Health Issues of Immigrants and Refugees

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Outline

• Overview of migration trends
• Demographics of immigration to Canada
• Factors influencing health of migrants (pre migration, voyage, post-migration)
• Important health problems in migrants
• Barriers to accessing health care for migrants
• Potential solutions to improving health of migrants
Global Migration

• The total number of immigrants has more than doubled in the past 40 years (75M in 1960, 175 M 2000) with movement mostly from developing to developed countries.

• 60% of the world’s migrants reside in developed regions

• Almost 1 in 10 persons in developed regions is a migrant vs 1 in 70 in less developed regions

UN International Migration Report 2002
Total number of immigrants admitted to Canada per Geographic Area and by Decade

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1961</td>
<td></td>
</tr>
<tr>
<td>1961-1970</td>
<td></td>
</tr>
<tr>
<td>1971-1980</td>
<td></td>
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<tr>
<td>1981-1990</td>
<td></td>
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<tr>
<td>1991-2001</td>
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</tr>
</tbody>
</table>

Source: Statistics Canada, 2001 Census Nation Tables
Immigrants in Canada

- 6,186,950 immigrants (19.8%) of Canadian population (2006 Census)
- Annually immigrants are unevenly distributed throughout Canada and are concentrated in urban areas: (2001 census)
  - 89% to Ontario, BC and Quebec
  - 76% to Toronto, Montreal and Vancouver
Different Categories of Immigrants and Refugees

**Economic (Independent) – 59%**
- Skilled Workers
- Business (Entrepreneur, Investor, Self-Employed)

**Family (~26-27%)**

**Other (3%)**
- Live-in-Cargivers, etc

**Refugees (10%)**
50% apply within Canada, 50% apply outside of Canada
Pre-immigration screening of immigrants and refugees

• History to rule out costly chronic diseases (vaccination status is not asked about)
• Physical exam
• Chest X-Ray ($\geq 11$ years of age)
• VDRL ($\geq 15$ years of age)
• Urinalysis ($\geq 5$ years of age)
• HIV (began in Jan 2002)
Health Status of New Immigrants

• Healthy Immigrant Effect (due to pre-selection)

• Lower all cause mortality (SMR=0.34-0.40)

BUT
Standardized Mortality Ratios in Immigrants as compared to Canadians

<table>
<thead>
<tr>
<th></th>
<th>Immigrant Males</th>
<th>Immigrant Females</th>
<th>Refugee Males</th>
<th>Refugees Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SMR 95% CI</td>
<td>SMR 95% CI</td>
<td>SMR 95% CI</td>
<td>SMR 95% CI</td>
</tr>
<tr>
<td>All Cause</td>
<td>0.34 0.33-0.35</td>
<td>0.4 0.39-0.41</td>
<td>0.48 0.45-0.51</td>
<td>0.58 0.54-0.63</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>0.8 0.66-0.94</td>
<td>0.91 0.69-1.13</td>
<td>0.72 0.54-0.91</td>
<td>1.97 1.2-2.7</td>
</tr>
<tr>
<td>AIDS</td>
<td>1.0 0.77-1.24</td>
<td>3.66 2.1-5.23</td>
<td>0.62 0.41-0.84</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td>1.78 1.05-2.51</td>
<td></td>
<td>3.81 1.87-5.67</td>
<td></td>
</tr>
<tr>
<td>All Cancers</td>
<td>0.38 0.36-0.41</td>
<td>0.4 0.38-0.43</td>
<td>0.59 0.53-0.66</td>
<td>0.62 0.54-0.7</td>
</tr>
<tr>
<td>Nasopharyngeal</td>
<td>2.9 1.51-4.24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver cancer</td>
<td>2.18 1.69-2.68</td>
<td>1.77 1.18-2.37</td>
<td>4.89 3.29-6.49</td>
<td></td>
</tr>
</tbody>
</table>

DesMeules J Imm Health 2005:7:221-232
Migrants are not a homogenous group and an individual’s risk profile varies by country of origin, socio-economic factors, and whether they have lived in a rural or urban setting.
Factors Influencing Health of Migrants

- Pre-migration
- The voyage
- Post-migration factors

Pre-Migration Factors

- **Socio-Economic Factors**
  - Level of Poverty
  - Level of Education
  - Access to health care/vaccinations

- **Environmental**
  - Rural vs Urban living

- **Cultural Influences**
  - Certain practices/Health Seeking Behaviours
## Health Indicators (Determinants)

<table>
<thead>
<tr>
<th></th>
<th>Industrial Countries</th>
<th>Sub Saharan Africa</th>
<th>South Asia</th>
<th>Latin America</th>
<th>Former USSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>GNI/Capita (US$)</td>
<td>26,214</td>
<td>460</td>
<td>461</td>
<td>3,362</td>
<td>1,742</td>
</tr>
<tr>
<td>Adult Literacy (%)</td>
<td>97</td>
<td>50</td>
<td>47</td>
<td>85</td>
<td>96</td>
</tr>
<tr>
<td>Primary School Enrolment (%)</td>
<td>97</td>
<td>59</td>
<td>74</td>
<td>94</td>
<td>86</td>
</tr>
<tr>
<td>% Immunized</td>
<td>95</td>
<td>55</td>
<td>70</td>
<td>90</td>
<td>92</td>
</tr>
<tr>
<td>Good Water supply (%)</td>
<td>100</td>
<td>57</td>
<td>85</td>
<td>86</td>
<td>91</td>
</tr>
<tr>
<td>Adequate Sanitation (%)</td>
<td>100</td>
<td>53</td>
<td>34</td>
<td>77</td>
<td>91</td>
</tr>
</tbody>
</table>

UNICEF- State of the World’s Children 2004
Health Issues of Migrants

• Infectious Diseases
  There are major regional differences in prevalence of each of these diseases (TB, Hepatitis, Vaccine Preventable Diseases, Intestinal Parasites, STD, HIV)

• Non-Infectious Diseases
  (Cx Ca, Hepatomas, Gastric Ca- related to chronic infections, Cardiovascular, Diabetes, Respiratory, etc)

• Psychological/Stress
  (Post-traumatic stress syndrome, stress of adaptation to a new culture/language)

• Barriers to Access to Health Care
  (Migrant specific and lack of infrastructure in host country ie cultural competence, lack of translators, health care workers unfamiliar with specific health needs of immigrant etc.)
Infectious Diseases

- High rates of TB
- High rates of Hepatitis B and C and therefore HCC
- High rates of intestinal parasites
- Low rates of prior vaccination thus increased susceptibility to VPD
- HIV
- Malaria
Other Health Issues

- Anemia
- Dental problems
- Malignancies (Hepatoma, Cx Ca, Gastric Ca, etc)
- Chronic Otitis Media with hearing loss
- Psychological/Stress
- Mental Health Issues such as PTSD, trauma
Post-Migration Factors

**Migrant Factors**

- Legal status (potential detention)
- Economic resources
- Level of Education
- Family/Community support network
- Cultural Beliefs
- Health seeking behaviours
- Lack of health insurance (legal status, cultural)
- Re-exposure from travel back to their native countries to visit friends and relatives (VFRs)
## Disparities in Education and Income Earnings in New Immigrants

### Education by Year of Immigration

<table>
<thead>
<tr>
<th>Year</th>
<th>High School</th>
<th>College/Trade</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian Born</td>
<td>24%</td>
<td>29%</td>
<td>14%</td>
</tr>
<tr>
<td>All Immigrants</td>
<td>20%</td>
<td>27%</td>
<td>21%</td>
</tr>
<tr>
<td>1996-2001</td>
<td>20%</td>
<td>20%</td>
<td>36%</td>
</tr>
<tr>
<td>1986-1995</td>
<td>24%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Before 1986</td>
<td>18%</td>
<td>30%</td>
<td>17%</td>
</tr>
</tbody>
</table>

### Median earnings (2005 $) of 25-54 yr olds

<table>
<thead>
<tr>
<th>Year</th>
<th>Recent Immigrant Men with degrees</th>
<th>Canadian-born men with degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>$48,541</td>
<td>$63,040</td>
</tr>
<tr>
<td>1990</td>
<td>$38,351</td>
<td>$61,332</td>
</tr>
<tr>
<td>2000</td>
<td>$35,816</td>
<td>$61,505</td>
</tr>
<tr>
<td>2005</td>
<td>$30,332</td>
<td>$62,556</td>
</tr>
</tbody>
</table>

Stats Can- 2001 Census
CIC Recent Immigrants in Metropolitan Areas 2005
Stats Can- 2006 Census,
Post-Migration Factors

Readiness of Host Population

- Lack of recognition of “rare diseases”

- Lack of recognition of psychological stress due to language barriers or inexperience

- Unavailability of culturally appropriate medical and social services, legal advice, translators, cultural brokers etc
Removing Barriers to Access to Quality Healthcare

- Immigrants underutilize cancer screening ie immigrant women underutilize ie PAP screening 49% vs 57% likely due to several reasons- misconceptions, fear, cultural and religious.  

- Use of Interpreters can improve delivery of care and reduce healthcare disparities. By increasing uptake of preventive care services  

- Use of Community Health Care Workers can increase uptake of preventive health services. Several RCTs of improved uptake of HTN/Diabetes services with CHW  
Improving Immigrant Health

• Develop training programs for medical practitioners on specific health needs of the immigrant population and to the common “rare” diseases that occur in this population.
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Opportunities
• McGill- Medical School Curriculum, Tropical Medicine, overseas electives/research projects
• Global Health Residency Program for Internal Medicine, Med/Peds training at University of Minnesota, etc
• Several short term courses in the US, UK and Overseas ie John Hopkins, Tulane, London School of Trop Medicine, Gorgas (Peru), India (Vellore)
Improving Immigrant Health

- Develop preventive care guidelines for primary care practitioners that specifically address diseases of high prevalence in this population and that include screening for certain infectious and non-infectious diseases, update vaccinations etc.
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Canadian Collaboration for Immigrant and Refugee Health

• Collaboration of clinicians, epidemiologists, public health specialists, migration experts, and immigrant community representatives

• 20 conditions high burden preventable, treatable (9 ID, 4 Mental Health, 8 Chronic Diseases)

• Rigorous Evidence based methods.

• First 10 conditions to be published in the CMAJ in upcoming months
Improving Immigrant Health

• Develop multidisciplinary, culturally sensitive primary care clinics that provide care through translators, CHW and have access to social services and those with expertise in mental health and infectious diseases.

• Integrate post-immigration health preventive services with pre-travel advice and vaccinations.
Improving Immigrant Health

• Develop multidisciplinary, culturally sensitive primary care clinics that provide care through translators, CHW and have access to social services and those with expertise in mental health and infectious diseases.

• Integrate post-immigration health preventive services with pre-travel advice and vaccinations.

Examples of Multidisciplinary Clinics
• CLSC Cote des Neiges
• Brueyre Refugee Clinic in Ottawa
• Minnesota Health Partners Clinic
• Seattle Clinic
Improving Immigrant Health

• Increase diversity of healthcare professionals so have individuals of similar cultural and linguistic background caring for and treating immigrants
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Increase and Integrate Human Resources
• Training of Foreign Medical Grads
• Integrate foreign MDs into clinics eg Minnesota
The Global Village