Getting it on the agenda:

Access to healthcare for the uninsured and undocumented in Canada

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Disclaimer

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
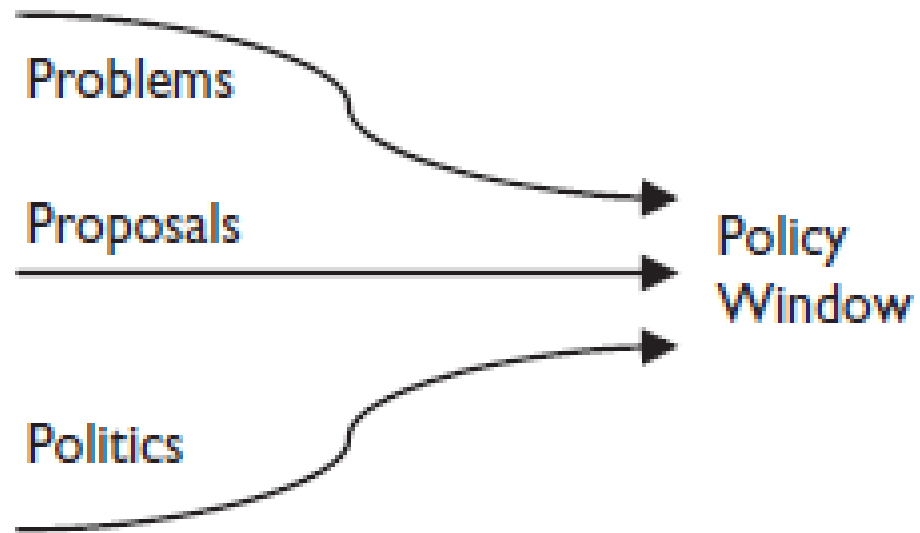   - Immigrants who are in Canada during their first 3 months

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

Cynthia Wright; Khandor et al

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?

Kingdon, J. W. (1995). *Agendas, alternatives, and public policies (2nd ed.). New* York: Longman.

Policy Stream Convergence

Problems → Policy Window
Proposals → Policy Window
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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