



Immigrant Health Outcome Survey (IHOS) Summary Report

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Introduction

In 2019, a review of secondary data sources was undertaken to better understand available information and data sources on the health care status and experiences of Immigrants (Permanent Residents and Canadian Citizens) and International students (study permit holders). The review of secondary data highlighted a gap in available data at the census division level for the foreign born population groups living in Simcoe County.

Immigration, Refugees, and Citizenship Canada (IRCC) supported the research undertaken by the Research Analyst team and supported by the Simcoe County Local Immigrant Partnership (LIP). LIPs provide indirect settlement support to develop welcoming communities. The goal of the research study was to increase local healthcare providers consideration of the needs of foreign born patients and clients. This led to the development of a local primary research survey to collect additional information about the health care status and experiences of Immigrants living in Simcoe County. This report highlights the methodology and findings from this survey.

Survey Purpose:

To collect information from foreign-born individuals (Permanent Residents, Canadian Citizens, and foreign students and recent graduates on a work visa) on their health care status and experiences in Simcoe County.

Survey Objectives:

1. To understand how foreign-born individuals are accessing and receiving health care in Simcoe County;
2. To identify any barriers faced by foreign-born individuals when accessing and receiving healthcare services in Simcoe County;
3. To understand local immigrant's self-perception of their physical and mental wellbeing since arriving in Canada and identify any changes;
4. Provide recommendations from health care consumers on how to improve their healthcare experience;
5. To provide a demographic profile of the survey respondents; and,
6. To understand how survey respondent's health care experiences may have been affected by COVID-19.



Methodology

Survey development

Annually, the Simcoe County LIP sets priorities that address immigrant needs in developing welcoming communities. Community stakeholders providing international post-secondary education had identified challenges their students encountered in accessing health care services. Local settlement partners frequently identified navigating mental health supports as a concern. In addition, the LIP had limited success in engaging the health sector in the developing of welcoming communities.

The Local Immigration Partnership (LIP) met with the Research Analyst (RA) team to discuss the Immigrant Health Outcomes project April 29, 2019.

The teams divided the project into two phases:

- Secondary data analysis on immigrant health factors based on input from Canadian health care organizations
- Primary research in the form of an Immigrant Health Outcome Survey (IHOS) to collect local health care information from foreign born residents to present the results to health care organizations

The RA team conducted a secondary collection on available immigrant health statistics and presented the findings at the Simcoe County Local Immigration Partnership (SCLIP) Council meeting May 29th, 2019.

In May 2019, the Simcoe County LIP prioritized a health outcomes survey. A steering committee was formed to oversee the planning and development of the Immigrant Health Outcome Survey (IHOS) instrument. The survey steering committee included representatives from the following organizations:

- Simcoe Muskoka District Health Unit
- Barrie Community Health Centre
- YMCA of Simcoe-Muskoka
- Lakehead University
- Georgian College
- Catholic Family Services of Simcoe County
- County of Simcoe, Local Immigration Partnership

The LIP and RA teams reviewed the Canadian Community Health Survey (CCHS) data and aligned some survey questions with the CCHS.

The first steering committee meeting was held July 25th, 2019. The group discussed the secondary data collection, and specific survey questions.

The steering committee met again August 15th, 2019. The survey draft was presented, and a distribution strategy was discussed.

The survey was submitted to the County of Simcoe Research Ethics Subcommittee for approval in January 2020. Upon approval, the survey was uploaded in Checkbox, marketing material was developed, and a distribution for April 2020 was confirmed. Unfortunately, the initial fieldwork was



delayed by the declaration of the pandemic. The steering committee met on March 12th, 2020 and a decision was made to postpone the survey launch. Concerns were expressed over the pandemic and the potential impact on responses that might skew health survey results.

The steering committee met again on July 8th, 2020 to review the survey objectives and discuss an application to the Lakehead University Research Ethics Board (REB) to distribute surveys on campus. Due to the many impacts of the COVID-19 pandemic on foreign student enrollment (i.e. border closures and study from home opportunities), a decision was made to include recent study permit holders, currently on a work permit visa in the survey to ensure a larger amount of responses were able to be collected from current and recent foreign students.

RA and LIP team members continued to meet during 2020, adding pandemic related survey objectives, preparing the REB application for Lakehead University, translating the survey revisions, uploading changes to Checkbox, and revising promotional materials to launch the survey in March 2021.

Research Ethics Approval

Due to the sensitive nature of the health information collected in the survey and the vulnerability of the population groups, the survey was reviewed and received approval from the County of Simcoe Research Ethics Subcommittee as well as Lakehead University and Georgian College Research Ethics Boards (REB).

Distribution

The survey was distributed and completed through an online survey link between March 8th and April 1st, 2021. Responses were limited to online collection to adhere to safety restrictions and public health guidelines in place when the survey was administered.

A marketing postcard created by the County of Simcoe was e-mailed to stakeholders from the following organizations/networks to recruit respondents:

- The Simcoe County Local Immigration Partnership (LIP) Council
- The Simcoe County (LIP) Settlement Sub-council
- The Immigrant Health Outcome Survey steering committee
- Ethnic Mosaic Alliance
- The Child Youth and Family Services Coalition (CYFS) of Simcoe County
- The South Simcoe Community Action Network (SSCAN)
- The Non-Profit Network of South Georgian Bay
- The Simcoe County Library Co-operative
- COMPASS South Western Simcoe County
- Bradford COMPASS
- Georgian College
- Lakehead University
- Multiple Ethnocultural and Faith Based Organizations



Georgian College also recruited participants through:

- Staff news post –staff and faculty audiences
- Student portal post –Primarily student audience, exposure to staff and faculty
- Social media post by International department – Posted by @ICGeorgian account, including multiple mentions in instagram live events
- Email distribution – To current International students, sent by the International department / To recent alumni, sent by Advancement and Alumni Relations

Lakehead University also recruited participants from the Orillia student population through:

- Weekly international student newsletters to Orillia campus students throughout the month of March
- Instagram: @lakeheadlifeor
Facebook: Lakehead University International Orillia

Survey Incentive

The introduction to the survey offered the following incentive to respondents: 'As a thank you for your time, you will have a chance to win a \$50 Walmart gift card. At the end of the survey simply provide the e-mail address you would like to be reached at if you are randomly selected as the winner of the gift card. If you choose to provide an e-mail address, it will only be used for the purpose of contacting the winner. It will also be asked in a separate window, so your responses and your e-mail will not be linked.'

The completion page of the online survey tool provided a link to a separate survey that enabled respondents to provide the e-mail address to participate in the chance for the \$50 Walmart gift card. All respondents who completed the survey were given the opportunity to enter the draw, including those who screened out from responding in the full survey.

Data Cleaning

A total of 1,167 completed responses were collected between March 8th and April 1st, 2021.

Responses were removed for the following reasons:

- Respondents screened out because they were born in Canada (273)
- Respondents currently lived outside of Simcoe County (26) or left their location blank (5)
- Respondents currently lived in a place in Simcoe County that was unclear or not in Simcoe County (8)
- Respondents current status in Canada was Work Permit Visa, Refugee Claimant, Visitor or blank (118)

737 complete responses were used for analysis.



Survey Translation

The survey was made available in English, French, and six non-official languages:

- 83% completed the survey in English;
- 12% completed the survey in Simplified Chinese;
- 2% completed the survey in Spanish; and,
- 1% or less completed the survey in Russian, Farsi, Arabic, French, or Portuguese.

According to the 2016 Census (Statistics Canada), 78% of local immigrants spoke English or French most often at home. Portuguese (2.5%), Spanish (2.3%), and Russian (2.0%) were the three most common non-official languages spoken by immigrants at home. Russian (6.1%), Mandarin (6.1%), and Spanish (4.6%) were the three most common non-official languages spoken by recent immigrants at home.

Considerations

Cross-sectional design: The cross-sectional design allows for a lot of information to be collected quickly and relatively affordably. The cross-sectional design provides information on the immigrant population at the time of the survey. Since the survey was conducted during the COVID-19 pandemic the information collected is likely impacted by the ongoing pandemic.

Online survey collection: While online survey collection is convenient for most, immigrants who are less comfortable with technology or literacy may not have responded even though the survey was offered in multiple languages.

Convenience sample: The convenience sample allowed for quick and easy access to many immigrants living in Simcoe County. Survey response was collected through advertisement on service providers websites, social media, and e-mail lists. Responses from immigrants not supported by service providers or who chose not to respond to the survey may differ from those who were engaged and chose to respond.

Since the survey used a convenience sample, response rate and margin of error could not be calculated. If the survey had used a random sample, given the population of immigrant and non-permanent residents residing in Simcoe County in 2016 (63,250), sample size (737) and a 95% confidence level, the margin of error of the survey results would have been 4%. This means if the survey was repeated, 19/20 times the survey results would be within 4% of this survey's results. Given the large sample size (737) and consideration into how the survey methodology could impact the responses, findings from this survey are considered valuable.

Validity: No definition of Community Health Centre was given on the survey, so respondents may have interpreted Community Health Centre differently.



Survey Results

Data Interpretation notes:

All survey questions except from the screening questions were optional and included a *don't know* and *prefer not to answer* option. Throughout the report, the N (number of respondents) values for different questions vary. Respondents who left the question blank were excluded from the denominator and those who selected *prefer not to answer* or *don't know* were excluded from the denominator unless the group made up more than 5% of responses.

Data from the 2016 Census and 2015-2016 Canadian Community Health Survey (CCHS) was shared in the interpretation section of some Immigrant Health Outcome Survey (IHOS) analysis. Since this data was collected in 2016 and 2015-2016, it may not reflect the current diversity, demographics, and health experiences of the Simcoe County population; however, at the time of analysis it was the most recent source of relevant population data for Simcoe County. The 2016 Census data shows how the sample who completed the IHOS may differ from the immigrant population as a whole in Simcoe County and the CCHS data shows how responses to similar topics differ between the immigrant (IHOS) and non-immigrant populations (CCHS). The estimated data values for the CCHS are provided, as well as the range that the true (population) value can be found 95% of the time in brackets.

Comparisons between the CCHS and IHOS should be looked at with caution as the IHOS and CCHS:

- were completed in different time periods (CCHS data was collected in 2015-2016 and IHOS data was collected in 2021);
- IHOS was completed during the COVID-19 pandemic which could have an impact on how respondents rated their health and health care experience;
- had different sampling and data collection methodologies (CCHS used a weighted sample frame towards representativeness across regions, conducted via telephone interviews and the IHOS used a convenience sample conducted via online survey);
- had different sample sizes; and,
- not all questions compared on the two surveys were worded identically.

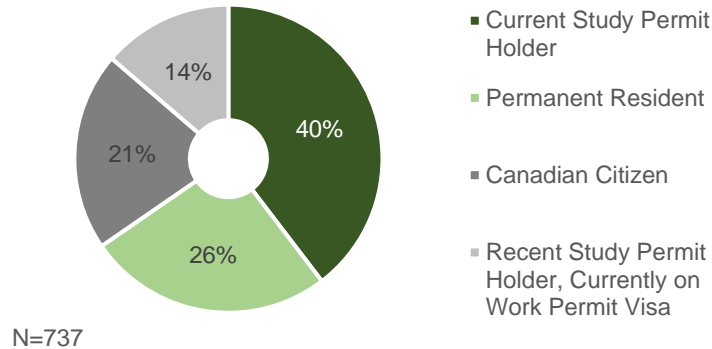
Demographic Profile of Respondents

Current Status in Canada

The largest percentage of respondents were current study permit holders (40%), followed by permanent residents (26%), Canadian citizens (21%), and recent study permit holders, currently on a work permit visa (14%).



Current Status in Canada



Throughout this report, foreign students represent those who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants are made up of respondents who identified as permanent residents or Canadian citizens. The report examines each of these two groups to better understand their unique needs. When little difference between groups exist, the data will be presented together.

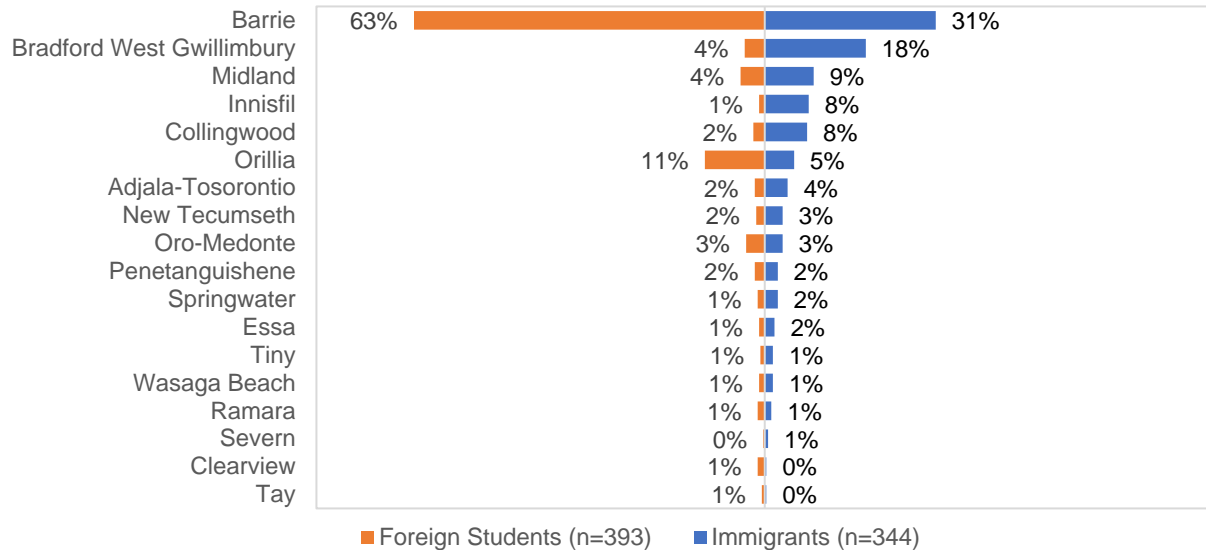
Geographic Location of Respondents

The majority of foreign student respondents reported living in Barrie (63%), while 31% of immigrant respondents reported living in Barrie. A greater percentage of foreign student respondents (11%) reported living in Orillia compared to immigrant respondents (5%). These findings are not surprising as Georgian College has Barrie, Orillia, and Midland campuses and Lakehead University has an Orillia campus. 27% of foreign student respondents reported living outside of Barrie or Orillia.

The distribution of immigrant respondents was similar to the pattern of immigrant residency observed in Simcoe County based on 2016 Census data. 2016 Census data showed 30% of immigrants lived in Barrie, 16% lived in Bradford West Gwillimbury, and 9% lived in Innisfil. A slightly greater percentage of immigrant respondents lived in Midland at 9% while only 2% of the immigrant population as a whole lived in Midland based on the 2016 Census.



Geographic Location of Respondents by Group

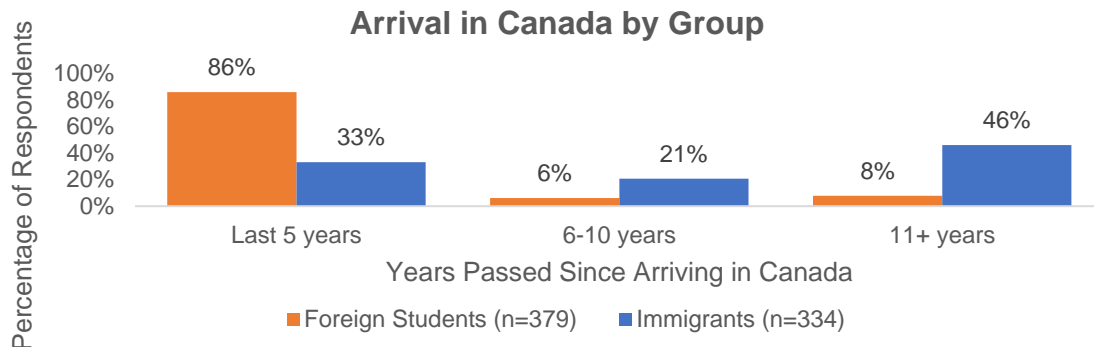


Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Arrival in Canada

The majority of foreign student respondents arrived in Canada within the last 5 years (86%), while the largest percentage of immigrant respondents (46%) arrived in Canada 11 or more years ago.

Survey findings show a larger percentage of immigrant respondents arrived in Canada within the last 5 years (33% vs 7%) and 10 years (21% vs 7%) compared to the immigrant population as a whole based on data from the 2016 Census.



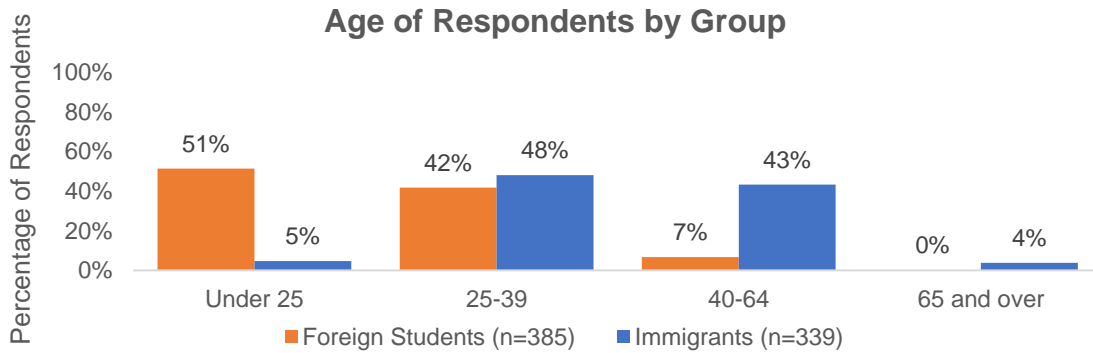
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



Age

The majority of immigrant respondents (91%) were between 25 and 64 years of age which is core working age. The majority of foreign student respondents were under 25 (51%) while only 5% of immigrant respondents were under 25.

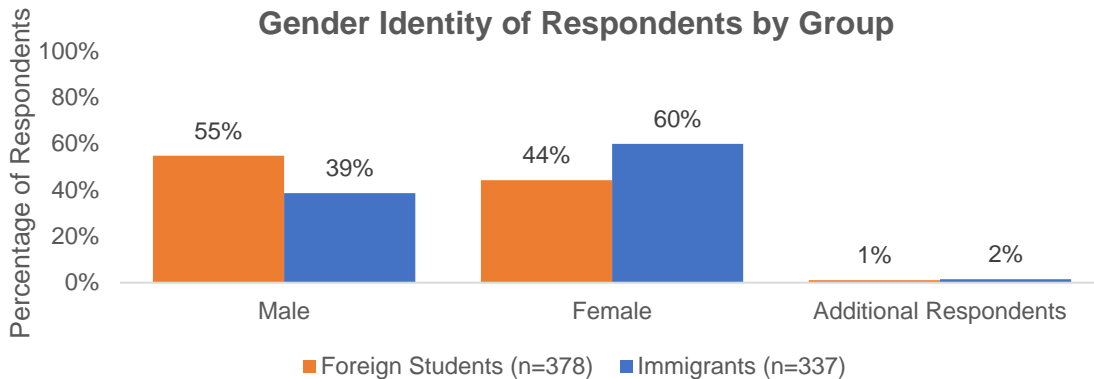
A smaller percentage of immigrant respondents were 65 and over compared to the immigrant population as a whole based on data from the 2016 Census (4% vs 36%).



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Gender Identity

The majority of foreign student respondents were male (55%) while the majority of immigrant respondents were female (60%).



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens. Additional respondents include those who selected transgender (male to female), transgender (female to male), don't know or prefer not to answer. Responses were grouped together to maintain confidentiality.



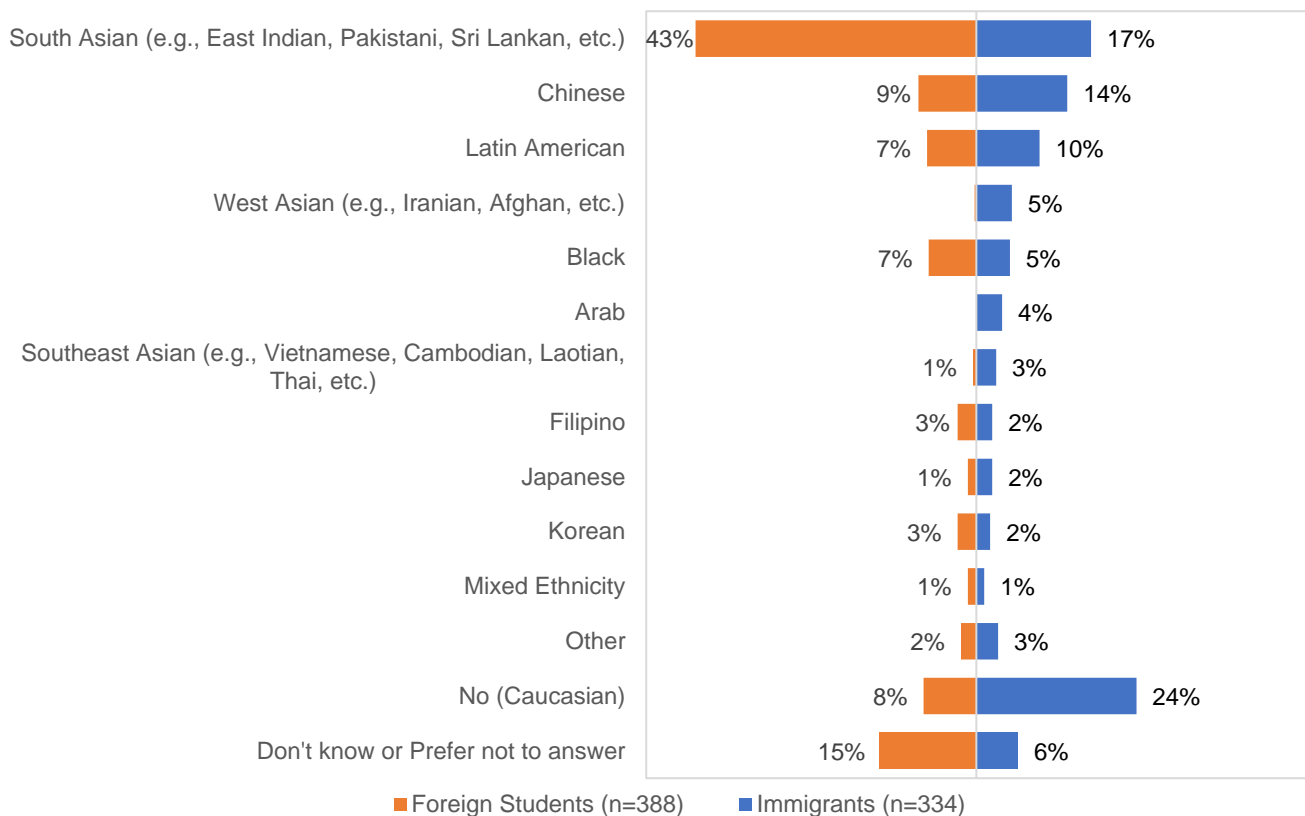
Visible Minority

Three quarters (75%) of foreign student respondents and 66% of immigrant respondents identified as a visible minority. The largest percentage of foreign student respondents (43%) and immigrant respondents (17%) identified as South Asian.

Other responses were not re-categorized into existing groups because the details provided valuable data. 20 respondents chose 'other' and specified: Indian (4), Turkish (3), Taiwanese (2), Caucasian/white (2), Jewish (1), Caucasian and Latin (1), Scottish (1), Nigerian (1), Portuguese (1), Sikh (1), Italian (1), Assyrian (1), and "I don't consider myself in any minority group" (1).

More immigrant respondents identified as a visible minority compared to the immigrant population as a whole. Based on the 2016, 30% of the immigrant population as a whole identified as a visible minority and the five most common visible minorities were South Asian (7%), Black (4.3%), Latin American (4.3%), Chinese (4.0%), and Filipino (3.1%).

Visible Minority by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



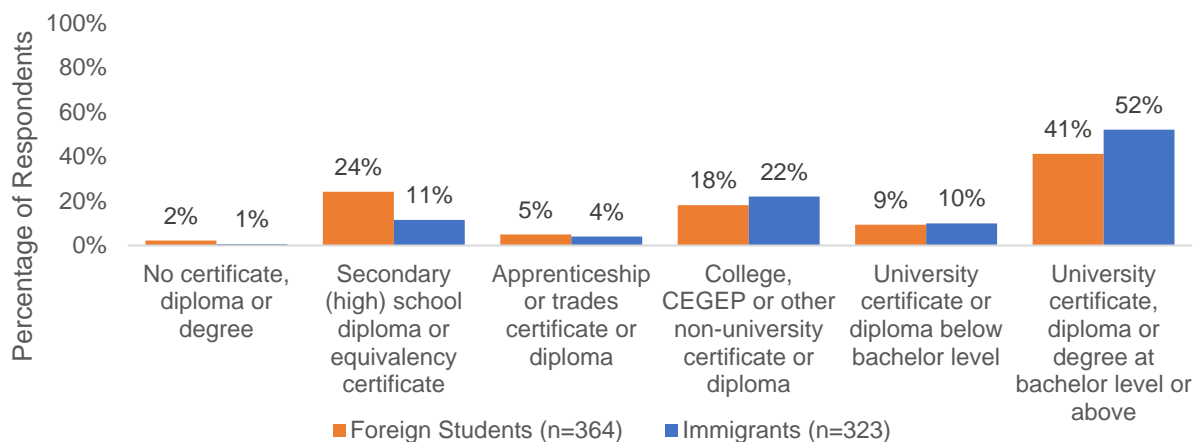
Education

The largest percentage of foreign student and immigrant respondents reported having completed a university certificate, diploma, or degree at bachelor level or above (41% and 52%). A greater percentage of foreign student respondents reported having completed secondary (high) school diploma or equivalency certificate. This is not surprising given the younger age of foreign respondents and the purpose of their work study permits.

There were 6 respondents that chose the 'other' option and provided written descriptions. Five answers were recoded into existing categories. The one response that was not categorized was "LINK". The respondent may have been referencing to LINC, the language instruction for newcomers to Canada program offered by YMCA and BICS, although since it is unclear the response was not re-categorized.

Immigrant respondents showed a higher level of education compared to the immigrant population as a whole in Simcoe County based on the 2016 Census, where 22% had completed a university certificate diploma or degree.

Highest Level of Education* by Group



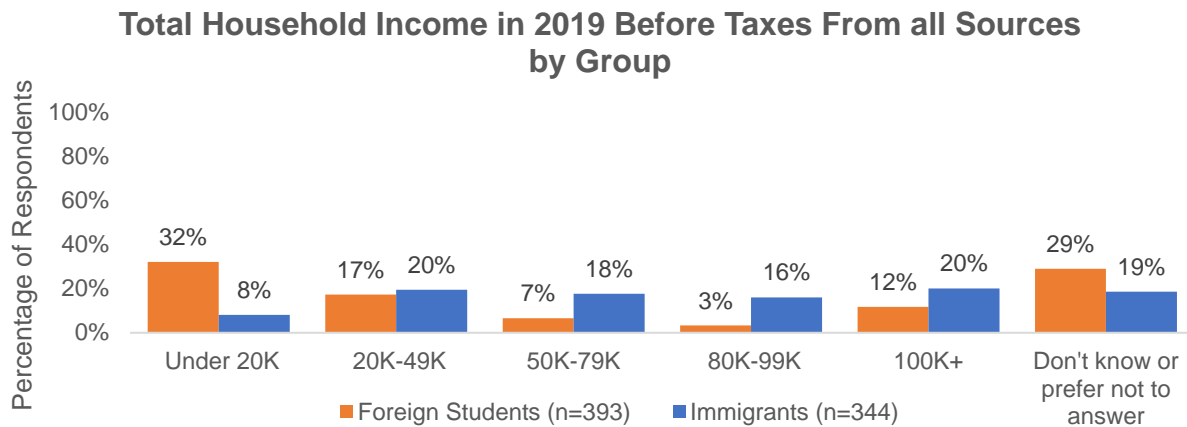
*Education could be completed in Canada or any other Country.

Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



Income

The household income in 2019 before taxes from all sources reported by foreign student and immigrant respondents differed. A greater percentage of foreign student respondents reported an income under \$20,000 compared to immigrant respondents (32% vs 8%). This is not surprising as foreign students are restricted to work part time (less than 22 hours a week) while studying or may choose to focus solely on their studies.



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



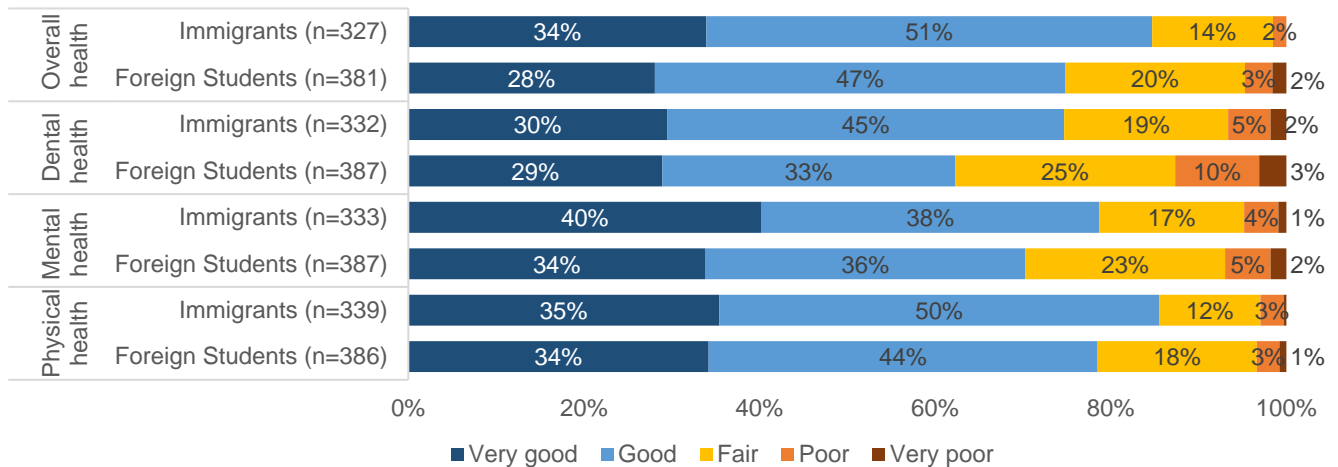
Self-Perceived Health

Description of Health

When asked in general to describe their health, immigrant and foreign student respondents generally rated their health very good or good. A slightly larger percentage of foreign student respondents rated their dental health fair (25% vs 19%), mental health fair (23% vs 17%), physical health fair (18% vs 12%), and overall health fair (20% vs 14%) compared to immigrant respondents.

Similar questions were included in the Canadian Community Health Survey (2015/2016). Based on the CCHS, 88% (76% to 100%) of the Simcoe County non-immigrant population self-rated their general health as excellent, very good, or good which is greater than foreign student respondents and slightly greater than immigrant respondents rating on the IHOS. Based on the CCHS, 93% (81% to 105%) of the Simcoe County non-immigrant population self-rated their mental health as excellent, very good, or good which is greater than both immigrant and foreign student respondents rating on the IHOS. It is important to note the IHOS was completed during the COVID-19 pandemic which could impact respondents' perception of their health.

Description of Health by Group



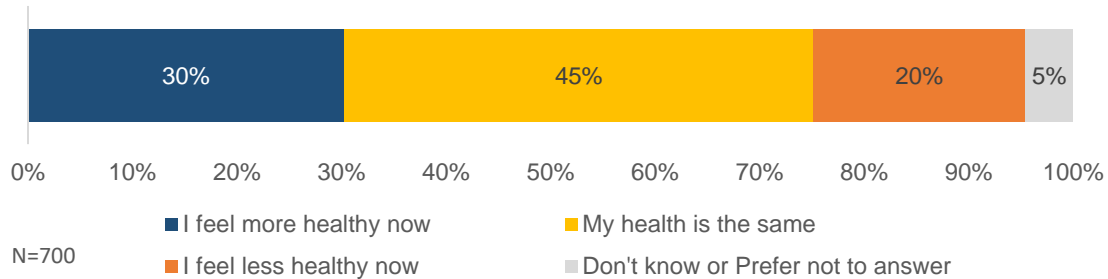
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



Effect of Canadian Settlement Process on Overall Health

When asked how the process of settling into Canada affected their overall health, 30% of respondents reported they feel more healthy now, 45% reported their health is the same, 20% of respondents reported they feel less healthy now, and 5% reported don't know or prefer not to answer. Little difference was seen between foreign student and immigrant respondents' responses.

Effect of Canadian Settlement Process on Overall Health

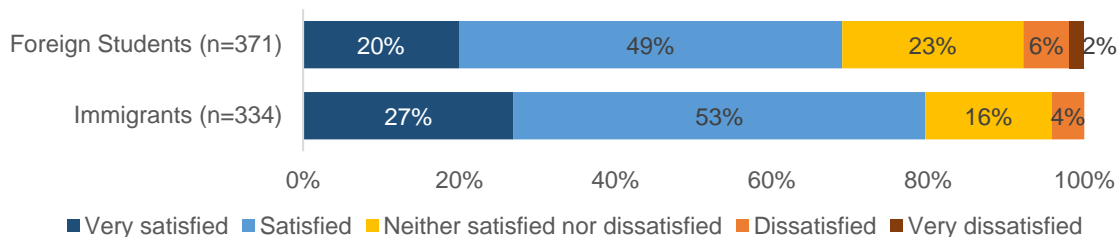


Life Satisfaction

When asked about their satisfaction with life as a whole, more immigrant respondents reported being very satisfied or satisfied compared to foreign student respondents (80% vs 69%).

A similar question was included in the Canadian Community Health Survey (2015/2016). Based on the CCHS, a greater percentage of Simcoe County non-immigrants rated their life satisfaction as very satisfied or satisfied (93% [84% to 101%]) compared to how IHOS respondents reported their satisfaction with life as a whole. It is important to note the IHOS was completed during the COVID-19 pandemic which could have an impact on how respondents rated their satisfaction with life as a whole.

Life Satisfaction by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

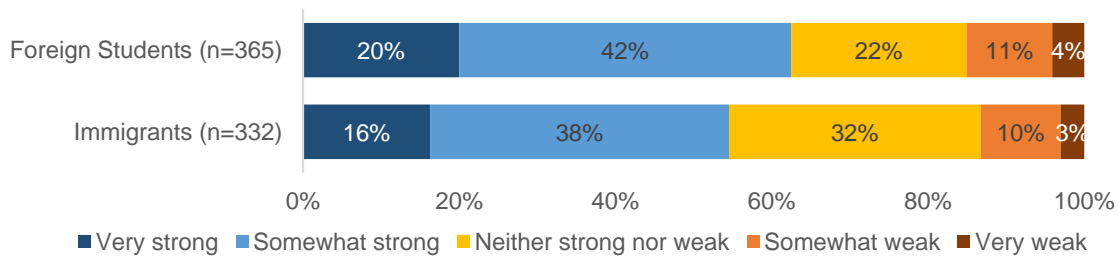


Sense of Community Belonging

Overall foreign student respondents rated their sense of community belonging better than immigrant respondents. A larger percentage of foreign student respondents rated their sense of community belonging very strong (20% vs 16%) and somewhat strong (42% vs 38%) compared to immigrant respondents.

On the Canadian Community Health Survey (2015/2016), a similar question was asked. It was found that 73% (65% to 82%) of Simcoe County non-immigrants felt a very strong or somewhat strong sense of belonging to their local community which is greater than foreign student and immigrant respondents rating of their sense of community belonging on the IHOS. The COVID-19 pandemic could have an impact on how respondents rated their sense of community belonging on the IHOS.

Sense of Community Belonging by Group



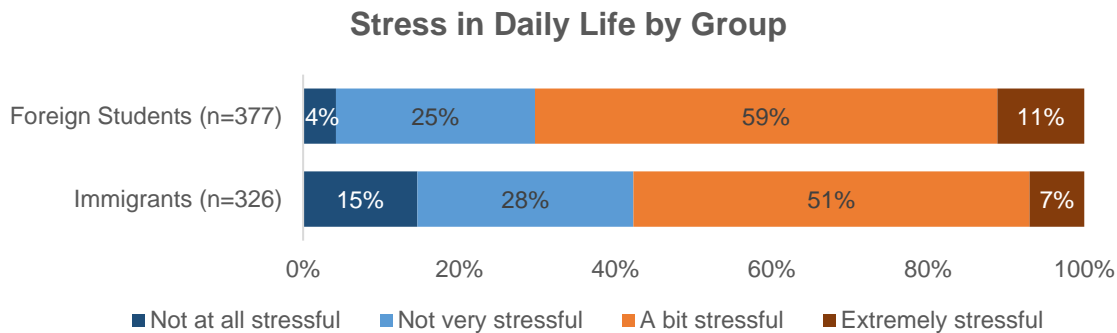
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



Stress in Daily Life

More foreign student respondents reported their daily life as a bit stressful or extremely stressful compared to immigrant respondents (70% vs 58%).

A similar question was asked on the Canadian Community Health Survey in 2015/2016. It was found that an estimate of 70% (61% to 78%) non-immigrants living in Simcoe County rated their life stress as quite a bit, extremely stressful, or a bit stressful, the same as foreign student respondents and greater than immigrant respondents rating on the IHOS. The COVID-19 pandemic could have an impact on how respondents answered this question on the IHOS.



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Daily Stress Factors

The top two factors adding to feelings of day to day stress were work and financial stress for both foreign student and immigrant respondents, although a greater percentage of foreign students selected them compared to immigrant respondents. A high percentage of foreign student respondents also selected school work (35%), time pressure/not enough time (32%) and uncertainties regarding immigration status (32%) as stressors.

A total of 7 respondents reported other responses, from which 6 responses were re-categorized into the existing options. The response not categorized was “safety”. Two of the open-ended responses recoded into health were COVID-19 related; “COVID vaccine” and “pandemic”.

Each of the options selected by respondents could also have an underlying connection to the COVID-19 pandemic such as work and financial concerns. Statistics Canada conducted a survey to learn about the social and economic concerns of immigrants during the COVID-19 pandemic. It was found that immigrant men were more likely than Canadian-born men to report that the crisis would have an impact on their ability to meet financial obligations (43% vs. 27%)¹. In addition, according to a Statistics Canada report on the Canada Emergency Response Benefit (CERB) Program in 2020, 41.2% of immigrant workers admitted to Canada from 1980 to 2019 received CERB in the first months of the pandemic². This benefit provided financial support to employees and self-employed

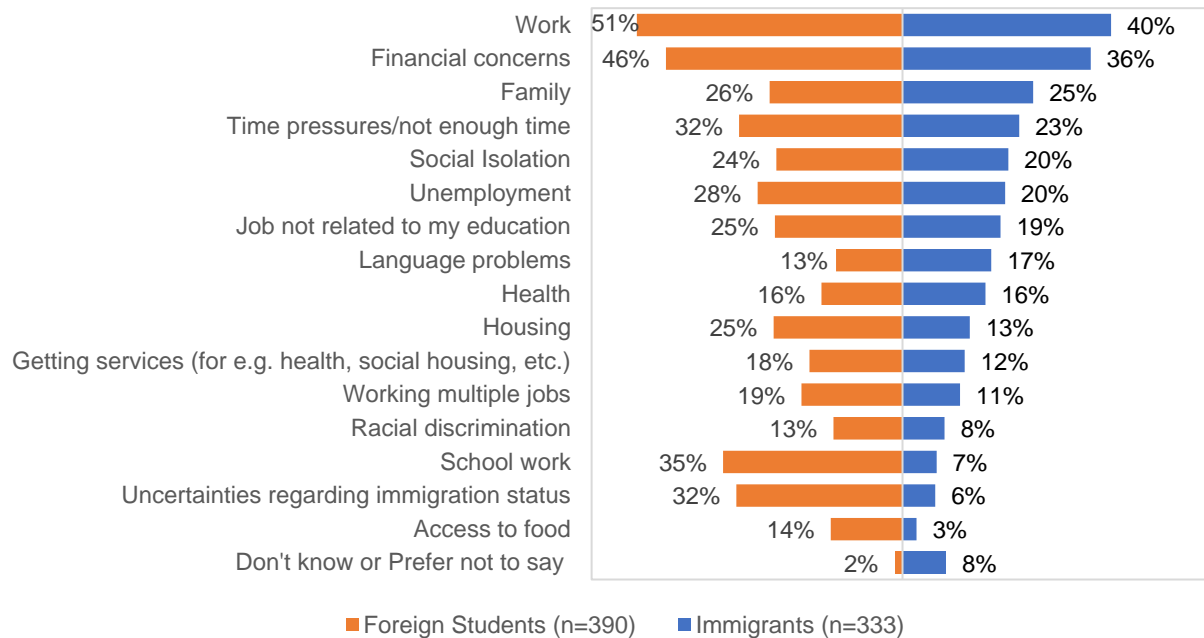
¹ LaRochelle-Côté, S., & Uppa, S. (2020, May 1). *The social and economic concerns of immigrants during the COVID-19 pandemic*. Statistics Canada Catalogue no. 45280001.

² Morissette, R., Turcotte, M., Bernard, A., & Olson, E. (2020, June 2). *Workers receiving payments from the Canada Emergency Response Benefit program in 2020*. Statistics Canada Catalogue no. 45-28-0001.



Canadians who were directly affected by COVID-19² & ³.

Daily Stress Factors by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

This was a multiple choice question, and responses will not add up to 100%.

Illnesses and/or Diseases

A large proportion of immigrant and foreign student respondents didn't know or preferred not to answer which illnesses and/or diseases a healthcare professional told them they had (43% and 53%, respectively). About one fifth (19%) of foreign student respondents reported a chronic respiratory disease and 14% of immigrant respondents reported arthritis. About one in ten immigrant respondents (9%) and foreign student respondents (8%) reported COVID-19 as an illness and/or disease a healthcare professional told them they had when the survey was conducted between March 8th and April 1st, 2021.

³ CERB was available for individuals residing in Canada; who were at least 15 years old; who had stopped working or had been working reduced hours due to COVID-19; who did not expect to earn over \$1,000 in employment or self-employment income for at least 14 days in a row during a four-week period; who had employment or self-employment income of at least \$5,000 in 2019 or in the 12 months prior to the date of their application; and who had not quit their job voluntarily.

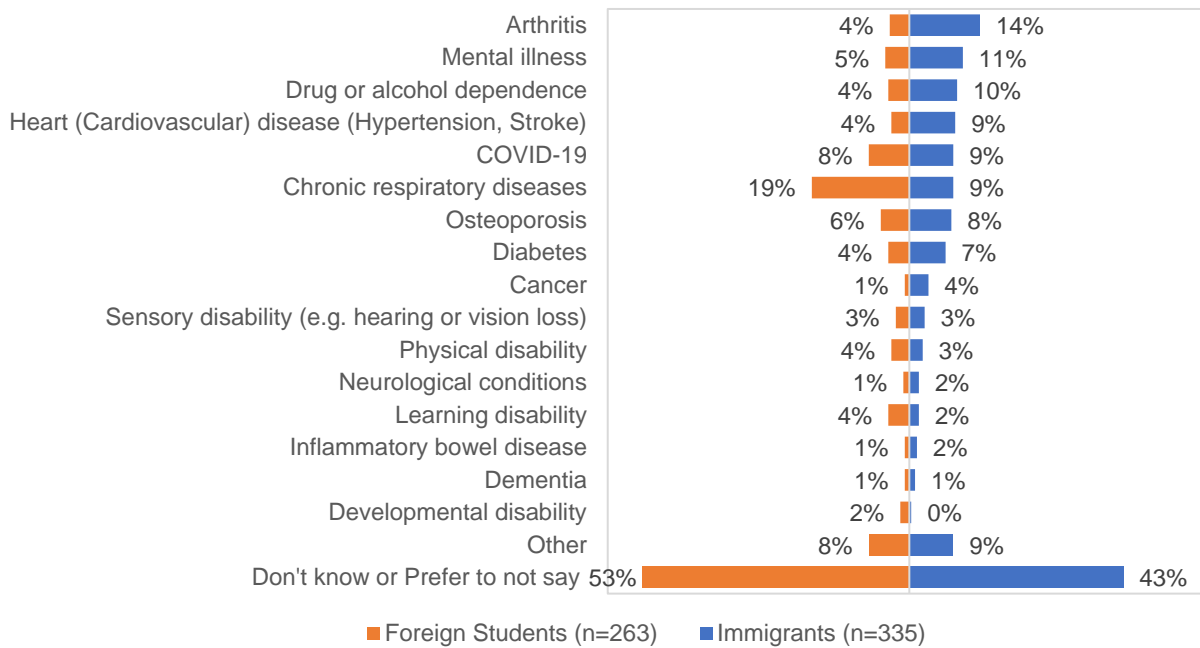


Survey respondents who selected the 'other' option, were asked to specify. A total of 57 responses were received out of which 7 were re-categorized into existing options. One respondent's response contained details that fit into the options already provided as well as in 'other' category, and so was counted once in each category. The remaining 51 responses were analyzed, and the following were the top themes:

- None, (n=25)
- Thyroid issues. (n=6)

Other less common responses not already included in the option lists were PCOD/PCOS (Polycystic ovary syndrome/ polycystic ovarian disease), stomach issues, allergies, vision challenges, dental, kidney stones, slipped disk, Lyme disease, migraines, obesity, pregnant, tendonitis, hemorrhoid, tonsillitis, and pathological conditions. A few comments were unclear or unrelated to the question.

Illnesses and/or Diseases by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

This was a multiple choice question, and responses will not add up to 100%.



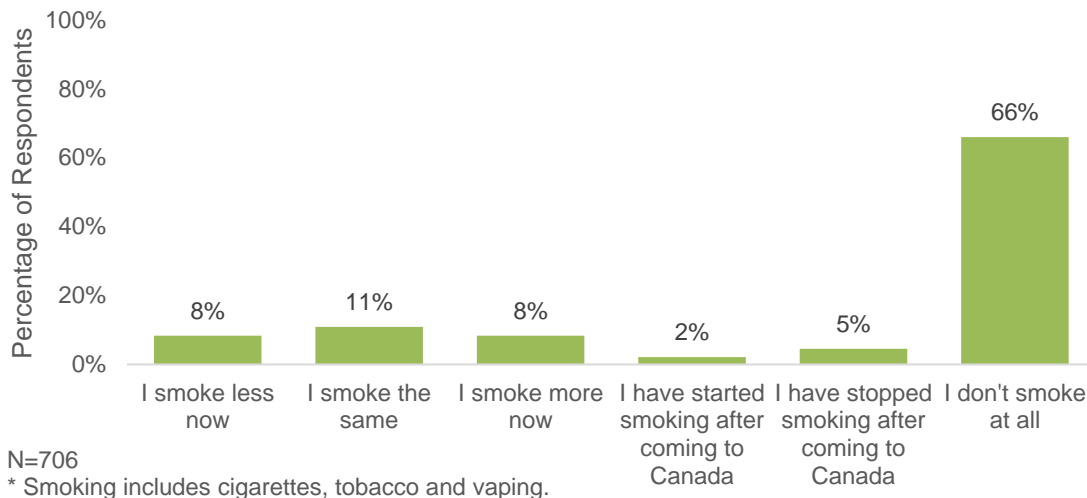
Health Behaviours

Smoking Behaviour after Arriving in Canada

The majority of respondents (66%) did not smoke at all, 11% smoke the same amount, 8% smoke more now, 8% smoke less now, 2% have started smoking after coming to Canada while 5% have stopped smoking after coming to Canada. Little difference in smoking behavior was identified between immigrant and foreign student respondents.

Based on the Canadian Community Health Survey (2015/2016) 55% (50%-60%) of non-immigrants living in Simcoe County reported their smoking status as experimental or never smoked. Although the CCHS question on smoking is worded differently than the IHOS question ('At the present time, do you smoke cigarettes every day, occasionally or not at all?' vs 'Has there been any change in your smoking (cigarette, tobacco, vaping) behaviour after coming to Canada?'), it provides some context of smoking in the non-immigrant population in Simcoe County.

Smoking* Behaviour After Arriving in Canada

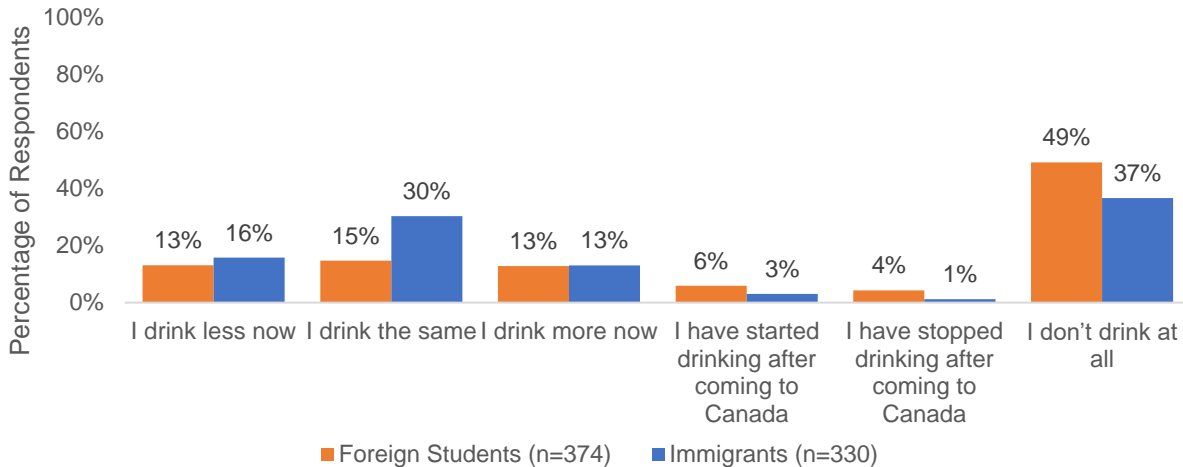


Alcohol Drinking Behaviour after Arriving in Canada

Immigrant respondents were more likely than foreign student respondents to report they drink the same (30% vs 15%) and foreign student respondents were more likely than immigrant respondents to report they don't drink at all (49% vs 37%).



Alcohol Drinking Behaviour After Arriving in Canada by Group

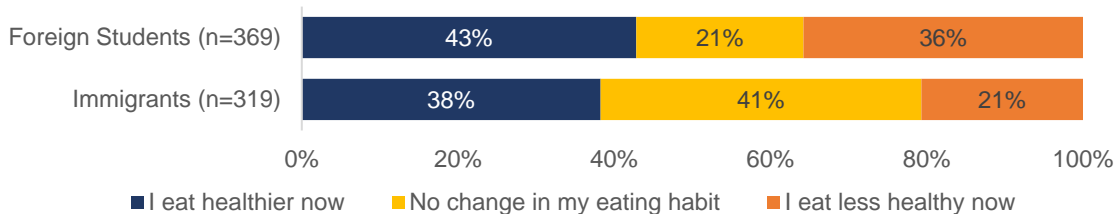


Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Eating Behaviour after Arriving in Canada

Foreign student respondents were more likely than immigrant respondents to report they eat less healthy now (36% vs 21%).

Eating Behaviour After Arriving in Canada by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Reasons Respondents Ate Less Healthy

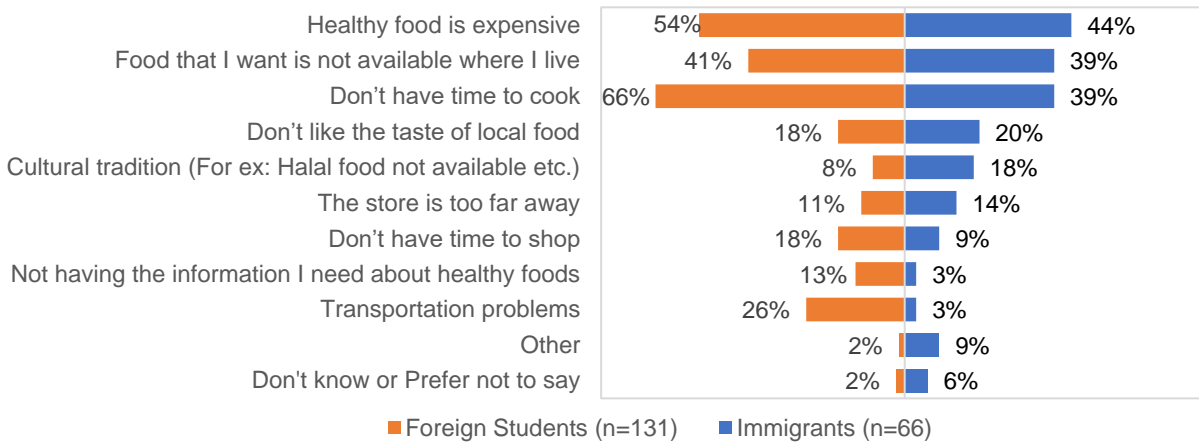
Respondents who reported eating less healthy now were asked 'What are some of the reason(s) that you eat less healthy now?'. The majority of foreign student respondents reported they don't have time to cook (66%) followed by healthy food being expensive (54%). The top reasons given by immigrant respondents were healthy food being expensive (44%), food that they want not being available where they live (39%), and not having time to cook (39%).



Survey respondents who selected the 'other' option were asked to specify. A total of 8 responses were received. Respondents mentioned:

- Increased access and options of cheap, unhealthy, and junk food. (n=3)
- The need for quick food or the practicality of grabbing something. (n=2)
- Stress and depression. (n=1)
- Not liking cooking. (n=1)
- Partner not liking healthy food. (n=1)

Reasons Respondents Ate Less Healthy* by Group



*This question was only asked to those who reported eating less healthy now to a previous question.
 Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.
 This was a multiple choice question, and responses will not add up to 100%.



Experience Accessing and Receiving Health Care Services

Sources of Information about Health Care Services

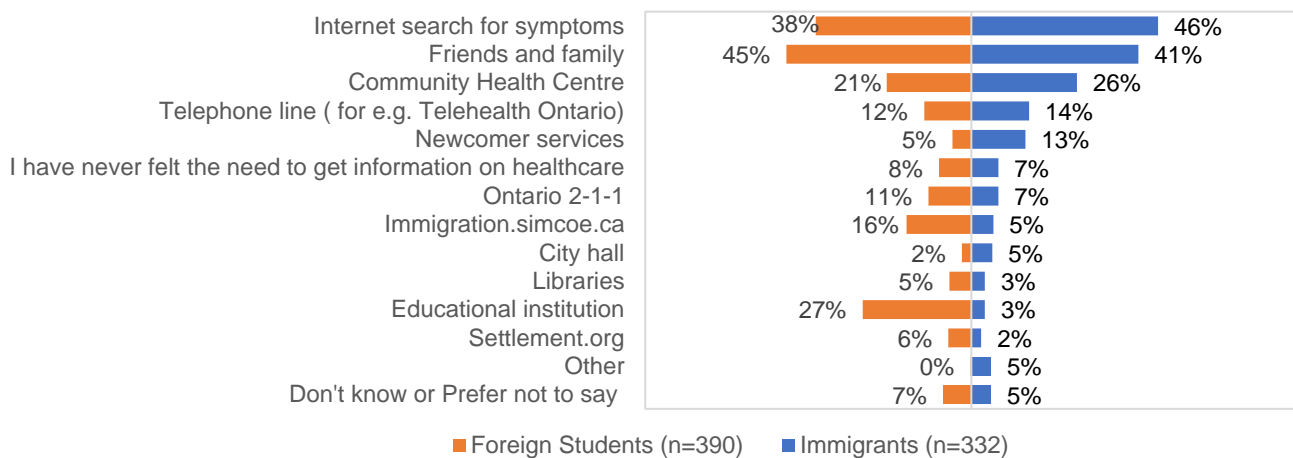
The top sources of information about healthcare services for immigrant respondents were internet search for symptoms (46%), followed by friends and family (41%) and Community Health Centre⁴ (26%). The top sources of information about healthcare services for foreign student respondents were friends and family (45%), internet search for symptoms (38%) and educational institution (27%).

Survey respondents who selected the ‘other’ option were asked to specify. A total of 17 responses were received. Two responses were not related to the question asked. The other comments were grouped into themes (some similar to the response options already provided in the list).

Respondents mentioned:

- Health professionals (doctor, clinic, health unit) (n=8)
- Internet (n=5)
- Church (n=1)
- Friends (n=1)
- Self-medication (hard to get to the doctor, especially during a pandemic) (n=1)

Sources of Information about Healthcare Services by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens. No definition of Community Health Centre was given on the survey, so respondents may have interpreted it differently.

This was a multiple choice question, and responses will not add up to 100%.

⁴ No definition of Community Health Centre was given on the survey, so respondents may have interpreted it differently.

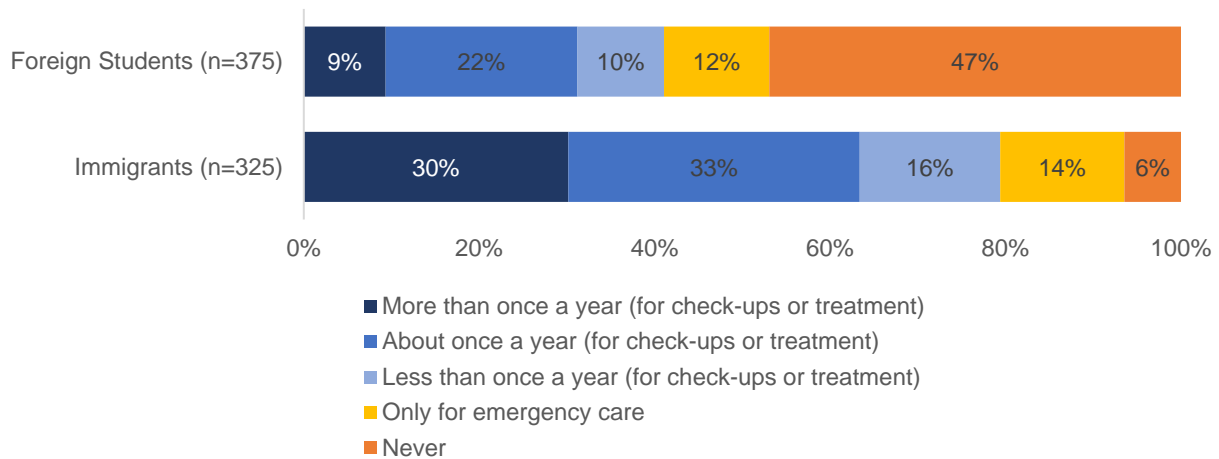


Frequency of Dental Visits Since Arriving in Canada

When asked about frequency of dental visits since arriving in Canada, foreign student respondents were more likely to report having never seen a dental professional, such as a dentist, a dental hygienist, or a dental specialist since arriving in Canada compared to immigrant respondents (47% vs 6%). Immigrant respondents were more likely than foreign students (63% vs 31%) to report visiting a dental professional about once a year or more.

Based on the Canadian Community Health Survey (2015/2016) 71% (66%-76%) of Simcoe County non-immigrants reported contact with a dental professional in the past 12 months. It is important to note the IHOS asked 'Since arriving in Canada, how often do you usually visit a dental professional, such as a dentist, a dental hygienist or a dental specialist?' whereas the CCHS asked 'Have you consulted with a dental professional, such as a dentist, a dental hygienist or a denturologist in the past 12 months?'. Although the CCHS question on dental visits is worded differently than the IHOS question, it provides some context of frequency of dental visits in the non-immigrant population in Simcoe County. The IHOS rates could also be impacted by the COVID-19 pandemic.

Frequency of Dental Visits Since Arriving in Canada by Group



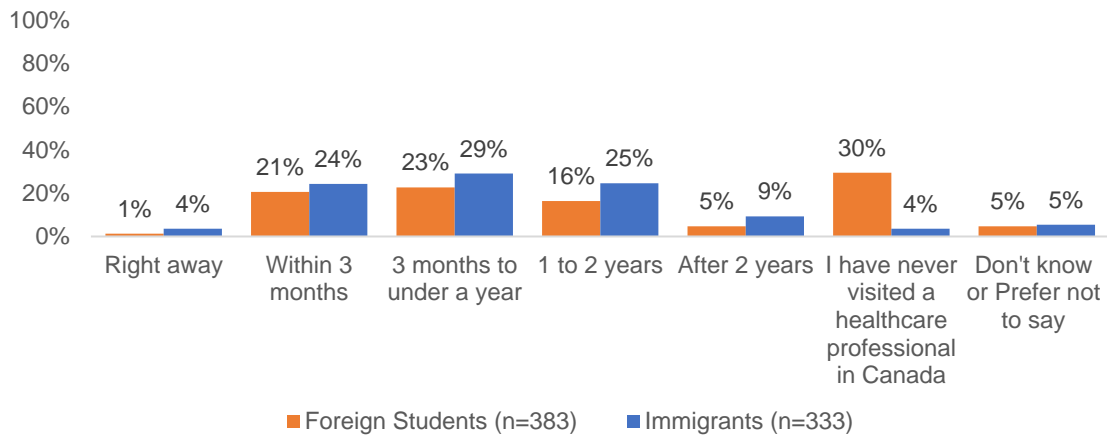
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

First Visit with a Healthcare Professional After Arriving in Canada

Over half of immigrant respondents (57%) accessed health care services within their first year in Canada while almost one third of foreign student respondents had never visited a healthcare professional in Canada.



First Visit with a Healthcare Professional After Arriving in Canada by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Reasons for Not Visiting a Healthcare Professional in Canada

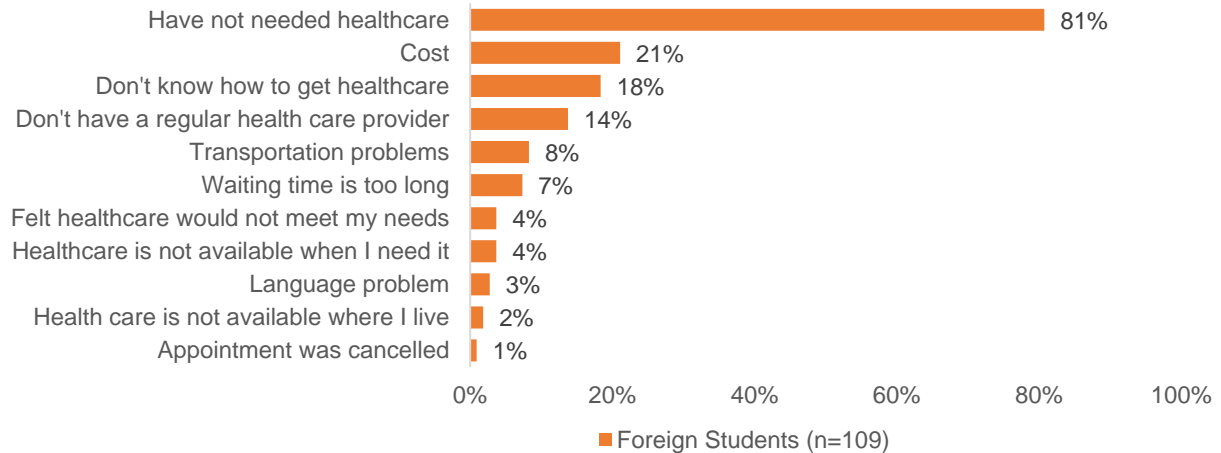
Respondents who reported having never visited a healthcare professional in Canada were asked to select the reasons why they had never visited a healthcare professional after arriving in Canada.

12 immigrant respondents had never visited a healthcare professional in Canada. When asked why they hadn't visited a healthcare professional, 8 selected they have not needed healthcare.

The top reasons foreign student respondents had not visited a healthcare professional after arriving in Canada were, having not needed healthcare (81%), cost (21%) and not knowing how to get healthcare (18%). Two foreign student respondents gave other responses which included: not having a job, not knowing how to use the healthcare system, and using a mobile doctor.



Reasons Foreign Student Respondents Had Not Visited a Healthcare Professional After Arriving in Canada*



*This question was only asked to those who reported having never visited a healthcare professional in Canada in a previous question.

This was a multiple choice question, and responses will not add up to 100%.

Emotional or Mental Health

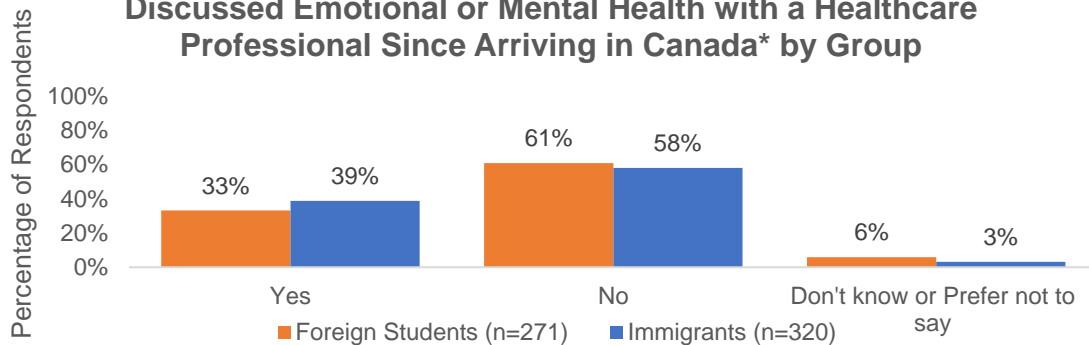
All respondents except those who had never visited a healthcare professional in Canada were asked details about their healthcare experiences.

About two out of five (39%) immigrant respondents and one in three (33%) foreign student respondents, who had seen a healthcare professional in Canada, had talked to a healthcare professional about their emotional or mental health since arriving in Canada.

Based on the Canadian Community Health Survey (2015/2016) 20% (17%-24%) of non-immigrants living in Simcoe County reported having talked to a health professional about their emotional or mental health. Although the CCHS question on talking to a health professional about emotional or mental health is worded differently than the IHOS question ('In the past 12 months, have you seen or talked to a health professional about your emotional or mental health?' vs 'Since arriving in Canada, have you seen or talked to a healthcare professional about your emotional or mental health?'), it provides some context on the non-immigrant population in Simcoe County. The IHOS rates could also be impacted by the COVID-19 pandemic.



Discussed Emotional or Mental Health with a Healthcare Professional Since Arriving in Canada* by Group



*This question was asked to all respondents except those who reported having never visited a healthcare professional in Canada in a previous question.

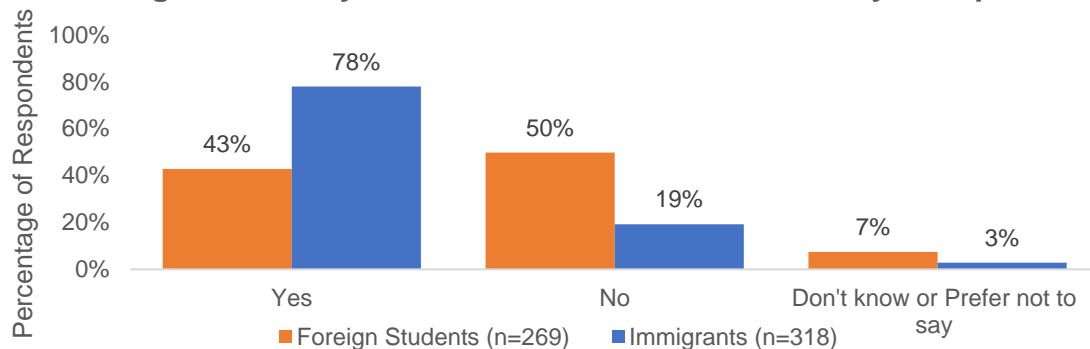
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Regular Primary Healthcare Provider in Canada

A larger percentage of immigrant respondents (78%) reported having a regular primary healthcare provider in Canada compared to foreign student respondents (43%).

Based on the Canadian Community Health Survey (2015/2016) 91% (88%-94%) non-immigrants living in Simcoe County reported having a regular health care provider. Although the CCHS question is worded differently than the IHOS question ('Do you have a regular health care provider?' vs 'Do you have a regular primary healthcare provider in Canada?'), it provides some context on the non-immigrant population in Simcoe County. The IHOS rates could be impacted by the COVID-19 pandemic.

Regular Primary Healthcare Provider in Canada* by Group



*This question was asked to all respondents except those who reported having never visited a healthcare professional in Canada in a previous question.

Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



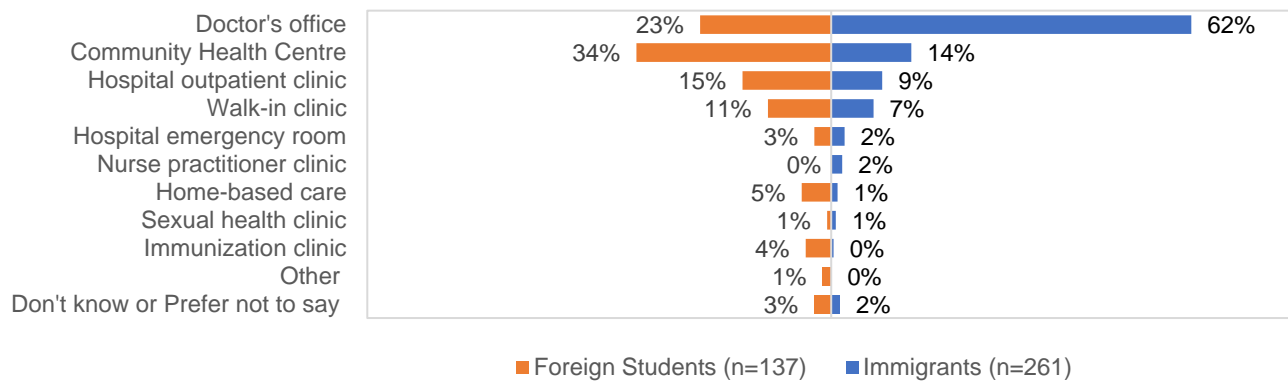
Contact for Primary Healthcare Needs

Immigrant and foreign student respondents who have a primary healthcare provider in Canada differ in who they contact for primary healthcare needs. The majority of immigrant respondents (62%) who had a primary healthcare provider in Canada contact their doctor’s office, while only 23% of foreign student respondents who had a primary healthcare provider in Canada did. The largest percentage of foreign student respondents (34%) who had a primary healthcare provider in Canada contacted a Community Health Centre⁵ for their primary healthcare needs.

Two foreign student respondents reported the following other responses:

- Maple Online Services
- Health Unit

Contact for Primary Healthcare Needs* by Group



*This question was asked to all respondents except those who reported having never visited a healthcare professional in Canada in a previous question.

Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens. No definition of Community Health Centre was given on the survey, so respondents may have interpreted it differently.

Location of Primary Healthcare Provider

The largest percentage of immigrant and foreign student respondents who had a primary healthcare provider in Canada reported their primary healthcare provider was located in Barrie (33% and 23%, respectively). This is not surprising as the majority of foreign student respondents reported living in Barrie (63%) and 31% of immigrant respondents reported living in Barrie.

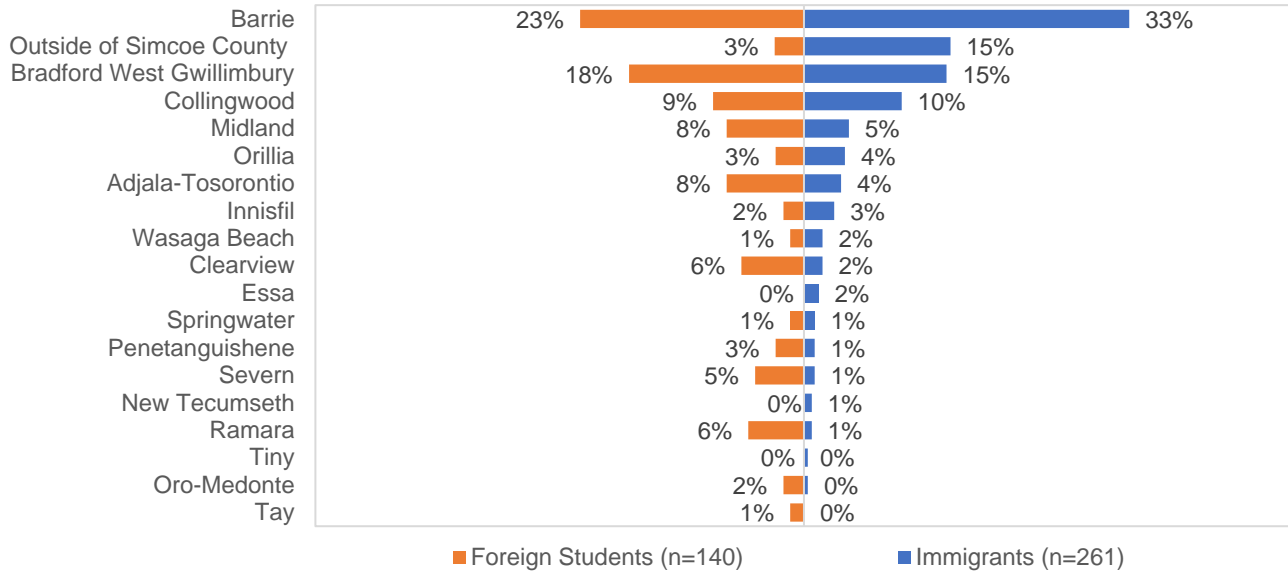
Respondents who chose the options ‘another community within Simcoe County’ or ‘outside of Simcoe County’ were grouped into the ‘outside of Simcoe County’ category as seen in the graph below because all responses were outside of Simcoe County. The locations provided by immigrant and foreign student respondents were located in:

- York Region (Markham, Newmarket, Vaughan, Nobleton, and Richmond Hill) (n=13)
- Toronto (Toronto, North York, and Scarborough) (n=11)
- Peel Region (Mississauga) (n=2)
- Halton Region (Milton) (n=1)

⁵ No definition of Community Health Centre was given on the survey, so respondents may have interpreted it differently.



Location of Primary Healthcare Provider* by Group



*This question was asked to all respondents except those who reported having never visited a healthcare professional in Canada in a previous question.

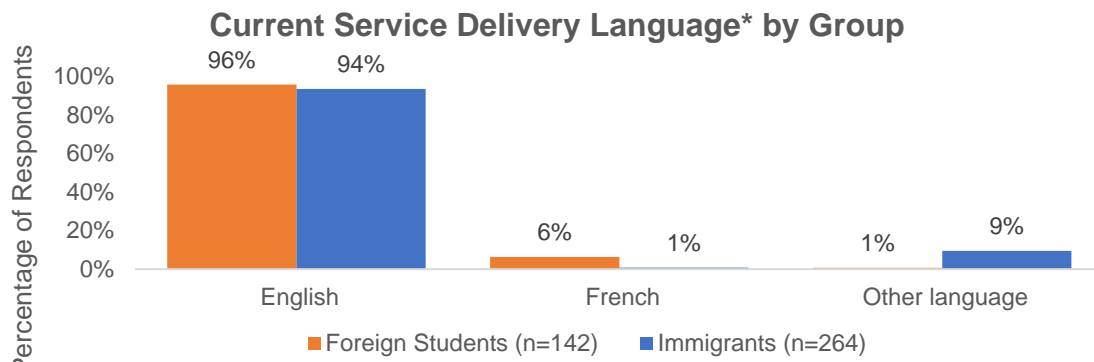
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

Current Service Delivery Language

The majority of immigrant and foreign student respondents (94% and 96%) who had a primary healthcare provider in Canada reported using English to communicate with their primary healthcare provider. About one in ten (9%) immigrant respondents who had a primary healthcare provider in Canada reported using a language other than English or French to communicate with their primary healthcare provider.

The other languages reported by 26 immigrant and foreign student respondents included:

- Russian (n=7),
- Farsi (n=5),
- Castellano/Spanish (n=5),
- Chinese/Mandarin (n=3),
- Arabic (n=2), Hindi (n=2),
- Korean (n=1), and
- Urdu (n=1).



*This question was asked to all respondents except those who reported having never visited a healthcare professional in Canada in a previous question.

Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

This was a multiple choice question, and responses will not add up to 100%.

Preferred Service Delivery Language

All survey respondents were asked what language they would prefer to receive healthcare services in. Over one in five (21%) immigrant respondents and 14% of foreign student respondents reported a language other than English or French as their preferred language to receive healthcare services in.

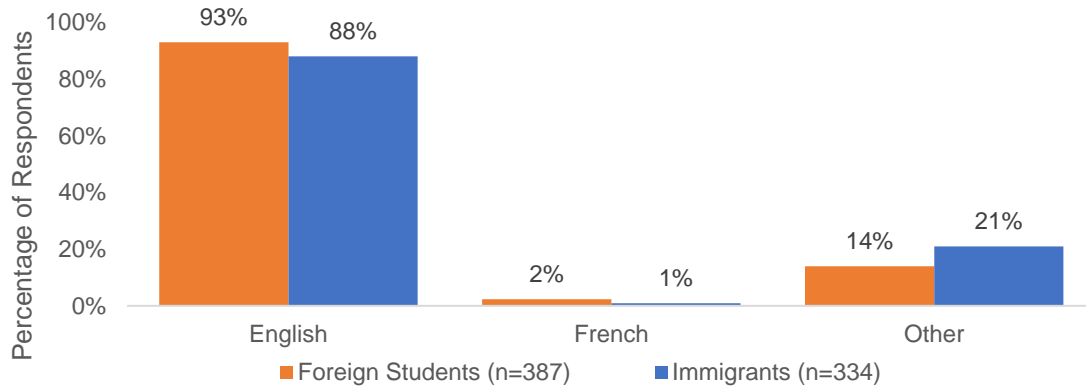
The top other languages specified by immigrant and foreign student respondents included:

- Chinese, Mandarin, and Putonghua (n=22),
- Castellano and Spanish (n=16),
- Hindi (n=16),
- Punjabi (n=14),
- Russian (n=14),
- Arabic (n=7),
- Dari/Farsi/Persian (n=7) and
- Korean (n=6).

Other less common languages mentioned were Malayalam, Japanese, Gujrati, Ukrainian, Portuguese, Bengali, Urdu, Hebrew, Tagalog, Amharic, German, Italian, Taiwanese, Romanian, and Vietnamese.



Preferred Service Delivery Language by Group



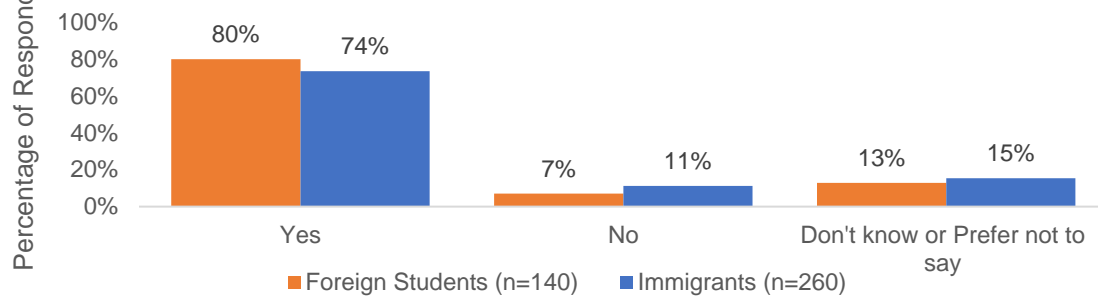
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

This was a multiple choice question, and responses will not add up to 100%.

Primary Healthcare Providers Understanding of Cultural Needs

74% of immigrant and 80% of foreign student respondents reported having a primary healthcare provider in Canada that understood their cultural needs.

Primary Healthcare Providers Understanding of Cultural Needs* by Group



*This question was asked to all respondents except those who reported having never visited a healthcare professional in Canada in a previous question.

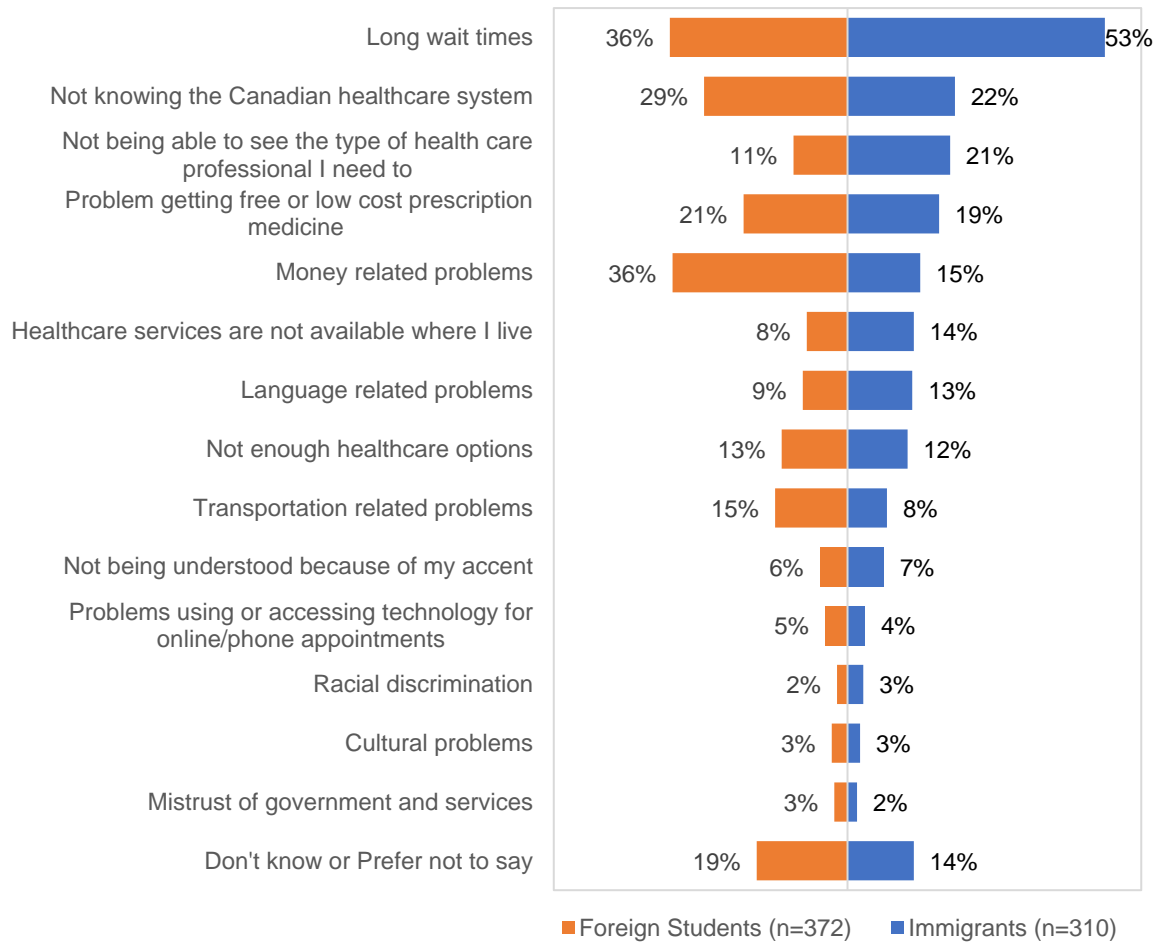
Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.



Challenges Accessing Healthcare in Canada

All survey respondents were asked about challenges accessing healthcare in Canada. The majority of immigrant respondents (53%) reported long wait times. The largest percentage of foreign student respondents (36%) reported long wait times and/or money related problems.

Challenges Accessing Healthcare in Canada by Group



Note: Foreign students include respondents who identified as current study permit holders or recent study permit holders, currently on work permit visas. Immigrants include respondents who identified as permanent residents or Canadian citizens.

In addition to the above checklist question, survey respondents were asked in an open-ended question, “*What other problem(s), if any, have you faced while getting or trying to get healthcare services?*” A total of 300 responses were received, from which approximately 35% (n=107) were ‘None’ or ‘N/A’, 5% (n=15) were unclear or not related to the question asked and 3% (n=8) of the responses were positive. The rest of the responses were organized into themes using a one to many approach (meaning one comment can fit into multiple themes). The following were the top themes identified.

1. Comments related to time. (n=49, 16%)
 - a. Long wait times, for example, at the emergency room and walk-in clinics. (n=31, 10%)



- b. Long wait times to get results, diagnosis, and treatment. Treatment is not focused on disease prevention, instead it is provided at advanced or worse stages. (n=9, 3%)
 - c. Long time to get appointments/bookings and referrals, for example for doctors and specialists. (n=7, 2%)
 - d. Desired time for appointments not available and doctors work for a few days a week. (n=3, 1%)
2. Expensive medical and health services (i.e. dental and eye care). (n=28, 9%)
 3. Language barrier, communication issues, rushed appointments, patients not listened to, questions not answered, and lack of follow-ups. (n=26, 9%)
 4. Finding and accessing family doctors or specialists (i.e. not enough doctors, not enough service options, and doctors not taking new patients). (n=25, 8%)
 5. Requesting overall, better service (i.e. more appropriate, reliable, patient-centered, and better quality etc.). (n=19, 6%)
 6. Challenges with navigating the Canadian healthcare system (i.e. not knowing about the healthcare system or where to get help, being misinformed, or being provided incomplete information). (n=18, 6%)

Other less common themes included misdiagnosis or ineffective treatments, travelling or location of clinics, insurance related issues (i.e. hard to find clinics accepting insurance), difficulty booking appointments, not enough checkups, attitude issue or behaviour of healthcare staff/professional, not enough staff or employees, advantage taken of race or international student status, COVID-19 related issues, travelling to another country for healthcare, and lack of modern facilities and technology.

COVID-19 related comments (n=8, 3%) included:

- Lost COVID-19 test results;
- State bureaucracy taking too long to respond to COVID-19 and waitlists are not ready;
- Clinic closed, doctor not seeing patients in person, doctor not accepting new patients, or taking a long time to get an appointment due to COVID-19; and,
- Patient and child refused service due to patient's occupation, despite proof of negative COVID-19 result.

Improvements to Healthcare Experience

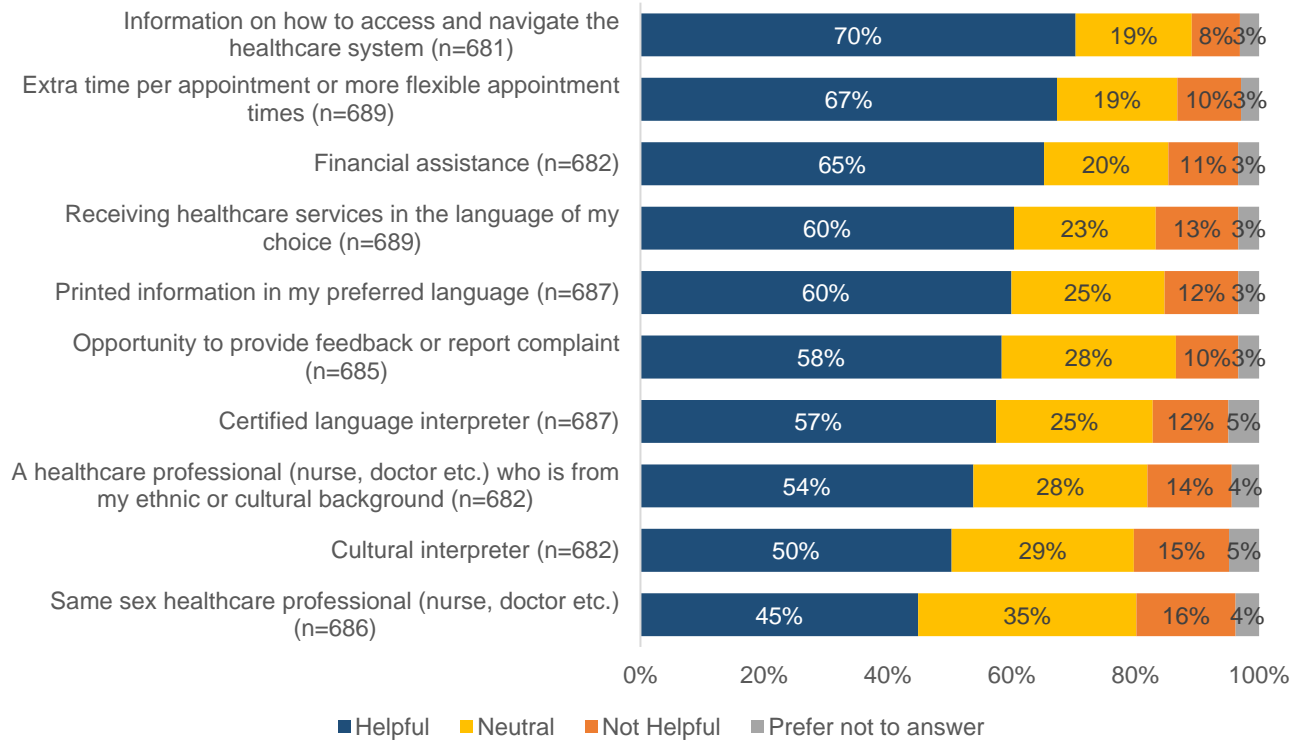
When asked how helpful the following services would be in improving respondent's healthcare experience, little different was seen between immigrant and foreign student respondents' responses. The largest percentage of respondents (70%) reported information on how to access and navigate the healthcare system would be helpful. A large percentage (67%) of respondents reported extra time per appointment or more flexible appointment times, 65% reported financial assistance, 60% reported receiving healthcare services in the language of their choice and 60% reported printed information in their preferred language would be helpful.

While 60% of respondents reported receiving healthcare services in the language of their choice as helpful and 57% of respondents reported a certified language interpreter as helpful, only 21% of immigrant respondents and 14% of foreign student respondents reported a language other than



English or French as their preferred language to receive healthcare services in. This could be because of respondent’s tendency to agree with matrix questions, respondent fatigue getting to the end of the survey or because there wasn’t a not applicable option in the question.

Improvements to Healthcare Experience



Survey respondents were asked to “Please share more details on how your overall healthcare experience can be improved?” A total of 308 responses were received, from which approximately 19% (n=60) were ‘None’ or ‘N/A’, 8% (n=24) were unclear or not related to the question asked and 6% (n=18) of the responses were positive. The rest of the responses were organized into themes using a one to many approach (meaning one comment could be captured in multiple themes). The following were the top themes identified:

1. Improvement to overall quality and satisfaction of services, experience, and products (i.e. simpler, efficient, safer, cleaner, faster, organized, and trustworthy care). (n=41, 13%)
2. Access to cheaper and/or free health care and medicines or providing student discounts. Having more services covered under insurance plans and OHIP (i.e. blood work, pharmaceuticals, dental services, psychotherapists, physiotherapists, naturopaths, osteopaths, and diabetes testing tools). (n=37, 12%)
3. More accessible and available healthcare services, healthcare professionals, and tests. The ability to book appointments easily and within the desired timeslot and timeframe. More hours worked by healthcare professionals, increased visits/appointments with healthcare professionals, and the ability to directly consult with specialists without a referral. (n=37, 12%)



4. Improved and increased communication, appointments not rushed, and patients receiving a copy of their medical records. (n=34, 11%)
5. Reduce long wait times or complaints of long wait times. (n=32, 10%)
6. Provide information about the healthcare system (n=25, 8%)
7. Increasing numbers of doctors (i.e. number of doctors accepting new patients), different specialists, and number of clinics in the area respondents live in. (n=18, 6%)

Other less common themes included:

- Providing a language interpreter if the healthcare professional does not speak the patient's language and have information provided in the desired language;
- More knowledgeable (experts) professionals with prevention focused and timely treatments;
- Having respect for other cultures, cultural competency, having an international doctor, and better behaviour of staff/professionals with patients (care about patients and listen to their feelings, etc.);
- Accept insurance;
- Provide online/ virtual services and appointments;
- More staff or interns working;
- Be able to see a doctor of their preferred gender and be able to choose their own doctors via meet and greet;
- Better communication between administrative systems and offices;
- Have appointments (i.e. at walk in clinics);
- Going to another country for treatment or the possibility of travelling for treatment; and,
- Requests for some specific services (i.e. naturopaths, PTSD counsellors, and orthomolecular medicine etc.).

COVID-19 related comments (n=4, 1%) included:

- Coming back to Canada from receiving medical treatment abroad during COVID-19 resulting in a \$2,000 quarantine at a hotel;
- Friend not receiving proper treatment when sick with COVID-19;
- No COVID-19 stress; and
- Not being able to meet their doctor because of COVID-19.



Lessons Learned

There were a few lessons learned from the Immigrant Health Outcome Survey (IHOS) project that can be applied if this project is repeated again in the future.

1. A definition was not provided in the survey for Community Health Centres. This may have resulted in respondents misunderstanding what a Community Health Centre is. This was identified as a potential limitation when it was found that a high percentage of immigrant respondents living in Orillia and area identified a Community Health Centre as their contact for primary healthcare needs, despite the fact that the area does not have a Community Health Centre. It is recommended that in the future, clear definitions are provided.
2. Contact information for the Catholic Family Services and Connex Ontario was provided in the introduction of the survey, for mental health services and counselling, as there was a risk that the IHOS could negatively affect participants, for example, by invoking feelings of sadness. A few responses were received from the IHOS where the participants were reaching out or were looking to the County of Simcoe (COS) for help or guidance. Information for the COS contact person was provided in the introduction, but no emails or calls were received. In the future, information about 211 can be provided, in addition to contact information for mental health services. A definition and description of 211 can also be provided so respondents are aware of what 211 is, as well as the fact that 211 provides information in multiple languages.

Conclusion

Overall, the Immigrant Health Outcome survey findings provide insight into the healthcare status and experiences of foreign-born survey respondents who lived in Simcoe County.

Demographic Profile of Survey Respondents

A large percentage of foreign student respondents:

- lived in Barrie (63%);
- arrived in Canada within the last five years (86%);
- were younger in age compared to immigrant respondents (51% were under 25 years of age followed by 25-39 years of age (42%));
- were male (55%);
- identified as a visible minority (75%), 43% identified as South Asian; and,
- had a university certificate, diploma or degree at bachelor level or above (41%) followed by a secondary (high) school diploma or equivalency certificate (24%).

A large percentage of immigrant respondents:

- lived in Barrie (31%), followed by Bradford West Gwillimbury (18%);
- arrived in Canada more than eleven years ago (46%);
- were aged 25-39 (48%), followed by 40-64 (43%);
- were female (60%);



- identified as a visible minority (66%), 17% identified as South Asian; and,
- had a university certificate, diploma or degree at bachelor level or above (52%).

Self-perception of Physical and Mental Wellbeing since Arriving in Canada

Overall, self-perceived health was very good or good for 85% of immigrant and 75% of foreign student respondents. Self-perceived mental health was very good or good for 78% of immigrant and 70% of foreign student respondents. Most survey respondents felt their health was the same (45%) or more healthy (30%) when asked about the effects of the settlement process into Canada on their health.

Most survey respondents didn't smoke (66%) or smoked the same (11%) after arriving in Canada. Most immigrant respondents don't drink (37%) or drank the same (30%) after arriving in Canada. Most foreign student respondents don't drink (49%) or drank the same (15%) after arriving to Canada.

More foreign student respondents (36%) reported eating less healthy since arriving in Canada compared to immigrant respondents (21%). Survey respondents that ate less healthy identified challenges such as cost, unavailability of preferred food items, and not having time to cook.

Accessing and Receiving Healthcare Services

78% of immigrant respondents reported having a regular primary healthcare provider in Canada compared to 43% of foreign student respondents. The majority of immigrant respondents (62%) who had a primary healthcare provider in Canada reported contacting their doctor's office for their primary healthcare needs. Foreign student respondents were most likely to contact a Community Health Centre (34%), followed by their doctor's office (23%) for their primary healthcare needs. The majority of immigrant and foreign student respondents (94% and 96%) who had a primary healthcare provider in Canada reported using English to communicate with their primary healthcare provider.

Over half of immigrant respondents (57%) accessed health care services within their first year in Canada while almost one third (30%) of foreign student respondents had never visited a healthcare professional in Canada. The top reasons foreign student respondents had not visited a healthcare professional after arriving in Canada were not needing healthcare (81%), cost (21%) and not knowing how to access healthcare (18%).

Nearly two-thirds of immigrant respondents (63%) had dental visits once a year or more frequently. Nearly one-third (31%) of foreign student respondents had dental visits once a year or more frequently, and nearly half (47%) had never had a dental visit since arriving in Canada.

Barriers Faced when Accessing and Receiving Healthcare Services in Simcoe County

The majority of immigrant respondents (53%) reported long wait times as a problem accessing healthcare in Canada. Most foreign student respondents reported long wait times (36%) and/or money related problems (36%) as problems accessing healthcare in Canada. Similarly, the two most common themes respondents expressed in an open ended question about other problems faced while getting or trying to get healthcare services included; long wait times (i.e. at the emergency room



and/or walk in clinic, getting results and treatment, getting an appointment, and desired time for appointments not available) (n=49, 16%) and expensive medical and health services(i.e. dental and eye care) (n=28, 9%).

Recommendations on Improving Healthcare Experiences

Respondents rated different services on how helpful they would be in improving their healthcare experience. The following were reported to be helpful by the largest percentage of respondents:

- Information on how to access and navigate the healthcare system (70%);
- Extra time per appointment or more flexible appointment times (67%);
- Financial assistance (65%);
- Receiving healthcare services in the language of their choice (60%); and,
- Printed information in their preferred language (60%).

Survey respondents also shared more details on how their overall healthcare experience could be improved in an open-ended question. The top three most commonly mentioned recommendations were:

- Improve overall quality and satisfaction of services, experience, and products (i.e. simpler, more efficient, safer, cleaner, faster, more organized, and more trustworthy care). (n=41,13%)
- Provide cheaper and/or free health care and medicines or provide student discounts. Increasing the kinds of services covered under insurance plans and OHIP (i.e. blood work, pharmaceuticals, dental services, psychotherapists, physiotherapists, naturopaths, osteopaths, and diabetes testing tools). (n=37, 12%)
- Increased accessibility and availability of healthcare services, healthcare professionals, and tests. Streamline appointment bookings with access to the desired timeslot and timeframe and increase the availability of healthcare professionals. Create opportunities to directly consult with specialists without a referral. (n=37, 12%)



How survey respondent's health care experiences may have been affected by the COVID-19 pandemic

Some respondents provided insight into how COVID-19 had affected their health care experiences through responses to a variety of questions.

Accessing health care services was reported as an issue during the pandemic because:

- clinics were closed;
- doctors were not seeing patients in person;
- doctors were not accepting new patients;
- longer wait times for appointments;
- being refused service due to occupation, despite having a negative COVID-19 results; and
- coming back to Canada from receiving medical treatment abroad during COVID-19 would result in a \$2,000 quarantine at a hotel.

Note: The above COVID-19 related comments have been mentioned one to a few times. This is a collection from all questions and could have been mentioned by the same person in each relevant question.

Additional challenges were faced by a participant due to the system losing their COVID-19 test results.

In addition to challenges accessing healthcare, some respondents suffered from COVID-19 or were stressed about it. About one in ten immigrant respondents (9%) and foreign student respondents (8%) reported COVID-19 as an illness and/or disease a healthcare professional told them they had when the survey was conducted between March 8th and April 1st, 2021. Two respondents mentioned the "COVID vaccine" and the "pandemic" as factors adding to their feelings of daily stress.



Recommendations

Based on this review of the Immigrant Health Outcomes (IHO) the following recommendations are proposed for health care providers:

Foreign-Born Residents:

1. Demographic Data Collection:

The high number of responses to this survey illustrates the importance of health care experiences to foreign-born residents. Of the 78% of immigrant respondents who had a primary healthcare provider in Canada, 85% indicated their primary healthcare provider was located in Simcoe County. The high percentage of immigrants needing local health care underscores the importance for health care agencies to collect racialized, ethnic, and mother tongue data to better inform health care operational planning.

2. Translated health care system navigation tools

The research illustrated that 57% of immigrant respondents accessed healthcare in their first year of arrival in Canada. The first five years of newcomers' lives are often difficult for foreign-born individuals, as they must learn to function in a second language, find employment, enroll children in school systems that are new to them, and navigate all aspects of living in new communities (housing, health care, human and social services). Developing translated health care system navigation tools will significantly ease this aspect of integration as 70% of respondents reported information on how to access and navigate the healthcare system would be a helpful improvement to their healthcare experience and 60% of respondents reported printed information in their preferred language would be a helpful improvement to their healthcare experience.

3. Non-official languages and health care delivery

While 21% of immigrant respondents and 14% of foreign student respondents indicated a preferred service delivery language other than English and/or French, a higher percentage of respondents (60%) reported receiving healthcare services in their preferred language as a helpful improvement to their healthcare experience in a subsequent question. Over half (57%) of respondents indicated a certified language interpreter would be a helpful improvement to their healthcare experience and 50% indicated a cultural interpreter would be a helpful improvement. Based on this part of the survey responses, health care practitioners are encouraged to plan for non-official language needs in their hiring practices, including line items for certified interpretation and printed translation materials in budget planning, and increase the projected length of appointment times. Implementing these initiatives will require raising awareness of the importance of these needs in the healthcare sector and providing staff training that facilitates the application of new approaches.

4. Increasing programming to address community belonging

Based on the survey findings 13% percent of immigrants had a weak (somewhat weak or very weak) sense of community belonging and 32% reported neither strong nor weak. The percentage of International students who reported a weak (somewhat weak or very weak) sense of community belonging was 15% and 22% reported neither strong nor weak. Given their age, and more recent arrival it is understandable foreign students may have a lower sense of community belonging. The post-secondary institutions themselves through access to information appeared to provide a better support system than immigrants in the community accessed. Opportunities to provide programming that improves isolation should be considered by community stakeholders through applications of



funding, and prioritized by funding agencies (IRCC, Ministry of Citizenship and Multiculturalism, Ontario Trillium Foundation), and sector specific funding opportunities.

5. Increased engagement with health service providers

The survey distribution method utilized a marketing postcard created by the County of Simcoe which was e-mailed to stakeholders from the following organizations/networks to recruit respondents:

- The Simcoe County Local Immigration Partnership (LIP) Council
- The Simcoe County (LIP) Settlement Sub-council
- The Immigrant Health Outcome survey steering committee
- Ethnic Mosaic Alliance
- The Child Youth and Family Services Coalition (CYFS) of Simcoe County
- The South Simcoe Community Action Network (SSCAN)
- The Non-Profit Network of South Georgian Bay
- The Simcoe County Library Co-operative
- COMPASS South Western Simcoe County
- Bradford COMPASS
- Georgian College
- Lakehead University
- Ethnocultural and Faith Based Organizations

The survey method illustrates the importance of cross sector collaboration in order to better understand and serve the growing foreign-born population in Simcoe County. Health sector agencies and providers are encouraged to engage locally with the Simcoe County Local Immigration Partnership, settlement and language-training providers, and international student departments in post-secondary institutions. Practitioners are encouraged to broaden learning and developmental opportunities through the National Newcomer Navigation Network (N4)

International Students:

1. Reducing systemic barriers to international student's health care access

International students attending post-secondary institutions represent an important human resource for growing shortages in the local labour market. The retention of foreign-born students will in part be determined by their integration experiences while residing in our communities on study permits. The research indicated that International students were supported in receiving health care information from their educational institution and other resources. However, their access to health care supports was more limited, and was impacted by financial concerns, availability, and lack of knowledge about navigating the healthcare system. International students' perception of their health status (physical, mental, and dental) was lower than immigrant residents. The Simcoe County Local Immigration Partnership strongly encourages local health care providers to review their practices, including easing insurance protocols when providing health care services to international students. Establishing agency goals to honour insurance coverages required by post-secondary institutions and paid for by international students would increase access to health care services and improve outcomes for international students.



Next Steps

Additional analysis on subpopulations of interest will be completed in a subsequent report to explore how demographic groups responses to specific survey questions differ to understand how healthcare needs may differ between groups. The sub-populations of interest include:

- Status in Canada,
- Length of time in Canada,
- Gender,
- Income group,
- Income group by gender,
- Minority group; and,
- Area where respondents lived.

Survey topics explored include:

- Overall health,
- Mental health,
- Dental health,
- Impact of settlement into Canada on overall health,
- Life satisfaction
- Sense of community belonging,
- Life stress,
- Source of information about healthcare services,
- Contact for primary healthcare needs,
- Location of primary healthcare provider; and,
- Helpfulness of information on how to access and navigate the healthcare system.



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