

For Settlement Service Providers



Introduction

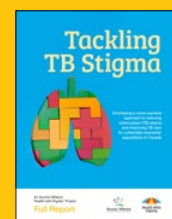
The “Tackling TB Stigma” initiative was undertaken to address the lack of awareness and high levels of stigma attached to TB for immigrants and refugees, and to increase access to quality resources, support and care for newcomers¹ who are living with or who are at risk of acquiring a communicable disease like TB. The project used a cross-sectoral

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.

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.

Project Findings

→ The newcomer experience in relation to TB is influenced by family, the community as well as formal systems that extend beyond



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

Quick Reference Tool: Common Myths Surrounding TB

This fact sheet provides education about common myths and misconceptions of tuberculosis. peelregion.ca/health/tb/pdfs/common-myths-surrounding-tb.pdf

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;

→ Settlement workers rarely encounter clients with TB. As a result they tend to have low knowledge of tuberculosis, particularly with respect to routes of transmission and TB symptoms.

→ The Immigration Medical Exam (IME) and TB Medical Surveillance (TBMS) processes are confusing and frustrating for settlement providers and their clients. Information about the IME and TBMS does not appear to be sufficiently available pre-arrival to newcomers. Post-arrival, settlement workers do not

have adequate access to information or the information is not available in different languages. As a result, clients who have questions about TB, are directed them to health care providers.

→ Connecting newcomers to primary care as soon as possible after arrival can support comprehensive care including misconceptions about TB as well as full access to acute and specialist care. Newcomers who are connected to primary care that has ready access to interdisciplinary resources and language interpretation services can receive comprehensive high-quality healthcare which addresses TB (and other communicable and chronic illnesses) as part of their overall health and well-being;

→ A coordinated service pathway between settlement and primary care is a critical link that can ensure newcomers are able to navigate complex health care settings and 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.

Settlement Service Provision Specific Recommendations

1. Provide education and training for all staff that work in newcomer-serving and primary care organizations to improve their awareness of TB related discrimination and stigma and their knowledge of TB and the unique needs of newcomers who are living with or at risk of living with TB. Minimally, all service providers should have an understanding of active and

latent TB and be knowledgeable about local referral resources.

2. TB education for settlement workers should address the following topics: the difference between active and latent TB; TB transmission (e.g. how TB is spread); the relationship between the BCG vaccine and TB skin test; the medical surveillance process.

3. Settlement agencies should review all of their service offerings, including LINC programs, to identify opportunities to integrate information about TB and health care. Where feasible, settlement agencies should partner with health care providers to enhance the provision of TB and health information and education.

4. The settlement sector should advocate to Immigration, Refugees and Citizenship Canada to collaborate with provincial Ministries of Health and/or Health Canada to invest in improving or enhancing TB and health information or services offered through pre-arrival services and at settlement agencies.

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.