The health and access to care of uninsured migrants in Montreal

M8 Alliance Expert Meeting on Migrants' and Refugees' Health

Valéry Ridde

Public Health Research Institute
University of Montréal,

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CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

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CHAIRE REALISME
REcherches AppLiquées Interventionnelles en Santé Mondiale et Equité

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Access to Health for Uninsured Migrants in Quebec

Exclusion from provincial health insurance (RAMQ) :
3 months delay
Undocumented
International students, awaiting sponsorship, open work permits
Citizen children of parents not eligible for RAMQ

No municipal or provincial budget to cover uninsured

Limited community initiatives, professionals who “fit them in”

Uninsured regularly billed 3x more than the rate of RAMQ services

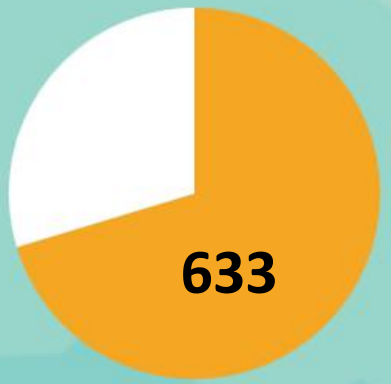
Research Methods

Mixed method project:
Survey, qualitative sub-sample, file review
Confidential survey questionnaire (30-60 min)

Broad community
(n=400)

Medical clinic of
Doctors of the World
(n=500)

Recruitment so far



Multidisciplinary and multilingual research team with strong public and community partners connection

Recrutement strategy

- Venue-based sampling:
133 fieldwork activities, mainly in public spaces and community organizations and events

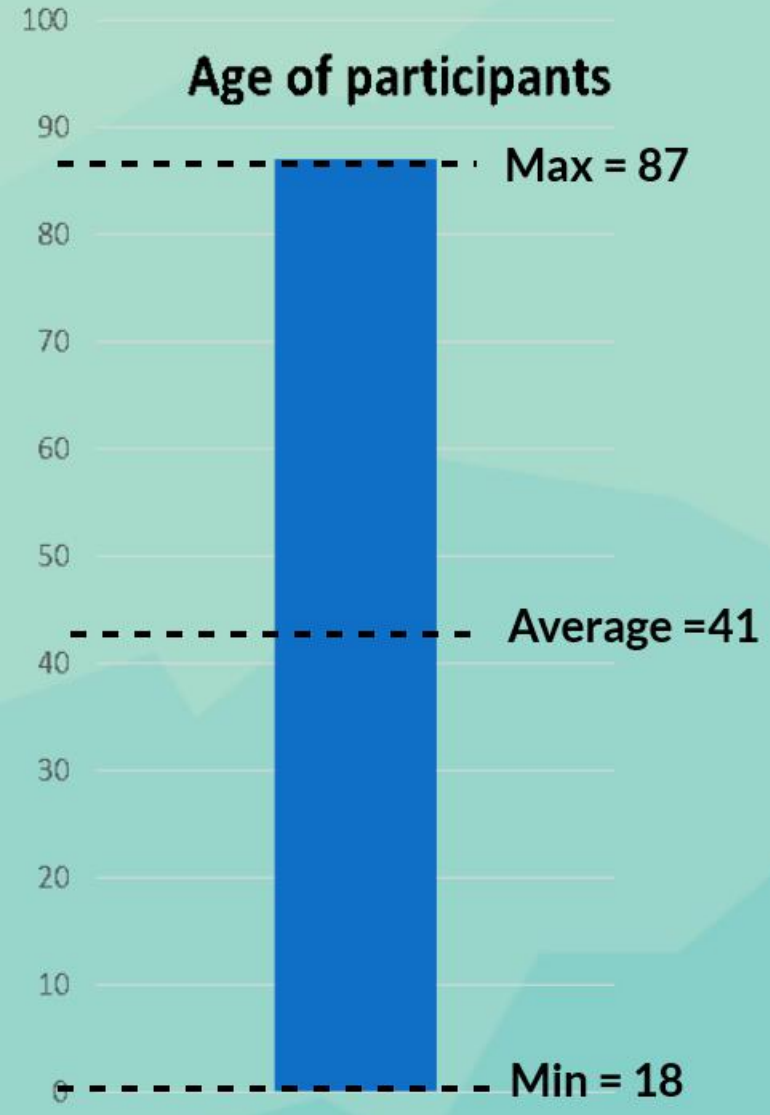
People approached so far:

16 606 *(06 June 2017)*

- Médias:
20 interviews
12 publications
2 vidéos

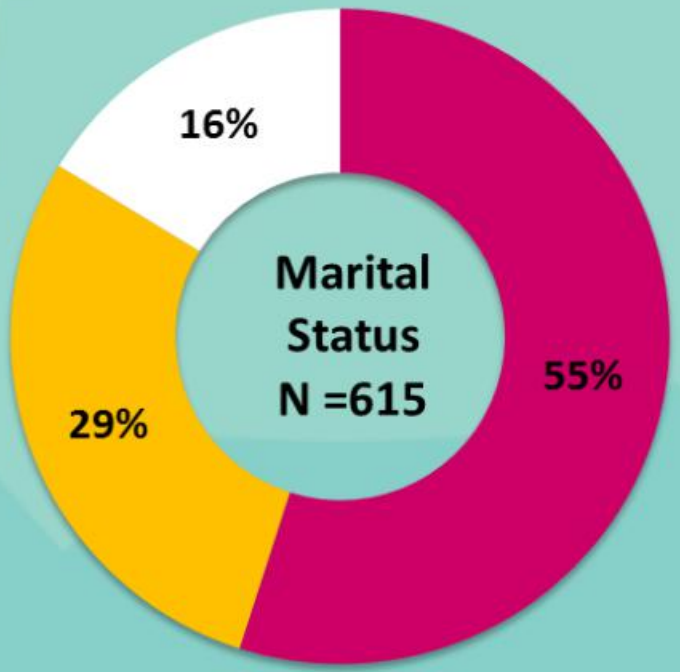
- Direct contact by interviewer : 74%
Reference by a community oganization: 6%
Reference by friends or family: 6%
Snowball recruitement: 5%
Communication campaign: 4%

Sociodemographic Data

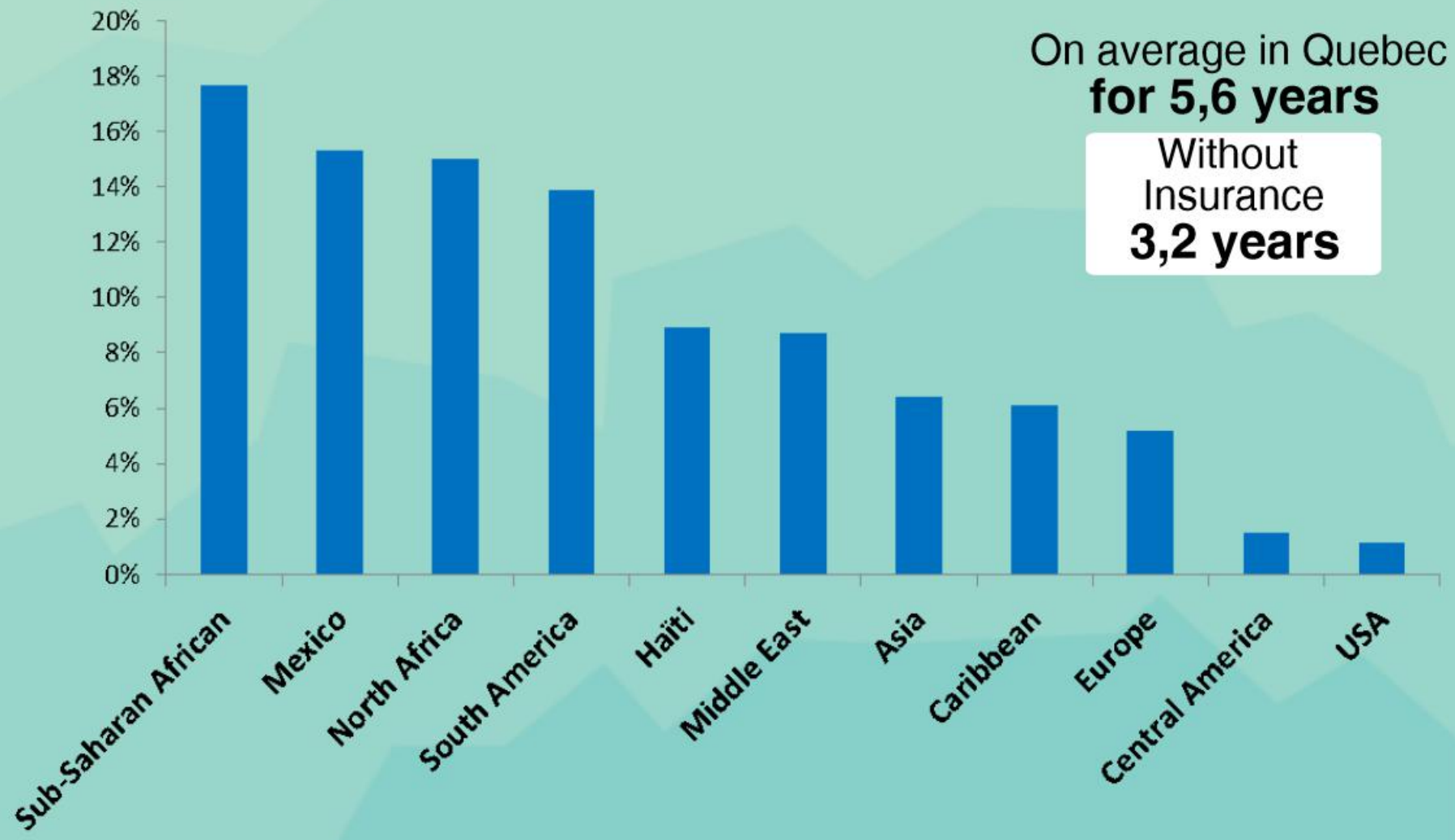


35% Men

65% Women



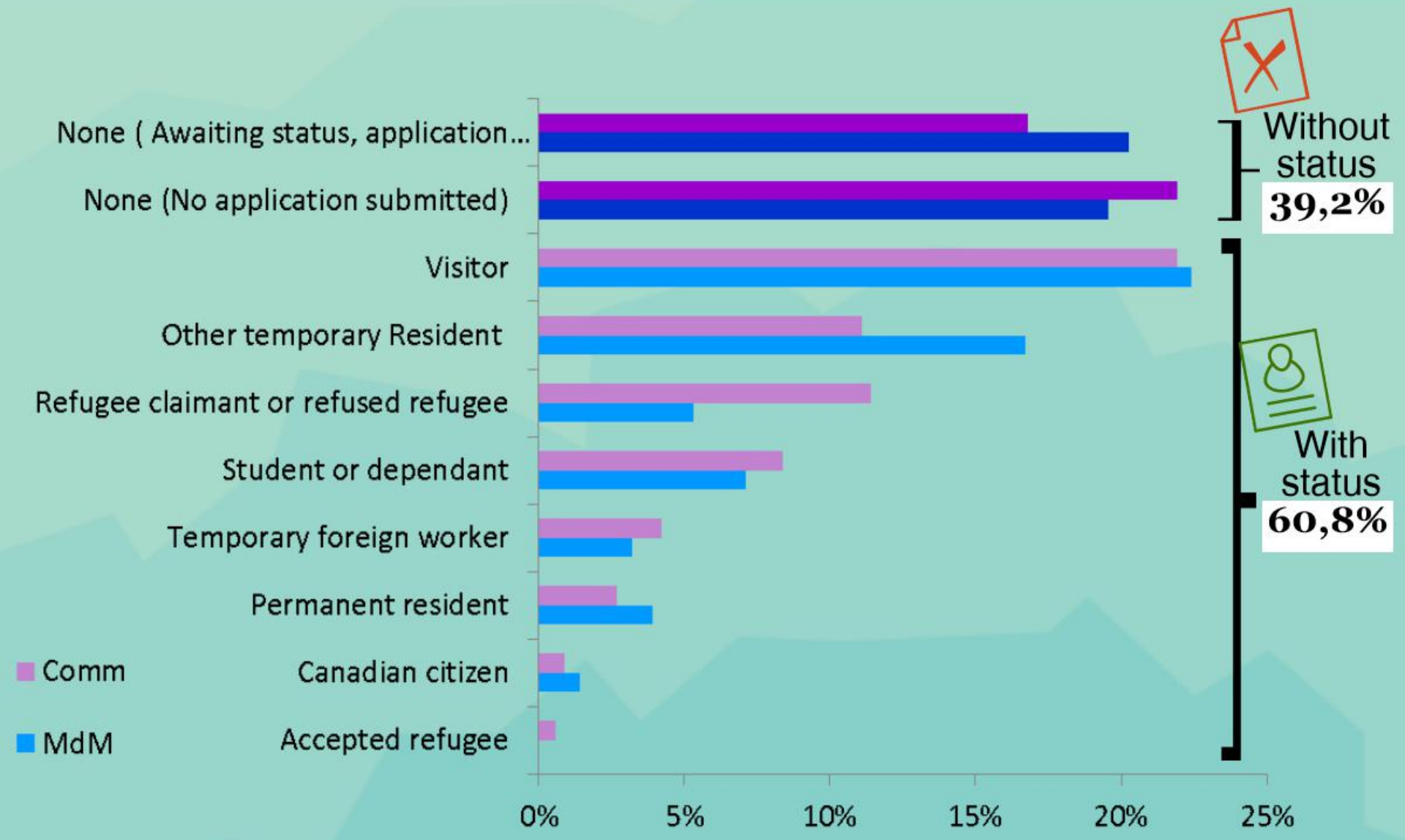
Nationalities (N=616)



On average in Quebec
for 5,6 years

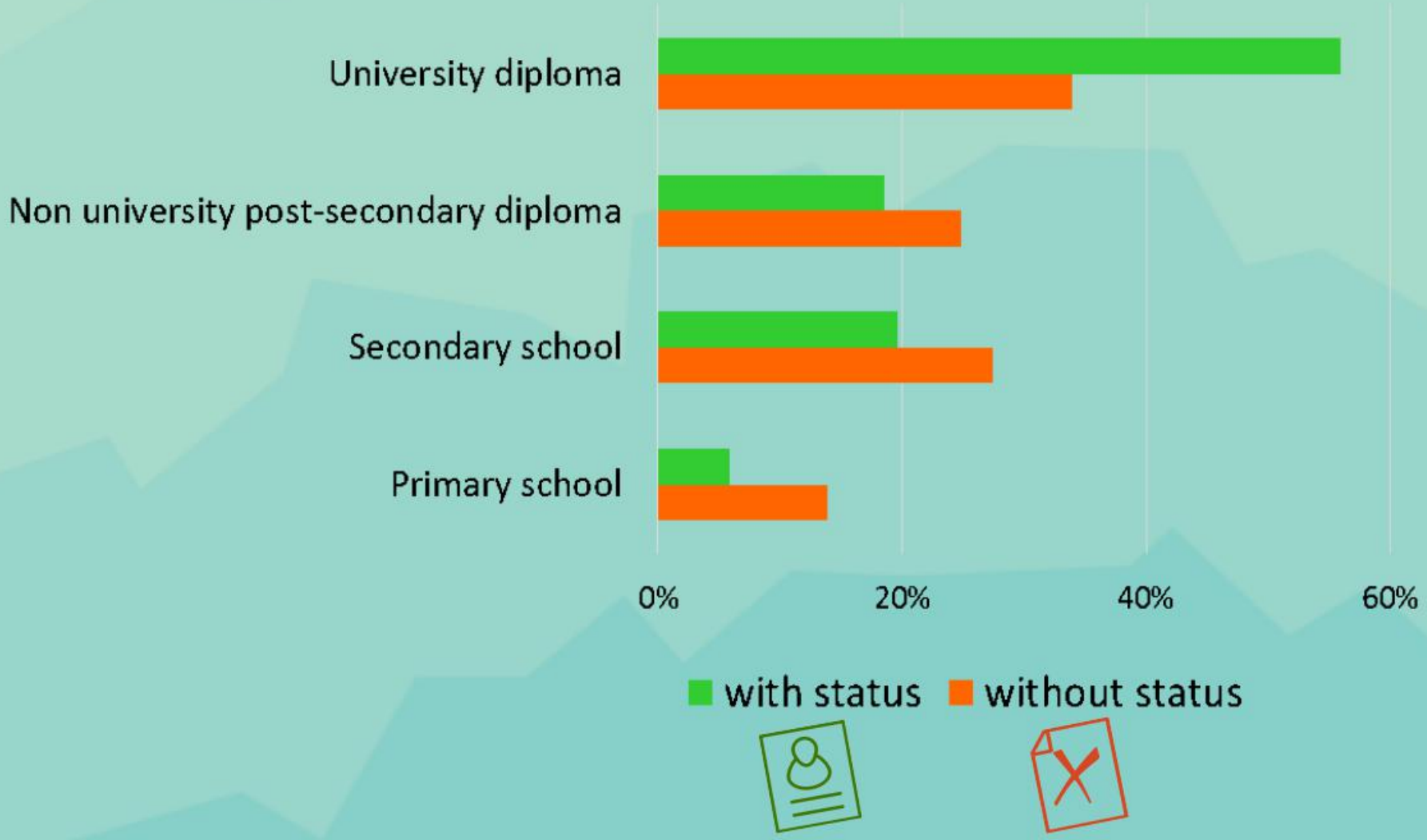
Without Insurance
3,2 years

Immigration Status (N=614)



Social Determinants of Health

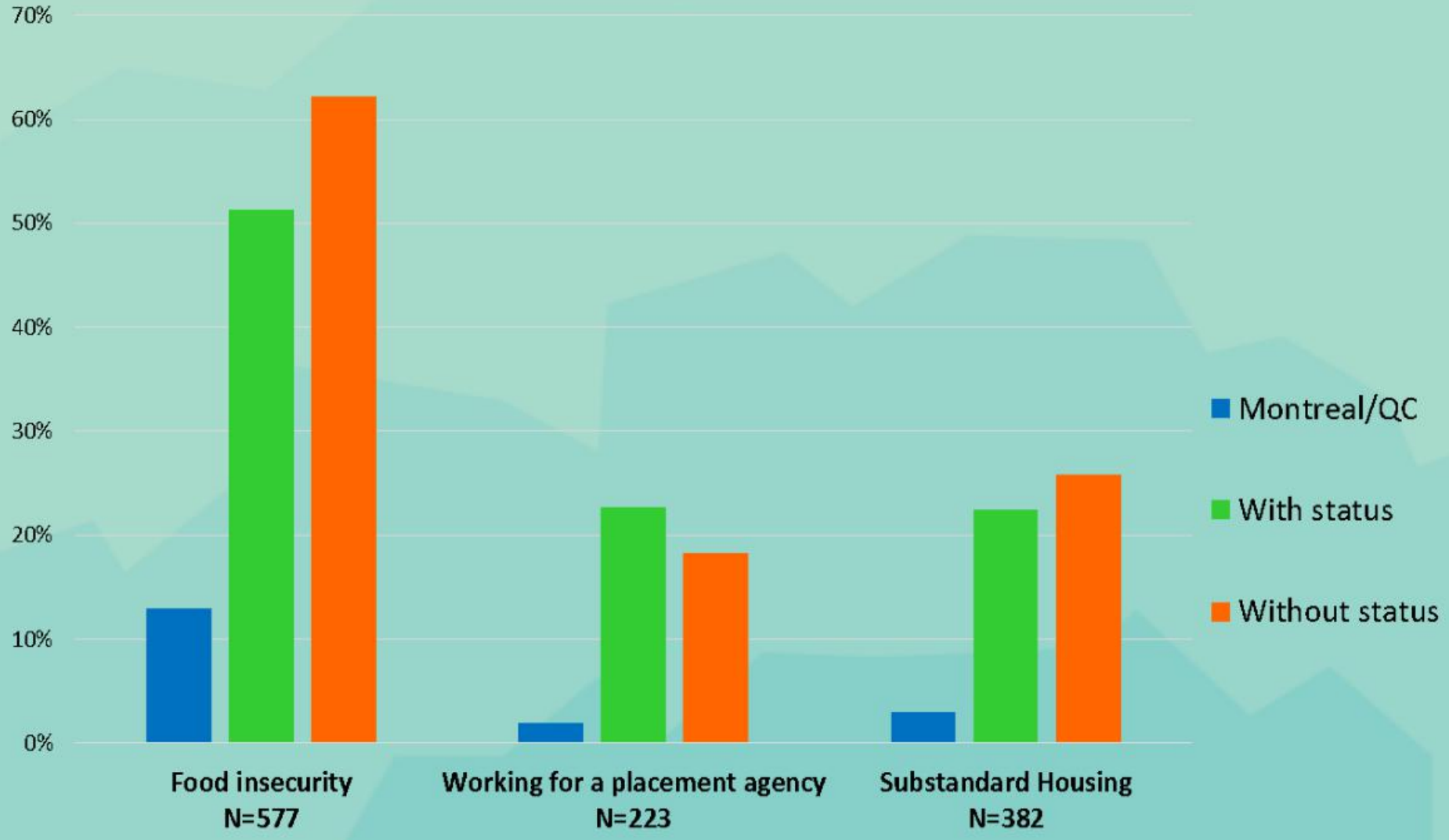
Level of education



Social Determinants of Health

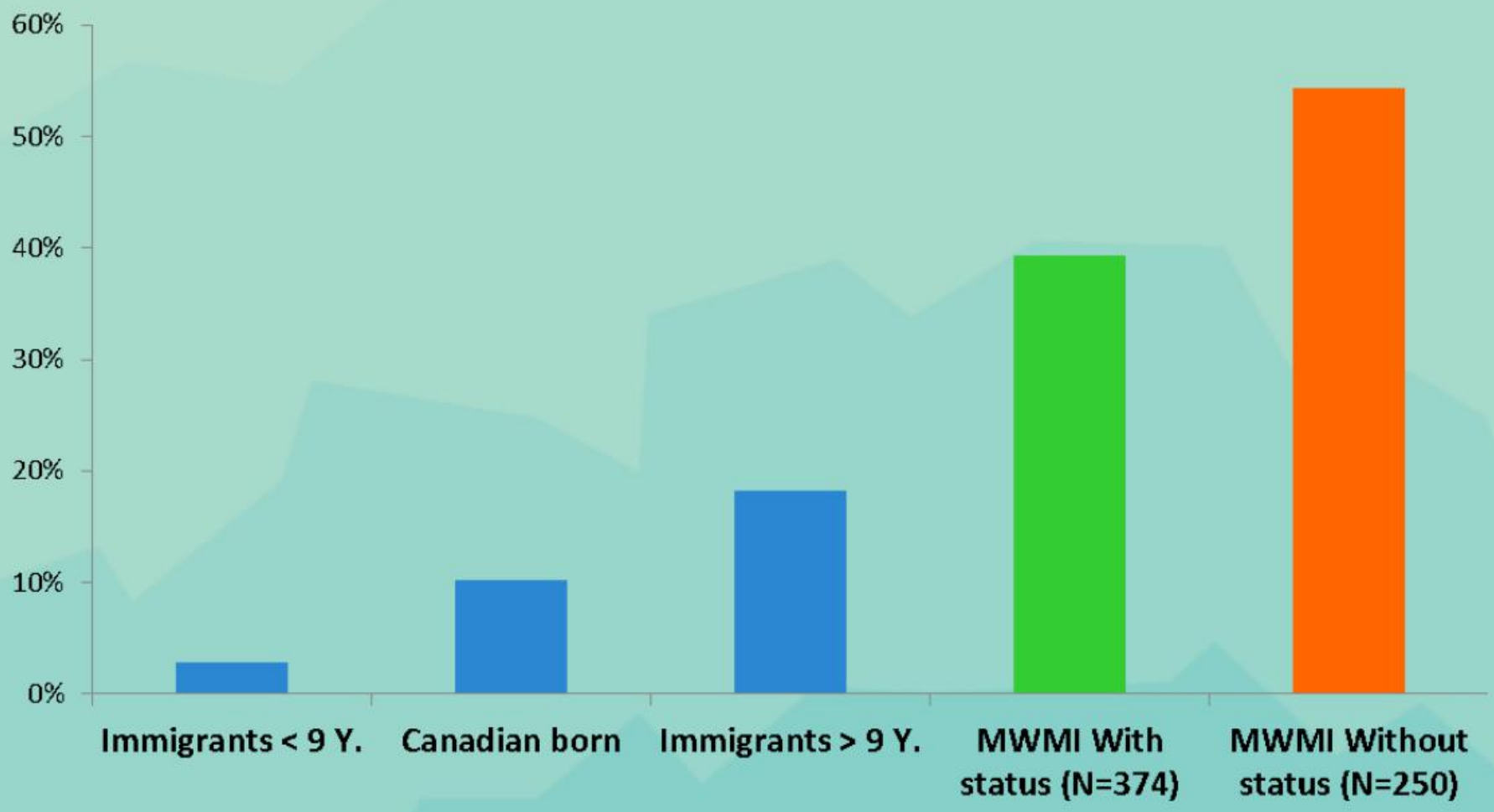
Montly Income ($)

Living Conditions



(Vézina et al., 2011; Raynault et al., 2016; Maisonneuve et al., 2014)

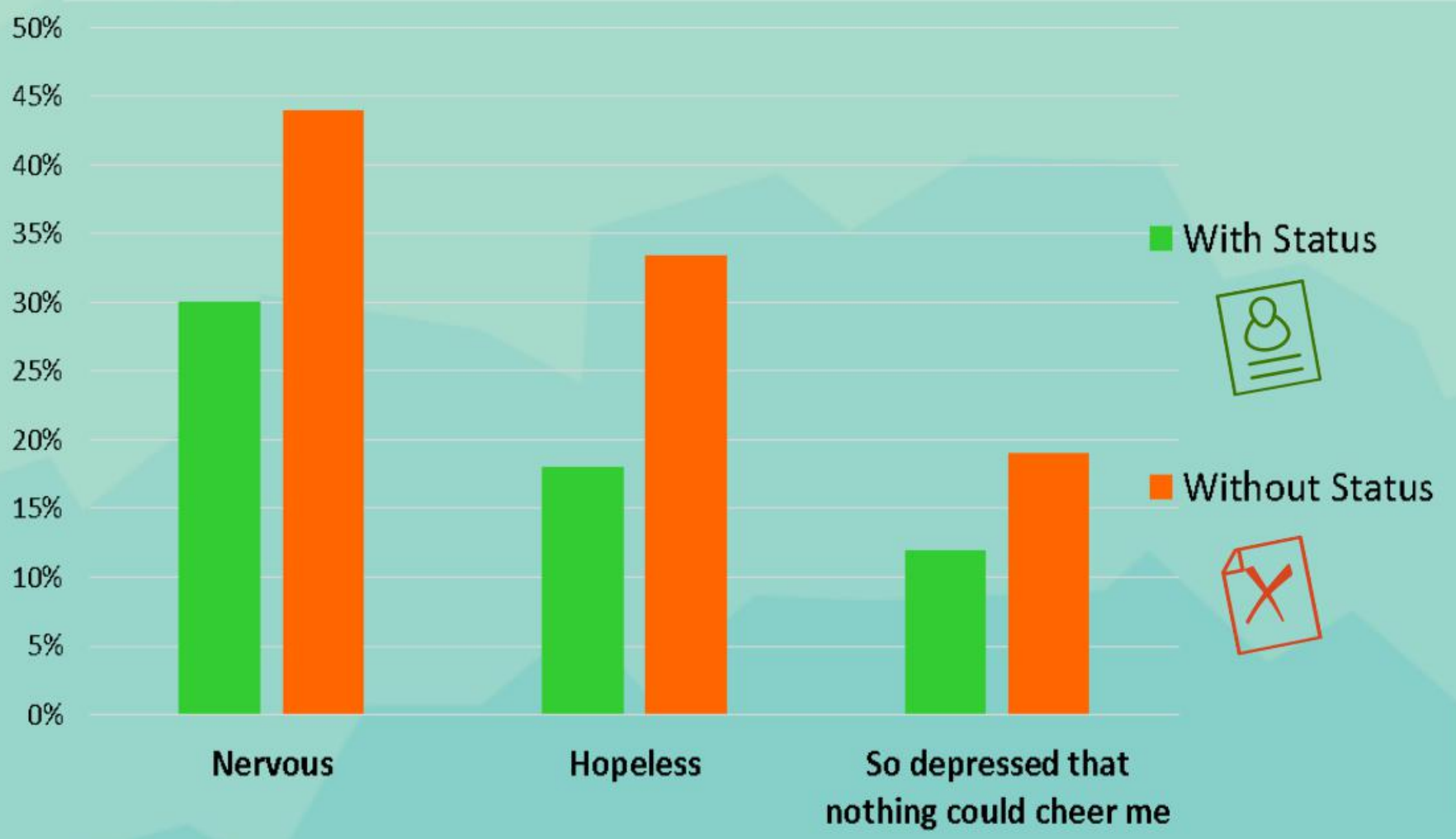
Self reported bad/fair health status (N=624)



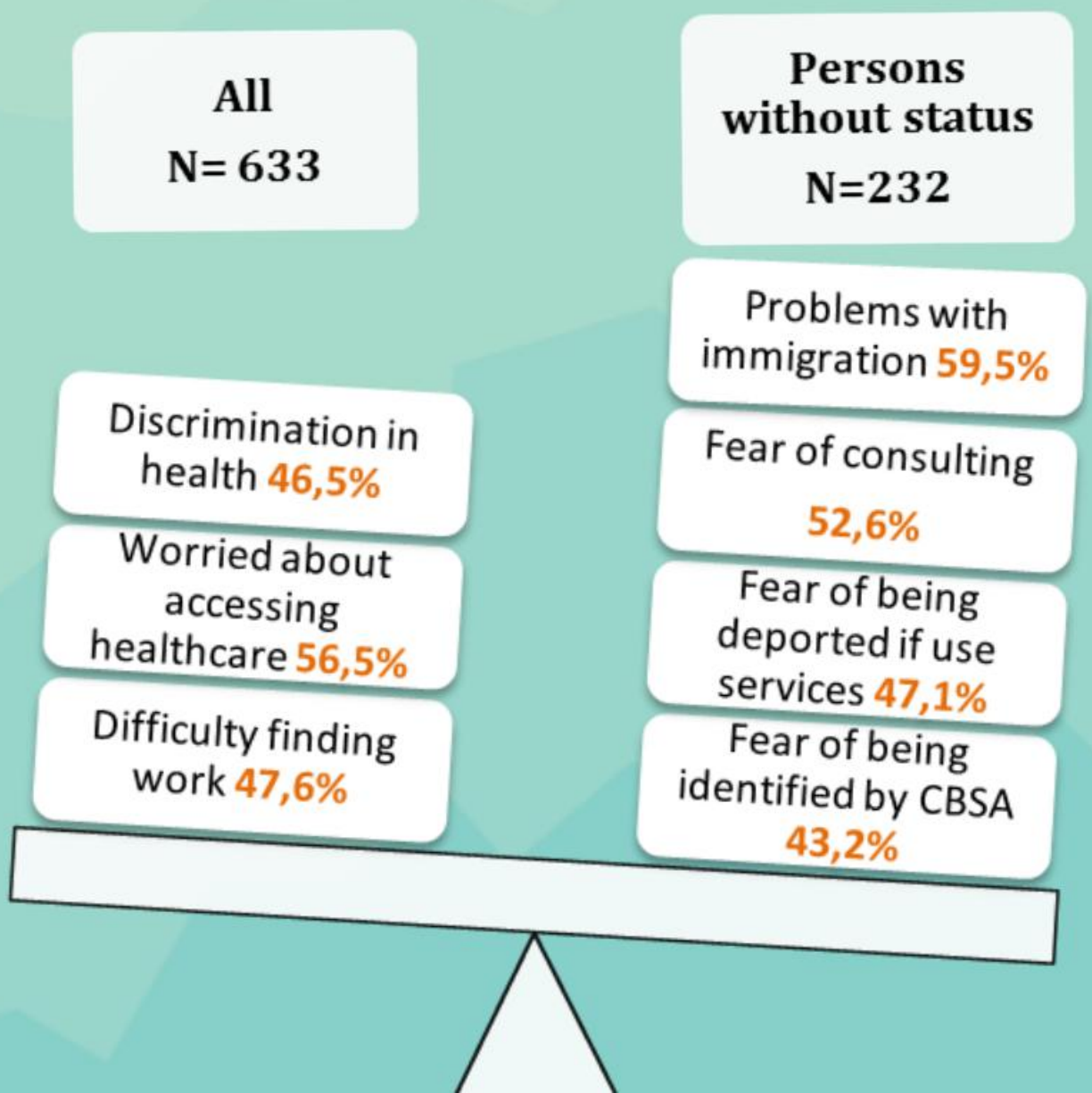
(Nanhou & Bernèche, 2014)

Distress (N=608-633)

All the time or most of the time, I feel:



Main Sources of Stress



Use of health care services (N=599)

Quebec 2010 :
77.4% have seen a doctor (MSSS,2017)
8.9 % went to the hospital at least once (Gouv.of Canada, 2013)

(N= 331)

First line

Pharmacy
70,4%

Doctors of the world
21,9%

Drop-in clinic
19,2%

Urgency

Emergency hospital
18,2%

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(N=268)

First line

Pharmacy
62,3%

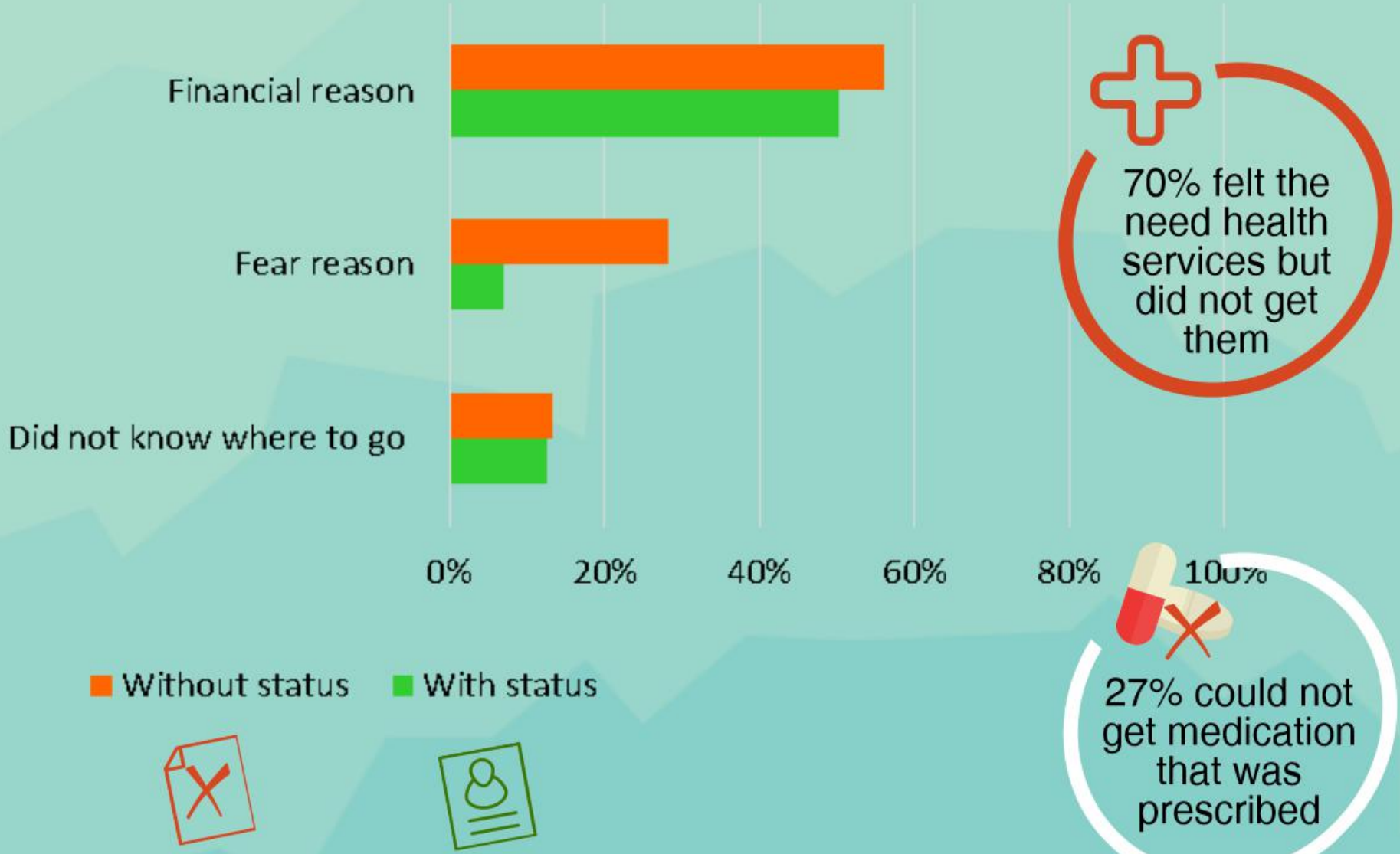
Drop-in clinic
31,9%

Urgency

Emergency hospital
14,9%

62,3% did not consult a health professionnal in the last year or less

Barriers to Health Care (N=615)



70% felt the need health services but did not get them

27% could not get medication that was prescribed

Limitations and Challenges

SAMPLE OF THE STUDY

community sample

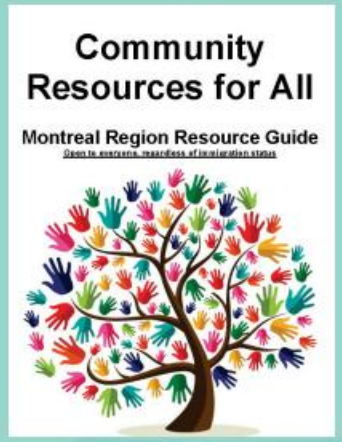
DoW clinic

- Overlapping of the population of uninsured between DoW and community sample
- Some nationalities may be over or under represented
- Hard to overcome the fears that some participants have
- Ethical challenges

Knowledge utilization

Practice goals:

- Information and training for public and community agencies that support uninsured migrants in accessing health
- Providing tools to improve access to resources



- Improving the integration into curriculum of health professionals (Public Health, Social Work, Nursing, Medicine, Epidemiology)

Special thanks to