Canada historically excels in refugee healthcare delivery, yet increasingly faces major capacity challenges, given increased arrivals of refugees, asylum claimants, and Ukrainian evacuees (collectively “refugees”), with an estimated 375,000 arrivals in 2022 alone. Refugees often require short-term specialized healthcare post-arrival. However, Canada’s refugee health system structures, processes, and programs vary widely, and its estimated current capacity only meets 2.5%-5% of recent demand. These challenges require novel solutions.

On July 18-19, 2023, the University of Calgary’s Refugee Health YYC, O’Brien Institute for Public Health, and School of Public Policy co-hosted a Refugee Health Policy (RHP) workshop in collaboration with the Society of North American Refugee Healthcare Providers and the Canadian Refugee Health Network. The workshop was funded by its primary knowledge user, the federal Ministry of Immigration, Refugees and Citizenship Canada (IRCC), the University of Calgary and the Cumming School of Medicine.

Workshop Objectives

01 Share novel practices and successful resettlement and health interventions
02 Develop concrete, attainable evidence-based recommendations and tools
03 Create and foster a network of stakeholders, providers, and researchers
Workshop Areas of Focus

1. Healthcare needs in pre-migration to early post-arrival time period
2. Healthcare delivery in first two years post arrival
3. Building resilient refugee healthcare systems for long-term health

Methods

Survey Solicited participants’:
- Sociodemographic and organizational affiliation;
- Perspectives on current context, barriers, constraints, issues, and stressors;
- Key learnings and solutions derived from current practices scalable across jurisdictions and populations;
- Recommendations for improved intersectoral coordination and scaling of successful innovations.

Appreciative Inquiry Framework (Solutions-focused)

Nominal Group Technique (NGT)
- Democratic and inclusive method that minimizes power imbalance to help reach group consensus and rank priorities

A 4-step NGT process:
- 01 Idea Generation
- 02 Recording of Ideas
- 03 Ideas Discussion
- 04 Independent Voting
Results

Cohort Characteristics

Country of Origin
- Canada: 51% (n = 29)
- America: 30% (n = 17)
- Other: 5% (n = 17)
- Missing: 14%

Organization Type
- Health Care: 29% (n = 17)
- Universities: 22% (n = 13)
- Government Agencies: 12% (n = 7)
- Public Health: 10% (n = 6)
- Settlement Agencies: 5% (n = 3)
- Community Leaders: 5% (n = 3)
- Missing: 12% (n = 7)

Sex
- Female: 58% (n = 33)
- Male: 33% (n = 19)
- Missing: 9% (n = 5)

Ethnicity
- White: 56% (n = 32)
- Racialized or Other: 35% (n = 20)
- Missing: 9% (n = 5)

Mean age (years) = 45 ± 11

Interaction with Refugees

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Rarely</th>
<th>Never</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>35%</td>
<td>23%</td>
<td>5%</td>
<td>18%</td>
<td>11%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Focal Area 01
Pre-Migration and Early Post-Arrival

60 Solutions Generated

“Domestic providers don’t need to duplicate all the work and tests. This is a great waste of time, resources and expense.”

Focal Area 02
Refugee Healthcare Delivery and Needs

43 Solutions Generated

“Foster collaboration among healthcare providers, government agencies, and community organizations to improve communication and streamline processes, ensuring efficient and effective delivery of healthcare services.”

Focal Area 03
Building Resilient Health Systems

38 Solutions Generated

“We need standardized national protocols and tools that allow health and settlement to scale up and down together... in response to humanitarian crisis, which are predicted to continue and worsen.”

Priority 01
Create a task force of all key stakeholders for ongoing planning and coordination

Priority 02
Equitable federal funding for healthcare delivery

Priority 03
Education for organizations not specialized in refugee health

Priority 04
Connect pre-departure health assessments to domestic refugee clinics and providers

Priority 05
Involve refugee champions, in the public and private sectors, in decision making and policy advocacy and creation

Priority 01
Normalize refugee healthcare in general primary care

Priority 02
Improve health navigation with patient navigators or community health workers

Priority 03
Better flow of health information between settlement, health, and government sectors

Priority 04
Multi-disciplinary care coordination

Priority 05
Expand capacity of existing refugee clinics

Priority 01
Create national protocols and tools to manage surges

Priority 02
Fully fund universal public healthcare for all refugees

Priority 03
Guarantee universal interpretation services

Priority 04
Build capacity in both general primary care and refugee clinics

Priority 05
Increase funding for care coordinators in clinics serving refugees

Percentage of people voted on priority

Most Important (%) | Most Actionable (%)
---|---
49 | 31.4
34.7 | 2
10.2 | 0
6.1 | 64.7
0 | 2
69.2 | 2.1
13.5 | 47.9
9.6 | 29.2
3.8 | 14.6
3.8 | 6.3
40 | 39.6
30 | 0
18 | 39.6
8 | 15.1
4 | 5.7
Key Learnings & Recommendations

The workshop’s methodology proved robust, achieving swift consensus across diverse stakeholders (frontline healthcare workers, settlement providers, refugee communities, and academia/students with national policymakers across Canada, the USA, and internationally), to identify and prioritize solutions across 3 different phases of refugee resettlement. The results provide a concrete list of priorities and the order in which to collectively pursue them to improve national healthcare systems for refugees.

The workshop’s consensus recommendations include:

01 Focus Area 1 - Pre-Departure to Early Post-Arrival:
1. Foster intersectoral collaboration by creating a task force of all key stakeholders between the health, settlement and policy sectors.
2. Expand the pilot IRCC Health Liaison program in Canada that bridges settlement and health sectors. In the USA, consider creating an interagency team to connect the Office for Refugee Resettlement and CDC teams.
3. Connect pre-departure health assessments to domestic providers and clinics in Canada, potentially using the Center for Disease Control’s (CDC) model as a blueprint for adaptation.

02 Focus Area 2 - Refugee Healthcare Delivery and Needs:
1. Improve health navigation with patient navigators or community health workers. Integrate community representatives cross-trained in both settlement and healthcare sectors.
2. Ensure universal access to interpretation for healthcare services.

03 Focus Area 3 - Building Resilient Health Systems:
1. Develop standardized national protocols for health systems and settlement for refugee surges and humanitarian responses.
2. Build capacity in existing refugee clinics and general primary care.