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reduce healthcare disparities. They can provide guidance to vulnerable populations in order to overcome access barriers. This guidance, however, has not yet been widely adopted for Canadian refugee populations.⁹ In the United States, community navigators have been successfully employed to decrease health disparities among female refugees. Similar programs could likewise be implemented in Canada.¹⁰

Additional barriers to primary care access may result from primary care providers. The Interim Federal Health Program (IFHP) provides healthcare coverage to refugees, but general practitioners may not accept a refugee's coverage due to unfamiliarity with the program. Even if a physician knows of the program, the reimbursement process is complex as the healthcare practitioner must first submit an application to become a registered provider under IFHP.¹¹ Given the aforementioned barriers for refugees to access care, the extra paperwork required from physicians further disincentivizes the process. Action is needed to revise the IFHP, such that physicians can better accommodate the health needs of refugees.

CULTURALLY-APPROPRIATE HEALTHCARE SERVICES

An underlying issue that Syrian refugee women face is their inexperience with Canadian culture and languages. Family caregivers, who are typically women, have reported significant challenges in accessing healthcare and social services due to language barriers.¹² Health outcomes in refugee populations are directly tied to English proficiency. Specifically, language barriers interfere with all aspects of their experience, from the initial consultation to follow-up care instructions.¹⁵ The current lack of funding for interpreters inevitably forces the individual or community health center

to bear the expense. While the IFHP does cover translation services, there are restrictions placed on the length and type of medical visit for which a translator will be reimbursed.¹³ Given that communication between the patient and provider is fundamental for care delivery, there is a need to reduce restrictions to accessing this benefit.

Moreover, cultural competence needs to be interwoven into all aspects of care that are provided to Syrian refugees. Physicians should be cognizant of the religious and culturally-specific values held by Syrian refugee women when discussing illness and treatment. For example, diagnosing mental illness and imposing a treatment schedule based on models of Western medicine may alienate some patients.⁶ To overcome this barrier, culturally-competent training can be provided at various levels within the healthcare system. This training may be situated at the level of the institution or practitioner. Implementing such an approach at the practitioner level would initially help to facilitate trust between the refugee population and healthcare providers.¹⁴

CONCLUSION

As Canada accepts more Syrian refugees, it will be pertinent to address the health challenges of women, who constitute a particularly vulnerable population. Currently, Syrian women refugees face a myriad of health-related challenges, including a lack of mental health services, difficulties in accessing primary care, and struggles with obtaining culturally-sensitive services. Increasing access to culturally-appropriate mental health services and primary care will be an important first step to ensuring that our healthcare system is truly universal and accessible. This will allow all Canadians their rightful access to care. ■

REVIEWED BY DR. MICHAEL WILSON

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