well as some missed opportunities internally and with partners.

Engagement Methods

Short, semi-structured and translated interviews were conducted with 29 current or former Bridge Clinic clients. Cold-calling, using contact information provided by Bridge Clinic, accounted for 18 of these interviews. The other 11 interviews occurred face-to-face at Immigrant Services Society of BC (ISSofBC) offices in New Westminster and Coquitlam. For the face-to-face interviews, participants were offered snacks, transit tickets and a $10 grocery gift card.

Semi-structured phone interviews were also conducted with 14 key informants working in refugee service provision in Metro Vancouver. These informants were either identified by Bridge Clinic staff or by another interviewee. In the case of the latter, it was often an Executive or Manager referring a more front line staff. All partner interviewees were first emailed a request and background information and then called one or more times to arrange an interview. Out of the 17 organizations originally identified by Bridge staff, 10 responded to our requests to participate.

Limitations

Most client interviews happened with translators, over the phone, with no warning. Three clients with limited English interviews had no translation during their interviews. Due to this, a certain degree of error or misinterpretation is to be expected. As questions relate to care received during very confusing times of intense transition and for some, quite long ago, answers to specific questions are unlikely to be completely accurate. An example is the question related to what care they received at Bridge Clinic. Additionally, due to the logistics of arranging translation, language groups with smaller refugee populations are unfortunately not represented at all.

Who Did We Talk To?

PATIENTS: Through a translator, 29 active or discharged clients of Bridge Clinic were interviewed either in person or on the phone. We had strong representation from the Middle East, women, those who have been in the country for less than three years, people in their thirties or forties, and those living with their families.

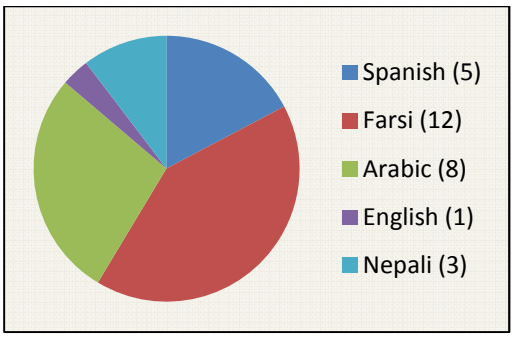

Figure 1: Clients interviewed, by first language

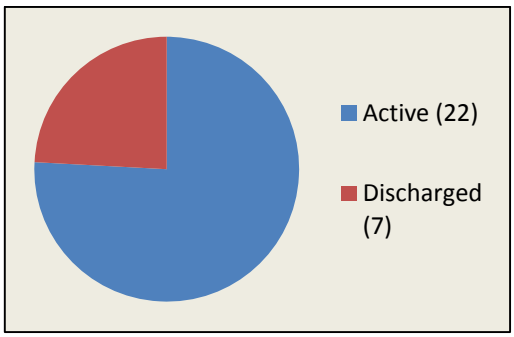

Figure 2: Clients interviewed, by clinic status

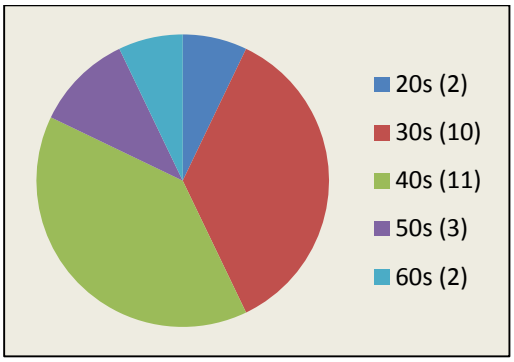

Figure 3: Clients interviewed, by age

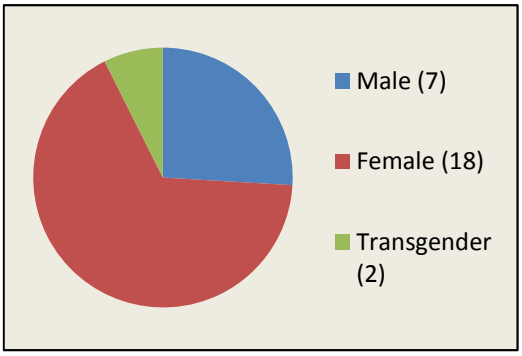

Figure 4: Clients interviewed, by gender

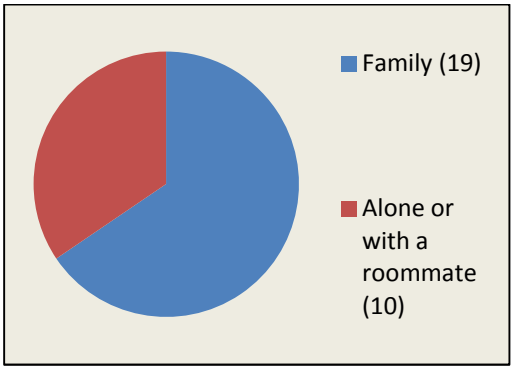

Figure 5: Clients interviewed, by whom they live with

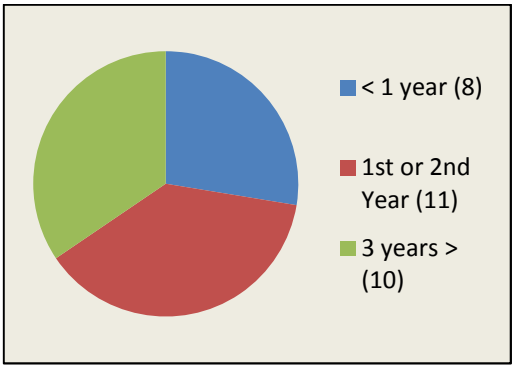

Figure 6: Clients interviewed, by length of time in Canada

PARTNERS:

Fourteen staff who work in the refugee sector agencies were interviewed over the phone. There was fairly even representation between front line, mid-level management, and organizational leadership. Due to its broad mandate and strong partnership with Bridge Clinic, 5 staff from the ISSofBC were interviewed.

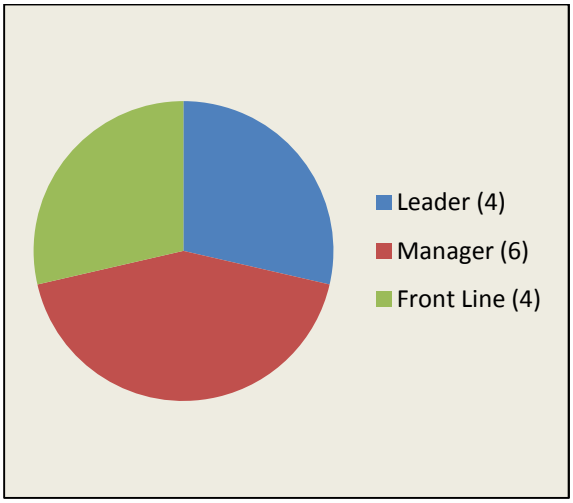

Figure 7: Partners interviewed, by organizational role

Organizations Represented

- ISSofBC
- MOSAIC
- Collingwood Neighbourhood House
- SOS
- Kinbrace
- Inland
- SUCCESS
- First Contact
- Surrey New Comer Clinic
- VAST

Table 1: Organizations represented in interview

What Did We Hear From Clients?

Overall, interviewed clients were pleased with, and grateful for, the care and services they received at Bridge Clinic. The most significant contributor to their positive experiences was the quality of the care or *how* they were treated and the compassion, time and understanding they received from staff. The most significant concern related to access to, and the quality of, mental health support. In this section, every theme that received 3 or more mentions is summarized and fleshed out, with quotes from the interviewees themselves.

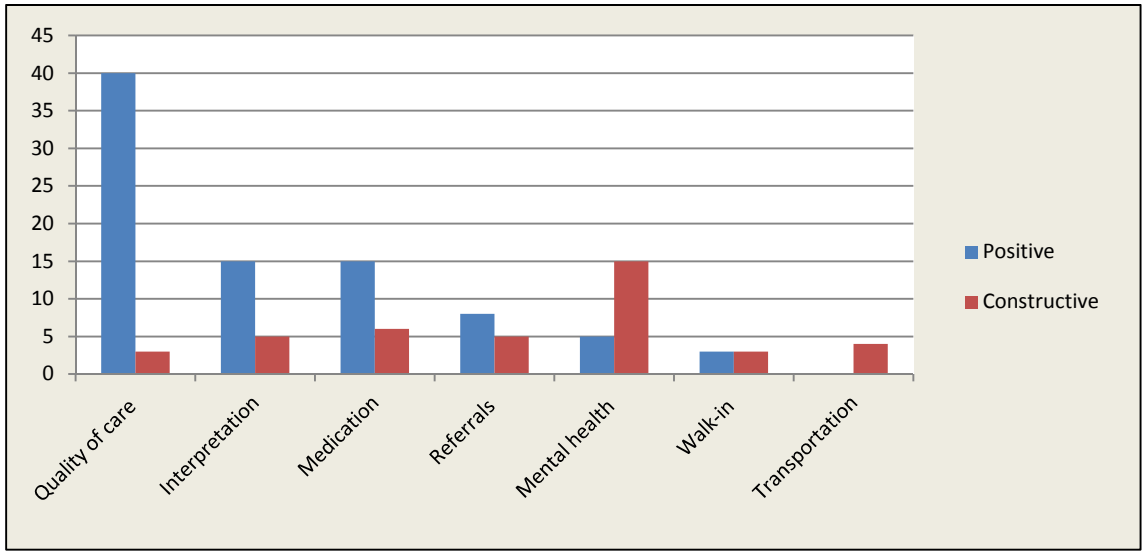

Figure 8: Number of times a theme was mentioned in client interviews as either positive or constructive feedback

Clients Living in Canada for Longer than Three Years

Ten interviewees had been living in Canada for over 3 years (see Figure 6). Of these, 5 considered themselves to still be active clients of Bridge Clinic, including 2 who have been here between 6 and 7 years. Strong feelings of connectedness to the clinic due to the high quality of care, and specifically to the mental health support they had received, was a common barrier to finding a primary care provider outside of Bridge.

Of the 5 who had transitioned on from Bridge Clinic, 4 specifically referenced finding a family doctor in their home community who speaks their first language as enabling or instigating their transition.

"Everything, service is really good, staff are nice, doctors are… the most beautiful people I ever met. They are telling me it is time to find another doctor but I don't want to go. I cannot be more happy than to be part of this clinic. Seriously."

Quality of Care

In general, interviewees described the staff at Bridge Clinic – including doctors, nurses, receptionists and social workers – as understanding, respectful, professional, polite, and well-prepared. Many identified small gestures, such as booking a husband and wife back-to-back appointments and calling a taxi to the

hospital, as particularly meaningful to them. Others specifically mentioned not feeling rushed through appointments and appreciating that their clinicians took their time to listen and understand. Clients also described the clinic, in general, as organized and welcoming.

"Very good attention, and the right disposition to help. In general, my experience was a ten."

"Family doctor – especially in the very beginning – I had a lot of mental issues and physical issues with my back, and the doctor was following up and seeing me as often as needed."

"Bridge clinic has made me feel safe."

A smaller group of clients shared experiences where they felt they received poor care at Bridge Clinic. In one instance this was a single negative interaction with a receptionist, in another an ongoing relationship with a doctor where the patient felt unheard, judged, and denied appropriate care and services. Additionally, both interviewed clients that identified as transgender were unsatisfied with the quality of care they are receiving from Bridge Clinic, including feeling they are not listened to or understood by their clinicians. Due to this unique context, a separate paragraph is dedicated to our transgendered interviewees on page 8.

"I feel like doctors want to get rid of me quickly and on to next patient. They are not listening and not helping resolving (the) problem."

"The seven or eight months that I was a patient with this doctor was the hardest time of my life."

Mental Health

It is clear from these interviews that Bridge Clinic clients do not feel they have adequate access to mental health services. This was the most common, and most urgent, concern. It includes clients who used to see a psychiatrist at Bridge Clinic but who no longer have access, as well as people who have never progressed off a waiting list. Three clients shared stories of using hospital emergency rooms for mental health issues, 2 who had done so more than once. One of these clients was told by her doctor at Bridge Clinic that she was "not crazy enough" to access counselling, and others appeared to be similarly stuck with mental health issues that are significantly impeding their ability to function but not diagnosable enough to instigate care. When one client did see a psychiatrist, after a long wait, there was no interpretation provided and they were unable to communicate. Another was offered medication when she felt she simply needed "someone to talk to". Many clients shared their own perceptions of how common mental health issues are for refugees and, therefore, how important this aspect of care is for their successful settlement and integration.

"Newcomers, when they are down, they need someone to talk to, a friend. Not medication. When I went to the doctor about my depression, he gave me medication and it made me really sick. I just needed someone to talk to. I stopped taking the medication after one week and felt better. I never went back to Bridge, I never got counselling."

"Mental health is such a huge issue for most immigrants, this is such an essential service. It is really too bad they took this service away from the clinic."

A handful of clients, predominately ones who had been Bridge Clinic patients for longer than 3 years, cited the mental health care they received as the most important aspect of their care. This was in reference to either the psychologist or to mental health support that they receive from their family doctors, such as medication.

"The counselling I received at Bridge helped me get through PTSD and depression – it was best help I could ever get."

Interpretation

For many interviewed clients interpretation was the most important aspect of Bridge Clinic service. Some reflected on how completely critical access to translation was to their health care experience and even to their settlement process more generally. Additionally, clients valued the quality of the interpretation, including both trusting the interpreter's ability to maintain confidentiality and feeling as though they were being accurately represented in the clinical setting.

"Translation was the most important. I didn't know any English, not even 'hi' and 'bye' – it was so important."

"No matter how long we have been here, medical communication is so important and difficult. If the doctor understands something differently, it can lead to real problems."

A smaller group of interviewed clients were unsatisfied with the interpretation services. Again, these concerns were related to confidentiality, accuracy and access, with specific complaints about the effectiveness of phone interpretation and of translators being pulled away in the middle of a consultation. A number of clients also had issues with referral appointments and pharmacists where translation was not provided, one calling it "risky" to not be able to communicate accurately in any clinical conversation.

"One translator made mistakes translating and it led to all sorts of problems, seems like they (Bridge Clinic) have very little manpower for translation. Sometimes you have to do it by phone, which doesn't work, and sometimes you have one interpreter for two clients and they leave in the middle of your appointment."

"Once I shared some very confidential information with my doctor through an interpreter. The next time I saw her, she spoke with me about what I had told her – that shouldn't happen. Translators working with refugees need to be more trustworthy."

"I have not been happy with the translation, except for one or two who are good. They summarize too much… Some things in terms of the psychological issues are not relayed they way they should."

Medication

Medication was frequently identified as a highly valued aspect of care at Bridge Clinic. Predominantly, it related to either simply having access to medication that helped with a health issue, or to being given medication without cost for a limited amount of time at the beginning of their settlement process. Three clients also noted the significant impact that having medication delivered to their home had when they were unable to leave due to mental or physical mobility restrictions.

"When I first came, physically and emotionally, I was not good. I had asthma and they prescribed me medication – a puffer. But I couldn't get there to get it so they had it delivered to my house. It was so beautiful, really lifted my spirits. They even came back when I wasn't there the first time."

For other clients, medication was an aspect of care at Bridge Clinic that they felt needed improvement. For some, this was related to being unsatisfied with the medication they were given, at times in comparison to what they had access to in their home country. For others it was not being covered for certain medications, including losing access to free medication at the end of their first year. Lastly, there were concerns about it never being made clear when and where they would have to pay for medication, if and how to access refills on prescriptions, and how to take the medication itself.

"They didn't tell me that the medication wasn't covered so I was not prepared at the pharmacy to pay. I know I am supposed to get a refill but not sure if I go to the clinic first, not sure how to tell."

Referrals

Many clients identified the connections that Bridge made to other services as very important. This was related to valuing the referral in and of itself as well as the support that Bridge Clinic provides in arranging these appointments.

"They found the closest, best physio for me – then called and made an appointment for me. It was also a good price. They even recommended a good place for exercise and swimming."

Those clients who identified referrals as an aspect of care that needed improvement largely referred to access – long times on waiting lists and insufficient provision of free services (e.g. only 10 physiotherapy sessions). For some, the implication of not receiving timely care is critical, particularly around mental health services, but also in relation to physical concerns.

"I have been waiting to see a specialist about the tendons in my hands for a year. If I had seen the specialist sooner it would have been covered but now our first year is up and we will have to pay for this as well as all the other new costs. In the mean time, I cannot work due to the issues in my hand."

Transitioning Away From Bridge Clinic

Finding a family physician in their home community, or not finding one, was a significant theme. Clients who understood there was some pressure to move on but were resistant to doing so cited the high quality of care and relationships they had built with clinicians, a lack of knowledge about how to access primary care outside of Bridge Clinic, and fear of losing access to medication coverage as key reasons.

Many voiced a desire to stay with Bridge Clinic. Most of those who were successful in transitioning from Bridge Clinic noted having found a doctor in their home community who spoke their first language.

"Interpreter makes it easy to communicate and doctor understands me. Now that the doctor has come close to understanding my situation I would like to stay even though I am in Coquitlam."

"We have no knowledge of where else to go, what other doctors are covered for us."

Transportation

Paying for public transportation to get to Bridge Clinic from their home communities, usually in New Westminster or Coquitlam, is difficult for many clients. In at least one case it became a barrier to accessing care at Bridge Clinic. Some clients appreciated being given TransLink tickets however more clients expressed confusion, and even offense, at not being given tickets while others were.

"The difficulty is travelling so far. We asked for bus tickets but never got them. For newcomers without any extra money it is very difficult, especially with kids. Back then I was helped through federal funding and now I am under welfare and I have a lot of financial issues. So, I have stopped going to Bridge."

"We live in Zone 2 and don't get bus tickets, we see other clients getting them but we never do, even after we ask the doctor, I'm not sure why."

Walk-in Service

Three clients identified access to the walk-in or same day service as one of the aspects of care at Bridge Clinic that were valuable to them. The same number identified this as an area that needed improvement after not being able to get in, in one case after having been advised over the phone to come in.

Vulnerability and Marginalization

Some of the stories shared during the interviews highlighted the significant vulnerability and marginalization of many Bridge Clinic clients, as well as the potential for staff to have a tremendous impact on a client's life – in either a positive or negative way. All of the clients who were emotional while sharing negative stories lived alone and most had significant health issues. Many of the clients who shared positive stories related it back to their treatment as women.

"The receptionist, the way she treats me. Once I was in tears in front of the receptionist and wanted to talk to the doctor, needed a letter from the doctor signed to take it to the income assistance office but she would not let me. She needed to consider my mental situation (starts crying) and see the situation I was in but she didn't want to listen and she would not let me sit down. It upsets me even speaking about it now."

"They had so much respect. For a woman's exam, I did not know it would be a man and when he came in I said "No, I can't" and he left and the next week they had a woman do the exam."

"I went to the hospital with panic attacks, "Why do you call ambulance, you are not going to die?" (crying) my doctor asks and tells me my problem is that I am crazy. I told her I have stress and trauma and that with medication and help I can get better. Being called crazy in my culture is so offensive... Yesterday I went to my new clinic at Ravensong and with words and comfort they made me feel so much better – even if they cannot help with this specific problem."

"The most important for me was how the doctor would come out and call the patient's name, so friendly, and welcome them. This is so different than from my culture in Afghanistan, especially for a woman. It encouraged me to talk about my pain and anxiety. Even now, every time I think about it makes me so happy."

"I had no one. No mother and father. The clinic reminded me about my vaccination, really pushed me to do it. Felt like I had someone looking out for me."

Transgender Clients

Both of the transgender clients interviewed felt unsatisfied with their health care, in terms of the quality of care they were receiving from the clinicians at Bridge Clinic and their access to services and medication outside of Bridge Clinic. Regarding quality of care, these clients talked about feeling as though they were not listened to or understood, being rushed through appointments and having to wait too long in between appointments to adequately deal with concerns like balancing hormone medication. In terms of insufficient access to services outside of Bridge Clinic, collectively they listed: a gland specialist, a specialist in post-operation transgendered care, laser facial hair removal, and breast implant surgeries. They both also stressed the significant negative impact that not receiving adequate care and services had on their ability to function in the world, and more specifically avoiding stigma and discrimination by passing as a member of their identified gender.

"I am not satisfied with services (at Bridge Clinic) as a transgendered person. Particularly around feeling listened to, provided with the right medication, and being understood as a post-operation transgendered person."

"In society, because other people stare at me all the time, I feel angry and cry all the time. I feel violated by the way the public doesn't accept us, even the lesbians and gay people, never mind straight people."

"I am concerned about our treatment – even with a specialist in transgendered (healthcare) – there is not enough services, support and meanwhile we suffer psychologically so much."

Type of Care Accessed Within and Outside of Bridge Clinic

In the interviews, clients were asked what kind of care they received both at Bridge Clinic and externally while active Bridge Clinic clients. In post-interview talks with interpreters, who know many of the staff at Bridge Clinic, it became clear that many interviewees were not aware of who was a nurse and who was a doctor. Similarly, many clients acknowledged it was difficult to remember all the care they received either within or outside of Bridge Clinic. Therefore the numbers below should be interpreted as symbolic rather than accurate.

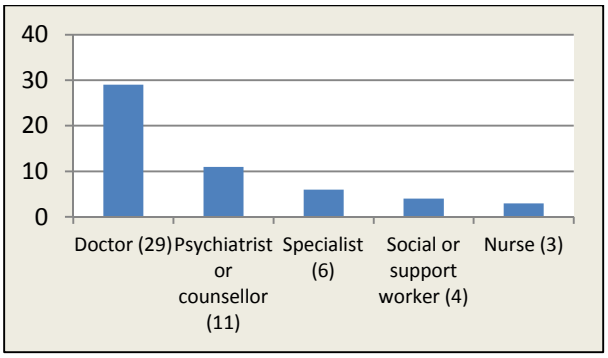

Figure 9: Services Accessed Inside Bridge Clinic

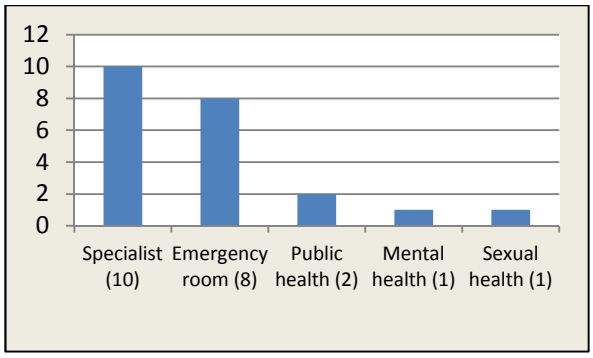

Figure 10: Services Accessed Outside Bridge Clinic

What Did We Hear From Partners?

Overall, Bridge Clinic and the staff that work there have an excellent reputation among their partners. Those in the refugee-serving sector *highly* value, and even consider essential, the services that Bridge Clinic provides. Every interviewee responded "No" to the question of whether or not there was any duplication of service. There was also an acknowledgement of how tremendous their mandate and how limited their resources. Interviewed partners had many suggestions for how Bridge Clinic could improve to better meet the needs of either partner agencies or their clients. These were mostly related to communication for the former and increased services, particularly mental health services, for the latter. Below, every aspect of care that received 2 or more mentions in the interviews is summarized and then fleshed out with quotes from the interviewees themselves.

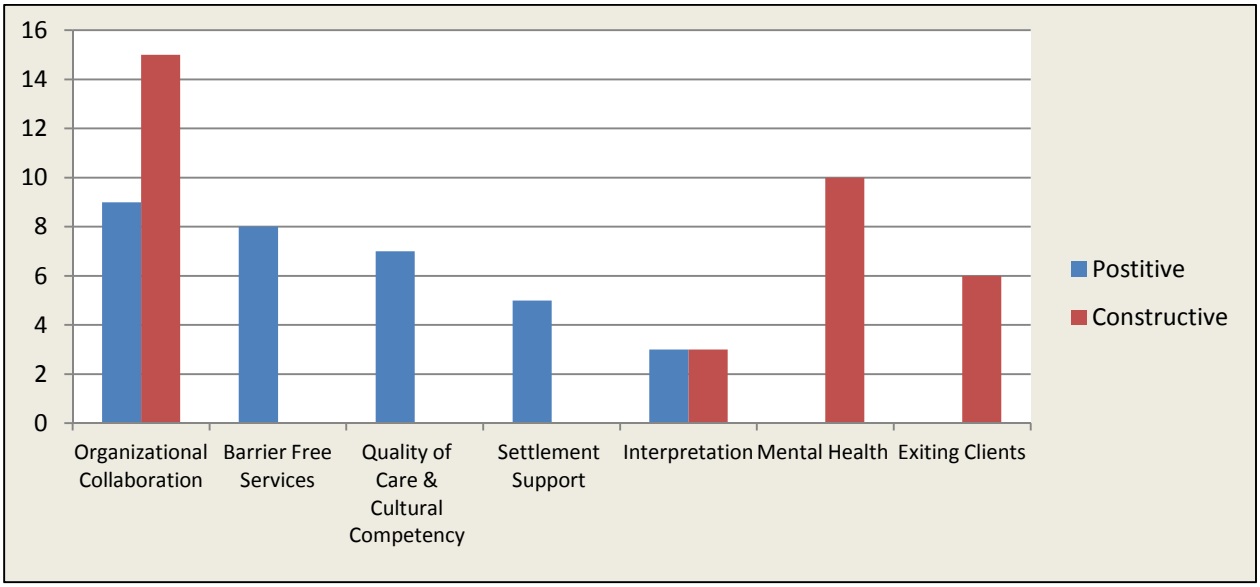

Figure 11: Number of times a theme was mentioned in partner interviews as either positive or constructive feedback

Organizational Collaboration

Many partners, particularly those from Immigrant Services Society of BC (ISSofBC), spoke of the ways in which inter-agency communication is working well. Much of this was related to daily, clinical operations with one partner referring to their two teams as "well oiled machines". Others highlighted Bridge Clinic's ability to be timely and responsive when processing new refugees. Collaboration with the nurses was highlighted by many, specifically their client-centered approach, flexibility dealing with complex health needs and ability to manage patient flow. Interviewees also identified close collaboration with the Bridge Clinic manager as something that worked really well – either through regular one-on-one meetings or in the Multi-Agency Partnership (MAP) that brings together agencies that provide services to refugee claimants.

"A lot of things (work well). Like our collaboration with the nurses. They are hands on and always trying to make things work… really client-focused, doing their best to make sure things are going to work for clients and for us… We can call them with issues. I remember a client came with her husband and said they wanted to separate immediately and she was in a wheelchair. We were not sure what to do, so we connected with the nurse and she stepped in to help, set time in the week for case management to work together to meet needs of that client."

"They are obviously serving a particular niche population that has very few services, offering essential multilingual primary health services, some of the only ones… in general, we hear very good things from our clients about Bridge. So, high rates of client satisfaction. Also, they are quite community minded. Refugee serving sector is small and they have an eye, as an organization, externally. Being a part of the M.A.P. (multi-agency partnership) and also some doctors and nurses are strong advocates for refugee health."

Interviewees also identified a number of areas where their agencies collaboration with Bridge Clinic could be strengthened. Some partners want to know – in more detail, and in real time as things change – exactly what services are being provided at Bridge Clinic and who is providing them. Partners would like to have a window into the changes in managers and doctors as well as programs and funding at Bridge Clinic. Other agencies wanted to make sure that Bridge Clinic staff understood what relevant services were available within their agency for Bridge Clinic clients.

In terms of communication, many partners were interested in more formal and regular communication with managers. One advocacy-focused organization saw potential for Bridge Clinic to inform them on refugee health trends, which they could then work with at the policy level. Others saw value in establishing processes for case conferencing for clients with more complex health issues. This was deemed important particularly since the loss of the social worker position whom in the past was seen as coordinating a lot of care. One identified potential outcome of case conferencing would be to more adequately address, and triage, mental health needs by using a multi-disciplinary lens to match need to service. For instance, identifying where a settlement worker or a trauma counsellor could be effective versus where a psychologist or psychiatrist are necessary. Opening up email lines was identified as another clinical communication medium that might be helpful within the busy context of both Bridge

Clinic and other settlement work, where few professionals spend significant or predictable time at their desk.

Other specific recommendations related to inter-agency collaboration are:

- Making better use of ISSofBC volunteers who we have been screened and trained, for instance they could be placed at Bridge Clinic to help clients find physicians in their home communities.
- Giving ISSofBC one or two weeks notice for screening in order for them to be able to fit it into the packed refugee settlement schedule during the first 15 days.
- Address the issue in the new electronic medical record system whereby consult notes are not attached.

"A workshop to help us, and clients, understand what services Bridge can provide for refugee claimants. Right now, I am not sure if Bridge will be able to support any given client and I would like to understand completely what services they offer and even how they are doing it."

"I would like to know, structure wise, who is in or who is out, doctors etcetera... Would be nice to meet new people as well as a joint staff meetings every now and then addressing some of these questions that you are asking… would be good to also have a conversation about procedures and not just case-by-case, especially as the system changes. For examples, coverage has changed, health service provider requirements change, it is essential to have a conversation around changes."

"(We need) care team meetings – not for all cases – for some complex cases even over the phone ... I have one client with 5 or 6 chronic diseases. Really difficult for me to organize a case conference with specialists – the only one who showed up was Bridge. If they organized it, more specialists would attend."

The final point about collaboration that emerged relates to ISSofBC's new building coming in 2016. A couple of the ISSofBC staff interviewed stressed their strong desire to see Bridge Clinic have a physical presence in this building.

"…when we move to our new building (we would like) to have Bridge co-housed there. The main concern right now is whether or not they are coming and how we are going to work together. The model will have to change… there will be a need for more collaboration. If they are not coming – that is another whole issue. We would really want to know why and need an explanation as it would make everything so much easier."

<u>Mental Health</u>

The most significant and urgent concern from interviewed partners is the lack of mental health support available at Bridge Clinic. Service providers identified the overwhelming need for mental health support from refugees based first on the trauma they experienced that caused them to leave their home country, and then compounded by the isolation they experience as newcomers in Canada. Timeliness is also important, as the assessment and designation of a mental illness has implications on an array of

other settlement processes. Partners are very concerned about the loss of both the psychologist and the social worker, who provided important – albeit different – mental health support to clients. There is also the perception that those with mental health issues are not being referred properly, are often spending lengthy times on waiting lists, and are too often having to settle for receiving therapy through a translator, which can be problematic.

"There is an increase in need for primary health care but also for mental health, it is becoming more and more apparent. Refugees are coming from (refugee) camps and from recent conflict situations. The need for timely, early intervention is so important, and cannot be overemphasized. These people are our future permanent residents and Canadian citizens."

"Mental health cases are not receiving services when they need them, it will take months and months. They should have more mental health at Bridge and be better connected to outside mental health services. Assessment and designation challenges can impact all types of settlement issues and processes. For instance, one family came with a child with a severe developmental disability and they need a diagnosis in order for the parents to be designated as her legal representative. Cheques are being issued to the child but she does not have the mental capacity to have a bank account, sign off etcetera. Also, with a designation they receive extra money to look after their child, which they really need."

"There are complex needs – mental health and settlement needs. Sometimes we get mental health referrals that I think would be better served by settlement workers. Difficult for us to get in touch with doctors about referrals and do triage together. Does person need mental health support or is it that the doctor just didn't know where to send them?"

"Traumatized refugees from war and conflict are having to wait on month-long waiting lists – especially first language support waiting lists are too long. Translation is not as good in this context; it impacts trust, relationships etcetera. First language is so important in mental health, there is a need for more training and hiring."

Barrier-Free Services

Interviewees placed a lot of value on Bridge Clinic's barrier-free model. This included finding free specialists and medication that are not accessible to refugees through any other service provider, servicing refugees with no documentation, not having geographical boundaries, interpretation and supporting settlement documentation process free of charge. This openness and flexibility was acknowledged as critical to providing refugees with health care, while at the same time interviewees were often unclear about how Bridge Clinic was able to achieve it in the current policy environment.

"I genuinely think they have increased access. Services with interpreters, private clinics do not have this. Phone interpretation does not work well… And documentation, which is a big piece, many doctors will charge you for help with this up to $20. Bridge does this for free which is important for my clients. Doctors are so generous with their time."

"I remember when government cut all health support. People who needed insulin, there was nowhere else (but Bridge) to get it."

Quality of Care and Cultural Competency

Many interviewees acknowledged the quality of care, specifically related to cultural and refugee specific competency as a significant strength of Bridge Clinic. This includes many of the points related to being barrier-free as well as taking more time to meet with clients and really listening.

"Nurses – and I assume the doctors as well – have been working with Bridge for a long time. They are really culturally sensitive and aware – good at working with clients from all over the world. It is not always easy."

"An amazing, very passionate team who are very, very dedicated to people with refugee backgrounds. They have a great understanding, have worked overseas, it is not just a job for them."

"Our clients have lots of health and financial concerns, reunification with their family, many other things. They have experienced and witnessed violence, and need to talk for a while before they are going to tell you what their issue is. You need to be able to listen and be patient; the doctors really understand this."

Settlement Related Process and Applications

The support that Bridge Clinic staff are willing to provide clients around various settlement-related application procedures is highly valued by interviewed partners and often given as an example of how clinicians go above and beyond in the provision of care.

"Supporting PWD (Person with Disability) applications for people with disabilities has been enormously helpful. While they are in the process of moving from being under the federal to provincial programs, having support from medical professional reduces chances of being denied. For example, I have a client who is very high needs, a GAR (Government Assisted Refugee), and she has been evicted. Not necessarily a health concern but the doctor wrote her a note, expedited her file with PWD, was very creative in problem solving and writing letters to BC Housing in support of her case."

"Other doctors just do not have time to advocate for clients."

"Their familiarity with the client's needs and system (is a strength). Clients need a letter to get an increase in diet allowance if they have health issues that require a change in diet such as diabetes. They not only write the letter but they fax it to CIC (Citizenship and Immigration Canada). It's amazing. Usually they would have to bring it back to us to send. Very efficient."

Interpretation

Interpretation was identified by interviewed partners as both a strength and an area for improvement at Bridge Clinic. They saw the provision of translators, particularly those trained around medical language and confidentiality, as critical to the program and addressing the most obvious barrier that refugees face. They also identified the lack of translation at other clinics as a key challenge in exiting clients.

Interviewees felt that the process of booking interpreters, as well as the process of booking appointments, presented opportunities to be more efficient and coordinated.

"Provision of language support (is a strength), language barriers are one of the biggest challenges for refugees and why they are still coming from far out communities to get care (at Bridge Clinic)."

"Interpreters work well in general but is sometimes a bit complicated by the fact that we (ISSBC) are not on site. There are a number of steps that need to be taken, someone at Bridge needs to get all the appointments for the next week and send it to us, we find interpreters and send it back. I would be better if we were co-located."

"For the first year when they call (Bridge), there should be services to help them make an appointment. Often they have to come to settlement worker's office, which is a waste of their time and our time. Could there be an electronic system?"

Exiting Clients

Critical to successfully exiting clients is connecting them to a primary care provider in their home community and many interviewed partners identified this as an area where Bridge Clinic could be doing more. The New Comer Clinics in Burnaby and Surrey were recognized as important initial steps but their long waiting lists and less comprehensive translation supports are limiting their impact. Some partners want more information about available services in order to help clients with this process, while others see the advantages of keeping this responsibility within Bridge Clinic. Within this discussion, there is recognition that this issue goes beyond the mandate of Bridge Clinic and even Vancouver Coastal Health and would require collaboration with, and resources from, other key partners.

"(It would be helpful to) get lists of health service providers, dentists etcetera, who accept IFH (Interim Federal Health program). Our list is outdated. Also, a list of family doctors near where clients live who speak the language. Referral to a family doctor is much easier when it comes from another doctor. Communication is sometimes difficult with health providers, so it would make more sense for a health care provider to make the call and explain the IFH. Many doctors don't know about it. That level of advocacy and an updated list of who is accepting and who isn't – it makes sense for Bridge to take on that role."

"Bridge has not done as well as needed in flowing through clients. Still have clients that are coming back for service once they are settled in other regions of the lower mainland. Ability to exit client and stabilize them closer to where they live has been an ongoing challenge. Some would argue that because of the lack of other culturally relevant services, it has evolved into a family practice rather than maintain its original intention of a bridge function."

"There is a need for a Metro Vancouver Refugee Health Program – but little incentive or interest to contribute from (other key partners) in recent meetings."

Understanding of Bridge Clinic Mandate

During the interviews, partners were asked what they understood the role of Bridge Clinic to be. Of the 14 interviewed 5 specifically mentioned primary care and 4 a time-limited or transitional role. However, only 1 interviewee identified a current and specific service other than primary care, which was psychiatry, and only 1 interviewee explicitly said that the Bridge Clinic provides "ongoing care, as needed". A more common theme in the responses to this question was around the unique and completely essential care that Bridge Clinic provides.

Opportunities and Recommendations

Internal

1. Consistently and clearly communicate to clients the time-limitations of Bridge Clinic services and begin planning that transition in a systematic way and as soon as possible. Work with ISSofBC and other partner organizations to pool and leverage resources to support this process.
2. Develop a policy for when TransLink fare is provided to patients, clearly communicate this and implement consistently.
3. Develop a mechanism to articulate to all patients what the complaint procedure is, when it should be used, and how complaints are followed up on.
4. Explore the potential of a multilingual, phone-based, electronic booking system.
5. Work with pharmacists to identify when and how medication instructions can be translated for patients.

Collaboration

6. Develop a communication platform through which partner agencies can be updated on staffing and program changes at Bridge Clinic.
7. Work closely and explicitly with other agencies providing mental health services to refugees to establish consistent referral pathways and triaging procedures.
8. Create or support a partner collaboration meeting, similar to the current Multi-Agency Partnership, to bring together service provision agencies for Government Assisted Refugees.

Policy or Advocacy Issues

9. Mental Health: There is an urgent need for more training and service provision to meet refugees' mental health needs.
10. Primary Health Care for refugees across the Lower Mainland: There is a gap in translated and first language primary care services in the communities that refugees are most likely to settle in – Surrey, New Westminster, and Coquitlam.

Next Steps

1. This paper will be shared with participating partner agencies and posted to VCH's Community Engagement website.
2. The main findings and opportunities will be presented both to relevant leadership at Vancouver Coastal Health and Bridge Clinic's staff team.
3. Key opportunities will be identified by Bridge Clinic's staff team and/or leadership as areas for action in future planning and programming at Bridge Clinic.
4. Community Engagement will follow-up with Bridge Clinic's management team to evaluate outcomes and identify if any concrete actions were taken as a result of this feedback in the Fall of 2015.

Acknowledgements

We are deeply grateful to our partners, and especially to our patients, for taking the time to tell us your stories and share your insights. We were humbled and moved by your wisdom and strength. We have additional gratitude to the Immigrant Services Society of B.C. for supporting this engagement process.

Appendix A: Community Engagement Project Plan (Sept 2014)

Project Name: Bridge Clinic

Project Sponsor: Nellie Hariri, Director, Primary Care, Public Health, HIV/AIDS and Volunteer Programs – Vancouver

Project Leads: Cathy Crozier and Donna Haglund

Community Engagement Leader: Caitlin Etherington

Background:

Started in 1994, Bridge Clinic provides public health screening and primary health care to government sponsored refugees and refugee claimants. Located at Raven Song Community Health Centre, the clinic's mandate is to provide a bridge or temporary transition to health services in the community. Since the inception of Bridge Clinic, much of the context around refugees has changed, including several federal-level policy changes and changes to settlement patterns among refugees once they have entered the country. Bridge Clinic does not have control over these changes and therefore must operate within this ever-changing context and climate. Given the unique context and ongoing changes, there is a desire to better understand the needs of the Bridge clinic client base by engaging with clients and partners of Bridge Clinic. In addition, the last internal review of Bridge Clinic occurred over 6 years ago in 2008 and since inception of the Clinic in 1994, there has not been a formal stakeholder or client engagement process.

The broad objectives of the engagement are:

To obtain input from clients and partner organizations regarding the services provided at Bridge. In particular:

- To understand any concerns of clients and existing partner organizations with existing services.
- To gather ideas for how to mitigate those concerns and promote successful outcomes for clients, including gathering ideas about communication to clients and community partners.
- To gain input from clients on how best to meet the needs of this unique client population in the context of which Bridge is functioning now and in the future..
- To solicit input from community stakeholders on how to work collaboratively with partners to meet the needs of Bridge Clinic clients.

Methods

Telephone client survey

Develop a short (15 min.) mini-interview to be conducted with a cross-section of approx. 30 Bridge clients – who represent discharged clients (6-12 months past discontinued service) and current clients.

Interviews will be conducted over the phone using Bridge's contact database. Clients will be phoned and asked to participate in the interview at that time. We will however offer to phone back at another time if client indicates that it is not a good time. We will look to partner with ISS for interpretation support to facilitate client interviews.

Specific questions will include:

Demographics

- Age
- Gender
- Family Structure – who lives in your home?
- Length of time in Canada/Vancouver

Services Feedback

- What kinds of things does/did Bridge Clinic help you with? Of the services you receive(d) which is/was most important to you?
- What are/were you satisfied with, what are/were you frustrated about, or what would you change to make/have made it better for you? (might need prompting and examples)
- Do you receive healthcare outside Bridge? If so, what services do you receive? If you are still using Bridge services, what brings you back?
- What other things do you wish Bridge could help/ or have helped you with?

Interviews with existing and potential organizational stakeholders

Specific questions will include: The mix of questions will be dependent on the current relationships of the stakeholder and VCH

- What do you understand to be the role of Bridge Clinic?
- What is Bridge Clinic doing to support your clients and what could we do better?
- What are you currently doing to support Bridge clinic clients?
- What's working well with Bridge clinic, what isn't, what do we need to change?
- Who are we not connecting/partnering with, but should be?
- Is there any duplication of service?
- Is there anything about our existing/emerging relationship that we could strengthen?

Support required from Bridge Clinic

- Contact information for organizational stakeholders.
- Contact information for past and current clients with the following categories:
    - Name, phone numbers, language spoken, status(3 m, 12m or discharged)

Report back to participants

Findings at each stage of the stakeholder engagement process will be reported separately. The reports from organizational stakeholder interviews will be circulated to participants prior to them being finalized. Print versions of all reports will also be available in the waiting room at Bridge Clinic and made available on the VCH Community Engagement website. Utilize translation services at ISSBC to translate the report so that it can be shared with participants and stakeholders in identified languages.

Activity	Timeline	CE Lead
Organizational stakeholder interviews	Sept/Oct (draft report Oct)	
Client mini-interviews	Sept/Oct (draft report Oct)	

Notes on client mix:

30 total

- 70% GAR's
- 30% RC's
- Representation from Somali, Iranian, Iraqi and Bhutanese
- Family units
- Singles

18 current

- Attended 1-2 x's and not seen in past 12 months
- Active attendees (have had a visit in the past 3 months)

12 discharged

- Actively discharged in the past 6-12 months