

Central East **LHIN**

APPENDIX 2:

ENVIRONMENTAL SCAN

The Culture, Diversity and Equity Project

TABLE OF CONTENTS

Introduction	3
Methodology	4
Limitations	5
Results	6
<hr/>	
Section 1: Health Services for the Uninsured	6
A. HEALTH SERVICE OPTIONS IN THE CENTRAL EAST LHIN.	6
B. HEALTH SERVICE REFERRAL OPTIONS	7
C. RESOURCES TO IDENTIFY HEALTH SERVICES FOR THE UNINSURED	7
D. HEALTH SERVICE GAPS FOR THE UNINSURED IN THE CENTRAL EAST LHIN	8
E. REFERRAL OUTSIDE OF THE CENTRAL EAST LHIN	9
SECTION 2: CULTURALLY AND LINGUISTICALLY COMPETENT HEALTH SERVICES	10
A. CULTURALLY AND LINGUISTICALLY COMPETENT HEALTH SERVICES IN THE CENTRAL EAST LHIN	10
B. RESOURCES TO IDENTIFY CULTURALLY AND LINGUISTICALLY COMPETENT HEALTH SERVICES	11
C. CRITERIA FOR DECIDING CULTURAL AND LINGUISTIC COMPETENCE	12
D. GAPS IN CULTURALLY AND LINGUISTICALLY COMPETENT SERVICES	13
E. SERVICE REQUIRING REFERRAL OUTSIDE OF CENTRAL EAST LHIN	14
APPENDIX A: Environmental Scan Survey Questions	16

The Project Charter Committee approved this document on January 17, 2010

Introduction

The Culture, Diversity and Equity Project (CDE Project) performed an inventory throughout the Central East Local Health Integration Network (Central East LHIN) to determine:

- The accessibility of health services for the uninsured; and
- The availability of culturally and linguistically competent health services for ethno-cultural and ethno-racial communities.

Much of the vital knowledge, in this regard, lies with individual service providers and organizations throughout the Central East LHIN, but to date there has been a lack of systematic data collection. The respondents in this survey possess a great deal of trial-and-error experience, as they are on the front lines when it comes to finding health service solutions for the clients who are the focus of this project.

Methodology

The survey's data was collected by telephone between February 27 and March 25, 2009. Respondents were asked 13 questions (see appendix A). Each interview was documented on an electronic response sheet.

Respondents were located using a snowball sampling method.¹ The Project Steering Committee (PCC) initiated the process by identifying ten organizations and/or individuals from the Central East region. Additional contacts were identified over the course of the sampling period. These served as contact nodes for further access in specific regions. For example, in Scarborough early sampling produced contacts which, in turn, led to additional contacts in Durham and Haliburton Kawartha Pine Ridge District (HKPR). Sampling also produced Toronto region contacts with providers who deal with clients from Scarborough, or who are aware of service issues there, or who could provide further referrals within the Central East LHIN.

Recommendations for additional contacts were documented in order to identify survey saturation and study completion, or to decide to stop pursuing survey respondents within a given region. Saturation was indicated when respondents were no longer able to:

- Identify novel contacts as per questions seven and 12²; and/or
- Identify novel responses to questions three and eight (within a given region).

Our sampling identified 145 unique contacts. From this, 46 respondents completed the survey instrument (in part or in whole) with regional distribution as per Table 1.

Table 1: Regional Distribution of Survey Respondents

Region	Number of Respondents
Scarborough	18
HKPR	20
Durham	11
Toronto	7*

* Outside of Central East LHIN

¹ Snowball sampling is a technique that relies on referrals from initial subjects to generate additional subjects, who would otherwise not be easily accessed.

² Please refer to appendix A for the list of survey questions.

Limitations

Our scope did not encompass representative samples. Its focus was on getting an in-depth understanding of service availability for the uninsured and for ethno-racial and ethno-cultural communities.

Furthermore, our methodology may have limited access to those service providers who are well known and well connected in the mainstream health system. Therefore, certain service providers who might otherwise have provided valuable insights may have been unaware of the project.

Results

The results of inventory is divided into two sections:

- Responses related to health services for the uninsured; and
- Responses related to culturally and linguistically competent health service options.

Section 1: Health Services for the Uninsured

A. Health Service Options in the Central East LHIN.

Q1: Does your organization serve uninsured clients? If yes, is this an official practice?

17 organizations provide some form of health service to uninsured individuals. The regional distribution is:

- Seven in Scarborough;
- Six in the Haliburton, Kawartha, Pine-Ridge District (HKPR); and
- Four in Durham.

The three Toronto service providers contacted (see Table 2) also said they provided health services to the uninsured.

Table 2 presents a full list of service providers offering health services to the uninsured.

Q2: Do you have clients or have you had to refer clients who are uninsured?

Of the 46 individuals/organizations surveyed, 42 indicated that they refer, or have referred, uninsured clients to health services. Eleven cite service provision to the uninsured as an official practice

Table 2: Respondents Providing Health Service to the Uninsured

Region	Organization	Official Practice
Scarborough	Hong Fook Mental Health Association	Yes
	Family Outreach and Response Program	No
	Toronto East Toronto Counseling and Support Services	No
	Scarborough Volunteer Clinic	Yes
	CMHA Scarborough	Yes
	TAIBU CHC	Yes
	West Hill CHC	Yes
HKPR	Peterborough Women Health Care Centre	No
	Peterborough Regional Hospital	Yes
	Partners in Pregnancy Clinic	Yes
	Victorian Order of Nurses (VON)	No
	Peterborough Regional Health Centre	No
	Brock CHC	No

Durham	Lakeridge Positive Care Clinic	No
	Port Hope CHC	No
	Life Line Telecare	Yes
	Durham Mental Health Services	Yes
Toronto*	Access Alliance Multicultural Health and Community Services	Yes
	Across Boundaries	Yes
	Dixon Hall	No

* Outside of Central East LHIN

B. Health Service Referral Options

Q3: When you have, or if you had, clients who are uninsured where do you refer them?

The majority of respondents said such health service options were either unavailable or limited, and that generally, information is lacking. Toronto Public Health is another health service option for the uninsured and includes limited dental health. The only referral locations identified were Regional Community Health Centres (CHCs).

Scarborough: all respondents could name at least one organization. These include:

- The West Hill CHC and satellites (serving low income persons, the mentally-ill, newcomers, seniors, youth, and the homeless);
- TAIBU CHC (open to all residents of the Malvern Neighbourhood – also mandated to provide specialized services to the Black Community across the GTA); and The Scarborough Volunteer Clinic for the Uninsured.

HKPR: It appears that there are no primary care options for the uninsured anywhere in the region, and only a few respondents were able to identify local health service options at all. These include:

- The New Canadian Centre in Peterborough, considered an important resource for uninsured clients;
- Certain community-based physicians who are willing to take on uninsured clients. This is done on a case-by-case basis (practitioners' names were withheld to preclude a deluge of requests for service); and
- Nurse practitioner services, seen as a limited option; accessible through churches, the Community Care Access Centre (CCAC), the local Victorian Order of Nurses (VON), the Public Health Unit, and the Canadian Mental Health Association (CMHA).

Durham: Respondents reported referring clients to:

- South Oshawa CHC, though services are “limited”;
- Durham Hospice;
- The Alzheimer Society of Durham;
- Personal Attendant Care Services; and
- Nurse Practitioners working with local church groups, shelters and other services.

Toronto Region: Respondents said that they refer uninsured individuals to downtown Toronto CHCs. However, at least one respondent refers clients to the West Hill CHC and the Scarborough Volunteer Clinic.

C. Resources to Identify Health Services for the Uninsured

Q4: What web sites, directories, and databases would you use to look for health services for uninsured individuals?

Respondents stated that there is a clear lack of such sources. Service providers rely on pre-existing relationships or word of mouth. Of those able to identify a particular resource, the Bluebook and 211.com (including 211 Toronto and Ontario) were most often mentioned, as well as certain intra or inter-agency resources.

Table 3 lists resources identified by respondents. Please note that some uncertainty exists as to the relevance of these resources to a given region.

Table 3. Web Sites, Databases, and Directories to Identify Health Care Services for the Uninsured

Region	Websites, Databases, Directories, and other Resources
Scarborough	<ul style="list-style-type: none"> • 211 • Internal Networks Korean/Chinese Inter Agency networks • Bluebook • Attending advisory committees Mental Health Advisory Committee of Scarborough Hospital • Settlement.org
HKPR	<ul style="list-style-type: none"> • 4info.com • Newcomer's Guide to Peterborough • Bluebook • Peterborough Community Information Centre resource • Federal directory of First Nations Community
Durham	<ul style="list-style-type: none"> • 211 • Bluebook • Durham Information Database • 211 Toronto
Toronto*	<ul style="list-style-type: none"> • Community Health Centre Directory

* Outside of Central East LHIN

D. Health Service Gaps for the Uninsured in the Central East LHIN

Q5: What are some of the gaps in health services for people who are uninsured in the Central East LHIN?

Respondents indicate there is a general lack of such services, and with few service options outside of CHCs, the needs of the uninsured clearly exceed the capacity of existing services. Moreover, services are restricted by catchments restrictions.

There is a particular shortage of HIV/AIDS, Hepatitis C, dental, and ophthalmology services, and:

- In Scarborough, special mention was made of the need for more mental health services;
- In the Durham and HKPR regions, there are accessibility-related issues due to the relatively few pockets of service providers; and
- In Ajax and Pickering, and in rural settings like Brock Township, there are very severe service gaps.

The principal barriers to health service access for the uninsured include:

- A lack of linguistic capacity and cultural competence among health service providers;
- System navigation issues such as confusing and lengthy processes to get provincial health insurance;
- The absence of a clear path for newcomers to follow when accessing health insurance;
- Travel to Toronto that is unrealistic for many uninsured individuals; and
- Out of pocket payments for private insurance that are considered too great a financial burden.

One respondent suggested that, as a result of such barriers, many wait until their conditions substantially worsen before seeking out a health service provider.

Other respondents pointed out that funding for uninsured individuals seeking health insurance sometimes comes through CHCs; and when they receive in-hospital services, fees can sometimes be negotiated.

E. Referral Outside of the Central East LHIN

Q6: Are there any particular health services that do not exist in the Central East LHIN for clients who are uninsured? If so, where do you refer clients when they need services?

This question received only limited responses:

- Central East LHIN service providers most often refer uninsured individuals to services located in downtown Toronto;
- CHCs remain the primary referral recipients; and
- Physicians affiliated with health service organizations within the community also receive uninsured clients.

The uninsured face particular shortfalls in the Central East LHIN when seeking:

- Dental health services;
- Access to general practitioners;
- Nurse practitioners;
- Mental health service providers; and
- Services for women.

In these cases, clients are usually referred to services outside of the Central East LHIN. Scarborough respondents make health service referrals to downtown Toronto for clients from specific ethno-racial and ethno-cultural communities. HKPR respondents who work with Aboriginal communities refer clients to Toronto for culturally competent Aboriginal-based health services.

Section 2: Culturally and Linguistically Competent Health Services

A. Culturally and Linguistically Competent Health Services in the Central East LHIN

Q7: When you have clients who need health services that are culturally and linguistically competent where do you refer them?

Respondents reported the following:

- In all three Central East LHIN regions, there is a general lack of linguistic capacity. Most health service providers rely on third-party translation services (independent or in-house);
- Scarborough possesses both culturally and linguistically competent health service providers;
- Durham severely lacks health services in languages other than English; and
- HKPR (at least one respondent) reported a similar absence of linguistically competent services, although a number of culturally competent health organizations are said to be available. That said, a few HKPR respondents question the need for such services given the apparent lack of diversity within the region, particularly in rural settings.

Table 4 shows the culturally and/or linguistically competent health service organizations identified by survey respondents, i.e., those that provide health care and interpretive services, or that serve as access portals to meet clients' need.

Please note that these organizations have not been independently assessed.

Table 4. Culturally and Linguistically Competent Service Providers Identified by Region

Region	Health Service Provider
Scarborough	<ul style="list-style-type: none"> • Across Boundaries • CAMH – SAPACCY - Substance Abuse Program for African Canadian and Caribbean Youth • Care First Family Health Team • Canadian Mental Health Association (CMHA) • Community Resource Connections of Toronto (CRCT) • Diversity Midwives • Doctors within the community through the Scarborough Hospital • East Metro Youth Connection • Hong Fook Mental Health Association • Korean women's health organization • Long Shong – long term care facility for Chinese • Moniji – Japanese health care provider • Platinum Health Group • Sabawoon • Sage Femme Midwives • Scarborough Community Care Access Centre (CCAC) • The Scarborough Hospital • Scarborough Women's Organization/Services • Settlement organization for Chinese immigrants • South Asian Community • TAIBU Community Health Centre (CHC) • Victoria Health • West Hill Community Health Centre (CHC) • Women's Health in Women's Hands • Yee Hong Centre for Geriatric Care

HKPR	<ul style="list-style-type: none"> • Alderville Health Centre • Brock Mission • Canadian Hearing Society • Central East LHIN Disordered Eating Project • Community Care Peterborough (for seniors) • Community Counseling resource centre • Canadian Mental Health Association (CMHA) • Curve Lake Health Centre • Family Health Team - Partners in Pregnancy Clinic (P3 Clinic) • Family Health Team - Vascular Health Management Disease Program • Family Health Team Nurse Practitioner in Community (on reserves) • Family Health care Team Office • Hiawatha Health Centre • Kawartha Participation Program • Mental Health Service – Pace • Nij Kawendada – traditional health services • Peterborough AIDS Resource Network (PARN) • Peterborough Community Care Access Centre (CCAC) • Peterborough Regional Health Centre • Reserve Health Service Providers on reserve • Tele-Health Ontario • The New Immigrant Centre • Trent University Student Health Services • United Way • Women’s Health Care Centre
Durham	<ul style="list-style-type: none"> • Durham Community Care Access Centres (CCAC) • Canadian Hearing Society • John Howard Society • Lakeridge Health • Muslim Welfare Centre • Oshawa Community Health Centre • Rouge Valley Health system • Brock Community Health Centre

B. Resources to Identify Culturally and Linguistically Competent Health Services

Q8: Where do you look for appropriate services (e.g., web sites, directories, and databases)?

Respondents claim to have little awareness of such services in the Central East LHIN. They rely on pre-existing relationships and word of mouth. Of those able to identify a particular resource:

- Bluebook;
- 211.com;
- CCAC databases (can be used in all three regions to locate health and social service providers in general); and
- Various intra or inter-agency resources.

Table 5 provides a list of resources identified by respondents, organized by region.

Please note these resources have not been independently assessed, and there was some uncertainty as to whether these resources were relevant for a given region.

Data given by respondents in Toronto serves to identify appropriate health care providers in the Central East LHIN.

Table 5. Websites, Databases, Directories to Identify Culturally and Linguistically Competent Health Services by Region

Region	Websites, Databases, Directories, or other Resources
Scarborough	<ul style="list-style-type: none"> • CCAC Database • Navigating Mental Health Services in Toronto: Guide for New Comers Community (CRTC) • The Blue Book • The Green Book (Information Scarborough Green Directory) • www.211Ontario.com • www.310CCAC.ca • www.connexontario.ca • www.settlement.org
HKPR	<ul style="list-style-type: none"> • Assaulted Women’s Provincial Help-Line • CCAC Database • Info Northumberland • Peterborough County Health Unit Resource Guide (in development) • The Blue Book • www.fourinfo.com
Durham	<ul style="list-style-type: none"> • CCAC database • The Blue Book • www.211Ontario.com • www.fourinfo.com
Toronto*	<ul style="list-style-type: none"> • Access One (for services in North York and Scarborough) • Chinese Interagency Network • The Blue Book • www.211Ontario.com • www.connexontario.com

* Outside of Central East LHIN

C. Criteria for Deciding Cultural and Linguistic Competence

Q9: What are your criteria for deciding if a service is culturally or linguistically competent?

Respondents describe cultural competence as more than simply meeting an individual’s language needs. Elements of cultural competence should include (but not be limited to):

- Organizational sensitivity;
- An understanding of interpersonal issues surrounding the individual;
- Recognition of the uniqueness of individual needs;
- An understanding of gender relations; and
- Cultural understanding of illness and communication.

At least one respondent in HKPR said cultural competence does not necessitate specific health care services for each community. Rather, it may be possible to achieve cultural and linguistic competence for a number of communities within one health care service provider through the use of interpreters.

When asked to identify criteria for assessing cultural and linguistic competence in health care, respondents spoke of language capacity, individual needs, and organizational principles and assumptions.

Table 6 lists questions/criteria for cultural and linguistic competence as identified by respondents.

Table 6. Criteria for Deciding Cultural and Linguistic Competence

Category	Questions, Criteria
Individual Needs	<ul style="list-style-type: none"> • Are clients comfortable with the service provided? • Does the service provider meet individual needs? • Have former clients had positive experiences? • Does the individual want an interpreter?
Language capacity	<ul style="list-style-type: none"> • Does the health organization offer services in different languages? • Does staff come from the individual's culture? • Does staff understand the culture? • Does staff speak the language? • Are materials available in the appropriate languages? • Does the service provide access to interpretation services? • Does the interpreter risk confidentiality or safety? • Are there positive or negative past experiences with interpreters? • Are interpretation services provided in a non-judgmental, objective, and neutral manner?
Organizational Principles and Assumptions	<ul style="list-style-type: none"> • Are cultural competence and/or linguistic competence clearly articulated within the service mandate? • Do organizational policies include an anti-discrimination framework? • Do organizational policies create an inclusive environment? • Does the community understand the eligibility criteria for service? • Does the service have experience in dealing with diverse communities? • Does the service provider demonstrate an understanding of First Nations' health issues? • Does the service provider offer the choice of male or female staff? • Does the service provider offer staff diversity? • Has the service provider demonstrated an understanding of working with a particular community? • Has staff received training in cultural competence? • How is eligibility for the health care service defined? • What assumptions or understandings of race and diversity have been made by the organization? • What is the service provider's understanding of how illness is perceived by different cultures (acknowledgement of stigma, notions of dying and death and illness etc)? • What negative assumptions and/or negative stereotypes of a language and culture does the service provider have?

D. Gaps in Culturally and Linguistically Competent Services

Q10: What cultural and linguistic services are there enough of in the Central East LHIN?

Q11: What are some of the gaps in culturally and linguistically services in the Central East LHIN?

Respondents tended to discuss cultural competence in terms of language. This is likely due to a lack of understanding of all that is encompassed by the concept of cultural competence.

However, linguistic competence is an ongoing issue for all three regions of the Central East LHIN, particularly within the staffing population, which, according to respondents, is not sufficiently representative of new Canadian communities. While there may be interpretive services available throughout the Central East LHIN, service providers do not necessarily know how to work with interpreters.

At least one respondent drew attention to client understanding of cultural competence as well. Although one might assume that health consumers seek culturally competent services, many prefer not to be served by members of their group.

Scarborough respondents identified a disproportionately large number of Chinese-speaking service providers and gaps in culturally and linguistically competent health service options for other Asian communities, in particular Cambodian, Vietnamese, and Korean. Other underserved groups include the Caribbean, particularly with regard to access to interpretation services.

Other gaps identified:

- Programs sensitive to HIV/AIDS patients;
- Physicians acceptance of new patients; and
- Mental health services and other specialized medical services.

HKPR respondents called attention to:

- The lack of critical mass, i.e., diversity, in regions such as Kawartha Lakes to warrant culturally and linguistically competent service options;
- The need for primary care services that are sensitive to the cultural and linguistic needs of the First Nations community (from at least one respondent);
- The vital importance of understanding of the health and well being of individuals within the context of their belief systems; and
- Ensuring that cultural competence encompass such sensitivity to faith and religious diversity.

Durham respondents said there is sufficient interpretation service access to meet the linguistic needs of the region. In Oshawa, for example, there is a range of services available to the Francophone and Chinese communities. One respondent pointed out that the deaf community is also well served in that there are limited barriers to accessing appropriate interpretive services.

However, demographic trends are giving rise to new shortfalls in culturally competent services in some areas. For example:

- Ethno-cultural and ethno-racial groups such as the Tamil and other South Asian communities are moving out of Scarborough and into Pickering and West Ajax. This will require appropriate services to meet their needs;
- There are significant service gaps in the Whitby and Oshawa North regions. Although these communities are not very culturally diverse, they have a higher proportion of seniors and youth, who are among under-served populations.

E. Service Requiring Referral Outside of Central East LHIN

Q13: Are there any particular health services that do not exist in the Central East LHIN that are culturally and linguistically competent? If so where do you refer clients when they need service?

Based on limited responses, we have determined that clients are most often referred to downtown Toronto when needing services not available in the Central East LHIN. They are also referred outside of the Central East LHIN for specialist services and certain diagnostic laboratory services; however, it is unclear whether these referrals are specifically intended to meet cultural or linguistic needs.

Durham and HKPR respondents added that, while referrals to Toronto are an option, they know that many clients may be reluctant to travel to Toronto due to transportation costs. Instead, such individuals often choose providers in their own region, even though not culturally or linguistically appropriate.

In HKPR, cultural competency is a particular challenge, for at least one respondent. Due to the small size of ethno-cultural and ethno-racial communities, issues of confidentiality can arise when services are provided in a given language. For this reason, certain consumers may prefer to consult with services outside of their community to avoid disclosure.

In Durham, respondents identify the LGBTQ community as being particularly underserved. Services that are sensitive to gender, gender identity, and sexuality are predominantly found in downtown Toronto, notably at Access Alliance and the Sherbourne Health Centre.

In Scarborough, based on available data, it is difficult to identify specific trends. Respondents identified several communities (e.g., Vietnamese, Somali, and Caribbean) whose cultural and linguistic needs were not being met. They are, as a result, referred to York Region, Markham, and Toronto.

APPENDIX A: Environmental Scan Survey Questions

Name of Organization/Agency:

Date:

Question Guide for Snowball Sampling

A project group in the Central East LHIN is trying to compile information from service providers on

- a) where they access information when trying to find health services for clients who need culturally and linguistically competent services and
- b) for clients who are uninsured.

This information will be used to inform the development of flyers for service providers and clients, for when they are looking for services.

We are focusing on the Central East LHIN, so if you could try to keep your answers specific to this LHIN it would be great.

Uninsured clients (clients who do not have provincial health care such as OHIP)

1. Does your organization serve uninsured clients?

Yes

No

a. If yes, is this

Official practice

Unofficial practice

2. Do you have clients or have you had to refer clients who are uninsured?

Yes

No

3. When you have or if you had clients that need health services that are uninsured where do you refer them?

- ...
- ...
- ...
- ... (not limited)

4. Where do you or would you look e.g web sites, directories, and databases for appropriate services?

- ...
- ...
- ...
- ... (not limited)

5. What are some of the gaps in health services for people who are uninsured in the Central East LHIN?

6. Are there any particular health services that do not exist in the Central East LHIN for clients who are uninsured? If so where do you refer clients when they need service?

7. Based on your experience in the Central East LHIN, can you suggest other service providers that we should contact who are aware of health services and resources within the LHIN for the uninsured?

- ...

Culturally and linguistically competent health services (culturally includes: age, sexual orientation, gender, gender identity, socioeconomic status: faith, etc.)

8. When you have clients who need health services that are culturally and linguistically competent where do you refer them?

- ...
- ...
- ...
- ... (not limited number of answers)

9. Where do you look e. g. web sites, directories, and databases for appropriate services?

- ...
- ...
- ...
- ... (not limited number of answers)

10. What are your criteria for deciding a service is culturally or linguistically competent?

- Do the staff speak different languages?
- Do they arrange for an interpreter?
- Is the program or service focused on a particular community or is the service one that you have had a good experience with when sending clients for culturally and linguistically competent care?

11. What culturally and linguistically services are there enough of in the Central East LHIN?

12. What are some of the gaps in culturally and linguistically services in the Central East LHIN?

13. Are there any particular health services that do not exist in the Central East LHIN that are culturally and linguistically competent?

14. If so where do you refer clients when they need service?
 - a. Geographic location
 - b. Organization
 - c. Etc.

15. **Based on your experience in the Central East LHIN, can you suggest other service providers that we should contact who are aware of culturally and linguistically appropriate health services and resources within the LHIN? (can be same as question 8)**
 - ...
 - ...
 - ...
 - ... (not limited number of answers)

Thank you for taking time to help us in the development of these guides. Your contribution is very valuable.

If you would like to be kept informed and provide feedback to our work, please let us know and we'll keep you up-to-date.

