A Collaborative Approach to Caring for Refugees in the COVID-19 Pandemic

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Highlighting the importance of inter-professional collaboration and a culturally sensitive- and trauma-informed approach.

OVERVIEW: WHY ARE REFUGEES DISPROPORTIONATELY AFFECTED BY COVID-19?

1. They generally work in settings that increase their risk of infection and do not offer sick leave (ICES, 2021).
2. Due to financial barriers, overcrowded and multigenerational housing is common. This makes it challenging for these individuals to self-isolate (ICES, 2021).
3. Language and cultural barriers among refugee populations have also limited their access to information about the virus, making it difficult to follow public health measures (ICES, 2021).

Yazidi Outbreak 2020

The increased likelihood of an outbreak in these communities manifested itself in London, Ontario. In the summer of 2020, London's Yazidi refugee population encountered an outbreak of COVID-19. The Middlesex-London Health Unit, London InterCommunity Health Centre, the Cross-Cultural Learner Centre, and other organizations collaborated to control the spread in this population.

Community members, who have developed a strong partnership with Dr. Lloy Wylie and her research team, reached out to document the successful outbreak response. By interviewing health care providers, peer support workers, and city officials involved in the response, we explore the integrated and culturally sensitive approach to the outbreak. The goal is to understand the barriers and facilitators to coordinating an effective and timely response.

Findings about the community: Communication barriers

Translating public health messaging:
Due to the language barrier, all of the public health messaging about the virus was translated to a Kurdish dialect known as Kurmanji. The Cross-Cultural Learner Center (CCLC) played a key role in this process. They developed short, culturally-tailored videos with simplified language, bullet points, and visual cues to avoid confusion. To overcome computer literacy issues with virtual platforms, these videos were disseminated through WhatsApp. The Yazidi community already uses this app to communicate amongst themselves, and this platform allowed them to be reached more quickly.

Interpretation services:
Paid interpretation services were used by various health care personnel to communicate with the community. The staff also adopted a trauma-informed approach in selecting interpreters. For instance, there was concern regarding the use of male interpreters because Yazidi women had been held in captivity. As a result, staff ensured the use of female interpreters instead.

Appropriate language use:
Word choice is equally important in creating effective public health messaging. According to staff at the CCLC, Yazidis interpreted the term, "lockdown", which was commonly used in public health messaging, as house arrest. This had serious implications given that this community had previously been held captive by ISIS. In addition, it demonstrates how patient experiences can influence and guide healthcare services.
"Even something like a lockdown means different things for different people with different experiences."

Access to COVID-19 screening:
Since many Yazidi patients do not speak English, they were unable to call and book appointments at assessment centres. In response to this, a physician at London InterCommunity Health Centre worked closely with Public Health to create an appointment centre for these individuals. Service providers also visited community members in their homes to perform swabs throughout the outbreak.

Findings about the community: Cultural context and trauma

Yazidi culture:
The Yazidi community comes from a collectivist culture and is highly family-oriented. This makes it challenging to ask them to quarantine or limit their interactions to avoid spreading the virus. Partners at the Middlesex-London Health Unit described the ways in which the community's emphasis on interaction ran counter to the social distancing requirements of the pandemic, saying:

"... their congregation habits were as such that they would often meet in parks, the kids would play together for hours and the moms would sort of sit together and knit and just be together. So we didn't think I was like don't meet up with any more than five people."

To overcome these cultural barriers, information sessions created by Public Health were offered to service providers. These included an introduction to Yazidi belief systems, as well as their past and current trauma. The outreach team also underwent training on cultural safety professional development to learn about the Yazidi settlement story, their demographics, the genocide, their language, and culture. Such training facilitated a trauma- and violence-informed approach to the response, and was informed by the CCLC and London InterCommunity Health Centre.

In addition to understanding the community dynamics, it became clear that some of the guidelines needed to be adjusted. In the case of the families meeting in the park, for instance, it was decided that limiting gatherings to five people was not realistic given that some families had more than five children, and that culturally, this community places a greater priority on connection. Instead, it was more reasonable to restrict gatherings to two families.

Mistrust in government:
Issues of trust were particularly relevant, given the Yazidi's past and current trauma. Throughout the outbreak, community members were contacted by multiple health organizations, which they associated with the government. These agencies would ask about their symptom onset, whereabouts and close contacts. A Case and Contact Manager involved in the response described this experience from the community's perspective:

"... we are calling and asking them a whole bunch of questions and to them we are identified as the government calling in and checking in on their whereabouts and where they've been and who have you been in contact with. And despite all of our efforts to make it feel that it's not punitive, that we're calling from a place of caring and calling from a place of support, we can appreciate how overwhelming it is for them... think about all the other times that you feel sick and no one calls to ask why you were sick and where have you been."

Many efforts were made by health care personnel and other agencies to develop a more trusting relationship with the community. As described below, these involved including the community in the outbreak response and increasing their level of comfort:

1. The use of an interpreter who is well-known and trusted in the community.
2. Having trusted community leaders in the WhatsApp videos to educate the community about the virus and relay public health directives.
3. Clustering cases into two groups and streamlining the process of information gathering. In this way, staff shared patient information amongst themselves, as opposed to them calling families multiple times. In addition, having the same people calling the same families helped to increase comfort.

Findings on inter-professional collaboration

This outbreak response highlighted the importance of inter-professional collaboration, especially in such unique contexts. Caring for the Yazidi population required a different approach than what would be taken to the general population. It required the knowledge and experience of several agencies that have worked with this community, as well as the trusting relationships that they had developed along the way. The collaboration between the London InterCommunity Health Centre, Middlesex-London Health Unit, immigration services, the CCLC and other settlement agencies allowed them to implement a culturally-sensitive and trauma-informed response to the Yazidi outbreak. In addition to creating assessment centres and translating public health messaging, below are some additional supports that they provided:

Food Support:
During the pandemic, some community members did not have the same access to food as during non-pandemic times. This was the case for some children who received meals at school. In addition, families who were quarantined had difficulty getting access to groceries. In some cases, they would break quarantine to shop.
In response to this, a food package program was developed for individuals who didn't have enough food to get through at least the first few days of isolation.

Isolation Support:
Multigenerational housing made it difficult for family members to self-isolate after testing positive. For some of the earlier cases of COVID-19, healthcare personnel were able to secure an isolation space for a couple of individuals living in larger households. Although these spaces were designated for the homeless, they were extremely helpful in mitigating the risk of infecting entire families.

Vaccination Clinics:
The CCLC played a key role in distributing information about the vaccine clinics ran by the London InterCommunity Health Centre. According to service providers, vaccine "uptake in the Yazidi population was great. There was much less vaccine hesitancy in this population... because they've seen a fair number of members of the community sick with COVID and they've been educated the whole way through."

Factors that facilitated inter-professional collaboration:

- Strong existing relationships among organizations and a **"sense of camaraderie that adds an additional layer to the motivation".**
- Responsiveness of staff within and between organizations.
- Responders felt a sense of urgency and that they were **"united in a common purpose".**
- Resulted in better resource allocation
  - Each organization focused on specific tasks (e.g., swabbing, creating WhatsApp videos, food support, etc.), as opposed to multiple groups doing the same thing.
  - Getting the opinion of others ensured that resources were used appropriately, especially in the case of swabs, which were short in supply.

Outcomes of the Response

- More staff trained in case investigation
- Improved working relationships among organizations and with the Yazidi community
- Better data systems for record-keeping, counting, and linking cases within clusters in the community. **"We have a much stronger data system than we had back in June of 2020".**
- This response prompted service providers to initiate relationships with other ethnic communities. Building this connection in advance is valuable in case a similar event occurs in the future.

"Significant adjustment in our communication strategy... our business as usual communications approach around public health messaging isn't going to reach all communities."

Future Steps

Templates

Creating templates will facilitate quick information gathering in the event of a public health emergency. It would include information about the community, how to communicate with them, the places they go, the resources they use, and who they trust. Having this information in advance will allow a more rapid and coordinated response.

More representation

A couple of the staff involved in the response were Yazidi themselves, serving as **"cultural insiders"** who helped guide the response. In addition, it's important to have Yazidis in client-facing roles to provide a sense of comfort, ease, and familiarity to patients.

Adopting an asset-based community development approach

This approach involves identifying the strengths and assets of organizations and communities, and then matching those to the work that is required. This ensures that each individual organization is in a position where they are able to use their expertise.

Reflect & build procedures

Although the response had an element of urgency, the organizations involved can now reflect on what they've learned and share information with each other in order to create procedures for the future. This may also involve reaching out to the Yazidi community to understand how they felt about the outbreak response.

More interpretation coverage

Although Public Health had access to interpretation services, if patients were admitted to the emergency room with COVID-19 symptoms, interpretation was not always available to them. In order to communicate with patients, it's important to have coverage for interpreters in both emergency and primary care. This allows healthcare personnel to **"understand where these symptoms are coming from, make them feel comfortable and make sure they understand the information that [health care personnel] are trying to get across to them."**

REFERENCES

ICES. (2021, December). *Immigrants and refugees have been disproportionately affected by COVID-19 in Ontario.* https://www.ices.on.ca/Newsroom/Impact-Stories/2020-21/Immigrants-and-refugees-have-been-disproportionately-affected-by-COVID-19-in-Ontario