

# Knowledge translation and better health and health care for migrants in Canada

## What is the responsibility of health funders and researchers?

Lisa Merry RN PhD Sandra Pelaez PhD

In Canada, migrants—that is, anyone born in another country, and especially refugees, asylum seekers, temporary foreign workers, and undocumented migrants—have unmet health care needs and face barriers in accessing health care.<sup>1-3</sup> There are also knowledge gaps and a lack of evidence regarding best practices for addressing certain health concerns in these populations.<sup>4-6</sup> We contend that health funders and researchers have a responsibility, especially in the midst of growing anti-migrant rhetoric, to do more to generate migrant health knowledge that is relevant and addresses gaps and to use this knowledge effectively to improve both policy and practice.

### Canada has a responsibility to promote migrants' health

In May 2017, at the Seventieth World Health Assembly, a resolution on “promoting the health of refugees and migrants” was endorsed.<sup>7</sup> The World Health Assembly urged member states of the World Health Organization, including Canada, to identify, collect, and develop evidence-based information and best practices toward addressing the health needs of migrants; to ensure the information's and practices' relevance and acceptability; and to provide informed translation of the knowledge generated.<sup>7</sup>

Following the World Health Assembly, a team of researchers at Monash University in Melbourne, Aust, conducted a rapid review to identify key considerations for addressing the health needs of refugees and migrants.<sup>8</sup> They identified that to better promote the health of migrants, member states must identify population health needs, monitor interventions, and measure health outcomes; develop strategies to encourage healthy living and address the upstream determinants that affect health; develop targeted screening, prevention, and treatment programs, including culturally adapted health education for infectious and noncommunicable diseases, including for mental health; and provide culturally adapted sexual and reproductive health services and education that empower women and girls and improve their health outcomes.<sup>8</sup> In addition, they recommended that countries enhance health service access in several ways: by improving the training of health care professionals to ensure that they understand service eligibility for various migrant groups (eg, asylum seekers) and provide culturally safe care; by increasing the use of interpreters, translated information, and cultural mediators; and by addressing

stigma and discrimination, which are known to deter migrants from using health care services.<sup>8</sup>

### More efforts are needed in Canada

More work is needed to better address not only the health concerns of migrants but also the barriers they encounter when trying to access care in Canada. A number of studies show that migrants are not receiving the health care they need for a range of health concerns, including psychosocial support and mental health, oral and dental health, maternal and child health, and sexual and reproductive health.<sup>3,9-13</sup> Research also shows that migrants encounter a number of challenges that restrict their use of or benefits from health care. These challenges include communication, cultural and socioeconomic barriers, poor health literacy and difficulties in navigating the health care system, and issues in how the health care system is structured and care is delivered.<sup>14</sup> A fear of being reported to authorities, a lack of health insurance or the insurance not being recognized or accepted, discrimination, mental illness, and resettlement issues are also key barriers for more vulnerable migrants.<sup>1,3,15</sup>

Moreover, further research is required to identify the health needs, measure the health outcomes, and determine the appropriate interventions for migrants, especially for more marginalized groups. Despite the growing body of literature on migrant health, some groups continue to be understudied. For example, little is known about the health needs and outcomes of undocumented migrants and temporary foreign workers.<sup>16,17</sup> For some health conditions (eg, palliative care), it is not known whether services are adequately accessible or culturally acceptable. And finally, the quality of evidence regarding appropriate screening and intervention for certain health concerns (eg, post-traumatic stress disorder, iron deficiency, social isolation) remains low to moderate, leaving care providers unclear on how to best address these issues.<sup>4,5</sup>

Clearly, more relevant and more useful knowledge, and greater application of the knowledge that is developed, is necessary. In short, we need more, and better, knowledge translation.

### Barriers to translating and applying migrant health knowledge

*Knowledge translation* is a dynamic and iterative process that involves the creation, dissemination, and application of knowledge toward improving health and health

services.<sup>18</sup> Knowledge creation comprises the production of relevant knowledge, the synthesis of research findings, the development of guidelines and tools, and further research aimed toward tailoring the knowledge to the real-life context.<sup>18</sup> An integrated approach to knowledge translation also involves key stakeholders (patients, health care and other service providers, policy makers) to ensure that the knowledge generated is relevant, addresses needs, and is in a usable format. The stakeholders' involvement, in turn, enhances the likelihood of knowledge uptake and implementation by knowledge users.

Common barriers to knowledge translation lie in the knowledge creation phase.<sup>18,19</sup> These obstacles include health needs and outcomes remaining unknown, not having sufficient information on how to apply best practices, responses to existing problems not fitting needs, and the knowledge not being adequately adapted to the real-life context. In migrant health, one of the main reasons that knowledge gaps exist is because the more vulnerable migrants remain underrepresented in research. Migrants are often excluded because it is costly and time-intensive to recruit and gather data from participants who do not speak English or French and are members of more isolated, hard-to-reach groups (eg, those who are undocumented).<sup>20</sup> Ethical concerns (ie, a fear of causing harm) might also dissuade researchers from conducting research with these populations.<sup>21</sup> Another reason for knowledge gaps is that migrant health, generally, still seems to be underresearched. We conducted a crude search of the Canadian Institutes of Health Research (CIHR) Funding Decisions Database (<https://cihr-irsc.gc.ca/e/38021.html>), which includes all funding decisions announced since January 2009. Using a range of migration-related terms (*migration, migrant, immigrant, refugee, asylum seeker, immigration, new-comer, foreign-born, minority*), the search yielded fewer than 700 hits among the more than 33 500 items in the database at the time of writing (ie, about 2% of items).

The lack of pertinent migrant health knowledge is partially owing to the difficulty of including key stakeholders in the research process,<sup>22</sup> in particular, migrant patients who might be less familiar with research procedures and principles, who do not speak English or French, or who are afraid to participate because, for example, they have a precarious migration status. An examination of CIHR's Strategy for Patient-Oriented Research webpage (<https://cihr-irsc.gc.ca/e/41204.html>) seems to confirm this notion; none of the projects funded by this program appear to have a migrant health focus, and there is no evidence of mechanisms in place to engage more marginalized migrant patients in the research process through this initiative. Furthermore, knowledge continues to not be adapted for migrants because randomized controlled trials and implementation research projects with migrants remain limited—of the 2% of items identified in the CIHR Funding Decisions

Database, fewer than 15 items were randomized controlled trials or implementation research.

## Health funders' and researchers' roles in improving migrant health research and knowledge translation

To address the issue of inadequate knowledge translation of migrant health research in Canada, health funders and researchers need to ensure that the research conducted is relevant and addresses gaps, and that the knowledge it generates is usable (**Box 1**).<sup>23</sup>

Regarding the use of participatory approaches, the involvement of communities and organizations is considered not only a way to improve knowledge

### Box 1. Recommendations for health funders and researchers

#### Recommendations for health funders

- Foster the inclusion of diverse migrant populations in all research
  - by developing mechanisms to encourage their inclusion (eg, have a question in the funding application asking whether migrants will be included and request a justification for exclusions), and
  - by providing adequate funding for studies to include migrants who do not speak English or French or who are members of more isolated groups
- Prioritize research on migrant health
  - by creating and launching research initiatives or calls specific to migrant health, including implementation research (eg, similar to CIHR's Pathways to Health Equity for Aboriginal Peoples initiative), and
  - by providing sufficient funding for this research to allow for its dissemination in multiple languages and across different stakeholders
- Promote and facilitate patient-oriented research
  - by allocating funding and implementing strategies (via CIHR's Strategy for Patient-Oriented Research or other initiatives) to increase migrants' engagement in the research process


#### Recommendations for researchers

- Conduct more randomized controlled trials
  - to test interventions in migrant populations (eg, health literacy, health promotion, health education, and mental health interventions), and
  - to test migrant training and education interventions with health care professionals
- Carry out implementation research, including barriers to and facilitators of implementation, toward improving the transfer of evidence into real-world practice across a variety of settings
- Use more participatory approaches wherein knowledge users and migrant patients are involved throughout the research process<sup>23</sup>
- Consider initiating a CIHR Strategy for Patient-Oriented Research project (eg, responsive approaches for supporting the mental health of migrants)

CIHR—Canadian Institutes of Health Research.

translation, but also a method to overcome some of the ethical concerns that lead to the exclusion of vulnerable migrants from research.<sup>21,23</sup> Organizations can provide guidance on how to ensure the safety of participants, offer direct support and care for those in need, and ensure that results are disseminated and used such that they do not cause harm.

## Conclusion

More concerted efforts are needed by health funders and researchers to improve knowledge translation of migrant health research in Canada. To this end, health funders and researchers should undertake actions related to the knowledge creation phase of knowledge translation. Specifically, these actions should be aimed, first, at ensuring that research produces relevant knowledge and addresses gaps and, second, toward optimizing knowledge so that it is appropriate and usable in practice and policy. 

**Dr Merry** is Assistant Professor in the Faculty of Nursing at the University of Montreal in Quebec. **Dr Pelaez** is a researcher in the CHU Sainte-Justine Research Center in Montreal.

### Competing interests

None declared

### Correspondence

**Dr Lisa Merry**; e-mail [lisa.merry@umontreal.ca](mailto:lisa.merry@umontreal.ca)

The opinions expressed in commentaries are those of the authors. Publication does not imply endorsement by the College of Family Physicians of Canada.

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This article has been peer reviewed.

*Can Fam Physician* 2021;67:403-5. DOI: 10.46747/cfp.6706403

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