

MINUTES OF THE MEETING OF MULTI-AGENCY PARTNERSHIP (MAP) Thursday, January 24, 2019

Location: ISSofBC, 2610 Victoria Drive, Vancouver

The meeting was held on the unceded territories of the Coast Salish peoples including the Tsleil-Waututh, Squamish and Musqueam nations.

Attendees: Wazhma Wakil (Umbrella Health co-op); Claudia Buenda (MSDPR), Suddhodan Baidya (S.U.C.C.E.S.S. CANN); Jenny Moss (MAP), Mélodie Honen-Delmar (MAP), Saleem Spindari (MOSAIC), Mariana Martinez Vieyra (VAST); Carl@ Campodonico (Qmunity); Alissa Cook (SOS), Mia Morin (Vancity), Julia Wu (BC2II), Dennis Juarez (Options), Peter Prediger (inasmuch); Tammy Johnson (inasmuch); Richard Belcham (inasmuch), Muna Amir (SOS), Nathan Wright (BC2II), Laura Mannix (DIVERSEcity); Joanna Daniels (IRCC); Kiana Reyes (MOSAIC), Ana Maria Bustamente (BIPT), Gerardo Munarriz (MCC); Nadia Carvalho (City of Vancouver); Mary Kam(SUCCESS); Valentina Stanciu (MSDPR); Iris Solorzano (Options); Mukhtar Latif (Pomegranate Consulting); Loren Balisky (Kinbrace); Yola Vargas (FBC); Eleanor Wong (Vancity); Derek Chu (Kinbrace); Mei-ling Wiedmeyer (Umbrella Co-op); Esther Hsieh (Umbrella Co-op); Caro Lander (Belkin House); Vince Sara (WCMC); Amy Sara (WCMC); Jessie Dailly (Journey Home); Judy Friesen (Roots CHC/SND Division); Joanna David (IRCC); Katherine Griffin (MOSAIC); James Grunau (Journey home); Brad Kinnie (Journey Home); Laura Brett (Covenant House); Sabrina Dumitra (AMSSA); Emily Dickau (Kinbrace); Sireen El-Nashar (Zaytuna); Fran(Kinbrace); Bahar Taheri (BC Refugee Hub); Frank Cohn (VAST), Marcy Cohen (BC Health Coalition), Alexandra Dawley (MOSAIC)

By phone:

Sabine Lehr (Inter-Cultural Association of Greater Victoria) Azadeh Tamjeedi (UNHCR)

Regrets received from: Mandana Saliman, Arran Smith, Cloe Clayton (Red Cross), Bridget Bell for IRB-RPD, Huguette Hayden (La Boussole), Rainer Nicdao (Ministry of Social Development & Poverty Reduction)

Welcome from the Chair: Saleem Spindari, MOSAIC

Acknowledgements and thanks

Saleem acknowledged publicly and thanked the Coast Salish Nations of Musqueam, Tsleil-Waututh and Squamish on whose traditional territories we met.

Saleem also thanked our funders: Vancity and the Provincial Ministry of Jobs, Trade & Technology, for their generous support to MAP.

Saleem drew attention to the fact that Christopher (ISSofBC Communications) was taking photos of the meeting for the new MAP website, consent forms had been completed but anyone who felt uncomfortable with their photo being taken could temporarily withdraw.

Introductions

There was a round of introductions from the members present

- Outline of Agenda the agenda as presented was approved
- Review of November Minutes approved

Presentation: Umbrella Multicultural Health Cooperative

Community Health Centres: Addressing Newcomer Health Needs

Presenters and Titles:

Marcy Cohen, co-chair - Primary and Community Care Working Group at the BC Health Coalition Wazhma Wakil, cross cultural health broker at Umbrella Co-op Mei-ling Wiedmeyer, family physician at Umbrella Co-op

Esther Hsieh, executive director Umbrella Co-op

(The presentation is attached in four PowerPoints and materials)

Questions:

Claudia (MSDPR): often (grand) children are required to translate medical information and explain the medical cultural differences to the parents. This practice needs to be taken into account in organizing work.

Claudia (2nd questions): Is it better to stay with IFH when the refugee claim is in process, and can RC's still apply for a work permit while MSP application is in process? Esther Hseih answered that the IFH website (<u>IFH</u>) has a grid explaining the benefits that can be accessed, and when it is possible to apply. One of the services that can be accessed was the PLS (language service), which is a free translation service for physicians that provides free interpreters.

Carl@ (Qmunity): Can LGBTQ folks be sent to the Umbrella Multicultural Health organization? is it accessible for them? Mei answered that unfortunately this cultural sensitivity is not integrated into medical school training, therefore medicine is not oriented toward the LGBTQ community. However, Mei suggested that the LGBTQ communities that use local health services in different neighbourhoods, can push for a community health centre that is more gender inclusive. Carl@ emphasized the importance of the health issues presented in this community and requested that Umbrella take a stand on it. Umbrella Multicultural health staff responded that lack of gender inclusivity is mainly due to the lack of funding, but also suggested that Carl@ join the Umbrella Multicultural Health working group to push this voice forward.

Sabine Lehr (ICAGV): commented on primary health care providers and said that practitioners refuse to change because it takes too long to get started.

Answer by **Mei**: MSP and IFH should be the same utility in theory, but in practice there are some barriers as physicians need to sign up for IFH, and need to bill to a different organization. But health practitioners actually get paid in a more timely fashion, and at a higher rate than usual.

Vince Sara: (Welcome Clinic) How much more?

Answer: Once at a higher rate, and subsequently at the same rate as MSP. Therefore, we need organizations to advocate for practitioner's to sign up and to learn how to use it because most clinics are not familiar with IFH (Wazhma's comment).

Question: Where is Umbrella Multicultural Health located? In New Westminster and they are now unfortunately over-subscribed, so not taking any new patients.

Saleem thanked Umbrella Multicultural Health Co-op for an extremely interesting presentation.

Break

Quantitative and qualitative update on Refugee Claimants in the Lower Mainland Bahar Taheri, BC Refugee Hub

The Hub will obtain statistics from MOSAIC which will provide a more accurate portrait of Metro Vancouver and Fraser Valley's landscape of refugee claimant issues. Stream B funding is specifically for refugee claimant programming, and so the new profile will depict that as well as language classes and more in MOSAIC's inventory. They are also looking for feedback.

Feb 11th - there will also be a refugee claimant event and there will be more training and events and webinar coming up as well as LGBTQ health care workshops. The link to registration will be sent soon and if

you have any feedback you can reach out to refugeehub@issbc.org.

Changes in MAP Executive: Saleem and Mariana

Mariana: MAP has grown considerably – there are active working groups and more development is on the way. The Executive met (in December) and decided we need a firm and reliable structure in place. Therefore, there will be shift the executive roles. Jenny was hired as a coordinator but will now be the executive coordinator in order to allow her to participate more in the meetings as she is now supported by assistants (Melodie and Melissa). Jenny will have more flexibility in her work and be able to represent MAP more.

Saleem: The meeting in December allowed the group to brainstorm and reflect on how to maintain MAP's stature and commitment to help Refugee Claimants. Therefore, some commitments need to be included to capture how MAP operates:

- Refugee claimant focused
- Expertise in various field recognized
- Multi-agency collaboration
- Grassroots-based
- Mixed funding sources
- Accurate assessment of offers, and the capacity to respond
- Honest communication /transparency
- Vision driven by good data
- Qualitative evaluation in place

Mariana: said that the meetings must continue with respect to:

- the time commitment
- opportunity for dialogue
- agenda content which are shall be one presentation, BC Refugee Hub, working group and agency updates

This collaboration will keep MAP relevant and dynamic. She mentioned the importance of resourcing MAP and the preparation. Mariana and Jenny gave SOS/ ISSofBC their thanks for supporting/hosting the meeting.

Mariana emphasized the value of face-to-face meetings, and the importance of staying connected (for instance to stay in touch through the conference call even if one cannot be present at the meeting).

Esther Hiesh (Umbrella Health) suggested that a clause for inclusivity and diversity should be included in the Commitments to have an intersectional approach. **Mariana** approved the request and **Jenny** will adjust.

Katherine (MOSAIC): asked about the mix funding sources and what are current discussions about MAP funding. **Mariana & Saleem** answered: Vancity and the Ministry funds are helping, but MAP is a partnership (not a registered NGO), so it cannot apply for funds alone. Through its partnership it has a stronger voice, so funding will be sought in order to amplify collaboration and effectiveness.

Jenny added that more applications will be made for funding, now she will have more time and she also thanked the Executive for the changes, and Kinbrace for administering funding to date.

Sabrina (AMSSA) had a question about the Membership forms and categories. Do we need to clarify more the distinct responsibilities of the MAP membership categories?

Saleem answered that this December discussion was related to the maintenance of the MAP values. He reminded each agency to renew their membership.

Sabrina (2nd question) asked to what extent was the collaboration of each member? Saleem answered that MAP has always allowed everyone to contribute even though sometimes it is complicated as there are also government agencies represented. The Co-chairs of the working groups could submit a description of the different membership in each, and if anyone is willing to contribute to this resourcing, it will be greatly encouraged by MAP.

Fran (Kinbrace/Ready Tour): Could there be a MAP legal working group for legal information for agencies' use? **Saleem** answered that there was some request for this working group, and if anybody wants to start as a cochair then it would be encouraged. This answer also touches on MAP's voice, which will be the following discussion topic.

MAP Housing Working Group Report

Presenter: Co-chair Loren Balisky

Updates: housing is a critical concern for all British Columbians and especially vulnerable populations, and we need to work towards housing solutions. The housing group is trying to take steps forward on housing issues such as building housing capacity and increasing public awareness. The housing group is now focused on creating a strategic plan that will steer regional and national polices. The meeting is every afternoon on MAP meeting days if a member would like to join or share ideas.

Loren introduced the asset mapping research team leader: **Mukhtar Latif from Pomegranate Consultancy**. **Muktar**: stressed the huge need for housing for homeless population and for refugee claimants. Pomegranate is seeking to:

- map the resources available
- listing the support available for finding housing for refugee claimants
- and what needs to be changed so RC's can access housing.

The research is still as the discovery stage and there is a questionnaire that has been sent out to many agencies that seeks to lists all these resources. He kindly asked member agencies to complete this questionnaire as a base line, and stated that if you don't know all answer, it is fine but Pomegranate would appreciate any responses.

MAP Information Working Group Report:

Presenter: Co-chair Richard Belcham

Announced the website work is in process and public engagement piece is developing into a ted-talk style event on March 19th at the University of Fraser Valley. The focus will be on refugee claimants and on the power of 'Starting over' and the success of refugee claimants in Canada. It will be cross-promoted with the university and there is a call for speakers. If you know a refugee claimant that has an engaging story and is willing to talk about his/her/their story, please let the information-working group know. There will be a silent auction, arts sale and refreshments, and 5 speakers.

Mei-ling (Umbrella Health) asked if there was any financial support for the time/commitment of RC's? **Jenny** answered that there will be an honorarium, but hopefully most speakers won't have to lose working hours as the event will be in the evening in Abbotsford.

The theme 'starting over' was chosen to find communalities between all people, and will be an important education piece to be done in Abbotsford as more claimants are settling there.

Saleem: mentioned that the website will hopefully be ready for next month's meeting.

Discussion re: MAP's 'voice'

There was a recent report on immigration in the media that creates misconceptions about refugee claimants and the question whether MAP should respond was brought up by a member agency as a result of the report. The MAP executive didn't feel ready, and didn't have the consent of agencies to raise its voice. So the question is **Should there be a MAP public voice?**

Discussion re: MAP's 'voice' was led by Saleem/Mariana/Jenny. We are asking MAP members for their opinion regarding a public voice for MAP. There is a continuum of possible voices:

- 1) public education »
- 2) correcting misinformation in the media of errors regarding claimants »
- 3) advocacy, or advocacy on behalf of claimants' needs e.g. housing

Where do you feel MAP should stand? Consider these questions:

- 1. As a member do you agree that MAP can have a public voice?
- 2. What are the pros and cons of MAP speaking publicly?
- 3 What would be the scope of MAP's voice along the continuum described?

Jenny described the continuum. MAP is already speaking out to some extent and JTT has funded us, therefore

there is probably agreement that the first stage of the continuum (public education: what is the process and basic information to understand refugee claimants) is acceptable to all. The next stage is correcting misinformation (i.e. the Vancouver Sun with the errors in article) and the third is advocacy by MAP, which MAP has already been doing with soft advocacy, e.g. housing working group. Where does each agency sit on that?

Loren (Kinbrace): commented that we need to have a space for this discussion. Perhaps create a document for discussion where people can answer the questions, and MAP could explain the rationales of why we are proposing this. Maybe we could have this by February or March and come back to it.

Claudia (MSDPR): communicated that as a representative of BC government, she needed to be careful about what extent she identifies with any advocacy.

Saleem: said that this needs to be brought to the table to ensure an inclusive opportunity and space for non-governmental and governmental organizations to join MAP.

Sabrina (AMSSA): raised the question of neutrality and asked what does it mean? And what happens if there is disagreement and who would be the spokesperson, and how can that person be supported by the membership? **Bahar (BC Refugee Hub):** suggested that there are different levels of membership and AMSSA does have experience as an umbrella organization for being neutral.

Iris (Options): suggested the creation of working communication group to establish who can take the lead on communication.

Carl@ (Qmunity): suggested that for advocacy, we first need a moderate step – we could start with awareness-raising and public education (3years) and then move on to a stage of advocacy for the a further 2 years before jumping too fast.

Nadia (City of Vancouver): raised the questions of partners as issues.

Saleem: suggested that the IWG can work on the question, and that the IWG meeting should be open to all members, including representatives of government to attend, in order to bring back recommendations and a proposal to the next MAP meeting. He asked that the members should decide whether or not MAP should raise its voice.

Agency Updates

Sabine (ICAGV): CCR spring consultation: the event will be in Victoria: May 31 to June 1st at University of Victoria in order to have opportunities for connection and showcase on diversity.

James (Journey Home): After providing a submission to the federal Standing Committee on Migration – James has been invited to speak and asked if other members will be present, in the hope of coordination.

Loren (Kinbrace): Introduced the new Kinbrace Director of Operation – Derek Chun

Nasra (SOS): they have hired 3 more housing managers, the Surrey SOS office is open and they are looking for more settlement workers there with specific languages.

Katherine (MOSAIC): Conversation Circles are back at Mosaic on Tuesdays at 6 – 8 pm, with childminding.

Sireen (Zaytuna Services Society) – a new settlement and immigration service

Vince (Welcome Center Medical Clinic) the new Burnaby clinic will open next Monday (Jan 28), there will be the opening of a Surrey Clinic with the support of ISSofBC 2 weeks from now, and once they are open they will put up a new website showing their 3 clinics and a referral form. They will be looking for feedback.

Carl@ (Qmunity) there are workshops every Tuesday on long-term relationships, and group for trans partners every 4th Monday that will provide support and understanding for people transitioning. Carl@ invited anyone interested to attend.

Fran (Ready Tour): Next available spots on Ready Tour on March 8

Alexandra (MOSAIC): The MOSAIC Surrey office is finished and open. Fraser Valley MAP is operating - the next meeting is at MCC office on Tuesday 26 Feb. On Monday and Tuesday, there will be free Employment workshops for refugees on job maintenance and skills. There are still 2 spots available in a First Aid course, and it is free for refugee claimants.

Iris (Options): working on next refugee resource fair (the 3rd year they are hosting it) and the date is on April 8. They are forwarding information to BC Refugee Hub to enhance the Hub's coverage.

Emily (Kinbrace): there are looking for a new Housing Coordinator (see MAP mailout)

Ana Maria Bustamente (Burnaby Family Life) - LGBTG - they have Monday class for newcomers.

Jenny (MAP):

- Looking for speakers for the IWG event
- The photos taken today will be used for the website. If your organization has refugee claimant photos with person's permission to use the photo, and they are RC's with permanent residency, the photo could be sent to Jenny or Richard for the new website.
- BC housing has offered to do workshops on their rental agreements and rules. They are looking for questions to answer at the workshop, so you can send them to Jenny, as a workshop will be coming soon.

Meeting adjourned at 12:00 pm – members completed the Feedback forms.

Next meeting: February 28, 2019 at MOSAIC: 5575 Boundary Road, Vancouver

MAP gratefully acknowledges the funding provided by Vancity and the BC Ministry of Jobs, Trade and Technology, without which our work would not be possible.

BCHealth Coalition

Marcy Cohen, Co-chair of the Primary Care Working Group

Intro to Community Health Centres (CHC's)

- Began in both the US and Canada in the 1970's because communities wanted a more wholistic, preventionoriented approach to primary care.
- Was a response to the limitations in how primary care was delivered in the standard fee-for-service office of a family physician (i.e. ten-minute visits for only one health concern)

Multi-disciplinary Teams of Care

Doctor

Nurse Practitioner

Nurse

Social Worker

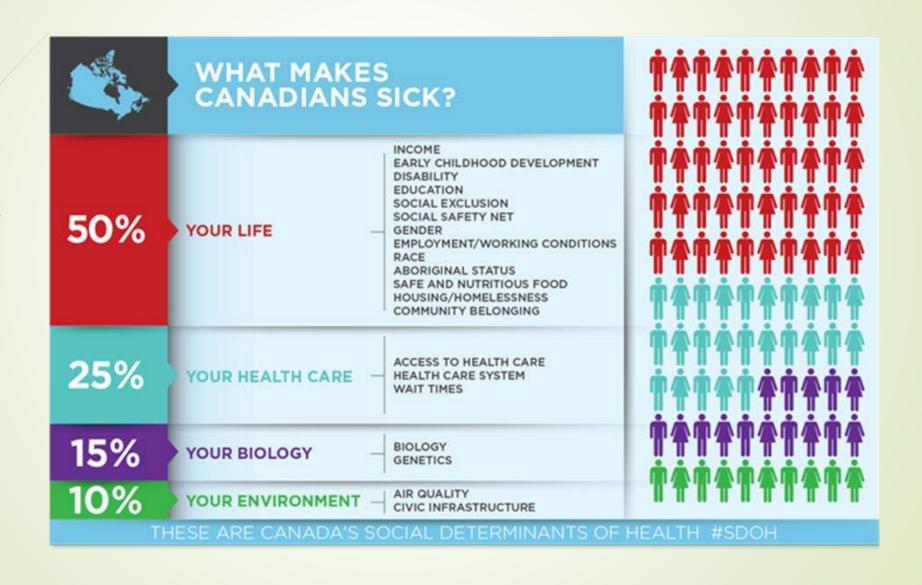
Counsellor

Outreach worker

Peer supports



Actively addresses the social determinants of health



Community-governed and community-centred



Partnerships with community organizations

Global funding Model



Evidence of the Benefits of a CHC

- Lower use of emergency services (Ontario),
- Better supports for people with chronic conditions/mental health challenges (Ont.)
- Lower cost of care per patient per day (US).
- More preventative care (Ont. and US)

Health Care Reform in BC

Plans for reforming BC's primary care builds on many approaches that are already in place in CHC's:

- Multi-disciplinary team-based care
- Reduced use of emergency services
- More community and patient engagement
- Greater focus on health prevention and promotion

Where is BC at with Implementing CHC's

- Announced in May as one of their key strategies for primary care reform
- Consultation on policy with community groups and the BC Association of CHCs
- Still needs the Minister's approval to move ahead
- This should be very possible to achieve

BCHC Working Group with newcomer agencies

- Held two workshops with newcomer communities on the CHC model, one in July and the other in Sept
- Established a working group with about 12 different organizations/individuals represented.

Goal of the working group: to advocate for the CHC model, the use of cultural health brokers and increase access for people with precarious immigration status

BCHealth Coalition

https://www.bchealthcoalition.ca/

FREE Public Event at the Van. Public Library

From 7pm to 9 pm Friday Feb 1, 2019

What is a Cross Cultural Health Broker?



Cross Cultural Health Broker (CCHB) Model

- Cultural brokering: the act of linking and bridging individuals of different cultures for the purpose of producing change (Jezewski, 1990)
- Since the 1960s, cultural brokers have acted as relational bridges between community members and formal systems to improve health outcomes
- CCHBs connect individuals and families from their communities to medical services and social services and support the relationship between patients, family doctors, and others



Cross Cultural Health Broker or Interpreter...what is the difference?

- Both assist patients to access services in their own language
- CCHB role extends to:
 - Advocating with/on behalf of patients and their families
 - Intervening in conflict situations
 - Innovating when traditions are inflexible
 - Bridging value systems
 - Improving system navigation





Social Determinants of Health Program

- January 2019 New program!
- CCHBs trained in case management to adopt social work component into their role
- Identify interventions and resources that fit patients' needs
- Connect patients with services to address social determinants of health





Umbrella Multicultural Health Cooperative

Member-driven • Culturally-connected • Equitable health care

History

- In response to a desire from newcomer communities for empowerment and choice in health care
- Umbrella Co-op incorporated as non profit cooperative, 2010
- Registered Charity
- Supported through project revenues, private donations and grants



Cooperative Community Health Centre

Our members work together to develop accessible, affordable, appropriate, safe, and secure health services.

We guide newcomers to access health care and work within health care to change the system to meet the unique needs and diverse experiences of newcomers.





Cooperative Community Health Centre

- Community Governance
- Health Promotion
- Health Equity/Social Justice
- Team-based Primary Health Care
- Addresses Social Determinants of Health







Our Team
Physicians
Support Staff
CCHBs



Cross Cultural Health Brokers are the heart of our organization

Cooperative Community Health: Physician Perspective

Team member

Collaboration

Primary Health Care



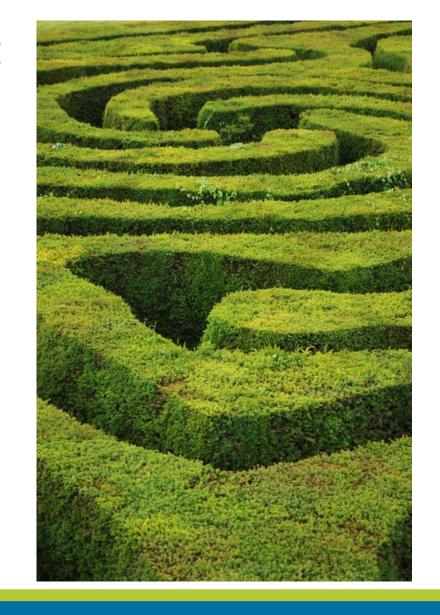


Cooperative Community Health: Physician Perspective

BC Constraints:

Funding model

Lack of coordination





Umbrella Physician Perspective: Refugee Claimants

Interim Federal Health Program (IFHP)

- Barrier and a facilitator
- Covers MSP services
- Supplemental benefits

Medicolegal Letters







Questions?