

PRIMARY HEALTH CARE SERVICE ACCESSIBILITY IN NORFOLK COUNTY



Image Courtesy of QMI Agency

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Background Document

Prepared by: Norfolk Health Care Accessibility Committee

Working together to promote health care accessibility to all members of the community including: seasonal agricultural workers, newcomers/immigrants and non-English speaking individuals.

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INTRODUCTION AND GOAL

The ability to access health care services is important to everyone.

The goal of this document is to:

- Support the increase of primary health care services to seasonal agricultural workers, newcomers/immigrants and non- English speaking individuals
- Gather data, share information and identify specific recommendations
- Encourage continued discussions with existing and new stakeholders interested in supporting identified recommendations.

This document provides a local context to assist interested stakeholders in working towards health equity and accessibility. The document will be broadly distributed to a diverse group of stakeholders including: all members of the Norfolk Health Care Accessibility Committee, municipal/provincial/federal officials, local health care providers and the Local Health Integration Network (LHIN).

Elizabeth's Story

After 1½ years Elizabeth joins her husband Jose, in Canada. Both are internationally trained professionals from El Salvador. When planning to come to Canada, they decided that Jose would come first and that Elizabeth would join him at a later date. Elizabeth speaks very little English. Her immediate priority is to find a job. Jose has been working hard since he arrived in Canada. Elizabeth is willing to work anywhere. Within weeks of arrival Elizabeth is feeling lonely and depressed. She is sleeping and eating - very little. Jose notices that Elizabeth is also losing weight and becoming very quiet. Three months after her arrival Elizabeth finds out that she is pregnant. Elizabeth becomes more anxious when she realizes that finding a job now will be even more difficult. They do not have a family doctor. Jose is worried because he has never needed to see a doctor since he arrived and he does not know what to do. Elizabeth and Jose are from a busy city and they wanted to start a new life in a small, safe community - they have left everything - their home, families and careers for a better life in Canada.

Sam's Story

Sam arrives for his 5th year to work on the farm. Sam is from Jamaica and speaks English. After work one evening Sam hurts his foot - but his work days are long, the pain is bearable and he puts off getting his foot checked. The only place that could see him after hours would be a local pharmacy or the Emergency Room at the local hospital. On Friday night when the bus goes into town, Sam visits the pharmacy. He is encouraged to seek medical attention, but he does not. Days later the pain is getting worse and the foot begins to swell. He knows the farm owner would take him to the hospital but he does not ask. He does not want to take time off work. The farm is at least a half hour ride to the hospital. Other than the farm owner he does not know anyone else that drives. He chooses not to say anything and continues to work until the swelling makes him unable to put on his work boots.

WHAT IS THE ISSUE? / WHAT IS THE NEED?

Access to primary health care services has been identified as a challenge for seasonal agricultural workers, newcomers/immigrants and non-English speaking individuals. These individuals encounter difficulties in understanding and accessing health care services including challenges faced related to the availability of services for individuals that are not registered with a family doctor or family health team.¹

WHAT RECOMMENDATIONS ARE BEING MADE?

In consultation with members of the Norfolk Health Care Accessibility Committee three recommendations are being made.

1. **Explore the possibility of providing primary health care services in Norfolk County through the Grand River Community Health Centre.²**
2. **Re-establish a Friday evening clinic in Simcoe that will be available to residents without a primary care practitioner.**
3. **Support the delivery of health care services, including mental health services, to identified priority populations through adequate funding, resources and training.**

“There is an unmet demand for primary care services for marginalized populations facing barriers to access - and a Community Health Center could assist in addressing this need.” Peter Szota – Executive Director, Grand River Community Health Centre

WHAT IS THE COMMUNITY IMPACT?

Improved access to primary health care services to seasonal agricultural workers, newcomers/immigrants and non-English speaking individuals will benefit everyone in the community.

These benefits include:

- Reduced waiting times / relieve Emergency Room pressures
- Reduced unnecessary visits to the Emergency Room
- Healthy workers contribute to a productive workforce
- Enhanced individual / family mental and physical health
- Improved community quality of life supporting community growth and prosperity
- Early intervention and preventative care is cost effective

“The earlier we provide care – the cheaper it will be.”

Dr. Bruce Gould, Faculty Advisor & Clinician: UConn Migrant Farm Worker Health Clinics and Associate Dean for Primary Care, UConn Health Centre speaking at the Mar.25/13 Meeting Health Needs of Migrant Farm Workers Conference (Hamilton)

¹ An afterhours clinics serving OHIP eligible individuals without a family doctor, closed on about the spring/summer of 2012 due to as reported on Dr. Natalie McConnell's web-site "a shortage of doctors and the ability to cover the walk in clinics" Nov. 2012.

² Community Health Centres regularly serve marginalized populations including immigrants & refugees (Conversation with P. Szota, Grand River Community Health – March 2013).

BACKGROUND

In April of 2012 the Grand Erie Immigration Partnership (GEIP)³ and Norfolk General Hospital met to identify areas of mutual interest related to health care accessibility and service delivery. This meeting led to the formation of the Norfolk Health Care Accessibility Committee. Please refer to page 9 for a list of Committee members that have contributed to the content of this document.

Health is an identified area of focus in the [Grand Erie Immigration Partnership \(GEIP\) Community Action Plan](#). Understanding the health care system, accessibility to health services and the promotion of healthy living and health maintenance are identified strategic directions in the GEIP Community Action Plan.

NORFOLK HEALTH CARE ACCESSIBILITY COMMUNITY COMMITTEE

The goal of the Norfolk Health Care Accessibility Committee is to work towards health care accessibility in Norfolk County for seasonal agricultural workers, immigrants/newcomers and non-English speaking individuals.

The first meeting of the Norfolk Health Care Accessibility Committee took place at Norfolk General Hospital in May 2012. A diverse group of 40 + community stakeholders including residents, health/social service/economic development organizations, faith ministries, etc. are regularly invited to Committee meetings. Newcomers, seasonal agricultural workers and growers/farm owners have also participated in meetings.

SUPPORTING DATA & INFORMATION

Norfolk County Overview	Did you know?
2006 Population	61,860
2011 Population	63,175
Description	Primarily rural, one main urban centre with a number of smaller towns on the north shore of Lake Erie
Local Health Integration Network	Niagara, Hamilton, Haldimand & Brant LHIN (4) a portion of Norfolk is in the South Western LHIN (2) area
Acute Care Hospital	Norfolk General Hospital
Walk in Clinics for non-family health team patients	0 – Simcoe (see footnote #1) 1 Delhi (primarily serving registered patients)
Community Health Centres	0
Rural Realities	Challenges faced in recruitment and retention of health care professions and ability to access health care services is a common concern of Canadians living in rural communities. ⁴

Source: Statistics Canada, 2006 Census

³ The Grand Erie Immigration Partnership is an initiative of the Workforce Planning Board of Grand Erie funded through Citizenship and Immigration Canada.

⁴ Rural Health: A qualitative Research Approach to Understanding Best practices for Rural Health Service Delivery in a Public Health Setting, Haldimand-Norfolk Health Unit 2007 (Pg. 6).

IDENTIFICATION OF PRIORITY POPULATIONS

While health care accessibility is important to all residents, specific groups were identified due to a variety of challenges and barriers faced.

Seasonal agricultural workers, newcomers/immigrants, and non-English speaking individuals face similar challenges related to language/literacy, availability of interpretation services, limited awareness of health care services/process, transportation and delays in receiving health cards. Additional challenges for seasonal agricultural workers that may impact access to and use of health care services include: long workdays, dependence on employers, and vulnerability due to nature of worker status in Canada.⁵ For these reasons accessing primary, preventative and non-urgent care is often delayed, ultimately impacting individual health and increased health care costs.⁶

Mental and physical health are influenced not only by medical treatments and intervention but also by a variety of “social determinants” including: income/social status, support networks, education/literacy, employment/working conditions, personal health practices, etc.⁷ In considering the challenges faced by the identified priority populations - health providers, community organizations, employers and interested stakeholders are encouraged to identify and seek to resolve health inequities within the context of the Determinants of Health.

It is important to emphasize that identified priority populations are not “over using” health services. In fact available data for seasonal agricultural workers indicates the opposite.

“Despite having legal access to health care and other benefits in Canada, many workers find it difficult to gain access to their entitlements.”

Doctors within borders: Meeting the health care needs of migrant farm workers in Canada. Canadian Medical Association, June 14, 2011

Seasonal Agricultural Workers	Did you know?
Total in Canada	38,000 (includes Seasonal Agricultural & Low Skill Pilot Project)
Total in Norfolk - 2011	4,000+
Norfolk County	In the top 2 areas of highest concentration of seasonal agricultural workers in Ontario.
Top Source Areas	Jamaica/Caribbean and Mexico
OHIP Eligibility	Seasonal Agricultural Worker Program - immediate coverage Low Skill Pilot Project - 3 month wait upon arrival
Agricultural Workers Alliance Centre	Simcoe (Operating from May – November)
Occupational Health Clinics for Ontario Workers	Every 2-3 weeks at the Agricultural Workers Alliance
Emergency Room Visits 2006 -2010 to Norfolk General Hospital	888 / annual average 177 (28.3% of visits due to injury/trauma)
For sources and additional information review the Migrant Worker Health Project	

⁵ Doctors within borders: meeting the health care needs of migrant farm workers in Canada, CMAJ, Jun. 14/2011 183 (9).

⁶ Migration Health for the 21st Century Health Policy Research Bulletin, December 2010, Pg. 45.

⁷ Migration Health: Emerging perspectives (Pg. 3) Health Policy Research Bulletin – Health Canada, December 2010.

Newcomers/Immigrants	Did you know?
Total Number of Immigrants (2006)	7,830 12% (of total population)
Immigrant Arrivals:	
2001 -2006	460
2007-2010	290
Top Source Areas	South & Central America, Asia & Pacific, Europe
OHIP Eligibility	3 month wait upon arrival
General Health Status	Upon arrival newcomers are generally in better health than their Canadian peers. Studies show that newcomers arrive healthy, then report deteriorating health over an eight year period.
For sources and additional information review the Grand Erie Immigrant Profile 2012	

Source: Statistics Canada, 2006 Census

Understanding the health care system and how to access services is important to achieve and maintain optimal health.
 Grand Erie Immigration Partnership Community Action Plan – March 2012 (Pg. 22)

OCCUPATIONAL HEALTH CLINICS FOR ONTARIO WORKERS

Preventing occupational illness and injury and promoting the physical, mental and social well-being of all workers is the main focus of Occupational Health Clinics for Ontario Workers (OHCOW). Because of this mandate OHCOW’s services are vital to the health of seasonal agricultural workers.

Occupation Health Clinics for Ontario Workers (OHCOW)	Did you know?
Funding Source	Ontario Ministry of Labour – Prevention Branch
2012 Clinics	11 Clinics at the Agricultural Workers Alliance
Charge for Services	No Charge
Staffing	Services provided by occupational health nurses, occupational hygienists, ergonomists, contracted/part-time occupational health physicians and administrative staff
Worker Encounters	150 at the 11 Clinics in 2012 (at many of the clinics workers were turned away because of not enough time to see them or they left to get to their transportation to return to the farm/home)
Types of Cases	Musculoskeletal, Dermal, Eye, Gastrointestinal, Respiratory (Generally, similar to those that would attend a walk in clinic.)
Number Referred to Emergency Room	2
Work Relatedness 2006 – 2011	50.7% Directly work related 32.9% Not work related 12.4% Indirectly work related 4% Unable to assess?

Source: OHCOW 2012 Activity Report to the Norfolk Health Care Accessibility Committee

“The types of cases seen this year continued to reflect occupational health issues but there were more non work related health issues which is likely a reflection of the lack of alternative (primary) care (eg. Walk in clinic).”

OHCOW 2012 Activity Report to Norfolk Health Care Accessibility Committee, Jan. 2012

MINISTRY OF HEALTH AND LONG TERM CARE

The Ministry of Health and Long Term Care Health Care Connect (HCC) allows individuals who require a health care provider to register with the service. They are then connected with the required service.

In Norfolk County the number of people without a physician is less than 15% of the total eligible population. This is lower than the 23% of the overall total number of people without a physician for all of the LHIN 4 area. In discussions with the LHIN, it was confirmed that Seasonal Agricultural Workers are included in the number of individuals with a valid health card and eligible for OHIP on the Ministry of Health database.⁸

Number and Percentage Enrolled by LHIN at July 1, 2011

LHIN	Enrolled Population			% Enrolled by Patient Residence
	By Location of Group/Physician ¹	By Patient Residence ²	Total Eligible Population ³	
Hamilton Niagara Haldimand Brant	1,106,018	1,063,787	1,381,174	77%

Source: Primary Health Care (PHC) Status Report, July 2011. Ontario Ministry of Health and Long-Term Care

¹ Number of people enrolled to a primary care group located in the LHIN.

² Number of people residing in the LHIN who are enrolled to a primary care group

³ The number of individuals with a valid health card and eligible for OHIP on the ministry database at July 1, 2011

Number and Percentage of Enrolled Population by SubLHIN Area Population, HNHB LHIN

SubLHIN Area	Enrolled	Not Enrolled	Total Eligible	% Enrolled
Norfolk	43,653	7,979	51,632	85%

Source: Health Analytics Branch, MOHLTC Sept. 2011

“Ontario’s health care system is one of the best in the world.”

Ontario Ministry of Health and Long Term Care health.gov.on.ca April 2013

⁸ Seasonal agricultural workers arrive at any time during the growing and harvesting season. Since worker registration with OHIP is dependent on the employer, it is not known what percentage of workers is included in these numbers.

CLOSING COMMENTS

To achieve equity in access and delivery of primary health care services in Norfolk County, the Norfolk Health Care Accessibility Committee is committed to gathering data, sharing information and collaboration with diverse stakeholders in an effort to support the recommendations identified within this document.

NORFOLK HEALTH CARE ACCESSIBILITY COMMITTEE MEMBERS

Agricultural Workers Alliance/UFCW Canada	Fanny Belcoski Stan Raper
The AIDS Network - Serving Hamilton, Halton, Haldimand, Norfolk and Brant	Natalie Lazier
Canadian Mental Health Association Haldimand-Norfolk Branch	John Ranger Maureen Acuna-Harrison
Church Out Serving	Virginia Lucas
Community Resident/Black History Month Organizer	Donnaree Douglas
Grand Erie Immigration Partnership Workforce Planning Board of Grand Erie	Ines Sousa-Batista
Haldimand-Norfolk Health Unit	Dr. Malcolm S. Lock Jill Steen
International Migration Research Centre & Migrant Farm Worker Health Project	Dr. Janet McLaughlin
Laurier Brant	Dr. Stacey Wilson-Forsberg
Norfolk General Hospital	Mark Jefferson Sherry Chambers MaryLisa Forsyth Dodie Trimble
Occupational Health Clinics for Ontario Workers	Michelle Tew Eduardo Heusca
Ride Norfolk	Brad Smith
South Central Ontario Region Economic Development Corporation	Kimberly Earls
YMCA Employment Training and Settlement Services YMCA of Hamilton/Burlington/Brantford	Mike Simons

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