

Global Politics - Political Engagement Activity Report

To what extent do immigrants to Canada face inequality in accessing healthcare?

Word Count: 2000

Session: 2022

Introduction

Healthcare is crucial for all as it protects and sustains human lives. As an international student in Canada, I sometimes feel barriers when accessing healthcare. When my mom suffered from pain due to her kidney stone, she had to wait for hours in the emergency room at the hospital. When I described my tooth cavity to the dentist, I struggled to look for the most appropriate word to describe my feelings. My description was filled with filler words and repetitive phrases that made me concerned if the dentist could get the idea I wanted to convey. Given that Canada has just expanded its universal healthcare to international students under 18 years old, meaning that I get the same healthcare conditions as Canadian citizens, I believe that my experience in accessing healthcare largely resembles that of immigrants. The barrier I feel in accessing healthcare makes me wonder if this is an issue affecting all Canadians, or are these barriers specifically targeting immigrants.

That led me to develop the research question “**To what extent do immigrants to Canada face inequality in accessing healthcare?**”. **Inequality** refers to a state of affairs where equality between people or groups of people is not realized and the consequent potential compromises of liberty and justice. In this case, immigrants to Canada may face inequality in accessing healthcare due to the additional barriers they may face compared to Canadian-borns. This question also links with **human rights**. Human rights are basic claims and entitlements that, many argue, one should be able to exercise simply by virtue of being a human being. It can be categorized into positive rights, rights requiring positive actions by those in power, and negative rights, rights requiring non-interference of those in power. In this case, the research question is an investigation of whether the Canadian government has failed to provide immigrants with adequate positive rights, healthcare. In this exploration, I will examine the issue in Canada, on a national level of analysis. To do so, I have interviewed my uncle, who is an immigrant, and a cardiologist, representing the perspective of an immigrant and a healthcare worker respectively.

Engagements

I first interviewed my uncle. He is an immigrant from China to Canada in 2003, and has settled in Montreal, Canada since then. In the interview, I learned that he is generally satisfied with his access to healthcare: he has a family doctor of which he considers professional and

patient, and he thinks his waiting time during emergency situations--normally around 4-5 hours--is acceptable. However, he has faced difficulties upon his initial arrival. Language was a major barrier he had to overcome. He also mentioned the lack of information for new immigrants, “Now I learned that emergency departments in big hospitals and walk-in clinics have way longer waiting time than small hospitals. But when I was still a new immigrant I didn’t know that.” Overall, I have learned that new immigrants face some barriers in accessing healthcare, but these barriers diminish with their establishment and integration.

To get the perspective of the healthcare sector, I then interviewed a cardiologist currently practicing in Toronto, Canada. She mentioned that she doesn’t observe a significantly disproportionate number of immigrants than Canadian-borns in her practices. “I see immigrants pretty frequently.” She also mentioned that she hasn’t noticed any discriminatory behaviours or attitudes towards immigrants by herself or her colleagues. Language is the major issue she observed in immigrants’ access to healthcare. For immigrants who don’t speak fluent English, even though body gestures, translation apps and translators can come in as aid, communication is still not as smooth. “I have once seen an immigrant family who barely speak English, so we had to get a translator and it took a long time to make things clear.” This engagement has taught me that immigrants generally have decent access to healthcare; however, there are occasional difficulties posed by language issues.

Analysis

To analyze the access to healthcare for immigrants, we must examine the potential barriers barring immigrants from accessing healthcare. The barriers that come out from my engagements and research include discrimination, lack of information, and language barriers.

There is a disparity between the level of discrimination reported in my engagements and research. In my engagements, both my uncle and the cardiologist report no discrimination. However, multiple recent studies show the presence of discrimination against immigrants. In a study, 17 out of 26 immigrant participants responded “yes” to the question that have they “experienced racial discrimination or been treated unfairly by a health care worker or other staff in a hospital or clinic” (Pollock, 2012). In a poll, immigrants report significantly more concern around everyday activity in times of Covid-19 compared to the general public. Among all

respondents, 53% immigrants, compared to 35% general public, worried about going out in public; 33% immigrants, compared to 20% general public, worried about telling people they work with about possible symptoms of illness; and 63% immigrants, compared to 47% general public, worried about taking public transit (Leger, 2020). This suggests that there is a high level of discrimination against immigrants. I think the cause of this disparity is the limitations of both my engagements and the polls. My engagements only get the opinions of two individuals, so they don't cover all situations. There may also contain a survivorship bias, the logical error of concentrating on the people or things that made it past some selection process and overlooking those that did not. My uncle is an established immigrant who has integrated successfully, and the cardiologist I interviewed is Canadian-born, thus may be insensitive of discrimination against immigrants. The polls may also contain bias. Usually, those willing to respond to a poll hold strong opinions on the issue discussed. In this case, a person who has experienced discrimination would have a stronger opinion than a person who have not. So, the respondents of the poll may contain a larger proportion of people who have experienced discrimination than the proportion of that in the general public. Factoring the biases out, I think the actual situation is in between the situation reported in my engagements and research. It is a barrier to immigrants' access to healthcare in two ways. Firstly, it may intimidate immigrants from seeking healthcare services. Secondly, some clinics refuse to see immigrant patients because of the difficulties in communication and billing (Pollock, 2012). Discrimination against immigrants is present in society and a barrier to immigrants from accessing healthcare; however, it is not as explicit as reported in the polls.

The lack of information is a barrier to immigrants' access to healthcare, especially new immigrants. My uncle mentioned that his lack of knowledge of the medical system caused him inefficiencies upon his initial arrival. A study claims that lack of knowledge and support to help immigrants navigate the healthcare system is why immigrants report that they are overwhelmed by the system. New immigrants are often guided by experiences in their home country when seeking health services, which may be very different from that of Canada (Pandey, 2021). Another study points out that even though this issue is less prevalent for established immigrants, some still find the system complex (Higginbottom, 2015). The proportion of Canadian adults having a regular doctor, of which is crucial to access to healthcare as suggested by Higginbottom, varies across immigration status. 68.0% female new immigrants and 55.3% male

new immigrants have a regular doctor, whereas 91.2% of female established immigrants and 84.3% male established immigrants have a regular doctor (Canadian Public Health Association, 2016). This shows that the access to healthcare for immigrants increases as they establish themselves. Therefore, the lack of information is a barrier to immigrants' access to healthcare, but it is gradually diminishing as immigrants establish themselves in Canada.

Language barriers are one of the most dominant barriers to immigrants' access to healthcare. It is reported as one of the major barriers in my two engagements and research. It leads to a higher rate of misdiagnosis due to the in clarity of communications (Salami, 2020). Besides, a study shows that language barriers strain the doctor-patient relationship as sometimes immigrants question their diagnosis and treatment plan due to the difficulties of communication (Woodgate, 2017). In addition, these negative effects of language barriers are also present in mental health consultations. Immigrants are significantly less likely to report mental health issues than their Canadian-born counterparts, in which language barriers are a great factor since mental health consultations require continuous communication and accurate language (Ng, 2021). Other negative effects of language barriers include discouragement and discrimination. Language barriers discourage immigrants from seeking healthcare because of the difficulties they face at hospitals due to their inability to speak English or French. Language issues could also lead to discrimination because some doctors prefer treating Canadian-borns than immigrants as they tend to avoid difficulties in communication (Pollock, 2012). Moreover, even though immigrants learn English or French as they establish themselves, it tends to be a persistent problem. A study shows that even though the language skills of immigrants increase with time spent in the destination country, the increase isn't as great as many would expect. In the case where the official language of the destination country is English, the probability of immigrants speaking English well/very well only increases by less than 10% after 10 years of migration (Isphording, 2015). So, language would be a persistent issue barring immigrants from getting equal healthcare access to their Canadian-born counterparts.

There have been efforts to reduce the inequality faced by immigrants in accessing healthcare. Multiple NGOs have introduced programs aiding immigrants in their integration into Canadian society, including introduction to the healthcare system. The Canadian government also funds a large number of them, such as *Caring for Kids New to Canada*. However, this site,

along with many other NGO websites, is available only in English and French. So, even though it may help reduce the lack of information, the language barrier still remains. Even though the government funds language programs of which immigrants can take at no cost, as mentioned before, the increase of language skills of immigrants isn't as great as many would expect. However, this demonstrates the efforts the government has made. Moreover, the government encourages the integration of immigrants into Canadian society. One of the objectives of the *Immigration and Refugee Protection Act*, an Act currently valid in Canada, is “to promote the successful integration of permanent residents into Canada, while recognizing that integration involves mutual obligations for new immigrants and Canadian society” (Immigration and Refugee Protection Act, 2001). However, according to some immigrants, the government could have done better. In a study interviewing immigrants regarding their experience with the healthcare system, an immigrant claimed that an information package for immigrants at the time of arrival would be very useful (Higginbottom, 2015). However, the government has not provided this information directly, but has left that job to NGOs, where much information is only in English and French. All in all, the government recognizes the importance of erasing the inequality in immigrants' access to healthcare and has made some efforts, but more could be done.

Conclusion

In sum, immigrants face **inequality** in accessing healthcare in Canada. The main sources of inequality comes from discrimination, lack of information, and language barriers. The government is making efforts to ensure the **human rights**, namely positive rights, of immigrants. Discrimination against immigrants is present in society and causes barriers to immigrants' access to healthcare by intimidation and some refusal of treatment by doctors. The lack of information is a barrier for immigrants to access healthcare, but diminishes as immigrants gradually integrate into society and have access to information about healthcare. Language barriers are a major barrier in immigrants' access to healthcare, but are difficult to solve due to the difficulty of language acquisition. Lastly, the Canadian government is actively encouraging the integration of immigrants into Canadian society, which could increase their access to healthcare; however, more could be done on the issue. I am unable to quantitate the extent to which immigrants face inequalities, because each individual has different experiences. However, the more the individual

is affected by these barriers, the more he/she would face inequality in accessing healthcare in Canada, and vice versa.

Works Cited

Citizenship, Institute for Canadian. “Poll Shows the Impact of Discrimination on Canadian Immigrants amid Covid-19.” *Cision Canada*, 23 June 2020, <https://www.newswire.ca/news-releases/poll-shows-the-impact-of-discrimination-on-canadian-immigrants-amid-covid-19-848855621.html>.

Degelman, Michelle L., and Katya M. Herman. “Immigrant Status and Having a Regular Medical Doctor among Canadian Adults.” *Canadian Journal of Public Health*, vol. 107, no. 1, 2016, <https://doi.org/10.17269/cjph.107.5205>.

Higginbottom, Gina, and Jalal Safipour. “Access to Primary Health Care by New and Established Immigrants in Canada.” *Journal of Family Medicine & Community Health*.

Isphording, Ingo. “Back to Articles What Drives the Language Proficiency of Immigrants?” *IZA World of Labor*, 2015, <https://doi.org/10.15185/izawol.177>.

Pandey, Mamata, et al. “Identifying Barriers to Healthcare Access for New Immigrants: A Qualitative Study in Regina, Saskatchewan, Canada.” *Journal of Immigrant and Minority Health*, 2021, <https://doi.org/10.1007/s10903-021-01262-z>.

Pollock, Grace, et al. “Discrimination in the Doctor’s Office.” *Critical Social Work*, vol. 13, no. 2, 2019, <https://doi.org/10.22329/csw.v13i2.5866>.

Salami, Bukola, et al. “Access to Healthcare for Immigrant Children in Canada.” *International Journal of Environmental Research and Public Health*, vol. 17, no. 9, 2020, p. 3320., <https://doi.org/10.3390/ijerph17093320>.

Woodgate, Roberta Lynn, et al. “A Qualitative Study on African Immigrant and Refugee Families’ Experiences of Accessing Primary Health Care Services in Manitoba, Canada: It’s Not Easy!” *International Journal for Equity in Health*, vol. 16, no. 1, 2017, <https://doi.org/10.1186/s12939-016-0510-x>.