Social Determinants of Health & Racism:Health Disparities in Immigrant Children

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Objectives

1. To provide a brief overview of Canada's immigration process and numbers

2. To demonstrate the importance of addressing social determinants of health

3. To demonstrate how race and racial discrimination leads to health inequalities

4. To examine the challenges and barriers to healthcare for immigrants

5. To discuss the mental health outcomes of immigrants

6. To discuss mental health outcomes in African immigrant youth

7. To identify considerations for delivering anti-racist healthcare for immigrant children

Canada's Immigration

Newcomers to Canada

- **90% Landed Immigrants**

  - Independent (60%)

  - Family Sponsored (25%)

  - Other (15%)
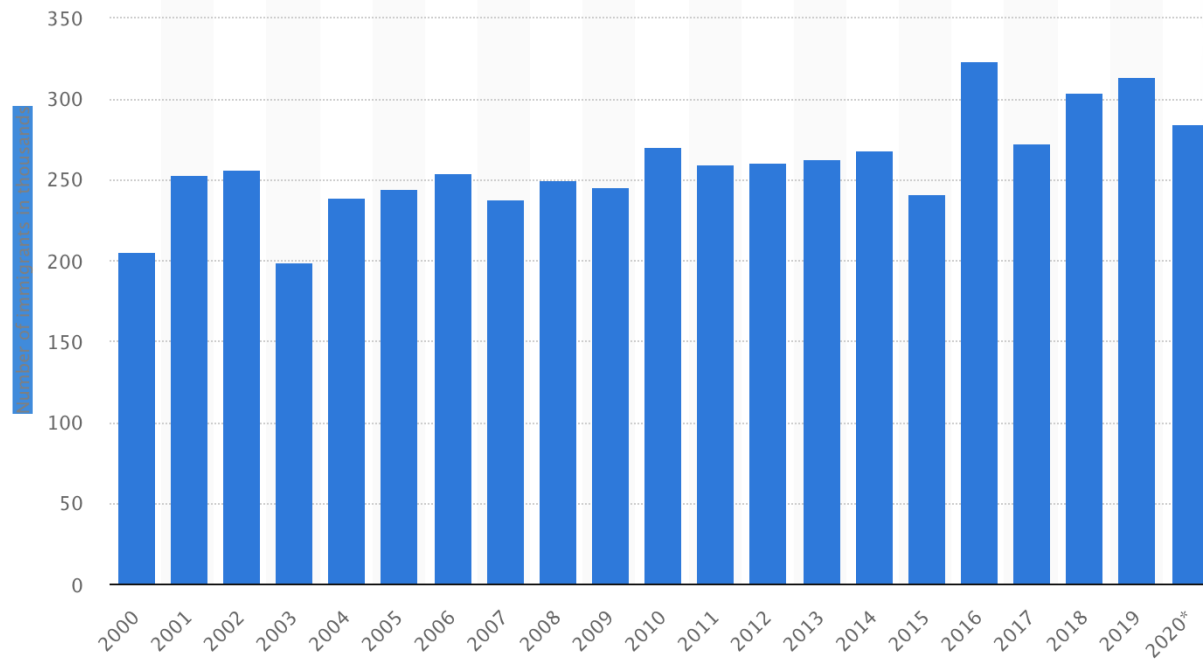
- **10 % Refugees**

  - Government Assisted

  - Privately Sponsored

  - Refugee claimants

- Permanent residency status gained by immigrating to Canada, but they are not Canadian citizens

- Refugees gain PR status upon landing in Canada

- Temporary foreign students or workers in Canada are not PRs

Number of Immigrants to Canada

Number of immigrants in Canada from 2000 to 2020
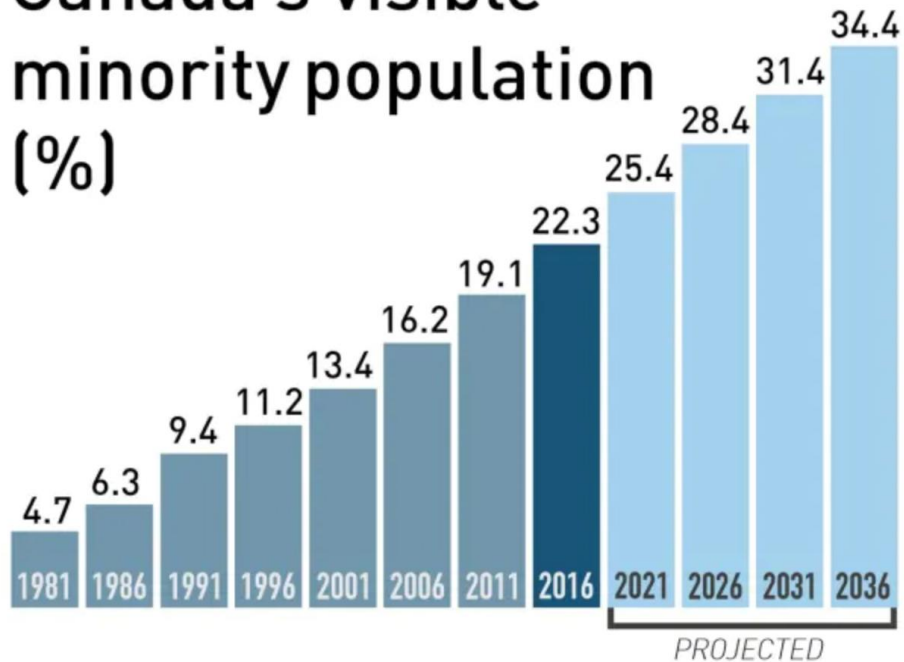*(in 1,000s)*

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284,387 immigrants arriving in 2020

Top 10 countries of birth of recent immigrants

Country	Number
Philippines	188,805
India	147,190
China	129,020
Iran	42,070
Pakistan	41,480
United States	33,060
Syria	29,945
United Kingdom	24,445
France	24,155
South Korea	21,710

Why we need to rethink how we deliver care

Canada's visible minority population (%)

4.7 (1981), 6.3 (1986), 9.4 (1991), 11.2 (1996), 13.4 (2001), 16.2 (2006), 19.1 (2011), 22.3 (2016), 25.4 (2021), 28.4 (2026), 31.4 (2031), 34.4 (2036) — PROJECTED

SOURCE: Statistics Canada — CBC NEWS

Provincial Distribution of Immigrants to Canada

Immigrants before 2011:
- Alberta 637,430 10.1%
- British Columbia 1,117,120 17.7%
- Rest of Canada 318,095 5.0%
- Quebec 876,135 13.8%
- Ontario 3,379,975 53.4%
- Canada = 6,328,755
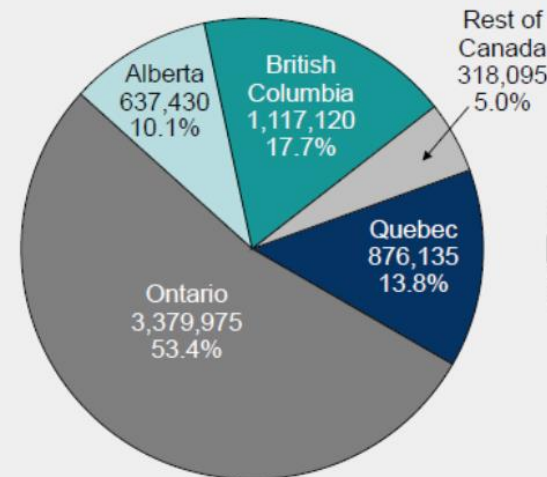
Recent immigrants, 2011–2016:
- Alberta 207,790 17.1%
- British Columbia 175,555 14.5%
- Rest of Canada 141,390 11.7%
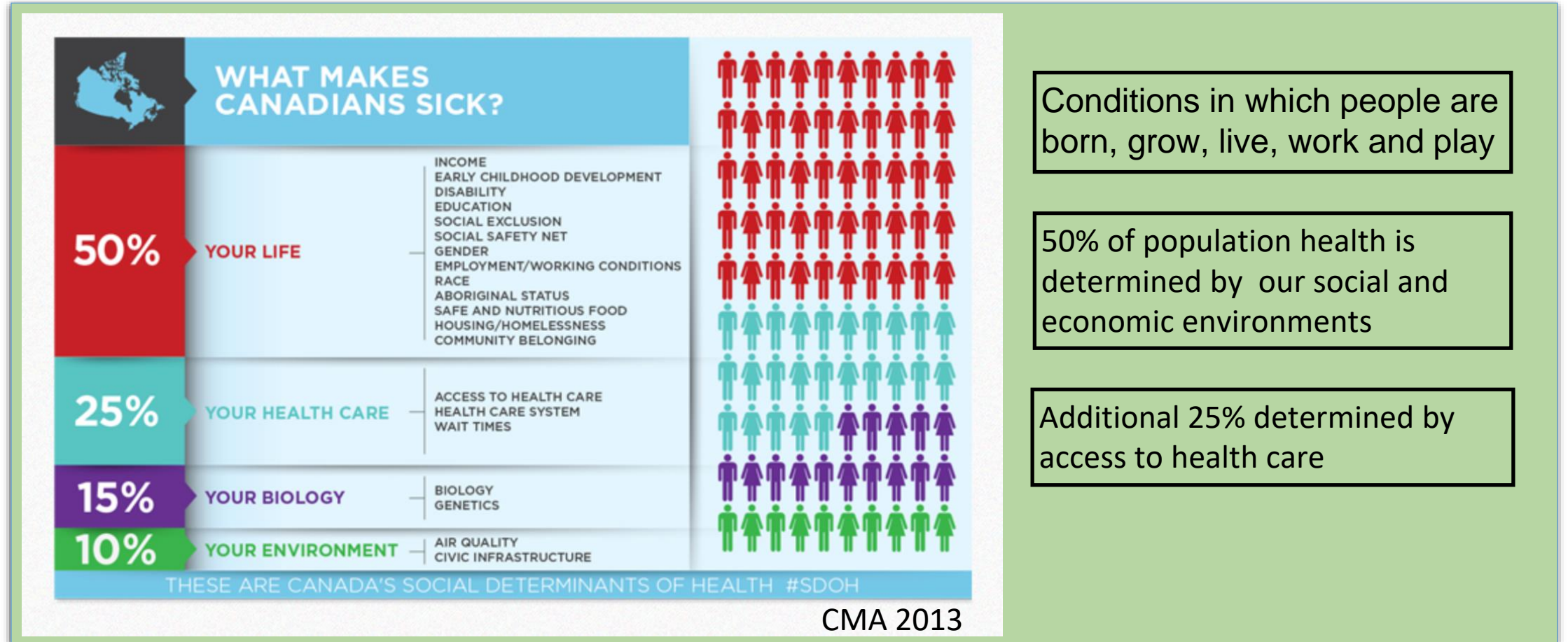- Quebec 215,170 17.8%
- Ontario 472,170 39.0%
- Canada = 1,212,075
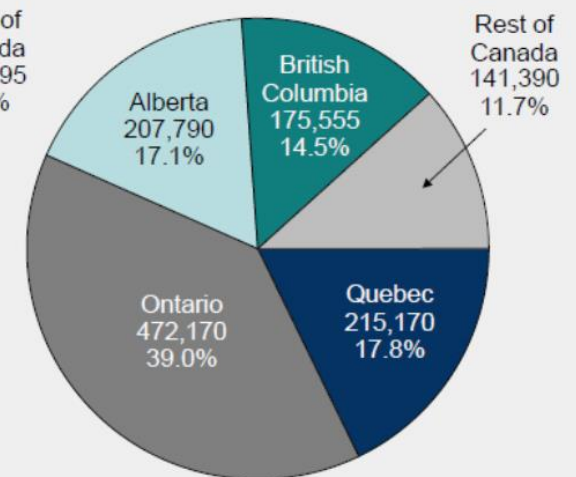
Note: Percentage figures are share of Canada.
Source: Statistics Canada

Social Determinants of Health

Social Determinants of Health

WHAT MAKES CANADIANS SICK?

50%	YOUR LIFE	INCOME EARLY CHILDHOOD DEVELOPMENT DISABILITY EDUCATION SOCIAL EXCLUSION SOCIAL SAFETY NET GENDER EMPLOYMENT/WORKING CONDITIONS RACE ABORIGINAL STATUS SAFE AND NUTRITIOUS FOOD HOUSING/HOMELESSNESS COMMUNITY BELONGING
25%	YOUR HEALTH CARE	ACCESS TO HEALTH CARE HEALTH CARE SYSTEM WAIT TIMES
15%	YOUR BIOLOGY	BIOLOGY GENETICS
10%	YOUR ENVIRONMENT	AIR QUALITY CIVIC INFRASTRUCTURE

THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

CMA 2013

Conditions in which people are born, grow, live, work and play

50% of population health is determined by our social and economic environments

Additional 25% determined by access to health care

Top SDoH impacting one's health

- **income equality (poverty)**

- **housing**

- **nutrition and food security**

- **early childhood development and trauma (adverse childhood experiences)**

- access to health care

- social exclusion and community belonging

- education

- employment

ASSOCIATION MÉDICALE CANADIENNE CANADIAN MEDICAL ASSOCIATION

Social Determinants of Health Inequity
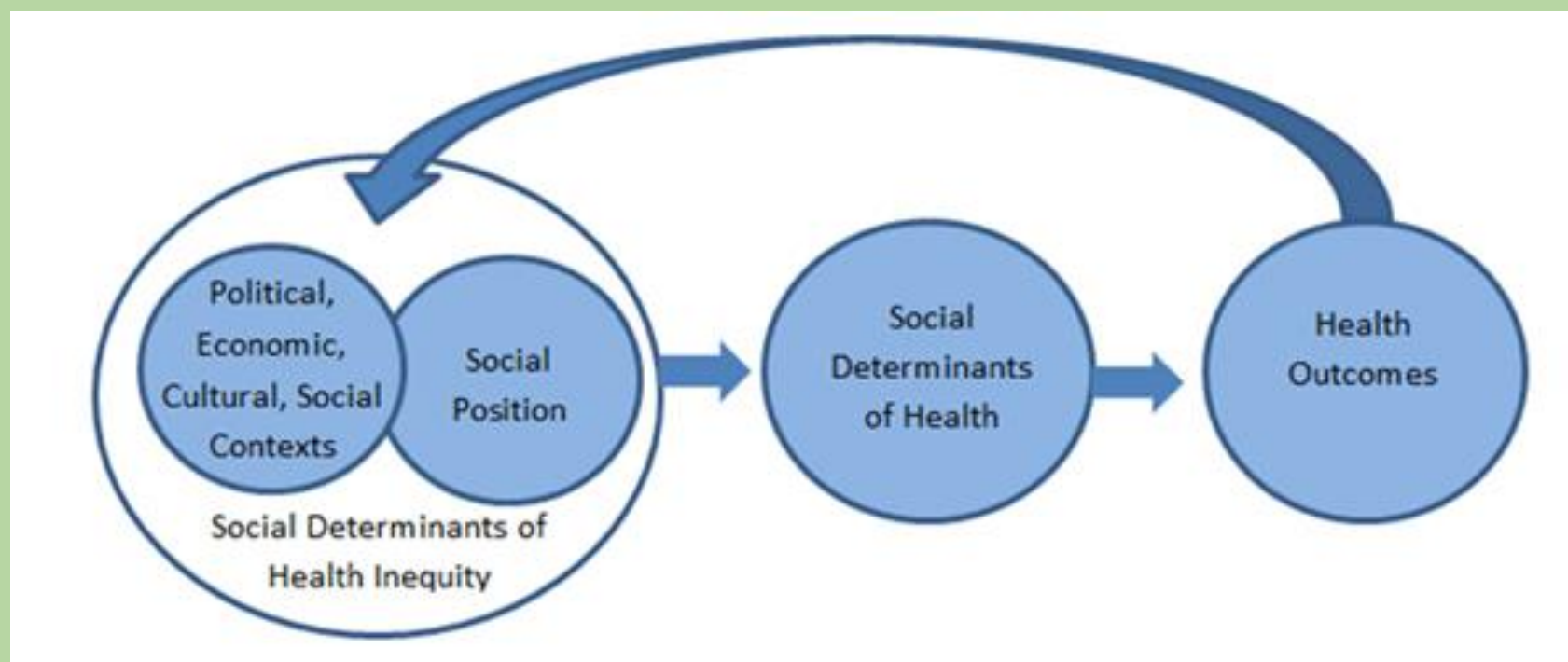
The structural processes that distribute SDoH unequally in society

WHO Commission on SDoH

"at all levels of income, health and illness follow a social gradient of socioeconomic position: the lower the socioeconomic position, the worse the health"

World Health Organization

Income as a SDoH

- Disparities in SDoH have increased in Canada in the last 20 years

  - **Most common in minority and marginalized populations**

  - 2008 Toronto Public Health's report "The Unequal City: Income and Health Inequalities in Toronto" demonstrated a clear link between income and health outcomes

  - "The Global City: Newcomer Health in Toronto" - newcomers more likely to live in poverty and be members of racialized groups
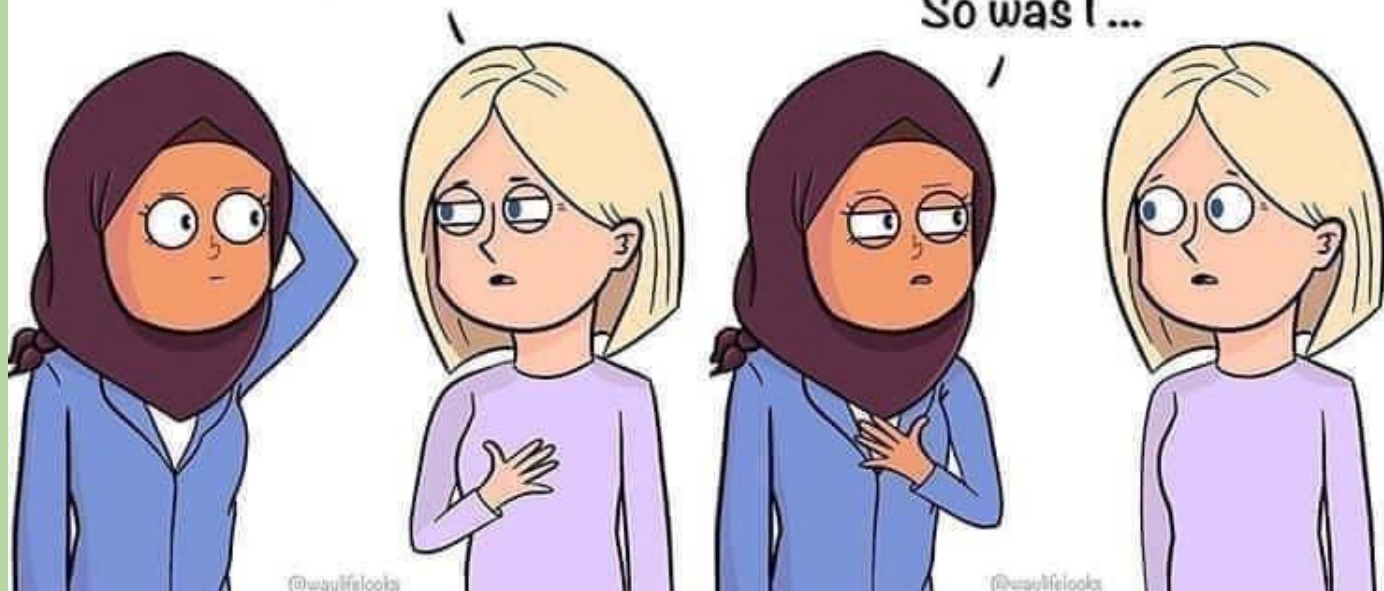
Race as a Social Determinant of Health
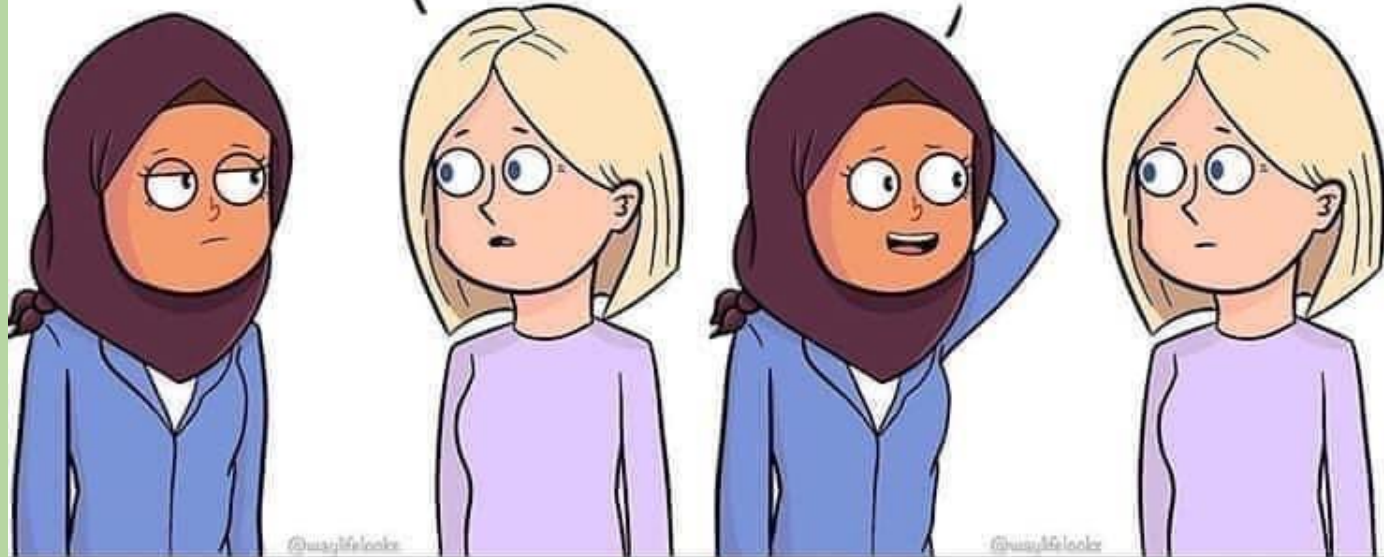
Race, Racism, Discrimination

- **Race :** " any of the groups that humans are often divided into based on physical traits regarded as common among people of shared ancestry"

- **Racism:** "a belief that race is a fundamental determinant of human traits and that racial differences produce an inherent superiority of a particular race"

- **Discrimination:** "prejudiced or prejudicial outlook, action, or treatment"

Merriam-Webster Dictionary

Perceptions of Discrimination in Health Services Experienced by Immigrant Newcomers to Ontario

- semi structured, in-depth interviews of professionals in social and health services in Hamilton, ON and of newcomers in 5 cities

- Themes that emerged:

  - newcomers faced interpersonal and systemic discrimination, barriers to accessing care when no translation available, treated like "children", rushed appointments

    - skin colour, dress, language, religion all noted to trigger incidences of discrimination or racism

  - surprised dental care not covered, other gaps that they were surprised coming to a "first world" country

  - suggestions that all newcomers receive information on how the Canadian healthcare system works. Some describe it as an "assembly line" or "factory"

  - Racism and discrimination is subtle, provide more cultural sensitivity training for professionals.

  - one newcomer said the findings are not new, instead of continuing to do studies on immigrants, why doesn't the system evolve and adapt?

Influence of Perceived Racial Discrimination on the Health of Immigrant Children in Canada

- **New Canadian Children and Youth Study - longitudinal study of children whose families settled in urban centres of Canada, interviewed 2 years apart**

  - **immigrant or refugees from 6 regions/countries: Afghanistan, Iran, Hong Kong, China, Philippines, Punjab region of India**

  - **parents report child's health status and parental, family and cultural discrimination**

    - **if perceived parental and family discrimination _decreased_ over year*s* - had _positiv_e effect on child health**

    - **if perceived cultural discrimination _increased_ - had _negative_ effect on child health**

- **Racial discrimination often associated with maternal mental health which in turn influences the MH and development of the child**

- **Many longitudinal studies on adults have found the same causation on health outcomes (discrimination precedes the negative health outcomes)**

Association between race, discrimination and risk for chronic disease

- population based sample in Canada

- 2013 Canadian Community Health survey (n=16836)

- race = aboriginal, asian, black, white

- outcomes = having a chronic condition or associated risk factors (ie obesity, HTN, binge drinking, smoking, lack of physical activity)

- **Black (OR=1.92) and Aboriginals (OR=1.75) more likely to report being treated with less respect** (less courtesy, poor service, treated as not as smart, feared by others)

- **Discrimination was associated with increased odds of having a chronic condition and their risk factors**

Social Science and Medicine,Siddiqi et al

Health Challenges of Immigrants and Refugees

"Healthy Immigrant Effect"

- Pre-migration factors - immigrants on arrival are healthier than their Canadian counterparts

  - holds true for adults, not children

- Why does this not apply to refugees?

- Why is there a decline in immigrant and refugee health over time?

Recent Research on Immigrant Health from Stats Canada's Population Surveys. Ali et al, 2004

Challenges of immigrants

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds				Quality of care
Support	Walkability	Higher education			

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

THE HENRY J KAISER FAMILY FOUNDATION

Barriers to Accessing Healthcare

- **Lack of accurate health records** - refugee children may never have been assessed by a physician

- **Language and literacy** (including health literacy)
  - Limited use of translation services - costly
  - Problems with using family/friends/children as translator

- **Lack of cultural competency and sensitivity** in health care delivery

- **Familiarity with healthcare system and different perceptions of health**

- **Complex health insurance eligibility and coverage**
  - Large number of newcomers may be uninsured

- **Mistrust of "authority figures",** fear of deportation if information disclosed

- **Stigma over certain "infectious" disease**

- **Isolation**

All lead to delays in accessing healthcare and thus presenting later in their disease process

Barriers to Access to Healthcare

- **Up to 200,000 newcomers are uninsured or under insured**

  - non-status persons

  - withdrawn refugee claim

  - claim ineligible

  - stay after work or student permits expire

  - enter Canada irregularly

- **Interim Federal Health (IFH) Program for refugees - rules vary province to province**

  All lead to delays in accessing healthcare and thus presenting later in their disease process

Challenges of immigrants - Ahmed & his family

- **Ahmed trained as an engineer, his wife Laila, as a dentist in Pakistan**

  - Both need re-training but happy to work in the fast food industry for now. Laila's English fluency is not as good as Ahmed's

- **Children - 2, 4, 8 year old**

  - Family don't have the savings to buy a house, they rent a 2 bedroom apartment in a "more affordable" neighbourhood

  - Daycare too expensive so Laila limits her hours and arranges shifts for when Ahmed is home

  - 8 year old is happy to be attending school

- **No benefits through work as they are considered "part-time" employees**

  - 4 year old has asthma but the puffers are expensive

  - They often don't understand why if their bus is late, and they get to the physician's office 25 min late, that the appointment is cancelled

  - They present to emergency department when asthma flares up

Challenges as time goes on - Ahmed & family

- Continue to work in fast food industry for now.

  - **frustration, self esteem affected. Language fluency, literacy, accent affect future job prospects**
- Rent a 2 bedroom apartment in a "more affordable" neighbourhood

  - **environmental factors triggering child's asthma - old furnace, old carpets, smoke in apartment, etc.**
- Puffers are expensive, no health benefits

  - **leads to long stretches with no puffer use for control thus more severe exacerbations**
- They present to emergency department when asthma flares up

  - **lack of transportation, missed appointments due to messages left in English not being clear. They present when illness is more severe, and thus to the ED. Labelled as "non compliant" frequent flyer but underlying reasons for non compliance are never addressed.**

Demographic characteristics & needs of families at an urban, low-income paediatric clinic

- Northeast Edmonton, consult based general paediatric clinic

- 66% of respondents were living in the second lowest average household income region

- 30% of caregivers reported they were born outside of Canada

- 25% primary spoken language was not English

- 33% living in Edmonton for less than 3 years (most had been in Canada longer)

- 76% households are of four or more persons (including single parent households)

  - **lower household income and larger family size, larger portion of new canadians than the provincial or Edmonton average**

  - **CHALLENGES:** transportation to other appointments, language barriers

Access to Healthcare for Immigrant Children in Canada

- 50 immigrant parent interviews in Alberta identified

  - System barriers - long wait times or inconvenient appointment times, thus access care in walk in clinics or EDs

  - Language and cultural barriers

  - Lack of relationship with healthcare professionals

  - financial barriers ie. personal finances, healthcare coverage - more expensive services not covered when you have a low paying job, especially mental health services.

Influence of Social Determinants of Health on the Mental Health of Immigrants and Non-Immigrants in Canada: Evidence from the Canadian Health Measures Survey and Stakeholder Consultations

Acknowledgement

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- Other Research Team Members
  - Yoav Ben-Shlomo, MBBS, PhD;
  - Esperanza Diaz, MBBS, PhD;
  - Anu Rammohan, PhD;
  - Kathleen Hegadoren, RN, PhD
  - Salima Meherali, RN, PhD
  - Maryna Yaskina, PhD

Immigrant Health in Canada

- Cumulative evidence suggests that immigrants arrive in Canada healthier than Canadian born residents --- healthy immigrant effect

- However, immigrant's health deteriorates after some time in host societies (Corlin, Woodin, Thanikachalam, Lowe, & Brugge, 2014; Kennedy, Kidd, Mcdonald, Biddle, 2015; Kwak, 2016).

- Diverse social determinants of health have been implicated in immigrant mental health in Canada.

- Studies worldwide point to increased risk of mental health problems and illnesses in immigrant groups (Abebe et al., 2014; Bourque, an der Ven, & Malla, 2011; Cantor-Graae, Zolkowska, & Mcneil, 2005; Levecque, Lodewyckx, & Vranken, 2007).

Research Gap

- However, data on the mental health of immigrant populations in Canada is equivocal.

- Evidence from a widely used survey [the Canadian Community Health Survey (CCHS)] points to lower rates of psychiatric disorders, including unipolar and bipolar disorders, among first-generation immigrants compared to Canadian-born residents (Ali, 2002; Akhtar-Danesh & Landeen, 2007; Menezes, Georgiades, & Boyle, 2011; Schaffer et al., 2009; Stafford, Newbold, & Ross, 2011).

- More regionalized studies do not always concur with the results of the CCHS (Kisely, Terashima, & Langille, 2008; McDermott et al., 2009; Tousignant, 1999).

- The equivocal findings on immigrant's mental health makes it advantageous to analyze a broader range of available national data.

Research Purpose

- To examine the relationship between self-perceived mental health with age, gender, migration status, time since migration, and social determinants of health factors.

- We also sought to examine the perspective of immigrant service providers on immigrants mental health in Alberta.

Research Method

- There are two phases of this study:

- Phase 1: Secondary data analysis of the Canadian Health Measures Survey

- Phase 2: Interviews with Immigrant Service Providers in Alberta

Research Method: Phase 1

- Secondary data analyses of the Canadian Health Measures Survey

- Data collection for Cycle 1 occurred from 2007 to 2009; Cycle 2 from 2009 to 2011; and Cycle 3 from 2012 to 2013.

- There are around 17,800 participants across these three cycles

- Around 12,160 participants were included in our analysis (participants 15 to 79 years)

Outcome Variables

- Self Perceived Mental Health: "In general, would you say your mental health is excellent, very good, good, fair, or poor?"

- Possible Response: Excellent; Very Good; Good; Fair; Poor

Co-Variates

- Immigration status: Country of birth
- Time since immigration
- Age
- Sex
- Income (Household)
- Sense of community belonging
- Education (Household)
- Employment (last 12 months)

Statistical Analysis

- Bootstrap weights applied to account for survey design and non response bias

- Because of the collinearity between immigration status and time since migration, we used the latter variable as it is more informative in our models but report the former for completeness.

- Weighted logistic regression

- Odds ratios and 95% confidence intervals are reported

- All analyses were conducted using SAS 9.4

Basic Descriptive for Sample Stratified by Immigrant Status

Variable	Total N= 12,160	Canadians N= 9,310	Immigrants N= 2,850
Age (mean, SE)	43.6 (0.10)	42.8 (0.19)	45.7 (0.49)
15-19 years (%)	7.84%	9.28%	3.87%
20-34 years (%)	25.64%	26.50%	23.26%
35-44 years (%)	17.64%	16.19%	21.62%
45-64 years (%)	36.39%	36.21%	36.88%
65-80 years (%)	12.50%	11.82%	14.37%
Men (%)	49.50%	49.42%	49.72%
Income ($)(mean, SE)	79,841 (2,030)	82,763 (2,150)	71,890 (2,990)
Sense of community belonging			
Very strong (%)	18.83%	18.46%	19.86%
Somewhat strong (%)	44.24%	44.10%	44.62%
Somewhat weak (%)	27.43%	27.87%	26.21%
Very weak (%)	9.49%	9.56%	9.31%
Education			
Less than secondary school graduation (%)	5.91%	6.31%	4.80%
Secondary school or some post-secondary (%)	17.09%	18.51%	13.13%
Post-secondary school graduation (%)	77.00%	75.18%	82.08%

Results: Self Perceived Mental Health

- There was no statistical difference between immigrants and non immigrants on self perceived mental health (Odds Ratio 1.07, 95% CI 0.87, 1.31) adjusting for age group, sex, income, sense of belonging, education and employment.

- Individuals who have lived in Canada for less than five years reported better mental health status than Canadians (Odds ratio 3.98, 95% CI 2.06, 7.70).

- Predictors of better mental health included older age, **higher income, better sense of community belonging,** being employed.

Results: Self Perceived Mental Health

Variable		Odds Ratio*	95% Confidence Interval for Odds Ratio	p-value
Age				< 0.0001
	15–19 vs. 65–80	0.45	(0.25, 0.80)	
	20–34 vs. 65–80	0.46	(0.28, 0.73)	
	35–44 vs. 65–80	0.42	(0.27, 0.65)	
	45–64 vs. 65–80	0.40	(0.29, 0.56)	
Gender	Male vs. female	0.91	(0.67, 1.22)	0.52
Income	(rescaled per $10,000)	1.16	(1.11, 1.22)	< 0.0001
Sense of Community Belonging				< 0.0001
	Very strong vs. Very weak	3.91	(2.42, 6.32)	
	Somewhat strong vs. Very weak	4.89	(3.20, 7.48)	
	Somewhat weak vs. Very weak	2.42	(1.60, 3.67)	
Education				0.06
	Less than secondary school graduation vs. Post-secondary graduation	0.76	(0.50, 1.15)	
	Secondary school graduation vs. Post-secondary graduation	0.67	(0.46, 0.97)	
Employment				0.0006
	Unemployed vs. Employed	0.51	(0.34, 0.75)	
Time since Immigration				0.0006
	Migrants 0–5 years vs Canadians	3.98	(2.06, 7.70)	
	Migrants 6-10 years vs Canadians	0.66	(0.25, 1.78)	
	Migrants > 10 years vs Canadians	1.01	(0.58, 1.74)	

Youth-Led Participatory Action Research Project:

Mental Health of African, Black and Caribbean Youth in Alberta

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INTRODUCTION

Research Project Rationale

- In 2011, there were 25,035 individuals of Caribbean origin and 78,580 individuals of African origin in Alberta. Yet, there is very little research on the health of African, Black, and Caribbean youths in the province.

- Evidence suggests that African, Black, and Caribbean youths have higher rates of mental health problems than the general Canadian population (Anderson et al., 2015; Fenta et al., 2004).

- Despite this emerging evidence, no Canadian study, to our knowledge, has provided a basis for action that could inform African, Black, and Caribbean immigrant youths' effort to improve their mental health outcomes within the socio-cultural contexts in which they live.
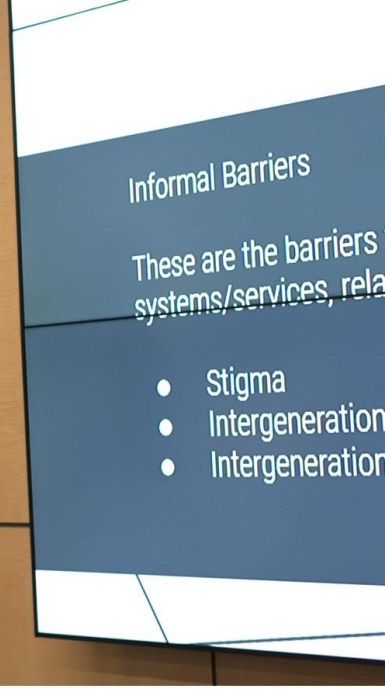
Research Questions

- What are the mental health needs of African, Black, and Caribbean youths in Alberta?

- What are the barriers to access to and use of mental health services for African, Black, and Caribbean youths in Alberta?

- What are culturally relevant and effective approaches to increasing access to and uptake of mental health supports by African, Black and Caribbean youths in Alberta?

- What potential exists to mobilize African, Black, and Caribbean youths to improve mental health outcomes and/or to build resilience and capitalize on their agency?

Methods for purposive data collection

Phase 1: Interviews with 30 Black youths of African, Black and Caribbean descent aged 16 to 30 years

Phase 2: Series of four conversation cafés with 99 youths

- Conversation cafés were an open forum for stimulating dialogue on relevant societal issues

- Combined smaller group breakout discussion sessions with larger groups sessions featuring mental health experts/guest speakers; all café sessions addressed themes related to our research questions

RESEARCH FINDINGS

Key Research Findings -Part 1

Some Key Factors Impacting Mental Health of ABC Youth in Alberta:

- Cultural Expectations
  - "There are some people that consider mental health problems as like a Caucasian problem. Like they're like, "Oh, like it's only like white people that have like this sort of issue," when it's not true. It's found in a lot of different demographics. But like they don't see it that way, because in their heads they're just like, "Oh, yeah, we're super tough. We can deal with anything life throws at us. Like nothing can get us down. We can deal with anything," sort of mentality."
- Academic Expectations
  - "…yeah, my university career was very stressful. I think being a student can definitely have negative impacts on one's mental health, especially … if you're not aware of how to take care of your mental health. I feel like just stress in general can have a very negative impact on one's mental health, and yeah, you can experience stress at high levels, definitely as a university student."
- Racism and discrimination
  - "I grew up with so much internalized anti-Blackness. God, I hated myself. I wanted to be White so bad. I wanted to have straight hair. I wanted to have lighter skin. You know, I wanted to have smaller lips."

Key Research Findings – Part 1: Factors

- Openness about mental health
  - "I talk to 'X' about my mental health, and like, that has a positive experience on my mental health. Because yeah, they are the only one I talk to about it. So then like it kind of relieves it in kind of a sense, or like it helps me get through it at the time."

- A sense of community
  - "Feeling like you have the community behind you is definitely something that helps me through kind of my anxious or whatever else episodes."

- Spirituality and religion

Key Research Findings -Part 2

Formal Barriers to Accessing Mental Health Services for ABC Youth:

- Cost of mental health services
  - "And so I know I'm not making as much. I'm making enough. And then when you contribute that on top to help out the family, there's really not that much left sometimes to like go for services, to like for health services."

- Geographical barriers/distance from service locations
  - "But like you don't want to go to a place, if you're not even comfortable. Even if you are, like I don't want to go to a place where I feel like people are going to be like I'm like the odd one out"

- Lack of Black demographic representation
  - "Oh, like I'm experiencing racism." They'd be like, "What? Oh, what? Are you sure? Okay, let's get you some like other strategies you can deal with like the workplace or something. But it's like no [...] Someone who has not experienced that, or has any idea what it's like, I just feel like it'd be really difficult for them to empathize and relate, and sort of just like advise you on what you can do, or strategies and things like that."\

- Lack of knowledge on mental health services
  - I would say possibly resources, or just knowing like what is out there that you can access. So, like services, or resources, or professionals. So, sort of just like information, I guess. Um… yeah, sometimes people just don't know. They just don't know where to access the particular need that they have.

Key Research Findings -Part 3

Informal Barriers to Accessing Mental Health Services for ABC Youth:

- Stigma and judgmentalism
  - "I guess maybe, because in like an African family if you have someone who has mental health or has mental health issues, some people would think it's like demons or something. And usually they don't... I don't know. They kind of exclude people with mental health issues most of the time, so it's like an outcast from the rest of the family or community. And yeah, I guess that's really, really it."

- Intergenerational gap
  - "So the reason why they don't address mental health in the Sudanese community is because like the parents never got to address. They don't know mental health, because they've only known like civil war and like running away, and like you got to move on."

- Culture of independence
  - "Because everybody's dealing with their own things, and like it's just like I don't want to be a bother to anybody. [Mm-hmm] So like I just feel like I do have the support but it's just me that doesn't want to go get them, support."

Key Research Findings -Part 4

Self-Strategies for Managing or Coping with Mental Health Challenges:

- Peer supports
  - So whenever we… You know, whenever we have something to talk about, something that weighs heavy on our minds, we talk about it. We always make sure to check in with each other, yeah. And we… one thing my friends and I always do is kind of let each other know that nothing's off limits, and this is like a no-judgment zone. If you want to say anything, you know, we could talk about it. We also use a lot of like humour, which may not be the most conventional like, you know, what's it? Tactic as well or whatever, but we do use a lot of humour, because that is what works for us. And yeah, we are very supportive, very structured in the way that we do that as well. With one of my friends, I have regular check-ins. So we have regular check-ins with each other, like scheduled check-ins, like on a weekly basis. Or if things are hectic, maybe every two weeks. Um… yeah, that's essentially

- Religious teaching and practices
  - I mean, I agree that prayer can help, but I also feel as if you need to have that interaction with like friends and family, or just like that support, like from a mental health professional, for example. But I feel like if you need it, then you need it. Sometimes… like me, I'm just like, "Doesn't prayer point you to those like signs?" [Laughs] Like if you're praying and you're like, "Oh, my goodness, like I need help with this," and that kind of stuff, and then you have access to a mental health resource, maybe that's where the prayer is pointing you to, you know?

- Self-imposed isolation

- Other personal/individualized strategies (e.g. music)

Implications

Future Directions and Advocacy

Key points

- Recognize how implicit SDoH are in your patient's overall health
  - income as a SDoH
  - race, immigration status as SDoH

- Racism increases the health disparities already experienced by immigrant children

- Recognize your own biases and assumptions which lead to discrimination in healthcare delivery

- Acknowledging certain patients will require more time including using appropriate translation services

- Advocating for better coverage and access to care for our most vulnerable will save the healthcare system more money in the long run

- 2012 the federal government made sweeping cuts to the IFHP

- Protests across the country, pressure led to a temporary health program to provide some coverage

- IFHP reinstated by new federal government

Future directions and advocacy

- Understand how underfunding of services (early child development, mental health services, in-school supports, community partners) affects the families you serve and why newcomers are disproportionately affected.

- Income related health inequalities persist or widen as children age (J Peds, Zwieten et al)

  - federal and provincial/territorial governments must examine ways to improve social and economic circumstances of all Canadians (CMA 2020)

- Edmonton is the only major Canadian city without a dedicated newcomer clinic (program limited to government assisted refugees)

- More teaching and integration of SDoH, health inequity, immigration policies into medical school and residency curriculum