CENTRE FOR GENDER & SEXUAL HEALTH EQUITY

The IRIS Project

Evaluating Inequities in Refugee & Immigrants' Health Service Access in British Columbia, Canada

Context

In British Columbia (BC), Canada over 25% of residents are im/migrants, but there is little population-level data on im/migrants' access to health services. Limited prior research from Canada and the United States indicate barriers to access, but there is not enough information across varied im/migrant populations or in the BC context. Despite initial evidence that the health needs, access and experiences of im/migrants vary by im/migration category, duration, and language preference, prior to this project few studies have examined these nuances in our context.

Objectives

This project used confidential linked health and immigration data and information from qualitative interviews and focus groups with people who are im/migrants in British Columbia to understand health services access, and generate recommendations for policies and programs that improve health, wellbeing and access to health services, including in the context of the COVID-19 pandemic.

Findings

Immigration

Key messages	Recommendations
Immigration policy is designed to support Canadian economic and policy goals. This does not have to come at the expense of im/migrants' health and wellbeing.	Healthcare and immigration status must be decoupled, extending public health insurance to all people living in Canada. Features of the immigration system that undermine health must be addressed.

Precarious immigration status contributes to health inequities in multiple ways. • Immigration status tied to employment creates unsafe working environments and makes it challenging for people to access needed care • Precarious immigrations status is particularly harmful to women's health • Family separation is particularly harmful to families and children's health • Precarious immigration status contributes to employment and income insecurity, which exacerbates health inequities	Provide permanent residency for all people with temporary status and those who are undocumented (regularization).
Community-based organizations play crucial roles for many people. Funding is sometimes limited to specific classes of immigrants.	Community-based organizations need to be funded and accessible to people regardless of immigration status.

Health care coverage

Key messages	Recommendations
By controlling who can cross borders and what rights people have immigration policy discriminates. Discrimination accepted as part of immigration must not be reinforced within healthcare.	Equitable access to care requires that all people have access to affordable care, regardless of immigration status.
Making people wait for health insurance is inefficient and leads to worse outcomes.	Wait periods for provincial health insurance should be eliminated.

Confusion over what and who are covered by public insurance limits access to needed services, even for people with coverage.	People need clearer information about insurance coverage and where they can access care. Health providers also need consistent information about the Interim Federal Health Program and options for people who don't have provincial health insurance.
Inconsistent practice around determining health coverage and asking immigration status in health settings can contribute to uncertainty and fear, and people not getting needed care.	Everyone should have access to care regardless of status. Where health insurance information needs to be obtained, this does not need to be asked in a way that checks immigration status.

Health service delivery

Key messages	Recommendations
Immigrant communities are diverse and have varied experiences of health and health care in Canada.	Health systems need to be prepared to meet the diverse needs of im/migrants in their interactions with the healthcare system. This includes adequate training for clinicians to deliver culturally appropriate care and to communicate effectively.
Lack of support for quality, professional translation or access to services in preferred languages contributes to unmet health care needs and poorer health outcomes. Communication is central to quality care. Requiring people to supply their own translation can be harmful. Providing appropriate interpretation is nuanced and changes with interpersonal dynamics, gender, community norms, size of community in Canada.	There is an urgent need for more widespread access to high-quality, trained, and culturally competent interpretation within care delivery settings, and also to more multilingual information on health services and system navigation.

Many people come to Canada with experiences of trauma. Those experiences influence how people interact with care. When care is not trauma-informed people may avoid interactions or interactions can be retraumatizing.	The health system must be prepared to deliver trauma-informed care.
Gender intersects with experiences of immigration, discrimination, and trauma. For many participants the gender of clinicians was important to feel comfortable receiving care.	Flexibility is needed to be able to support gender concordance between patients and clinicians when this is important to patients. This can be challenging in urgent care situations but remains important to meet people's needs.
Discrimination is embedded in the provision and quality of care through assumptions made about race, age, status, gender (e.g., if and how contraception is offered).	Consider that all people have dignity and worth at all stages of service planning and delivery.
Immigration is a determinant of health and a human right.	Health systems need to be more responsive to social determinants of health broadly.

Health system organization

Key messages	Recommendations
The health system is disorganized and difficult to understand.	Health systems should be designed with immigrants in mind.
People receive little information about how the health system operates and how they can access care.	People need clearer information about how to navigate the system and access care they need, in multiple languages.

	It would be helpful to offer orientations to the health system as a routine part of arriving to Canada.
The gatekeeping model of primary care isn't working well for everyone because it is hard for people to find a regular place for primary care, and it causes confusion and delays in access to both primary care and specialist care.	Efforts to increase access to primary care need to intentionally include immigrants and we need to expand on models of care that are working well for them.
People need access to continuous care over time. Time-limited options like newcomer clinics or services available around pregnancy and childbirth need to be connected to longitudinal primary care.	There is a need for targeted efforts to ensure that people who have recently immigrated are able to access a regular place of care or provider who can follow them over time, not just for the first year.
Community-based organizations play crucial roles in supporting access to health care.	These organizations need to be adequately resourced for immigrants with any status and connected to health services planning.

Team Members

Community partners

Migrant Rights Network, MOSAIC Family Centre, Pacific Immigrant Resources Society, Sanctuary Health, Watari

Community collaborators

Healthiest Babies Possible, MOSAIC Youth Services, Multi-Agency Partnership, SUCCESS, Umbrella Multicultural Health Co-Operative

IRIS trainees and staff

Samar Ali, Zarmina Ali, Eloina Alberto, Megan Bobetsis, Yasmin Bozorgi, Melissa Braschel, Ruth Carrillo, Belen Febres-Cordero, Hanah Damot, Selamawit Hagos, Ridhwana Kaoser, Maggie Hamel-Smith Grassby, Samira Karsiem, Stefanie Machado, Liz Outhit, Sandra Peterson, Refugio Reyes, Irene Santos, Cecilia Sierra-Heredia, Shaina Schafers, Elmira Tayyar, Padmini Thakore, Germaine Tuyisenge, Susitha Wanigaratne

Principal collaborators

Dr. Shira Goldenberg, Dr. Ruth Lavergne, Dr. Mei-ling Wiedmeyer

Peer-Reviewed Publications

Healthcare experiences

1. [*under review*] Damot H, Schafers S, Wiedmeyer M, Machado S, Tayyar E, Thakore P, Lavergne R, Goldenberg SM, on behalf of the IRIS team. **Impacts of local, provincial, and federal immigration policies on health and social services access among women with precarious immigration status: a qualitative study.** Manuscript ID: fc9d5dfb-933a-493d-800a-c830c0e19deb. Date Submitted by the Author: October 24, 2023
    - Ineligibility for health and social services and fear of detention and/or deportation are barriers to routine, preventive, and emergency health services, as well as enrolment of children in schools.
    - Social isolation and exclusion are key consequences of federal immigration policies that produce precariousness through temporary and undocumented status.
    - Political reform is needed to protect im/migrants' human rights, reduce instances of delayed or denied care, untreated illnesses, and social isolation.
    - Committed implementation of Sanctuary City principles at the local level is required to improve access to health and other services based on need regardless of immigration status.

2. Machado S, Tayyar E, Berry NS, Lavergne R, Wiedmeyer M, Krüsi A, Goldenberg S. ***"It's not just about being here, but what brought you here":* A qualitative study of the role of migration experiences in shaping im/migrant women's access to healthcare in British Columbia, Canada.** Health and Place; 2022. Available from: https://pubmed.ncbi.nlm.nih.gov/35963165/
    - Health systems currently do not adequately attend to healthcare needs shaped by experiences during migration.
    - Barriers to accessing healthcare in destination settings, including insufficient prior health system information, can be especially severe after precarious migration journeys.
    - Comparative healthcare experiences across places shapes future healthcare expectations and experiences.
    - Healthcare must be trauma-informed, culturally humble, and center migration journeys.

3. Machado S, Zaki S, Villasin R, Berry NS, Lavergne R, Wiedmeyer M, Krüsi K, Goldenberg S. **"When I came to Canada, I almost forgot myself: where I am, who I am": A qualitative exploration of how im/migration shapes young women's experiences of pregnancy, motherhood, and marriage.** SSM Qualitative Research in Health (2023). https://doi.org/10.1016/j.ssmqr.2023.100299
    - Ineligibility for health insurance can contribute to barriers to contraception and unplanned pregnancies.
    - Workplace discrimination among im/migrants can contribute to fewer work hours and barriers to maternity benefits.
    - Unaffordable childcare exacerbates caregiving roles and unsafe marital relationships.
    - Health systems must decouple im/migration status from health insurance and governments must provide all people with accessible childcare.

Health services use and COVID-19

4. [*under review*] Tayyar E, Bozorgi Y, Sierra-Heredia C, Damot H, Carrillo R, Machado S, Wiedmeyer M, Goldenberg S & Lavergne R. **Ongoing impacts of the COVID-19 pandemic on access to primary care among im/migrant communities in British Columbia, Canada.** SSM Health Systems. Manuscript ID: SSMHS-D-23-00114. Date Submitted by the Author: August 30, 2023
    - Changes in healthcare are experienced differently. Some experience opportunities for accessibility, quality of care, human connection, and safety, while others experience obstacles.
    - Security of im/migration status, access to language support, and access to regular primary care shapes healthcare experiences.
    - Virtual care can provide opportunities for improved access among im/migrants when appropriately supported**.**
    - Attention and proactiveness is required to rebuild trust in the healthcare system.
5. [*under review*] Cecilia Sierra-Heredia, Elmira Tayyar, Yasmin Bozorgi, Padmini Thakore, Selamawit Hagos, Ruth Carrillo, Stefanie Machado, Sandra Peterson, Shira Goldenberg, Mei-ling Wiedmeyer, Ruth Lavergne. **Growing inequities by immigration group among older adults: Population-based analysis of access to primary care and return to in-person visits during the COVID-19 pandemic in British Columbia, Canada.**

6. [*under review*] Machado S, Villasin R, Tayyar E, Berry NS, Wiedmeyer M, Lavergne R, Krüsi A, Goldenberg S. **"A pandemic is very serious, but we can't push other illnesses to the side": Impacts of shifts in health service delivery during COVID-19 on young im/migrant women's access to sexual and reproductive healthcare.** Sexual & Reproductive Health Matters.
    - There is no one-size-fits-all protocol to addressing young im/migrant women's SRH access, and complex experiences require complex solutions.
    - Im/migrant women's healthcare access experiences vary according to time spent in destination settings, language preference, employment, and im/migration status.
    - Virtual and clinic-based SRH services must be specific, accessible to all people regardless of im/migration status, and attend to the links between SRH care, employment, and im/migration status.
    - im/migrant health researchers adopt more creative, community-based approaches to better understand young women's experiences in ways that are honest, respectful, and collaborative.

7. Wiedmeyer, Ml., Goldenberg, S., Peterson, S. et al. **SARS-CoV-2 testing and COVID-19–related primary care use among people with citizenship, permanent residency, and temporary immigration status: an analysis of population-based administrative data in British Columbia.** Can J Public Health (2023). https://doi.org/10.17269/s41997-023-00761-w
    - People with temporary immigration status in BC experience higher SARS-CoV-2 test positivity and lower access to testing and primary care.
    - Expanding pathways to permanent residency to all immigrants residing in Canada may reduce the health precarity associated with temporary immigration status.
    - Efforts to reduce precarity due to immigration status, including regularization pathways already under consideration, can reduce the burden of COVID-19 for both the health system and immigrants residing in BC and Canada.
    - Decoupling health insurance and immigration status is needed to improve access to care for people with precarious or temporary immigration status.

Mental health services

8. [*under review*] Kaoser, R., Thakore, P., Peterson, S., Wiedmeyer, M., Sierra-Heredia, C., Machado, S., Hagos, S. P., Tayyar, E., Goldenberg, S., & Lavergne, R. **The relationship between neighbourhood income and youth mental health service use differs by immigration: Analysis of population-based data in British Columbia.** [to complete once accepted]

- First- and second-generation immigrant youth used substantially fewer mental health services (i.e., community-based, emergency department, hospitalization) than non-immigrant youth across all income levels.
- There was a clear income gradient for community-based service use among both immigrant and non-immigrant youth, but the direction of the gradient was reversed. Service use was highest for non-immigrant youth in low-income neighbourhoods, while it was lowest for immigrant youth.
- Among youth who were hospitalized for psychiatric reasons, the proportions of involuntary admissions were higher for immigrant youth and non-immigrant youth.
- Findings suggest there are entranced barriers for immigrant youth in accessing community-based mental health services, especially when living in lower-income neighbourhoods.

9. [*in preparation*] Thakore P, Kaoser R, Peterson S, Tayyar E, Sierra-Heredia, Machado S, Hagos S, Bozorgi Y, Goldenberg S, Wiedmeyer M, Lavergne R. **Changes in patterns of mental health service use among immigrant and non-immigrant youth before and during the COVID-19 pandemic in British Columbia, Canada.**
    - Mental health service use varied significantly between immigrants and non-immigrants, non-immigrants and people with female administrative sex overall had higher service use before and during the pandemic, particularly for community-based mental health services.
    - Refugees and protected persons had a higher proportion of involuntary hospitalizations than other immigrants and non-immigrants.
    - Urgent care visits for psychotic disorders for refugees and protected persons were almost twice those of non-immigrants and other immigrants.
    - Mental health needs and access to mental health services vary between immigration categories and gender. A more targeted approach for delivery of mental health services is required for immigrants.

Health insurance

10. Goldenberg SM, Schafers S, Grassby MH-S, Machado S, Lavergne R, Wiedmeyer M-l, et al. (2023) **'We don't have the right to get sick': A qualitative study of gaps in public health insurance among Im/migrant women in British Columbia, Canada.** PLOS Glob Public Health 3(1): e0001131. https://doi.org/10.1371/journal.pgph.0001131

- Ineligibility for public health insurance coverage results in unmet needs for essential health care, preventive care, and curative services among im/migrant women, children, and families.
- Ineligibility for public health insurance can result in negative impacts including a high economic burden, and perpetuated experiences of discrimination, invisibility, and exclusion from systems of care amongst im/migrants.
- Expanding health insurance options to cover all residents, decoupling health insurance eligibility from immigration status, and implementing local-level 'Sanctuary' policies can reduce access barriers and better reflect principles at the foundation of universal health systems.

11. Hamel-Smith Grassby M, Wiedmeyer M, Lavergne R, Goldenberg SM. **Qualitative evaluation of a mandatory health insurance 'wait period' in a publicly funded health system: Understanding health inequities for newcomer im/migrant women.** *BMJ Open*. 2021 Aug;11(8):e047597. DOI: 10.1136/bmjopen-2020-047597
    - Mandatory wait periods produce and exacerbate inequitable health and social outcomes for im/migrants and their families.
    - Resulting harms include delays and unmet care needs, negative pregnancy and children's health outcomes, internalized stigma, and socioeconomic stressors.

Community engagement

12. Machado S, Karsiem S, Lavergne M, Goldenberg S, Wiedmeyer M. **Respectful community engagement in health research with diverse im/migrant communities.** BMJ Open. https://bmjopen.bmj.com/content/13/12/e077391
    - Community engagement in im/migration and health research requires financial resources, time, and commitment and accountability from a research team with varied expertise and lived experiences.
    - Engaging community members throughout the research process, from research planning to dissemination, including as part of the research team, can deepen the rigor and quality of research.