

Project Title

Health services use of newcomers to New Brunswick

Principal Investigator

Ted McDonald, Director, NB-IRDT

Research Team

Jennifer Charters, Research Assistant, NB-IRDT Chandy Somayaji, Senior Data Analyst, NB-IRDT Emily E. Thomson, Research Assistant, NB-IRDT

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Read the Full Report

Why is This Study Important?

After years of population stagnation and decline, the province of New Brunswick is finally seeing a population 'boom' - experiencing more growth in just two years (2021-2023) than it had in the nearly three decades before. The main driver of this long-awaited growth is immigration.

When it comes to attracting new immigrants to the province, New Brunswick has been exceeding expectations. However, welcoming newcomers is only the first step to sustainable growth. The province must also encourage them to stay.



For newcomers to integrate fully into a community, it is important that services are in place to meet their needs, including timely and appropriate access to healthcare. Yet, many international immigrants have reported challenges when trying to navigate the healthcare system, including language barriers, lack of transportation, cultural conventions, access to childcare, financial constraints and being unfamiliar with the medical system.³

Reducing barriers to care, could vastly improve newcomers' settlement experiences and lead to better health outcomes. But first, to help develop policies that cater to the diverse healthcare needs of immigrant populations, it is crucial to understand how new arrivals are interacting with existing services.

This study attempts to do just that. The following pages examine patterns in healthcare service use by newcomers. They look the frequency of newcomers' hospitalizations and visits to walk-in clinics, general practitioners and emergency rooms, and compare the results to those of long-term immigrants and non-immigrants in New Brunswick. This information is important when assessing if additional supports are needed for our growing population.

How Was This Study Completed?

To undertake this study, researchers at NB-IRDT used linked landing records from Immigration, Refugees and Citizenship Canada and health and demographic data from Citizen Data, Discharge Abstract Data, Emergency Department Data and NB Physician Billing holdings at NB-IRDT.

This report analyzes the health service use of newcomers (individuals from outside Canada residing in NB less than 5 years) from 2017-2021, presenting results on the frequency of hospitalizations and visits to walk-in clinics, general practitioners and emergency rooms. It compares outcomes among subcategories of immigrants (permanent and temporary residents), as well as long-term immigrants (individuals from outside Canada in NB more than 5 years) and non-immigrants (individuals from NB, as well as migrants from other provinces/territories in Canada). Visits are examined by age, sex, health zone and area-level income quintile. Adjusted logit models are used to examine the odds of any of the four types of health service utilization.



Limitations

While reading the results on the next pages, it is important to remember there are certain limitations to this study. For instance, it does not account for individuals' health status and therefore does not clarify whether patterns of health service use are due to actual health needs or barriers to care. It also does not examine data on virtual and alternative health services, like Tele-care. Doing so would provide a more comprehensive picture of health service use.

Finally, this study examines a narrow timeframe that encompasses the COVID-19 pandemic, which may have distorted trends in health service use. A longer study period would better capture the evolution of health service use among immigrants over time.

Health Services and Immigrant Status

This study examines the following types of health service use over two similar study periods:

•	Visits to	walk-in	clinics	(2017-2021)
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• Visits to emergency rooms (2017-2021)

• Visits to general practitioners (2017-2021)

• Hospitalizations (2017-2020)



The results on the following pages represent the health service use of 4 main groups organized by immigrant status:

Immigrants

Newcomers	Moved to NB from outside Canada less than 5 years ago
Long-term immigrants	Moved to NB from outside Canada more than 5 years ago

Non-immigrants

Recent non-immigrants	Moved to NB from within Canada less than 10 years ago
Long-term non-immigrants	Originally from NB or moved to NB from within Canada more than 10 years ago

Key Findings: Newcomers' Health Service Use



Of the 4 groups, newcomers had:

The **fewest visits** to emergency rooms (ERs) and general practitioners (GPs).

The **most visits** to walk-in clinics.



Fewer GP visits might suggest newcomers face barriers to accessing primary care - like waitlists for family doctors.

Rather, non-urgent healthcare needs are being met through clinics, where available.

What Happens with Health Service Use Over Time?

Based on health service use of immigrant cohorts each year after their arrival.

Overall, the longer immigrants stay in New Brunswick, the less likely they are to be hospitalized or visit a walk-in clinic or emergency room - and the more likely they are to visit a GP.



Newcomers use more health services shortly after they arrive and may be seeking healthcare to address pre-existing conditions as part of the settlement process.

The decline in service use over time may reflect a shift towards preventive healthcare practices as immigrants become more integrated into the community.

Health Service Use Among Immigrant Subgroups

Permanent residents: Skilled workers, Sponsored families, Refugees

Temporary residents: International students, Temporary foreign workers



Refugees had more ER visits than any other group.

This could reflect health issues in the first few years after arrival that couldn't be addressed through primary care.

International students are the least likely to seek any form of healthcare.

This may be due to the demographic group's potentially better health status, as well as the use of health services provided on campus.

Skilled workers have lower rates of hospitalization.

This may reflect more stable health conditions, due to a more secure socioeconomic status.

Variations by Health Zone

• Health Zone 1 (Moncton) has the highest rate of walk-in clinic visits.

This suggests regional differences in how healthcare is accessed and/or how services are made available.

• Health Zone 4 (Edmundston) has a **significantly higher rate of ER** visits among newcomers.

This indicates potential barriers to other forms of care in the region.

Conclusions

Overall, this analysis suggests that a one-size-fits-all approach should not be used when considering health service use by newcomers in New Brunswick, as health service use differs across immigrant groups and sub-groups alike.

Newcomers in particular demonstrate diverse health needs and care-seeking practices that may be shaped by temporal, socioeconomic, geographic, cultural and even structural factors. While their lower engagement with primary care services (i.e., GPs) suggests possible barriers to primary healthcare, and their higher use of walk-in clinics may reflect health issues arising shortly after arrival, the distribution and availability of services may also play a role in how they access healthcare. For instance, the higher rates of walk-in clinic visits by newcomers may reflect the concentration of these clinics in areas with large immigrant populations (like Moncton).

That being said, we do see that the longer immigrants stay in the province, the less likely they are to access urgent forms of healthcare. As immigrants settle and become more integrated into the community, they become more likely to access primary and preventative healthcare services. Understanding this and other patterns of health service use shortly after arrival may help guide the province as it contributes to enhanced immigrant settlement experiences and longer-term retention overall.

References

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