

Migrant Evidence, Equity and Health Policy

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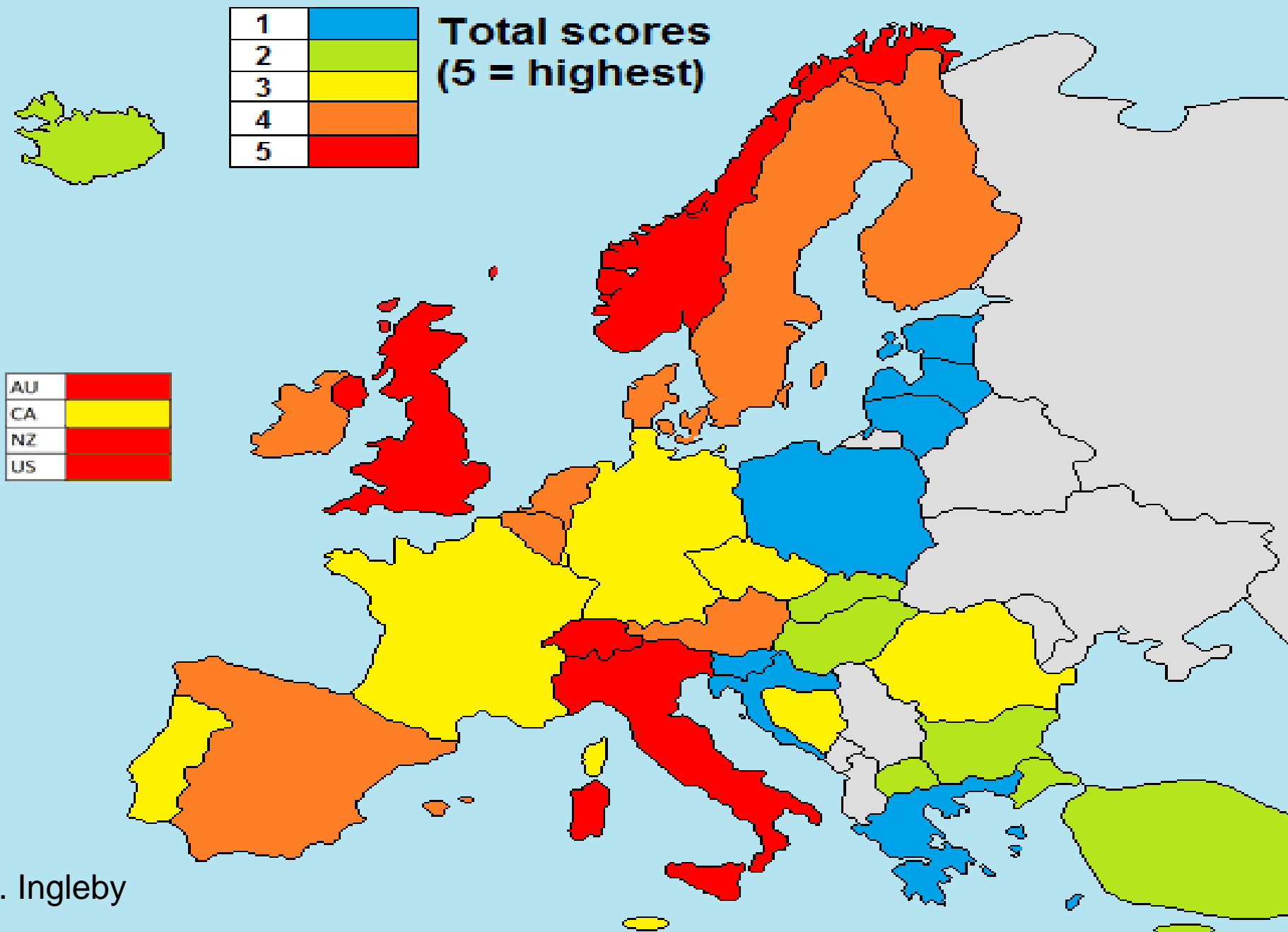
What it all boils down to:

1. **Reduce health risks** to which refugees are exposed
2. Ensure **access to good quality** health services

- D. Ingleby Netherlands

... Evidence Based Guidelines and Networks

MIPEX: Measuring Health Service Policies

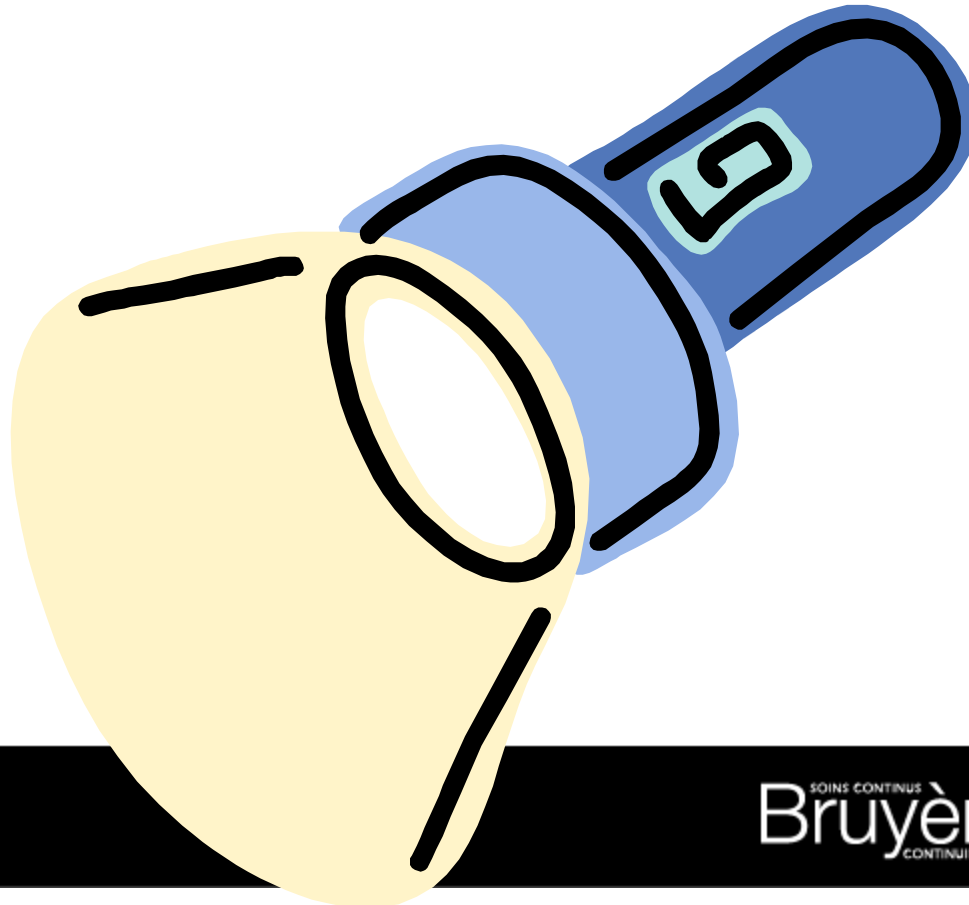


“Research is like turning on the light before
you clean up the room:



“Research is like turning on the light before
you clean up the room: **it doesn't clean it
for you but does tell you where the
problems are**”

(Frank Davidoff, Annals of Internal Medicine)



Evidence Based Guidelines

- Australasian ID Guidelines for Refugees (2010/2016)
- US CDC Refugee Health Guidelines (2013/2017)
- Canadian Migrant Health Guidelines (2011, 2016)
- Ireland ID Guidelines for Refugees (2014)
- Europe's ID Guidelines for Migrants (2017)

Evidence-based clinical guidelines for immigrants and refugees

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Competing interests: See end of document for competing interests.

Coauthors of the Canadian Collaboration for Immigrant and Refugee Health: Deborah Assayag, Elizabeth Barnett, Jennifer Blake, Beverly Brockest, Giovanni Burgos, Glenn Campbell, Andrea Chambers, Angie Chan, Maryann Cheetham, Walter Delperio, Marc Deschenes, Shafik Dharamsim, Ann Duggan, Nancy Durand, Allison Eyre, Jennifer Grant, Doug Gruner, Sinclair Harris, Stewart B. Harris, Elizabeth Harvey, Jenny Heathcote, Christine Heidebrecht, William Hodge, Danielle Hone, Charles Hui, Susan Hum, Praseedha Janakiram, Khairun Jivani, Tomas Jurcik, Jay Keystone, Ian Kitai, Srinivasan Krishnamurthy, Susan Kuhn, Stan Kutcher, Robert Laroche, Carmen Logie, Michelle Martin, Dominique Elie Massenat, Debora Matthews, Barry Maze, Dick Menzies, Marie Munoz, Félicité Murangira, Amy Nolen, Pierre Plourde, Amelia Sandoe, Jennifer Sears, Hélène Rousseau, Andrew G. Ryder, Kevin Schwartzman, William Stauffer, Brett D. Thombs, Patricia Topp, Andrew Toren, Sara Torres, Ahsan Ullah, Sunil Varghese, Bilkis Vissandjee, Michel Welt, Wendy Wobeser, David Wong, Phyllis Zelkowitz, Jianwei Zhong, Stanley Zlotkin.

Editor's note: See Appendix 1, available at www.cmaj.ca/lookup/suppl/doi:10.1503/cmaj.090313/-/DC1, for affiliations and contributions of coauthors.

This document has been peer reviewed.

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CMAJ 2011. DOI:10.1503/cmaj.090313

KEY POINTS

- Clinical preventive care should be informed by the person's region or country of origin and migration history (e.g., forced versus voluntary migration).
- Forced migration, low income and limited proficiency in English or French increase the risk of a decline in health and should be considered in the assessment and delivery of preventive care.
- Vaccination (against measles, mumps, rubella, diphtheria, tetanus, pertussis, polio, varicella, hepatitis B and human papillomavirus) and screening (for hepatitis B, tuberculosis, HIV, hepatitis C, intestinal parasites, iron deficiency, dental pain, loss of vision and cervical cancer) should be routinely provided to at-risk immigrants.
- Detecting and addressing malaria, depression, post-traumatic stress disorder, child maltreatment, intimate partner violence, diabetes mellitus and unmet contraceptive needs should be individualized to improve detection, adherence and treatment outcomes.

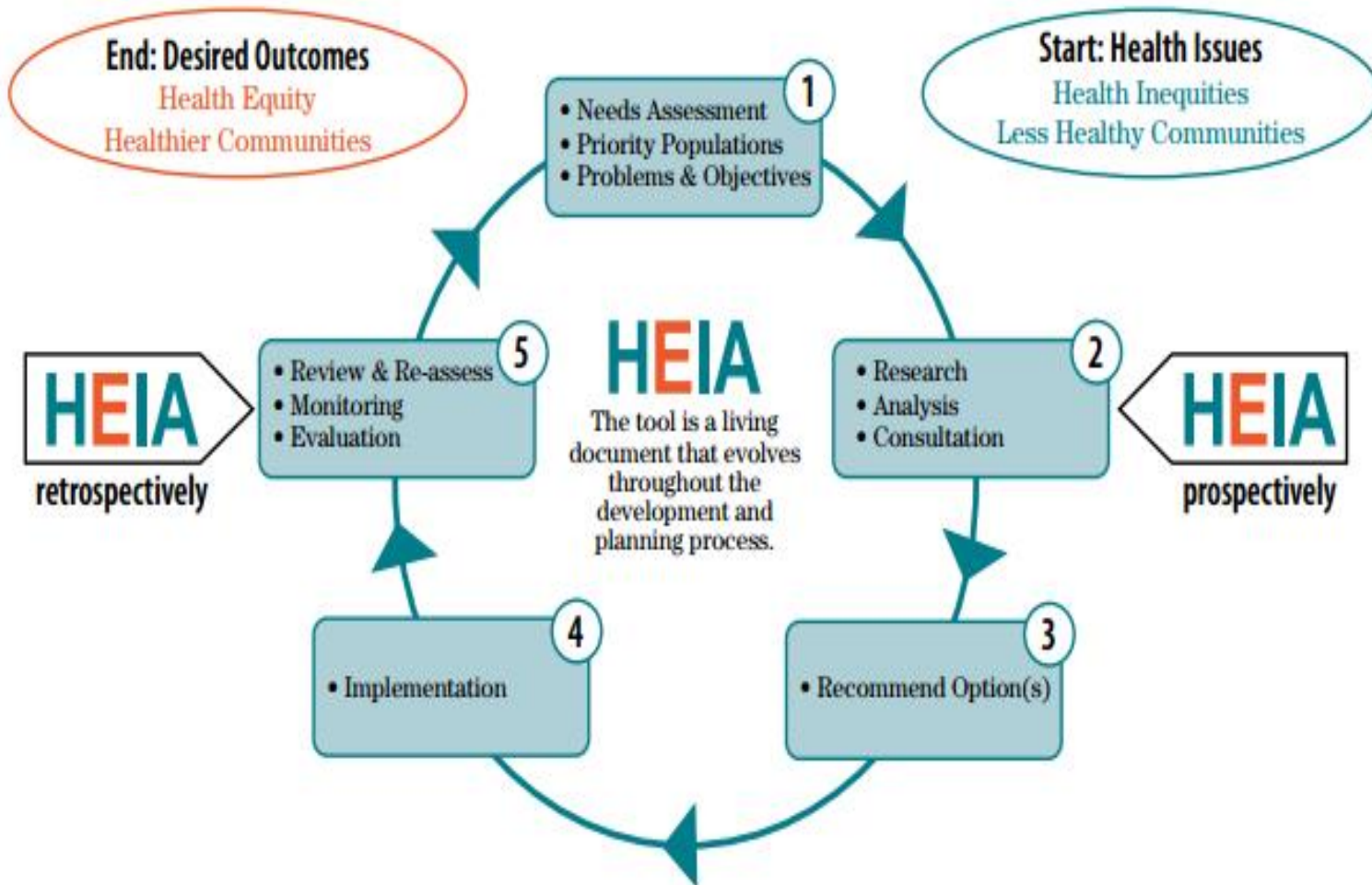
Point of Care Checklist



Sample EB Recommendations

- Test at risk (>2%) refugees for Hepatitis C (weak recommendation, very low quality evidence)
- Community-based HIV testing for refugees at risk of exposure. (strong recommendation, low quality evidence)
- Remain alert for PTSD, diagnostic inquiry whenever concern regarding function (case finding to reduce harms of screening)

Immigrant Supplement, Health Equity Impact Assessment



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movement of over 3 million people
committed to defending those who
are denied justice or freedom.

Muchas gracias!

Thank you!



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