POST-ARRIVAL HEALTH ASSESSMENTS

For Migrants Arriving in Canada & Resettlement Issues

Dr. Annalee Coakley
Dr. Gabe Fabreau
CONFLICT OF INTEREST

None
OBJECTIVES

- Understand migration in the Canadian context
- Understand pre-departure screening of immigrants destined to Canada
- Understand the role of the refugee clinics in Canada
- Review post-arrival health assessments and screening
- Review common resettlement issues that impact the health of immigrants and refugees in Canada
WHO ARE REGULAR MIGRANTS TO CANADA?

Permanent Migrants
296,346

155,994 Economic Immigrants
78,004 Family Class Immigrants
58,435 Refugees
3,913 Other Humanitarian

Temporary Migrants*
5,732,598

5,179,481 Visitors
266,000 Student Visas
287,117 Temporary Workers

*some temporary migrants may become asylum-seekers once in Canada

2017 Annual Report to Parliament on Immigration
TOP 10 SOURCE COUNTRIES IN 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Philippines</td>
<td>41,791</td>
</tr>
<tr>
<td>India</td>
<td>39,789</td>
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<tr>
<td>Syria</td>
<td>34,925</td>
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<tr>
<td>China</td>
<td>26,852</td>
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<tr>
<td>Pakistan</td>
<td>11,337</td>
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<tr>
<td>USA</td>
<td>8,409</td>
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<tr>
<td>Iran</td>
<td>6,483</td>
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<tr>
<td>France</td>
<td>6,384</td>
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<tr>
<td>UK</td>
<td>5,812</td>
</tr>
<tr>
<td>Eritrea</td>
<td>4,629</td>
</tr>
</tbody>
</table>
## REFUGEE RESETTLEMENT IN CANADA

### Convention Refugees
- **46,319**
  - **23,523** Government-Assisted Refugees (GARs)
  - **18,632** Privately Sponsored Refugees (PSRs)
  - **4,434** Blended Visa Office-Referred Refugees (BVORs)

### Refugee Claimants
- **23,919**
- **12,116** were granted permanent residency in 2016
WHICH REFUGEES ARE PRIORITIZED BY CANADA?

- The most **vulnerable** are selected
- Women and girls at risk
- Survivors of Violence and Torture
- Family Reunification
- Medical Needs
- Children at Risk
WHICH REFUGEES ARE PRIORITIZED BY CANADA?

The most vulnerable are selected.
Economic immigrants who are unhealthy are excluded from immigration to Canada > healthy immigrant effect

Unhealthy refugees are not excluded, the most vulnerable refugees are selected, and the refugee migration experience places refugees at risk of illness > greater health needs
PRE-MIGRATION HEALTH ASSESSMENTS
For Permanent Residents

Medical exam for permanent residents
If you apply for permanent residence, you must have an immigration medical exam. Your family members must also have a medical exam, even if they are not coming with you.

Who can do your exam
You must see a doctor on the list of panel physicians. Your own doctor cannot do the medical exam.

The panel physician will do a complete medical exam. They may refer you for chest x-rays and laboratory tests. Once your exam is done, the physician will send us the results.

The panel physician does not make the final decision about your medical exam. We make that decision. If there is a problem with your medical exam, we will contact you in writing.

Find a panel physician to do your exam.
PRE-MIGRATION HEALTH ASSESSMENTS

For Temporary Residents

Medical exam requirements for temporary residents (visitors, students and workers)

If you plan to visit for six months or less:
You generally do not require a medical exam, unless you plan to work in certain jobs (see below).

If you plan to visit for more than six months:
You will need a medical exam if you:

- have lived temporarily for six or more months in a row
  - in one or more of these countries or territories
  - in the one year immediately before the date you want to enter Canada. (This applies even if you are a citizen of a country that does not need a visa to enter Canada.)
  - will come to Canada to work in a job in which public health must be protected. See below for jobs for which you need a medical exam.
- apply for a Parent and Grandparent Super Visa

If you do need a medical exam, the visa office will tell you what to do next.
Immigration Medical Exam (IME)

This section contains policy, procedures and guidance used by Immigration, Refugees and Citizenship Canada staff. It is posted on the Department’s website as a courtesy to stakeholders.

R29 provides that, for the purposes of paragraph A16(2)(b), a medical examination includes any or all of the following:

- a physical examination;
- a mental examination;
- a review of past medical history;
- laboratory tests;
- diagnostic tests;
- and a medical assessment of records respecting the applicant.
PRE-MIGRATION HEALTH SCREENING
For All Immigrants and Refugees

- CXR to screen for active pulmonary TB ≥ 11yrs
- HIV ≥ 15yrs
- Syphilis (RPR) ≥ 15yrs
- U/A > 5yrs

Immigrants undergo a more complete medical
Unlike refugees destined for USA, Canada does not provide pre-departure empiric treatment for parasites.

Recently, Canada has started to offer pre-departure vaccinations.
MIND THE GAP

Pre-departure health assessments and vaccination records are not communicated to the post-arrival health providers.
Economic Immigrants and Family Class

Not mandated to have health assessments following arrival

Expected to independently find a family doctor to care for their medical needs

POST ARRIVAL HEALTH ASSESSMENTS
## NO POST-ARRIVAL HEALTH ASSESSMENT

<table>
<thead>
<tr>
<th>Risks</th>
<th>Benefits</th>
<th>Realities</th>
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</thead>
<tbody>
<tr>
<td>Delay connecting to a primary provider</td>
<td>Cost savings (short-term)</td>
<td>Healthier – Less need for a specialized clinic</td>
</tr>
<tr>
<td>More visits to ER or WIC</td>
<td>Less stigma</td>
<td>Able to find care in their own language</td>
</tr>
<tr>
<td>Not screened appropriately</td>
<td>Personal choice of primary provider</td>
<td></td>
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</table>
POST ARRIVAL HEALTH ASSESSMENTS
For Refugees

If a communicable disease requiring follow up is identified pre-departure, the patient is directed to follow up with a doctor within 2 weeks of their arrival in Canada.

Otherwise, refugees are not compelled to have a post-arrival health assessment.
Specialized Refugee Clinics complete an initial health assessment, address immediate health concerns, offer screening tests, and ensure that vaccinations are up to date.
A SPECIALIZED REFUGEE CLINIC

Is required because...

<table>
<thead>
<tr>
<th>High burden of neglected physical and mental health conditions</th>
<th>Additional complexities for health care delivery</th>
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<tbody>
<tr>
<td>Infectious diseases</td>
<td>Complexity re: Remuneration for health providers (esp. 2012-16)</td>
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<tr>
<td>Complex neglected chronic diseases</td>
<td>Long clinic appointments (~4hr intake appts.)</td>
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<tr>
<td>Undiagnosed congenital diseases</td>
<td>Low Health Literacy</td>
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<tr>
<td>Severe Trauma</td>
<td>Health system navigation</td>
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<td></td>
<td>Poverty</td>
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<td></td>
<td>Language and cultural barriers</td>
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<td></td>
<td>Differing expectations/perceptions of healthcare</td>
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<tr>
<td></td>
<td>Transportation barriers</td>
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</table>
HEALTH SERVICES
Mosaic Refugee Health Clinic
HEALTH SERVICES
Mosaic Refugee Health Clinic
**Refugee Health Clinic**

**12 Specialists**
- Psychiatry
- Pediatrics
- OBGYN
- Internal Medicine
- Infectious Disease/Tropical Medicine
- Hepatologist

**27 Multidisciplinary Team Members**
- Social Workers
- Psychologists
- RNs/LPNs
- Health Navigator
- Medical Office Assistants
- Public Health Nurses
- Transition Coordinator

**17 Rotating Family Physicians**
*with additional training in tropical medicine*

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**Community Partners:**
*Our most important partner is the resettlement agency with whom we have 2 embedded nurses*
GOALS OF THE MRHC

- Stabilize chronic diseases
- Manage acute illness in newly arrived refugees
- Complete screening for infectious and chronic disease
- Address mental health issues
- Engage patients in preventive health care
- Teach patients to be independent navigators of the health system
- Transition to permanent medical home
INITIAL ASSESSMENT AT MRHC

1. Orientation
   - Refer to Public Health for Vaccination

2. History
   - Ensure Social Supports in Place

3. Physical
   - Advise to Take Vitamin D Supplement

4. Order Screening Tests
   - Address Contraceptive Needs
Evidence-based clinical guidelines for immigrants and refugees

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Competing interests: See end of document for competing interests.


Key points

- Clinical preventive care should be informed by the person’s region or country of origin and migration history (e.g., forced versus voluntary migration).
- Forced migration, low income, and limited proficiency in

SCREENING GUIDELINES
Recommended screening tests for most refugees and some immigrants

- CBC
- HIV Serology
- Syphilis Serology
- Urine for G&C
- Hepatitis B Serology
- Hepatitis C Serology
- TST
- Hemoglobinopathy Screen (includes iron indices)
- Strongyloides and Schistosoma Serology
- Varicella IgG if > 13 years of age
- Routine Age-Appropriate Screening Tests
- Stool for O&P and PCR in children < 5 years old and in those with symptoms
CLINICAL TOOLS

Canadian Collaboration for Immigrant and Refugee Health

Caring for Kids New to Canada
HEALTH OF CALGARY’S REFUGEE POPULATION
**REFUGEE HEALTH SUMMARY**

- **They are young**
  Average age of adults: 34 yrs old

- **They have big families**
  PSRs (4-6), GARS (6-10)

- **They make babies**
  New Canadian citizens

- **They can have complex medical issues**
  Average of 5 health issues (top 10% -> 14 Dx’s)

- **They use the clinic a lot**
  Average 10/year – MD + MDT

- **They have suffered trauma & violence during conflict, flight, and migration**
  Major Depression and PTSD most common

- **Long term health dependent on integrated services**
  Healthcare, language, employment, housing, community support, etc.
RESETTLEMENT ISSUES

Intrinsic Needs
- Education
- Employment
- Income
- Housing
- Food Security

Navigation Issues
- Language Barrier
- Physical Environment
- Transportation
- Complex Social and Health Systems

Adaptation Issues
- Racism
- Disillusionment and Disappointment
- Family Separation
- Cultural Transition
RESETTLEMENT ISSUES

Intrinsic Needs
Income, education, employment, food security, housing

Adaptation
Family separation, cultural transition, racism, social connections, disillusionment and disappointment

Navigation
Language barrier, physical environment, transportation, complex social and health systems
Immigrants arrive healthier than the Canadian born population and do not routinely undergo post-arrival health assessments.

Refugees often arrive with health needs and barriers to accessing health care; therefore, specialized refugee health clinics were established in refugee receiving communities across Canada.
Refugees have post arrival health assessments and are screened according to the Canadian Immigrant and Refugee Screening Guidelines.

All immigrants and refugees face resettlement challenges that impact their health.
CONCLUSION
To achieve successful resettlement and integration:

Health needs must be met

Barriers must be mitigated