



## Refugee Health Coalition Submission to MAPS

### About the Refugee Health Coalition (RHC)

The Refugee Health Coalition (RHC) is a multidisciplinary collaboration of newcomer-serving organizations, healthcare providers, academics and researchers, and community members. The RHC is working to address the unique barriers that refugees face in the healthcare system in Edmonton. Among our partners are the Mosaic Refugee Health Clinic (Calgary), the New Canadians Health Centre (Edmonton), and the Multicultural Health Brokers Coop (Edmonton); all of which contributed to this submission. However, the systems to support resettlement of refugees across Alberta are complex and include stakeholders from the refugees themselves, to non-profits and all levels of government. This submission should not be considered to speak for all refugees and migrants in our province. We welcome further engagement and partnerships with Alberta Health as we collectively address improving our primary healthcare system.

### Landscape of healthcare access for refugees

There are two specialized clinics or health centres in Alberta for refugees:

1. The Mosaic Refugee Health Clinic (Calgary) provides comprehensive primary care to newly arrived refugees (Government Assisted Refugees, Privately Sponsored Refugees, and refugee claimants) for their first two years in Canada. Once they graduate from the Mosaic Refugee Health Clinic, they are transitioned to their permanent medical home in the community. Mosaic works closely with community organizations and settlement agencies to provide holistic, culturally responsive support. They also work with community healthcare providers to support their patients in their transition to their permanent medical home.
2. The New Canadians Health Centre (NCHC) (Edmonton) is a recently established community clinic that provides comprehensive primary healthcare for newly arriving Government Assisted Refugees. The lived experience of the refugees informs the guiding principles of the NCHC. The NCHC collaborates with various community stakeholders to transition refugees into their permanent new homes and provide support as refugees navigate the healthcare system. The longer-term goals of the NCHC are to also serve Privately Sponsored Refugees, refugee claimants and individuals without status; however, their current capacity is only to see Government Assisted Refugees.

These two specialized health centres are innovative and essential in the community; however, most refugees in Alberta are not connected with either of these clinics. Refugees resettle all across Alberta and most receive care within the broader, general system of primary care,



including in family medicine offices (Primary Care Network affiliated and not), walk-in clinics, urgent care centres, and emergency departments.

Outside of the formal healthcare system, the wellbeing of refugees in Alberta is supported by a vast network of community groups, settlement agencies, and newcomer support programs. Many of these agencies interact directly with the healthcare system or provide supports that are integral to refugees in accessing the system. One notable example are healthcare navigators or healthcare brokers. The concept of a healthcare navigator/broker (also known as patient navigators) is common in supporting refugees in accessing healthcare across Canada. In Edmonton, the Multicultural Health Brokers Co-op has over 100 multicultural health brokers reaching over 2000 individuals annually in 30 cultural and linguistic communities. These multicultural health brokers provide a range of culturally and linguistically appropriate health education and promotion services in the areas of maternal and child health education, chronic disease prevention, mental health support and more recently, access to COVID education and prevention. Multicultural health brokers provide health information in the first language, explain how the health system works to newcomers, and support health providers in understanding the cultural context of individuals with health issues. They are essential partners in primary care services for individuals who are first-time users of the health care system, experiencing cultural and language challenges in interacting with a health service provider and who may need other social support in addressing their health issues.

## **Core issues that refugees and migrants face in accessing primary health care**

Refugees who arrive in Canada have very diverse pre-migration journeys; many come from zones of active conflict, have experienced chronic displacement over generations, were living in refugee camps for years, and may be survivors of torture and violence. They may or may not have had access to healthcare or other social supports before arriving in Canada and will need specific screening and health assessments early in their resettlement. However, not all healthcare professionals have training or experience supporting refugees and there are significant gaps in healthcare curricula across the country. Furthermore, refugees face numerous barriers in the healthcare system including language and cultural barriers, varying levels of health literacy, limited trust in healthcare systems, mental health challenges, competing needs (e.g. learning English or French, finding employment and stable housing, registering children in school) as well as Canadian healthcare professionals who may lack the capacity or comfort in effectively communicating with newcomer patient populations. There is an abundance of research providing more details of the barriers within our healthcare system and we encourage Alberta Health to reach out for more details. We have provided some further details in Appendix 2.



### ***Lessons learned from the COVID-19 pandemic***

The COVID-19 pandemic highlighted the many barriers faced by refugees in accessing health care. Studies showed that refugees and immigrants were at a higher risk of severe health outcomes and death from COVID-19 infection when compared to Canadian-born populations. Furthermore, these same populations faced many unique barriers to vaccine access and vaccine willingness. These included:

- Accessibility of telephone or online booking for those with language barriers or reduced access to computer/internet
- Availability of language translation services throughout the vaccination appointment
- Ease of access to vaccine clinics including transportation options, extended hours, and walk-in capacity
- Supports for those requiring childcare assistance during vaccination appointments
- Fears of being turned away for those who are migrant workers or who do not have an Alberta health care card

There were also missed opportunities to improve vaccine willingness in ethnocultural communities. Hesitancy around vaccinations often stemmed from misinformation or mistrust that was amplified by language and cultural barriers and prior negative experiences with the health care system.

There are lessons to be learned from some of the small-scale community-led efforts to mitigate the barriers to vaccine uptake. Vaccine outreach clinics and educational sessions were formed in partnership with cultural associations and community leaders. These events demonstrated the importance of close collaboration with the community, creating safe and inclusive spaces, and being flexible and responsive to the needs of newcomers.

When taken more broadly, the same principles can be applied when envisioning the future of primary care. A “one-size fits all” approach will fall short in meeting the needs of many patients. Instead, there should be a commitment to meaningful and sustained collaboration with community and content experts to reduce barriers in healthcare access.

### **Recommendations**

Our overarching recommendation is that Alberta Health consider a population level approach that is rooted in community solutions in order to effectively address the barriers in our healthcare system that refugees and migrants face. The community, including refugees themselves, are major stakeholders in healthcare and should be an equal partner in determining and implementing solutions to address barriers to healthcare for refugees and migrants in Alberta. There are several examples within Edmonton and Calgary where communities and refugees work alongside the healthcare system in unique, innovative ways which we will highlight below.

#### **A. Expansion, stable funding and integration of cultural health brokers or patient navigation programs within the healthcare system.**

- As highlighted above, the Multicultural Health Brokers Co-op is a unique community-based solution to support refugees in accessing healthcare. Many



settlement agencies and community organizations across Canada have similar programs (e.g., Alberta International Medical Graduates Association (AIMGA) members work in partnership with Mosaic Refugee Health Clinic to support healthcare access across Alberta). We recommend that Alberta expand on these community solutions that incorporate cultural and language navigator programs based in the community to support refugees in their access to healthcare

**B. A collaborative and multidisciplinary approach to mental health within primary care to improve coordination and access to community-based mental health programs.**

- Community-based mental health programs are designed to incorporate cultural competency, trauma-informed approaches and cultural and language navigation; however, they are not well connected to each other or to the healthcare system
- There are numerous community-based mental health programs that provide essential support and care for newcomers in Alberta. Examples include the Cross Cultural Counselors at Catholic Social Services; therapists at the Multicultural Health Brokers and the Edmonton Mennonite Centre for Newcomers; the mental health programs at Islamic Family and Social Services Association (IFSSA), the Centre for Refugee Resilience at the Calgary Catholic Immigration Society and Mental Health Action Plan in partnership with United Way.

**C. Work with the community to identify and implement policies within Alberta Health and Alberta Health Services to collect *and* use identity-based data to address access inequities within the healthcare system.**

- There is currently a community-led group facilitated by the United Way Edmonton Region and EndPovertyEdmonton that is exploring the collection and use of race-based data.

**D. Increased access to translation and interpretation services.**

- Expand access to all clinical sites (for example, expanding Language Line access to all healthcare access points in Alberta).
- Commitment to care being available in the language of the patient's choice whenever possible. Family members are not an appropriate substitute for trained and confidential medical interpretation or translation.
- Expand the use of OLIVE (video/audio translation unit on wheels used in some acute care settings).
- Ensure billing codes or modifiers provide appropriate compensation for health care providers using translation services with their patients.



## Appendix 1: Background information

Refugees are individuals who have fled from their home country from “war, violence, conflict or persecution and have crossed an international border to find safety in another country.” Immigrants are people who have chosen to resettle in Canada, usually for economic reasons or to join family that is already in Canada. Migrants are people who have come to Canada for work, generally as temporary foreign workers, and do not have permanent status in Canada. Due to policy changes over the years, thousands of migrants have been left in Canada with no status. Each category of individuals is diverse and requires different levels and types of support when accessing healthcare. This submission focuses on refugees and migrants.

The resettlement of refugees in Canada involves a complex system and all three levels of government. Refugees are resettled through various streams, the primary two being government assisted resettlement and private sponsorship. People resettled through these streams have access to federal health benefits for 1 year and varying levels of settlement support depending on the community they reside in.

According to Statistics Canada 2021 census, **23% of Albertans identify as an immigrant or permanent resident**. 27.2% of the workforce in Alberta are immigrants and by 2050 it is estimated that **half** of Edmonton’s population will be immigrants.

There are 970,000 Immigrants and Permanent Residents in Alberta.

- Of those, 123,960 are refugees
  - 47% in Calgary
  - 41% in Edmonton
  - 2.5% in Lethbridge
  - 1.8% in Brooks
  - 1.7% in Red Deer
- Syria, Eritrea, Ethiopia, Somalia and Iraq are the most common countries of birth for refugees arriving to Alberta in the last 5 years.

Refugees in Alberta come from diverse backgrounds, they speak numerous languages and have complex pre-migration journeys. Our intent with providing this background information is to highlight this diversity and to emphasize that healthcare for refugees, immigrants and migrants in Alberta requires a population-level approach that is rooted in community solutions. Our communities are rich in experience and expertise and partnership between the healthcare system and the community can help ensure we develop meaningful and impactful solutions.

## Appendix 2: Additional details on the core issues refugees and migrants face in the healthcare system

a. Language and cultural barriers:



- i. Language and cultural barriers are consistently identified as one of the largest barriers to accessing health services in Canada. Language barriers often lead to a gap in understanding between health service providers and refugee patients. Cultural barriers include the provision of culturally inappropriate care and miscommunication regarding interpretation of somatic events. Language and cultural barriers may lead to medication errors, delays or misdiagnoses, and lack of internal motivation to use health services due to limitations in communicating their health needs or negative past experiences.
- b. Health system navigation and health literacy:
  - i. Newcomers may find the Canadian health system difficult to navigate as health systems differ on a global scale. The lack of awareness of health information and patient rights coupled with the prioritization of certain aspects of the resettlement process (e.g., housing, childcare, employment, etc.), prevent refugees from gaining knowledge related to the Canadian health system. This lack of awareness contributes to decreased confidence and trust, and increased fear when accessing the health system.
- c. Comfort level or training of health care providers:
  - i. While refugee patients may experience distress or discomfort when accessing health services in a new country, health care providers may also experience uncertainty in providing services to refugee populations. This uncertainty is often due to a lack of knowledge of the nuanced cultural context of the patient or a lack of training related to cultural competency. This barrier may lead to a decreased confidence and miscommunication (and therefore misdiagnoses) in both the patient and provider.
- d. Intersection with social determinants of health:
  - i. Health care providers may choose to focus primarily on the clinical or health-related aspects of resettlement when providing care to a patient, however, it is vital that they also consider the social determinants of health. Social determinants play a large role in the resettlement process, which conversely impacts the health of refugees. Social determinants may include employment status, education, housing, language, and social support networks.
- e. Mental health and trauma informed care:
  - i. Cultural contexts and pre-migration backgrounds of refugees can influence their mental health and resilience post-migration. Many refugees originate from conflict zones and unstable situations, while they may experience major mental health problems or illnesses, a vast majority require trauma informed care as the rates of depression and post-traumatic stress disorder are higher within this population. The lack of culturally appropriate mental health services or trauma informed care may deter refugees from accessing health services or lead to re-traumatization when they do access care.

## Resources and Evidence



*For more information on the points we have discussed and our local context, please see the following reports (academic references are included within these documents):*

Belonging: Stories of the Dignity and Resilience of Immigrants. The State of Immigration and Settlement in Edmonton – Annual Report 2021.

<https://www.edmonton.ca/sites/default/files/public-files/assets/PDF/SIS-AnnualReport-2021.pdf>

The Housing Stories of Newcomers in Edmonton: A Snapshot of the Lived Experience – 2020

<https://ecvo.ca/wp-content/uploads/2021/05/The-Housing-Stories-of-Newcomers-in-EdmontonFINAL.pdf>

Lessons from the Influx: How Edmonton Welcomed Refugees from Syria. 2018

<https://ecvo.ca/wp-content/uploads/2019/06/Lessons-from-the-Influx-Final-Report-June-2-Web.pdf>

Refugee Health Coalition Community Engagement Report. 2020.

[https://www.refugeehealthcoalition.ca/files/ugd/fda787\\_0f3b634eff7c42d29ca35dcb57c9cff7.pdf](https://www.refugeehealthcoalition.ca/files/ugd/fda787_0f3b634eff7c42d29ca35dcb57c9cff7.pdf)

UNHCR: The UN Refugee Agency. <https://www.unhcr.org/refugees.html>