From the front lines

Aux premières lignes

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North Hamilton Community Health Centre

First Hispanic celebration of International Women's Day at the North Hamilton Community Health Centre.

Providing primary health care to immigrants and refugees: the North Hamilton experience

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Canada is home to a significant number of immigrants and refugees, who represent 21% of the population of the country and 24% of the population of the Hamilton–Wentworth region of Ontario.[1] The North Hamilton Community Health Centre (NHCHC) has been providing primary health care to this population through its Immigrant/Refugee Health Program (IRHP) since 1989. The program responds to local needs by providing the means to overcome the language, cultural and information services barriers that prevent new immigrants and refugees from using health and social services.[2,3]

The main goal of the IRHP is to provide accessible, comprehensive primary care that addresses the social issues of new immigrants and refugees. An innovative aspect is the integration of primary health care with settlement and language services by community health workers.

The issues faced by immigrants and refugees in our community are similar to those faced by immigrants in other Canadian cities and, although there are other urban centres in Canada with health programs serving immigrants and refugees, few of these have been described in the medical literature. This article provides an overview of the critical health issues that affect immigrants and refugees in Canada and describes our attempt to meet their needs.

Health status of immigrants and refugees in Canada

According to the national population health survey,[4] the health status of newcomers is generally good and comparable to that of Canadian-born people. However, immigrants in Ontario who do not speak English at home less frequently report their health as "excellent" or "very good."[5]

Changing trends in immigration affect patterns of disease. Although 62% of all immigrants currently living in Canada are of European origin, 74% of immigrants who have arrived in Canada within the past 10 years are of non-European origin: approximately 53% are from Asia, 15% from Latin American, 6% from Africa and 26% from other areas of the world.[4] Because of these shifts, tuberculosis and hepatitis B are becoming more important from an epidemiologic perspective.[6–13] Non-European newcomers, particularly women, are much less likely to smoke than people born in Canada and immigrants from Europe.[4] Certain conditions, including anemia, dental caries, intestinal parasites, nutritional deficiencies and immunization irregularities, appear more commonly in newly arrived refugees from developing countries.[6,7,9,13–15]

As part of the process of being accepted into Canada, immigrants and refugees undergo a medical examination by a designated medical practitioner working under the authority of Health Canada. In addition to a history and physical examination, routine screening of adults includes chest radiography, a VDRL test and urinalysis. Reviewing and updating immunization status is not part of this process.

Other than for tuberculosis, there are no evidence-based guidelines to direct the comprehensive screening of new immigrants.[16,17] Selective screening of the children of refugees for intestinal parasites, on the basis of country of origin, is recommended by the Canadian Pediatric Society. Although this may be effective for detecting potential pathogens, the public health utility and cost–benefit ratio of such screening have not been determined.[18,19] New and non-English-speaking

immigrants are less likely to receive screening for cervical and breast cancer than other Canadian women.[20–22]

Mental and emotional health problems are the major burden of illness for refugees in North America; migration "stress," loss of personal and cultural identity, depression and post-traumatic stress disorder are commonly identified.[23–28] The presence of a welcoming host community can offset the negative emotional impact of adapting to a new country.[18,29]

Of paramount importance are the social determinants of health, including age, social isolation, language barriers, separation from family, change in family roles and norms, lack of information about available resources and unemployment.[2,3,23,30–32] Cross-cultural differences in diet, smoking rates, information-seeking patterns, communication styles, perception about the risk of acquiring HIV and ideas about prevention of disease have been noted.[4,21,33–37] The cultural impact on health beliefs and taboos may be more profound in the areas of mental and reproductive health.[15,28,38–40] These findings suggest that the approaches used for health promotion and reproductive and mental health care should be culturally sensitive.

Women may be particularly subject to the stress of isolation, and child care responsibilities often affect their ability to attend English as a second language (ESL) classes.[31] An important issue concerning women's health is the inequality between the sexes in the granting of refugee status. Although the majority of the world's refugees are women, they represent only 30% of those given refugee status in Canada.[41] Domestic violence, female genital mutilation (female circumcision) and a history of rape may also be of particular importance to immigrant women in Canada.[31,41]

Several health promotion programs that use trained peers (i.e., other immigrant women) for counselling, support and the dissemination of information have been successful. Peers can help immigrants overcome language and cultural barriers, promote social networks and are often less intimidating.[29,34,38,42,43]

The NHCHC Immigrant/Refugee Health Program

A main goal of the IRHP is to provide accessible, comprehensive primary health care while attending to the social, cultural and settlement issues that affect new immigrants and refugees. Health, language, settlement and immigration services are integrated on-site at the IRHP. In collaboration with other community organizations, the IRHP is developing a welcoming host community and the ability to advocate for fair, humane and expedient treatment within the immigration system.

The IRHP, with a family practice as its clinical core, operates within the multidisciplinary setting of the community health centre. It was originally established as the Spanish Program in 1989 to respond to the large number of Central American refugees living in the immediate vicinity of the centre. The program's target population has expanded as our expertise in immigration-related issues has developed, as more agencies refer people to us and as we accommodate the constantly shifting demographic patterns of new arrivals. Currently, the IRHP is a regional resource available to all new immigrants and refugees in Hamilton.

The NHCHC serves more than 500 immigrants, who make up 10% of the total patient population of the centre and 25% of the new patient population. Most are young adults and children, and approximately 80% are of Latin American origin. In addition, many people from diverse backgrounds use the settlement services without becoming patients. People can access the services of the IRHP directly or may be referred by local health or other community agencies.

The IRHP staff includes 2 Spanish-speaking community health workers, a social worker, a Spanish-speaking clinical psychologist and a family physician, who also acts as the program coordinator (the author). The community health workers are the program contacts; they see between 120 and 140 people each month and take between 500 and 600 phone calls in addition to perfoming the tasks described below.

The IRHP receives funding from the global budget of the NHCHC, which receives support from the Ontario Ministry of Health to cover staff salaries and services for people without insurance. IRHP patients do not pay for care provided by the NHCHC, and a $12 000 annual fund is available for health-related services not provided by the centre, which are disbursed according to an established policy for their best use. When costs exceed allowable amounts, the IRHP provides fund-raising assistance or attempts to arrange an alternative payment schedule.

The IRHP collaborates with a local network of churches to provide clothing, furniture, emergency shelter and interest-free loans to assist refugees with family reunification. Fortunately, one of our community health workers serves on the Canadian Council for Refugees. This allows us to stay informed and to provide input on national policies that affect refugees.

Language services

Both of our community health workers are fluent in Spanish and English and have expertise in health and legal translations. For languages other than Spanish, a volunteer interpreter service has been organized. The community health workers coordinate all patient contacts that require an interpreter. Interpreters also accompany patients for diagnostic tests, appointments with medical specialists and

other social-service-related appointments outside the centre.

The ability to communicate in languages other than English is considered in hiring staff, a practice that has provided links to a variety of cultural communities.

Health services

Routine family medicine care, including obstetrics, physiotherapy, nutrition, social work and chiropody, is available on-site.

Immigration examinations are performed by one of the NHCHC's physicians, and a federally mandated quality-control system for tuberculosis screening is in place. All chest radiography is done by designated radiology sites, and patients in whom tuberculosis is suspected on this basis are automatically referred to a designated tuberculosis specialist for investigation and treatment.

Although there are no other routine screening protocols in place, testing for HIV and hepatitis B and a vaccination program are offered to people at risk. The centre's physicians and nurses are aware of the high prevalence of certain infectious diseases in some immigrant groups and remain vigilant for these conditions.

There is no ideal way to deal with undocumented vaccination records, and verbal reports of vaccination correlate poorly with actual immunity.[44] We have adopted the recommendations of the National Advisory Committee on Immunization:[44] any child without written documentation is started on the routine vaccination schedule for children not vaccinated in early infancy.

Mental health is an area of care requiring particular sensitivity to differences in language and culture. A Spanish-speaking psychologist works part time at the centre, and although we are not equipped to provide counselling in other languages, we attempt to provide interpretation services as required.

The IRHP physician has experience in the medicolegal documentation of torture, which is required by some refugees as supporting evidence at their immigration hearings. Specialized services for the victims of torture are not currently available in Hamilton; when necessary, referrals are made to the Toronto-based Centre for the Victims of Torture.

Health promotion activities are designed primarily for Latin American women. The community health workers organize workshops on topics suggested by participants, such as reproductive and breast health, cervical cancer prevention, parenting and family communication. People find out about these sessions by word of mouth or are personally invited, in keeping with the Latin American cultural preference for "personalismo" — a personal approach.

The IRHP works with the Department of Public Health to offer a health-focused ESL class and a prenatal drop-in centre. A Spanish-speaking public health nurse provides prenatal education and breast-feeding support to Spanish-speaking women. The IRHP collaborates with Planned Parenthood in Hamilton to provide peer counselling on reproductive issues in Spanish.

Settlement and integration

Newcomers to Canada face the difficult task of learning to negotiate complex social, health and immigration systems. The community health workers help people to find and use existing community resources and deal with the bureaucracy of daily life, which includes immigration processes, social assistance, health insurance, drug benefits, tenancy issues and worker's compensation claims. In particular, they understand the health coverage and immigration systems and work closely with local immigration lawyers and officials to sort out problems. The community health workers also help people with limited resources find housing, furniture and clothing.

Peer support and counselling

For those experiencing difficulties adapting to life in Canada, the community health workers listen and offer advice. A "twinning" program has been organized to match newcomers with established Canadians who can offer friendship, guidance and an informal opportunity to practice English. Several support groups for immigrant women have been developed and are a popular way for women to meet each other, share experiences and come out of isolation. Some groups meet to discuss cooking, community action or health concerns, and others are purely social in nature. The centre's resources are available for these groups, and the community health workers may help to organize such groups.

Program evaluation

Various attempts have been made to understand the populations served by the IRHP. Every 5 years, the NHCHC conducts a community health survey of the centre's catchment area. Although this does not reach the IRHP participants who come from outside the catchment area, it provides a demographic profile, including languages spoken, of the immediate neighbourhood. This has been helpful in planning for language services and outreach activities and for recruiting staff. Like other community health centres in Ontario, the NHCHC is upgrading its computer system and revising the way it collects demographic and clinical data.

A collaborative research project was undertaken with the Hamilton–Wentworth Department of Public Health to identify the prenatal health promotion needs and preferences of local Latin American women and their partners.[45] In addition to helping us understand the experience

of new immigrants and the cultural issues related to childbirth in this population, the study identified the need to work more closely with hospital obstetric staff to improve cultural sensitivity and to make information available in other languages. Another outcome of the study was the formation of a community advisory group for the IRHP.

Attempts to evaluate program outcomes and effectiveness are preliminary; however, the popularity of the program and the increasing rate of new participation suggest that we are providing a relevant service. Settlement success is not currently measured, but it will be important to develop ways of evaluating this and its impact on health and social functioning.

In terms of comprehensive primary care, areas requiring attention include access to dental services and an on-call system that overcomes language barriers. Also, it will be necessary to decide to what extent we expand the IRHP; our goal is to offer mental health, reproductive care and health promotion services in a range of languages.

Conclusions

Immigrants and refugees in Canada constitute a diverse and generally healthy population. The emphasis in our program on the social determinants of health and overcoming barriers to care is consistent with known population health issues and priorities. Attention to the collection of relevant participant data is recommended for other programs to assist in planning and monitoring services. The importance of integrating language, clinical, health promotion and settlement services is emphasized, and our program is an example of how this can be accomplished. Development of evidence-based screening and health maintenance guidelines relevant to the patterns of illness in different immigrant groups should be a national goal.

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