

Executive Summary

Background

The profile for the government assisted refugee population of Halifax has been increasingly changing since the creation of the Immigrant and Refugee Protection Act in 2002. The IRPA has shifted the focus of selection to ensure the resettlement of convention refugees is based on most in need of protection. On average government assisted refugees resettling in Nova Scotia have lived in camp situations for 17 years resulting in significant physical and mental health challenges.

The vision of ISIS is that of a community where all can belong and grow. In partnership, ISIS offers services and creates opportunities that enable immigrants to participate fully in Canadian life. Through the delivery of service programs for the social integration of government assisted refugees (GARs), ISIS provides health support to these new residents of Canada. The health services provided to GARs by ISIS include the provision of interpreters for medical and dental appointments; hospital tours and orientation to the Canadian health care system; the development of a health care plan or needs assessment and advocacy for the provision of needed health care services.

In the realm of advocacy, ISIS continues to struggle for the needs of government assisted refugees with regard to accessing appropriate, comprehensive and cultural sensitive primary health care services. Despite years of advocacy and education by ISIS, numerous barriers remain in the provision of health care services to newcomers in Halifax. Interpretation is still not regularly provided in primary health, refugees are not receiving full health assessments to diagnosis conditions that are result of pre-arrival conditions, immunization history is not being considered and updated, services provided under the Interim Federal Health Program are inadequate and many newcomers must wait months before finding a family physician willing to take them as patients. ISIS believes that after years of advocacy, now is the time to invest in a new strategy of primary health care provision to government assisted refugees in the form of a targeted and collaborative health clinic.

The purpose of a refugee health clinic is to provide:

- complete health assessments, including public health screening within the first three days of arrival in Canada
- catch-up immunization
- short term primary health care and additional support for complex cases
- supported bridging to existing services for continuing care, in particular, family physicians

The priority group for services will be government assisted refugees during the first two years of resettlement. Services should also be expanded to privately sponsored refugees during the first two years of resettlement and to refugee claimants.

Needs Assessment

Each year 200 government assisted refugees are resettled in Nova Scotia. In addition there are approximately 50 refugee claimants and 50 privately sponsored refugees that make Halifax their home each year.

Based on a two year service model a refugee health clinic would provide primary health care service to approximately 600 refugees at any given time.

Current Refugee Profile for Nova Scotia

Refugee Category	Top Source Countries
Government Assisted Refugees	Bhutan Iraq Afghanistan Ethiopia Eretria Democratic Republic of the Congo
Privately Sponsored Refugees ¹	Ethiopia Columbia Iraq
Refugee Claimants	Cuba Iran Sri Lanka

The most commonly reported health issues among newly arrived convention refugees to Canada include²:

- infectious diseases
- under immunization
- mental illness/distress
- hearing loss
- parasitic infections
- nutritional deficiencies
- oral health

¹ Nova Scotia Office of Immigration. (2010). *Nova Scotia immigration information and fact sheet: Refugees to Nova Scotia*. Retrieved from <http://novascotiainmigration.com/immigration-statistics>

² Morris, M. D., Popper, S. T., Rodwell, T. C., Brodine, S.K., & Brouwer, K.C. (2009). Healthcare barriers of refugees post-resettlement. *Community Health 34*, 529-538. Doi:10.1007/s10900-009-9175-3.

The complexity of refugee health is compounded by language and cultural barriers that exist within primary health care services. The failure to provide interpretation and culturally competent practices inhibits access to service and ensures difficulty in navigating the health care system.

Current Service Arrangement

The North End Community Health Centre is currently serving 90 Bhutanese government assisted refugees that arrived to Halifax between 2009 and 2011. The NECHC is committed to a multi-disciplinary primary care approach that includes the services of physicians, nurse practitioners, registered nurses, dietician, occupational therapist, shared care mental health, dental hygiene, dental partnership, foot care, blood work and diabetes clinic. The NECHC has worked very hard to provide comprehensive primary care to this population by providing full health assessments and developing immunization schedules. They have adapted services to meet the needs of large family groups and individuals with complicated health needs by extending appointment times and learning about the pre-arrival conditions of the Bhutanese refugee population.

Those government assisted refugees that are not currently patients of the NECHC are receiving primary health care from various family practice clinics within the HRM. These individuals are most often not receiving the comprehensive care required or provided by the NECHC model. Additionally, almost all interpretation services within primary care settings, including within the NECHC, is provided by ISIS. The ability to sustain this practice is contingent on continued funding from Citizenship and Immigration Canada (CIC). ISIS does not currently have the resources to provide health literacy training and as a result many interpreters are not adequately trained for health settings.

Privately sponsored refugees and refugee claimants do not qualify for interpretation services through CIC and are reliant on volunteers or the hire of expensive professional interpretation services. As well, these individuals often share similar barriers to accessing primary health care settings including the ability to find a family physician willing to take them on as patients and the lack of culturally competent care available.

Key Service Issues

Key Issue	Description
Health assessment including screening	<ul style="list-style-type: none">• Besides the NECHC, existing family practice services do not ensure that comprehensive health assessments and

immunization catch-up	<p>immunization catch-up is available to all refugees in Nova Scotia</p> <ul style="list-style-type: none"> • Failure to provide assessment and screening can increase the risk of serious conditions being missed or presenting late for treatment • Long wait times for access to primary health care can result in chronic health conditions for newly arrived refugees
Language/interpretation	<ul style="list-style-type: none"> • ISIS funding for interpretation services available to government assisted refugees is contingent on commitment by CIC • Interpreters used in primary care settings are often not trained for health interpretation • Privately sponsored refugees and refugee claimants do not qualify for interpretation services from CIC resulting in little to no access
Complexity of health needs	<ul style="list-style-type: none"> • Regular family physician appointment times do not provide adequate time to discuss the complexity of health needs resulting from extreme pre—arrival conditions • Family physicians are often reluctant to take refugees as patients based on the perceived difficulty of providing care
Cultural Competency	<ul style="list-style-type: none"> • Culturally competent care is currently not provided in all primary health care settings – the use of interpreters, gender matching, consideration for cultural and pre-arrival conditions including experiences of trauma • Health professionals require resources, information, training and practical support such as clinical advice and support to best serve newly arrived refugees
Coordination	<ul style="list-style-type: none"> • Currently there is little coordination between primary health care professionals and ISIS settlement staff • Better coordination would allow for better prevention and planning of settlement services based on health needs

Refugee Health Clinic Service Model

Goal

To develop and implement a multi-disciplinary and holistic approach to primary health care service for refugees through a targeted health clinic, which provides:

- standard health assessments, including public health screening within the first three days of arrival to Canada
- catch-up immunizations
- short term primary health care and additional support for complex cases
- supported bridging to existing services for continuing care, in particular, family physicians

Objectives

1. Process

- Develop a strategy that would provide each refugee to a full health assessment in the first three days post-arrival in Canada
- Tailor medical appointments to allow for health needs to be adequately addressed (1 hour appointments with primary health care professional)
- Ensure for flexibility and adaptation to meet the needs of the continually changing refugee population arriving in Nova Scotia
- Secure sustainable access to required services such as interpretation and translation

2. Collaboration

- Create true collaboration between health care team and ISIS settlement staff to provide holistic primary care
- Nurture partnerships outside of clinic to ensure culturally competent and adequate specialized services are available and accessible to refugees
- Include internationally educated health professionals and medical graduates to support educational and accreditation endeavours as well as increase cultural competency in health care settings

3. Bridging

- Coordinate the bridging of refugee health care to mainstream family physicians following the initial 2 year settlement period
- Educate family physicians on the health care needs of refugees and newcomers on navigating the Canadian health care system

Implementation

ISIS is seeking the support of the federal government, the provincial government, primary health care clinics and other important community partners to ensure that the vision of a needs-based primary health care clinic for refugees can become a reality. In May 2011, a planning session will be held for key stakeholders. It is hoped that this will create a working group of interested partners willing to work together in creating a multi-disciplinary primary health care clinic for refugees in Halifax that is holistic, inclusive and sustainable.