Fact Sheet

For Policy Makers

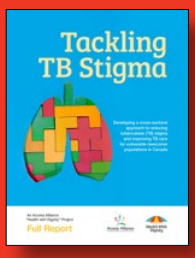
Introduction

The "Tackling TB Stigma" initiative was undertaken to address the lack of awareness and high levels of stigma attached to TB for immigrants and refugees, and to increase access to quality resources, support and care for newcomers[1] who are living with or who are at risk of acquiring a communicable disease like TB. The project used a cross-sectoral approach. We engaged physicians and nurses in primary care and public health, settlement service providers, newcomers from India, China and the Philippines, and people who have LTBI and/or are receiving TB treatment. The project also took a co-design approach, recognizing that service users are "lived experience experts" and in the best position to identify the issues and develop solutions that are relevant in the context of their lives. The fact sheet highlights the project findings and recommendations and can provide guidance to health service providers across Canada.

[1] The term newcomer is the term used here to capture the broad range of people not born Canada, including but not limited to those who come to Canada via the following programs and/or categories: family, skilled worker, business, refugee, humanitarian, temporary foreign workers, international students.

Project Findings

→ The newcomer experience in relation to TB is influenced by family, the community as well as



An Access Alliance "Health with Dignity" Project. For a copy of the full report go to **accessalliance.ca/tacklingTBstigma**

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formal systems that extend beyond healthcare - employment, settlement, legal and education. Newcomers tend to prioritize other social determinants such as employment and housing over healthcare and specific health issues like TB;

- Lack of knowledge is an underlying influence of TB-related stigma in newcomer communities including a lack of understanding about the disease which gives rise to fear and myths/misconceptions. Stigma and discrimination related to additional factors such as race, class, immigration status and/or gender intersect with stigma related to TB;

- 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.

Policy Maker Specific Recommendations

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. Provincial Ministries of Health should recognize and invest in community based interdisciplinary resourced primary care practices/organizations as preferred settings for serving socially vulnerable and medically complex newcomers and facilitate their access to stigma-free TB prevention, screening and treatment services;

D. Provincial Ministries 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;

E. Eliminate financial barriers to primary care services for newcomers or residents without health insurance to give access to the services and supports needed to prevent or treat communicable diseases like TB. In Ontario, this could include eliminating the three month wait for the Ontario Health Insurance Plan (OHIP);

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

G. 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;

H. 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.

Moving Towards the Future

The Tackling TB Stigma project found that a system-wide response with interventions in education, training, practice, and policy are needed to address the complex manifestation of TB stigma and improve newcomer health and wellbeing. Doing so will move us closer to a vision in which immigrants and refugees have access to a coordinated continuum of community based resources and interdisciplinary health care that is evidence based, culturally competent and grounded in equity.