

# Building a Newcomer Health Plan in Ontario - the time is right – session overview

## Contents

Session agenda .....	1
Introduction – Why we are here .....	1
Panel 1: Evidence for Change - The Case for a Newcomer Health Plan .....	2
Panel 2: From Consultation to Co-Ownership - Principles of Equitable Co-Creation .....	2
Breakout Discussions .....	3
Your Panelists.....	4

This 2.5 hour session on April 29<sup>th</sup> brings a broad community together to discuss the need for a Newcomer Health Plan. We are [building upon years of research, evidence, and lived experience](#) to discuss how best to co-create with health, settlement, community, and newcomers themselves.

## Session agenda

- Introduction (15 minutes)
- Two Panels (80 minutes)
- Wellbeing Break (5 minutes)
- Breakout Discussions (30 minutes)
- Final discussion & next steps (20 minutes)

## Introduction – Why we are here

While newcomer concerns are included within some broader targeted health plans (e.g., the Black Health Plan), there is no newcomer-focused strategic approach in Ontario Health’s Equity, Diversity, Inclusion, and Anti-Racism framework. In practice, newcomers show up as parts of these other plans, without being fully represented. The result is a lack of public health system response to well-documented needs for newcomer health access. 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.

A Newcomer Health Plan involves policy and program interventions, workforce and service delivery models, and governance frameworks. It could strengthen prevention, health promotion, equity-focused outreach, and system navigation through improved access, cultural safety, accessible language, including interpretation/translation, and coordinated pathways linking newcomers to public health services and health-adjacent social supports. The plan must integrate trauma-informed, culturally tailored strategies and address governance and workforce barriers.

## Panel 1: Evidence for Change - The Case for a Newcomer Health Plan

In this panel we will discuss why systemic change is needed, not just service improvements. What are the most critical elements that must be included in a Newcomer Health Plan for it to meaningfully address health inequities? Our panel's primary objective is to discuss what we are doing to move beyond service improvements toward a mandated, provincial-level system solution that ensures health equity for newcomers. The panel will provide a foundational narrative, bridging the lessons of the past thirty years with a future-oriented vision for co-created health policy, which leads naturally into the second panel discussion.

### **Statement of Intent – the grounding - Duberlis**

Duberlis will establish why we are present, our common objectives, and the ethical values driving the movement. He will emphasize that the, as participants, we *must be here* and are committed to working out the solutions collectively. Duberlis will provide community stories to illustrate the human cost of current system failures, particularly in mental health.

### **Case Studies & Scaling – the evidence - Saleema**

Saleema will provide a structured presentation linking academic research with successful ground-level interventions and success stories. She will focus on solution-oriented academic and practical models that offer optimism and a path forward. Saleema will outline how the NHP is not about small-scale service tweaks or individual organizational changes.

### **Narrative Transition – the connection - Akm**

Akm will provide a narrative summary that pulls the themes together and transitions the discussion from what we need to do to how we will get there.

## Panel 2: From Consultation to Co-Ownership - Principles of Equitable Co-Creation

Our panel's primary objective is to discuss how we are going to design the Newcomer Health Plan. Session introductory remarks addressed the *why* of the plan, Panel 1 addressed the *what* of the plan, this panel will discuss the *how*: what meaningful community co-leadership should look like each stage of design, implementation, and evaluation of the Newcomer Health Plan. Key takeaways include emphasizing the need for true power sharing, where inclusion and health equity is achieved only when community organizations and newcomers move from the periphery to the centre of governance, addressing the historical exclusion from the decision-making table, shifting from a deficit-based burden to an asset narrative. Our objective of the panel is to outline how we can best bring everyone together into a true power sharing co-design approach.

We will use a conversational fireside chat approach, in part to prime participants for breakout room discussions that follow the panel. This panel will focus on 3 discussion themes:

### **Governance, Power Sharing, and Data Sovereignty**

Governance remains a primary structural barrier to health equity. Without dedicated governance structures that ensure shared power and data sovereignty, the unique needs of newcomers will continue to be diluted. We'll discuss the importance of ensuring that all who should be at the table where decision makers are making decision are there with equal power. Many organizations and communities are not at the table where decisions are being made that deeply impact them. When they are, they're not in governance structures that enable power sharing. Shared governance is a mechanism that transforms newcomers from subjects of research into leaders of implementation. By formalizing power-sharing, we move from being at the table to owning the table, ensuring health initiatives are community-led from inception to evaluation. Fundamentally if this is going to work, need to have candid conversation about shared governance and what enables that.

### **Lessons from community and current discourse**

Newcomer health equity and inclusion is not a new conversation for Canada. We're considered world leaders in immigrant settlement. While we can take pride in that, there is opportunity for question about lessons learned over our rich immigration history. It's not perfect. There is currently a significant shift in the discourse and public sentiment on migration in Canada. There is anxiety in the community. At the same time, newcomer communities are consistently clear about what the health care system can and should look like to be more inclusive of them. In this conversation, we'll focus on lessons from community consultations and how they are essential to learn from communities what works for them.

### **ABCD, partner led research, and the health-settlement link**

The type of organizing, researching, coming together on solutions we engage in has to enable community leadership. Health is a settlement issue – we can advocate for health integration as being as vital as economic integration. Social determinants of health are connected to settlement determinants of health. A strategic shift from deficit-based to strength-based leadership through an Asset-Based Community Development (ABCD) approach is required. This values community organizations and peer researchers as primary knowledge holders. The discourse needs to be about welcoming, not a deficit burden conversation.

## **Breakout Discussions**

Breakout groups will self-facilitate and work through the questions they determine important (you may decide to focus on fewer than 3 questions, for example, or completely different questions!).

### **Question 1: Evidence & Priorities (10 min)**

Years of research identified a variety of key barriers to health equity and inclusion for newcomers: IEHP integration gaps, complex navigation, language/interpretation quality, digital inequity, long wait times, lack of cultural safety, and fragmented cross-sector connections. What priorities does the Newcomer Health Plan need to address?

### **Question 2: Community Partnership (10 min)**

Community consultations show that newcomers have a sophisticated understanding of health systems and are ready for policy-level involvement. How can we ensure the Newcomer Health Plan is co-owned by communities throughout - not just consulted on? What should this look like in practice?

### **Question 3: System Integration (10 min)**

The NHP needs to integrate into Ontario's existing health equity frameworks (not become another separate initiative). How do we pivot our pitch to Treasury Boards and provincial funders to show that a Newcomer Health Plan is an investment in public system sustainability, rather than just a social service expense? What existing policy levers, partnerships, or mechanisms should we connect to? Where are the best entry points for embedding the NHP? (*Examples: Ontario Health EDI framework, OHT accountability, Primary Care Action Plan, PHU strategic planning, etc.*)

## **Your Panelists**

### **Duberlis Ramos – Executive Director of the Hispanic Development Council**

[Duberlis'](#) is a King Charles III Coronation Medal recipient, whose work advances the understanding of determinants of health among Spanish-speaking communities in Canada and establishes a baseline of indicators for settlement milestones.

### **Saleema Allana - Assistant Professor, Arthur Labatt Family School of Nursing**

[Saleema's](#) research is situated at the intersection of cardiovascular health, intersectionality/ health equity, and technology. Her research leverages technology to ensure equitable cardiovascular health for the most vulnerable populations. Her research experience includes rigorous, collaborative and interdisciplinary research, utilizing both qualitative and quantitative research methods. She has conceptualized and led research projects as a primary investigator, and contributed as a co-investigator, right from the proposal writing to data collection, analysis, and manuscript writing.

### **Akm Alamgir - Director, Organizational Knowledge & Learning, Access Alliance Multicultural Health & Community Services**

[Akm's](#) area of research and advocacy focuses on developing a resilience model and a population-based equity, diversity and inclusion framework for residents made vulnerable by the system and poverty. An Adjunct Professor at York University in Toronto, and an Academic Editor of PLOS One) he is a mixed-method community-based researcher on social determinants of health with the vulnerable subset of the population who may be immigrants, newcomers, refugees, or people without any legal status in Canada. He leads the research and evaluation department (the lab) where his teams work to identify the unique needs of the residents and their social capital to advocate a system change so that everyone can have barrier-free access to quality healthcare services, the right care, and desired health outcomes with dignity.

### **Kate Sellen - George Soulis Chair in Design, Associate Professor, University of Waterloo**

At OCAD University, [Kate](#) held a Canada Research Chair in Health Design and recently served as Full Professor in the Faculty of Design. With a background in digital design and advanced degrees from the University of Toronto, Georgia Tech, and University College London, her work spans health, design, and community engagement. Her research explores temporal and dynamic aspects of healthcare design — work that has led to new information tools and participatory methods adopted by hospitals, public health agencies and not-for-profits. "Design is about creativity and new ideas, but it's also about innovation that works in real-world settings. It calls for flexible thinking, balancing the technical with the human and bringing together expert and community perspectives," said Sellen. "In my new role as the inaugural George Soulis Chair, I'm eager to build students' capacity to tackle the complex challenges of today and tomorrow — and to help shape a healthier, more resilient future."

**Rosanra (Rosie) Yoon - University of Toronto, Lawrence Bloomberg Faculty of Nursing**

[Rosanra's](#) research area focuses on health services evaluation with a particular focus in integrated care for people experiencing structural vulnerabilities, substance use and mental health challenges. Dr. Yoon employs participatory and collaborative evaluation methods for system improvement through her Better Together Research Hub. As a nurse practitioner, her clinical area of expertise is in the areas of substance use, concurrent mental health conditions, trauma and gender-informed care. Bridging between community-based grassroots programs and larger systems – to collaboratively meet the needs of people and communities – is a core value that guides her clinical and research work. Her firm belief is that health is achieved through our communities where we all work, live, play and belong.