Toronto-To-Zero Newcomer, Immigrant and Refugee Health Task Group

Draft Recommendations
November 2020

In addition to challenges faced by all people living with and affected by HIV in Ontario, newcomer and racialized people affected by, and living with HIV, face additional layers of discrimination and access barriers due to systemic xenophobia, racism, homophobia, HIV criminalization and HIV stigma both within and beyond their ethno-racial communities. Emerging evidence shows that without addressing access barriers and challenges to navigating HIV services, including testing, treatment and support services, newcomer and racialized communities will continue to experience increases in HIV infection and related health complications.

In order to realize and surpass the *90-90-90* engagement cascade targets, and to also end HIV stigma and discrimination, the work group through its consultation with various community stakeholders developed the following recommendations, which are directed to municipal, provincial and federal program and policy implementers, funders, immigration health advocates and health providers serving newcomers, immigrants and refugees.

Task Group Membership

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Membership

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Objective 1: Surpassing the UNAIDS *90-90-90* targets of testing and care engagement cascade:

To achieve this objective, policies and programs must focus on the *10-10-10 %* of people living with HIV who are not engaged in care, and requires identifying marginalized communities facing barriers to engagement, prioritizing research and sharing evidence to understand the specific contexts that create and perpetuate barriers, and increasing funding for targeted programs and services. Specifically, this requires:

1. Recognizing **intersectionality and social determinants**: Prevention efforts targeting newcomer and racialized populations (i.e. the "**target communities**") must address intersecting social determinants of health (class, race, gender, age, physical environment, education and health literacy etc.) and integrate messaging about broader sexual and mental health concerns (e.g., loneliness, marginalization and substance use);

2. Learning from **home country experiences of newcomers and**:
    a. using social media platforms and channels that are frequently used by the target communities based on home country experiences; and
    b. engaging key opinion leaders from the target communities

3. **Making PrEP accessible and available to target communities** regardless of health care coverage and promoting awareness of PrEP accessibility. through social media, institutional and community-based platforms that are utilized by the specific target communities (e.g. schools, service agencies, cruising sites);

4. Developing **campaigns that engage target communities** (e.g., newcomer and/or racialized youths, students) in co-developing/co-creating sexual health/mental health messages that will support health promotion and HIV prevention (e.g., joint campaigns between settlement and HIV sector for a sexual health messaging competition for students/youth with prizes) in order to enhance the effectiveness of education;

5. **Assessing, learning, and adopting from other Fast Track Cities** models and processes to identify and engage populations that are not in care;

6. **Learning from local community and health service providers** who have been serving precariously insured and marginalized populations to identify factors affecting late testing and diagnosis, and specific barriers to linkage to care (e.g., gaps in health coverage, fears of criminalization and discrimination etc.);

7. **Mobilizing the OHTN Cohort Study (OCS)** to develop and expand data collection among newcomers to better understand their health status and track health outcomes and disparities, and to ensure effective evidence-sharing among relevant community and health service providers to inform targeted strategies to engage newcomers and precariously insured populations.

8. **Prioritizing and supporting research, evidence sharing, and community planning processes** for ASOs, health agencies and other agencies serving newcomers to identify barriers and strategies for early testing and linkage to care.

Objective 2: Promoting Linkage & Retention to Care:

Newcomers and other precariously insured groups often face barriers in accessing treatment and care due to their immigration status and corresponding gaps in health insurance coverage. These include non-citizens who are in various stages of immigration and refugee determination processes, and people who are on temporary work permits and visas who may have partial but not full health coverage (e.g. international students, farm workers etc.) amongst others. In addition to limitations in health coverage eligibility, newcomers face challenges related to language and literacy compounded by systemic racism, xenophobia, stigma and discrimination in the service system. To address these, we recommend:

1. Working with relevant stakeholders and allies to advocate for processes that monitor and hold **immigration medical examiners (IME)** accountable for providing appropriate referrals to community ASOs and primary care providers who serve newcomers with HIV in the GTA region, and working collaboratively with relevant government departments (e.g., PHAC, TPH, CIC) to provide IMEs with appropriate training;

2. Collaborating with professional learning institutes and medical regulatory bodies to expand **education to health service providers** on service eligibility and access for the full spectrum of newcomer/precariously-insured populations;

3. Collaborating with relevant government departments to provide **training around service eligibility and access** for newcomer and precariously-insured populations for ASOs staff and other frontline workers serving newcomers;

4. OHTN, OAN or THN to develop and maintain a **directory of available health care providers (primary care doctors, nurse practitioners, specialists)** competent to serve racialized and newcomer PLHIVs, including language spoken by the providers, wait times etc.;

5. Developing a newcomer and precariously insured PLHIV treatment and support **service access resource guide** (online, print or app resource);

6. Expanding the **Trillium drug program** to all Ontario residents regardless of their citizenship status and eligibility to OHIP;

7. Expanding and strengthening linkage to care **case management support from point of testing sites** such as IME office, public health and STI clinics;

8. Providing **ongoing funding support to the Blue Door Clinic** that is piloting an effective model to streamline linkage to treatment and care for newly diagnosed and precariously insured PLHIVs;

9. Learning from the Blue Door Clinic and other clinics that serve newcomer and precariously insured populations to **identify wise practices** and to support its scaling up to broader geographic areas;

10. Working with relevant stakeholders and allies to advocate for LHINs to provide mandated resources and supports for **community health centres to service precariously insured newcomer populations** such as international students and migrant workers;

11. Working with diverse stakeholders to collectively engage policy makers at the provincial level to **advocate for universal free health care and treatment access** for all, emphasizing the significant impact these will have on ending the epidemic in Ontario;

12. Collaborating with **private sectors (pharmaceutical companies, laboratories, insurance companies**) to advocate for expanding compassionate access to service and medication coverages;

13. Collaborating with diverse stakeholders to advocate for changes to Health Canada **regulations around the importation of HIV drugs** by courier when imported by Canadian residents for personal use.

Objective 3: Improve Health and Well-Being of Newcomer and precariously insured PLHIVs:

Given the social context mentioned above, specific programmatic and policy initiatives targeting these populations must include:

1. Increasing funding to **culturally and linguistically specific program services** for racialized and newcomer populations, including ensuring that the staffing support for such services reflects the population demographics they serve;

2. Developing/strengthening **integrated case management support** and a service coordination model that includes services related to immigration, settlement, mental health, health and social service navigation, and access to basic needs including income and housing;

3. Augmenting funding and resource support for **culturally and linguistically specific trauma-informed mental health counselling** support for newcomers;

4. Working with relevant stakeholders and allies to advocate for **priority subsidized housing support for newcomer** PLHIVs;

5. Working with other relevant stakeholders and allies to advocate for **improved access to other basic needs** such as income support;

6. Strengthening **service navigation competency and awareness of legal rights** for newcomer PLHIVs through community health education programs and public/social media campaigns;

7. Working with other relevant stakeholders and allies to advocate for **expansion of legal aid clinics** to support newcomers and immigrants living with HIV;

8. Strengthening resource support for **community-based newcomer targeted programs** that promote social connection, self-health management efficacy, sense of community and sense of empowerment.

Objective 4: Reduce HIV Stigma:

Systemic racism and discrimination, including anti-Black racism, anti-Asian racism, Islamophobia, xenophobia and homophobia have a negative impact on the health and well-being of newcomer and racialized PLHIV. Addressing the structural and systemic pervasiveness of racism and discrimination in the Canadian healthcare and service system is a necessary first step in eliminating HIV stigma and discrimination. This requires

1. Strengthening **anti-racism and anti-xenophobia training** and promoting core competency (including Anti-racism/Anti-oppression training) in serving newcomer/racialized and precariously insured PLHIVs:
    a. within the HIV service organizations network;
    b. within the health care sectors; and
    c. within the public service sectors;

2. Developing a **reporting and monitoring mechanism** within the HIV and health sectors to track ethno-racial disparities in testing, PrEP uptake, linkage to care, and cascade outcomes for communities disproportionately affected by HIV to inform accountability measures;

3. Leveraging funding from different levels of government and media partners for **anti-HIV stigma education programs and campaigns** informed by experiences of newcomers, international students, Black and other racialized communities (e.g. "Toronto-for-All" campaign against various forms of racism);

4. Augmenting funding for **population-specific health programs** and approaches to address the structural conditions that drive HIV transmission in newcomer and racialized communities and other key populations affected by HIV (e.g. the CHAMPs-in Action programs currently underway in 5 ethno-racial ASOs; weSpeak etc.)

5. Strengthening **advocay for an end to the criminalizion of people living with HIV** and the discriminatory and an overly broad application of the criminal law that is harmful and bad for public health.