

GLOBAL JOURNEYS, LOCAL CARE

Enhancing Communication and Clinical Skills in Refugee and Migrant Health

FMF 2025

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UNIVERSITY OF
CALGARY



Refugee Health YYC



Disclosures



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Disclosures



Dr. Akinola

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- Alberta College of Family Physicians
- College of Family Physicians of Canada
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- Canada Drug Agency



Disclosures



Dr. Sundareswaran

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- The New Canadians Centre
- Peterborough Ontario Health Team
- Peterborough Family Health Team
- College of Family Physicians of Canada
- Greater Peterborough Health Services Foundation



Land Acknowledgement



We acknowledge we are gathered on Treaty 1 Territory and that Manitoba is located on the Treaty Territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk Nations.

We acknowledge Manitoba is located on the Homeland of the Red River Métis.

We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and Treaty Making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.





Agenda



01

Overview of migration,
displacement



02

Refugee and Migrant
Health & Care



03

Canada's Refugee
Healthcare System



04

Clinical tools,
approaches



05

Illustrative Cases

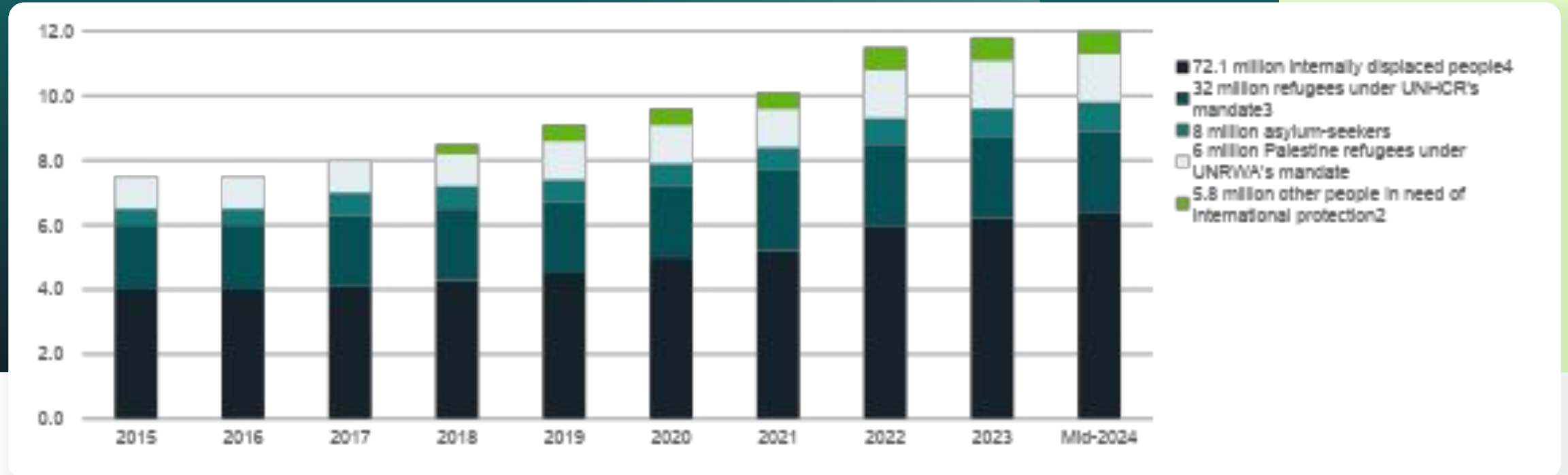


06

Q&A

123.2 MILLION FORCIBLY DISPLACED WORLDWIDE¹

At the end of June as a result of persecution, conflict, violence, human rights violations or events seriously disturbing public order.



LOW-AND MIDDLE- INCOME COUNTRIES HOSTED
71%

69%
LIVED IN NEIGHBOURING COUNTRIES

SOLUTIONS

85,000 REFUGEES WERE RESETTLED	2.2 MILLION DISPLACED PEOPLE RETURNED	26,400 OBTAINED THE CITIZENSHIP
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Forcibly Displaced Populations Arrivals in Canada

01/01/2015

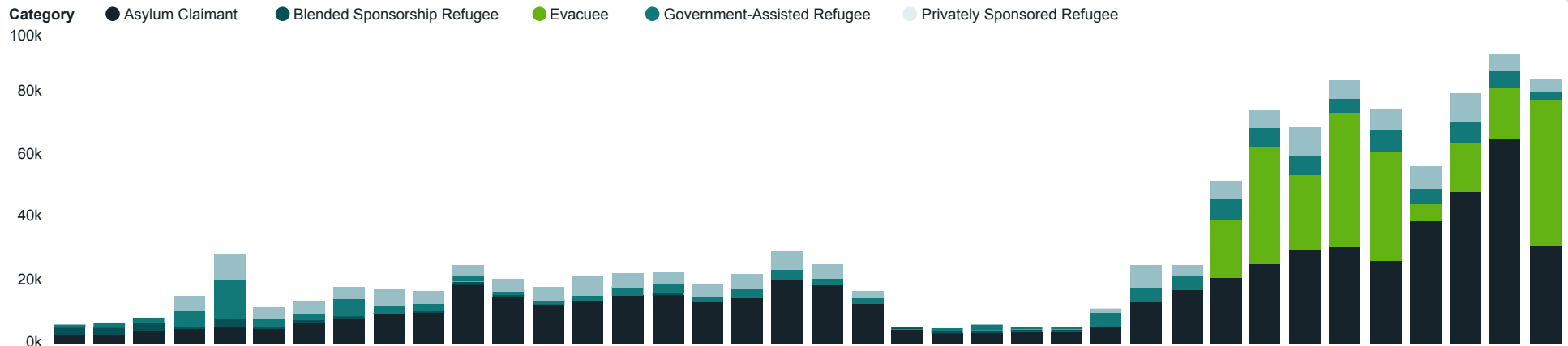
01/12/2024

1336651

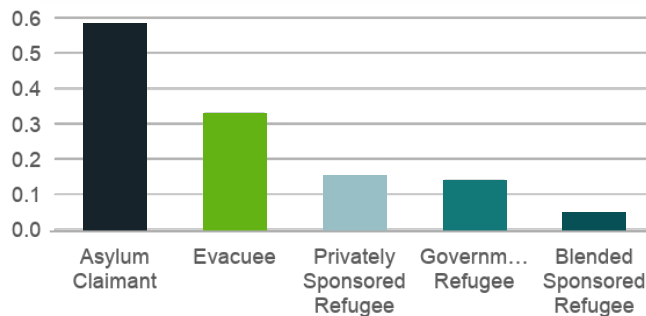
Total CURE population in **Canada**

Canada resettled **51,081** refugees in **2023** (23,311 GAR, 27,660 PSR, 110 BVOR).¹
Asylum claims reached **~144k** in **2023** and **~173k** in **2024**.

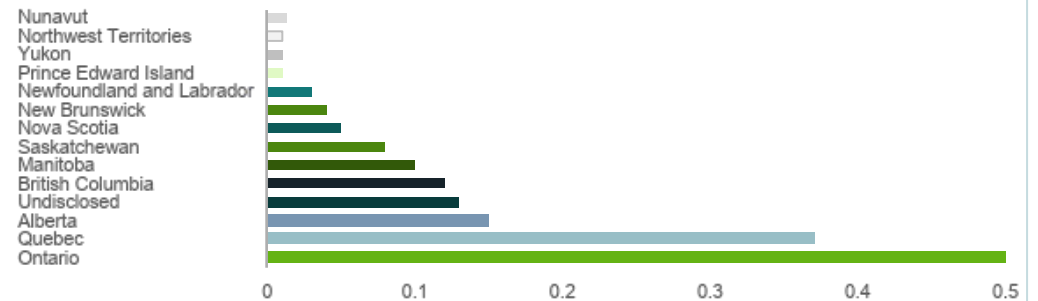
Number of Arriving CURE populations by Quarter in Canada



Aggregate Distribution of Arriving CURE populations



Arriving Refugee Totals by Province.²



1. IRCC Annual Report to Parliament 2024.
<https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/annual-report-parliament-immigration-2024>

2. Source: IRCC Open Data / UNHCR
 UNHCR Mid-Year Trends 2024: <https://www.unhcr.org/mid-year-trends-report-2024>

“Migration is a key determinant of health and well-being, and refugees and migrants remain among the most vulnerable and neglected members of many societies”

Dr. Tedros Ghebreyesus
WHO Director General

LINK



World report on the health of refugees and migrants





Who meets the definition of "refugee"?

Who is a Refugee?

“Person owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of their nationality, and is unable to or, owing to such fear, is unwilling to avail him/herself of the protection of that country”

(art. 1A (2) Geneva Convention, 1951)

UNHCR: <https://www.unhcr.org/what-is-a-refugee.html>



Convention Refugees:

Government-Assisted Refugees (GARs)

Privately Sponsored (PSRs)

Blended Visa Office–Referred (BVOR) program



Refugee Claimants



Refugee Nomenclature in Canada



Resettled Refugees

Government-Assisted Refugees (GARs)
Privately Sponsored (PSRs)
Blended Visa Office-Referred (BVOR)



Refugee Claimants

Elsewhere referred to as asylum claimants



Evacuees

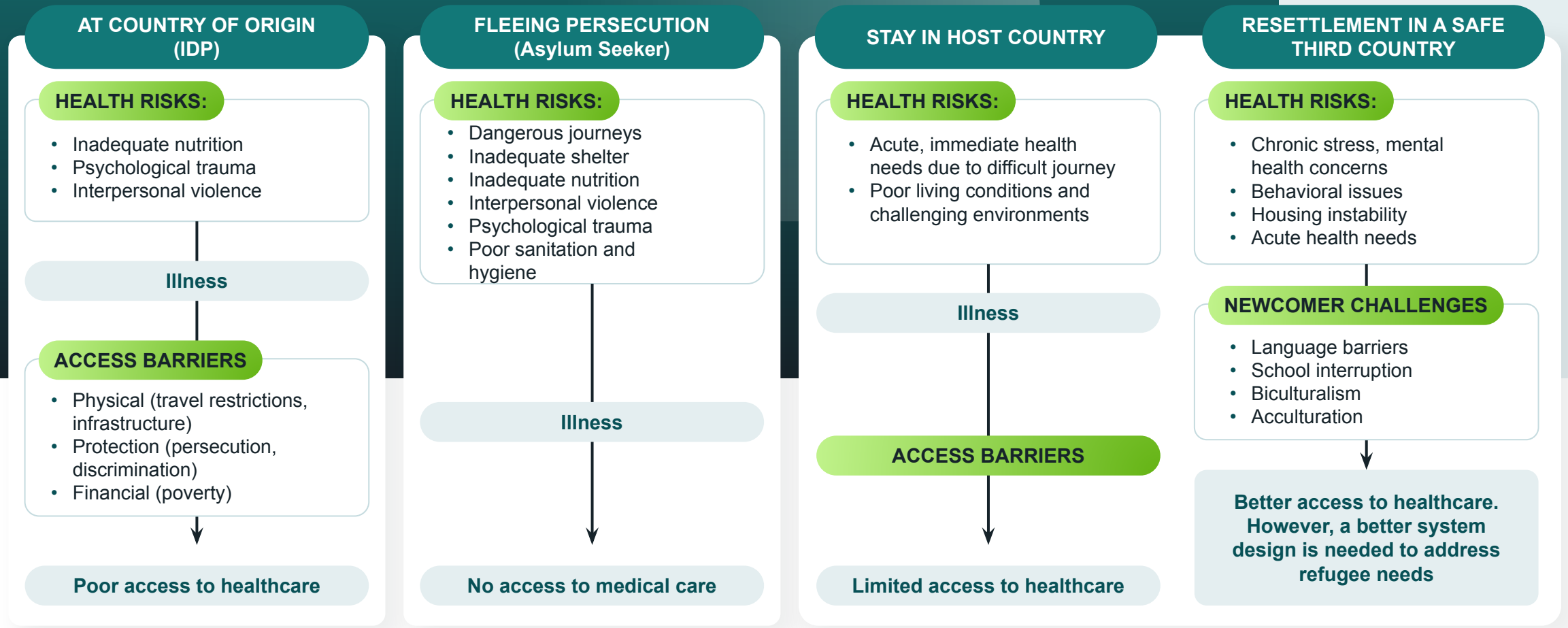
Canada Ukraine Authorization for Emergency
Travel (CAUET)

Note:

Distinction from other forced migrants, such as those without status

The Refugee Journey

Before departing → Making the journey → Arriving and Resettlement →



Who does Canada prioritize?

The most vulnerable are selected



Women and girls at risk



Survivors of Violence and Torture



Family Reunification



Medical Needs



Children at Risk



Health: Immigrants vs. Refugees

Immigrants

VS.

Refugees

Economic immigrants who are unhealthy are excluded from immigration to Canada

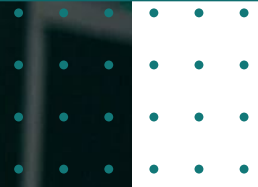
> healthy immigrant effect

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



Clinical Care Prior to Coming to Canada





Which tests do refugees and immigrants have prior to coming to Canada?

Medical Assessment



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 \geq 11yrs



HIV \geq 15yrs (since 2002)



Syphilis (RPR) \geq 15yrs



U/A > 5yrs (dip for prot, gluc, bld)



Immigrants can undergo a more complete medical

Refugee: Post Arrival

Health Assessments

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

Otherwise, refugees are **NOT** compelled to have a post-arrival health assessment.



Refugee Healthcare in Canada

Federal
Resettlement

Federal Government



Strained **Refugee
Healthcare**



Provincial
Healthcare



Provincial Government

**REFUGEE
HEALTHCARE MODELS**

Organic
Development

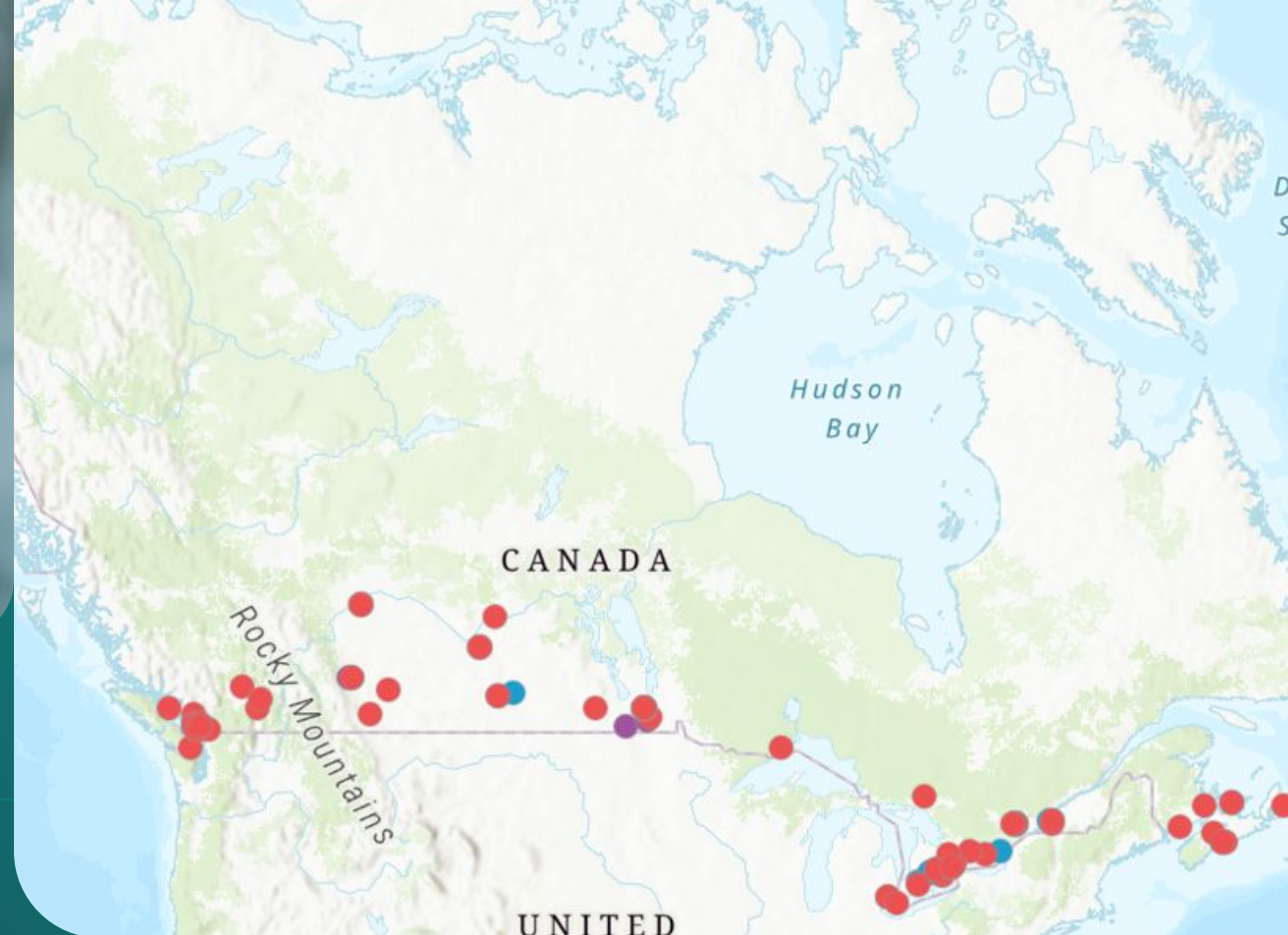
Community
Practitioners

Varying provincial
Support

No comprehensive
Description

Specialized Refugee Health Clinics

Specialized Refugee Clinics complete an initial health assessment, address immediate health concerns, offer screening tests, vaccinations etc..



British Columbia

Burnaby	Vancouver	Surrey
---------	-----------	--------

Saskatchewan

Moose Jaw	Saskatoon	Regina
-----------	-----------	--------

Alberta

Brooks	Edmonton
Calgary	Lethbridge

Manitoba

Winnipeg

Nova Scotia

Halifax

New Brunswick

Fredericton

Newfoundland & Labrador

St. John's

Quebec

Brossard	Montreal	St-Hyacinthe
Laval	Sherbrooke	

Prince Edward Island

Charlottetown

Ontario

Brampton	Guelph	Kingston
Etobicoke	Hamilton	Kitchener
London	Ottawa	Toronto
Windsor	Peterborough	





Which types of refugee are NOT eligible to provincial health care?

Health Coverage for Convention Refugees

Alberta Personal Health Card

Please protect this card.

Personal Health Number

12345-0000

Jane Lisa Doe

Gender F Birthdate 1960/11/16
Year Mo Day

Alberta
Health and Wellness

You are eligible for health insurance coverage provided you are a resident of Alberta.

All Convention Refugees are
eligible for Provincial Health Care!



Health Benefits for Convention Refugees

All Convention Refugees have health benefits for 1 year through the Interim Federal Health Program (IFHP), which is administered through Medavie Blue Cross.

PROTECTED - B

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:
Given name(s):
Date of birth: _____
Sex: _____
Citizenship: _____

UCI: _____
Application no.: _____

*****NOT VALID FOR TRAVEL***
DOES NOT CONFER STATUS**

The above named individual is eligible for the following coverage:

Coverage:	Effective Date:	Valid Until:

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services covered by the Interim Federal Health Program (IFHP), the individual cannot be reimbursed.

I, the undersigned:

- declare that I require coverage under the IFHP; I will notify CIC immediately of any changes to my immigration status, or if I become eligible for or receive other health insurance;
- understand that it is my responsibility to renew this coverage before _____ and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

SIGNED at _____ on _____

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web: <https://provider.medavie.bluecross.ca/> phone 1-888-614-1880 or fax 506-867-3624.

Client ID #: _____
Family name: _____
Given name(s): _____
Date of birth: _____

Canada

Health Benefits for Convention Refugees

IFHP will cover essential medications, optometry services, and basic dental services.

PROTECTED - B

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:
Given name(s):
Date of birth: _____
Sex: _____ UCI: _____
Citizenship: _____ Application no.: _____

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SIGNED at _____ on _____

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web: <https://provider.medava.bluecross.ca/> phone 1-866-614-1880 or fax 506-867-3824.

Client ID #: _____
Family name: _____
Given name(s): _____
Date of birth: _____

Canada

Health Benefits for Refugee Claimants

IFHP will cover health services, essential medications, optometry services, and basic dental services until the refugee claimant is accepted or deported.

PROTECTED - B

INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:
Given name(s):
Date of birth: _____
Sex: _____
Citizenship: _____

UCI: _____

Application no.: _____

*****NOT VALID FOR TRAVEL***
DOES NOT CONFER STATUS**

The above named individual is eligible for the following coverage:

Coverage	Effective Date	Valid Until

This coverage may cease or be modified without notice if the individual's immigration status changes.

This certificate must be presented to participating health care providers, along with government issued photo ID, before receiving services. If an individual pays for services covered by the Interim Federal Health Program (IFHP), the individual cannot be reimbursed.

I, the undersigned:

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- understand that it is my responsibility to renew this coverage before _____ and annually thereafter, as required;
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third parties in accordance with the Privacy Act and the Department of Citizenship and Immigration Act.

SIGNED at _____ on _____

For the health care provider, you **MUST** verify the eligibility of the individual with the IFHP administrator **BEFORE** providing services, via web <https://arviver.medvia.bluescross.ca/> phone 1-888-614-1880 or fax 506-867-3824.

Client ID #: _____
Family name: _____
Given name(s): _____
Date of birth: _____

Canada

IFHPP Provider List

Provider Search Tool

Interim Federal Health Program - Providers Search

Search by location for a variety of providers that can offer their services under the IFHP program.

If you've been asked to undergo an Immigration Medical Exam (IME), you will need to book an appointment with a panel physician — a physician approved by IRCC to perform this exam. IRCC will provide you with instructions how to find a panel physician in your area. For more information, please consult IRCC website at www.cic.gc.ca.

Please note: succeeding fields become available as previous fields are filled in (e.g., location must be filled in before provider selection becomes available.)

IFHP Provider Geographic Search

* Enter Location: (required)

Peterborough, ON, Canada

* Select Provider Type: (required)

Physiotherapist

* Select Distance - KM: (required)

1 5 10 25 50 100 150

Select Language:

French English All

Search for Providers

56 Physiotherapists near me...

* Only a maximum of 100 providers can be viewed for any search.

Download List



Refugee & Migrant Care Best Practice

Start with the Goal in Mind >
Pt. Empowerment and Self-Management



Case of Study of M.



36 year old woman from Eritrea who arrived in Canada 2 weeks ago with her 4 year old son.

Her husband is missing since he attempted to travel to Israel for work.

She lived in the Kakuma Refugee Camp in Kenya for 10 years prior to resettlement in Canada.

She feels tired but otherwise has no complaints.

What screening tests would you offer?



Which screening tests would you order?

Screening Guidelines for Refugees



Common

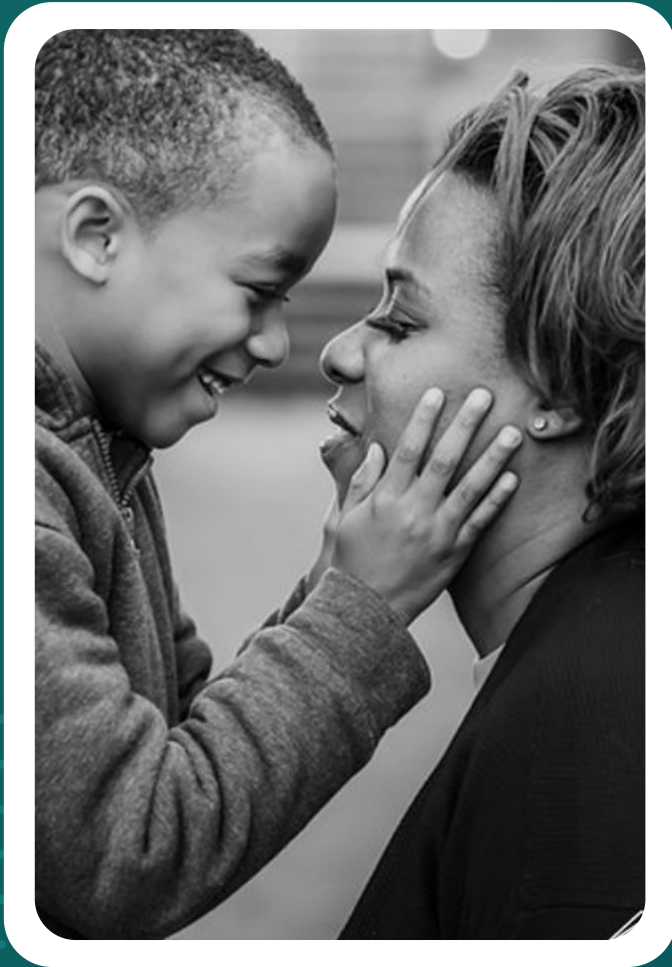
- CBC
- TB skin test (or IGRA)
- HIV, Hepatitis B&C, Syphilis Serology
- Schistosoma/strongyloides serology
- Stools O&P < 5 years
- **Catch up Immunizations**
- Dental/Vision/Hearing
- Hb electrophoresis/iron studies
- Urine for G&C

Consider

- Malaria smear if febrile!
- Nutrition
 - B12 level
 - Lead level
- TSH
- Mental health
- Consider 2SLGBTQAI+ care
- Age appropriate screening tests



Case of Study of M.



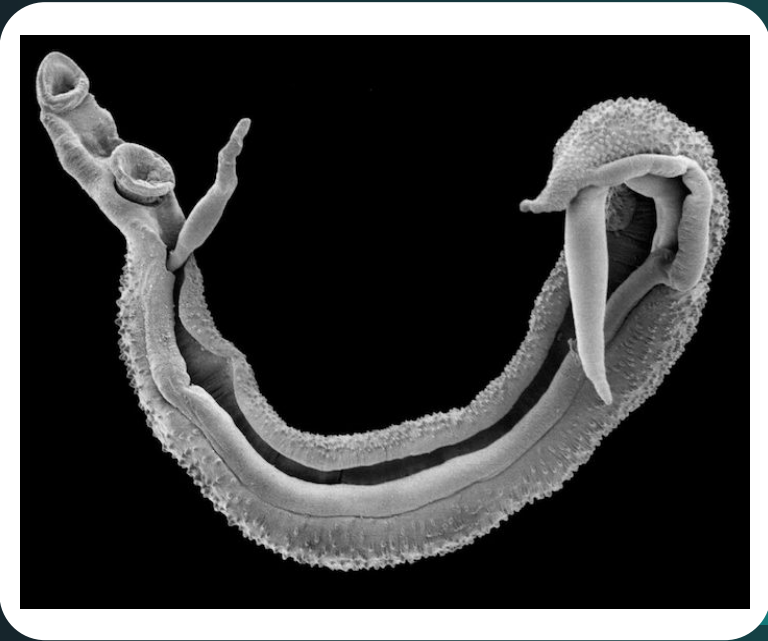
Results:
Schistosomiasis POS

How do you do now?



What is the management of schistosomiasis?

SCHISTOSOMIASIS



Helminth infection acquired from swimming or wading in snail infested fresh water.

Urinary schistosomiasis: *Schistosoma hematobium*.

Intestinal schistosomiasis: *Schistosoma mansoni*, *Shistosoma japonicum*.

Also known as “**Bilharzia**”

SCHISTOSOMIASIS: WHY TREAT EVEN IF ASYMPTOMATIC?

Intestinal schistosomiasis can lead to fibrosis of the intestines and liver.

Urinary schistosomiasis can lead to hematuria, fibrosis of the urinary tract, obstructive uropathy and renal failure. In rare cases the inflammation can result in bladder cancer (squamous cell carcinoma).

SCHISTOSOMIASIS: TREATMENT

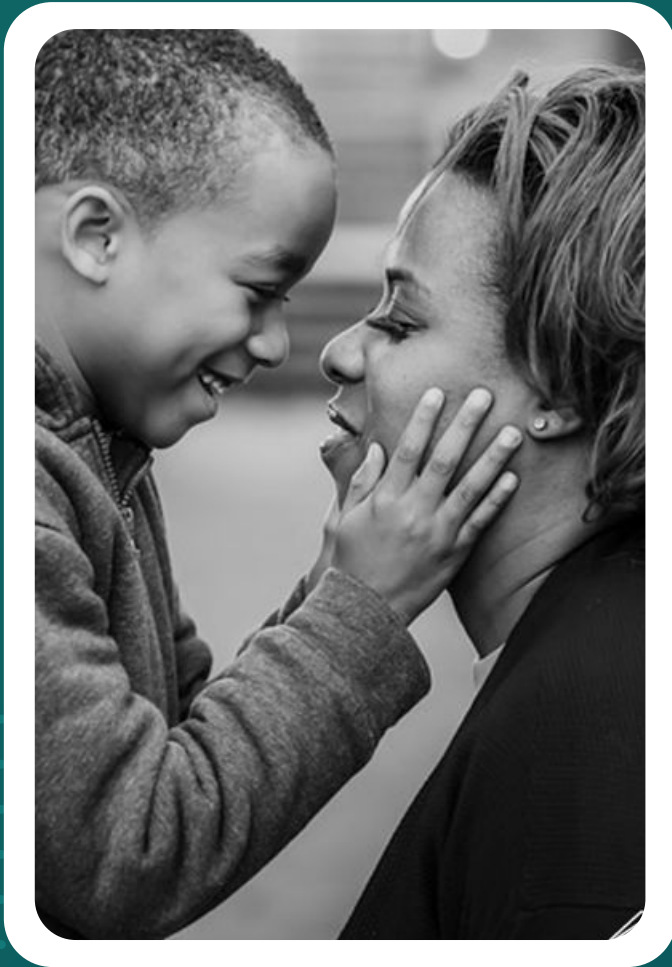


Treatment: Praziquantel 40 mg/kg divided bid X 1 day

Coverage: Praziquantel is covered by IFHP

Praziquantel is not readily available at all pharmacies.

Case of Study of M.



Results:
Strongyloides is POS

How do you do now?



Why is strongyloides important to treat?

STRONGYLOIDES



Etiology: Helminth infection with potential for auto-infection and dissemination.

Hx: Often asymptomatic, abd pain, diarrhea.

O/E: Peri-anal rash.

Screening is recommended.

Labs: Strongyloides serology (include brief hx).

Rx: Ivermectin 200 mcg/kg/day X 2 days).

micro-caution: If West/Central Africa exposure, rule out **Loa loa** or use an alternative.



WHY IS STRONGYLOIDES IMPORTANT?

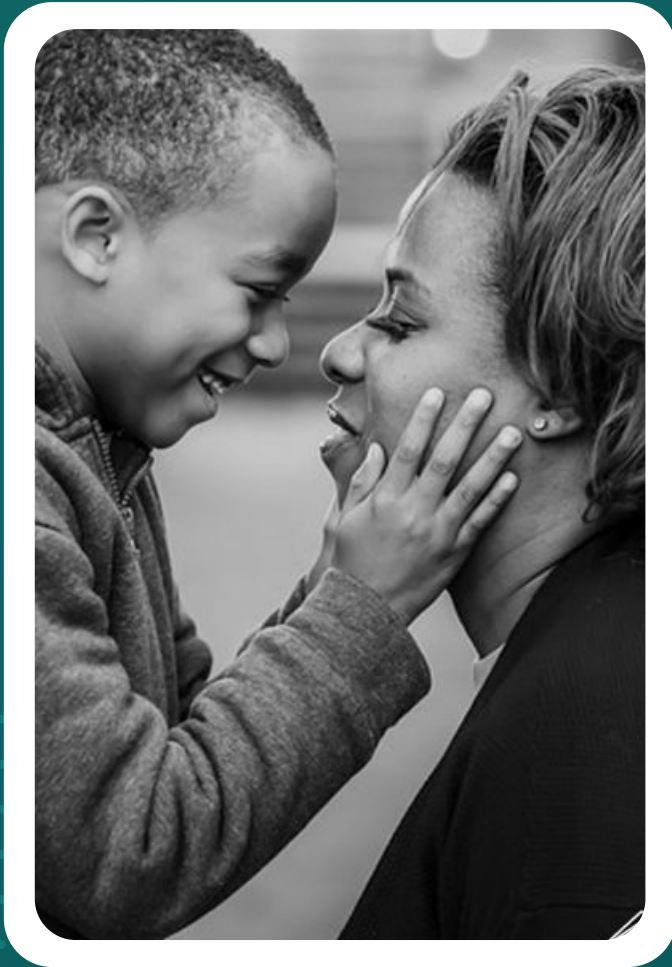


If patients who are infected with Strongyloides become immunosuppressed then they can become acutely unwell with ***disseminated Strongyloides***.

Disseminated Strongyloides is a life threatening illness which presents with severe diarrhea, fever, jaundice, and shock.

Therefore, **SCREEN** for it (use Prov Lab req) especially if you are starting your refugee or immigrant patient on immunosuppressants.

Case of Study of M.



Her HbA1C is 10.8 despite having no risk factors for Type 2 Diabetes.

What is the likely cause of her diabetes?



What is the likely cause of her diabetes?

Case of Study of M.



You start her on insulin to help her control her blood sugar but her HbA1C is increasing. You speak to her and learn that she is not taking her insulin since in her culture, only sick people take medicine and she is not sick.

What do you do next?

Two Cups of Tea: Cultural Humility / Sensitivity / Competence

“Culture”

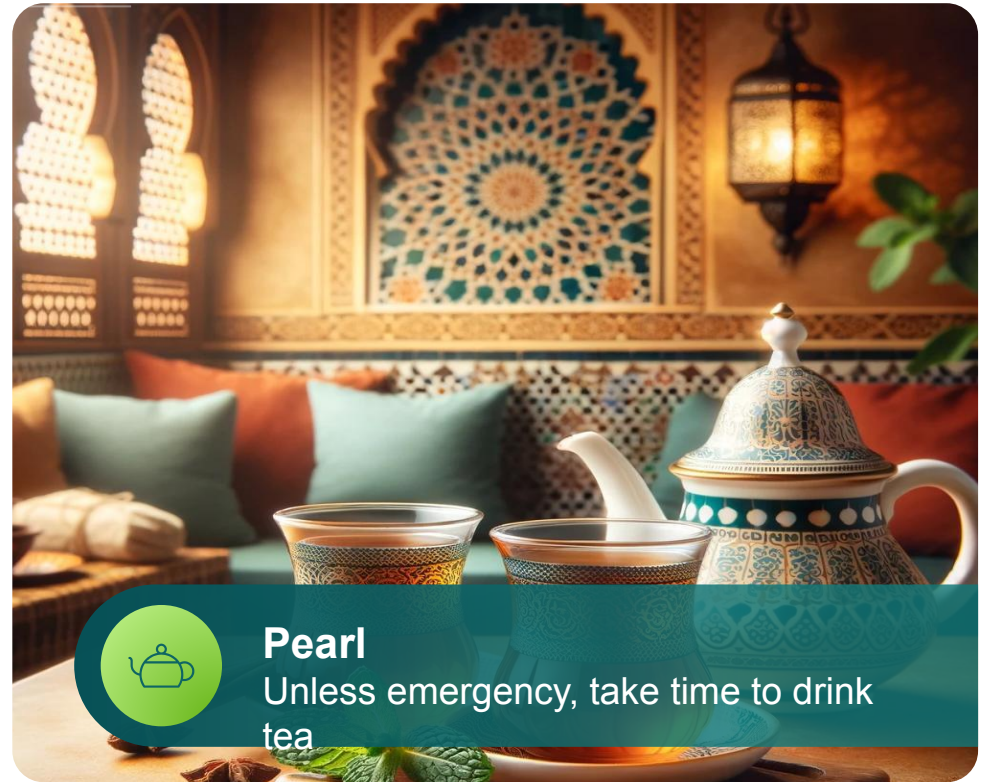
Composed of the overt beliefs and practices as well as the subtle conventions that frame our sense of reality...gives our lives direction and purpose...includes moral judgements...creates identity”
(Handbook of Refugee Health)



(AMATEUR ANTHROPOLOGY)

Cultural Humility

- 1 Critical self-reflection, power imbalances
- 2 Lifelong Learning: Mini-ethnography approach
- 3 Goal: **Trust**, safety, patient-centered, enhanced communication



Pearl

Unless emergency, take time to drink tea

Case of Study of M.



One year later, she returns to you since she is unable to sleep, has poor energy, poor appetite, and has “too much stress”.

You learn that she has reconnected with her husband who is currently in Sudan. She is trying to have him join the family in Canada but is encountering difficulties with IRCC. What do you do now?

Intervention Pyramid

Intervention pyramid for mental health care and psychosocial support in minor refugees, adapted from IASC guidelines on mental health and psychosocial support in emergency settings.



What can you do to support refugees and migrants in your practice?



Booking / triaging

Extra time (1.5-2x), interpreter



Prepare

- Use interpreter effectively
- Multilingual handouts
- Provide pre-travel advice!



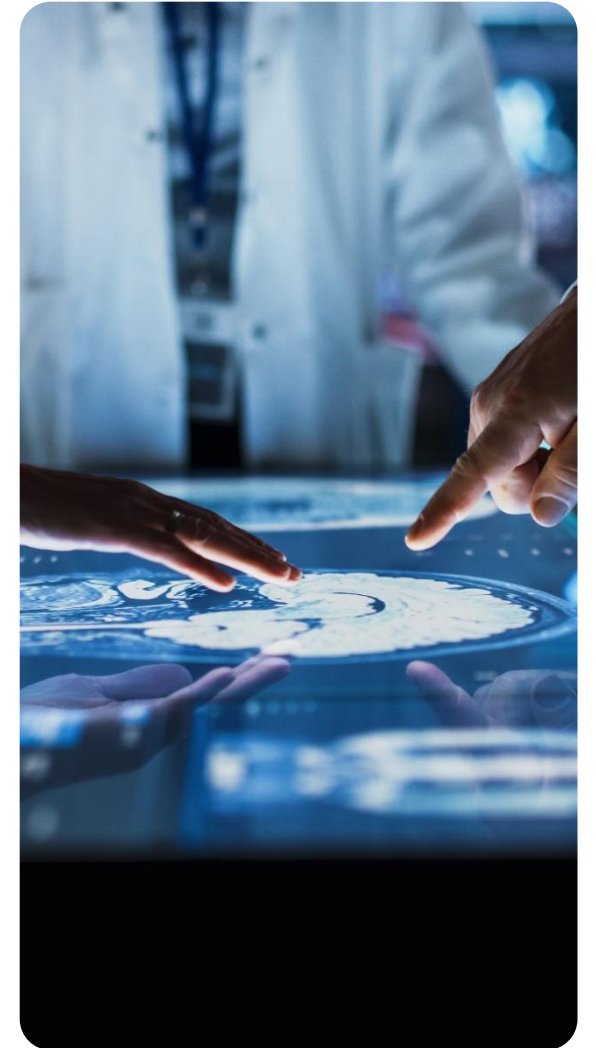
Learn

- Web-based clinical tools
- Seek out community resources
- Consider a conference!



Collaborate

- Speak with colleagues, community organizations, etc
- Register as IFHP provider

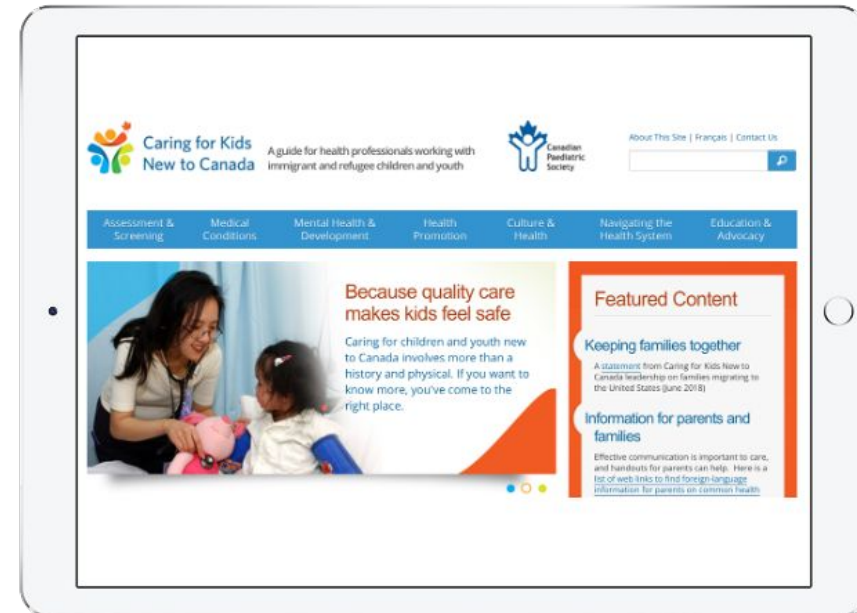


Clinical Tools

Canadian Collaboration for Immigrant and Refugee Health



Caring for Kids New to Canada

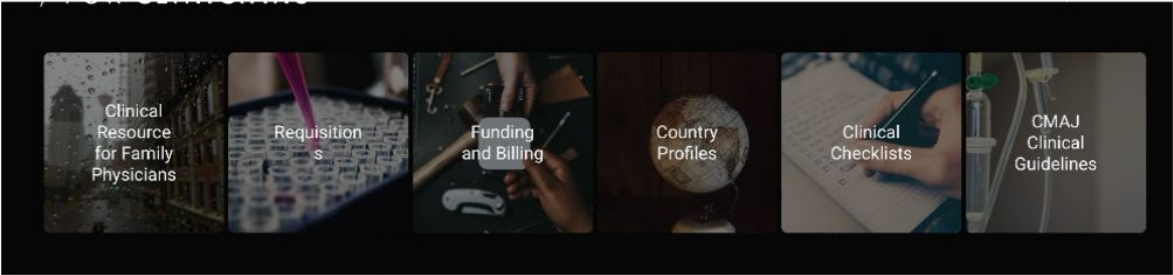


Clinical Tools

refugeehealthyc.ca



- Home
- COVID-19 ▾
- About
- For Clinicians**
- For Refugees
- Research ▾
- Events ▾
- Media
- Contact
- Donate



Clinical Resource for Family Physicians **Seeing Newly Arrived Refugees and Refugee Claimants**

- Canadian Refugees - Basic Facts
- Interim Federal Health Program
- Initial Medical History in Refugee Patients
- Specificities of the Initial Physical Exam in Refugee Patients

Canada's Refugee Healthcare Atlas

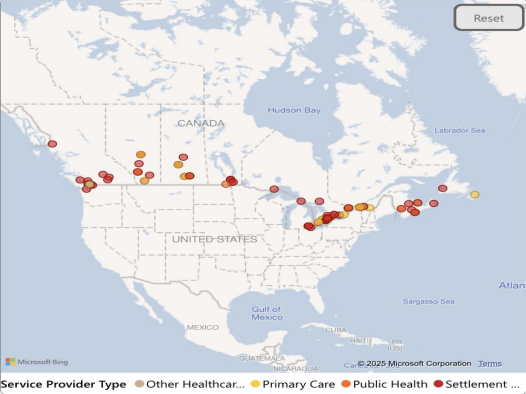


Find Refugee Settlement Organizations by name, province, or city:

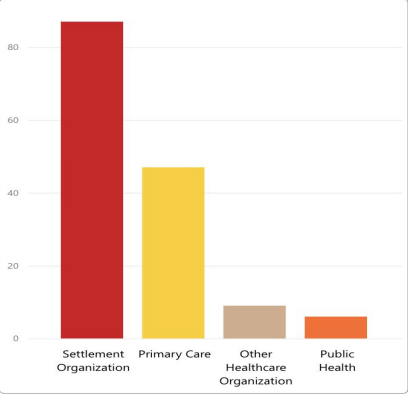
Search

146
Organizations relevant to your search

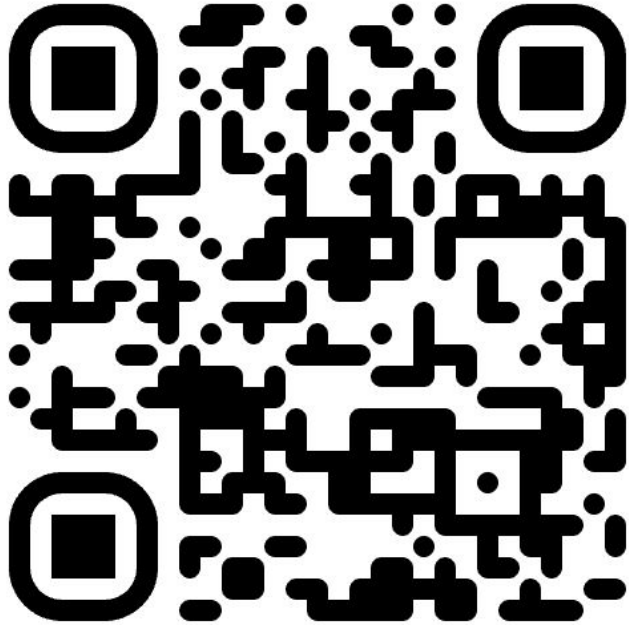
Canada's Refugee Settlement Organizations



Types of Participating Settlement Providers



Organization Name	Website	Phone	Email
CAFi	Website	(506) 382-7494	info@cafi-nb.org
Calgary Catholic Immigration Society	Website	403-262-2006	contact@ccisab.ca
Canadian Centre for Refugee and Immigrant Health Care	Website	(647) 267-2176	info@healthequity.c
Carea Community Health Centre	Website	(905) 723-0036	info@careachc.ca
Catholic Social Services	Website	(780) 424-3545	N/A



www.rh2c.org

Thoughts for your clinical practice

Building trust
and rapport is
an essential
first step



Common is
common... but
broaden your
DDx early



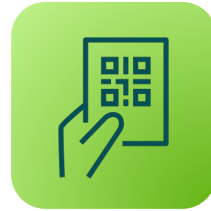
Consider this
population in your
research,
academic, or QI
hospital agendas



Be curious, ask
families about their
lives, values and
journey... Enjoy the
rewarding
interactions!



Resources for You



CRC Refugee and
Newcomer Health
references and
resources
- Apr 3 2025



[Google Doc Link](#)

Conclusions

01

Canada is a nation of migrants, including refugees and precarious migrants



02

Refugees are at increased risk of illness due to their migration journey



03

Two cups of tea is key for Trust and to Establish Patients MIT



04

Immigrant and Refugee Screening Guidelines is a Useful Tool



04

Numerous Tools are Available Online



06

Be curious and have fun!



Overarching Conclusion



Simply different approach **specific** for migrant medicine....or a model for **better clinical practice in general?**



Thank You

“With rare exceptions, all of your most important achievements on this planet will come from working with others — or, in a word, partnership.”

— Paul Farmer, To Repair the World

https://www.goodreads.com/author/quotes/6684.Paul_Farmer




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Enhancing Communication and Clinical Skills in Refugee and Migrant Health

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