

# Thinking globally, acting locally:

Caring for newcomer children in BC

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BC Pediatric Society

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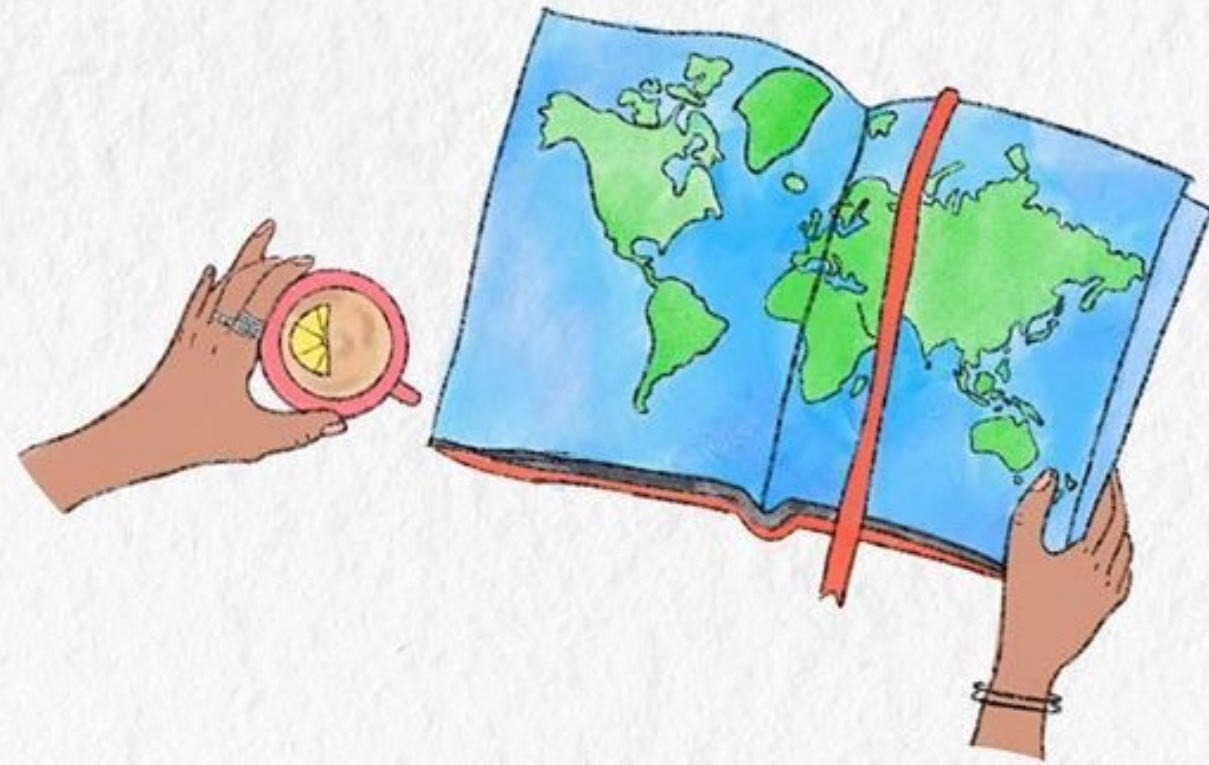


# Our home on native land



later that night  
i held an atlas in my lap  
ran my fingers across the whole world  
and whispered  
where does it hurt?

it answered  
everywhere  
everywhere  
everywhere



- What They Did Yesterday Afternoon  
Warsan Shire

# Objectives

1

Define migrant, refugee and understand the epidemiology of migration globally and locally in BC

2

Develop an approach to clinical care for first visit for migrant children, including infectious disease screening, nutritional, immunizations and development

3

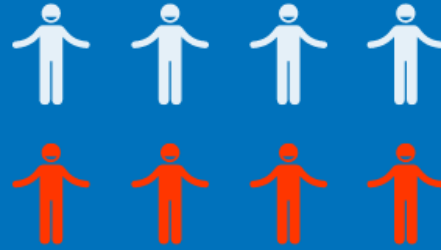
Develop and awareness of the current resettlement process and challenges for migrant children arriving in Canada and BC



*WHO IS A  
MIGRANT?*

# 110 million

people forcibly displaced  
worldwide by May of 2023



## 2X

people  
displaced  
in 2013



# 35.3 million

refugees displaced across  
borders



## 76%

live in low- and  
middle-income  
countries



# 62.5 million

internally displaced people

## 58%



of all displaced



# Worldwide Displacement in 2022

# 5.4 million

asylum seekers



# Who are refugees?



**35.3 million**

refugees displaced across borders



**87%**

of people forcibly  
displaced across borders  
originated from just  
ten countries

**51%**



of displaced people  
are women and girls



**41%**

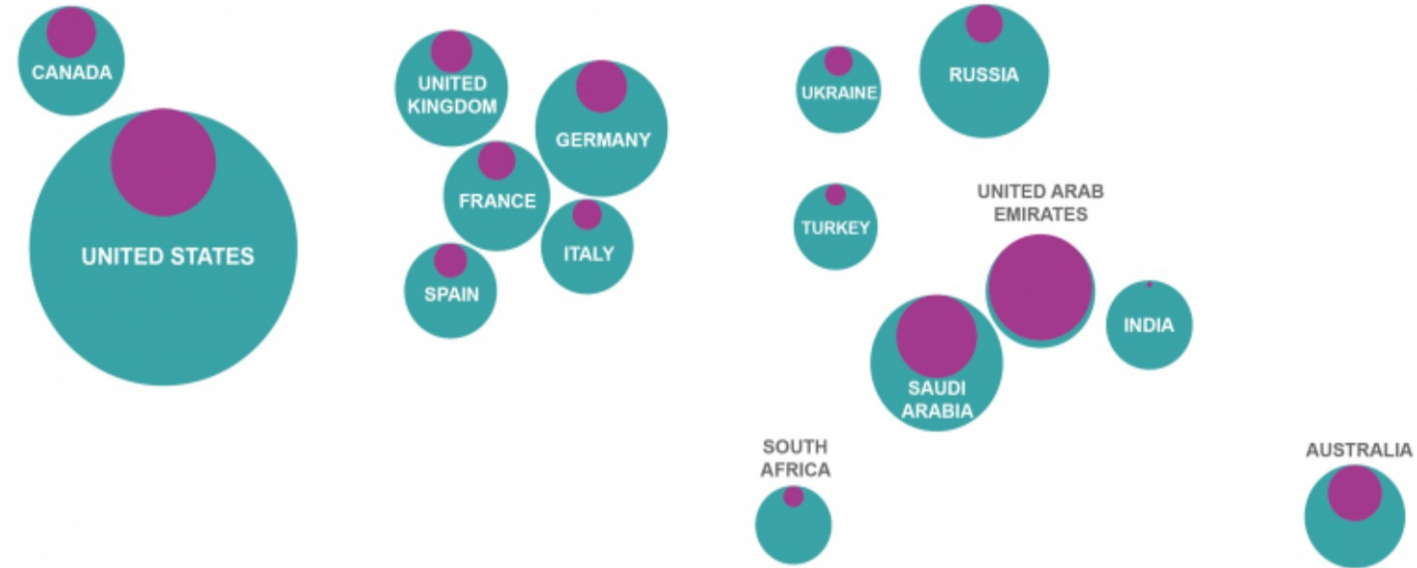
of all displaced people are  
children but they only  
make up 30% of the  
world's population

**1.9 million**

children born  
as refugees  
between  
2018-2022



Top 15 Receiving Countries by International Migrant Population & Share of Total Population, 2017



International Migrant population

Share of Total Population (%)

\* For visual representation purposes, the foreign-born share of the total population is included in the size of the immigrant population bubble, but is not a subset.

Country	International Migrant Population	Share of Total Population (%)
United States	49,777,000	15.3
Saudi Arabia	12,185,000	37.0
Germany	12,165,000	14.8
Russian Federation	11,652,000	8.1
United Kingdom	8,842,000	13.4
United Arab Emirates	8,313,000	88.4
France	7,903,000	12.2
Canada	7,861,000	21.5
Australia	7,036,000	28.8
Spain	5,947,000	12.8
Italy	5,907,000	10.0
India	5,189,000	0.4
Ukraine	4,964,000	11.2
Turkey	4,882,000	6.0
South Africa	4,037,000	7.1

# There are many migrant children in Canada and BC

**37.5%** of all children in Canada are 1<sup>st</sup> or 2<sup>nd</sup> generation Canadian (StatsCan, 2016 Census)

Immigrants make up **29%** of the BC population



# How many refugees arrive to British Columbia?

Refugee Category	British Columbia
Blended Sponsorship Refugee	1,230
Government-Assisted Refugee	6,170
Privately Sponsored Refugee	5,505
<b>Resettled Refugees</b>	12,900

**Stats from January 2015 – June 2020** *[Source]*

In 2017, British Columbia saw a 64% drop in the number of Government Assisted Refugee [GAR] arrivals in comparison to 2016. On the other hand, Settlement Orientation Services [based in Vancouver, B.C.] saw 76% increase in the number of Refugee Claimant arrivals to B.C. in 2017 compared to 2016. In terms of housing, 48% of GARs permanently reside in Surrey, with 17% residing in Burnaby in 2017 while 38% of Refugee Claimants found permanent or temporary housing in Vancouver, with the second top location being Surrey at 18%. Looking ahead, Canada's Multi-Year Immigration Levels Plan shows an increase in the targeted number of Privately Sponsored Refugee arrivals, approximately exactly double the target in comparison to GARs for each year from 2018 to 2020.

<https://bcrefugeehub.ca/thebigpicture/>

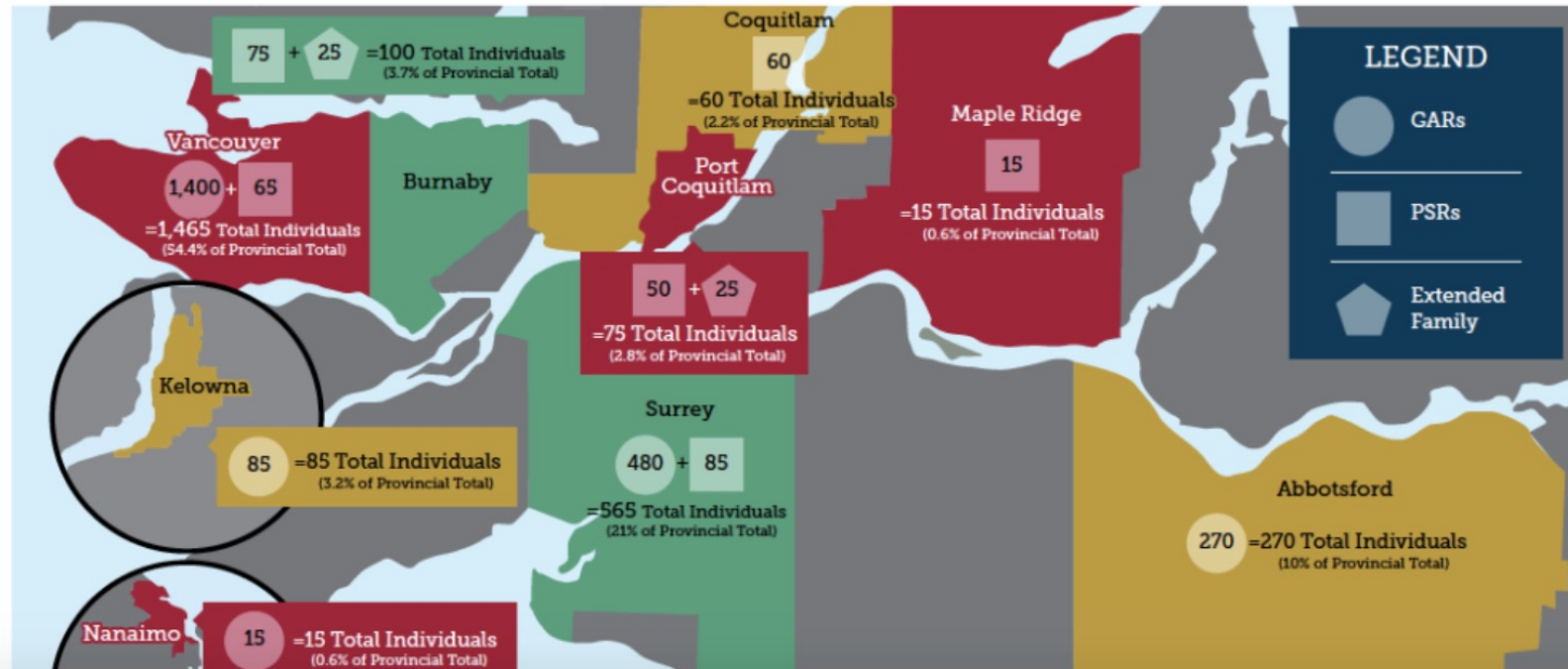
# STATISTICAL ANALYSIS: ARRIVAL OF AFGHAN REFUGEES IN CANADA

Data Current to October 19, 2022—Based on Arrivals Since August 2021



## Destination of Arrivals: GARs, PSRs, Extended Family, and Total Individuals

\*Destination arrival city is not necessarily the final city of settlement



A close-up photograph of a pair of hands gently holding a small, colorful globe of the Earth. The globe shows the continents of North America, South America, and parts of Europe and Africa. The hands are positioned as if cradling the globe. The background is blurred, showing what appears to be a person's face in soft focus. Overlaid on the center of the image is the text "No child chooses to be a migrant." in a white, sans-serif font.

No child chooses to be a migrant.

# Meet M

Illustration by Abbie Milne,  
The Falmouth Anchor



# M faced many health inequities



Did not have provincial health insurance



Income insecurity, housing insecurity, racism, school barriers, immigration challenges, limited social support



Support persons did not know to utilize the Interim Federal Health Program (IFHP)



Long waitlists for specialized providers



Navigating an entirely new system

# Different experiences and expectations of the health and social systems.

Explain my role, the clinic's role, and focus on their needs

- “Primary care” may not mean the same thing in different health systems
- Explain each step I do (exam, bloodwork, immunizations)

Trust and mistrust

Specialty care

- In many parts of the world, referrals don't exist.

Prescriptions

Validate experiences and frustrations

# Always use interpretation: all physicians in BC have access to interpretation

## On-demand

### Over the phone interpreting

Please have your access code ready. Connect to a phone interpreter immediately by calling Provincial Language Services

**Phone: 604-297-8400**

**Toll-Free: 1-877-BC TALKS (228-2557).**

**Select option 1**

If you don't have an access code, please contact Provincial Language Services.

### Video remote interpreting

A device and application are required to access video remote interpreting.

For more information about video remote interpreting, please contact Provincial Language Services.

## Billing & fees

### Spoken language interpreting

The health care provider are categorized below for billings and fees.

#### Health authorities



#### Family practice physicians



Spoken language telephone interpreting services are available to family practice physician offices at no cost to the physician.

#### Specialists



As part of a pilot project funded by Doctors of BC, specialists now access spoken language interpreting services via telephone.

# General health considerations

## Previous medical care

- **Immunization records**, including BCG
- Transfusions, previous illnesses
- **Infectious diseases** (ie. TB, malaria, Hep B, STIs, )
- Hereditary conditions (ie. thalassemias)
- **Exposures** (ie. lead, shrapnel, contaminated water)

## Family history

- Consanguinity

## Immigration History

- Country of origin, ethnic identity, countries in transit
- Why, when how come to Canada, challenges, coping

## Nutrition and diet

- Access to food pre- and post- migration

## Social history

- **Financial Support/Housing/Food**
- **Social Support/Language Support**
- **Immigration Process/Legal Support**
- **Health insurance**
- **Transportation**
- **Trauma**



# Infectious disease screening needs to be tailored to country of origin as well as migration journey

## Infectious Disease Screening: Afghanistan

- **Wild-type polio**
- High rates of **measles**, meningococcal disease, cholera, typhoid fever
- **Tuberculosis**
  - 189 per 100,000
  - Multi-Drug Resistant
- Malaria (seasonal)
- Leishmaniasis
- Diarrheal diseases
- Hepatitis A, B
- Pneumonia
  - Rheumatic Fever
- Congenital infections
  - Rubella, syphilis, toxoplasmosis

## Infectious disease screening: Guatemala

- Chagas disease (*Trypanosoma cruzi*)
- Strongyloides
- Tapeworm
- Giardiasis
- Malaria (low prevalence)
- Tuberculosis
  - 106 per 100,000 (high)
- Arboviruses (chikungunya, Dengue, malaria)

# Other screening needs to be tailored to ancestry and exposures

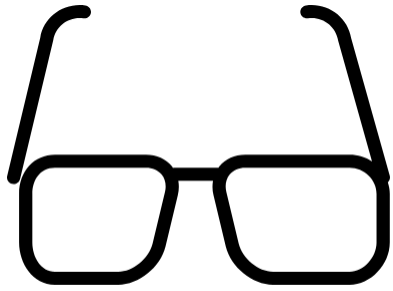
## Other Screening: Afghanistan

- Anemia
  - 55% prevalence
  - Hemoglobinopathies more prevalent; also nutritional
- Iodine deficiency
- Congenital disorders
  - 2<sup>nd</sup> leading cause of death in Afghanistan
  - Consanguinity

## Other screening: Guatemala

- Anemia
  - 40% prevalence in Guatemala
  - Mostly nutritional
- Malnutrition is common, as is obesity

Screening is essential



**Vision**



**Dental**



**Hearing**

[www.kidsnewtocanada.ca](http://www.kidsnewtocanada.ca)

# Prevalent non-communicable diseases

## Anemia & Lead

- 45% of children ages 6m – 5yrs (World Bank, 2019)
- 55% of refugee children arriving from Afghanistan had **elevated blood lead levels** (Pezzi et al., 2019)
- EBLI is associated with use of kajal (CDC MMWR, 2013)

## Growth concerns

- 40% of children under 5 are stunted (WHO, 2020)
- High levels of B12, vitamin D, folate deficiencies

## Mental Health

- Several studies have shown high rates of ADHD, ODD, PTSD
  - 89% of UASY had psychiatric diagnoses 3 yrs after arrival (Enhtholt et al., 2018)
- Trauma – varies from 5-89%^



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# Social determinants of health

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School

Health  
insurance

Social  
support

Food

Housing

Income

# Support for refugees after arriving in BC depends on your refugee designation

- **Government-assisted refugees** are eligible for MSP on arrival and also get Interim Federal Health Program (IFHP) coverage for the first year for supplementary benefits
  - Financial support from the Resettlement Assistance Program (RAP), which meets them at the airport, provides temporary accommodation and income assistance
    - Delivered through affiliated settlement agencies (or Service Provider Organizations – SPOs)
- **Privately-sponsored refugees** receive financial support from their sponsors for 1 year, and are also eligible for MSP + IFHP for supplementary benefits.
- **Refugee claimants** do not get support from the RAP, SPOs and are not automatically eligible for MSP (but may be if once they have a work permit). They are eligible for social assistance once they complete their IME.
- Identifying who the sponsors/settlement worker/SPO is very helpful with communication, getting families to and from appointments/bloodwork, supporting with transportation, accessing services and school
- **Remember** Ukrainians arriving to Canada **will not come** through this process, but have temporary visas through a specialized pathway and **are eligible for MSP on arrival.**

# A note about IFHP:



Federally managed health insurance program



Provides basic medical and supplementary care  
(ie. allied health care services, medical  
equipment)



Provides prescription coverage that matches  
provincial drug benefit programs



Pays the same amount as  
provincial health  
insurance

Providers must register  
to be paid; not  
automatically registered

# Examples of supplementary coverage we have accessed through IFHP

- Feeding supplies (tubes, bags), new pumps
  - Wheelchairs and assistive devices
  - Orthotics
  - Suction machines and catheters
  - Oxygen supplies
  - Diabetic supplies
  - Physiotherapy
  - Occupational therapy
  - Speech therapy
  - Psychotherapy
  - Home nursing care
- 
- We have even been able to request items not on the list through special authorization (ie. over the counter medications) for full coverage.

# What IFHP certificates look like for GARs/PSRs



Government  
of Canada

Gouvernement  
du Canada

PROTECTED - B

## INTERIM FEDERAL HEALTH CERTIFICATE OF ELIGIBILITY

Family name:

Given name(s):

Date of birth: (yyyy/mm/dd)

Sex:

Citizenship:



UCI NUMBER



Application No.:



This is what you will need for billing or for requesting prior approval from IFHP.

\*\*\*NOT VALID FOR TRAVEL \*\*\* / \*\*\*DOES NOT CONFER STATUS\*\*\*

As of (yyyy/mm/dd), you are eligible for coverage of health-care costs under the Interim Federal Health Program (IFHP). The length of time you are covered is based on your immigration status. For details, it is recommended you visit the IFHP website at [www.canada.ca/ifhp](http://www.canada.ca/ifhp)

It is important to be aware that your coverage can be cancelled without notice if your immigration status changes. Therefore, participating health-care providers will confirm your eligibility for health-care coverage with the IFHP administrator at each visit, before providing services.

This certificate must be presented to the health-care provider, along with a government issued photo ID, before receiving services, so that the provider can contact the IFHP administrator to confirm that you are eligible under the IFHP for the service and/or product being requested.

If you pay for services covered by the IFHP, you won't be reimbursed.

# What IFHP coverage looks like for refugee claimants

CANADA  
DD000 000 000  
D400001016

PROTECTED WHEN COMPLETED PROTÉGÉ UNE FOIS REMPLI - B

CANADA

REFUGEE PROTECTION CLAIMANT DOCUMENT  
THIS IS TO CERTIFY THAT THE PERSON HEREIN IS A REFUGEE PROTECTION CLAIMANT  
WITHIN THE MEANING OF THE IMMIGRATION AND REFUGEE PROTECTION ACT

Application No: L100001523  
UCI: 87710067 ← Client ID

CLIENT INFORMATION

Family Name: SAMPLEDOCUMENT  
Given Name(s): EXAMPLE  
Date of Birth: 1967/01/01  
Sex: FEMALE  
Country of Birth: ALGERIA  
Country of Citizenship: ALGERIA  
Date Issued: 2013/04/18 ← IFHP Effective Date  
Expiry Date: 2015/04/18 ← Expiry Date for RPCD only

ADDITIONAL INFORMATION

Pursuant to subsection 100(3) of the *Immigration and Refugee Protection Act*, the claim for refugee protection has been deemed to be referred to the Refugee Protection Division of the Immigration and Refugee Board.

As of 2013/04/18, the above-named individual is eligible for coverage of health care costs under the Interim Federal Health Program (IFHP). This coverage can cease or be modified without notice if the individual's immigration status changes. Therefore, health-care providers must verify the eligibility of the individual with the IFHP administrator before providing services.

I, the undersigned:  
- declare that I require coverage under the IFHP. I will notify CIC immediately of any changes to my immigration status or if I become eligible for or receive other health insurance;  
- understand that it is my responsibility to renew this coverage before 2014/04/04 and annually thereafter, as required;  
- understand that my medical and personal information will be shared with CIC, IFHP claims administration and other appropriate third-parties for the administration of the IFHP and that personal information may be shared with other government institutions and other third-parties in accordance with the *Privacy Act* and the *Department of Citizenship and Immigration Act*.

School age children do not need student authorization to attend primary or secondary schools.

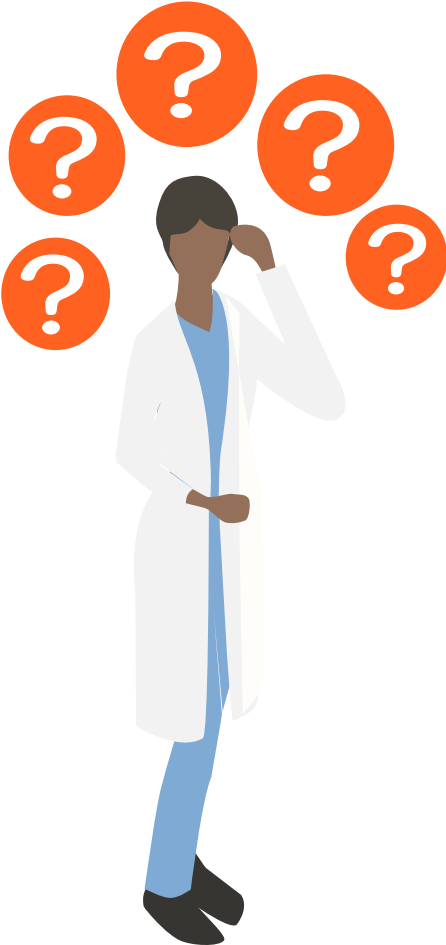
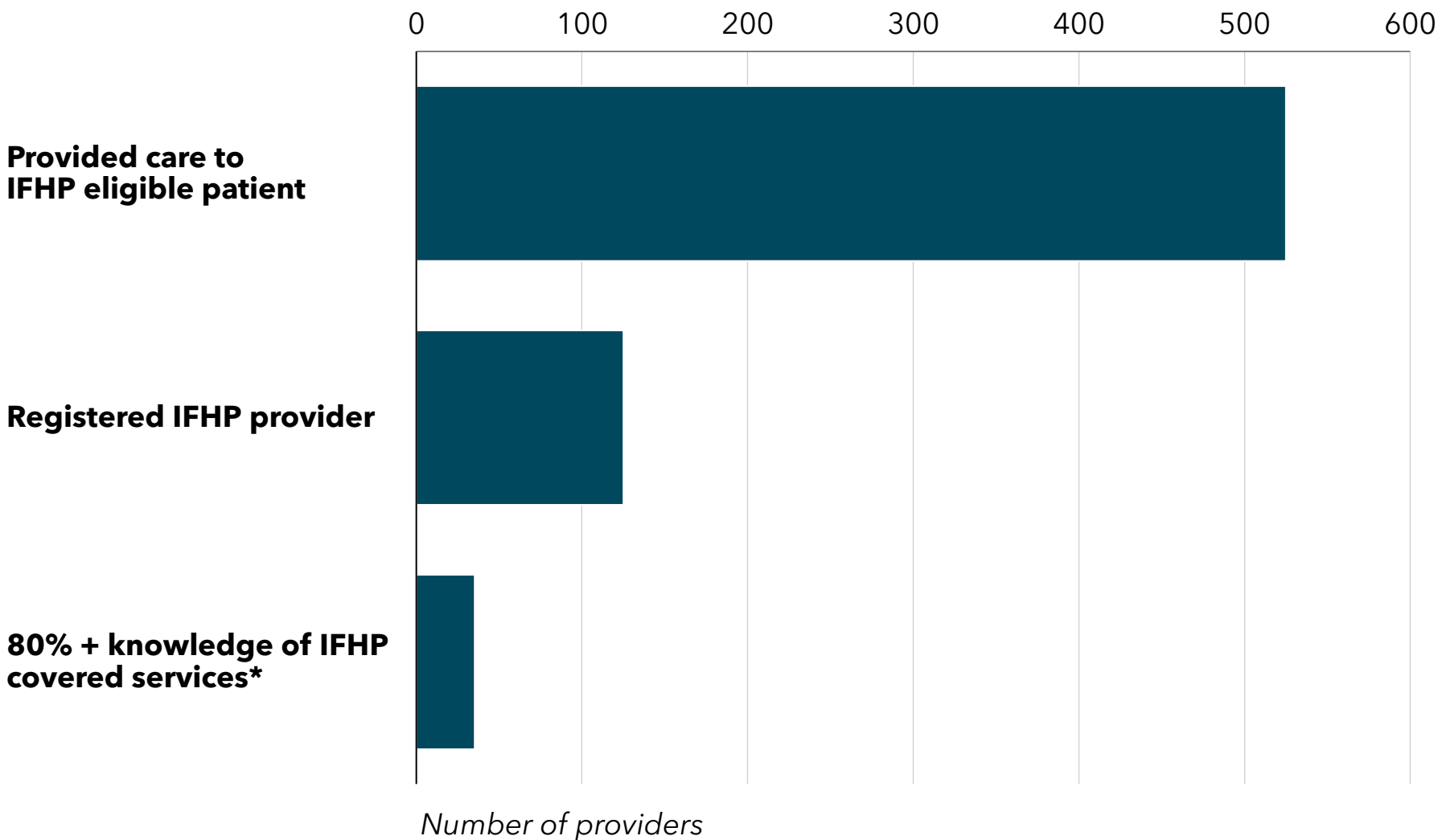
Name, relationship and signature of accompanying adult (if applicable)

Signature of person concerned Money in possession Minister


\*\*\*NOT VALID FOR TRAVEL\*\*\*

\*\* This can often be extended. It is always best to call IFHP and confirm eligibility.

# We asked all pediatricians in Canada about their knowledge of IFHP



# Register for IFHP!



[Find a Plan](#) [For Plan Members](#) [Plan Sponsors & Advisors](#) [Health Professionals](#)

[Homepage](#) / [Health Professionals Centre](#) / Register to be an Approved Provider

## Register to be an Approved Provider

? Select one of the options below to get started, or learn [why you should register](#).

ⓘ Due to the current exceptional circumstances, we are experiencing a high volume of requests. We continue to do our best to address them as quickly as possible and may require additional time to process your inquiries.

### New registration

I **don't have** a provider ID and I'd like to register to be an approved Medavie Blue Cross provider.

Register

### Add a location

I'd like to add a location to my existing account.

*Note: each location needs its own provider ID. You'll be redirected to the provider registration form so you can register your additional location.*

Add a location

Feedback

<https://www.medaviebc.ca/en/health-professionals/register>

Who can go to  
public school in  
British Columbia ?



# Schools can be a place of strength and difficulty

Over half of refugee children in the world do not have the opportunity to attend school

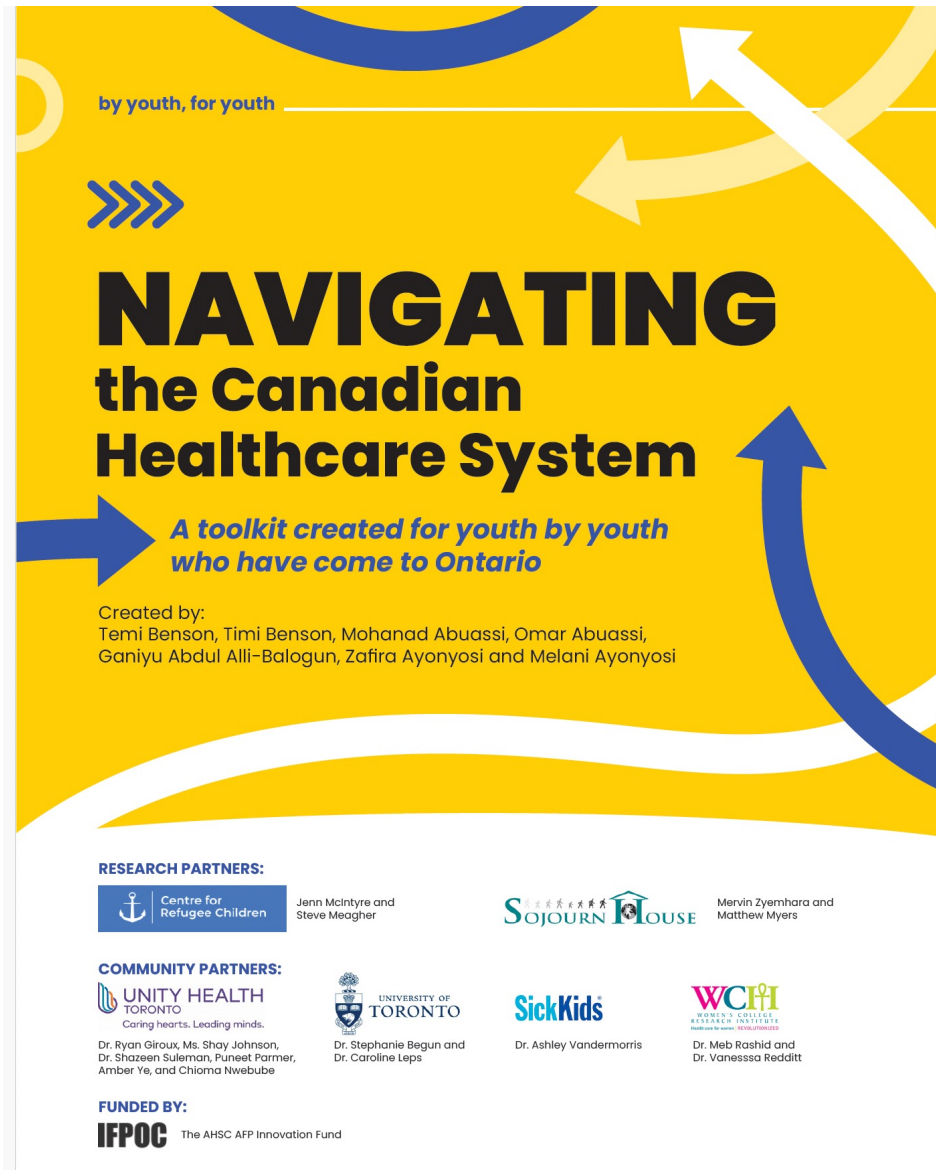
Families may encounter barriers with registration, learning, acculturating to school

Undiagnosed learning disabilities, ADHD, ODD and trauma affect child educational outcomes




## Access to public education

- Migrant children who are residents of BC and permanent residents, resettled refugees, refugee claimants, parents who are here on study or work permits
- Because of this - undocumented children have profound difficulty attending in BC
  - **Only in Ontario is there an explicit law that states all resident children in Ontario have the right to go to school regardless of immigration status (Ontario Education Act)**
- Children can access specialized therapy through school, including OT, SLP, PT, some mental health and receive psycho-educational assessments.



**We have created a toolkit for youth – by youth – to help newcomer youth navigate the healthcare system in Canada**



M started as just  
my patient.

His family are now principal investigators, advisory board  
leaders and peer navigators.

Migration is a growing concern as we see more displacement.

There are many ways you can practice global health locally, from the individual to the community level.

Different refugee statuses have different access to care; understanding this can help you ensure care is tailored to their services.

You can help by ensuring people know their rights, and helping dismantle systemic barriers.

# Take-home points



Caring for Kids  
New to Canada

A guide for health professionals working with  
immigrant and refugee children and youth

[Home](#) | [About this Site](#) | [Contact Us](#) | [Français](#)



**Assessment &  
Screening**

**Medical  
Conditions**

**Mental Health &  
Development**

**Health  
Promotion**

**Culture &  
Health**

**Navigating the  
Health System**

**Education &  
Advocacy**

The banner features a background image of a person's hands typing on a laptop keyboard, with a stethoscope resting on a desk in the foreground. The text is overlaid on the right side of the image.

## Medical Assessment of Immigrant and Refugee Children and Youth

Guidance on providing quality care

### New and Notable

#### Addressing vaccine hesitancy

Are the communities you serve ready to accept COVID-19 vaccines? A new [learning module from the Canadian Paediatric Society](#) will help you address their concerns.

[www.kidsnewtocanada.ca](http://www.kidsnewtocanada.ca)

# Thank you!

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