National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

Mind the Disruption

PODCAST EPISODE TRANSCRIPT & COMPANION DOCUMENT

SEASON 2 | EPISODE 5

Disrupting for Health Care for All

Episode released on:
April 23, 2024

Mind the Disruption is a podcast about people who refuse to accept things as they are. It's about people pushing for better health for all. It's about people like us who have a deep desire to build a healthier, more just world.

In the second season of Mind the Disruption, we explore **social movements** for social justice: groups of people working together to build collective power for change. Throughout the season, we delve into approaches for advancing racial equity, applying intersectionality, building community power and working together. In each episode, we name concrete actions that public health can take to work with others in service of social movements for social justice.

This episode companion document, available in English and French, provides a different way to engage with the podcast. It includes a written transcript of Episode 5 with key quotes, related resources and discussion questions to prompt reflection, sharing and action.

EPISODE 5
APRIL 23, 2024

SEASON TWO

HOST

BERNICE YANFUL

Bernice Yanful (PhD) is a Knowledge Translation Specialist with the National Collaborating Centre for Determinants of Health (NCCDH), and she previously worked as a public health nurse in Ontario. Bernice is dedicated to advancing health equity with a particular focus on food systems.

PODCAST GUESTS

CHLOÉ CÉBRON

Chloé is a lawyer in international humanitarian law and human rights and the director of policy and advocacy at Médecins du Monde/Doctors of the World Canada. For nearly 15 years, she has worked for humanitarian health organizations as a legal, policy and advocacy advisor in a dozen countries. Since 2017, she has been working for Médecins du Monde Canada and coordinating the organization's advocacy on access to health care for migrants with precarious status in Canada.

SHEZEEN SULEMAN

Shezeen is a midwife in Toronto, co-leading the MATCH program at the South Riverdale Community Health Centre. She has worked as a midwife in the city for over 10 years and before this worked as a youth worker in neighbourhoods across the city; these roots in community work inform her practice as a midwife. Shezeen also co-chairs the Health Network for Uninsured Clients in the Greater Toronto Area, aiming to create and maintain dignified pathways to care for people living without Ontario Health Insurance Plan (OHIP) coverage.

EPISODE DESCRIPTION

Check out this episode of the Mind the Disruption podcast to learn from Chloé Cébron and Shezeen Suleman, who are part of a growing movement mobilizing for the right to health care for all people living in Canada, regardless of immigration status. In this episode, Chloé, the director of policy and advocacy at Médecins du Monde, shares lessons from a successful advocacy campaign to expand health care coverage for all children living in Quebec. Then Shezeen, a midwife and co-chair of the Health Network for Uninsured Clients in Toronto, reflects on using advocacy as a strategy for health equity.

EPISODE 5
APRIL 23, 2024

SEASON TWO

IN THIS EPISODE

SEASON ONE

QUOTES FROM SEASON 1

JENNIFER SCOTT

I think if I go to work today, I'll die. (Season 1, Episode 1)

PAUL TAYLOR

There's been a series of injustices that have allowed some people to have food and allowed other people to struggle for access to food. (Season 1, Episode 5)

SAMIYA ABDI

People are stuck in this powerlessness paradigm. (Season 1, Episode 3)

HARLAN PRUDEN

Always ask yourself "Why?" (Season 1, Episode 6)

SUME NDUMBE-EYOH

There were times when I would think maybe I'm going to get fired, right? (Season 1, Episode 2)

SAROM RHO

It's the moment of refusal. (Season 1, Episode 4)

HEATHER LOKKO

If we're not intentional about creating some discomfort, things won't change. It will stay status quo, and that's not okay. (Season 1, Episode 8)

INTRODUCING SEASON 2

BERNICE YANFUL (NCCDH)

Hi. Welcome to the second season of Mind the Disruption. I'm Bernice Yanful. I'm a Knowledge Translation Specialist at the National Collaborating Centre for Determinants of Health, an organization that moves knowledge into action with the goal of better health for everyone. I've also worked as a public health nurse in an Ontario public health unit, and I recently completed my doctoral studies at the University of Toronto.

This season, we're talking about social movements for social justice: groups of people working together to build collective power for change and health for all. We'll dive into a range of topics with people from across Canada. We'll talk about the environment, immigration status, food, birth, disability and poverty. We'll talk about racism, ableism and colonialism. And we'll talk about solutions and the power of collective action.

In each episode, you'll hear from a disruptor — someone who refuses to accept things as they are. They see something that is unfair or unjust, and they take bold, courageous action, often in the face of active resistance. They work with others to disrupt the status quo because they have a deep shared conviction that a better world is possible. You'll also hear from a second guest, someone who will reflect on how public health can do things differently and better. At the end of each episode, we'll name some concrete actions that public health can take to work with others in service of social movements for social justice.

REBECCA CHEFF (NCCDH)

This podcast is produced by the National Collaborating Centre for Determinants of Health. We support the Canadian public health community to address the structural and social determinants of health and to advance health equity. We are one of six National Collaborating Centres for Public Health working across Canada. We're funded by the Public Health Agency of Canada. We're hosted by St. Francis Xavier University, which is located on Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This podcast is part of our organization's commitment to confront intersecting systems of oppression and to reveal concrete opportunities to disrupt racism and colonialism. The views expressed on this podcast do not necessarily represent the views of our funder or our host agency.

CONSIDER THIS!

Before reading or listening to this episode, think about your current understanding of publicly funded health care in Canada.

- Who has access to publicly funded health care coverage and who does not?
- What have you learned about this at school, at work, in your life or in the media?
- How has your work intersected with this issue?

INTRODUCING THIS EPISODE

"It's really heartbreaking to see that those kids could not access the care they needed and that how much it impacted those families also."

CHLOÉ CÉBRON

"For the first time, we came to as close to universal health care, I think, in our history as a province, and that was really something."

SHEZEEN SULEMAN

BERNICE (NARRATION)

Those were our two guests for today. Chloé Cébron is a policy director in Montréal, and Shezeen Suleman is a midwife in Toronto. They are part of a growing movement for health care for all.

Although they work in different provinces, Chloé and Shezeen are challenging the myth that everyone living in Canada has access to universal health care coverage. They are raising awareness about how our public health care insurance programs exclude children, families and workers with temporary or no immigration status. And they are using advocacy strategies to change public policy and advance the right to health care for everyone living in Canada, regardless of immigration status.

Health care for all intersects with a larger movement for migrant justice. Here is migrant justice organizer Sarom Rho, from Season 1, speaking about how access to health care is related to immigration status.

SAROM RHO | Canada has a multi-tiered immigration system where some have permanent residency and therefore rights to health care, family unity, freedom from reprisals at work while others, and the vast majority, are temporary or without status. And that just continues to engender exploitation. (SEASON 1, EPISODE 4)

BERNICE (NARRATION)

In Canada, precarious migrants who have temporary or no immigration status are denied basic rights and services such as protections at work, childcare and health care coverage. The migrant justice movement is calling for permanent status and universal health care access for all migrants.

SAROM RHO | We all want to live in a fair society, and a fair society is one where everybody has the same rights. And the only way for everyone to have equal rights is to have equal status, which is full and permanent immigration status. So everybody must have health care, that means everybody must have equal status. (SEASON 1, EPISODE 4)

BERNICE (NARRATION)

People in the health care for all movement also see and understand how immigration status is foundational determinant of health for people with precarious status in Canada that results in profound health inequities. Angela Robertson, the Executive Director of Parkdale Queen West Community Health Centre in Toronto, spoke at a Healthcare for All rally about how lack of health care coverage has differential impacts:

> **ANGELA ROBERTSON** | And we also know that the condition of being uninsured, of denial of access to health care, differentially impacts newcomers, racialized people and folks who are low-income earners. (RECORDING BY THE NCCDH, MARCH 30, 2023)

BERNICE (NARRATION)

You may be wondering why is access to health care for people with precarious status a public health issue? Access to health services is a social determinant of health that we often take for granted in Canada because of the myth that we have a universal health care system. Many of our public health programs and services assume that everyone has access to comprehensive health care. Infectious disease, sexually transmitted and blood-borne infections, and prenatal nutrition interventions fall short when some people are excluded from health care coverage.

I'm glad to be speaking with Chloé and Shezeen, who are working to address these inequities and who are using advocacy as a tool for health equity.

TALKING WITH CHLOÉ CÉBRON

BERNICE (NARRATION)

Let's start in Montréal, Quebec with our main guest Chloé Cébron. Chloé works at Médecins du Monde or Doctors of the World Canada.

BERNICE

All right, so why don't we jump in then? You are a senior analyst and advocacy advisor for Médecins du Monde, or Doctors of the World. What brought you to this role?

CHLOÉ CÉBRON

So initially my background is in law. I have a master's in international humanitarian law. So I was really focusing on my previous works, more on crisis settings and access to health care in crisis settings. I previously worked for the International Committee of the Red Cross and for Médecins Sans Frontières, Doctors Without Borders. I worked both in headquarters but also in the field in Central Africa, in several countries, and Eastern Africa as well.

I had my own journey, a very privileged one, of immigration in 2016 to Canada. I am French, initially. And when I arrived here, I was looking to find another organization I could work with. And I found Médecins du Monde, Doctors of the World, here in Canada.

And interestingly, the first kind of file that I had to work on was a domestic file, a domestic issue, which was kind of new for me as I was always focusing more on international humanitarian aid and international global health issues.

So that was quite interesting to be focusing on domestic issues that were happening here in Canada and in Quebec, actually. And that's the first work that I've been doing is this work on the children of families with precarious immigration status.

BERNICE (NARRATION)

Médecins du Monde is an international humanitarian organization that works in over 75 countries, including Canada. They envision "a world in which access to health barriers has disappeared, a world in which health is recognized as a fundamental right."

In Montréal, they provide direct health services to people who experience structural barriers to health care access. They also advocate for the elimination of those barriers.

CHLOÉ

When we think about humanitarian organization, we very often think about service providers, you know, that you are a medical, a health organization. We provide health services, it's all true, but it goes beyond that. And we are looking at achieving social change ultimately.

And by only providing services, we cannot really do that. We provide services to kind of put a projector on health inequalities in our society, and then what do we do about these health inequalities? And that's when I come in and my team comes in to support the organization in looking beyond just providing services, but to look at health inequities in a systematic, systemic way.

"And there are some barriers that we cannot alleviate by only providing services. We need social change, and to achieve social change, you need public policy. And that's what we are trying to achieve doing advocacy"

CHLOÉ CÉBRON

And there are some barriers that we cannot alleviate by only providing services. We need social change, and to achieve social change, you need public policy. And that's what we are trying to achieve doing advocacy. We are trying to move the needle in terms of public policies and trying to have public policies that are adopted, that are sound and sustainable and inclusive for everyone living in Canada and in Quebec. Trying to have a strategy to move the needle and trying to convince a decision-maker to actually change systems, whether it's through practices, regulation, laws. It depends, of course, where the issue is.

Health care coverage in Canada and Quebec

BERNICE

Was there anything that surprised you, like coming to Doctors of the World and what you might have expected with regards to focusing on domestic issues versus what was actually happening?

CHLOÉ

I think my main surprise, let's be honest, was to discover that in Canada there was no universal health coverage, truly. In many European countries, you really have a universal health coverage for anyone being present on the territory after a certain amount of months, for example.

In Canada — and that's really the work that we're doing at Médecins du Monde with our clinics for uninsured migrants in Quebec — for me, it was a surprise to learn that not only people without immigration status were not covered by anything but also international students for Quebec, temporary workers on specific visa, people who were waiting for a permanent residence. That was a shock for me to imagine that you could live in this country for years without any health coverage.

BERNICE

So kind of universal health coverage in theory, but in practice that was really not the case.

CHLOÉ

Exactly. And it was a bit of a distortion of this image that Canada has maybe at a global level, you know, in terms of welcoming asylum seekers and refugees, having a universal health care system contrary to the U.S., for example. And if you look closer, then you see kind of the cracks in that picture. And I found it shocking and interesting and motivating as well for me to say, "Let's try to challenge that, and let's try to bridge gaps that are still there and that are actually not good public health policy on the longer term."

BERNICE

Yeah, absolutely.

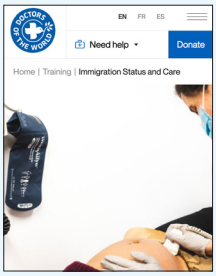
BERNICE (NARRATION)

Chloé told me that back in the early 2000s, Médecins du Monde noticed an uptick in people coming to their mobile clinic without provincial health insurance, called Régie de l'assurance maladie du Québec or RAMQ.

In response, Médecins du Monde opened a clinic in 2011 dedicated to uninsured patients in Montréal. It remains the only clinic of its kind in Quebec.

Immigration status and care [Online course]

Médecins du Monde/Doctors of the World. [n.d.].



This online training from Médecins du Monde provides crucial information for health and social service providers in Quebec on how immigration status impacts health care coverage. It also includes clinical practice tools to help health care professionals in supporting migrant patients.

About 5 years into running their clinic, they started to see a concerning pattern....

CHLOÉ

So what happened is that when we were looking at our stats, we realized that there were numbers of citizens in our patients. Okay, we're not supposed to see citizens because they're supposed to be covered. And we very quickly realized that those citizens were actually the children of our patients, but that those children were not covered because in Quebec until 2021, the eligibility for the health coverage of the children was linked with the eligibility of their parents. So we could have children born here, who are Canadian citizens, and could not be eligible to the RAMQ before they were 18 years old, before the administration delinked them from their parents' status and eligibility. Of course, it was also the case for children who were born abroad.

So for us, it was total nonsense and a shock to learn about that.

BERNICE

It sounds like nonsense!

A campaign for children's health coverage

BERNICE (NARRATION)

Children living and growing up in Quebec were being denied provincial health coverage because of their parents' precarious immigration status. This was impacting children born in Quebec who were Canadian citizens by birth and children born abroad.

Médecins du Monde began a campaign to address this glaring gap for children.

BERNICE

Can you tell me about that campaign and how it came about?

CHLOÉ

So from 2016 on, we started really trying to have a more focused strategy to solve that issue. We mobilized health care professionals, legal experts, social services professionals on that issue and that all worked on trying to unpack the issue. Okay, what is the issue with the law? What is the issue with the administration practices? What are actually the impacts on those children when you don't have access to health care because you're not covered?

BERNICE

To pause there for a second, do you have an example of how being denied access to health care and some of the social, financial and health consequences related to that?

CHLOÉ

Yes, absolutely. There are several degrees and kind of expression of those consequences. I'm going to start with the most horrible one. It's having a child's life being compromised. We had children with cancer without care. Very often for those cases, we were able to ask for a discretionary coverage for those kids. But it was a lot of work to obtain. It was delaying care, and sometimes it came too late. And sometimes it came too late because the prevention and the diagnosis and the routine kind of check-in throughout the child's life were not done. So cancer was diagnosed later. The time when negotiating to have a coverage took time, and it was really compromising the life and the security of a child. That was the most extreme and heartbreaking cases that we had. And we had several throughout the years.

Other, and that seems a bit less and actually have long-term and long-lasting consequences for the children, were small things like to have a cyst on your tongue that you cannot get removed because you don't have the money and it's not an emergency care. So you can't even access the emergency and get billed after. We had a little girl like this, and she had this cyst that she was trying to get removed for several months. She was at a language development year too so she started to have language issues. And she started to be recommended to specialists for orthophoniste [speech therapy] services, for example, by her school. So we could really see that in terms of, instead of solving that little issue that was not an expensive, complicating surgery, we were having a little girl that was having developmental issues in terms of language and also inclusion at school, etc.

We also had a case of a little boy with a small nail infection on his toe, and he started to have problems walking. So that's a very good example of how small things that children get can become serious health consequences and development consequences for them, but also additional cost and burden for our system. Because down the line, they're going to be covered. They're going to need more specialized care, special needs services from school and social services. So it was really nonsense in terms of a public health policy and inclusion policy.

BERNICE

And for you, it must have been so difficult to see all of these cases of children suffering when they should have had access to health care. What were some of the emotions that you were experiencing working in the work that you do and seeing these cases that were preventable, entirely preventable?

CHLOÉ

Yeah, I really think about our clinic teams in those moments because actually I'm not a front-line worker. My colleagues who are nurses, who are social workers, they are the ones navigating those families throughout the system. And they are really the ones seeing how unnecessarily complex we're making their access to health care, and things that seem to be logical and are actually not a given and need hours of work to be accessible.

When I was talking about discretionary coverage, for example, very often you have to build a kind of a big file. You have to find someone who can champion this

through MPs, for example. You need to make a plea to the Ministry. It takes a lot of time, a lot of people, just for a simple and human thing to do. And I think that's really the challenge of my colleagues as first-line workers when we talk about uninsured patients, it's really to fight for every little thing that you want your patient to access. You need to fight tremendously, and you need to move mountains.

And it's really heartbreaking to see that those kids could not access the care they needed and that how much it impacted those families also financially because, down the line, the family would want their kids to have access to care. They're going to find money somewhere, they're going to put themselves in debt.

Those are families that most of the time need help and support, and instead the system is punishing them and making their life harder. And we very much see how public policies are producers of precarity and exclusion.

Advocacy strategies and partnerships

BERNICE

What was the main goal of the campaign, and who were some of the main collaborators that you're working with in that campaign?

CHLOÉ

Really the objective of the campaign is that, to put it very simply, we will not be seeing those children anymore in our clinic. Not because we don't want to see them but because we should not be seeing them. So that means that we wanted the health system to be able to serve them adequately. We wanted coverage, provincial health insurance coverage, for those children.

We started to do it alone, but very quickly we realized that this was not enough. So we contacted the Ministry and the different stakeholders involved, but just being Médecins du Monde advocating for that was not enough so we started to team up with other organizations. One of them was Amnesty International,

"the objective of the campaign is that, to put it very simply, we will not be seeing those children anymore in our clinic. Not because we don't want to see them but because we should not be seeing them. So that means that we wanted the health system to be able to serve them adequately. We wanted coverage, provincial health insurance coverage, for those children"

CHLOÉ CÉBRON

and we worked on a public campaign on that issue. And that really helped to have the issue known by a larger public. We started a petition that gained about 20,000 signatures also for the campaign.

But we felt that we needed to also work with organizations that were maybe closer to the health system to gain credibility and mobilize another set of actors, let's say. So we started to work with the Early Childhood Observatory. And they normally looked at early childhood well-being at large, and they have never been focusing on uninsured families before. They put out their own report on the issues. And that was really great because, at the end of the day, we were not the only one saying it and working on it anymore.

We mobilized also health care professionals and their associations. We had the Pediatric Association of Canada and at Quebec level as well. We had pediatricians in several hospitals in Quebec also mobilizing. We had lawyers, immigration specialists, social service specialists.

And we also mobilized the Quebec ombudsman on the issue, who issued their own reports. So more and more, we were really showing the government that there was a social and a health professional consensus on the issue. It was a matter of rights, of course, and it was a matter of public health, health equity and children's rights especially.

That being said, when you work on advocacy, external opportunities really make or break advancement sometimes. There was a change in the government, there was a change of Ministry of Health in 2021. The current health minister really took this issue very seriously. He told us, "Okay, that's an issue, I can see that you've been working on that issue for a long time, that everybody is in agreement. There is no reason that this should not be done as a change." And that's how they launched the process for Bill 83, which was proposing a change in the Health Insurance Act in Quebec so that every child living in Quebec could be actually covered by the public health insurance.

BERNICE

So you launched the campaign in 2016, and initially it was just Médecins du Monde, and then you realized that you needed more support. And so you were able to build kind of alliances, partnerships to increase the numbers and people behind the campaign. And then in 2018, there was a change in government and surprisingly you got more support.

CHLOÉ

Yeah, but it took still some time. The bill was passed in 2021.

BERNICE

And then 3 years later, the bill was finally passed. How did that feel once the bill was passed?

CHLOÉ

It feels good.

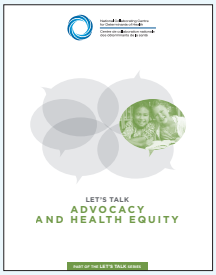
I was actually on maternity leave when it happened, so that's my own story. But, yeah, it was a relief, to be honest, because after 5 years of working on that issue, it was really a relief that when I was going back from my parental leave, things would have moved actually. Because even if we are persistent, you can feel discouraged doing advocacy work when things are not moving despite your best effort and the mobilization and all the proof that you have that this is the right solution. So, of course, it was a joy and it was also a relief.

And really thinking about those families, you know, how much their life can be changed. Because it was not only the families we were seeing at the clinic — we are just one clinic in Montréal — it was also families throughout the province that had never reached us before or that were far away and that we knew were dealing with this alone.

But that was a big achievement. And it's not every day in someone's life, or my life at least, that you can see that happening. And that was so concrete. That was very gratifying and satisfying and motivating for the rest of the work to come because we knew that the children were only one piece of a bigger puzzle. Médecins du Monde's vision is universal health coverage, that's for sure. In terms of the right to health care, this is something we defend. It's a vision we have across the globe in all our programming.

Let's Talk: Advocacy and health equity

NCCDH. [2015].



Both episode guests, Chloé and Shezeen, use advocacy as a strategy to promote health equity. This document from the NCCDH Let's Talk series provides an overview of the importance of advocacy in public health to recognize and promote the determinants that play a role in shaping health and well-being. It lays out a framework with tools and resources to elicit conversation and reflection among public health practitioners on how we participate in advocacy.

Unfortunately, we know that it's not being done like this. So we're trying in Quebec to tackle it piece by piece, to be honest. So we know that the children were one thing, but then they were sexual reproductive services, health services for women. We also know that there is a huge issue on infectious disease, diagnostic, prevention and access of treatment for uninsured migrants.

We knew that it was just the first step in the work that we want to do, but it was reassuring to see that, yeah, things could change and things could improve.

BERNICE (NARRATION)

I mentioned earlier that the health care for all movement intersects with a larger movement for migrant justice. Chloé told me why it's been essential to work with grassroots migrant rights organizers.

CHLOÉ

We work with migrant rights organizations, and they have an amazing grassroots campaigning style and competencies and expertise that we don't have. We are not a migrant organization ourselves.

So for us, it was really important to work with them and hear what they had to say and support them in the work we do, but also realize that we could be complementary to the work they were actually doing. We are a health organization, and we're really trying to bring that health focus in everything we do.

It was so interesting to see that we could actually mobilize medical professional associations and the colleges and orders that were not really necessarily looking at migrant rights issues. But when we were bringing it in a public health, public equity, sustainable health system lens, then they could get on board and they could mobilize themselves on those issues.

BERNICE

Yeah, absolutely. And it sounds like what's important of what you're saying there is knowing what you bring to the table, right? And knowing what the gaps are, who else you need to bring to the table, and really using your different strengths, your different areas of focus, your different areas of expertise to really put together a campaign that draws on all those complementary strengths and voices.

CHLOÉ

Absolutely. And it's also sometimes knowing that we are not the first people concerned also in this discussion. I mean, in our team, we have people who have a precarious migration journey, but it's not all of us. So it's very important for us to work together with migrant rights organizations. And that's one of the things I learned through that work. I learned so much through them.

Challenges

BERNICE

What would you say was the main challenge that you experienced in working on the campaign?

CHLOÉ

I think one of the first main challenges we had was that people didn't know about the issue, even within the health system, within the administration, within the government. When we were telling people that children were living in Quebec, some of them being Canadian citizens, and did not have access to health care, their jaws were dropping basically. And it was like, "No, it's not possible. This is not how our system is done." People could not believe it. So it was important for us to establish it and prove it. So that was the first challenge I think that we had.

And then very often it's about challenging the status quo because doing nothing is so much easier than doing something, for a lot of people. And that, I think, takes a lot of persistence.

Advocacy work is a long road. I think that I knew that before in theory, and this was really the proof.

"very often it's about challenging the status quo because doing nothing is so much easier than doing something, for a lot of people. And that, I think, takes a lot of persistence. Advocacy work is a long road."

CHLOÉ CÉBRON

BERNICE

You know it in practice now.

CHLOÉ

Exactly. But I think the challenge is never drop the ball. And if you're alone doing that work, then it's impossible because you cannot be focused on one thing for years and years and years on your own, it's very difficult.

So for me and what we're trying to do in other strategies, no, it's trying to really make it a collective matter. So that when we lose focus, because we have other priority coming in, because we have other crises that we need to attend to and etc., someone else can carry the work and then we're back.

But that's really for me the power of the collective. It's the strength that you have together, but it's also that the effort can be much more sustainable. Because otherwise it's a long race on your own.

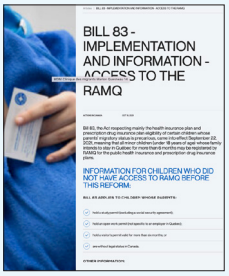
BERNICE

Right, and we heard that a lot during our first season of the podcast. People would really emphasize the need to do this work together, right? Because it's impossible to make the changes that you're envisioning alone, and it needs to be done in collectivity. So it's nice to hear from you as well that that's been something that's been important to you and something that's at the forefront of what you do.

I'm also wondering, so the bill was passed in 2021, and then you mentioned that it's still not fully implemented. How? Why is that the case?

Bill 83 - implementation and information - access to the RAMQ

Médecins du Monde/Doctors of the World. [2021].



Bill 83 substantially expanded health care and prescription drug coverage to children in Quebec whose parents have precarious immigration status. This resource, developed by Médecins du Monde for providers and parents, outlines who this reform applies to and how parents can register and access health care and drug coverage for their children.

CHLOÉ

We know of course that saying, "Oh yeah, we changed the policy or we changed the bill," if no one knows about it, if there are no resources behind it, if there is not strategic information diffusion, changes are not going to happen. We know that.

So what we've observed in the last 2 years are several issues for those families. First of all, registration to the Régie de l'assurance maladie du Québec is complicated. It's complicated for anyone. It's even more complicated when you don't speak French, nor English, when you don't have IT material.

Second of all, we've seen that the way that the Régie de l'assurance maladie du Québec continues to interpret the bill is still somewhat a little bit restrictive because they are attaching the length of validity of the card to the length of the validity of the status of the parents. So parents that are renewing a 12-month status, it can be renewed several times for years, their kid is only going to have a 12-month card. But then it takes 6 months to register for the cards. So there is a problem here in terms of implementation.

We understand why they do it administratively, but it's not practical at all either for the families but also for the system who get to have a registration process every 12 months.

And also what we've seen is the lack of information diffusion. Within hospitals right now, a lot of administration when they received a child without health insurance because, for example, they are waiting for the registration process, they still want to bill the family. So they are going to still ask for out-of-pocket cost to the family instead of saying, "Okay, you're in process, you can access to the care," or they're going to bill it. For example, we have several newborns, their parents have been billed in several hospitals in Montréal, but of course they don't have the card right now. They're just born. It's going to take a few weeks before they have it. So the family, they don't necessarily need to pay the bill at the end of the day, but they don't know that. So they go out of the hospital with a $40,000, we have an example recently from a partner—

BERNICE

$40,000?

CHLOÉ

$40,000 bill because of the hospitalization of the child, the birth, the condition of the child. And they think they have to pay that. Of course, the burden financially, psychologically, is immense and unnecessary.

BERNICE

And just seeing that number on the bill, I can't imagine what must be going through the parents' minds when they see that.

CHLOÉ

Absolutely, it's very stressful. This was a family that was accompanied by a partner organization, but we had at the clinic recently also a child that was, I don't know how to say it in English, les bébés secoués, shaken babies?

BERNICE

Oh, shaken baby syndrome.

CHLOÉ

Yeah, shaken baby syndrome. And actually we knew that something happened in the context of domestic violence in the home, and we tried to refer that child in one of the emergency rooms in Montréal. And thankfully we had one of our peer support workers with the mother and the child together because otherwise we felt actually that this mother and her child that needed emergency services would have been turned off from the emergency room saying, "This is not an emergency. You're not insured. You have to find another way to find that service." In a critical moment like that, in a context of domestic violence, in a context of a life-threatening situation for the newborn. This is, of course, not acceptable.

BERNICE

Yeah, of course. So it sounds like even though the bill was passed, there's still a lot of different practices in place based on which people are being denied access to health care that they really do have the right to.

CHLOÉ

Absolutely. Yesterday, we had this media coverage. The Minister actually responded to us, saying, "It's not acceptable. We are going to work to have it changed and fully implemented." So that's good news. The thing is, we know that it's not only by sending a note within the health system that it's going to change. We need information sessions. They need a communication plan. They need trainings. It needs to be much more than just one note sent within the system. It needs to be more comprehensive than that.

BERNICE

So the struggle is ongoing, so the work didn't stop.

CHLOÉ

You know, real systemic change is complex. And we know that it's going to take still several months and efforts and, for sure, still some advocacy work on our side and on partner sides to have it fully implemented.

But, that being said, it's still a huge win to have that guaranteed by the law because when it's not implemented properly, at least we have a base and there is a consensus that this should not be the case.

Lessons learned and a new sexual and reproductive health campaign

BERNICE (NARRATION)

Chloé is tireless.

Bill 83 came into effect in September 2021. It expanded public health care and drug coverage to all children whose families intend to stay in Quebec for more than 6 months. As Chloé said, there is more work to be done to make sure that hospitals, health care actors and families themselves know about this change and that the health coverage registration process for children is streamlined and easy to access.

She is committed to seeing Bill 83 be fully implemented so that it has a meaningful impact on children and their families.

In addition, Chloé talked to me about how Médecins du Monde and their partners are taking what they've learned from this successful campaign for children and using it to push universal health care coverage for all migrants living in Quebec and Canada more widely.

Motivated by the many clients who are pregnant and uninsured coming to their clinic, their new campaign focuses on sexual and reproductive health services.

CHLOÉ

So as soon, basically, after the Bill 83 was adopted, we started to work on that other part because we knew the Ministry was going to open a working committee to work on that issue on pregnant women specifically. We wrote a brief that we wrote together with 25 partners and experts on the social and reproductive health needs and consequence of not being covered for those women. We asked for a coverage for the essential services for sexual and reproductive health for any woman living in the province regardless of their immigration status.

We learned a lot from the previous campaign. So we started directly doing collective work—

BERNICE

With others, yeah.

CHLOÉ

Exactly, with organizations but also experts.

So we went much more quickly than in the first campaign. When we submitted the brief, we had about 80 organizations and medical and social services professionals who had endorsed the brief. We had several associations in public health also in Quebec signing the brief, we had the Quebec Public Health Association, etc. We had several medical orders also like the Association of the Obstetricians and Gynecologists in Quebec, the midwife order in Quebec.

So really, in a few months, we have been able to build and also to demonstrate social and medical consensus on that issue. So that was kind of amazing to see the mobilization in such a short period of time.

But, for sure, it was not coming out of nowhere. It was really built on what we had done and achieved through Bill 83 too. So we could really see the change in where we were at in terms of our organization and how people's minds also and mind frame were much more prepared this time to mobilize on another issue.

BERNICE

Do you see opportunities for public health to be involved in supporting this campaign around sexual and reproductive health?

CHLOÉ

Absolutely, it's a public health issue. We've decided to put out a report that was in plain and simple language. And really the aim of this report is to present the issue as a public health issue and as a gender equality issue. Because not being covered for essential sexual and reproductive health service is a public health issue.

The consequences of this non-access to services, it's on the women, of course, but it's also on their family and it's down the line on the entire population and the entire system.

And it also creates a huge gap and vulnerability issue for those women in terms of they have to carry alone the burden of not being covered for services that they're going to need. It's not a question of sickness. You need contraception. You need to have perinatal services. You need access to abortion. You're going to need that in your life if you have a uterus. So every person should be able to access those services.

And we really framed also the report to be an empowering tool for public health professionals and medical professionals to actually advocate themselves. We have in the report very detailed recommendations and also actually call to action for public health professionals, for members of professional associations, for political stakeholders. So we've really tried to refine what can everybody do on that subject because everybody can act on it, especially if you're working in the public health sector or as a social and health professional.

Precarious immigration status, precarious health: Working together to ensure healthcare for all women living in Quebec

Médecins du Monde/Doctors of the World. [2023].

Although the health care system in Quebec is labelled as public and universal, an estimated 50,000 people are living without public health insurance coverage. This report from Médecins du Monde provides an essential overview for public health practitioners on how this lack of health coverage prevents women from accessing essential sexual and reproductive health care services, and the strategies that can be used to mitigate and solve this issue.

TALKING WITH SHEZEEN SULEMAN

BERNICE (NARRATION)

You can find that report Chloé mentioned in our episode notes. Chloé's journey in advancing health care coverage for all shows the importance of relentless advocacy as a strategy for social and policy change.

I spoke with Shezeen Suleman to learn more about using this strategy.

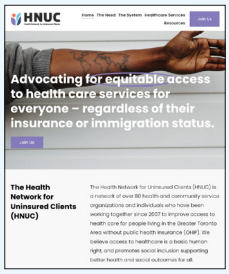
Shezeen is a midwife at South Riverdale Community Health Centre in Toronto. Unlike in Quebec, as a midwife, Shezeen is funded to provide services for people living in Ontario without provincial health insurance. The midwifery care she provides is essential but by no means a replacement for comprehensive health coverage. A 2016 study of emergency room visits in Ontario, for example, found that people who are uninsured are more likely:

- to have severe health issues
- to receive poorer care and
- to die in the ER

compared to those who have coverage.

Health Network for Uninsured Clients

Health Network for Uninsured Clients. [n.d.].



Everyone should have equitable access to health care services regardless of their immigration status. This website, created by the Health Network for Uninsured Clients, includes information on access to health care and other social services for migrant parents and their children in Toronto and Ontario. Practitioners, patients and partners can find information regarding available services and advocacy initiatives for hospital care coverage, social assistance and legal rights for migrants. Whether public health professionals, health care providers, social workers, settlement workers, families or patients, everyone can contribute to an equitable and inclusive community to promote healthy living.

Shezeen, alongside migrant rights organizer Diana Da Silva, has been advocating against these systemic inequities as the co-chair of the Health Network for Uninsured Clients since 2021.

The Network brings together over 200 members from close to 100 health and community service organizations. They work to improve access to health care for people living in Toronto without provincial health insurance, also known as OHIP or the Ontario Health Insurance Plan. They do this through advocacy, research, capacity building and by working together.

Let's travel back to March 2020 for a moment. It's the beginning of the COVID-19 pandemic and the first round of lockdowns. In response, Ontario funds hospitals to provide care to everyone regardless of insurance or immigration status. This was a historic moment and gave those who had long been advocating for health care for all — people like Shezeen and the Network — a rare glimpse into what that would look like. Shezeen told me how they were able to capture data from this time and turn it into a tool for advocacy.

Advocacy as a strategy for health equity

BERNICE

I know that advocacy is a huge part of what you're doing. So for public health practitioners, we often talk about the importance of advocating and we say we must advocate, but when it comes to advocating, especially at the systems level, we're really unsure how to go about it. So if you can share a little bit about your experiences and what advocacy has meant for you, I think that can be really helpful for other folks who are trying to learn more about what advocacy can look like in different areas.

SHEZEEN

So the Government of Ontario at the start of the pandemic in March 2020 put out a program. We have been calling it a directive because the program itself has a very long and difficult name, but essentially to say that anyone after March 20th could access medically necessary hospital care regardless of their immigration status.

And that was just a shape-shifting program. I will say though that there's a context piece that is really important to that and that is related to advocacy. That it is perhaps because of the benevolence of the government that this program was created, but I happen to think that there also was a different angle and that there had been folks in this advocacy space, health care providers and other front-line workers, who had for decades been advocating that all people regardless of their status should have access to health care.

You may have heard that kind of organizing under the banner of OHIP for All or Health Care for All. And we had been agitating for this kind of access for years and years. And it took a pandemic, I think, for the government to realize it is in fact a public health imperative that all people have access to care.

BERNICE

Yeah.

SHEZEEN

And so in came this program. And for the first time, certainly in my career history, I was able to tell my clients, "Just go get health care. Just go to the hospital if you're worried about something." And it took some time for people, migrants, to understand that that was a safe thing to do. But once they did, people actually sought health care for the very first times often in their lives while living in Canada.

And in that sense, it was like a game-changer. And I know that as a health care provider in this space, and I also know that as an organizer and an advocate in this space, that for the first time, we came to as close to universal health care, I think, in our history as a province, and that was really something.

> *"And in that sense, it was like a game-changer. And I know that as a health care provider in this space, and I also know that as an organizer and an advocate in this space, that for the first time, we came to as close to universal health care, I think, in our history as a province, and that was really something."*
>
> **SHEZEEN SULEMAN**

Building the evidence

SHEZEEN

And then flash forward some time, as the Health Network for Uninsured Clients, we felt that our role might be to begin to document this moment in time. To document how unique a moment it was and how profoundly impactful it was as another potential advocacy tool.

And so we took to surveying our membership, and then we did key informant interviews with our membership, many of whom were health care providers with long histories working in this space who could speak to what it had been like to deliver care before this directive was in place compared to this moment when it was still in place.

And we wrote it down. That report was published at the end of March, just in time from when we heard that

Does public health advocacy seek to redress health inequities? A scoping review

Cohen BE, Marshall SG. [2017].


Does public health advocacy seek to redress health inequities? A scoping review

The public health sector is well positioned to lead or support multisectoral advocacy efforts to address the root causes of health inequities. This scoping review in the Health and Social Care in the Community journal provides an overview of the public health literature about health equity advocacy. It identifies significant barriers to advocacy and discusses what is needed to enable the full potential of public health professionals in this space.

the directive was going to be rescinded. And so again there was more media, more agitating, more pressers that we tried to hold, but ultimately the directive was pulled and, you know, the advocacy hasn't stopped. We've been able to kind of leverage the fact that we have this report to garner endorsements from many people in the health care space and beyond to kind of stand behind the impacts.

We have gotten ourselves seats at tables to try to advocate that the program be reinstated or that it be made permanent. And those seats are at different levels, both at the hospital levels and then beyond in the kind of more ministerial levels, to try to advocate that it remains in place.

And the Decent Work and Health Network has a group organizing around this — Healthcare for All sits there now — and they're trying to put out media on the issue every month.

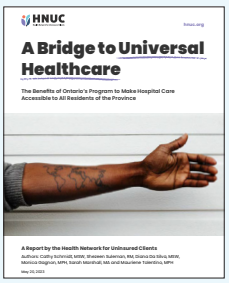
Just, again, trying to evaluate what are the tools that we have, whether that's media or beyond. And what are the levers that we have? What are the places that we can occupy to try to make as much noise and keep this on people's radar?

BERNICE

Yeah, absolutely. And you mentioned in there that HNUC [Health Network for Uninsured Clients], you decided that your role was to kind of document this moment in time. How did you figure out what your role was amidst all of these different actions happening to try and ensure that the directive stayed in place?

A bridge to universal healthcare: The benefits of Ontario's program to make hospital care accessible to all residents of the province

Schmidt C, Suleman S, Da Silva D, Gagnon M, Marshall S, Tolentino M. [2023].



This report by the Health Network for Uninsured Clients presents findings on the impact of the Ontario Ministry of Health's decision to extend hospital care funding to uninsured Ontario residents in response to the COVID-19 pandemic. With significant improvements seen as a result of the policy, the Network advocates for permanent changes to improve health coverage.

SHEZEEN

You know, we asked our membership: "What do you think? Where do you think our voice could be lent in the strongest possible way?" The Network has a history of bottom-lining research that has been valuable. We've seen this also in the case of access to OHIP for newborns, for example, that work that the Wellesley Institute and Rebecca Cheff were part of actually, and Rebecca in her role as previous co-chair.

So we knew that that was a tool that we'd previously used and used well. The composition of the membership at the time that we wrote the report, we had a few people that were involved in research themselves and in academia, and that was an area that they felt that they could lend support with. So it felt like a natural fit.

BERNICE

So what you've done previously, maybe where your strengths were, and then also asking your membership where can we best lend our voice? Yeah, absolutely. And it was part of a larger picture, right?

SHEZEEN

Exactly, exactly. And then sitting back even further, being like, what does this movement need? What would be helpful to this movement? And that documentation has proved to be incredibly valuable. And I think in about 20 different media articles at minimum, our report has been cited and it gets cited as evidence. So what we did is we created our own evidence base.

BERNICE

And it sounds like you really draw on storytelling in that report as well to hear about practitioners' experiences. What has been the value of storytelling in your advocacy work that you've been doing, would you say?

SHEZEEN

The approach that the Network takes, and certainly that I take as a health care provider, is that health care is a human right. That just by being a human, we should be allowed to be healthy in all the ways that we define that for ourselves. And so to tell stories is to remind people of that humanity. And I think in the storytelling, what we can do is to help people see what it might be like to live in other people's shoes for a moment and to have to make the difficult decisions that they do. That I never think twice if I'm unwell to go seek health care, but that other people are forced to because of status, and that is just a really atrocious thing, actually. That we should never have to make that as a calculated decision. That if we're unwell, we should be able to seek care. That if we're pregnant, we should be able to get health care. And so I think the storytelling is incredibly impactful in that way.

OHIP registration for newborns of uninsured parents and custodians: A guide for hospital staff

Health Network for Uninsured Clients. [2023].

The Health Network for Uninsured Clients and Wellesley Institute have documented a concerning pattern of denials of newborn health coverage (OHIP) registration in some Ontario hospitals when their parents are uninsured (see research reports Part 1 and Part 2). This practical guide developed by the Network can be used by hospital staff, midwives and public health staff who support families and/or interface with labour and delivery units in Ontario to better understand newborn OHIP eligibility law and to promote equitable newborn OHIP registration practices and policies within their local hospitals.

> *"health care is a human right. That just by being a human, we should be allowed to be healthy in all the ways that we define that for ourselves."*
>
> **SHEZEEN SULEMAN**

One of the midwives was telling a story of a client that she saw that had been to three different emergency departments to seek care, and each time she was either turned away because she couldn't pay or she wasn't provided the full set of tests because there was a cost associated with the tests. And ultimately, she ended up hemorrhaging in a bus. She got off the bus and was found on the side of the road. She tried three different times to access health care. Like that is not a system that I feel proud to live in and to work in. And so I think that telling those stories brings humanity to the picture.

BERNICE

Yeah, absolutely. Especially in a case where it can often be boiled down to dollars and cents, right? So putting that humanity back in and explaining how this affects real people's lives, I think that's so important.

Framing the issue

BERNICE

I liked what you said in there, too, about the importance of thinking about health care as a human right. And for me, that speaks to the importance of how we frame issues. So in other words, how we present the issue of health care access to audiences. And I think framing an issue of justice so that it points to its systemic and structural causes is so key in terms of informing appropriate policy responses.

And not only do we need to frame issues in a way that promotes health equity and justice, we also have to challenge harmful narratives that blame individuals or disseminate harmful messages about individual responsibility and lifestyle-related behaviors. How do you try to counteract some of those harmful messages in your own work?

SHEZEEN

I think context is everything. And one of the things I've taken to talking about is that we have made a decision as a country to tie health care to immigration status. And that was a decision that was made. In other jurisdictions, that is not the tie. The tie might be residency not regularized immigration status. And so that is a really key component in understanding health care access.

Tied to that, if we look at the way our immigration processes work, we more and more have moved towards more temporary immigration status. That it's becoming more and more difficult to seek permanent residency, which is your pathway to health care. So our labour forces have become more and more reliant on temporary workers without a guaranteed pathway to permanent residency.

"And that is a really big problem, that we rely on people's labour and then we do not want to give them health care."

SHEZEEN SULEMAN

BERNICE

Yeah, absolutely.

SHEZEEN

And that is a really big problem, that we rely on people's labour and then we do not want to give them health care.

And so to understand that piece is very important. That that is a choice that we made. That is a choice we're actively making to not give people access to health care because we have decided to tie health care to immigration.

I was just at a session looking at refugee health care the day before yesterday, and the number that I saw was that there was nearly 300 million people on the move right now. That's almost 4% of the world's population.

BERNICE

Did you say 300 million people?

SHEZEEN

Yeah.

BERNICE

Wow. And what is "on the move" mean?

SHEZEEN

They are no longer in the places they were born.

BERNICE

Oh, okay.

SHEZEEN

And that's often due to like war, climate change, safety, all these things, all of which Canada has a hand in sometimes playing. With so many people on the move seeking safety, many will come to Canada, and if we continue to rely on immigration as the tie without loosening the reins, we're bearing witness to this equation that doesn't quite make sense.

BERNICE

Yeah, absolutely.

SHEZEEN

And so I think then if you overlay this concept of health care as a human right, and also this understanding that we, many of us Canadians, have that health care in Canada is universally accessible, again, you see that there's a problem because that's not in fact what's happening in our country where so many people do not have access to permanent, uninterrupted health care.

BERNICE

So how does that larger context then inform how you frame the issue, for example, in the report that you described writing and the follow-up report that you're planning for next year?

Immigration status as the foundational determinant of health for people without status in Canada: A scoping review

Gagnon N, Kansal N, Goel R, Gastaldo D. [2021].


Immigration Status as the Foundational Determinant of Health for People Without Status in Canada: A Scoping Review

Abstract

Conflict of interest statement

Immigration status is an overlooked and foundational determinant of health for people who are undocumented or without permanent immigration status in Canada. This scoping review published in the *Journal of Immigrant and Minority Health* provides public health practitioners with a foundation for understanding how a lack of immigration status affects health. It sets out a framework for taking action to reduce the avoidable harms experienced by migrants.

SHEZEEN

So we start the framing by talking about the human rights kind of orientation, that everybody should have access, so that we have some understanding that in fact people that live here should have access to care.

And then we would, on top of that, tie in the current systems around immigration and health care access, and then from there are able to point out where the deficiencies are.

Developing advocacy skills

BERNICE

I know from talking to other folks who want to do some of this systems-level work is that they may feel like they lack the necessary skill set. I'm curious, for you, how you've built your advocacy skills over time. What has that looked like for you?

SHEZEEN

You know, before I was a midwife, I was a youth worker for a number of years in a few neighbourhoods in the city. And that absolutely informs the work that I do now.

And then to build off of that, I think I have attached myself to organizations that I think are doing good work, in a really humble way to be like, "I'd love to learn what you're doing here."

And I think that there is so much that we can learn from people outside of our little niche professions. And so I've learned a lot of advocacy skills from migrants rights organizers and physicians and nurses and academics. Like to understand what the different levers are, to understand even like the different language we use in the different spaces.

Those are all important tools to kind of begin to amass in your toolbox. That no one of us knows all the things but certainly we can learn from other people. The media skills, learning how to write a press release, learning how to give an interview. All of that is such important skill to have that you can kind of acquire in different spaces.

"I think that there is so much that we can learn from people outside of our little niche professions."

SHEZEEN SULEMAN

BERNICE

In different spaces, yeah, I think that's great. Connected to that, what would you say would be your biggest piece of advice for people who are wanting to engage in advocacy-oriented work?

SHEZEEN

I'd say find people or organizations that you feel are doing this work well and ask to join. And admit that you might be an observer to begin with but express an interest in being involved. And express a willingness to be voluntold.

What I'm learning also from my work at the Network is that if you leave it open-ended and say, "We're looking for people to help with X, Y, Z," it's really hard for people to come forward. But as I have come to learn our membership, I can now approach people: "Bernice, I know that you've got this interest in writing. I need help with this particular task. Would you be willing to help?" And like nine times out of 10, people will say, "Yeah."

EPISODE TAKEAWAYS

BERNICE (NARRATION)

It was such a pleasure to speak with Chloé and Shezeen. Despite working in different provinces and holding different roles, they are both advancing access to public health care coverage. Importantly, they both use advocacy, which is a core public health competency, as a tool for social change.

Shezeen spoke to several key advocacy strategies. Public health practitioners can:

- gather and disseminate evidence to bring attention to health equity issues
- use storytelling, values and human rights to frame issues and centre humanity
- embrace working together instead of in isolation

I loved how Shezeen encouraged us to get involved with organizations doing great work and to make ourselves available to be voluntold.

On that note, to get involved with Médecins du Monde or the Health Network for Uninsured Clients, check out doctorsoftheworld.ca and hnuc.org. And find related resources in our episode notes.

Production of the episode was led by Rebecca Cheff with contributions from Carolina Jimenez, Pemma Muzumdar and me, Bernice Yanful.

PEMMA MUZUMDAR (NCCDH)

Thanks for listening to Mind the Disruption, a podcast by the National Collaborating Centre for Determinants of Health.

Visit our website nccdh.ca to learn more about the podcast and our work.

This season of Mind the Disruption is hosted by Bernice Yanful and is produced by Rebecca Cheff, Carolina Jimenez, Bernice Yanful and me, Pemma Muzumdar. The Mind the Disruption project team is led by Rebecca Cheff, with technical production and original music by Chris Perry.

If you enjoyed this episode, leave us a review! And share the link with a friend or a colleague. Hit the "follow" button for more stories about people working with others to challenge the status quo and build a healthier, more just world.

REFLECTION QUESTIONS

We encourage you to work through these questions, on your own or in a group, to reflect on this episode and make connections with your own context.

INITIAL REACTIONS

- What is something that surprised you in the conversations with Chloé and Shezeen? How did you feel as you were reading or listening to this episode? What prompted these feelings? How can you use them to fuel action?

CONNECTING THIS TO YOUR CONTEXT

- Who does not have publicly funded health care coverage in your province or territory?
- Considering the public health work you are leading or supporting, what collaborations could enhance your efforts and improve health equity for individuals with precarious immigration status?
  - » What organizations or professions, including migrant-led community organizers, could you collaborate with on shared goals?
  - » What do you know about the work they're doing to promote health equity for migrants?

DISRUPTING FOR A HEALTHIER, MORE JUST WORLD

- Chloé and Shezeen identified shortcomings in the health care system and addressed them head-on. What role can you play in addressing the health inequities that exist in your area of work?
  - » What tools, skills, values, connections or information do you have to take action and drive meaningful change?
  - » What's missing and what do you still need to build?

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ACKNOWLEDGEMENTS

Document prepared by Roaa Abdalla, MPH Student Research Assistant, and Rebecca Cheff, Knowledge Translation Specialist, at the NCCDH. Design coordinated by Caralyn Vossen, Knowledge Translation Coordinator, at the NCCDH.

Production for this episode was led by Rebecca Cheff, with contributions from Carolina Jimenez, Pemma Muzumdar and host Bernice Yanful, Knowledge Translation Specialists at the NCCDH.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2024). *Podcast episode transcript & companion document: Disrupting for health care for all* (Mind the Disruption, Season 2, Episode 5). Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-998022-57-1

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca.

La version française est également disponible au www.ccnds.ca sous le titre *Transcription de l'épisode du balado et document d'accompagnement : Disruption en matière de soins de santé pour tous* (Mind the Disruption, saison 2, épisode 5).