Newcomer Research Library

Identifying Barriers to Health Care Access for Newcomers to Canada

Introduction

As Canada continues to welcome an increasing number of newcomers, who now make up the largest share of the population in the country in over 150 years[1], we must continue to support this population in navigating a new health system. A barrier to health care is anything that prevents individuals from accessing or receiving the health services they need.[2] This learning note is intended to provide an overview of the migration, provider, and systemic barriers newcomers to Canada face while accessing and navigating new health information and systems. While we can conceptually distinguish these barriers, in practice, they do not operate in silos but intersect with one another in different ways.

1. Migration Barriers

Migration itself is considered a social determinant of health given its potential to affect the physical, mental, and emotional health of newcomers and immigrants.

- **Gaps in language play a determinant role in newcomers' accessibility to health care services.** Language barriers impact healthcare access at several, continuous points of a newcomer's health journey. Not only does a communication gap impact the ability to make appointments or access information, but it is also a barrier for newcomers to advocate for themselves in a new system. Furthermore, communication gaps between patients and providers disrupt the ability to form therapeutic relationships, wherein safe and respectful care can take place.
- **Complexities surrounding healthcare eligibility and entitlement are a significant barrier for newcomers to Canada**. Entitlement to health care coverage varies substantially across the country; for those who aren't eligible for provincial or territorial health insurance, the Interim Federal Health Program (IFHP) provides basic, supplemental, and prescription drug coverage for a limited time after arrival in Canada. This still does not account for newcomers and immigrants who reside in Canada without insurance or immigration status and report higher levels of anxiety, stress, and advanced illness.[3]
- **Social and cultural perceptions of health care can impact access to and quality of health care for newcomers.** Health systems function differently around the world—some may have limited access to formal health care or are accustomed to relying on traditional or alternative practices. Navigating a new health system amid a new cultural environment can be confusing and difficult. Cultural beliefs heavily influence how illness is perceived and treated; without culturally competent care that recognizes and respects these differences, there is high risk of miscommunication, misdiagnosis, or even complete disengagement from the health system.[4]
- **A direct result of the migration journey is fragmentation of health records.** Information on vaccinations, diagnoses, medications, and other patient history is crucial for quality and continuity of care in the country of arrival.[5] The absence of such records poses risks and challenges for both patients and providers. Gaps in care for those with pre-existing conditions can have serious consequences for overall health outcomes. On the other hand, gaps in care can also look like missed routine screenings or vaccinations that can impact an individual's health later down the line. For providers, lack of access to health records can mean making decisions without crucial background information that may lead to delays in treatment, misdiagnoses, or unnecessary procedures.

3. Provider Barriers

Health care providers play a critical role in newcomer health but often face their own challenges within the system. These barriers impact the quality, consistency, and accessibility of services provided.

- A significant barrier to health care access for newcomers is the lack of cultural competency among healthcare providers. **Availability does not equal accessibility.** Cultural biases, misunderstandings, and insensitivity can lead to misdiagnosis, inadequate treatment, and distrust among newcomers. Many health care professionals may not fully understand the cultural beliefs, practices, and health-seeking behaviours of diverse newcomer populations, which can result in reluctance to seek care, and disparities in health outcomes.
- **Efforts to enhance cultural competency among healthcare providers** through training, cultural awareness programs, community health ambassadors, and diverse representation in healthcare settings are essential to address these.
- **Systemic inefficiencies also impact providers' ability to provide quality health care to newcomers**; health care providers may lack clear referral pathways or have limited knowledge of available resources, especially in under-resourced or rural areas.

> **"When there is a lack of alignment between healthcare service structures and individual's embodied capacity to cross the access threshold, vulnerabilities can be created among disadvantaged people."** [6]

2. System Barriers

Health system priorities have real impacts on newcomers, especially as gaps and rigid care structures turn routine health needs into complex challenges.

- **System-level barriers exacerbate health care access challenges for newcomers in Canada.** Complex bureaucratic processes, such as navigating health insurance, accessing referrals services, and eligibility criteria can pose significant hurdles. The unavailability of health care services, such as a lack of appointments and long wait times is consistently identified as a major barrier by newcomers.[7]
- **Systems are not designed for individuals;** as such, systemic barriers often intersect with pre-existing challenges faced by newcomers, wherein waiting for appointments, referrals, at medical clinics, etc., are made more challenging. For racialized newcomers, these structural barriers often intersect with institutional and systemic racism to foster distrust and disengagement from the healthcare system.
- **System barriers also affect care pathway follow-ups for newcomers**, particularly when health services are designed with assumptions of long-term residency. For example, provincial screening programs often operate on multi-year follow-up models, typically spanning two years or more. When temporary residents—who make up a significant portion of Canada's population—are not considered in the design, it places them at increased risk of delayed diagnosis or unmanaged conditions.

Works Cited

1. Statistics Canada (2022, October 26)
2. Canadian Pediatric Society (2014)
3. Ibid.
4. Lane, Hengstermann, White & Vatanparast (2021)
5. Pandey, Geoffrey Maina, Amoyaw, Kamrul, Rocha Micheals & Maroof (2021)
6. Lane & Vatanparast (2022)
7. Ibid.