Summary: **The Social Determinants of Refugee Health in the Canadian Context**

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AUTHOR (S):	Michaela Hynie and Rachel Samuel
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REVIEWED BY:	Karina Juma and Tasha Stansbury, Refugee Hub Research Team
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The Social Determinants of Refugee Health in the Canadian Context

Executive Summary

- This chapter reviews how global and local policies affect the social conditions of health for resettled refugees in Canada.
- Health status is a powerful indicator of social inequality and injustice.
- Populations experiencing forced migration (environmental migrants, asylum seekers, refugees, and resettled refugees) are susceptible to poor health outcomes due to extreme social exclusion and hardship pre- and post-migration.
- A social determinants of health lens is useful in considering the relationship between policies and resettled refugees' experiences because it highlights ways in which policies could be improved to create equitable conditions for this category of newcomers.

Social Determinants of Health

- Social determinants of health are defined as the conditions of individuals' and populations' lives that shape their health and well-being, as well as the social factors that distribute these conditions unequally to groups that hold different positions in society.
- Structural determinants include the contextual factors that shape individuals' and groups' social realities (*e.g.,* income, education, occupation, social class, gender, and race or ethnicity).
- Intermediary determinants consist of the material and social conditions that directly and indirectly effect equity in health and well-being.
    - Material conditions include poverty, housing, the physical environment, and access to healthy food.
    - Social conditions include inequality, discrimination, exposure to violence, and unhealthy behaviours like smoking.

Pre-Migration

- Situations of war or civil conflict, or societies and states that tolerate or instigate persecution, create conditions that undermine the population's health and well-being.
- Exposure to violence can result in physical injuries, but also heightens risks of mental illness.
- Violence also threatens the structural and intermediary determinants of health.
    - For example, five years into the Syrian conflict, unemployment rose to over 50%, nearly 70% of the population was living in extreme poverty, over 45% of children were out of school. and over 50% of healthcare services were fully or partially closed.

Migration and Asylum

- Increasing barriers to entry of forced migrants are increasing their exposure to hazardous conditions by forcing them into more dangerous migratory routes.
- The average length of displacement for refugees is between 10 and 15 years. Protracted displacement means protracted exposure to harmful material and social conditions, which can have negative physical and mental health effects (*e.g.,* prolonged stress and separation).

- The social and material conditions of refugee camps, and their impact on health and well-being, are well-documented. Conditions for urban refugees are more variable depending on their resources and opportunities, and local conditions; however, studies have documented high levels of poverty, unsanitary and poor-quality housing, discrimination and harassment.

Refugee Resettlement in Canada

- Canada has two major streams for permanent refugee resettlement: resettled refugees (persons who are recognized as refugees by the UNHCR and arrive as permanent residents) and refugee claimants (persons who claim asylum after arriving in Canada).
- For resettled refugees, there are three resettlement pathways, and the nature of these pathways have implications for newcomers' material and social circumstances:
    - Government Assisted Refugees (GARs) receive resettlement support and a year of financial support from the Canadian government's Refugee Assistance Program.
    - Privately Sponsored Refugees (PSRs) receive a year of financial and settlement support equivalent to what is provided to GARs, but from their sponsor group.
    - Blended Visa Office Referred (BVOR) refugees receive resettlement support from private sponsors. Financial support is shared between sponsors and the government.

Structural Factors and Determinants of Refugee Health in Canada

Social Identity and Intersectionality

- Social identities play an important role in resettled refugees' settlement experience.
- The ability to fulfill one's desired gender roles, or to escape unwanted gender roles, have been found to be associated with poorer mental health outcomes among men and women.
- Gender roles intersect with programs and policies such that they can create barriers or opportunities as a function of gendered expectations or activities.
    - For example, newcomer language programs that do not consider childcare responsibilities negatively impact women's learning abilities.
- Experiences of racism play a direct role on health and well-being through psychological responses to discrimination and exclusion. Systemic racism impacts newcomers' access to employment and housing, and experiences with the healthcare system and social services.
- Age is another important indicator. Older refugees often take longer to learn one of the official languages, are less likely to find employment, and report greater social isolation.
- Living with a disability can impede access to services or resources that facilitate social and economic well-being, such as language learning, transportation, and supportive housing.

Policies Regarding Selection for Resettlement

- The nature of different settlement pathways, including selection criteria, interact with resettlement policies to influence the social determinants of resettled refugees' health.
- GARs are selected based on vulnerability and tend to have more serious health and/or social challenges by virtue of spending a longer period of time living in asylum than PSRs, who arrive with differing levels of accumulated risk.
- Compared to PSRs, fewer GARs can speak one of the official languages on arrival and are more likely to have very low levels of formal education.

- Greater settlement challenges for GARs may result in poorer health outcomes over time.
- Many PSRs feel pressured to take 'survival' jobs in order to ease the obligation of financial support from their sponsors. These jobs offer little opportunity for advancement or for language learning, reducing the gap in employment outcomes between PSRs and GARS in the long run.

Income and Poverty

- The amount of financial support given to GARs through the Refugee Assistance Program is often insufficient to meet families' basic needs. The minimum required to privately sponsor is set to an equivalent amount, suggesting that PSRs may also struggle financially.
- Poverty affects health directly by increasing exposure to hazardous living conditions, poor nutrition, and environments that support poor health behaviours. Poverty affects health indirectly through its effects on psychological well-being, like exclusion and lack of control.
- Income is closely tied to food insecurity, which is racialized in Canada. Racialized refugees are therefore more likely to experience low income and face greater health risks as a result.

Employment

- Newcomers in Canada face barriers in finding employment that is commensurate with their previous experience and education.
- Barriers to employment include challenges in having foreign credentials recognized, and a reluctance of employers to hire newcomers lacking "Canadian experience".
- Women refugees face gender-specific challenges, resulting in precarious and low-paid labour.
- The chronic unemployment and underemployment experienced by refugees may have long-term effects on their physical and mental health.

The Impact of Structural Factors on Intermediary Determinants of Health

Healthcare Policies

- Canadian health insurance provides full coverage for medically necessary services provided by hospitals, physicians, and dentists who provide hospital-based services. Supplemental services (*e.g.,* dental and vision care, ambulance services, home care and prescription drugs) are only covered for seniors, children, and persons on social assistance.
- Resettled refugees are eligible for provincial health insurance, and also receive one year of federal health insurance through the Interim Federal Health Insurance Program (IFHP).
- The IFHP provides coverage for supplemental services on par with what is typically provided to persons on social assistance.

Barriers to Healthcare Access

- Although access to supplemental services is available through the IFHP, there are challenges in its use such as service providers being unwilling or unable to accept IFHP coverage because there are delays in reimbursement or because they are unfamiliar with the program.
- Newcomers experience barriers in finding healthcare services that are culturally and/or linguistically appropriate. Even when interpretation services are available, these services are not always utilized and the costs of interpretation are usually only covered in hospitals or by agencies providing services specifically for newcomers.

- Barriers to healthcare access can be gendered, with women having concerns like the gender of the practitioner.
- Healthcare providers may be unaware of healthcare issues faced by recently arrived refugees, who may have unfamiliar health conditions requiring specialized knowledge, meaning that the care that is available may not be appropriate or that their needs may go unmet.

Rural Resettlement

- Canadian resettlement policies determine the location in which resettled refugees will settle.
- GARs settle in large urban centres and smaller cities, while PSRs settle in the same community as their sponsors, who may be anywhere in Canada.
- Research on the health of rural versus urban populations in Canada tends to find poorer health outcomes with increased remoteness.
- Rural and remote regions have poorer access to primary and specialized healthcare.
- Rural and remote regions have limited language appropriate services and limited translation services, and healthcare providers in these settings are less likely to be familiar with refugees' unique health needs.
- Social isolation and discrimination also affect refugees living in rural areas.

Housing

- Urban settings are often the most desired destination for newcomers because they provide greater opportunities. However, they have high housing costs and limited housing for large families, which is an issue for GARs, who are more likely to arrive in larger family groups.
- Unable to afford adequate housing, many refugees end up in homes that are too crowded or that have health and safety issue like insect infestations, poor ventilation or mold.
- Refugees may experience racism and discrimination from landlords.
- In an effort to find affordable housing, refugees may move to less desirable neighbourhoods and/or suburbs. Travel may be particularly challenging depending on the accessibility and costs of public transportation, and difficulties in acquiring a drivers' licence and buying a car.

Conclusion

- Refugees may experience unequal access to the conditions that ensure health and well-being.
- There is considerable variation among refugees depending on their resettlement pathway, and conditions vary over time depending on local social, political and economic conditions.
- It is important to remember that refugees are not passive victims of the conditions of their lives; they have agency and are resourceful and actively shape their environments and opportunities upon resettlement.
- It is up to policy makers to ensure that the economic and social contexts in which refugees settle are just and equitable.