RNAO feedback to Immigration, Refugees and Citizenship Canada on the Immigration Levels Plan

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The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 57,250 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

Executive summary

Immigration policy is health policy. Decisions regarding immigration levels, eligibility and settlement supports directly shape population health, health system sustainability and equity outcomes in Canada.

RNAO calls on the federal government to adopt a health-equity-driven immigration levels plan that:

- **removes financial barriers to care** by eliminating all co-payments under the Interim Federal Health Program (IFHP),
- **guarantees equitable communication in care** through a legislated, pan-Canadian language access strategy with publicly funded interpretation services,
- **embeds equity, diversity and inclusion (EDI) system-wide** through enforceable national standards for culturally safe, trauma-informed, anti-racist care, and
- **strengthens system integration and accountability** by aligning immigration, settlement and health systems through coordinated federal–provincial action.

These measures are essential to reducing avoidable health inequities, improving system efficiency and ensuring newcomers can fully contribute to and thrive in Canadian society.

Introduction

RNAO welcomes the opportunity to provide input to Immigration, Refugees and Citizenship Canada (IRCC) on the 2027–2029 Immigration Levels Plan. RNAO's recommendations are guided by our leadership in evidence-based practice and health system transformation. They focus on addressing the social and environmental determinants of health, while advancing EDI to reduce health inequities and advance social justice. Our work includes:

- developing more than 50 evidence-based best practice guidelines,
- advocating for health system transformation, grounded in EDI, as outlined most recently in our *Enhancing Community Care for Ontarians 4.0* report,
- writing to the Honourable Lena Metlege Diab opposing the introduction of co-payments under the Interim Federal Health Program,
- raising awareness about health issues impacting migrant workers through traditional and social media, and
- producing and sharing political advocacy materials to help our members advocate with their local government leaders.

Immigrants, refugees and asylum seekers are essential to Canada's social, cultural and economic fabric. However, their health outcomes are shaped by structural and policy decisions, including

access to care, income supports, housing, employment and inclusive services. A comprehensive immigration plan must therefore integrate a population health lens and prioritize equitable access to services across the continuum of care.

Discussion

Immigration is a key component of Canada's demographic tapestry, shaping cultural diversity and driving population growth and economic development [1]. People migrate for many reasons. Some may move to another country or region by choice; others are forced to leave their homes due to social, economic, political and/or climate-related factors [2]. Migration is closely linked to health across the mobility continuum from departure to resettlement, through complex pathways shaped by social and environmental determinants of health, as well as health service access, social supports and broader structural factors [2].

It is important to recognize that newcomers (i.e., immigrants, refugees and asylum seekers recently arrived in Canada) are not a uniform group. They represent a highly diverse population with significant differences in cultural backgrounds, languages, migration experiences and social determinants of health [3,4]. This diversity shapes differing health needs, barriers to care, and experiences within health-care systems. Ensuring the health of all newcomers to Canada regardless of their immigration status is a vital population health strategy, as it addresses health inequities, supports successful integration, and contributes to healthier communities [5]. Newcomers to Canada often arrive with better overall health than Canadian-born residents – a phenomenon known as the "healthy immigrant effect", typically most pronounced within the first three years of arrival [4,6]. However, this health advantage tends to decline over time. Newcomers to Canada are disproportionately affected by the social determinants of health and face enduring systemic inequities that negatively impact their health and wellbeing. "Time since immigration" has been identified as a risk factor for poorer health outcomes, including chronic health conditions related to inequities in the determinants of health [6–9].

This decline in health reflects intersecting factors including acculturation and cumulative exposure to stressors – such as language barriers, discrimination, precarious or unequal employment opportunities, social isolation, food insecurity and limited access to health services – that can progressively erode health over time [6–8,10]. Together, these factors highlight the need for upstream, equity-oriented policies and health system responses to support immigrant long-term health and wellbeing.

Cover health-care costs for refugees and asylum seekers

Programs such as the IFHP aim to support equitable, timely care and reduce barriers to access. Co-payments deter early care, undermining prevention and timely diagnosis and treatment and resulting in poorer health outcomes, lower quality of life, cost pressures on emergency departments and hospitals, and added strain on the health-care workforce.

International evidence shows that even small prescription co-payments reduce medication adherence – including initiation – and are linked to higher hospitalization rates, particularly among socioeconomically vulnerable populations [11,12]. From a health system and population health perspective, using co-payments as a cost-containment strategy is counterproductive. Introducing financial barriers to essential care – even those intended to reduce short-term expenditures – often results in higher long-term costs due to avoidable complications, increased hospitalizations and greater reliance on costly emergency services. In contrast, investments in prevention, health promotion and timely access to primary and community-based care remain among the most cost-effective strategies available to health systems [9].

Recommendation: The federal government must **legislate the elimination of all co-payments under the IFHP** and ensure full coverage of medically necessary services eliminate co-payments within the IFHP to enhance equitable access to health-care services and support improved population health outcomes. Removing financial barriers would promote timely access to care for refugees and other eligible populations, thereby advancing health equity and reducing disparities in health status.

Ensure health-care be provided in the languages people speak

Canada is one of the most linguistically diverse countries in the world, and immigration has played a major role in shaping this diversity. While Canada officially recognizes English and French as its two official languages, the country is home to hundreds of other languages spoken by people from many cultural backgrounds [13]. Many immigrants and newcomers face significant challenges due to limited proficiency in official languages, which can reduce their ability to navigate health-care systems and discourage them from seeking care altogether [4].

When health-care providers and individuals receiving care are unable to communicate effectively due to language barriers, the provision of high-quality care is significantly compromised, resulting in an increased risk of adverse events, misdiagnosis and reduced patient safety [14]. These communication challenges can also hinder informed consent, limit engagement of persons receiving care and their caregivers in decision-making, and undermine the overall effectiveness and equity of people-centred care [15]. Providing care in language patients can understand is critical.

Recommendation: The federal government should **establish a legislated, pan-Canadian language access framework** that:

- sets minimum national standards for interpretation services across health and social systems
- provides public funding for 24/7 professional interpretation services
- prohibits reliance on informal interpreters (e.g., family members) in clinical settings
- includes accountability mechanisms, reporting requirements and performance indicators [16].

Embed equity, diversity and inclusivity into health-care delivery

Delivering high-quality health-care in Canada requires an integrated approach that prioritizes culturally safe, trauma and violence-informed and gender-inclusive care, grounded in principles of EDI [15,17–19]. This is particularly important for new immigrants and refugees who often face the unique and intersecting barriers in accessing care discussed above. Their cultural and linguistic backgrounds, health beliefs and prior experiences with health-care systems may differ significantly from those in Canada [2,4]. Absent culturally safe care, these differences may lead to misunderstandings, mistrust and reduced engagement with health-care services. In addition, many newcomers have experienced various forms of trauma, including displacement, systemic discrimination and/or exposure to war, conflict or incarceration.

Embedding EDI principles into care delivery ensures responsiveness to the structural and social determinants that shape newcomers' health, such as income, housing and access to services. It also helps address systemic inequities that can otherwise lead to poorer health outcomes and reduced access to timely care [3]. Strengthening diversity within the health human resources workforce is integral to this approach. A workforce that reflects the populations it serves can enhance cultural understanding, improve communication and build trust between providers and persons receiving care, ultimately supporting people-centred care that is more equitable and responsive [4,20].

Recommendations: The Government of Canada should **lead the development and implementation of a pan-Canadian EDI health framework** with enforceable standards that:

- Mandate teaching on anti-racism, anti-discrimination and intersectionality principles into entry-to-practice nursing and interprofessional curricula alongside required orientation [4,16,18,21].
- Include ongoing professional development for all clinical and non-clinical staff at health-care and social service sites on cultural humility, anti-oppressive practice, anti-racism, trauma and violence-informed care and EDI [4,16,18,21].
- Mandate teaching on the social and environmental determinants of health into entry-to-practice nursing and interprofessional curricula [22].
- Increase the diversity of cultural representation within nursing and the broader health-care workforce across all career pathways to better reflect the populations served [4,20].
- Collect and ethically use race-based data to strengthen system accountability and inform improvements in health-care delivery at the federal, provincial and organizational levels, including the development and monitoring of equity-focused key performance indicators [2,20,23].
- Engage individuals with lived and living experiences in the co-design and governance of health-care and social service delivery to ensure that programs and policies are responsive and grounded in the needs of the populations they serve [15,24].

Improve coordination across health, settlement and social services

Despite Canada's commitment to universal and equitable health care, significant access gaps persist due to systemic barriers faced by newcomers (as discussed above). Achieving equitable, accessible and high-quality care for newcomers requires strong health system alignment across jurisdictions, sectors and services. Because immigration is federally governed and health care is provincially delivered, effective coordination is needed to align services and reduce fragmentation [25]. Despite important federal investments in settlement services and collaborative approaches to support newcomers, systems remain fragmented and inconsistently integrated across jurisdictions and sectors, limiting equitable access [25,26].

True health system alignment requires integrated and coordinated models of care connecting settlement services, primary care and community supports [2,9]. Newcomers are often forced to navigate multiple systems simultaneously while unfamiliar with them. Coordinated, seamless service delivery improves access, continuity of care and health outcomes. Integrated approaches support holistic responses to social determinants such as housing, employment and social inclusion – essential for longer-term health and wellbeing [2,4].

Recommendation: The federal government should **advance a coordinated, pan-Canadian integration strategy** that:

- aligns federal, provincial and territorial roles, funding and accountability mechanisms
- expands integrated, community-based models linking health and settlement services
- establishes shared data systems to support continuity of care and outcomes monitoring
- includes targeted investments in community health and primary care capacity for newcomer populations.

Implementation considerations

Effective federal action and implementation should be guided by the following considerations:

- **Federal leadership and accountability:** Establish clear federal ownership, timelines and reporting requirements for each recommended measure, with public progress updates.
- **Intergovernmental collaboration:** Formalize federal–provincial–territorial agreements such as bilateral funding arrangements to ensure consistent adoption and reduce jurisdictional variability.
- **Sustainable funding:** Allocate dedicated, multi-year funding envelopes for language services, integrated care models and EDI initiatives, with mechanisms tied to performance outcomes.
- **Legislative and regulatory levers:** Where appropriate, embed requirements such as IFHP coverage and language access standards in legislation or binding policy instruments to ensure durability.
- **Data, measurement and evaluation:** Define national indicators and require the collection and reporting of disaggregated data to monitor access, quality and equity outcomes.

- **Workforce capacity:** Invest in training, recruitment and retention strategies to ensure sufficient capacity to deliver culturally safe, linguistically accessible and community-based care.
- **Community and lived-experience engagement:** Partner with newcomer communities and service organizations in design, implementation and evaluation to ensure responsiveness and trust.

Conclusion

RNAO urges the federal government to adopt an immigration levels plan explicitly grounded in health equity, human rights and system sustainability. This requires strong federal leadership to eliminate financial barriers, ensure equitable communication, embed EDI across systems and strengthen integration and accountability – actions that will reduce avoidable illness, improve system performance and support the health of newcomers and communities across Canada.

Immigration policy is health policy. Decisions about immigration levels, settlement supports, eligibility for health coverage and access to culturally safe services directly shape health outcomes. Canada must ensure newcomers can access timely, equitable and people-centred health and social services that support their full participation and wellbeing.

We welcome continued engagement with IRCC to advance these recommendations and support implementation.

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