Improving Access Project
ENVIRONMENTAL SCAN REPORT

March 2006

Presented by
Carlos Campos & Liz Manning

On behalf of:
Brandon Regional Health Authority
Nine Circles Community Health Centre
7th Street Health Access Centre
Sexuality Education Resource Centre

Project Overview

This three-year project is intended to improve access to HIV/AIDS related services for immigrant and refugee communities in Brandon and Winnipeg. In addition to the environmental scan, this will involve facilitating a needs assessment with the I/R community and responding to the findings; creating a guide that will help service providers better understand what services people with various immigration status are eligible for; address the need for health interpretation services; provide cultural competency training for relevant organizations; and facilitate the development of relevant HIV resources for the community.

The Sexuality Education Resource Centre (SERC) Winnipeg and Brandon, 7th Street Access Centre, Brandon Regional Health Authority and Nine Circles Community Health Centre (NCCHC) are partners in this endeavor. The project is overseen by the Coordinating Committee; comprised of representatives from each partner organization.

Environmental Scan Overview

The environmental scan identifies service priorities in Brandon and Winnipeg for immigrants and refugees infected with, affected by, or at risk for HIV. The priorities were identified based on information gathered about existing services and identified barriers, as well as relevant literature.

Key informant interviews (9 in Brandon and 4 in Winnipeg) and a focus group (Winnipeg) were conducted. Direct service providers, working primarily with refugees and immigrants or people affected by or living with HIV/AIDS and program managers or administrators overseeing projects or services directly related.

Existing Services

Risk Assessment

Brandon

The risk assessment is implemented using both informal and formal (standardized) screening. The established protocol and questionnaire, regarding HIV risk assessment, is considered difficult and risky due to lack of interpretation services and present language barriers.

Winnipeg

There is no common way of completing an HIV risk assessment used by service providers. One risk assessment consisted of the question, "Do you need birth control or contraceptive/safe sex supplies or information?" The inconsistency of how to identify who needs a risk assessment was evident.

Testing and Screening

Brandon

While formal testing and screening guidelines are used to obtain client's consent for HIV testing, informed consent is problematic due to language barriers between clinician/counsellor and client. No interpretation services are available for this purpose. Nurses and physicians are able to provide testing, but people who test HIV positive are referred to Winnipeg because of lack of local specialized staff and resources.

Winnipeg

Various understandings of consent procedures exist. Consent for HIV tests are broad in their application. Some service providers sought only verbal consent; others written consent. Citizenship and Immigration Canada (CIC) asks for mandatory testing for immigration purposes.

Pre- and Post - Counselling

Brandon

HIV pre-test and post-test counselling is not provided in the client's first language. Confidentiality is an issue even when the client is able to communicate in English. Test results are not provided unless an interpreter is available. First language resources are provided by using the internet or consulting with other service providers, in and out of Brandon or Manitoba.

Winnipeg

Pre-test information ranges from an informal process to in-depth and formal methods. For the most part, post-test information is focused solely on HIV-positive individuals and almost no post-test information is given to people who test HIV-negative. Pre & post testing information and sessions, as well as consent forms, are most often done through interpretation; not necessarily paid or trained interpreters. Few service providers offer services directly in a client's first language.

Understanding of HIV positive test results ranged amongst service providers. Some communicated to clients that an HIV positive test result does not really mean someone is HIV positive and that it is likely the test result could be a false positive. There were different levels of underrstanding as to the accuracy of current HIV tests or the window period for the creation of HIV-antibodies.

Education and Awareness

Brandon

While three organizations offer education individually and to groups, specifically on HIV/AIDS and related issues; other organizations indicated an interest in incorporating this information into their existing education programs.

Winnipeg

Educational activities include one-on-one education about HIV, as well as group education with in-house groups or community organizations. The depth HIV education was based on a number of factors: service providers' comfort levels with HIV and reproductive health education information, gender, time allocation, and cultural appropriateness of available material. Most HIV information was shared on an informal and as needed basis with few service providers being specifically mandated to provide HIV education.

Staffing and Training

Brandon

Of the three organizations that have specific staff working with I/R clients, two have HIV had specific training. Two of the three services with specific HIV programs do not have staff members with an I/R background. While some have received specific training on working with people living with HIV, no one has received training on working with immigrants/refugees living with HIV/AIDS. There are no formal policies and/or procedures regarding working with immigrant/refugee persons living with HIV/AIDS (PHAs).

Winnipeg

Organizations represented several types of services; some have staff dedicated to immigrant and refugee communities, while others for people living with HIV/AIDS. None of the organizations had service providers specifically designated to work with immigrants and refugees who are affected by or infected with HIV.

For AIDS service organizations, many required that staff have experience in HIV/AIDS work. In immigrant and refugee serving organizations, fluency in a language of the clientele, as well as related experience or training, were common requirements. In organizations, that did not specifically serve either of these two groups, there were no special requirements to work with immigrants and refugees and/or people affected by HIV/AIDS.

Some organizations provided training facilitated by the employer, either formally or informally. Training related to HIV was most often done by external agencies such as the Sexuality Education Resource Centre, as a continuing education opportunities. A significant number of the interviewees were open to more continuing education sessions specific to HIV and immigrant and refugee communities.

Outreach

Brandon

Three organizations currently provide HIV education, while others are interested in doing so. Condom distribution and needle exchange are provided by three organizations.

Winnipeg

Although almost all service providers offer HIV prevention services, each organization participates in HIV prevention work quite differently. Some service providers engage in prevention work by speaking with HIV positive individuals about safer sex practices while others conduct workshops with the general public about HIV/AIDS.

Assessment and Evaluation

Brandon

Organizations reported that they assess the ongoing needs of the populations they serve. Even though some of the organizations have project objectives and/or institutional mandates to serve this particular population, only three have assessed the specific needs of the I/R community.

Client involvement in program evaluation included informal (verbal) feedback to staff; occasional focus groups or surveys that are not part of a formal review/evaluation; and through client volunteers. Client involvement on a Board of Directors was reported by three of the nine organizations.

Winnipeg

Several organizations engage in some kind of regular evaluation process. For some organizations, it is formalized organizational evaluations, while others use formalized individual service evaluations and focus groups. Half of the organizations use client volunteers. Many methods are utilized such as informal feedback to staff, clients on boards, peer groups, and ongoing program evaluations.

Language

Brandon

Translation and interpretation services are not often used. Brandon. RHA staff members reported using a list of interpreters/translators as a resource; the list has not been updated since May 2003. One organization provides interpretation for their clients through CANTALK phone services.

Informants reported different ways of solving translation/interpretation requests when no one is able to provide it; referring a client to other service providers; trying to work using written information; using CANTALK services; sending people to Westman English as a Second language Services (WESLS); and involving clients, students, volunteers and community members as interpreters.

Winnipeg

Half of the organizations that offer interpretation services use bilingual staff and volunteers; they do not necessarily have any training in interpretation, more specifically health interpretation. Others offer

training for volunteer interpreters; not necessarily including health related issues or issues related to HIV/AIDS.

Few organizations can provide interpretation for all of their clients themselves. An overwhelming number of agencies ask clients to bring their own interpreters with them. Some agencies arrange interpretation services through other organizations such as Welcome Place or the Language Bank at the International Centre. One organization contracts out for interpretation services for their clients if needed.Some of the organizations provide translation services, on a fee for service basis, but only as it relates to written materials for a specific purpose.

Sponsorship & Settlement

Brandon

One organization provides settlement services for landed immigrants. Particular people or churches sponsor refugees. One particular service provider who works in this area as "middleman of immigration paperwork," refers clients to access health, settlement, education and employment services.

Winnipeg

Few organizations offer sponsorship. One organization is specifically mandated to receive both government and privately sponsored refugees for Winnipeg and areas of Manitoba that are not served by another settlement agency. The other organizations involved in sponsorship only privately sponsor refugees. Several agencies offer settlement services and support people through the process of acculturation. Some of these services are offered to immigrants and refugees who fit within a specific group, such as women facing domestic violence or people who live within a certain geographic area.

Settlement services include temporary accommodation, assistance with finding permanent housing, referrals, orientation, interpretation services, accompanying people to appointments, counselling, advocacy, helping with sponsoring family members, and assisting refugee claimants with CIC applications. Roughly 20% of time spent with assisting people related to settlement is focussed on health care issues.

Partnerships & Collaboration

Brandon

Although several organizations reported that their programs have partnerships and collaborations with other organizations, they expressed that the existence of additional partnership would allow them to better serve the IR community. WESLS, childcare facilities, organizations that offer interpretation/translation services, Brandon School Division, Women's Health Clinic in Winnipeg, Sexuality Education Resource Centre (SERC), The Women Centre, and churches who are involve with I/R communities were identified.

Winnipeg

All organizations have partnerships of some kind and accept referrals. Some would like a closer relationship with SERC and Nine Circles to know more about HIV resources. Some would like closer connections with immigrant and refugee-serving organizations as they feel they are not able to address clients' needs related to settlement or immigration issues. All stated that a better connection or networking between health care and newcomer serving organizations would be beneficial.

Barriers Identified

Existing culture in health care system
Health care providers acknowledged that there is a culture within health care - appointments, forms, system navigation, multiple and various points of access and knowing which one is appropriate – that prove to be a barrier to immigrant and refugee clients accessing services. An example is that Western health care is time centred and this does not fit with people "dropping in" for services.

Language barriers
The most common barrier service providers identified was language; not being able to provide interpretation services or service in a client's first language. Agencies do not have policies, procedures, money or resources in place to accommodate these needs.

Many health care providers expect clients to provide their own interpreters (a friend or family member). In other situations, a page over an agency intercom asking for anyone in the building who speaking a specific language to act as an interpret; often meaning other clients are interpreting. This raises concerns including confidentiality, accuracy and client's comfort with the interpreter.

Concerns were raised about existing interpretation services: cost, the length of time it takes to access an interpreter, the lack of drop-in appointments, Issues of confidentiality and fear of disclosure were raised. Men interpreting for women regarding reproductive and sexual health created difficulties as well.

Fear & Stigma
Stigma was seen as a greater barrier to accessing services than language and interpretation issues.

Clients can suffer psychologically, socially and emotionally from the stigma of HIV. Immigrants and refugees who are HIV positive often withdraw from their ethno-cultural communities, and sometimes their families. Children of parents who are positive may not know why the parent has died.

Disclosure, stigma, exclusion, community shunning and shame often isolated people from their natural support networks. Newcomers also feared backlash from Canadians for those who are HIV positive and their families.

Lack of Awareness about HIV and related resources
Not knowing about HIV keeps people from accessing services. Settlement workers stated that clients seem to have limited knowledge of HIV, sexual health and other existing resources.

Preconceived ideas about HIV, who gets HIV, treatment, life and death, how to deal with the disease in North America, views on HIV being a death sentences vs. a manageable chronic illness and issues related to western medicine vs. traditional medicine were also raised. People felt that newcomers, including youth, do not talk or think about HIV because they don't think it is an issue in Canada.

Cultural attitudes and behaviours
Service providers said their own attitudes towards reproductive health, HIV, and sexuality differed significantly from their IR clients' perspectives. Understanding of time, health care, medicine and who provides "health care" were also named as areas where it was clear that service providers, specifically health care providers, and newcomers had varying perspectives.

Not knowing or understanding how to work in a cross-cultural manner also was considered a barrier. Cultural differences are not always known to the caregiver; leading to assumptions being made or a lack of understanding regarding the depth of clients' concerns.

Poverty
The lack of money, resources and supports for those immigrants and refugees living in poverty means they use a large amount of energy trying to meet daily needs. Service providers see the desire of newcomers to be financially self-sufficient leading to people not asking for help or resources when needed. During the focus group, several examples were given of the extent newcomers will go to be independent, even though it may compromise their health.

Limited access and/ or availability of primary health care services
The lack of primary health care services was identified repeatedly. One service provider recalled how families were being served by various agencies because they were not able to be accommodated at one agency even though all services might exist there. Another service provider stated that he has never had trouble arranging primary care for any of his HIV positive patients, but that is the opposite for his HIV-negative clients. Having limited or no knowledge of how to access competent care and support is a significant barrier.

Lack of Trust
There is a need for relationships to be built with ethno-cultural communities. Service Providers acknowledged they could not expect people to come for health care services without them having some trust either in the system or the providers. This barrier further supports the need for community-based outreach as previously identified. It was service providers' experience that immigrant and refugees want to build trusting relationships with them before disclosing their HIV status.

Settlement workers were able to identify a lack of trust in the medical model. They also stated that because most health care providers are white Canadians, people fear racism when encountering the

health care system. Settlement workers stated that it takes time for newcomers to build trusting relationships with care providers.

Lack of Resource Coordination related to Immigrants & Refugees and HIV
There is a lack of knowledge about the work that other people do and the existing resources. People who work with immigrants and refugees know very little about HIV and people working in health care or HIV know very little about immigration and newcomers.

Identified Service Priorities

Coordination of services and improved communication between immigrant & refugee serving service providers and health care providers
Service providers consistently expressed the lack of coordination of services for immigrants and refugees, specifically regarding health care. There is a need for ongoing communication at all levels, including government, to meet the broad health needs of immigrant and refugee communities

All service providers need to know where and who to ask questions to with regards to immigrants and refugees and HIV/AIDS.

Availability of and access to adequate health interpretation services
Interpretation services with training specific to health, and more specifically HIV/AIDS, are not available. Several issues arise due to this gap, including the issues of informed consent and confidentiality.

Enhanced outreach services that support the ability of newcomers to access and navigate the health care system
Service providers felt that it was essential to have outreach services to immigrant and refugee communities. The role of outreach would include helping people navigate the health care system, showing people how to get medications, helping people to find a doctor and making necessary appointments with various care providers.

Ideally, outreach workers would be from the same background as the newcomer communities.

Developing and/or utilizing plain language, first language and culturally appropriate resources
Using HIV/AIDS education and information resources that are in a client's first language, plain language and culturally appropriate is necessary. For example, pre and post test information and pamphlets on how to reduce risk of HIV transmission.
Resource packages that would include pamphlets on HIV, lists of doctors, general and non-threatening information related to healthy living, and health resources were suggested.

Improved communication between settlement workers and health care providers
Health care providers and settlement workers need to meet regularly to discuss the work they are doing. Each group of service providers knows different information and there is a need to share in order to make the health and social service systems more useful and accessible, especially regarding HIV.

Health care service providers find it hard to get informed about immigration: how Manitoba Health regulations apply to temporary or permanent residents, who gets what and what resources are available. Settlement workers feel similar about health care with questions such as "how do we get someone in [to see a doctor]?" Immigrant & refugee serving service providers and health care providers need to talk about each other's respective or overlapping areas of work.

Training for service providers working primarily with immigrants and refugees around HIV, including transmission, standards of care and prevention methods.
Service providers working primarily with immigrants and refugees identified that they did not have enough training or information on HIV prevention, treatment or support.

Service providers were interested in learning best practices related to HIV testing and care. Checklists for screening protocols ensuring consistent service and proper information is exchanged were suggested. Developing resources and consent forms in the client's first language, rethinking standardized protocols, procedures, and practices for HIV assessment and counselling process with I/R PHAs is recommended.

Increased knowledge regarding immigration status' and eligibility for services
There was an obvious lack of understanding about the immigration process, the differences amongst different immigration status' and eligibility for services.

Ensuring affordable, safe and accessible housing
Lack of affordable, safe and accessible housing is an important aspect of settlement. People are often in over-crowded, dilapidated and insufficient accommodations. Safe and affordable housing for individuals and families (specifically large families with more than 4 children) is scarce. Several service providers saw this as a major gap in the health continuum.

Increased availability and improved access to ESL classes for newcomers who do not have permanent residency
There is a need for easier access and more opportunities for ESL classes so people have a level of English that allows them to access health and social services.

Training and resources available to those working with the immigrant and refugee community
Health care providers said they lack training and resources for working with newcomers. Information and skill development on how to work with interpreters, standards regarding health interpretation, how to work cross-culturally, gender issues, how to explain health care culture and understand client expectations were all need to be addressed.

Encourage organizations to become culturally competent
The need for cultural competency training for service providers in health and social services, at all levels, was clear. Hiring service providers who are part of the immigrant community or that have experience in cross-cultural work, regarding sexual health and HIV/AIDS, was seen as important part of this.

Working with interpreters, recognizing diversity within ethnicity, HIV testing and screening standards and HIV and immigration issues were all listed as areas where service providers need training

Appendix 1

Questionnaire

Thank you for agreeing to take part in this interview process.
The purpose of this environmental scan is to identify available services in Winnipeg and Brandon for people livings with HIV with a view to identifying barriers to access services for immigrant and refugee potential clients. The research findings are going to be useful for planning and decision making for improving access to health services for this population.

PART A: GENERAL INFORMATION
In this first section of this questionnaire, I would like to collect some general information about your program that is going to be part of a Resource Guide.

Name and address of the organization	Name of the contact person
Hours of operations	Geographic area - eligibility
Name of the specific program	Objective of the program
Who is eligible for your services?	In general, what are the waiting times for these services?
Scope of key informant's role & program: Provincial ( ) Regional (City) ( ) Federal ( ) Site ( )	How many staff people provide these services in your program?
How do people access your services?	Availability of interpretation services; which languages?

What languages are your services directly provided in? (Service providers speak in language) If a client cannot communicate in these languages, how do you handle this?

Are you on a bus route?

Can people with mobility challenges (e.g., cannot use stairs) fully access your services?

Do you have a religious affiliation?

How many staff do you have? Volunteers?

Approximately, what percentage of your clientele is immigrants/refugees? ___ %

Approximately, what percentage of your staff is immigrants/refugees? _____ %

Approximately, what percentage of your clientele do you know to be affected by or infected with HIV? _____%

Approximately, what percentage of your clientele do you know to be immigrants/refugees that are living with HIV? ____%

~~~

What groups does your program target?

Persons living with HIV( )	Co-infected persons ( )	Women ( )
Immigrant/refugee HIV+ ( )	Immigrant/refugee PHAs ( )	Street-involved individuals ( )
Youth ( )	Aboriginal people ( )	Injection drug users ( )
Sex trade workers ( )	Men who have sex with men ( )	Other (specify) ( )

~~~

PART B SERVICE PROVISION

Now I am going to read through a list of different services. As I read through the list, please indicate whether or not your organization provides these services and if no which organizations your program refers clients to, and if yes which organizations refer clients to your program.

1. Type of service and referrals

Type of service	✓ **y**	✓ **n**	**Referral out (specify service provider and city)**	**Referral in (Specify service provider and city)**
Employment & Working Conditions				
Health Services				
General				
Community Development				
Risk assessment				

Testing and screening				
Education and awareness				
Outreach				
Primary Care/treatment				
Pharmacological care				
Home care				
Hospice/palliative Care				
Substance abuse				
Counselling/therapy				
Dental				
Case management/coordinated care				
Needle exchange				
Emergency				
Prevention				
Nutrition				
Rehabilitation				
Disability				
Mental Health				
Sexual and Reproductive Health				
Women's Health				
Social Support services – income assistance, housing, transportation,				

advocacy				
Settlement				

~~~~
~~~~

2. Potential needs of I and R living with HIV

I am going to read through the same list of services; based on your knowledge, please indicate whether you think Immigrant and Refugee clients are well served in each area.

Area of potential need	✓ **y**	✓ **n**		✓ **y**	✓ **n**
Risk assessment			Needle exchange		
Testing and screening			Emergency		
Educational and awareness			Dental		
Outreach			Nutrition		
Medical Care/treatment			Rehabilitation		
Pharmacological care			Employment & Working Conditions		
Home care			Transportation		
Hospice/palliative care			Prevention		
Substance abuse			Advocacy		
Counselling/therapy			Housing		
Social Support services			Income assistance		
Case management/coordinated care			Settlement		
Women's Health			Sexual and Reproductive Health		
Primary health			Mental Health		
Disability			Health Interpretation		
Community development			Plain language prevention information		
Education – ESL, etc.			Pharmacare		
Holistic approach to health care					

2.1 Do you think there are other potential needs not being met in the I and R communities?

PART C: TYPES OF SERVICES

This part is intended to explore each type of service as mentioned in the Part B by you. If the services are not offered, please skip it and respond just the specific service that is provided by your organization.

RISK ASSESSMENT (skip this section if no client risk assessment)
(If applicable) You indicated that your program provides client risk assessment. The next set of questions deal with the process your program uses to assess risk.

3. Is HIV risk assessment formal or informal?

Formal (e.g. there is established protocol or/and formal assessment tool) ( ) Informal (e.g. general questions considered appropriate by the clinician) ( )

4. Please describe the criteria and procedure you use in HIV risk assessment.

4.1 Do you use a formal assessment tool?

5. Are there special considerations given when assessing an immigrant or refugee client?
Yes ( ) No ( )

6. Do you accept assessment done by other organizations?
Yes ( ) No ( )

7. Do you have any other comments about the risk assessment process for Immigrant and Refugee client?

TESTING AND SCREENING (skip this section if no testing and screening)
(If applicable) You indicated that your program provides testing and screening service for clients. The next series of questions address the testing and screening process. In particular, we are interested in the issues of consent, pre-and post-test counseling and provision of test results.

Guidelines

8. Do you use formal guidelines in any of the following areas related to testing and screening?

If yes, please specify what guidelines you use.	✓
8.1 Obtaining client consent for an HIV test	
8.2 Pre-test counselling-HIV	
8.3 Post-test counselling-HIV	
8.4 Providing test results-HIV	
8.5 Providing test results-co-infection	

Consent

9. Do you seek I/R client consent prior to conducting an HIV test?
Yes ( ) No ( )
9.1 If no, why not?

10. Do you seek active or passive consent for an HIV test?
Active (the consent asked directly) ( )

Passive (consent is not asked for, it is assumed that people are aware ( )

10.1 (If active) what types of consent do you use?
Written ( ) Verbal ( )

11. Do you have any other comments about the consent process in regards to the I and R community?

Counselling

12. Does your program provide pre-test counselling for HIV?
Yes ( ) No ( )

12.1 (If yes) Does your program provide HIV pre-test counseling in the client's first language?
Yes ( ) No ( )

12.2 (If yes) who does the pre-test counselling? (Name and/or position)

12.3 (If yes) how much time is spent, on average, on pre-test counseling?
____ Minutes

13. Do you provide any resources in the client's first language during HIV pre-test Counselling?
Yes ( ) No ( )

13.1 (If yes) what types of resources do you provide?

(Printed materials- pamphlets, books, etc)
Other (specify)

13.2 Does your organization produce those resources in the client's first language?
Yes ( ) No ( )

13.3 If your organization does not produce those, how do you obtain the resources?

14. Does your program provide post-test counselling for HIV?
Yes ( ) No ( )

14.1 (If yes) Does your program provide HIV post-test counselling in the client's first language? Yes ( ) No ( )

14.2 (If yes) who does the post-test counseling? (Name and/or position)

14.3 (If yes) how much time is spent, on average, on post-test counselling?
____Minutes

14.4. If not, what others alternatives do you provide to the client with a different language to English?

15. Do you have any other comments about the pre- or post-test counselling process?

Test results

16. Please describe the procedure your program uses to provide HIV test results for I and R clients.

16.1 Are test results provided in the client's first language?

OUTREACH (skip this section if no outreach programs)
(If applicable) You indicated that your program provides outreach services to clients. The next few questions deal with this aspect of your program.

17. Is outreach a formal component of your program, or is it done informally?
Formal (e.g. outreach is written as part of the worker's job description and organization policy) ( )
Informal (e.g. outreach is considered because of initiative of the worker) ( )

18. What outreach services does your program provide?

Nursing services	( )
Needle exchange	( )
Condom distribution	( )
Education and awareness	( )
Referrals	( )
Home support	( )
Other (specify)	

19. Do you have any other comments about the outreach component of your program?

EDUCATION AND AWARENESS (skip this section if those are not offered)
You indicated that your program provides education and awareness; the next few questions address this issue.

20. Is your program mandated to provide education and awareness for I and R population?
Yes ( ) No ( )

21. Do your education and awareness programs target individuals, groups, or the community?
Individuals ( ) Groups ( ) Community ( )

21.1. (If applicable) please describe what is provided at the individual level.

21.2. (If applicable) please describe what is provided at the group level.

21.3 (If applicable) please describe what is provided at the community level.

22. Do you provide any resources in a client's first language, other than English?
Yes ( ) No ( )

22.1 (If yes) what types of resources do you provide?
Printed materials- pamphlets, books, etc. ( )
Other (specify)

22.2. Does your organization produce those resources? Yes ( ) No ( )

22.3. From what sources do you obtain those resources?

STAFFING AND TRAINING

23. Do you have specific staff that work with I and R clients? Yes ( ) No ( )

23.1 (If yes) How many staff does your program employ specifically for those clients?___ (# of staff)

23.2 What specific qualifications do they have?

24. Does the staff's program receive specific training on working with people living with HIV? Yes ( ) No ( )

24.1 (If yes) please describe the nature of the training

25. Does the staff's program receive specific training on working with people who are immigrants and/or refugees? Yes ( ) No ( )

26. Are there formal policies and procedures, in a manual or some other form regarding
working with people who are HIV+ Yes ( ) No ( )
immigrants and /or refugees Yes ( ) No ( )
immigrant/refugee PHAs, Yes ( ) No ( )
26.1 (If yes) Are copies of each available to all staff? Yes ( ) No ( )

NEEDS ASSESSMENT AND EVALUATION (skip this section if no assessment) The next series of questions addresses the extent to which your program is driven by the needs of its target group(s).

27. Has your organization assessed the ongoing needs of the population it serves?
Yes ( ) No ( )

27.1 If no, why not?

27.2 If yes, what did you learn?

27.3 How did you incorporate it into programming?"

28. Has it assessed specifically the needs of the IR community?
Yes ( ) No ( )

28.1 If no, why not?

29. Has it assessed the needs of people living with HIV? Yes ( ) No ( )

29.1 If no, why not?

30. I'm going to list several ways that clients can become involved or have input into the programs that serve them. Please indicate all those that apply to your program.

Client involvement on Board of Directors	( )	Client Advisory Committee or similar group	( )
Occasional focus groups or surveys – no part of a formal review/evaluation	( )	Peers support groups	( )
Client volunteers	( )	Comment cards	( )
Informal (verbal) feedback to staff	( )		
Other (specify)			

31. Do you have any other comments about the needs assessment and evaluation process?

LANGUAGE

32. Do you provide translation or interpretation services? Yes ( ) No ( )

32.1. (If yes) who provides these services?

32.2. What training do translators/interpreters have?

33. Can you provide interpretation for the languages of all your clients? Yes ( ) No ( )

33.1 What languages can you get interpretation for?

34. What do you do when no one is able to provide translation/interpretation?

SPONSORSHIP AND SETTLEMENT skips this section if it does not pertain.

35. How often do you sponsor refugees?

36. How do you arrange for sponsorship?

37. What other organizations are involved in the process of your group sponsoring refugees?

38. How is it decided where the refugees you sponsor are coming from?

39. Where have the refugees you have sponsored come from?

40. How many refugees do you sponsor in a year?

41. How does your group help people settle into life in (Brandon/Winnipeg) Canada?

42. How is your group involved in the process of immigrants/refugees receiving health care?

43. What proportion of the help you provide would be related to health care?

PARTNERSHIPS AND COLLABORATION. Skip this section if those are not made.

44. Has your program developed partnerships and collaboration with other organizations to serve I and R communities? Yes ( ) No ( )

45. What is the nature of your partnership and collaboration with other organizations?
Formal ( ) Informal ( )

46. What partnerships would be helpful to better serve I and R communities?

47. Does your organization follow up on referrals?
Yes ( ) No ( )

47.1 (If yes) Did the referral agency deliver the appropriate service? Please describe.

PART D: QUALITATIVE QUESTIONS

In this last section of the interview, I'm going to ask for your opinions of the services available in Brandon (Winnipeg) for persons living with HIV. We're interested in knowing if you think these groups are well-served by the services that are currently available in the city. We also want your perspective on gaps and barriers to services and resources for immigrant and refugee clients.

Gaps

48. In your opinion, what are the gaps in services, resources and prevention programs for IR clients living with HIV+?

49. How do you think the existing services, resources and prevention programs for IR clients living with HIV+ could be improved?

Barriers to services

50. What are some of the major barriers you experience when attempting to deliver services to this population?

51. Of the barriers you have mentioned, are there some that are more significant to recent newcomers or are they also an issue for someone who arrived in Canada 20 years ago?

52. Are there any programs your organization has put in place to overcome these barriers?

53. Would you be interested in being a part of an ongoing service provider network related to HIV/AIDS and immigrants and refugees?

Information Sources Appendix 2

Key Informant Interviews

Brandon

Teresa Canart	Community Mental Health Worker Mental Health Services, Brandon RHA
Dawna Cardinal	Supervisor of Community-Based Services Addiction Foundation of Manitoba
Andrea Collins-Fitzpatrick	Immigrant Women's Group Facilitator The Women's Centre
Jeannette Howat	Settlement Coordinator Westman ESL & Settlement Services
Darlene MacDonald	STI/HepC/HIV Program Coordinator Assiniboine and Brandon Regional Health Authorities
Roberta MacKinnon	Project Coordinator Red Prairie Project, Brandon Friendship Centre
Judy Mitchell	New Families to Canada Support Group Elspeth Reid Family Resource Centre
Cathy Steven.	Associate Director Sexuality Education Resource Centre
Sharon Young.	Health Promotion Coordinator Brandon RHA

Winnipeg

Dr. Martin Fogel	Physician.
Barbara Guia	Immigrant Women's Counselling Services
Jeannine Roy	French Language Services Winnipeg Regional Health Authority
Carlos Vialard	Welcome Place Manitoba Interfaith Immigration Council

Focus Group Participants

Winnipeg

Sophia Ali	Youville Centre
Kim Bailey	Mount Carmel
Jean Chennell	Klinic
Selamawi Ezuz	NEEDS
Kathy Hendricson-Gracie	St. Boniface Hospital - Social Work
Angie Jantz	Klinic
William Libich	Klinic

Jennifer Magoon	WRHA
Mukai Muza	MCC
Jocelyn Preston	Infectious Disease St. Boniface Hospital
Liz Robinson Cynthia Stewart David Rice-Lampert	MB Immigration
Anne Russell	Infectious Disease Health Sciences Centre
Leilah Siad	Settlement Services International Centre
Val Stanowski	Social Worker Health Sciences Centre
Dave Willems	Klinic/Nine Circles

Literature considered

Magoon, Jennifer. May 2005. The Health Of Refugees In Winnipeg. Prepared for WRHA. Winnipeg, MB.

Prairie Research Associates. March 2002. Inventory and Assessment of Services and Resources in Winnipeg Related to Bloodborne Pathogens (HIV, HCV, Co-infection). Prepared for Health Canada, WRHA, Hepatitis C Society of Canada – MB Chapter, Nine Circles Community Health Centre. Winnipeg, MB.