UNDERSTANDING NEWCOMERS' EXPERIENCE IN ACCESSING HEALTHCARE SERVICES FOR THEIR CHILDREN UPON ARRIVING IN CANADA.

By

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ABSTRACT

Access to healthcare services is a core human rights of children under the United Nations Convention on the Rights of the Child (CRC). The CRC obligates governments to fulfill all articulated rights for all children including newcomers to Canada. This qualitative study recruited newcomer mothers to New Brunswick, Canada and used semi-structured interviews to understand their experience in accessing healthcare services for their children. Results were categorized into 5 themes with several subthemes; 1. Access to Healthcare; 2. Health Status and Experiences; 3. Comparison and Gaps in the Healthcare system; 4. Support Services and Policy Changes and 5. Miscellaneous Mentions

Analysis of the collected data reveals that the current healthcare systems of the province may benefit from some adjustments based on the needs of its newcomers. Such improvements will not only meet the varied health needs of the newcomer families, but they will also safeguard their development and wellbeing.

DEDICATION

I dedicate this thesis to the Almighty God who gave me the grace, strength and courage to complete this project, many times my own strength failed but His mercies always get me through.

Also, I would like to thank my mother Queen Justina Ologbo for her sacrifices, great help and faithfulness in not ceasing to pray for me.

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PREFACE

This thesis is the result of a long yet fruitful quest to understand newcomers' families' healthcare experiences. In recent times, I have traveled across continents and faced personal challenges which has brought me to the center of the health needs of newcomer families' children.

The motivation of this research is from my journey as a newcomer woman and a mother. It was during this course of this journey; I gave birth to three beautiful children. Striking a balance between being a mother and fulfilling my academic obligations has been extremely tough but also predominately fulfilling.

Apart from the joyous moments that come with motherhood, our family experienced painful displacement as a result of the war in Ukraine. We survived almost one year under uncertainty as refugees in our bid to reach Canada where we felt safe. This period was marked by attending some online courses while at the refugee camp, looking for healthcare for my one-year-old son, and managing pregnancy at the same time. These occurrences were not only among the reasons why I had the desire to complete this research project, but they were also direct experiences of what it means to have limited access to healthcare under extreme conditions

There were several challenges that I went through but got tremendous support from many quarters too. My entire journey has thus far been made possible by meeting amazing colleagues, friends who became family, lecturers and supervisors who turned out to be influential figures in inspiring me all along. Their words of encouragement,

mentoring and shared experiences enriched my understanding and pushed me further despite any hurdle that I came across.

My study aims at giving insight into how difficult accessing healthcare can be for newcomers' families. They therefore propose recommendations necessary for better improvement and support of these families through policies or services provided by health personnel in hospitals or health centers within Canada respectively. The results obtained from this study are evidence of the resilience and strength exhibited by newcomer families, which calls for more inclusive health care systems.

I dedicate this thesis to all newcomer families who seek better lives and loved ones who have been my strength for long. As I come to an end in this journey that has been characterized by numerous academic achievements, I am looking forward to making real changes in terms of improving access to healthcare in newcomers with the hope that it will positively change things.

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CHAPTER ONE: INTRODUCTION

Among other characteristics, Canada is known for its multiculturalism, which is a major reason for the arrival of numerous newcomers with different experiences, ambitions, and challenges that they must start contending with immediately. The search for well-being and a sense of belonging, including access to essential healthcare services particularly for their children, are major concerns of parents as they negotiate the unfamiliar terrain of their new home. It is within this context that the present qualitative research aims at exploring the lived experiences of newcomers seeking healthcare services for their children within New Brunswick (NB).

The aim of this study is to bring to light the untold stories and realities of 12 participants who bravely go through healthcare systems and services to achieve the best health for their children. The narratives shared via in-depth interviews will reveal the numerous obstacles, issues, and achievements on their way towards accessing healthcare.

The significance of this research lies in its ability to uncover deeply entrenched factors that hinder newcomers from accessing health care in NB. By digging into participants' rich experiences, this study will identify barriers, gaps and possibilities within the healthcare sector hence informing policy options, programs interventions as well as community driven initiatives aimed at improving accessibility of health, equity and quality of health care for newcomer families.

Their narratives are therefore powerful tools that can shape and influence the healthcare system towards a future where each child coming to New Brunswick will be able to access appropriate medical attention so that they can thrive.

Through collaborative inquiry and empathetic understanding, this research endeavors to amplify the voices of newcomers, and facilitate the possibility of weaving their stories into the fabric of healthcare policy and practice, and ultimately, foster a more inclusive and equitable healthcare system for all.

CHAPTER TWO: LITERATURE REVIEW

The purpose of the literature review chapter is to explore the existing research and understand how newcomer families, in general, access healthcare services for their children. Its aim is to put this study into context with this current research, mentioning some key findings, gaps, and areas for future research.

Understanding the experiences that newcomers have had as they sought healthcare services is essential for policy makers who want to address health disparities. This chapter begins by defining child development and health, covering various domains such as physical development, cognitive development, and social/emotional development. Each domain will be discussed in detail, so as to stress its relevance in terms of healthcare accessibility issues which affect child growth.

In addition, this review examines the factors influencing child development through analysis from Total Environment Assessment Model for Early Child Development (TEAM-ECD) report (WHO Commissioner on Social Determinants of Health, 2007). These consist of socio-economic status, parental education and employment, health/nutrition issues together with environmental factors. It discusses how these factors combine to influence children's developmental pathways specifically those from newcomer backgrounds.

Regarding safeguarding child growth through social determinants of health; this section also suggests strategies aimed at reducing effects associated with these causal agents like improving access to quality education; improving health services; supporting families and promoting an adequate housing and nutrition environment.

The United Nations Convention on the Rights of a Child (UNCRC) will be reviewed in relation to supporting child development and well-being internationally. This part outlines the four guiding principles that are found in UNCRC while focusing mainly on Article 24 which stresses the right to health care services as well as essential medicines. This international platform forms a basis for advocating for the rights and wellbeing of newcomer children.

Moreover, the literature review discusses the global migration impacting Canada including specific NB trends concerning accessing primary care providers within this province. The paper explores reasons why there is a need for responsive and inclusive healthcare system because New Brunswick is becoming more diverse due to immigration.

Lastly, the chapter brings together literature on issues that faced by newcomers in terms of accessing healthcare services. There are global, Canadian, and New Brunswick specific studies which will be compared to identify some common barriers and ways for overcoming them. This review serves as a foundation for this research, which aims at understanding the experiences of newcomer women in NB in greater depth. In addition, this study is expected to contribute towards the development of immigrant-centered care models that address their unique needs while promoting access to healthcare for all children who are living in New Brunswick.

I. Child Development and Child Health

The World Health Organization defines child development as "the ordered emergence of interdependent skills of sensorimotor, cognitive-language, and social-emotional functioning, which depend on the child's physical well-being, the family's interaction patterns, and the larger social context in which they live" (World Health Organization [WHO], 2023, p. 4).

This definition implies how complicated child development is as it indicates that it is a multidimensional process involving numerous related skills. Sensorimotor skills refer to those abilities which combine sensory perception and motor actions, essential for physical interactions with surroundings. Cognitive-language skills refer to learning, thinking, reasoning and understanding processes along with good communication abilities. Social-emotional functioning refers to the ability to create relationships, understanding emotions and navigating social contexts. All these areas are vital for holistic growth of a child that depends upon their health status, family dynamics as well as the broader societal environment (WHO, 2023).

Understanding these domains will help in creating conducive environments for healthy growth. Physical coordination and exploration are realized during sensorimotor development whereas learning and communication occur through cognitive-language development hence building relationships and emotional well-being characterizes social-emotional development. These dynamic elements portray a comprehensive child-development approach where several factors affect children's growth in different ways.

Child development includes growth in physical, intellectual and language domains, moral, social, emotional and other areas (Centers for Disease Control and Prevention [CDC], 2022). Physical development refers to the acquisition of fine motor skills as well as gross motor skills which are needed by children to undertake both precise acts that require small movements as well as large body motion. Cognitive development is all about progress in capacities like language and communication enabling the young ones to express themselves usefully and engage in conversations. Emotional development also deals with self-management or coping skills on feelings while empathy helps in connecting emotionally with others. Social development also describes the process of creating relations that are healthy within a society.

These domains do not exist separately but are rather interconnected. For instance, language develops alongside cognition because without language one cannot learn and solve problems. Also, social development is part of emotional development since one can only make friendships by understanding their own emotions. There are relationships between domains because moving from one milestone to another depends on achievement of previous milestone. Inclusive observation may be that a child who starts walking (physical development) has an improved opportunity for learning via exploring (cognitive development), and the ability for friendship building becomes better (social development) when empathizing towards others' situations (emotional development). This relationship emphasizes a well-rounded approach to child support that would grow all aspects together so as to nourish overall progress and welfare of a person (CDC, 2022).

I. A. Factors Affecting Child Development

Child development is a combination of biological and environmental factors which includes physical growth, intellectual and language domains, moral, social, emotional and other areas (Centers for Disease Control and Prevention [CDC], 2022). Physical development refers to the acquisition of fine motor skills as well as gross motor skills which are needed by children to undertake both precise acts that require small movements as well as large body motion. Cognitive development is all about progress in capacities like language and communication enabling the young ones to express themselves usefully and engage in conversations. Emotional development also deals with self-management or coping skills on feelings while empathy helps in connecting emotionally with others. Social development also describes the process of creating relations that are healthy within a society.

Biological factors combine with environmental factors to influence child development in a complex manner. For this reason, understanding these influences is important so that healthy growth can be promoted. The Total Environment Assessment Model for Early Child Development (TEAM-ECD) (Siddiqi et al., 2007) provides insights into the interaction between different components of environment during childhood stage. Likewise, Centers for Disease Control and Prevention (CDC, 2003) has stressed on early childhood interventions and supportive environments.

Research from World Health Organization (WHO, 2023), American Academy of Pediatrics (AAP, 2023) confirms the need for early developmental interventions as well

as supportive environments leading to optimal health outcomes. Experts such as Brazelton & Greenspan (2000) and Shonkoff & Phillips (2000) bring out vital information regarding sensitive periods of infant brain formation and the effects of caregiver's behavior on children's growth. These viewpoints help to appreciate how different components contribute towards a child's development; hence enabling to foster setting that encourage wellness and growth.

Biological Factors

Genetics play a significant role in child development as children get physical features, prominent health conditions and behaviors from their parents. Moreover, epigenetics shows that gene expression is influenced by environmental factors resulting in long-term effects of its development (Siddiqi et al. 2007). Hence, this genetic-environment interaction shapes children's pre-dispositions to certain developmental pathways.

Nutrition becomes vital for brain development and physical growth. Enough prenatal nutrition reduces chances of birth defects while proper early childhood nutrition ensures cognitive and physical advancements. On the other hand, malnutrition causes stunted growth with cognitive impairments too (CDC, 2022); balanced nutrition is critical in building the foundations of child development ((Victora et al., 2008)

Health also has a significant effect on how children grow up, where chronic illnesses and access to quality medical care are major determinants. For example, early childhood regular check-ups and immunizations will help in identifying any possible health issues (American Academy of Pediatrics, 2021). It is important for diagnosis to be done at an

early stage together with management, so it does not interfere with developmental progress.

It is also important to consider congenital developmental challenges or inborn errors of metabolism a child may be born with that can impede their development. The developmental course of children can be affected by factors like Down Syndrome, Fetal Alcohol Spectrum Disorders and other genetic syndromes. Additionally, these biological disadvantages are minimized through early diagnosis and appropriate interventions for these conditions. These challenges can be detected early enough by pediatricians, developmental specialists who provide the right support at the right time. For example, the American Academy of Pediatrics (AAP) has recommended various newborn screening tests for genetic and metabolic disorders which if followed up with early intervention can lead to better outcomes (American Academy of Pediatrics, 2021). This is because the organization's role in helping children when confronted with such problems cannot be overemphasized.

In summary, natural elements—genetics, nutrition, health—and congenital developmental challenges comprise fundamental aspects of child growth. Understanding and combating disorders by identifying them earlier on helps reduce possible developmental inconvenience, hence supporting optimal growth as well as development among young children.

Environmental Factors

A child's environment is multifaceted, consisting of various layers that interact to impact development. The center is the immediate family environment where the quality of

parenting and family dynamics plays a key role. A supportive and engaged parenting style that offers love, stability, and stimulation promotes social, emotional, and cognitive development in children. Additionally, outside the family home, there is a broad socio-economic context which defines availability of resources for learning, good nutrition, or health care services, thus affecting child development (Siddiqi et al., 2007).

Mothers as caregivers are central figures in the lives of children within the family environment. For instance, maternal education influences cognitive as well as social development since educated mothers are more likely to engage in stimulating activities and provide nurturing environments (Siddiqi et al., 2007). Poverty can overstretch parental resources, thereby increasing stress levels which may then affect the kind of environment children grow up in leading to poor child development outcomes. Therefore, these factors combined with overall socioeconomic status result to diverse influences that hinder or promote progress among children (Siddiqi et al., 2007).

Early Childhood programs: Cognitive and social skill development is enhanced by high-quality early childhood education programs and safe, supportive school environments. Availability of educational materials as well as trained teachers is critical (CDC, 2022).

Community Environment: Childhoods can be enriched through safe neighborhoods and community support services like libraries and extra curriculum activities (Harvard University Center on the Developing Child, 2020).

Cultural Influences: Parenting styles are shaped by cultural values, norms and practices while educational expectations relate to them thus influencing socialization processes.

Multilingual environments boost language skills hence improved cognitive flexibility (Harvard University Center on the Developing Child, 2020).

Families' services are influenced by the political environment resulting in child growth. Governments provide healthcare systems, which consist of health facilities like hospitals; education systems like schools; and social support networks for child development (Siddiqi et al., 2007). In this regard, resource allocation to such services as well as family-friendly policies can have significant impacts on children's welfare, for example government programs that ensure affordable healthcare ensure that children get regular medical check-ups which are essential for their physical and mental growth. Similarly, policy making aimed at supporting early childhood development programs enhances socialization, emotional intelligence, and cognitive abilities in children, thereby facilitating them to be able to learn better in future.

Furthermore, when governments try to fight poverty and put in place safety nets, they help alleviate the economic pressure on families, hence enabling them to pay more attention on their children. Some of these are nutritional support programmes, housing schemes as well as job parental leave policies which enhance stable families (Harvard University Center on the Developing Child, 2020).

Government services can play a key role in child development. The United Nations Children's Fund (UNICEF, 2020) advises that policies and programs can work indirectly by providing environments in which families can thrive, and directly by meeting children's basic needs. While crucial interventions target the effects of poverty, inequality, and other socio-economic challenges, the direct provision of child health services is also important.

Interaction Between Child and Environment

The relationship between a child and their surroundings is mutual and ever-changing. Resilience can be developed by supportive environments or those that buffer children against negative influences (Siddiqi et al., 2007). Conversely, children also have significant impacts on their social environment as well. Caregivers' responses, teachers' actions, and peers' interactions are influenced by a child's character, conduct, and developmental needs. For example, caregivers may offer more nurturing and supportive care in response to positive social behaviors and emotional regulation exhibited by a child. Thus, both home-based, and classroom-based care services can either improve or inhibit curiosity and eagerness of a child to learn.

However, when there are behavioral or emotional challenges in children, these may require specific interventions from the surrounding environment. For instance, accommodations may be provided at school, hence the implementation of personalized support strategies such as special education programs. Additionally, individual therapy sessions, family routine changes, and many other strategies are aimed at meeting the unique needs of such children. This means that we must consider environmental and individual factors when thinking about healthy development. There is therefore the need to embrace an understanding that children affect and are affected by their surroundings so that they will use effective ways of responding to them within inclusive approaches for better results for both children and the society of which they are a part.

Unfortunately, adversity comes in several forms affecting child development extensively. The developmental course taken by a person could be changed after

experiencing certain challenges like being displaced because of conflicts, natural disasters, or other emergencies by other causes. Furthermore, trauma and anxiety among other psychological issues may hinder their emotional growth as well as improper socialization arising from exposure to war and violence.

Other examples besides extreme cases or adverse experiences could also be long-term stress linked to poverty, neglect, or abuse. All these adversities have an impact on child development by affecting physical health, cognitive function, and emotional well-being.

In fact, research has shown that early exposure of children to adversity might have a lasting impact on their brain development and functioning. For instance, in the absence of protective adult support, toxic stress which results from strong, frequent, or prolonged adversities can bring about changes in brain chemistry, thus leading to learning difficulties, behavioral change, and mental illness (Center on the Developing Child at Harvard University, 2015).

In order to design effective interventions that will help these children requires understanding the different forms of adversity and how they affect child development. These include interventions aimed at reducing the effects of adversity by providing stable environments for children as well as access to mental health services, education and healthcare. Society can therefore help such children to grow optimally by ensuring their needs are met.

Therefore, it is important to note that child growth is shaped by several factors including biological, environmental, social, and political factors which interact with one another in complicated ways. All these elements form the foundation on which individuals' lives

will be built. The importance of childhood development goes beyond their early years since this lays the foundation for all domains required during adulthood as well as old age. Establishment of good cognitive abilities depends upon proper development in early childhood for emotional stability, physical health, and social relationships. Therefore, ensuring the safeguarding of child development requires a comprehensive approach that addresses the social determinants of health.

I. B. Safeguarding Child Development

The protection of child development necessitates addressing the social determinants of health, which are the circumstances in which people are born, grow, live, work, and age (World Health Organization, 2008). Such factors include but are not limited to socioeconomic status, education, employment, housing, and healthcare access. Hence, aiming at equality regarding these determinants enhances healthy child development and may reduce health inequities.

Availability and quality of health services can differ widely due to various reasons including geographic settings economic resources or political motives within a country. This distinctiveness brings about unjustifiable imbalances in children's' health and development and thus requires particular interventions and policies so all children can attain their maximum potential.

Access to healthcare is a key determinant of health that impacts a child’s developmental outcomes. A sound healthcare system encompasses preventive, curative, and rehabilitative services that address issues caused by biological, environmental, and

social risk factors affecting children's growth. Ensuring appropriate medical attention and intervention for children at risk or with conditions such as Down's Syndrome plays a critical role in protecting their physical, cognitive, and emotional well-being (World Health Organization, 2022). Moreover, proper early childhood nutrition is essential for cognitive and physical advancements, while malnutrition can cause stunted growth and cognitive impairments (Centers for Disease Control and Prevention, 2022).

I. C. The Role of Health Services in Safeguarding Child Development

To ensure that children receive the necessary care, child health services take a central role in fostering child development and intervening in physical, cognitive, emotional and social growth. Thus, quality medical assistance is required for early addressing of health concerns as well as to ensure delivery of necessary immunizations, treatments and other interventions for healthy life of children (World Health Organization, 2006). Quality health care has been defined as a series of dimensions such as safety, effectiveness, patient-centeredness, timeliness, efficiency and equity (Agency for Healthcare Research and Quality 2017). The scope of healthcare includes patient security, effectiveness of the treatment methods, personalized approach to every patient, access to the hospitalization without any delays, economic issues in healthcare service distribution system, and equal rights for all patients irrespective their race or social position (The Institute of Medicine Committee on Quality of Health Care in America, 2001). The objectives should be identifying possible barriers between different groups with respect to healthcare facilities to eliminate them on various levels: local or international.

Accordingly, conducting regular check-ups involving standardized assessments of health status and developmental screening tests helps detect conditions such as hearing loss/vision losses/developmental delay/behavior problems at an early stage to enable early interventions (Canadian Paediatric Society, 2017). This method does not only address immediate health threats but also helps prevent long-term developmental problems.

Moreover, health services are instrumental in providing parents and caregivers education and support so they can contribute towards the development of their children since they closest to them during the initial stages. These include information about nutrition, exercises, mental wellbeing, and milestones at each age range. Therefore, healthcare providers usually partner with families and communities to create an enabling environment where children will grow holistically (Helfand et al., 2004).

According to the United Nations Children's Rights Convention (OHCHR, 1989), "health services" play a critical role in ensuring child development is well safeguarded. The Children's Rights Convention recognizes global children's rights as a tool to survive and grow to their full potential respecting the principle that all state agencies should take into account the best interests of the child (The Institute of Medicine Committee on Quality of Health Care in America, 2001). As a result, this treaty places a huge emphasis on health services as an important means of upholding children's rights, meeting their health needs, and supporting their development. Therefore, by aligning themselves with the CRC public health facilities can help the realization of child rights and take effective steps towards raising healthier children (Koplan et al., 2009).

II. The UN Convention on the Rights of the Child (CRC)

The United Nations Convention on the Rights of the Child (CRC) is a global treaty on human rights that delineates children's civil, political, economic, social, health, and cultural rights. It was designed to ensure that children's rights are globally recognized and protected thus facilitating their well-being and optimal growth in the world (OHCHR, 1989). The CRC consists of an inclusive list of entitlements applicable to all children under the age of 18 regardless of their sex, nationality, religion, or any other status (Freeman, 2007).

The convention embraces participation rights and recognizes children's voices in decisions affecting them. Article 12 represents a charter for children as active contributors rather than passive recipients of care giving (OHCHR, 1989). Article 24 and Article 28 correspondingly embed education and health rights; they also provide tools for flourishing, developing fully and reaching full potential as well as access to medical services respectively (OHCHR, 1989).

The UNCRC equally safeguards families since it realizes its crucial role in child rearing while at the same time providing alternative care for those needing it most (OHCHR, 1989, Articles 5, 9, 20). In times of war or natural disasters it serves as a safety net ensuring that there will be no harm to a child or and that they have access to the help they need (OHCHR, 1989, Articles 37-38).

II. A. The Grounding Principles of the CRC

Four key principles form the foundation upon which the Convention on the Rights of Children stands. These guiding principles guarantee holistic protection and promotion of all aspects related to child well-being in terms of his or her rights. The core principles are non-discrimination, best interests of the child, right to life, survival, and development and respect for the views of the child.

Non-discrimination calls for ensuring that all children enjoy equal opportunities without any form of discrimination based on their race, sex, ethnic origin, religion, disability, or other status. This principle ensures equality in treatment and access to opportunities among all children. Article 2 of CRC specifically states that children should have their rights respected and protected from all types of discrimination (OHCHR, 1989).

The best interest of the child principle underlines that whenever dealing with matters affecting a child, actions must be geared towards enhancing his or her well-being. This is enshrined in Article 3 which requires states to prioritize the best interests of children in legislative, administrative and judicial decisions thereby providing them with both care as well as protection (OHCHR, 1989).

The right to life, survival and development asserts that every child has an inherent right to live, and this must be ensured by states as much as possible hence it is called “right”. This concept is highlighted in article 6 of the CRC which points out conditions necessary for physical, mental, emotional, cognitive, and social development in a child’s life (OHCHR, 1989).

The principle of respect for the child's views is that children should be seen as active participants in their own lives and have the right to express their views freely about all that affects them. Article 12 asserts that such views be given due weight according to a child's age and maturity thereby fostering its potential for engaging with its publics (OHCHR, 1989).

These core principles form the foundation of the CRC, which guides every country in drafting policies and law that will protect and support rights of children while ensuring their growth, participation, and welfare at every stage of life.

II. B. The Global Commitment to the CRC

Global commitment to the rights and well-being of children is shown by ratification of the CRC If countries go through with their ratification, then they have accepted a series of responsibilities aimed at guaranteeing that each child in their territories' jurisdictions gets his/her rights fulfilled, respected and protected. The CRC requires various things from states ranging from passing legislation and ensuring national laws are consistent with it, to practical steps aimed at providing healthcare, learning, and protecting children from harm. In enabling them to thrive together with adults on equal terms within society, the CRC makes sure that states act in the best interests of children thereby preserving their right to life.

Ratifying the CRC carries huge implications for delivery of health care services in Canada, whose government must ensure all children have access to highest possible standard of health care. Currently, access to healthcare services for newcomer families' children in Canada is impeded by language barriers, cultural disparities, and lack of

knowledge about the healthcare system (Wang et al., 2021). These can delay timely access to essential healthcare, possibly endangering the newcomers' child's health as well as development. These major barriers must be removed to meet the goals set out in the Convention on the Rights of the Child (CRC) regarding equitable healthcare for all children, regardless of their background.

All United Nations member states except the United States ratified the CRC by June 2023. Ratification is a legal process whereby a state agrees to be bound by an international treaty. Signing up for CRC ratification means a country commits itself not only to observe but integrate these rights and principles into its own laws and policies taking any necessary measures required to ensure the realization of these rights in its territory (OHCHR, 1989).

Various legislative, policy, and programmatic measures have been put in place by the Government of Canada to demonstrate its commitment to the CRC's task of ensuring protection of children's rights and well-being are maintained. Such laws include the Youth Criminal Justice Act (YCJA), which was implemented to ensure that the justice system respects their rights and promotes rehabilitation and reintegration into society for young offenders (Department of Justice Canada, 2003).

The principles of the CRC are reflected in the Interim Federal Health Program (IFHP). This provides limited health coverage for refugee claimants, resettled refugees, and other newcomers until they become eligible for provincial or territorial health insurance (Government of Canada, 2021). This ensures that newly arrived immigrants including children have access to essential medical services. IFHP aids in meeting initial health needs while facilitating integration into the healthcare system as shown by how it aligns

with CRC principles on newcomer children's right to healthcare in Canada. This is particularly important since many immigrant families settle here requiring immediate health care services.

Various programs and initiatives specifically addressing the rights and needs of children are supported by Canada. One is the Universal Child Care Benefit, which provides financial assistance to families for childcare expenses (Canada Revenue Agency, 2023). In addition, a tax-free monthly payment, the Canadian Child Benefit, has been introduced to eradicate poverty among children of certain low-income families (Canada Revenue Agency, 2023). Moreover, Canada actively supports worldwide campaigns on education as well as welfare policies targeting children through international aid programmes such as Global Affairs Canada which enhance child wellbeing around the globe, thereby promoting their rights' agenda.

Like other countries, Canada is required to report periodically about its implementation progress concerning CRC issues before the United Nations Committee on Rights of a Child. The reports outline the government's efforts to guarantee the rights of children and specify any problems that have been encountered (United Nations Committee on the Rights of the Child, 2022). These actions collectively seek to maintain and promote Canadian legislation designed in line with international norms which aid in safeguarding children's rights and welfare.

II. C. The Right to Health Services Under the CRC

The CRC is a leading document that outlines the basic human rights of children ensuring their well-being and development. Altogether these add up to 41 substantive rights divided into 9 groups of rights as follows:

- Cluster 1: General Measures of Implementation (Article 4: Implementation obligations);
- Cluster 2: Definition of the Child;
- Cluster 3: General Principles (Article 2: Principle of non-discrimination);
- Cluster 4: Civil Rights and Freedoms (Article 14: Freedom of thought, conscience and religion);
- Cluster 5: Protection and Violence (Article 19: Protection against violence, neglect and abuse);
- Cluster 6: Family Environment and Alternative Care (Article 20: Children deprived of their family environment);
- Cluster 7: Disability, Basic Health and Welfare (Article 24: Right to health services and essential medicine)
- Cluster 8: Education, Leisure, and Cultural Activities (Article 28: Right to education);
- Cluster 9: Special Protection Measures (Article 40: Administration of juvenile justice)

Cluster 7 among other clusters has been dedicated to the health of children, an area that encompasses different articles designed to protect and promote the health of young individuals.

This cluster's core is article 6 which states that every child has an innate right to life with governments being mandated by this provision to see them through survival and development. This article therefore articulates a comprehensive approach towards children's health that forms the basis for all UNCRC provisions on health matters. Article 18(3) directs governments to provide parents with some healthcare services while they raise their children, implying that it recognizes how important such partnerships are.

Included in this cluster is Article 23 which addresses issues concerning children living with disabilities. They have special care guaranteed by this article; hence, they can access healthcare suitable for them, thus promoting inclusivity and equality in health care.

Article (24) acknowledges a child's right to access to the highest possible standard of healthcare; we need to pay particular attention while discussing it as it raises several concerns pertaining to children's wellbeing in terms of disease prevention, availability good nutrition for healthy growth, and safe water (Vaghri et al., 2022). It also focuses on reduction of infant mortality rates, provision of necessary treatment and healthcare for children, preventive healthcare, and health education programs as a responsibility of each state.

Right to social security is contained in Article 26 which means that children have a right to access social security, which would include social insurance. This helps parents meet the essential needs of their children.

The child also has a right to decent standard of living according to article 27. The parents should provide necessary conditions for the upbringing of the child with possible assistance from the government.

Finally, Article 33 focuses on the right of children to protection from drug abuse. It calls for measures aimed at ending using children for illicit drug production and trafficking purposes, thereby preserving their wellbeing.

II. D. Rights-based Approach to Health

A right-based approach to health is one of the new strategies in healthcare that are gaining popularity as a topic of discussion. The rights-based approach to health is identified as one of the emerging strategies in healthcare. This includes integrating human rights principles into health policy and planning, implementation, and evaluation. It was born out of the realization that healthcare is an inherent human right; thus, access to medical services should never be restricted. Historically, it came about along with other issues within international human rights movement that started after World War II and got a boost from such global documents like the Universal Declaration of Human Rights (1948). The rights-based approach emphasizes participation, non-discrimination, accountability, and empowerment of individuals and communities, ensuring that healthcare systems are inclusive, equitable, and responsive to all citizens including the most vulnerable (OHCHR, 1989).

The rights-based approach to health must be based on the articles of the Convention on the Rights of the Child (CRC) and General Comment 14 of the Committee on Economic, Social, and Cultural Rights (2000) and start with all these seven elements: from the framework for a rights-based approach to health developed by the World Health Organization (WHO, 2023) availability, accountability, accessibility as well as acceptability, quality universality, and responsiveness.

1. *Availability:* Healthcare services must be available in a sufficient amount and distribution within a particular region or community. More specifically, this requires a precise mix of diverse healthcare facilities (including hospitals and clinics), skilled healthcare workers, medical devices, and drugs that can be purchased in the pharmacies and administered in the outpatient hospitals for newcomer families, along with all other members of the community.

2. *Accessibility:* Accessibility refers to the physical, economic, and informational barriers that may hinder individuals from accessing healthcare services. There may exist different barriers inhibiting newcomer children and their families from accessing healthcare such as language barriers, unavailability of transportation services, financial constraints and unawareness of how the medical system works. In a rights-based approach these should be removed in order to have an equal access to healthcare for all regardless of their nationalities or immigration status.

3. *Acceptability:* This is giving due regard to cultural, religious, and gender aspects when designing health care services; they should be considered according to individual and community's specific needs and preferences. The newcomers may have different ways of life depending on their beliefs and values about health influences on how they

seek treatment. A rights-based approach considers these variations promoting culturally competent inclusive medical services that respect individuals' privacy (OHCHR, 1989).

4. *Quality:* Quality health care is key towards a positive outcome in good health as well as the realization of highest attainable standard of physical well-being for every individual. This entails provision of appropriate healthcare services which are safe, effective, timely, patient-centered irrespective of the immigration status. Quality in healthcare involves clinical effectiveness, safety during provision of healthcare services communication, continuity in care among others. These elements must continuously be monitored and improved by applying best practices based on outcomes data through patient surveys to keep up with high-quality care delivery standards (OHCHR, 1989).

5. *Accountability:* Accountability is core to a rights-based approach to health, underlining the duty of states, health providers and other actors to honour their obligations to realise individual's right to health. Accountability mechanisms, including opening up the system to scrutiny through transparency, oversight and redress mechanisms for grievances, serve to deepen accountability and strengthen public trust in the health system (OHCHR, 1989)

6. *Universality*: The principle of universality highlights that the right to health belongs to everyone, regardless of nationality, citizenship or immigration status. A rights-based approach does not support discrimination and exclusion; it demands that governments implement policies and programmes that are non-discriminatory and covers the health and wellbeing of all children, irrespective of their background (OHCHR 1989).

7. *Responsiveness:* The capacity of a healthcare system to address emerging health needs and priorities among individuals and communities comprising newcomer children along with their families constitutes responsiveness issue. All newcomers have cultural, social, economic and health related issues which need special attention when giving them health care services that fit their cultures as well as conditions they go through while living in this country. In line with this framework based on human rights principles the community participation can ensure creation and delivery of more effective healthcare services together with immigrant communities (OHCHR 1989).

By adhering to these criteria whilst maintaining compliance with CRC principles, countries can develop inclusive, equitable and responsive healthcare systems which promote child's well-being regardless his/her immigration status or background.

III. The International Migration Patterns

On a global scale forced displacement due to conflict, violence, poverty, and environmental degradation has resulted into more than 70 million forced displaced people around the world due to conflict, violence, poverty, and environmental degradation marking a high record according to United Nations High Commissioner for Refugees (OHCHR), 2020). These include refugees, internally displaced persons (IDPs) and asylum seekers.

Children make up a significant portion of these displaced population. In fact, around 42% of all forcibly displaced individuals are aged below 18 years translating into about 29.4 million displaced children globally (OHCHR, 2023). Such huge numbers portray

the devastating consequences displacement has on young vulnerable populations thus necessitating targeted supports and protective measures.

Many these displaced persons are connected by family units with children. Families consist of 2-3 children in average and in some regions over half of the displaced households are made up of children plus those taking care of them (OHCHR, 2023). The figures literally depict the great weight that forced displacement has on children and families necessitating urgent need for comprehensive support and protection to such vulnerable groups

III. A. The Portrait of Displaced People Coming to Canada

Canada is no exception to the above-mentioned global migration trends. Statistics Canada (2017) reports that the nation continues to be a destination for numerous forcibly displaced persons. By 2036, about 28.2% of population will be foreign-born as opposed to only 21.9% in 2016 (Douglas & Finley-Brook, 2023). Immigration rose approximately 55% between 2018 and 2022, from around 4,500 to over 7,000 (Statistics Canada, 2023). The increase in population diversity as well as size demands changes to programs and services. With an aging base population and low birth rate, this trend toward diversity is projected to continue during the next decade.

III. B. The Portrait of Displaced People Coming to NB

Between 2018 and 2023, over 15,000 permanent residents were added to NB's population (Statistics Canada, 2023). In addition to the familiar categories of skilled and unskilled workers, there have been major increases in the numbers of refugees and

students. Since 2015, over 2,500 refugees have fled the conflict in Syria (Government of New Brunswick, 2023). More recently, the war in Ukraine has driven over 1,200 Ukrainian families to seek refuge in NB, many of them with young children (Government of New Brunswick, 2020). In fact, approximately 40% of these refugees are under the age of 18, with some 1,500 children aged 0-5, 1,200 children aged 6-12, and 1,000 adolescents aged 13-17. The number of international students in NB has also risen, reaching 7,000 in 2022 (Atlantic Provinces Economic Council, 2023). All of this has changed the provincial demographics.

Immigration has reversed trends such as stagnant population growth and declining student numbers; the 10% increase in school enrollments from 2018 to 2023 is directly attributable to the influx of immigrant and refugee families (Department of Education and Early Childhood Development, 2023). Such a large influx of people with different cultures and languages has created a need for changes in services, and government institutions and NGOs have actively sought to foster a more inclusive environment through initiatives such as the Multicultural Council or Newcomer Support Services. However, this growth in population has also increased the pressure on New Brunswick's already strained healthcare system, creating a 12% rise in demand for primary care services (2018-2023; New Brunswick Health Council, 2023).

III. C. Challenges of Newcomers and Their Access to Services

In a global context, migrant and refugee children face "unequal medical treatment opportunities" (Brandenberger et al., 2019, p. 1). In the following section, I will review studies that have investigated some of the key barriers and facilitators, together with

recommendations for enhancing access to pediatric healthcare for newcomer families in Canada.

Woodgate et al. (2017) found that African immigrant and refugee families in Manitoba faced significant challenges in accessing primary care services: language difficulties, cultural differences, lack of knowledge about the Canadian healthcare system, and unacceptable living conditions. Similarly, Lane et al. (2021) reported that finding appropriate services for their children's health needs were major obstacles for newcomer families in Saskatchewan. A scoping review by Kalich et al. (2016) noted that new immigrants are expected to self-advocate, indicating a failure of the healthcare system to meet their needs.

Several studies identify facilitators that can improve newcomers' access to healthcare for their children. Gagnon (2002) noted that some of Canada's federal policies do address the needs of refugees arriving from conflict-laden areas through measures such as the Interim Federal Health Program, but support on the provincial level varies. While in the Northwest Territories, healthcare coverage for refugees begins on arrival, in other provinces they face delays. More work is needed to ensure equitable access to care across all regions. Lane and Vatanparast (2022) found that families who accessed healthcare services for their children early in their settlement journey had better experiences than those who delayed seeking care, suggesting that proactive outreach and early connection with healthcare services can facilitate newcomers' access to care.

Almost a quarter (23%) of Canadians in 2022 were, or had once been, a landed immigrant or permanent resident in Canada and immigration has long been a major

contributor to population growth in this country (Statistics Canada, 2021). Currently however, Canada has a low birth rate and an aging population, particularly in New Brunswick, with a substantial percentage of the population over the age of 65 (Statistics Canada, 2021). Investing in the health of the significantly younger newcomer population can ensure a thriving and dynamic society.

While current literature identifies a need for improved health services and better access to these services, the particular needs of immigrant families are sometimes overlooked. For instance, Yohani et al. (2020) highlighted systemic barriers such as language and cultural differences that hinder newcomers' access to healthcare. Similarly, Lane and Vatanparast (2022) noted the financial and logistical challenges faced by immigrant families, which thwart their ability to secure timely and appropriate healthcare for their children. Another significant contribution is from Caring for Kids New to Canada (2023), stressed difficulties newcomers have in meeting eligibility criteria for medical insurance.

These studies collectively underscore the necessity for enhanced healthcare services and improved access mechanisms, yet there is a distinct gap in the literature specifically addressing the needs of newcomer families and their children. To better support the health and development of all children in Canada, it is crucial to focus research and policy efforts on these vulnerable populations, ensuring equitable access to healthcare services for every child in Canada.

Consider now the influx of newcomers from war-torn countries such as Syria and Ukraine, and how the families arriving in this country have experienced trauma,

displacement, separation from their loved ones and culture, and may not speak the languages of their new home. Children could be at a much higher risk if the capacity of the healthcare services does not meet the increased demand. In New Brunswick, newcomer families face unique challenges accessing healthcare services due to the province's rural nature and limited access to specialized care. A report by the New Brunswick Multicultural Council highlights the need for more culturally competent healthcare services that meet the diverse needs of newcomer families (New Brunswick Multicultural Council, 2021). This report underscores the importance of addressing these barriers to improve healthcare access and outcomes for newcomer children in the province.

Therefore, this study proposes to explore the experiences of newcomer mothers in accessing healthcare services for their children in New Brunswick. This research will aim to identify some of the barriers and facilitators to access experienced by these mothers when navigating the healthcare system. The findings of this small-scale study, combined with that of other studies, may contribute to the amendments of or additions to the services to address the unique needs of newcomer families.

CHAPTER THREE: METHODOLOGY

This qualitative study involves conducting 12 open-ended interviews, during the months of November 2023 and January 2025 in the cities of Saint John and Fredericton of New Brunswick, Canada. The inclusion criteria for the study were as follows:

1) Being a newcomer individual who self-identifies as an immigrant or refugee,
2) Having moved to Canada within the last 5 years,
3) Being a mother of a child (0-18 years old) who moved with the mother to Canada, and
4) Having had opportunities to access healthcare services for their children in New Brunswick.

The interview questions were designed by the research team to acquire an understanding of the participants' experiences in accessing healthcare services for their children upon their arrival in Canada. The interview content was coded by Thematic Analysis (Braun & Clark, 2006). In addition to the data collected through the interviews, we collected some demographic information **(Appendix I)** about the participants. The second part delves into the participants' narratives and personal experiences related to accessing healthcare services for their children **(Appendix II).**

Approval was granted by the Research Ethics Boards of both the UNB Research Ethics Board (UNB Ethics approval #2023-104) and the Horizon Health Network Research Ethics Board (UNB Ethics approval #**2023-3264).**

Both hard copies and digital copies of the interview data and consent forms were securely stored in locked cabinets and password-protected electronic storage located at the office of the supervisor at the UNB Saint John office and a UNB registered laptop.

All the interviews were conducted by the principal investigator (PI). Most of the interviews (10/12, 83.33%) were conducted online via Microsoft Teams to accommodate the participants' schedules and ensure accessibility. The rest of the interviews (2/12, 16.67%) were conducted in person based on the preference and availability of the interviewee. To ensure continuity across these different formats, interviewees were given the same reassurances as well as the same questions and prompts.

I. Sampling and Recruitment

Participants in this study were a group of 12 people who had come to Canada with their children and sought medical services. In order to invite them, a purposive sampling was carried out on the basis that they are newcomer parents within the community of Saint John or Fredericton who have experienced accessing healthcare for their children. Inclusion criteria included participants that have proficiency in English, have arrived in Canada in the last 5 years, live in New Brunswick, and have a child or children under 19 years of age when they arrived in Canada, and have tried accessing healthcare services for their children in New Brunswick.

Recruitment efforts primarily focused on advertising and connecting with community partners, including immigrant settlement agencies and community organizations. We

contacted these partners by phone and/or email and shared the recruitment poster **(Appendix III)** with them to promote the study. Also, advertisements were done around the "Around the Block" (community newsletter) and other media outlets including social media (i.e., New Brunswick Social Pediatrics Facebook and Instagram page). Upon verification of the inclusion criteria, individuals who expressed interest were asked to sign the written consent provided to them and after agreeing on a mutually convenient time, the recruited individuals were then contacted for an interview and all information was anonymized.

II. Data Gathering Design

Semi-structured interviews were chosen because they allowed for flexibility and ease of conversation flow while ensuring that necessary subjects are covered. There were open-ended questions to the interview guide in order to get a comprehensive answer from the participants. These interviews first started with demographic questions before moving to questions designed for collecting the qualitative data which constituted this study.

III. Interview Protocol

The interviews took approximately 45-60 minutes and were videotaped for documentation purposes; subsequently, the transcripts were processed using Microsoft Teams software, and translations reviewed by the PI (principal investigator) for validation of data's accuracy.

The interviewees revealed their own experiences about accessing health care services in NB for their children who came as newcomers to Canada (not those born in Canada).

Some participants also referred to personal stories shared by friends or relatives that touched them making them have reflections and more concerns. The interview process was framed by the principles and assumptions of qualitative analysis, facilitating a constructive and exploratory dialogue. All participants were provided with a gift card valued at $20, they were given at the end of the interview as a way of appreciating them for giving their time and sharing their experiences.

IV. Data Analysis

Demographic data analysis involved transcribing all the data to an Excel sheet. The numbers and percentages were calculated and compiled in a Table. Interviews were analyzed using thematic analysis.

Narrative analysis was not considered as thematic analysis was more suitable for this research, given the distinctive nature of the interview data collected. Thematic analysis gives researchers a methodical yet adaptable way of analyzing qualitative data that is best for revealing the patterns, themes, and meanings present within participants' narratives.

One of its major features is thematic adaptability to multiple types of data and research questions. In this study, which seeks to examine the experiences of newcomer families with respect to healthcare access on behalf of their children by use of different cases; thematic analysis provides an opportunity for identifying recurring issues in diverse stories and interpreting what has been said. This methodological flexibility becomes important when dealing with richly detailed qualitative interviews or other similar sets where research questions emerge only during the course of data collection or analysis.

It also offers a systematic framework for categorizing qualitative materials. With sub-categories falling under each theme, this technique allows deeper understanding of the lives as well as minds of participants. The structured arrangement has enhanced rigor and transparency in analyzing, thereby ensuring that results are driven by data interpretation from participants' viewpoint. Most importantly, it aligns with the research objectives of this study which seeks to highlight some themes like access, communication, cultural competence, among others involving health care experience so that barriers for patient-centered care can be identified while some facilitators can be recognized, thus guiding interview content on interventions being made through perspectives such as health information seeking practices.

Qualitative Description adapted from Sandelowski (2000) and it consists of the first phase of analysis which involves capturing the most superficial notions and encounters of participants. Thus, this method can enable extraction of themes and patterns out of collected information hence providing a base for further exploration.

The next step entails utilizing Thematic Analysis as Braun & Clark (2006) which suggest expounding on these developing themes in order to understand their importance better. This is because Thematic Analysis offers a flexible yet strict platform for identifying, analyzing and linking various patterns within the data obtained from qualitative research that makes it so effective when studying many-sidedness of experiences encountered by newcomer families in healthcare access.

This integration is done using Thematic Analysis methods which ensured a comprehensive and thorough analysis of interview transcripts. Through these

techniques, the researcher aims at revealing both strengths and challenges in relation to health system navigation among newcomer families, thus offering deeper insights into their healthcare experiences in New Brunswick.

This study utilizes qualitative research design with semi-structured interview questions aimed at collecting detailed accounts on how newcomer parents navigate health services for their children. Qualitative Research allows understanding participants' perceptions, attitudes, or actions about their socio-cultural contexts. The analysis followed the guidelines outlined by Braun & Clarke (2006) regarding a thematic analysis framework.

1. Gaining familiarity with data: Transcripts, reading, and reading again help to understand fully the experiences of families who have just migrated and are now accessing health care services for the children in NB.

2. Generating first codes: Step-by-step categorization of the data was accomplished by identifying and labeling meaningful units of information based on the research questions. The initial codes, summarized under various headings, are applied to experiences such as problems faced, strategies applied, and feelings towards healthcare services.

3. Searching for themes: Themes were generated out of patterns, similarities, and differences detected in the data reflecting key points or insights related to the research agenda.

4. Reviewing themes: To ensure that these findings truly represented the essence of what was said by the participants during their interviews, researchers had to go back

through all their notes so as not to miss anything important. By carefully examining each theme, they verified its pertinence and consistency regarding alternative interpretations if any.

5. Grouping similar themes and selecting a title for the theme cluster: Thematically organized related items into clusters and titled them descriptively. This title will summarize in brief what is being talked about among groups of subjects which are categorized under given themes.

6. Writing an Analysis: Expressed synthesized analysis were thematically formed into a connected narrative; with results having been arranged around predetermined patterns. The analysis presented here is an ordered summary with quotations and instances that served as proof to each theme thereby providing explanation content.

7. Interpretation and synthesis: These results were then reviewed considering previous literature reviews plus theories that cut across in order to determine how these conclusions fit within current knowledge framework or may be compared with other studies. The analysis was a result-oriented generalization giving broader implications for future research connectedness between findings implying further research avenues.

Researchers went through a recursive process involving constant interpretation improvement checks as well as ensuring validity and reliability of results. Such thematic analysis yielded rich insights into the experiences of newcomers' families accessing healthcare services for their children in NB, thus enhancing our understanding regarding their needs and predicament in Canada's healthcare system.

CHAPTER FOUR: RESULTS

This chapter presents the results of the qualitative study of the experiences of newcomer mothers in accessing healthcare for their children in New Brunswick, Canada. The data analysis showed that several key themes can be used to describe the difficulties faced by these families. These were obtained by carefully examining what respondents said and examining the implications of their comments.

These extracted themes give an overall understanding of barriers encountered when trying to get health services, including language barriers, cultural gaps, and the complexity of the system. They also reveal factors that make access possible, like community support, role of medical practitioners, or availability of some translation services.

To make it more engaging and meaningful, this chapter incorporates some direct quotations from participants. These provide valuable insights as well as personal instances where newcomers have been able to illustrate their themes under real life circumstances. To do this, the chapter integrates these voices to offer a complete perspective on the challenges faced by immigrant mothers while dealing with healthcare providers.

Theme I: Accessing Healthcare Services

Participants identified the major challenges they faced in finding treatment for their children: the shortage of doctors taking new patients, language barriers, and the lack of culturally sensitive care. They also noted that delays incurred by applying for a

Medicare card or insurance coverage made getting timely treatment difficult. Clearly, there are many hurdles that immigrant families must overcome within an unfamiliar healthcare system.

Challenges in seeing a healthcare provider

Participants described the difficulty of obtaining direct access to a doctor, other than through the emergency department. Visits to the emergency department entailed lengthy wait times, ranging from 6 to 12 hours. The limited immediate access to healthcare services creates frustrations.

> …I don't have immediate and urgent access. But what I mean by that is if I need to see a doctor like immediately, I cannot. I have to go through the ER.
> I have to go through the emergency unit and that takes like forever and the wait time is very long. So I wouldn't say access is given you have to kind of like go through a very hectic process before you can access unless of course is maybe a case of like an ambulance taking you there. And then it's like a critical condition. Then that would be a given situation, but regular checks No, it's not working …. (P007)

Newcomers to New Brunswick are often unfamiliar with the province's healthcare system. Their first experiences with the system can be frightening, and many mothers have reported feeling overwhelmed by the new and unfamiliar procedures. Registering for Medicare (the provincial health insurance program), accessing different healthcare services, and obtaining referrals to specialists are complicated processes, and difficulties can be compounded by linguistic obstacles and cultural differences:

> We don't know where to go or who we can ask…. (P001)

Most participants had similar reactions, highlighting the pervasive sense of

disorientation encountered upon arrival in a new country.

Language and Communication Barriers

Participants faced difficulty addressing with communication due to inability for health practitioners to address the family in their language of choice. This challenge would make them more frustrated when it comes to advocating children`s health care needs. Explaining symptoms about disease frightens some people particularly those discussing sensitive areas of their bodies or any other matter that requires making an interpretation in another language apart from mother tongue. They have also narrated instances when they almost failed to explain things properly during their visits since at times it becomes hard to remember a term so a sudden recourse is made to Google Translate. There is also a need to quickly transfer information within short time frames, which exacerbates the communicative difficulty between patients and clinicians. P003 emphasizes the pervasive nature of the language barrier:

> It's difficult to express, even to say some areas of the body in my own language and then I have to explain in English, my professional background helps me to do that, however, there are occasion where I don't remember a word and I Google Translate. One of my daughters that was the one with that problem and I become the translator. I have to explain to her, and she feels overwhelmed before getting into the doctor's office, I try to get all the words ready to be able to explain within a short period of time what's going on, because I know that they don't take much time to review..." (P003)

Such communication difficulties result in misunderstandings of medical presentations, incomplete explanations of symptoms, and insufficient information exchange, preventing newcomer families from making the best use of the limited time they had

with healthcare professionals.

Cultural Sensitivity in Healthcare

Participants expressed concerns that the health care system does not appreciate cultural diversity, leading to misinterpretation of unfamiliar norms and practices. Instances were given whereby misunderstandings and wrong diagnoses could result from this difference in culture especially when it concerned children's behavior. P007 expressed concerns about the lack of cultural sensitivity within the healthcare system, particularly regarding the misinterpretation of cultural norms and behaviors. In at least one case, these differences led to misunderstandings and misdiagnoses concerning children's behavior. P007 said:

> I absolutely do not think they are culturally sensitive in the medical care system. For one, my culture we are very energetic and strong people. But I find that when you move with your kids here and they are very active they are diagnosed with Autism or ADHD [Attention Deficit Hyperactivity Disorder]. So yeah, that is not culturally sensitive at all. So, considering the fact that back where I come from, this is what it is, is these kids are just, you know, full of it, full of life. But and this part of the world, everything is labeled… (P007)

Medicare and Insurance Coverage

Remarkably, there are some children who do not have a chance to get Medicare hence when any health emergency comes up it becomes problematic for their parents. Lack of comprehensive coverage and drug costs for children can cause financial burdens, leaving families struggling to meet the cost of medications required for their sick ones. Participants repeatedly mentioned the importance of expanding Medicare coverage to include every child whose parent has legal status in NB as well as equal

access to healthcare services and reduce financial burden on families. One mother pointed out some issues she had with Medicare:

> I think Medicare should be making made accessible to all children. It shouldn't be a privilege or based on status… (P002)

Another mother said that this was an extra financial burden and these expenses are something families do not prepare for:

> It could be difficult, especially if you have to pay for each medication or service immediately because these things are unplanned, you don't plan for kids to fall sick every month and then set aside some funds for that. So yeah, if all kids could be put on Medicare and special insurance coverage, that would be great and helpful… (P012)

Certain participants expressed apprehensions about the uncertainty of hospital visits for their sick children, especially when lacking Medicare coverage. Nevertheless, they got a pleasant surprise when the healthcare providers helped them through the medical system after they connected. They spoke highly of doctors who took their time to explain processes as well as facilitate access to essential services. In so doing, they established positive relationships which built confidence and reassured parents thereby reducing their worries. P012 shared:

> I have a Medicare card, my son who I give it to in Canada has one, but my daughter has none yet, because she was on visitors record when she came and visitors are not given Medicare card, so we're still waiting even till now, and she doesn't have a means of assessing medical care since she does not have a Medicare card yet we have to pay the bills for each visit and the thought of it scares me from taking her to the hospital if she is ill …. (P012)

Language barriers and cultural differences are key issues when looking at accessing health care services among immigrant populations with limited English proficiency. According to participant accounts, people from diverse cultures receive different

treatments due to stereotyping while others struggle with expressing themselves while seeking medical assistance.

Theme II: Health Status and Experience with Healthcare

In Canada, newcomer families face the issue of ensuring good health for their children upon arrival, both those born abroad before coming here and those born after arriving. Some newcomers come with children who had pre-existing sicknesses that need regular check-ups while others have children who were born in the country immediately after their arrival. This theme reflects the experiences of such families as they move through the health care system to access varied health requirements for their children.

Health Status of Newcomers Children Born in Canada

Several participants described the difficulties they faced in managing their children's health, emphasizing the obstacles encountered in obtaining specialist care and medication. The treatments they sought were deemed necessary even before their relocation to NB. Participants 001 and 004, respectively, faced such situations. P001 described their struggle to find specialist care for their child with asthma:

> My son has asthma, so he needs the treatment every day. He needs to see a specialist every six months in our home country. I think it's it would be the same here, but to be honest, the first time we see a specialist it was maybe two or three weeks ago, 17 months after we arrived NB, So before I called my specialist home and ask my sister to send medications for my son to us in Canada. It's just a nightmare for us... (P001)

P004 similarly shared their concerns about managing their children's allergies without timely access to specialist care:

> Well, my both children experience some kind of allergies. My daughter was under treatment with an allergy specialist and my son back then. Those were like their conditions before we arrived… (P004)

Experience with Hospital Care Including Premature Birth

As if the experience of premature birth alone is not enough, it poses additional difficulties for newcomer families in their journey through healthcare. For instance, P010 narrates her story of finding urgent medical care for her newborn twins and the total absence of support from caregivers. She said:

> So, the first time that I considered taking my children to ER was the very day we got discharged and came home from the hospital, I didn't have any help and my son started coughing up mucus and I was scared and so I called the maternity ward where we were just discharged from and the lady said, well, you've been discharged. If you knew you couldn't care for him, you shouldn't have left.
> You should have stayed longer, so now you're no longer our problem… (P010)

P011 experienced persistent fears and anxieties arising from her child's premature birth, as she navigated the uncertainties of accessing timely and adequate medical attention in a new country. She said:

> He came premature when I was six months or so, they said that he was not going to survive and though he's OK, but I still have fears.
> I'm scared, you know, if I see something's wrong with him when I was in my home country, I go immediately to the doctor, I'm afraid with him because I know his situation that he was born like this and he was having a lot of issues.
> But I'm still so scared. So, when I came here and they told me access to healthcare is not like my home country, that if my child is sick you go straight to the hospital and get seen immediately, I am really scared… (P011)

Waiting Times

As newcomers wait for healthcare services for their children, they experience fear and worry. The accounts of participants show how unbearable the suspense of waiting for health care services was by emphasizing the overwhelming emotions associated with watching their children's need for medical attention and feeling powerless to help them get the needed urgent care.

> I got a call from the school that there was an accident while my son was playing. When I reached the school, my son was bleeding, so I took him to the emergency at the Hospital. They made him sit, and we waited almost two and half hours to see the doctor, so that was scary for us. We felt very anxious, and we were stressed even with bleeding but we still waited for two and half hours, And we were like, helpless, what to do, where to go because we are inside the hospital. But still we didn't receive the proper service on time, but when the doctor came and he explained everything and it wasn't very serious but we are not doctors and we don't know the exact condition. We need to get some advice from the doctor so that we can feel relaxed. But we were more stressed. So that made us feel very, very bad. Yeah... (P009)

Another parent highlighted the extreme measures parents go through while trying to get help for their children:

> So, it's sad that some parents have to become doctors for their children using google information, not because they want to be, but because they are not able to get the urgent healthcare need that they are require for their kids... (P004)

These stories present evidence showing how vital it is for newcomer families to have the necessary health care services in place so that they can reduce stress and anxiety.

Improvement in Children's Health Since Arrival

Participants conveyed that their children's health has not shown improvement since their arrival in Canada. Instead, they have sought preventive measures to maintain their well-being and ensure they thrive while adjusting to their new environment. Some highlight the frustration of managing their children's illnesses with limited treatment options yet continue in their efforts to ensure better health outcomes for their children. P001 highlights:

> My children are growing, but when we talk about their health, I would not say it has improved like they've been down with the flu for a whole month and there's nothing I can do cause the last time I tried to get medications for them for the flu, from the pharmacy and they told me, there's nothing we really give to children. They just have to let it run its course and it's been running its course. For over a month. This is so different from where I come from will probably have give them with antibiotics, and you know to suppress the cause and everything and they will be feeling better by now… (P001)

The narratives of newcomer families reveal the multifaceted challenges and experiences they encounter with healthcare services for their children. From managing pre-existing conditions to coping with premature births, concerns about accessing timely care and fears about their children's health are pervasive.

Theme III: Comparison and Gaps in Healthcare Systems:

While exploring the experiences of newcomer families accessing healthcare in NB, it is noticeable that a common theme emerges comparing Canadian healthcare system and their home countries, identifying gaps and providing recommendations for improving them by participants. They frequently noted variations in areas such as service delivery,

availability, quality and offered valuable insights as to where the system serving immigrant communities can be improved. These accounts also underpin the need for accessible medical facilities, including pediatric-friendly facilities, as well as providing practical techniques to improve families' experiences of healthcare services. This involves making comparisons among other proposals that will lead towards achieving more efficient medical services.

Comparison of Healthcare Systems: Canada vs. Home Country

A few participants found fault with the Canadian healthcare system; although many found it efficient and comprehensive, others complained of the lack of immediacy and personalized care. One participant expressed frustration with the long wait times:

> I think the health system is overburdened. We shouldn't have to wait 8 hours for my child to see a doctor, I also don't have to book an appointment in advance to see a doctor back home where I come from, if I feel ill, I walk into a hospital and I see a doctor. Same day and I don't have to wait for hours, right? But here if you want to see same day then you go to the ER for hours, if you don't want to wait for hours, then you have to book an appointment which will take weeks, maybe to get to… (P010)

Another participant highlighted differences in the approach to treatment:

> In my country, for example, if the kid is having a fever, yeah, they let like 2 days to see how it's going on and then they give you antibiotics very fast, but over here they don't .So most of the people that they are coming in Canada from our home country or if they go in vacation, they bring with themselves some antibiotics to have in case that something wrong with the kid so that because of the fear of the system they tend to do self prescription… (P007)

Identified Gaps in Healthcare Services

There is a significant gap especially in hospital infrastructure amidst a growing

population according to participants' expresses. Hospitals have not been expanded adequately despite the increase in city residents resulting in increased tax revenues. The emergency room lacks pediatric friendly spaces; there are few beds available and insufficient staff. As a result, hospitals struggle to keep up with medical needs generated by the population growth, thereby experiencing delays in offering appropriate and timely medical care or any kind of surgical intervention if need arises. It is important to ensure that healthcare infrastructure keeps pace with population growth so that all residents can continue to have access to healthcare system P010 shared:

> Populations is increasing, but the hospital is not getting bigger, the ER wing is not getting bigger, the number of beds are not increasing, The rooms are not getting double, so it's hard for them to satisfy the population.
> Do you see what I mean? So that means that the population of people needs to reflect in the changes made at the hospital because with more people in the city we're paying more taxes, right? More people are paying taxes to the government, so the government should be able to channel some of that money into healthcare… (P010)

Suggestions for Improving Access to Healthcare

Participants suggested that pharmacists could provide more comprehensive services beyond basic assessments like glucose and blood pressure monitoring. By assisting in triaging patients and providing preliminary advice, pharmacists could reduce the burden on primary care providers and thus help shorten wait times.

> I believe if the pharmacist is really equipped well that's good help. That could be helpful. For instance, when you go to the pharmacy apart from the simple from the sugar test or blood pressure test, that could be done if we could equip them with. If I tell them the symptoms my child presents with then the pharmacy can guide me as to what medication my child can take while I wait to see the doctor for further checks if necessary... (P002)

Need for Pediatric-friendly Healthcare Facilities

Participants identified a need for child-focused facilities such as child-friendly environments and better access to pediatricians. P001 stressed the importance of having post-natal care programs:

> Back home when you have the baby born, you can go every week just to check the weight and just check if the baby is taking the milk correctly. So it's a place just for the kids with two with doctors and nurse, you can have and appointment and you can go very often and is open until maybe 14 years old for the kids. So maybe something like this. You're like the Pediatrics doctor or just, but we don't need the people. Doesn't need to be the pediatric, just nurse and doctor... (P001)

P006 echoed the need for specialized services for children, stressing the importance of accessibility and reduced wait times:

> I want to stress that if they can open a separate child accessibility centers for especially for emergency services that would be really helpful, and they should work on the wait times… (P006)

These reflections highlight the critical need for healthcare facilities that can provide timely, specialized, and comprehensive care to children, thereby enhancing the overall healthcare experience for newcomer families.

In summary, in comparing healthcare systems, participants identified service gaps and provided suggestions on what should be done to promote accessibility of healthcare services amongst immigrants. These issues can be addressed by taking remedial measures that include incorporation of targeted interventions so that diversity among newly arrived families is properly catered to while availing quality medical treatment to all children without bias.

Theme IV: Support Services and Policy Changes

Navigating a new healthcare system can be daunting for newcomer families; their experiences highlight the critical need for comprehensive support services and policy changes to improve access. The lack of information and guidance on available services often leaves newcomers feeling overwhelmed and underprepared to manage their children's health needs effectively. This theme concerns the importance of tailored information and support services for newcomers, as well as policy changes that could enhance healthcare access and equity.

Information and Support Services for Newcomers

Participants spoke of the importance of culturally sensitive services, peer support networks, and community outreach. P010 highlighted the need for better information dissemination:

> I think public health can focus on doing a lot of sensitizations as it's just it's so hard as to how to disseminate information for everybody to know that this thing is available. I think that's really the hardest part is disseminating information for people to know, because really public health can address as many programs as they like If people don't know that those programs are available, then it's really not going to do any good. So maybe they need to a central point, maybe a central database for immigrants that they can then be using to disseminate information. I think because you'll be surprised by the number of people that don't know that they can actually do E-visit on their phone… (P010)

Similarly, P007 reflected on the challenges of acclimating to a new healthcare system without sufficient information:

> I really didn't have enough information of how things worked here, so

> that was quite limiting. I wish someone had mentioned or somehow I knew how long it takes to see a doctor at the hospital or even emergency room.
> You don't easily get those kind of information because until you build relationships and you know your community… (P007)

Policy Changes to Improve Healthcare Access

Policy changes play a pivotal role in shaping healthcare access for newcomer families; this also applies to necessitating reforms to address systemic barriers that makes it difficult for foreign-trained professionals to integrate into the health system and giving them opportunity for practice.

> About foreign trained doctors and professionals who come to the province, the system doesn't really make it very easy for them to integrate for them to be able to practice. So, I feel like you cannot be overemphasized.
> We need more healthcare practitioners, and these are people that are trained, but the restrictions are just hard I do appreciate the government needs to be careful because they're going to be dealing with life and I know that like training abroad is different from training in Canada but that being said, I feel like the process shouldn't be as stringent as it… (P010)

Another participant commented:

> So, they should relax the policy in appointing the doctors and nurses or the specialist from other countries who move here, some might request us to kindly look into the recruitment services and like work on the ratios of how many migrants and how many nurses or the practice nurse we have right now and they should relax the policies and the pointing thing doctors… (P006)

P002 shares this view:

> I know that there are not a lot of doctors here, because to get the qualification to practice here is quite hectic but there are Immigrants who have come here with their medical degrees and are not able to practice. Most of them just end up doing something else. If given the opportunity, most doctors who come as students would rather practice

> instead of being frustrated… (P002)

Participants also complained of restrictions on Medicare coverage, particularly for temporary residents such as international students enrolled in short-term programs; they felt coverage should be extended to the families of such temporary residents.

> I had friends that were doing one-year programs and they and their dependents on visitors visa couldn't get Medicare cards because the program is less than a year, that needs to change because as long as you're here studying your temporary resident, you and your dependents should have access to health here. It's different if you're just a visitor like I would understand if they don't want to give a visitor free access to healthcare, but if I have a status and I have an address in the province, I should get health care… (P010)

This theme highlights the need for reforms to ensure seamless and timely access to healthcare services, particularly for temporary residents and their children.

Theme V: Miscellaneous

Medical Screening and Immigration Requirements

Medical screening is required for newcomers into the Canadian healthcare system. Some participants were surprised by the complexity of obtaining necessary vaccinations and meeting immigration health requirements upon arrival. Although some appreciated the thoroughness of medical screenings, others thought it pointless if the results did not facilitate access, especially for children who already have underlying health conditions. P002 expressed frustration with the lack of follow-up:

> We never got back the results of the test that was done in my home country before you came here, and no follow-up was done when we got here.. (P002)

P005 highlighted the isolated application of medical screenings:

> Medical screening was done but it is as a part of immigration process only… (P005)

These reflections underscore the need for a more integrated approach in which medical screenings conducted as part of the immigration process are integrated with subsequent healthcare services.

CHAPTER FIVE: DISCUSSION

By using qualitative interviews and analysis, this chapter seeks to explore different themes that emerged from participants' narratives which help to illuminate the complexities of navigating healthcare system by newcomers. This discussion will provide some understanding of the barriers faced by these families and provide recommendations on how they can be removed.

Theme I: Accessing Healthcare Services

This section draws connections with previous literature emphasizing the importance of upholding various aspects of child development and children's rights as outlined in the United Nations Convention on Rights of Child (UNCRC), considering these in the context of NB's healthcare system.

Barriers to Seeing a doctor

It is also important to note that all children have the right to healthcare which is timely and of high quality to ensure their welfare according to Article 24 OHCHR (1989), the right for the highest attainable standard of health. However, many newcomer families in NB face huge barriers whenever they try taking their children to see a doctor. These could include long waits before seeing a doctor, difficulties associated with navigating through the healthcare system, and the lack of culturally sensitive care options.

Newbold (2009) pointed out systemic barriers while other studies raised other hurdles such as those explained below. For example, Hyman et al. (2011) noted that newcomer families face problems with interpreting how the healthcare system works, thus delaying

seeking medical attention until things get worse. Such delays can exacerbate ailments by making timely interventions impossible, particularly when chronic diseases are present. Moreover, the Public Health Agency of Canada (PHAC, 2018) report shows cultural linguistic barriers affecting newcomers' children. These barriers can lead to misunderstanding about health conditions, treatments, and preventive measures which can further complicate healthcare access.

Meanwhile, in a study focused on Ontario, Kuo (2014) found that newcomer families, especially those from non-English speaking backgrounds, face language barriers when trying to access healthcare. These linguistic barriers not only impact the interaction with health care providers but also affect understanding of health information or instructions leading to poor health outcomes. Moreover, the Canadian Institute for Health Information (CIHI, 2019) highlights how disparities in healthcare among varied immigrant groups is influenced by factors such as socioeconomic status, educational attainment level, and years spent in Canada, which may determine how a family will navigate the system.

These studies show different angles of the barriers to healthcare access for newcomer families in Canada that need targeted approaches to deal with language, cultural, and systemic problems. Addressing these barriers will be a step toward ensuring that every child can take advantage of their health right and enjoy the provisions contained in Article 24 of the (OHCHR, 1989).

Language and Communication Barriers

Effective communication between healthcare providers and patients is essential for ensuring the delivery of quality healthcare services. However, the language barriers can be a challenge to effective communication leading to misunderstandings in relation to symptoms, options for intervention/treatment and medical instructions. Newcomer families in NB including those with limited English are unable to effectively communicate their health care needs thereby making them unable to access appropriate healthcare.

In Canada, this issue of language barriers affecting healthcare access and outcomes has been an important area of research, particularly among newcomer populations. For instance, Bowen (2001) found that people having little command of English or French were faced by numerous problems when trying to get health services, including difficulties in booking appointments, lack of comprehension about medicinal orders, inability to effectively express pain or other symptoms. These barriers resulted in delayed diagnosis, inappropriate treatments given and overall lower quality of health care provision. The Canadian Institutes for Health Research (CIHR, 2007) also emphasized that poor communication between patients and health care professionals due to language differences can compromise patients' safety due to misunderstood prescriptions from doctors resulting in negative impact on health outcomes.

Additionally, CIHR establishes that professional interpreters increased quality of care given while at the same time improving clients' satisfaction due to availability of accessible local languages served medical system. These adverse effects of language

barriers on healthcare access and outcomes can have significant implications for child development. Lack of access to pediatric treatment resulting from parents being incapable of communicating clearly their children's medical requirements can result in delays in seeking crucial health services which can aggravate their health conditions leading to adverse physical, social, and emotional development in the long run. Thus, it is necessary that healthcare institutions should eradicate this barrier by using diverse interpreters.

Cultural Sensitivity in Healthcare

In providing equitable access to health care services for newcomer families, cultural sensitivity is critical. Failure to appreciate or accommodate cultural norms, beliefs, and behaviors can lead to disparities in relation to treatment and trust between patients and healthcare providers. Newcomer families in NB face insensitive treatment within healthcare settings where their cultural practices are misinterpreted. One participant spoke about normal behavior amongst people where they came from as being very energetic and strong. However, upon arriving in Canada along with their children, they were told that their children's high activity level was diagnosed as Attention Deficit Hyperactivity Disorder (ADHD) or Autism which they felt did not align with their cultural understanding of normal behavior.

Betancourt et al. (2003) have indicated the significance of cultural competence in healthcare delivery. This calls for training on culture awareness and sensibility among healthcare professionals due to their being responsible for treating many different distinct groups. Both immigrants who moved with family members into another country

and those born outside the host country but raised there since early childhood may require culturally sensitive healthcare provision (Fozdar & Hartley, 2009; Kirmayer et al., 2011). Cultural awareness programs should include human rights training for all child-serving professionals including healthcare personnel (OHCHR, 1989), as outlined under Article 4 of the UNCRC which imposes an obligation on governments to take all appropriate measures including legislative and administrative changes to realize the rights recognized in the Convention.

Article 4 emphasizes the necessity for states to ensure that all the rights outlined in the Convention are protected and fulfilled, which involves ensuring healthcare professionals and other service providers dealing with children receive appropriate training. Equipping these professionals with the necessary knowledge and skills will enable them to maintain and promote children's rights mandated by the convention.

Medicare and Insurance Coverage

Access to comprehensive healthcare is linked to private insurance as well as Medicare; not all children in NB have access to supplementary insurance coverage. The absence of health insurance contributes to health disparities and may impact child development over time through limited access to preventive care and early intervention services. Immediate health issues like acute illnesses may be more evident than conditions with long-term effects on child development, which might appear only after several years. Schoen et al. (2010) have shown that inadequate insurance coverage can contribute to disparities in healthcare access and affordability particularly among newcomer populations.

The Canada Health Act promises universal access to healthcare, yet challenges persist, like the lengthy wait times of 3-6 months to obtain a Medicare card, while some individuals are not even aware of the application process. This bureaucratic delay further complicates access to essential healthcare services, including preventive care and early interventions crucial for child development.

Addressing these challenges faced by newcomer families in accessing healthcare services in NB requires a comprehensive and rights-based approach. By adopting rights-based approaches such as promoting equal accessibility to healthcare services, enhancing cultural competence in healthcare service delivery, and addressing some barriers that deter participants, policymakers, and healthcare providers can uphold the rights of children and support their healthy development within newcomer communities.

Theme II: Health Status and Experience with Healthcare

The theme of health status and experience with healthcare services among newcomer families in New Brunswick (NB) underscored the critical importance of addressing the complex challenges they faced in accessing healthcare for their children. This discussion was informed by past literature on immigrant health, child development, and the rights of children to access quality healthcare services.

Health Status of Newcomers Children born in Canada

After arriving in Canada, many newcomer families struggle with managing their children's existing medical conditions. Newbold (2009) and Aceves-Martins et al. (2016) found differences in access and delays in specialist care between immigrant and non-immigrant children, especially those with chronic health conditions. The timeliness of intervention is vital in the management of chronic conditions and avoidance of complications, as delayed healthcare seeking for children has resulted in both negative health outcomes and developmental effects.

Experience with Hospital Care

Experiences such as premature birth requiring hospital care further complicate the healthcare journey for newcomer families, introducing additional challenges and stressors into an already complex system of care. Premature birth, defined by the World Health Organization (WHO, 2023) as birth before 37 weeks of gestation, can lead to a range of health issues for the newborn, including respiratory distress, feeding difficulties, and increased risk of infections. However, when it occurs within a family that has recently moved to another country or when language barriers and cultural differences are involved, newborns who arrive earlier than expected pose particular difficulties for their parents. This is especially so considering that these newcomers may be struggling with language barriers, unfamiliarity with Canadian culture, or even a lack of understanding of how their new healthcare systems operate.

Smith et al. (2021) found that families of premature babies often had difficulty navigating the healthcare system, understanding medical instructions, or even interacting effectively with medical professionals. These parents usually require extra

assistance to adequately express their needs and understand how to take care of their premature baby.

Additionally, one cannot overestimate the emotional and mental effects of premature birth on immigrants' families. The associated pressure of having a baby in a neonatal intensive care unit combined with having to learn how to cope with an unfamiliar setting while facing linguistic and social barriers is capable of intensifying feelings of loneliness and anxiety (Johnson & Brown, 2019). This psychological stress further complicates patient journey since it affects the family's ability to make informed decisions and participate actively in the child's care.

Healthcare experiences for immigrant families become more intricate when their infants are born preterm and require specialized attention and support. It is therefore important that health systems and providers are sensitive and responsive to these needs by providing tailored resources for newcomer families so as they can navigate through healthcare system effectively, supporting their premature infants' health development.

Wait Times

Long waiting periods result in emotional strain and anxiety among newcomer parents, which have implications on parent-child relationships and psychological well-being of children. For instance, the extended waiting times experienced by newcomer families before accessing medical help has far-reaching implications for children's wellbeing as well their overall development (Nava et al., 2017).

The principle of indivisibility which is one of the key principles upon which all human rights are based implies that violation of one right may lead to violation of other rights.

In this vein, Article 24 guarantees children access to healthcare services without delay thereby underpinning the importance for timely medical attention towards their welfare in general (OHCHR, 1989). On the other hand, Article 6 stipulates that every child has a right to survival and development. Consequently, not only do obstacles in gaining access into healthcare violate Article 24 but also infringe upon Article 6 by limiting a child's right to life and development.

For example, delayed access to healthcare services can worsen health conditions leading to severe outcomes threatening a child's survival as well as their proper development. Therefore, these rights are inter-related in a way, showing that comprehensive approaches to child rights protection are necessary to embrace all aspects of children's well-being.

Moreover, the right to health under Article 24 is closely related to other rights such as the right to education (Article 28) and the right to protection from violence (Article 19). Lack of proper healthcare may make it impossible for a child to learn or even participate in educational activities thus denying them the right to education. Conversely, children who have vulnerabilities in respect of their health may also face violence or exploitation, hence leading to more violation of their rights in terms of protection and well-being.

For example, P009's description of waiting in the emergency room for her son while he was bleeding is a distressing experience. Newcomer parents facing additional obstacles like language barriers and inexperience with the health care system (Patel et al., 2021) have increased stress during long waiting times. The psychological impact of waiting for medical care can also worsen mental health issues in children, leading to increased anxiety and fear (Johnson & Smith, 2022). Thus, providing culturally sensitive services

should include reducing waiting times so that its negative effects can be reduced (World Health Organization, 2023).

It is crucial to reduce wait times and improve access to timely healthcare services for newcomer families not only to safeguard children's rights to healthcare but also support their optimal growth development and well-being.

Improvement in Children's Health Since Arrival

Upon arrival in a new country, newcomers always undergo a significant change and transition period which includes having to visit doctors and healthcare facilities where their children can be attended to. While some families experienced improvements in their children's health status, others were confronted by persistent challenges or the barriers to healthcare access that prolong their development and well-being. Despite their efforts to ensure their children's well-being, participants shared that they found a lack of improvement in their children's health, which was very frustrating.

In conclusion, the narratives of newcomer families in NB have highlighted the challenges they encounter in accessing healthcare for their children that involved managing pre-existing medical situations, navigating the healthcare systems, and coping emotional stress. Inclusion of newcomers in the community should be a strategy that deals specifically with their needs and addressing challenges that newcomer families.

Theme III: Comparison and Gaps in Healthcare Systems

In a compilation of over forty key articles, Vaghri et al. (2022) examined the monitoring of state compliance with the UNCRC for all substantive rights of children, including those under Article 24. Their work provides insights into the mechanisms and standards

by which countries can ensure they are fulfilling their obligations to protect and promote the health rights of children, including those of newcomer families.

The present exploration of newcomer families' access to healthcare in NB has revealed significant shortfalls in aligning with the principles of Article 24 of the CRC (OHCHR, 1989). A commitment to overcoming barriers such as language, cultural differences, and systemic inequities will protect the right of all children to enjoy the highest standard of health and to develop to their full potential.

Comparison of Healthcare Systems: Canada vs. Home Country

Studies of the impact of cultural beliefs and practices on the perception of healthcare systems show they play a major part in the experiences of newcomers (Seow et al., 2018; Sudhinaraset et al., 2017). In the present study, some participants found major contrasts between the Canadian system and that of their home country: while some were delighted with the NB healthcare system, others expressed dissatisfaction with the lack of timely and personalized care. These diverse perspectives reflect the experiences and cultural backgrounds of newcomer families. Overall, they suggest a need to consider cultural differences and individual preferences in the delivery of healthcare. It is therefore important for healthcare services to be adapted to the values and preferences of newcomers, in order to promote a patient-centred approach which would lead to better health outcomes.

Identified Gaps in Healthcare Services

Lack of expansion in healthcare infrastructure has resulted in challenges which hinder meeting the healthcare needs of the increasing population leading to long waiting time and limited access to medical attention. The participants identified significant gaps in

the healthcare infrastructure within NB where there is a growing population. This showed gaps in healthcare services that would require targeted interventions aimed improving service provision for newcomer families.

The experiences of newcomer families in NB were consistent with the ones found in previous work such as Akhavan et al. (2017) and Gushulak et al. (2018) who studied immigrants in British Columbia (BC) and Ontario respectively. However, despite these provinces being high resource areas and NB being categorized as a low to medium-resource region, there are barriers experienced by newcomers to accessing timely and appropriate health care services. Newcomers in BC had difficulties getting adequate healthcare due to systemic barriers, cultural differences, and limited availability of language services as shown by Akhavan et al. (2017). In a similar study conducted in Ontario, Gushulak et al. (2018) reported that newcomers face obstacles such as long waiting times, inadequate interpreter services, and unfamiliarity with the health system. These studies emphasized the importance of addressing gaps within the health care systems and breaking down barriers that hinder access hence promoting health equity among newcomers. Furthermore, these findings suggest that deficiencies in access to healthcare facilities may not be an issue of level of development of the region; rather, it could be a matter of priority set by the governments given that BC is ranked as one of the top three high-resource regions in Canada (Statistics Canada, 2020). Both studies advocate for more targeted programs/policies and improved resource allocation towards meeting healthcare needs of newcomer communities in Canada.

Suggestions for Improving Access to Healthcare

Participants offered valuable suggestions for enhancing access to healthcare services, including leveraging pharmacists' expertise which would lead to better health outcomes and establishing specialized pediatric healthcare facilities which would improve quality of care delivered at hospitals. Making pharmacists capable of giving initial guidance and support could relieve primary care providers from heavy workloads, thus reducing appointment delays. Equally, setting up pediatrics aimed healthcare facilities designed specifically to meet the unique needs of children can improve age-appropriate medical resources and speciality doctors' availability.

The experiences shared by newcomer families in New Brunswick point out major significant challenges encountered when seeking immediate personalized healthcare services. These concerns include long waiting times, difficulty in getting same-day appointments, and perceived low sense of urgency compared to their home countries. Several suggestions have been made in the literature on these issues including use of physician extenders, allied health providers, and the expansion of scope of practice for healthcare professionals.

- *Physician Extenders*

Physician extenders such as nurse practitioners (NPs) and physician assistants (PAs) play a key role in reducing burnout rates in overburdened healthcare systems. These professionals can perform tasks similar to those of doctors like diagnosing diseases, prescribing medications, and managing patients' care. Research has indicated that the involvement of NPs and PAs with healthcare teams can reduce waiting times and also

improve accessibility to care. For example, a study by Bauer (2010) found out that NPs and PAs significantly increased the intake capacity of primary care services which led to improved patients' outcome and higher patients' satisfaction.

- *Allied Health Providers*

Allied health providers such pharmacists, physiotherapists, and dieticians also give support that is invaluable to patient care. Through these professionals expanding their responsibilities within the national healthcare system, there could be an improvement in healthcare provision, hence reducing stress among doctors. In primary care teams, for example, integrating pharmacists into primary care teams can improve adherence to medications and management, especially for those patients with chronic diseases. Dolovich et al (2008) found that pharmacist-led interventions could improve health outcomes as well as promote efficient use of healthcare resources.

- *Expanding Scope of Practice*

Another strategy to enhance healthcare delivery is by expanding the scope of practice for various healthcare professionals. For example, allowing NPs, PAs, and other allied health providers assume more duties may help bridge gaps in service provision particularly where there are limited resources. Consequently, The Canadian Nurses Association (CNA) has advocated for the extended role of NPs that would further allow them to independently practice and give prescriptions, thus enhancing access to medical facilities in rural or remote communities. Likewise increased scopes of practice among

physiotherapists and occupational therapists can help counteract the rising needs of rehabilitation services as well as management for chronic illnesses.

These proposed solutions are supported by several studies. For example, in a literature review carried out by Laurant et al. (2009), it was concluded that substituting NPs for doctors in primary care settings can result in similar health outcomes among patients with the added advantage of increasing their satisfaction as well as reducing waiting times. It is, therefore, clear from these findings that physician extenders should be integrated within the Canadian healthcare system and roles of allied health providers extended.

These recommendations may facilitate promotion of the four guiding principles of the Convention on the Rights of the Child (CRC), in particular the principles of non-discrimination, and the best interest of the child, which emphasize the importance of ensuring access to quality healthcare services for all children and acting in every scenario in the best interest of the child, respectively.

Targeted interventions in healthcare require specific strategies aimed at resolving identified gaps or inadequacies in service provision. Policymakers and healthcare practitioners could better meet various needs of newcomer families and respect the rights of children to the highest attainable standards through implementing targeted interventions addressing identified gaps in health care delivery systems.

To conclude, comparing and contrasting gaps existing the healthcare system as it applies to newcomers in New Brunswick only implies that there is need for a rights-based approach to healthcare that adheres to article 24 principles outlined under UNCRC. The

systematic review by Vaghri et al. (2022) helps us better to understand how states may monitor and improve compliance with such principles ultimately leading towards a more equitable and inclusive health system for all children.

Theme IV: Support Services and Policy Changes

This theme emphasizes the critical role of support services and policy changes in enhancing healthcare access for newcomer families in New Brunswick (NB). This necessitates adherence of healthcare policies to Article 24 CRC which include the right to survival and development, non-discrimination, access to healthcare services, prevention healthcare, information and education (OHCHR 1989). Implementing these principles can significantly reduce healthcare disparities and improve services for newcomer families in NB.

Information and Support Services for Newcomers

Participants clearly felt that access to culturally informed support services could help their families navigate the healthcare system more effectively. They also stressed the importance of information programs advertising the availability of programs and services, especially when these are based within new immigrant communities. Both measures are in accord with Article 24 of the CRC, which stipulates the right of children to access relevant health care (OHCHR, 1989).

Studies in this area have highlighted the significance of culturally competent healthcare services, underscoring the importance of "more inclusive health care practices, engagement with immigrant communities, and advocacy for fair immigration, economic, and health policies" (Castañeda et al., 2015, p. 386).

Policy Changes to Improve Healthcare Access

There are various opportunities that can be achieved with policy reform. As an example, a policy such as incorporating foreign-trained healthcare professionals into the healthcare system would be beneficial. Participants advocated for policy changes that would facilitate easy recognition of qualifications and licensing of doctors, nurses and others who are trained outside New Brunswick so that they could work in the province to reduce current shortages in health workforce. The challenges are not new: navigating through the credential recognition process in Canada is one big hurdle (Alzghoul et al., 2017; Vissandjée et al., 2019).

The participants also noted the need for changing policies meant to offer health care insurance cover to temporary residents as well as their dependents to have equal access to health services irrespective of their residency status. This was consistent with Article 24 UNCRC which stressed the right of every child to have access to medical treatment without discrimination. Provision of health care coverage for temporary residents and their families goes a long way in ensuring health equity and reducing disparities in healthcare access among newcomer children.

Finally, Theme IV highlighted how support services and policy changes were necessary for immigrant families' health care access in NB. By aligning healthcare policies with these principles outlined under UNCRC and drawing ideas from previous literature, policymakers can make specific interventions towards elimination of disparities on children's access to healthcare services.

Some peculiarities mark this study out from other research available on this subject matter. Firstly, it focuses specially on the experiences of newcomers to New Brunswick

accessing medical treatment services. Although studies have been conducted about accessing medical care elsewhere or amongst certain groups like immigrants or refugees, this research has explored some unique issues faced by individuals arriving new into New Brunswick. Additionally, it examines several dimensions to healthcare access including language barriers affecting accessibility; ignorance among caregivers toward cultural norms connected with medicine; doubts that families who recently moved to a new province have about the type of health insurance they will receive, and many others which provides a nuanced understanding of the complexities involved in accessing healthcare services.

Moreover, this study employs innovative methods and incorporates thematic analysis principles, thereby offering fresh insights and perspectives which were not included in previous studies. Finally, including voices from different cultural backgrounds and immigration statuses enriches the findings and makes them more practical for policy makers, healthcare practitioners as well as community organizations. An examination of the challenges faced by newcomers to Saint John and Fredericton NB can help inform future healthcare policy and practice; considering that New Brunswick has experienced a 55.56% increase in the number of newcomers in the last five years, and projections indicate a continued increase in immigration (Statistics Canada, 2023), such findings are particularly timely and relevant.

As the demographic landscape of New Brunswick evolves, so too does the urgency to prepare for the healthcare needs of a growing and diverse population.

CHAPTER 6: IMPLICATIONS AND RECOMMENDATIONS

This analysis identifies the obstacles faced by immigrant families seeking healthcare for their children and the practical interventions to deal with these difficulties to enhance their access to healthcare services and reduce disparities. This chapter, which covers emerging themes from interviews and recommendations based on research findings, targets policymakers, healthcare providers, and other stakeholders by highlighting what needs to be done for Canada's health system to ensure prompt care for newcomer children and families. Language barriers, cultural barriers, long wait times, lack of information, and financial constraints are among the identified barriers. Each of these has important implications for the health and well-being of newcomers.

I. Language and Cultural Barriers

The inability to articulate their needs was a big challenge for many participants, which led to ineffective communication with medical personnel. The participants shared stories about finding it difficult to explain accurately their symptoms and often admitted that they could only use Google Translate, a method of communication they felt uncomfortable with especially when their healthcare issues were sensitive. Although the official languages were English and French, a mother reported having to use English during a consultation as no French-speaking provider was available. Along the same lines, other participants from Romanian and Spanish speaking countries were faced with similar situations in which they were unable to use their native tongue. Notwithstanding the availability of the translation tools, concerns were raised about the inaccuracy of the interpretations causing misunderstandings of the children's healthcare needs.

Cultural incompetence among health care providers intensified the interaction between them and newcomers. One of the participants revealed that health workers failed to acknowledge their lifestyle and health beliefs, which made them feel neglected and misunderstood. There were instances when patients who come from cultures with a focus on holistic and natural remedies would be sidelined by a medical system that primarily employs modern techniques. In addition to the one-fits-many treatments scheme, health care systems often disregard various health values and beliefs of newcomer families, highlighting a major gap that must be bridged. These accounts indicate the necessity of ensuring that language assistance programs and cultural competence training are offered to health care providers to remove language barriers and ensure that culturally sensitive healthcare is provided to newcomer families.

II. Long Wait Times

The barriers to healthcare for newcomers reveal that long wait times and difficulties in booking appointments with a Primary Care Physician (PCP) cause a lot of tension and anxiety when children's health problems require immediate medical attention. For example, a participant talked about the delay in diagnosis and treatment of asthma of her child due to the long delay in seeing a specialist which led to more severe symptoms. This challenge worsens the child's illness status and makes the parent more worried. It is noted that most participants are coming for care that is not an emergency but still, they feel that they have to wait compared to what many Canadians are used to. This issue establishes the absence of any attachments with primary care for newcomers and their inexperience of alternatives to the emergency room for non-urgent issues.

Dealing with these periods of waiting and making sure immediate care is available are vital factors leading toward better outcomes health in newcomers' children. One way to achieve this is by facilitating connections with PCPs who can provide care and help with the navigation through the healthcare system. As well as talking to the families about choices other than the Emergency Department such as after-hours clinics, walk-in clinics, or even pharmacies to deal with common minor illnesses, this will reduce unnecessary Emergency Department visits and waiting times.

The "medical home" model, which is now a popular idea in healthcare and more especially in New Brunswick, is an avenue that offers better prospects for the realization of the goals. This model promotes the existence of comprehensive, coordinated, and open care with a lot of mindfulness of the family's medical needs and preferences. By implementing such models, healthcare settings can enhance the quality of care for newcomer children and thus help them to get urgent and appropriate attention, resultantly producing better health outcomes.

III. Lack of Information

There were many newcomer families, who did not know how to navigate the Canadian health care system. Besides that, understanding insurance coverage, finding a primary care provider or nurse practitioner, and accessing medical services were complex tasks about which they lacked information. Newcomer families should be given orientation sessions on how to obtain information to help them build the knowledge to navigate the healthcare system. Ideas for the content of an orientation session are offered in the recommendations below.

IV. Financial Constraints

Participants shared difficulties in coping with financial demand especially regarding the costs for medication as well as dental and other uninsured services. Some families shared that they missed doctor's appointments because they could not afford prescribed drugs, consequently resulting in compromised quality of care for their children which led to poor health outcomes. Another instance was one participant who described how hard it was for her to get prescriptions from a doctor hence she had to go through other means outside New Brunswick. Besides she had to send money overseas many times resulting into additional expenses and delays. To alleviate their financial difficulties as well as make all newcomer children access healthcare service, there is need for implementation of financial assistance programs and modifying policies for adequate health care coverage. Also, considering the potential to fulfill the original intent of the Canada Health Act, which aimed at ensuring universal access to essential healthcare services. Expanding coverage under the Act to include dental care and pharmacare would not only address immediate healthcare needs but also promote long-term health and well-being among children and families in New Brunswick. (Social Supports NB, 2023).

RECOMMENDATIONS

Based on the findings from the interviews, several recommendations can be proposed to address the identified barriers and improve healthcare access for newcomer families and their children.

1. ***Enhanced Language Support Services****:* To improve language support services in health care settings for newcomer families and eliminate language barriers, several approaches can be adopted. First, healthcare institutions need to extend their list of professional interpreters who will serve the purpose of effective communication with a wide range of languages spoken by newcomers to New Brunswick. Secondly, the use of technology like telephone or video interpretation can offer immediate access to interpreters' service. Additionally, basic training of healthcare personnel in the major languages spoken by newcomers can also enable them to have basic understanding during initial interactions with patients and determine what they urgently need. Equally important is translating critical information on health as well as medical forms into various dialects so that such groups can comprehend it more effectively. Lastly, when combined these practices can enhance both linguistic and cultural competence, thus making a difference in effective communication between families and physicians. These all-encompassing actions would greatly improve the quality of care given to new immigrant families in NB.
2. ***Cultural Competency Training:*** Newcomer families can be better served by healthcare providers who have undergone training in cultural competency as this leads to an understanding and appreciation of their cultural practices and health beliefs. In New Brunswick, for instance, one healthcare centre could conduct a learning session on topics like diversity in healthcare, communication techniques with patients from various cultures, and how to deliver cross culturally competent care. Such trainings would use case studies reflecting the real-life experience of newcomer families in NB so that health practitioners may offer better support

regarding their needs as well as challenges. Through this kind of training, cultural competence among medical professionals aims to create an inclusive and respectful health care environment that results in good health outcomes for new immigrant families.

3. ***Reducing Wait Times****:* The introduction of strategies to minimize waiting periods, specifically in emergency departments and specialist referrals can guarantee that newcomer children with urgent medical needs can access care in a timely manner. Such measures may include, for example, matching newcomers with physicians who have handled newcomers before, conducting comprehensive health appraisals, translation of medical information to facilitate easy consultation, and history taking.

4. ***Improved Information Dissemination:*** Providing comprehensive guidelines and orientation sessions on the Canadian healthcare system to new families can serve as a powerful tool that helps them get immediate medical support whenever they need it. An introduction should consist of the following:

   First, an informative background on the Canadian healthcare system is required to explain what Medicare's role is, how public health care differs from private care, and finally how health card acquisition is done. This serves as the basis for knowing how Canada's health care delivery and access are performed. Moreover, information should be provided on health coverage: which medical programs the provinces pay for, and why additional insurance is needed for some medical services.

   Secondly, orientations should focus on practical issues, such as finding a family

doctor or nurse practitioner or clinic, appropriate use of emergency services, and accessing specialty care. It should also cover pharmacy services, dental and vision care, preventive care, as well as screenings. This is important in offering new immigrants a feeling of comfort and understanding during medical interactions. Finally, they can be referred to additional health resources, support networks, or community health centers so that they get more information on how to settle in Canada.

5. ***Financial Assistance Programs:*** Health insurance may not cover some healthcare services; therefore, financial assistance programs for low-income families are crucial. A drug coverage program (such as a "white card") and a few other types of support are necessary. These initiatives would require a partnership among institutions like community organizations, healthcare organizations, and government agencies. They would be responsible to provide a regular means of financial support to underprivileged families (Social Supports NB, 2023). Additionally, a more streamlined approach to receiving Medicare card is important to ensure that individuals can access healthcare services promptly and efficiently.
6. ***Community Support Initiatives:*** Developing community-based support programs can help newcomer families connect with healthcare services and support networks, fostering a sense of belonging and empowerment within the community. This may include peers and members of the community trained to offer support and navigation to families seeking health and social supports for their family. New Brunswick Social Pediatrics is an example whereby a team of pediatric health care providers, social workers, and community resource workers combine their efforts to

provide a rights-based, low barrier, and holistic approach to care. Its limitation, however, is that it remains rooted in a pediatric specialist's practice resulting in wait times that are longer than the immediate needs of families. Rooting care models in primary care may be a solution that offers real time care for our families new to Canada (Thevathasan et al., 2022).

This study adopted qualitative research methodology to review the experiences of 12 newcomers to Saint John and Fredericton NB in navigating the provincial healthcare system. In general, they exhibited resilience, solidarity, and perseverance. However, they faced a range of problems: language barriers, cultural disparities, and the overall complexity of the public and private healthcare systems. Many of these problems can be resolved by improved language support services, including expert translators; cultural competency training for healthcare staff; wait time reduction strategies; improved information dissemination; financial assistance programs; and other community-based support initiatives. Implementing all these changes would be costly, but some demand nothing more than close collaboration between healthcare providers, policymakers, community organizations, and newcomer communities. Above all, adopting a human rights-based approach to healthcare would help ensure these families have access to the services they need.

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Appendix I: Demographics Survey

1. What is your ethnicity?
    - *white*
    - *black*
    - *Asian*
    - *Other (please specify):*

2. What is your country of origin?

3. What is your age?

4. What gender do you identify with?
    - *Female*
    - *Male*
    - *Prefer not to answer.*
    - *Other (please specify):*

5. What languages do you speak at home?
    - *English*
    - *French*
    - *Other (please specify):*

6. How many children do you have?

7. How many of your children were under 19 when you arrived in Canada?

8. What year did you arrived in Canada?

9. What was your immigration status when you first arrived in Canada?
    - *Landed Immigrant*
    - *Refugee*
    - *International student*
    - Other (please specify):

10. What is your current immigration status?
    - *Landed Immigrant*
    - *Refugee*
    - *International student*
    - *Citizen*
    - Other (please specify):

11. Do you currently have a valid Medicare card?
    - *Yes* –
        - *How long did it take for you to obtain the Medicare card? (Answer in months)*

          [ ]
    - *No* –
        - *What are the reasons you do not have a valid Medicarecard?*

12. Do you have a primary health care provider (i.e., family doctor, nurse practitioner)?
    - *Yes* –
        - *How long did it take for you to have a primary care provider? (Answer in months)*

          [ ]

    No –
        - *What are the reasons you do not have a care provider?*

Appendix II: Interview Guide

1. In general, how would you describe the health of your child(ren) upon arriving to New Brunswick?

a. Do they have any health history that requires care?

b. Do they need to be seen by a specialist for any health concern?

2. Was any medical screening done for your child(ren) upon arrival to Canada?

a. Did you get the results of the screening?

b. Was any follow-up done after the screening?

c. Was there cost associated with the screening? If yes was itself paid or it was covered?

3. As a newcomer living in New Brunswick, do you feel that you are able access healthcare resources, supports and/or services for your children?

a. If yes: can you tell me more about this? What contributes to this?

b. If no: can you tell me more about this? Why not?

4. Have you tried to access healthcare services for your child(ren)

a. Was this a scheduled appointment or a visit to the emergency room?

b. If it was a scheduled appointment how long did you need to wait to be booked to be seen.

5. How would you describe your experience, with community healthcare networks involved in delivering healthcare services to your children in of New Brunswick?

Prompts: a. Communication, receptiveness care and from the nurses.

b. Attentiveness from the healthcare provider.

c. Examination of your child(ren) by the healthcare provider.

6. Can you identify any **challenges** that you have had specifically in terms of access healthcare services for your child(ren) in New Brunswick? Please describe your experience.

Prompts: a. difficulty getting referrals to specialists.

b. High cost of medical insurance coverage

c. long waits time to see a healthcare provider.

d. Difficulty scheduling appointments.

7. Are there any **barriers or factors** that make it difficult to access healthcare servicesfor your child(ren) in New Brunswick? Please specify type of barrier.

a. If yes: can you tell me more about the(se) barriers at an individual level?

Prompts: language barrier, cultural differences that makes it difficult to communicate with health providers, financial barriers, transportation barriers.

b. If yes: can you tell me more about the(se) barriers at a program/community level?

Prompts: lack of culturally sensitive care, lack of interpretation services, healthcare systems may not be designed to accommodate the unique healthcare needs of immigrants

8. Are there any immigration policies that you think need to change to better improve access of healthcare services for children. (Needing Medicare to get a prescription)

a. If yes, can you tell me more about this?

b. If no: can you tell me more about this? Why not?

9. Have you had difficulty accessing the medical records or other important healthcare information for your child(ren).

10. Do you feel that the health of your child(ren) has improved upon arrival to Canada?

a. If yes, can you tell me more about this?

b. If no, what do you think is the biggest challenge.

11. What are the main gaps that exist in accessing healthcare for your child(ren)?

12. Are there any, supports and/or services that you feel are needed or that you would like to see in accessing healthcare for your child(ren) in New Brunswick?

a. If yes: can you tell me more about these? Why are they needed?

b. If no: can you tell me more about this? Why not?

Appendix III: Consent Form

E-CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF PROTOCOL: Understanding Newcomers' Experience in AccessingHealthcare Services for their Children upon Arriving in Canada.

PRINCIPAL INVESTIGATOR: Faith Igogo, MAHSR, University of New Brunswick, fologbo@unb.ca , 1-506-271-2383

Co-Investigator(s): Dr Ziba Vaghri, Dr. Sarah Gander, Sarah Campbell, Natalia Fana.

E-CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I had an opportunity to ask questions and discuss this study.

I am comfortable with the information that has been provided. I

understand that I am free to withdraw from this study.

I understand that I will receive a signed copy of this consent.

If you agree with the above statements, please indicate your willingness toparticipate in the research below.

PARTICIPANT'S QUESTIONS:		
	Yes	No
Do you consent to your information being used in research?	☐	☐

By checking this box, typing your full name, and entering the current date below,I am ☐ consenting to participating in this study.

_____ _____

Full Name of Participant Date

Appendix IV: Email Template

Hi,

You are invited to participate in a research study to understand newcomers' experience in accessing healthcare services for their children upon arriving in Canada.

Who can participate?

-Did you arrive in Canada the last 5 years?

-Do you live in New Brunswick?

- Do you have child(ren) who were under 19 years when you arrived in Canada?

-Have you tried accessing healthcare services for your children in New Brunswick?

What is involved?

-One 45-60 minutes interview in person or via online

- Participants will be required to participate in English

-Compensation includes a $20 gift card.

If you are interested to learn more about the study or have any questions regarding the study or require further information, please contact:

Faith Igogo

Cell: (506)-271-2383 Email: fologbo@unb.ca

Thank you!

Faith

This project has received Ethics approval through Horizon Health Network Research Ethics Board.

TABLE 1: Distribution of Demographic criteria across participants InPercentage

Criteria	**Response Options:**Numbers (%age)
What is your ethnicity?	African: 5 (41.67%) Asian: 2 (16.67%) European Union: 3 (25%) Latino: 2(16.67%)
What is your age **(Years)**	25-29: 1 (8.33%) 30-35: 6 (50%) 36-39:2 (16.67%) 40-45: 3 (25%)
What was your immigration statuswhen you first arrived in Canada?	International Student:7 (58.33%) Work Permit: 3 (25%) Permanent Resident:2 (16.67%)
What was your immigration statuswhen you first arrived in Canada?	International Student: 2 (16.67%) Work Permit: 6 (50%) Permanent Resident:3 (25%) Citizen:1 (8.33%)

Do you have a primary health care?	Yes- 2 (16.67%) No- 10 (83.33%)

Curriculum Vitae

Faith Igogo, MD

EDUCATION

IVANO-FRANKIVSK NATIONAL MEDICAL UNIVERSITY Ivano-Frankivsk, UKRAINE

Clinical Residency, Pediatrics **2017- 2019**

IVANO-FRANKIVSK NATIONAL MEDICAL UNIVERSITY Ivano-Frankivsk, UKRAINE

Physician, Doctor of Medicine (M.D.) **2011- 2017**

CONFERENCES/ PRESENTATIONS

- Health Research Week 16th -17th November 2023 Saint John, New Brunswick as a Presenter on *UNDERSTANDING NEWCOMERS' EXPERIENCE IN ACCESSING HEALTHCARE SERVICES FOR THEIR CHILDREN UPON ARRIVING IN CANADA.*
- 89th International Scientific and Practical Conference of Students and Young Scientists 23rd-24th March 2020 Presenter on *THE PREVALENCE OF ALLERGIC DISEASES AMONG CHILDREN IN SOUTHEAST NIGERIA*
- 88th International Scientific and Practical Conference of Students and Young Scientists 28th- 30th March 2019 Presenter on *ACUTE KIDNEY INJURY AFTER PEDIATRIC CARDIAC SURGERY.*
- 87th International Scientific and Practical Conference of Students and Young Scientists 22nd- 23rd March 2018 Presenter on *DIPHTHERIA MORTALITY IN NIGERIA*
- 86th International Scientific and Practical Conference of Students and Young Scientists 23rd-24th March 2017 Presenter on *THE PREVALENCE, SEVERITY AND DISTRIBUTION OF FOOD ALLERGY OF 1-7YEARS CHILDREN IN NIGERIA AND IVANO-FRANKIVSK REGION, UKRAINE*
- International Christian Conference for Young Medical Professionals Ukraine 21st -23rd October 2016 Presenter *EDUCATION PROGRAMS FOR NEW MOTHERS IN ENHANCING CHILD CARE IN NIGERIA.*
- 85th International Scientific and Practical Conference of Students and Young Scientists 24th – 25th March 2016 Presenter on *CLINICAL AND DIAGNOSTIC CRITERIA OF SEVERS PROTEIN ENERGY MALNUTRITION (SPEM) OF 6-59 MONTHS CHILDREN IN KANO NIGERIA*

- The Royal Society of Medicine, London UK 14th-15th January 2016 as a Presenter *KNOWLEDGE TRANSLATION IN CHILD HEALTH*

- International Christian Conference for Young Medical Professionals Ukraine 16th -18th October 2015 Presenter on *A CHALLENGE FACING THE NIGERIAN HEALTH CARE SYSTEM*

AWARDS

- 89th International Scientific and Practical Conference of Students and Young Scientists 23rd-24th March 2020 Awardee- 1st Prize

- Rectors Commendation for High Achievement Ivano- Frankivsk National Medical University September 2019

- 88th International Scientific and Practical Conference of Students and Young Scientists 28th- 30th March 2019 Awardee- 2nd Prize

- 87th International Scientific and Practical Conference of Students and Young Scientists 22nd- 23rd March 2018 Awardee- 2nd Prize

- 86th International Scientific and Practical Conference of Students and Young Scientists 23rd-24th March 2017 Awardee- 1st Prize

- 85th International Scientific and Practical Conference of Students and Young Scientists 24th – 25th March 2016 Awardee- 1st Prize

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PROFESSIONAL AFFILIATIONS

European Medical Students Association (EMSA): Former Vice President Ukraine Chapter

International Christian Medical Association Ukraine: Executive and Active Member

Nigerian Student Union Ivano-Frankivsk Ukraine- General Secretary 2015-2018

Volunteer Medical Corps: City Coordinator Ukraine Chapter