Access to health care during COVID-19 by immigrant and visible minority status

Yujiro Sano¹, Josephine Etowa², Ilene Hyman³, Charles Dabone², Ikenna Mbagwu², Bishwajit Ghose², and Hindia Mohamoud⁴

Research Objective
• To examine difficulties accessing health care during COVID-19 among four population groups: non-visible minority native-born, visible minority native-born, visible minority immigrants and non-visible minority immigrants.

Methods
• Dependent Variable: Difficulty accessing ten types of health services during COVID-19: 1) non-emergency surgery, 2) non-emergency diagnostic test, 3) appointment with a family doctor, 4) appointment with a medical specialist, 5) appointment for rehabilitative care, 6) dental care, 7) mental health care, 8) medical treatment, 9) natural medicine, and 10) emergency services/urgent care (0=no; 1=yes);
• Reported reasons for difficulties.
• Independent variable: Immigrant status and visible minority status combined to generate a new variable called ‘visible minority immigrant status’ (0=non-visible minority native-born; 1=visible minority native-born; 2=non-visible minority immigrant; 3=visible minority immigrant)
• Control variables: Need, predisposing and enabling factors associated with health care utilization e.g., discrimination, trust towards health care system, education, sex, rural residence, age, marital status, LGBTQ2, Indigenous identity, living arrangements, sense of belonging to a community, and any chronic condition.

Analytical Technique
• Logistic regression models

Main Findings
Compared to non-visible minority native-born, visible minority immigrants are:
• less likely to report difficulties accessing non-emergency surgery, non-emergency diagnostic test, dental care, and mental health care.
• more likely to report difficulties accessing emergency services/urgent care

Discussion
Why are there contradicting findings for preventive and mental care?
Visible minority immigrants may be experiencing fewer difficulties, considering that many of them come to Canada from low income countries where health care system resources may be limited. In this context, perceived levels of difficulties accessing health care may be lower than expected among visible minority immigrants.

Why do visible minority immigrants report more difficulties accessing emergency services/urgent care?
Consistent with the literature visible minority immigrants may be facing difficulties in accessing immediate care, leaving them with no other option to address their health care needs, especially considering that discrimination against visible minorities increased during the pandemic. Some visible minorities are often reluctant to use health services until the situation becomes serious, which leaves them no choice but rush for help at emergency services, pointing to their realities of barriers to health care services.

Why are visible minority immigrants disproportionately affected by difficulties accessing health care?
The reasons cited imply that both structural and personal barriers to health care services play a role

Conclusion
Visible minority immigrants are exposed to many factors that are associated with difficulties accessing health care during COVID-19

¹Department of Sociology, Nipissing University, North Bay, Ontario ²Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario ³Dalhousie Law School of Public Health, University of Toronto, Toronto, Ontario ⁴Ottawa Local Immigrant Partnership, Ottawa, Ontario

Corresponding author: ruthos@nipissingu.ca