Access Alliance Newcomer Health Plan Convening Session - Breakout discussions - Summary of Themes

On April 29th, we convened a group of people who work and live at the intersection of health, settlement, equity, and inclusion to discuss what a Newcomer Health Plan might look like. This document provides an overview of themes from our breakout discussion rooms.

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Breakout Room Discussions Question 1 - Evidence & Priorities

We asked our groups do discuss:

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?

Groups identified several critical themes focused on transforming a fragmented health system into one that is integrated, equitable, and newcomer-centered.

1. Integration of settlement and healthcare

A dominant theme is the need to dissolve silos between the settlement and healthcare sectors to provide wrap-around holistic care. Currently, services are described as fragmented, requiring a shift toward centralized, connected services and warm handoffs between providers. Participants emphasized that social determinants of health, such as housing, food, and local connections, must be supported by the health system as soon as newcomers arrive.

2. Navigation and Health Ambassadors

Navigating the Canadian health system is a major barrier due to a lack of awareness and knowledge gaps. Key ideas for addressing this include:

- The first 3-6 months priority: This is a critical window for newcomers to learn to navigate the health system, terminology, and processes.

- Community Health Ambassadors: Utilizing community health workers or cultural health ambassadors and peers to guide newcomers through healthcare service paths.
- Accessible and clear self-navigation resources: Moving beyond simple directions to providing a compass for self-navigation and central resources to reduce the need for constant agency intervention.

3. Language access and cultural safety

The notes highlight that language and interpretation are vital but often face systemic hurdles.

- Interpretation bottlenecks: Current policies for connecting to interpreters can be overwhelmed, leading to broken communication or delayed information.
- Standardizing cultural safety: Participants suggested that cultural safety should be a legislated standard, similar to the Accessibility for Ontarians with Disabilities Act (AODA).
- Specific supports: There is a need for language-specific and age-specific resources that acknowledge newcomers are not a homogenous group.

4. Structural equity and health as a human right

The discussions frame health as a human right, necessitating the removal of structural barriers such as OHIP eligibility.

- Access to care for all: Concerns were raised about migrants without status, those awaiting immigration decisions, or those who lose status and subsequently lose healthcare access.
- Maintaining initial health: While research shows newcomers are often healthier upon arrival, the system must work to maintain that health status rather than allowing it to decline.
- Inclusivity vs. competition: Strategies should emphasize how a Newcomer Health Plan will result in better healthcare for all to avoid the perception that newcomers are being prioritized over other residents who also struggle to find family doctors.

5. Strategic governance and co-design

To address inequities, the Newcomer Health Plan must address existing power differentials and governance issues.

- Centering newcomers: True co-design involves giving newcomer communities ownership of data and decision-making power.
- Policy alignment: The plan should build on the priorities of the Ministry and Ontario Health Teams (OHTs), leveraging models like community health centres (CHCs) which are better equipped to help precarious populations.
- Strategic advocacy: Engaging policymakers requires being strategic, using storytelling, economic arguments, and data to manage the internal and external risks of policy involvement.

Breakout Room Discussions Question 2 - Community Partnership

We asked our groups do discuss:

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?

Groups focused on ensuring the Newcomer Health Plan (NHP) is created through a model of genuine co-ownership. The key themes identified include:

1. Structural co-ownership and governance

The notes emphasize that co-ownership must be embedded in the governance structure rather than being an afterthought. This involves:

- Shared governance: Ensuring newcomer communities have a seat at the table and equity-based representation at policy tables.
- Real authority: Creating paid roles with actual decision-making authority to ensure community members are respected as professional contributors.
- Policy-level involvement: Moving beyond gathering feedback to having newcomers decide how the project should move forward.

2. Capacity building and flipping the expertise

We must constantly formally recognize the expertise of newcomers and build their capacity to lead.

- Training policymakers: Community members/ambassadors should train policymakers, rather than the traditional top-down approach where officials train the community.

- Self-advocacy: Build the capacity for communities to self-lead, reflect on their own needs, and come up with their own solutions.
- Elevating peer roles: Peer roles must be leveled up and respected as integral parts of the system to avoid othering those with lived experience.

3. Inclusive and accessible participation

To make co-ownership a reality, the process must be accessible to those facing the greatest barriers.

- Current lived settlement experience: It is vital to involve newcomers who are currently in the midst of their settlement journey, as their needs are the most immediate.
- Eliminating barriers: Participation must be supported through language access and culturally supportive engagement.
- Data sovereignty: Co-ownership includes deciding how data is collected, used, disclosed, and owned at the point of care, such as tracking indicators for language interpretation requests.

4. Strategic networks and building trust

Meaningful partnership requires connecting the healthcare system with the fringe communities it often misses.

- Leveraging existing trust: Working with organizations that have established settlement sections and involving community health centres (CHCs) in the decision-making loop is essential.
- Peer-to-peer support: Community connection models that provide newcomers with support in their settlement journey can provide essential local integration support and build long-term trust.
- Ongoing monitoring: Establishing a Community of Practice with transparent sharing and communication ensures that newcomers can continuously monitor progress of the Newcomer Health Plan and provide constant opportunities to provide feedback as the plan evolves.

Breakout Room Discussions Question 3 - System Integration

A third question was proposed for discussion. However, we ran out of time for groups to address this question. It remains a question for discussion as we move forward with the Newcomer Health Plan and our potential Community of Practice:

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.)