Engaging communities in building an evidence-based prevention strategy for immigrants and refugees in Canada

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Canadian Collaboration for Immigrant and Refugee Health (CCIRH)

- 16 immigrant health brokers
- 40 delphi participants
- 23 interdisciplinary chapter teams
- 11 Guideline Committee Members:
  Kevin Pottie (co-chair), Peter Tugwell (co-chair), John Feightner, Vivian Welch, Chris Greenaway, Laurence Kirmayer, Helena Swinkels, Meb Rashid, Lavanya Narasiah, Erin Ueffing, Noni MacDonald

Partners: PHAC, CMAJ, CIC, CIHR, Calgary Refugee Program, Edmonton Multicultural Health Broker, Champlain LHIN

Website: www.ccirh.uottawa.ca
CCIRH Project Objective

• To develop evidence-based clinical preventive guidelines for immigrants and refugees new to Canada (focus on first 5 years) for primary care practitioners.
Delphi Selection Process

Selecting priority preventable and treatable conditions for recently arrived immigrants and refugees

- Importance
- Usefulness
- Disparity

(Oxman et al WHO priority setting 2006)
Professor Archibald Leman Cochrane, (1909 - 1988)

• “because resources will always be limited, they should be used to provide equitably those forms of health care which had been shown in properly designed evaluations to be effective.”
GRADE Approach

• Balancing Desirable and Undesirable Effects

• Quality of the Evidence

• Values and Patient Preferences

• Cost (Resource Allocation)

GRADE: The Grades of Recommendation, Assessment, Development, and Evaluation
Vaccination

• Vaccinate against MMR and TDP-P
• Vaccinate girls and women against HPV (9-26)
• Vaccinate against Hep B, if susceptible
• Vaccinate against Varicella, is susceptible
Infectious Diseases

• Screen high risk immigrants and refugees for latent TB and treat with Izoniazid (9 mos).
• If from HIV endemic region, Screen for HIV.
• If from Hepatitis B endemic countries, Screen for Chronic Hep B.
• Screen for Hepatitis C if from endemic region
• Serology for refugees: strongyloides if from SSA and Asia, schistosomiasis (SSA) (under review)
• Be alert for malaria if fever - (under review)
Chronic Diseases

• Screen for iron def anemia in children using Hemoglobin and follow-up ferritin.
• Screen children and adults for visual impairment. (not tropical eye disease)
• Screen for obvious dental pathology and refer.
• Treat dental pain with NSAIDS, and refer.
Mental Health

• If linked to an integrated treatment program, screen adults for depression.
• Be alert for signs of PTSD
• Be alert for intimate partner violence, if 1 night in shelter refer for advocacy program
• Be alert for child maltreatment, do not routinely screen
Women’s Health

• Screen adolescent females and women for unmet contraceptive need.
• Screen for anemia in women of childbearing age.
• Screen for cervical cancer and offer HPV vaccination for 9-26 years old females.
• Remain alert for intimate partner violence
“Healthy immigrant effect”
Risk of Reporting Poor Health

• refugees (2.1 OR; CI 1.5-2.9)
• limited English or French language proficiency (2.0 OR; CI 1.5-2.7),
• those with cost-related problems that impair access to health care (2.8 OR; CI 1.7-4.5)

Longitudinal Survey of Immigrants to Canada

Pottie, Ng, et al et al CJPH 2007
Decline in Health LSIC

- Significant decline in health status as little as 2 years post arrival
- **Refugees** have lower levels of health
- **Refugees** more likely to transition to state of poor health
Limited official language proficiency: Decline in health status: LSIC

• Prolonged limited proficiency in English or French associated with a transition to poor health (OR 2)
• significant for both sexes, but associated risk factors differed by sex:
  – Men: refugee status, self-reported discrimination, and living in Vancouver
  – Women: age, health care access problems, and limited friendliness of neighbours

Ng, Pottie, Spitzer  Health Reports under review
Decline in health greater for females

Source: LSIC cycle 3 data

Ng, Health Reports, In peer review
Health Status and Social Capital

• Risk of Decline in Health Status:
  – Immigrants who had infrequent interaction with friends
  – who were in low income families
  – Who rented rather than owned a house

And immigrants without social network were less likely to visit doctors

» Zhao 2007 Prepared for CIC
Other Barriers to Care

• Immigrants from underdeveloped countries lack familiarity with preventive care.

• Individuals may present with conditions or concerns that are unfamiliar to local practitioners (tropical illness and cultural expressions of illness).

• Care not culturally appropriate (ineffective engagement of immigrant patient).

“Last Mile Problem”
Impaired Accessibility to health care services

- Language
- Cost
- Geographic Accessibility
- Transportation
- Community Awareness
- Cultural Sensitivity/Barriers

Asanin and Wilson SSM 2008
Public Health Implications

- Burden of chronic disease and mental health issues overtaking infectious disease
- Importance of access to health; access to social, education, and employment services
- Importance of Language and Health literacy
- Need to address social determinants of health
- Role for effective social interventions, i.e. multicultural health broker, interpreters, etc.
Dissemination

Canadian Medical Association Journal

Cochrane Collaboration and CBC Radio Podcasts
THANK YOU

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