Healthcare For Uninsured Migrant Populations in Ontario: What Do Nurses Need To Know?

Marquez, M., & Rummens, J. A.
Accessibility and Costs of Healthcare for Refugee Claimants Following Changes to the Interim Federal Health Programme

Joanna Anneke Rummens, The Hospital for Sick Children
Rick Glazier, St. Michael’s Hospital
Toronto

Cecile Rousseau, McGill University
Chris Greenaway, The Jewish General Hospital
Montreal

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The Migratory Status of the Child and Limited Access to Health Care: Equity and Ethical Issues

Cecile Rousseau
J. Anneke Rummens

Funded by CIHR 2009-2011
WHO ARE THESE “UNINSURED MIGRANTS”?

*Individuals from another country residing in Canada (with the intent to stay here) who do not have access to publicly funded coverage for healthcare/medical services*

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Newly arrived immigrants, PRs, convention refugees</td>
<td>90-day wait period upon arrival until, then covered under OHIP</td>
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<td>Refugee claimants/asylum Seekers</td>
<td>Currently immediately covered under IFHP due to policy revisions</td>
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<tr>
<td>Undocumented &amp; partially documented migrants</td>
<td>No access to publicly funded health care coverage</td>
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WHAT IS THE ISSUE?

- Delaying seeking care
- Being denied care
- Being asked to pay for services for which they are covered
- Feeling stigmatized when accessing care
- Limited care available by volunteer clinics

Accessing care

Delivery of care

- HCPs questioning sociocultural beliefs, experiencing cross-cultural barriers; Western medical model
- Unethical treatment by Canadian Border Security Agency when in the hospital
**IMPLICATIONS**

**Negative health outcomes**
- Direct negative consequences of not receiving care
- Delaying care until emergencies → sicker patients with more severe health conditions
- Not following up with healthcare providers
- Psychological distress associated with their migratory or precarious status

**Financial burden on patients and healthcare systems/institutions**
- Patients cannot afford to pay for care or prescriptions
- Overabundance of patients coming into dedicated but volunteer-run health care clinics for non-insured people
• Consider that patients may have different ideas of health and healthcare
  • may expect care to be similar to what they received in their country of origin
  • may be ashamed of, deny, or be unaware of certain illnesses (ex. mental illnesses)
• Ensure confidentiality, especially for undocumented and partially documented patients
• Ensure vaccinations are up-to-date
• Be aware that socioeconomic status may influence health issues (social determinants of health)
• Implement strategies to reduce language barriers
• Provide patient education: how to navigate the healthcare system, referral to community resources, etc.
WHAT CAN NURSES DO?

ADVOCACY

• Become informed and stay up-to-date with political policies regarding healthcare
• Engage in advocacy → local, provincial, federal, as well as organizational
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REFERENCES


