SERVING TORONTO'S UNINSURED POPULATIONS: PREGNANT WOMEN FROM THE AFRICAN DIASPORA - POLITICS AND PRACTICALITIES

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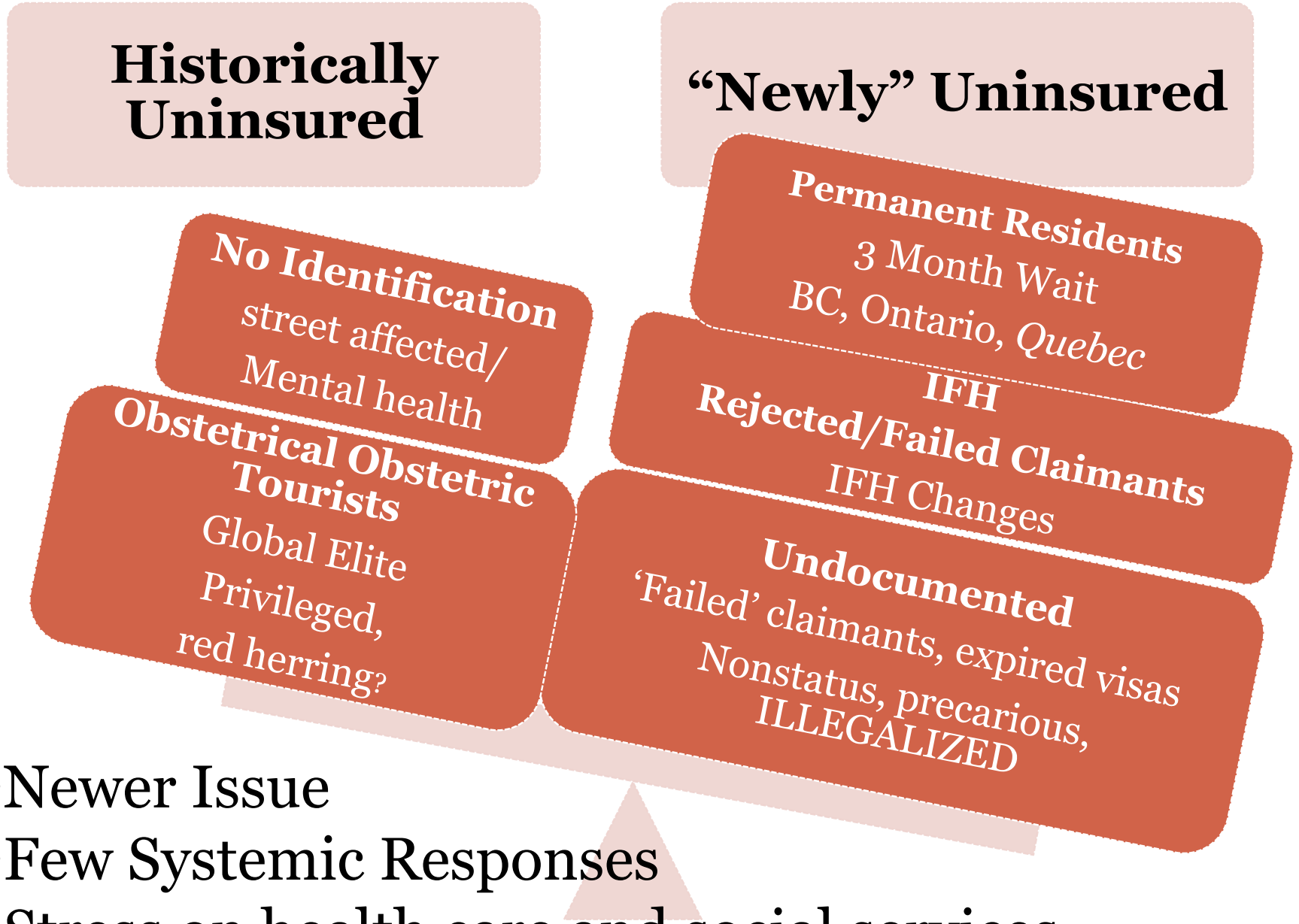
EXPERIENCES FROM A MIDWIFERY LENS

POLITICAL CONTEXT

- Number of uninsured in Canada increasing
- Changes to immigration policies
- Fewer accepted refugee claimants
- Global health and economic disparity
- More difficult for some groups to immigrate through legitimate channels (era of terror)
- Similar in all high immigrant receiving countries….post-colonial lens



- Newer Issue
- Few Systemic Responses
- Stress on health care and social services

UNINSURED POPULATIONS: WHAT DOES THE RESEARCH TELL US

- Highly vulnerable
- Poorer access to health care
  - including insured children of the uninsured
- More likely to be from racialized communities
- Pregnant Women and children disproportionately effected
- ⇧Vulnerability to intimate partner violence
  - Women as 'sponsored' immigrants
  - Fear/threat of deportation

UNINSURED + PREGNANCY: RESEARCH

- Poorer health in general (⇧ pregnancy complications?)
- ⇧incidence psychiatric disorders: depression and anxiety
  - ⇩seeking of healthcare for psychological issues
- Inadequate prenatal care
  - Care later in pregnancy or no prenatal care
  - Missing important tests and interventions
  - Poor prenatal care ⇨ Higher LBW, PTL
    - long and short-term sequellae

MAGNITUDE OF THE PROBLEM

- Issue centralized to urban centers
  - Magnitude of problem unknown
  - 1,000,000 - 2,000,000 Nationally
  - 300,000 - 500,000 in Toronto/GTA
- High Need
  - 20-25% of all patients presenting to non-insured walk in clinics in Toronto have pregnancy related concerns
  - ER visits 2x higher for non-insured women than those with insurance

LATE/MINIMAL PRENATAL CARE REASONS AND PRACTICALITIES

Navigating the Maze:

finding a care provider when pregnant without insurance

PRACTICALITIES: COSTS OF CARE

Care Provider:

Obstetric retainer fee:

$3000-4000

(? anesthesia, assist)

Hospital fee
$500-3900/24 hr

-average length of stay: 24-48 hrs

Routine Diagnostics

$500-1000
ultrasounds, blood work etc

Amnio ($800)
Special U/S $250

Hospital Admin $150

Total Costs

$5000-9000 Low Risk Pregnancy

High Risk Pregnancy – double? Triple? Quadruple?

UNINSURED MATERNITY ADMISSION QUOTATION

Date _____

Patient Name _____

General ward (4 – 6 beds in a room)_____ $3952.00 per day

Semi private Bed_____ $285.00 per day

Private Bed_____ $395.00 per day

Telephone charges_____ $15.00 per admission or$10 per month

Nursery _____ $1,574.00 per day

Based on two days in a ward bed stay, a deposit of $15,692.00 is required.

Should the deposit exceed relevant hospital stay charges, a refund for the remainder wi
be processed and if hospital charges exceed the deposit, the different will be settled up
discharge.

THE NON-INSURED WALK-IN CLINIC NIWIC

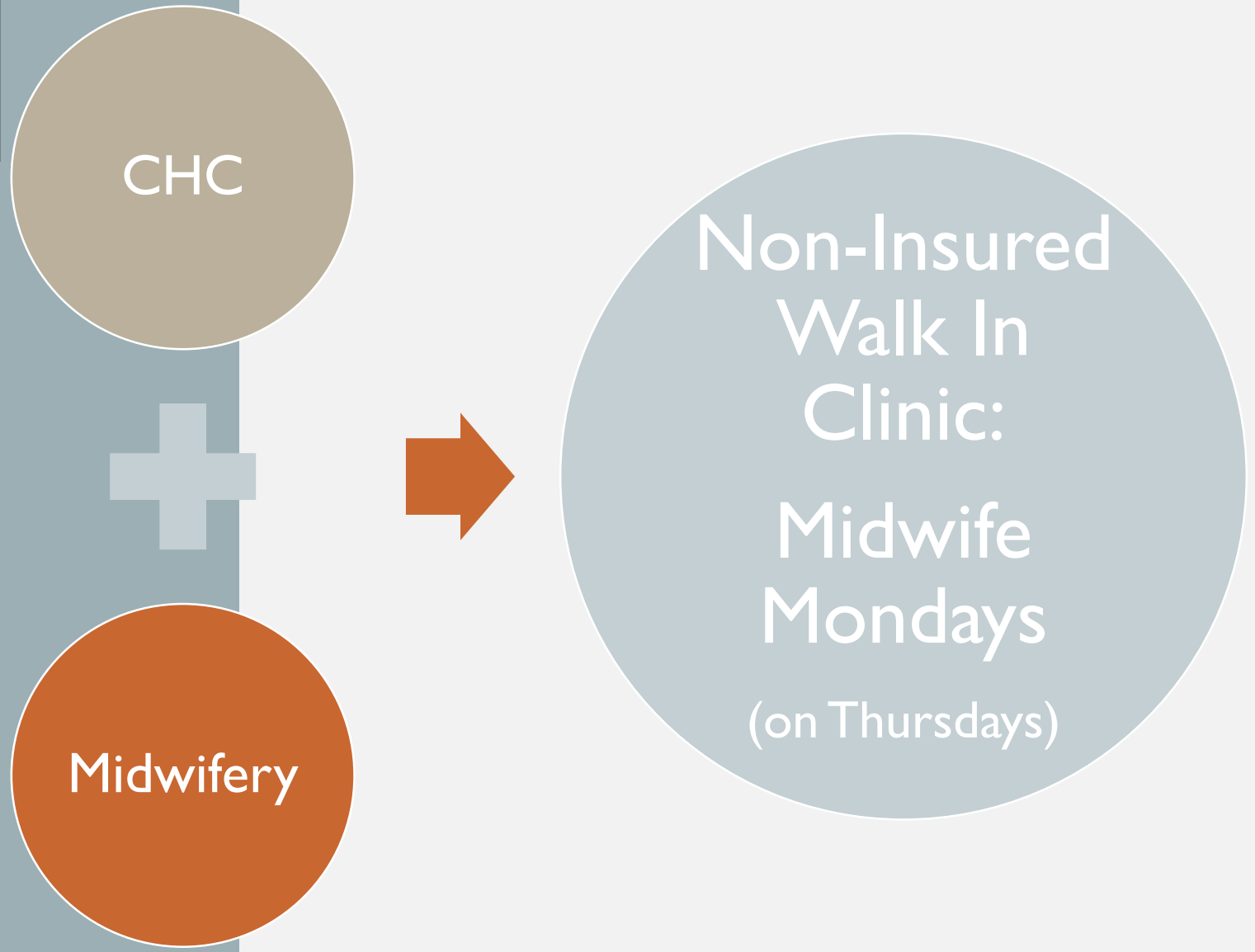
Partnership of CHCs:

Housed at Access Alliance

Point on Jane

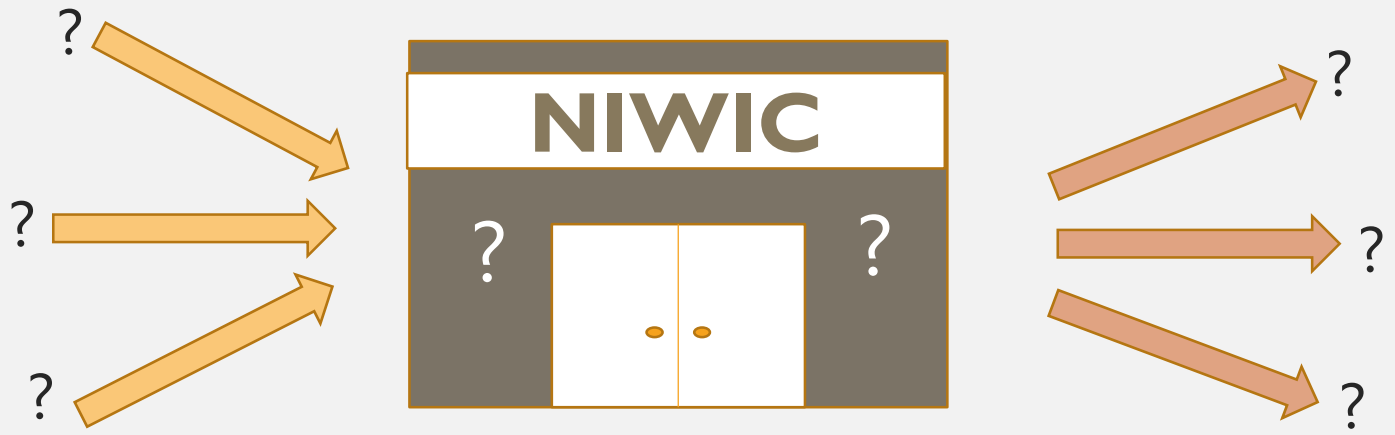
Nurse-led clinic (innovation)

All pregnant people seen by midwife: costs covered



RESEARCH: NIWIC FIRST 3 YEARS

- Partnership of CHCs, Nurse-led clinic (innovation)
- All pregnant people seen by midwife: costs covered
- Retrospective chart review done over a 3-year period
  - (Ashley Raeside, Medical Resident, University of Toronto)



RESULTS: CHARACTERISTICS

- Many countries of origin
  - top regions: Caribbean and Latin American
  - 95% racialized (anecdotal)
- Explanation for demographics
- Politics of geography
  - Syria and Greece

NIWIC RESEARCH

- >60% annual household incomes <$20,000
- Later to care
  - Average gestational age16 weeks, 33% >20 weeks
- Minimal Social Support
  - 28% single/no partner
    - >1.5-fold higher for non-status

NARRATIVES

- Ordinary everyday people wanting a better life – like every immigrant in "Canadian" history (non-indigenous)
- Extra-ordinary
  - West African political asylum seeker
  - Caribbean married to Canadian – IPV
  - Latin American – c/section, unable to return home
  - East African – c-section, PIH, diabetic, no operative report

‘UNINSURED’ + PREGNANT + AFRICAN/DIASPORIA: PULLING IT TOGETHER

- Higher rates of PTL/Higher rates LBW
  - Both African diaspora (USA) and uninsured
  - Life long consequences/uninsured costs
  - Behavioural issues – inadequate systemic support
- Higher rates of hypertensive disorders of pregnancy
  - Life long consequences/birthing person
  - Effects on family of unwell ‘mothers’
  - Coroner’s report
- Higher rates of gestational diabetes
  - Issue of poverty?

‘UNINSURED’ + PREGNANT + AFRICAN/DIASPORIA: PULLING IT TOGETHER

- Higher rates of obesity
  - Issue of poverty
  - More complicated pregnancy
  - More ‘medicalized’
- Newer immigrants
  - Less social support
  - Higher rates of depressive disorders
  - less likely to seek support/medical care
- Higher vulnerability to IPV
  - Higher vulnerability with police/justice system
  - Higher vulnerability with Child Protective Services
- No protection from labour laws
  - No pregnancy/parental leave
  - Working ‘under the table

SUMMARY

- Black Uninsured Pregnant Body – multiple jeopardy
- Uninsured populations increasing in Canada/GTA
- More likely to be racialized populations: Higher risk? Genetics/ epigenetics
- Few supports, increasing barriers
- Promise from Innovative interprofessional models: NIWIC
  - Addressing communities with poor access to health care
- Midwives: Important referral partners for marginalized populations
  - **All costs of diagnostic tests and referrals to physicians covered (2015)**
- Further research Canadian context, pregnant + racialized populations