

Pathways to Health for New Permanent Residents in the Three-Month Wait for OHIP

Wellesley Institute works in research and policy to improve health and health equity in the GTA through action on the social determinants of health.

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This is part three of a three part series about the relationship between the three-month wait period and the health of new PRs, which includes 1) a synthesis of peer-reviewed literature, 2) a synthesis of grey literature, and 3) a theoretical framework.

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Introduction

New permanent residents (PRs) must wait three months before being eligible for publicly covered health care through the Ontario Health Insurance Program (OHIP). As a result of this wait new PRs often experience financial barriers to accessing health care services when they have health care needs (Asanin & Wilson, 2008; Goel et al., 2013; Ontario Medical Association [OMA], 2011; TPH & AAMHCS, 2011; TPH, 2013).

Health care providers and researchers have raised concerns about the potential negative health impacts of this policy (OMA, 2011). Access to timely health care is an established determinant of health (Starfield, Shi, & Mackino, 2005). However, through two scoping reviews conducted at the Wellesley Institute, we found that there is a limited understanding of *how* the three-month wait impacts the health of new PRs (Wellesley Institute, 2016a; Wellesley Institute, 2016b). With this paper, we bring together relevant literature into a theoretical framework to map out the hypothesized relationships between the three-month wait, access to health care, and health outcomes for new PRs.

This framework can help researchers, service providers, and policy makers better understand the health care options and experiences of new PRs in the three-month wait, and the potential pathways to health outcomes.

Background

The three-month wait policy applies to new PRs, temporary foreign workers, and returning Canadians (who have been out of the country for five or more months in a 12 month period) (Ministry of Health and Long-Term Care [MOHLTC], 2016a). British Columbia, Manitoba, New Brunswick and Quebec are the only other Canadian provinces that also have a waiting period for new permanent residents (British Columbia, 2016; Manitoba, 2016; New Brunswick, 2016; Regie de l'assurance Maladie Quebec, 2015). Refugees and refugee claimants receive publicly funded health care through the Interim Federal Health program.

The Ontario government introduced the three-month wait in 1994 as a proposed cost-saving measure (OMA, 2011). In response to pressure from health care providers to remove the three-month wait in 2011, the MOHLTC, the Premier and Minister of Health for Ontario at the time indicated that the policy was needed to prevent people from using Ontario's health care services without establishing residency. The Premier noted the availability of services at community health centres (CHC) and emergency department for newcomers during the three-month wait (Artuso, 2011; Taylor, 2012).

In 2014, over 80,000 new PRs arrived in Ontario as family class or economic immigrants (Government of Canada, 2015a). Permanent residents (PRs) are individuals who have immigrated to and been given permanent resident status in Canada, but are not Canadian citizens; PRs have the right to receive publicly covered health care, to live, work and study, to apply for citizenship, and to be protected under all Canadian laws (Government of Canada, 2015b).

Methods

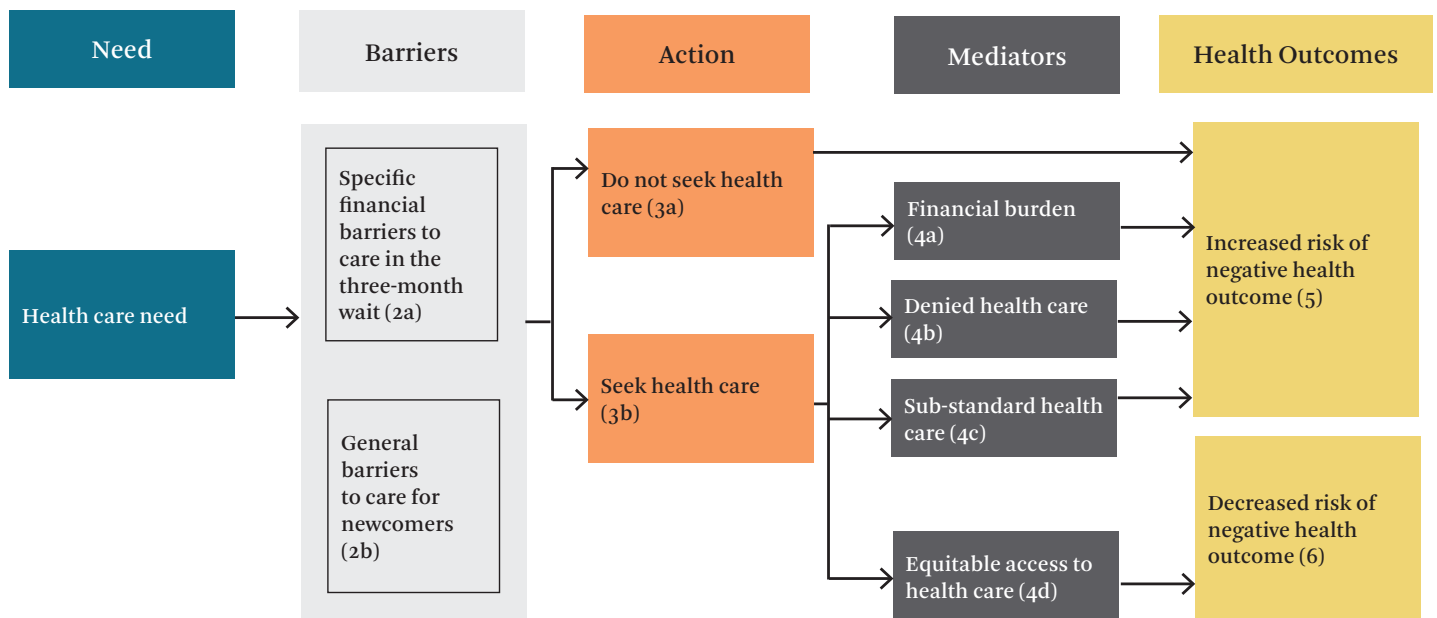
This framework is built on relevant qualitative and quantitative literature that examines the three-month wait from 2005-2015. This evidence was gathered through two scoping reviews which included five peer-

reviewed articles and five grey literature articles to answer the following research questions:

- What is the health status of new PRs during the three-month wait for OHIP?
- What are the experiences of new PRs in the health care system during the three-month wait for OHIP? (Wellesley Institute, 2016a; Wellesley Institute, 2016b)

We draw on the findings of these scoping reviews to develop a theoretical model which outlines how new PRs experience the Ontario health care system when they have health care needs during the three-month wait. To develop the model, we used an equity lens to map health care experiences and health outcomes of new PRs in the three-month wait compared to Ontarians with access to publicly funded health care. We identified components of the process of new PRs accessing health care during the three-month wait: health care needs, barriers to accessing care, decisions whether to seek or not seek health care (i.e. action), health care mediators, and risk of negative health outcomes. To address gaps in the evidence and develop a more comprehensive model, we reviewed and included evidence from additional studies and organizational reports that examined access to health care and health outcomes for newcomers.

The Framework



Description of the Framework's Components and Relationships

1. New PRs have health care needs

While newcomers often come to Canada in good health (TPH & AAMHCS, 2011), new PRs in the three-month wait have health care needs related to a range of conditions (e.g. HIV, pregnancy) (Bunn et al., 2013; Goel et al., 2013).

2. When new PRs have health care needs, there are barriers to accessing health care:

a) **Specific financial barriers to accessing health care in the three-month wait:** When new PRs have

health care needs during the three-month wait and are thinking about seeking health care services, they need to consider their ability to pay out-of-pocket health costs or consider private insurance. Expensive out-of-pocket costs can create a financial barrier to health care access for new PRs (Asanin & Wilson, 2008; Goel et al., 2013). MOHLTC suggests that new PRs pay for private insurance (MOHLTC, 2016b). However, private insurance can be unaffordable and is often less comprehensive than publicly funded health care (Bobadilla, 2013; Harrington, 2013; Steele Gray et al., 2010; TPH & AAMHCS, 2011). Additionally, private insurance can be denied for pre-existing conditions such as pregnancy (Bobadilla, 2013).

b) General barriers to accessing health care for newcomers: Newcomers experience a number of other barriers to accessing health care (during and beyond the three-month wait period). These barriers include: high cost of uninsured services such as dental, vision, and prescription drugs; limited English language skills and literacy and a lack of interpretations services; a lack of culturally competent service providers and racism and discrimination from service providers; socio-cultural specific attitudes and beliefs about health care, stigma related to specific health conditions; lack of relevant and timely information about health services and navigating the health care system; and lack of transportation options to health care services (Asanin & Wilson, 2008; TPH & AAMHCS, 2011).

3. New PRs must decide whether to seek health care:

a) New PRs may decide not to seek health care: When faced with a health care need, new PRs may decide not to seek health care (Asanin & Wilson, 2008; Bobadilla, 2013; Bunn et al., 2013; Caulford & Vali, 2006; Goel et al., 2013). This is mostly a result of financial barriers, as they will likely have to pay out-of-pocket for health care services. This decision to delay seeking health care may increase severity of their health condition and consequently result in negative health outcomes; for example, for diabetes, like many other conditions, early detection and treatment is an important strategy for decreasing the progression of complications (WHO, 2016). In addition, new PRs may try to address their health needs by themselves in ways that may be detrimental to their health, such as self-medicating and unsupervised home births (Steele Gray et al., 2010). If new PRs do not seek health care when they have a health need, they may have an increased risk of negative health outcomes.

b) New PRs may seek health care: When faced with a health care need, new PRs may decide to seek health care. Some health care practitioners (e.g. midwives and CHCs) are funded by the MOHLTC to provide health care to those who are uninsured. However, most health care providers and organizations, such as hospitals, are not compensated by the MOHLTC to serve new PRs in the three-month wait.

4. When new PRs seek health care, they may have a range of health care experiences:

a) New PRs may incur out-of-pocket health care costs which may be a financial burden: Out-of-pocket health care costs can be expensive, and can create a financial burden depending on the individual's financial situation (TPH & AAMHCS, 2011).

b) New PRs may be denied health care from health care providers due to inability to pay: Patients have been turned away by health care providers because they are unable to pay out-of-pocket costs (Caulford & Vali, 2006; Goel et al., 2013). New PRs have also been denied care at CHCs due to the providers' lack of capacity and funding constraints (Bobadilla, 2013; Caulford & Vali, 2006; OMA, 2011).

c) New PRs may receive sub-standard health care: Due to limited funding for health care providers to

provide care to uninsured populations, new PRs may receive inadequate and untimely care that does not address their health needs (Caulford & Vali, 2006; Steele Gray et al., 2010).

d) New PRs may receive equitable access to health care: If new PRs are able to pay out-of-pocket for health care expenses, they may be able to receive appropriate health care that is equitable to the care that Ontarians with OHIP receive, and that addresses their health needs. If new PRs receive health care from a provider who is funded to deliver services to uninsured clients and who has established referral partnerships (e.g. CHCs and midwives), they may also receive equitable and appropriate health care that addresses their health needs.

5. When new PRs are denied health care, do not seek health care, or have extensive health care expenses, this can lead to an increased risk of negative health outcomes:

When someone has a health condition, being denied health care may result in an increased risk of negative health outcomes. Similarly, if someone does not seek health care because they are concerned about the cost, there is an increased risk of negative health outcomes (Goel et al., 2013). This financial burden itself may contribute to increased stress and anxiety (Bobadilla, 2013; Steele Gray et al., 2010; TPH & AAMHCS, 2011).

6. When new PRs are able to access timely and appropriate health care when they need it, this can decrease their risk of negative health outcomes: While the literature highlights the potential for negative health outcomes (Goel et al., 2013; Steele Gray et al., 2010), we can expect that some new PRs are able to receive timely and appropriate health care during the three-month wait. New PRs in the three-month wait who are able to receive health care from a limited number of midwives or CHCs may have few out-of-pocket costs and may have a decreased risk of negative health outcomes.

Implications and Use of the Framework

This theoretical framework presents potential pathways to health outcomes for new PRs in the three-month wait who have health care needs. The framework can be used as a reference for researchers, practitioners, and policy makers to better understand the health care options and experiences of this population.

The framework draws on the findings of two scoping reviews conducted at the Wellesley Institute (2016), which found that new PRs in the three-month wait for OHIP are seeking health care for a range of health conditions, although there is limited evidence regarding diagnoses, health status and health outcomes for new PRs (Wellesley Institute, 2016a; Wellesley Institute, 2016b). Notably, there is evidence that new PRs experience financial barriers to accessing health care during the three-month wait (Asanin & Wilson, 2009; Bobadilla, 2013; Goel et al., 2013). There is evidence that uninsured populations receive inadequate and inequitable health care (Wilson-Mitchel & Rummens, 2013). Barriers to accessing health care is linked to poorer health outcomes; for example, a lack of prenatal care is associated with worse neonatal outcomes (Patridge, Balayla, Holdcroft, & Abenhaim, 2012; Vintzelious, Ananth, Smulian, Scorza, & Knuppel, 2002). While there is a lack of research examining the relationship between the three-month wait and health outcomes, this theoretical framework presents the potential mechanisms by which the three-month wait may contribute to the risk of negative health outcomes for new PRs.

By breaking down the potential causal pathways through a theoretical framework, it is possible to identify specific areas for possible health care and policy interventions to decrease negative health outcome risks

for newcomer populations in Ontario. We encourage practitioners to reflect on whether this framework is consistent with their experiences working with new PRs, to use it as a tool to better understand clients' experiences, and to inform continued service provision and policy work.

The health of newcomers, such as new PRs in the three-month wait, is influenced by social determinants of health which include but are not limited to income, housing, education, food security, neighbourhood, sense of community, and racism and racialization (Asanin & Wilson, 2008; Wellesley Institute, 2015; Goel et al., 2013; TPH & AAMHCS, 2011). We recommend that this framework and issues of access to health care be considered within a broader social determinants of health framework.

Conclusion

This model highlights how new permanent residents may be at an increased risk of sub-standard health care and negative health outcomes due to the three-month wait for OHIP. With this model, we hope to facilitate interprofessional collaboration in this area of work to identify possible areas of health care and policy intervention. This theoretical framework provides a common starting point for researchers, practitioners, and policy makers to better understand the pathways between the three-month wait, access to care and health outcomes in Ontario and work towards health equity. The framework highlights how the health care experiences and health outcomes of new PRs in the three-month wait differ from those who have access to publicly funded health care. A health equity approach to health care includes removing barriers to access for all. Eliminating the three-month wait ensures that we are one step closer to achieving Ontario's commitment to excellent care for all.

References

- Artuso, A. (2011, April 21). Ontario won't waive 3-month OHIP waiting period. *Simcoe Reformer*. Retrieved from <http://www.simcoereformer.ca/2011/04/21/ontario-wont-waive-3-month-ohip-waiting-period>
- Asanin, J., & K. Wilson (2008). "I spent nine years looking for a doctor": Exploring access to health care among immigrants in Mississauga, Ontario, Canada. *Social Science Medicine*, 66(6): 1271-1283.
- Bobadilla, A. (2013). "Oh, so we're not insured?": Exploring the impact of Ontario's Health Insurance Plan on new permanent residents and healthcare providers (Master Dissertation). Retrieved from Electronic Thesis and Dissertation Repository. (1646).
- British Columbia. (2016). Medical Services Plan. Retrieved from <http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/eligibility-and-enrolment/are-you-eligible/applicants-for-permanent-resident-status>
- Bunn, S., Fleming, P., Rzeznikewiz, D., & Leung, F. H. (2013). Understanding the demographic characteristics and health of medically uninsured patients. *Canadian Family Physician* 59(6), E276-E281.
- Caulford, P., & Y. Vali (2006). Providing health care to medically uninsured immigrants and refugees. *CMAJ: Canadian Medical Association Journal* 174(9), 1253-1254.
- Goel, R., Bloch, G., & Caulford, P. (2013). Waiting for care: Effects of Ontario's 3-month waiting period for OHIP on landed immigrants. *Canadian Family Physician* 59(6), e269-e275.
- Government of Canada (2015a). Facts and figures 2014 – Immigration overview: Permanent residents. Retrieved from <http://www.cic.gc.ca/english/resources/statistics/facts2014/permanent/12.asp>
- Government of Canada (2015b). Understand permanent resident status. Retrieved from <http://www.cic.gc.ca/english/newcomers/about-pr.asp>
- Harrington, D. W., Wilson, K., Rosenberg, M., & Bell, S. (2013). "Access granted! barriers endure: determinants of difficulties accessing specialist care when required in Ontario, Canada. *BMC health services research*, 13: 10.
- Manitoba. (2016a). Are You Covered? Retrieved from <http://www.gov.mb.ca/health/mhsip/index.html#Q1>
- Ministry of Health and Long-Term Care (2016a). Ontario Health Insurance Plan. Retrieved from <http://www.health.gov.on.ca/en/public/programs/ohip/>
- Ministry of Health and Long-Term Care (2016b). OHIP Coverage Waiting Period. Retrieved from http://www.health.gov.on.ca/en/public/publications/ohip/ohip_waiting_pd.aspx
- New Brunswick. (2016). Applying for a Card. Retrieved from <http://www2.gnb.ca/content/gnb/en/departments/health/MedicarePrescriptionDrugPlan/content/medicare/ApplyingforaCard.html>
- Ontario Medical Association (2011). Reviewing the OHIP Three-Month Wait: An unreasonable barrier to accessing health care. *Ontario Medical Review*, 13-18.
- Regie de l'assurance Maladie Quebec. (n.d.). Provisions of Public Prescriptions Drug Insurance Plan. Retrieved from <http://www.ramq.gouv.qc.ca/SiteCollectionDocuments/citoyens/en/depliants/depl-assurance-medicaments-regime-en.pdf>
- Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of Primary Care to Health Systems and Health. *The Milbank Quarterly*, 83(3): 457-502.
- Steele Gray, C., Hynie, M., Gardner, L., & Robertson, A. (2010). Qualitative Research Project on Health-Care Access for the Uninsured. Retrieved from <http://www.womenscolleghospital.ca/assets/legacy/wch/>

pdfs/WCHNUC-Qualitative-Research-Project-on-Health-Care-Access-for-Uninsured-july-15-2010.pdf

Taylor, L. (2012, February, 26). Imposed waiting period for insurance can make health problems worse, critics say. *The Ottawa Citizen*. Retrieved from <http://www.ottawacitizen.com/health/imposed+waiting+period+insurance+make+health+problems+worse+critics/6218445/story.html>

Toronto Public Health & Access Alliance Multicultural Health and Community Services (2011). The Global City: Newcomer Health in the City. Retrieved from <http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-42361.pdf>

Turunen, E. & Hiilamo, H. (2014). Health effects of indebtedness: a systematic review. *BMC Public Health*, 14:489.

Wellesley Institute (2015) Making the Connections: Our Society, Our City, Our Health. An exhibit on the social determinants of health. <http://www.wellesleyinstitute.com/topics/healthy-communities/making-the-connections/>

Wellesley Institute (WI) (2016a). Examining the Health Status & Health Care Experiences of New Permanent Residents in the Three-Month OHIP Wait: A Scoping Review of the Peer-Reviewed Literature. Juan Sanchez, Rebecca Cheff, Nadha Hassen and Dhvani Katakia.

Wellesley Institute (WI) (2016b). Examining the Health Status & Health Care Experiences of New Permanent Residents in the Three-Month OHIP Wait: Scoping Review of the Grey Literature. Juan Sanchez, Rebecca Cheff, Nadha Hassen and Dhvani Katakia.

World Health Organization. (2016). Complications of Diabetes. Retrieved from http://www.who.int/diabetes/action_online/basics/en/index3.html