

## **Executive Summary of the Environmental Scan**

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March 2006

### **I-Scope, Objectives and Goals of the Environmental Scan**

The Environmental Scan was a research component of the Improving Access Project. The goal of the Project is to identify and begin to address barriers to accessing health and social services for immigrants and refugees with HIV/AIDS and affected communities. The Environmental Scan was conducted in Brandon and Winnipeg to identify and examine existing services that are already working with the target population and to build a foundation for a network of service providers in the field of HIV and/or who work with immigrants and refugees. The Environmental Scan was also intended to assist program planners and policy makers by identifying gaps in services and by highlighting opportunities for improved coordination, increased input of resources, and/or new or enhanced programming.

### **II- Methodology**

A mixed methods approach was used, in part, building on existing research findings, and taking into account particular characteristics of both regions. A set of categories and indicators were used in the data collection tools including general information about services as well as existing gaps and barriers to health and social services. The process of gathering data included reviewing existing pertinent research, interviewing key informants, and facilitating a focus group in Winnipeg. Service providers working in HIV/AIDS and/or working with immigrants and refugees were targeted key informants. Finally, conclusions and recommendations were derived from the combined analysis of research findings from both cities.

### **III- Significant Findings**

- *Stigma of HIV/AIDS*  
Stigma was the second most common barrier to services that key informants identified. Some service providers view issues of stigma as a larger barrier to accessing services than language and interpretation issues. Service providers saw that clients suffered psychologically, socially, and emotionally from the stigma of HIV. Many immigrants and refugees who are positive often withdraw from their ethno-cultural communities and sometimes their families, much like people living with HIV in general.
- *Language and cultural barriers*  
Service providers identified that attitudes towards reproductive health, HIV, sexuality, etc. differed for immigrants and refugees. Understandings of time, health care, medicine, 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.
- *Inconsistent Services*  
In several significant service areas, there is a persistent lack of consistent methods, standards, or practices used in the areas of HIV and immigrant and refugee health. There is a broad range of methods of conducting risk assessments as well as testing and screening procedures including pre- and post-test counselling. In both Winnipeg and Brandon, there is an identified lack of quality health interpretation services that are confidential and lack of written materials in people's first language.

Service providers interviewed claimed that the agency for which they work, are involved in outreach and prevention work. However, the interpretation of what outreach means or what constitutes prevention work varied significantly. Some of the activities were formal in their approach such as HIV education prevention workshops and others were informal such as encouraging a client to be tested for HIV. It was clear from our findings that there is a need for coordinated efforts in these areas.

*Key informants identified the following gaps. There is a lack of:*

- *Adequate service provision and a comprehensive plan to serve this population*

Although social, education and health organizations have been devoted and concerned about the demographics trends in the region, there is lack of a comprehensive plan to respond systematically to the demands for services of I/R communities

- *A network of organizations to coordinate and establish partnership, collaboration and referrals related to Immigrants & Refugees and HIV/AIDS*
- *Adequate resources and expertise on issues related to immigration-HIV/AIDS including education, care, and prevention material in first language*
- *Outreach and assistance to navigate the health care system and follow up*
- *Cultural competency training for health and social service workers*
- *Safe and affordable housing for individuals and large families*
- *Training and Trained Interpreters*

Clear lack of support and training related to HIV and immigrants and refugees is evident. Some organizations had some training regarding HIV, but there are no formal process or policies for HIV or cultural competency education.

There is a lack of trained interpretation services related to health, reproductive issues, and HIV/AIDS. Although several organizations can provide language interpretation, their ability to communicate issues related to sexual health was inconsistent at best. Only one organization provided trained health interpreters that were well versed in sexual and reproductive health.

- *Awareness program about HIV for newcomer population*
- *Trust of newcomers in service providers*

#### **IV- Conclusions And Recommendations**

##### **Response to Immigrant and Refugee Health Needs**

Multi-level response that includes ethno-cultural associations, local health authorities, local agencies serving newcomers, community health centres, municipal, provincial and national

government to develop, implement, and deliver a comprehensive plan with adequate resources that facilitates access to health and social services for immigrants and refugees. This should include training for and access to health interpreters, outreach, expansion and development of new services to meet the growing need. Access to initial health screening, holistic primary health care, HIV education and prevention is also essential.

### **Coordination of Health and Social Services**

A lack of an effective plan of supporting and providing services to immigrants and refugees was identified. Service providers also commented on the lack of coordinated services, which included, among others, access to primary care and interpretation services. It is recommended that efforts from all stakeholders be made to address the gap in service delivery.

### **Communications**

There is a need identified between service providers in health, HIV/AIDS, settlement and services to newcomers to build awareness about each other area of practice, to share resources, to coordinate care if necessary, and to build partnerships to work with immigrants and refugees who are affected by HIV/AIDS.

### **Continuing Education**

It is clear that both cultural competency training and HIV/AIDS education is needed for health care service providers working with immigrants and refugees. Other areas for continuing education would also include working with interpreters, interpreter training specifically related to reproductive and sexual health, cultural diversity education, as well as HIV testing and screening standards.

### **Trust building**

Building trusting relationships with ethno-cultural communities as well as individual newcomers cannot be undervalued. Some activities would include developing meaningful partnerships with ethno-cultural community associations and groups, hiring immigrant and refugee workers to deliver health care and social services, and developing effective outreach strategies with newcomers regarding HIV/AIDS.