Building a welcoming community: The role of pharmacists in improving health outcomes for immigrants and refugees

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Nadia is a 38-year-old Somali-speaking woman who presents to the pharmacy with her teenage son. He explains to you that Nadia has lately been feeling very thirsty and has had to go to the bathroom a lot. She has also gained some weight and would like advice on how to manage this.

Pharmacists are often the first health care professionals to assist newcomers to Canada with their health care needs. This should not come as a surprise, as they are among the most accessible of health care professionals in Canada and even more so in many developing countries. But many pharmacists are discovering that ensuring access to health care for newly arriving immigrants and refugees means more than simply providing medications. Newcomers to Canada may have limited English or French language skills,¹ often will have no regular family physician² and may present with medications and expectations that are unfamiliar to a Canadian pharmacist.³

A first encounter could range from recommending ranitidine for temporary heartburn to further triage of Nadia's situation above. This first encounter may be challenging and somewhat uncomfortable, particularly if the patient does not speak English. This discomfort is a signal that a cross-cultural encounter is taking place and that a modified patient-centred approach may be needed. With approximately 250,000 immigrants and refugees and another 250,000 temporary migrant workers and international students arriving in Canada annually,³ these cross-cultural

encounters will undoubtedly become more and more common. New research is emerging to help health care practitioners provide effective patient-centred care for new immigrants and refugees. In this article, we will outline practical tips for improving cross-cultural encounters, present new evidence-based guidelines for immigrants and refugees and discuss implications and challenges for pharmacists in an increasingly linguistically and culturally diverse Canada.

How would a pharmacist help you in your country?

Initiating a patient assessment with a simple question such as "How would a pharmacist help you in your country?" may make a world of difference in a cross-cultural encounter. A patient-centred cross-cultural approach can provide newcomers with a sense of autonomy, empowerment and identity.⁴ It can also give the pharmacist a better sense of patient expectations by providing a glimpse into the type of care, pharmaceutical and otherwise, the patient is used to receiving. Similarities and differences from the type of care a Canadian pharmacist provides will become obvious. The encounter provides an opportunity to address access and health care disparities and could serve as the patient's introduction to pharmacy practice and health care services in Canada.⁵ Where language barriers are an issue, pharmacists should aim to work with the assistance of qualified medical interpreters and not family members, as relying on the latter

BOX 1 Useful resources for pharmacists

Evidence-based Clinical Guidelines for Immigrants and Refugees

www.cmaj.ca/content/early/2011/07/26/cmaj.090313.full.pdf+html

Interim Federal Health Program Information

www.cic.gc.ca/english/pdf/pub/ifhp-info-sheet.pdf

Cultural Competence e-Learning Module Series from the Hospital for Sick Children in Toronto

www.sickkids.ca/culturalcompetence/elearning-modules/eLearning-modules.html

Refugees and Global Health e-Learning Program from the Canadian Collaboration for Immigrant and Refugee Health

<http://ccirhken.ca/eLearning/>

LIAASE: A General Cultural Competence Tool (p. 17) & Self-Assessment Tool for Primary Health Care Providers (p. 18)

http://healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf

Canadian Diabetes Association Multi-cultural Adaptations

www.diabetes.ca/diabetes-and-you/nutrition/just-basics/

International Pharmaceutical Federation—Pictogram Software

www.fip.org/pictograms

Telephone Interpreter Services used in Canada

www.languageline.com/

www.cantalk.com/

www.abletranslations.com/able/

can often result in inadequate translation. Many third-party telephone interpreter services exist and are used by pharmacists in some primary care settings across Canada. These services are quick, are reliable and ensure accurate translation; cost varies. See Box 1 for telephone interpreter services used in Canada.

As pharmacists across the country move towards an expanded scope of practice, they will undoubtedly be involved in more direct patient care and should not underestimate the value of their services for this growing, yet underserved, population. For example, an interesting experiment that promoted pharmacy services to refugee patients in South London, UK, involved the distribution of medication vouchers to this population. After 2 consults, one with a nurse and one with the community pharmacist (with the option of using telephone interpreter services), a refugee patient could obtain an over-the-counter medication free of charge if it was appropriate for his or her condition. With 92% of vouchers redeemed, it is clear that there is great potential for the

increased use of pharmacy services among immigrants and refugees.⁶

You ask Nadia, “How would a pharmacist help you in your country?” Nadia turns to her son and it is obvious she doesn’t speak English. Her son then explains that medications are available without prescription in Somalia. Surprised, you explain that only certain medications in Canada are available in this manner and that most medications require a prescription from a doctor. This is done in the interest of public safety.

What guidelines exist to support pharmacy care for immigrants and refugees?

Canadian immigration legislation requires that all immigrants, refugees, refugee claimants and some temporary residents undergo an immigration medical examination as part of the application process. Screening is undertaken to assess the potential burden of illness and limit the number

of public health risks. The examination is not designed to assess vaccination status or provide clinical preventive screening but is only linked to ongoing surveillance or clinical actions for tuberculosis, syphilis and human immunodeficiency virus (HIV) infection.⁷

New evidence-based clinical guidelines for immigrants and refugees³ have been published to help primary care practitioners address unique health care and vaccination needs and risks for decline in health^{8,9} in this often underserved population. Immigrant and refugee health needs may differ significantly from those of Canadian-born people due to differential prior exposure to certain diseases and lack of access to preventive health care (e.g., vaccinations) in source countries. The Evidence-based Clinical Guidelines for Immigrants and Refugees have recently been endorsed by the Canadian Society of Hospital Pharmacists and focus on preventive care in 4 areas: infectious diseases, mental health and physical and emotional maltreatment, chronic and noncommunicable diseases and women's health.

Within these guidelines, notable areas for pharmacist involvement include immunization to address vaccine-preventable diseases such as varicella, human papillomavirus and hepatitis B and counselling to address unmet contraceptive needs among immigrant and refugee women. With respect to chronic diseases, the risk of developing type 2 diabetes and poor health outcomes related to diabetes is higher in certain ethnic immigrant groups than in native-born Canadians. Trust and patient-centred approaches are important for diabetes education initiatives. Pharmacists are in a unique position to achieve this objective, as they are trusted health care professionals and many are also certified diabetes educators.

Several e-learning resources are also emerging to help health practitioners develop the skills and competencies needed to care for immigrant and refugee patients. Two notable open-access programs include the Cultural Competence e-Learning Modules from the Hospital for Sick Children in Toronto and the Global Health e-Learning Program from the Canadian Collaboration for Immigrant and Refugee Health. See Box 1 for more resources for pharmacists and pharmacy educators.

After briefly explaining pharmacy practice in Canada, you ask Nadia if she has access to a professional interpreter and a family doctor.

Her son translates and Nadia shakes her head no. Upon further triage of Nadia's symptoms, you discover that she has taken several different herbal treatments for many years and has never been immunized. Nadia's son also writes down the names of 2 medicines from Somalia that Nadia is currently taking. In light of the new Canadian Immigrant Health Guidelines, Nadia's age and diabetes-like symptoms, you realize the importance of a thorough medication history, assessment by a physician and the likely need for contraceptive counselling and immunizations.

What are the practice implications and challenges for pharmacists?

Recent studies have found that immigrants and refugees may be more likely to continue to take medicines from their home countries.¹⁰ Thus, a thorough past medication history is crucial for patient safety. To discover the Canadian equivalent of a foreign drug, pharmacists can make use of resources such as *Martindale's Complete Drug Reference Guide*. Furthermore, as medication therapy experts, pharmacists should also advise patients on how to take medications safely and further explain how to monitor for effectiveness. With perceived cultural or language barriers, this important information is often omitted, when in fact it is this provision of medication knowledge that older adults want and find valuable.^{11,12}

To achieve this level of communication during a consultation, pharmacists must be both resourceful and creative in their approach. Some recommendations include the following:

- Demonstrate to a patient how to use inhalers, glucose meters and other devices—this is preferable to more didactic explanations.
- Assess understanding by asking patients to demonstrate their self-care and self-monitoring techniques.
- Provide information packages with images, such as pictograms, instead of written-only resources—this can be helpful in overcoming language barriers.
- Ask more closed-ended questions and use shorter sentences—this will help increase and allow for confirmation of a patient's understanding.
- Provide medication instructions on labels in the patient's preferred language, either by

multilingual staff or by modern pharmacy software systems—this has been very effective in achieving higher understanding.¹³ Websites such as Google Translate or handheld medical translation applications, such as MediBabble, may provide some communication assistance but should be used cautiously.

In light of the above, you sit down with Nadia and her son and ask further questions about past medications, herbal treatments and medical history. You search the medications from Somalia in Martindale's and discover that one is a medication for hypertension, while the other is an iron supplement, both of which you document. Based on the guidelines, Nadia should also be screened for hepatitis B, HIV and tuberculosis and immunized for DPT-MMR and varicella. You agree to do the vaccinations at Nadia's next visit but decide to counsel her on contraceptive methods today. At this point, you feel it is more advisable to use a telephone interpreter instead of Nadia's son for translation. You explain the different contraception methods, as well as emergency contraception. You also suggest she have her iron levels checked, as well as her fasting blood glucose levels.

How can pharmacists advocate for the health of immigrants and refugees?

By taking a more patient-centred cross-cultural approach to the primary health care of immigrants and refugees, pharmacists can effectively play a more active role in the health of this underserved population. With diverse health care needs, immigrant and refugee patients often require referral to other health care practitioners. Community pharmacists are well accustomed to these queries and tend to be familiar with services available in their communities. Of particular importance is the referral to local newcomer clinics and

community health centres that specifically serve immigrants and refugees. In this manner, pharmacists can also increase their interprofessional network. Similar approaches to addressing the health care needs of marginalized groups in Canada, such as HIV patients, have had great success.¹⁴

Another way to actively promote the health of immigrants and refugees is to assist them in gaining access to medications. Recently, the Canadian Pharmacists Association joined other Canadian health professional associations in denouncing the federal government's cuts to refugee health coverage,¹⁵ a successful protest that has led to a partial reversal in cuts. These examples highlight the potentially untapped role of pharmacists as key primary health care practitioners and advocates for immigrants and refugees.

Understanding the importance of advocacy and the need for a patient-centred cross-cultural approach to pharmacy services, you connect Nadia and her son with a local physician at a newcomer clinic and send the office your documentation and suggestions. Nadia and her son return the next week with prescriptions and an official diagnosis of diabetes. With an excellent background history, you speak with Nadia about her new condition and medications and show her how to use the glucose meter.

Conclusion

By effectively engaging immigrants and refugees in professional pharmacist-patient relationships, Canadian pharmacists can play an important role in ensuring quality care for this growing population. Implementing existing patient-centred approaches brings an appreciation to the opportunities and challenges involved in treating immigrant and refugee patients. Cross-cultural patient encounters can lead to greater cultural awareness and offer a chance for pharmacists to advance their interprofessional networks and communication skills. ■

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