

LEADERSHIP IN ACTION AT ACCESS ALLIANCE

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Introduction

In the summer of 2021, I carried out an eight-week research project focused on health equity and disparities in health outcomes due to the social determinants of health, including race, income, and legal status. While researching, I came across several first-hand stories of people struggling to meet their health needs due to reasons which, in countries such as Canada, should not be impacting their right to equitable access to healthcare. That is when the gravity of the issue dawned on me. In Canada, we have universal healthcare, yet there are countless groups who still fall through the cracks of this ‘universal’ system.

Therefore, when presented with the guidelines for the Leadership in Action summer, in which I was to participate in a project that would have an impact on the community in some way, I knew I had to pursue a project related to health equity. At the end of my initial research project, I had been left feeling unsatisfied, as I felt I had only gone halfway in making an actual impact. My research had identified gaps in the system, but its purpose was not to bring about meaningful change. As such, I decided to design my Leadership in Action project around the issue of health equity so that I can accomplish the impact that I had identified in my initial research.

Due to this, I completed my Leadership in Action summer as a Research Student at Access Alliance Multicultural Health and Community Services, a Toronto-based non-profit organization focusing on the health needs of Toronto’s most vulnerable populations. I completed an analysis of client data in order to understand the factors contributing to health disparities for newcomers and non-insured individuals in Canada and used my findings to inform practice recommendations that can be applicable to Access Alliance and similar organizations.

About Access Alliance

Access Alliance is a Toronto-based non-profit organization that directs its work towards newcomers and vulnerable populations in order to help them access adequate healthcare. The organization is broken into several departments, such as Primary Care, Social Settlement, Planning and Evaluation, etc. My work was with the Research Department, which works with local community health providers, including hospitals and community centres, in order to better inform their delivery of healthcare towards Toronto's vulnerable populations.

Goals for the Project

Through this project, I wanted to make a meaningful contribution to my community. As an immigrant myself, I wanted my work with Access Alliance to help those new to Canada in their adjustment to a new country. Healthcare is one of the most basic needs, and many of the individuals impacted by this project, including refugees and non-insured individuals, are often those most in need of healthcare, yet the social determinants of health often prevent them from accessing adequate care. I wanted my work to help identify some of the gaps in the system, as well as ways for those gaps to be bridged.

While my research in Summer 1 had provided me with a theoretical grounding from which to begin my work, this project gave me the opportunity to practically implement what I had learned. I wanted to take my academic understanding of the social determinants of health and apply it to those who are actually affected by them in order to bring about a change in their access to healthcare.

Overview of the Project

My work with Access Alliance involved three final deliverables: a report, an infographic, and a presentation. Access Alliance had a collection of raw data from about 50 clients who shared their experience with accessing healthcare in Toronto. These individuals were all newcomers, refugees, or non-insured. My project began with completing a comprehensive ethics training. The

information that I would be working with was personal and of great significance to those who had entrusted Access Alliance with sharing it. I was responsible for the safeguarding and ethical utilization of the data, which meant that I had to undergo training to properly understand how to approach the data that I was given. This also meant that I was unable to discuss the data in detail with others, including for the purpose of this reflection.

From there, I began my actual project. My tasks were divided into week-by-week goals, so that I would be able to tackle the overall project in smaller parts. The data was divided into two sets. I spent about one and a half weeks with each data set, going over the data several times in order to code for themes that were recurring throughout the sets. These themes included legal and insurance status, language and cultural barriers, financial barriers, and accommodations made for those new to Canada or for those who may not possess government or private insurance.

From there, I identified several factors that I concluded to be the most common shared experiences among the clients interviewed for the project. These formed the foundation of my final report, and from my findings, I recommended a series of implementations that could be carried out at Access Alliance and similar agencies in order to improve the experience and access to healthcare of Canada's most vulnerable populations.

The information that I produced in my final report was then transferred into a visual format through the infographic I designed for use at Access Alliance. This included a summary of my project, my goals, my findings, and my recommendations.

Finally, I produced two presentations that summarized my work over the placement for two different audiences. Firstly, I presented my findings and recommendations to the Research team, which consisted of several experts at Access Alliance in the field of health and health policy, as well as other Practicum students. Second, I created a modified presentation for the Primary Healthcare team at Access Alliance, which includes doctors, nurses, physical therapists, and other healthcare providers. This was done as part of the Knowledge Mobilization Rounds at Access Alliance, which allowed me to share my findings in order to provide them with insight into the

experiences of the patients whom they treat, as well as recommendations as to how to make their healthcare more equitable.

Reflexive Approach to Thematic Analysis

My project began with a lengthy process of data analysis. This took the longest portion of my placement, as I spent around three weeks analyzing the data sets. The data I was given was comprised of a focus group discussion and a series of interviews conducted by the staff at Access Alliance in early 2022. In total, the data collected was from around fifty individuals. The approach I took to analyzing the data was called the Reflexive Thematic Analysis method. As the data was sensitive in nature, I could not use any software to do my analysis, so I instead used manual coding for the project. The Reflexive Thematic Analysis approach involves reading each data set several times, looking for commonalities that are referred to as ‘codes.’ From there, I grouped the recurring codes that were similar in nature into larger themes, or parent categories.

This process was extremely detailed and involved several read-throughs of the transcripts I was given. My main advantage throughout the process was my objective outlook. I was not involved in the collection of the data, and therefore had never met the individuals who were studied for the project. I thus had an outsider’s objective perspective into the data included and could therefore provide an unbiased insight into the themes.

Working with Experts

Throughout my analysis, I consistently sought guidance and assistance from researchers at Access Alliance who had far greater insight into and experience with the types of data I was working with. While my outsider’s perspective was useful for the goals of the project as a whole, at a ground level, it often presented a barrier in my initial understanding of the data, as I was unfamiliar with some of the contexts in which the responses were made. As such, collaborating with researchers who better understood the data while still maintaining my objective outlook enabled me to better grasp the data I was working with and produce a better output.

Looking for Themes

As I repeatedly went through the transcripts I was working with, I compiled a list of several codes that had been appearing in the client responses. From there, I noticed similarities between the codes and began combining them into what would eventually become seven themes. These themes or barriers were: Access to Healthcare Needs; Legal, Socioeconomic, and Cultural Accessibility; Delays and Waits at the Healthcare Provider; Accessibility and Accommodations; Staff Behavior with Patients; Patient Expectations from Healthcare Providers; and Experience with Virtual Care.

Each of these themes represented a challenge that the surveyed clients faced when accessing healthcare in the Greater Toronto Area and served as the basis for my project. These themes became the central focuses of what I was reporting, as well as the foundation from which I would generate my practice recommendations, so that Access Alliance and similar agencies may approach the specific needs of their clients head-on.

Generating Practice Recommendations

Having outlined the themes to focus on, I began formulating a series of nine recommendations for Access Alliance and similar organizations to implement in order to better assist their clients in accessing equitable healthcare. Before doing so, however, I had to consider several factors that would impact how practical my recommendations could be. Firstly, I had to take account of practices that were already in place at Access Alliance. Next, I had to consider the possibility that some of the data I analyzed may be biased due to the perspectives of those who were unfamiliar with Canada's healthcare system, meaning it did not necessarily provide an informed insight into the state of affairs. Lastly, I had to consider what Access Alliance could feasibly bring about as a not-for-profit organization.

This resulted in the nine recommendations that I presented to the organization. I categorized these recommendations into actions involving the Access Alliance website, its staff, and the organization's communication with and information provided to its clients. All of these recommendations were geared towards increasing their clients' accessibility with the Canadian

healthcare system and ensuring that they are aware of their rights and the resources available to them.

The Final Deliverables

My final deliverables came in three parts. First, I produced a final 14-page review, which included a literature review, my findings, a discussion of the implications of my findings, and my recommendations. From there I designed an informational poster for use at Access Alliance that summarized my project in order to inform other researchers and clients at Access Alliance. Lastly, I presented my work to two separate groups. My presentation to the Research Department was a lot more informational and objective, and I presented my findings as they are. My presentation to the Primary Care team, however, was catered a lot more to their interests. The findings, while useful, were of less importance than the recommendations, which is why I emphasized the latter a lot more in my second presentation. I also made this presentation more interactive to offer the opportunity to the Primary Care team to provide their own personal input into the data so that the presentation was more comprehensive. I then collected the input and summarized it for use at Access Alliance if and when they do decide to implement the recommendations.

Leadership Skills

When beginning this project, the three personal SMART objectives that I had set for myself were: Research and Project Management Skills; Social and Cultural Intelligence and Awareness; and Resilience and Determination to Achieve. I believe I successfully met all three of these objectives. Firstly, the very basis of my project involved literature review, data analysis, and managing several parts and data sets in order to make a cohesive whole final deliverable. As such, Research and Project Management Skills were achieved. Next, my work involved data collected from various vulnerable communities, including recent immigrants, refugees and non-status individuals, and non-insured individuals, each of whom had different backgrounds, lived experiences, and needs. This required a sensitivity that necessitated Social and Cultural Intelligence and Awareness on my part in order to best understand their perspectives. Lastly, I worked on this project relatively independently, and was limited in my communication with other members of the Research

department and Practicum Students due to the sensitive nature of the data. The data I worked with was often very heavy and personal, and to get through it on my own required a significant amount of Resilience and Determination to Achieve.

Other leadership skills I gained through this experience include communication and self-awareness. I had to modify my presentation for different audiences in order to best transfer my findings to them. This required me to understand what they would seek to get out of the presentation and cater my delivery to those needs, requiring a great deal of communication. Moreover, as an immigrant myself, I had to be aware of my own circumstances in order to limit any bias from infringing on my project, so that I may deliver an objective outlook on the needs of vulnerable populations.

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