

**Somali Community Engagement**  
**Date: Saturday March 5, 2011**  
**Location: Kingsview Village Junior School**  
**1 York Road, Etobicoke, Ontario**

**Summary of Discussions**

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**Community:** 80 individuals from the Somali Community

**Local MPPs Office:** Donna Cansfield MPP along with Anne Wood and Margaret Williams, Dr. Shafiq Qaadri MPP, Ivana Padovan (Laura Albaneses's MPP Office)

**Regrets:** Kuldip Kular MPP

**Health Service Providers:** Gurwinder Gill, William Osler Health System, Safia Ahmed, Rexdale Community Health Centre, Omar Warfa, Dixon Community Services

**Central West LHIN Board:** Joe McReynold, Board Chair, Lorraine Gandolfo, Gerry Merkley, Anita Gittens

**Central West LHIN Staff:** David Colgan, Mark Edmonds, Chuck Ferguson, Gurjot Jassy, Dave Pearson, Suzanne Robinson, Yvonne Sinniah

**Overview**

On Saturday, March 5<sup>th</sup>, 2011, the Central West LHIN planned and organized a community engagement session with the Somali residents located in the region (North Etobicoke and Rexdale areas). The session was well attended with approximately 80 attendees from the community including women, men, youth, children and seniors. The objectives of the session were to educate the community about the Central West LHIN and facilitate discussions with the local community to identify key healthcare needs. More importantly, the LHIN's community engagement session with the Somali community aimed to get a deeper understanding of the gaps in the healthcare system identified by this ethno cultural group and suggested solutions on how to meet the community's needs.

**Central West LHIN Introduction and Presentation**

Joe McReynolds, Central West LHIN Board Chair welcomed attendees and introduced the agenda and intent of the day. Acknowledgements were made to those local MPPs that attended. Following the introductions, David Colgan, Senior Director, Planning, Integration and Community Engagement, presented relevant information about the Local Health Integration Networks and the mandate of the LHIN with respect to improving access to healthcare services for local communities. A copy of this presentation can be found on the Central West LHIN website

Following the presentation, attendees were encouraged to discuss two key questions:

What do you like about the health care services you are getting?

What improvements would you like to see with healthcare services?

To ensure all attendees were able to understand the presentation and participate in discussions, Somali interpreters were made available throughout the session. The following summary document highlights the key discussion points presented by attendees and noted in the facilitation tool submitted by each discussion group. Direct messages from the community are categorized into general themes.

### ***What the Somali Community Likes about Healthcare Services:***

#### **Accessible Health Information**

- There is information provided when you're being cared for and it is available online
- Access to a 24 hour hotline

#### **Publicly Funded Healthcare Model**

- General services are free, and thus considerate of people's pockets
- First come, first serve services
- Accountability of health care system is enforced by higher groups
- Privacy and confidentiality is enforced

#### **Access to Community Facilities**

- Walk-in clinics, family doctors, labs, X-ray centres, pharmacies etc.
- Rexdale Community Health Centre and satellites provide much needed increased access to health care

#### **Expanded Community Outreach**

- Illness prevention (e.g. diabetes, cancer)

#### **Culturally Competent Healthcare Services**

- Interpretation is provided when requested

#### **Primary Care**

- Individuals feel welcomed at primary care offices
- Short wait time at their primary care office(s)
- Ability to see a doctor when ill/sick at primary health care office or walk-in clinic

#### **Hospital Services (Etobicoke General and Humber River Regional)**

- Organized access to specialists
- Free hospital care
- "Good experience with my eye surgeries"
- "Been to a hospital twice for knee surgery – good treatment and felt well taken care. 3 months wait time is reasonable time, although I was in pain."
- Reduced waiting list for of some health services for example x-rays.

#### **Services for Seniors**

- "As a senior, and as a new-comer, I am happy with the services"
- Appreciate the senior lunch program that is provided two days a week.

#### **Appreciate Discussion about Community's Healthcare Needs**

- "16 years been here. No one asked about our health needs – first time today."

## ***Improvements the Somali Community would like to see with healthcare services:***

### **Access to Specialists**

- Currently, some family doctors prevent sending their patients to MRI and/or specialists.
- Need to foster increased access to specialists.
- Referrals take a long time. Need shorter referral rates
- Lack of rehab for children (there is only one Bloorview) and thus there should be better access to programs

### **Hospital Services (Etobicoke General and Humber River Regional)**

- Post operative patient education/teaching should be more comprehensive i.e. post-partum mothers following C-section
- The stay at a hospital is too short. Being discharged too early.
- Friendlier staff when receiving services at the hospital.
- Wait times at the ER should be improved
- Increased trust between staff and patients
- Move towards a more care-oriented model instead of focusing on a cure
  - Explore alternative/herbal medicine
- “2 months in hospital – not a good experience. Going back and forth \$400, no interpretation, and I live in a small bachelor apartment and do not have others to help out.”
- Ensure funding for the Etobicoke site of Osler
  - The site should not just serve as a mere stop-gap measure.
  - The Brampton Civic Hospital and Humber River Regional Hospital are perceived to have more attention/focus at the LHIN level.
  - Need to improve local access since specialist services are not located in the Etobicoke area, patients have to travel further distances to receive care.

### **Medical Follow Up**

- There should be prompt and better feedback by doctors after examinations
- “Sometimes when results are received, it is difficult to fully understand and/or interpret the results and therefore left with uncertainty. Also, there is no communication from the doctor.”

### **Community Education & Outreach**

- Cultural and linguistic specific services
- Mental health – reduce stigma
- Heart & Stroke information
- Cancer prevention and screening - reduce stigma around cancer
- Homelessness/youth and substance use/abuse
- Seniors
  - Resources about better nutrition
  - Reduce isolation
- Children focused education initiatives
  - Obesity, Diabetes
  - Special attention should be provided towards Autism

### **Coverage of More Healthcare Services**

- Dental care, vision, physiotherapy, chiropody
- “Cannot afford many of the extra health care services like dental and vision”
- “I paid \$150 and I can’t afford the cost of glasses.”
- “Dental care has to be more affordable. I can’t afford my teeth care (insurance insufficient)”
- “For optometry there should be covered annual screening/checkups”
- “When you hit 18 (the “cut off age”), you are not cared for as much.” - expressed by Somali youth present at session
- Challenges affording over the counter and prescription medicine.
  - There is some medication that is not being covered at all
  - Lack of funding to purchase medication
  - Cost of much needed vitamin supplements for seniors is too high to be able to afford. Suggest that the drug plan cover them for everyone.
- Transportation services via ambulance (emergency or not) should not be charged for.

### **Culturally Competent Healthcare Services**

- More culturally sensitive care – i.e. women’s only exercise programs
- Many of the Somali seniors are unable to access health care services that are available but due to lack of language, culture and information. Suggestions included:
  - Diversity among staff to help ease language barriers.
  - Hire more Somali nurses or health care providers
  - Open up the medical profession so that we can have diverse practitioners, including employing Somali healthcare professionals, to improve delivery of service.
  - Provide required training for health care providers
  - Interpretation services: there should be translators at most health services
- Communication in the various diverse languages, including Somali
  - Written, mailed, door-to-door newsletters. E.g. If there are issues with the increased incidence of cardio metabolic disease – including hypertension, obesity, type-II diabetes etc., then publicize preventive measures in the Somali press, print, radio & TV.
- Customer service orientation

### **Services for seniors**

- Need for transportation services for seniors.
  - “Outpatient costs min. \$400.00 per month.”
- Seniors Adult Day program
- If sick, instead of going to the doctor the doctor should come to you
- Need to improve long wait times for seniors
- Grass Roots organizations that focus of providing services for seniors are unable to access funding and thus the quantity and quality of services are affected.
- Recreational activity for senior to improve their health

- Increase staff resources (community nurses)
  - Nurse and dietician for seniors program
- Increase seniors lunch program from 3 to 5 days a week
- Translation support for seniors
- Increasing the hours that service is provided to seniors by occupational therapists and/or personal support workers
- Independent Living conditions need to improve
  - Current accommodations are not suitable for cooking
  - There is no help to support independent living.
  - There is a feeling of social isolation that comes with independent living that is also perpetuated by the language barrier.
  - Development of outdoor activities for seniors to prevent isolation

### **Cross-sector (Social Determinants of Health)**

- Increased collaboration between health and education sector.
- Education, in general, is a determinant of health. If healthcare services work to provide older adults with some assistance in pursuing educational opportunities, then these people will be less likely to live sedentary lifestyles and engage in less harmful activities.
- Also, there is expressed concern about violence in the community and police treatment – too many children in jail with criminal records for minor things – affects families and their respective (mental) health.
- Children’s Aid Society (CAS) – If children are taken in by CAS, the families suffer a great deal and there is great effect of state of their mental health. Especially, if the child’s family is back in Somalia.
- Increased attention to the following issues:
  - Language barriers
  - Homelessness/Housing
  - Lack of employment
  - Refugee status
- There is a requirement for additional support for victims as currently there is little done to help alleviate mental health stress that comes with it.
- Increased access to health activities for all members of the community as a means to stay active. Suggestions include the following:
  - Free gym access and health education in schools, as a means for recreation for youth and youth dealing with obesity.
  - Adults should also have free gym access so their children can benefit and prevent obesity.

### **Technology**

- Better use of technology
- Currently, “Google Translator” does not have a Somali translation function.

### **Health Human Resources**

- Need more local doctors & community nurses
- Need more doctors from the Somali community so that health related information is better communicated to and understood by patients.
- Provide volunteer/internships opportunities for youth to help in this department
- Improve the eligibility to practice in Canada procedure/requirements for those individuals who have studied a health care profession elsewhere.

### ***In Closing***

The community engagement session with local Somali residents proved to be a successful educational session for both the community and the Central West LHIN. The evaluation results based on the community's feedback affirmed that the community appreciated learning more about the LHIN's role in healthcare and being asked about the community's assessment of the current healthcare system.

The LHIN is committed to sharing the key learnings about the community with local health service providers and applying the community's perspectives to planning current and future initiatives and programs.

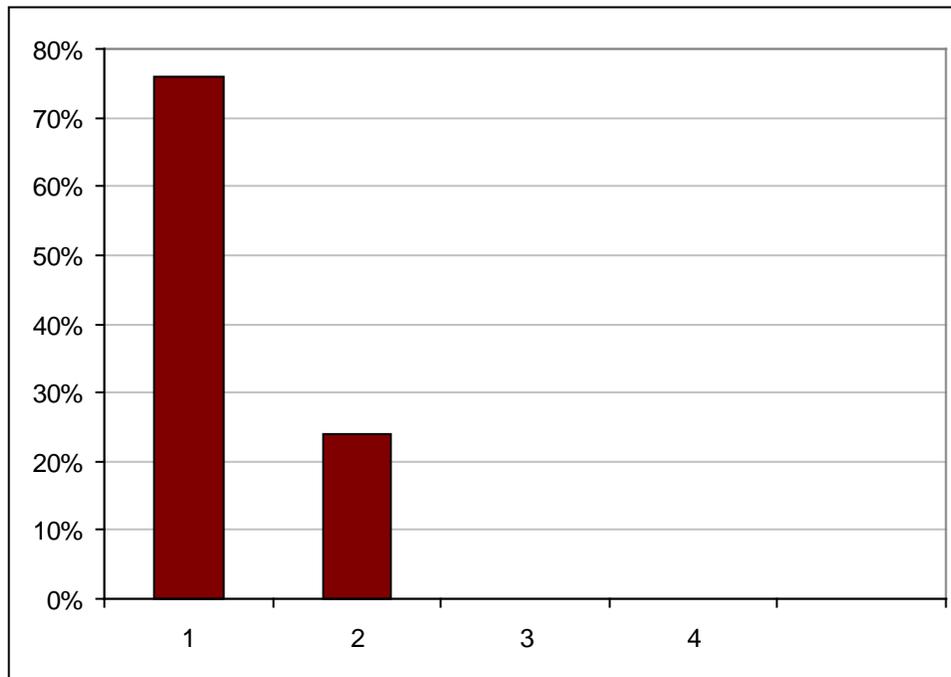
If you have any questions about the Somali Community Engagement Session conducted on Saturday March 5<sup>th</sup>, 2011, please contact Yvonne Sinniah, Performance and Integration Consultant at [yvonne.sinniah@lhins.on.ca](mailto:yvonne.sinniah@lhins.on.ca) or 905-455-1281 x217.

## Somali Community Engagement Session Evaluation

The following summarizes the general expressions of individuals from the Somali Community that attended the Central West LHIN Community Engagement Session held on Saturday March 5<sup>th</sup>, 2011 at Kingsview Village Junior School. 53 out of 80 attendees filled the evaluation form.

Attendees were asked to rate the following statements as 1-Strongly Agree, 2-Somewhat Agree, 3-Somewhat Disagree or 4-Strongly Disagree.

### **1. As a result of this session, I have a greater understanding of the work of the Central West LHIN.**

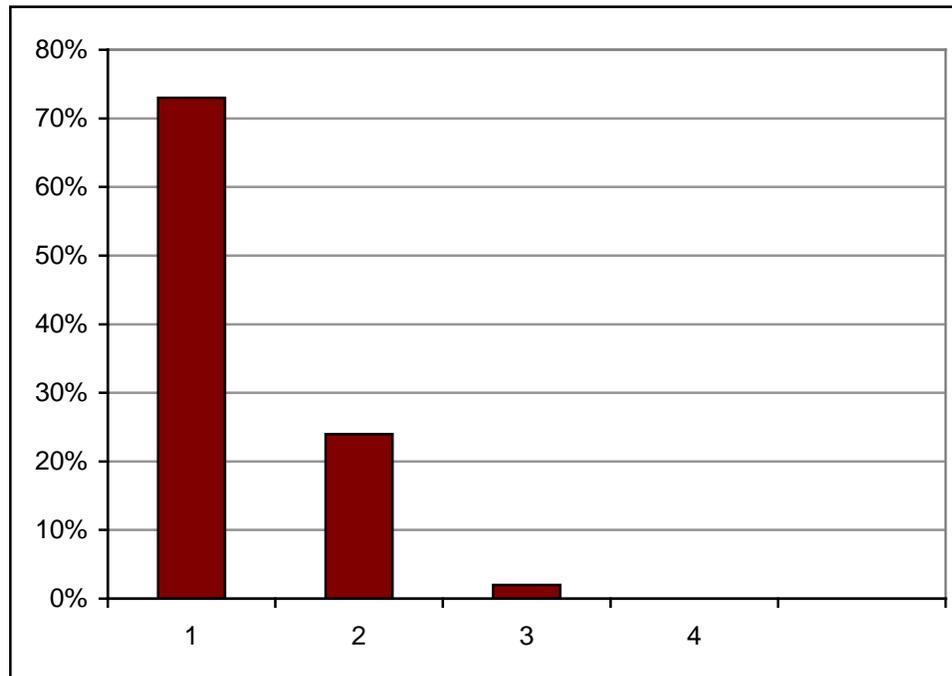


Where 1 = Strongly Agree 2 = Somewhat Agree 3 = Somewhat Disagree 4 = Strongly Disagree.

#### Comments Included:

- It was an extremely informative session.
- It was good to see a visual result of progression and a slideshow on what's being done in this region.
- It was good and we have been informed.
- Thank you
- It was good.
- Excellent

**2. The session allowed me to participate and express my views.**

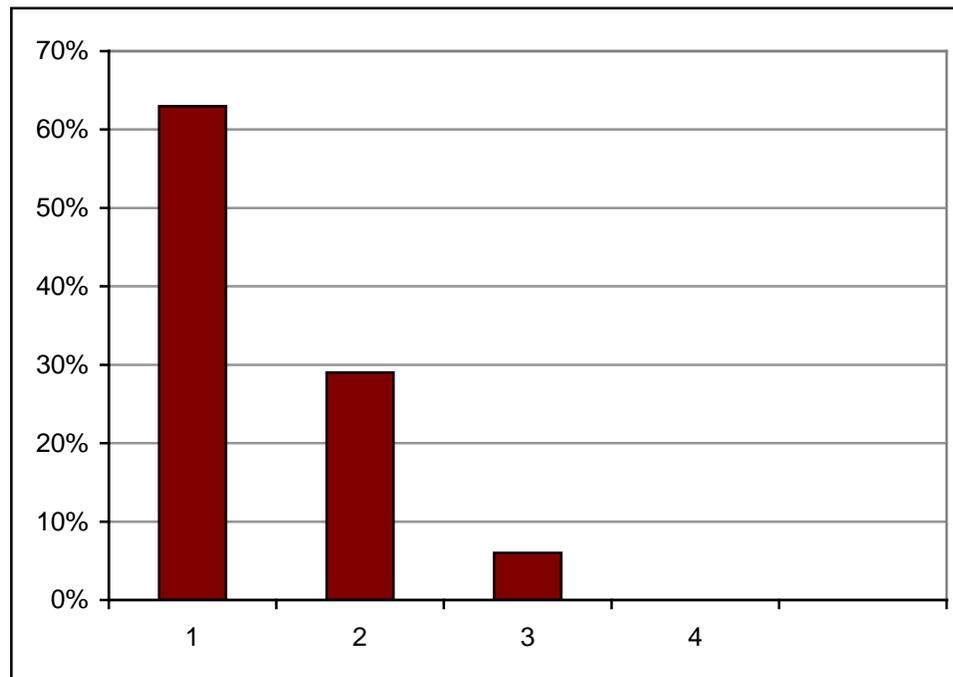


Where 1 = Strongly Agree 2 = Somewhat Agree 3 = Somewhat Disagree 4 = Strongly Disagree.

Comments Included:

- Now that I discussed it, I realized a lot of things about our healthcare service.
- Today's meeting was good
- We have good medicine and we have good government

### 3. The session was effectively organized

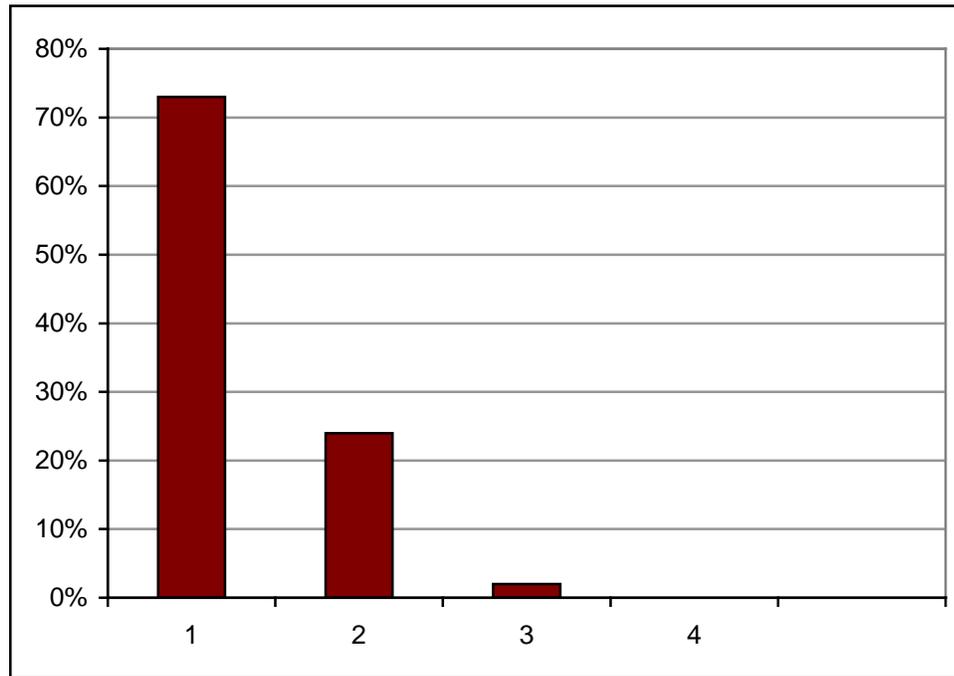


Where 1 = Strongly Agree 2 = Somewhat Agree 3 = Somewhat Disagree 4 = Strongly Disagree.

#### Comments Included:

- Started a little late but was very productive and well-organized.
- Seating in groups made the presentations more organized.
- Started late
- Yes, it was properly organized
- Today's arrangement was good
- Information was late. More time needed to inform the community.
- Not done also of Outreaches

**4. I am likely to attend the next community engagement session hosted by the Central West LHIN**

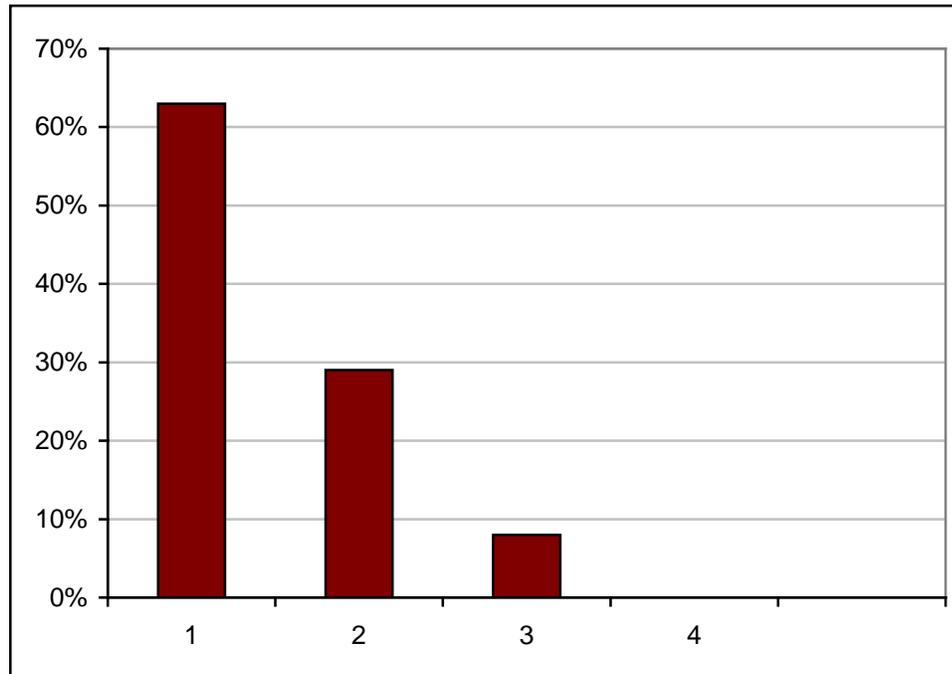


Where 1 = Strongly Agree 2 = Somewhat Agree 3 = Somewhat Disagree 4 = Strongly Disagree.

Comments Included:

- I would rather check them out on your website. More convenient.
- Yes I have participated before
- It was good

**5. I would recommend the next session to colleagues and/or clients.**

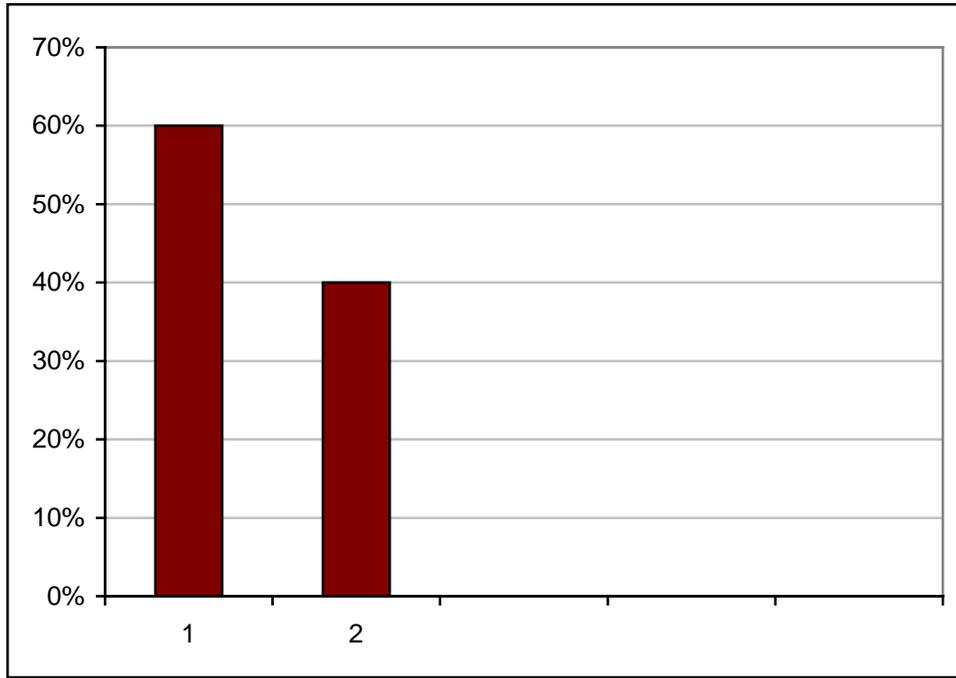


Where 1 = Strongly Agree 2 = Somewhat Agree 3 = Somewhat Disagree 4 = Strongly Disagree.

Comments Included:

- Learned a lot of great information. Would like to learn more.
- Depending on who they are (if young group, probably wouldn't be interested).
- Well explained
- LHIN presentation was a bit too long. More time should be given for discussion. Less powerpoint.
- We have been satisfied
- Good way to help community
- Everything is good
- Focused on old people, focus on the origin of mental health; barrier language stress.

**6. Would you like more information from Central West LHIN?**



Where 1 = Yes and 2 = No