Getting it on the agenda:
Access to healthcare for the uninsured and undocumented in Canada

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The following represent the views of the authors, and does not represent the views of the institutions to which the authors belong.
Outline

• Overview and definitions
• Setting the agenda:
  – Problem stream
  – Policy/Proposals stream
  – Politics stream
• Merging the streams
• Recommendations
Overview and Definitions

• Despite a “universal” publically funded health insurance, many are not covered
• Includes:
  – Non-status migrants
    • Denied refugee claimants
    • Persons who stay beyond visitor/work/student permits
    • Persons who enter Canada “illegally”
  – Precarious status migrants
    • Temporary workers
    • Refugee claimants who have been denied, requesting H&C
  – With status, but without health insurance
    • Immigrants who are in Canada during their first 3 months
Overview and Definitions

• Hard to estimate numbers, but possibly 500,000 non-status migrants alone

• Health concerns:
  – Delay seeking care, or are discouraged to do so
  – Financial impact: pay out-of-pocket
  – Worse health outcomes

• Not yet on the policy agenda
Kingdon’s framework

• 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?

Policy Stream Convergence

Problems

Proposals

Politics

Policy Window
Note

- Kingdon’s framework has limitations:
  - Implies a rational approach
  - Several factors not captured
  - Difficult to assign weights to different streams

- Health insurance coverage is only one determinant of health, and even full coverage does not result in equal access
Problem Stream

• Factors that **prevent** this from getting onto the agenda:
  – Difficult to measure the size of the problem
  – These groups, inherently, want to remain hidden from the public view
  – Few resources to influence public opinion
  – Key advocates may be pressured to be silent
  – Not seen as urgent
Problem Stream

• Factors that enable this to get onto the agenda:
  - Research, particularly qualitative, is growing
  - More stories coming to public attention: potential “focusing events”
    - Live-in caregivers win court case
    - Deaths of “illegal” migrant workers in December 2009
  - Growing focus on preventative care as cost-effective... however, this is a double-edged sword
Policy/Proposals Stream

• Factors that **prevent** this from getting onto the agenda:
  – Lack of innovative strategies: seen as “too big”
  – Concern about “medical tourism” e.g. Americans seeking care here
  – Diffusion of responsibility
  – Lack of health perspective on immigration policies
Policy/Proposals Stream

• Factors that **enable** this to get onto the agenda:
  - Looking to other jurisdictions, e.g. Quebec changing its policy on 3 month wait for immigrants
  - Cost-effectiveness: could be demonstrated
  - Fits within Canada Health Act definitions of “resident”, and principle of universality
  - Compatible with public values re: access
Politics Stream

• Factors that prevent this from getting onto the agenda:
  – Typically cannot vote, and do not have a strong lobby
  – Groups are not counted in census (politically invisible)
  – Current government mood: wants to be “tough” on immigration/citizenship issues
  – Activists and community organizers face significant threats
Politics Stream

• Factors that **enable** this to get onto the agenda:
  - Rights-based approach: gaining momentum, particularly in other jurisdictions
  - Collective, community-based organizing has had some success
Merging the streams: Getting onto the agenda

• A number of areas cut across the streams:
  – 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
Recommendations

• Short-term wins:
  – Elimination of the 3-month waiting period for new immigrants
  – More support to CHCs
  – Explicit “Don’t ask, Don’t tell” policies in all health care institutions, and training of front desk staff
  – Public education campaigns, partnering with allies in education and public health
Questions and suggestions?

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