COVID-19

FROM PUBLIC HEALTH TO PRACTICE – PART 3

IMMIGRANT POPULATIONS

WHAT IS DIFFERENT?

Lavanya Narasiah MD MSc CCFP

December 2020

NO CONFLICT OF INTEREST TO DECLARE



Medical Advisor – Prevention and Infection control

- Working group migrant and racialized population health
 - Montreal Public Health Direction
 - CIUSSS Centre Sud de Montreal

- Medical Director of Clinique des Réfugiés
 - CISSS Montérégie Centre





❖ 1999-2018 - CDAR : Clinique des demandeurs d'asile et réfugiés

Asylum seekers and refugees

CIUSSS Centre Ouest-de-l'île-de-Montréal

Teaching - HERZL Family Practice – Jewish General Hospital, Montreal



McGill University – Adjunct professor

Sherbrooke University - Clinical teaching professor

CCIRH committee - Canadian Collaboration for Immigrant and Refugee Health



Objectives



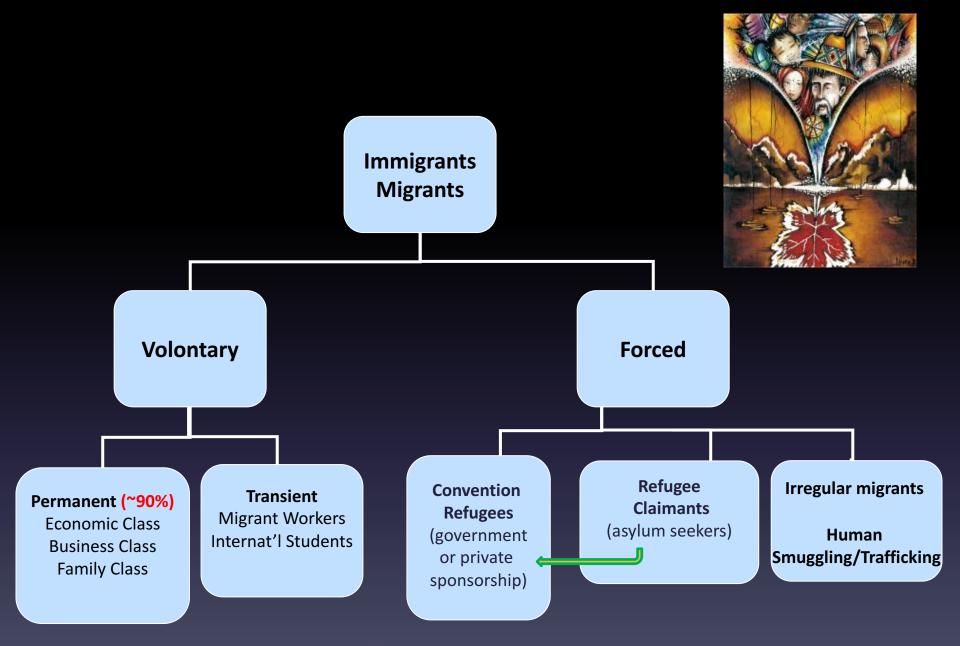
Recognize the particularities

of COVID-19 affecting

certain immigrant

populations

Identify useful resources in this context



**Migrants with precarious status , uninsured, undocumented



Government of Canada

Gouvernement du Canada

Travel restrictions --- limited application guidelines + † processing times:

> \ \ \ \ \ Arrivals

But priority for:

- vulnerable people
- people who perform or support essential services (ex : migrant seasonal workers)



Since 21 Nov. – Must use Arrive CAN



Flying to Canada during COVID-19?

As of November 21, 2020, it is mandatory for all travellers flying to Canada to submit their COVID-related information digitally through ArriveCAN



Before you board your flight You must use ArriveCAN to provide your

- Travel and contact
- Ouarantine plan (unless exempt under conditions set out in the Mandatory Isolation Order)

COVID-19 symptom self-assessment



You must be ready to show your ArriveCAN receipt when seeking entry into Canada, a border services officer will verify that you have submitted your information digitally. If you are an in-transit passenger whose final destination is not Canada, you do not have to submit your information

After you enter Canada

Unless you are exempt under conditions set out in the Mandatory Isolation Order, you must use ArriveCAN within 48 hours of entering Canada to:

- Confirm you have arrived at your place of quarantine or isolation
- Complete a daily COVID-19 symptom self-assessment during your guarantine



Agence de la santé





Use ArriveCAN by signing in online or by downloading the mobile app through Google Play or the Apple App store

Need help with ArriveCAN? Visit: Canada.ca/ArriveCAN







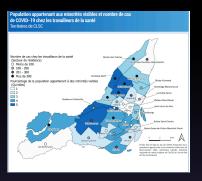


Agency of Canada publique du Canada



COVID-19 - disproportionate toll on immigrant and racialized populations in several countries

- Ecological and Survey studies in Canada
 - Montreal, Toronto, Vancouver, etc..



INEQUALITY IN THE FACE OF THE PANDEMIC: RACIALISED POPULATIONS AND COVID-19 (Santé Montreal report)

https://santemontreal.gc.ca/fileadmin/fichiers/Camp agnes/coronavirus/situation-montreal/pointsante/populations-racisees/Populations-Racisees-Covid-19.pdf

- COVID disproportionately affected those living in lower income areas and boroughs with high proportions of both new immigrants and visible minorities/racialized populations/ethnic diversity
- Longstanding structural and societal inequities have put these populations at higher risk of:
 - contracting the infection
 - suffering poor outcomes

"IMPACT OF THE COVID-19 CRISIS ON MONTREAL "CULTURAL COMMUNITIES". STUDY ON THE SOCIOCULTURAL AND STRUCTURAL FACTORS AFFECTING VULNERABLE GROUPS SHERPA University Institute

COVID-19 - disproportionate toll on immigrant/refugee populations

CONTRIBUTING FACTORS

- Overrepresented in essential jobs
 - agricultural and food industry, health care, sanitation, warehouses...
 - women from visible minority over represented in health care work settings – ex. nurses, nurses aids, working long-term care, caregivers...
- longer commutes public transport or carpooling, buses
- Difficult living conditions
 - Overcrowding
 - Multigenerational households (vulnerable)
- Language barriers, lower fluency, literacy
- Inequities accessing testing and care
- Targeted discrimination and racism during the pandemic



Ontario ICES report Sept 2020

immigrants/refugees - 25 per cent of the Ontario population --- accounted for 43.5 per cent of all COVID-19 cases.

- Rates of testing lower for immigrants/refugees vs with Canadian-born
- Rates of positive results in those tested and per capita were higher across all immigration categories vs Canadian-born
- Employment as a health care worker, especially among women (45%), accounted for a disproportionate number of cases in immigrants and refugees (esp. origin Philippines, Jamaica, Nigeria)



COVID outbreaks immigrant/migrant workers

- Increased risk at workplace/conditions
 - difficult to respect preventive distancing measures
 - lack access to protective equipment, screening
- lack of information/understanding covid, rights
- Carpooling, worker commute buses
- Temp. agencies mobility and exposure

COVID outbreaks on farms reveal crack in system that migrant workers slip through, say health-care workers CBC Nov 2020

Innovative strategy- onsite

- Screening
- access to care
- Spanish



Alberta - Cargill Meat processing plant Canada's largest single outbreak Majority immigrant/refugee workers



- Multilingual onsite information sessions
- Onsite screening and prevention
- \$ and food Support to self –isolate
 - Ex: ethnic adapted food supply

As primary care practitioners what can we do?



Language barriers

Help to improve dissemination and access to information and support (COVID, prevention, screening...)

Advocate Use and Access to interprets

- Ex: Mtl Banque d'interrégionale d'interprètes (BII)
- Immediate phone interpretation (Language Line)







Immigration and cultural communities

24/7 in over 150 languages Gvt and community programs + services Resettlement community organisations



If language barrier - consider a travelling chart

Ex:https://www.ccirhken.ca/

Language barriers – creative solutions

Phone line created by health care professionals speaking Creole - Mtl North, St-Michel, Rivière des Prairies





Town Crier trucks

Phone lines in Greek, Hindi, Punjabi, Tamil, Urdu, Bengali, Montreal - Parc Extension



Disseminating Multilingual Resources



Montreal Public Health - Santé Montréal

English Anglais	Arabe العربية	বাংলা Bengali	Kreyòl Créole haîtien	Español Espagnol
Français Français	Ελληνικά Grec	हिंदी Hindi	Italiano Italien	简体中文 Mandarin
Perse	Portugues Portugais	ਪੰਜਾਬੀ Punjabi	Русский Russe	Tagalog Tagalog
தமிழ் Tamil	Tigrinya	Urdu	Tiếng việt Vietnamien	אידיש Yiddish

20 languages

101-Covid

How to quarantine

https://santemontreal.qc.ca/en/public/coronavirus-covid-19/informations-multilingues/#c39796

Multilingual Audio and Videos — variety messages 18 languages https://www.diversiteartistique.org/capsules-multilingues-covid-19



Other languages...
Ex: Ottawa Public Health



BARRIERS - ACCESS TO CARE HELP and PARTNERSHIPS



Refugee Clinics across Canada

- Toronto
- Calgary
- Quebec province ---- 14 clinics
- Ottawa
- Vancouver
- Moose Jaw
- Hamilton
- Kitchener
- Halifax
- St. Johns

• ...

Montreal

Sherbrooke

Quebec

Laval

Brossard (Montérégie)

St-Hyacinthe

Granby

Gatineau

Joliette

Drummondville

Trois-Rivières

Victoriaville

St-Jérôme

Rimouski

MTL area - PRAIDA

(Regional program for the settlement of asylum seekers)



- COVID measures –appointment only:514-484-7878 ext. 64500
- Referral for psychosocial services - request (DSIE)
 FAX: 514-286-5733

Interim Federal Health coverage

Access to care for uninsured - pandemic

Ontario Ministry of Health — since March 2020 --- Access for all uninsured

- 1. Removal of the Three Month Waiting Period to access OHIP
- 2. Funding for Physician and Hospital Services for Patients without OHIP or Other Provincial/Federal Health Coverage

 Ontario

http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4749.aspx

Quebec Ministry of Health – since March 2020

ACCESS TO HEALTH SERVICES FOR COVID-19

Testing, care and treatment for COVID-19 are free of charge, regardless of the person's immigration status or health insurance coverage.

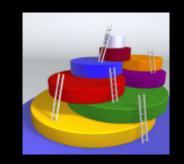
MTL - CLINIC FOR MIGRANTS WITH PRECARIOUS STATUS

COVID measures – Appointment only 438-844-5696
Toll free line: 1-877-801-1678





Mtl Public Health Projects and Work in progress



partnerships with city of Mtl (BINAM), TCRI, boroughs

CIUSSS, SHERPA, community org. , religious and community leaders...

- Pilot Migrant workers: improving access to information (ex: \$ assistance), screening and capacity to quarantine, etc.
- Reducing language barriers immediate telephone interpretation, dissemination multilingual information and updates
- Prevention and cultural mediation with help of community and religious leaders
- Pilot to collect language, ethno-racial, immigration status data to better inform disparities and help better adapt and target public health interventions
- RAM (réseau d'agents multiplicateurs) knowledge translation, prevention and capacity building in boroughs and communities
- Continued Advocacy for improving access and reducing inequities



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