



Review Article

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# Review: Communicating Public Health Intervention to Newcomers to Canada

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## Abstract

Newcomers to Canada from countries with a high prevalence of tuberculosis pose a particular challenge to do with disease surveillance, diagnosis and treatment. Immigration medical examination is one strategy that is used to screen them before coming to Canada. Subsequently, there is a complex surveillance system involving Immigration Canada, public health departments and primary care delivered through doctors' offices and community health centers. If immigration is left unchecked, the health of Canadians can be compromised by importing new latent and active tuberculosis cases. This will also affect WHO goal to eradicate tuberculosis.

**Keywords:** Newcomers; Latent Tuberculosis; Stigmatization; Social Determinants of Health; Health Belief; Behavior Change

## Introduction

There are significant gaps and barriers to accessing resources and care for newcomers to Canada from countries with a high prevalence of tuberculosis - low and middle-income countries. First, the culture promotes the stigmatization of tuberculosis. This prevents people from pursuing a diagnosis or seeking treatment. Also, the language barrier is a social determinant of health because it leads to low literacy levels and lack of education in the adopted country of Canada, which is English speaking. Newcomers find it easier to settle in communities that are welcoming to them. Many of these communities also have a high percentage of minorities who share the same culture [1].

Outcomes may improve if the gaps and barriers are eliminated. If education and literacy levels are increased, people will have enhanced awareness of the risk factors associated with tuberculosis infection. According to the health belief model, this will result in people engaging in practices to reduce their risk. Consequently, the social stigma associated with tuberculosis will be reduced or

eliminated. Non-governmental organizations can offer Language services to the immigrant community. This will improve the literacy levels of individuals, increase their employability and ability to command a living wage to afford better housing and clean environments [2]. Improved understanding of foreign-born patients' knowledge, attitudes, and beliefs may reduce treatment barriers and improve outcomes [3].

## The Theory of Reasoned Action and The Theory of Planned Behaviour

The Theory of Reasoned Action emphasizes the impact of attitudes and intentions on behavior. People's attitudes and intentions go a long way to determine if it makes sense to pursue health practices to reduce harmful health outcomes.

## Health Belief Model

The Health Belief Model (HBM) explains why people prevent, screen, or control illness. They must believe that there is harm



resulting from unwanted behavior, and by changing their behavior, they can avoid bad outcomes and achieve better health.

### Social Cognitive Theory

Social Cognitive Theory (SCT), which was earlier known as Social Learning Theory (SLT), describes the interaction among the cognitive and environmental variables that influence and are influenced by human behavior.

### Diffusion (Communication) of Innovation and The Transtheoretical Model

The Diffusion (or “Communication”) of Innovations theory applies to how behavior change spreads through a community or some subset of it. Champions of innovation or change help promote risk reduction education by proactively communicating public health strategies in the community. The central theme of the “Transtheoretical Model” (TTM) holds that an individual progresses from not pondering behavior change (pre-contemplation), to beginning to consider (contemplation) and get ready for it (preparation), to embark on a change (action), and finally to the customary practice of the behavior (maintenance). The evidence-based intervention I propose to reduce latent and active tuberculosis in newcomers to Canada utilizes education to create awareness of risk reduction strategies and removes the social stigma of tuberculosis. Based on the health belief model, public health education can raise awareness of risks like living or working in poorly ventilated spaces, poor hygiene, hand washing, and covering your cough or coughing into a tissue or handkerchief. The second part of the public health intervention encourages newcomers to seek treatment for latent and active tuberculosis. Incentives to seek treatment include destigmatizing tuberculosis to be accepted just as another chronic disease like hypertension or diabetes. Integral to this intervention is encouraging primary care clinics, community health centers and hospitals to accept patients for tuberculosis treatment. The current situation where immigration Canada threatens to coerce people to seek treatment should be discarded.

Early treatment of latent tuberculosis is essential to prevent active tuberculosis. A surveillance system integrated into public health and immigration Canada’s medical examination process should identify people with active tuberculosis. Also, primary care providers have a role in this. Family doctors see this patient regularly for other health problems. They should have a high

index of suspicion to profile patients’ risk and offer or refer to treatment those with latent or active treatment [4]. Communication strategies that are appropriate to build buy-in include: Firstly, the communication should consider the language barrier that often exists in the newcomer’s community. Such communication must use simple language and not nuanced. Secondly, communication should answer the question of what individuals need to do to change their behavior or benefit from a behavioral change. In addition, the communication strategy should reduce the social stigma associated with latent and active tuberculosis. It should be free of terms that are derogatory or connotative of negative attitudes, beliefs and practices [5].

### Conclusion

There is a problem with the current system of monitoring newcomers to Canada who have latent and active tuberculosis. Newcomers to Canada face social stigmas and language barriers as well as low literacy levels and low income - social determinants of health that prevent their access to available resources. I have proposed public health intervention that recognizes these challenges. Communication that encourages buy-in by immigrant populations will ensure that individuals seek tests and treatment for latent and active tuberculosis. The benefits will be that the health of immigrant communities will improve and Canada as a low tuberculosis incidence country will protect the health of all its citizens and residents.

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