

Executive Summary



Immigrant, newcomer, and refugee populations are disproportionately affected by tuberculosis (TB). According to the Public Health Agency of Canada (PHAC), in 2016, the immigrant population (representing approximately 22% of the Canadian population) accounted for 70% of reported cases of active TB, demonstrating the inequitable burden of TB, and highlighting the need to address TB in these communities.

“Tackling TB Stigma: Developing a cross-sectoral approach to reducing TB stigma and improving TB care for vulnerable newcomer populations in Canada” was undertaken by Access Alliance Multicultural Health and Community Services (Access Alliance) to address the lack of awareness and high levels of stigma attached to TB and increase access to quality resources,

support and care for immigrants and refugees in Canada who are living with or who are at risk of acquiring a communicable disease.

The project took a cross sectoral approach engaging representatives from primary care, settlement and public health, along with community members from three populations experiencing the highest incidence of TB in Toronto: Chinese, Indian and Filipino born.

Key Findings

Some of the key project findings include:

→ The newcomer journey is influenced by family and community members as well as formal systems that extend well beyond healthcare and include employment, settlement, legal and education; newcomers tend to prioritize other parts of the settlement journey over healthcare and TB, namely the

other social determinants of health including employment and housing.

→ TB education, screening, treatment and care should be centered in interdisciplinary team based primary care settings; access provided through coordinated and clear service pathways, and offered in collaboration with core partners – Public Health, TB specialists, settlement and social service providers. Coordinated care pathways are critical for supporting newcomers to navigate complex health care settings and to ensure that newcomers have access to the full range of services and supports that they need to address complex and often intersecting issues in their lives.

→ TB services and resources need to be client centered, culturally appropriate, and accessible in terms of language, cost, location and safety in order to provide effective and efficient customer service friendly care, address misconceptions about TB in diverse communities and stop the spread of TB stigma that perpetuates isolation.



For the Full Report and additional project materials, including Settlement Service Provider, Health Service Provider and Policy Maker Fact Sheets, please see accessalliance.ca/tacklingTBstigma

→ Misconceptions exacerbate the impact of TB-related stigma in newcomer communities, and the lack of knowledge and understanding about the disease gives rise to increased fear and isolation.

Key Recommendations

1. Enhancing TB related awareness and knowledge among newcomers

A. The Public Health Agency of Canada should partner with health equity organizations to undertake health communications strategies and activities that will raise awareness about and combat TB-related discrimination and stigma.

B. To promote TB screening, informed consent and compliance with TB care, ensure that all TB information that is produced and disseminated by publicly funded organizations is culturally appropriate and accessible.

C. Provide education and training for all staff, both client facing and those in support roles, that work in settlement/newcomer serving and primary care organizations to improve their awareness of TB related discrimination and stigma as well as their knowledge of TB so that they are better able to support newcomers and newcomer families who experience multiple/intersecting stigmas while remaining attentive to the unique needs of newcomers who are living with or at risk of living with TB.

2. Improving service provider competencies and practices

A. The Ontario Ministry of Health should recognize and invest in community

based multidisciplinary primary care organizations as preferred settings for serving socially vulnerable and medically complex newcomers and facilitating their access to stigma-free TB prevention, screening and treatment services.

B. All primary care settings that serve newcomer clients should implement measures to deliver TB services and supports in locations and times that are accessible for clients.

C. All primary care settings that serve newcomer clients should implement measures to deliver client centered and culturally competent TB care and services that intentionally combat TB-related discrimination and stigma.

D. Create and implement an evidence-based LTBI clinical pathway for use in community based multidisciplinary primary care settings to improve clinical decision-making at the point of care, the quality of patient care and clinical efficiency.

E. Improve coordination and collaboration between public health, primary care and settlement service providers to better support newcomers and newcomer families who are living with or at risk of acquiring TB.

F. The Ontario Ministry of Health should ensure that ITIM systems across the continuum of health, including primary care providers and public health are designed to promote service coordination, quality of care and improve outcomes for newcomers and newcomer families living with TB.

3. Influencing structural or policy changes

A. Eliminate financial barriers to primary care services so that

newcomers can access the services and supports needed to prevent or treat TB. In Ontario, this means eliminating the three month wait for the Ontario Health Insurance Plan OHIP for landed immigrants.

B. IRCC should provide a clear definition of medical surveillance furtherance and standardize the terminology for newcomers.

C. IRCC should provide healthcare and settlement service providers with written information about the Immigration Medical Exam (IME) and Medical Surveillance (MS), including Quick Reference Guides to the IME and ME processes, in multiple languages, and require this information be disseminated to all newcomer clients.

D. The Public Health Agency (PHAC) and all levels of government should refrain from using language, in particular the term “foreign born” that contributes to the stigmatization of newcomers, in this case newcomers and newcomer families living with or at risk of acquiring TB.

Conclusion

While the project took place in Toronto the learnings are transferable. The report can provide clear guidance to practitioners and policy makers at the local, provincial and federal levels who share accountability for the health and wellbeing of newcomer Canadians and reducing or eliminating the impact of stigma on systemically vulnerable populations.