Access Alliance
Multicultural Health and Community Services

New Beginnings for Newcomers.

Community Knowledge, System Impact:

A Decade of Research Leadership at Access Alliance

Acknowledgement & Disclosure

Declaration for the use of generative AI

There was no use of generative AI in the writing of this report.

Citation

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Preface

It is my honour to present this reflection of our department's continued commitment to advancing equity-driven, community-informed research in Toronto's diverse healthcare landscape. As an organization dedicated to improving health outcomes for immigrants, refugees, and marginalized populations, Access Alliance recognizes that rigorous research rooted in lived experience is essential to building responsive, inclusive, and effective systems of care. This publication highlights the work we have undertaken over the past 10 years to strengthen evidence that informs policy, enhances service delivery, and supports healthier communities.

Our research team collaborates closely with clients, community partners, frontline staff, and interdisciplinary practitioners across the sectors. These partnerships ensure that our inquiries remain grounded in the realities faced by the populations we serve and aligned with Access Alliance's broader mission. By integrating community-based participatory methods, culturally responsive approaches, and trauma-informed practices, our projects uphold the principle that those most affected by inequities must be central to the generation and interpretation of knowledge.

In addition to our ongoing studies and evaluations, we have invested in strengthening research and evaluation capacity across the organization. Through training, mentorship, and collaborative planning, we support teams in using data to guide program development, assess impact, and identify opportunities for system improvement. This integrated approach contributes to a learning culture where innovation is informed by evidence, and where our collective efforts continuously enhance the quality, accessibility, and equity of care.

As you explore the articles and insights in this edition, I invite you to consider the transformative potential of research shaped by community voices and grounded in equity. We extend our most profound appreciation to the clients, partners, staff, and researchers whose contributions make this work possible. Together, we continue to strengthen Access Alliance's role as a leader in community-driven healthcare research and remain steadfast in our commitment to achieving health with dignity for all.

Sincerely,

Akm Alamgir, PhD, MPhil, MBBS
Director, Organizational Knowledge and Learning
Access Alliance Multicultural Health and
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Purpose of This Publication

Aiming for strategic impact on healthcare system equity, the Community-based Research Department at Access Alliance has generated a substantial body of peer-reviewed scholarship, internal evaluation reports, community research snapshots, and public-facing knowledge mobilization outputs over the past decade. This trail of publications brings together those ten years of evidence, insight, and impact, not simply as an archive, but as a strategic reflection on how community-driven research can shape systems, influence policy, and advance health equity in Canada.

This publication synthesizes the breadth and depth of our research contributions across intersecting domains of immigrant and refugee health, social determinants of health, labour market precarity, gender-based violence, digital and virtual care, and equity-informed service design.

It demonstrates the intellectual leadership and methodological rigour of community-based research (CBR) as both a fundamental approach and a system-change strategy. By centering lived experience as expertise, our research not only generates new knowledge but actively disrupts extractive research paradigms. The publication showcases how CBR functions as applied inquiry, implementation of science, and policy intervention, bridging the gap between evidence generation and real-world change.

Our body of work from the past 10 years is offered as a resource for researchers, policymakers, funders, health system leaders, and community practitioners who are working toward equity-oriented transformation. It serves as a roadmap for future research agendas, revealing where there is momentum, where persistent inequities remain, and how community partnerships must evolve to meet the complexity of the next decade.

Ultimately, this publication reinforces community-based research not only as a methodology, but as a force for structural transformation. The next decade must move beyond merely documenting inequities toward fundamentally redesigning systems with communities as co-architects. This is an agenda-setting intervention. It is a call to scale, resource, and legitimize community governance of knowledge, policy, and accountability across sectors.

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Journal Articles

Assessing the Risks and Cultural Relativity of Diabetes in Black Individuals of African Caribbean Ancestry (ACB) Aged 18–39 Years in Toronto (2025)

Abstract: Context: Diabetes rates are high in Black and some other ethnic communities, often leading to more severe complications. We conducted a study to identify the prevalence and risk of diabetes among African Caribbean Black (ACB) individuals aged 18–39 and to assess the sensitivity of glycated hemoglobin (HbA1c) compared to an oral glucose tolerance test (OGTT) to diagnose diabetes. Methods: In this mixed-methods study, maximum variation sampling was used to recruit 272 ACB participants from fourteen African and five Caribbean countries from Toronto. Participants' height, weight, waist circumference, HbA1c, OGTT, demographic, and behavioural data were collected. SPSS was used to analyze the quantitative data. This study used descriptive statistics for frequency distribution and cross-tabulation while inferential statistics (regression, ANOVA, factor analysis, etc.) were used for relational analysis. Because of the small sample size, qualitative data were analyzed manually using the charting technique. Results: This study found that 1.5% of participants had diabetes, 9.2% had prediabetes, and 44.9% were at risk of developing diabetes. The mean value of HbA1c, FBS, and 2hPG was 5.5%, 4.8 mmol/L, and 5.7 mmol/L, respectively. The mean BMI was 28.2 kg/m2, and the waist circumference was 85.8 cm. This study found a correlation between glucose intolerance and increasing body mass index (BMI) and waist circumference (WC). Dietary habits, physical inactivity, and mental health challenges were risk factors among the participants. HbA1c was found to be a more sensitive and culturally acceptable screening measure than OGTT in diagnosing diabetes. Conclusions: ACB individuals are at high risk of having diabetes, requiring culturally tailored peer-based health promotion strategies to reduce diabetes prevalence and risk. HbA1c is a culturally acceptable and statistically more capable measure than OGTT in identifying individuals with prediabetes. Further longitudinal research is needed.

Citation: Alamgir, A.; Raghunauth, R.; Momoh, O.; Ledwos, C. Assessing the Risks and Cultural Relativity of Diabetes in Black Individuals of African Caribbean Ancestry (ACB) Aged 18–39 Years in Toronto. Int. J. Environ. Res. Public Health 2025, 22, 85.
https://doi.org/10.3390/ijerph22010085

Communication tools to support public understanding and awareness of COVID-19 information (2025)

Abstract: Building evidence-based knowledge, and access to the right information at the right time, are critical factors in enhancing health and wellbeing within communities, particularly during a health crisis such as a pandemic. The COVID-19 pandemic required trusted information resources and effective communication tools to support public understanding and awareness of COVID-19 information. The COVID-19 Printables project was a collaborative initiative which aimed to design and develop a rapidly deployable and inclusive communication tool to inform diverse communities and populations about COVID-19 precautions and response. The Printables were initiated to fill a public health communication gap in understandable and accessible communication tools for lower literacy levels, and minority and marginalized groups, such as immigrant and refugee communities. A community based participatory approach supported the engagement of community members and frontline physicians in the design process, guided by health information behaviour and social inclusion frameworks. The project resulted in the development of a series of open access, easy to use, adaptable, and multilingual (40+ languages) printables that have been used widely from emergency departments to refugee services and community health centres, in Canada and worldwide. They have been used by over 40,000 people in Canada alone.

Citation: Christina Dery, Christopher Rice, Maryam Mallakin, Alessandra Ceccacci,
Sahil Gupta, Samuel Vaillancourt, Akm Alamgir & Kate Sellen (21 Aug 2025): Communication tools to support public understanding and awareness of COVID-19 information, Design for Health, https://doi.org/10.1080/24735132.2025.2546227

Exploring the perspectives of non-insured individuals utilizing emergency departments in Toronto: a qualitative study (2025)

Abstract: Objective: Non-insured individuals face unique challenges when accessing emergency department (ED) care in Canada. This qualitative study explores the firsthand experiences of non-insured patients within the ED to understand how we can improve the system of care. Methods: This community-based research was conducted in collaboration with a community health center which has multiple service locations in Toronto, Ontario. 24 non-insured participants were recruited using a maximal variation sampling technique for semi-structured individual interviews. Participants must have received care as a patient in an ED in the last 3 years. We analyzed the data using Braun and Clarke's thematic analysis framework. Results: Interview participants felt unwanted and powerless, and faced health system navigation and access challenges. Subthemes include the anxiety of uncertainty regarding how to pay for ED care as well as concerns regarding insurance eligibility, healthcare access points, and language. Non-insured participants experienced stigma and discrimination; delayed care due to a lack of healthcare coverage; and difficulties with the ED registration and triage processes. The study also identified multiple instances where participants had positive experiences with clinicians and devised creative solutions to tackle challenges by engaging informal community networks and self-advocacy. Conclusion: Ways to improve the ED care of non-insured patients include providing ED care for all regardless of their healthcare coverage status, ameliorating clerical training, outlining clearer policies regarding payments, improving health system navigation, and fostering connections to community organizations. Many of the challenges that non-insured patients face may be applicable to other equity-deserving patient groups. By listening to and learning from the experiences of non-insured patients, a more equitable ED system can be built for this marginalized population.

Citation: Siu, C., Rao, S., Hayman, K. *et al.* Exploring the perspectives of non-insured individuals utilizing emergency departments in Toronto: a qualitative study. *Can J Emerg Med* **27**, 356–366 (2025). https://doi.org/10.1007/s43678-025-00872-y

Healthcare Service Needs for Refugees, Asylum Seekers and Residents with Precarious Immigration Status in Canada: A Scoping Review (2025)

Abstract: Objective: Conduct a scoping review for the last 10 years to understand the trends of influx and vulnerabilities and identify the unique healthcare and well-being needs of these equity-deserving immigrants living in Ontario since it is the destination province for 50% of Canada's immigrants, with Toronto as a primary destination. Methods: A scoping review study was conducted in 2024 by reviewing peer-reviewed articles from databases and an environmental scan of government reports and documents published in the last 10 years. Structured scoping review principles and the Preferred Reporting Item for Systematic Review and

Meta-analysis extension for Scoping Review (PRISMA—ScR) model were used to ensure the robustness of the data. Articles focusing on Canada and countries with comparable economies and immigration laws were reviewed. After charting, the data were thematically analyzed. Results: The number of refugees in Canada has consistently increased. Findings indicated that this group experienced social disparities, including vulnerable socio-economic status, food insecurity, social exclusion, and resettlement stressors compounded by trust issues, cultural recognition, and linguistic barriers. Studies report a higher prevalence of chronic diseases such as anemia, diabetes, high blood pressure and mental health issues such as mood disorders, anxiety, depression, and PTSD. Findings also suggested that this group experienced substantial barriers to health care, including inadequate cancer screening, suboptimal chronic hepatitis management, and underutilization of psychiatric care, attributed to a lack of awareness about opportunities, cultural stigma, and language challenges. Conclusion: Study findings underscore the necessity for targeted healthcare services in Canada to meet the identified needs of refugees and residents with precarious status. The findings impact the planning of the current healthcare system to accommodate the needs of the population dynamics and train the healthcare service providers. Moreover, policymakers must develop the infrastructure (including healthy public policy) to face the future. Policymakers should focus on improving awareness, accessibility, and cultural competency in healthcare provision. More focused and culturally appropriate research is required to identify the unique needs and opportunities to support this equity-deserving population. The study recommends preparing the community to support the increasing numbers of refugees, understand their needs, and incorporate the government to strengthen the services with policy and resources.

Citation: Alamgir, Akm, Madona Yahia, Susan Mary Pradhan, and Axelle Janczur. 2025. “Healthcare Service Needs for Refugees, Asylum Seekers and Residents With Precarious Immigration Status in Canada: A Scoping Review”. Journal of Scientific Research and Reports 31 (1):117-44. https://doi.org/10.9734/jsrr/2025/v31i12752

A qualitative study on the Virtual Emergency Department care experiences of equity-deserving populations (2024)

Abstract: Patients from equity-deserving populations, such as those who are from racialized communities, the 2SLGBTQI+ community, who are refugees or immigrants, and/or who have a disability, may experience a unique set of challenges accessing virtual models of care. The objective of this qualitative study was to describe the experiences of patients from equity-deserving communities and their family members who received care from a Virtual Emergency Department (ED) in Toronto, Canada. Forty-three participants (36 patients and 7 family caregivers) with different and intersecting identities who used the Virtual ED participated in the study. Semi-structured interviews were conducted to explore reasons for accessing the Virtual ED, barriers to access, and how the Virtual ED met their care needs and expectations, including ways their experience could have been improved. Thematic analysis was used to identify themes from the data. Patients from equity-deserving populations described negative past experiences with ED in-person care, which included recounts of discrimination or culturally insensitive care while waiting to see the ED physician or nurse. Conversely, participants found the Virtual ED to be a socially and culturally safe space since they could now by-pass the waiting room experience. However, virtual care could not replace in-person care for certain issues (e.g., physical exam), and there was a need for greater promotion of the service to specific communities that might benefit from having access to the Virtual ED. Targeted outreach to help raise awareness of the service to equity-deserving communities is an important future direction.

Citation: Hall JN, Vijayakumar A, Reis L, Alamgir A, Kokorelias KM, Hemphill J, et al. (2024) A qualitative study on the Virtual Emergency Department care experiences of equity-deserving populations. PLoS ONE 19(6): e0304618.
http://doi.org/10.1371/journal.pone.0304618

Implementation Research with Expressive Arts Therapy (EAT) to Support the Newcomer Survivors of Gender-based Domestic Violence (GBDV) in Toronto (2024)

Abstract: Context: Canada hosts thousands of newcomers from disadvantaged economies. Because of cultural non-essentialism and stigma, newcomer women in

Canada embrace multi-level barriers to express their everyday discrimination and trauma experienced at home. Language creates another level of challenge. To understand the under-expressed domestic violence and the level of their trauma, this study added an arts-based evidence-generation technique followed by healing strategies by expressive arts modalities for this implementation research. Methodology: This mixed-method implementation research adopted an outcome-harvesting approach. Peer researchers conducted a collaborative review of the literature to find the best arts practices for identifying violence (type, bases, frequency, and severity), sort out the best modalities of expressive arts therapy (EAT) for such a vulnerable population group, and efficient measures to evaluate the intervention findings. Intervention: After screening for eligible participants (not in a crisis state) and their preparedness, a series of twelve sessions of EAT were conducted by a registered therapist on a closed group of newcomer participants. In a pilot phase, therapies are completed with three linguistic newcomer women groups- Arabic, Farsi/Dari, and Bengali. Three more groups (women speaking Tigrinya, newcomer women living in a shelter, and members of the LGBTQ2S+ communities) are selected for the next therapy sessions. The three sequential modalities were movement and discussion, storytelling and cognitive, and visual art and journaling. The key procedures were psychoeducation, self-regulation, co-regulation, strength-based, cognitive/tactile, and collective painting. The peer researcher conducted a 1-to-1 telephone interview with every participant for wellness and vulnerability checks three months after the last session. A Focus Group Discussion (FGD) is done for every group six months after the last session to assess sustainability and emerging challenges. Call into action: After triangulation of quantitative, qualitative, and arts-based evaluation findings, the study team prepares a scalable culturally appropriate practice guideline, a resource navigation toolkit for the survivors, and a policy advocacy document for necessary legislative amendment.

Citation: Alamgir A & Kong, C. (2024) Implementation Research with Expressive Arts Therapy (EAT) to Support the Newcomer Survivors of Gender-based Domestic Violence (GBDV) in Toronto. Proceedings of the 7th International Conference on Gender Research, Vol 7, No 1, 2024.
https://accessalliance.ca/wp-content/uploads/2024/10/Implementation-Research-with-Expressive-Arts-Therapy-EAT-to-Support-the-Newcomer-Survivors-of-Gender-based-Domestic-Violence-GBDV-in-Toronto.pdf

Medical Interpreting Services for Refugees in Canada: Current State of Practice and Considerations in Promoting this Essential Human Right for All (2024)

Abstract: Objective: Conduct a scoping review for the last 10 years to understand the trends of influx and vulnerabilities and identify the unique healthcare and well-being needs of these equity-deserving immigrants living in Ontario since it is the destination province for 50% of Canada's immigrants, with Toronto as a primary destination. Methods: A scoping review study was conducted in 2024 by reviewing peer-reviewed articles from databases and an environmental scan of government reports and documents published in the last 10 years. Structured scoping review principles and the Preferred Reporting Item for Systematic Review and Meta-analysis extension for Scoping Review (PRISMA—ScR) model were used to ensure the robustness of the data. Articles focusing on Canada and countries with comparable economies and immigration laws were reviewed. After charting, the data were thematically analyzed. Results: The number of refugees in Canada has consistently increased. Findings indicated that this group experienced social disparities, including vulnerable socio-economic status, food insecurity, social exclusion, and resettlement stressors compounded by trust issues, cultural recognition, and linguistic barriers. Studies report a higher prevalence of chronic diseases such as anemia, diabetes, high blood pressure and mental health issues such as mood disorders, anxiety, depression, and PTSD. Findings also suggested that this group experienced substantial barriers to health care, including inadequate cancer screening, suboptimal chronic hepatitis management, and underutilization of psychiatric care, attributed to a lack of awareness about opportunities, cultural stigma, and language challenges. Conclusion: Study findings underscore the necessity for targeted healthcare services in Canada to meet the identified needs of refugees and residents with precarious status. The findings impact the planning of the current healthcare system to accommodate the needs of the population dynamics and train the healthcare service providers. Moreover, policymakers must develop the infrastructure (including healthy public policy) to face the future. Policymakers should focus on improving awareness, accessibility, and cultural competency in healthcare provision. More focused and culturally appropriate research is required to identify the unique needs and opportunities to support this equity-deserving population. The study recommends preparing the

community to support the increasing numbers of refugees, understand their needs, and incorporate the government to strengthen the services with policy and resources.

Citation: Arya, A.N.; Hyman, I.; Holland, T.; Beukeboom, C.; Tong, C.E.; Talavlikar, R.; Eagan, G. Medical Interpreting Services for Refugees in Canada: Current State of Practice and Considerations in Promoting this Essential Human Right for All. Int. J.
Environ. Res. Public Health 2024, 21, 588. https://doi.org/10.3390/ijerph21050588

Resilience Mechanisms and Coping Strategies for Forcibly Displaced Youth: An Exploratory Rapid Review (2024)

Abstract: Context: The global escalation of conflict, violence, and human rights violations sets a pressing backdrop for examining the resilience of forcibly displaced youth (FDY) in Canada. This study aims to unpack the multifaceted challenges and resilience mechanisms of FDY, focusing on their health, well-being, and integration into host communities. It seeks to identify current models of resilience, understand the factors within each model, and highlight gaps and limitations. Methodology: Using a university librarian-supported structured search strategy, this exploratory rapid review searched literature from Ovid Medline and open-source databases, published in English between January 2019 and January 2024, that fit specific inclusion criteria. The eligible articles (N = 12 out of 4096) were charted and analyzed by two student researchers with the Principal
Investigator (PI). Charted data were analyzed thematically. Results: The selected studies captured diverse geographical perspectives, resilience models (such as Ungar's ecological perspective and Masten's resilience developmental models), as well as protective and promotive frameworks. Key findings indicate the complexity of resilience influenced by individual, familial, societal, and cultural factors. Each model offers insights into the dynamic interplay of these influences on FDY's resilience. However, these models often fall short of addressing the nuances of cultural specificity, the impact of trauma, and the intersectionality of FDY's identities. Conclusions: Recognizing the diverse and evolving nature of FDY's coping mechanisms, this study advocates for a culturally appropriate approach to resilience that integrates an intersectionality framework of individual attributes and culturally sensitive models.

Citation: Alamgir, A.; Kyriakides, C.; Johnson, A.; Abeshu, G.; Bahri, B.; Abssy, M. Resilience

Mechanisms and Coping Strategies for Forcibly Displaced Youth: An Exploratory Rapid Review. Int. J. Environ. Res. Public Health 2024, 21, 1347. https://doi.org/10.3390/ijerph21101347

Vaccine hesitancy among Syrian refugee parents in Canada: A multifaceted challenge in public health (2024)

Abstract: Vaccine hesitancy presents a significant public health challenge, particularly among Syrian refugee parents in Canada, who navigate unique barriers to vaccination. This cross-sectional study explores the determinants of vaccine hesitancy, considering socio-demographic factors, resettlement conditions, health assessments, and healthcare system interactions. The study involved 540 Syrian refugee parents residing in Ontario with at least one child under 18, interviewed from March 2021 to March 2022. Participants were asked about their willingness to take the COVID-19 vaccine, with those uncertain or unwilling categorized as "Hesitant" and others as "Non-hesitant." Stepwise multivariable logistic regression assessed various factors associated with vaccine hesitancy. Among respondents, 15.2% expressed hesitancy toward taking the COVID-19 vaccine. Findings indicated that individuals who reported very good or good mental health had decreased odds of being vaccine hesitant (OR = 0.46, 95% CI: 0.27–0.80). Also, individuals without a family doctor and those needing an interpreter but sometimes or never offered one were more likely to be hesitant (OR = 3.61, 95% CI: 1.42, 9.19; OR = 2.14, 95% CI: 1.19–3.84, respectively). These results highlight the complex interplay of factors affecting vaccine decisions, emphasizing the need for culturally sensitive public health strategies to improve vaccine uptake in this population. While vaccine acceptance is low among Syrians (36%), the higher rate among Syrian refugees in Canada (84.7%) reflects the positive impact of healthcare access and resettlement support. This contrast highlights the role of such systems in shaping vaccine attitudes among vulnerable populations, informing targeted public health efforts to boost vaccine acceptance and support the health of Syrian refugees.

Citation: Baraa Alghalyini, Abdul Rehman Zia Zaidi, Safoura Zangiabadi, Akm Alamgir & Hala Tamim

(2024) Vaccine hesitancy among Syrian refugee parents in Canada: A multifaceted challenge in public health, Human Vaccines & Immunotherapeutics, 20:1, 2430086, https://doi.org/10.1080/21645515.2024.2430086

Characteristics of Self-Rated Oral Health among Syrian Refugee Parents in Ontario (2023)

Abstract: Canada has been hosting Syrian refugees since early 2015. Almost half of the Syrian refugee population lives in Ontario, with dental health being at the top of the list of important immediate needs. The objective of the study was to evaluate self-rated oral health and its associated factors among Syrian refugee parents residing in Ontario. Methods. This was a cross-sectional study where 540 Syrian refugee parents, residing in Ontario and with at least one child less than 18 years of age, were interviewed. Information about self-rated oral health was collected based on the question "In general, how would you rate the health of your teeth and mouth?" with answers ranging from 1 representing "excellent" and 5 representing "very poor." Multiple linear regression analysis was performed to assess the independent relationship between each of the sociodemographic-, migration-, health-, dental-related factors, and self-rated oral health. Results. The overall prevalence of poor and very poor self-rated oral health was 43.5%. The results showed that the presence of dental health insurance, private sponsorship, improved physical and mental health, and regular visits to the dentist were factors related to improved oral health. Discussion. To achieve better oral health outcomes among refugee populations, including Syrian refugees, efforts should be focused on improving dental care and dental insurance for vulnerable populations.

Citation: Alzaghoul A, Rahimpoor-Marnani P, Yunis K, Alamgir A, Alghalyini B, Tamim H. Characteristics of Self-Rated Oral Health among Syrian Refugee Parents in Ontario. Int J Dent. 2023 Nov 24;2023:4136520.
https://doi.org/10.1155/2023/4136520

A Practice-based Methodology on Conducting a Collaborative Scoping Review with PRISMA-ScR Model for the Separated Refugee Youth Project (2022)

Abstract: Considering the novelty of the area of a 2-year study on impact of family loss and separation on refugee youth in Toronto, the research team decided to conduct a scoping review of the existing literature as a foundation document that included the extent, range, geography, and nature of research on the topic of interest. A collaborative co-design approach for this review bought in wisdom from relevant stakeholders. Arksey and O'Malley's framework was modified for this scoping review that substantively identified the extent and magnitude of past research, research gaps, and best practice models for conducting such exploratory research on novel ideas. This framework yielded desired output, such as selection and characteristics of sources of evidence, critical appraisal within sources of evidence, and synthesis of results for the next steps of the research. Prudent researchers and professionals in this area of research, service provider agencies, and a university librarian were consulted. The PRISMA-ScR model saved time and ensured the appropriate yield of the search items. The quality of the review process was evaluated by the Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist tool. This article displays a practical example of how the scoping review process was instrumental in a community-based research project with separated refugee youth to generate the foundational evidence for broader research. This quality-embedded process of collecting and charting data for a scoping review is transferable to similar research initiatives. The flexibility and reproducibility of this review method is commendable.

Citation: Alamgir, A K M & Nudel, Serena & Abojedi, Amjed. (2022). A Practice-based Methodology on Conducting a Collaborative Scoping Review with PRISMA-ScR Model for the Separated Refugee Youth Project. Journal of Scientific Research and Reports. 28. 23-33. 10.9734/JSRR/2022/v28i230498.

Mental Health Issues Affecting Refugee Youth in Canada who Experienced Family Loss and Separation in their Country of Origin (2021)

Abstract: The objective of this article is to understand the key mental health problems affecting unaccompanied refugee youth in Canada who experienced family loss and separation in their country of origin. This article is based on a research project that adopted a multi-phase sequential research design/strategy. Refugee youth face several mental health problems resulting from pre-migration, peri-migration, and post-migration conditions. This study demonstrated that a significant number of unaccompanied refugee youth experience mental illness. The most commonly reported mental illnesses among the youth were post-traumatic stress disorder (PTSD), depression, and anxiety. Many of the refugee youth developed coping strategies to help deal with their sadness about family loss or disappearance and the circumstances they were currently in surrounding their settlement. The article concludes that experiences of separation from or loss of one or more family members affect refugee youth's mental health negatively.

Citation: A K M Alamgir, Serena Nudel, and Amjed Abojedi. 2022. "A Practice-Based Methodology on Conducting a Collaborative Scoping Review With PRISMA-ScR Model for the Separated Refugee Youth Project". *Journal of Scientific Research and Reports* 28 (2):23–33.
https://doi.org/10.9734/jsrr/2022/v28i230498

Labour Market Barriers and Solutions for Internationally Educated Researchers in Canada: Social and Health Implications (2020)

Abstract: Canada is home to a large immigrant and refugee population. Current information confirms the underemployment of the internationally educated professionals. The overall process and journey of migration can have a large and negative impact on financial, social and mental health. With a limited number of first-hand research studies on the experience and effect of immigration on Internationally Educated Researchers (IERs), this study aims at generating evidence around the challenges faced by the IERs to find suitable professional employment, and recommends solutions to improve the current situation. Based on a grounded theory approach, data for this qualitative study was collected by conducting Focus Group Discussion (FGD) sessions with 22 IERs from different backgrounds and 11 key informant (KI) interviews with directors, executives, human resources administrators, scientists, and researchers from a diverse group of organizations working with IERs. A collaborative data analysis method was practiced for coding, development of categories/subcategories, and creating themes, facilitated by using the NVivo 12 Plus qualitative data analysis software. Discrimination, systemic racism, and xenophobia were identified by some of the participants as the critical root causes behind the barriers that IERs face in their quest to find a decent job. The current situation of the research labour market in Canada, which is a result of the so-called "gig economy" and job cutbacks, was mentioned as another root cause of the problem. Financial stresses were described as a challenge by some IERs during their transition into the Canadian labour market. Further, deterioration of mental health was common among the participants whose mental problems including depression and anxiety increased as time passed. The findings of this project can be utilized to pilot strategic interventions and advocate for policy/system solutions that will enable IERs to gain a productive career in Canada.

Citation: Alamgir, AKM., et al. "Labour Market Barriers and Solutions for Internationally Educated Researchers in Canada: Social and Health Implications". EC Emergency Medicine and Critical Care 4.9 (2020): 129-144.
https://accessalliance.ca/research-advocacy/labour-market-barriers-and-solutions-for-internationally-educated-researchers-in-canada-social-and-health-implications/

Structuring a communication framework to address the challenges of vulnerable communities for building trust and ensuring access to emergency health messages for compliance during COVID-19 (2020)

Abstract: Pandemic health emergencies require timely awareness by credible information and trust in the operational system to inform, instruct, promote protective behaviour, and dismantle rumours to mitigate the impact, particularly in the absence of a vaccine during this current COVID-19 situation. Various government and non-government organizations generated an overwhelming number of communication materials (infodemic) for diverse populations around pandemic related practices. However, access to and utility of communication materials have been limited for the vulnerable populations due to social determinants of health such as linguistic or technology barriers as well as trust on communicated messages. A systematic review was conducted in June-September of 2020 adopting a scoping review framework and PRISMA-ScR model. Collecting primary data from conveniently selected relevant service providers or policy planners during the COVID-19 pandemic followed this. Social determinants of health as social marginalization and health-related complexities were found to be associated with the vulnerability of the COVID-19 pandemic. Key factors that were identified as determinants included socio-cultural attributes, language barrier, lack of trust towards public health interventions, structural and personal factors, and lack of equity-informed planning of communication strategies. The findings from the study informed the design of an equity-informed communication preparedness and strategy framework, which meant a participatory and inclusive process of planning and implementing emergency risk communication materials that aimed at reducing the barriers and in turn reducing the vulnerability of subgroups. The preparedness plan anticipates the limitations of the communication materials from an end-user perspective and reinforces the desirable practices for prevention. The strategy suggests a mode of communication for reaching out to people who are at risk to ensure increased efficacy and creating a support system to access information and act upon the recommendations. This 360-degree-approach framework emphasized the active participation of the target audience from the beginning of the process of communication material design for the pandemic.

Citation: Alamgir, A K M & Usmani, Sibghat & Janczur, Axelle & Bhuiyan, Shafi. (2021). Structuring a Communication Framework to Address the Challenges of Vulnerable Communities for Building Trust and Ensuring Access to Emergency Health Messages for Compliance during COVID-19. 5. 7-16. https://www.researchgate.net/publication/349350687_Structuring_a_Communication_Framework_to_Address_the_Challenges_of_Vulnerable_Communities_for_Building_Trust_and_Ensuring_Access_to_Emergency_Health_Messages_for_Compliance_during_COVID-19

Conducting an Evaluation Audit as a Quality Improvement Approach for Non-profits: A Canadian Case Study (2019)

Abstract: To assess compliance of current practice with evaluation policy and its embedded standards, this audit systematically reviewed the evaluation activities of a Toronto non-profit organization. A mixed method explanatory sequential approach was applied to gather quantitative data from 26 programs and qualitative data from 16 key stakeholders. Triangulation of the data revealed that the quality of evaluation activities varied, and was positively influenced by the presence of a logic model. Supportive leadership, organizational culture, and quality data were key drivers for evaluation practices. This initiative demonstrated that an evaluation audit is not only conceivable, but also achievable for non-profits.

Citation: AKM Alamgir, PhD; Miranda Saroli, MES; Axelle Janczur, MBA; and Sonja Nerad, MSW (2019) "Conducting an Evaluation Audit as a Quality Improvement Approach for Non-profits: A Canadian Case Study" JWHSD, 5, 30-47. Available at: http://www.hsdni.org/jwhsd/articles/

Breast and Colorectal Cancer Screening Barriers among Immigrants and Refugees: A Mixed-Methods Study at Three Community Health Centres in Toronto, Canada (2018)

Abstract: Mammography and fecal occult blood testing (FOBT) improve the detection, management, and prognosis of breast and colorectal cancer, respectively, but are underperformed in the recent immigrant and refugee

population. We aimed to identify barriers to screening and potential solutions in this population. A mixed-methods study involving a retrospective chart review and focus group interviews was conducted, with data analyzed using univariate logistic regression and thematic analysis, respectively. Mammography completion was associated with greater time in Canada (p = 0.01) and region of origin (p = 0.04), while FOBT completion was associated with region of origin (p = 0.03). Barriers included time constraints, language and cultural differences, and poor interprofessional communication. This study of recent immigrants and refugees identifies barriers to screening and supports potential solutions including culturally-congruent peer workers, targeted screening workshops, and visual screening aids. Further work is needed to address the unique healthcare needs of this diverse and growing population.

Citation: Wang, A.M.Q., Yung, E.M., Nitti, N. *et al.* Breast and Colorectal Cancer Screening Barriers Among Immigrants and Refugees: A Mixed-Methods Study at Three Community Health Centres in Toronto, Canada. *J Immigrant Minority Health* **21**, 473–482 (2019). https://doi.org/10.1007/s10903-018-0779-5

Refugee maternal and perinatal health in Ontario, Canada: a retrospective population-based study (2018)

Abstract: Objectives: Immigrants are thought to be healthier than their native-born counterparts, but less is known about the health of refugees or forced migrants. Previous studies often equate refugee status with immigration status or country of birth (COB) and none have compared refugee to non-refugee immigrants from the same COB. Herein, we examined whether: (1) a refugee mother experiences greater odds of adverse maternal and perinatal health outcomes compared with a similar non-refugee mother from the same COB and (2) refugee and non-refugee immigrants differ from Canadian-born mothers for maternal and perinatal outcomes. Design: This is a retrospective population-based database study. We implemented two cohort designs: (1) 1:1 matching of refugees to non-refugee immigrants on COB, year and age at arrival (±5 years) and (2) an unmatched design using all data. Setting and participants: Refugee immigrant mothers (n=34 233), non-refugee immigrant mothers (n=243 439) and Canadian-born mothers (n=615 394) eligible for universal healthcare insurance who had a hospital birth in Ontario, Canada, between 2002 and 2014. Primary outcomes: Numerous adverse maternal

and perinatal health outcomes. Results: Refugees differed from non-refugee immigrants most notably for HIV, with respective rates of 0.39% and 0.20% and an adjusted OR (AOR) of 1.82 (95% CI 1.19 to 2.79). Other elevated outcomes included caesarean section (AOR 1.04, 95% CI 1.00 to 1.08) and moderate preterm birth (AOR 1.08, 95% CI 0.99 to 1.17). For the majority of outcomes, refugee and non-refugee immigrants experienced similar AORs when compared with Canadian-born mothers. Conclusions: Refugee status was associated with a few adverse maternal and perinatal health outcomes, but the associations were not strong except for HIV. The definition of refugee status used herein may not sensitively identify refugees at highest risk. Future research would benefit from further refining refugee status based on migration experiences.

Citation: Wanigaratne S, Shakya Y, Gagnon AJ, et al. Refugee maternal and perinatal health in Ontario, Canada: a retrospective population-based study. BMJ Open 2018;8:e018979. http://dx.doi.org/10.1136/bmjopen-2017-018979

Mental health of South Asian youth in Peel Region, Toronto, Canada: a qualitative study of determinants, coping strategies and service access (2017)

Abstract: Objectives: This qualitative study set out to understand the mental health challenges and service access barriers experienced by South Asian youth populations in the Peel Region of Toronto, Canada. Setting: In-depth semistructured interviews were carried out with South Asian youth living in Peel Region Mississauga, Brampton and Caledon), a suburb of Toronto, Canada, home to over 50% of Ontario's South Asian population. Participants: South Asian youth (n=10) engaged in thoughtful, candid dialogue about their mental health and service access barriers. Primary and secondary outcome measures: Qualitative interview themes related to mental health stressors and mental health service access barriers experienced by youth living in Peel Region were assessed using thematic analysis. Results: South Asian youth face many mental health stressors, from intergenerational and cultural conflict, academic pressure, relationship stress, financial stress and family difficulties. These stressors can contribute to mental health challenges, such as depression and anxiety and drug use, with marijuana, alcohol and cigarettes cited as the most popular substances. South Asian youth were only able to identify about a third (36%) of the mental health resources presented to them and did not feel well informed about mental health resources available in their neighbourhood. Conclusions: They offered recommendations for improved youth support directed at parents, education system, South Asian community and mental health system. Institutions and bodies at all levels of the society have a role to play in ensuring the mental health of South Asian youth.

Citation: Islam F, Multani A, Hynie M, et al. Mental health of South Asian youth in Peel Region, Toronto, Canada: a qualitative study of determinants, coping strategies and service access. BMJ Open https://doi.org/10.1136/bmjopen-2017-018265

Preconsult interactive computer-assisted client assessment survey for common mental disorders in a community health centre: a randomized controlled trial (2017)

Abstract: Background: Access disparities for mental health care exist for vulnerable ethnocultural and immigrant groups. Community health centres that serve these groups could be supported further by interactive, computer-based, self-assessments. Methods: An interactive computer-assisted client assessment survey (iCCAS) tool was developed for preconsult assessment of common mental disorders (using the Patient Health Questionnaire [PHQ-9], Generalized Anxiety Disorder 7-item [GAD-7] scale, Primary Care Post-traumatic Stress Disorder [PTSD-PC] screen and CAGE [concern/cut-down, anger, guilt and eye-opener] questionnaire), with point-of-care reports. The pilot randomized controlled trial recruited adult patients, fluent in English or Spanish, who were seeing a physician or nurse practitioner at the partnering community health centre in Toronto. Randomization into iCCAS or usual care was computer generated, and allocation was concealed in sequentially numbered, opaque envelopes that were opened after consent. The objectives were to examine the interventions' efficacy in improving mental health discussion (primary) and symptom detection (secondary). Data were collected by exit survey and chart review. Results: Of the 1248 patients assessed, 190 were eligible for participation. Of these, 148 were randomly assigned (response rate 78%). The iCCAS (n = 75) and usual care (n = 72) groups were similar in sociodemographics; 98% were immigrants, and 68% were women. Mental health discussion occurred for 58.7% of patients in the iCCAS group and 40.3% in the usual care group ($p \le 0.05$). The effect remained significant while controlling for potential covariates (language, sex, education, employment) in generalized linear mixed model (GLMM; adjusted odds ratio [OR] 2.2; 95% confidence interval [CI] 1.1–4.5). Mental health symptom detection occurred for 38.7% of patients in the iCCAS group and 27.8% in the usual care group ($p > 0.05$). The effect was not significant beyond potential covariates in GLMM (adjusted OR 1.9; 95% CI 0.9–4.1). Interpretation: The studied intervention holds potential for community health centres to improve mental health discussion. Further research with larger samples should examine the impact on detection and enhance generalizability.

Citation: Ahmad F, Lou W, Shakya Y, Ginsburg L, Ng PT, Rashid M, Dinca-Panaitescu S, Ledwos C, McKenzie K. Preconsult interactive computer-assisted client assessment survey for common mental disorders in a community health centre: a randomized controlled trial. CMAJ Open. 2017 Mar 1;5(1):E190-E197. https://doi.org/10.9778/cmajo.20160118

Provider and patient related determinants of diabetes self-management among recent immigrants in Toronto: Implications for systemic change (2017)
Abstract: Objective: To examine provider- and patient-related factors associated with diabetes self-management among recent immigrants. Design: Demographic and experiential data were collected using an international survey instrument and adapted to the Canadian context. The final questionnaire was pretested and translated into 4 languages: Mandarin, Tamil, Bengali, and Urdu. Setting: Toronto, Ont. Participants: A total of 130 recent immigrants with a self-reported diagnosis of type 2 diabetes mellitus who had resided in Canada for 10 years or less. Main outcome measures: Diabetes self-management practices (based on a composite of 5 diabetes self-management practices, and participants achieved a score for each adopted practice); and the quality of the provider-patient interaction (measured with a 5-point Likert-type scale that consisted of questions addressing participants' perceptions of discrimination and equitable care). Results: A total of 130 participants in this study were recent immigrants to Canada from 4 countries of origin—Sri Lanka, Bangladesh, Pakistan, and China. Two factors were significant in predicting diabetes self-management among recent immigrants: financial barriers, specifically, not having enough money to manage diabetes expenses ($P = .0233$), and the quality of the provider-patient relationship ($P = .0016$). Participants who did not have enough money to manage diabetes were 9% less likely to engage in self-management practices; and participants who rated the quality of their

interactions with providers as poor were 16% less likely to engage in self-management practices. Conclusion: Financial barriers can undermine effective diabetes self-management among recent immigrants. Ensuring that patients feel comfortable and respected and that they are treated in culturally sensitive ways is also critical to good diabetes self-management.

Citation: Hyman, I., Shakya, Y., Jembere, N., Gucciardi, E., & Vissandjée, B. (2017). Provider- and patient-related determinants of diabetes self-management among recent immigrants: Implications for systemic change. *Canadian family physician Medecin de famille canadien*, *63*(2), e137–e144. https://www.cfp.ca/content/63/2/e137.long

Burden of common mental disorders in a community health centre sample

(2016)

Abstract: Objective: To examine the rates of common mental disorders (CMDs) such as depression, anxiety, posttraumatic stress disorder (PTSD), and alcohol use in an urban community health care centre (CHC) serving vulnerable immigrant and ethnoracial communities in order to improve knowledge on the rates of CMDs specific to these groups accessing primary care settings. Design: English or Spanish, self-administered, tablet-based survey known as the Interactive Computer-Assisted Client Assessment Survey (iCCAS). Setting: Access Alliance Multicultural Health and Community Services CHC in Toronto, Ont. Participants: Adult patients waiting to see a clinician. Main outcome measures: The iCCAS screened for depression (using the PHQ-9 [Patient Health Questionnaire]), anxiety (using the GAD-7 [Generalized Anxiety Disorder 7-item scale]), PTSD (using the PC-PTSD [Primary Care PTSD Screen]), and alcohol dependency (using the CAGE questionnaire); those with an existing diagnosis and active treatment for one of these conditions were not asked to complete that condition-specific screening scale. An exit survey measured demographic characteristics and relevant indicators. Results: A response rate of 78.6% was achieved. The iCCAS survey was completed by 75 patients (26 men and 49 women) with a mean age of 36.5 years. Almost all were first-generation immigrants: 32.0% originated from Latin America, 28.0% from South Asia, and 17.3% from Africa or the Middle East. Major depression was found among 44.0% of participants (11 with diagnosis and treatment, 22 with a score of 10 or greater on the PHQ-9). Generalized anxiety disorder was present in 26.7% of participants (7 with diagnosis and treatment, 13 with a score of 10 or greater on the GAD-7 scale).

Posttraumatic stress disorder was detected in 37.3% of participants (7 with diagnosis and treatment, 21 with a score of 3 or greater on the PC-PTSD tool). Alcohol dependency was found among 10.7% of participants (1 with diagnosis and treatment, 7 with a score of 2 or greater on the CAGE questionnaire). Conclusion: The high rates of probable depression, generalized anxiety, and PTSD that were found in the studied population suggest a need for systematic assessment of CMDs in CHCs, as well as training and resources to increase readiness to handle identified cases.

Citation: Ahmad, F., Shakya, Y., Ginsburg, L., Lou, W., Ng, P. T., Rashid, M., Ferrari, M., Ledwos, C., & McKenzie, K. (2016). Burden of common mental disorders in a community health centre sample. *Canadian family physician Medecin de famille canadien*, *62*(12), e758–e766. https://pubmed.ncbi.nlm.nih.gov/27965352/

Computer-assisted client assessment survey for mental health: patient and health provider perspectives (2016)

Abstract: Background: The worldwide rise in common mental disorders (CMDs) is posing challenges in the provision of and access to care, particularly for immigrant, refugee and racialized groups from low-income backgrounds. eHealth tools,
such as the Interactive Computer-Assisted Client Assessment Survey (iCCAS) may reduce some barriers to access. iCCAS is a tablet-based, touch-screen self-assessment completed by clients while waiting to see their family physician (FP) or nurse practitioner (NP). In an academic-community initiative, iCCAS was made available in English and Spanish at a Community Health Centre in Toronto through a mixed-method trial. Methods: This paper reports the perspectives of clients in the iCCAS group (n = 74) collected through an exit survey, and the perspectives of 9 providers (four FP and five NP) gathered through qualitative interviews. Client acceptance of the tool was assessed for cognitive and technical dimensions of their experience. They rated twelve items for perceived Benefits and Barriers and four questions for the technical quality. Results: Most clients reported that the iCCAS completion time was acceptable (94.5 %), the touch-screen was easy to use (97.3 %), and the instructions (93.2 %) and questions (94.6 %) were clear. Clients endorsed the tool's Benefits, but were unsure about Barriers to information privacy and provider interaction (mean 4.1, 2.6 and 2.8, respectively on a five-point scale). Qualitative analysis of the provider interviews identified five themes: challenges in

Assessing Mental Health Services, such as case complexity, time, language and stigma; the Tool's Benefits, including non-intrusive prompting of clients to discuss mental health, and facilitation of providers' assessment and care plans; the Tool's Integration into everyday practice; Challenges for Use (e.g. time); and Promoting Integration Effectively, centered on the timing of screening, setting readiness, language diversity, and technological advances. Conclusions: Participant clients and providers perceived iCCAS as an easy and useful tool for mental health assessments at the Community Health Centre and similar settings. The findings are anticipated to inform further work in this area.

Citation: Ferrari, M., Ahmad, F., Shakya, Y., Ledwos, C., & McKenzie, K. (2016). Computer-assisted client assessment survey for mental health: patient and health provider perspectives. *BMC health services research*, *16*(1), 516. https://doi.org/10.1186/s12913-016-1756-0

Pathways between under/unemployment and health among racialized immigrant women in Toronto (2016)

Abstract: Objective. We sought to document pathways between under/unemployment and health among racialized immigrant women in Toronto while exploring the ways in which gender, class, migration and racialization, as interlocking systems of social relations, structure these relationships.

Design. We conducted 30 interviews with racialized immigrant women who were struggling to get stable employment that matched their education and/or experience. Participants were recruited through flyers, partner agencies and peer researcher networks. Most interviews (21) were conducted in a language other than English. Interviews were transcribed, translated as appropriate and analyzed using NVivo software. The project followed a community-based participatory action research model. Results. Under/unemployment negatively impacted the physical and mental health of participants and their families. It did so directly, for example through social isolation, as well as indirectly through representation in poor quality jobs. Under/unemployment additionally led to the intensification of job search strategies and of the household/caregiving workload which also negatively impacted health. Health problems, in turn, contributed to pushing participants into long-term substandard employment trajectories. Participants' experiences were heavily structured by their social location as low income racialized immigrant women. Conclusions. Our study provides needed qualitative evidence on the gendered and racialized dimensions of under/unemployment, and adverse health impacts resulting from this. Drawing on intersectional analysis, we unpack the role that social location plays in creating highly uneven patterns of under/unemployment and negative health pathways for racialized immigrant women. We discuss equity informed strategies to help racialized immigrant women overcome barriers to stable work that match their education and/or experience.

Citation: Stephanie Premji & Yogendra Shakya (2017) Pathways between under/unemployment and health among racialized immigrant women in Toronto, Ethnicity & Health. http://dx.doi.org/10.1080/13557858.2016.1180347

Severe Neonatal Morbidity Among Births to Refugee Women (2016)

Abstract: Background: Despite being considered high risk, little is known about the perinatal health of refugees in developed countries. Our objectives were to examine whether: (1) the healthy migrant effect applies to infants born to refugee women with respect to severe neonatal morbidity (SNM); (2) refugee status was a risk factor for SNM among immigrants; (3) refugee sponsorship status was a risk factor for SNM by comparing asylum-seekers to sponsored refugees; and (4) refugees were at greater risk of specific SNM subtypes. Methods: Immigration records (1985–2010) linked to Ontario hospital data (2002–2010) were used to examine SNM. We calculated adjusted risk ratios (ARR) with 95 % confidence intervals (95 % CI) for SNM and unadjusted risk ratios with 99 % CI for SNM subtypes using log-binomial regression. Results: There were borderline differences in SNM among refugees (N = 29,755) compared to both non-immigrants (N = 860,314) (ARR = 0.94, 95 % CI 0.89, 0.99) and other immigrants (N = 230,847) (ARR = 1.10, 95 % CI 1.04, 1.18) with a larger difference comparing other immigrants to non-immigrants (ARR = 0.83, 95 % CI 0.81, 0.85). Asylum-seekers did not differ from sponsored refugees (ARR = 1.07, 95 % CI 0.90, 1.27). Though rare, several SNM subtypes were significant with large effect sizes. Conclusion: With respect to SNM risk, the healthy migrant effect clearly applies to non-refugee immigrants, but is weaker for refugees and may not apply. Among immigrants, refugee status was a weak risk factor for SNM and may not be clinically important. Sponsorship status was not associated with greater risk of SNM. Further investigation of several SNM subtypes is warranted.

Citation: Wanigaratne, S., Cole, D.C., Bassil, K. *et al.* Severe Neonatal Morbidity Among Births to Refugee Women. *Matern Child Health J* 20, 2189–2198 (2016).
https://doi.org/10.1007/s10995-016-2047-4

Reflexivity: A Methodological Tool in the Knowledge Translation Process? (2015)

Abstract: Knowledge translation is a dynamic and iterative process that includes the synthesis, dissemination, exchange, and application of knowledge. It is considered the bridge that closes the gap between research and practice. Yet it appears that in all areas of practice, a significant gap remains in translating research knowledge into practical application. Recently, researchers and practitioners in the field of health care have begun to recognize reflection and reflexive exercises as a fundamental component to the knowledge translation process. As a practical tool, reflexivity can go beyond simply looking at what practitioners are doing; when approached in a systematic manner, it has the potential to enable practitioners from a wide variety of backgrounds to identify, understand, and act in relation to the personal, professional, and political challenges they face in practice. This article focuses on how reflexive practice as a methodological tool can provide researchers and practitioners with new insights and increased self-awareness, as they are able to critically examine the nature of their work and acknowledge biases, which may affect the knowledge translation process. Through the use of structured journal entries, the nature of the relationship between reflexivity and knowledge translation was examined, specifically exploring if reflexivity can improve the knowledge translation process, leading to increased utilization and application of research findings into everyday practice. © 2015 Society for Public Health Education.

Citation: Alley, Sarah & Jackson, Suzanne & Shakya, Yogendra. (2015). Reflexivity: A Methodological Tool in the Knowledge Translation Process?. Health promotion practice. 16.
https://doi.org/10.1177/1524839914568344 .

Primary Health Care with Immigrant and Refugee Populations: Issues and Challenges (2000)

Abstract: Ontario's community health centres (CHCs) are leaders in providing community based health care programs and services. One of the primary objectives of the CHC program is to promote access to health care for populations that have traditionally experienced barriers for reasons such as language, culture and age, or for populations that are at high risk for illness such as persons living in poverty or those who are homeless. Funded by the provincial Ministry of Health and Long Term Care, Access Alliance Multicultural Community Health Centre is located in downtown Toronto, and is mandated to work specifically with immigrants and refugees to promote health and better access to health care. This paper describes the complexity of issues facing newcomers, the Centre's programs and services, as well as the organisation's struggle to define its role and value within the health and social service sector and to newcomer communities.

Citation: Nerad, Sonja & Janczur, Axelle. (2000). Primary Health Care with Immigrant and Refugee Populations: Issues and Challenges. Australian Journal of Primary Health.
https://doi.org/10.1071/PY00056

02

Internal Reports

The Growth and Evolution of a CHC: Responding to Changing Needs using a Dynamic, Decentralized Model of Care (2022)

This report showcases how four driving forces promoted the evolution and strategic growth of Access Alliance, a community health organization that today is highly adaptable and responsive to change, while simultaneously driven to realize its vision.

https://accessalliance.ca/blog/the-growth-and-evolution-of-a-chc/

Training Needs Assessments of Newcomer Young Adult Mothers (2022)

This research assessed the settlement and employment support and training needs of newcomer young adult mothers in Toronto. Researchers sought to understand their strengths, networks, social support, and career goals. They identified key support opportunities to meet settlement needs, and supports needed to find employment.

https://accessalliance.ca/research-advocacy/training-needs-assessments-of-newcomer-young-adult-mothers-2022/

Undocumented.Stories: Hand-written stories from Torontonians living without permanent status (2022)

In 2022, Access Alliance collected over 125 anonymous stories from Toronto residents, describing their daily realities of living without permanent immigration status. Many of them were patients of our Non-Insured Walk-In Clinic in west Toronto. We share some of these stories to highlight the systemic barriers and exploitation these residents face based on their status.

https://accessalliance.ca/research-advocacy/undocumented-stories/

Beyond Positive Intentions: Seeking Well-Being and Equity for LGBTQ+ Newcomer Women and Other Trans and Gender Non-Conforming Newcomers (2021)

This community-based research project explored the barriers to health and well-being experienced by LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. It examined how LGBTQ+ newcomer women and other trans/gender non-conforming newcomers are marginalized simultaneously

because of sexual orientation, gender, race, and immigration status. The research revealed numerous systemic and service barriers, leading to specific recommendations for government.
https://accessalliance.ca/research-blog/building-positive-spaces-for-newcomer-lgbtq-women

Investing in Language Access to Optimize Health System Performance (2021)
This report examines systemic impacts of language barriers in Canadian healthcare and the benefits of professional interpreting services. Equitable access to high-quality health care is one of the fundamental principles of our Canadian health care system. However, many Canadians who are not proficient in English or French face substantial health inequities due to language barriers. Providing professional interpreting services is critical to overcoming linguistic barriers in health care. These services improve the health of patients, enhance the experience of care for both service users and providers, and reduce the costs of health care.
https://accessalliance.ca/research-advocacy/investing-in-language-access-to-optimize-health-system-performance-research-snapshot/

Loss and Protracted Family Separation among Refugee Children and Youth Examining Post-migration Impacts and Service Needs (2021)
This project addressed the critical issue of family loss and separation and its profound impact on the mental and social well-being of refugee youth. Refugee youth are a particularly vulnerable population, often facing significant challenges in their trans-migration settlement process. There was a gap in the existing literature regarding the specific effects of family separation and loss on refugee youth. This project fills that gap by providing evidence-based recommendations to improve refugee youth well-being and facilitate successful settlement in Canada. These recommendations provide all stakeholders, from practitioners to policymakers, with the insights and tools necessary to offer effective, trauma-informed support.
https://accessalliance.ca/research-blog/supporting-refugee-youth-from-research-to-practice/

Refugee health and resettlement, lessons learned from the Syrian Response (2017)

The key goal of the study was to document how we responded to the arrival of large cohort of Syrian refugees within a short time frame in order to identify best practices to inform future response efforts to similar situations. In particular, we wanted to understand (i) the nature and scale of cross-sector collaborations and system navigation support that were mobilized with attention to the institutional factors that enabled these collaborations and successes, (ii) and document challenges faced, and how agencies responded to these challenges. To provide a comparative context on how variations in regional/urban contexts affect service planning, our study focused on three urban centres/regions in Ontario: City of Toronto, Region of Peel, and Region of Waterloo.

https://accessalliance.ca/wp-content/uploads/2018/06/SyrianResettlement_ResearchHighlightsReport_2017-4.pdf

Evaluation Goals: Implementing Evaluation Audit Practice within a Non-Profit Agency in Toronto (2016)

The non-profit sector is operating within an era of increased accountability- vertical and lateral- as evidence of good governance. Sectorally, at one point or another, non-profits must explain how they will ensure that project goals are being met, for the sake of their funders or accreditors (vertical accountability). Moreover, non-profit health organizations exist to meet the needs of the public, and to improve their health and wellness. Planned, effective evaluation audits help organizations improve this commitment towards the public and the people they serve. Unfortunately, consistent, high quality evaluation is not always common practice among non-profit agencies.

https://www.researchgate.net/publication/311949104_Evaluation_Goals_Implementing_Evaluation_Audit_Practice_within_a_Non-Profit_Agency_in_Toronto

Tired of the Hustle: Youth Voices on Unemployment (2016)

This study was focused on youth living in low-income neighbourhoods along Jane Street who are NEET or at risk of being NEET. Key goals of the research project were to (i) investigate systemic barriers to employment and employment services that NEET youth in low-income neighbourhoods in Toronto face; and, (ii) in the voices of young people, provide evidence for policy and service solutions, including recommendations on how to make employment services more youth-friendly. This report presents important qualitative evidence on how racialized youth from low-income neighbourhoods in Toronto become NEET, how being NEET impacts youth and their families, and how these youth hustle in response to the systemic barriers they face to employment and employment services.

https://accessalliance.ca/wp-content/uploads/2018/06/TiredoftheHustleReport-1.pdf

Demographics And Trajectories Of Care For Medically Uninsured Women Accessing Health Care During Pregnancy (2015)

This study describes client demographics, comorbidities, prenatal needs, and trajectories of care for pregnant women presenting to the Non-Insured Walk-In Clinic (NIWIC). This study provides primary and obstetric care providers with a better understanding of this marginalized population. It shows that innovative partnerships can provide uninsured women with initial or comprehensive prenatal care, and provides evidence for a collaborative care model for prenatal care that can be replicated by other service providers.

https://accessalliance.ca/wp-content/uploads/2018/06/2015.06.08_ASHLEY-RAESIDE_DOCH2-FINAL-WITH-REVISIONS.pdf

03

Research Team Blog Posts

Access Alliance 2024 – 2025 Annual Planning and Evaluation Report

This report provides a comprehensive overview of Access Alliance's planning and evaluation (P&E) activities from April 2024 to March 2025. These activities support evidence-informed decision-making and continual improvement of programs and services. The report summarizes 30 program evaluations.

https://accessalliance.ca/research-blog/access-alliance-2024-2025-annual-planning-and-evaluation-report/

Research in Action at the North American Refugee Health Conference 2025

Conferences are spaces to showcase and celebrate our work. Done well, they are also spaces to connect with each other, to learn about each other's work, in particular emerging and innovative ideas that might intersect with or inform our own work. This post provides access to Access Alliance staff presentations, along with links to articles, projects, and more information about each topic.

https://accessalliance.ca/research-blog/research-in-action-at-the-north-american-refugee-health-conference-2025/

UnborderED Knowledge: Building bridges between lived experience and academic excellence

This post provides an overview of a pan-Canadian project that will transform how Canada supports displaced scholars and researchers. UnborderED Knowledge will create systematic pathways to education and research opportunities, recognizing that people with lived experiences of forced migration bring invaluable perspectives to academic and research communities.

https://accessalliance.ca/research-blog/unbordered-knowledge-building-bridges-between-lived-experience-and-academic-excellence/

Reaching Through the Cracks: An African, Caribbean, Black (ACB) LGBTQ+ Newcomer Sexual Health Co-Design Report

The project focused on peer-engaged co-designing a sexual health service model that addresses the unique needs of African, Caribbean, and Black (ACB) 2SLGBTQI + newcomers, particularly those with lived experience of HIV/AIDS. The research identified barriers to care and how to improve access to sexual health and HIV services for ACB 2SLGBTQI + newcomers who are often marginalized and

underserved.
https://accessalliance.ca/research-blog/reaching-through-the-cracks-an-african-caribbean-black-acb-lgbtq-newcomer-sexual-health-co-design-report/

Social prescribing, community development, social determinants of health – a showcase of research and impact

We collaborated with Holistic Sustainable Development Network International (HSDNI) for their 9th Sustainability Collaborative Conference. The conference focused on how to deal with and create inclusion to prevent inequality in public health in cosmopolitan and multicultural societies. Our Public Health session featured several sessions that provided deep insight into research and the impact of collaborative work being done on social prescribing, community development, and social determinants of health.
https://accessalliance.ca/research-blog/social-prescribing-community-development-social-determinants-of-health-a-showcase-of-research-and-impact/

Laying the Foundation – Individual, Community, and Systems-Level Impacts of the Community-Based Research Department

This report highlights the impacts of our Community-Based Research (CBR) Department's activities on individuals, communities, and system-level policy changes. It provides a thorough examination of our commitment to our CBR framework, principles, and practices.
https://accessalliance.ca/research-blog/laying-the-foundation-individual-community-and-systems-level-impacts-of-the-community-based-research-department/

The Disproportionate Impact of COVID-19 on Immigrants and Refugees with Chronic Illnesses

The project aimed to identify systemic barriers to equitable healthcare access during pandemics, co-develop actionable solutions with stakeholders to address disparities, and inform policy and programming to protect vulnerable populations in future crises. The insights gained from this research offer actionable recommendations to address the unique needs of these populations in future public health crises. The study provides a roadmap for building crisis-resistant health systems that centre equity, creating lasting protection for Canada's most vulnerable communities by addressing both clinical needs and social determinants.

https://accessalliance.ca/research-blog/the-disproportionate-impact-of-covid-19-on-immigrants-and-refugees-with-chronic-illnesses/

Community Based Research Training for Peer Researchers

Our training introduces Peer researchers, researchers in the community with lived experience or working with the population of interest, to ethical CBR practice. In this training we provide an overview of the research process from conceptualization to design a research protocol, collection of sensitive data or collection of data from sensitive populations, basics of analyzing data, basics of analyzing data, interpreting the results in accessible format, and knowledge mobilization. Trainees gain an understanding and knowledge base of the research process. Our training is interactive with discussion, mentorship, and support throughout.
https://accessalliance.ca/research-blog/community-based-research-training-for-peer-researchers/

Supporting Refugee Youth: From Research to Practice

This project addressed the critical issue of family loss and separation and its profound impact on the mental and social well-being of refugee youth. Refugee youth are a particularly vulnerable population, often facing significant challenges in their trans-migration settlement process. There was a gap in the existing literature regarding the specific effects of family separation and loss on refugee youth. This project fills that gap by providing evidence-based recommendations to improve refugee youth well-being and facilitate successful settlement in Canada. These recommendations provide all stakeholders, from practitioners to policymakers, with the insights and tools necessary to offer effective, trauma-informed support.
https://accessalliance.ca/research-blog/supporting-refugee-youth-from-research-to-practice/

Access Alliance 2023 – 2024 Annual Planning and Evaluation Report

This report provides an overview of evaluation findings for Access Alliance programs, used to improve program activities for participants. Our Program Planning and Evaluation Policy ensures accountability, learning, and quality of our program planning and evaluation practices. The policy represents the foundation of all planning and evaluation activities of the agency.
https://accessalliance.ca/research-blog/access-alliance-2023-2024-annual-planning-and-evaluation-report/

Understanding the Experiences of Patients Accessing our Primary Care Services

Our Client Experience Survey provides a glimpse into patient experiences with Access Alliance's primary care services. Each year we collect patient feedback to ensure service accountability, quality improvement, and evidence-informed practices. Patients are asked to rate their service experience in five areas: satisfaction, accessibility (including virtual services), equity, client safety, and patient-centredness.

https://accessalliance.ca/research-blog/understanding-the-experiences-of-patients-accessing-our-primary-care-services/

Conceptualizing a Pyramid Model on Equity, Diversity and Inclusion (EDI) for Non-Profits and Community Organizations

The Equity, Diversity, and Inclusion (EDI) Framework is structured around a Pyramid Model. This model is designed to conceptualize EDI components in a way that is accessible and actionable for community-based organizations. In this summary we will share the model and how it can be used to bring an intentional and measurable EDI focus to community work.

https://accessalliance.ca/research-blog/conceptualizing-a-pyramid-model-on-equity-diversity-and-inclusion-edi-for-non-profits-and-community-organizations/

Better Understanding for Better Health – 2024 Community Health Needs Assessment (CHNA) for Taylor-Massey Oakridge

Taylor-Massey and Oakridge neighbourhoods are culturally diverse and vibrant communities located in Toronto's east end. These neighbourhoods are designated 'Neighbourhood Improvement Areas' as part of the City of Toronto's Strong Neighbourhood Strategy. On average, these neighbourhoods have lower incomes, higher unemployment, and more recent immigrants compared to Toronto overall.

https://accessalliance.ca/research-blog/better-understanding-for-better-health-2024-community-health-needs-assessment-chna-for-taylor-massey-oakridge/

Screening for Diabetes and Risks among Black African and Caribbean Residents in Toronto

The prevalence of diabetes has increased significantly over the last years among younger adults in Canada, with Black individuals being disproportionately affected causing worse complications that include organ damage. The Public Health Agency of Canada (PHAC) developed the Canadian Diabetes Risk Assessment Questionnaire (CANRISK) tool to screen for and support diabetes management nationwide. However, it could not capture adequate data for African and Caribbean Black (ACB) individuals aged 18-39 years. This study sought to address this gap by identifying the risk and prevalence of diabetes in this population.

https://accessalliance.ca/research-blog/screening-for-diabetes-and-risks-among-black-african-and-caribbean-residents-in-toronto/

Best Practice Standards for Remote Program and Service Delivery

This organizational initiative and its accompanying Guide is called the *Standard Guide for Incorporating Remote Program and Service Provision into a Multi-modality Service Delivery Approach*. It is important to note that remote service delivery is not meant to replace in-person service and programs, but rather to incorporate another option for clients to access our programs and services.

https://accessalliance.ca/research-blog/best-practice-standards-for-remote-program-and-service-delivery/

Addressing and Preventing Family Violence Through Hubs of Expressive Arts for Life – HEAL Project

This co-design, mixed method, community based participation action research is focused on vulnerable newcomer populations who are survivors of domestic violence in the City of Toronto. The team will develop expressive arts interventions and identify promising or best practices to address the trauma-informed health impacts of family violence and to improve participants' physical and mental wellbeing.

https://accessalliance.ca/research-blog/addressing-and-preventing-family-violence-through-hubs-of-expressive-arts-for-life-heal-project/

Impact of Social Isolation on Refugee Children and Youth

This project aims to assess the impact of social isolation on refugee youth in Toronto (Canada) as well as their coping mechanisms to overcome the adverse effects on their health and wellbeing. This will be done by conducting a rigorous systematic review of existing literature followed by peer-led facilitated discussion.
https://accessalliance.ca/research-blog/impact-of-social-isolation-on-refugee-children-and-youth/

Tackling TB Stigma

Taking a cross sectoral approach, Access Alliance Multicultural Health and Community Services, engaged representatives from primary care, settlement, public health, and community members from three populations to address the issue of stigma and its impact on tuberculosis (TB) care and support.
https://accessalliance.ca/research-blog/tackling-tb-stigma/

Overcoming Financial Vulnerability among Newcomers

This community based research study provides valuable evidence on financial knowledge, vulnerabilities, practices and financial service needs among newcomers (recently arrived immigrants and refugees) in Toronto.
https://accessalliance.ca/research-blog/overcoming-financial-vulnerability-among-newcomers/

Building Positive Spaces for Newcomer LGBTQ+ Women

This community-based research project explored the barriers to health and well-being experienced by LGBTQ+ newcomer women and other trans and gender non-conforming newcomers. It examined how LGBTQ+ newcomer women and other trans/gender non-conforming newcomers are marginalized simultaneously because of sexual orientation, gender, race, and immigration status. The research revealed numerous systemic and service barriers, leading to specific recommendations for government.
https://accessalliance.ca/research-blog/building-positive-spaces-for-newcomer-lgbtq-women/

Promoting Green Living among Newcomer Families

The key goal of this applied research project was to assess the role of community-based green living workshop series in promoting environmental/green living knowledge and practice among newcomer families living in low-income

neighborhoods in Toronto. Another goal of this study was to document newcomer perspectives on environment/green living, and its link to food security and health.
https://accessalliance.ca/research-blog/promoting-green-living-among-newcomer-families/

Best Practices for Planning Services During Large Cohort Refugee Arrivals

Based on Syrian refugee response, this study seeks to identify best practice recommendations for planning and delivering services when large cohorts of refugees arrive within a short span of time.
https://accessalliance.ca/research-blog/best-practices-for-planning-services-during-large-cohort-refugee-arrivals/

Migration and Diabetes

The key goal of this project was to document experiences of diabetes and the factors affecting its risk, prevention, treatment and self-management among recent immigrants (compared to Canadian-born).
https://accessalliance.ca/research-blog/migration-and-diabetes/

Impact of Family Loss and Separations on Refugee Youth

This study examines how experiences of loss, disappearance or protracted separation of one or more family members due to war, conflict, and forced migration affect refugee children/youth and their families in terms of post-migration settlement and wellbeing. The project also seeks to build evidence on what kinds of services and supports can promote the wellbeing of these refugee children/youth and their families.
https://accessalliance.ca/research-blog/impact-of-family-loss-and-separations-on-refugee-youth/

Innovative E-Solutions for Promoting Collaborative Mental Healthcare

The Interactive Computer-Assisted Client Assessment Survey (iCCAS) is a multi-language, user-friendly, touch-screen-based tool completed by patients while waiting to see a clinician. This tool screens for common mental health disorders (CMDs) and generates point-of-care reports for clinicians and patients to facilitate better assessment and care.
https://accessalliance.ca/research-blog/innovative-e-solutions-for-promoting-collaborative-mental-healthcare/

Mental Health Determinants for Immigrant and Refugee Youth

Access Alliance conducted two major community-based research projects to help build knowledge about social determinants of mental health for immigrant and refugee youth. The first project called Newcomer Youth Mental Health focused on newly arrived youth from Afghanistan, Colombia, Sudan and from the Tamil community. The second project called Refugee Youth Health Project focused specifically on pre and post-migration determinants for youth (16 to 24) with forced migration experience and/or who came to Canada as refugees.
https://accessalliance.ca/research-blog/mental-health-determinants-for-immigrant-and-refugee-youth/

Refugee Maternal and Perinatal Health

The key goal of this study was to examine maternal and perinatal health outcomes for mothers with refugee experience compared with other groups including non-refugee immigrant mothers and Canadian-born counterparts.
https://accessalliance.ca/research-blog/refugee-maternal-and-perinatal-health/

Our Community-based Research Tools

With over 10 years of experience in community based research, we have developed hundreds of hands-on CBR tools for making research inclusive, empowering and equity driven. Our Centre can provide advisory support and institutional training on CBR to academics as well as community agencies interested in doing CBR. As a way to de-centre research, we strongly advocate for community agencies (community health centres, settlement agencies) to start doing research and/or take a critical approach in how they collaborate on research projects conducted by academics.
https://accessalliance.ca/research-blog/our-community-based-research-tools/

Immigrant Insight Scholar Initiative

The Immigrant Insight Scholar (IIS) Initiative is a mentored paid fellowship program for un/underemployed internationally educated researchers/analysts (e.g., epidemiologists, qualitative researchers, statisticians, evaluation experts) to utilize and strengthen their skills, and develop the local experience, track record, and

professional network needed to transition to a successful career as a researcher/analyst in Canada.
https://accessalliance.ca/research-blog/immigrant-insight-scholar-initiative/

Building Effective Career Bridging Pathways for Internationally Educated Researchers

The key goal of this study is to understand labor market barriers facing Internationally Educated Researchers (IERs). The study will also document and identify institutional opportunities, resources, and potential solutions that can be mobilized to build effective career bridging pathways for IERs in order to transition to a productive career in the field of research in Canada.
https://accessalliance.ca/research-blog/building-effective-career-bridging-pathways-for-internationally-educated-researchers/

Building Capacity for Equity-Informed Planning and Evaluation

The overall aim of this project is to build organizational level knowledge, commitment and capacity to routinely use a health equity framework and evidence geared at overcoming systemic inequities in healthcare access, healthcare quality and health outcomes.
https://accessalliance.ca/research-blog/building-capacity-for-equity-informed-planning-and-evaluation/

Addressing Cervical Cancer Screening Inequity among Newcomer Women via HPV Self-Sampling

This research project sought to build evidence on community-based and culturally sensitive care pathways for promoting HPV self-sampling-based screening for cervical cancer among under/never-screened women within immigrant communities.
https://accessalliance.ca/research-blog/addressing-cervical-cancer-inequity-among-newcomer-women-via-hpv-self-sampling/

Reducing Appointment No-Shows: Understanding Determinants and Solutions

The key goal of this study is to investigate social and health system level determinants of appointment no-shows at a community health centre (Access

Alliance). The end goal of this project is to identify evidence-informed institutional solutions and best practices for reducing appointment no-shows.
https://accessalliance.ca/research-blog/reducing-appointment-no-shows-understanding-determinants-and-solutions/

Promoting Decent Work for Racialized Women

The key objective of this proposed project is to mobilize inter-sectoral partnerships and actions to build pathways to decent work for racialized women.
https://accessalliance.ca/research-blog/promoting-decent-work-for-racialized-women/

Food Insecurity in Low Income Neighborhoods

We conducted a community based study on food insecurity facing residents living in two of our catchment areas (Taylor Massey neighborhood and Rockcliffe Smythe neighborhood). Our study produced important insights on the root causes of food insecurity, how people respond to food insecurity, and how these experiences affect their health and well-being. The study also documented service needs and recommendations for solutions.
https://accessalliance.ca/research-blog/food-insecurity-in-low-income-neighborhoods/

04

Research for Change: LinkedIn Research Newsletter Articles

Standing together for attachment

Connecting a client to a primary health care provider is one form of attachment. Another is referring clients to community programs and services that address specific needs, help reduce social isolation and improve health and settlement outcomes. At Access Alliance, we facilitate both types of attachment, recognizing that primary care, social supports and community-focused activities are all a part of nurturing client-centred relationships.

https://www.linkedin.com/pulse/standing-together-attachment-access-alliance-multicultural-heal-czdtc/

Standing Together for Equity

Health equity is about helping newcomer clients to achieve their health potential. To be successful, we have to consistently demonstrate that our approach is dynamic, adaptable, and responsive. There is a dynamic nature to equity. What works for one individual or group may not work for another. It's essential that we continue to take the time to understand the different communities we serve and work hard to balance both individual and population needs.

https://www.linkedin.com/pulse/standing-together-equity-access-alliance-multicultural-heal-yrdic/

Standing Together for Engagement

Engagement demands action. Understanding our client and community needs and experiences. Listening to ensure we're working to address the real barriers that get in their way. Building trust so that they feel safe and welcome. Engagement means seeking and valuing client input and feedback, building and strengthening relationships, and helping clients connect with each other and us. October 2025 is Community Health and Wellbeing Month. The theme is "Standing Together." In this edition learn how we stand together with newcomer clients and communities to engage them to work together to improve health outcomes.

https://www.linkedin.com/pulse/standing-together-engagement-access-alliance-multicultural-heal-u7gxc

Standing Together for Access

To create access we help to bridge barriers for our clients in a multitude of ways, including offering flexible hours and interpreting services, bringing programs/services closer to where they live, hiring staff that share their background, language and/or experience, and engaging peers to help the most vulnerable clients feel comfortable to access services. We don't just provide services to individuals, but to the whole community. We also use system-level approaches to address health inequities and improve the social determinants of health for marginalized populations. This includes social prescribing, which addresses some SDOH-related barriers.

https://www.linkedin.com/pulse/standing-together-access-access-alliance-multicultural-heal-zcplc

The importance of listening, validating, and connecting

Conferences are spaces to showcase and celebrate our work. Done well, they are also spaces to make connections with each other and in our work, to learn about each other's work, in particular emerging and innovative ideas that might intersect with or inform our own work. Our team came away from the North American Refugee Health Conference 2025 with a number of takeaways from their experience that will help inform our work providing health care to refugees, and all newcomers. The first is summed up in an answer that Gabor Maté gave after his keynote, when asked to provide three things that we should be doing to support refugees. He said to listen, validate, and connect. Our work is to take those three words and make them as big and meaningful and positive as we can.

https://www.linkedin.com/pulse/importance-listening-validating-connecting-8udrc

Settlement is a health issue, and health is a settlement issue

This 2011 Access Alliance and City of Toronto report describes the "health advantage" that most newcomers bring to Toronto, the decline in their health over time and the need to re-examine and strengthen our efforts to support newcomers, especially those whose health risks are compounded by their income

level, gender, immigration status, ethno-racial background, sexual orientation or other factors.
https://www.linkedin.com/pulse/settlement-health-issue-access-alliance-multicultural-heal-wzezc

Making virtual emergency care accessible for all: insights from a community partnership

Access Alliance partnered with Dr. Sander Hitzig and his research team at Sunnybrook St. John's Rehab to host a World Café with diverse participants (including hospital and primary healthcare providers at Community Health Centres, researchers, community agencies, and people with lived experience) to explore ways to make the Virtual Emergency Department (ED) more accessible for equity-deserving populations (EDPs). This World Café was organized as a continuation of the research that Access Alliance conducted with Sunnybrook Health Sciences on the Virtual Emergency Department care experiences of equity-deserving populations.
https://www.linkedin.com/pulse/making-virtual-emergency-care-accessible-rlyxe

Resilience mechanisms and coping strategies for forcibly displaced youth – a need for new language

Refugee youth are a particularly vulnerable population, often facing significant challenges in their trans-migration settlement process. There was a gap in the existing literature regarding the specific effects of family separation and loss on refugee youth. We conducted an exploratory rapid review to review existing literature on coping strategies and resilience among forcibly displaced youth (FDY) populations. We provide evidence-based recommendations to improve refugee youth well-being and facilitate successful settlement in Canada.
https://www.linkedin.com/pulse/resilience-mechanisms-coping-strategies-dnnvc

What does health equity mean in your work? What does health equity training look like in your work?

On July 31, 2025, we led a virtual discussion with Ontario-based healthcare professionals to explore how organizations can put health equity and cultural

safety into practice, and foster welcoming, inclusive environments for all stakeholders. Our session record paints a picture of a sector grappling with complex, interconnected challenges, yet deeply committed to a future where health equity is not just an aspiration but a lived reality, driven by continuous learning, systemic reform and genuine collaboration with the communities it serves.
https://www.linkedin.com/pulse/what-does-health-equity-mean-your-work-tomxc/

Harnessing community wisdom: How community consultations strengthen research impact

Community-based research (CBR) has gained recognition as a powerful approach for creating meaningful change in healthcare and settlement services. But what happens after the data is collected? How do we ensure our research truly reflects community needs and drives real-world solutions? The answer lies in community consultations; a critical yet often overlooked component of the research process.
https://www.linkedin.com/pulse/harnessing-community-wisdom-how-consultations-pztfc/

Making an impact at the system level through CBR

We explore how our work has become a catalyst for systems and policy change, extending its influence far beyond individual and community impacts. By embedding CBR principles into every layer of its organizational and program evaluation work, we work to shape health equity solutions and advocacy at a citywide, provincial, and even national scale.
https://www.linkedin.com/pulse/making-impact-system-level-through-hkawc

From Research to Real Impact: The Benefits of Community-Based Research for Individuals and Communities

This article explores the tangible benefits of CBR for individuals and communities, highlighting stories of transformation, empowerment, and collective impact. CBR at Access Alliance is not just about research about communities. It is research with and for them. This approach ensures that community members are engaged at every stage, from defining research priorities to sharing findings that inform real-world change. By centering the voices of those most affected, CBR transforms

research into a tool for empowerment and action. Our approach to CBR demonstrates that when communities set the research agenda and remain involved throughout the process, research becomes a powerful driver of change. Data collected is not just descriptive; it mobilizes people, programs, and policies toward greater equity. The result is a stronger, more inclusive community, equipped with evidence and empowered to shape its own future.
https://www.linkedin.com/pulse/from-research-real-impact-benefits-cngac/

Community Based Research at Access Alliance – by and for the community

At Access Alliance we use an inclusive and democratic model of Community-Based Research (CBR) where the research agenda comes from or is driven by the community. This approach ensures that community members are engaged to the fullest extent throughout the research journey, from design to knowledge mobilization. The findings of our research are validated with the community to bring about positive change. This philosophy and practice are central to our work.
https://www.linkedin.com/pulse/community-based-research-access-alliance-zr19c/

Reaching Through the Cracks: Co-designing newcomer sexual health services with African, Caribbean, Black (ACB) 2SLGBTQI+ communities

In 2021 Access Alliance worked on co-designing a sexual health service model for African, Caribbean, and Black (ACB) 2SLGBTQI + newcomers, especially those with lived experience of HIV/AIDS. The project used participatory methods such as co-design, peer support, and body mapping to identify barriers and co-create solutions, aiming to improve access to care for individuals often marginalized due to systemic oppression and social determinants like precarious immigration status, housing insecurity, and poverty.
https://www.linkedin.com/pulse/reaching-through-cracks-co-designing-zjdwc

Building welcoming spaces for two-spirit, lesbian, gay, bisexual, trans, queer and intersex (2SLGBTQI+) newcomers

It’s Pride month, a time to celebrate the leadership, resistance, and joy of 2SLGBTQI+ communities. It is also a time to recognize the long-standing and

ongoing transformative advocacy work of 2SLGBTQI+ people in Canada. Our Among Friends program, in operation since 2007, is dedicated to serving two-spirit, lesbian, gay, bisexual, trans, queer and intersex (2SLGBTQI+) newcomers.
https://www.linkedin.com/pulse/building-welcoming-spaces-two-spirit-ygvbc

Webinar reflection - Bridging Gaps in Care - Reimagining Ontario's Health System for Immigrants and Refugees

Access Alliance ran an engaging and solutions-focused conversation with a mixed group of health system administrators, health and settlement service providers, researchers, health system patients, and a policy maker. Together we re-imagined how Ontario's health care system can be more accessible, equitable, and responsive for immigrants and refugees. We explored how to ensure these communities are not only included in system improvements, but also meaningfully connected to primary care and vital social supports. Participants underscored that lived experiences add nuance to the data. They also highlighted system challenges (IEHP licensing hurdles, language gaps, funding shortfalls) and innovative solutions (peer networks, social-media outreach). Participants discussed a system that, while well-intentioned, contains structural barriers that systematically disadvantages newcomers to Canada. The themes identified suggest that meaningful improvement requires coordinated action across multiple levels - from policy reform to service delivery redesign to better community support.
https://www.linkedin.com/pulse/webinar-reflection-bridging-gaps-mrunc

Bridging gaps in care: Reimagining Ontario's health system for immigrants and refugees

Health and social inequities that appeared during th COVID-19 pandemic are not new. The research community, health-care providers and community organizations have documented these inequities for decades. What appeared to be individual choices during the pandemic – such as vaccine hesitancy – were manifestations of deeper structural barriers. We don't need more research; we need practice and policy change. The path forward involves bringing researchers, organizations, policymakers, caregivers and community members together to implement these proven solutions.

https://www.linkedin.com/pulse/bridging-gaps-care-reimagining-ontarios-4b1ze/

Rebuilding Trust in Health Care: What Race and Trust Reports Reveal About Health Equity in Canada

We explore recent findings from the Canadian Race Relations Foundation (CRRF)/ Environics Research's Race in Canada 2024 and the Edelman Trust Barometer Special Report on Trust and Health. Together these reports reveal intersecting trends with significant implications for health equity. The reports show that mistrust in institutions, once most prevalent among racialized communities, is now widespread, particularly among youth. These reports offer powerful data on the erosion of trust in Canadian health systems, growing disparities in access, and how communities, particularly racialized, youth, and other marginalized groups are adapting by turning to more localized and peer-based sources of information and support. This erosion of trust, alongside systemic health care barriers, demands more culturally responsive, community-based approaches to health communication and service delivery. Read on to learn more about the reports, and how these insights reinforce the importance of embedding trust, relevance, and equity into all aspects of our work.

https://www.linkedin.com/pulse/rebuilding-trust-health-care-what-race-fer1c

Conclusion

As we conclude this edition, we are reminded that the pursuit of health equity is both an ongoing responsibility and a shared achievement. The studies, reflections, and community insights presented throughout these pages reaffirm the vital role of research in shaping accessible, responsive, and culturally attuned healthcare services for Toronto's diverse communities. They demonstrate that meaningful progress emerges when evidence is paired with empathy, when data is grounded in lived experience, and when research is carried out in partnership with the very communities whose health and wellbeing we strive to advance.

Looking ahead, the Research and Evaluation Department remains committed to deepening this work by expanding collaborative projects, strengthening evaluation capacity across the organization, and generating knowledge that informs policy and practice at local, regional, and national levels. We extend our sincere appreciation to all who contributed to this year's publication: clients, community members, frontline staff, researchers, and partners. Your voices, expertise, and commitment continue to guide our efforts and inspire our future directions. Together, we will continue to build a more equitable, evidence-informed healthcare system that upholds dignity, celebrates diversity, and ensures that no one is left behind.

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