Wellesley Institute
advancing urban health

Deputation to the Toronto Board of Health

The Real Cost of Cutting Refugee Health Care

A Health Equity Impact Assessment of Changes to the Interim Federal Health Benefit

May 28, 2012

Summary and Recommendations

We analyzed the health and health equity impact of the planned changes to the Interim Federal Health Benefit (IFHB) and found that:

- Refugees are amongst the most vulnerable people in Canada and are therefore particularly impacted by decisions that reduce access to health care.
- Applying a health equity lens allows policy makers to identify and make changes to policies that will have inequitable health impacts.
- The changes to the Interim Federal Health Benefit will reduce access to health care and have negative and inequitable health impacts on all refugees.
- Those refugees in less-preferred categories, who will lose access to even basic health care services, will be more severely – and inequitably – impacted.
- Women and children will be disproportionately affected.
- The changes to the IFHB will result in refugees foregoing or delaying care, which will lead to even greater health problems in the future and increased use of hospital emergency departments. This cost will be borne by provincial and municipal levels.

These negative outcomes can be avoided. We:

1. Endorse the Medical Officer of Health's recommendations, especially the recommendation for the Minister of Citizenship, Immigration and Multiculturalism to reinstate the IFHB;
2. Also recommend that the Board of Health call on the Minister to conduct an equity-focused analysis before making any changes to the IFHB.

The Policy Issue

The Interim Federal Health Benefit (IFHB) provides temporary health insurance to refugees, protected persons, and refugee claimants in Canada who are not covered by a provincial or territorial health insurance plan. This coverage is similar to what provincial and territorial insurance plans cover for Canadian citizens and permanent residents. In some cases, in its current form the IFHB also covers some supplemental services such as prescription drugs, dental, and vision care.

In April 2012, Citizenship, Immigration and Multiculturalism Minister Jason Kenney announced changes to the IFHB, effective June 30, 2012. The changes would see access to health services for all refugees reduced or, in some cases, eliminated. In the new system, some categories of refugees would be eligible for health care coverage only if it is urgent or essential and will have no access to preventative supplemental benefits, while other refugee categories will receive care only to prevent or treat a disease posing a risk to public health or a condition of public safety concern, and some will be eligible for no coverage whatsoever.

Applying a Health Equity Lens

Policy decisions made far beyond the health care system can have significant health implications. Decisions about housing, income, education, or other underlying determinants of health can create negative health outcomes that affect the population as a whole, but vulnerable or marginalized populations are often more severely impacted than other groups. It is therefore important to consider health and health equity when making policy decisions that may affect the determinants of health. For instance, the Toronto Medical Officer of Health's report titled 'Unequal City' notes that people with lower incomes experience a greater risk of illness, and higher rates of disease and premature death.[1]

Health Equity Impact Assessment (HEIA) is a tool used to analyze a new program or policy's potential impact on health disparities and/or on health disadvantaged populations. A simple health equity question should be applied to all policy decisions to determine whether the proposal could have an inequitable impact on some groups, and, if so, which groups would be disproportionately affected. If

[1] Medical Officer of Health, Unequal City: Income and Health Inequalities in Toronto. Toronto: 2008. Available at: http://wx.toronto.ca/inter/it/newsrel.nsf/9a3dd5e2596d27af85256de400452b9b/8de552d1212c9836852574ea006d7ea6?OpenDocument

there could be a health impact, HEIA then facilitates policy-makers and planners to make changes to the planned policy to mitigate adverse effects on the most vulnerable and to enhance equity objectives. Finally, the HEIA tool assists in setting targets and measurements to determine the policy's success.[2]

The Wellesley Institute[3] completed a scoping HEIA of the impending changes to the Interim Federal Health Benefit – our findings are outlined below.

Refugees are particularly impacted by health inequities

Refugees are amongst the most vulnerable people in Canada. Refugees have experienced persecution – a threat to life or freedom on account of race, religion, nationality, political opinion or membership of a particular social group – in their home country.[4] Refugees may also experience persecution based on sexual orientation or gender. As a consequence they are at greater risk of adverse health, especially mental health. Thus when refugees arrive in Canada they may already be health disadvantaged.

Refugees tend to be very low income, which puts them at risk of a greater burden of poor health. Refugees are at particular risk when they are uninsured as they usually have few financial resources that would allow them to pay for their own care. Moreover, their uncertain status in Canada and their lack of networks and social connections may mean that they are less likely to be able to find support and care even when it is required.

The federal government's policy to reduce and, in some cases, eliminate basic health benefits for refugees place them at particular risk. Canadian and international evidence shows that people who lack health insurance:

- Delay or forgo seeking health care, including emergency services, prenatal care and treatment for infectious diseases;

[2] See Rebecca Haber, *Health Equity Impact Assessment: A Primer*, (Toronto: The Wellesley Institute, 2010) for a summary of HEIA. The Wellesley Institute has a range of Health Equity Impact Assessment tools and resources, which are available at http://www.wellesleyinstitute.com/policy-fields/healthcare-reform/roadmap-for-health-equity/heath-equity-impact-assessment/. The Ontario government has developed a HEIA tool: http://www.torontocentrallhin.on.ca/Page.aspx?id=2936.

[3] The Wellesley Institute is a Toronto-based non-profit and non-partisan research and policy institute that engages in research, policy and community mobilization to advance population health. We have expertise in housing and homelessness, community-based research, income security, health care reform, and health equity.

[4] United Nations High Commissioner for Refugees, *Handbook on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees*, http://www.unhcr.org/3d58e13b4.html.

- Are often denied care when it is sought; and
- Are sometimes discriminated against when care is sought.

This means higher rates of infectious diseases, more serious triage assessments in emergency rooms, higher rates of complications in pregnancy, labour and delivery and newborn anomalies; greater exposure to hazardous and preventable conditions; and negative mental health consequences.[5]

Some refugees, however, will be more negatively impacted than others. Those who are eligible for health care only if it is needed to prevent or treat a disease posing a risk to public health or a condition of public safety concern (refugees from a Designated Country of Origin, rejected refugee claimants, and potentially refugees admitted under exceptional or compelling circumstances) will be even denied care for medical emergencies like heart attacks.[6]

This decision may mean that refugees will either forego medical treatment even in emergencies, or will use emergency departments and incur significant medical bills that they are unable to pay, which will cause significant stress. Emergency room demand will increase, which will result in longer waiting times. Moreover, hospitals will have to manage the administrative burden of pursuing payment even when chances of recovery are minimal. This policy change will therefore create added burdens on health care systems across Canada, in addition to putting the health of refugees at risk.

Some populations will be at increased risk of serious health issues regardless of which official category they fit into. Women face particular risks if they are unable to access health care services, especially in cases of domestic violence or sexual assault. Likewise, children who are in dangerous or vulnerable positions will face additional barriers to physical and emotional safety. Having limited or no access to prenatal care and early childhood interventions is likely to result in long-term development and health challenges for the children of refugees.[7]

[5] A recent conference co-hosted by Ryerson University, Hospital for Sick Children, and Women's College Hospital examined the health status, access to care, service delivery, and health care outcomes of diverse uninsured populations. See http://www.cvent.com/events/seeking-solutions-symposium/custom-18-01606be4a99b488da85d5ef26c39bada.aspx for more information.

[6] http://www.cic.gc.ca/english/refugees/outside/coverage.asp

[7] The federal government has long-established gender-based analysis policy tools. Such an analysis should have been applied to the planned changes.

Conclusion

The planned changes to the IFHB will have real – and inequitable – health implications for refugees, especially those who are most vulnerable.

The federal government's decision to focus the program on care that is 'urgent and essential' will make accessing even basic health care services difficult for all refugees, even those who are in the preferred refugee categories. The policy change will lead to increased numbers of refugees presenting in emergency rooms for care, which will add to already long wait times and decrease the quality and responsiveness of care for refugees and other emergency room users.

Even more troubling, however, is the severe reduction or elimination of health care services for refugees who find themselves in a less-preferred category. The negative health implications for refugees who will be unable to access even basic care unless it is "to prevent or treat a disease posing a risk to public health or a condition of public safety concern", or, worse still, will have no health coverage, are severe and the impact is inequitable.

Women and children are at particular risk as their access to medical support if they suffer physical or emotional abuse will be eliminated. It is also likely that the prevalence of chronic conditions, such as mental health issues, will increase amongst vulnerable populations as a result of this policy change.

These negative and inequitable health outcomes can, however, be avoided. The federal government should not pursue the policy changes. As the very least, they should delay implementing the new IFHB policy until they complete a comprehensive HEIA that includes actions that will protect and promote the health of refugees in Canada.

Recommendations

The Wellesley Institute endorses the Medical Officer of Health's recommendations to the Board of Health. In light of the significant and inequitable health impacts that the impending policy change will have on refugees in Canada, we also ask that the Board recommend that the Federal Minister of Citizenship, Immigration and Multiculturalism conduct an equity-focused analysis before making any changes to this program.