

The Real Cost of Cutting Refugee Health Benefits: A Health Equity Impact Assessment

Steve Barnes

May, 2012



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 2011, Canada accepted 12,983 refugee applications, a total of 38 percent of the applications received. The number of refugees accepted has fluctuated widely since 1989, with a high of 19,577 in 1991 and a low of 5,936 in 2007.¹ The IFHB cost \$84.6 million in the 2010-2011 fiscal year.²

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.

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 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.³

This Health Equity Impact Assessment provides a high-level analysis of the proposed changes to the IFHB. It identifies how changes to the IFHB that reduce access to health care will have negative health implications for all refugees, and that some refugees who will lose access to even basic health care services will be more severely – and inequitably – impacted. The HEIA also finds that women and children will be disproportionately affected, and that this may have significant impacts on their physical and emotional safety.

Changes to Canada's refugee policies and the Interim Federal Health Benefit

The federal government is currently pursuing significant reform to Canada's immigration system, with particular emphasis on addressing perceived fraud amongst asylum seekers. Citizenship, Immigration and Multiculturalism Minister Jason Kenney argues that Canada is currently receiving a disproportionate number of refugee claimants from countries that are historically considered "safe."⁴

The Balanced Refugee Reform Act 2010 allows the Minister to identify Designated Countries of Origin (DCO) that do not normally produce refugees and that respect human rights and offer state protection. Countries are likely to be considered safe if they have an independent judicial system, recognize basic democratic rights and

1 University of Ottawa Human Rights Research and Education Centre, IRB Refugee Status Determinations (1989-2011 Calendar Years), <http://www.cdp-hrc.uottawa.ca/projects/refugee-forum/projects/documents/REFUGEEESTATSCOMPREHENSIVE1999-2011.pdf>.

2 <http://www.cic.gc.ca/english/department/media/releases/2012/2012-04-25.asp>.

3 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/health-equity-impact-assessment/>. The Ontario government has developed a HEIA tool: <http://www.torontocentrallhin.on.ca/Page.aspx?id=2936>.

4 <http://www.cic.gc.ca/english/department/media/backgrounders/2012/2012-02-16i.asp>.

freedoms, and have civil society organizations. The aim of the DCO policy is to “deter abuse of the refugee system by people who come from countries generally considered safe. Refugee claimants from DCOs would have their claims processed faster. This would ensure that people in need get protection fast, while those with unfounded claims are sent home quickly through expedited processing.”⁵ The DCO policy has been criticized for placing too much control in the hands of the Minister, for not recognizing that some people are unsafe even within ‘safe’ countries, and for deeming some refugees as ‘worthy’ and others ‘unworthy’.⁶

In this context, Minister Kenney recently announced changes to the Interim Federal Health Benefit, which will take effect on June 30, 2012.⁷ Currently, the 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. The dependents of claimants are also covered. To be eligible, applicants must demonstrate that they are unable to pay for their own medical services and must not be covered by private health insurance plans.

Under the new IFHB, all refugee claimants in Canada will receive reduced access to medical care, and some will not be eligible for any care, including emergency care.

- Health Care Coverage will be available to refugee claimants from non-Designated Countries of Origin (DCO) and protected persons and includes coverage for hospital, physician, nurse, laboratory, diagnostic and ambulance services if the services and products are of an “urgent or essential” nature as defined in the Policy, as well as immunizations and medications only if required to prevent or treat a “disease posing a risk to public health” or a “condition of public safety concern” as defined in the Order.
- Public Health or Public Safety Health Care Coverage will be available to rejected refugee claimants and claimants from DCOs. Hospital, physician, nurse, laboratory and diagnostic services, as well as immunizations and medications, will be covered only if required to prevent or treat a “disease posing a risk to public health” or a “condition of public safety concern” as defined in the Order.⁸

Citizenship and Immigration Canada has provided examples of the coverage available after the changes to the IFHB take effect, and a summary of proposed changes by refugee category is included as an appendix.⁹

5 <http://www.cic.gc.ca/english/department/media/backgrounders/2012/2012-02-16i.asp>.

6 The DCO policy has been particularly criticized for its potential impact on Roma communities seeking asylum from Eastern Europe. See <http://www.cbc.ca/news/politics/story/2012/02/15/pol-bogus-refugees.html>.

7 Table adapted from <http://www.cic.gc.ca/english/refugees/outside/summary-ifhp.asp>.

8 <http://www.cic.gc.ca/english/refugees/outside/coverage.asp>.

9 Table adapted from <http://www.cic.gc.ca/english/refugees/outside/coverage.asp>.

CONDITION	REFUGEE CLAIMANT (NON-DCO COUNTRY)	REFUGEE CLAIMANT (DCO COUNTRY); REJECTED REFUGEE CLAIMANT	PROTECTED PERSON
TUBERCULOSIS	<ul style="list-style-type: none"> • The cost of the immigration medical examination (IME). • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse and cost of required tests. • Cost of testing of close contacts (those who are eligible for IFHP), to determine if they have tuberculosis. • Cost of prescribed medication for both the initial patient and close contacts (if IFHP eligible), if required. 	<ul style="list-style-type: none"> • The cost of the IME. • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests. • Cost of testing of close contacts (those who are eligible for IFHP), to determine if they have tuberculosis. • Cost of prescribed medication for both the initial patient and close contacts (if IFHP eligible), if required. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • Cost of testing of close contacts (those who are eligible for IFHP), to determine if they have tuberculosis. • Cost of prescribed medication for both the initial patient and close contacts (if IFHP eligible), if required.
CARDIOVASCULAR DISEASE	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests. • No coverage for the prescribed medication. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • No coverage for the prescribed medication.
DIABETES	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse and cost of required tests. • No coverage for the prescribed medication. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • No coverage for the prescribed medication.
TOOTH CAVITIES	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • None.
HIV	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse and cost of required tests. • Cost of prescribed medication. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse and cost of required tests. • Cost of prescribed medication. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • Cost of prescribed medication.

CONDITION	REFUGEE CLAIMANT (NON-DCO COUNTRY)	REFUGEE CLAIMANT (DCO COUNTRY); REJECTED REFUGEE CLAIMANT	PROTECTED PERSON
RHEUMATOID ARTHRITIS	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse and cost of required tests. • No coverage for the prescribed medication 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • No coverage for the prescribed medication.
MENTAL DISORDER WITH PSYCHOTIC SYMPTOMS ¹⁰	<ul style="list-style-type: none"> • Cost of most hospital services, at the IFHP's per diem rate. • Cost of ongoing out-patient follow-up by a physician or registered nurse. • Cost of prescribed medication. 	<ul style="list-style-type: none"> • Cost of most hospital services at the IFHP's per diem rate. • Cost of ongoing out-patient follow-up. • Cost of prescribed medication. 	<ul style="list-style-type: none"> • Cost of most hospital services, at the IFHP's per diem rate, and cost of ongoing out-patient follow-up, if patient is not or was not eligible for provincial/territorial health insurance. • Cost of prescribed medication.
BIRTH CONTROL	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • None.
HIP OSTEOARTHRITIS	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests. • No coverage for the prescribed medication. • No coverage for the hip replacement surgery. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • No coverage for the prescribed medication. • No coverage for the hip replacement surgery.
PREGNANCY	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests. • No prescribed medication coverage, unless there are complications due to a disease that poses a risk to public health or a condition of public safety concern. • Cost of delivery in hospital at the IFHP's per diem rate. • Cost of a post-partum follow-up for the mother for up to 28 days after delivery. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Consultation fees for the initial assessment and follow-ups by a physician or registered nurse, and cost of required tests, if patient is not or was not eligible for provincial/territorial health insurance. • No prescribed medication coverage, unless there are complications due to a disease that poses a risk to public health or a condition of public safety concern. • Cost of delivery in hospital at the IFHP's per diem rate. • Cost of a post-partum follow-up for the mother for up to 28 days after delivery.

CONDITION	REFUGEE CLAIMANT (NON-DCO COUNTRY)	REFUGEE CLAIMANT (DCO COUNTRY); REJECTED REFUGEE CLAIMANT	PROTECTED PERSON
VISION PROBLEMS	<ul style="list-style-type: none"> • Cost of assessment and diagnosis by a physician. • Cost of eyeglasses is not covered. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Cost of assessment and diagnosis by a physician, if patient is not or was not eligible for provincial/territorial health insurance. • Cost of eyeglasses is not covered.
MEDICAL EMERGENCY – HEART ATTACK	<ul style="list-style-type: none"> • Cost of assessment in an emergency room. • Cost of surgery and most hospital services at the IFHP's per diem rate. • No coverage for medication prescribed after discharge. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Cost of assessment in an emergency room, if patient is not or was not eligible for provincial/territorial health insurance. • Cost of surgery and most hospital services at the IFHP's per diem rate. • No coverage for medication prescribed after discharge.
PERSON REQUIRING LONG TERM CARE	<ul style="list-style-type: none"> • Cost of assessments and consultations by a physician. • No coverage for the prescribed medication. • No coverage for the cost of the long-term care facility. 	<ul style="list-style-type: none"> • None. 	<ul style="list-style-type: none"> • Cost of assessments and consultations by a physician, if patient is not or was not eligible for provincial/territorial health insurance. • No coverage for the prescribed medication. • No coverage for the cost of the long-term care facility.

Step 1) Initial scoping analysis of whether the policy change could have health equity impacts

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;
- 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.¹¹

¹⁰ It is notable that a 2010 evaluation by Canada Border Services Agency of its Detentions and Removals Programs found considerable variance in the time until services are received for detainees with mental health needs. The report was unable to fully examine the health services received by detainees because health statistics were not tracked. See Canada Border Services Agency, CBSA Detentions and Removals Programs – Evaluation Study, November 2010, <http://cbsa-asfc.gc.ca/agency-agence/reports-rapports/ae-ve/2010/dr-rd-eng.html>.

¹¹ 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.

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.¹²

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 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.

Step 2) Analyzing the potential equity impact

HOW MIGHT THE POLICY CHANGE AFFECT THE HEALTH OF REFUGEES?

The planned changes to the IFHB program will affect all refugees, protected persons, and refugee claimants in Canada who are not covered by provincial or territorial health insurance and do not have private insurance. If the proposed changes proceed, all refugees will lose access to most commonly available health benefits and, at best, will receive care only when it is “urgent or essential.” The elimination of supplemental health benefits, such as drug coverage, will make preventing and managing chronic conditions such as diabetes more difficult for refugees. A lack of access to mental health services is particularly concerning, especially given the posttraumatic stress disorder risk that many refugees face.¹³

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.¹⁴

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.

Applicants for a Pre-Removal Risk Assessment who have not previously made a refugee claim, who were previously entitled to basic health care services and supplemental benefits, will not be eligible for any health care services, even when there is a public health risk. This creates a major health risk not just for the individual, but also for society.

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.

The decision to reduce or eliminate health benefits for refugees will worsen health for already disadvantaged

¹² 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>.

¹³ http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/ptsd_refugees_brochure.html; http://www.ontario.cmha.ca/about_mental_health.asp?cID=23054.

¹⁴ <http://www.cic.gc.ca/english/refugees/outside/coverage.asp>

populations and will widen health gaps between refugees and more advantaged populations, but the decision will also increase health inequities amongst refugees. The decision to provide more comprehensive health services to preferred categories of refugees will create a situation whereby refugees who have access to few or no health services will fall further and further behind in their health status.

WHAT FURTHER INFORMATION IS REQUIRED TO MAKE AN INFORMED POLICY DECISION?

Further information about the scope of analysis Citizenship and Immigration Canada (CIC) conducted is required. In making a policy decision that may have significant health implications, expert medical advice and evidence should be incorporated. CIC should make clear whether they considered health impacts and conducted an equity-focused analysis.

Minister Kenney's announcement stated that the changes to the IFHB would remove incentives for "people who may be considering filing an unfounded refugee claim in Canada."¹⁵

The data to support this argument, however, has not been presented. Before proceeding with the intended reforms to the IFHB, the Minister should make this data and the supporting analysis publicly available to demonstrate how cutting health benefits will lead to reduction in immigration fraud.

Further information is also required about the demographics of each refugee category. Women and children may be at particular risk from this policy change owing to their vulnerable position in cases of physical or emotional abuse. It is therefore important to determine how many women and children exist in the categories that will receive either no health care coverage or coverage only in the public interest.

Step 3) Analyzing how the policy could be changed to protect and promote good health

HOW CAN THE INEQUITABLE IMPACTS OF THE POLICY BE ELIMINATED OR MITIGATED?

Essentially, the inequitable impacts of the policy change as it stands cannot be mitigated: reducing access to critical health services will inevitably have an adverse impact on the health of already vulnerable people. These changes should not be enacted.

If the federal government decides to pursue reducing access to health care for refugees, they should first undertake a full Health Equity Impact Assessment to determine the potential impacts on refugees, with particular attention paid to those who are the most vulnerable.

WHAT EQUITY INDICATORS AND OBJECTIVES SHOULD BE MEASURED TO DETERMINE THE POLICY'S IMPACT?

In making substantive changes to the IFHB, the federal government should set out specific measures and indicators that can help to analyze whether the changes have negative health implications. These data can help to inform future amendments to the policy to not only reduce negative health effects that may arise from the policy changes, but also to create opportunities for better health for refugees.

Some initial areas to measure could be:

- Access to health care amongst refugees, measured by ability to see a family doctor or nurse when required;
- Prevalence of chronic conditions such as diabetes or mental health issues (especially issues that refugees are at particular risk of developing, like post-traumatic stress disorder); and
- The proportion of refugees who are unable to fill a prescription that is required to manage a medical condition.

15 <http://www.cic.gc.ca/english/department/media/releases/2012/2012-04-25.asp>

HOW CAN REFUGEES BE INVOLVED IN PLANNING AND DESIGNING POLICIES THAT AFFECT THEIR HEALTH?

It is important to include refugees in any decisions that may have a negative impact on their health. However, the temporary nature of refugee status, in addition to language and cultural barriers, may mean that it is difficult to consult with refugees directly. The federal government should therefore utilize groups and service providers that work with refugees to connect with people who will be affected. The input of advocacy groups and support networks should be invited. It is also critical for medical professionals to provide expert advice.

Conclusion: changes to the IFHB will have real — and inequitable — health implications for refugees, especially those who are most vulnerable

The impending changes to the IFHB will have significant adverse impacts on all refugees. 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.

To help policy makers quickly and effectively identify how planned policy changes or program initiatives could affect health and health inequities

<p>Step 1: Initial scoping: Could the policy or initiative affect health?</p>	<p>If yes, then drilling down</p>	<p>Step 2: Analyze the potential impact on overall health and on the opportunities for good health of particular populations or communities.</p>	<p>And analyzing in detail</p>	<p>Step 3: Analyze how the policy or program could be changed to have a positive impact on health and health equity.</p>
<p>1.1 Could the planned policy, budget decision, program or initiative impact overall health, either by affecting employment, income, housing or other determinants of health, or by affecting access to health, social and other services and support?</p>		<p>2.1 How will the planned policy change or initiative affect overall health or the identified community? <i>For example: could adding user fees for recreation activities prevent some people from accessing them? Could reducing funding for child care spaces cause children to be placed in unsafe settings or parents to withdraw from paid work to care for their children?</i></p>		<p>3.1 How can you maximize the positive health and equity impacts of the planned policy change or initiative? <i>For example, could community development or health promotion programs be concentrated in the most socially and health disadvantaged communities that need services the most?</i></p>
<p>1.2 Could the planned policy, budget decision, program or initiative have an inequitable impact on particular groups or communities? If so, which people or communities? <i>Examples of people and communities to consider are: homeless or poorly housed; recent immigrants; those in precarious and low paid work; people with disabilities; racialized populations; Aboriginal people; others facing social inequality and exclusion.</i> <i>This basic equity lens should be applied to most policy decisions.</i></p>		<p>2.2 Could the planned policy change or initiative worsen health inequities between different groups or communities? <i>Health inequities are differences in health outcomes that are avoidable, unfair, and systematically related to social inequality and disadvantage.</i> <i>For example, if child care subsidies are cut, this will affect lower income parents the most. If changes in industrial policy increase unemployment and precarious work, this will be associated with poorer health for lower income people.</i></p>		<p>3.2 How can you mitigate or eliminate the inequitable impacts of the planned policy change or initiative? <i>For example, by designing any funding and program reductions so they do not have a disproportionate effect on lower-income people and communities, or by ensuring appropriate interpretation, adopting flexible or longer opening hours to accommodate work schedules, providing transit subsidies or childcare so people can access services, etc.</i></p>
		<p>2.3 What more do you need to know to determine the potential impact of the planned policy change or initiative? <i>For example, do you need information from service providers about program use, neighbourhood-level data, or more demographic information about the affected people or communities?</i></p>		<p>3.3 How will you know whether the policy change or initiative has had a positive health impact? What health and equity indicators will be used to measure impact?</p>
				<p>3.4 How can you involve the people affected or who the program serves in planning, designing and evaluating the initiative to determine service gaps and program/policy success?</p>

PROPOSED CHANGES TO THE INTERIM FEDERAL HEALTH BENEFIT BY REFUGEE CATEGORY

PEOPLE AFFECTED	BENEFITS UNDER CURRENT SYSTEM	BENEFITS UNDER NEW SYSTEM
<p>Protected Persons</p> <ul style="list-style-type: none"> • Resettled refugees • Refugees whose claims have been accepted • People who have received a positive Pre-Removal Risk Assessment (The above people are covered until they qualify for provincial or territorial health insurance.) 	<p>Basic health-care services (similar to what provincial or territorial plans cover), and</p> <ul style="list-style-type: none"> • Supplemental Benefits • Pharmacy care • Dental care • Vision care • Ambulance services • Devices to assist with mobility 	<p>Health-Care Coverage only if of an urgent or essential nature:</p> <ul style="list-style-type: none"> • Hospital services • Services of doctors and nurses • Laboratory, diagnostic and ambulance services; and • Medications and vaccines only if needed to prevent or treat a disease that is a risk to public health or a condition of public safety concern.
<p>Refugee Claimants, while their claim is still pending and who are not from a Designated Country of Origin</p>	<p>Basic health-care services (similar to what provincial or territorial plans cover), and</p> <ul style="list-style-type: none"> • Supplemental Benefits • Pharmacy care • Dental care • Vision care • Ambulance services • Devices to assist with mobility • An immigration medical examination 	<p>Health-Care Coverage only if of an urgent or essential nature:</p> <ul style="list-style-type: none"> • Hospital services • Services of doctors and nurses • Laboratory, diagnostic and ambulance services • Medications and vaccines only if needed to prevent or treat a disease that is a risk to public health or a condition of safety concern, and • An immigration medical examination
<p>Refugee claimants, while their claim is still pending, who are from a Designated Country of Origin.</p>	<p>Not applicable (new category to be created under the Balanced Refugee Reform Act).</p>	<p>Public Health and Public Safety Health-Care Coverage only if needed to prevent or treat a disease posing a risk to public health or a condition of public safety concern:</p> <ul style="list-style-type: none"> • Hospital services • Services of doctors and nurses • Laboratory and diagnostic services • Medications and vaccines only if needed to prevent or treat a disease that is a risk to public health or safety, and • An immigration medical examination
<p>Rejected Refugee Claimants</p> <p>People whose claims have been rejected by the Immigration and Refugee Board, and whose right to judicial review or any appeal of that judicial review has been exhausted.</p>	<p>Basic health services until they leave Canada, and</p> <ul style="list-style-type: none"> • Supplemental Benefits • Pharmacy care • Dental care • Vision care • Ambulance services • Devices to assist with mobility 	<p>Public Health or Public Safety Health-Care Coverage only if needed to prevent or treat a disease posing a risk to public health or a condition of public safety concern:</p> <ul style="list-style-type: none"> • Hospital services • Services of doctors and nurses • Laboratory and diagnostic services, and • Medications and vaccines only if needed to prevent or treat a disease posing a risk to public health or a condition of public safety concern

Refugee claimants who have withdrawn or abandoned their claim or who have been found not eligible	None.	None.
Applicants for a Pre-Removal Risk Assessment who have not previously made a refugee claim	<p>Basic health-care services, and Supplemental Benefits</p> <ul style="list-style-type: none"> • Pharmacy care • Dental care • Vision care • Ambulance services • Devices to assist with mobility, and • An immigration medical examination 	None.
<p>People or groups granted IFHP benefits on the initiative of the Minister because of exceptional and compelling circumstances.</p> <p>Recent groups given this kind of coverage include:</p> <ul style="list-style-type: none"> • Victims of human trafficking • Certain local staff who supported the Canadian mission in Afghanistan • Haitian nationals living in Canada after the 2010 earthquake 	<p>Custom coverage depending on the situation. Limited to the same basic and supplemental services as those offered to refugee claimants.</p>	<p>Custom coverage limited to either:</p> <ul style="list-style-type: none"> • health-care coverage(same as for protected persons), or • public health and public safety health-care coverage (same as refugee claimants from DCOs), and <p>May or may not include an immigration medical examination and medications or vaccines before arriving in Canada</p>
People detained by the Canada Border Services Agency	<p>Basic and Supplemental Benefits</p> <ul style="list-style-type: none"> • All necessary health care, similar to what would be provided in a detention centre. 	<p>Covers the costs of delivering health-care services and products</p> <ul style="list-style-type: none"> • Coverage for a range of products and services for detainees as determined by a medical professional. These may be provided both onsite in detention facilities through contracted medical staff and offsite through IFHP registered health care facilities and professionals (e.g. hospitals, physician offices).¹⁶

¹⁶ <http://www.cic.gc.ca/english/department/laws-policy/ifhp.asp>