

# P4H PROJECT BRIEF

## NAVIGATING THE HEALTH CARE SYSTEM

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This project brief describes the second P4H workshop entitled **Navigating the Health Care System**.

### WHAT IS THE P4H PROJECT?

Funded by the Vancouver Foundation, the Participatory Prison Preventive Health Project (P4H) invites academic researchers, community organizations and health care providers to collaborate with individuals with incarceration experience (IIE) to:

1. Plan and implement interactive health workshops;
2. Pilot health tools;
3. Collect participant feedback; and
4. Build community and relationships.

### WHY A 'NAVIGATING THE HEALTH CARE SYSTEM' (NHCS) WORKSHOP?

The NHCS workshop was developed because men and women with incarceration experience told us that not having a family doctor, and deeper factors such as unhealthy relationships, stigma and mistrust, were barriers to achieving health. An iceberg (Figure 1) illustrates the factors that emerged during focus group discussions with members of our partner organizations, Women in2 Healing (Wi2H) and Long Term Inmates Now in the Community (L.I.N.C.). Participants told us that they need tools and resources to navigate the health care system, in order to engage in priority preventive health areas such as cancer, HIV, Hepatitis C, mental health and addiction.

### P4H WORKSHOP 2: NAVIGATING THE HEALTH CARE SYSTEM

Fifteen individuals with incarceration experience (IIE) and six health care providers (HCP) attended this workshop which aimed to:

1. Improve relationships between IIE and HCP;
2. Decrease barriers to accessing preventive health care services;
3. Provide information on how to navigate the health care system; and
4. Encourage participants to leave with a health action plan.

### WORKSHOP COMPONENTS

#### Physician Presentation: Dr. Ruth Elwood Martin

- How to find a family doctor
- Importance of building a trusting relationship with a family doctor
- Guidelines for patient rights in British Columbia
- Question and answer session

Participants also received a binder with resources to assist them in navigating the health care system.

<sup>1</sup> O'Gorman CM, Martin MS, Oliffe JL, Leggo C, Korczynski M, Martin RE. Community Voices in Program Development: The Wisdom of Individuals with Incarceration Experience. *Can J Public Health*. 2012; Sep/Oct: 379-383

<sup>2</sup> The Memo-to-Myself tool was adapted from the article Commitment to Change Instrument Enhances Program Planning, Implementation, and Evaluation. White, Marc I, Grzybowski, S, Broudo, M. *J Contin Educ Health Prof*. 2004; 24: 153-162



Figure 1: Iceberg Analogy of Health Priorities with Underlying Causes as Identified by IIE<sup>1</sup>

#### Interactive Theatre Activity: David Diamond, co-founder and Artistic Director for Theatre for Living

- Re-enactment of an interaction between an IIE and a HCP
- Created a safe space for dialogue around issues of stigma and mistrust in health care provision (see next page for full description)

#### Focus Group

- Participants provided feedback on the content and format of the workshop, and what they learned (see next page for quotes from focus group discussions)

#### Health Action Plan

A Memo-to-Myself<sup>2</sup> was introduced as a tool to support participants to achieve their health goals:

1. Participants wrote down in duplicate two health goals;
2. One copy was mailed to them two weeks post-workshop;
3. Second copy was summarized with all other responses;
4. The summary was sent in a follow-up letter one month post-workshop, which allowed participants to see the goals of their peers and prompted them to carry out their own predetermined health goals.

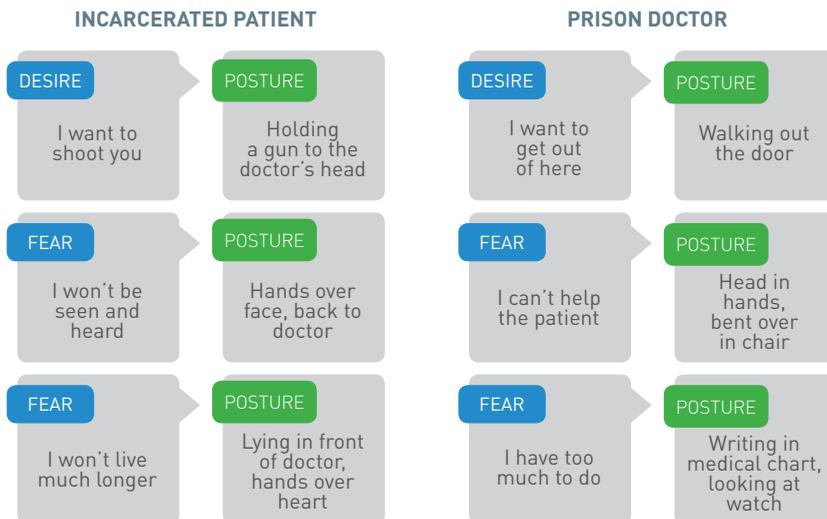


Figure 2: Rainbow of Fears and Desires for Incarcerated Patient and Prison Doctor

**WHAT DOES THE RAINBOW OF DESIRE (RD) TECHNIQUE AIM TO DO?**

1. Facilitate communication around emotionally difficult issues through exploring the conflicting fears and desires occurring in a complex interaction between two individuals or groups;
2. Honour both sides of the story, thereby creating potential for authentic dialogue across barriers of differing perceptions without polarizing the community into 'us and them';
3. Engage community in respectfully exploring the barriers, challenges and strategies required for constructive social change; and
4. Explore our internal voices that complicate our relationships with other people and limit our ability to achieve our goals.

**HOW WAS THE RD TECHNIQUE USED IN THE NHCS WORKSHOP?**

David Diamond asked participants to share their experiences of previous negative health care interactions while in prison. One narrative was selected by the group and two people were invited on stage, the previously incarcerated person whose story was selected and a health care provider to act as the prison physician.

The RD activity explored the internal voices of both 'actors' by drawing out each character's fears and desires in the context of this particular scenario.

Diamond invited members of the audience to offer additional fears or desires by coming on stage to embody them, taking the shape of what those fears and desires might look like. The activity highlighted a "rainbow" of fears and desires (Figure 2).

Diamond engaged the audience in a discussion about their interpretations of the scene, and people commented on the emotions of both characters. The facilitated reflection illustrated the new perspectives which emerged, displaying empathy from both groups for both 'sides.'

**WHAT DID THE WORKSHOP PARTICIPANTS TELL US?**

1. Both IIE and HCP participants reported increased awareness and understanding of each other's perspectives;
2. IIE participants found the workshop emotionally engaging and relatable;
3. IIE participants realized the importance of prioritizing and taking responsibility for their own health by controlling their emotions during doctors' appointments and being more knowledgeable about patient rights;
4. All participants suggested that the RD technique would be beneficial to teach to current and future HCP; and
5. All participants were eager to share the information they gained during the workshop with friends, family and colleagues.

**WHAT THEMES EMERGED FROM THE NHCS WORKSHOP?**

**New Perspectives**

*"I found it very interesting to see the doctor's side 'cause we don't really think how doctors feel and what their fears are and what they feel at work, so it's nice to see an aspect of both sides."* —IIE Participant, male

*"There were some 'aha' moments – learning moments ... because it's both the HCP and the inmates that need to give-and-take, they both need to be more relaxed, be more open."* —HCP Participant, male

**Taking Action**

*"I'd probably look into getting healthcare...this has opened my mind. Health should be first before anything."* —IIE Participant, male

*"I felt like I was re-living every day of my work. I work in a DTES clinic, a lot of people come in looking for a family doctor, and they are very desperate and angry and they're at a point where they are basically holding a gun at me. ...How can we, then, check our behaviour or our reactions, in interacting with community members?"* —HCP Participant, female

**NEXT STEPS**

The CCPHE will host a conference in Vancouver on February 20-21, 2014: *Health Beyond Bars: Towards Healthy Prisons in Canada*. Seating is limited, so register early.

**On-line registration is now open:** <http://tinyurl.com/ccphe-conference>

To receive more information about the conference, email Debra Hanberg at: [prison.research@familymed.ubc.ca](mailto:prison.research@familymed.ubc.ca) or Renée Turner at: [ccphe@familymed.ubc.ca](mailto:ccphe@familymed.ubc.ca)

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