

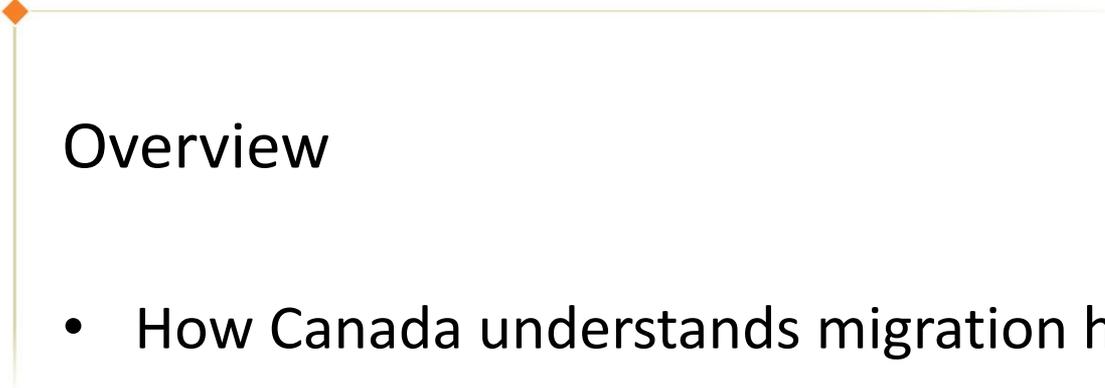


Canada's approach to migration health

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Overview

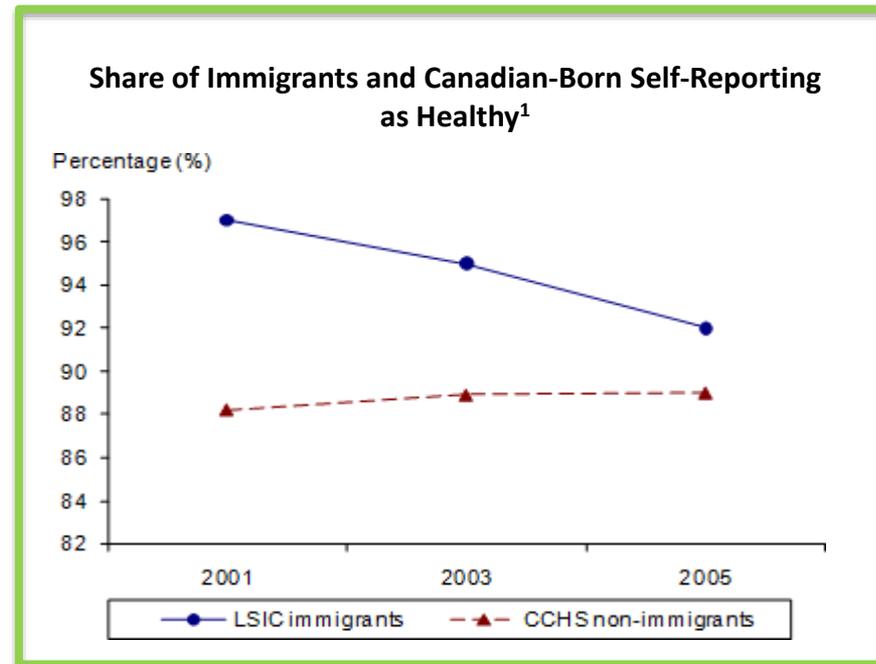
- How Canada understands migration health
- How Canada's approach to immigration affects the health of migrants
- Selected recent changes and future policy directions

How Canada understands migration health

What is the healthy immigrant effect?

- Migrant populations initially healthier than Canadian born but their health advantage diminishes over time
- Measures/evidence:

- Self reported health
- Rates of chronic diseases
- Disability
- Mental health



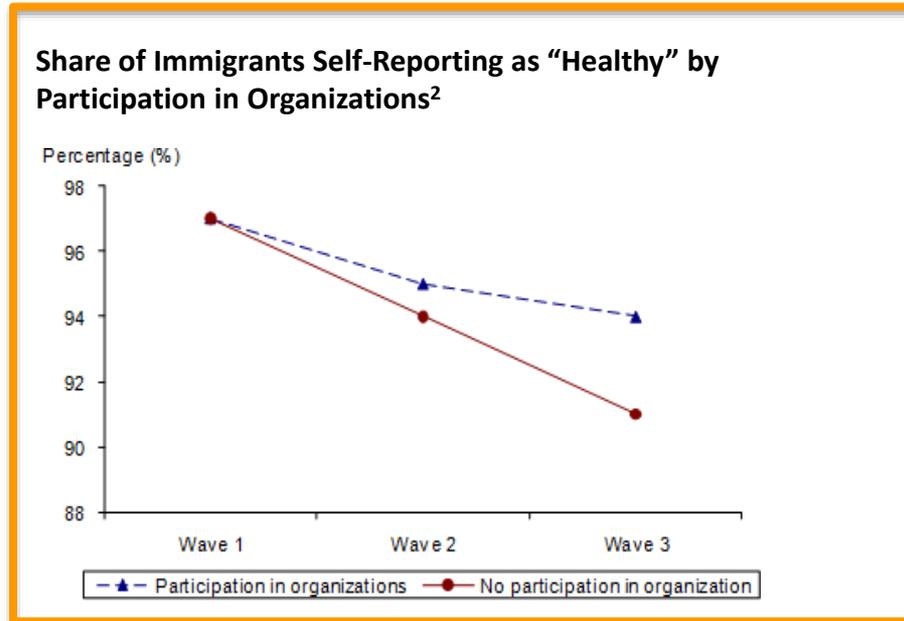
- Refugees at greater risk of having poor health compared to other migrant groups

Why are immigrants healthier when they come to Canada?

- Those who choose to migrate, often possess a higher standard of living in their country of origin
 - Access to health-care, water, and sanitation services
 - Are able to afford medication or a more balanced diet (avoiding vitamin and mineral deficiencies)
 - They typically have greater control over their lives and environment than others in their country of origin
 - Less exposure to manual and risky employment; able to choose neighbourhood to live in; able to manage stress in lives
- Even in the situation of forced migration, most often youngest/healthiest who move
 - With the recent Syrian movement: Although greater dental health needs have been observed, overall cohort has had relatively low health care costs
- However, some say their health appears to be better due to:
 - Under-utilization of medical services due to lack of access, awareness, or cultural and linguistic barriers

And why does their health decline over time while living in Canada?

- Reduced community or family based supports



- Loss of socio-economic status
 - Often means a reduction in capabilities to participate fully in society and to take full control over their lives
 - Can lead in turn to chronic stress and increase risk of a number of diseases, in particular heart disease³

And why does their health decline over time while living in Canada? (cont'd)

- Other factors that may be in play
- Adverse affects from new northern climate
 - Vitamin D Deficiency study⁴
- Adoption of poor health behaviours in destination country
- High cost of housing in some Canadian cities, differences in built environments
 - Neighbourhoods with fewer resources and services⁵
 - 'Walkability' of neighbourhood or community⁵
 - Availability and accessibility in neighbourhood/community of grocery stores (selling fresh produce) versus fast food places⁵

How Canada's approach to immigration affects the health of migrants

Selection based on human capital

- Canadian economic immigration process emphasizes economic profiles that select individuals who are 'best fit' for Canada - family and humanitarian immigration to a much lesser extent
- A portion of individuals that come to Canada apply as skilled immigrants through the **Express Entry Category**
- This category uses the Comprehensive Ranking System (CRS)⁶
 - Items assessed include:
 - skills
 - work experience
 - language ability
 - education and other factors
 - Additional points awarded for having a job offer or a provincial nomination
- Individuals in this category tend to have a higher standard of living in their country of origin, usually meaning better health indicators; this further skews the healthy immigrant effect

Health screening prior to coming to Canada

- Canada has a system of health screening and all immigrant categories require a medical exam for their application
- Canada's Immigration Medical Exam (IME) includes⁷:
 - a review of medical history
 - a physical examination and mental examination
 - radiology
 - laboratory tests
- A medical assessment is then done based on the results of the IME.
- This can reinforce the healthy immigrant effect by screening out public health risks and applicants with potentially costly health conditions
- May also have a deterrent effect - discouraging those who are less healthy from applying

*A more detailed presentation on Canada's health screening will be presented later on today by Dr. Valerie Hindle, who is the Director of the Regional Medical Office – Ottawa at IRCC.

Some recent improvements: refugee health

- IFHP fully restored as of April 1, 2016
- This provides not only basic coverage matching provincial programs but also supplementary benefits including vision, dental, medications and counseling to this vulnerable group
- Counseling on the advice of a primary care practitioner up to 20 sessions per year

Future policy directions

- Ongoing review of excessive demand policy to continue striking a balance between inclusiveness and consideration of Canada's publically-funded health care system
- Pre-departure medical services for refugees, including vaccinations and increased support while still overseas
- Moving towards more of a risk-based assessment rather than a one-size-fits all Immigration Medical Examination

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