

# Network on Uninsured Clients Study

## Fact Sheet #3: Policy Recommendations

The Research Committee of the Women's College Hospital Network on Uninsured clients set out to capture the richness of experience and knowledge held by the Network's members. It conducted a "Qualitative Research Project on Health-Care Access for the Uninsured." The research findings were used to create four fact sheets. From their experiences, Network members have identified several policy recommendations that they believe would help improve access to care and the health outcomes for the uninsured and undocumented population.

### ***Recommendation #1: Eliminate the 3 month wait period.***

This policy change is identified by network members as an important starting point towards improving health care access and health outcomes for this population. Other provinces in Canada have already removed or altered their 3 month wait period supporting the viability of this change.

### ***Recommendation #2: Provide continued additional funding to current effective initiatives.***

Network members recognize that there are existing programs and partnerships that are providing care to the uninsured and undocumented, however there needs to be additional funding to support these existing services. Network members have suggested altering funding systems, for example the pool of funding provided to community health centres, to help support and expand existing programs.

### ***Recommendation #3: Ensure appropriate distribution of existing funds on the basis of need.***

Network members are concerned that funding for services for this population is not being adequately distributed across the health care sector. Currently, there are efforts by community health centres to manage the envelope of CHC funding to ensure more effective distribution.

### ***Recommendation #4: Improve immigration policy.***

Different aspects of immigration policy are identified as having negative impacts on the health of the uninsured and undocumented population. Recommended policy changes in this area include:

- > Improving transparency in the immigration, sponsorship and refugee claim processes.
- > Improving consistency in the immigration, sponsorship and refugee claim processes.
- > Ensure community workers who work with immigrant populations understand the process fully in order to help them support their clients.
- > Changing policies around immigrant workers and temporary foreign workers to support their rights and improve their access to health care.

### ***Recommendation #5: System changes to support the uninsured and undocumented.***

A number of health care system level changes could help to improve access to care and improve health outcomes for the uninsured and undocumented.

- > Improving integration and partnerships between health care and community based organizations.
- > Directed funding to vulnerable populations.
- > Improving consistency of practice between community health centres and hospitals.
- > Moving towards a social determinant's of health model.

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### Barriers to Policy Change

Network members recognize that there are a number of key barriers to policy change that need to be overcome.

Key barriers include:

- > Political will.
- > Ideology, ideas about the uninsured and undocumented (related to discrimination and stigma).
- > Public awareness.
- > Fear of the cost of policy change.
- > Lack of information required to make a case for change.

Another important barrier to policy change is related to issues around inter-sectionality given the diversity of the uninsured and undocumented population. However, while each sub-group within this population will need different policies to address their issues, there are common policy changes that could be addressed. There is a need to enhance coalition building across these different groups in order to strengthen research and advocacy efforts.

“...people without status or people who are uninsured get divided up into kind of the people who are deserving and the people who are not deserving and there’s kind of a fragmentation of the groups into .. kind of sub-population which actually ends up ... losing some of the strengths in numbers ... kind of divides the advocacy and divides the research into smaller and smaller pieces. Whereas there are a lot of links that can be made, for example between, kind of the temporary foreign workers and the ... live-in caregivers who come, and the agricultural workers and you know the people who are working here in the construction industry and, you know people who come as refugees, I mean there are a lot of commonalities in terms of the marginalization they face and so kind of drawing, on those commonalities while at the same time looking at specific groups I think is important.” (Interview Participant)

For more information on the network and the research, please visit

<http://www.womenscollegehospital.ca/programs/network-on-uninsured-clients.html>

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Policy Brief written by Carolyn Steele Gray, Michaela Hynie, Linda Gardner and Angela Robertson. June 2010.  
Women’s College Hospital Network on Uninsured Clients. Toronto, Ontario.



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