



# ACCESS ALLIANCE RESEARCH IMPACT REPORT 2026

**Evidence-driven equity:** Turning community knowledge into healthier, fairer systems for immigrants and refugees

Access Alliance Multicultural Health and Community Services  
Toronto, Canada  
**May 2026**

### **Acknowledgement & Disclosure**

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### **Declaration for the use of generative AI**

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

### **Recommended Citation**

Access Alliance (May 2026). Access Alliance Research Impact Report (2025-2026) - Evidence-Driven Equity: Turning Community Knowledge into Healthier, Fairer Systems for Immigrants and Refugees (April 2025-March 2026). Access Alliance Multicultural Health and Community Services, Toronto, Canada. [www.accessalliance.ca](http://www.accessalliance.ca)

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# PREFACE

The 2026 Annual Research Impact Report of the Community-Based Research (CBR) and Evaluation Department at Access Alliance presents a compilation of our team's scholarly contributions, methodological advancements, and initiatives from April 2025 to March 2026.

At Access Alliance we turn community knowledge into evidence, evidence into policy, and policy into systems that are healthier and fairer. It is not just research—it is a mechanism for equity-driven change. It is used to improve lives, strengthen systems, and advance equity through evidence-driven action. Research is a rigorous instrument for informing social policy that can advance public accountability. By situating our work at the intersection of health equity and community-engaged practice, we generate evidence that illuminates the structural determinants of health disparities and addresses temporal uncertainties.

We are committed to a participatory research framework grounded in data ethics, inclusion, and community partnership. We employ rigorous mixed-methods approaches to engage equity-deserving populations, including immigrants, refugees, and racialized communities, to better understand the multidimensional barriers affecting health and social well-being. We strengthen research paradigms that emphasize shared leadership and reciprocal learning, recognizing lived experience as a legitimate and valuable form of expertise. Careful ethical stewardship ensures that informed consent, data governance, and meaningful community benefit are foundational principles across our work.

Our research portfolio is as an important evidence base for organizational planning, service improvement, and policy advocacy. Through analyses of the social determinants of health, evaluations of community-based interventions, and applied knowledge translation activities, we bridge the divide between empirical inquiry and practical implementation. Our findings reinforce the value of community-centred models of care, demonstrating that interventions informed by local context and grounded in evidence are more likely to produce sustainable and equitable outcomes for historically marginalized populations. The trust, collaboration, and commitment of our valued community partners, research participants, staff, and funding organizations make this work possible. We remain steadfast in our dedication to advancing ethical, transparent, and transformative research that meaningfully reduces health inequities.

We invite you to engage critically with our report, reflecting a continuing commitment to support a more equitable, inclusive, and evidence-informed public health landscape in Toronto and beyond.



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# PURPOSE OF THIS PUBLICATION

This document outlines our success across three distinct levels, to ensure our research drives both immediate care improvements and long-term structural shifts.

**The individual level:** The Immigrant Researchers Support Network (IRSN),

Student placements, training and support of Peer Researchers serve as a strategic commitment to building a sustainable pipeline of professionals who are reflective of, and responsive to, the communities they serve.

**The organizational and community level:** Our Learning Health System model transforms Electronic Medical Record (EMR) data into actionable insights for our Board and management, ensuring organizational resources are allocated based on real-time clinical trends. The Youth Service Needs Assessment (YSNA) provides an essential evidence base for community organizations supporting neighbourhoods frequently overlooked in provincial planning. The Rockcliffe-Smythe and Mount Dennis (RS-MD) CHNA identifies vital local assets and concerns, providing a foundational tool for sustainable community development tailored to neighbourhood-specific needs. Our work in Expressive Arts demonstrates that culturally responsive care requires moving beyond traditional clinical settings. By integrating trauma-informed, arts-based practices, we help newcomers rebuild their sense of identity and belonging. However, our research also uncovers deep-seated barriers. The Seniors' Medication project provided a "health care system reality check" when 95 seniors expressed a profound lack of trust in the system.

**The policy and system level:** The Black Children and Youth Mental Health Project advocates for non-carceral, public health-based crisis response models, challenging traditional institutional frameworks to adopt more equitable standards. Through the BETTER for All (BFA) project and our Attachment Readiness framework, we have identified that clinical success is contingent upon system readiness. Our Attachment Readiness research advocates for a shift from volume-based matching to a standardized provincial onboarding infrastructure that centres equity, preparing the system to support complex newcomer cases effectively.



# RESEARCH & EVALUATION HIGHLIGHTS

## Attachment Readiness

**Goal:** This sequential research introduces attachment readiness as a multi-level framework for improving Canadian primary care. Findings indicate that administrative matching alone fails without synchronized preparedness among patients, providers, and systems. The study advocates for a policy shift toward standardized onboarding and navigation infrastructure to ensure equitable, sustainable, and longitudinal care.

**Mechanism:** Integrating a scoping review (2010–2025) with qualitative stakeholder interviews, the research identifies readiness as a dynamic, multi-level construct. The study concludes that attachment is a system-enabled relationship rather than a singular administrative event. To achieve sustainable continuity of care, policy must shift from volume-based matching to a readiness-informed approach that invests in navigation infrastructure, reduces clinician burnout, and standardizes intake processes across the primary care landscape.

**Outcome:** Findings indicate that patient readiness is eroded by prolonged wait times and communication voids, while provider readiness is constrained by uncompensated administrative burdens. Conversely, system readiness is enhanced through intermediary roles and standardized onboarding.

**Impact:** Shifting the focus to readiness yields significant benefits across the healthcare ecosystem. For patients, particularly those facing social determinants of health barriers, it ensures a transition characterized by trust and cultural safety rather than administrative confusion. For providers, it reduces the "friction" of new patient intake—such as medication reconciliation and chart creation—which currently acts as a deterrent to accepting complex cases. At the system level, this approach improves the quality and sustainability of matches, leading to better preventive care, earlier disease detection, and reduced systemic costs. By treating readiness as a prerequisite, jurisdictions can move from high-volume, low-retention matching to high-quality, continuous care.

**Conclusion:** Successful primary care attachment is not a singular administrative event but a system-enabled relationship. Policy efforts must transition from a volume-based "matching" focus to a quality-based "readiness" framework. By aligning patient preparedness with provider capacity and system infrastructure, jurisdictions can foster a more equitable and resilient primary care landscape.



# RESEARCH & EVALUATION HIGHLIGHTS

## Black Children and Youth Mental Health Research Project

**Goal:** This project advances equity in mental health by improving access to culturally responsive, community-based care for Black children and youth in Toronto. The project will identify mental health needs, structural barriers faced in accessing appropriate services, identify and strengthen alternatives to policing in mental health crisis response through a public health approach.

**Mechanism:** The project adopts a community-based, participatory research approach grounded in the EGAP (Engagement, Governance, Access, and Protection) framework. It combines multiple methods, including environmental scans, rapid reviews, focus group discussions with Black children and youth and their caregivers, and in-depth interviews with service providers. The active involvement of community members, including youth engaged as peer researchers, and collaboration with Community Health Centres, is key. Research is grounded in lived experience and institutional practice. The project emphasizes knowledge mobilization through community validation workshops, policy briefs, to ensure findings are translated into practice and policy.

**Outcome:** We will produce evidence-based insights into the mental health needs and service gaps affecting Black children and youth; increase visibility of culturally responsive services and identification of service deserts; strengthen collaboration among community organizations, service providers, and researchers; and make practical recommendations for improving service delivery and crisis response models. At the participant level, the project creates opportunities for individuals to share their experiences in safe and culturally responsive spaces, while also building research capacity among peer researchers.

**Impact:** The project has the potential to contribute to more equitable mental health systems by informing policy and practice changes. This includes supporting shifts toward funding and scaling Black-led and community-anchored services, improving representation within the mental health workforce, and strengthening trust between service providers and Black communities. At the systems level, the findings may inform the development of non-carceral, public health-based crisis response models that better reflect the realities of Black children and youth. For clients, this could translate into improved access to services, more culturally aligned care, and more consistent and positive mental health outcomes.

**Conclusion:** This project contributes to advancing equity by centering the voices and experiences of Black children and youth and translating these into actionable recommendations for system change. The project's strength lies in generating community-informed evidence and fostering partnerships that can support longer-term policy & service delivery improvements.



# RESEARCH & EVALUATION HIGHLIGHTS

## Co-designing a Newcomer Health Plan

**Goal:** Lacking a provincial mechanism to coordinate equity-centred public health planning for newcomers, or to embed newcomer-specific, culturally responsive practices across sectors, magnifies structural inequities. In practice, newcomers show up as parts of other plans, such as Ontario's Black Health Plan. The result is a piecemeal public health system response to well-documented newcomer health access needs.

**Mechanism:** This project is structured around three phases: establishing the foundation (discovery phase), co-designing, and validating/evaluating the plan. This project will treat the public health system as an organization requiring organizational change.

**Outcome:** By project end, we will deliver a co-developed, piloted, and evaluated Newcomer Health Plan - a ready-to-implement provincial framework reflecting the lived realities of those facing the greatest barriers to preventive care, navigation, and trust. A newcomer arriving in Ontario should encounter a public health system that is being built with them in mind.

**Impact:** The Newcomer Health Plan will provide a coordinated, equity-centred approach rooted in community governance and cross-sector collaboration. Through feedback loops, training, and policy alignment, it supports immediate service improvement and lasting system transformation, enhancing access, trust, accountability, and uptake.

**Conclusion:** We will co-create a Newcomer Health Plan for the province of Ontario, using an Asset-Based Community Development (ABCD) model (a strengths-focused approach that builds on existing community assets), co-design, community engagement, and system-level collaboration approach, which ensures that the Ontario Health's Equity, Diversity, Inclusion, and Anti-Racism framework is realized in practice for newcomers. Newcomers will report reduced navigation barriers, as well as improved community-provider trust, improved access to health, social, and economic resources for immigrants and refugees. Communities will report increased intersectoral collaboration across services, as well as increased culturally competent service delivery and tailored programs for local needs, leveraging internationally educated health professionals as community health ambassadors and further integrated into the healthcare workforce.



# RESEARCH & EVALUATION HIGHLIGHTS

## BETTER for All (BFA) Sustainability Project

**Goal:** This Sustainability Project explores the connection between the implementation and scalability of the Better for ALL (BFA) program. BFA promotes cancer and chronic disease prevention for equity-deserving populations, emphasizing ongoing engagement of racialized and newcomer communities, long-term behaviour change, and equitable access across diverse populations. Our sustainability assessment examines how BFA can be maintained and strengthened over time.

**Mechanism:** A sequential qualitative study design was used to explore sustainability across BFA program delivery, partnerships, and system integration. Semi-structured interviews gathered input from program participants, non-participants, Prevention Practitioners (PPs) and Peer Health Coaches (PHCs), organizational leadership, and partner organizations. Purposive maximum variation sampling ensured diverse representation across roles, engagement levels, and experiences. Interviews explored barriers and facilitators to participation, program impacts, workflow integration, partnership dynamics, organizational supports, and long-term feasibility. Thematic analysis identified key sustainability themes. Cross-stakeholder comparisons revealed shared and differing perspectives.

**Impact:** BFA shows potential to reduce health inequities by integrating prevention within community-based care. Its influence may extend beyond individual behaviour change to building community capacity, promoting culturally responsive care, and fostering trust in health systems. The sustainability assessment provides insights to support embedding the program in routine practice, improve referral pathways, and strengthen cross-sector collaboration. BFA has the potential to align prevention efforts more closely with the lived experiences of underserved populations.

**Conclusion:** Sustaining BFA requires ongoing investment in workforce capacity, stronger partnerships, and integration into existing health and community systems. The program's long-term success will depend on its ability to adapt to evolving community needs while staying true to its core principles of equity, accessibility, and prevention.



# RESEARCH & EVALUATION HIGHLIGHTS

## Hubs of Expressive Arts for Life (HEAL)

**Goal:** Funded by the Public Health Agency of Canada (PHAC), the HEAL Project is a multi-year, community-based participatory research initiative that delivers a cross-cultural expressive arts intervention aimed at improving the mental health and well-being of newcomer women who have experienced gender-based domestic violence (GBDV). The project prioritizes diverse newcomer communities, including Arabic-, Farsi-, Bengali-, and Tigrinya-speaking women, as well as 2SLGBTQ+ individuals and those with lived experience in shelters.

**Mechanism:** To achieve this, the HEAL project piloted a 12-session program combining a range of art modalities, guest speakers (e.g., human rights, healthy relationships, empowerment, self-defence), referral pathways, arts and culture prescribing, and sustained mental health programming. At each phase of the project, the team mobilized knowledge to build capacity locally and globally, increasing understanding of arts integration in healthcare and settlement.

**Outcome:** Participants reported greater self-efficacy, emotional regulation, and empowerment, along with improved skills in stress management, communication, boundary-setting, and accessing support. Expressive arts were particularly effective for newcomers due to their cultural and linguistic relevance.

**Impact:** Organizations strengthened their capacity to deliver trauma- and violence-informed programs, while staff enhanced facilitation and care skills. At the systems level, the project advanced culturally grounded, arts-based approaches that reduce barriers to access. Knowledge dissemination through conferences, publications, tools, social media campaigns, and participation in the Knowledge Hub community of practice supported Canada's gender-based violence strategy, highlighting the importance of inclusive programming and sustained investment in culturally responsive interventions to advance health equity.

**Conclusion:** The HEAL project is contributing to the growing body of evidence that the arts can improve newcomer mental health and well-being, particularly among individuals and communities experiencing trauma. Harnessing findings and lessons learned, the team is developing numerous knowledge mobilization deliverables to scale and adapt the HEAL project's approach.



# RESEARCH & EVALUATION HIGHLIGHTS

## Priority Peer Led Public Health Interventions for People Experiencing Homelessness

**Goal:** This project aims to improve access, quality, and satisfaction of public health services for people experiencing or at risk of homelessness (PEH), with a focus on immigrants and refugees in Toronto. By leveraging peer workers, individuals with lived experience of homelessness, the initiative seeks to build trust, enhance engagement, and connect PEH to primary care, clinical, and social services.

**Mechanism:** Access Alliance peer workers, trained by the University of Toronto research team, aim to engage up to 250 participants over 12 months in preventive services, including STBBI testing, smoking cessation, NRT distribution, immunization, and severe weather outreach. Working across shelters, parks, and public spaces, they reduce barriers to care while delivering interventions, providing referrals and psychosocial support, screening for PrEP, PEP, or NRT eligibility, and supporting data collection and logistics. Training covers clinical procedures, trauma-informed care, cultural safety, confidentiality, and REDCap data management. The project systematically monitors service delivery, participant satisfaction, health outcomes, and staff wellbeing, including healthcare professionals' work satisfaction and burnout, to assess the effectiveness and sustainability of peer-led interventions.

**Outcome:** The program is expected to increase trust, engagement, and access to care for PEH, particularly immigrant and refugee populations, while reducing staff workload and burnout. Peer-led interventions may enhance the quality and satisfaction of care and promote equitable health outcomes.

**Impact:** Findings will inform policy, support the scaling of peer-led programs, and provide evidence for integrating peer workers as a sustainable public health strategy.

**Conclusion:** Although data collection is ongoing, this initiative has the potential to demonstrate that peer-led interventions improve health outcomes, client engagement, and provider wellbeing. Findings will guide program development, inform policy advocacy, and support the expansion of peer-led public health services across diverse populations.



# RESEARCH & EVALUATION HIGHLIGHTS

## Seniors' Medication

**Goal:** This joint project between the Access Alliance Research Department and the Open Door project focused on creating a new presentation for seniors about medication, medication compliance, medication use, medication reconciliation and review, why it is important to share accurate information about medication with providers, etc. We set out to build a workshop and simple tools to help seniors better understand and manage their medications.

**Mechanism:** To achieve this, a series of focus group discussions with 4 groups of seniors in the community. Three sessions were conducted in English, one in Spanish.

**Outcome:** Ninety-five seniors participated in 4 sessions. All participants, as well as staff at host organizations, indicated they would be interested in the workshop when it is developed. It has since been delivered in the community. Unexpectedly, the 95 seniors we spoke to ended up giving us a health care system reality check. Across all groups, seniors indicated that they don't trust the health care system. They don't feel cared for or understood.

**Impact:** Together with our Open Door colleagues, we are exploring bringing what we've learned into the classrooms of those who prescribe: Nurses, Nurse Practitioners, Doctors, and those who prescribe (limited), fill prescriptions, and are part of the medicine healthcare team: Pharmacy students. The goal is to help students develop a deeper appreciation of seniors when it comes to medication, communication and trust with providers, and for students to learn about models/tactics to improve how they provide care to seniors (such as the [What Matters To You](#) approach). We are working on a presentation that can be given in classrooms for emerging practitioners. We will reach out to institutions, academics, and professors/lecturers to bring this lived experience to them.

**Conclusion:** Community-based research can lead us to unexpected knowledge and potential interventions. The power of CBR as an approach is that listening and valuing the wisdom of the community can be incorporated into our work immediately. What started as a transactional information intervention now has the possibility to reach the next generation of healthcare providers before they enter the workforce, to help them understand how Seniors perceive health care services, and how they want to be treated. To date we have received positive feedback from one Nursing and one Medicine faculty.



# RESEARCH & EVALUATION HIGHLIGHTS

## Rockcliffe-Smythe and Mount Dennis Community (RS-MD) Health Needs Assessment

**Goal:** This community health needs assessment (CHNA) identified key service needs, concerns, and assets of the RS-MD community. This CHNA report is intended for use by organizations and institutions that provide resources, services, and programs that influence or support health outcomes in RS-MD. Findings from this CHNA will support the development of informed resources that holistically support these neighbourhoods.

**Mechanism:** A mixed-methods sequential approach was used to collect quantitative and qualitative data from the RS-MD community (i.e., community members and service providers). An Advisory Committee and community organizations located in RS-MD supported CHNA activities and implementation. A field team was trained on ethical data collection to distribute surveys and collect data. A total of 404 surveys were collected for initial data analysis. This was followed by a qualitative phase with focus group discussions and interviews with community members and service providers. These discussions helped triangulate initial quantitative findings by consulting participants about identified community concerns and service needs.

**Outcome:** While the CHNA has highlighted vital community assets perceived by RS-MD community members and service providers, it has equally unveiled a wealth of concerns and constraints faced by residents. Housing, employment, community safety, health service accessibility, and food security are top concerns and needs that must be recognized and addressed to allow for positive change and development.

**Impact:** Access Alliance continues to be a prominent and core health service provider in the RS-MD community. Through this report, we not only fill a geographic information gap regarding the concerns and service needs of residents in these neighbourhoods, but also provide a basis to guide resource allocation and the efforts of Access Alliance and other organizations. This activity serves as a foundational tool for community development and long-term, sustainable change, based on real and perceived needs, to positively impact residents' health and wellness. On a systems level, community health needs assessments can support the alignment of healthcare systems with community needs while uplifting community assets.

**Conclusion:** Community health needs assessments are one way for residents to voice their thoughts and opinions on factors that support and detract from their health and wellness. This report identifies key issues and assets of the neighbourhoods, voiced directly from residents. The findings have their greatest impact when translated into concrete and sustained action.



# RESEARCH & EVALUATION HIGHLIGHTS

## IRSN Program

**Goal:** The Immigrant Researchers Support Network (IRSN) was established as a networking and professional development platform to help Internationally Educated Researchers (IERs) build successful research careers in Canada. The program aims to understand the settlement needs of newcomer researchers and support their professional success through meaningful integration into the labour market. The purpose of this evaluation is to provide an evidence-based assessment of the reach, accessibility, effectiveness, client satisfaction, and impact of the IRSN program. This evaluation aims to better understand the aspects of the IRSN program that have been successful and identify opportunities for improvement.

**Mechanism:** This evaluation used a mixed-methods approach to reflect current best practices in IRSN services and to answer questions about the program's reach, access/engagement, effectiveness, satisfaction, and impact. The evaluation focused on the activities that have happened between the fiscal years 2021-2022 and 2024-2025 to capture the program's performance since the previous evaluation through various sources of data, such as program documents, Electronic Medical Records (for client demographics and program outputs), client surveys, focus groups, and key informant interviews.

**Outcome:** The IRSN evaluation shows strong positive outcomes. Most participants find the program helpful (87%) and would recommend it (93%). Users report high satisfaction with key services such as one-on-one appointments, Coffee Chats, and the online portal. Participants also experience tangible career benefits, including improved resumes, expanded professional networks, and a clearer understanding of the Canadian workforce.

**Impact:** Overall, the program has maintained high engagement despite early pandemic limitations. The program contributes to skill development, confidence building, and increased employability among IERs. It also plays a broader role in system change by addressing gaps in workforce integration and supporting newcomers in navigating research careers in Canada.

**Conclusion:** IRSN is a highly valued and effective program that fills a critical gap for internationally educated researchers. However, challenges remain, including limited awareness of services, unmet client needs, and barriers such as scheduling and outreach constraints. Because IRSN is project funding-based, there is a need for sustainable funding, strengthened partnerships, and enhanced outreach (e.g., social media) to scale impact and improve integration. Interest in scaling the program reflects the continued need and the unique gap it fills for IERs. Overall, the program demonstrates strong potential to further improve newcomer integration into Canada's research sector.



# RESEARCH & EVALUATION HIGHLIGHTS

## Youth Service Needs Assessment

**Goal:** This needs assessment comes after the Taylor-Massey Oakridge CHNA in 2023-2024 by Access Alliance. It revealed the need to better understand the needs of youth living in Toronto's East End and Scarborough. The objective of this youth needs assessment was to establish a comprehensive understanding of the concerns, service requirements, and preferences of youth aged 16-24 years. The findings and implications are designed to guide the improvement and development of programs and services that promote optimal youth health and well-being.

**Mechanism:** To achieve this, a series of focus group discussions with youth aged 16-24 years in six neighbourhoods of Toronto's east end, along with service providers in these areas. They included Taylor-Massey, Oakridge, O'Connor Parkview, Woodbine Lumsden, East End Danforth, Birchcliffe-Cliffside, and Clairlea- Birchmount. The discussions asked key questions about the primary concerns and service needs of youth, the programs and services they use or need, and the youth's suggestions for addressing the gaps.

**Outcome:** Findings showed that youth face interconnected challenges, including mental health struggles, financial stress, limited job opportunities, and gaps in mentorship and healthcare access. While many youth engage with recreational and community-based programs for social connection, barriers such as limited hours, long wait times, lack of awareness, and insufficient funding reduce accessibility to needed services. Existing services are valued for their inclusivity and supportive environments, but often fail to fully align with evolving youth needs. At a systems level, gaps in coordination, funding sustainability, and a lack of service integration hinder effective delivery of youth supports.

**Impact:** The feedback provided by youth not only identifies what they need but also how these programs and services can be delivered and coordinated amongst local organizations to meet those needs. Strengthening integrated youth services, improving outreach, and aligning programs with youth preferences can enhance engagement, promote early intervention, and improve long-term health and social outcomes.

**Conclusion:** This needs assessment provided a space for youth to share and voice their opinions about the programs and services available to them and those they need. The assessment highlights the need for more coordinated, youth-centred services. Investing in integrated services, improving accessibility and awareness, and actively involving youth in program design are essential steps to address current gaps. These changes can foster more responsive, equitable, and effective supports that better promote youth well-being and future success.



# RESEARCH & EVALUATION HIGHLIGHTS

## Client Experience Survey 2025–2026

**Goal:** Our 2025-26 Client Experience Survey (CES) evaluated the quality, accessibility, equity, safety, and patient-centeredness of our primary care services. Its objectives are to ensure accountability to stakeholders, inform continuous quality improvement, and support evidence-informed practice.

**Mechanism:** A mixed-methods approach combined quantitative data with qualitative feedback. Data were collected between November 2025 and February 2026 through in-person (49%), email, and phone (51%) surveys, with 408 valid responses analyzed. The survey used a 14-day recall period and was offered in multiple languages, including Arabic, Farsi, Spanish, Portuguese, and Tigrinya, with interpretation support available. Targeted outreach strengthened accessibility and representation, including phone surveys for clients without email, volunteer training, and continuous quality monitoring.

**Outcome:** The survey centres client voices to guide service improvements and enhance health outcomes. Findings show strong performance across all quality domains. Over 98% of clients reported high satisfaction, consistent with previous trends. 96.3% indicated they would recommend services, reinforcing a strong relationship between satisfaction and trust. Access to care improved, with 87.8% receiving appointments on their preferred date and nearly 30% accessing same or next-day care. Over 95% of clients reported they felt welcome and comfortable, and most experiencing no disability-related barriers. Patient-centred care remained positive overall, though slight declines were noted in opportunities to ask questions and perceived time spent with providers. Client safety indicators were also strong, with high trust in confidentiality and awareness of feedback processes. Qualitative feedback highlighted respectful, culturally responsive care while identifying areas for improvement, such as wait times, same-day access, and telephone responsiveness.

**Impact:** Findings confirm that Access Alliance continues to deliver client-centred care despite ongoing system pressures, reinforcing our role as a trusted provider. An inclusive methodology strengthens the reliability of findings, supporting equitable decision-making. Identifying gaps in communication, access, and patient engagement provides direction for service improvements.

**Conclusion:** The survey confirms that Access Alliance is meeting its core objectives of delivering accessible, equitable, and high-quality care. While performance remains strong, targeted improvements in communication, timely access, and patient engagement are needed to sustain and enhance service quality. Integrating client feedback into planning demonstrates a continued commitment to responsive, community-centred care and ongoing improvement.



# RESEARCH & EVALUATION HIGHLIGHTS

## Health Coach Evaluation

**Goal:** This evaluation aimed to clarify the purpose, scope, and core functions of the Health Coaching program at Access Alliance, while defining the competencies and role distinctions of health coaches. It examined client experiences and satisfaction to understand program value and outcomes, identified strengths and gaps in implementation and system integration, and developed recommendations to strengthen program structure, standards, sustainability, and future growth.

**Mechanism:** The evaluation used a mixed-methods approach combining document review, key informant interviews, and client surveys. Data were collected from program leaders, health coaches, and eight clients (both completed and ongoing participants) to capture multiple perspectives. Qualitative thematic analysis, supported by descriptive survey data, was conducted to identify program

**Outcome:** Key findings indicate that health coaching provided client-centred, relationship-based support that enhanced engagement, trust, and goal attainment. Clients experienced improvements in emotional wellbeing, self-management skills, and navigation of health and social services, while health coaches played a critical role in addressing gaps left by traditional healthcare systems.

**Impact:** Implementation success depended on flexibility, cultural responsiveness, and strong relational practice; however, challenges emerged around role clarity, referral appropriateness, workload expectations, and organizational integration. Overall, the program demonstrates strong potential as a holistic and accessible model of care that supports both individual wellbeing and system navigation for clients with complex needs.

**Conclusion:** Health coaching acts as a vital bridge between healthcare services and clients' daily lives, supporting behavioral change, wellbeing, and practical needs through flexible, relationship-based care. Despite early implementation challenges, the program demonstrated strong potential to improve engagement, self-management, and holistic health outcomes when supported by clear roles, skilled staff, and organizational integration.



# RESEARCH & EVALUATION HIGHLIGHTS

## Student Practicum Program

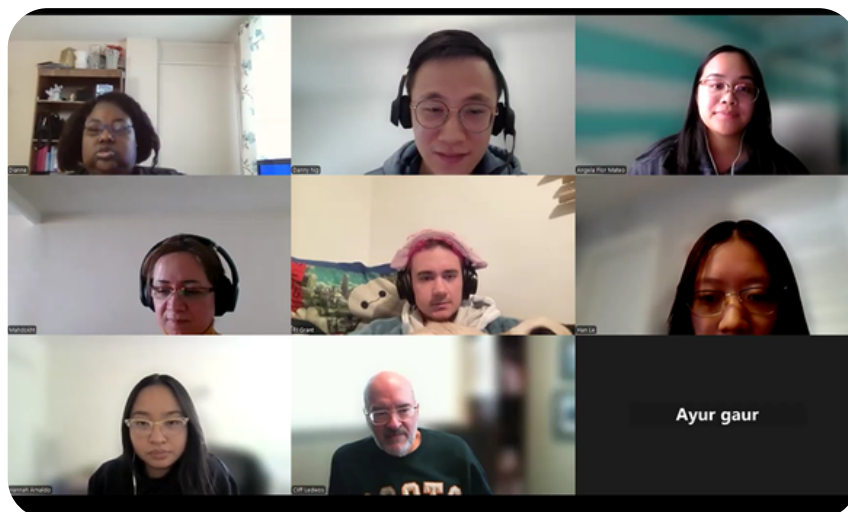
**Goal:** Student placement activities at Access Alliance are a community commitment to better preparing a diverse, equity-informed workforce and to building community capacity to strengthen Community-Based service capacity. The primary audience includes post-secondary students and emerging professionals, as well as the diverse communities served, who benefit from increased service capacity.

**Mechanism:** To achieve this, the program embeds students in frontline services, research, and system-level initiatives, providing structured mentorship, hands-on learning, and exposure to diverse community needs.

**Outcome:** Students demonstrate measurable growth in practical skills, cultural humility, and confidence, while contributing tangible outputs, including program support, research deliverables, and enhanced client engagement.

**Impact:** For the organization and community, placements expand service reach, improve responsiveness to diverse populations, and foster stronger community relationships. This work also advances equity by reducing barriers and creating inclusive pathways for students from underrepresented backgrounds. The broader impact lies in building a sustainable pipeline of skilled, community-responsive professionals and strengthening the overall health and social service system.

: In the long term, the program aims to cultivate a workforce that is reflective of and responsive to the communities it serves, ultimately contributing to more equitable access to care and improved community well-being.



# RESEARCH & EVALUATION HIGHLIGHTS

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

**Goal:** Access Alliance conducted Knowledge Mobilization (KMb) activities for a TMU research initiative, which investigated the impact of COVID-19 on immigrants and refugees with chronic conditions. Access Alliance's KMb strategy focused on sharing research findings and engaging with diverse stakeholders through multiple channels to identify pathways to systemic change and improve health outcomes for these vulnerable populations.

**Mechanism:** KMb activities undertaken by Access Alliance targeted multiple stakeholders, including healthcare providers, immigrant and refugee-serving organizations, affected communities, academic and community-based researchers. Activities included community presentations and validation sessions, interactive webinars and panel discussions, plain-language summaries and webinar summaries and presentation recordings.

**Outcome:** KMb efforts resulted in improved awareness of research findings, with a focus on implications and recommended action items, identifying areas of alignment between participants and original findings and differing perspectives, building connections with diverse sectoral partners and identifying opportunities for collaboration. The research asked "what happens to those at the intersection of social and clinical disadvantage during a pandemic" Access Alliance's sought to answer: What can we do better? More specifically, how can Ontario's health care system be reimagined to be more accessible and equitable for immigrants and refugees, ensuring they are engaged in constantly improving that system and attached to primary care and other social supports?

**Impact:** Community validation sessions and additional research resulted in a identifying next steps in advancing newcomer health – a co-designed proposal for a provincial Newcomer Health Plan.

**Conclusion:** Informed by feedback from community consultation and validation sessions and review of existing literature, Access Alliance is developing a Newcomer Health Plan. Engaging a broad spectrum of partners and collaborators across the health and adjacent sectors, Access Alliance aims has established a strategy for developing a Newcomer Health Plan including foundational knowledge building to inform key principles, actions, and outcomes and facilitating inclusive, equitable engagement, ensuring that key partners and community members are an integral part of the strategy development process.



# RESEARCH & EVALUATION HIGHLIGHTS

## Learning Health System

**Goal:** Access Alliance collects information from clients to provide the best care possible, to conduct research for improving the quality of care, and to provide with needs-informed programs and services for our clients.

**Mechanism:** Our providers document their interactions with clients by using coding techniques wherever possible so this data can be analyzed for trends at a organizational level.

**Outcome:** This data is then transformed by our Data Specialist and Research Team to be presented back to the board, management team and staff for evidence-based decisions making.

**Impact:** We refer to the ecosystem of input from the Electronic Medical Record and output of usable information as a Learning Health System.



# RESEARCH & EVALUATION HIGHLIGHTS

## Expressive Arts

**Goal:** The Peterson Foundation awarded Access Alliance funding for 5 years to increase the integration of arts-based practice to improve the mental health and well-being of newcomers and their communities.

**Mechanism:** Art-based interventions and practices are incorporated across Access Alliance programs. Newcomer community artists, expressive art students, and art-based facilitators partner with staff to co-create trauma-informed, culturally tailored programs. Arts practice is implemented through pop-up guest speaking, events, waiting room activities, and workshops, both internally and externally. The range of modalities has reached many newcomers, helping them understand and engage with their mental health and settlement journey.

**Outcome:** Expressive art programs have demonstrated growth in overall participation with increased depth of engagement. The model has evolved from a primarily therapist-led approach to one that increasingly centres community-based facilitators, supporting a scalable and inclusive structure. Programming has also expanded from short-term offerings to more sustained, ongoing initiatives, allowing for deeper participant connection and continuity. Our audience has broadened, reflecting greater diversity across age groups and communities served.

**Impact:** Participants have strengthened their capacity for self-expression and developed greater awareness and tools to manage stress. They also experienced an increased sense of belonging and integration through connections with health teams and improved knowledge to make informed decisions about their own health. At the organizational level, the expressive arts program extends well beyond individual skill-building, contributing to systems change by enhancing practitioner capacity, expanding social prescribing initiatives, and generating a range of research and knowledge mobilization outputs. These impacts support more holistic, culturally responsive care and position the program as a scalable model for improving health and well-being outcomes across diverse newcomer communities.

**Conclusion:** Artists play a vital role within interprofessional teams by bringing creative, relational, and culturally responsive approaches that complement clinical and social services. Art practices create safe, inclusive spaces where newcomers can express complex experiences, process trauma, and rebuild a sense of identity and belonging. As a result, arts-based approaches enhance engagement, trust, and overall well-being in ways that traditional services alone may not achieve. Integrating artists into care teams ultimately strengthens holistic support systems and improves outcomes for diverse newcomer communities.



# ALLIES AND PARTNERS

Our work is not possible without partnership. We thank everyone who partnered with us or contributed to our research efforts.

Ontario Health  
Public Health Agency of Canada (PHAC)  
University of Toronto  
Toronto Metropolitan University  
York University  
Western University  
University of Waterloo  
OCAD University  
University Health Network  
Sinai Health  
Sunnybrook Health Science Centre  
Women's College Hospital  
Canadian Cancer Society  
Alliance for Healthier Communities  
Toronto Community Housing Corporation  
The Neighbourhood Group  
Bangladeshi-Canadian Community Services (BCS)  
Arab Community Centre of Toronto (ACCT)  
Holistic Sustainable Development Network (HSDN)  
International  
Hispanic Development Council  
Green Shield Canada





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