TORONTO

STAFF REPORT
ACTION REQUIRED

Medically Uninsured Residents in Toronto

Date:	April 15, 2013
To:	Toronto Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Ontario Health Insurance Plan (OHIP) funded healthcare services are available to the majority of people living in Ontario. However there are several resident populations that do not have access to publicly funded provincial healthcare, including people who have lost their identification, people in the three month OHIP wait period, temporary visa holders (e.g., students, visitors), some refugees and undocumented residents. The majority of uninsured residents are immigrants and within this group the most vulnerable are undocumented immigrants. Undocumented residents are not authorised to be in Canada. The vast majority of undocumented residents arrived in Canada through authorised channels, but their immigration status has changed over time.

This report describes groups that do not have access to OHIP funded healthcare and identifies their priority health needs, including obstetrical, newborn care and mental health. Children have unique and essential health needs that impact on their health in the short and long-term. Healthcare practitioners and agencies have developed a limited system to serve the uninsured population. At present, the demand for this care exceeds the capacity of the services available and few healthcare agencies receive dedicated funding to treat uninsured residents. The current healthcare system does not provide adequate access to essential healthcare services for uninsured residents.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health request that the Ministry of Health and Long-Term Care in collaboration with the Local Health Integration Networks:
    a. Increase the dedicated provincial funding currently provided to community health centres for uninsured residents;
    b. Enable community health centres to use the dedicated provincial funding for uninsured residents for services beyond diagnostic and specialist care;
    c. Fund primary care at clinics that currently provide healthcare to uninsured residents, but do not receive dedicated provincial funding to provide this service;
    d. Fund essential healthcare services for uninsured children and youth;
    e. Establish a centralised hospital compassionate payment fund with clear eligibility requirements for urgent and major expenses including labour and delivery, newborn care, serious injury and urgent mental health needs;
    f. Establish transparent and consistent practices for uninsured patient registration, patient accounting and cost recovery via a standardised non-insured fee schedule similar to OHIP rates, including the elimination of hospital registration fees/outpatient fees/facility fees for uninsured residents, building on the system already piloted within the Toronto Central Local Health Integration Network;

2. The Board of Health request that the Ministry of Health and Long-Term Care in collaboration with the Local Health Integration Networks:
    a. Establish a centralised information source to promote programs and services available to uninsured residents for both users and practitioners;
    b. Establish healthcare facilities as safe environments where immigration status will not be reported to federal authorities;

3. The Board of Health:
    a. Reaffirm to the Federal Minister of Citizenship, Immigration and Multiculturalism its support to rescind the cuts to the Interim Federal Health Program;
    b. Request that Citizenship and Immigration Canada establish clear and operationally feasible guidelines for the administration of the Interim Federal Health Program;
    c. Request that Citizenship and Immigration Canada, the Ministry of Health and Long-Term Care and Local Health Integration Networks undertake initiatives to educate refugees, refugee claimants, community and settlement organisations and healthcare providers on the healthcare services covered by the Interim Federal Health Program;

4. The Board of Health reaffirm to the Minister of Health and Long-Term Care its support for the elimination of the three month wait period for OHIP coverage;

5. The Board of Health forward a copy of this report to Social Development, Finance and Administration to inform their work on improving access to City of Toronto programs and services for undocumented residents.

Financial Impact
There are no financial implications for the City of Toronto arising from this report.

DECISION HISTORY
In November 2011, the Board of Health received the report *The Global City: Newcomer Health in Toronto*.[1] During the presentation of this report, the Board of Health adopted the following motion: *"The Medical Officer of Health be requested to undertake further research related to the health of undocumented residents, focusing on appropriate intervention that may be helpful to this community."* The decision document is available at: http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.HL9.1

ISSUE BACKGROUND
Canadians value their universal healthcare system. Universal healthcare systems are associated with improved health outcomes and a better quality of life.[2] In Ontario, the Ontario Health Insurance Plan (OHIP) provides coverage for a wide range of health services such as assessment and treatment by doctors, in/out patient care in hospitals, and diagnostic tests. Access to OHIP funded healthcare enables residents to seek preventative healthcare for emerging and existing health conditions as well as emergency treatment for injuries or serious health conditions.

While OHIP funded healthcare services are available to the vast majority of people living in Ontario, not all residents are eligible for these services. People born in Ontario, immigrants with permanent resident status who have completed the three month wait period and foreign born adopted children are eligible for OHIP. [3] Residents who are not eligible for OHIP funded healthcare include immigrants with permanent resident status and returning Canadians who are in the three month wait period, people who have lost their identification, some refugees, temporary visa holders and undocumented residents. These groups are referred to as being medically uninsured. An accurate estimate of the number of residents who do not have access to OHIP is not available.

Medically uninsured individuals have a limited number of options to access healthcare. Some are able to purchase private health insurance. However, private health insurance can be expensive and many plans have strict eligibility criteria or exclude some health conditions. Some individuals are not eligible for private health insurance and/or they cannot afford private health insurance. Others may have extended health coverage through their employer. Some people who do not have health insurance may seek care in community-based clinics which often have wait lists. Often, uninsured individuals will delay seeking healthcare until their condition is urgent and more complex requiring treatment in an emergency department and/or admission to hospital. This is costly to the healthcare system.

Living without health insurance can be stressful for people who require treatment for chronic conditions (e.g., diabetes) and for women who are pregnant. The health of uninsured individuals is adversely impacted by a lack of or limited access to healthcare, even if it is for a temporary period.[4]

The purpose of this report is to provide information about specific groups of uninsured individuals, their healthcare issues, healthcare services in Toronto that treat uninsured individuals and the challenges uninsured individuals experience in accessing services. This report concludes with recommendations to improve uninsured individuals' access to healthcare services.

This report is based on published literature and reports from community-based service agencies and non-governmental organizations. However, there is a lack of comprehensive information on uninsured residents. To fill in the gaps, 25 key informants, including healthcare providers, frontline staff and administrators from hospitals, community health centres and health clinics, policy analysts, researchers, academics and advocates in Toronto (Attachment 1) were asked about the health issues experienced by uninsured residents, their challenges with access to healthcare and recommendations for program and policy improvements. Key informants were essential in illustrating the evolving nature of this issue and the complexity of providing healthcare for this population.

COMMENTS

Medically Uninsured Residents

Medically uninsured individuals are a heterogeneous group. They have differential access to healthcare services relative to insured individuals which contributes to health inequities. A description of uninsured groups and their access to healthcare is provided below.

Individuals Unable to Prove Eligibility for OHIP

Canadian citizens living in Canada who cannot prove their eligibility for OHIP because they have lost their identification documents (e.g., birth certificate, social insurance card) do not have access to OHIP funded healthcare. Most often, these individuals are homeless, transient, and/or have a mental health condition. They are more likely to have compromised health due to their life circumstances and require intensive health supports. Once they are able to re-establish their documentation, they can access OHIP funded care.

The Ministry of Health and Long-Term Care (MOHLTC) has in the past, initiated identification clinics to assist people eligible for healthcare to obtain the necessary documentation required to obtain a health card. While the identification clinics are no longer offered, Street Health and some community health centres (CHCs) continue to assist people with obtaining the necessary documents required for a health card.

Stakeholders have noticed a decline in clients seeking treatment who have lost their identification since the clinics were initiated. [5]

Temporary Visa Holders

Temporary residents in Canada typically hold student, visitor or work visas. With few exceptions (some live-in caregivers and seasonal agricultural workers), most temporary visa holders do not have access to OHIP coverage. Some temporary workers have access to health benefits through their employers. All temporary visa holders are eligible to purchase private health insurance, however, private insurance can be expensive, insufficient, and difficult to qualify for if the applicant has a pre-existing condition and/or if the applicant has travelled in countries with high rates of communicable diseases.

Individuals in the Three Month Wait Period for OHIP

In Ontario, former residents who have lived out of the country for more than 212 days in a calendar year and new immigrants arriving with permanent residency status are eligible for OHIP three months after their return/arrival.[6] This group of individuals is also eligible to purchase private health insurance to cover this wait period, but some can experience similar challenges with private health insurance as those on temporary visas.

In February 2011, the Board of Health received the report *OHIP Coverage for New Immigrants with Tuberculosis*. This report reviewed the impact of the three month wait period for OHIP coverage for new landed immigrants and the potential risks to the community posed by this policy. The report detailed why the three month wait period for OHIP coverage should be abolished especially for individuals with communicable diseases such as tuberculosis. This report is available at: http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-35983.pdf.

Refugees not Eligible for the Interim Federal Health Program

Approximately 60,000 refugees arrived in Canada between 2000 and 2009.[7] Refugees have often left their home country due to persecution and/or fear for personal safety.[8] Some refugees have experienced trauma in their home country and may not have had access to healthcare prior to coming to Canada. Refugees and refugee claimants access healthcare through the Interim Federal Health Program (IFHP). In June 2012, the Federal Government announced significant reductions in the services covered by the IFHP. As a result, some refugee claimants are no longer eligible for the program and are therefore uninsured. Others have experienced a reduction in the services for which they were previously eligible. This is concerning given the significant healthcare needs of this population. The Board of Health received a report on the health impacts of reduced federal health services for refugees in May 2012. This report *Health Impacts of Reduced Federal Health Services for Refugees* is available at: http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-47324.pdf.

Undocumented Residents

Undocumented residents, also known as people without status or people with precarious immigration status, are immigrants who are not authorised to reside in Canada. The vast majority of undocumented residents arrived in Canada through authorised channels, but their immigration status has changed over time.[9] [10] Expired temporary visas, denied refugee claims and sponsorship breakdown result in people losing their legal immigration status. People who do not report to the Canada Border Services Agency upon arrival are also typically undocumented residents.

It is difficult to estimate how many people live in Canada without authorised immigration status since this population is largely hidden due to their fear of being deported. As a result, estimates vary widely. Reports estimate that there may be 200,000 to 500,000 people living in Canada without authorised immigration status, with the majority living in larger urban centres, including Toronto. [9] [11] [12] A more recent study estimated that the number of undocumented immigrants in Canada may be well over 500,000. [13]

Among uninsured individuals, undocumented residents are the most vulnerable and have the most difficulty accessing healthcare services. This population is not eligible to purchase private health insurance because they do not have valid identification. They are also not able to apply for social and income supports such as Affordable Housing, Ontario Works or childcare subsidies. Their period of vulnerability is indefinite. Most will remain undocumented, however, some will receive authorization to legally stay in Canada. Presently, Canadian immigration policy does not provide a pathway to authorised status for undocumented residents (except for refugee claimants) and Canada does not have an amnesty program.[14] [15] In recent years there have been many changes in immigration policy. It is now more difficult to qualify for permanent residency, sponsor family members or receive refugee status. In contrast, it is easier to receive temporary residency status. More details on the recent changes to Canadian immigration policy are outlined in the January 2013 Social Development, Finance and Administration (SDFA) report *Federal Changes in Immigration Legislation and Policy* available at: http://www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-55343.pdf.

The need for undocumented individuals to earn income, and thus work illegally, leaves them susceptible to exploitative workplace practices. Their employment can be described as precarious in nature and involves poor working conditions without rights or protection regarding employment and work and safety standards. Poor working conditions can increase the likelihood of workplace injuries.[15] More information on undocumented workers can be found in the October 2012 SDFA report *Undocumented Workers in Toronto* available at: http://www.toronto.ca/legdocs/mmis/2013/cd/bgrd/backgroundfile-55291.pdf.

Many undocumented residents may experience a constant lack of security as they fear detention and deportation and thus do not feel safe.[15] In Toronto, undocumented immigrants have been detained while in public, at schools, in women's shelters and shortly after visiting healthcare facilities.[15] This fear and stress hinders their ability to access healthcare and adversely affects their health.

Key Health Issues for Medically Uninsured Residents

Uninsured individuals experience a range of health issues. Often, their health is shaped by the length of time they are without health insurance as well as their access to resources and supports which contribute to good health. Immigrants in the three month wait period are generally in better health than the average Canadian-born resident. This health advantage can, in part, be attributed to the rigorous screening process for new immigrants who are in good health, are well-educated, financially stable and have professional skills.[16] Although the literature is sparse, it is likely that individuals with temporary work or student visas are in good health as well. Students are generally young and those on work visas have been deemed fit for work.

On the other hand, refugee claimants more frequently have significant health issues sometimes related to their pre-migration experiences. Undocumented residents also have significant health issues due to their inability to access resources and supports including health services that contribute to good health.

Reproductive Health

Research by the Women's College Hospital Network for Uninsured Clients identified prenatal, birth and newborn care as the most frequent health needs for uninsured residents.[4] Within the uninsured population, some CHCs have identified that the demand is highest for obstetrical/gynaecological care.[17] Eighteen percent of the patients at the Community Volunteer Clinic (CVC) for the Medically Uninsured in Scarborough require prenatal care.[18] In midwifery clinics across Toronto, uninsured women make up 5-20% of the total client population.[19] Uninsured women are less likely to have comprehensive (or any) prenatal care and are more likely to start prenatal care later in pregnancy, self manage care and have unattended home births because of costs associated with giving birth in a hospital.[4] Undocumented women are more likely to have complications during pregnancy. [20] [21] [22]

In addition, gynaecological care is an ongoing need, particularly for undocumented women.[15] Women who have been involved with human trafficking, sexual exploitation or sexual abuse have greater gynaecological needs.[9] Domestic female workers are vulnerable to sexual assault in their work environments.[13] Women who lack power in their intimate relationships are more vulnerable to sexually transmitted infections because they may not be equal decision makers regarding contraception use.[23] Some contraceptive choices require consultation with a physician or nurse practitioner.

> **Violetta: Pregnancy and Sponsorship Breakdown**
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> "Violetta" is a 28 year old woman who came to Canada on a visitor visa. Shortly after discovering she was pregnant, Violetta's relationship with her immigration sponsor fell through. Her visitor visa has expired and she is living in Toronto without legal immigration status.

She is in the third trimester of her pregnancy and does not have OHIP coverage. On a previous visit to a volunteer clinic for the uninsured, Violetta was referred to the Positive Pregnancy Programme at St. Michael's Hospital as her HIV status was inconclusive.

After visiting St. Michael's, she travelled to the uninsured clinic when it opened in the evening. She has not eaten all day.

Violetta was then referred to a midwifery clinic. However, there was no guarantee that she would be able to secure a midwife this late in her pregnancy. If she cannot secure midwifery care, she will be responsible for the obstetrical and hospitalization costs she will incur before and after the birth of her baby.

After meeting with a nurse who works at the clinic, Violetta decided that it would be better for her to move into a shelter and hold on to the money she has saved for rent. Violetta makes minimum wage as a domestic worker – a job which she will not be able to continue once her baby arrives. She is concerned about how she will contact the shelter as her cell phone has been cut off. She has no money for transportation to get to the shelter.

Violetta is provided with $25 from the clinic's donation box to buy food and a token to get to the shelter the next day. [Story shared by TPH staff]

Mental Health

Uninsured individuals may experience mental health concerns. Even for individuals in the three month wait period who are generally in good health, the process of migrating (for example family separation) and the settlement process (including precarious employment and social isolation) can be stressful and impact health. [24]

Research by the Women's College Hospital Network for Uninsured Clients identified mental health as the second most frequent health need for uninsured residents.[4] A research study conducted in 2010 reviewed over 1.1 million visits to Greater Toronto Area emergency departments and found that the proportion of clients visiting the emergency room with mental health conditions is greater for uninsured patients relative to insured patients.[25] This indicates both a need for mental healthcare and an inadequate number of community-based agencies providing this care for uninsured residents.

Mental health concerns are prevalent among refugees and undocumented residents who may have experienced trauma in their home country. [4 9] In addition, undocumented individuals frequently experience ongoing fear, stress and stigma due to living without legal immigration status. Over time, undocumented residents may experience more mental health issues as a result of long-term stress, unstable housing and employment insecurity.[26] Conditions reported among undocumented residents include: depression,

anxiety, suicidality, post-traumatic stress disorder, addiction and chronic stress. These conditions are exacerbated by social isolation, social exclusion and family separation.[15] [27]

Health Conditions Requiring Urgent Care

Uninsured individuals may also experience injuries or develop serious health conditions (e.g., heart attack, stroke) requiring urgent care. People without health insurance are more likely to delay or forgo treatment until the circumstances are severe. Consequently, Toronto studies found that uninsured residents were twice as likely as insured residents to require resuscitation at acute care facilities.[25] Occupational injuries (e.g., deep cuts, broken bones, exposure to chemicals, and exposure to heat-cold stress) and untreated wounds are common conditions requiring undocumented workers to seek healthcare.[15] Key informants identified a link between undocumented residents presenting at urgent care settings and safety risks in their work environments. [15] [25]

Communicable Diseases

Tuberculosis and HIV have a higher prevalence rate in some immigrant populations due to high rates in their countries of origin.[28] Uninsured residents are less likely to seek healthcare services due to access barriers. As a result, diagnosis and treatment of communicable diseases may happen at later stages of the illness when it is more complex, difficult to treat, and may have infected others. [4]

Asad: Tuberculosis and Interim Federal Health Program Coverage

"Asad" arrived in Canada as a refugee claimant when he was 19 years old, after spending 4 years in a refugee camp. He speaks very little English. He moved in with relatives and their children.

When Asad immigrated to Canada, he was given a chest x-ray which turned out to be abnormal, and was started on TB treatment. Because there were children in the home and Asad was highly infectious, he was admitted to hospital one month after his arrival in Canada, and was there for over 4 months. Asad's Interim Federal Health Program (IFHP) insurance expired while he was still in hospital because he missed his appointment with Citizenship and Immigration Canada due to his illness.

After being discharged from the hospital, Asad attended his immigration hearing and his refugee claim was accepted. He was informed that the IFPH would only cover the costs of 10 days of his hospital stay. His total bill owning was approximately $40,000. Asad has since appealed his bill and the IFHP will now cover more of the costs. [Story shared from TPH TB Staff]

Chronic Conditions

Twenty percent of uninsured patients at the CVC in Scarborough present with chronic conditions. [18] Acute and chronic stress contributes to many chronic conditions within the uninsured population. Chronic conditions commonly reported include cardiovascular disease, hypertension, chronic pain, diabetes, HIV and some cancers.[4] Chronic conditions are difficult to treat without consistent ongoing follow up and treatment which is difficult to arrange given the limited services available for the uninsured population.

Child and Youth Health

Children and youth have unique health needs. They grow and develop rapidly and benefit from regular medical visits to promote their health, monitor their development and identify and treat physical and mental health conditions in a timely manner. Uninsured children and youth may not receive required vaccinations which prevent or reduce the likelihood of infectious diseases, such as measles, mumps, and polio. Lack of health insurance may also result in delayed surgical interventions, inadequate care for acute mental health conditions and inadequate access to services that address developmental delays.[29] Research on refugee, immigrant and uninsured children in Toronto reveals a significant proportion of growth problems, anemia, low vitamin D and intestinal parasites all of which are treatable. [30] Children and youth who are undocumented may be marginalized and/or have difficulty establishing peer relationships which can impact developmental and mental health outcomes. [31]

Child Health and the Three Month Wait for OHIP – Financial Hardship

A 10 year old child got sick and was admitted to SickKids hospital. She was a permanent resident but was in the three month wait period. She got sick just a few days after arriving in Canada and thus her mother did not have time to purchase private insurance. She had suffered a stroke as a complication of having chicken pox. She was in the hospital for two months; part of that time was spent in the Intensive Care Unit. The total bill was almost $100,000. The hospital set up a payment plan. Her mother can only afford to pay $20 per month, thus it will take her 375 years to pay this bill. She will be in debt for her lifetime.
Adapted from: Your Money or Your Life, Toronto Documentary, 2012.

Healthcare Services Available to Uninsured Residents

Access to healthcare services is extremely limited without a provincial health card. There are some programs and services in Toronto, however, which attempt to fill this gap. The options presented differ depending on the populations served, the funding received and the services provided. The agencies and providers described cannot keep up with the number of residents that are not eligible for OHIP or the IFHP. Finding care when it is needed is extremely challenging since many clinics have limited hours and wait lists for new patients.

Community Health Centres

Community health centres are non-profit organizations that receive funding to provide primary healthcare and health promotion programs for individuals, families and communities, including uninsured residents. Community health centres are the only organizations that receive MOHLTC funding, via the Local Health Integration Networks (LHINs), allocated specifically for the uninsured population. The funding can be used to cover the costs of referrals to specialists and diagnostic tests although the funding is limited. There are 21 CHCs in Toronto, but not all uninsured residents can access care at a CHC due to capacity limitations and criteria for accepting new patients.[32]

Dedicated Clinics for Uninsured Residents

In response to the overwhelming need for healthcare services for uninsured individuals, healthcare providers have established community-based clinics that provide primary healthcare exclusively for uninsured residents. There are a limited number of these clinics in Toronto. Examples include the Muslim Welfare Centre of Toronto (serving uninsured Muslim and non-Muslim patients), the CVC in Scarborough, the West End Non-Insured Walk-In Clinic, and Imagine (Downtown Toronto), a newly formed clinic staffed with medical residents. These clinics provide care that is in high demand; however their capacity is not sufficient relative to the need. The current dedicated clinic model is not sustainable without funding. Some clinics are staffed by volunteers, all have limited hours and they do not receive funding to cover the costs of specialists, diagnostic tests or ongoing treatment. Consequently, locating supports for patients is time-consuming and stressful, both for clients and service providers.

Clinics/Services - OHIP not Required

There are some specialized medical clinics/services in Toronto where showing a health card is optional including, the Bay Centre for Birth Control at Women's College Hospital, the Hassle Free Clinic, the Sherbourne Health Centre Bus and the Immigrant Women's Health Centre bus. Also, the Toronto District School Board coordinates six paediatric and optometry clinics for newcomers where OHIP cards are not required.

These clinics/services do not receive provincial funding to provide healthcare for uninsured patients. As a result, only onsite services can be provided at no cost. If other care is required, (e.g. diagnostic tests and referrals), costs will be borne by the patient or absorbed by the clinic. Informally, some clinics have special patient assistance funds to help pay for these expenses.

Midwives and Birth Centres

Midwives are funded through the Primary Care branch of the MOHLTC to provide free primary care to all residents of Ontario regardless of their OHIP status. Midwives accept new patients at any stage of pregnancy. This is important because many uninsured women access care late in their pregnancies. There are insufficient midwives for the

demand, as only six out of ten women in Ontario who seek a midwife are able to access midwifery care.[19]

Midwifery clinics are not funded to cover the costs of additional and necessary services, including lab tests, ultrasounds and specialist consultation. If a hospital birth is planned or required, the woman is responsible for this cost which generally ranges from $500 to over $3,000 per day.[33] If the woman requires care by a physician (e.g., a high-risk pregnancy), she has to pay the physician fee.

In Ontario, there are two pilot projects for birth centres staffed with midwives, including one in Toronto. These centres will provide an option for giving birth outside of home and hospital. This will enable uninsured women to give birth without paying a facility fee. These birth centres are expected to open later in 2013.

Hospitals (Urgent care)

Uninsured individuals with urgent care needs are treated when presenting at hospitals, however, they are billed for these services. Costs can be very high and are difficult to predict in advance. Research shows that 0.45% of all visits to hospital emergency departments are by uninsured residents.[25]

Walk-in Clinics

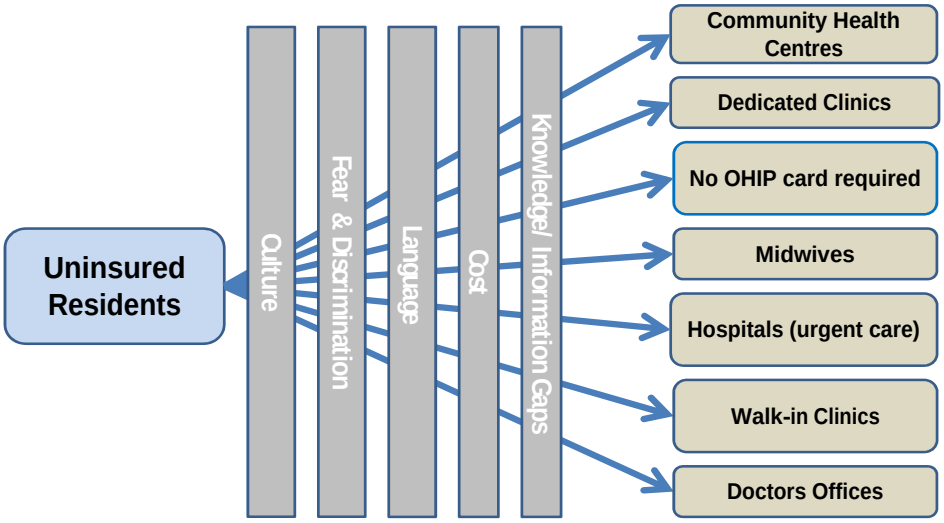
Finding care at walk-in clinics for uninsured residents is inconsistent. Some uninsured residents receive care at these clinics while others have been re-directed. If a person without OHIP coverage is treated, they will be billed. Fees charged at walk-in clinics are also inconsistent. [33]

Doctors Offices

Another access point for uninsured residents is through physicians that treat uninsured patients without billing them. This is an ad hoc system that helps a minority of uninsured residents and has limitations. These physicians are restricted in the care they can provide because they cannot order tests or provide referrals to specialists unless they can confirm in advance that the providers will treat the uninsured without billing them.

In summary, the healthcare options available to uninsured residents are very limited in capacity and scope. The current model of care does not include all sectors of the healthcare system and gaps remain in long-term, homecare, chronic care and most specialist and hospital care.

Barriers to Accessing Healthcare for Uninsured Residents



Adapted from Steele Gray, Hynie, Robertson, & Gardner, 2010

While healthcare professionals and institutions have established limited healthcare options for uninsured residents, there are a number of barriers in accessing these services.

Knowledge/Information Gaps

The Canadian healthcare system can seem complex to access, even for Canadian-born residents. Uninsured residents may not know how to access services that are available to them and staff are not consistently aware of the services that are available for this population.[4 16] An example of this is the difficulty healthcare staff experience in administering the revised IFHP for refugees.

Eligibility for care through the IFHP is calculated based on the refugee category, date of arrival in Canada, country of origin, symptoms and diagnosis. The eligibility criteria are complicated and many patients and providers cannot determine eligibility. As a result, eligible patients are denied care and seek services at clinics for uninsured residents. Clinicians have suggested that the numbers of refugee applicants presenting for care at uninsured clinics since the changes to the IFHP in June of 2012 has at least doubled. [32] The IFHP is also more challenging to administer and many healthcare providers are now reluctant to treat eligible patients. [34]

Cost

Uninsured residents often have limited financial resources. Any cost associated with healthcare (for example physician fees or hospital fees) can be a deterrent to accessing care. The inability to pay for and access medication is also reported as one of the biggest challenges for uninsured residents. [13 25 35] Charges associated with hospitalization and

treatment for chronic conditions are particularly prohibitive.[36] These costs can be in the thousands of dollars, which leaves some people permanently in debt. For uninsured residents with limited financial resources, such large and unexpected costs require a trade off with other basic necessities.[37]

Many of the medical charges billed to uninsured residents are inconsistent. Uninsured residents are at a disadvantage in not knowing in advance how much treatment will cost. Some hospitals charge different amounts for the same procedure, indicating no standardization of rates for uninsured residents.[38] One administrator has seen hospital bills for computerized tomography (CT) scans ranging from $76 to $1,000.[5] Key informants note that hospitals often bill uninsured residents at rates substantially higher than OHIP rates, resulting in exorbitant charges that they cannot afford. [37]As well, some uninsured residents have been charged hospital facility fees. An insured patient is not charged this facility fee, nor is OHIP billed for this fee on their behalf.[5 39]

Key informant interviews suggest that many uninsured residents may be willing to pay for healthcare services they receive, but they cannot afford to pay the full amount in a single transaction nor can they afford fees that are substantially higher than OHIP rates. [21 36] Some hospitals work out payment plans so that bills can be paid over time and some hospitals will absorb a portion of the costs, enabling the patient to contribute what they can.

Key informants shared that in some hospitals, uninsured residents are taken into the hospital business office for financial assessment and are required to agree to payment or a payment schedule before they are treated. [39 40] Experiences like this may deter people from seeking care when they need it. Research shows that twice as many uninsured individuals compared to insured individuals leave acute care facilities without being treated.[25] These practises may very well be the reason, although more research is required to fully understand these findings.

Language

Many uninsured residents are immigrants some of whom may lack proficiency in English. Limited English skills may serve as a deterrent to accessing healthcare and may adversely impact a patient's ability to describe their condition and understand the healthcare provider's instructions. [13 15] Language barriers have also been associated with increased risk of hospitalisation, greater number of adverse drug reactions, lower rates of optimal pain medication and less access to mental health services.[41] Some healthcare settings offer interpretation, but not all can afford to, as interpretation costs can be very high.

Fear and Discrimination

Undocumented residents' fear of being reported, detained or deported profoundly affects their decision making about whether to seek healthcare. Key informants shared that there have been incidents of undocumented residents being reported to the Canadian Border

Services Agency after visiting healthcare facilities or being detained in the vicinity of healthcare facilities.[19 42] Undocumented residents can internalise perceived criminalization and become hyper-vigilant about being reported to authorities.[15] As well, the stigma associated with lacking status can lead to harassment, racism and discrimination by staff in healthcare settings either through being disrespectful or denial of treatment. [38 42 43]

Culture

Although not unique to uninsured individuals, some immigrant's fear or mistrust government or those with perceived authority due to experience in their home country. This may prevent or delay them from seeking healthcare.[13] As well, some immigrants see their incompatibility with the host culture as a barrier to receiving appropriate care.[38] For women who can only be treated by female healthcare providers for religious or cultural reasons, the gender of the provider can pose an added barrier depending on the staff that is available and the urgency of need.

Challenges for Healthcare Providers

Providing care to uninsured individuals is a challenge for healthcare providers. The limited healthcare options available results in high demand at the few facilities available. This creates a burden on those facilities and the healthcare providers. Clinics that treat this population have full clinics and/or long wait lists. Since many uninsured residents delay seeking care, when they do present at healthcare facilities, their cases may be extremely complicated and more costly to treat. Since uninsured residents have limited access to healthcare, it is time consuming to locate required additional services that accept uninsured patients. Healthcare providers have an ethical obligation to provide essential healthcare to individuals regardless of their ability to pay.[44] The limited options available to uninsured residents make it near impossible for healthcare providers to provide the same standard of care relative to their insured patients.

POLICY RECOMMENDATIONS

Many medically uninsured residents in Toronto do not have access to timely, essential primary healthcare. More accessible primary healthcare can contribute to healthy birth outcomes, reduce preventable illness and enable early detection and treatment of chronic conditions, including mental health issues, among this vulnerable population. It is more cost effective to provide access to primary healthcare than to wait until health conditions are serious. Strategies to improve access to healthcare are presented below.

In providing improved access to essential healthcare for uninsured residents, it will be important to ensure that there are eligibility criteria in place to allow for accountability of funds and thereby reduce the risk of misuse of publicly funded healthcare services or medical tourism. CHCs, some hospitals and midwifery practices have criteria in place to help determine if uninsured residents are eligible. Canada is not a common destination for medical tourism.[45]

Reduce the Number of Medically Uninsured Individuals

Demand exceeds capacity with respect to healthcare services available to uninsured residents. Policies that would alleviate this strain include the elimination of the three month wait period for OHIP and reverting to the former healthcare funding model for the IFHP.

These policy changes would reduce the number of residents without access to OHIP. An analysis by the Ontario Medical Association revealed that the healthcare system does not save money by delaying access to care as patients wait longer than advisable to seek medical treatment and go to hospital emergency departments. Ontario is in the minority with respect to provinces and territories that have a three month wait period.[46]

Providing clarity to refugees, refugee applicants and their service providers about the services for which they are eligible would reduce the number of IFHP eligible patients presenting at clinics for uninsured residents. An efficient system for determining patient eligibility for the IFHP would facilitate provision of care for eligible patients.

Medically Insure Children and Youth

Canada is a signatory to the UN Convention on the Rights of the Child which affirms that the best interests of the child must be a primary consideration. [47] Children's health should not be adversely affected by their parent's immigration status.

Health during the early years influences health during adolescence and into adulthood, creating a 'health trajectory' over a lifetime. Investing in the health of children and youth improves their health as well as the health of the population. It also increases the productivity and vitality of a society.[48] It is more cost-effective to provide access to primary healthcare for prevention and early intervention than it is to wait until health problems become more serious and costly to treat later in life.

Ensure Current Services for Medically Uninsured Residents are Adequately Funded

Currently, funding specified for uninsured residents is only provided to CHC's. Funding to CHCs should be enhanced to increase their capacity to treat this population. This dedicated funding also needs to be extended to primary care clinics that are already treating this population, but are not specifically funded to do so.

Contain Costs for Medically Uninsured Patients

Cost is a significant deterrent to accessing healthcare. This barrier could be lessened by establishing consistent fees for uninsured residents using the OHIP fee schedule and eliminating hospital administration charges.

This work has already been initiated. The Toronto Central Local Health Integration Network in collaboration with the Women's College Hospital Network for Uninsured

Clients and CHCs, has developed a template to standardise patient registration and billing practises. This template will guide the administrative process between CHCs working with hospitals. The agreement is intended to alleviate administrative burden for both CHCs and hospitals and to maximise the provision of service to CHC referred non-insured patients. This voluntary agreement took effect in April 2012.

Some CHCs and midwifery clinics have formal and informal agreements to access CHC funds dedicated to cover the healthcare costs of uninsured women. As well, some midwifery clinics have formal and informal agreements with hospitals so that midwifery clients who are uninsured can access hospital services at a reduced rate.

Establish a Centralised Hospital Compassionate Payment Fund

A centralised hospital compassionate payment fund should be established for urgent and life threatening health priorities for uninsured residents to prevent extraordinarily high hospital bills that can leave people in debt for years or indefinitely, including labour and delivery, newborn care, serious injury and urgent mental health needs. Research reveals that these conditions are priority health needs for uninsured residents.

Improve Knowledge/Awareness of Service Options

Uninsured residents need to know what services are available and how to access them. Increased outreach to uninsured residents and training for administrators, frontline staff and healthcare providers could help to lessen this barrier. A central information portal would help uninsured residents and practitioners identify and navigate relevant programs and services. All staff should receive training so that care is provided to patients in a non-discriminatory and respectful manner.

A key barrier to accessing services for undocumented residents is fear of being reported to immigration authorities. The City of Toronto developed a *Don't Ask, Don't Tell* policy which was designed to ensure that city staff will not ask or report immigration status. [49] At present, the majority of city services are available to all residents regardless of immigration status. The City has since evolved to an "Access without Fear" (AWF) policy based on recommendations in a recent SDFA report *Undocumented Workers in Toronto*.[50] This report re-affirms the City of Toronto's commitment to provide programs and services to residents regardless of immigration status. Details of decisions associated with this report are available at:
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.CD18.5

Many of the key informants consulted in the development of this report advocated that an AWF policy be used in all healthcare facilities. It is the model currently used by the Toronto District School Board and the Association of Ontario Midwives. Healthcare professionals need to know someone's status to determine what healthcare services they can access to establish a care plan. An AWF model where healthcare professionals will ask about status, but not tell immigration authorities, could help to alleviate patient fears while still providing the healthcare staff with the information they require. An AWF

policy needs to be accompanied by a comprehensive training and implementation program.

Toronto Public Health and Promoting the Health of Medically Uninsured Residents

This report indicates that lack of access to publicly funded healthcare contributes to inequitable health outcomes. Health services are a determinant of heath and a resource for good health. Toronto Public Health provides a range of programs and services, including primary care such as sexual health, vaccination, dental and tuberculosis clinics, the TPH dental bus and the Works van regardless of eligibility for health insurance or immigration status. Information regarding TPH's work to promote the health of newcomers, including undocumented residents, can be found in the January 2013 Board of Health report *Strategies to Improve Newcomer Health*. This report identifies strategic short, medium and long term actions to advance the health of newcomers. This report is available at:
http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.HL19.5

Toronto Public Health is committed to continuing to provide programs and services to improve the health of all Toronto residents and to exploring mechanisms to further advance the health of uninsured residents, thereby reducing health inequities.

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ATTACHMENTS

Attachment 1: List of key informants

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Attachment 1: Key Informants

Name	Title	Organization
Academia		
Denise Gastaldo	Associate Professor, Faculty of Nursing	University of Toronto
Michaela Hynie	Associate Director, York Institute for Health Research; Associate Professor, Psychology	York University
Policy		
Steve Barnes	Policy Analyst	Wellesley Institute
Bob Gardner	Director, Policy	Wellesley Institute
Vivian Lee	Policy Analyst	Association of Ontario Midwives
Advocacy		
Chris Ramsaroop	Organizer	Justice for Migrant Workers
Thuy Tran	Organizer Peer Program Coordinator	Right to Healthcare Coalition Access Alliance
Healthcare Facilities – Administration		
Vivian Barmach	Health Services Manager	Black Creek Community Health Centre
Carrie Johnston	Manager, Sexual Health Clinics	Toronto Public Health
Axelle Janczur	Executive Director	Access Alliance Multicultural Health & Community Services
Cliff Ledwos	Director, Primary Healthcare Services	Access Alliance Multicultural Health & Community Services
Anthony Mohamed	Senior Specialist, Equity & Community Engagement	St. Michael's Hospital
Shirley Roberts	Director, Primary Healthcare	Parkdale Community Health Centre
Angela Robertson	Director, Equity & Community Engagement	Women's College Hospital Network on Uninsured Clients
Healthcare Service Providers		
Ritika Goel	Physician/ Organizer	Community Volunteer Clinic for the Medically Uninsured in Scarborough Health for All
Abeer Majeed	Physician/ Organizer	Health for All
Catherine Oliver	Physician	Davenport-Perth Community Health Centre
Meb Rashid	Physician/Medical Director	Crossroads Clinic, Women's College Hospital
Raghu Venugopal	Physician / Assistant Professor	Community Volunteer Clinic for the Medically Uninsured in Scarborough/University of Toronto
Paul Caulford	Medical Director/ Assistant Professor	Community Volunteer Clinic for the Medically Uninsured in Scarborough/ University of Toronto
Pat Larson	Nurse Practitioner	Black Creek Community Health Centre
Jane Greer	Healthcare Service Provider	Hassle Free Clinic
Jothi Ramesh	Counsellor & Chair of Newcomer Council	Sherbourne Health Centre
Jennifer D'Andrade	Public Health Nurse	Toronto Public Health
Cathy Tersigni	Public Health Nurse/Community Health Officer	Toronto Public Health
Jennifer Fuller	Manager, Tuberculosis Program	Toronto Public Health
Christine Hwang	Acting Medical Director, Sexual Health Clinics	Toronto Public Health
Elizabeth Rea	Associate Medical Officer of Health, Communicable Disease Control	Toronto Public Health