

A photograph of a woman with dark hair tied back, holding a young child with curly hair. The woman is looking down at the child, and the child is looking towards the camera. The image is overlaid with a large, light-colored circular graphic that has several thick, curved lines. A red banner is positioned on the left side of the image.

HIGHLIGHTS

ACCESS TO HEALTH CARE

for pregnant women
and young children
in migrant families

OBSERVATOIRE
des tout-petits

 Fondation Lucie
et André Chagnon

Do all children have ready access to health care in Quebec in utero and during early childhood?

Access to health care for pregnant mothers and their very young children is indispensable for optimal early childhood development. Although Quebec enjoys a universal public health care system, some children living in the province are denied access to care because of their immigrant status or that of their parents.

Since children who are unable to benefit from health care services are at greater risk of developing various developmental problems that can follow them throughout their lives, this situation leads to inequality and injustice. It also has a cost for society, as many of these children will remain in Quebec. The lack of preventive health care results in a larger number of medical complications that are subsequently more complex to treat, creating a heavier financial burden for the system.

Since pregnant women and very young children in the migrant population who do not have access to free health care do not often visit establishments in the health and social services network, we do not have any administrative data that could tell us more about them. Moreover, no province-wide population surveys have been conducted on these families. It is therefore essential that we find a way to better understand the issues surrounding health care for pregnant women and children in the migrant population.



“ An individual’s right to health and health care is a fundamental right, regardless of his or her status and country of origin. ”

— World Health Organization

Different types of migratory status

A migrant is a person who is moving/has moved to a country other than that where they usually reside. This report looks at the situation of immigrants who are arriving in Canada from another country and those who are already established in this country.

People who immigrate to Canada can find themselves in a variety of situations, which is referred to as their “migratory status.” Their status can subsequently change, depending on whether they apply for permanent residence or asylum, or if their Temporary Resident Permit* expires.

* Document that allows the holder to enter and remain in Canada for a specified period of time.



Temporary resident

Temporary residents are issued a visa (a temporary resident permit or TRP) of a predetermined duration as visitors, temporary workers or foreign students. As soon as their visa expires, temporary residents may request that it be renewed. If they meet the required conditions, they may also submit an application for permanent residence.

Anyone who stays in Canada after their visa has expired is considered to be in an irregular situation.

Application for permanent residence

Application accepted

Permanent resident

Permanent residents have the right to remain in Canada for an indefinite period. They are entitled to the same rights and advantages as a Canadian citizen, with a few exceptions (they do not have the right to vote, for example). Permanent residents may eventually apply for Canadian citizenship.

The main categories of permanent residence are:

- economic immigrant
- families of permanent residents or citizens (family sponsorship)
- refugees and residents on humanitarian grounds

Application for permanent residence

Once visa has expired

Application
for asylum

Asylum seekers

Asylum claimants request authorization to remain in Canada because they would be in danger if they were sent back to their home country. While awaiting the decision of the Immigration and Refugee Board of Canada (IRB), an asylum claimant has legal temporary resident status.

If the request for asylum is granted, the claimant will obtain refugee status (protected person status) and be able to request permanent residence. If the request is definitively refused, the claimant is considered to be in an irregular situation.

Application refused

Application
for asylum

Irregular situation

Any person who remains in Canadian territory after their temporary resident permit has expired or who has violated a removal order from Canada is considered to be in an irregular situation or without status. In certain cases, a person can regularize their status by applying for permanent residence on humanitarian grounds, for example, or by being sponsored by their spouse who is a citizen or permanent resident.

Any person who enters into Canadian territory illegally without having submitted an asylum claim will be considered to be in an irregular situation.

Very young children immigrating to Quebec

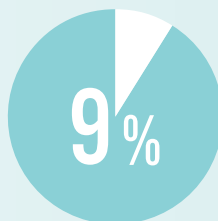


Every year between 2007 and 2017,
Quebec welcomed an average of

4,700 children aged 5 and under. This represents a significant increase over the past six years (2001-2017), during which period an average of 3,700 children between 0 and 5 were welcomed annually.



In 2016-2017,
Quebec admitted
53,000
immigrants from
all age groups.



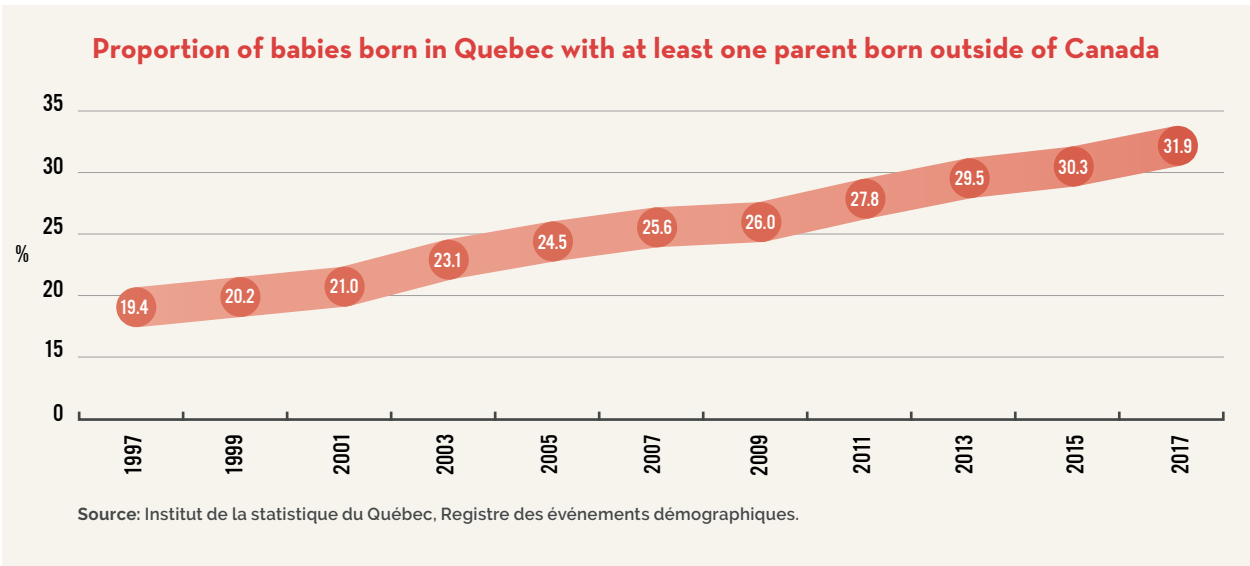
Young children
represent
about 9%
of all newcomers
to the province.



About 80% of these children have settled in the census metropolitan area (CMA) of Montreal with their families.

The proportion of babies born in Quebec who have at least one parent who was born outside of Canada has risen over the past 20 years.

This figure rose from 20% in 1997 to 32% in 2017.



WHO HAS ACCESS to health insurance in Quebec?

In Quebec, the *Health Insurance Act* and the *Regulation respecting eligibility and registration of persons in respect of the Régie de l'assurance maladie du Québec* determine who is eligible for health care paid by public health insurance (the RAMQ is the Quebec health insurance board).

According to the Act, a person is insured if they are a resident of Quebec and registered with the RAMQ. In order to be recognized as a resident of Quebec, an individual must be residing in Quebec and meet one of the conditions in Section 5 of the *Health Insurance Act*: for example, he or she must be either a Canadian citizen or a permanent resident as defined in the *Immigration and Refugee Protection Act*.



“ A significant number of people who have temporary resident status or who are awaiting a decision regarding their migratory status are not eligible for Quebec health insurance under the RAMQ. ”



Health care coverage for children born in Quebec to immigrant families

In order to be covered under the *Health Insurance Act*, an individual must live and be domiciled in Quebec. Since it is difficult, however, to determine whether a child has the intention of growing up in a specific location and eventually residing there, it is generally assumed that minor children are domiciled with their parents. In order to establish whether a child is entitled to health insurance, therefore, the RAMQ looks at the situation of their parents.

According to the RAMQ, a child born in Quebec is eligible or may apply for health insurance only if at least one of their parents:

- is eligible for RAMQ or IFHP* (Interim Federal Health Program: temporary support offered by the federal government)
- has applied for permanent residence at the federal level.

The RAMQ therefore refuses to insure children who were born in Quebec—who are legitimate Canadian citizens—if neither of their parents is covered by either the RAMQ or the IFHP.

According to a report by the Quebec Ombudsman (*Protecteur du citoyen*) published in 2018, this procedure constitutes an overly restrictive interpretation of the Act by the RAMQ. The purpose of changes made to the *Health Insurance Act* in 2001 reflected “the legislator’s intention to distinguish children’s status from their parents’ migratory status for public health plan eligibility purposes.”

* Even though IFHP coverage is similar to that offered by the RAMQ, many clinics refuse to accept IFHP patients.

Who has access to publicly insured health care?

Eligibility for health insurance varies depending on an individual's migratory status. The information in the following table applies to both children and adults.

STATUS		RAMQ COVERAGE
Canadian citizen		YES , if the individual is a resident of (domiciled in) Quebec. Nevertheless, the RAMQ refuses coverage to certain children who are citizens because of their parents' migratory status.
Permanent resident	→ For example: economic immigrants ¹ , family reunification ² , refugees	YES
Temporary resident	→ Foreign students whose home country has an agreement with the RAMQ ³	YES
	→ Foreign workers with a closed permit ⁴ for longer than six months, a post-graduation work permit or agricultural workers	
	→ Foreign students whose home country does not have an agreement with the RAMQ	NO , in most cases
	→ Visitors	
Asylum claimants	→ Temporary foreign workers with an open permit or a closed permit ⁴ for less than six months	
		NO , covered under the IFHP (provided by the federal government)
Migrants in an irregular situation	→ People without official status	NO

A few definitions

- ¹ **Economic immigrants:** People who move from one country to another for employment or to improve their economic prospects
- ² **Family reunification:** People who move from one country to another to join family members who have already settled in the host country.
- ³ **Countries with an agreement with the RAMQ:**
The Government of Quebec has established reciprocal social service agreements with certain countries (Belgium, Denmark, Finland, France, Greece, Luxembourg, Norway, Portugal, Romania and Sweden). Students (as well as their spouse and dependent children) from those countries may therefore be eligible for Quebec health insurance and benefit from the provisions of those agreements.
- ⁴ **Open/closed work permits:** An open work permit is a work permit that is not job-specific. A closed work permit is valid for a specific job, and includes work-related conditions such as employer's name, duration of the work period and job location.



WAITING PERIOD

A person who arrives in Canada from another country or who has spent more than 183 days per calendar year outside of Quebec must **wait for up to three months after their arrival (or return) to benefit from coverage under the RAMQ**, even if they are a Canadian citizen or permanent resident*. No exception is made for minor children.

* Certain health services may, however, be provided free of charge during the waiting period. This applies to services required by victims of domestic violence or sexual assault, services related to pregnancy, childbirth or termination of pregnancy, for vaccines required by the Québec Immunization Program or during special immunization campaigns, as well as services for individuals suffering from an infectious disease that could have an impact on public health.

WHAT ARE THE REPERCUSSIONS

of not having access to health care during pregnancy, childbirth and early childhood?

Babies and young children

In order to create conditions for optimal early childhood development, very young children must have easy, rapid access to health care. Young children must be able to see a doctor when they are sick or injured. Preventive visits are also crucial for children's health.

If children are denied access to health care...



Their lives could be affected by an undetected disability, developmental disorder or chronic illness.



If they fail to receive the necessary care when they are sick or injured, their condition could worsen.



Their parents may not receive important preventive health information (about physical activity, eating habits, screen time, etc.) that could benefit their children's overall health and development.



Pregnant women

Several factors can influence the process of pregnancy and childbirth, including the mother's socio-economic situation. Pregnancy monitoring is important because it permits action to be taken on several risk factors. The manifold benefits of care and follow-up during pregnancy have been clearly proven in studies.



MOTHER'S HEALTH

Prenatal care helps to detect and prevent illnesses that could have an effect on the mother's health and well-being. Follow-up appointments also provide an opportunity to identify mothers who have health problems (physical or mental) or who are victims of domestic violence and to intervene accordingly.



COMPLICATIONS AT BIRTH

Medical appointments, tests and ultrasounds during pregnancy can detect multiple pregnancies, fetal anomalies or other conditions that could lead to complications during childbirth.



BABY'S HEALTH

An increase in the frequency of prenatal check-ups is associated with a reduced probability of stillbirth.

Since prenatal appointments provide an opportunity to give mothers advice on healthy behaviour, they can positively affect their babies' development both before and after birth.



WHY DO THEY EMIGRATE?

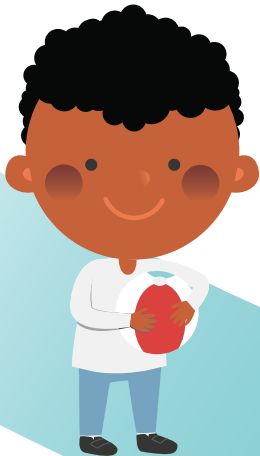
In a study carried out in Montreal between 2010 and 2012, pregnant migrant women without health insurance under the RAMQ were asked why they had come to live in Canada. Their responses included fleeing political or family violence in their native country, coming to join their spouse already living in Canada, and wanting to offer their children the chance of a better life and better economic opportunities.

HOW MUCH

does health care cost for the uninsured?

Cost of pregnancy monitoring and childbirth without health insurance

It is difficult to determine the exact cost of pregnancy follow-up for pregnant women who do not have health insurance coverage. In principle, establishments are required to charge the rates stipulated in circulars issued by the provincial department of health and social services. Costs can vary widely, however, from one hospital to another and one physician to another. The cost of an optimal pregnancy follow-up alone costs between \$1,500 and \$3,000*. If we add to that the cost of an attending physician at birth[†] and hospitalization*, the total cost comes to between \$9,000 and \$17,000.



“ Last week, I took my son to the hospital because he was sick. (...) The woman said, ‘If you don’t have a Medicare card, we can’t take you.’ They told me that if I didn’t pay \$600 right away, they couldn’t treat my children. ”

– Carole, originally from Côte d’Ivoire, interviewed during MSAM survey

Cost of health care for children without health insurance^{*}

For a child without health insurance to benefit from a routine follow-up in accordance with the recommendations set out in the previous section (i.e., 10 doctor's visits during their first five years), his or her uninsured parents would have to pay about \$1,845.

Added to this amount would be visits to clinics without appointments or hospital emergency departments if the child is sick or injured. A visit to the emergency department of a hospital, for example, costs over \$700—not including between \$150 and \$200 in doctor's fees.



HIGHER RATES FOR PATIENTS WITHOUT RAMQ COVERAGE

Schedule 1 of Circular 2019-021 published by the *Ministère de la Santé et des Services sociaux* addressed to public health institutions stipulates that rates for non-Canadians or Canadians living outside of Quebec be increased by 200%. Physicians and private establishments are free to choose whether or not to comply with this directive, however.

^{*} These rates are based on the government health department circular that sets out the rates to be charged for outpatient services and hospitalizations. The amounts shown here already include the 200% surcharge.

[†] These rates are based on information compiled by representatives of Doctors of the World and on interviews with mothers in the context of the *Migrants sans assurance médicale à Montréal* survey (MSAM) presented later in this document.

[‡] CHU Sainte-Justine: [https://www.chusj.org/en/soins-services/services-connexes/Comptes-clients-\(Bureau-des-comptes\)/Non-residents-Liste-de-prix](https://www.chusj.org/en/soins-services/services-connexes/Comptes-clients-(Bureau-des-comptes)/Non-residents-Liste-de-prix) and McGill University Hospital Centre: <https://muhc.ca/homepage/patientaccounts>. These amounts already include a 200% surcharge.

WHO ARE THE PREGNANT WOMEN AND CHILDREN

who do not have access to the RAMQ?

Since migrants without health insurance constitute a highly diverse group, it is difficult to paint a representative picture. In addition, since pregnant women and children in the migrant population who do not have access to free health care rarely visit establishments in the health and social services network, there is no administrative data that could tell us more about them. Moreover, there have been no province-wide population surveys on these families.

Since there are no reliable data on migrants without health insurance in Quebec, we must rely on smaller, more local studies to learn more about these families.



The *Migrants sans assurance médicale à Montréal* (MSAM) survey (Migrants without medical coverage in Montreal) was conducted by researchers at the Université de Montréal in 2016-17 on

871 migrant persons without health insurance

insurance in the Montreal region. **MSAM**



Another study was done in Montreal between 2014 and 2017 on the prenatal, postnatal and childbirth experience of

72 migrant women

recruited at the clinic for migrants with precarious status run by Doctors of the World (DoW) Canada. **DoW**

Although the information provided by these two surveys cannot be generally applied to all uninsured migrant families, it gives us an idea of the living conditions of some of those families. The picture painted here—incomplete as it is—is a reminder of how important it is to accurately document the phenomenon in order to better understand how to help these families.

A few details on the living conditions of certain pregnant women without access to RAMQ

Among the pregnant women who were interviewed in the context of the MSAM and DoW surveys:

→ **1/3** were **not making enough money to pay for their basic needs** (food, housing, transportation, health care). **MSAM**

→ **1/5** said they had been **short of food at some point since arriving in Quebec**. **MSAM**

→ **68%** were in a state of **great or extreme psychological distress**. **MSAM**

→ **75%** felt they **needed medical attention that they were unable to obtain**. **DoW**

“ I prayed that I would have a natural childbirth, because I didn’t have the money to pay for an epidural. I prayed I wouldn’t have complications. ”

— Woman interviewed as part of a Montreal study on the perinatal health care experiences of undocumented women



35% of the women interviewed were not followed by a professional during their pregnancy.

Among the women interviewed who received follow-up during their pregnancy:

For **48%** of them, follow-up started between the 3rd and 5th month of their pregnancy. **MSAM**

69% had only **2 follow-up appointments or less** and fewer than **10%** had **4 or more appointments.** **MSAM**

20% reported having had a **negative or very negative experience** in prenatal care. **DoW**



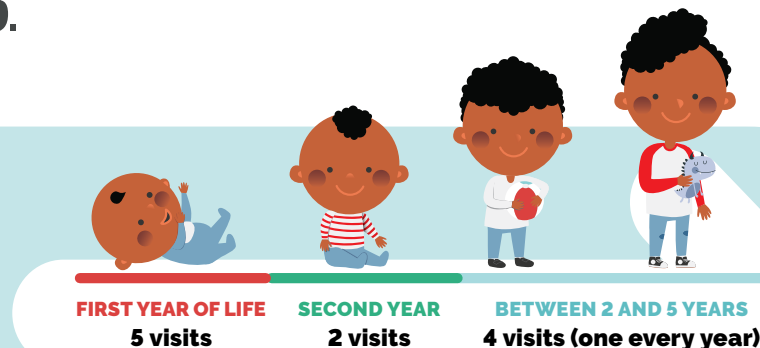
In Quebec, the ideal pregnancy follow-up consists of about a dozen appointments, the first of which is scheduled before the end of the first trimester.

What are the characteristics of the families in the MSAM survey with uninsured young children?

Data on the 29 parents in the MSAM study who had at least one child under 6 and who declared that none of their children had access to the RAMQ:¹

- The parents of these families **had been living in Quebec for an average of 31½ years.**
- **58.5%** had a **university degree.**
- **66%** had been forced to do without health care.
- **72%** were **married** and **10%** were living in a **common-law relationship.**
- **45%** were in a state of great or extreme psychological distress.
- **48%** said they were **barely or not at all able to meet all their families' basic needs.**
- **45%** said that none of their children were attending daycare.
- Their average age was **33.**

In Quebec, children are expected to see a doctor at least 10 times between birth and 5 years of age.



¹ Caution! Very small sample: Only 29 respondents are included in this category.

Why is it so urgent to **TAKE ACTION?**

There are several reasons why the situation of pregnant migrant women and young children who are not covered under the RAMQ is cause for serious concern.

1. Gestation and early childhood are vulnerable periods in human development

Scientific studies have clearly shown that the first 1,000 days of life (gestation and the first two years of a child's life) are critical to our development.

A lack of access to health care during pregnancy or early childhood can therefore have serious, harmful consequences for these young children and the adult Quebec residents they will become.

2. Migrants with precarious status are particularly vulnerable

Leaving their native country and having to adapt to a new life in their host society is already a major source of stress for precarious migrants, who often find themselves cut off from their support networks and live in isolation.

In the majority of cases, migrants with precarious status live in difficult conditions that could negatively affect their health (living conditions that are sometimes unhealthy, lower incomes and difficult working conditions). Their unstable financial situation also makes it harder for these families to pay for health care.

3. The migrant population has grown steadily over the past 50 years

As the effects of globalization, political instability and climate change are increasingly felt around the world, more and more people are choosing to leave their native country to make a new life for themselves elsewhere.

According to the Government of Canada, 67% of the country's population growth has been due to international immigration. The number of migrant pregnant women and children in Quebec could therefore increase.

4. A cost to society as a whole

A lack of preventive health care leads to more medical complications that are subsequently harder and more expensive to treat. A study conducted in Germany, Greece and Sweden and published in 2015 found that giving pregnant women with an irregular status access to prenatal care enabled the state to lower health care costs overall.

All of a country's inhabitants, regardless of their nationality or origin, have a potential social, economic and cultural contribution to make to society—provided they are in good physical and mental health. Effective integration enables those qualities to be put to good use and prevent the development of social and health problems.



HOW CAN WE HELP migrant pregnant women and young children without health insurance?

By taking legal action

1. For children born in Quebec to parents with precarious migratory status

In its 2018 report, the Quebec Ombudsman (*Protecteur du citoyen*) deplores the fact that children born in Quebec to parents with precarious migratory status are deprived of the routine, preventive health care they need to develop properly if their parents cannot afford to pay for it.



The Ombudsman recommends that the RAMQ revise its interpretation of the Health Insurance Act and its Regulation respecting eligibility to make children eligible for health insurance under the RAMQ if they:

- were born in Quebec
- reside in Quebec
- stay in Quebec for more than 183 days in the calendar year

2. For other migrant children and pregnant migrant women with precarious status

It would be possible to implement regulation that would allow all minor children residing in Quebec to have access to the RAMQ or free health care and medication regardless of their parents' immigration status. An exception could also be made for pregnant women.

This type of measure was in fact adopted in 2017 in the area of education. A modification to Quebec's Education Act stipulates that "preschool education services and elementary and secondary school instructional services are to be provided free to every person not resident in Québec within the meaning of that Act on the condition that the person having parental authority over that person ordinarily resides in Québec."



“ Even though we know that a society is enriched by the contributions of citizens who are able to play an active role in the community, we are reducing the chances of some citizens to take their place in society. ”

— Report by the Quebec Ombudsman



Would improving migrants' access to health care lead to abuse?

Like any other system, the health care system in Quebec is not immune to those who attempt to take advantage of the benefits it offers. According to the Ombudsman of Quebec, however, **"the *Health Insurance Act* and the *Regulation respecting eligibility and registration of persons in respect of the Régie de l'assurance maladie du Québec* provide the RAMQ with the instruments needed to counter abuse."** Current legislation, for example, limits the maximum allowable time spent outside Quebec.

According to a study done in 2013, **no more than between 1.1% and 11.5% of children who were brought to emergency** without provincial health coverage were not Canadian residents. This proportion seems reasonable, since visitors to Canada may occasionally require medical care and are prepared to pay the necessary cost. Not every such situation is a case of medical tourism.

Studies have also shown that medical tourism is a phenomenon that affects Western countries much less than is commonly thought. The rare medical tourists from southern countries who choose to seek medical services in Western countries are primarily very wealthy individuals—usually heads of state and diplomats. In fact, many more North Americans and Europeans travel to southern countries (such as Algeria, India, Thailand and Brazil) for medical care, creating an exponentially expanding market. **It is difficult to see, therefore, how facilitating access to health care for migrants residing in Quebec could pave the way for an increase in medical tourism.**

How we can help migrant families with precarious status?

Although lack of access to health care can obviously have an effect on children's health, it is not the only factor that affects the health of very young children in migrant families. Low income, substandard housing, food insecurity and inadequate social support can also have a negative impact on their health.

1. Professional and social integration

Services that help migrant parents find employment can do much to improve the socio-economic situation of their young children. Fighting employment discrimination, facilitating the recognition of foreign diplomas and qualifications, and improving working conditions would also do much to help vulnerable migrant families.

2. Integrating children into daycare

Educational early childhood services can help integrate young migrant children into their host society through various initiatives: cultural discovery activities, initiatives that encourage discussion among parents, programs that promote multicultural activities in the daycare environment, and the recruiting of personnel of different ethnic origins

CPEs are not always accessible to children with irregular status, however. Since non-status migrants and asylum seekers do not have access to CPEs, they are required to pay the full unsubsidized rate. Other educational daycare facilities may also refuse to accept migrant children with irregular status.



3. Reducing food insecurity

Many migrant families experience food insecurity, which can have negative effects on the health of their very young children.

Studies have shown that a major cause of food insecurity is the excessively high cost of housing. Adopting strategies and policies that promote affordable housing and investing in social housing programs would help to reduce food insecurity for migrant families. Many government programs, however, such as low-rental housing, are often not available to migrants with precarious status.

4. Offering medical services to pregnant migrant women and their young children

Organizations on the ground, whether they be non-governmental, non-profit or an integral part of the provincial health network, can take action to improve access to health care and certain risk factors.

A few examples...

- Doctors of the World
- medicolegal clinics in certain hospitals

These organizations alone cannot compensate for the lack of access to the public health care network, however.



IN OTHER COUNTRIES AROUND THE WORLD...

The cities of Toronto, Los Angeles and San Francisco have set up initiatives that offer free pregnancy follow-up, childbirth support and primary preventive health care for very young migrants who do not have health insurance. These initiatives have improved access to care for migrant mothers and their children.

Since these services are reserved for city residents, however, migrant families who choose to live in the suburbs for financial reasons are not eligible. These initiatives are generally highly dependent on private investment.





CONCLUSION

Pregnancy monitoring and access to health care during the first few years of a child's life are essential for optimal development. Unfortunately, despite the existence of a universal health care system, certain children living in the province of Quebec—some of whom were born here and have never lived anywhere else—do not have access to the system because of the immigration status of their parents.

This situation could have serious consequences for the health of very young children in migrant families and, consequently, for Quebec society as a whole. A lack of preventive health care leads to an increased incidence of medical complications that are more complicated to treat and costlier for the system.

We can help young children in migrant families. By taking action at the legal level and working to alleviate vulnerability factors, we can help to ensure that all children living in Quebec have access to the health care they need.



FOR MORE INFORMATION

The Early Childhood Observatory has produced a series of documents as part of its report on access to health care



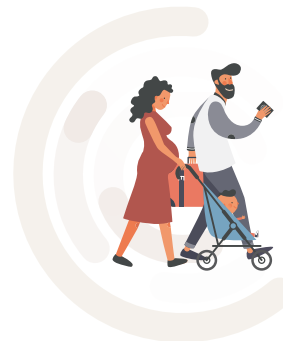
An information **video** to raise public awareness



A comprehensive
64-page **report**



An information **brochure**
for the health care network



Visuals
for your
presentations
or use on
social media

Consult our complete special report at
tout-petits.org/sante-migrants

OBSERVATOIRE des tout-petits

The mission of the Early Childhood Observatory is to help ensure that the development and well-being of Quebec's very youngest children has a place on the province's list of social priorities. In order to do so, the Observatory compiles the most rigorous data on early childhood (from pregnancy to 5 years of age) which it then disseminates to incite dialogue on collective actions in this area.

Tout-petits.org



Fondation Lucie
et André Chagnon