



# Highlights: February 12, 2010 Research Conference on Healthcare for the Uninsured and Undocumented

In partnership with:



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## Key Messages

- Quantitative data demonstrates that people without health insurance tend to present at hospital Emergency Rooms with more serious problems. However, they receive differential and unequal triage and treatment; with fewer being admitted and more leaving hospital without being treated.
- This and case studies of diabetes management, obstetrical monitoring and care, midwifery, mental healthcare and other service areas demonstrates that those without health insurance have far more restricted access to healthcare and tend to delay seeking care longer than advisable.
- This research and considerable anecdotal practice evidence from healthcare providers indicates that lack of access to insurance and inadequate access to healthcare adversely affects health outcomes and opportunities.
- In addition to inequitable access to healthcare, those without insurance generally occupy inequitable positions within the wider social determinants of health; with many in precarious employment or facing uncertain immigration status. For the latter, their vulnerability and precariousness leaves them with a fear of some in speaking up about their problems because of perceived threats to their immigration status.
- This inequitable access to healthcare, plus insecure immigration status and overall social position, contributes to heightened stress and anxiety, and appears to be associated with increased risk of mental health problems.
- While those without health insurance for various reasons face common problems in terms of access to care, their immigration status, precariousness within the labor market, overall social position and other factors can vary considerably, it is important to differentiate sub-populations within the uninsured.
- It is particularly important to distinguish the legal and regulatory reason why different categories or sub-populations are uninsured. While all share common needs for more equitable access to care, the policy solutions to their lack of insurance are very different.
- While there were many innovative and responsive initiatives from healthcare providers to support the uninsured, there needs to be greater coordination and more systematic policy and practice on issues of access to services and high-quality care that can address the complexity of people's needs.
- A multi-pronged approach to policy and practice is needed to address these issues and diverse stakeholders need to be engaged to ensure that training, practice and institutions are aligned.
- Researchers argued that access to healthcare and health needs to be reconceptualized and reframed as a human rights issue and for the language of rights and social justice to inform discussions and actions about accessibility and care for these groups.

## Introduction

Ontario is seen to have a high-quality health system, free and accessible to all. However, significant numbers of people do not have OHIP cards or health insurance for various reasons and face major barriers to accessing the healthcare they need. Considerable community experience and anecdotal evidence indicates that these barriers can have significant adverse impacts on people's health and well-being. The need for more systematic research on the barriers and impact facing uninsured people was increasingly recognized.

This February 2010 conference was an initial step to collecting and enabling more comprehensive research. It was initiated by the Women's College Hospital Network on Uninsured Clients in partnership with the Wellesley Institute, the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto and the York Institute for Health Research at York University

The purpose of this conference was to bring together researchers exploring the lived experiences of uninsured groups in order to deepen our understanding and to share ideas for moving forward. The specific goals of the conference were to:

- Share innovative research on access barriers to health care;
- Learn about the differential quality and health outcomes facing those without access to OHIP;
- Identify common findings, implications, and key research and policy issues moving forward;
- Provide fellow researchers with a platform to discuss their findings and connect with other researchers in the field.

This research conference was the first of its kind in Toronto and was a huge success. Researchers, policy-makers and practitioners welcomed the opportunity to engage in a dialogue and to forge connections to address these complex, inter-connected issues in a more coordinated manner.

Thirty presentations of new, ground-breaking research were conducted, bringing together some 200 researchers, healthcare providers, policy people and others working in spheres addressing health and other needs of the uninsured. Many of these presentations, summary reports and other documents can be found on the [Wellesley Institute](#) and [Women's College Hospital](#) websites.

This report summarizes the main findings and policy implications from the eight concurrent sessions which took place. Presenters were asked to identify policy implications and recommendations, and these are also highlighted for each session.<sup>1</sup>

## Section I- Inequitable Access

### The Relationship between Insurance Status and Presenting Complaints of Acute Care Clients in Toronto

Quantitative analysis of hospital data in Toronto demonstrates that:

- The uninsured tend to present with mental health problems and issues associated with their disadvantaged environmental and social conditions;
- The uninsured tend to present with more serious health problems than those insured, and may delay seeking care until the condition becomes life threatening;
- However, they receive poorer triage and care;
- The uninsured tend to be classified at a lower priority level in triage,
- A higher percentage of uninsured people are not admitted to hospitals as compared to those who have health insurance;
- A higher percentage of uninsured people leave hospitals without being treated as compared to those insured.

#### Policy Recommendations

- Address the social/physical consequences of not having insurance;
- Determine and address the barriers to receiving appropriate care;
- Recognize and address the diversity of the population without health insurance.

### Healthcare Access for Migrants with a Precarious Migration Status in Montreal: Review of the Situation and Possible Solutions

Entry of migrants with a precarious status (MPMS) into Canada is mainly legal. Reasons for precarious migration status include temporary or employer-linked visas, rejection of request for

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<sup>1</sup> This summary has been prepared by WI staff, relying on notes taken during the session if slides or speaking notes were not available. If policy recommendations were made for specific presentations that is indicated; at other times, the recommendations apply more generally to issues raised by several presentations or over the session as a whole.

refugee status, and expired student/visitor visa. MPMS face unhealthy housing conditions, low income/undeclared jobs, and problematic access to education. They also struggle with mental health issues that are related to their migration status. The following were recognized as the most important issues for the uninsured:

1. Long waiting periods (approximately 3 months) for health services, including ER, perinatal care, and for public health care coverage (such as for the Interim Federal Health Program);
2. Link between jobs and healthcare coverage;
3. Limited or delayed access to healthcare.

## Policy Recommendations

- Improve documentation of MPMS issue by incorporating a quantitative approach;
- Consider changing or eliminating the waiting period;
- Improve healthcare services for MPMS, especially perinatal, paediatric and urgent care.

## Exploring Equity and Syndemics in Diabetes Mellitus (Type 2) Management of Non-Status Women of African, Caribbean, Latin American and South Asian Descent Living in the Greater Toronto Area and Surrounding Municipalities

A qualitative study of diabetes in immigrant women of color without immigration status and health insurance showed that these women have low income and are placed in precarious social positions, putting them at greater risk of developing Type II diabetes. Due to their uninsured status, they do not have access to services/resources to prevent or manage diabetes, such as medication, testing strips, specialized health care, and food and housing. Successful management of Type II Diabetes (T2DM) hinges on access to health care resources. Further barriers in T2DM management include not possessing ID, no/low income, and rarely anyone to depend on.

## Policy Recommendations

In analyzing the relationship between insurance status and the needs and treatment of acute care clients in Toronto, the following recommendations were put forward:

- Address social/physical consequences of not having insurance;
- Determine and address the barriers to receiving appropriate care;
- Recognize and address the diversity of the population without health insurance.

It was suggested that documentation of migrant populations should be more extensive, and that the following should be researched:

- Demographic and social data on the population with precarious immigration status (using a quantitative approach);
- Impact of restricted access to care on individual health and public health;
- Impact on migrants' mental health;
- Impact on systems & actors (institutions, health system).

Further recommendations made:

- Supporting family reunification;
- Consider changing or eliminating the waiting period for public health insurance;
- Improve healthcare services for MPMS;
- Target services, especially perinatal, paediatric and urgent care;
- Improve state's responsibility and implement policy change.

Potential strategies for policy development were identified as the following:

- Develop partnerships between community health centers and pharmaceutical companies for non-insured supplies;
- Develop partnerships between community health centers and food banks to supply food to non-insured;
- Protect Worker's Rights through development of occupational health programs;
- Development of "Don't Ask Don't Tell" policies regarding immigration status to protect the non-insured;
- Collect donated clothing at community health centers for non-insured;
- Advocate for increased non-insured budget given to community health centers and hospitals to cover lab tests, specialized health care and hospital beds.

## Section II- Migrant and Temporary Workers

### Healthcare for Canada's Temporary Foreign Workers: Challenges and Possibilities

Ontario has the most number of temporary workers, with about 20,000 workers coming through the Seasonal Agricultural Workers Program. However, these workers have no chance of immigration and are unable to access benefits. All are subjected to a two-day health exam, but if they return home when they are sick, they are not re-admitted into Canada.



There are limited rights for all farm workers, who are unable to unionize, unable to freely change employers, can be dismissed from their jobs without an appeals process, and who generally have little control over their living and working conditions, including no right to stay or settle in Canada. Thus workers are afraid to voice their problems for fear of losing their jobs.

As a result of these conditions, they experience a number of health problems, including poor sleep because of stress, problems associated with sexual and reproductive health (they can't access contraception and often miscarry), and a variety of mental and emotional health problems (depression, anxiety, and sometimes addictions). Their working conditions present occupational health problems due to exposure to pesticides. In general, they face many health risks across the board. However, there is some good news. There are many community efforts that provide access to workers, such as the Occupational Health Clinics for Ontario workers, which provide accessible services without the need for a health care card, accessible locations, outreach workers, flexible opening hours (e.g., open on Friday nights), allowing plenty of time for in-depth consultations. It is critical to try to make services as accessible as possible – to work around the needs of the workers – and to try to ensure confidentiality, to provide appropriate interpretation and flexible opening hours, and to provide links to existing organizations. Modifying health care services to adapt to the needs of workers, changing the Temporary Foreign Workers program to account for the vulnerabilities of these workers, and providing long-term health insurance and more support are positive ways forward.

## **The Impacts of Precarious Work and Precarious Status on Health: Latin American and Caribbean Immigrants in the GTA**

The impact of precarious work on the health of Latin American and Caribbean Immigrants in the GTA found many similarities to those of temporary foreign workers. They too experienced limited rights, protections, benefits, and control over their schedules. Their precariousness also extended to their legal status and the two factors combined had compounding negative effects, including employment strain. An 'index of precarious work' was discussed, which was linked to education and time in Canada. Women were more likely to have a higher score on this index, as were people who worked in construction and trades. Fluency in English was linked to a lower score. The pathway to precariousness is difficult to escape.

## Gender and Migration as Social Determinants of Health: The Case of Latin American Undocumented Workers in the Greater Toronto Area

Finally, the experiences of gender and migration as experienced by Latin American undocumented workers in the GTA were discussed. The ‘undocumented’ include people who legally enter Canada, as well as 36,000 failed refugee applicants. Globally, there are about 30-40 million undocumented workers, who are mainly concentrated in construction, manufacturing, hospital and domestic work. Many of these occupations are part-time or seasonal, precarious work with much variation in how workers are treated. Many workers pay into unions but are unable to access benefits. Once again, workers reported feeling afraid to speak to their bosses about what is happening to them. Many workers live with fear (of deportation, losing their job) and uncertainty, unable to plan for their futures. A ‘web of exploitation’ dominates their experience – many employers know that. However, a ‘web of solidarity’ does exist among many of the workers, which can provide at least some protection from their hardships.

### Policy Recommendations

The following recommendations were made:

- Strong need for advocacy for these vulnerable groups;
- More research on the experiences of these groups (e.g., on the challenges faced by undocumented workers – currently very little research done with this group in Canada);
- Provide more services which are accessible for these workers, supported by interpretation/translation resources, links to organizations that provide support with this kind of work, alternative therapies, etc. and make sure these services are well-advertised to these groups (and build on examples of good practice – e.g., the Occupational Health Clinics described above);
- Provide access to comprehensive long-term insurance;
- Change the Temporary Foreign Worker Program to address the underlying issues that these workers face;
- Build on good work of existing community organizations (there are reports of satisfaction with some services so learn from what’s working and seek to replicate or adapt).

## Section III- Reproductive Health

### Undocumented Pregnant Women: What Does the Literature Tell Us?

This is a synthesis of existing literature on the topic of undocumented pregnant women. At the time of this research, there were no Canadian studies on undocumented pregnant women, despite these women being a particularly vulnerable group. The synthesis was a literature review using worldwide articles between 1967 and 2009. Its inclusion criteria were left broad to capture as many issues facing the group as possible. After filtering through 204 retrieved articles, a final sample of 22 articles was kept for the synthesis.

The synthesis found that very little information exists on pregnancy-related issues with respect to undocumented women. The demographics of these women varied by host country; however the consistent features were that the women were young, single, low-income, and domestically employed, whether or not they were educated.

Undocumented status results in less access to and delayed and inadequate prenatal care. The women cited not having status and fear as being main reasons for not accessing the service. As a consequence, lack of prenatal care was associated with less favourable birth outcomes which in turn posed a greater cost to the health system. The women were less likely to receive an epidural and they had shorter hospital stays than documented women. Whether or not the women had more delivery complications and whether birth outcomes were favourable varied depending on the study. The authors suggest explanations for these conflicting findings such as the healthy immigrant effect and the protective role of close-knit families.

Reviews of available programs for treating undocumented pregnant women found that few policies exist to address the population's needs. Of existing programs, many were developed on an ad-hoc basis or using "patchwork" programming, which leads to confusion and reticence in care seeking behaviours. The existence of a healthcare worker serving these women was very beneficial. Some existing programs were highlighted for their successful features such as being able to mobilize a partnership between the hospital and the city, having trained patient advocates who are assigned to each woman to accompany them throughout their pregnancy, providing childcare education, and staff speaking the language of target population.

In summary, reproductive health care is greatly impacted by insurance status. Midwifery has provided vital care to the uninsured through provincial funding streams. However, uninsured women are still more likely to receive less prenatal care, ultrasound and other tests, and are more likely to choose home birth because of high hospital costs. More documentation on existing programs is needed. Using this documentation, stakeholders can keep informed on policies and resources. The organization of these services must take into account the unique aspects of each population, and having political participation can help mobilize resources.

There needs to be a focus on treating these women in public health since it has an impact on society as a whole.

## Providing Care to the Medically Uninsured Obstetrical Patient: A Chart Review

The objective of this study was to assess the adequacy of prenatal care and perinatal outcomes for uninsured pregnant women presenting at two primary care centres in Montreal, Canada. The study was conducted using data from two retrospective cohorts of women at two family medicine practices serving multiethnic neighbourhoods. These programs had minimal costs for consultations, and financial assistance was available in one center.

The study demonstrated that uninsured pregnant women are at significant risk of late initiation and inadequate prenatal care. There is a high correlation between uninsured status and no permanent status among these women. These women sought and received prenatal care several weeks later and completed less testing than insured women. The Kotelchuck Index was used to compare dimensions of prenatal care to an American standard and found that not only were uninsured women presented late for prenatal care, they were more likely to receive inadequate care. However, once women start prenatal care, perinatal results are very positive. That is, once care commenced, there were no differences in route of delivery, epidural use, gestational age, baby weight, and post-partum visits, however other studies have linked late and inadequate prenatal care with perinatal complications for both the mother and the child. The authors suggest the null finding may be the result of selection bias or healthy immigrant effect.

Lack of appropriate prenatal care is against the principle of Canadian universal care and the International Rights of the Children. The findings of this study raise serious concerns about the safety of mothers and newborns in irregular immigration situations. More documentation is needed.

In terms of policy implications:

- The study found that uninsured pregnant women presented late for prenatal care and were more likely to receive inadequate care;
- This may have potential health implications that need to be better studied;
- The actual situation is chaotic and there needs to be some kind of policy for women to access care.

## Providing Obstetric Care to the Medically Uninsured: The Patient's Perspective

This qualitative study aims to understand the experience of uninsured women receiving prenatal care at the Herzl Family Practice Centre (HFPC) in Montreal. Uninsured women who received care at the centre between 2004 and 2007 were contacted by telephone and interviewed face to

face. An interview guide was used to capture various experiences and women also completed a short demographic survey. Of the 43 uninsured women to receive care, contact was made with eight. All eight agreed to be interviewed. Presented here are preliminary results.

From the patient's perspective, HFPC made it easy for these women to access the care of a physician, and most women expressed that they did not experience discrimination by the staff members. All women felt a financial burden when having to pay for services and subsequently some began to self-manage their own care. Some of the women indicated group care may be a beneficial service to offer the women in order for them to communicate with other women in the same situation. Most of these women were well educated but slipped through the cracks. They were easily contacted through their old contact information, which suggests their lives were more stable. Most of the women in the study ended up getting medicare after their time at the centre, indicating they were only uninsured for the moment that they were pregnant. There could be a difference between the experiences of these women and those not interviewed.

In summary, uninsured women are willing to engage in care when in a non judgemental and supportive environment; however, self management of care as a result of financial constraints may lead to poorer outcomes. The authors assert that more research is needed to better understand the issues faced by uninsured pregnant women.

## Policy Recommendations

The following policy recommendations were made to improve programs and services for uninsured pregnant women:

- Treating undocumented and uninsured pregnant women should be made a priority given its impact on the healthcare system;
- Trained patient workers who speak the same language as the patient should be made available to uninsured pregnant women;
- Political participation is needed to help mobilize resources for the successful implementation of these programs in hospitals and clinics;
- Organization of services must take into account the unique aspects of each population;
- New and existing programs should document demographics of uninsured pregnant women, their needs, and program effectiveness;
- Service providers should be well trained in the unique traits and needs of the population being served in order to minimize feelings of being discriminated and reticence towards services.

## Section IV- Mental Health

Findings from a number of qualitative studies on mental health presented at the conference revealed similar themes. Precariousness of work and legal status for many different groups of the uninsured (temporary workers, undocumented workers, as well as the socially excluded) has a definitive impact on mental health. Social factors are seen to be a major source of stress. There is emerging evidence of a correlation between lack of health insurance and mental health.

### Liminality and Mental Wellbeing among Non-Status Immigrants in Toronto

Non-status/illegal immigrants tend to experience:

- Fear of isolation;
- Lack of control over their lives;
- Stigma;
- Poor social integration;
- No public protection;
- Socio-cultural and linguistic barriers;
- Domestic violence, and
- Structural/material barriers.

As a result, they suffer chronic stress, trauma, and depression, which can contribute to greater risk of psychiatric illness.

### The Cost of Invisibility: The Psychosocial Impact of Falling Out of Status

Many “illegal” immigrants are those whose status has changed from legal to illegal, and subsequently have been deprived of their rights, entitlements, and access to the social and economic pre-conditions of good health. They have no legal access to public services, including health care, and live in fear of deportation. This fear further prevents them from seeking services. Women face sexual abuse, and the population is vulnerable to violence and exploitation by employers, landlords, immigration consultants, etc.

### Policy Recommendations

Adopt a “Don’t Ask Don’t Tell” policy regarding immigration status in order to provide services without fear and to accomplish the following:

- Provide safety by the police; this will ensure victims of crime are truly protected;

- Prevent exploitation by providing full accessibility to the justice system;
- Provide accessibility to city services: health care, including mental health services, community services and programs, Employment Insurance, social assistance, etc;
- Employment authorization: access to work permits and work contracts
- Provide an effective path to regularization.

## Women Living Without Legal Immigration Status: Health consequences and barriers to healthcare

Research findings indicated that the precarious nature of migrant's lives may exacerbate existing health issues. Experiences of abuse and social isolation are very common among immigrants without status.

### Policy Recommendations

The following recommendations were made:

- Intersectoral collaboration and initiatives are needed in order to better address the social determinants of immigrant health;
- Specific barriers leading to under-utilization of services by immigrants require immediate policy/practice initiatives;
- Underemployment/lack of employment and poverty are significant risk factors for the health of immigrants.

## Health (In) Security: Examining Health Barriers of Undocumented Youth and Families and Policy Prescriptions for Health Access for All

This study similarly found that undocumented youth have a minority mentality, and live under pervasive stress due to their status. There is a “consciousness of criminality” among this population, and they are in need of coping strategies and access to health services.

### Policy Recommendations

It was recommended that a “Don’t Ask Don’t Tell” model of service provision be adopted.



## Section V- Women's Health

### Insurance status and colposcopic findings among women attending a colposcopy service for underserved women: an exploratory study

Findings indicate that the uninsured do not follow up on colposcopy test results as often as the insured do. Factors contributing to poor colposcopic follow up include cost, age, severity of lesion, education, socio-economic status, wait times, and anxiety. Compared to insured patients, uninsured patients tend to be older. Language barriers, unemployment status, previous pregnancies, and inadequate PAP-smear examinations also contribute to lower follow-up statistics in the uninsured population.

The Bay Centre for Birth Control was provided as a model for service provision to women whose needs are not otherwise well met. These include the uninsured, new immigrants, and socially disadvantaged populations. The model of care integrates a family physician colposcopist, nurse case management, extensive pre-procedure counselling, and referrals to other health centres serving marginalized women if treatment is necessary.

### Midwifery Care for Vulnerable Populations: Providing Care for Non-Insured Women in Ontario

Most pregnancy related costs are not covered by midwifery care (such as labs, ultrasounds, hospital fees, consultation fees). Financial concerns may lead uninsured patients to prefer obstetrical care over midwifery.

### Policy Recommendations

When looking at women without insurance status, it was recommended that:

- Inter-sectoral collaboration and initiatives are needed in order to better address the social determinants of immigrant health and the intersectional influence of identity markers with biological and social/ ecological factors;
- Specific barriers leading to under-utilization of services by immigrants require immediate policy/practice initiatives;
- Underemployment/ lack of employment and poverty are significant risk factors for the health and wellbeing of new waves of immigrants.



## Section VI- St. Joseph's Health Centre – Institutional Action

### Challenges in Treating the Uninsured

Located west of Bathurst in Toronto, Ontario, St. Joseph's Health Centre serves a diverse population. The hospital's mission and values are:

- Human dignity;
- Compassion and social responsibility;
- Supporting equitable access to healthcare services;
- Reaching out to the sick, disenfranchised and the disadvantaged;
- Acting as accountable stewards of the resources entrusted to them.

Obligations outlined by medical, nursing and other professional associations emphasize the importance of not discriminating based on socioeconomic status or ability to pay. Following these principles can be difficult for several reasons. There are varying costs to serving uninsured, therefore the impact on SJHC's resources are unpredictable. Also, decisions to treat uninsured can be controversial and staff conflicts over decisions may ensue. There are many avenues to providing assistance to the uninsured, and this can contribute to staff confusion and conflict: Do staff donate their time while on the job? Do they work on their time off? Donate their personal income?

To address these challenges, SJHC is developing a policy for uninsured patients. The policy is intended to support medical, clinical, and administrative decision making in the management and provision of treatment for uninsured patients. Its core principles include:

- Uninsured patients will not be turned away;
- Aside from emergent and urgent treatments, uninsured patients may also be accepted for elective services;
- SJHC will not pursue payment until a complete financial assessment is conducted. There will only be one bill unlike other hospital bills in order to streamline the process and make it easier for patients to manage.

These principles follow the hospital's code of ethics as no one will be turned away based on their inability to pay for services.

## **A coordinated approach to the uninsured and undocumented patients**

SJHC is currently researching the impact of insurance status on the delivery of emergency healthcare to the uninsured. The research initiative aims to better understand the access barriers faced by the uninsured population, as well as the impact on healthcare providers. Analysis was conducted over 9 months with 267 uninsured patients, 60% of whom were non status, 19% of unknown status, 11% in-process, 6% landed immigrants.

The most uninsured hospital stays were seen among walk-in non-obstetrical patients. Due to high costs, the uninsured do not want to be re-admitted to receive prolonged care. They leave the hospital as early as they can only to be readmitted later, which is a greater strain to the healthcare system. Uninsured patients also shop around different health service providers, and their care can be fragmented.

## **Investigation of the impact of patient insurance status on the delivery of health care to uninsured patients visiting the St. Joseph's Health Centre emergency department**

Currently, SJHC is conducting a study to investigate how patient insurance status impacts the delivery of health care to uninsured residents of Ontario and non-residents of Canada visiting the emergency department. The goal of this study is that clinical and administrative staff will be aware of the barriers at multiple points in the delivery of health care to uninsured patients and will be better able to coordinate their treatment of uninsured patients. Patients will ultimately be better cared for.

## **Policy Recommendations**

SJHC suggests that care to the undocumented/uninsured must be aligned with the system, and recommends all the LHINs to commit to a development process to include:

- Shared payment agreements;
- Shared patient information among healthcare providers;
- Safe data collection;
- Consideration for patient status and financial assessment.

## Session VII- Service Delivery Action

### Working with a Hidden Population: the Experience of Front-Line Workers who Provide Services to Non-Status Immigrants in Toronto

Front line workers observe that most of the services needed by non-status immigrants (NSI) are health related, followed by legal services, and then employment. These organizations struggle with assuming the role of “gate-keeper” for services.

#### Policy Recommendations

- 1) The government should provide help to community organizations;
- 2) There should be development of amnesty organizations and regularization;
- 3) Canada should focus on training workers within the country;
- 4) Discussions about NSI should be legitimized;
- 5) Resource allocation needs to be questioned for access to services.

### Overcoming Barriers to Health Care through Identification Programs

The 2007 Street Health Report demonstrated that 37% of the people facing issues with access to health care are those who do not have ID (i.e. their health cards). The Direct Service Response was established for ID replacement and safety.

The barriers seen in obtaining and retaining ID include lack of resources, no mailing address, and involvement in a child welfare system, not knowing complete birth information, or having parents with illegal immigration status. Citizenship and immigration documents are expensive, and there is a long wait period for document replacement.

### Denial of Health Insurance to New Canadians

Medically uninsured immigrants are a vulnerable population. Access inequities are present in the health care system of Canada. The attitude towards immigrants is not always positive. Emergency services costs are very high and not all immigrants can afford these costs. Furthermore, there is a feminization of immigration which is becoming a huge problem—many of these immigrants go into sex trade.

## Policy Recommendations

- 1) Legality should have nothing to do with the provision of health care;
- 2) Health care should be provided regardless of status, income, and legal status.

## Improving Mental Health Services Access for Immigrants, Refugees, and Non-insured People with HIV/AIDS

Newcomers have accounted for 20% of all HIV cases in Canada. There is a gap between health care coverage and the population that is suffering. Stigmas attached to the condition have a negative health impact. Mental health issues are also more common in newcomers who are non-status.

### Policy Recommendations:

- 1) Provide counseling for newcomers;
- 2) Advocacy for a Mental Health Strategy;
- 3) Mobilize ethno-racial leaders against HIV stigma;
- 4) Advocacy to provincial and federal government for an AIDS strategy;
- 5) Focus resources on capacity building;
- 6) Ensure systemic accountability both in the government and the service providers.

## Section VIII- Policy Action

### Migrant Health: Framing the Discourse on Health Care Access for the Uninsured and Undocumented within Social Justice and Human Rights

Migration is a social justice issue. Solutions need to centre on a social justice, equity, and human rights framework. All migrants should be accorded clear rights and entitlements to health care. There is a need to rework the definition of citizenship, so that it includes a more robust set of social and health rights for all global citizens, irrespective of nationality, country of residence, or immigration status. Framing migrant health as a social justice issue helps it to go beyond the human rights discourse, which, although important, is subjected to some troublesome limitations. It is imperative to advocate for migrant health and push for changes in the health care system, training and compensation arrangements to address the underlying social determinants of health. National and international laws need to be invoked in order to support the rights of migrants who may be unfairly treated/refused right to stay/coverage. Awareness

must be raised regarding the practical challenges faced by educational and health care providers in providing access to immigrants with precarious status.

## Litigating Access to Healthcare for the Undocumented

The Interim Federal Health (IFH) Program plays a transitional role only, and is not designed to offer the same comprehensive medical coverage as provincial health insurance. The benefits are generally meant to be limited to:

- essential health services for the treatment and prevention of serious medical/dental conditions (including immunizations and other vital preventative medical care);
- essential prescription medications, and non-prescription life saving medications;
- contraception, prenatal and obstetrical care; and
- the Immigration Medical Examination for individuals who are unable to pay for it.

The case of Nell Toussaint was discussed. Nell Toussaint has lived in Canada without lawful status for many years. She has worked and paid taxes, but was refused coverage under the IFH program. Regarding *Toussaint vs. Canada*, it is argued that the denial of healthcare coverage under the IFH Program violates Nell's right to equal benefit of the law without discrimination on the grounds of both disability and citizenship. In addition, it increases her risk of life-threatening illness and has interfered with the right to life.

The case has the potential to profoundly broaden the range of those eligible for health coverage under the IFH program.

## Getting It On The Agenda: Access to Healthcare for the Uninsured and Undocumented in Canada

Many people are not covered in the province – either they are non-status, are precarious status migrants, are immigrants with status but without health insurance, etc. If we adopt Kingdon's framework (see Kingdon, J. W. (1995). *Agendas, alternatives, and public policies (2nd ed.)* New York: Longman), and view policy through a 'problems, proposals and politics' lens, and if all three of these aspects move together, then we can create a policy 'window'.

Policy can be viewed from different perspectives.

- **Problems**
  - How is the issue seen?
  - How framed?
  - Focusing event?

- **Policy/Proposals**
  - Seen as feasible?
  - Compatible with values?
  - Appeal to the public?
  - Cost-effective?
- **Politics**
  - Is the political climate favourable?
  - What is the public mood?
  - Is there social pressure on this issue?

There are limits to this approach in that it implies a rational, linear pathway from evidence to policy when the reality shows that this is not the case. In addition, there are a number of enablers and barriers to each aspect. Nonetheless, merging the streams and getting access to the undocumented and uninsured on the agenda can be achieved through the following mechanisms:

- Research to guide action, particularly cost data and qualitative data
- Political empowerment of groups and creating safe spaces for organizing
- Short-term wins to bolster the movement, and demonstrate effectiveness
- Long-term vision to guide the process, developed by the affected communities

## Negotiating Access to Public Goods: Providing Healthcare to Toronto Immigrants with Precarious Status

The purpose of this project is to examine the institutional and policy changes taking place in two clusters of public institutions (healthcare and education) that work directly with precarious status migrants. The researchers asked questions relating to the challenges managerial and frontline workers face when serving precarious status migrants, how organizational practices and mandates of institutions changed in the process of working with or offering services to precarious status migrants, and how policy directions changed (or not) in health and education as a response to the demands for public services by precarious status migrants and their advocates. Focus groups and key informant interviews with senior and middle management,

frontline workers and advocates to map organizational and policy changes in health and education are being conducted.

Findings to date show that frontline workers (healthcare workers and advocates) used various different strategies to negotiate access to health care for Toronto immigrants with precarious status, including networking (informal arrangements), brokering (negotiating to waive fees, get free beds, etc.) informal referrals, providing a bridging role, etc. Yet they are also faced a number of limitations in providing these services, such as limited resources (for example, funding constraints, increasing numbers of precarious status clients), personal strain, and bureaucracy.

The political landscape of policy options is complex and requires negotiating between the biomedical and social determinants of health values and perspective on the one hand and resident to citizen status on the other.

## Policy Recommendations

- The drivers of global migration must be considered in greater detail. Canadian complicity in the generation of conditions that force migration needs to be acknowledged;
- Social justice analysis needs to be incorporated into research since a human rights approach alone is not enough to ultimately fully realize those human rights.
- Research can be used to galvanize political will necessary for achieving social justice; qualitative research can capture people's lived experience (and is an important part of 'telling the story').
- Addressing these issues requires a diversity of tactics, whereby everyone can contribute to a larger shift
- A policy framework that emphasizes a social determinants of health perspective and membership available to all is required
- Language is important and using the language of human rights needs to be used in institutions to move away from the idea of health as a commodity and to bridge the gap between the values of politics and those of people
- Institutional racism can be addressed through curriculum for doctors, other health providers and researchers so that they are aware of, and can question and challenge discrimination

It is important to acknowledge short-term wins such as:

- Elimination of the 3-month waiting period for new immigrants;
- More support to Community Health Centres, who provide care to the uninsured;
- Explicit "Don't ask, Don't tell" policies regarding immigration status in all health care institutions, and training of front desk staff;
- Public education campaigns, partnering with allies in education and public health.

## Conclusions

In addition to specific findings and implications, a number of consistent themes appeared in research and discussions within the sessions throughout the conference.

Inequitable access and treatment of women within the health system is an ongoing problem. It was seen that whatever the medical/access problem, it is generally more severe for women

Racism—well documented as a wider determinant of health and overall social inequalities—shapes the experience of many uninsured and undocumented newcomers. Racist and xenophobic assumptions define the discourse around the uninsured, and therefore potential solutions must take into account diversity and anti-racist analysis/action.

The underlying theme of the conference remained that there is a considerable negative impact of living in Canada without health insurance, and that policy initiatives must be taken to provide equitable access of services to these populations.



# Appendix: Conference Program

*Research Conference:*  
**Research on Healthcare for the Undocumented and Uninsured:  
Systems, Policies, Practices and their Consequences**

Presented by:

*Women's College Hospital's Network on Uninsured Clients  
Wellesley Institute*

*Lawrence S. Bloomberg Faculty of Nursing, University of Toronto  
York Institute for Health Research (YIHR), York University*

The Women's College Hospital's (WCH) Network on Uninsured Clients, Wellesley Institute, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto and the Institute for Health Research at York University are jointly hosting a one-day research conference in Toronto, Ontario. The conference aims to gather local academic and community researchers with interest in health services for uninsured and undocumented clients.

Date: Friday February 12, 2010

Time: 9:00 a.m. – 4:00 p.m.  
Registration opens at 8:30 a.m.

Location: 155 College Street, Suite 610  
Health Sciences Building  
University of Toronto  
(Map enclosed)

The goals of the conference include:

- To document and share research on the health and health care for undocumented and uninsured clients;
- To bring researchers together to coordinate and collaborate on their research efforts; and
- To produce and disseminate a summary report and policy recommendations based on the research findings and discussions that emerge at this conference.

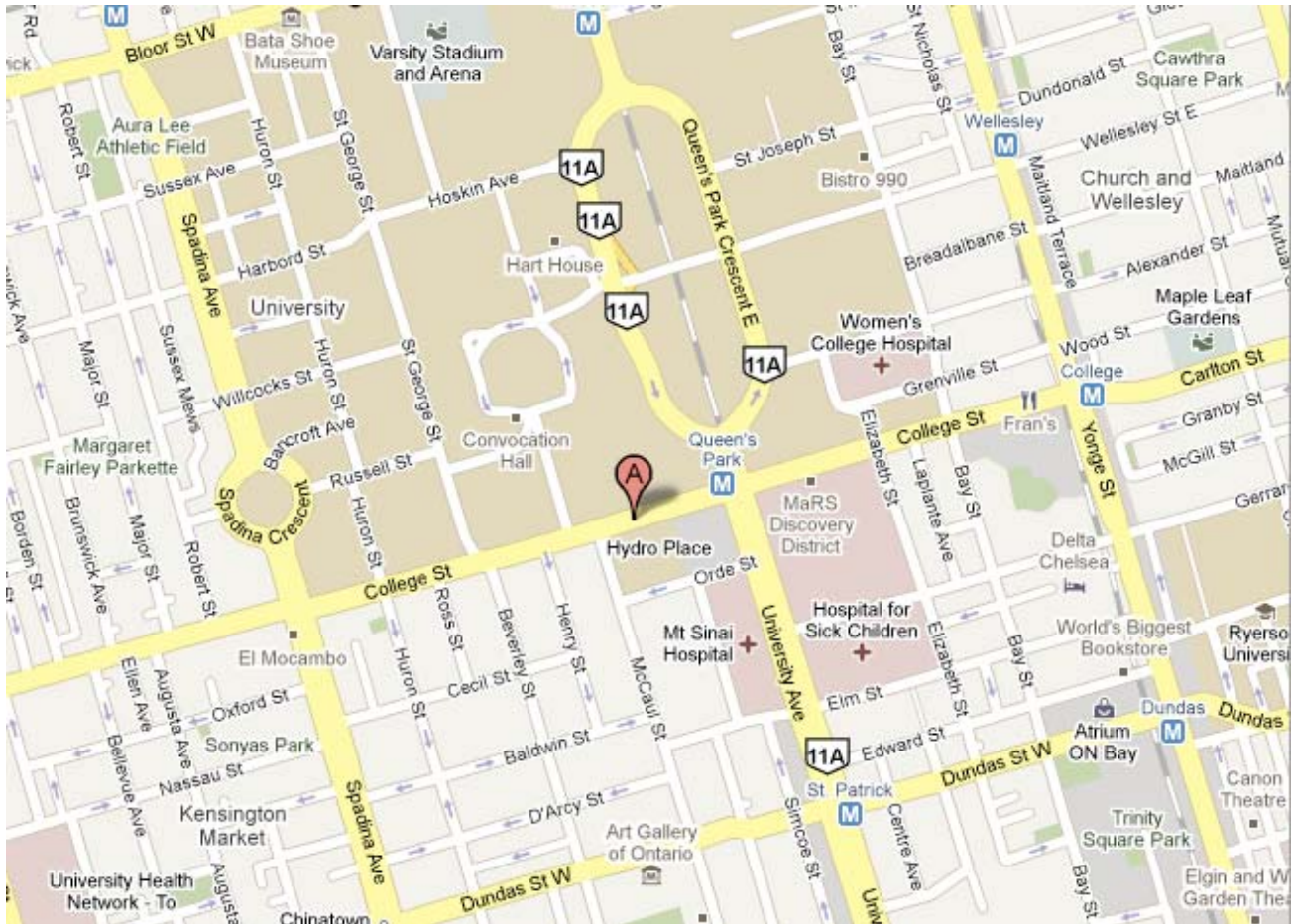
Advanced registration is required for attendance.

For registration and other information, please contact [linda.gardner@wchospital.ca](mailto:linda.gardner@wchospital.ca)



*Research Conference:*  
Research on Healthcare for the Undocumented and Uninsured:

Health Sciences Building, 155 College Street, Room 610



The venue is located within walking distance of Queen's Park subway station on the Yonge-University-Spadina line. For more information on schedules and routes, please visit [www.ttc.ca](http://www.ttc.ca).

“Pay and Display” parking is available at 240/256 McCaul Street.



*Research Conference:*  
**Research on Healthcare for the Undocumented and Uninsured:  
 Systems, Policies, Practices and their Consequences**

Health Sciences Building, 155 College Street, Room 610

Agenda – February 12, 2010

<b>8:30-9:00</b>	<b>Registration, Refreshments, Muffins</b>
<b>9:00-9:05</b>	<b>Opening: Angela Robertson</b> , Director, Equity & Community Engagement, Women’s College Hospital
<b>9:05-9:15</b>	<b>Welcome: Marilyn Emery</b> , President & CEO, Women’s College Hospital
<b>9:15-9:30</b>	<b>WCH Network on Uninsured Clients:</b> <b>Michele Landsberg</b> , a Founding Member & WCH Board of Directors Member
<b>9:30-10:15</b>	<b>Keynote: “Access Denied”</b> <b>Atulya Sharman</b> , Community Legal Worker, South Asian Legal Clinic of Ontario
<b>10:15-10:30</b>	<b>Towards Access: The Uninsured and an Equity Agenda:</b> <b>Bob Gardner</b> , Director Healthcare Reform & Public Policy, Wellesley Institute
<b>10:30-10:45</b>	<b>Refreshment Break</b>
<b>10:45-12:00</b>	<b>Concurrent Sessions: A,B,C, D</b>
<b>12:00-1:00</b>	<b>Lunch, Networking, Information Tables</b>
<b>1:00-2:30</b>	<b>Concurrent Sessions: E,F,G,H</b>
<b>2:30-2:45</b>	<b>Refreshment Break</b>
<b>2:45-3:50</b>	<b>Concluding Highlights and Implications: Discussion and Wrap up</b> <b>Bob Gardner</b> , Wellesley Institute
<b>3:50-4:00</b>	<b>Closing: Linda Gardner</b> , Diversity & Community Access Coordinator, WCH

Presented by:

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*Research Conference:*  
**Research on Healthcare for the Undocumented and Uninsured**  
**Concurrent Morning Sessions: 10:45 a.m. – 12 noon**

<b>A</b>  <b>Room</b>  <b>610</b>	<p><b>Inequitable Access</b></p> <ul style="list-style-type: none"> <li>• <i>Soheila Pashang: Accessing health care: Experiences of Non Status Women in Toronto</i></li> <li>• <i>Yogeeta Sharma, Margareth Zanchetta, Enza Gucciardi: Interaction of adverse social conditions and Diabetes Mellitus Management of Non-Status Women of African, Caribbean, Latin American, and South Asian Descent Living in the Greater Toronto Area and Surrounding Municipalities</i></li> <li>• <i>Michaela Hynie: The relationship between insurance status and presenting complaints of acute care clients in Toronto</i></li> <li>• <i>Zoe Brabant, Marie-France Raynault: Healthcare access for migrants with a precarious migration status in Montreal: review of the situation and possible solutions</i></li> </ul>
<b>B</b>  <b>Room</b>  <b>696</b>	<p><b>Migrant and Temporary Workers</b></p> <ul style="list-style-type: none"> <li>• <i>Janet McLaughlin, Willem van Heiningen: Healthcare for Canada’s Temporary Foreign Workers: Challenges and Possibilities</i></li> <li>• <i>Patricia Landolt, Luin Goldring: The Impact of Precarious Work and Precarious Status on Health: Latin American and Caribbean Immigrants in the GTA</i></li> <li>• <i>Denise Gastaldo, Lilian Magalhaes, Frederica Gomes, Christine Carrasco: Gender and Migration as Social Determinants of Health: The Case of Latin American Undocumented Workers in the Greater Toronto Area</i></li> </ul>
<b>C</b>  <b>Room</b>  <b>106</b>	<p><b>Reproductive Health</b></p> <ul style="list-style-type: none"> <li>• <i>Kimberly Munro, Catherine Jarvis, Marie Munoz, Vinita D’Souza, Lisa Graves: Undocumented Pregnant Women: What does the literature tell us?</i></li> <li>• <i>Catherine Jarvis, Marie Munoz, Lisa Graves, Randolph Stephenson, Vinita D’Souza, Vania Jimenez: Providing Obstetric Care to the Medically Uninsured: A Chart Review</i></li> <li>• <i>Vinita D’ Souza, Catherine Jarvis, Marie Munoz, Lisa Graves: Providing Obstetric Care to the Medically Uninsured: the Patient’s Perspective</i></li> </ul>
<b>D</b>  <b>Room</b>  <b>618</b>	<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• <i>Faria Kamal, Kyle Killian: Health (In) Security: Examining Health Barriers of Undocumented Youth and Families and Policy Prescriptions for Health Access for All</i></li> <li>• <i>Laura Simich: Liminality and mental wellbeing among non-status immigrants in Toronto: Qualitative aspects of stress, stigma, social support and control</i></li> <li>• <i>Samia Saad: The psychosocial impact of falling out of status</i></li> <li>• <i>Nazilla Khanlou, Tahira Gonsalves, Catriona Mill: Women living without legal immigration status: Health consequences and barriers to healthcare</i></li> </ul>



*Research Conference:*  
**Research on Healthcare for the Undocumented and Uninsured**  
**Concurrent Afternoon Sessions: 1 p.m. – 2:30pm**

<b>E</b>  <b>Room 696</b>	<p><b>Women’s Health</b></p> <ul style="list-style-type: none"> <li>• <i>Nicole Bennett, Nadya Burton: Midwifery Care for Vulnerable Populations: Providing Care for Non-Insured Women in Ontario</i></li> <li>• <i>Margaret MacDonald: Maternal Citizens: Midwifery care for the undocumented and uninsured</i></li> <li>• <i>Sheila Dunn, Lea Rossiter, Erin Barnes, Sue Starling, Nancy Durand, Michael Shier: Insurance status and colposcopic findings among women attending a colposcopy service for underserved women: an exploratory study</i></li> </ul>
<b>F</b>  <b>Room 618</b>	<p><b>Institutional Action: St. Joseph’s Health Centre, Toronto</b></p> <ul style="list-style-type: none"> <li>• <i>Eoin Connolly, Richard Edwards: Challenges in treating uninsured patients: St Joseph’s Health Centre’s (Toronto) Response</i></li> <li>• <i>Lisa Caulley, Richard Edwards: Investigation of the impact of patient insurance status on the delivery of health care to uninsured patients visiting the St. Joseph’s Health Centre emergency department</i></li> <li>• <i>Christine Jankowski: A coordinated approach to the uninsured and undocumented patients</i></li> </ul>
<b>G</b>  <b>Room 106</b>	<p><b>Service Delivery Action</b></p> <ul style="list-style-type: none"> <li>• <i>Alan Li, Josephine Wong, Fanta Ongoiba, Kenneth Fung, Julie Maggi, Roy Cain, Lena Soje, Noulmook Sutdhibhasilp, Jose Cedano, Kwasi Kafele, Firdaus Ali, YY Chen, Maureen Owino: Multi-stakeholder strategies for improving mental health service access for immigrants, refugees, and non-insured people with HIV/AIDS</i></li> <li>• <i>Joyce Rankin, Stephanie Gee, Myra Piercy, Lennox Holdford: Overcoming Barriers to Health Care through Identification Programs</i></li> <li>• <i>Paul Caulford, Jennifer D’Andrade: Denial of Health Insurance to New Canadians: does Canada support an Apartheid Healthcare System?</i></li> <li>• <i>Monica Carreon-Diez, Denise Gastaldo, Duberlis Ramos: Working with a Hidden Population: the Experience of Front-Line Workers who Provide Services to Non-Status Immigrants in Toronto</i></li> </ul>
<b>H</b>  <b>Room 610</b>	<p><b>Policy Action</b></p> <ul style="list-style-type: none"> <li>• <i>Michaela Beder, Sarah Reaburn, Nanky Rai, Malika Sharma, Faria Kamal, Andrew D. Pinto: Migrant health and human rights: framing the discourse on access to health care for the uninsured and undocumented within social justice and human rights</i></li> <li>• <i>Angus Grant, Andrew Dekany, Bruce Porter: Toussaint v. Canada: Litigating Access to Healthcare for the Undocumented</i></li> <li>• <i>Andrew D. Pinto, Michaela Beder, Abeer Majeed, Faria Kamal, Malika Sharma: Getting access to healthcare for the uninsured and undocumented on the policy agenda</i></li> <li>• <i>Paloma E. Villegas, Patricia Landolt, Francisco Villegas: Negotiating Access to Public Goods: Providing Healthcare to Toronto Immigrants with Precarious Status</i></li> </ul>

*Research Conference:*  
Research on Healthcare for the Undocumented and Uninsured:  
Systems, Policies, Practices and their Consequences  
February 12, 2010

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*Research Conference:*  
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*Conference Sponsors...*

**Women's College Hospital's Network on Uninsured Clients** was initiated in 2007 to provide a forum for many individuals, groups and organizations across health and social service sectors to examine access to health services for uninsured and undocumented people; to raise awareness about issues facing people without health insurance and to seek solutions for timely access to safe, affordable, and effective care.

**Wellesley Institute** advances urban health through rigorous research, pragmatic policy solutions, social innovation, and community action.

**Lawrence S. Bloomberg Faculty of Nursing, University of Toronto** educates local, national and international students at the undergraduate, master and PhD levels. Among its research clusters, the Critical Approaches to Health group has been undertaking studies on health promotion, social determinants of health, global health, and social justice.

**York Institute for Health Research (YIHR)** is a university-based organized research unit that fosters interdisciplinary health research. The research undertaken at YIHR proceeds from the assumption that the health of individuals and communities reflects a host of interacting variables - social, political, behavioural, economic, biological, cultural and historical - and that without attention to these factors, efforts at intervention are likely to fail.

*Conference Organizing Group...*

Heather Cruickshank, Linda Gardner, Denise Gastaldo, Michaela Hynie, Nimira Lalani with support from WCH Network Research Working Group Members Michaela Beder, Rick Edwards, Petra Kukacka, Sonia ter Kuile

*Appreciations and many thanks in advance to all speakers, presenters, facilitators, note takers, volunteers, students, delegates and others who worked to make this day a success for everyone!*

*Planned Post Conference Actions...*

- *Conference Report and Proceedings will be posted on [www.wellesleyinstitute.com](http://www.wellesleyinstitute.com)*
- *Delegate Contact List will be finalized and re-circulated*
- *Others as determined*

For more information and to keep in touch, contact the WCH Network on Uninsured Clients by emailing: [linda.gardner@wchospital.ca](mailto:linda.gardner@wchospital.ca)

