

## OFFICE OF THE REGIONAL CHAIR

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July 31, 2012

The Honourable Jason Kenney, P.C., M.P.  
Minister of Citizenship and Immigration  
House of Commons  
Ottawa, Ontario K1A 0A6

Dear Minister:

The Interim Federal Health Program (IFHP) is an essential program which provides coverage to eligible protected persons, refugee claimants, and others who do not qualify for provincial or territorial health insurance. Your government previously announced plans to make changes to this program as part of immigration reforms, and a review of health care spending in all areas. On June 30, 2012 these major revisions to the IFHP took effect, which will impact all current users and future applicants. As the Board of Health of Niagara, we are concerned these changes will result in refugees being denied access to dental, vision, pharmacy, and primary care coverage.

At the July 26, 2012 meeting of Regional Council, the following recommendations were made at the direction of council:

- 1. That the Chair of the Board of Health BE DIRECTED to write a letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program;*
- 2. That the Chair of the Board of Health BE DIRECTED to recommend the federal Minister of Citizenship, Immigration, and Multiculturalism consult with provinces, municipalities, public health units, and refugee networks and organizations across Canada to ensure national and local strategies are in place to maintain and improve refugee health;*
- 3. That staff BE DIRECTED to forward a copy of this report and letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to the Ontario Minister of Health and Long-Term Care and all boards of health in Ontario urging them to also advocate to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program.*

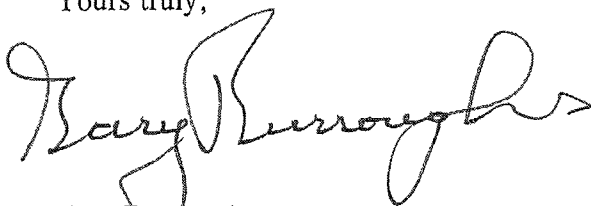
These directives can be found in the attached report MOH 04-2012, regarding Interim Federal Health Program Changes.

Niagara Region directly borders the United States and as a direct result, more than 2,000 refugees annually cross the Peace Bridge into Fort Erie. Approximately 15-20% of those refugees choose to stay in Fort Erie and/or the surrounding Niagara municipalities. With the changes to the IFHP, these newcomers will experience difficulties in obtaining primary care, specialist referrals, and medications.

According to demographics collected by the Fort Erie Multicultural Centre, most refugees in their community come to Canada in family groups. This includes family members from infancy to seniors. With the recently-implemented changes to the IFHP, these families will bear significant risk of no longer having access to much-needed services such as prenatal care, childhood vaccinations generally administered in primary care visits, medications or specialist referrals for chronic diseases, such as diabetes and heart disease. There is great potential that many refugees will 'fall through the cracks', have poor control over their chronic medical conditions, and as a result of poor health, be less likely to contribute to Niagara's social and economic environments.

As Chair of Niagara's Board of Health, we ask for your support in requesting the Federal Government reinstate the IFHP. We also urge your government to consult with provinces, municipalities, public health units, and refugee networks and organizations across Canada to ensure national and local strategies are in place to maintain and improve refugee health.

Yours truly,



Gary Buryoughs  
Regional Chair

Att.

C: All Ontario Boards of Health  
Rick Dykstra, M.P., St. Catharines  
Dean Allison, M.P., Niagara West-Glanbrook  
Malcolm Allen, M.P., Welland  
Mike Shea, HNHB LHIN

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**Niagara  Region**

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**REPORT TO:** Co-Chairs and Members  
Public Health and Social Services Committee

**SUBJECT:** Interim Federal Health Program Changes

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**RECOMMENDATION**

1. That the Chair of the Board of Health **BE DIRECTED** to write a letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program;
2. That the Chair of the Board of Health **BE DIRECTED** to recommend the federal Minister of Citizenship, Immigration, and Multiculturalism consult with provinces, municipalities, public health units, and refugee networks and organizations across Canada to ensure national and local strategies are in place to maintain and improve refugee health;
3. That staff **BE DIRECTED** to forward a copy of this report and letter to the federal Minister of Citizenship, Immigration, and Multiculturalism to the Ontario Minister of Health and Long-Term Care and all boards of health in Ontario urging them to also advocate to the federal Minister of Citizenship, Immigration, and Multiculturalism to reinstate the Interim Federal Health Program.

**PURPOSE**

- To provide information on the health and public health impacts of the policy changes to the Interim Federal Health Program (IFHP) on the health of refugees and refugee claimants, and subsequent impact on public health services.

**BUSINESS IMPLICATIONS**

There are no direct financial implications of this report. However, the changes to the IFHP may result in an increase in use of Niagara Region Public Health (NRPH) services. This essentially will result in a downloading of costs from the federal government to the provincial and local taxpayer.

## REPORT

The IFHP is funded through Citizenship and Immigration Canada. It provides temporary health care coverage to eligible protected persons, refugee claimants, and others who do not qualify for provincial or territorial health insurance. Current coverage under the IFHP includes basic health care services (acute and primary care) and extended services such as pharmacy, dental, vision, and assistive devices. Non-emergency situations require a pre-approval. IFHP eligible groups include refugee claimants awaiting determination by the Immigration and Refugee Board, failed claimants awaiting removal from Canada, resettled refugees, protected persons in Canada waiting to receive their provincial/territorial health insurance, persons detained under the *Immigration and Refugee Protection Act*, and victims of trafficking. IFHP coverage is usually maintained until recipients qualify for provincial/territorial health plans.

**On June 30, 2012, revisions to the IFHP will take effect and will impact all current users and future applicants. Changes include the following:**

- **Dental, vision and pharmacy coverage for all refugees will be eliminated;**
- **Protected persons and refugee claimants from non-Designated Countries of Origin will only be provided health care coverage for urgent and essential health services or for those conditions deemed to pose a risk to public health or public safety;**
- **Refugee claimants from Designated Countries of Origin and rejected refugee claimants will only be eligible for health coverage needed to prevent or treat a disease that poses a risk to public health or public safety; and**
- **Applicants for Pre-Removal Risk Assessment who have not previously made a refugee claim will receive no medical benefits.**

### **Impact on Niagara Region**

Niagara Region directly borders the United States. As a result, more than 2,000 refugees cross the Peace Bridge yearly into Fort Erie. Approximately 15-20 percent of those refugees choose to stay in Fort Erie and/or the surrounding Niagara municipalities. With the changes to the IFHP, these newcomers will experience difficulties in obtaining primary care, specialist referrals, and medications.

According to demographics collected by the Fort Erie Multicultural Centre, most refugees in the community are currently Spanish- or Creole-speaking and come to Canada in family groups. This includes family members from infancy to seniors. These families will no longer have access to services such as prenatal care, childhood vaccinations generally administered in primary care visits, medications, or specialist referrals for chronic diseases, such as diabetes and heart disease.

NRPH is working with the Fort Erie Multicultural Centre to ensure families in need can access Public Health's services, such as vaccination clinics and early childhood development advice. NRPH will also continue to provide treatment for diseases that pose

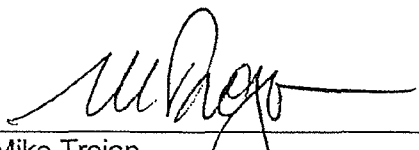
a risk to public health, such as pulmonary tuberculosis. However, public health does not play a role in providing medications or primary care services to those with chronic conditions. There is great potential that many refugees will "fall through the cracks", have poor control over their conditions, and as a result of poor health, be less likely to contribute to Niagara's social and economic environments.

Changes to the IFHP effective June 30, 2012, will limit access to health and health care for refugees. Given the large number of refugees entering Niagara, there will be an impact on the broader economic and social context of Niagara Region. NRPH is taking steps to mitigate some of the changes; however, much is outside public health's mandate. Reinstatement of the previous IFHP policy until the federal government has had the opportunity to consult with provincial and local stakeholders is necessary to maintain refugee and public health.

Submitted by:

Approved by:

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Valerie Jaeger, MD, PhD, CCFP  
Medical Officer of Health (A)

  
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Mike Trojan  
Chief Administrative Officer

*This report was prepared by Dr. Jessica Hopkins, Associate Medical Officer of Health, and Adrienne Jugley, Director Clinical Services. The authors thank Community Services, the Fort Erie Multicultural Centre, and Toronto Public Health for providing consultation and context to this report.*