



IMMIGRANT POPULATIONS SUPPLEMENT

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Immigrant Populations Supplement Resource for Health Equity Impact Assessment (HEIA) Users

Introduction

The Ontario Ministry of Health and Long-Term Care (MOHLTC) has identified equity as a key component of quality care. To support improved health equity, the MOHLTC developed the Health Equity Impact Assessment (HEIA), a practical decision-support tool that helps users identify and respond to unintended potential health impacts (positive or negative) of a policy, program, or initiative on vulnerable or marginalized groups within the general population.

The HEIA is aligned with key priorities, decision-making frameworks, and legislation including the Excellent Care for All Act, 2010; the Ontario Human Rights Code, 1990; and the Canadian Charter of Rights and Freedoms, 1982. For an extensive list of legislation that addresses health equity, please see Appendix One.

This supplement outlines the unique needs of, and special considerations for, immigrant populations. It will assist users with identifying and addressing potential unintended health equity impacts of a policy, program, or initiative on immigrant subgroups. This resource should be used in conjunction with the [HEIA workbook and template](#). It is strongly recommended that users review the HEIA workbook prior to completing any HEIA as it provides detailed instructions and considerations on completing an assessment.

Immigration plays a critical role in Ontario's economic and population growth. An increasing share of the province's population is comprised of newcomers, with immigration accounting for the majority of net growth in the working-age population (Ontario Ministry of Finance, 2012). An estimated 28.5 percent of Ontario residents are born outside the country and 26.6 percent of Ontarians identify their mother tongue as other than English or French (Ontario Ministry of Finance, 2011b)

In this resource "immigrant" is used as an umbrella term that includes all persons residing in Canada who were born outside of Canada, including immigrants, refugees, temporary foreign workers, international students, and other migrants.

Determinants of Immigrant Health

Overall, new immigrants are generally healthier than the Canadian-born population. This health advantage, however, disappears with time in Canada. Evidence suggests that some subgroups including refugees, low-income immigrants, and recent non-European immigrants are at risk for deteriorating health soon after arrival in Canada (Ng et al., 2005; Gushulak et al., 2011).

While the health of immigrant populations is influenced by similar determinants as those of Canadian-born people, there are additional factors that play an important role in shaping immigrant health.

Determinants of immigrant health are usually viewed in terms of pre-migration, migration, and post-migration experiences. Conditions and experiences while in the home country, during the journey to Canada, as well as the reasons for migration are all important factors influencing the health and wellbeing of immigrants. For example, before and during the migration journey, many refugees experience hardships and traumatic life events such as war, torture, family loss, injuries and poor nutrition that put them at risk for physical and mental health problems (Hansson et al., 2010; Pottie et al., 2010). Subgroups of migrants such as refugees or those with precarious status are often caught in transitional spaces of instability which leave them particularly vulnerable to negative mental health outcomes (Khanlou, 2010).

Growing evidence suggests that stresses experienced in the host country post-migration have significant influence on immigrant health and wellbeing. Experiences such as unemployment and underemployment, poverty, social isolation, uncertainties regarding immigration status, discrimination, cultural and linguistic barriers, and barriers accessing health and social services negatively impact immigrant health (Khanlou, 2010; Pottie et al., 2010; Gushulak et al., 2011). On the other hand, access to adequate housing, employment, income, family cohesion, and social support have protective health effects.

Taking into consideration the unique determinants of immigrant health is crucial to enhancing health equity, as well as health outcomes and overall health.

TIP: Don't Underestimate the Impact of Social Exclusion on Immigrant Health

Recent immigrants and refugees encounter multiple barriers to full participation in Canadian society. Social exclusion creates living conditions and personal experiences that negatively impact the health of marginalized groups. Racism is a notable example of social exclusion. Experiences of racism put immigrants from racialized groups at higher risk of various health problems including high blood pressure, diabetes and mental health problems. In addition, racialized groups experience disparities in access to health care and have more unmet health needs than non-racialized groups.

For more information, review the report [Racism and Immigrant Health](#).

Immigrant Categories

Assessing potential health impacts of a policy, program, or initiative on immigrant populations requires consideration of different immigrant subgroups and intersecting identities, which may increase or decrease the risk of unintentional health-related issues.

Immigration status is an important consideration for assessing potential health equity impacts. The main categories in the Canadian immigration system are described below.

- **Permanent residents** are individuals who have been given permanent resident status to immigrate to Canada, but who are not Canadian citizens. They include economic class immigrants, family class (sponsorship) immigrants and refugees who are resettled from overseas (government-assisted refugees and privately-sponsored refugees). After residing in Canada for four years, permanent residents can apply for Canadian citizenship (2015b).
- **Temporary residents** include temporary foreign workers, international students, visitors, protected persons, most refugee claimants (asylum seekers), and temporary resident permit holders (Canada, 2015a).

Note: Refugee claimants, if determined by the Immigration and Refugee Board (IRB) to be protected persons or convention refugees, can apply for permanent resident status (Canada, 2015b).

- **Other migrants** include irregular or undocumented migrants residing in Canada without official status.

Immigration status determines access to key resources and services including health and social services, the labour market, and education programs. Permanent residents, for example, have the right to live,

work or study anywhere in Canada and are eligible for most social benefits that Canadian citizens receive, including health care coverage (Canada, 2015b). Temporary residents have certain restrictions on their ability to work, study, or use public programs and services depending on their immigration category.

One of the most important considerations in assessing health disparities is that various attributes of inequality and identity can intersect and often reinforce each other in individuals and communities. For instance, immigration status combines with other factors such as official language proficiency, ethnicity, race, income, age, and so on to affect health outcomes (see the [HEIA Workbook](#) for an explanation of intersecting populations).

TIP: Immigration Status Affects Access to Health Services

The Interim Federal Health Program (IFHP) provides temporary coverage of health care benefits to some groups who are not eligible for provincial health insurance. This includes protected persons, refugee claimants and certain other groups (Canada, 2015c). For information about the benefits available to each group of IFHP beneficiaries, please visit [IFHP Summary of Benefits](#).

Key Considerations for HEIA Users

The unique needs of immigrant populations should be considered at the initial stages of planning a policy, program, or initiative. Listed below are key considerations to support equitable policy, program, or initiative development.

1. **Getting Started:** If during the scoping step of your HEIA you find that there is potential that your policy program, or initiative may impact immigrant groups differently than non-immigrant groups, the following are some considerations:
 - Immigrants to Canada are not a homogeneous group. Health status and access to services differ between different groups of immigrants as well as within groups. A “one size fits all” approach is unlikely to be successful.
 - Within-immigrant group (e.g. immigrants originating from the same country), differences may be based on factors such as race, religion, ethnic origin, class, gender, socio-economic status, language proficiency, length of residence in Canada, and other characteristics.
 - Accessing data about the immigrant composition and characteristics of your region or target population will be important in planning an equitable policy, program, or initiative. See the

Resources section for further information.

TIP: Consider the Specific Health Needs of Immigrant Populations

Certain immigrant populations experience a higher risk of particular illnesses such as infectious diseases, cancer, diabetes, mental health conditions, and heart disease. [The Canadian Immigrant Health Guidelines](#) are designed to assist clinicians, policy makers, and other service providers in understanding the diverse needs of immigrants and refugees. The recommendations are organized into four groups: infectious diseases; mental health and physical and emotional maltreatment; chronic and non-communicable diseases; and women's health. [A 2015 clinical guide focuses in on Syrian refugee health needs.](#)

2. **Project Planning and Budget:** Have project timelines and resources considered the demands related to assessing and addressing potential unintended health equity impacts of decision-making on immigrant populations? Here are some key considerations:
 - Addressing unintended impacts may require additional resources including time and financial and human resources, although this is not always the case. For example, to support language translation and/or activities related to cultural considerations and adaptation.
 - Timelines and resource requirements may have to be revisited and amended throughout the planning process as new information is made available.
 - Conducting HEIA will help better align services with needs which should, in turn, increase the cost-effectiveness of programs.

3. **Engagement and Community Involvement:** Was appropriate consultation/collaboration undertaken regarding the policy, program, or initiative's possible impact on immigrant populations? Consultations could include:
 - Local Immigration Partnerships (LIPs) which may offer insight about newcomer populations and needs in your jurisdiction. More about the LIPs can be found in the TIP box below.
 - Community-based organizations¹ working with relevant immigrant groups which can help you better understand and address the needs of potentially affected groups.
 - Settlement agencies which may have knowledge of the needs and challenges of immigrants and refugees.

¹ i.e. ethno-racial communities, religious/faith communities, schools etc...

- Community members who may give you a better appreciation of immigrants' experiences and the potential effects of policies and programs.

Each step in the HEIA process has opportunities and needs for stakeholder participation.

TIP: Seek Out Others with Expertise in Working with Immigrant Populations

[Local Immigration Partnerships \(LIPs\)](#) are multi-sectoral, community-civic partnerships working to strengthen a community's capacity to welcome immigrants and improve integration through enhanced economic, social, political, and civic participation. LIPs do not deliver services directly to newcomers but provide access to: data, diverse immigrant communities and local immigrant initiatives.

4. **Communication:** If your policy or program requires direct communication with the public, have you carefully considered the source, message, and channels of communication? For example, is the source of the information deemed credible and trustworthy by immigrant groups? Is the message delivered in an accessible manner? Is the communication channel effective?
- Different messengers have different levels of authority and trust among different populations. Messages delivered by community leaders and people respected by the community tend to be more effective.
 - Communications should be delivered in the preferred language and in a culturally relevant manner for each group. Collaborating with community stakeholders can help program and policy planners assess whether a message will resonate with relevant groups.
 - Preferred communication channels differ between and within groups. Identifying the best way to reach the intended audience (e.g. print, timing of initiative, ethnic media, personal communications, or community events) is critical to communicating messages effectively.

TIP: Consider the Best Way to Reach Your Audience

Assess the need for translation and/or cultural adaptation of program components and resources. The [Culture Counts](#) guide provides best practice guidelines for developing multilingual health resources, outlining key steps, and providing links to relevant resources.

5. Human Resources: If the program being developed requires offering direct services, have efforts been made to ensure staff possess the knowledge, attitudes, and skills required to work effectively with culturally and linguistically diverse populations?

- Providing culturally relevant programs and services enhances users' satisfaction, increases adherence and retention, and improves health outcomes.
- Interpretation services are key to improving access to services and reducing disparities in health outcomes for individuals with limited official language skills.
- Cultural competence at an organizational level includes a diverse workforce that reflects the user population.

Conclusion

To reduce health inequities, the particular barriers immigrant subgroups may experience in accessing health and other services need to be considered during the design and implementation of policies, programs, and initiatives.

Identifying and addressing the unintended impacts of policies, programs, and initiatives on immigrant populations is critical to reducing health inequities. The HEIA Immigrant Populations Supplement outlines the unique determinants of health for immigrant populations and offers some key considerations for supporting equitable policy, program, or initiative development.

Appendix One: Legislative basis for Equity

A number of pieces of Canadian and Ontario legislation address the obligation of those who plan or deliver health services to consider and address health equity issues, including:

- The Canadian Charter of Rights and Freedoms, 1982
- The Canadian Human Rights Act, 1995
- Canada Health Act
- The Immigration and Refugee Protection Act, 2001
- The Ontario Human Rights Code, 1990
- The Excellent Care for All Act, 2010
- Commitment to the Future of Medicare Act, 2004
- The Local Health System Integration Act, 2006
- The Health Promotion and Protection Act, 1990
- The Accessibility for Ontarians with Disabilities Act, 2005
- The French Language Services Act, 1986
- The Long-Term Care Homes Act, 2007
- Health Care Consent Act, 1996
- Personal Health Information Protection Act, 2004

Appendix Two: Resources

The resources listed below provide additional information and tools to assist HEIA users with identifying and addressing the unique needs of immigrant populations. The list is not exhaustive.

Local Immigration Partnerships (LIPs) and Place-based Initiatives - Pathways to Prosperity compiles key documents and contact information for Local Immigration Partnerships and other immigration-related, place-based initiatives across Canada. <http://p2pcanada.ca/lip/>

The Canadian Collaboration for Immigrant and Refugee Health (CCIRH) is an interdisciplinary collaboration involving over 150 primary care practitioners, specialists, researchers, immigrant community leaders, and policy makers that promote an evidence-based lens on the emerging discipline of migrant health. www.ccirhken.ca

The Refugee Mental Health Project builds health, settlement and social service providers' knowledge and skills regarding refugee mental health and promotes inter-sector and inter-professional collaboration. <https://www.porticonetwork.ca/web/rmhp/home>

Access Alliance Multicultural Health and Community Services has been involved in a large number of projects exploring social determinants of health among immigrant and racialized communities. <http://accessalliance.ca/community-based-research/publications/>

Citizenship and Immigration Canada's annual statistical publication gives data by province on immigrants as well as temporary residents entering Canada to work, study, or for humanitarian and compassionate reasons. <http://www.cic.gc.ca/english/resources/statistics/menu-fact.asp>

International Organization for Migration's *World Migration Report* provides information on how migration and migrants are shaping cities and how the lives of migrants are shaped by cities, their citizens, organizations, and rules. You can view their most recent report (2015, at time of this supplement being published) at: <https://www.iom.int/world-migration-report-2015>

Canadian Council for Refugees is composed of organizations involved with refugee sponsorship, settlement, and protection. The Council provides advocacy, information-exchange, and networking support to its members. <http://ccrweb.ca/en/about-ccr>

Ontario Council of Agencies Serving Immigrants hosts The Settlement.Org website. This online resource provides newcomers with information and relevant resources to settle in Ontario by providing reliable content, linking to informational resources, and referring to local services. <http://settlement.org/>

The **Neighbours, Friends, and Families Project** supports immigrant and refugee communities across Ontario by ensuring access to available, appropriate, multilingual resources. <http://www.immigrantandrefugeeff.ca/want-change/about-nff-projects>

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