

INFORMATION REPORT

TO: Mayor and Members General Issues Committee	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: September 19, 2012	
SUBJECT/REPORT NO: Health Impacts of Reducing Interim Federal Health Program for Refugees (BOH12023) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Dr. Ninh Tran (905) 546-2424 Ext. 7113
SIGNATURE:	Joanna Heerlein (905) 546-2424 Ext. 3820

Council Direction:

The General Issues Committee (GIC) at its meeting of May 16, 2012 directed the Medical Officer of Health to report back on the range of financial and health impacts to the municipality because of the changes to the Interim Federal Health Program with consideration to the possible impacts not only to the affected individuals, but also on the general population.

Information:

Background Information

The Interim Federal Health Program (IFHP) funded by Citizenship and Immigration Canada provides temporary health insurance to refugees, protected persons and refugee claimants in Canada who are not covered by a provincial or territorial health insurance plan. Changes to the federal regulations governing the IFHP took effect on June 30, 2012. This will result in reduced or no access to medical care, including emergency care, for some refugees.

Interim Federal Health Program prior to June 30, 2012

Coverage provided through the IFHP included: basic health-care services and benefits such as pharmacy coverage, dental care, vision care, ambulance services, and devices to assist with mobility. In non-emergencies, pre-approvals were necessary. IFHP eligible refugees included: refugee claimants awaiting determination by the Immigration and Refugee Board (IRB), failed claimants awaiting removal from Canada, resettled refugees, protected persons in Canada waiting to receive their provincial/territorial health insurance coverage, persons detained under the *Immigration and Refugee Protection Act*, and victims of trafficking in persons. Eligible people received IFHP coverage until they qualified for a provincial/territorial health plan or until they can pay for their health services.

1. Changes to IFHP as of June 30, 2012¹

- **Not eligible for any health care coverage.**

Refugee claimants who have withdrawn or abandoned their claim or who have been found not eligible and applicants for a Pre-Removal Risk Assessment who have not made a refugee claim.

- **Eligible for hospital services, doctor and nurse services, lab/ diagnostic/ ambulance services, only if urgent or essential. Medications and vaccines only if needed to prevent or treat a disease that is a risk to public health or to treat a condition of public safety concern.**

Resettled refugees who do not receive income support through the Resettlement Assistance Program (RAP) or its equivalent in Quebec (most privately sponsored refugees), other protected persons (refugees whose claims have been accepted and most people who have received a positive Pre-Removal Risk Assessment), Refugee claimants (while their claim is still pending and who are not from a DCO-Designated Country of Origin).

- **Eligible for hospital services, doctors and nurses, laboratory and diagnostic services, only if needed to diagnose, prevent or treat a disease posing a risk to public health or to diagnose or treat condition of public safety concern. Medications and vaccines only if needed to prevent or treat a disease that is a risk to public health or to treat a condition of public safety concern.**

Refugee claimants, while their claim is still pending, who are from a DCO and Rejected Refugee Claimants.

- **Eligible for hospital services, doctors, nurses and other health care professionals licensed in Canada, laboratory, diagnostic and ambulance services. Supplemental benefits that include prescribed medications, limited dental and vision care, prosthetics and devices to assist with mobility, home care, long-term care, psychological counselling by registered clinical psychologist and post arrival health assessments.**

Resettled refugees who receive income support through the RAP or its equivalent in Quebec Government-Assisted Refugees (GARs), Privately Sponsored Refugees (PSRs) who receive RAP income support; most Visa-Office Referred refugees and Joint Assistance Sponsorship Program refugees). Victims of Trafficking in Persons who have been issued a Temporary Resident Permit (TRP). Certain people who are being resettled in Canada as a result of a public policy or humanitarian and compassionate considerations on the Minister's own initiative and who receive income support through RAP or the equivalent in Quebec.

2. Refugees in Canada and Hamilton

In 2011, Canada accepted 12,983 refugee applications (38%) out of about 34,165 applications received.² Refugees have experienced persecution - a threat to life or freedom on account of race, sexual orientation, gender, religion, nationality, political opinion or membership of a particular social group - in their home country.³ As a consequence, they are at greater risk of adverse health, especially mental health. Refugees are at particular risk when they are uninsured as they usually have limited financial resources that would allow them to pay for their own care. Their uncertain status in Canada and lack of social networks and connections may mean that they are less likely to find support and care even when it is required.⁴

3. Impact of changes to Interim Federal Health Program on refugees, Hamiltonians, and PHS

The changes to the IFHP will negatively affect refugees in Canada who are not eligible for provincial/territorial health insurance and do not have private insurance. With these changes refugees will lose access to most commonly available health benefits and at best, will receive care only when it is "urgent or essential."

- **Oral/Dental Health**

The changes in IFHP end dental coverage for most refugees. This will have negative impacts on health of refugees and will result in greater strain on service systems for uninsured individuals including dental programs provided by Public Health Services (PHS). Currently, the only dental services that refugees

in Hamilton are eligible to access are provided on the Community Health Bus. These services are for urgent dental care only and are not continuous. With dental care withdrawn from IFHP and PHS being the only free dental service available, there may be a large increase demand for dental services for refugees in Hamilton.

- **Mental Health**

The new IFHP no longer provides medication or health services for mental health disorders for most refugees, unless it poses risk to the public (e.g. psychosis). Many refugees that migrate to Canada experienced exposure to war, torture, violence, targeted persecution, forced labour, forced migration and family separation and have a higher risk of posttraumatic stress disorder.^{5,6,7} The lack of ongoing services and medication will affect functioning in society and disrupt employment, education, family care giving and other pro-social behaviours. PHS provide mental health services to children, adolescents and adults via clinics and outreach programs. Currently, PHS mental health program services a small amount of refugees. Increase in demand of mental health services for refugees will likely result in the need for more resources (clinical staff, translation services).

- **Infectious Diseases**

Under the proposed changes to IFHP, care and medications for medical conditions that pose a risk to public health or public safety are covered (e.g. TB testing and treatment). Refugees face twice the risk for active tuberculosis (TB) compared to the general population of immigrants. Currently, PHS manages 16-22 active TB cases per year.

- **Pregnancy**

Government assisted refugee women will continue to have access to pre and postnatal care and delivery. For pregnant women from DCO countries and rejected refugee claimants, there is no pre/postnatal care and delivery coverage. Having limited or no access to prenatal care and early childhood interventions will likely result in long-term development and health challenges for the children of refugees. In the short term, PHS will be minimally affected as most prenatal care is offered by Obstetricians, Hamilton Maternity Centre, Midwives, and Community Health Centers etc. With decreased access to prenatal care, a decrease in referrals of refugees from the above health professionals to Healthy Babies, Healthy Children and Nurse Family Partnership programs can be expected, regardless of the high need. PHS may experience an increase in refugee women accessing prenatal services such as the Canadian Prenatal Nutrition Program where they have access to free nutrition and prenatal vitamins. In the long term, an increase in resources from PHS Child and Adolescent Services will be required to address some the

developmental and health issues in refugee children that arise from inadequate pre and postnatal care.

- **Public Health Risk**

It is unclear which vaccinations are covered under the changes to the IFHP. This poses questions and concerns about the impact the IFHP changes have on public health risk. As per Citizenship and Immigration Canada, vaccinations are provided when needed to prevent or treat a disease posing risk to public health or a condition of public safety. No further information is provided to clarify what diseases are or are not included. This may have implications for access to immunizations for refugee children in Ontario who often are behind on vaccine schedules and are required to meet the Ontario Immunization Schedule to attend school.^{8,9,10} As a result, refugee children will need to access vaccinations through public health. This may increase demand for vaccines from public health. If there is an increase in demand, PHS will need funding for interpretation services and longer clinic hours or more clinics to meet the increase in demand while providing current services.

4. Impact on Resources

An exact numerical estimate is very difficult to calculate as there are many unknown variables.

- As per the national ratio 428 (13.5%) of Hamilton refugees will continue to have full IFHP benefits. This means that about 2,739 refugees will not. In 2010 there were approximately 3,167 refugees living in Hamilton.¹¹
- PHS can expect an increase in use of resources and services that were eliminated by the new IFHP. These include: dental services, mental health, immunization, sexual health, nutrition counselling, prenatal health and child health and development.
- Local data specific to refugees and PHS programs would need to be collected in order to assess the increased need for resources and PHS capacity to address the increased demands.

Conclusion

The changes in IFHP will impact health service delivery in Hamilton. PHS, community health centers, and mental health services among others will see an increase in need for clinical and social services. There will be greater pressure for local organizations and institutions to find new sources of funding to pay for the services that IFHP no longer provides. The changes in IFHP do not consider the long term effects, which include downloading care for people in greatest need to emergency departments and

urgent care settings. By removing access to primary and preventive care, the federal government will create costly and unnecessary health expenditures in the settlement process.

References:

1. <http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp>
2. 2011, www.cic.gc.ca
3. United Nations high Commissioner for Refugees, Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees,
<http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=3d58e13b4&query=Handbook%20on%20Procedures%20and%20Criteria%20for%20Determining%20Refugee%20Status>
4. Barnes, S., May 2012, "The real cost of cutting refugee health benefits: A health equity impact assessment", Wellesley Institute – advancing urban health.
5. http://www.camh.net/About_Mental_Health/Mental_Health_Information/ptsd_refugees_brochure.html;
http://www.ontario.cmha.ca/about_mental_health.asp?clD=23054
6. Wilson, R. M., Murtaza, R. & Shakya Y. B. (2010). Pre-migration and post-migration determinants of mental health for newly arrived refugees in Toronto. *Canadian Issues, Summer*, 45-50.
7. Robert, A. M., & Gilkinson, T. (2010). Spotlight on research: The mental health and well-being of recent immigrants. *Health Policy Research Bulletin*, 17, 24-25.
8. Newbold, K. B. (2009a). The short-term health of Canada's new immigrant arrivals: Evidence from LSIC. *Ethnicity and Health*, 14(3), 315-336.
9. <http://www.health.gov.on.ca/english/public/pub/immun/immunization.html>
10. <http://www.cic.gc.ca/english/department/media/releases/2012/2012-04-25.asp>
11. Ontario Immigration Key Facts and Trends Preliminary 2010 Data fact sheet,
http://www.ontarioimmigration.ca/en/tools/OI_RESEARCH_STATS.html