

A close-up photograph of a woman with dark skin and hair tied back, holding a young child with curly hair. The child is looking towards the camera. The image is overlaid with large, semi-transparent, light-colored circular shapes.

# IMPROVING ACCESS TO HEALTH CARE

**for pregnant women  
and young children  
in migrant families**

OBSERVATOIRE  
des tout-petits

 Fondation Lucie  
et André Chagnon





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. It has been shown, however, that access to health care for pregnant mothers and their very young children is indispensable for optimal early childhood development.

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, creating a cost to society as many of these children will remain in Quebec. This situation leads to inequality and injustice.

According to the World Health Organization (WHO), however, an individual's right to health and health care is a fundamental right, regardless of his or her status and country of origin.

**The health and social services network has an important role to play in facilitating access to health care for pregnant women and very young children in the migrant population.**



# 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 brochure 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.

## 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

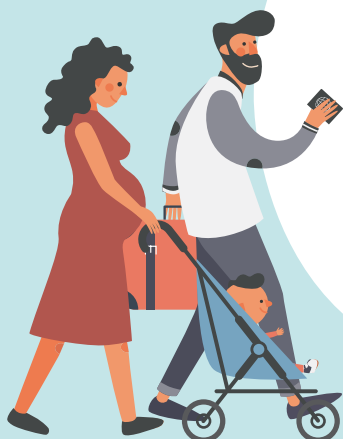
## Permanent resident

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



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

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  
for asylum

Application refused

## 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.

# HOW MANY

## children are we talking about?



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 a total of **53,000** immigrants from all age groups.



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

Source: Statistics Canada, Population Estimates 2001-2017.  
Adapted by the Institut de la statistique du Québec.

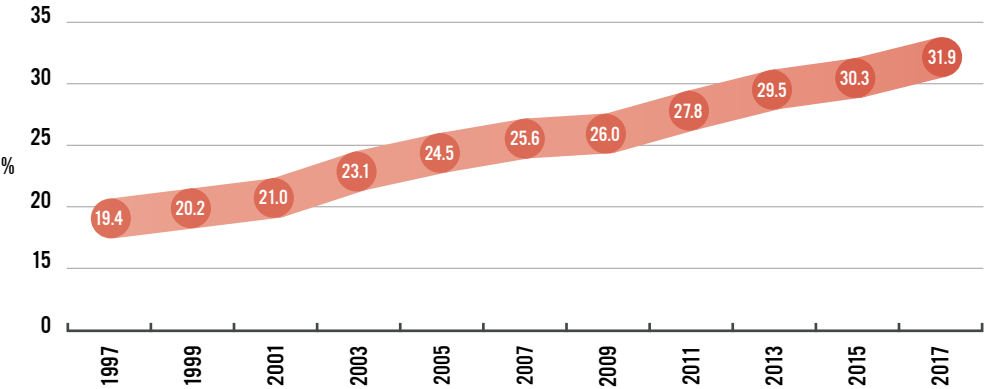


The proportion of babies born in Quebec who have at least one parent who was born outside of Canada has risen over the past 20 years.

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



Proportion of babies born in Quebec with at least one parent born outside of Canada



Source: Institut de la statistique du Québec, Registre des événements démographiques.

# 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 (RAMQ)* determine who is eligible for health care paid by public health insurance.

**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*.



## 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.

“ 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. ”

\* Certain health services may be provided free of charge during the waiting period, however. 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.





## 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
<b>Canadian citizen</b>		<b>YES</b> , 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.
<b>Permanent resident</b>	→ For example: economic immigrants <sup>1</sup> , family reunification <sup>2</sup> , refugees	<b>YES</b>
<b>Temporary resident</b>	→ Foreign students whose home country has an agreement with the RAMQ <sup>3</sup>	<b>YES</b>
	→ Foreign workers with a closed permit <sup>4</sup> 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	
	→ Visitors	
<b>Asylum claimants</b>	→ Temporary foreign workers with an open permit or a closed permit <sup>4</sup> for less than six months	<b>NO</b> , in most cases
<b>Asylum claimants</b>		<b>NO</b> , covered under the IFHP (provided by the federal government)
<b>Migrants in an irregular situation</b>	→ People without official status	<b>NO</b>

## A few definitions

- <sup>1</sup> **Economic immigrants:** People who move from one country to another for employment or to improve their economic prospects.
- <sup>2</sup> **Family reunification:** People who move from one country to another to join family members who have already settled in the host country.
- <sup>3</sup> **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.
- <sup>4</sup> **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



# 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

Pregnancy monitoring is very important for the health of both the mother and the unborn child. According to WHO, quality health care during pregnancy and childbirth could prevent a large number of deaths among women and infants.



## 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.

\* Rousseau, Cécile, et al. "Perinatal health care for undocumented women in Montreal: When sub-standard care is almost the rule," *Journal of Nursing Education and Practice*, Vol. 4, No. 3, 2014, p. 217-224.

# 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<sup>†</sup> and hospitalization\*, the total cost comes to between \$9,000 and \$17,000



“ 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

\* 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.

<sup>†</sup> 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.



## 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.

“ 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

\* 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.

## Did you know that there are several barriers to health care access for migrants?

According to a study\* of personnel working at various Montreal health facilities, there are several factors apart from migratory status that can restrict access to health care for pregnant women and very young children who do not have public health insurance. Survey respondents mentioned the following factors, among others:

- language
- difficulty in finding a doctor
- poor understanding of the health services network
- fear of being reported to immigration authorities.

Moreover, some pregnant women without health insurance coverage are extremely wary of health professionals, which could discourage them from seeking health care when needed.



A study of approximately 1,000 personnel in health care establishments in Montreal\* revealed the sometimes negative attitude of certain employees in the health services network towards individuals seeking to obtain health care without RAMQ coverage. In fact, not even half (49.2%) of hospital staff said they would be in favour of full or more extensive access to health care for children and pregnant women without official status. This proportion was higher, however, for CLSC personnel (68.5% would be in favour).

\* Ruiz-Casares, Monica, et al. "Access to Health Care for Undocumented Migrant Children and Pregnant Women: The Paradox Between Values and Attitudes of Health Care Professionals," *Maternal and Child Health Journal*, Vol. 15, No. 1, 2013, 292-8.



# WHO ARE THE PREGNANT WOMEN AND CHILDREN

who do not have access to the RAMQ?

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.

We must therefore 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**

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.

## 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**

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



“ 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. ”

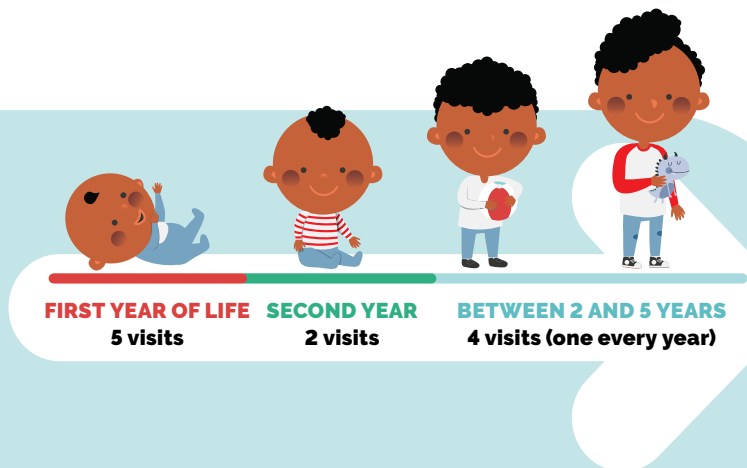
— Report by the Quebec Ombudsman

## 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:<sup>1</sup>

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

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



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

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

## **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.



Emergency care for all is a legal and ethical obligation under the Code of Ethics of the Canadian Medical Association and provincial and territorial hospital legislation.

### 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 within the health care system.

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.





# WHAT

can you do at your place of work?

## Get informed

- Find out about the eligibility rules for the RAMQ and the Interim Federal Health Program (IFHP) for migrant families.
- Make sure you have an up-to-date list of hospitals in your region as well as their policies on emergency health services.
- Find out what procedures are required to benefit from RAMQ coverage.

## Make it easier to obtain medical services

- Make sure the personnel in your establishments is familiar with the rules governing eligibility for health care for different categories of migrant families. For example, did you know that all babies are entitled to free vaccination in Quebec regardless of their eligibility for health insurance?

**There are many resources available for health professionals who want to obtain up-to-date information on migrant families' access to health care:**

### → Doctors of the World Canada

DoW also offers training for health professionals on the different categories of immigrant status and their access to health care.

[medecinsdumonde.ca/en](http://medecinsdumonde.ca/en)

### → Canadian Paediatric Society

The society's site on "caring for kids new to Canada" is an excellent source of information for health professionals working with immigrant and refugee children and youth.

[kidsnewtocanada.ca](http://kidsnewtocanada.ca)

- Use the services of an interpreter when necessary and provide documents on preventive health practices in several languages.
- If an uninsured migrant requiring emergency health care comes to your establishment, write a letter to the personnel of the emergency department explaining why the case is urgent.

## Provide families with information and support

- Make sure your patients understand that any information they give you is confidential.
- Be aware of cultural differences. Show that you are open and willing to listen.
- Help migrant families understand how the Quebec health system works.
- Explain to families what they need to do to get access to health insurance if they are eligible.
- Give them a list of community resources that can provide them with help and support.



- ***Alliance des communautés culturelles pour l'égalité dans la santé et les services sociaux (ACCESSS)*** (association of cultural communities for equality in health and social services)

This association offers a variety of training opportunities for people working in the health network and community organizations.

[accesss.net](http://accesss.net)

- ***Centre de recherche Sherpa*** (ethnocultural research centre)

The Sherpa centre conducts research and offers training and intervention services in the areas of health, psychosocial well-being and access to services for the immigrant populations of Quebec.

[sherpa-recherche.com](http://sherpa-recherche.com)

# HOW

## can other sectors of society help migrant families with precarious status?

### 1. By taking legal action

- The Ombudsman has recommended that the RAMQ revise its interpretation of the Health Insurance Act and its Regulation respecting eligibility to make children eligible for public health insurance if they were born in Quebec, reside in the province and live there for more than 183 days in the calendar year.
- A modification to Quebec's Education Act stipulates that education be provided free to every person not resident in Quebec within the meaning of that Act as long as the person who has parental authority over that person ordinarily resides in Quebec.

It would therefore be possible to introduce regulation giving all minor children residing in Quebec access to the RAMQ and the public prescription drug insurance plan, regardless of their parents' immigration status. An exception could also be made for pregnant women.



### 2. The scientific literature has shown that low income, substandard housing, food insecurity and inadequate social support can also have a negative impact on overall health.

Preventive interventions focused on other determinants of health could thus have a positive influence on the lives of migrant children.



## 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.**





# 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.

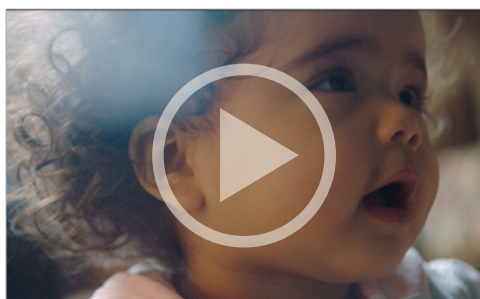
We can help young children in migrant families. By taking action at the legal level and working to alleviate vulnerability factors, we can help to ensure that all children living in Quebec have access to the health care they need.

 **States recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States shall strive to ensure that no child is deprived of his or her right of access to such health care services.** 

— International Convention on the Rights of the Child

# 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

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A comprehensive 64-page **report**

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A **brochure** presenting the highlights of the report

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**Visuals** for your presentations or use on social media

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Consult our complete special report at  
**[tout-petits.org/sante-migrants](http://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 0-5 year-olds which it then disseminates to incite dialogue on collective actions in this area.

[Tout-petits.org](http://Tout-petits.org)



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