

Bridging Gaps in Care: Reimagining Ontario's Health System for Immigrants and Refugees - Community Consultation Feedback – June 2025

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Introduction

In May we conducted a virtual consultation to re-imagine how Ontario's health care system can be more accessible, equitable, and responsive for immigrants and refugees. In this document we provide an overview of feedback from four additional community consultation sessions:

1. Arab Community Centre of Toronto (ACCT) - 22 participants
2. Bangladeshi-Canadian Community Services (BCS) - 25 participants
3. AccessPoint on Danforth (APOD) Community Reference Group – 14 participants
4. AccessPoint on Jane (APOJ) Community Reference Group – 15 participants

Like the May 27th webinar, these sessions provided engaging and solutions-focused conversations with groups of community members, the vast majority identifying as patients/caregivers in the health care system. We explored how to ensure their communities are not only included in system improvements, but also meaningfully connected to primary care and vital social supports. The session was part of knowledge mobilization activities for the research project [Compounding disadvantage: the impact of COVID-19 on immigrants living with cancer or mental health and addiction disorders](#).

These sessions provide valuable validation and expansion of the [themes identified in the previous webinar analysis with 26 participants](#). These sessions involved 76 additional participants and provide both reinforcement of existing themes and introduction of new perspectives. A final document will be produced to provide detailed final themes distilled from these consultations, which will also connect with other related recent research on the topic.

Overall Analysis Summary

The path forward requires simultaneous action across multiple domains. Affected communities are prepared and expect to be genuine partners in designing and implementing comprehensive healthcare system reform rather than passive recipients of services.

Our webinar discussions, enhanced by additional detailed comments and community consultation feedback, reveal a healthcare system that systematically disadvantages newcomers through structural barriers, but also demonstrate remarkable sophistication in community understanding of both problems and solutions. These consultations strongly reinforce the project's research findings and action items.

Validation of Core Themes: The community consultations provide strong validation of the five original themes identified in the webinar analysis:

1. Better Integration of IEHPs into the Healthcare Workforce
2. Improving Systems Navigation and Health Promotion
3. Language Access and Proficiency
4. Information Access is Impacted by Digital Inequity
5. Pre-arrival Presents an Opportunity

The consistency across different groups, timeframes, and consultation formats indicates that these themes represent genuine, persistent challenges rather than isolated concerns. All discussions focused on immediate barriers and frustrations, demonstrating deep understanding of policy mechanisms, equity principles, and systemic interconnections.

Community Expertise: Perhaps most significantly, the feedback demonstrates that affected communities have developed sophisticated expertise about healthcare systems. The distinction between equity and equality, understanding of population-based care formulas, and recognition of social determinants of health indicate that community members are ready for policy-level discussions rather than just service-level improvements.

Integration of Multiple Perspectives: The community consultations reveal how healthcare challenges affect different groups differently while sharing common systemic roots. Gender differences, age-related transitions, chronic condition management, and newcomer integration all face similar structural barriers but require tailored approaches.

Systemic Solutions Require Community Partnership: The overall analysis strengthens the case for systemic rather than individual solutions. Community consultations reinforce a need for intentional co-creation and community partnership in designing and implementing those solutions. The recognition that "community organizations play an important role" and calls for "more community consultations" suggest that effective systemic change requires genuine community participation.

Comprehensive Reform Agenda: The combined feedback points toward a comprehensive reform agenda that addresses:

- Policy barriers (system access, IEHP licensing, medication coverage)
- System design (wait times, system navigation, inclusion-focused technology integration)
- Service delivery (cultural safety, language access, provider-patient relationships)
- Community support (peer networks, information sharing, emphasizing social determinants)
- Professional development (IEHP integration, health equity frameworks and training, community engagement)

Readiness for Action: The sophistication and consistency of feedback across all sessions indicates that the community is ready for and expects coordinated reform efforts. Communities have moved beyond identifying problems to proposing specific solutions and demonstrating understanding of policy mechanisms needed for implementation.

Strengthening of existing themes from webinar consultation

Better Integration of IEHPs into the Healthcare Workforce (Strongly Reinforced)

Community consultations provide overwhelming validation of this theme. APOJ participants specifically stated "Internationally trained doctors should be recognized," while ACCT noted that "Many internationally educated health professions (IEHP) face barriers to practice." BCS went further, emphasizing that IEHPs "understand their communities", calling for increased "employment and use" of these professionals, recognizing both their professional expertise and community cultural knowledge.

Improving Systems Navigation and Health Promotion - Navigation Complexity Expanded with Specific Examples

Community feedback significantly strengthens this theme with concrete details. ACCT participants noted "The system is not set up for easy navigation" and emphasized that "System literacy and navigation is complex, and knowledge and support are essential." Participants observed that "community organizations play an important role in the system, even if they do not provide direct health services" by helping "fill out forms, orient and navigate the health care system." System navigation complexity has created a secondary support system, which is not always valued or included in broader healthcare system information, literacy, or navigation efforts.

Medication cost barriers emerged across multiple groups, with specific examples like paying "\$100.00 for the medicine I needed" after losing employment-based insurance. These concrete examples validate a slightly more abstract policy critique from earlier discussions.

Language Access and Proficiency (Technical Sophistication)

Community feedback reveals more nuanced language challenges. ACCT noted that "Interpreters, when available, do not always have medical technical knowledge" and highlighted the prevalence of "informal family interpretation." A BCS participant noted that it is unfair and difficult when called on to interpret for a sick family member, as they are preoccupied with their loved one's pain and suffering and things can be missed in discussion.

BCS emphasized that "Translation and interpretation accuracy needs to meet a high standard." This moves beyond simple availability of interpretation toward quality and appropriateness of language support.

Information Access is Impacted by Digital Inequity (Expanded with Specific Examples - digital equity, digital literacy, information accessibility)

Technology and digital equity emerged particularly strongly from ACCT feedback and represents a sophisticated understanding of how technology can both help and hinder healthcare access. Technology literacy challenges emerged, with an ACCT participant noting "It is hard to keep up with technology. Tech literacy is important" but also emphasized that "service providers [need] to use appropriate technology. If the technology doesn't work, the service doesn't work."

A participant observed that information accessibility is an issue. A comment "There used to be more health information available in other languages. It's harder to find now" suggests that digitization may have reduced rather than improved accessibility for some communities. This in turn was reflected on by BCS participants who supported "a centralized portal... with specialized information for different communities, in different languages," indicating desire for technology solutions when properly designed with communities not only in mind, but co-created.

The previous theme **Pre-arrival presents an opportunity** was not specifically addressed in community consultations. A webinar discussion suggestion included: "Many integration challenges could be prevented through better pre-immigration orientation that provides realistic expectations about professional licensing, employment challenges, and available services." Community consultations intuitively suggest that this would be both useful, if properly designed, but that it must not only be done using technology solutions.

New Themes Emerging from Community Consultations

Wait Times as an Equity Issue

While wait times appeared in earlier discussions, it is a strong theme in all community discussions. Some community consultations frame this as a fundamental equity and safety concern rather than mere inconvenience. APOJ participants shared extreme examples: "16 hours to see a doctor" and concerns that following "system design can be fatal – too slow to get help." ACCT and BCS participants noted that it is an across the system issue, noting: "waiting times are too long in hospitals, in emergency departments, to get access to specialists, for ambulances." Patients with chronic

conditions "cannot follow up directly with specialists," creating health risks. There is "not enough support on weekends and holidays, which leads to overcrowding on other days."

Cultural Safety

BCS participants provided sophisticated analysis, distinguishing between "equity, not equality", emphasizing the need to "give people what they need, understand them deeply", through "more community consultations to ensure the health care system is relevant to everyone's needs." APOJ participants called for "More doctors and nurses that look like us and speak our language," while also noting the importance of doctors connecting with communities for early detection. This represents evolution from basic cultural matching toward deeper community integration.

System Design Implications

The feedback suggests wait times aren't just capacity issues but reflect system design problems. The observation that other countries have "regulated formula for care based on population to ensure everyone has adequate access" indicates awareness of policy solutions. BCS participants introduced the most sophisticated analysis of health determinants, moving beyond healthcare system access to broader social factors. This included these sub-themes:

- **Impact of social determinants of health:** The recognition that "What you don't have access to impacts health" and the call to consider "financial history/experience, lifestyle, and other non-clinical factors" demonstrates understanding of health as influenced by social conditions.
- **Transportation as Barrier:** The identification of "Transportation is a barrier to access health care" connects healthcare access to broader urban planning and social service coordination.
- **Community Support Systems:** The emphasis that "Community-focused organizations are important to provide information and support. There should be no silos between different systems, more collaboration" and "Community should be helped to support each other" suggests recognition of peer and community support as health interventions.

Enhancing Healthcare Relationships and Trust

This theme emphasizes the relational aspects of healthcare that are often overlooked in system efficiency discussions. It includes these sub-themes:

- **Provider-Patient Relationships:** BCS participants emphasized that "Health practitioners need to spend more time with patients to really get to know them, understand their family's health background." This suggests that time constraints in healthcare limit not just access but quality of care.
- **Community Connection:** APOJ participants noted the importance of "doctors connect[ing] with the community" rather than being "always in the clinic only." This suggests a model of healthcare that extends beyond clinical encounters into community engagement.
- **Trust and Communication:** ACCT participants identified "Trust and misinformation are big issues in the health care system," indicating that relationship quality affects health outcomes.

Resource Limitations vs. Demand (Expanded Understanding)

Community feedback provides specific examples of the impacts of resource scarcity. The shift from employment-based insurance to retirement without coverage, transportation barriers, and medication costs illustrate how resource limitations create cascading health effects. An observation about other countries having "regulated formula for care based on population" suggests awareness of policy mechanisms to address resource allocation.

Professional vs. Community Roles (Refined Understanding)

Community consultations reveal more nuanced thinking about professional roles. Rather than just utilizing immigrant healthcare workers, participants emphasized that IEHPs "understand their communities" and should be valued for both professional expertise and cultural knowledge. This represents evolution from simple workforce utilization toward recognition of cultural competence as professional skill.

Individual vs. Systemic Solutions (Community-Centred Approach)

While maintaining focus on systemic solutions, community consultations introduce more community-centred approaches. The emphasis on community organizations as system navigators, peer support systems, and spaces where community consultation

processes should occur suggests that effective systemic change requires community partnership rather than top-down policy implementation.

Prevention vs. Treatment (Integrated Approach)

Community feedback integrates prevention and treatment more seamlessly. APOD participants emphasized "Early diagnosis/preventative care" and "Diabetes prevention," while BCS participants discussed "health promotion and literacy" and "self-care." This suggests understanding that prevention and treatment are interconnected rather than separate approaches.

Quality vs. Access (Balanced Perspective)

Community consultations demonstrate sophisticated understanding that access without quality is insufficient. The emphasis on interpretation accuracy, provider time with patients, and addressing misdiagnoses indicates recognition that meaningful healthcare requires both accessibility and quality care. Participants agree that compassionate/understanding care where healthcare practitioners seek to understand the whole person/the experiences of a person in connection to their health, taking into account their context/lived experiences (i.e., the social determinants that impact health), should be part of the health diagnosis. This would require patients having more time with providers. Ultimately this means having more healthcare providers to alleviate the current pressures on the system.

Appendix – summary of community consultation feedback

APOD Community Reference Group (14 participants)

How is the health care system serving you?

- Long wait times
- No family care provider
- Not enough care

What are your top health priorities?

- Less wait time for surgeons
- Early diagnosis/preventative care
- Free eye and dental care
- Diabetes prevention/kidney transplant
- Weight/sodium management
- More specialist doctors
- More hospitals
- Free/subsidized vitamins for uninsured

What changes would make the system work better for you?

- Preventative care
- More doctors, nurses and hospitals and clinics
- Social workers for disabled seniors
- Mix of private and public health
- Early diagnosis
- More health care funding
- More medical schools

APOJ Community Reference Group (15 participants)

How is the healthcare system serving you?

- I am happy with the healthcare system
- It's educational
- It is not just about health; it is about helping me take initiative
- It is good
- Hard to find a family doctor

What can make the healthcare system better for you?

- We need to ask the government to have more nurses, doctors, and available beds
- Right now, there is no OHIP for newcomers, and we need that
- Family doctors ... making sure we all have one
- Mental health
- Connecting doctors to communities because right now, communities don't know what's going on in the healthcare system since doctors are always in the clinic only
- When doctors connect with the community, we can have early detection

What changes to the healthcare system would make it work better for you?

- Less waiting for a doctor
- One time I waited 16 hours to see a doctor ... that shouldn't happen
- Shorter time at the ER
- One time I paid \$100.00 for the medicine I needed ... I used to have health insurance when I worked, and after I retired, my insurance went away and now I cannot afford my medicine. So, we need more benefits for people who are retired
- Internationally trained doctors should be recognized
- More doctors and nurses that look like us and speak our language
- Translators at the doctor's office

ACCT (22 participants)

How is the healthcare system serving you? What can make the healthcare system better for you? What changes would make the system work better for you?

- Time – faster system
- Waiting times are too long in hospitals, in emergency departments, to get access to specialists, for ambulances
- Medicine can be very expensive, too many things are not covered, and not just prescriptions, but also over the counter medications
- Following the system design can be fatal – too slow to get help, not easy to access specialists
- Patients with chronic conditions like diabetes cannot follow up directly with specialists.
- The system is not set up for easy navigation.
- Many internationally educated health professions (IEHP) face barriers to practice

- Other countries have a regulated formula for care based on population to ensure everyone has adequate access to care. We need more health centres and staff to match our population.
- Too hard to find a doctor close by.
- Not enough support on weekends and holidays, which leads to overcrowding on other days.
- Nurses have an important role to play, we need to train more of them, and pay them better
- Raise awareness in communities about basic first aid so we can help ourselves and each other
- More blood donation
- Inconsistent doctor referrals to specialists or tests
- Limited geriatric specialists – getting senior referrals to care homes from hospitals is hard.
- Trust and misinformation are big issues in the health care system
- It is hard to keep up with technology. Tech literacy is important, but it is also important for service providers to use appropriate technology. If the technology doesn't work, the service doesn't work.
- Low literacy is an issue, not just digital or health literacy
- Many community organizations play an important role in the system, even if they do not provide direct health services. For example, they help fill out forms, orient and navigate the health care system.
- System literacy and navigation is complex, and knowledge and support are essential
- Interpreters, when available, do not always have medical technical knowledge. There is also a lot of informal family interpretation that happens. Having competent professional interpreters is important.
- Language barriers are an issue. There used to be more health information available in other languages. It's harder to find now.

BCS (25 participants)

How is the healthcare system serving you? What can make the healthcare system better for you? What changes would make the system work better for you?

- Gender differences in experience with the health care system needs to continually be explored and documented
- Translation and interpretation accuracy needs to meet a high standard

- What you don't have access to impacts health, the system should consider social determinants of health, such as financial history/experience, lifestyle, and other non-clinical factors
- Equity, not equality is important to build into the system – give people what they need, understand them deeply
- We need increased employment and use of internationally educated health professionals (IEHPs). They understand their communities, take advantage of their experience, both professionally as well as in the community they come from.
- Increase health promotion and literacy
- Decrease waiting times, especially when it comes to accessing specialists
- We need more community consultations to ensure the health care system is relevant to everyone's needs
- There are long wait times between appointments with primary care providers, have more monitoring in between appointments
- Community-focused organizations are important to provide information and support. There should be no silos between different systems, more collaboration
- A centralized portal is a good idea, with specialized information for different communities, in different languages.
- Service providers need to take patient concerns more seriously and realities of misdiagnoses need to be addressed
- Review our emergency system for equity and wait times and deal with issues in a timelier way
- Wait times in general are an issue
- Language barriers are a challenge
- Learn more about self-care to avoid having to always address health in a clinical way
- Internationally educated health professionals (IEHPs) and community groups are important to get information out to the community
- Community should be helped to support each other
- Transportation is a barrier to access health care
- Medicine should be free
- Systems and information navigation are necessary to help guide communities to decide where to go, what to do, etc.
- Health practitioners need to spend more time with patients to really get to know them, understand their family's health background, etc.
- Keep track of side effects of the COVID vaccine and report them