

TOWARDS REDUCING HEALTH INEQUITIES:

A HEALTH SYSTEM APPROACH TO CHRONIC DISEASE PREVENTION

The Refugee Population Working Group included representation from a diverse range of organizations, including:

- BC Multicultural Health Services Society
- DiverseCity
- Fraser Health
- Langley Community Services (Early Years Refugee Project)
- Ministry of Advanced Education and Labour Market Development
- Provincial Health Services Authority
- University of British Columbia
- Vancouver Coastal Health

Refugee Population Working Group Recommendations

The Working Group defined “refugee” to include government-assisted refugees (GAR), refugee claimants and migrant workers.

Over the course of five meetings, the Refugee Population Working Group identified **three main strategies** for how the health care system can better meet the needs of refugee populations in British Columbia. The following is a summary of Barriers and Opportunities for Action for each strategy.

1. Build capacity and quality in the health care system

Barrier	Opportunities for Action
<p>Limited capacity of primary care providers to take on refugee clients, as:</p> <ul style="list-style-type: none"> • interpretation services are limited. • practitioners are insufficiently reimbursed for working with refugees. • there is a lack of knowledge about health issues that refugees face. 	<ul style="list-style-type: none"> • Add refugees to chronic disease group so GPs will receive extra remuneration. • Create MSP fee code for interpreting services. • Create a website that provides information to primary care teams. • Ensure the availability of specialty clinics for refugees who require enhanced medical support.
<p>Limited resources available to address pre/post migration stressors may lead to higher rates of mental health and substance use issues.</p>	<ul style="list-style-type: none"> • Increase availability of trauma counselling. • Train teachers and counsellors to identify mental health concerns in refugee children. • The Interim Federal Health (IFH) program should fund counselling and interpretation for counselling for refugees. • Create a website to help caregivers locate resources.
<p>Inadequate medical insurance coverage for refugees.</p>	<ul style="list-style-type: none"> • Extend medical coverage to migrant workers. • Simplify the IFH processes and improve timeliness of the payment system.
<p>Inadequate number of culturally competent health care providers.</p>	<ul style="list-style-type: none"> • Provide cultural competency training to front line staff, health care providers and students. • Implement a cultural health broker program.



2. Improve partnerships between health care system and settlement/community-based organizations

Barrier	Opportunities for Action
Limited partnerships and linkages with organizations that work with refugees to raise the awareness about the range of services that are available to refugees.	<ul style="list-style-type: none"> • Create new government position that could serve as a liaison between organizations. • Create a list of community groups arranged geographically and by language. • Promote communication and coordination between health services and settlement agencies.
Inadequate legal representation for refugees.	<ul style="list-style-type: none"> • Provide free legal representation for refugees. • Ensure that laws and regulations under Employment Standards and WorkSafe BC are complied with by employers of migrant workers.
Refugees face difficulties navigating the complexity of the Canadian Health Care System.	<ul style="list-style-type: none"> • Implement a cultural health broker program, building on existing models.

3. Address the social determinants of health in order to improve health care system utilization

Barrier	Opportunities for Action
Lack of safe, affordable and adequate housing, and difficulties in securing housing.	<ul style="list-style-type: none"> • Increase the number of housing search workers. • Eliminate wait period for BC Rental Assistance. • Increase the transition time period out of Welcome House.
Financial constraints affect access to health care.	<ul style="list-style-type: none"> • Enhance level of income assistance. • Extend income assistance period for refugees, after they find employment. • Abolish travel loan repayment. • Provide childcare for two years post-arrival.
Insufficient job training and employment opportunities for refugees.	<ul style="list-style-type: none"> • Develop job coaching, counselling and specialty training services for refugees.
Miscommunication between health care providers and refugees.	<ul style="list-style-type: none"> • Increase diversity of types of English as a second language classes, including programs for illiterate people, different learning abilities, locations, rates of learning, etc.
Difficulties with mobility and transportation to access health care.	<ul style="list-style-type: none"> • Provide bus pass. • Revise policy around the number of strollers permitted on the bus. • Develop and fund mobile health clinic. • Provide accompaniment (e.g. cultural health broker).