

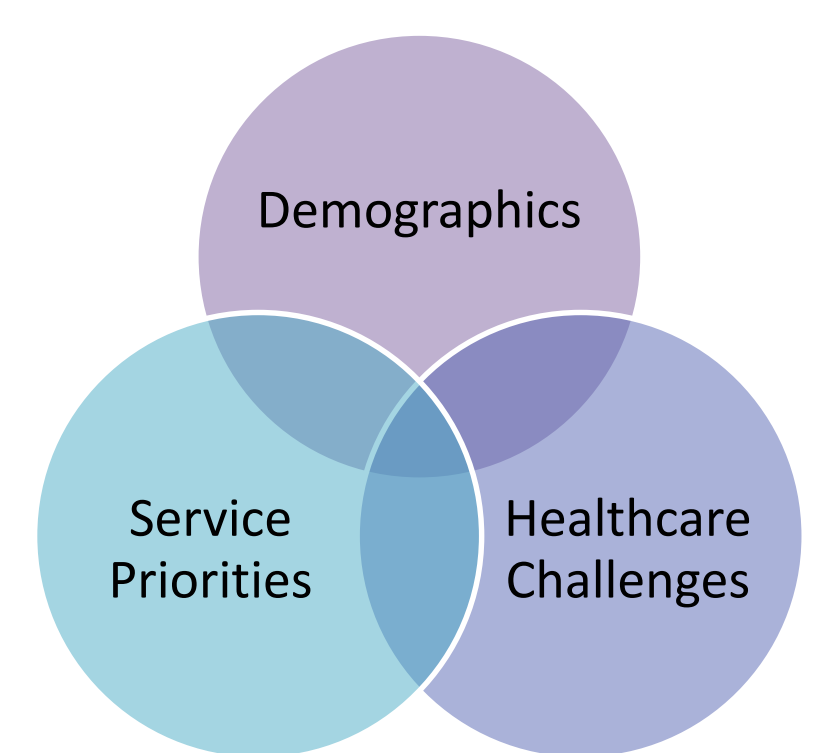


A Community-Based Study

Healthcare Access for Reproductive-Age Newcomer Women

in Thorncliffe Park and Flemingdon Park

Exploring Healthcare Access, and Community-Led Recommendations in East Toronto



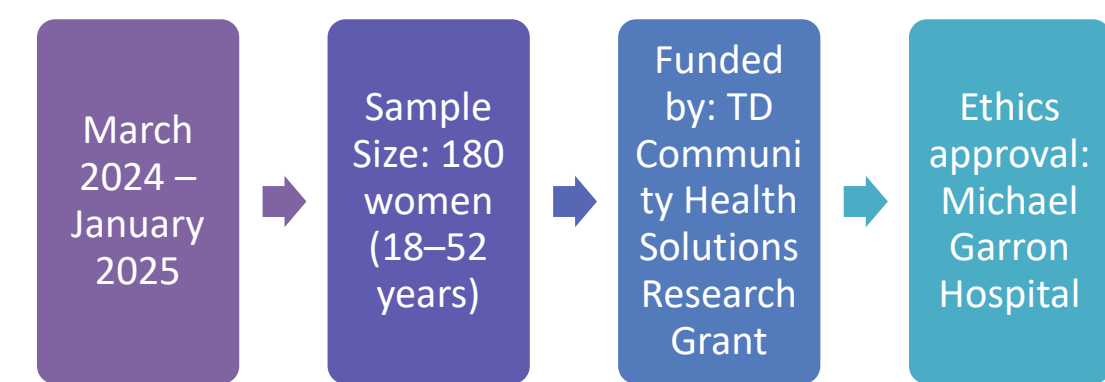
3 Areas of focus

Background and Objectives

- We aimed to understand the real-world challenges faced by reproductive-age newcomer women in two of Toronto's most diverse neighborhoods
- Goal:
 - provide evidence to guide community programs, service planning, and policy changes.
 - Support evidence-based, culturally responsive solutions

Methodology

- Online and 1:1 survey
- Focus groups for qualitative insights, lived experiences and service priorities
- Analysis: Descriptive statistics, thematic coding



Data Analysis

Demographics

- Age: 42.2% (18–30), 38.9% (31–40), 18.9% (41–50)
- Gender identity: 96.1% female, 0.56% transgender, 0.56% non-binary
- Ethnicity: 48.3% South Asian, 18.9% Caucasian/Slovak, 11.1% Black/African, other groups <10%
- Languages: 18 total; Urdu & Slovak (19.7% each), English (15.1%), Pashto (12.9%), Arabic (11.4%)
- Insurance: 72.8% OHIP, 12.2% uninsured, 1.67% IFHP

Social Vulnerability

- Education: 11.1% no formal education, 25% some high school
- Employment: 53.9% unemployed/unpaid caregivers
- Dependents: 87% with 1–3 dependents, 22% with 4+
- Chronic conditions: asthma, diabetes, hypertension, neurological impairments

Barriers to access

- Limited service availability – 34.4%
- Language barriers – 26.1%
- Transportation – 15.6%
- 74.4% unaware of financial assistance programs
- Cultural/religious influences – 22.5% (preference for female providers)
- Barriers: unavailable appointments, clinic waitlists, lack of providers
- Fragmented information; reliance on online searches & word of mouth

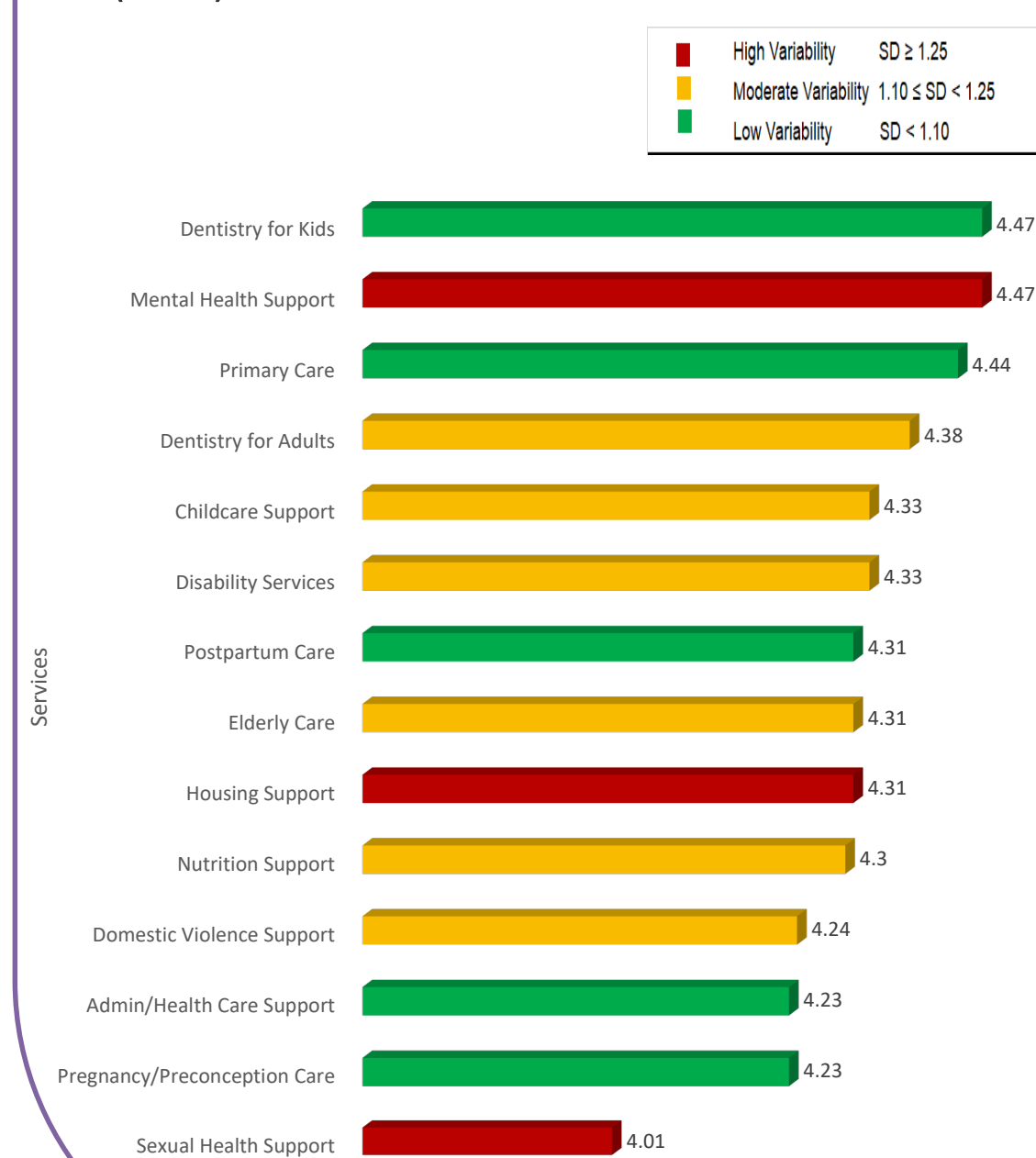
How often you seek medical care for preventative purposes or ongoing health conditions?

Frequency	Percentage
Occasionally (every few months)	33.89%
Frequently (every month or two)	25.00%
Regular amount (1 or 2 times a year)	22.22%
Never/Rarely	13.89%
Prefer not to answer	5.00%

Donut chart: Non-Official Languages 84% (English & French, Other languages)

Top Service Needs (Importance Ranking)

- Primary care, Prenatal, Postnatal- Low variability – High consensus
- Mental health support: greatest variability – cultural stigma & uneven access
- Services for children consistently ranked high
- Sexual health support lowest mean score (4.01) – cultural taboos



Rank	Services	Mean Importance Score	SD	Variability
1	Dentistry for Kids	4.47	1	Low
2	Mental Health Support	4.47	1.45	High
3	Primary Care	4.44	1.05	Low
4	Dentistry for Adults	4.38	1.12	Moderate
5	Childcare Support	4.33	1.18	Moderate
6	Disability Services	4.33	1.28	High
7	Postpartum Care	4.31	1.06	Low
8	Elderly Care	4.31	1.1	Moderate
9	Housing Support	4.31	1.35	High
10	Nutrition Support	4.3	1.12	Moderate
11	Domestic Violence Support	4.24	1.19	Moderate
12	Admin/Health Care Support	4.23	1.05	Low
13	Pregnancy/Preconception Care	4.23	1.09	Low
14	Sexual Health Support	4.01	1.38	High

Recommendations Adapted from the CDC Social Ecological Model framework on health promotion

Community and Policy



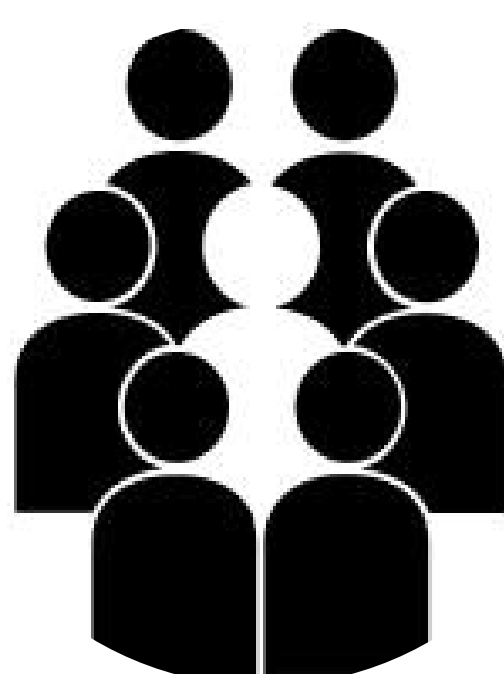
- Sustained funding for **Urgent care clinic, Dental clinic**
- Policy support for **expanding team based care**
- Female doctors** for pregnancy/health issues
- Subsidized Medical **transport/shuttle** and direct hospital transit routes

Organizational level



- Improved **Primary care access**: Afterhours clinic & Urgent care clinic
- Financial case worker** integrated with healthcare services (OW/ODSP)
- Childcare support** for healthcare programming
- Gender specific gym, exercise **fitness** programs
- Training in culturally informed practices, **antibias training for healthcare provider**

Interpersonal level/Individual level



- Multilingual Community Health Help Desk** (*trusted, first point of contact to bridge residents with local healthcare providers*)
 - Health System & referrals/appointments Navigation /Administrative /forms
 - Digital healthcare tools assistance
 - Multilingual, culturally sensitive education
 - Connection to supports available for Mental health, Caregiver and Family Support Needs

Conclusion

Advancing Health Equity – The Quintuple Aim in Action

- Healthcare access for newcomer women remains limited despite high family doctor attachment.
- Top Priorities: include dental care, mental health, and accessible primary care
- Emerging models, such as the **Thorncliffe Community Hub**, demonstrate promising solutions.
- Solutions must be culturally sensitive, community-driven, and system-integrated

Toward a coordinated, equity focused health system

