Services and Supports for Low German Speaking Families

TO:	Chair and members of the Board of Health	
MEETING DATE:	January 4, 2017	
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Recommendations

It is recommended that the Board of Health:

1. **Receive this report for information.**

Key Points

- Low German speaking (LGS) Mennonites are a priority population for WDGPH.
- Many LGS families continue to struggle with poverty, food insecurity, access to health care, language barriers, housing issues, and isolation.
- WDGPH offers several programs to this community including a Women's Group/ School Readiness Program for Preschool Children, Oral Health Clinics and Immunizations.

Discussion

"LGS Old Colony Mennonites from Mexico are one of the most recent immigrant communities settling in Wellington County. Their ancestors migrated to Canada from Eastern Europe and Southern Russia in the 1870's and established themselves in Manitoba. In the 1920's many Mennonite families left Canada for colonies in Mexico. Their descendants started returning to Canada during the 1970's, 1980's and 1990'sas a result of worsening economic conditions in

Mexico. Many had inherited Canadian citizenship from their parents and settled in different regions of Southern Ontario including Mapleton Township (Drayton area of Wellington County). LGS Mennonites often maintain close ties to Mexico and frequently entire families will return for work or family obligations".[1]

Statistics are difficult to gather with this population as LGS people are not counted in the census and many families do not typically access community services and supports. Children are often schooled in private parochial schools which are outside of the mainstream school system. The latest wave of immigration to Canada is not a faith based mass migration, but one born of individual economic hardship. Often landless, even in Mexico, many families come to Canada hoping to earn and save enough money to provide an improved standard of living for their families. Unfortunately, once in Canada, many LGS families continue to struggle with poverty, food insecurity, access to health care, language barriers, housing issues, and isolation. LGS families from Mexico have lived in a remote, hierarchical culture that directs all aspects of life from biblical interpretation to education, to the role of women in the culture, to health care and, as such, individuals face acculturative stress as they settle in Canada.[2]

LGS children typically finish their schooling by Grade 8 and go to work often on farms, woodworking or metal shops. Some families do not routinely access health care services and it is relatively unusual for a LGS family to access community services. Due to this pattern, cultural and language barriers play a significant role in LGS families accessing services. Language barriers in particular can be an issue for parents who have not had Canadian schooling.[3]

Since 2009, LGS Mennonite families from Mexico have been identified as a priority population for WDGPH. Key partners have been identified and partnerships have been developed. Programs and services tailored to the LGS community have been created over a period of many years.[4]

The Newcomer Program

The Newcomer Program in Drayton at the Community Mennonite Fellowship Church has been ongoing since 1997. Begun by a LGS public health nurse (PHN) as a women's group for LGS immigrants, it has grown to a network of six different agencies providing services and funding to the weekly program. WDGPH has taken the lead and become the driving force behind the Newcomer Program providing services from across the Agency in this setting. Family Health Division spearheads the effort through assigning a PHN to the Newcomer Program who coordinates Agency efforts across programs including Dental, Vaccine Preventable Disease (VPD), Nutrition and Speech and Language staff coming at different times of the year to offer their services.

The PHN also supports an Advisory Committee to the Newcomer Program which consists of stakeholder and community partners and ensures resources and strategies to strengthen the LGS community are shared to enhance the objectives of the program. **See Appendix A** for the Newcomer Program Advisory Committee Terms of Reference.

Current Newcomer Program partners and their program contributions are detailed in Table 1 below:

Table 1

Agency	Program Contribution
Community Mennonite Fellowship Church	Provide space at church in Drayton, central for many families
Community Resource Centre of North and Centre Wellington	Provides Outreach Worker to provide assistance with • Finances • Referrals to local programming • Assistance with forms • Income Tax preparation • Government assistance • Organize orders and delivery of Good Food Box • Transportation services Also provide funds for healthy food for the program to expose women to different types of local foods
North Wellington Ontario Early Years Centre	Three early childhood educators and four LGS childcare assistants provide an enriched child development school readiness program which emphasises: • Social skills • Play • Identification of developmental delays and referrals • Gross and fine motor skills • Speech and language development • Music • School readiness activities
Upper Grand District School Board	Literacy and basic skills including Adult ESL. Language assessments are completed and women are assigned to groups appropriate to their skill level. Skills Upgrading Program for the higher literacy group of women, which encompasses goal setting, computer learning, spelling and mathematics. These programs are provincially funded through Employment Ontario and the Ministry of Advanced Education and Skills Development.

WDGPH	PHNs, dental hygienists, nutritionists, speech and language pathologists provide:
	• 1:1 and group consultation with PHN on topics such as:
	  • Child Growth and Development
	  • Family relationships education including mental health issues and domestic abuse
	  • Family planning
	  • Nutrition
	  • Speech and language development

	• Positive parenting • Home safety • Referrals to community resources • Dental hygiene team provides: • Oral health/hygiene • Dental screening clinics • VPD team provides: • Immunization information and clinics • Nutritionist reviews menus for the group to ensure adequate nutrition while at the program • Speech and language pathologists screen children and review ways for program leaders to enrich children's language skills
County of Wellington	Settlement Services Program provides: • 1:1 assistance with immigrant and citizenship issues • Orientation to the community • Assisting with acquiring government documents and completing applications • Employment related services • Referrals to locally funded programs and services

In addition, other community agencies providing regular support and advice to the program participants include:

- Family & Children's Services of Guelph Wellington County
- Centre Peel Elementary/Secondary School
- Good Food Box Program
- Canadian Mental Health Association Waterloo Wellington Dufferin
- Minto-Mapleton Family Health Team
- Mennonite Central Committee

The objectives of the Newcomer Program include increasing literacy levels and English language proficiency in the LGS population. Providing opportunities for women to network and increase their knowledge of healthy lifestyles in a supportive learning environment is key to enabling this population to attain and sustain optimal health and development. See **Appendix B** for the Newcomer Program Objectives.

Role of the PHN

WDGPH has assigned a PHN from Family Health two days per week (0.4 FTE) to coordinate the Newcomer Program. Initially the FTE allocated to this program was 0.6 FTE which has been reduced as a reflection of overall staff pressures as well as capacity building with community partners who have taken on more responsibilities for the program. The PHN is involved in scheduling, liaison with community partners, providing group and individual health teaching, assessments and referrals as well as providing program oversight to ensure the Newcomer Program runs smoothly and continues to meet program objectives (see **Appendix B**). The intensity and variety of needs as well as the unique approaches required to connect with

vulnerable women and children in this community necessitate a significant investment of time by WDGPH staff. There is certainly the need for expanded targeted services.

Newcomer participants meet 1:1 with the PHN for developmental and nutrition screening, health teaching and support. The PHN provides teaching and support on topics such as communication with health care professionals, understanding health care issues, depression and anxiety, child health issues, child anxiety, child nutrition concerns, prenatal teaching, women's health issues, medical forms, healthy relationships, community resources and housing issues. Frequently, the PHN facilitates referrals and helps LGS women with telephone and communication skills.[5]

Newcomer Program Weekly Schedule

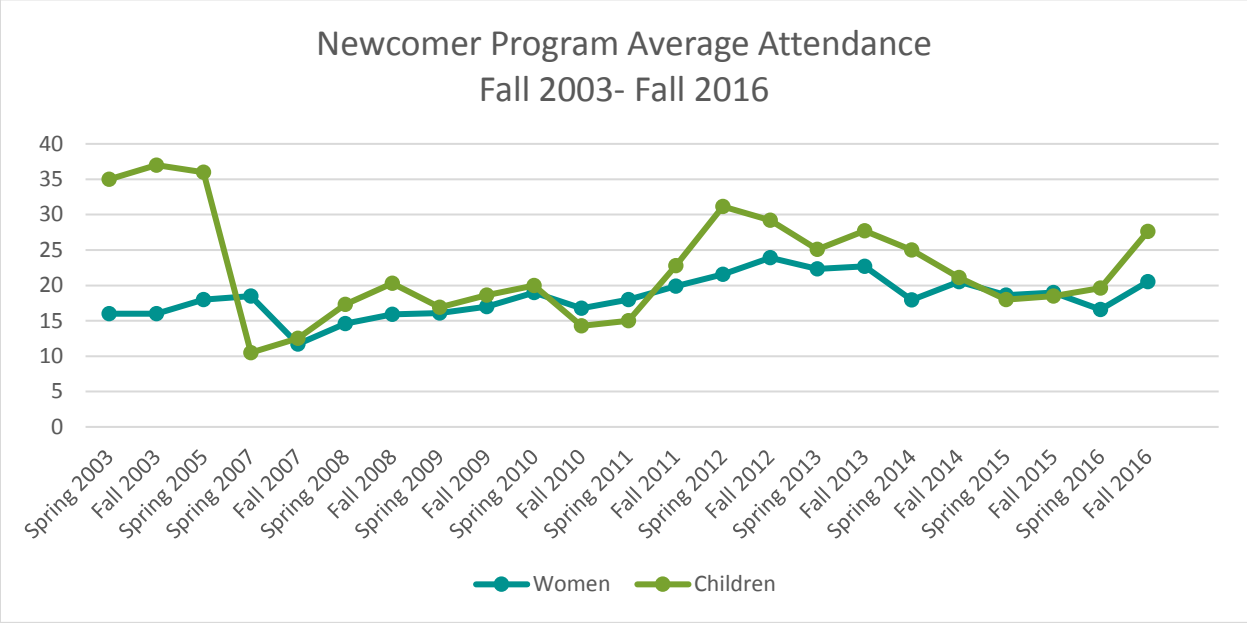
The Newcomer Program runs each Wednesday at Community Mennonite Fellowship Church in Drayton. Children are engaged in programming that provides action songs and stories to enhance learning and language skills while parents attend language classes.

The Newcomer Program provides a varied health teaching/learning program. Monthly health topics have included injury prevention, physical activity, immunization/infection prevention, substance abuse awareness/prevention including tobacco and healthy relationships. This fall, 24 LGS women attended and achieved certification in CPR training.

Attendance at the Newcomer Program

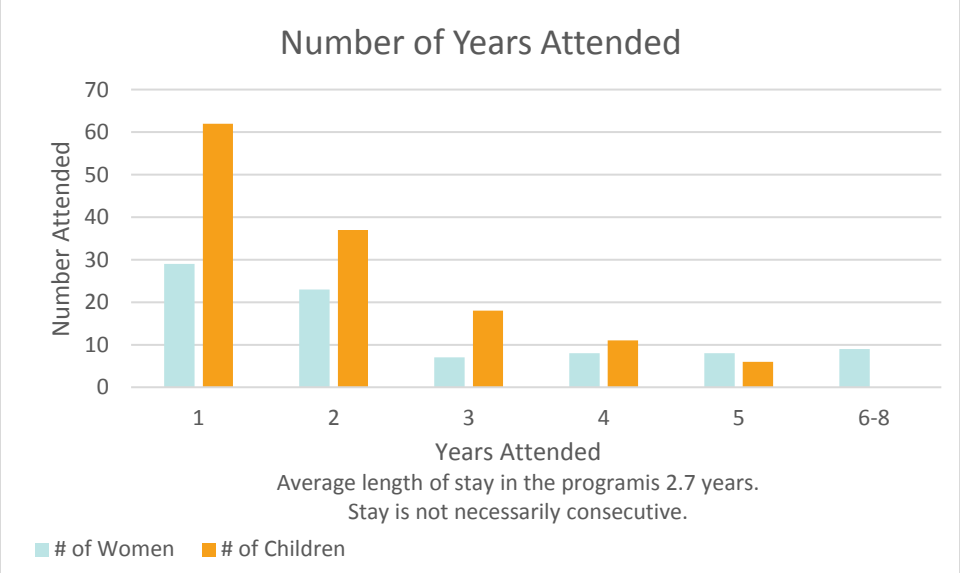
In the fall of 2016, the Newcomer Program saw an increase in women and children attending with an average weekly attendance of 21 mothers and 28 children. Seven new women and 13 new children began attending the program in 2016. The graphs below detail attendance at the program for both women and children from 2003-2016. Although it is often difficult to ascertain numbers of LGS families residing in the North Wellington area, fluctuations in attendance numbers can be due to migration trends, employment opportunities, ability to seek supports, i.e. translation services, transportation, language barrier, knowledge/ trust of community resources and courage and consent by family/ church to access services from a government-run resource. Attendees typically come to the Newcomer Program through family and friend referrals. Graph 1 below shows the Newcomer Program average attendance for women and children from 2003 until 2016.

Graph 1



Graph 2 indicates our statistics from 2015 regarding the number of years women attended the program. The average length of stay for a woman attending the Newcomer Program is 2.7 years.

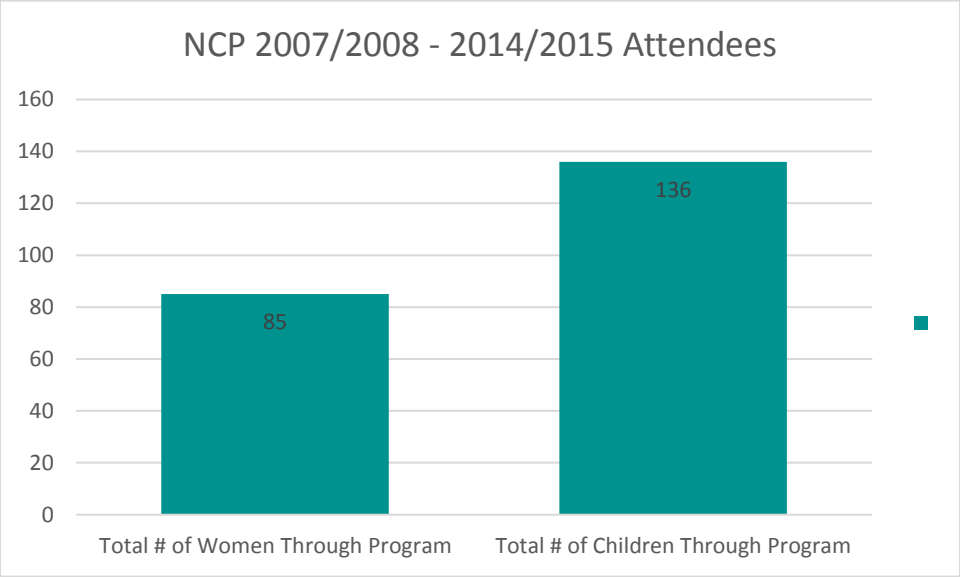
Graph 2



Between 2007 and 2015, statistics show 85 women and 136 children accessed the Newcomer Program. Women reported that health teaching and community resources were shared with their family and friends which influenced access to services and extended health information to the LGS community. Additionally, Centre Peel Public School continually notes the difference in the health, oral health and ability to separate from family of those children who have attended the Newcomer Program compared to those children who have not.

Graph 3 indicates the total number of women and children who have accessed the Newcomer Program between 2007 and 2015.

Graph 3



Initiatives Provided at Newcomer's Program

Oral Health Initiatives

Within the LGS population, regular dental check-ups and preventive care are not the norm. The Mennonite Central Committee's *Opening Doors Report* shared that most LGS families only access dental care when their child is in pain. One of the major roles of Oral Health staff has been to assist and support LGS families in accessing care.[6] Many face financial, language and transportation barriers and Oral Health staff have played an important role in addressing these issues.

Ten years ago, WDGPH dental hygienists were sending home paperwork to many children who were identified with urgent dental needs but many LGS families did not respond. What staff learned was that it took time to build relationships with families to discover that crucial pieces to the puzzle were missing. Many parents were illiterate and would not sign a form that they did not understand. The cultural norm is for fathers to be present at, and consent to, any "government sponsored" activity but working fathers could not afford to take time off without pay to take their children to the dentist. Providing interpretation and transportation for these families addressed key barriers that prevented these children from receiving the treatment they desperately needed. Many of these families have now developed confidence and comfort with making dental appointments and accessing dental care on their own. Through successful relationship building with this community, LGS families are now seeking preventive dental care and early dental interventions.

A story shared by our Oral Health team members and Newcomer Program PHN highlighted some of the successful strategies employed to improve the oral health of this population:

- In late 2007, it was noted that the LGS community was not attending the free WDGPH dental clinics for children despite the offer of free transportation to the WDGPH Guelph location. In 2007, approximately 8-12 families had accessed the dental clinic in Guelph. The Oral Health team and PHN assigned to the Newcomer Program worked collaboratively to arrange a portable dental clinic in Drayton where the Newcomer Program was located. Since the advent of the first portable clinic in Drayton, the numbers of children accessing the clinics has steadily increased and additional sites in Moorefield, Palmerston and Arthur were added. In 2016, 255 LGS children accessed the portable dental clinics in North Wellington.

Currently there are a number of LGS initiatives which include portable outreach clinics to the Moorefield, Drayton, Palmerston and Arthur areas as well as regular clinic services, school screenings and fluoride varnish.

Permanent Oral Health Clinics

In 2016, our Mount Forest and Fergus permanent preventive clinics have provided services to 26 LGS children. Although some families come to WDGPH permanent clinics, the majority of LGS children in our area are seen in portable clinics. Without our portable clinics very few LGS children would access preventive care.

Portable Oral Health Clinics

The Oral Health team holds portable clinics on an annual basis in Moorefield, Drayton, Palmerston and Arthur. These clinics are important outreach strategies to improve the oral health of the LGS families in these rural areas. Given the financial and transportation issues of this population, this strategy has worked well and clinics are well attended. The numbers of children seen in our portable clinics in 2016 are listed in Table 2 below.[7]

Table 2

2016 Clinics	Number of Low German Children Seen	Number of Children Identified with Urgent Dental Needs
Palmerston	21	8
Moorefield	67	24
Arthur	16	9
Drayton	151	33
Total Children	**255**	**74**

Advertising has been unsuccessful at generating new LGS clients for the portable clinics. The growth of the portable clinics has resulted from building trust and relationships within the LGS community. Existing LGS families that are supported by the Oral Health team and other community resources refer their friends and families.

School Screenings at Centre Peel Elementary School

Centre Peel Public School is a rural elementary school located near Drayton in Wellington County. Its student population is approximately 250 and is attended primarily by children of LGS families. While conducting school dental screenings in the years prior to 2007, dental hygienists had noted the rate of dental decay in this population was routinely much higher (20%-36%) as compared to an overall average of 8% for all other elementary schools in the Wellington-Dufferin-Guelph area. As a result, a higher level of surveillance was implemented in 2007 as Center Peel Public School became the first fluoride varnish school. Typically in schools with high levels of dental decay noted, dental hygienists screen children in JK, SK, Grades 2, 4, 6 & 8. In Centre Peel Public School, due to the very high rates of dental decay, the decision was made to screen each and every student in the school from JK-Grade 8 each year and provide Fluoride Varnish on a tri-annual basis in efforts to decrease tooth decay.[8]

Fluoride Varnish at Centre Peel Elementary School

In 2007, WDGPH began a Fluoride Varnish Program available to all students at Centre Peel Public School. This was in response to extraordinarily high levels tooth decay and urgent dental needs noted in the predominantly LGS Mennonite student population. As highlighted in previous reports to the Board of Health (BH.01.FEB0415.R03 *Fluoride Varnish Initiative: Preventative Oral Health Strategy* and BH.01.NOV0216.R18 *Fluoride Varnish Program in High-Risk Elementary Schools*), the number of children at Centre Peel Public School identified with urgent dental needs has fallen from a high of 36% in 2007 to a low of 4.5% in 2016. In 2016, all children at Centre Peel Public School will once again be offered the opportunity to participate in the program. As of December 4, 2016, 67% of LGS families have consented to this service at Centre Peel Public School.

Vaccine Preventable Disease

Over the last number of years, PHNs from VPD team have collaborated with the Family Health PHN to offer vaccinations to families at the Newcomer Program.

In 2012, the VPD team held one family clinic at the Newcomer Program and provided immunizations to 22 children from five different families. This effort required three PHNs, translation services and transportation.

From 2013 – 2015, the VPD team partnered with the Oral Health team and offered services during the dental outreach screening clinics hosted in Drayton and Moorefield. While working with LGS families, Dental team members reminded families to update immunization. If families had their yellow Ontario immunization card or Mexican immunization card, copies would be made and forwarded to VPD team members who would then review and send on to VPD records for updating. Approximately 30 records were reviewed during this two-year period.

Beginning in September 2015, a VPD PHN spent two days at Centre Peel Public School and reviewed 80 immunization records. Records were subsequently updated in Panorama and Mexican immunization records were transcribed to the yellow Ontario immunization card. A VPD PHN met face-to-face with six parents from Centre Peel Public School and discussed vaccines, including flu vaccine. All parents were sent a letter updating them on their children's immunization status.

In 2016, this work continued as the VPD PHN worked closely with the principal of Centre Peel Public School regarding school assessments. In 2016, it was estimated 22 Grade 2 students

were overdue for their scheduled vaccines. The school principal was instrumental in reaching parents for the PHN to have confidential conversations about their child's immunizations. By March, 2016, all students in Grade 2 were up to date, except for three who had moved out of the County.

Most recently, in December 2016, VPD PHNs offered a clinic in Fergus for two families with eight children. One family cancelled as they were able to get connected with a primary care provider. The PHN was able to provide immunizations to three children in the other family. Efforts continue with the PHN at the Newcomer Program to seek a primary care provider for every LGS family.

Ongoing VPD Projects with LGS Mennonites

A VPD PHN visits the Newcomer Program group two times per year. This has been an ongoing commitment since the fall of 2014. Visits are made in the fall and early winter. The group was visited by a VPD PHN in September 2016 and is scheduled to visit again in January 2017.

While visiting the group, the VPD PHN shares information on the importance of vaccinations, discusses the Grade 7 and Grade 8 vaccinations and school assessments. Recent topics of discussion with the LGS mothers have been about chicken pox vaccine and HPV vaccine. During every visit to the group, the VPD PHN will also review the immunization records of children and may transcribe between four-eight records per visit.

In reviewing vaccination issues with VPD team, they provided the following observations:

- LGS families want their children to be healthy
- Many mothers believe it is "normal" for their children to have chicken pox
- Health teaching and understanding has led to greater immunization rates
- New families arriving to Ontario from Mexico value immunizations and trust the health care providers
- There are vaccine differences between Mexico and Ontario
- Children who arrive in Ontario from Mexico have current and up-to-date immunization status excluding Meningoccocal and Varivax vaccines
- Mothers have shared it is easier to keep their children's immunization records up-to-date in Mexico because a PHN visits the community/compound regularly and provides immunizations in their homes
- LGS families who have lived in Ontario for more than five years appear to be more likely to decline immunizations of late, sometimes citing vaccine safety concerns unrelated to vaccination (i.e. autism).

Barriers for LGS families to receive immunizations in Ontario can include transportation, translation and appointment timing. Typically, a mother can only make an appointment for one child per day at a physician's office, instead of bringing all six children to the same appointment to get updated immunizations.

Strategies to Increase immunization rates in the LGS population – collaboration

- PHNs attend dental outreach clinics in Drayton and Moorefield and update immunization records
- WDGPH continues to offer access to translation and transportation services for LGS families who need immunizations
- Maintaining support through Family Health, Oral Health and VPD staff. This support is key to assisting this population to increase immunizations
- Enhance team work with Centre Peel Public School as it is important to maintain consistency for LGS families to develop trust in our services
- Enhance resources to provide immunization clinics two times per year to the Newcomer Program

Annual LGS Service Provider Event

The first annual LGS Service Provider Event was held in 2008 to address the expressed needs of local community service providers and agencies to understand best practices in working with the LGS community. This events aims to build capacity in community partners by providing education, support and sharing culturally appropriate strategies to service providers. Additionally, it provides an opportunity for collaboration and dialogue about shared resources and responsibilities. The events includes speakers who educate on LGS culture and traditions and strategies to support LGS individuals, families and communities. WDGPH takes the lead in organizing and planning the event which has an average attendance of over 60 local service providers including:

- Hospitals
- Family Health Teams & Community Health Centers
- Family & Children's Services
- Canadian Mental Health Association Waterloo Wellington Dufferin
- Ontario Provincial Police
- Ontario Early Years
- KidsAbility
- Upper Grand District School Board staff
- Mennonite Central Committee
- Women's Shelters

Ongoing Issues/ Challenges with the Low German Mennonite Population

Community Health and Wellness – Data Collection

Very little local data exists about the LGS community that would paint an accurate picture of their overall health. The Ministry of Health and Long-Term Care recommends that local public health units work with priority populations to increase access to health services. Unfortunately, there are many unknowns among this population including risk factors for many chronic diseases such as level of physical activity, healthy eating, alcohol and substance misuse. Collaborating with community leaders in obtaining understanding and consent to collect and analyze local data may help identify priorities, which could lead to the development of targeted education materials and programs. Due to the authority structures within the LGS community, outsiders with expectations of information may be seen as demanding and representing illegitimate authority. Fostering a sense of mutuality, collaboration and understanding will protect

the freedom of the LGS community while assisting with an understanding of the effect their choices may have on their interactions with our broader society.[6]

Language Interpretation and Translation

Interpretation services for the LGS Mennonite population is an ongoing issue. With only one formally trained LGS interpreter in our area, the demand for her services is overwhelming. The current LGS interpreter assists in the Newcomer Program with language interpretation and culture translation, provides interpretation support to LGS families accessing our oral health services including local dentists and is often needed in our WDGPH immunization clinics to interpret notices regarding the *Immunization of School Pupil's Act*. In addition to this work, the LGS interpreter is often called upon to accompany LGS families to medical and legal appointments on a paid and unpaid basis.

Due to the lack of publicly funded and available interpretation services, many LGS women still attend appointments with family members to discuss sensitive personal issues. Primary care practitioners do not have the resources to hire interpreters/translators. This creates a barrier to service which impacts health outcomes for families. In 2015, the Waterloo Wellington LHIN held a focus group with LGS women. Reports from that group indicated that lack of available interpreters led to some women and their families receiving very unclear information about their health care.[9]

Transportation

Access to reliable transportation was also highlighted as an issue during the LHIN focus group as many LGS families do not have access to a vehicle which impairs their ability to seek medical and other services. Although there are some local transportation services available, some LGS families are unaware of how to access the transportation due to language barriers or information that is required to access the service (i.e. proof of income).[10]

Advocacy

Another missing link in services for this population is cultural understanding and advocacy. Many LGS families continue to struggle with poverty, food insecurity, access to health care, language barriers, housing issues, and isolation. When this is not taken into account by service providers when families are accessing services, disengagement can be the result.

To illustrate how this can happen, our Newcomer Program PHN has provided some examples:

- A LGS woman attended the hospital emergency room for her sick baby. The baby was assessed and required an airlift to McMaster Children's Hospital for care. When the helicopter transport team arrived the child's LGS mother was told there was a student riding along and mother was not allowed to go with her baby as there was no room. The grief stricken mother had to make travel arrangements on her own to get herself to Hamilton. Although challenging for any parent, this situation would be particularly distressing to a LGS family who would typically not have access to transportation, would more than likely to be poor and for whom English would not be their first language. This unfortunate event required advocacy of which none was made available to her. This lack of cultural understanding and advocacy created a barrier for this mother and family.
- A pregnant LGS woman had a bladder infection. She visited the hospital emergency room and was given a prescription and went to a pharmacy to fill it. The pharmacist refused to fill the prescription because the drug was actually not safe for pregnant

women, however, the LGS woman did not understand what was happening and walked away from the pharmacist not understanding what she was to do. Our Newcomer Program PHN intervened, spoke with the pharmacist, relayed the appropriate information to the prospective mother and made arrangements for the pharmacist to call the physician and change the prescription to an appropriate prescription. Without advocacy, this mother and baby's health could have been compromised.

LGS women strive for self-advocacy and to advocate for others in their community. The Newcomer Program supports them with this learning goal.

Early Interventions and Future Implications

The upstream approach taken with this community has been integral to improving the overall health outcomes of the LGS children and their parents. The Newcomer Program provides an opportunity for early language intervention, health teaching, oral health screening and vaccine information to be distributed with this priority population. Maintaining our presence and continuing to build on our relationships will help facilitate greater understanding of shared health goals within this population and help more LGS families live a healthier lifestyle.

Conclusion

There are many needs and challenges faced by this culturally unique population which call for an equally unique response and approach from health and social service providers. WDGPH has played a critical leadership role in providing services and supports to this priority population and to community partners working with them.

Over the years working with this community, we have learned that trust and respect are key. LGS communities want to remain autonomous and have the freedom to choose what is best for their families. We have learned we must prove our ability to offer assistance in a consistently respectful way in order to gain this trust and build our relationships. Relationships are very important to the LGS people and are the foundation of all our work. Through our long standing and respectful relationships at the Newcomer Program, we have increased awareness of and participation in the LGS community in a variety of health care issues including dental health, vaccinations, mental health and community services and resources for families.

It is vital that WDGPH maintain our commitment to current programming and ensure staff consistency for these families to maintain trust with our organization. Capturing and sharing our knowledge about the LGS community at an organizational and community level is necessary to continue surveillance and to plan continued meaningful interventions.

Family Health Program Standard

Goal:

To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood; and to enable all children to attain and sustain optimal health and developmental potential.

Assessment and Surveillance Requirements:

The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current), in the areas of:

- Preconception health
- Healthy pregnancies
- Reproductive health outcomes
- Preparation for parenting
- Positive parenting
- Breastfeeding
- Healthy family dynamics
- Healthy eating, healthy weights, and physical activity
- Growth and development
- Oral health

Health Promotion Policy and Development Requirements:

The Board of Health shall work with community partners, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies and the creation or enhancement of supportive environments to address:

- Preconception health
- Healthy pregnancies
- Reproductive health outcomes
- Preparation for parenting
- Positive parenting
- Breastfeeding
- Healthy family dynamics
- Healthy eating, healthy weights, and physical activity
- Growth and development
- Oral health

Vaccine Preventable Diseases Standard

Goal:

To reduce or eliminate the burden of vaccine preventable diseases.

Assessment and Surveillance:

The board of health shall assess, maintain records and report, where applicable, on:

- The immunization status of children enrolled in child care centres as defined in the *Child Care and Early Years Act*;
- The immunization status of children attending schools in accordance with the *Immunization of School Pupils Act*; and
- Immunizations administered at board of health-based clinics as required in accordance with the *Immunization Management Protocol, 2016* (or as current) and the *Infectious Diseases Protocol, 2016* (or as current).

The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Infectious Diseases Protocol, 2016* (or as current) and the *Population Health Assessment and Surveillance Protocol, 2016* (or as current).

Health Promotion and Policy Development:

The board of health shall work with community partners to improve public knowledge and confidence in immunization programs by:

- Supplementing national and provincial health communications strategies
- Developing and implementing regional/local communications strategies

Topics to be addressed shall include:

- The importance of immunization
- Diseases that vaccines prevent
- Recommended immunization schedules for children and adults and the importance of adhering to the schedules
- Introduction of new provincially funded vaccines
- Promotion of childhood and adult immunization, including high risk programs
- The importance of maintaining a personal immunization record for all family members
- The importance of reporting adverse events following immunization
- Reporting immunization information to the board of health as required
- Vaccine safety
- Legislation related to immunizations

WDGPH Strategic Direction(s)

☒ Building Healthy Communities
We will work with communities to support the health and well-being of everyone.

☐ Service Centred Approach
We are committed to providing excellent service to anyone interacting with Public Health.

☒ Health Equity
We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

☐ Organizational Capacity
We will improve our capacity to effectively deliver public health programs and services.

Health Equity

Members of the LGS Mennonite community face a disproportionate health disadvantage. Many of the barriers faced by this group including language, transportation, cultural beliefs and practices impact access to and utilization of health and social services.

WDGPH programs, such as the Newcomer Program, help to address those health inequities through targeted preventive interventions in the LGS population in a culturally acceptable way.

Appendices

Appendix A - LGS Advisory Committee Terms of Reference

Appendix B - Newcomer Program Objectives

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APPENDIX A

Terms of Reference
Drayton Newcomer Program Advisory Committee

Purpose:

The purpose of this committee is to provide a forum for program stakeholders, partners, and/or community representatives to explore opportunities to enhance the Drayton Newcomer Program.

Objectives:

1. To ensure cultural sensitivity is experienced in all aspects of the Newcomer Program.
2. To share information, knowledge, resources and strategies to strengthen the Newcomer Program.
3. To review current program activities.
4. To identify needs for further initiatives.
5. To collaborate on strategies to address the unmet needs, identify concerns and trends.
6. To provide a supportive network for program staff.

Committee Membership:

The committee will include representation from funding agencies, participating partners, service providers, and community representatives including but not limited to:

- Upper Grand District School Board
- Ontario Early Years Centre
- Wellington-Dufferin-Guelph Public Health
- Community Mennonite Fellowship church
- Community Mental Health/Trellis
- Family and Children Services of Guelph and Wellington County
- Centre Peel Public School
- Program Participant
- Others as determined by the committee

Length of membership on the committee is to be determined by individual sponsoring agency.

Committee Operations:

Decisions will be made by consensus.

Meetings will be held at the Newcomer Program site.

First meeting of the Newcomer Program year will be scheduled during the first quarter.

Meetings will be convened two - three times annually or as scheduled by the Chair.

Chair will be selected by the committee from one of the three primary contributors. It is suggested that the term of chair be two years.

Functions of the chair include preparation and distribution of the agenda and minutes.

Minutes will be recorded by a participating committee member and distributed

APPENDIX B

Drayton Newcomer Program Objectives

For Adult Program Participants:

1. To increase literacy levels and English language proficiency.
2. To increase basic life skills and parenting skills.
3. To reduce social isolation and provide opportunities for women to network with women of their own culture.
4. To increase knowledge regarding health.
5. To increase awareness of and ability to access community resources.
6. To provide modeling of positive adult/child interaction.
7. To provide the program in a supportive learning environment.
8. To reduce language and cultural barriers to participation in this community.
9. To ensure cultural sensitivity is incorporated into planning and implementation of all aspects of the program.
10. To provide collaborative opportunities that promotes healthy lifestyles.

For Child Program Participants:

To enable all children to attain and sustain optimal health and development potential by:

1. Assessing infant and child developmental and provide referral to appropriate community resources.
2. Offering school readiness programs for preschoolers.
3. Providing the program in a supportive learning environment.

For Adolescent Program Participants:

To provide pre-employment and mentoring experience to adolescents working as child care workers.