

From research to action – moving from what to now what



**CHALLENGING
COMPOUNDING
DISADVANTAGE**

Impact of COVID-19 among
Immigrants living with Cancers
or Mental Health / Addiction
Disorders in Ontario

June 11, 2026

Land acknowledgment



At Access Alliance, we confirm that as individuals and community groups, we continue to benefit from living in Tkaronto, known as Toronto, today on lands that belong to many indigenous nations, including the Huron-Wendat, the Anishinaabek, Haudenosaunee, and the Mississaugas of the Credit.

We are an organization with a mandate to work with most marginalized immigrants and refugees facing barriers to access and addressing systemic inequities. As individuals and as members of communities who have come here as settlers, immigrants, newcomers in this generation or generations past, as well as those of us who came here forcibly, particularly as a result of the Trans-Atlantic Slave trade, we recognize the ongoing impacts of colonialism on Indigenous, Metis and Inuit people.

This includes understanding the impact that: the forced removal from their land, the genocide perpetrated against them and the enforcement of residential schools, have on Indigenous Peoples, their culture and communities. We honour and respect the resilience and resistance of Indigenous peoples and nations across Turtle Island.

We are all treaty partners, and as such, are responsible and accountable for peacefully sharing and caring for the Great Lakes region. We commit to addressing and opposing any and all colonial violence and strive to practice solidarity with Indigenous peoples by listening, learning, building relationships, and taking action.

Truth and Reconciliation



The Truth and Reconciliation Commission of Canada provides two specific Calls to Action related to newcomers and seven related to health.

Update the Oath of Citizenship

Revise the information kit for newcomers to Canada and its citizenship test

Implement the health-care rights of Aboriginal people

Establish measurable goals to identify and close the gaps in health outcomes Calls to between Aboriginal and non-Aboriginal communities

Provide sustainable funding for existing and new Aboriginal healing centres

Recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples

Learn through formal education about Aboriginal health issues, including the history and legacy of residential schools

Increase the number & retention of Aboriginal professionals working in the health-care field, provide cultural competency training for all healthcare professionals

Outline/Agenda

- What - the research and findings
- So what - community and service provider validation
- Now what - a newcomer health plan
- Discuss - connecting academic/community informed research to ongoing community work and long term action



What happens to people at the intersection of social and clinical disadvantage during a pandemic?

The impact of COVID-19 on immigrants with **cancer** and **mental health & addiction disorders** in Ontario.

Compared COVID-19 outcomes among immigrants & refugees with other immigrants and non-immigrants.

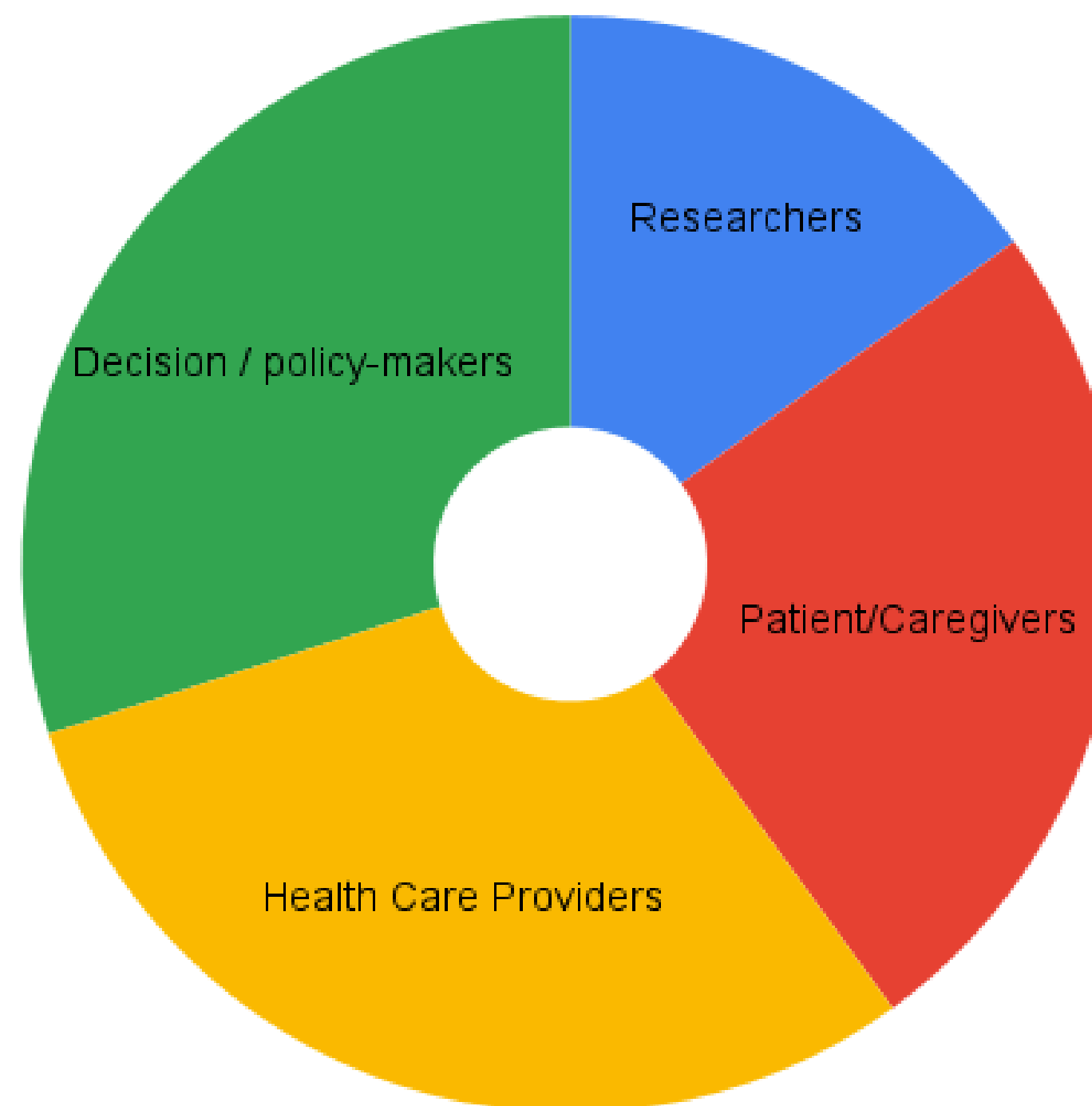
Analyzed COVID-19 outcomes through both clinical and social lenses.

Study design

They looked at data from Ontario's healthcare administrative databases:

- COVID 19 diagnosis
- Hospitalization
- ICU admission
- COVID 19 related mortality
- COVID 19 vaccination

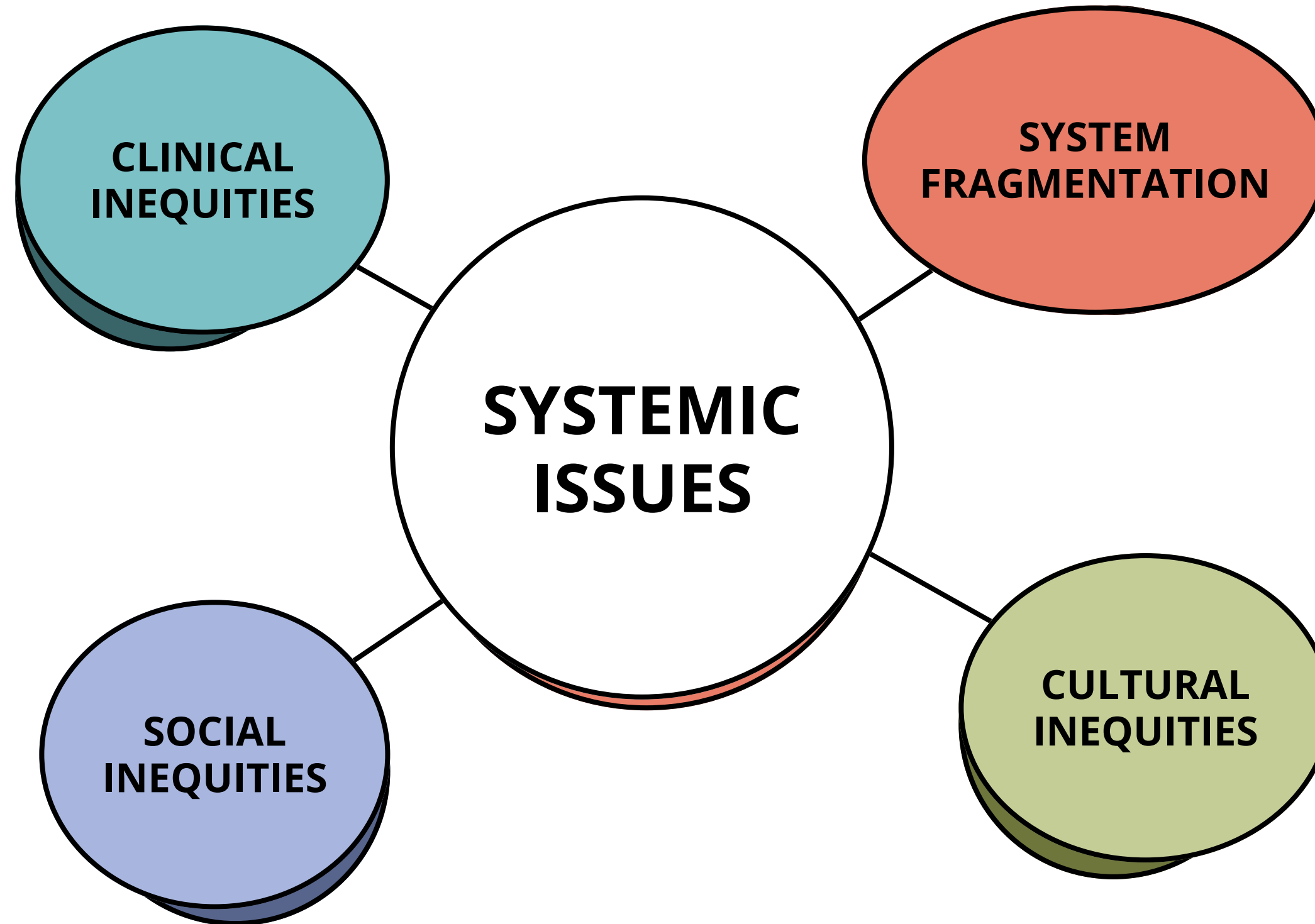
2 Think Tank sessions



What happens to people at the intersection of social and clinical disadvantage during a pandemic?

More immigrants lacked a primary care provider and had higher rates of comorbidities, or co-existing conditions.

A significant proportion of immigrants resided in ethnically concentrated, high-deprivation areas.



Virtual care excluded a significant portion of immigrants with limited digital literacy, and silos between health, housing, and immigration policies left families struggling to meet basic needs.

Lower vaccination uptake among Black and Latin American immigrants was linked to historical mistrust.

Targeted Recommendations / Action Items

Promote Intersectoral Collaboration Across Services:

Integrate health, social services, immigration, housing, and finance policies to ensure comprehensive care. Breaking down silos between these sectors will provide a more holistic approach to mental health and addiction care, addressing the interconnected needs of individuals.

Empower Communities and Tailor Programs to Local Needs:

Engage communities in decision-making processes by asking them what they need and adapting services to fit their specific cultural and social contexts. This approach fosters trust and ensures that mental health and addiction programs are relevant, effective, and culturally safe.

Enhance Access to Mental Health Services Through Cultural Competency Training:

Provide mandatory cultural sensitivity, competence, and safety training to front-line staff and service providers. This will improve the inclusivity of services and ensure that immigrant and marginalized populations receive equitable mental health and addiction care.

Leverage Foreign-Trained Health Professionals as Community Health Ambassadors:

Utilize internationally educated health care providers (IEHPs) from immigrant communities to serve as community health ambassadors. They can provide culturally relevant health information, promote cancer prevention, and assist with navigating the healthcare system, enhancing trust within these communities.

Increase Digital and Health Literacy for Newcomers and Vulnerable Groups:

Implement programs to improve computer literacy and health navigation skills, especially for new immigrants and seniors. This will enhance their ability to access mental health resources and navigate the Canadian healthcare system more effectively.

Establish Health and Social Service Connections at Immigration Health Check:

Upon arrival in Canada, ensure that immigrants and refugees are connected with health care providers and social services at the time of their Immigration Health Check. This early intervention would help new arrivals navigate the healthcare system more efficiently, ensuring timely access to care.

Expand Access to Community Health Centers and Cancer Screening Services:

Increase the availability of community health centers in underserved areas and expand access to cancer screening services. These steps will help reduce wait times, improve access to preventive care, and promote earlier detection of cancer among immigrant populations.

Create a Provincial Health Portal with Culturally Relevant Information:

Develop a provincial portal that offers simple, culturally safe, and easily understandable health information. This online resource would help immigrants and refugees access critical health-related information in their own language, improving communication and health literacy.

Reimagining Ontario's Health System for Immigrants and Refugees: how can Ontario's health care system support newcomers better?

Bridging Gaps in Care: Reimagining Ontario's Health System for Immigrants and Refugees



What happens to those who are at the intersection of social and clinical disadvantage during a pandemic?



Solutions

- Leverage internationally trained health professionals as Community Health Ambassadors
- Establish health and social service connections at immigration health check
- Expand access to community health centres and screening services
- Create a provincial health portal with culturally relevant information
- Promote intersectoral collaboration across services
- Empower communities and tailor programs to local needs
- Enhance access to health services through cultural competency training
- Increase digital and health literacy for newcomers and vulnerable groups

Key Facts About Health Equity

Barriers to health care include systemic racism/ racialization, immigrant/ migration status, forced migration, poverty, precarious employment, language barriers, food insecurity, environmental justice, & social isolation/ exclusion.

Health Equity advocates for policies and programs that seek to understand and address systemic racism, expand language access, amplify lived experience, and centre community voices.

Services and programs are designed and delivered intentionally to reduce health disparities and inequities. We advocate for healthier public policy and against unfair practices and prejudices that harm people's health.

The ultimate goal is that everyone has access to everything they need in order to live healthy lives, from education, employment, good food, income, as well as access to trusted, inclusive, caring, and culturally relevant health care.

Questions to Discuss

- What do you have to say or experienced that is not being heard enough?
- Where does this work fit into Ontario's Primary Care Action Plan vision and planning?
- What is the #1 action or change that you think needs to happen next?
- Who are we building health services for?
- What do you think should be done to reduce current and future health pandemic disparities?
- What can we do better now to ensure equitable access to healthcare?

MAKE HEALTH EQUITY A PRIORITY. WE CAN DO BETTER.

What needs to be done isn't a mystery



BRIDGING HEALTH DIVIDES

A COLLABORATIVE STUDY ON ADDRESSING HEALTHCARE DISPARITIES IN RACIALIZED COMMUNITIES



RACIALIZED HEALTH WORKING GROUP

Public Health Agency of Canada

Barriers and Enablers to Primary Care Access for Equity-Deserving Populations in Ontario: A Scoping Review

Building Responsive Intersectoral Initiatives for Newcomers in Toronto: Learning from Service Providers' Experiences in the Context of COVID-19

Untold Stories of Black and Racialized Immigrants with Disabilities During COVID-19 in the Greater Toronto and Hamilton Area

Wellesley Institute
advancing urban health



FROM ARRIVING **2** THRIVING A STUDY ON NEWCOMER WELLNESS NEEDS IN DURHAM

A COLLABORATIVE PROJECT BETWEEN DURHAM COMMUNITY HEALTH CENTRE (DCHC) AND THE TNO - NEIGHBOURHOOD ORGANIZATION (TNO).

CAMPUS LOGIX
PRINCIPAL CONSULTANT AND AUTHOR: MOHAN DOSS

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Racialized groups who have a regular health care provider: An overview

The Global City: Newcomer Health in Toronto

November 2011



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ANNUAL HEALTH EQUITY SUMMIT

Now what? Don't leave it up to policy makers to connect the dots



What does the data explicitly tell us about the lived reality of the community?

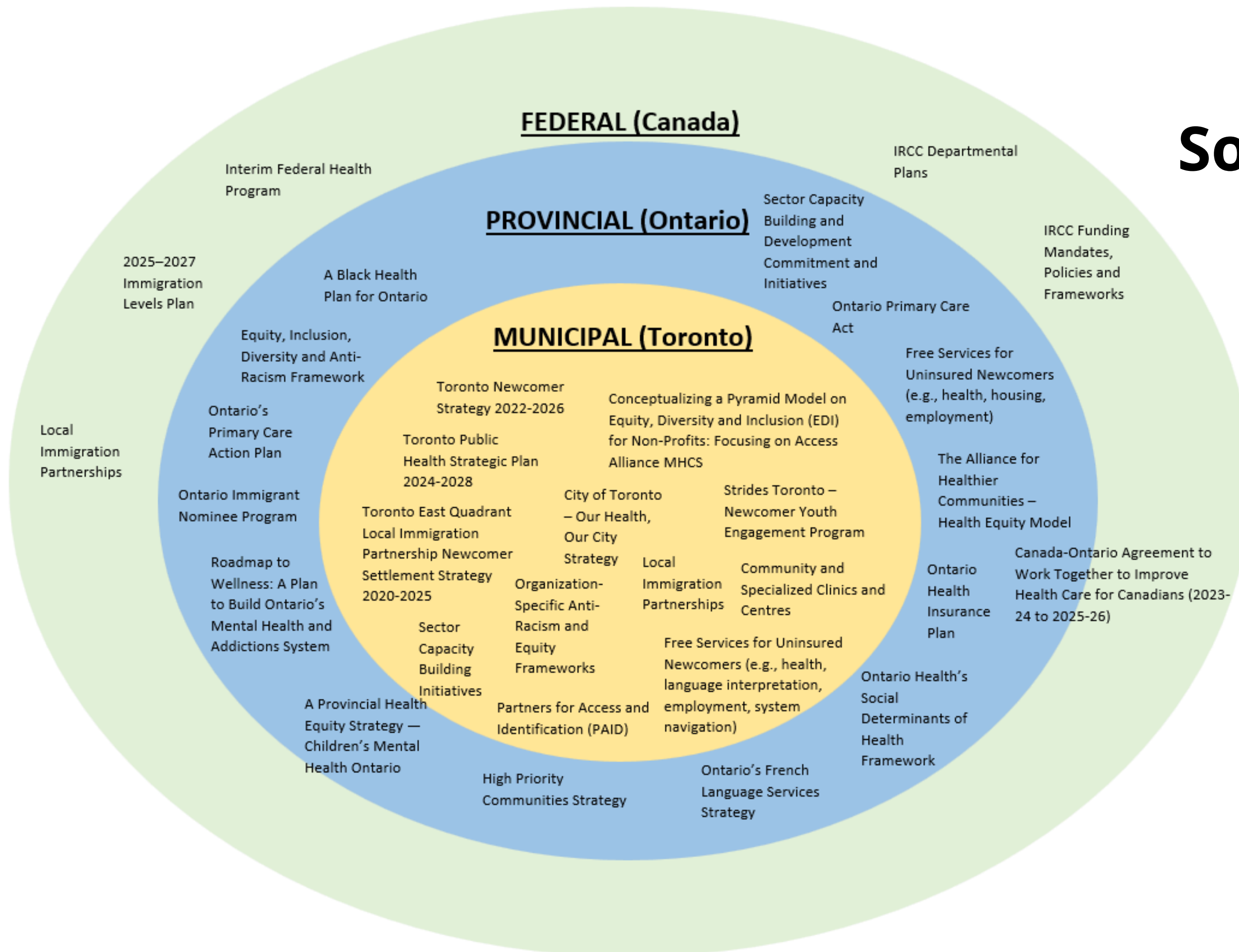
Where do existing policies fail the community?

What specific policies, regulations, laws, or funding guidelines control or impact this issue?

What is the concrete alternative we are proposing?

Who do we target, how, and when?

So many dots



Internal dots

Public Health: “Ministry of Health has **not leveraged Public Health Ontario effectively** to achieve its full intended capacity and potential to improve the health of Ontarians... including developing and implementing a process to include PHO’s review of evidence when developing **provincial policy decisions that impact public health.**”

Emergency departments: “Emergency department care comes at a significant cost to the health-care system as a whole — the direct **cost of an emergency department** visit in Ontario was approximately \$165 per visit, almost **three times higher** than the cost of **alternative options like primary care**, which cost about \$56 per visit.”

Constant new dots



Emergency Department Visits for Minor Illnesses Among Recent Refugee and Immigrant Children

Susitha Wanigaratne, PhD; Julia Brandenberger, PhD; Hong Lu, PhD; Therese A. Stukel, PhD; Tomi Odugbemi, MPH; Rick Glazier, PhD; Jen Rayner, PhD; Astrid Guttman, MDCM, MSc

Fewer ED visits for minor illnesses among resettled refugee families related to the **healthcare-navigation support that families received during early settlement.**

After two years of arrival, primary care visits for minor conditions decreased while non-urgent ED visits increased among all resettled refugee children. A result of **reduced resettlement financial support and the challenge these families may face accessing primary care during regular work hours.**

New types of dots



CANADIAN FEDERATION
OF NURSES UNIONS



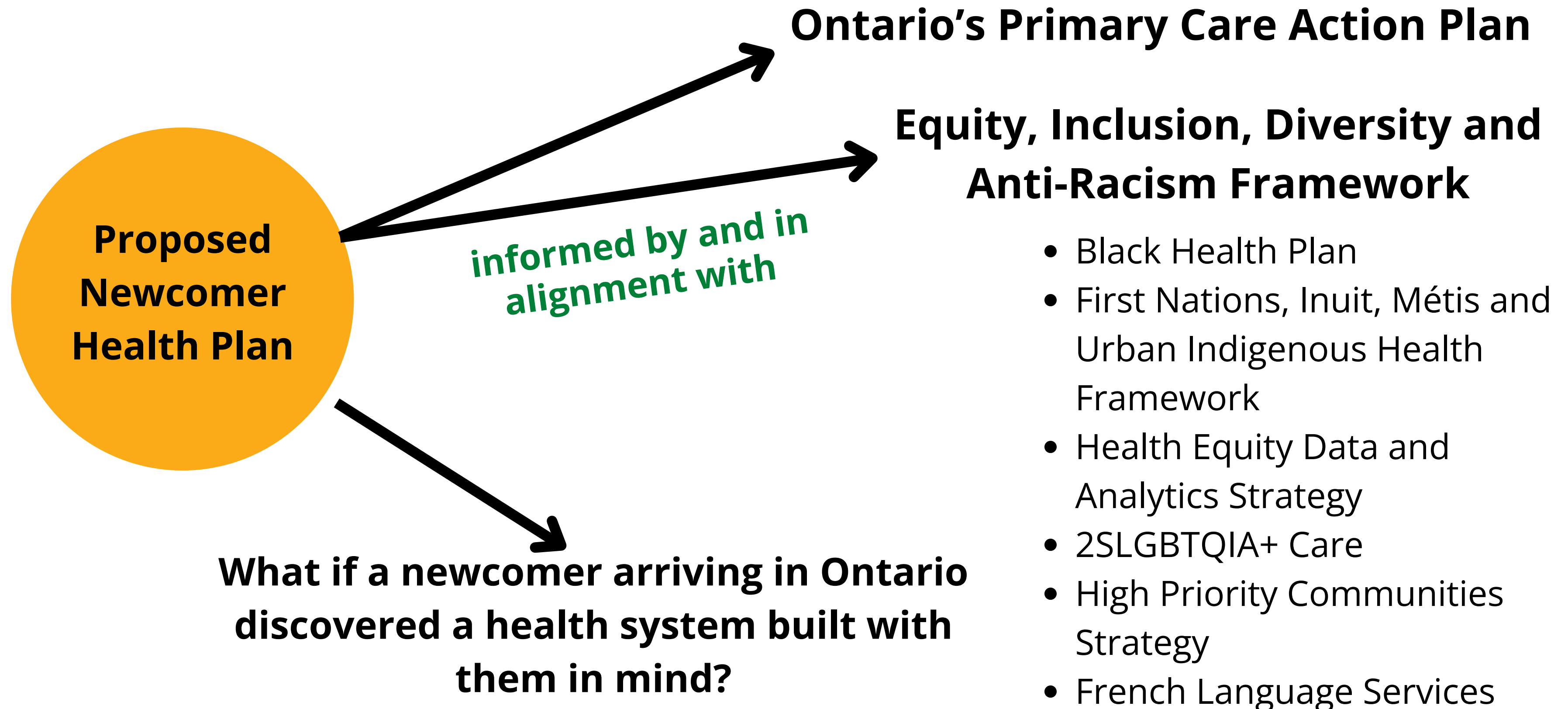
“For **every dollar the federal government spends on health**, after one year **between \$1.32 and \$1.45 is generated of additional GDP**... Analysis indicates that these results would rise proportionally with higher levels of health spending.

Over the **first 5 years of the 1% increase in health spending**, between **\$15.5 and \$19.5 billion** in real GDP and **69,000 to 83,000 years of work** are added to the Canadian economy.”

From: [The economic impact of increased public sector health spending in Canada](#)

Also see: [The Economic Benefits of Canada's Public Health Care System](#)

Who do we target, how, and when?



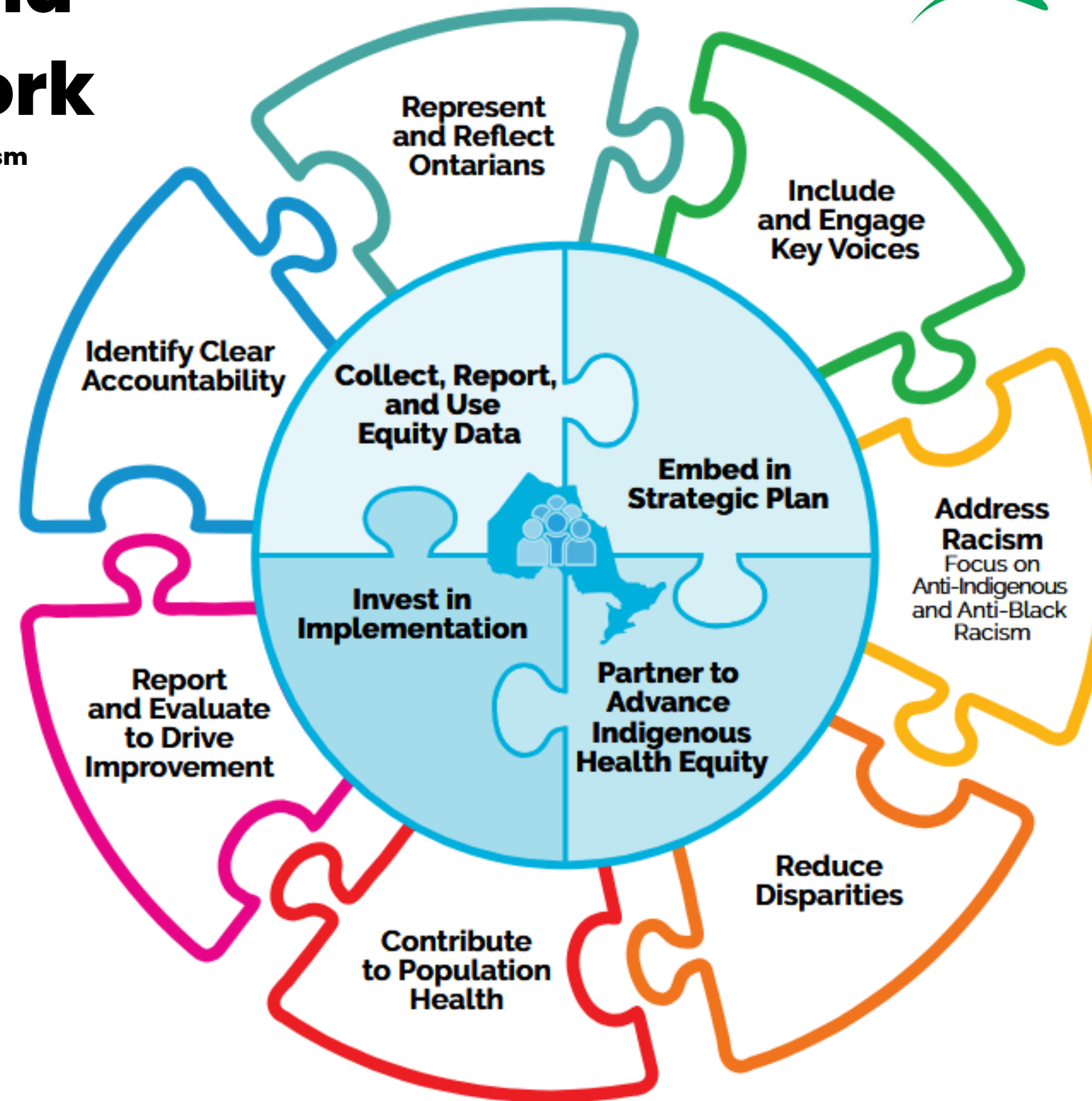
Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework

With a focus on addressing anti-Indigenous and anti-Black racism

2020



Access Alliance
Multicultural Health and Community Services



For more information, go to: ontariohealth.ca



Ontario Health

Foundations of Health Equity

Trust Building

Establishing **trust** as a foundational element for diversity and inclusion.

Conceptualizing Health Equity

Understanding and defining health equity in **relation** to roles and organizations.

Community Engagement

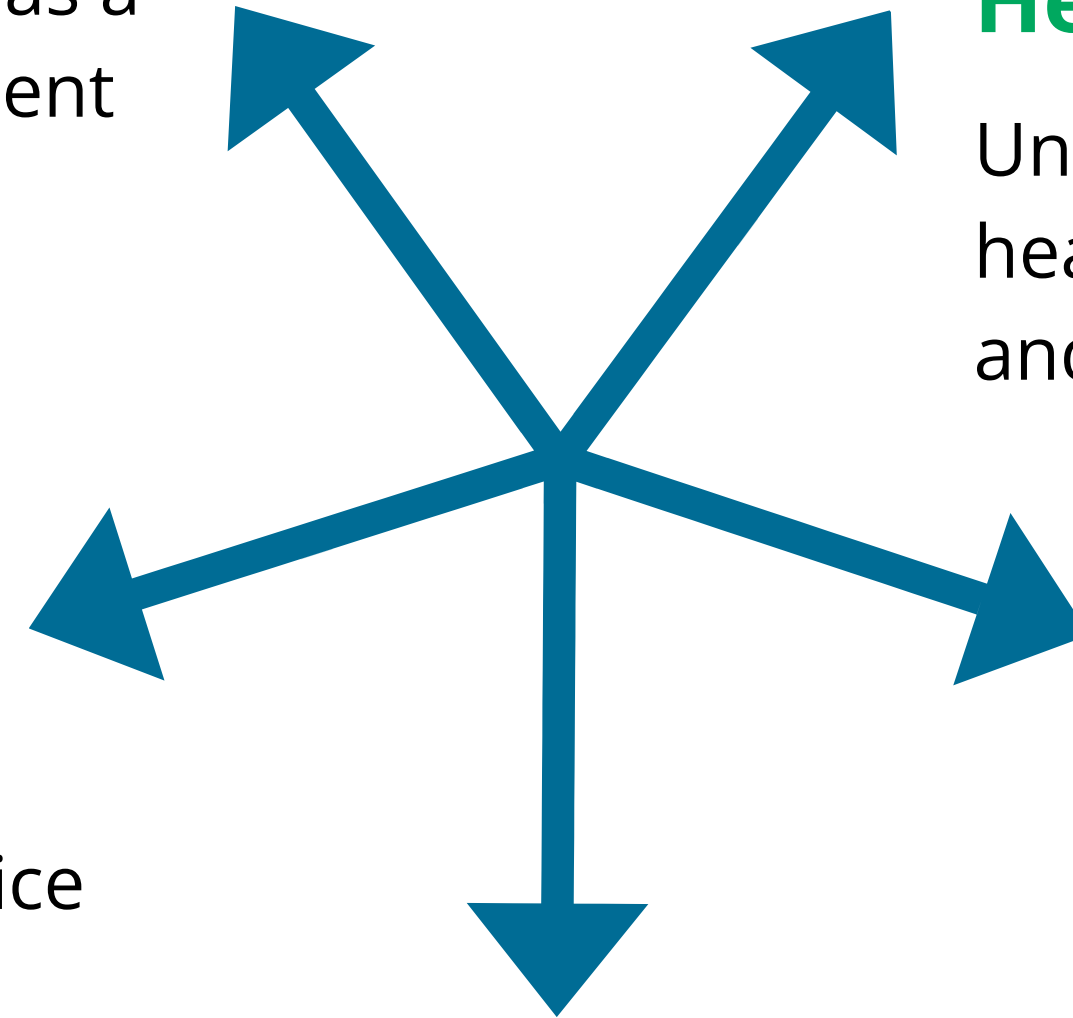
Involving people with lived experience in service design and evaluation.

Effective Implementation Support

Addressing resource limitations and systemic challenges to equitable care.

Leadership Commitment

Ensuring diverse leadership and **genuine** commitment to equity principles.



**The dots tell us
that attachment
alone won't work**

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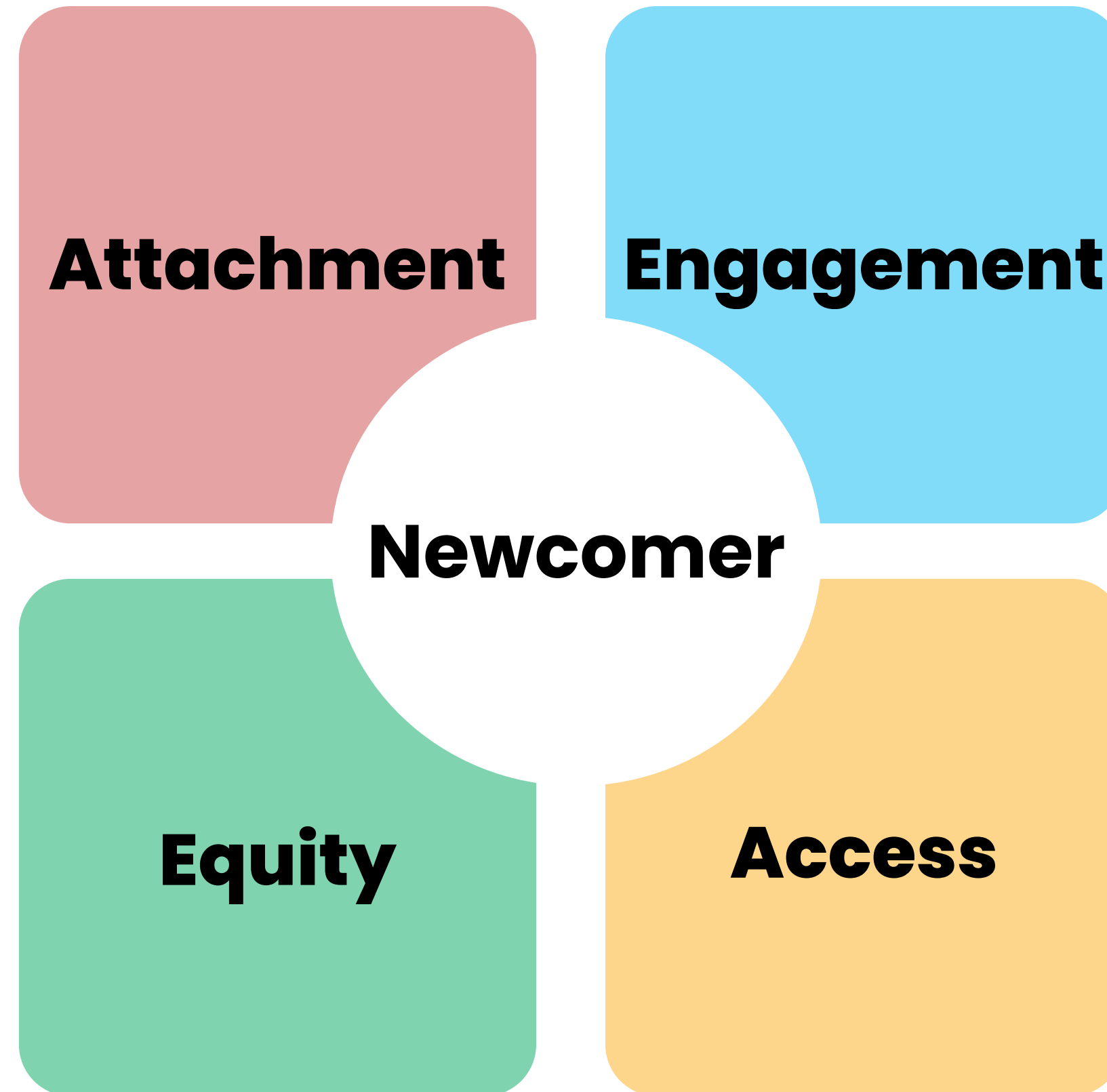
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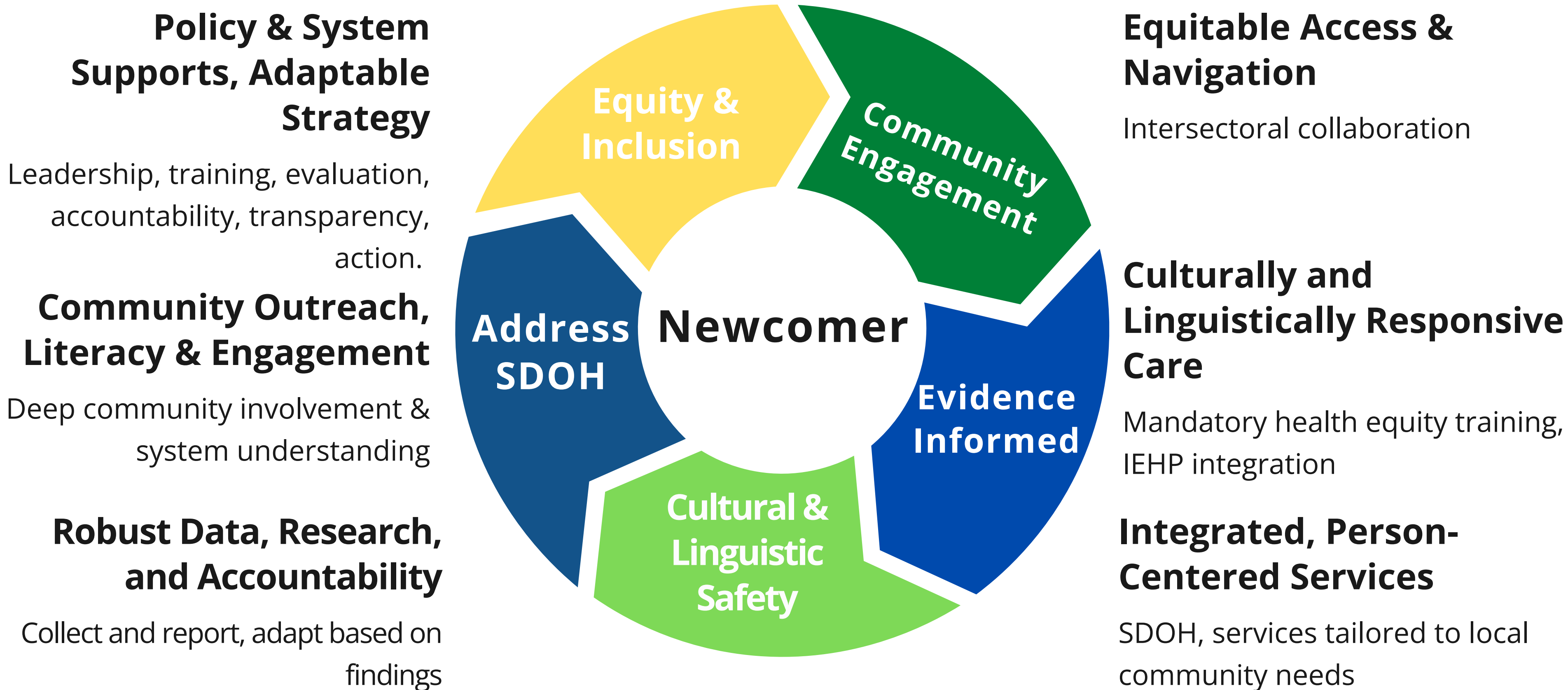
Attachment alone won't work



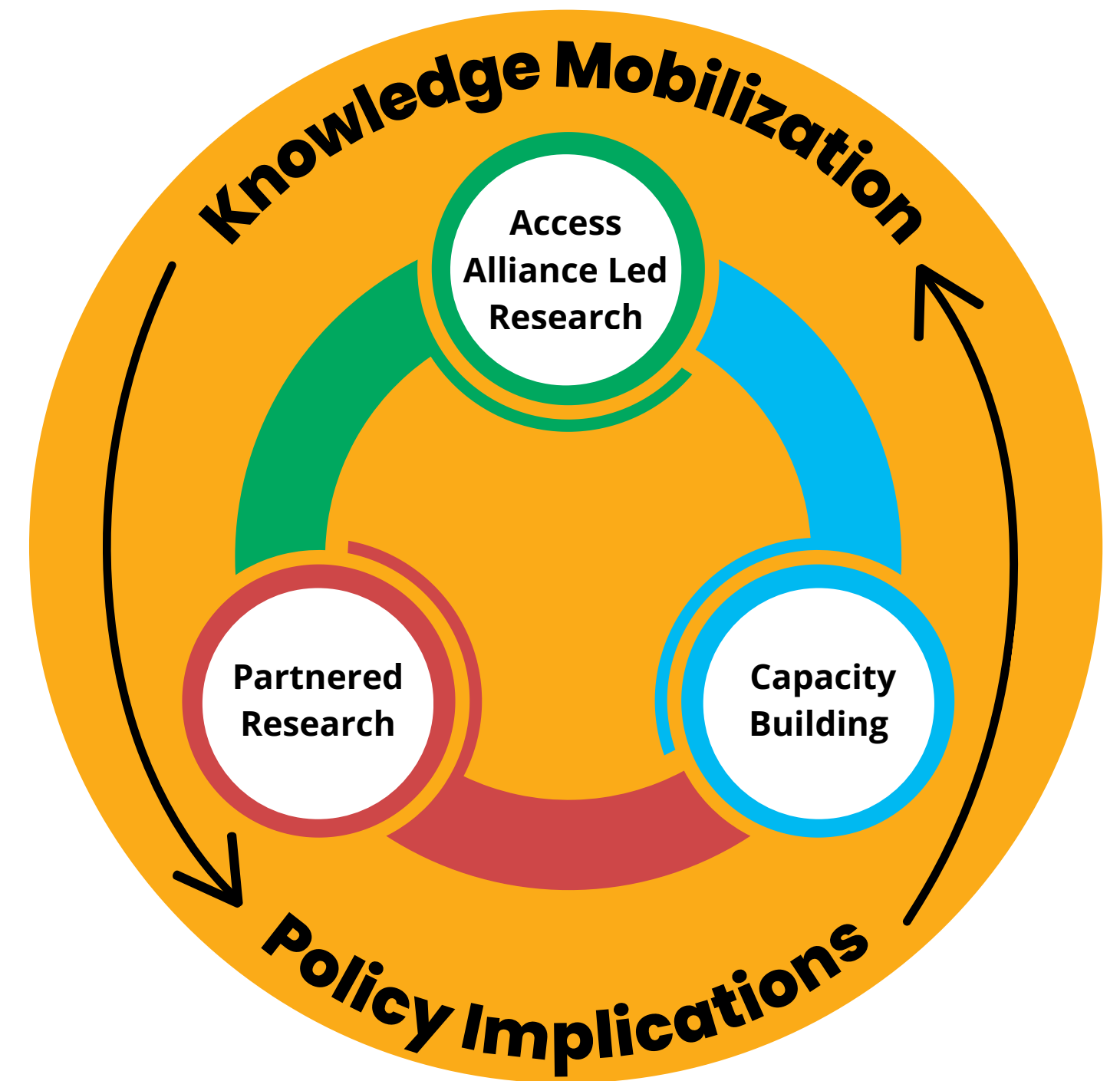
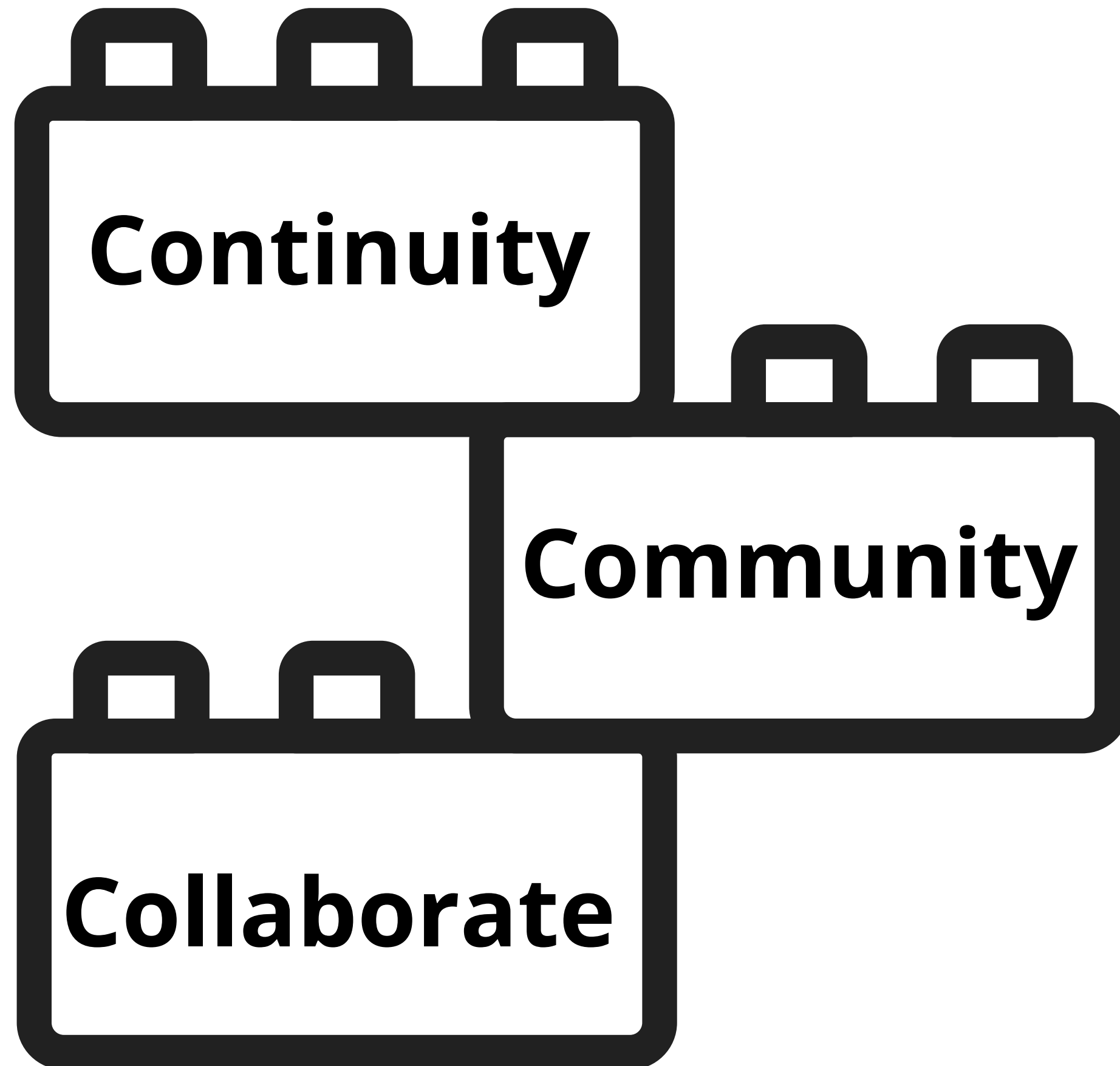
Now what

What if we **co-created** a Newcomer Health Plan for the province of Ontario, using an **Asset-Based Community Development (ABCD) model** (a strengths-focused approach that builds on existing community assets), co-designed, community led, with a **system-level collaboration approach**, to ensure that the Ontario Health's Equity, Diversity, Inclusion, and Anti-Racism framework is **realized in practice for newcomers?**

Newcomer Health Plan



Research is just a start



Resources

- Challenging Compounding Disadvantage - project website
- The Disproportionate Impact of COVID-19 on Immigrants and Refugees with Chronic Illnesses
- Webinar reflection – Bridging Gaps in Care – Reimagining Ontario’s Health System for Immigrants and Refugees
- Community Consultation Feedback - Bridging Gaps in Care: Reimagining Ontario’s Health System for Immigrants and Refugees
- Advancing Health Equity: A Collaborative Consultation on Practice and Progress
- A Knowledge Mobilization Report on Supporting Immigrant and Refugee Communities Amid COVID-19 and Health Challenges
- A Newcomer Health Plan for Ontario – the time is right

Questions to discuss

- How can we better connect research to community continuity? How can we better connect academic / community informed research to longer term and collaborative activities that lead to real change?
- What role could research funding play in supporting community that works on the issue/challenge long-term?
- If research is being done to address policy change, how can a research project explicitly build in policy-shifting activities and outcomes (i.e. connect the policy dots)?



New Beginnings for Newcomers.

Thank you

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