TORONTO

STAFF REPORT
ACTION REQUIRED

Health Impacts of Reduced Federal Health Services for Refugees

Date:	May 17, 2012
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Citizenship and Immigration Canada has funded the Interim Federal Health Program (IFHP) since 1957 to provide temporary health-care coverage to eligible protected persons, refugee claimants and rejected refugee claimants who do not qualify for provincial or territorial health insurance plans. Changes to the federal regulations governing the IFHP, which will take effect on June 30, 2012 will greatly reduce or eliminate health care coverage for refugees.

The purpose of this report is to provide information on the impacts of the proposed policy changes on the health of refugees, refugee claimants and public health in Canada. Central to the changes are the following measures:

a) Dental, vision and pharmacy care coverage will be eliminated for all refugees;
b) Protected persons and refugee claimants from non-Designated Countries of Origin will only be provided health coverage for urgent and essential health services, or for conditions deemed to pose a risk to public health or public safety;
c) 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 posing a risk to public health or a condition of public safety;
d) Applicants for Pre-Removal Risk Assessment who have not previously made a refugee claim will receive no medical benefits.

The Medical Officer of Health recommends that the Board of Health call on the federal government to reinstate the IFHP to maintain interim support for refugee and refugee claimant health care needs.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health urge the Federal Minister of Citizenship, Immigration and Multiculturalism to reinstate the Interim Federal Health Program so as to maintain interim support for refugee and refugee claimants health care needs;

2. The Board of Health recommend the Federal Minister of Citizenship, Immigration and Multiculturalism consult with provinces, municipalities, public health units, and refugee networks and agencies across Canada on any future changes to the Interim Federal Health Program;

3. The Board of Health forward a copy of this report to the Chief Public Health Officer of Canada and urge the Public Health Agency of Canada to take a leadership role in developing national and local strategies that maintain and improve refugee health;

4. The Board of Health send a copy of this report to the Ontario Minister of Health and Long-Term Care, Public Health Ontario, all boards of health in Ontario, the Ontario Public Health Association, the Association of Local Public Health Agencies, the Federation of Canadian Municipalities, and the Urban Public Health Network, urging them to also advocate to the federal Minister of Health for reinstatement of the Interim Federal Health Program.

Financial Impact

There are no financial implications to the City of Toronto arising from this report.

DECISION HISTORY

At its meeting of November 21, 2011, the Board of Health considered a report from the Medical Officer of Health entitled, *Global City: Newcomer Health in Toronto* that described health status and service system barriers for newcomers, including a focus on the health of refugees in the city. (See: http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.HL9.1)

ISSUE BACKGROUND

Citizenship and Immigration Canada Reforms

Citizenship and Immigration Canada has funded the Interim Federal Health Program (IFHP) to provide temporary health-care coverage to eligible protected persons, refugee claimants and others who do not qualify for provincial or territorial health insurance plans. On April 25, 2012 the Minister announced changes to the regulations governing

the IFHP. The revised regulations will take effect on June 30, 2012 and will apply to all current beneficiaries, as well as those who apply after that date.

The changes to the IFHP coincide with the introduction of Bill C-31 as part of wide ranging changes to Canada's refugee determination system. It is expected that the new legislation will be passed shortly and take effect on June 30, 2012. C-31 provides for Designation of Countries of Origin (see below), faster processing of claims, limits on appeals, detention in an expanded number of circumstances, faster deportation, restrictions on work permits and measures to revoke permanent residence status.

The changes to the IFHP are linked to the designation of countries of origin. The government has the authority under C-11 (2010) to identify Designated Countries of Origin (DCO) under the *Balanced Refugee Reform Act* (BRRA). DCOs are countries that do not normally produce refugees, are deemed to respect human rights and offer state protection. Refugee claims by persons from DCO counties will be accelerated and the designation is intended to deter claims from countries generally considered safe by the Minister. The DCO list is expected to be announced by Citizenship and Immigration Canada on June 30, 2012.

Citizenship and Immigration announced that once implemented, cost savings from changes to IFHP are projected to be about $100 million over the next five years. In the media release, the Minister said "With this reform, we are also taking away an incentive from people who may be considering filing an unfounded refugee claim in Canada."

Current Health Coverage under Interim Federal Health Program

Coverage provided through the IFHP has included: basic health-care services, and extended services such as pharmacy care, dental care, vision care, ambulance services and devices to assist with mobility. In non-emergencies, pre-approvals are necessary.

IFHP eligible groups have 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 can receive IFHP coverage until they qualify for provincial/territorial health plan or until they can pay for their health services.

Proposed Changes to Health Coverage

The new regulation will end the dental, vision and pharmacy care coverage for all refugees and refugee claimants.

There will be categories of benefits depending on immigration status:

1. *For refugees that have been accepted and are waiting for their provincial health coverage, refugee claimants whose claim is pending and are from a country that is considered to be unsafe and disrespectful of human rights (non-DCO), and for those with a positive Pre-Removal Risk Assessment:* They are eligible for basic healthcare

coverage of urgent and essential hospital services, doctor and nurse services, and lab/diagnostic/ambulance services. Medications and vaccines are only covered if needed to treat a disease that is a risk to public health or a condition of public safety concern[i].

2. *For refugee claimants whose claim is pending and who come from a country that is considered to be safe and respectful of human rights (DCO), and rejected refugee claimants:* They are eligible only for care, medicine and vaccines "to prevent or treat a disease posing a risk to public health or a condition of public safety concern". They are not eligible for urgent and essential hospital services, doctor and nurse services, lab/diagnostic/ambulance services and medications/vaccines.

3. *For refugee claimants who have withdrawn or abandoned their claim or who have been found ineligible, and for applicants for a Pre-Removal Risk Assessment who have not previously made a refugee claim:* They are not eligible for any health care coverage.

4. *For people granted IFHP benefits under the initiative of the Minister because of exceptional and compelling circumstances:* Benefits may fall into category 1 or 2.

A summary is available at http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp . Examples of health conditions and what will be covered under the Interim Federal Health Program is available at: http://www.cic.gc.ca/english/refugees/outside/coverage.asp

Refugees in Toronto and Canada

Nearly 60,000 refugees arrived in Toronto between 2000 and 2009.[1] Refugees (also referred to as “protected persons”) are accepted as permanent residents under Canada’s Refugee and Humanitarian Resettlement Program. This category includes:

- **Government assisted refugees,** who are selected abroad for resettlement to Canada and receive initial resettlement assistance from the federal government;

[i] Citizenship and Immigration Canada definitions:
“Condition of public safety concern” means a mental health condition in a person who has been examined by a physician licensed in Canada and for which the physician is of the opinion that the person will likely cause harm to others.
“Disease posing a risk to public health” means a communicable disease
(*a*) that is on the list of national notifiable diseases of the Public Health Agency of Canada, as amended from time to time,
(i) which is subject to human-to-human transmission and requires public health intervention in accordance with provincial legislation, or
(ii) for which immunization has been recommended under Canadian medical standards; or
(*b*) that is referred to in the *Interim Federal Health Program Policy* of the Department of Citizenship and Immigration, as amended from time to time.

- **Privately sponsored refugees,** who are selected abroad for resettlement to Canada and are privately sponsored by organizations, individuals or groups of individuals;

- **Refugees landed in Canada,** who have had their refugee claims accepted and who subsequently applied for and were granted permanent resident status in Canada (the application may include family members in Canada and abroad).

Refugee claimants are those who request refugee protection upon or after arrival in Canada. They arrive as temporary residents in Canada, and remain as such while their claims are being reviewed, a process that can take several years. A refugee claimant whose claim is accepted may make an application in Canada for permanent residence.

Of overall refugee claims to Canada processed between 2000 and 2009, approximately 44% were accepted and 39% were rejected, with the remaining portion either abandoned or withdrawn.[2] Unsuccessful refugee claimants are required to leave the country.

The top countries of origin for recent refugee arrivals are China, Colombia, Afghanistan, Iraq and Sri Lanka.[3] Refugees often come to Canada with lower levels of education and English proficiency compared to family and economic class immigrants. Only 13.6% of refugees (arriving between 2005 and 2009) came with a university education compared to more than 80% of economic immigrants (principal applicants). Eighty-seven percent of refugee claimants in 2008 were less than 44 years of age and roughly 59% percent were men.[4]

COMMENTS

This report was prepared with input from health agencies in Toronto which have expertise in the health needs of refugees. Fourteen stakeholder agencies were contacted and eight responded.

Impacts of Changes to Interim Federal Health Program on Access and Health

The changes to the Interim Federal Health Program will have negative implications for the health of refugees and claimants, and public health in Canada. In particular, the policy changes will disproportionately affect those from countries on the DCO list. Refugees and claimants are an already marginalized group, who face health risks and challenges to accessing health services, and experience burdens from difficult and traumatic migration journeys with long lasting effects.

Many refugees have poor health outcomes. For example, refugees have higher mortality rates than non-refugees, with some groups experiencing increased risk for mortality from liver cancer and stroke.[5,6] Refugees are also more likely to report poorer or worsening health than economic or family class immigrants.[7] Data shows that between six months to four years after arrival, refugees experience declines in self-reported health.[8]

Both published studies and reported experience from Toronto refugee health service providers indicate that refugees and claimants experience the full spectrum of needs

normally addressed through primary health care.[9,10] These include medical treatment, laboratory and diagnostic service, preventive care, chronic disease care and management, pre/peri/postnatal healthcare, sexual health services, dental care, prescription medication, mental health services, nutrition counselling, case management and system navigation (health and other systems) assistance. While urgent and essential medical attention is a clear priority, the availability and access to routine health care including treatment and prevention of episodic and on-going conditions is also noted to be a priority. Changes to the IFHP will limit or eliminate routine primary medical care coverage for refugees and claimants.

Canadian research has provided evidence that refugees face increased health risks related to infectious and communicable disease, including mortality from infectious and parasitic diseases, and hepatitis. [11] Rates of hepatitis B and rubella are found to be higher among pregnant refugee women compared to their Canadian-born counterparts.[12] Refugees face twice the risk for active tuberculosis (TB) compared to the general population of immigrants. This is likely due to conditions such as overcrowding, poor sanitation, poor nutrition and lack of quality healthcare in settings such as refugee camps and war-torn areas before coming to Canada.[13]

Toronto Public Health sees approximately ten cases of TB in refugees on IFHP per year (of approximately 300 TB cases overall). It is reported that refugee patients in the TB program tend to be in dire need, with few financial resources or family support, and increased vulnerability associated with concurrent medical conditions (e.g. diabetes). Under the proposed changes to IFHP, care and medications for medical conditions that pose a risk to public health or public safety would be covered (e.g. TB testing and treatment). For all refugees and refugee claimants, medication associated with other conditions that are not a public health risk would not be covered (e.g. insulin). This will have serious implications for both the individual and for public health, as underlying conditions play a key role in successful TB treatment.

Health service providers such as Access Alliance Multicultural Health and Community Services note that that while refugee health needs vary considerably, the majority arrive with complex health needs and require access to multidisciplinary care.[14] Regent Park Community Health Centre reports that routine medical services for refugees prevent a decline in health that may lead to a higher severity of symptoms or complications and the associated human and financial burden both within and outside of the health system.[15]

It has been suggested that increasing barriers to access may be putting people at higher risk, as routine primary health care can detect and treat conditions before they cause serious physical or mental harm or become a public health threat. Timely treatment and management of conditions has been proven to prevent emergency rooms visits, undue morbidity and mortality.[16] An example provided by Dr. Meb Rashid of the Southern Ontario Refugee Health Network and Refugee Clinic at Women's College Hospital is of the case of a refugee or claimant considering "*Is this a cough or TB? Should I just stay home or get checked?*"[17] The effects of barriers to access are documented in a 2011 study by Women's Health in Women's Hands, which found that 45% of immigrant and refugee women sought primary healthcare services only when they experienced the effects of a

chronic illness, 24% of the women surveyed did not have sufficient funds to travel to health care services, and 35% did not have additional funds to pay for services not covered by the current IFHP.[18]

Health providers who work with refugees and claimants suggest that certain chronic health conditions and their related complications will be exacerbated by the inability to access prescription medication (e.g. antidepressants, antipsychotics, insulin, antihypertensives, antibiotics, etc).[19] A number of children who have medical conditions such as seizure disorders or asthma – that are not considered to be of "an urgent or essential nature" – will no longer be covered for medication.

The policy changes will impact the health services of government-assisted refugees, who are selected abroad for resettlement to Canada. Government-assisted refugees tend to be in the most dire situations, have complex health needs, and are particularly likely to be unable to pay for health care.[20] They receive federal financial assistance through the resettlement assistance program (RAP) for up to one year after their arrival in Canada or until they become self-sufficient, whichever comes first. Under the changes, government-assisted refugees receiving RAP will no longer receive federal coverage for prescription drugs, vision care, dental care and medical devices through IFHP, and will have to wait one year to transfer onto provincial income support to address their extended health care needs. This will pose a problem for those with limited financial resources, and contribute to health risks, late intervention and potential complications.

Oral health is another frequently identified area of need for Toronto newcomers, including refugees. Focus groups and stakeholder consultation in Toronto found that dental problems are a key issue facing resettled refugees from countries such as Afghanistan and Burma.[21,22] Given the suggested relationship between lack of dental care, lack of dental insurance, poor oral health and health overall,[23] it is likely that changes to IFHP that end dental coverage for all refugees will have negative implications on health and/or will result in a greater strain on service systems for uninsured individuals.

Service providers working with refugee clients state that sexual health needs of refugee women are critical. Regular pap smears, breast examinations and contraception will no longer be covered under the policy change. Short- and long-term health will therefore be affected without these basic services.

For pregnant women, access to pre/post-natal care and delivery that is considered essential will be available to protected persons and refugee claimants from non-DCO countries. However, there will be no prescription medication coverage unless public health or public safety risks are posed (e.g. no coverage for medications for pain and anemia[24]). For pregnant women from DCO countries and rejected refugee claimants, there will be no pre/post-natal care and delivery coverage. The absence of this care may cause serious harm, to both mother and child.[25]

Refugee claimants from DCOs will be disproportionately affected by the policy changes. This may include refugee claimants who are LGBTQ, or who are members of religious or

cultural minorities, or women. Being from DCOs, they will be ineligible for all health care services except services related to treating conditions that pose public health or public safety risks.

Refugees face specific challenges and risks related to mental health. Many refugees that migrate to Canada have undergone difficult and traumatic pre-migration experiences, including exposure to war, torture, violence, targeted persecution, forced labour, forced migration and family separation.[26] These experiences can be significant sources of stress and are risks to refugees' mental health. Canadian research has demonstrated that refugees are significantly more likely to experience emotional problems and high stress levels, as well as greater mental health risks and higher rates of mental health issues, compared to other newcomers.[27,28] This includes higher levels of post-traumatic stress disorder (PTSD) than those in the general population.[29] For example, a study of Tamil refugees in Toronto found an overall PTSD prevalence of 12% among study participants, a substantially higher rate than the estimated 1% seen in the general Canadian population, but one that is comparable to rates see in other refugee populations.[30]

The changes to the IFHP eliminate access to mental health counselling and preventive care as it is outside the scope of services provided, except in instances when the condition poses a risk to public safety (e.g. psychosis). This will have an impact on refugees, a population who disproportionately experience mental health issues. Service providers such as Regent Park Community Health Centre and Access Alliance Multicultural Health and Community Services note that access to early and full intervention around mental health issues is key to reduce the likelihood of decline, disability or death.[31,32] Further, the lack of ongoing services will likely affect functioning in society and disrupt employment, education, family caregiving and other pro-social behaviours.

Definition of Public Health Risk

The definition of public health risk poses questions and concerns for the impact on health care. It is uncertain which vaccinations and conditions/diseases will be covered under the changes to the IFHP. As currently articulated by Citizenship and Immigration Canada, vaccinations will only be provided when needed to prevent or treat a disease posing a risk to public health or a condition of public safety. No further information has been provided to clarify what diseases would or would not be included under that condition. This may have implications for access to immunization for refugee children in Ontario, who are already often behind in the vaccine schedule[33] and must meet the Ontario Immunization Schedule as a requirement for attendance at school[34]. It can be predicted that as a result of changes to IFHP, more refugee children will access vaccines through community health centres, resulting in increased demand on local health service systems.

Under the changes to the IFHP, effects on service systems are difficult to predict. The changes might produce different and not mutually exclusive effects. Refugees and claimants who are ineligible for health coverage may be less likely to access medical services and instead might choose to live with untreated conditions, while others may utilize resources like community health centres, sexual health clinics and uninsured clinics. This may produce an increased burden on these local resources and services, which tend to already have long waiting lists. Furthermore, changes limiting eligibility to

IFHP benefits could also leave many refugees seeking emergency care for conditions left untreated.

Stakeholder Responses

There has been a significant response from physicians and other health professionals, academic researchers, refugee networks and councils, and immigrant settlement agencies expressing concern around the policy change that will reduce health coverage for refugees. This includes (but is not limited to):

Physicians in major urban centres across Canada are calling on the federal government to preserve critical health care services currently provided to refugees through the Interim Federal Health Program. On May 11, Ottawa doctors gathered on Parliament Hill, and dozens of physicians occupied Member of Parliament constituency offices in Toronto and Winnipeg, to protest the changes to the Interim Federal Health Program.

Many community health centres are preparing letters expressing concern about and opposition to the changes. The Community Health Centres of Greater Toronto, the provincial Association of Ontario Health Centres, and the Canadian Association of Community Health Centres have also expressed concern and opposition.

The Canadian Council for Refugees (CCR) released a statement capturing key concerns of the changes, calling for solutions to the barriers and limitations existing for refugees and health service providers in the Interim Federal Health Program. The CCR calls upon the Canadian government to immediately suspend these changes, and to hold consultations with all concerned stakeholders on any future changes.

The Canadian Immigrant Settlement Sector Alliance wrote to the Minister, expressing concerns over the changes to the Interim Federal Health Program and requesting an amendment that would create a new IFHP extended healthcare package specifically for resettled refugees and suggesting consultation with provincial governments.[35]

The Ontario Council of Agencies Serving Immigrants (OCASI) participated in hearings on Bill C-31 held by the Parliamentary Standing Committee on Citizenship and Immigration and submitted a written brief to the Committee.[36] OCASI has indicated that they intend to release a statement about health coverage for refugees at a Provincial Council in the near future.[37]

Summary and Conclusions

Changes to the Interim Federal Health Program will reduce health coverage for refugees and claimants from non-DCOs. Most will receive coverage limited to that of "an urgent or essential nature." For claimants from DCOs, their care will be virtually eliminated to only that which is related to "a risk to public health or public safety concern". These changes will undoubtedly have implications for the health of these individuals and potentially public health in Canada.

Refugees are an already marginalized group, facing health risks, barriers to access, and difficult and traumatic pre-migration experiences. This report has documented some of

the poor health impacts and outcomes that refugees and claimants already face. The policy changes introduced by Citizenship and Immigration Canada will take effect on June 30, 2012, and they will likely produce additional barriers for refugees to access health services, reducing their health and wellbeing. The changes may also have negative implications for health service systems at the local and provincial level. Municipalities and provinces need to understand the impacts of these policy changes in order to maintain the ability to provide supports and services to meet the needs of their residents.

Many refugees and claimants become permanent residents and Canadian citizens. All levels of government have a responsibility to ensure their potential as productive members of society. Providing comprehensive health care for refugees and claimants at arrival in Canada will help ensure their successful settlement and integration in Toronto.

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SIGNATURE

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