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Healthcare costs at the end-of-life among immigrant and non-immigrant groups in Manitoba, Canada

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Objectives

It is known that healthcare costs tend to increase during the last year of life. Recognizing the importance of efficient resource distribution for end-of-life care, this study compares healthcare costs incurred for migrants and long-term Manitobans and identifies the factors that impact healthcare costs during the last year of life.

Methods

This retrospective matched-cohort study used 15 databases linked at the individual-level, including immigration records, medical claims, hospital abstracts, drug prescriptions, emergency department visits, home care, long-term care, vital statistics mortality, housing and employment/income assistance, for those who died between January 2005 and December 2022 in Manitoba. Conditional zero-inflated gamma hurdle (ZIG) and quantile regression models were used.

Results

The average end-of-life healthcare costs for international migrants (2469) and Long-term Manitobans (2362) were CA\$44,909 and CA\$16,593, respectively. According to the adjusted ZIG model, international migrants had 17% higher costs. Among international migrants, Government Assisted and Blended Visa Office-Referred Refugees (GAR/BVOR) had 36% higher costs than Long-term Manitobans. Additionally, costs were higher for those without a partner (13%), receiving employment/income assistance (30%), having higher comorbidity (309% for 4+ comorbidities vs. 0 comorbidities), death at the hospital (171%), and long-term care (169%). Adjusted Quantile regression analyses revealed that only GAR/BVOR had higher costs across all levels of the cost distribution than long-term Manitobans.

Conclusion

In the last year of life, international migrants incurred greater healthcare costs than non-immigrants. However, the differences with non-immigrants varied depending on international migrants' characteristics.

Keywords

International Migrant, Long-term Resident, Government Assisted and Blended Visa Office-Referred Refugees.

