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Healthcare Needs of Provincially Uninsured Migrant Families with Newborn Infants: A Qualitative Descriptive Study

Michael Matthew Jurjevich, RN, MSc(A)[1]
Irene Sarasua RN, MSc(A) [1]
Kelley Kilpatrick RN, PhD[1]

1. McGill University Quebec, Canada

Abstract

Aim

This project aimed to explore the healthcare needs of provincially uninsured migrant families with newborns receiving care at a nurse practitioner (NP)-led clinic in Montreal, Quebec, Canada. The findings of this study are intended to guide primary healthcare professionals and administrators in understanding and addressing the specific needs of these families, enabling them to tailor their services appropriately.

Background

Newborns of provincially uninsured migrant families in Quebec can experience delays in accessing provincial health insurance, preventing timely access to primary care services. In Montreal, a publicly funded NP-led clinic was created to enable newborns without provincial health insurance to access recommended well-baby visits in the first 4 months of life. There exists a paucity of literature on the specific healthcare needs of uninsured families with newborn infants, making tailored care difficult.

Methods

A qualitative descriptive study was undertaken. Semi-structured interviews were conducted with the parents of provincially uninsured Quebec-born newborns being treated at a NP-led clinic. Ten interviews were conducted with a total of 13 participants between October 2023 and January 2024. Socio-demographic data were collected. Content analysis was undertaken to identify important themes.

Findings

Two overarching themes were identified including (a) healthcare service needs related to newborn care, maternal postpartum care, and family healthcare; (b) healthcare access needs related to navigating the local healthcare system, transportation, and provincial health insurance.

Conclusion

Provincially uninsured migrant families with newborns in Quebec face barriers to accessing healthcare. This study provides information on the healthcare services and access-related needs of these families and provides recommendations including how NP-led clinics can facilitate access to the healthcare services needed by these families.

Keywords: *newborn care, nurse practitioner-led clinic, primary health care, qualitative descriptive study, uninsured migrants.*

Introduction

In the Canadian province of Quebec, several groups of migrants, including refugee claimants, undocumented individuals, and permanent residents having arrived within 3 months, do not have access to provincial healthcare coverage. This lack of coverage results in difficulties finding a primary care provider (PCP) and accessing healthcare services (Cloos et al., 2020; Government of Quebec, 2022; Ridde et al., 2020). When provincially uninsured migrant families give birth in Quebec, their newborn is considered a Canadian citizen and thus has access to provincial health insurance (Régie de l'assurance maladie du Québec, 2020b). This access, however, is often delayed due to administrative processes, preventing timely assignment to a PCP and access to primary care services (Government of Quebec, 2022; Régie de l'assurance maladie du Québec, 2020b). Publicly funded, nurse practitioner (NP)-led clinics, can provide services without the need for health insurance facilitating access to primary care for these newborns. In Montreal's West Island, one of these clinics was set up to provide care for newborn infants without an assigned PCP, including those of provincially uninsured migrant families. While the healthcare needs of migrants in Canada have been the subject of numerous studies (Alliston et al., 2023; Garasia et al., 2023), the specific needs of uninsured

migrant families with newborn infants are not well documented. Exploring these needs is critical to ensuring that healthcare services intended for this population are adequately tailored.

Background

Migrants, defined as individuals who move away from their homes across an international border (International Organization for Migration, 2023), may face decreased access to high-quality healthcare services in Canada due to several factors. These factors include lack of documentation, language and communication difficulties, cultural differences, structural barriers, such as transportation issues, and difficulties in understanding the local healthcare system (Alliston et al., 2023; Gagnon et al., 2022). These factors are known to contribute to unmet healthcare needs (Bajgain et al., 2020; Gagnon et al., 2022), out-of-pocket payment for private healthcare (Garasia et al., 2023), and an over-reliance on emergency services (Alliston et al., 2023).

Healthcare in Canada is primarily publicly funded and under provincial jurisdiction (Canada Health Act. RSC (1985), C-6). Each province is responsible for its public health insurance program to allow its residents to access healthcare services without the need to pay out of pocket (Act Respecting the Régie de l'Assurance Maladie du Québec. RLRQ, c. R-5; Canada Health Act. RSC (1985), C-6). In Quebec, public health insurance is managed by the Régie de l'assurance maladie du Québec (RAMQ). Having RAMQ coverage is important in Quebec as it is required to be assigned to a PCP and to book appointments with many healthcare services (Government of Quebec, 2022). For individuals to be eligible for RAMQ coverage, they must be born in Québec or: (a) be allowed to live in Canada legally; (b) have resided in Québec for at least three months; (c) not be a refugee claimant, an international student, or an undocumented individual (Act Respecting the Régie de l'Assurance Maladie du Québec. RLRQ, c. R-5; Régie de l'assurance maladie du Québec, 2020a). Due to these requirements, many migrants, do not qualify for RAMQ coverage making accessing primary healthcare difficult (Act Respecting the Régie de l'Assurance Maladie du Québec. RLRQ, c. R-5; Régie de l'assurance maladie du Québec, 2020a). While refugee claimants have access to health insurance through a federally funded health insurance program for refugees called the Interim Federal Health Program, they do not have RAMQ coverage (Government of Canada, 2022).

Infants born in Québec to provincially uninsured migrant parents qualify for RAMQ coverage; however, they often experience lengthy delays in receiving their RAMQ number due to bureaucratic holdups that occur when neither parent has RAMQ coverage (Régie de l'assurance maladie du Québec, 2020b). This, in turn, prevents them from registering to be assigned to a PCP and can delay access to newborn primary care services (Government of Quebec, 2022; Régie de l'assurance maladie du Québec, 2020b). This is problematic as primary care services, in the form of 'well-baby visits', are important to monitor the health and development of the newborn and to quickly identify and treat acute health concerns. (Canadian Paediatric Society, 2021; Karim et al., 2020; Salami et al., 2022).

To ensure that newborns who do not have an assigned PCP have access to primary care services, a new, publicly funded, NP-led primary care clinic for infants aged zero to four months was established in Montreal's West Island Health Network. Infants born to provincially uninsured migrant parents are included within the population served by this clinic. To best adapt this NP-led clinic and other healthcare services to the needs of provincially uninsured migrant families, their healthcare needs must be explored.

There exists recent literature on the healthcare needs and challenges faced by uninsured migrants in Canada. Two qualitative studies in British Columbia focused on uninsured migrant women (Goldenberg et al., 2023; Grassby et al., 2021), a study in Ontario focused on all uninsured migrants (Niraula et al., 2023) and a systematic review focused on uninsured migrants in all of Canada (Garasia et al., 2023). These studies all found that the healthcare needs of uninsured migrants resembled those of non-migrant individuals, however, they faced added challenges related to accessing healthcare services caused by their uninsured migrant statuses (Garasia et al., 2023; Goldenberg et al., 2023; Grassby et al., 2021; Niraula et al., 2023). These studies suggest that uninsured migrants face added healthcare costs, unmet healthcare needs, and perceived discrimination due to their uninsured statuses (Garasia et al., 2023; Goldenberg et al., 2023; Grassby et al., 2021; Niraula et al., 2023). The importance of community services in promoting access to care for these clients was also highlighted (Garasia et al., 2023; Goldenberg et al., 2023). Finally, it was recommended that uninsured migrants be permitted access to provincial health insurance without a waiting period (Goldenberg et al., 2023; Grassby et al., 2021; Niraula et al., 2023).In Montreal, Quebec, two quantitative studies surveyed undocumented and uninsured migrants and found that 69% had unmet healthcare needs (Ridde et al., 2020) and that 44.8% had negative perceptions of their health (Cloos et al., 2020). While there has been a variety of research on the healthcare needs of uninsured migrants in Canada, little is known about the specific healthcare needs of provincially uninsured migrant families with newborn infants.

Aim

This project aimed to explore the healthcare needs of provincially uninsured migrant families with newborns receiving care at a NP-led clinic in Montreal, Quebec, Canada. The findings of this study are intended to guide primary healthcare services in understanding and addressing the specific needs of these families, enabling them to tailor their services appropriately.

Methods

Study Design and Participant Recruitment

A qualitative descriptive study was conducted (Kim et al., 2017). This methodological approach is useful for describing healthcare experiences and needs, as it produces a description and summary of a phenomenon by staying close to the data and using the participants' words (Bradshaw et al., 2017).

Participants were recruited through convenience sampling based on the following inclusion criteria:

1. Is a parent or guardian of a Canadian-born infant seen at the NP-led clinic.
2. Has never had provincial health coverage within Canada.
3. Can communicate in either English or French (at minimum one parent).

The primary care NPs working at the clinic assisted in the identification of potential participants who were asked if they would be willing to be approached by the primary author. Eligibility for participation was confirmed by the research team.

Data Collection

Ten interviews were conducted with a total of 13 participants between October 2023 and January 2024. Interviews ranged from 24 to 51 minutes with an average time of 36 minutes. Three of the interviews were conducted with couples and seven of the interviews were with individual parents. During the interviews, sociodemographic questions were also asked. Four of the interviews were conducted in person, two were conducted over the phone, and four were conducted over video calls. All interviews, except for one, were audio recorded and transcribed verbatim using the translation service in Microsoft Teams. Extensive notes were taken during the unrecorded interview to form an interview summary for analysis.

Data Analysis

Inductive content analysis (Elo & Kyngäs, 2007) was used to analyze the interview transcripts. A total of 53 codes were identified. Codes were input into Excel and a matrix was developed linking codes to relevant sections of interview data. Analysis of the codes and the matrix led to codes being recombined based on thematic commonalities. Six subthemes and two overarching themes, outlined in the results section, emerged from the data. A separate matrix was used to determine the code counts in the data and between interviews.

Rigor

Transcripts were verified for accuracy by the primary author. Using the matrix, the research team reviewed the identified codes and themes to determine their accuracy, completeness, and relevance to the participant accounts. Quotes from French interviews were translated by native French speakers within the research team.

Ethical Considerations

Ethics approval was obtained through the Montreal West Island Health Network research ethics board before the study began (project 2024-896). Written consent was obtained from participants before participation in the project. Each participant was assigned a number for anonymity and quotes from participants were modified to remove any identifying characteristics. Participants were informed that they were free to withdraw from the study at any time or that they could choose to remove data or withdraw comments. No participant withdrew from the study.

Findings

Sample Description

Sociodemographic data are presented in Tables 1 and 2. Participants were between the ages of 20 and 39. Sixty-nine percent of participants identified as female. Just over half of the participants were refugee claimants (54 %) who had health insurance through the Interim Federal Health Program. The newborn seen at the clinic was the

first child for six families and for nine families it was their first birthing experience in Canada. The newborns ranged in age from three to 27 weeks. Only three of the newborns had an assigned RAMQ number at the time of the interview.

Table 1 Part 1 of Sociodemographic Data (n=13)

	n (%)
Gender (*self-identified)*	
Male	4 (31%)
Female	9 (69%)
Age (years)	
20 to 24	1 (8%)
25 to 29	4 (31%)
30 to 34	3 (23%)
35 to 40	5 (38%)
Country of Origin	
Haiti	4 (31%)
Ghana	1 (8%)
Congo	1 (8%)
Angola	1 (8%)
Mauritius	2 (15%)
Iran	1 (8%)
Nigeria	1 (8%)
Missing data	2 (15%)
Ethnic Group (*self-identified*)	
Black	10 (77%)
West Asian (e.g., Iranian, Afghan)	1 (8%)
South Asian (e.g., East Indian, Pakistani, Sri Lankan)	2 (15%)
Primary Language (*Could select multiple options*)	
English	1 (8%)
French	3 (23%)
Creole	6 (46%)
Persian	1 (8%)
Uraba	1 (8%)
Missing data	2 (15%)
English Level (*self-reported*)	
Excellent	2 (15%)
Good	3 (23%)
Fair	0
Poor	6 (46%)
Missing data	2 (15%)
French Level (*self-reported*)	
Excellent	0
Good	3 (23%)
Fair	5 (38%)
Poor	3 (23%)
Missing data	2 (15%)
Marital status	
Married	9 (69%)
Living with a partner but not married	4 (31%)
Number of Children	
1	6 (46%)
2	2 (15%)
3	3 (23%)
4	1 (8%)
5	1 (8%)

Table 2 Part 2 of Sociodemographic Data (n=13)

	n (%)
Time in Canada	
Less than 6 months	2 (15%)
6 months to 1 year	2 (15%)
1 to 2 years	4 (31%)
More than 2 years	3 (23%)
Missing data	2 (15%)
Migration Status	
Refugee claimant	7 (54%)
Temporary worker	1 (8%)
Tourist	2 (15%)
International student	3 (23%)
Type of Health Insurance	
Interim federal health	7 (54%)
Student (private)	3 (23%)
Private	1 (8%)
None	2 (15%)
Financial Status (*self-reported*)	
I consider my income sufficient	4 (31%)
I consider myself poor	3 (23%)
I consider myself very poor	3 (23%)
Do not wish to answer	3 (23%)
Work Status (*Could select multiple options*)	
Employed full-time	3 (23%)
Employed part-time	1 (8%)
Unemployed and looking for work	6 (46%)
Looking after home/family	10 (77%)
Full-time student	3 (23%)
Level of Education	
Did not complete secondary school	5 (38%)
Completed secondary school	2 (15%)
Some post-secondary education	2 (15%)
Bachelor's degree	3 (23%)
Graduate or professional degree	1 (8%)

Healthcare service needs and healthcare access-related needs were the two overarching themes that emerged from the data.

Healthcare Service Needs

All participants identified the need for a variety of healthcare services for their families. These included care for the newborn, postpartum care for the mother, and healthcare for the whole family.

Newborn Care

None of the newborns in this study had an assigned PCP. All participants discussed their desire to have healthcare visits to monitor their newborn's health and development, and to ensure recommended health interventions, such as vaccinations, were received. Healthcare services were obtained through a limited number of community nurse home visits, community health clinic appointments, and NP-led clinic visits. All participants noted the limited duration of the follow-up provided by these services (in principle, the NP-led clinic only offers services up to four months of age) and expressed concern about finding care and follow-up for their infant once these services were no longer available.

> I think that for the moment, thank God, my baby is in good shape and I'm getting help from the nurse at the [public health center] who came to see the baby two days [after birth], and the NP. I think it's fine for now, but I don't know how it's going to work out in the future if […] the baby has a health problem and needs a pediatrician because it's very difficult to find one. (Interview One)

Participants in many of the interviews wanted information or teaching on the expected health and development of their newborns, on caring for their newborns, and on local health recommendations for their newborns. Generally, first-time mothers expressed more of a need for this information.

Participants in several of the interviews mentioned the need for care to address acute health issues afflicting their newborn, such as fever, feeding issues, jaundice, lack of weight gain, and the absence of bowel movements. These participants described using a hospital emergency room, the public health information hotline, community health nurses, the NP-led clinic, and/or not seeking care at all for these acute issues. A participant in interview five described challenges in finding care for their newborn in an acute situation:

> For a while [the newborn] was crying a lot […] and at the same time, he wasn't having bowel movements. If I had a doctor, I could call and ask to find out [what's happening]. We tried to call the nurses at the [public health center] but they won't answer, you have to make an appointment. I had to call the nurse who came to my house when I gave birth. I called her, but she didn't answer, so I also called the [the local public health hotline] but it was too long […] [and] I hung up.

Postpartum Care for the Mother

The need for high-quality follow-up for the mother in the postpartum period was also expressed by all participants. This included education on the recovery process and maternal health during this period, as well as postpartum follow-up on acute health concerns such as inadequate breast milk production and postpartum bleeding. Participants mentioned receiving this type of care through home visits provided by community health nurses and/or through the health care provider that followed their pregnancy. Most participants received one follow-up visit with the health care provider that followed their pregnancy. Certain participants were given extended postpartum follow-up due to pregnancy complications, such as preeclampsia, however, this was still of limited duration.

Healthcare for the Whole Family

All participants expressed the need for general healthcare services for their other children and themselves. They also all expressed a need for an assigned PCP–no participant nor any of their family members had access to one. Participants in half of the interviews discussed needing healthcare services for acute or chronic health issues that a member of their family experienced while in Canada. Examples of these included migraines, severe back pain, diabetes, and heart disease. While most of these participants used a hospital emergency room as their entry point to care, one participant was able to use a primary care clinic targeted to recent migrants. Participants in three of the interviews also discussed a need for general health check-ups to monitor their health and that of their family, as well as the need for preventative screening, such as bloodwork to detect markers for diabetes or cardiovascular disease. No family members received this type of care. A few participants discussed a need for affordable dental care.

Healthcare Access-Related Needs

The second overarching theme is related to access to healthcare services. Subthemes included lack of health insurance related to migration status, navigating the local healthcare system, and transportation as it relates to accessing health services.

Migrant Status and Health Insurance

The participants in most interviews discussed the struggles they faced as migrants in the local healthcare system. Participants expressed a need to improve access to care and the healthcare experience for migrants. Some participants felt frustrated and perceived this frustration as discrimination, believing that the healthcare system prioritized residents or citizens. In interview seven, one participant expressed that they pay taxes like residents and yet do not receive the same access to care:

> The health system in Canada [...] it's something that I think the government needs to review for foreigners because everything is really favoured just for residents. [...] [We] pay taxes, so they need to relax the restrictions on access to healthcare for migrants.

Every participant expressed dissatisfaction with not having access to RAMQ, indicating that this was a significant barrier to care.

> For people without status, like refugees or people without RAMQ, when you go to the hospital, the receptionist is gonna ask you where is your RAMQ card, and when [you] say you don't have one, you feel inferior. I say inferior because some of the receptionists will be like: 'What do you mean you don't have RAMQ card?' They don't understand. Sometimes they want to push you outside to attend to people with RAMQ because they believe they can be faster with them. We without the RAMQ card have to wait behind. (Interview 10)

Without a RAMQ card, participants were unable to register with a PCP, book appointments, and, at times, were denied services. Participants in some of the interviews directly discussed that delays in getting a RAMQ card for their child prevented them from starting the process of finding a PCP, delaying newborn routine health assessments. A couple of participants also noted that, even though their newborn had a RAMQ number, they were unable to register their child for a PCP, as the registration process requires the RAMQ number of a parent.

Participants who were refugee claimants had access to the Interim Federal Health Program but were still unable to register for a PCP. They also encountered clinics that would not take this type of insurance:

> When I was pregnant […], I didn't know what to do. I had to go to a clinic […] miles away from home to see a doctor because that's where refugees go. That's where I go all the time for my pregnancy check-up and all that. It's quite difficult. You can't just access a doctor here, and most of the time doctors don't like attending to refugee [claimants]. (Interview 10)

Participants in most of the interviews expressed that finances were an important consideration when it came to accessing care or treatment if any payments were required to receive care. As outlined in Table 1, six participants considered themselves poor or very poor, and three expressed difficulties in ensuring their basic needs were met.

Although all participants except two had some form of non-provincial health insurance (either private insurance or the Interim Federal Health Program), clinics would often require out-of-pocket payments or some form of advanced payment to be reimbursed by insurance later. This was a significant stress for many participants who did not have the funds readily available for out-of-pocket payments. Clinics directly billing insurance companies helped to mitigate this stress. Participants in the Interim Federal Health Program expressed that having comprehensive health insurance that covers the full amount, or the majority of their healthcare costs helped to alleviate financial strain. When coverage was not comprehensive, such as in the case of the participants with private insurance, out-of-pocket payments for healthcare services or treatment were required representing an increased financial burden:

> It wasn't easy because I didn't have RAMQ for all these charges and then my insurance, it is so restricted, so it was a really big challenge for us with the visits that are really expensive when you don't have [public] insurance. [...] You have to pay the doctor's fees and it's exorbitant when there's no RAMQ. You have to pay the deposits before you give birth. It's really difficult. I wouldn't recommend that anyone come to Canada if they don't have RAMQ. (Interview Seven)

All participants were able to receive care for their newborns at the NP-led clinic. Several participants expressed gratitude for the NP-led clinic offering services without the need for RAMQ, other health insurance, or out-of-pocket payment: "For me, [the clinic] is great. I don't have any problems. Rather, I find that this clinic [has] helped us [the most] in this country." (Interview Seven)

Navigating the Local Healthcare System.

All participants expressed difficulties with navigating the local healthcare system, for example, knowing how to book appointments, understanding how health insurance works, and/or knowing where and how to access healthcare services (e.g., walk-in clinics, closest hospital, public health hotline service, registering with a PCP). Some participants experienced significant challenges in navigating the healthcare system, such as the participant in interview six, who was unaware of the nearest hospital to access care.

> [To access care, I go] to the emergency room. Always with [a hospital located a significant distance away] because I don't have another hospital to go to for emergencies.
> Interviewer: Ok, so it is the hospital closest to you?
> No, it's not the nearest one. I don't know any other hospital than this one, because I used to live [near this hospital].

All participants expressed appreciation for services that helped them to navigate the healthcare system by facilitating tasks such as booking appointments, coordinating services, and finding routes to access care. An example of this service is offered by a participant in interview eight:

> [For follow-up,] the pediatrician checked [the newborn] after one week and then also told us to take him to the [local public health center] and I think they called us to book an appointment to check him. […] The hospital did everything. They told us to go back after one week, they checked the baby to make sure everything was ok and then they organized the appointment with the [local public health center] here.

Several participants highlighted the NP-led clinic as being particularly useful in helping them navigate the healthcare system. It was noted that the NPs at the clinic assisted participants in starting the process of finding a PCP for their newborn, as well as providing education on other ways of accessing primary care such as the local public health hotline. The NPs at the clinic also helped coordinate appointments for participants and provided information for resources and community services, such as food banks.

Participants in just over half of the interviews highlighted a specific need for information on how to access healthcare services without an assigned PCP. Despite difficulties, participants managed to access healthcare services in varying ways, including the use of a hospital emergency room for what would be classified as non-emergency conditions. These participants felt as though they had no other options. Some participants also used a public health hotline, accessed a primary care clinic for migrants, or used university health services. A few participants indicated a need for shorter wait times to access the care services that were available to them. Emergency services and the local public health hotline were two important examples where long wait times impeded access to care. Most participants expressed that the NP-led clinic improved their access to primary care services for their newborns. Unfortunately, the limited duration of access to this clinic (only until the newborn is four months old) was highlighted as being a concern. Overall, no participant had access to consistent, long-term primary care services for any member of their family.

Transportation and Access to Care

The need for timely, efficient, simple, and safe transportation to healthcare services was also highlighted as being important when considering access to care. In six of the interviews, the distance of the clinic from the participants' homes made attending appointments difficult. Due to their financial situations, many participants relied on public transit, which posed challenges such as transporting their children to appointments, requiring extra commute time, and occasionally getting lost on the way: "Well, for me, it's not too difficult because I can take the bus to go wherever I need to go, but for me and my son it's very difficult to take the bus to appointments". (Interview Two) Participants were also required to take more time out of their day to get to appointments leading to lost income from missed work. Mitigation factors included being provided with a prepaid taxi voucher, having access to an automobile, and/or having healthcare workers come to their place of residence as is done for the first nursing visit postpartum.

Discussion

This study examined the healthcare needs of migrant families without provincial health insurance who had recently given birth in Quebec and were seeking care for their newborn at a NP-led primary care clinic. Participants described two main themes: healthcare service needs and healthcare access-related needs.

One of the most important healthcare access needs for these families was access to provincial health insurance to access healthcare services in Quebec. This aligns with existing research on uninsured migrants in British Columbia (Goldenberg et al., 2023; Grassby et al., 2021) and Ontario (Niraula et al., 2023), emphasizing that the absence of provincial health insurance poses a financial barrier to care. Unlike these studies that focused on fully uninsured individuals, nearly all our participants had some form of non-provincial health insurance and still faced

significant challenges accessing primary care due to the functioning of Quebec's public health and health insurance systems. As such, the absence of provincial health insurance in Quebec represents both a financial and structural barrier to care for individuals without provincial health insurance including these families and their newborns. In the context of this study, we hypothesize the NP-led clinic increased access to care for our participants in part due to its free clinic model that does not require any form of payment or health insurance for access. Free clinic models have been emphasized in the literature as effectively promoting access to care for individuals without financial means or health insurance, often helping marginalized groups such as migrants (Oberlin & Pizmony-Levy, 2016). As other NP-led clinics are being developed in Quebec, it will be important to promote access to care for uninsured migrant families by considering the use of free-clinic models.

Another important need identified was for help in navigating the local health system. Several researchers (Alliston et al., 2023; Gagnon et al., 2022) have also identified this need. A systematic review by Bajgain et al. (2020) found that it is important that healthcare services help migrants navigate the local healthcare system by providing education on the topic, promoting continuity of care through coordinating available community and healthcare services on their behalf, as well as assisting them in finding and setting up appointments for these services. All these actions were carried out by the NPs in the clinic, and they were valued by the participants, making it easier for them to access care. This aligns with existing literature on NPs and NP-led clinic models, which highlights their strengths in helping care for migrant clients and promoting migrant's access to care due to their focus on holistic and collaborative care, including healthcare education and coordination with other services or professionals when necessary (Bonner et al., 2020; Giwa et al., 2020).

Limitations

One important limitation was that our participants needed to be able to speak either French or English to participate in the study. We noted that this excluded individuals who may have contributed to a broader, more representative sample of provincially uninsured migrant families. Another limitation is that we only interviewed individuals who had access to primary care through this NP-led clinic. This may have an impact on the generalizability of findings. Finally, our study did not include any undocumented migrants. This population faces unique challenges in accessing services that will both accept to care for them, given their undocumented and/or uninsured statuses, and will not disclose their undocumented status to higher authorities (Cloos et al., 2020; Ridde et al., 2020).

Future Research

First, it would be important to interview a broader more representative sample of migrants, including those who may not speak English or French, undocumented migrants and those who do not have access to this NP-led clinic. It would also be important to explore on a larger scale, the potential impact that publicly-funded NP-led primary care clinic models have on improving access to care and fulfilling unmet healthcare needs for provincially uninsured migrants in Quebec and Canada.

Implications for Policy and Practice

Our study contributes to the growing body of Canadian literature supporting a call for policy changes surrounding migrants' access to provincial health insurance and access to healthcare (Cloos et al., 2020; Garasia et al., 2023; Goldenberg et al., 2023; Grassby et al., 2021; Niraula et al., 2023; Ridde et al., 2020). While these studies suggest that provincial health insurance for all migrants should be given as early as possible (Garasia et al., 2023; Goldenberg et al., 2023; Niraula et al., 2023), our study suggests an additional strategy to ensure access to quality care through the use of publicly-funded NP-led clinics that operate under a free clinic model. Based on the findings from Garasia et al. (2023), Goldenberg et al. (2023), Grassby et al. (2021), Niraula et al. (2023), and the results of our study, several recommendations are proposed for Quebec. These include (a) adequate funding for free clinic healthcare models such as NP-led clinics, to promote access to care for uninsured migrants; (b) re-evaluation and potential removal of the wait period for access to RAMQ, and (c) implementation of a provincial healthcare identification system, independent of health insurance status, that would permit all individuals to book appointments, be assigned a PCP and access healthcare services.

Conclusion

Our study found that provincially uninsured migrant families with newborns face healthcare access challenges related to their provincially uninsured status and their need to find care for all members of the family.

Our study helps provide information on the needs of these families within the Quebec context so that healthcare organizations can appropriately tailor their services to promote access to care. Participants expressed a desire for access to preventative and acute healthcare for all members of their families. Healthcare access needs were hindered by several factors, most notably, a lack of provincial health insurance. This study suggested how a NP-led clinic model that does not require health insurance or payment can help to mitigate these barriers to care. This highlights the need for further research on the use of NP-led clinics in Quebec and Canada to promote access to care for provincially uninsured migrant families.

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