THINK TANK

COMMUNITY REPORT:

COMPOUNDED IMPACTS OF COVID-19 ON IMMIGRANTS LIVING WITH CANCER

While the COVID-19 pandemic has taken an enormous toll on communities across Canada, its negative impacts have been even moreso experienced within immigrant and refugee communities (referred to as 'immigrants' from this point on). The association of social inequities with adverse COVID-19 outcomes can further be intensified in the context of underlying chronic health conditions like cancer.

In our previous work, we used administrative healthcare data in Ontario to understand the impact of COVID-19 on immigrants living with active cancer. We found that immigrants with active cancer were more socially and economically disadvantaged and had worse COVID-19 outcomes compared to their peers.

To better understand the impact of COVID-19 on immigrants and refugees affected by cancer, we held an online *Think Tank*:

On September 27, 2023 we held an online Think Tank that brought together people living with or affected by cancer, service providers, policy/ decision-makers, and researchers. The purpose of the Think Tank was to engage participants in knowledge exchange and in critical dialogue on strategic action to address health disparities through policy and programming. A total of 40 participants attended the session.

Cancer *Think Tank* PARTICIPANT NUMBERS

All Think Tank activities were conducted in English. Interpretation services were offered and provided upon request. Each Think Tank was facilitated by a team of external professional facilitators.

What did we hear during the *Think Tank?*

After the presentation of the research findings by Drs. Mandana Vahabi and Aisha Lofters the panel members discussed the results and how the results either were supported by or differed from their personal and professional experiences.

The panelists were not surprised by the research findings and felt that the results were in keeping with their own experiences. It was noted that the lack of a primary care provider had a big impact on vaccination rates. It was felt that having a trusted primary health care provider was very important to inform patients about the benefits of the vaccine, to answer questions and alleviate fears. It was also noted that many of the issues raised in the research findings, such as lack of access, were always an issue, but were compounded by COVID-19. The closing of health care facilities and offices made it very difficult, especially for the immigrant population where English is a second or third language to access services and seek help.

The lack of primary care providers was a theme that was discussed by all panelists and the affect that had on the immigrant population especially during COVID-19. Also, the economic, social and structural disadvantages experienced by immigrants became even more prevalent during COVID-19. It was suggested that in many immigrant communities "just getting by" overshadowed the need to receive vaccines, especially the fourth dose. Participants suggested that as the community outreach for vaccines decreased (community clinics etc.) they were not surprised to see a large decrease in booster vaccines doses administered.

The panelists were inspired by the data because they felt they now have detailed and stratified data that will allow decision-makers to develop more targeted programming and focus on those sectors that are affected the most in future. The data will help inform future discussions about disparities faced by immigrants by providing the sociodemographic data to support decision-making. Also, the data adds an extra dimension to the discussions on the affects of COVID-19 on the cancer system and cancer patients.

Finally, panelists talked about their hopes. It was noted that Ontario Health is currently looking at the issue of access to primary care and the importance of solving this growing problem. Also, the bringing together of decision-makers, service providers, patients and communities is a great first step. It was noted that "Canada is a land of immigrants" and these conversations are very important.

We then asked participants to break into smaller groups:

Following the Panel Discussion, participants were placed in small groups. Each group consisted of between 8 – 11 participants. Participants in all groups agreed that the research findings presented during the panel discussion reflected their personal and professional experiences during COVID-19. Groups then went on to discuss their own experiences, observations and suggestions as to why immigrants experienced more compounded disadvantages during COVID-19. The following chart provides a thematic analysis of the results of the small group discussions.

Cancer *Think Tank*

SMALL GROUP DISCUSSION THEMATIC ANALYSIS

Lack of Primary Care Physicians
9

Foreign Trained Health Care Providers Not Allowed into the System
7

Access Not Equal During COVID
(Power Ditterential, Systemic Lack of Access, Many Primary Care Physicians Refusing to Refer to Specialists; Strong Self-Advocacy Required)
6

Need More Culturally Sensitive System Navigation & Community Outreach
7

Poor Communications During COVID-19
6

Need to Amplify Community Voices
5

Big Gap Between Decision-Makers, Service Providers & Communities
6

Language Barriers Compounded During COVID-19
3

Prevention Programs Stopped During COVID-19
3

Think Tank hosted September 27, 2023

Thematic analysis conducted based on the approaches suggested by Nowell et al, 2017 and Braun & Clark, 2006

Numbers indicate frequency of theme in analysis

What are the recommendations and action items that came out of this *Think Tank*?

BRAINSTORMED IDEAS

In the final hour of the *Think Tank*, participants discussed the priority actions recommended by the small groups. An Action List was developed on screen as the discussion unfolded and then participants voted on their top three actions and also on the top three actions they thought would be the easiest/simplest to implement. The list of action items developed by participants is depicted below.

1. Improving Health Care Access:

- **Expand Community Health Centres:**
  Increase the number of community health centers, particularly in underserved areas, to improve access to health services and reduce wait times.
- **Increase Access to Cancer Screening Services:**
  Ensure more accessible and frequent cancer screening, especially for immigrants and refugees who may face barriers to care.
- **More Doctors & Shorter Wait Times:**
  Expand the number of health care professionals to address the high demand, reduce patient load, and decrease wait times for critical services like cancer care.

2. Building Community Trust and Engagement:

- **Listen to the Community:**
  Prioritize community voices by establishing channels to connect lower-level community members with decision-makers, following a "with us, not to us" approach.
- **Cultivate Trust:**
  Foster relationships within communities to build trust, so they feel confident in the information and health advice provided.
- **Promote Prevention Culture:**
  Encourage routine checkups and preventive care through community education initiatives.

3. Enhancing Communication and Health Navigation:

- **Better Language Interpretation:**
  Provide better language support for immigrants to help them understand health information and navigate the system.
- **Provincial Health Portal:**
  Create an online provincial portal that provides culturally relevant, simple-to-understand health information for immigrants and refugees.

4. Family-Centered and Disaster-Prepared Services:

- **Improve Family Services for Refugees:**
  Tailor services to refugee families, recognizing that they typically arrive as a unit and may require a more comprehensive family-based approach to health care.
- **Pre-Planning for Future Health Disasters:**
  Develop and implement plans for future health emergencies, ensuring that immigrant and refugee communities are not left behind during crises.

ACTION ITEMS

Top 3 Action Items:

1. **Leverage Foreign-Trained Health Care Providers (HCPs):**

   Utilize the available workforce of internationally educated health care providers (IEHPs), particularly within immigrant communities. These individuals can serve as clinical health ambassadors, providing culturally sensitive health information and improving access to services.

2. **Create Clinical Health Ambassadors:**

   Train community-based health ambassadors, particularly from the pool of internationally trained health professionals, to facilitate communication, promote preventive care, and increase awareness of cancer screening services.

3. **Connect Immigrants with Health Providers at Entry:**

   Upon arrival in Canada, ensure that immigrants are connected with health care providers and social services. This should begin at the Immigration Health Check, assisting newcomers with navigating the health care system and accessing essential health services early on.

Top 3 Easiest to Implement:

1. **Connect Immigrants with Health Care Providers Upon Arrival:**

   Facilitate access to health care and social services as part of the immigration process, ensuring immigrants receive support in navigating the health system and accessing care when they arrive in Canada.

2. **Leverage the Existing Workforce of Foreign-Trained HCPs:**

   With many foreign-trained professionals already in the country, this initiative can be easily implemented by creating pathways for them to serve their communities, reducing the need for extensive additional resources.

3. **Listen to the Community and Engage in Decision-Making:**

   Creating forums where community members are directly involved in decision-making processes and have direct access to policymakers is relatively straightforward and can help bridge the gap between service providers and recipients.

OUR TARGETED RECOMMENDATIONS BASED ON *THINK TANK* FINDINGS:

1. **Leverage Foreign-Trained Health Professionals as Community Health Ambassadors:**

   Utilize internationally educated health care providers (IEHPs) from immigrant communities to serve as community health ambassadors. They can provide culturally relevant health information, promote cancer prevention, and assist with navigating the healthcare system, enhancing trust within these communities.

2. **Establish Health and Social Service Connections at Immigration Health Check:**

   Upon arrival in Canada, ensure that immigrants and refugees are connected with health care providers and social services at the time of their Immigration Health Check. This early intervention would help new arrivals navigate the healthcare system more efficiently, ensuring timely access to care.

3. **Expand Access to Community Health Centers and Cancer Screening Services:**

   Increase the availability of community health centers in underserved areas and expand access to cancer screening services. These steps will help reduce wait times, improve access to preventive care, and promote earlier detection of cancer among immigrant populations.

4. **Create a Provincial Health Portal with Culturally Relevant Information:**

   Develop a provincial portal that offers simple, culturally safe, and easily understandable health information. This online resource would help immigrants and refugees access critical health-related information in their own language, improving communication and health literacy.

Acknowledgements:

We extend our sincere thanks to all Think Tank participants for their insightful contributions and the generous time they devoted to the sessions.

We would like to express our gratitude to the research team for their invaluable support and dedication to the Think Tank sessions.

Funded by CIHR (Canadian Institutes of Health Research, Operating Grant: Emerging COVID-19 Research Gaps & Priorities).

Suggested citation of this report:

Vahabi, M. (2024). *Thank Tank Community Report: Compounded Impacts of COVID-19 on Immigrants Living with Cancer*. CCD Project.

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