

Dealing with Avoidable Urban Health Crises

**Policy and Provider Responses in Canadian
Cities to Cuts to Refugee Health Benefits**

**Steve Barnes, Policy Analyst
Wellesley Institute, Toronto**

Interim Federal Health Program

- **Provided basic health care services to refugees and refugee claimants before they became eligible for provincial/territorial coverage**
- **Covered basics like primary care, hospital care, many prescription drugs, basic dental, and some vision care.**

Changes to the Interim Federal Health Program

- **Established three main coverage categories:**
 1. Public Health Coverage
 2. Health Care Coverage
 3. 'Expanded' Health Care Coverage

Health risks faced by refugees

Canadian research shows that people who lack health coverage:

- Delay or forego seeking health care, including emergency care
 - Fear of deportation, cost (actual and perceived) & lack of knowledge of services available
- Are often denied care or receive inconsistent, even when it is sought
 - Lack of knowledge about how to treat this population
- Are sometimes discriminated against when they seek care
 - Language and cultural barriers.

The Real Cost of Cutting Refugee Health Benefits:

A Health Equity Impact Assessment

Steve Barnes

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- Found that new categories left almost all refugees with less health care access & some with almost no care
- Predicted increase in ER use due to lack of primary care & that women and children would be particularly affected
- Recommended that cuts be cancelled or at least delayed to address negative health outcomes.

The Real Cost Of Cutting The Interim Federal Health Program

By Steve Barnes

Refugee HOMES Data Entry Form

1. PATIENT'S AGE

2. PATIENT'S GENDER

Male

Female

Transgendered/Intersex

Other (please specify)

3. PATIENT'S IMMIGRATION STATUS

STATUS UNKNOWN OR UNSURE

REFUGEE CLAIMANT (awaiting decision), country of origin not known

REFUGEE CLAIMANT (awaiting decision), from Designated Country of Origin

REFUGEE CLAIMANT (awaiting decision), NOT from Designated Country of Origin

REJECTED REFUGEE CLAIMANT (negative decision)

RESETTLED REFUGEE (Government Assisted Refugee or Privately Sponsored Refugee)

REFUGEE (claim accepted – Convention refugee or protected person)

Please specify country of origin below (if known):

4. CONDITION MOST RESPONSIBLE FOR ADVERSE OUTCOME (e.g. diabetes, PTSD, coronary artery disease, pregnancy)

Service Provider Responses

- **Led by Canadian Doctors for Refugee Care, many health care providers protested cuts**
- **23 major professional health organizations opposed cuts**
- **Developed Refugee HOMES tool**
- **Created and expanded volunteer clinics**
- **Communities of practice**

Provincial Responses

- **Some provinces responded by providing replacement coverage**
 - Québec immediately created replacement program
 - Ontario Temporary Health Benefit
 - Manitoba, Nova Scotia, Saskatchewan.
- **These programs have reduced the impact of the IFH cuts**
 - But lack of access will continue until the federal government reinstates IFH

Lessons for Urban Health

- 1. Policy-makers & service providers need to be able to respond to unplanned and unwelcome changes that are beyond their control**
- 2. Importance of considering health impacts, even for policies outside of the health sphere**
- 3. Need to undertake rapid health equity impact assessments of policy decisions**
- 4. Need advocacy at multiple levels & coalitions to share information and plan responses**

Visit www.wellesleyinstitute.com for a paper expanding on this presentation, our IFH health equity impact assessments, and other health equity resources.

steve@wellesleyinstitute.com