

CALGARY EAST ZONE NEWCOMERS COLLABORATIVE

Update: 6 January 2021

Who we are

The Calgary East Zone Newcomers Collaborative (CENC) believes a strong community is created through building relationships. As a group we hope to welcome newcomers in East Calgary and support you with all of your needs through our free services. The zonal approach, created by Immigration, Refugees, Citizenship, Canada (IRCC) is a community model for inclusion for all newcomers to Calgary.

Action Dignity - www.actiondignity.org

Alberta International Medical Graduates Association - www.aimga.ca

Calgary Bridge Foundation for Youth - www.cbfy.ca

Calgary Public Library – www.calgaryllibrary.ca

Centre for Newcomers – www.centrefornewcomers.ca

Cite des Rocheuses - www.citedesrocheuses.com

Distress Centre - www.distresscentre.com - 211 for 24/7 services

Immigrant Services Calgary - www.settlementcalgary.com

Momentum - www.momentum.org

Mosaic Primary Care Network - www.mosaicpcn.ca

Prospect - www.prospectnow.ca

The Alex – www.thealex.ca

The Immigrant Education Society - www.immigrant-education.ca

Trellis - www.growwithtrellis.ca

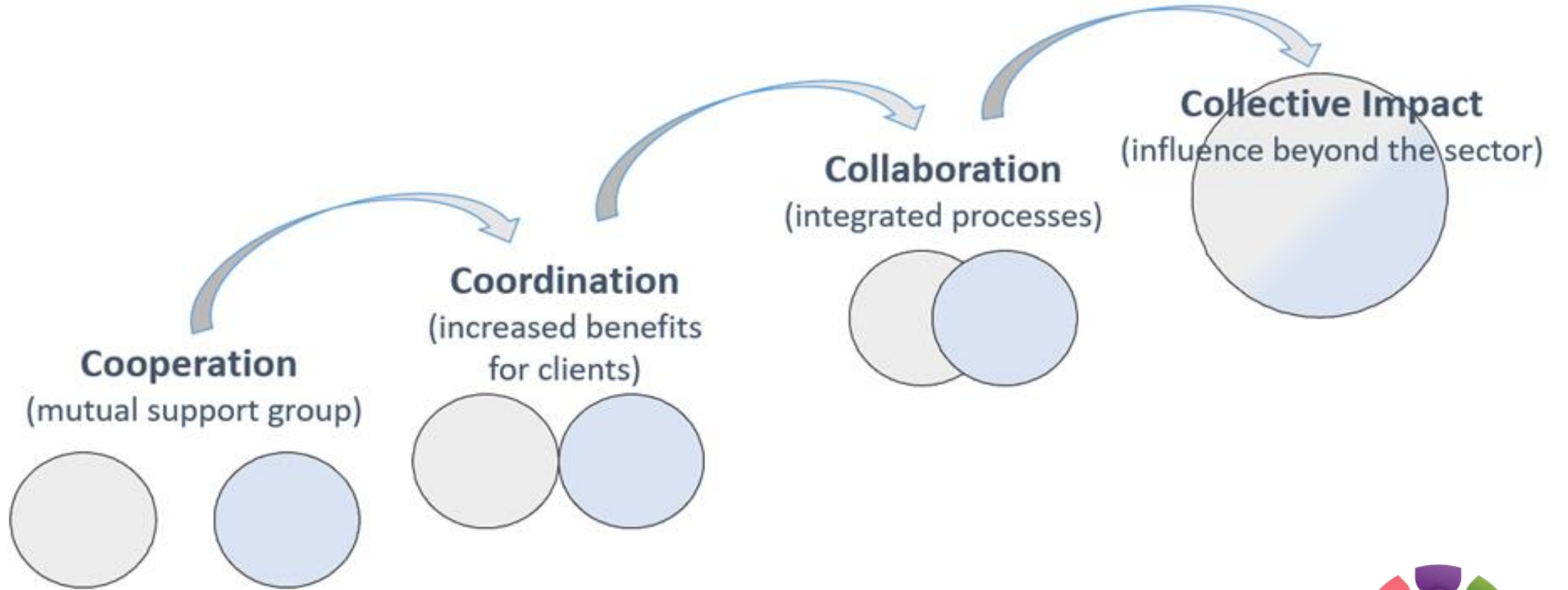
Women in Need Society - www.winsyyc.ca

YMCA - www.ymcalgary.org

YWCA - www.ywcalgary.ca



Collective Impact



Calgary COVID Care Team

- In response to the ongoing pandemic, CENC has created a rapid response specifically to help our mandated constituents, newcomers and ethnocultural communities; regardless of immigration status, with ongoing COVID-19 related needs.
- Government of Alberta announced the formation of and funding for COVID Care Teams to assist the 11 areas in the province with the highest active case rates of COVID per population. In Calgary; there are 2: Upper NE and Lower NE
- More information here: <https://calgaryherald.com/news/local-news/live-at-330-p-m-kenney-hinshaw-and-ministers-to-speak-on-covid-19>



Calgary COVID Care Team Membership

ActionDignity

Alberta International Medical Graduates Association (AIMGA)

Alberta Health Services (AHS)

Centre For Newcomers (CFN) – community Chair

Government of Alberta – Minister Rajan Sawhney; government Chair

Immigrant Services Calgary (ISC)

The City of Calgary

- Calgary Emergency Management Agency (CEMA)
- Calgary Neighbourhoods
- Calgary Local Immigration Partnership (CLIP)

The Immigrant Education Society (TIES)

(in alphabetical order)



Primary Objectives

- **Immediate** relief & support to those in quarantine &/or isolation
- **Address the barriers** and aggravating factors that contribute to vulnerability of racialized communities
- **Community-based prevention** through engagement, education & awareness



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Rationale:

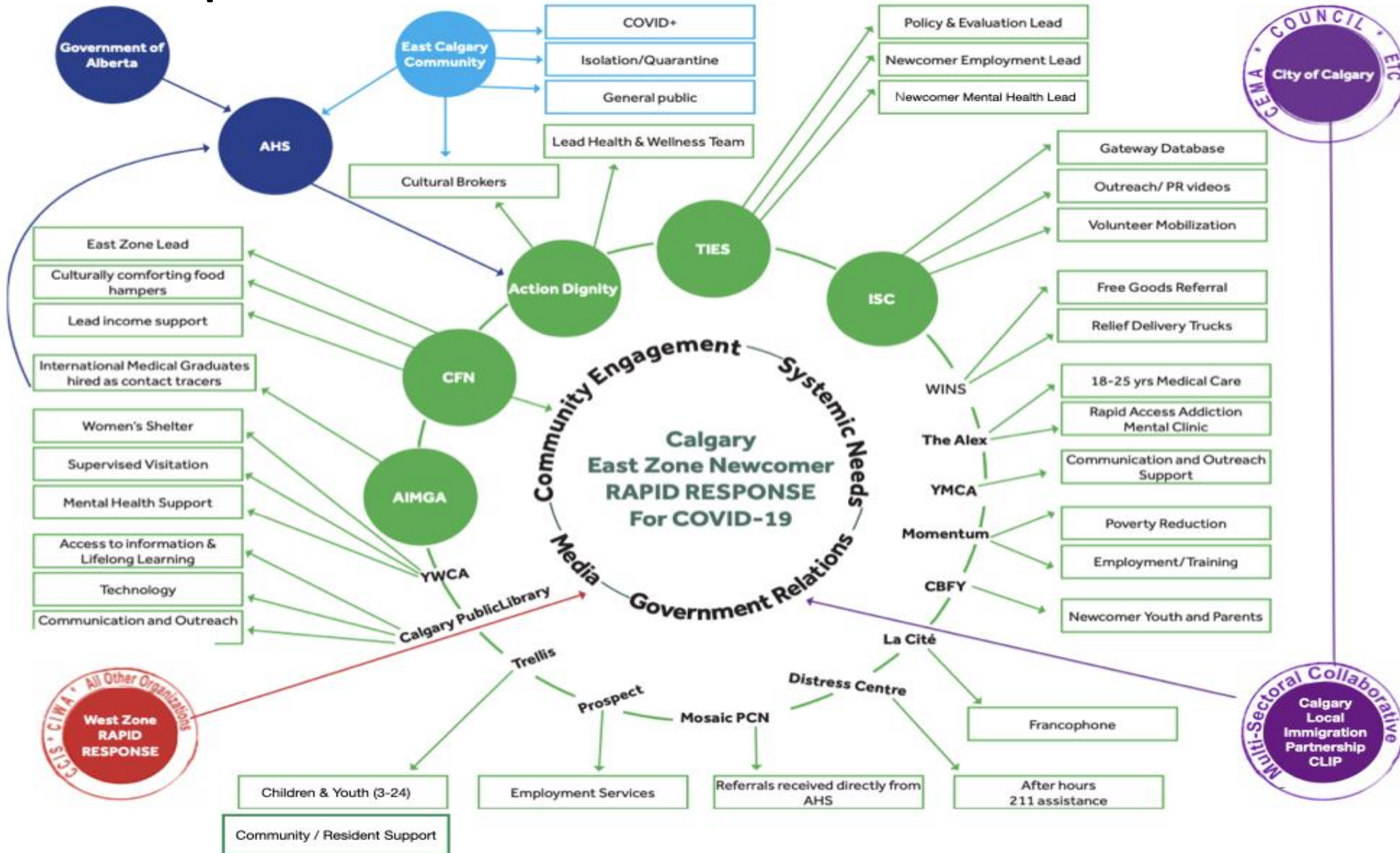
Having social support helps newcomers by fostering a sense of empowerment, community and social integration, building networks, sharing experiences and problems, reducing stress, and contributing to physical and mental health. (Simich et al, 2005)

It is necessary to promote a positive shift in public discourse, from a tendency to categorize newcomers to Canada as needy service recipients to an emphasis on newcomers' contributions, resilience and well being. (Simich et al, 2005)

Newcomers need service providers who understand their challenges and empathize with them. Also providers they could forge trusting relationships with (Stewart et al, 2008)



Full Response



addition information: <https://www.calgarylip.ca/cenc>



Specific Roles

Cultural Brokers for Call Centre
Ethnocultural Community Liaison



Gateway Database
Outreach
Translations/Interpretation

Multisectoral Communication
Broader community outreach
Liaising between governments



Research, Policy & Evaluation
Employment
Mental Health

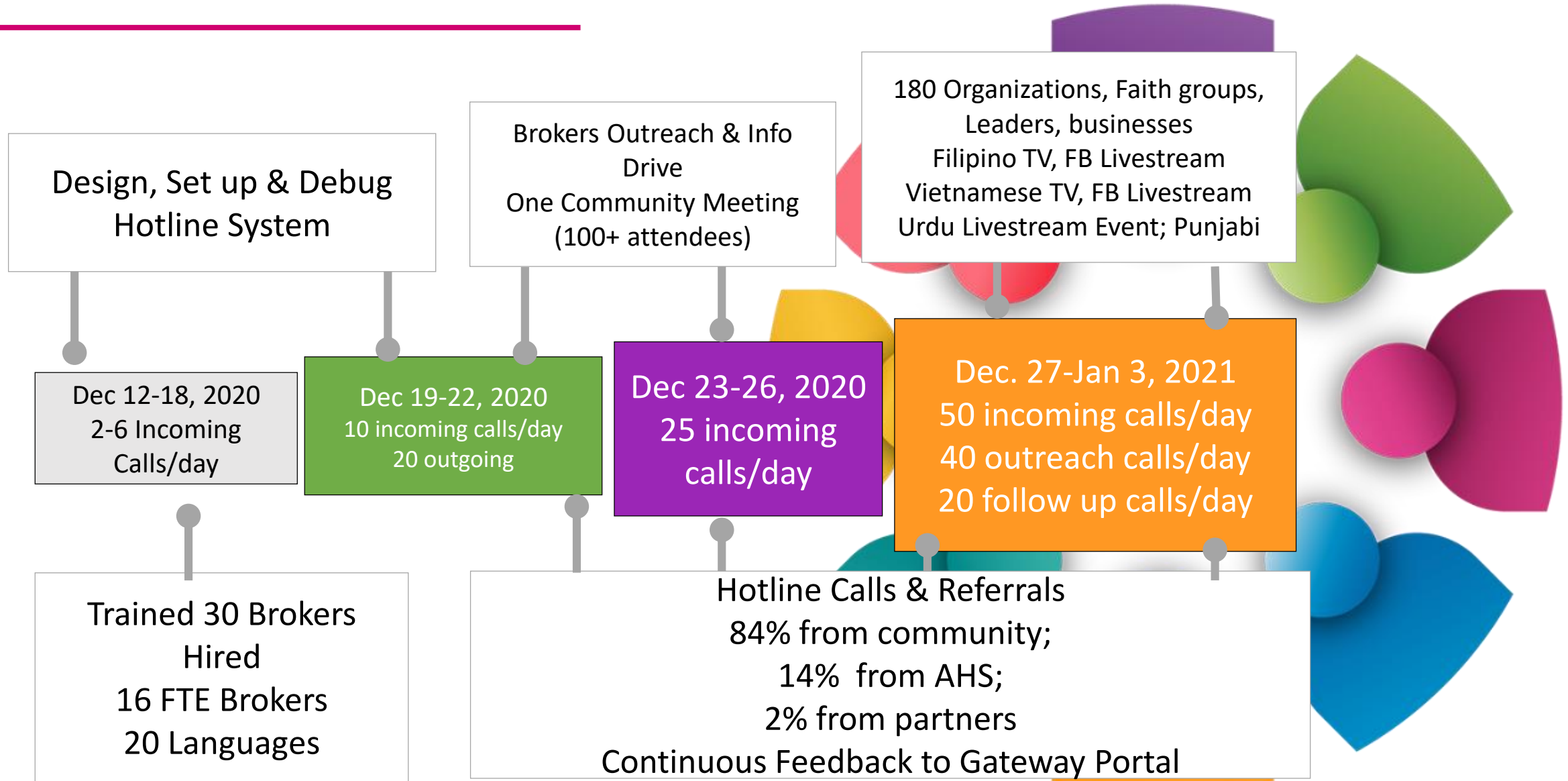
Funder for NE Calgary COVID response
AHS Contact Tracers (hired via AIMGA)
Broader community outreach



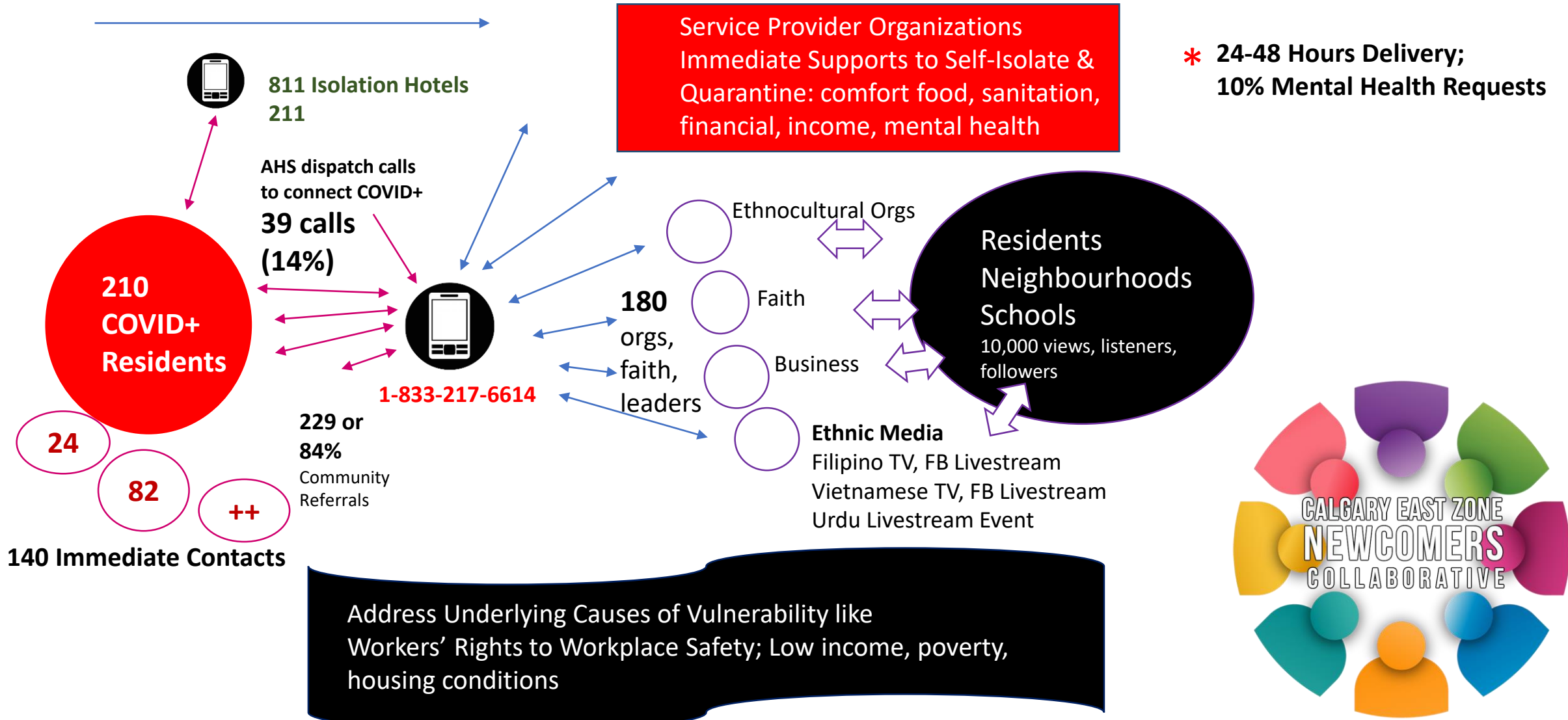
Culturally Comforting Food
Income Support
Chair East Zone



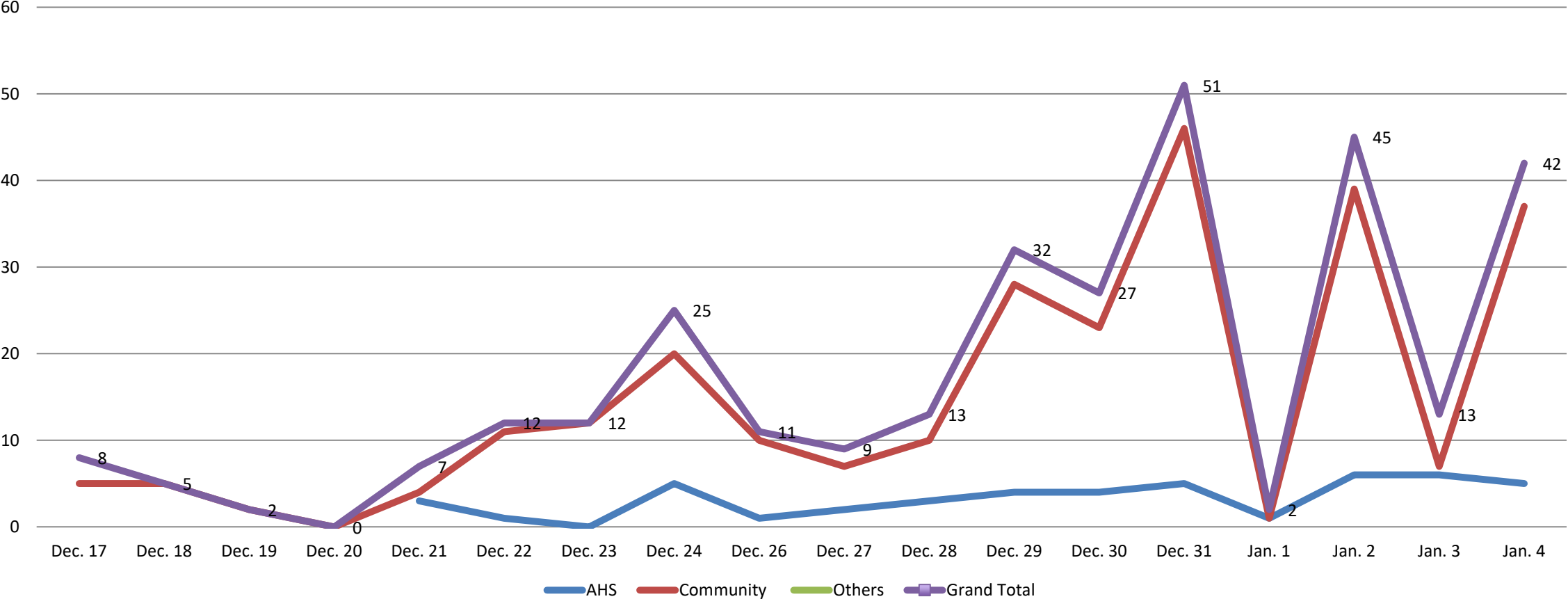
Update & Trends on 3-Week Start-up Phase for Cultural Brokers



Call Centre with Cultural Brokers: 1-833-217-6614



Number of Daily Callers as to Source (n=316), Dec. 17, 2020-Jan 4, 2021

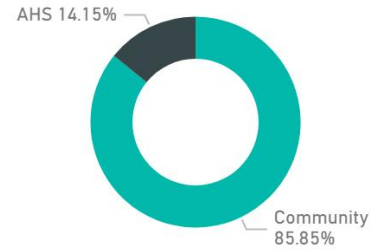


Caller Needs

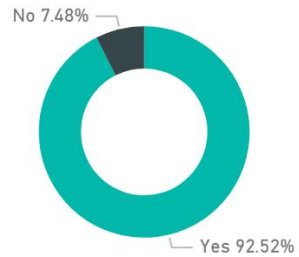
Total Unique People Served

328

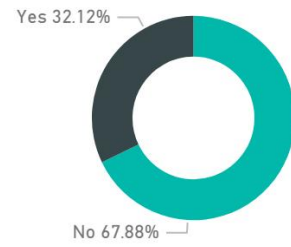
By Source



People Who Need Food



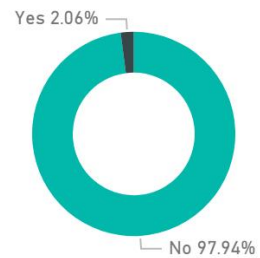
People Who Need Employment



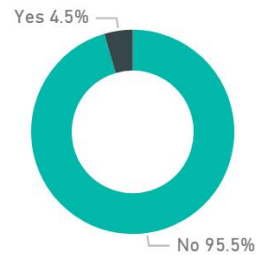
People Who Need Financial Support



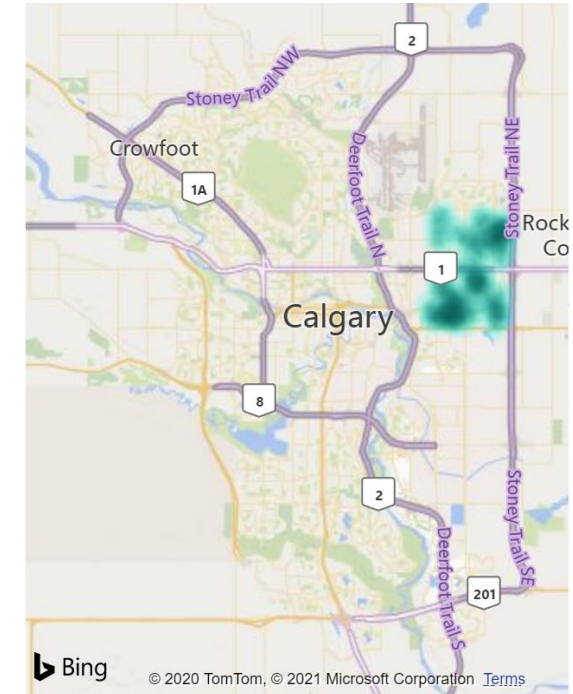
People Who Need Mental Health Support



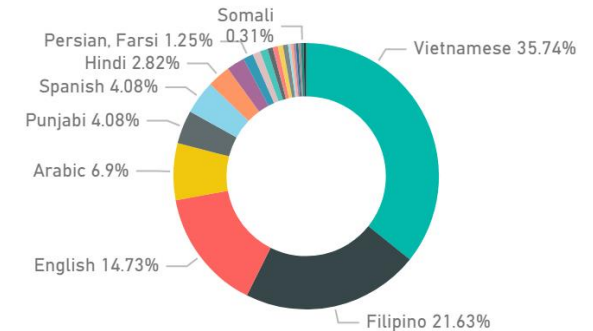
People Who Want to Talk to Counsellors



Address (Optional): Postal Code



Language



*All data on slides from Gateway Database

Caller Demographics

Top 3 languages spoken:

Vietnamese

Filipino languages

South Asian languages; mostly Punjabi

Immigration Category:

162 Canadian Citizens

82 PRs

5 TFWs

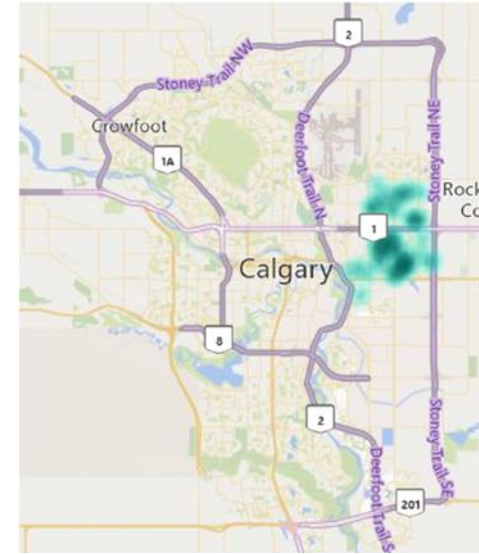
1 student

4 refugees

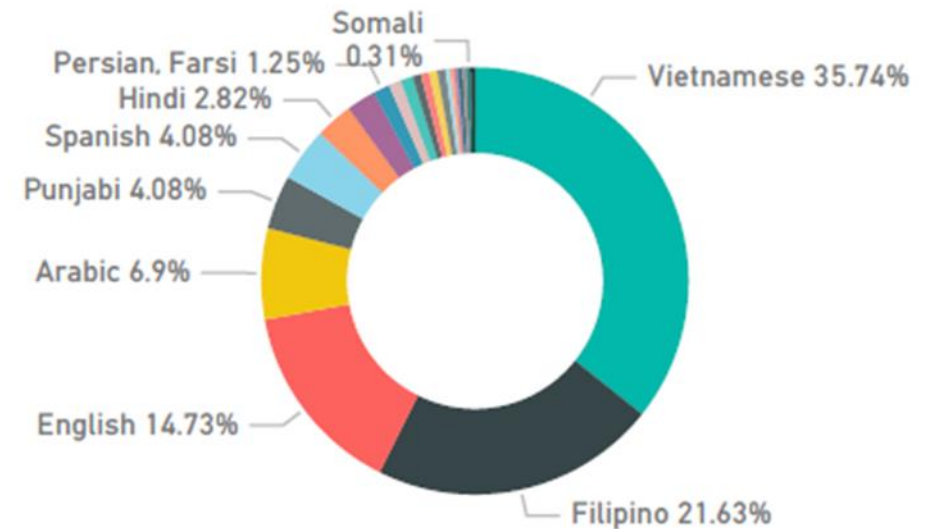
3 visitor tourists

1 waiting for sponsorship

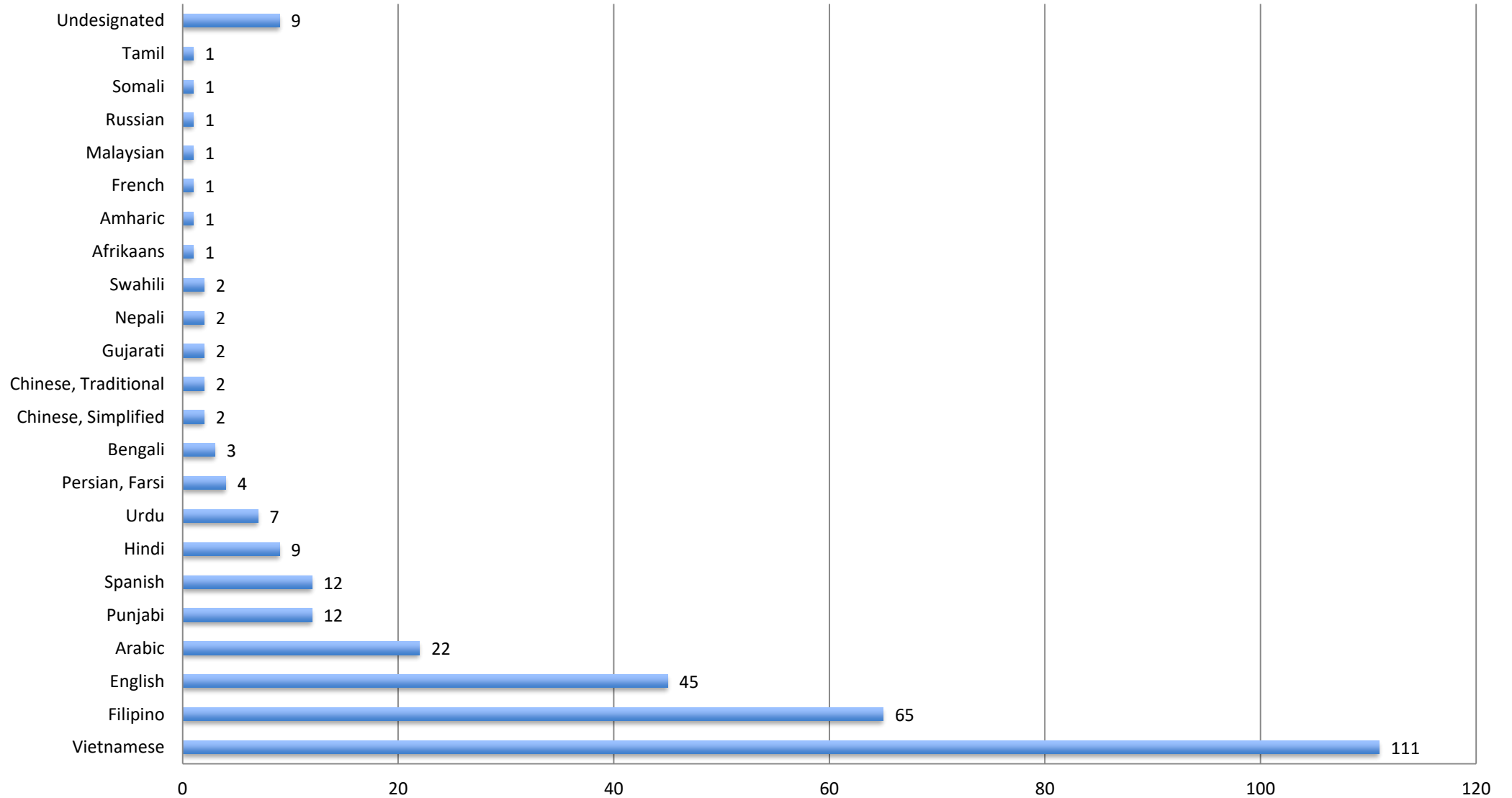
11 non-response



Language



Number of Callers by First Language (n=316), Dec. 17 2020 - January 4, 2021



Female : 223
(70.8%)
Male : 92 (29.2%)

Callers from
Northwest and
Southwest : 47

Would you like to
talk to a
professional (i.e.,
social worker) : 37

Tested for
COVID 19: 161

Positive : 126

Family member
with confirmed
COVID 19 : 90 Yes

Other people in
the house with
confirmed
COVID 19 : 53 Yes



Additional Information re: Callers



- Calgary SW and NW residents asking for support
- Edmonton requests (multiple times) – working to assist Edmonton with their support
- Red Deer – passed on to CEMA to connect
- Cochrane
- Okotoks
- Chestermere
- Canadian-born, second generation immigrants (need to add question in data base other than: “When did you arrive in Canada?”)
- New Calgary residents who moved from other provinces such as Manitoba and Eastern provinces (received as long-distance calls)

Additional Needs as of Jan 6, 2021

- Clarify procedure and government agency responsible for paying \$625 to those coming out of quarantine from isolation hotels
- Over-the counter medication, throat lozenges, coughing syrup, Tylenol, Advil, etc. are being requested; no current sources to procure
- Food for pets being contributed by Calgary Humane Society
- Female hygiene product needs are referred to Women In Need Society
- Health equipment, such as blood pressure monitor machine being sourced via Calgary Seniors Resource Centre
- Better system and clarity required for referrals to NW/SW.
- Technical glitches with Gateway being worked out as they occur
- AHS is not transferring the anticipated number of calls yet, to the cultural brokers
- Volume of food hampers are increasing and therefore volunteers to deliver them is also needed
- Wordfest has volunteered to assist with communication and “event” organization for vaccine roll out
- Long distance numbers are costly for the call centre to accept



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Research and Evaluation Methodology:

Research and evaluation for the CENC intervention are guided by participatory action research methods (Jason, et al, 2004; Braithwaite et al, 2007)

The approach is also based on relevant principles of practice for community research partnerships (Baker et al, 1999) including:


- ✓ Identification of the best processes/model to be used based on the nature of the issue and the intended outcome;
- ✓ Development of relationships based on mutual trust and respect;
- ✓ Consideration of multi-disciplinary approaches;
- ✓ Use of evaluation strategies consistent with the overall approach taken

Evaluation and research inquiry is also guided by Fawcett's values guiding community action and research. These include:


- ✓ Value 3: Experimental community research should provide information on the effects of the initiative on relevant behaviors and outcomes, on the maintenance of the effects, and on the social importance and appropriateness of the action
- ✓ Value 6: Community interventions should be replicable and sustainable with local resources



1. Did the Task force provide Immediate Relief & Support to NE zone residents affected by COVID-19 in quarantine & isolation?

Research question	Measure	How to measure	Data source
Has a service relationship been established with the beneficiary?	<ul style="list-style-type: none"> -contact was made -need was determined -Referral to second line service provider to address the need was provided 	<ul style="list-style-type: none"> -Number of beneficiaries on AHS provided list vs. number who accept services offered by the task force -Number of beneficiaries who indicate a need -Number of beneficiaries who receive referral to 2nd line service provider 	Gateway database
Did the task force provide effective referrals based on 1) Timeliness 2) Appropriateness?	<ul style="list-style-type: none"> -contact by 2nd line service provider was made within a reasonable timeframe -service was utilized by the beneficiary at least 1+ times 	<ul style="list-style-type: none"> -Time between referral and 2nd contact from 2nd line service provider does not exceed 48(?) hours (or other reasonable timeframe based on service provided) -confirmation of service delivery (receipt of items, enrolment of beneficiary in programming) 	Gateway database Follow up survey to beneficiaries conducted by Cultural Brokers Survey(s) /data completed by referral agencies
Did the task force deliver an improvement to previous responses?	<ul style="list-style-type: none"> -was a service provider relationship established to previous residents affected by COVID-19? -were referrals to service providers made previously? -(what service was referred?) -Was the service provided 1) timely 2) appropriate 	<ul style="list-style-type: none"> -Number of respondents who indicate the previous establishment of a service provider relationship -Number of respondents who received a referral to a community organization -Number of respondents who indicate that the referral was timely -Number of respondents who utilized that referral 	Survey/interviews of residents who recovered prior to operation of the Task Force starting December 16, 2020 

2. Did the task force deliver an effective community-based intervention through engagement, education & awareness?

Research question	Question breakdown	Data Source
Did the CENC identify the best processes/model to be used based on the nature of the issue and the intended outcome?	<ul style="list-style-type: none"> -were the services appropriate to the actual needs experienced? -did the services help in coping with the circumstances? -did the services alleviate negative effects of the beneficiaries' environment? -did the beneficiary comply with the restrictions? 	<p>Gateway database</p> <p>Distribution of therapeutic cultural probes (journal and recorder) to beneficiaries willing to participate in feedback</p> <p>Post interview with beneficiaries willing to participate</p>
Is the intervention replicable and sustainable with local resources?	<ul style="list-style-type: none"> -Can other community researchers and typical collaborators implement the procedures (i.e., instructions, prompts, reinforcement, environmental design changes) that make up the intervention? -Are the effects on the behaviors and outcomes of interest replicable in different communities, including those with similar goals but different resources and participant and setting characteristics? -Does the intervention rely sufficiently on local resources (i.e., people, setting features, money, equipment, and events), and is the intervention maintained by the local community? 	<p>Gateway database</p> <p>Post interviews with IMGs and Cultural Brokers</p> <p>Post interviews with CENC organizations' participating staff</p>
Did the CENC develop a capacity to disseminate effective interventions and provide support for future change agents?	<p>How will adaptations of the intervention or its components be arranged so that the intervention will fit local conditions while maintaining similar levels of effectiveness?</p> <p>How will technical assistance and support systems be used to embed the intervention in the natural environment after the departure of the disseminators?</p> <p>(e) How will training be provided to increase the number and quality of change agents available in local communities?</p>	

3. Did the task force address the barriers and aggravating factors that contribute to vulnerability of racialized communities?

Research question	Question breakdown	Data Source
Did the CENC response and intervention provide information on its effects/impact on issues of social importance and appropriateness (Fawcett, 1991)	<ul style="list-style-type: none"> - Did the task force interventions produce changes in the current outcomes for residents in the NE of Calgary? - Are the procedures used in this community intervention acceptable to participants? - Are the effects of the intervention socially significant from the clients' perspective? - - -Do the effects lead people to say the problem is solved or the goal is attained? (Is there social validity?) -were the services appropriate to the actual needs experienced? -Did the services overcome issues of access? 	<p>Gateway database</p> <p>Distribution of therapeutic cultural probes (journal and recorder) to beneficiaries willing to participate in feedback</p> <p>Surveys/ interviews with beneficiaries willing to participate</p> <p>Surveys/interviews with IMGs and Cultural Brokers</p>



References:

Baker, Elizabeth A, Sharon Homan, Sr.Rita Schonhoff, Matthew Kreuter. (1999) Principles of practice for academic/ practice/community research partnerships, *American Journal of Preventive Medicine*, Volume 16, Issue 3, Supplement 1, Pages 86-93, ISSN 0749-3797, [https://doi.org/10.1016/S0749-3797\(98\)00149-4](https://doi.org/10.1016/S0749-3797(98)00149-4)

Fawcett, S. B. (1991). Some values guiding community research and action. *Journal of applied behavior analysis*, 24(4), 621-636.

Jason, L. A., Keys, C. B., Suarez-Balcazar, Y., Taylor, R. R., & Davis, M. I. (Eds.). (2004). *APA decade of behavior Vols.Participatory community research: Theories and methods in action*. American Psychological Association

Simich, L., Beiser, M., Stewart, M., & Mwakarimba, E. (2005). Providing Social Support for Immigrants and Refugees in Canada: Challenges and Directions. *Journal of Immigrant Health* (7) 4, 259-268. Retrieved from DOI: 10.1007/s10903-005-5123-1



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