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Navigating health care: Regular health care provider access among recent immigrants, established immigrants and non-immigrants

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Navigating health care: Regular health care provider access among recent immigrants, established immigrants and non-immigrants

by Mahrukh Shah and Shikha Gupta

Overview of the study

This study uses data from the 2024 Survey on Health Care Access and Experiences – Primary and Specialist Care to analyze the prevalence of having a regular health care provider (RHCP) among immigrants and non-immigrants aged 18 and over in Canada's 10 provinces. It examines differences in access between recent immigrants (admitted as permanent residents 10 years earlier or less), established immigrants (admitted as permanent residents more than 10 years ago) and non-immigrants (individuals who are Canadian citizens by birth), and how these patterns vary by demographic and socioeconomic factors. Topics such as the type of provider, waiting times for non-urgent primary care or advice, years without a provider, and usual place for non-urgent primary health care or advice among those without an RHCP are also explored.

- In 2024, the percentage of immigrants who reported having an RHCP increased with years since immigration in Canada: 69% of recent immigrants compared with 85% of established immigrants. For non-immigrants, 82% reported access to an RHCP.
- Regional differences were notable in access to an RHCP, with fewer than half of recent immigrants in Quebec (44%) and the Atlantic provinces (41%) reporting access to an RHCP, compared with three-quarters in Ontario (75%).
- Nearly one in four recent immigrants (23%) have never had an RHCP in Canada, while 36% used walk-in clinics and 45% reported that they had no usual place for non-urgent primary care or advice.

Introduction

Canada experienced steady growth in its newcomer population over the past years. According to the 2021 Census of Population, 8.4 million immigrants resided in Canada, including 2.5 million recent immigrants who arrived between 2011 and 2021.[1] In 2022, Canada welcomed over 437,000 permanent residents, the largest influx in its history.[2] Recent immigrants[3] represent a rapidly growing segment of the population, whose health care needs and experiences may differ from those of long-term residents. While immigrants may face challenges accessing health care, these barriers are likely more pronounced for recent immigrants, who often struggle to navigate the health care system. For instance, recent immigrants may experience barriers such as language differences, a lack of familiarity with the health care system, and broader patterns of social exclusion and structural inequality.[4,5] These barriers may contribute to delayed care, reduced use of preventive services and poorer health outcomes.[6]

From 2022 to 2024, recent immigrants continued to report lower rates of having a regular health care provider (RHCP) compared with established immigrants and non-immigrants.[7,8] However, there is limited comparative

analysis on the prevalence of having an RHCP among recent immigrants, established immigrants and non-immigrants. Using data from the 2024 cross-sectional Survey on Health Care Access and Experiences – Primary and Specialist Care, this article examines how RHCP access differs among recent immigrants, established immigrants and non-immigrants, and how these patterns can vary by certain socioeconomic characteristics, such as province of residence, gender, age, employment status and family income. This study also examines type of provider, waiting times for non-urgent primary care or advice, years without a provider, and usual place for non-urgent primary care or advice for those without an RHCP.

By identifying population groups that are less likely to report having an RHCP, this study highlights segments of the population that may be more vulnerable to poor health outcomes, supporting efforts to address these gaps.

A companion study, "Racialized groups who have a regular health care provider: An overview ," examines the prevalence of having an RHCP among adults in Canada's seven largest racialized groups and how these patterns vary by demographic and socioeconomic factors.

Established immigrants report greatest access to a regular health care provider

In 2024, the prevalence of having an RHCP varied by time since immigration among those aged 18 years and over living in Canada's 10 provinces. Established immigrants (85%) were more likely than recent immigrants (69%) to report having an RHCP. Meanwhile, non-immigrants were slightly less likely than established immigrants to report having an RHCP, at 82%. However, many of these differences were partly related to variation in access to RHCPs by region.

Across regions,[9] significant disparities in having an RHCP were observed between immigrant groups and non-immigrants. The lowest proportions were observed among recent immigrants in Quebec (44%) and the Atlantic provinces (41%), where established immigrants also had lower rates of reporting an RHCP (68% in Quebec and 75% in the Atlantic provinces) compared with non-immigrants (75% in Quebec and 80% in the Atlantic provinces). In contrast, immigrants in the Prairies reported comparatively higher levels of access, with 88% of established immigrants reporting an RHCP, exceeding the proportion among non-immigrants (83%). Ontario reported the highest overall proportions, with 75% of recent immigrants, 89% of established immigrants and 88% of non-immigrants reporting having an RHCP. These regional differences underscore the variability in health care access across Canada (Chart 1).

Other Canadian studies using national data have found similar patterns consistent with established immigrants having similar access to an RHCP as non-immigrants, or slightly better.[10,11] This can be partly explained by the fact that, over time, immigrants adapt to the Canadian health care system and social norms while simultaneously experiencing a deterioration in their initial health advantage, whereby immigrants arrive in Canada with better overall health due to self-selection and immigration screening; however, this advantage diminishes over time as immigrants encounter new social, economic, and environmental conditions, which increases their need to seek care. In addition, there is evidence that established immigrants report poorer self-rated health than Canadian-born individuals. This may further motivate greater engagement with a primary care provider and slightly higher rates of having an RHCP.[12,13]

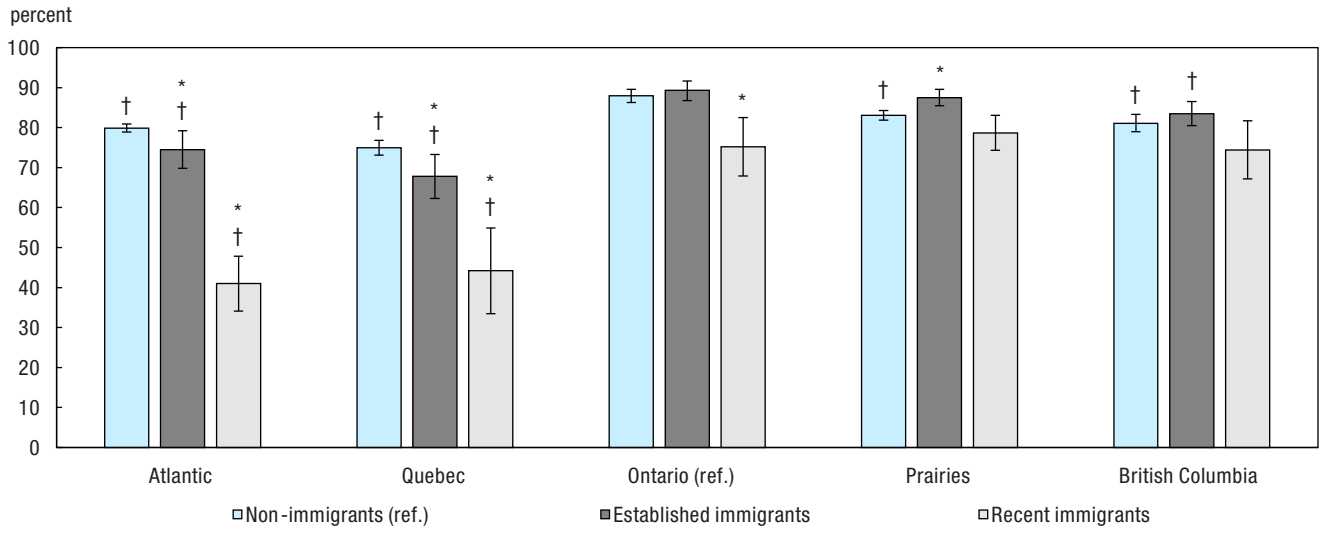
However, this pattern is not uniform across the country, and a regional breakdown shows that higher access among established immigrants is observed primarily in the Prairies and British Columbia. This suggests that additional factors, such as differences within the non-immigrant population, urban-rural variation or regional health-system characteristics, may also influence these patterns.

One-third of recent immigrant men did not have access to a regular health care provider

Gender differences in access to an RHCP were evident across immigrant groups, with women reporting higher rates of access to an RHCP than their male counterparts (Table 1). The proportion of recent immigrants with an RHCP remained lowest among recent immigrant women (72%) and recent immigrant men (66%). In contrast, 87% of established immigrant women and 83% of established immigrant men reported having an RHCP, while proportions were slightly lower among non-immigrants (86% of women and 78% of men).

Older individuals were also more likely to have an RHCP, regardless of immigrant status. For example, among established immigrants, 80% of those aged 18 to 44, 85% of those aged 45 to 64, and 91% of those aged 65 and older reported having an RHCP. Similar trends were observed for non-immigrants (Table 1). This pattern is consistent with the greater health care needs of older adults, who are more likely to experience chronic conditions and require ongoing management, thereby facilitating a more established connection with an RHCP.

Chart 1
Percentage of adults aged 18 and over who reported having a regular health care provider, by immigrant status and provincial region, 2024



* significantly different from reference category (non-immigrants [ref.]) ($p < 0.05$)
† significantly different from Ontario (ref.) ($p < 0.05$)
Note: Error bars represent the 95% confidence intervals.
Source: Statistics Canada, Survey on Health Care Access and Experiences - Primary and Specialist Care, 2024.

Table 1
Percentage of adults aged 18 and over who reported having a regular health care provider, by immigrant status and selected characteristics, Canada excluding the territories, 2024

	Non-immigrants (ref.)			Established immigrants			Recent immigrants		
		95% confidence interval			95% confidence interval			95% confidence interval	
	Proportion	Lower limit	Upper limit	Proportion	Lower limit	Upper limit	Proportion	Lower limit	Upper limit
Selected characteristics	percent								
Population distribution	**71.1**	**70.2**	**72.0**	**21.5**	**20.7**	**22.3**	**7.4**	**6.8**	**8.0**
Gender									
Men+ (ref.)	78.2	76.8	79.6	83.2*	80.8	85.6	66.2*	60.0	72.3
Women+	86.2†	85.2	87.2	86.7†	84.7	88.7	72.2*	66.6	77.9
Age group									
18 to 44 years	77.4†	75.8	78.9	79.8†	76.3	83.3	66.8*†	62.1	71.5
45 to 64 years	84.9†	83.6	86.1	84.6†	82.3	87.0	77.8	69.4	86.3
65 years and over (ref.)	88.3	87.2	89.5	91.4*	89.2	93.6	F	F	F
Employment status									
Employed (ref.)	79.7	78.4	80.9	82.4*	80.2	84.7	68.9*	64.0	73.8
Not employed	84.8†	83.5	86.1	86.8†	84.0	89.5	68.4*	61.0	75.9
Family income quintile									
Quintile 1 (lowest income)	77.4†	75.2	79.6	84.4*	80.6	88.2	71.4	63.9	78.9
Quintile 2	81.4†	79.4	83.5	82.3	78.5	86.1	61.7*	52.7	70.7
Quintile 3	82.9	80.9	84.8	84.2	80.4	87.9	66.6*	56.5	76.7
Quintile 4	83.8	82.1	85.6	85.6	82.4	88.7	78.8E	70.5	87.1
Quintile 5 (highest income) (ref.)	84.7	83.0	86.4	89.0*	86.2	91.8	71.5E*	59.6	83.3

E use with caution
F too unreliable to be published
* significantly different from reference category (non-immigrants [ref.]) ($p < 0.05$)
† significantly different from selected characteristics reference categories (ref.) ($p < 0.05$) (men+, 65 years and over, employed, quintile 5 [highest income])
Notes: The final analytical sample included 33,535 respondents, weighted to represent 32,421,720 individuals.
Survey-weighted regression models were used to examine differences in the proportion of adults aged 18 and over reporting having a regular health care provider by immigrant status within demographic subgroups. Least-squares means were used to estimate subgroup proportions, and pairwise differences were tested using designated reference categories: non-immigrants for immigrant status, men+ for gender, 65 years and over for age group, employed for employment status, and quintile 5 (highest income) for family income quintile.
Given that the non-binary population is small, data aggregation to a two-category gender variable was necessary to protect the confidentiality of responses. The men+ category includes men, as well as some non-binary people, while the women+ category includes women, as well as some non-binary people.
Source: Statistics Canada, Survey on Health Care Access and Experiences - Primary and Specialist Care, 2024.

Recent immigrants report lower regular health care provider access across equivalent employment groups and income quintiles

Among established immigrants and non-immigrants, a lower proportion of employed individuals reported having an RHCP compared with those who were not employed.[14,15] Among employed adults, 69% of recent immigrants reported having an RHCP compared with 80% of non-immigrants and 82% of established immigrants. Among those who were not employed, 68% of recent immigrants reported having an RHCP compared with 85% of non-immigrants and 87% of established immigrants (Table 1).

The inverse association between employment status and having an RHCP among established immigrants and non-immigrants may reflect differences in age distribution and health care needs. A larger proportion of the individuals in these groups who were not employed may be older adults or retirees, who are more likely to require ongoing medical care and, accordingly, have established relationships with providers.[16] Employed individuals tend to be younger and healthier, with lower health care utilization and fewer established connections to regular providers. While employment may increase access to health insurance or benefits, greater RHCP access among people who are not employed likely reflects the role of age, retirement and accumulated time-in-Canada in shaping an established relationship with an RHCP.[17]

Differences in access to an RHCP also varied across immigrant groups when examined by income quintile. Recent immigrants in the second (62%), third (67%) and highest (72%)

income quintiles were less likely than non-immigrants in the same quintiles (81%, 83% and 85%, respectively) to report having an RHCP. Among those in the lowest income quintile, established immigrants (84%) were more likely than non-immigrants (77%) to report having an RHCP (Table 1). Low-income established immigrants may be older, and this may be associated with greater health care needs and more established provider relationships. These findings suggest that income is not a consistent determinant of having an RHCP among immigrant groups.[18] In contrast, for non-immigrants, higher income was associated with higher rates of reporting having an RHCP.

Among adults without a regular health care provider, approximately one in five recent and established immigrants reported never having had a regular health care provider

Among those with an RHCP, recent immigrants (95%) and established immigrants (94%) were more likely than non-immigrants (91%) to report that their provider was a family doctor or general practitioner (Table 2). When considering timely access to care, established immigrants also reported slightly better access than non-immigrants. Specifically, one in five established immigrants (20%) reported a same- or next-day wait time for non-urgent primary health care or advice, compared with 18% of non-immigrants (Table 2).

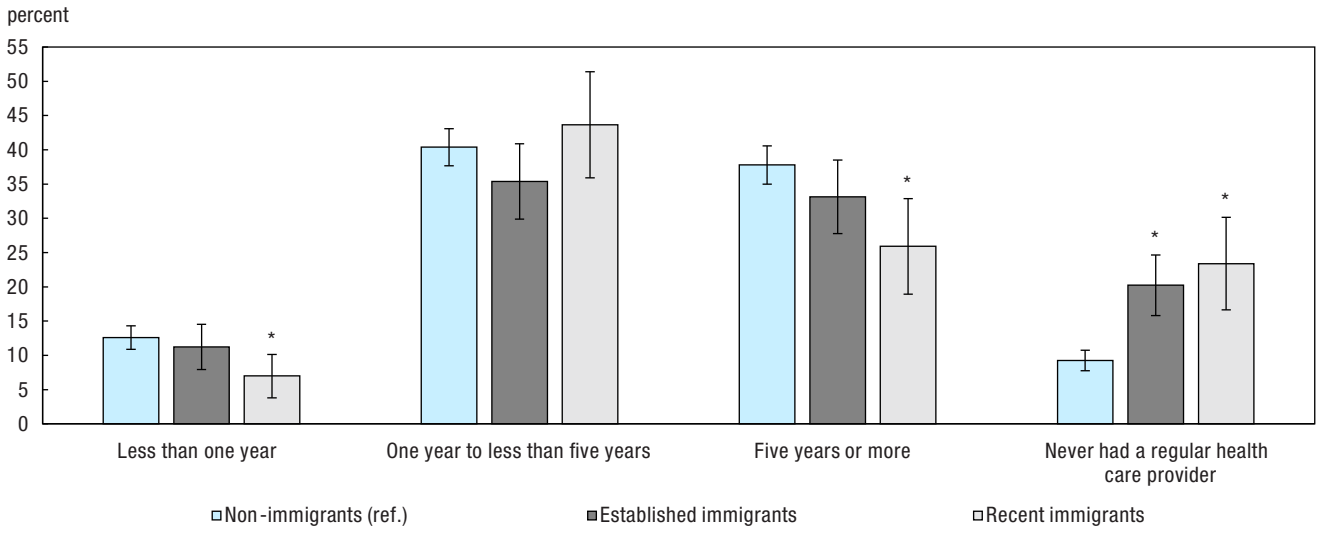
For those without an RHCP, 23% of recent immigrants and 20% of established immigrants reported never having had an RHCP in Canada. For recent immigrants, this pattern may reflect limited time in the Canadian health care system and fewer opportunities to establish ongoing provider relationships. Meanwhile, recent immigrants (26%) were less likely than non-immigrants (38%) to report being without a provider for five years or more (Chart 2).

Table 2
Percentage of adults aged 18 and over who reported having a regular health care provider, by immigrant status and selected health care characteristics, Canada excluding the territories, 2024

	Non-immigrants (ref.)			Established immigrants			Recent immigrants		
		95% confidence interval			95% confidence interval			95% confidence interval	
Selected characteristics	Proportion	Lower limit	Upper limit	Proportion	Lower limit	Upper limit	Proportion	Lower limit	Upper limit
	percent								
Population distribution	**71.1**	**70.2**	**72.0**	**21.5**	**20.7**	**22.3**	**7.4**	**6.8**	**8.0**
Regular health care provider									
Has a regular health care provider	82.3	81.4	83.1	84.9*	83.3	86.6	69.0*	64.9	73.1
Type of regular health care provider									
Family doctor or general practitioner	91.0	90.3	91.7	93.6*	92.4	94.8	94.5*	92.4	96.6
Medical specialist	4.1	3.7	4.6	4.2	3.2	5.2	3.7	1.9	5.6
Nurse practitioner	3.2	2.8	3.6	0.9*	0.5	1.2	1.1*	0.3	1.9
Other health professional	1.7	1.4	2.0	1.3	0.7	1.9	0.6*	0.0	1.4
Waiting time for non-urgent primary health care or advice									
Same or next day	17.5	16.5	18.5	20.4*	18.4	22.5	20.2	15.1	25.3

* significantly different from reference category (ref.) ($p < 0.05$)
Source: Statistics Canada, Survey on Health Care Access and Experiences - Primary and Specialist Care, 2024.

Chart 2
Percentage of adults aged 18 and over, by length of time without a regular health care provider and immigrant status, Canada excluding the territories, 2024



* significantly different from reference category (ref.) ($p < 0.05$)
Note: Error bars represent the 95% confidence intervals.
Source: Statistics Canada, Survey on Health Care Access and Experiences - Primary and Specialist Care, 2024.

Among adults in the provinces without an RHCP, the most commonly reported reasons were being on a waitlist (35%), no provider accepting new patients (30%) and having had a provider who left, retired, or changed practice (29%). Compared with non-immigrants (37%), established immigrants less often reported being on a waitlist (27%) and having had a provider who left, retired, or changed practice (27%), but more often reported not needing a provider (24% compared with 15%) (Table 3). These differences may reflect information barriers that delay navigation of the health care system, communication barriers arising from language difficulties and cultural differences, and previous negative experiences that discourage further use of services, factors that may influence immigrants' health-seeking behaviour and their engagement with RHCPs.[19,20]

Walk-in clinics were a common place for non-urgent primary care or advice among those without a regular health care provider

Walk-in clinics were a common source of non-urgent primary care or advice for adults without an RHCP, among both the immigrant and non-immigrant groups (Table 3). However, some differences were observed in the types of places used. Among those without an RHCP, 47% of established immigrants, 36% of recent immigrants and 38% of non-immigrants reported a walk-in clinic as their usual place for non-urgent primary care or advice. A smaller proportion of recent immigrants (1%) reported using a community health centre or a *centre local de services communautaires* compared with non-immigrants (3%). Additionally, recent immigrants (2%) were less likely than non-immigrants (4%) to report other locations as their usual place for non-urgent primary care or advice. A relatively large proportion of individuals without an RHCP had no usual place for non-urgent primary care or advice, including 45% of recent immigrants, 38% of established immigrants and 38% of non-immigrants.

Table 3

Percentage of adults aged 18 and over who reported not having a regular health care provider, by immigrant status and selected health care characteristics, Canada excluding the territories, 2024

	Non-immigrants (ref.)			Established immigrants			Recent immigrants		
		95% confidence interval			95% confidence interval			95% confidence interval	
	Proportion	Lower limit	Upper limit	Proportion	Lower limit	Upper limit	Proportion	Lower limit	Upper limit
Selected characteristics	percent								
Population distribution	**71.1**	**70.2**	**72.0**	**21.5**	**20.7**	**22.3**	**7.4**	**6.8**	**8.0**
Regular health care provider									
Does not have a regular health care provider	17.7	16.8	18.6	15.1*	13.5	16.6	31.0*	26.8	35.1
Reasons for not having a regular health care provider									
Currently on a waitlist	36.6	34.1	39.2	27.4*	22.5	32.3	42.0[E]	34.5	49.5
Do not need one in particular	14.9	13.0	16.9	24.2*	19.6	28.8	F	F	F
No one in the area is taking new patients	30.8	28.3	33.3	30.5	25.1	36.0	34.3	26.6	42.0
There are no health care providers in the area	6.0	4.8	7.2	F	F	F	F	F	F
You have not tried to find one	11.3	9.4	13.2	F	F	F	F	F	F
Had one who left, retired, or changed their practice	36.6	34.0	39.1	26.8[E]*	21.7	31.9	F	F	F
You moved to a new area	10.9	9.1	12.7	F	F	F	F	F	F
Transitioned from pediatric to adult care	F	F	F	F	F	F	F	F	F
Other	3.8	2.7	5.0	F	F	F	F	F	F
Usual type of place for non-urgent primary health care or advice									
Walk-in clinic	38.1	35.4	40.7	47.2*	41.6	52.9	36.4	29.1	43.7
Community health centre	2.9	2.0	3.7	2.3	0.7	4.0	1.3*	0.3	2.3
Hospital outpatient clinic	2.2	1.4	2.9	1.0	0.0	2.1	3.4	0.3	6.5
Hospital emergency room	7.6	6.2	9.0	5.4	2.7	8.2	5.4	2.4	8.4
Telephone health line	3.8	2.9	4.8	1.0*	0.1	2.0	3.6	0.0	7.6
Pharmacy	3.3	2.4	4.2	2.2	0.5	4.0	3.3	0.5	6.1
Other	4.1	3.1	5.2	2.7	0.9	4.6	1.5*	0.0	2.9
None	38.1	35.5	40.7	38.0	32.5	43.5	45.1	37.2	53.0

[E] use with caution

F too unreliable to be published

* significantly different from reference category (ref.) ($p < 0.05$)

Source: Statistics Canada, Survey on Health Care Access and Experiences - Primary and Specialist Care, 2024.

Conclusion

This study highlighted systematic differences in access to an RHCP by time since immigration among individuals aged 18 and over living in Canada's 10 provinces. Recent immigrants reported the lowest rates of access to an RHCP and a greater reliance on episodic care, as well as a higher proportion did not identify a usual place for non-urgent primary care or advice.

The improved access to an RHCP among established immigrants compared with recent immigrants can be understood through several mechanisms. For example, over time, as immigrants integrate into Canadian society, they may become more familiar with navigating the Canadian health care system, gain language proficiency, develop social networks and obtain health insurance coverage or benefits that can help them transition to consistent primary care with a regular provider. These mechanisms[21] highlight the multifaceted role of time in overcoming initial access barriers.[22,23,24]

Structural and interpersonal factors, such as cultural practices affecting health-seeking behaviours, provider bias and discrimination, have been identified in qualitative research as barriers to regular health care; however, they were beyond the scope of this study. Future research incorporating these dimensions could advance the understanding of whether barriers diminish, persist or evolve as immigrants spend more years in Canada, and how these dynamics relate to having an RHCP.

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Data sources, methods, definitions and limitations

Data sources

Data for this analysis come from Statistics Canada's Survey on Health Care Access and Experiences – Primary and Specialist Care, collected from January 3 to November 3, 2024. The survey is a voluntary, cross-sectional survey of adults aged 18 and over living in the 10 provinces. A stratified two-stage sampling design selected approximately 75,000 private dwellings, from which one eligible adult was randomly chosen. Responses were collected through an electronic questionnaire or telephone interview. With the respondent's consent, income information was linked to their personal income tax records. The final analytical sample included 33,535 respondents, weighted to represent 32,421,720 individuals. Non-permanent residents and responses coded as valid skip or not stated were excluded.

For more information on survey questions and methods, please refer to Statistics Canada's survey information page: Survey on Health Care Access and Experiences – Primary and Specialist Care.

Methods

Survey-weighted regression models, along with bootstrap weights, were used to estimate proportions and confidence intervals. Least-squares means were calculated for all subgroups, and pairwise differences were evaluated using designated reference categories. Statistically significant differences are reported at a 95% confidence level ($p < 0.05$).

In this analysis, when two estimates are described as different, the difference is statistically significant at a 95% confidence level.

Definitions

A **regular health care provider** (RHCP) is a health professional that a person regularly consults when they need care or advice about their health. This can include a family doctor or general practitioner, medical specialist, nurse practitioner, or other health professional.

A **recent immigrant** refers to a person who obtained Canadian permanent residency up to 10 years ago. An **established immigrant** refers to a person who obtained their Canadian permanent residency more than 10 years ago. A **non-immigrant** refers to a person who is a Canadian citizen by birth.

Non-urgent primary care needs were defined as routine care, such as check-ups or prescription refills, and issues requiring immediate care (but not emergencies), such as an infection, a fever, a headache, a sprained ankle, vomiting or a rash.

The categorization of waiting times for non-urgent primary care or advice ("same or next day") follows the Shared Health Priorities indicator framework.

Limitations

Definitions of recent and established immigrants vary across data sources, and this may affect comparability with other studies. The RHCP indicator is currently under review at Statistics Canada, and changes to its definition and survey answer categories may impact the usability and consistency of this variable in future studies.

Notes

1. Statistics Canada, 2023b.
2. Immigration, Refugees and Citizenship Canada, 2023.
3. In this study, the term immigrant includes individuals who are, or have previously been, landed immigrants or permanent residents, having been granted the legal right to reside permanently in Canada by immigration authorities. This category also includes immigrants who have subsequently acquired Canadian citizenship through naturalization. Recent immigrants are defined as those who have resided in Canada for 10 years or less following the acquisition of permanent resident status. In contrast, established immigrants are those who have lived in Canada for more than 10 years since becoming permanent residents. Individuals classified as non-immigrants are Canadian citizens by birth.
4. Tsai and Ghahari, 2023.
5. Pandey et al., 2021.
6. Bajgain et al., 2020.
7. Statistics Canada, 2023a.
8. In 2024, the question on which this indicator is based was revised to distinguish between types of health care providers and care team arrangements. Caution should be used when comparing with data from previous years.
9. Provincial groupings were based on the Standard Geographical Classification 2021. The regions include the Atlantic provinces, comprising Newfoundland and Labrador, Prince Edward Island, Nova Scotia, and New Brunswick; Quebec; Ontario; the Prairies, including Manitoba, Saskatchewan and Alberta; and British Columbia.
10. Degelman and Herman, 2016.
11. Ssendikaddiwa et al., 2023.
12. Subedi and Rosenberg, 2014.
13. Muggah et al., 2012.
14. "Not employed" includes people who were unemployed, as well as those who were not in the labour force during the past 12 months.
15. Additional internal analyses stratified by age indicated that the inverse association between employment and having a regular health care provider among established immigrants and non immigrants was most pronounced in older age groups, where the not employed category likely includes a higher proportion of retirees with greater health care needs.
16. These findings were further examined using a survey-weighted logistic regression model that adjusted for age and employment status among established immigrants. The results showed that age was a significant predictor of having an RHCP, while employment status alone and its interaction with age were not statistically significant. Pairwise comparisons indicated that not-employed individuals aged 45 to 64 and aged 65 and over had higher RHCP access than their employed counterparts, consistent with retirees having greater health care needs and more established provider relationships.
17. Ravichandiran et al., 2022.
18. Setia et al., 2011
19. Higginbottom and Safipour, 2015.
20. Wang et al., 2019.
21. It is possible that shortages of primary care providers contribute to lower RHCP access among recent immigrants; however, provider supply was not measured in the SHCAE PSC survey and therefore could not be examined in this study.
22. Degelman and Herman, 2016.
23. Ssendikaddiwa et al., 2023.
24. Muggah et al., 2012.

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