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Toronto North Local Immigration Partnership
The Health & Well-being Workgroup

Evaluation Report
Family Health Ambassadors Project

Task group: Toronto Public Health (TPH), AIDS Committee of Toronto (ACT), Toronto North LIP (TNLIP)

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Background

Many newcomers arriving to Canada settle in Toronto. In 2006[1], 66% of all births in Toronto were to immigrant women. A range of cultural practices put immigrant women at higher risk of birth complications. Meanwhile, post-partum depression is three to five times higher in immigrant women than Canadian born population. Sexual health is deemed as an important health issue for newcomers (safe sex practices, birth control and STIs)[2]. Newcomers face barriers accessing family health services due to stigma, language barriers and difficulty navigating the healthcare system[3].

The Family Health Ambassadors (FHAs) is a pilot project initiated by the Toronto North LIP (TNLIP) in late 2018. The aim of the project is to improve access to family health services among newcomers by training frontline workers as ambassadors to educate clients about availability and confidentially of family health services and to make appropriate referrals. In a pre-project survey conducted among TNLIP member agencies, most of frontline workers mentioned that clients have raised family health issues with them. They reported that the most widely raised issues were: healthy relationships, HIV/AIDs, healthy pregnancy, drug use, mothers' emotional well-being, labour & delivery, breastfeeding, mother and child nutrition and parenting. The task group decided to use the term "Family Health" for referring to mentioned issues, as they wanted to use a term that would reduce any stigma associated with them. Eight frontline workers (six women and two men) were recruited based on a pre-defined eligibility criteria, trained in basic concepts of family health, and provided them with information, resources and tools to work as FHAs.

The project pilot phase ran from February 1st to July 31st, 2019. A follow-up survey was administered to FHA's in mid-May 2019, at which time, the FHA's were receiving clients and had enough resources and tools to serve clients. TNLIP continuously kept contact with and provided support to FHAs during the pilot phase.

The project pilot phase ended on July 31st, 2019 but the FHAs will continue serving clients. TNLIP received reports from seven FHAs.

[1],[2], [3]Global City Report: Newcomer Health in Toronto, 2011. Toronto Public Health and Access Alliance Multicultural Health and Community Services

Methodology

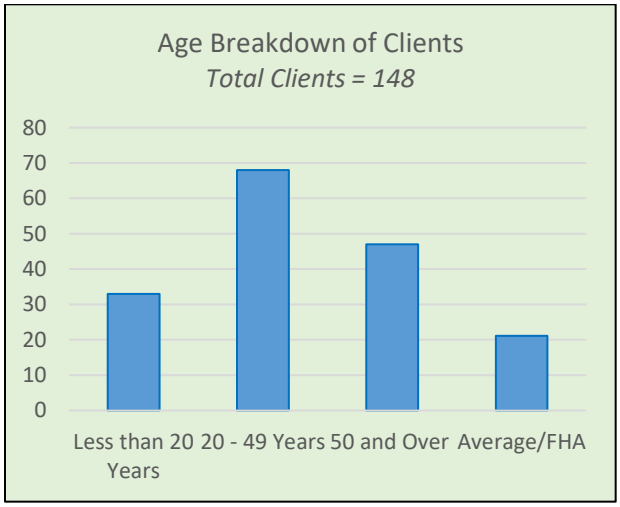
This evaluation is a summative evaluation that assessed the achievement of the objectives of the project, recommendations for future improvement and continuation of the initiative. The evaluation consisted of an online survey using Survey Monkey, Focus Group Discussion (FGD) and analyzing reports received from FHAs. The task group developed questionnaires for the online survey and FGD and a reporting template for the project report. TNLIP received project reports from seven FHAs and the same seven FHAs filled out the online survey. Four FHAs participated at the FGD.

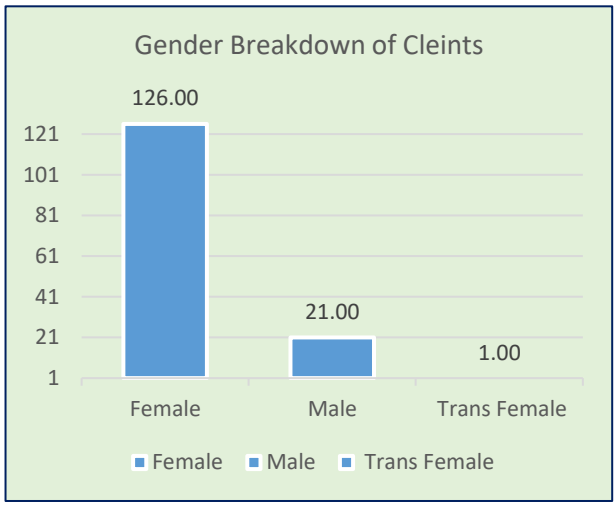
Findings

Project Reports

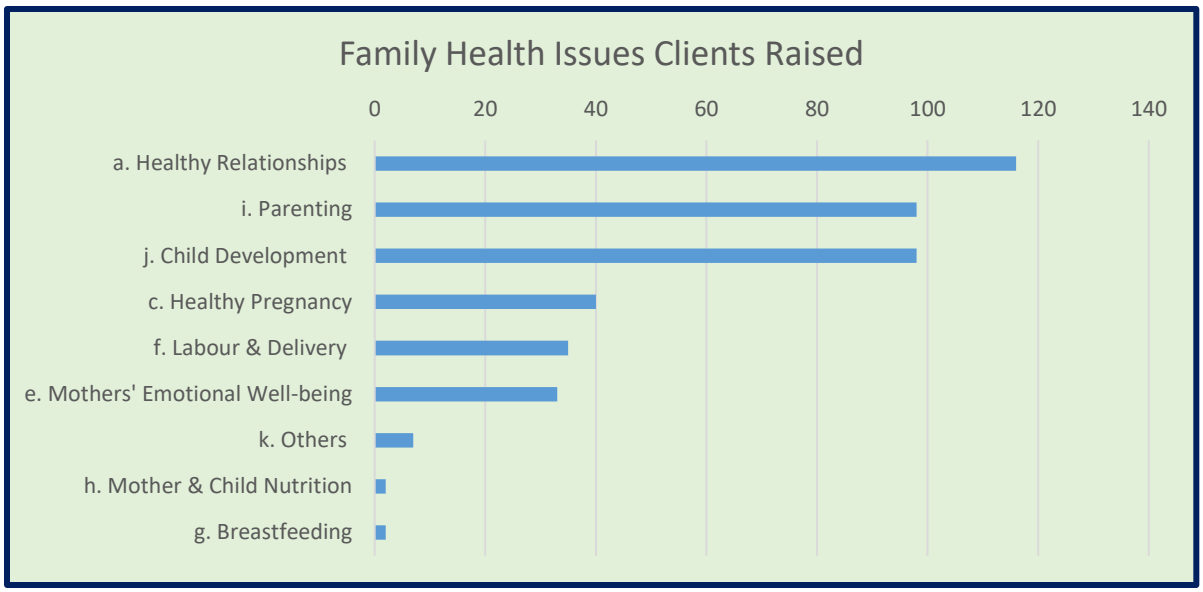
TNLIP received project reports from seven FHAs. The reports cover a period of six months from February 1st, 2019 until July 31st, 2019.

FHAs had served 148 clients in total in the six month period with an average of almost 21 clients served per FHA. Most of the clients were female and of reproductive age (20 – 49 years old). The four FHAs participated at FGD mentioned that most of the clients were internal to their organization and only one FHA received two referred-in clients from other organizations. The two male FHAs have served a total of six clients only (two and four).

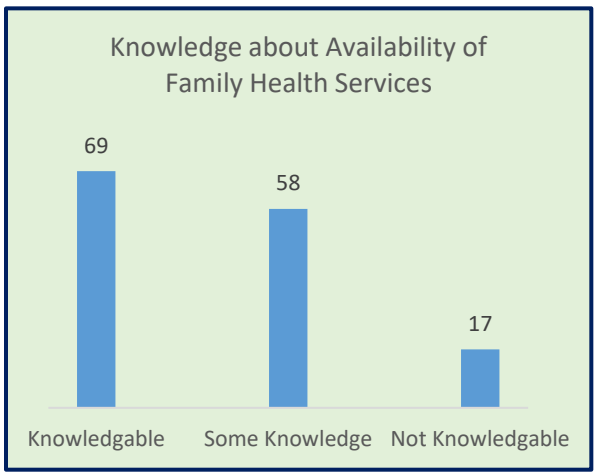


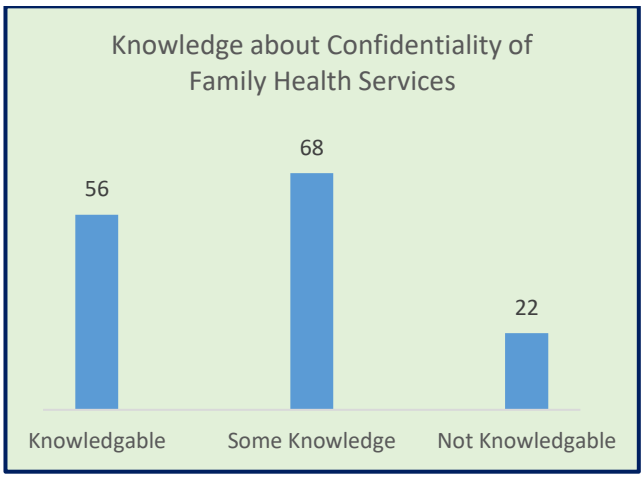


The top issues clients raised with FHAs were healthy relationships, parenting and child development followed by healthy pregnancies, mother's emotional well-being and labour and delivery. None of the clients raised HIV/AIDS and drug use issues; this may be due to stigma or low prevalence. Some clients raised issues such as cerebral palsy, mental health and access to a family doctor speaking the client's language.

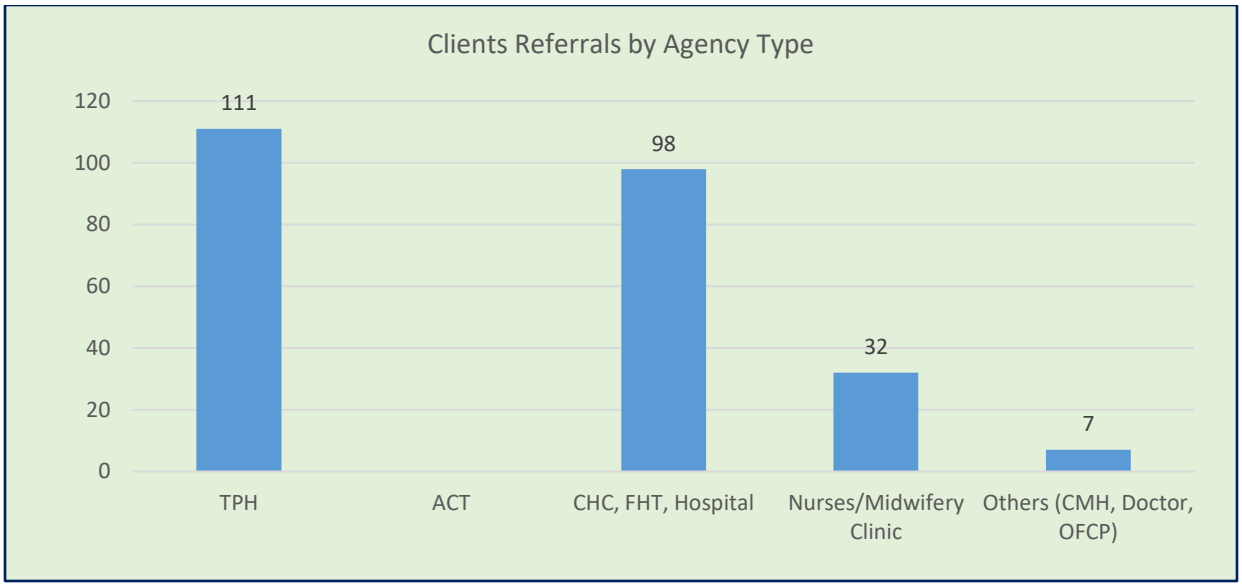


With regards to knowledge of the availability of family health services, most clients served had either prior knowledge or some knowledge of availability of mentioned services in the community. A smaller set of clients, had no knowledge whatsoever of family health services. Clients were also surveyed regarding their knowledge of the confidentiality of such services. Once again, the majority of respondents had either prior or some knowledge of the fact that services were confidential, with 22 clients stating they had no knowledge that services they could potentially access would be confidential.





FHAs referred most of their clients to Toronto Public Health (TPH) and Community Health Centres (CHCs) according to the issues raised by clients. Some clients were referred to midwifery/nursing clinics. No clients were referred to the AIDS Committee of Toronto (ACT) as no client has raised HIV/AIDs related issues with the FHAs. In some cases, the same client was referred to more than one agency therefore, the total number of referred clients are not the same as total number of clients served. Clients were also referred to some other service providers such as CAMH, Family Doctors and Ontario Federation of Cerebral Palsy.



Online Survey

Seven FHAs responded to an online survey and answered all questions. The survey included questions about following themes:

- Motivation, expectations, and how the role played out for FHAs
- Benefits for the FHAs' employer agencies
- Promotion strategies and challenges
- Project enablers and barriers
- Continuation of the project

Nearly all FHAs mentioned helping and supporting community and clients with health issues, as the main motive behind registering as FHAs. One FHA's motive was her/his role of working with Internationally Educated Health Professionals (IEPs). When asked of their expectations from their role as FHA project, the FHAs mentioned that they got more information and materials to help clients, connected with more clients and got more knowledge about availability of family health services to help newcomers. FHAs reported that having more information and resources at hand helped them to serve more clients, receive more referrals and refer clients to relevant health services.

When asked about the benefits for the host agencies, one FHA mentioned their agency being very small and her/his role had no major impact on services or clients. The benefits for the agencies included: giving clients more updated and accurate information, greater support system for clients and agencies receiving positive feedback from clients. Two FHAs did not mention any benefit for their agencies.

Regarding promotion, all FHAs had the opportunity to promote their services within their organization and community and their employers were supportive. One FHA mentioned their organization helped her/him in promoting her/his services and the other said that her flyers well received at her agency. There were promotion challenges that included cultural barriers, especially for male as FHAs, as most clients are female. FHAs were also very busy with the jobs they were hired to do in their agency.

When asked about approaching clients and the enablers and barriers of the project; three FHAs mentioned clients approached them. Two were proactive and looked for clients and one used both active and proactive approaches. Information resources, materials, training, networking and speaking additional languages were the main enablers for FHAs in their role. One FHA mentioned her age as providing a level of comfort that might have encouraged clients to talk to her openly. Cultural beliefs, language and stigma are mentioned as barriers for clients to access family health services.

Five out of seven FHAs recommended continuing the FHA initiative. One has indicated they cannot continue and one has recommended considering other organizations who had more clients served as she/he had served only two clients but appreciated the initiative.

Focus Group Discussion (FGD)

Four FHAs participated at the focus group discussion. At the FGD, questions about following themes were asked:

- FHA's role in the agency
- Promotion
- Recurring themes
- Enablers and barriers
- Recommendations for future improvement

FHAs added to and enriched their agencies' service profile and expanded their areas of expertise. FHAs felt that one FHA is enough in each neighbourhood or location of the agency if the agency has more service locations. FHAs mentioned that their role as FHA was a great professional development opportunity with useful training materials and helped reach out to more clients. Most of the clients FHAs served were internal clients and there were no referrals from outside of organization except for one FHA who received two referrals from other agencies.

Regarding outreach and promotion, FHAs would send regular e-mails to other staff in the agency and to the neighbourhood to promote their services, talk directly to colleagues and spoke about their new role in team meetings. Printed material used in promotion were also very helpful.

FHAs reported that having resources at hand while talking to clients was very helpful. Language, credibility and clients' knowledge about services and differing roles were among the barriers. FHAs suggested having business cards for promotion, certification for increasing credibility and boosting the importance of their role.

The recurring issues raised by clients were looking for language specific family doctors, dental services, health coverage for uninsured, eye care, senior services, sexual education at schools, and sharing past medical histories.

For future improvements, FHAs recommended involving senior leadership of agencies and adding FHAs' role and promotion materials to the agency's various promotion channels. FHAs may hold joint mini workshops or community events for promotion with assistance from TNLIP and piggybacking on other community events. FHAs need to have direct contact with TPH nurses or a single nurse as a contact person at TPH who knows about all services. To help clients better, some FHAs advised that FHAs should have control over the freely available online resources as the clients may misinterpret them.

FHAs strongly recommended a community outreach for promoting FHA services. According to the four FHAs participants, FHAs may organize mini workshops (1-2 hours only) in communities and distribute promotion materials. FHAs are willing to train community ambassadors to promote FHA services and refer clients. Their agencies will support FHAs in their community promotion and training of community ambassadors for promotion and referrals. Their agencies will provide tokens and honorarium to community ambassadors.

Conclusions

The project has achieved its objectives by serving 148 clients. The numbers may increase in the future as FHAs continue their work and promote their services.

The role as FHAs helped them in enhancing their capacity and access to more resources and increase their clientele. The role also helped agencies enrich and expand their service profiles and areas of expertise.

Sufficient resources, training materials, tools and support from task group contributed to the success of the project.

FHAs have served their agencies' own regular clients. Other agencies in the neighbourhood referred a very limited number of clients may be due to various factors such as no proper promotion, competition or others.

Looking at the figures reported by FHAs, women FHAs served more clients than male FHAs maybe due to cultural norms, newcomer women feel more comfortable to visit women FHAs for their family health issues. Most of the clients served by FHAs are women (85%).

The main challenges that FHAs faced were; cultural beliefs, language barrier, stigma associated with some family services and a differing role of FHAs.

Opportunities for Exploration

The following areas have been identified as possible areas for exploration:

1. Looking forward, it would be beneficial to develop a more robust promotion strategy that involves using agency social media and electronic promotion channels, community outreach, non-conventional promotion materials (e.g. business cards), involve senior leadership/management of agency to secure more support and joint community events/mini workshops by FHAS. The strategy may include promoting FHA services among frontline workers of other agencies in the same neighbourhood.
2. Enhance referral system among FHAs to overcome challenges. FHAs may refer clients to other FHAs that speaks the clients' language or feeling more comfortable to receive services from FHA of the same gender.
3. Consider community outreach in future batches of the FHA project. FHAs showed willingness to promote their services in the community and train community ambassadors. The community ambassadors maybe trained to educate community members about confidentiality of family

health services to combat stigma and improve referral. FHA host agencies may be convinced to support FHAs in community promotion and provide honorarium and transportation to community ambassadors.

4. The same model could be replicated for other stigmatized or non-stigmatized services such as mental health, tuberculosis, legal issues, domestic violence and others to improve access to mentioned services.
5. TNLIP may survey the ambassadors after one year to understand the impact of project in improving newcomers' access to family health services, challenges and barriers and lessons learned.