ANNUAL HEALTH EQUITY SUMMIT

PROCEEDINGS

REPORT

2022

The Health Equity Summit is a recognizable event that CASSA hosts annually to address health-related disparities, particularly those that affect South Asian and other racialized communities – through the exchange of knowledge between key stakeholders.

HOSTED BY:

CASSA COUNCIL OF AGENCIES SERVING SOUTH ASIANS

5200 Finch Ave. East, Suite 301A, Toronto, ON M1S 4Z5
Phone: (416) 932-1359
Email: cassa@cassa.on.ca
www.cassa.on.ca

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: COUNCIL OF AGENCIES SERVING SOUTH ASIANS (CASSA)

TABLE OF **CONTENTS**

Prepared by:
Mahdiba Chowdhury (she/her)
Health Equity Coordinator

Assisted with:
Sundas Ramzan (she/her)
Project Associate

Tanvi Rathi (she/her)
Project Associate

INTRODUCTION

About Council of Agencies Serving South Asians (CASSA)

The Council of Agencies Serving South Asians (CASSA) is an umbrella organization that supports and advocates on behalf of existing as well as emerging South Asian agencies, groups, and communities in order to address their diverse and dynamic needs. CASSA's goal is to empower the South Asian Community. CASSA is committed to the elimination of all forms of discrimination from Canadian society.

Mission

To facilitate the economic, social, political and cultural empowerment of South Asians by serving as a resource for information, research, mobilization, coordination and leadership on social justice issues affecting our communities. Create social change by building alliances and working collaboratively with those who share a vision of empowering all communities to participate in defining Canada's future.

Vision

We envision and strive for a Canada free of all forms of discrimination in which all communities are free from marginalization and are fully empowered to participate in defining Canada's political, economic, social and cultural future.

Values

The following values serve as guidelines for our conduct as we implement our mission and work towards our vision:

- Social Justice: We are committed to working within a social justice framework which promotes equity and empowerment for marginalized peoples and communities.
- Anti–oppression, anti-racism, anti-homophobia: We strive to incorporate anti-oppressive, anti-racist and anti-homophobic principles and practices in our work.
- Responsiveness: We strive to work through a variety of consultative and participatory structures and practices to ensure that our work is grounded in the realities and priorities of our communities.
- Diversity: We recognize and respect the diversity among and within South Asian communities and within Canadian society.
- Collaboration and solidarity: We are committed to building alliances in order to work collectively towards common aims.
- Accountability: We are committed to maintaining effective governance, measurement and reporting practices.

Prepared by:
Mahdiba Chowdhury (she/her)
Health Equity Coordinator

Assisted with:
Sundas Ramzan (she/her)
Project Associate

Tanvi Rathi (she/her)
Project Associate

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: CASSA COUNCIL OF AGENCIES SERVING SOUTH ASIANS

About CASSA's Annual Health Equity Summit

The Health Equity Summit is a recognizable event that CASSA hosts annually to address health-related disparities, particularly those that affect South Asian communities and other racialized communities – through the exchange of knowledge between key stakeholders. CASSA has covered a wide range of topics, including chronic health, mental health, sexual health, maternal health, migrant health, social determinants of health (SDoH), policy-making, advocacy, and COVID-19 emergency care & response. The objective of these summits is to allow South Asian and other racialized communities to discuss how we can work together to influence strategic systemic level changes, which will improve health outcomes for our communities.

Just as CASSA did for over 10 years, we will continue to promote and contribute to an analysis that is based on the SDoH. CASSA will bring together community stakeholders to collectively create and support strategies that:

- Build coalitions with South Asian and other racialized communities focused on health equity to advocate for policies that improve health outcomes
- Advocate for the development and implementation of a South Asian Health Strategy for Ontario including culturally and linguistically accessible health services
- Support the development of mental health tools, services and resources that are anti-oppressive and tailored to South Asian communities
- Advocate for, support, secure, and disseminate research initiatives and race-based disaggregated data collection
- Advocate for rights of South Asian seniors' health and culturally adapted long-term care

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: CASSA COUNCIL OF AGENCIES SERVING SOUTH ASIANS

EXECUTIVE SUMMARY

Event Name: CASSA's 11th Annual Health Equity Summit
Theme: Shifting and Sharing Power: Community Engagement for Reducing Health Inequities
Date: July 14 (Thurs.), 2022
Time: 10:00 AM to 2:00 PM (EST)
Venue: Zoom (virtual)
Sponsor: CARE Centre for Internationally Educated Nurses
Attendance: 70
Recording: Available on YouTube (CASSA Online)

General Overview

CASSA's 11th Annual Health Equity Summit was titled **Shifting and Sharing Power: Community Engagement for Reducing Health Inequities**.

We emphasized that community engagement is an important step towards understanding the unique circumstances facing populations living with health inequities. This was especially true when considering these communities' opportunities and barriers to achieving health. Having authentic and ongoing relationships with communities that experience marginalization – beyond one-time engagement events or client satisfaction – requires eliminating processes and practices that make decisions for those communities without their direct and meaningful involvement.

The summit featured nine experts. The keynote speaker led a discussion on 'Advancing Community Engagement Approaches to Dismantle Systemic Racism and Discrimination, and Reduce Mental Health Inequities'. The panelists on 'Community Engagement Framework' shared their perspectives on co-developing the structure and expectations for engagement. While the breakout speakers led discussions on 'Community Informed Healing & Learning', 'Community-Based Participatory Research (CBPR) & Anti-Oppressive Principles of Data Collection', and 'Centering Community Voices in Health Policy'.

The summit provided an opportunity for public health professionals, community leaders, researchers, academics, students, social service providers, and decision-makers alike to recognize and demonstrate meaningful community engagement as a core public health practice.

The summit was held virtually through Zoom on **Thursday, July 14, 2022** at **10:00 AM – 2:00 PM.**

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: COUNCIL OF AGENCIES SERVING SOUTH ASIANS (CASSA)

Agenda

Time	Sessions	
10:00 - 10:10 AM	OPENING REMARKS	
10:10 - 10:40 AM	KEYNOTE SESSION	
10:10 - 10:30 AM	Presentation	Dr. Farah Mawani
10:30 - 10: 40 AM	Attendee Q&A	
10:40 - 11:00 AM	BREAK	
11:00 AM - 12:15 PM	PANEL DISCUSSION	
11:00 AM - 12:00 PM	Structured Q&A	Dr. Jennifer Zelmer, Camille Orridge, Safia Ahmed, & Amy Go
12:00 PM - 12:15 PM	Attendee Q&A	
12:15 - 12:45 PM	LUNCH BREAK	
12:45 - 1:35 PM	BREAKOUT SESSIONS	
	Community Informed Healing & Learning	Anthony Gladue
	CBPR & Anti-Oppressive Principles of Data Collection	Dr. Andrew Pinto & Dorothy Mary Senior
	Centering Community Voices in Health Policy	Fatah Awil
1:35 - 1:55 PM	REPORT-BACK SESSION	
1:55 - 2:00 PM	CLOSING REMARKS	

Speaker Biographies

Speaker	Biography
KEYNOTE SESSION	
Advancing Community Engagement Approaches to Dismantle Systemic Racism and Discrimination, and Reduce Mental Health Inequities	
Dr. Farah Mawani	Dr. Farah Mawani is an Assistant Professor, University of Victoria; and Affiliate Scientist, Li Ka Shing Knowledge Institute, St. Michael's Hospital. She is a community-engaged scholar who focuses on systemic racism and discrimination as drivers of global, national, and local social and mental health inequities. She specializes in social epidemiology, implementation science, and global, national, and local social and health equity solutions. Her global research is shaped by insight from her lived experience of migrating to Canada from Kenya, combined with years of experience leading community-based participatory research while embedded in applied research, policy, community, and clinical environments.
PANEL DISCUSSION	
Community Engagement Framework	
Dr. Jennifer Zelmer	Dr. Jennifer Zelmer is the inaugural President and CEO of Healthcare Excellence Canada, the new organization formed in 2020 through the amalgamation of the Canadian Foundation for Healthcare Improvement (CFHI) and Canadian Patient Safety Institute to achieve safer, higher quality and more coordinated patient-partnered healthcare. Jennifer's long-standing commitment to improving healthcare quality and safety, as well as expertise in spreading and scaling innovations that deliver better outcomes, will help to create this new organization with an expanded capacity to improve healthcare for everyone in Canada. Jennifer previously joined CFHI as its President and CEO in September 2018. She has been a C.D. Howe Research Fellow for several years and is also an adjunct faculty member at the University of Victoria, as well as a member of several health-related advisory committees and boards.

	Dr. Zelmer received her PhD and MA in economics from McMaster University and her B.Sc. in health information science from the University of Victoria.
Camille Orridge	Camille Orridge is a Quadrangle Member of Massey College and a Senior Fellow of the Wellesley Institute. She has a career in healthcare that spans over 50 years. In her roles as CEO of the Toronto Community Care Access Centre and the Toronto Central Local Health Integration Network, Camille has worked within all levels of the healthcare system to improve the access, experiences, and outcomes of Toronto's diverse populations In 2012, Camille was among the top 25 Women of Influence in Health and previously in 2011, she was awarded the Health Equity Council Woman of Distinction Award. In 2014 she received the Excellence in Medicine Award from the African Canadian Achievement Awards. Camille Orridge holds a Master's degree in Health Administration from the University of Toronto.
Safia Ahmed	In the last 25 years, Safia Ahmed held various leadership positions in the public and in the not-for-profit sectors. Since 2008, Safia has been the Executive Director of Rexdale Community Health Centre. Prior to that, she was the Director of Primary Health Care at Parkdale Community Health Centre; District Officer with Ombudsman Ontario; and Manager of Finance at Nellie's Shelter for Women and Children. Safia also worked with The United Nations Development Programme as a Programme Officer. Safia is the current Chair of the Rexdale Community Hub Board and was the Chair of the Nellies Shelter Board of Directors. Safia earned a Bachelor of Science from Georgetown University and an MBA from George Washington University, both in Washington, D.C. She has a Diploma in Human Resource Management from Humber College. She is currently working on a Master in Public Health at the University of Alberta.
Amy Go	Amy is a social worker by training and has dedicated her professional career to serving immigrants and seniors, promoting, and advocating for culturally and linguistically appropriate care and health equity for racialized communities. For over three decades, Amy has advocated for

	social justice and rights of women and racialized communities through her leadership role in national, provincial, and local service and advocacy organizations. Amy is currently providing consulting services to facilitate organizational strategic development, program planning, development, and review as well as anti-racism/anti-oppression organizational change.
BREAKOUT SESSIONS	
Community Informed Healing & Learning	
Anthony Gladue	Anthony Gladue is Plains Cree from Kehewin Cree Nation. He is a graduate from the Centre for Indigenous theatre and has been performing since the age of 6; Anthony is a Traditional dancer, native Flute player, powwow singer and traditional knowledge keeper. He is currently working in the Health & Wellbeing sector at Toronto Council Fire Native Cultural Centre as the Kizhaay Anishinaabe Niin (KAN) Coordinator. KAN is an initiative to engage Aboriginal men and youth in understanding violence against Aboriginal women.
CBPR & Anti-Oppressive Principles of Data Collection	
Dr. Andrew Pinto	Dr. Andrew Pinto is the Founder and Director of the Upstream Lab, a research team focused on tackling social determinants, population health management and using data to enable proactive care. He holds the CIHR Applied Public Health Chair in Upstream Prevention. He is a Public Health and Preventive Medicine specialist and family physician at St. Michael's Hospital in downtown Toronto, and an Associate Professor at the University of Toronto. He is the Associate Director for Clinical Research at the University of Toronto Practice-Based Research Network (UTOPIAN) and the lead for artificial intelligence in a new initiative at the Department of Family and Community Medicine on how new technologies will change healthcare.
Dorothy Mary Senior	Dorothy Mary Senior is an experienced patient partner who has contributed to many health research studies in her home province of Newfoundland and Labrador. With an almost 40-year career in the healthcare system and drawing from her personal experiences as a patient, Dorothy's voice has been instrumental in guiding a variety of projects, ranging from a clinical trial to lower emergency wait times to a project developing healthy food policy. Most recently, Dorothy received

	the 2021 Newfoundland and Labrador Seniors of Distinction Award. At the Upstream Lab, Dorothy contributes to the SPARK project.
Centering Community Voices in Health Policy	
Fatah Awil	As a community, public health, and health equity advocate, Fatah works with community, public and private sector organizations, and non-profits to engage in systems change work. Fatah is a member of Equity-Mobilizing Partnership in Community (EMPaCT), an advisory group that provides health equity assessments on project decisions to health system stakeholders in order to improve health equity. In the past, Fatah worked in the office of councillor and chair of board of health on issues such as addressing vaccine hesitancy and public health funding cuts. Currently, Fatah is the diversity youth fellowship coordinator at the Urban Alliance on Race Relations.

PLENARY SESSIONS

Keynote Session

Advancing Community Engagement Approaches to Dismantle Systemic Racism and Discrimination, and Reduce Mental Health Inequities

Dr. Farah N. Mawani, Assistant Professor at University of Victoria and Affiliate Scientist at St.Michael's Hospital, opened a summit on shifting and sharing power by sharing the virtual stage with the attendees. Dr. Mawani prompted attendees to share what community engagement meant to them. Important insights from the attendees included unscripted and ongoing community dialogue, building diverse alliances to work towards shared goals, and giving community members with lived experiences agency in projects that work towards addressing their concerns. However, the most significant takeaway was to move beyond one-time engagement.

The spectrum of community engagement was also touched upon, consisting of different levels of engagement and their consequences:

1. Token: This is implemented to satisfy funding needs or the campaign promises of political leaders. Its main goal is visibility, but rarely has real impact.
2. Meaningful: This level of engagement aims to go beyond token, and could involve one time consultations or an advisory committee. At this level, we begin to ask questions about relationships and who sets project goals and priorities.
3. Leadership: At this level of community engagement, we need to ensure that community members have leadership positions. In the context of advisory committees, this could look like giving community members the space and power to share openly and unfiltered, as well as ensuring their input actually has an impact.

At this point, the attendees shared why community engagement is important. Many resonated with the statement "nothing about us without us". Further, attendees shared that engagement is important to achieve sustainable outcomes, equitable decisions, and stronger and trusted relationships.

Dr. Mawani spoke about the Solutions Network: Building Roads Together (BRT) to apply the principles of community engagement. BRT is a community based, intergenerational-trauma informed, peer-support walking and rolling (with mobility aids) program implemented in public urban greenspace to promote inclusion and reduce mental health inequities. It was planned, implemented, and evaluated in partnership with the Centre of Learning & Development, led by black and racialized communities with lived experiences in Toronto. The program started with a needs assessment to learn about training needs from: service providers coordinating walking peer support groups, people with experience

leading walking peer support groups, walking peer support group participants, and potential walking peer support group participants. The program has received a great deal of positive responses, which can be attributed to picking the right community organizations to lead and truly work with the community. As well, prioritizing leadership by people with lived experiences of systemic racism and discrimination, to ensure their concerns are addressed and to improve the uptake of solutions.

Attendees asked the speaker the following questions:

1. *How closely do you work with health care organizations like Unity Health Toronto team? Also, what other grassroots community organizations are yet to be taught?*

Since January 2019, the BRT program has been based at Unity Health Toronto, but Dr. Mawani's relationship with Regent Park predates that. There were several other organizations involved from the beginning as well including walk-in groups of representatives from different organizations. It is also through these organizations that we learn a great deal. As an example, the organization in Bogota promotes peace and human rights for internal and international migrants through arts-based approaches. However, no funding has yet been received to meet the BRT program's demand.

2. *Comment: During the last two or three years, many organizations have given community members with lived experiences of housing issues, homelessness, mental health issues, and disabilities platforms to share their stories. To gain a better understanding of certain situations, I hope our lived experiences continue to be recognized.*

Dr. Mawani agrees that it is important to keep pushing for these voices to really be heard and invited to participate in decision-making – not just to be heard and dismissed.

Panel Discussion

Community Engagement Framework

Community organizations shared their perspectives on co-developing the structure and expectations of engagement. Panelists highlighted the work of their organizations and their role in the community. They discussed benefits to community engagement, obstacles to engaging stakeholders, and ways to increase participation from community members.

Moderators lead a discussion with the speakers on the following questions:

1. *What is your organizational mission and how might community engagement help you better achieve it?*

Dr. Jennifer, the President and CEO of Healthcare Excellence Canada, explained the four pillars of the organization's mission to ensure that Canadians have access to high-quality healthcare at a reasonable cost. The four pillars include: (1) identifying healthcare innovations and innovators across the country, (2) spreading and scaling existing innovations so as many people can benefit as possible, (2) recognizing the importance of capacity building for change within the health system, and (4) catalyzing policy change by empowering local teams and work. She emphasized the importance of working towards embodying “nothing about me without me”.

Camille Orridge, a Quadrangle Member of Massey College and a Senior Fellow of the Wellesley Institute, continued with a discussion on mitigating factors to community engagement. She stated that inadvertently, we often engage the voices of the privileged (e.g. professional patient advocates, community representatives) rather than those of our target audience. She believes it is time to change that.

Safia Ahmed, the Executive Director of Rexdale Community Health Centre, reiterated this idea, urging us to seek out those whose voices we do not normally hear. She thinks we can bring clarity to our actions by involving the individuals affected by health disparities to inform solutions. It is all about co-creation. She also highlighted ways to reduce barriers to engagement, including providing translations/translators and using different engagement approaches (e.g., surveys, town halls).

Finally, Amy Go, President of Chinese Canadian National Council for Social Justice (CCNC-SJ) discussed how community engagement principles were applied to the organization in the wake of the pandemic. Chinese Canadians were being laid off and marginalized due to stigma, and to identify the support

needed by the community, they partnered with like-minded organizations for a united front. They also collaborated with the Mayor and City Council, as well as similar groups outside of Toronto, to share data and conduct collective analysis.

2. *How do you know the right level of community engagement, and what is a good starting point for stakeholders who want to involve the community?*

Camille began by emphasizing that local community agencies are the most appropriate starting point for stakeholders to effectively involve the community. She also mentioned that door-to-door engagement does not work for data collection. Collecting data from the community should instead take place at grocery stores and bus stops. By meeting the people where they are, people are likely to respond more readily. Safia continued this line of thought by pointing out that inadequate funding and resources prevent effective and sustainable participation in the community. Amy emphasized the importance of considering intersectionality to drive engagement and inform community engagement efforts. As a final note, Dr. Zelmer brought up a question to ask ourselves to improve our efforts: "how do we work to not impose engagement on community members?"

3. *What do people typically get wrong and what advice do you have for getting it right?*

Often, Safia noted, community engagement is one-off, but it needs to be ongoing and integrated into all health promotion efforts. We also need to avoid undue stress on the community, in order to prevent engagement fatigue. As a final note, Safia raised the issue of transparency about resources with residents. In knowing the limitations of organizations, community members can actually inform resource distribution and priorities.

Due to the resource-intensive nature of community engagement, Amy talked about the lack of funding and resources. It is important to work towards dedicated funding for engagement efforts. She also highlighted the importance of having your leadership team reflect the diversity of your community to avoid having a tokenistic team.

Dr. Zelmer concluded by discussing what Healthcare Excellence learned when asking both community members and organizations "what went wrong in engagement efforts and what should be done differently?". Among the answers were:

- Don’t ask a question if you’re not prepared to hear the answer. It is critical to show commitment to action, as well as following up on outcomes.
- For both participants and organizations, resources are critical. We need to ensure adequate compensation, provide accessibility accommodations (e.g., translators, transportation), and provide adequate time.
- One person’s lived experiences are not representative of their demographic. It is necessary to incorporate as many voices as possible to have a clearer understanding of needs.

Attendee asked the speaker the following question:

1. *What are barriers to community engagement?*

The barriers highlighted by Safia include: a lack of knowledge of your community, an inability to develop sustainability and integration processes, a lack of time or resources, a lack of trust with the community, staffing diversity not representing the community, putting value on timelines rather than meaningful engagement, and location of engagement opportunities (e.g. meeting in Brampton for community members from Etobicoke).

As a final thought, Camille asserted that in order to influence policy change and obtain resources for support and community engagement, criticizing openly and firmly is essential.

BREAKOUT SESSIONS

Community Informed Healing & Learning

Anthony Gladue, the Kizhaay Anishinaabe Niin Coordinator (I Am a Kind Man Coordinator) at Toronto Council Fire Native Cultural Centre discussed how to overcome the divide between Western medical knowledge and traditional healing practices, ultimately leading to the development of mutually beneficial learning partnerships.

The Seven Grandfather Teachings are principles of character that each Anishinaabe is taught to live by. These teachings guide Anthony's community involvement and decision making:

1. Love (Zaagi'idiwin): Love is represented by the eagle. It focuses on making peace with yourself, acceptance of all things, and removing yourself from selfish desires in order to have balance in life.
2. Respect (Manaaji'idiwin): Respect is represented by the buffalo. Anthony spoke of the pact of man and nature, and how we need to re-establish respect between the two.
3. Humility (Dabasendizowin): Humility is represented by the wolf. This teaching is about acknowledging that we can all learn from one another; a learning mentality is necessary to hold throughout your work and life. Our goal as service providers should be to demonstrate humility by stepping back to consider the needs of all.
4. Courage or Bravery (Zoongidi'ewin): Courage is represented by the bear, which is one of the strongest creatures but is not a bully. Anthony emphasized the importance of confronting adversity and protecting the young and the community.
5. Truth (Debwewin): Truth is represented by the turtle. Struggles and obstacles are not barriers that cannot be overcome, and the path may be slow and changing but it is necessary to make this journey in order to reach the truth.
6. Honesty (Gwekwaadziwin): Honesty is represented by the raven. This principle emphasizes building your nest and not comparing yourself to others. Although the raven is not the highest-flying bird, it knows what it must be.
7. Wisdom (Nibwaakaawin): Wisdom is represented by the beaver. This principle is important in bringing the community together by sharing knowledge gained from life experiences and promoting learning and healing. It is very important for Indigenous people to pass on this knowledge to future generations.

Moderators lead a discussion with the attendees on the following questions:

1. *What are some benefits to a collaboration between Western medical knowledge and traditional healing practices? Could you provide an example using a traditional healing practice relevant to your culture?*

The discussion emphasized that medicine is found in nature (e.g., plantain as a natural anti-inflammatory) and is a valid alternative when there is no access to Western medicine. Further, the Western biomedical model differs from traditional healing in that it does not acknowledge that well-being encompasses different determinants other than biology. Anthony emphasized that all medicines can be found in our relationship with nature; by connecting with nature and using what was placed on the Earth, we can continue our journey.

2. *What are some steps we can take towards greater collaboration between Western medical knowledge and traditional healing practices?*

Despite the widespread need for instant gratification and results, it is beneficial to be patient. Afterall, slow and steady – which is often the case in results for traditional healing practices – may win the race. Anthony continued this thought by saying that it is necessary to find a sustainable balance between work, life, and play. The medicine wheel is useful here as it can guide well-being.

CBPR & Anti-Oppressive Principles of Data Collection

Dr. Andrew Pinto, Founder and Director of Upstream Lab, and Dorothy Mary Senior, an experienced patient partner, discussed how to leverage the strengths, resources, and relationships within communities to promote equal partnership between researchers and community members in community health investigations.

The session began with a discussion about the increasing investments made by Canadians in healthcare, especially due to the pandemic; however, we have made no overall progress towards our goal of reducing inequities. Although healthcare and access to health services plays a role in well-being and incidence of sickness, this role is very small compared to the impact of the SDoH. The SDoH are upstream factors like income, gender identity, race, and immigration status that form the context for one's health. Unfortunately, there is a lack of routine data collection and a lack of information in general.

Data collection is important because it can change the care doctors provide in several ways, such as prescribing lower cost medications and/or providing referrals to community organizations and services. Dr. Pinto emphasized the importance of having this information to guide advocacy efforts and knowing who you need to pay attention to, ultimately leading to policy changes. The EGAP (engagement, governance, access, and protection) framework is also beneficial for involving and empowering community members to have an understanding and control over data. Dorothy emphasized that patient partners should have equal and contributing voices throughout the research process including helping design the tools, collecting data, and disseminating knowledge.

The breakout discussion prompted insights on how we can involve community members in research, as well as how to lift up existing community leaders and organizations to address health concerns.

Moderators lead a discussion with the attendees on the following questions:

1. *What advice do you have for community members as researchers getting started in CBPR? How should they reach out and involve community members and relevant stakeholders in their research?*

Reaching out to local organizations to understand if there are prior connections to community members and stakeholders is a great first step. Researchers can build on community organizations' work in this way, rather than starting from scratch. It is also important to involve those with lived experience and diverse members of target populations to co-create briefs and research materials.

2. *What are some of the strengths, resources, and relationships that exist within communities that can be used to address their communal health concerns?*

Community members can provide important insight on local perceptions of health concerns and nuances. Often, local community leaders can bolster a project by encouraging engagement and acting as a bridge between researchers and residents, ultimately leading to more trust.

3. *What is the best way to keep people engaged, through the whole process of creating a comprehensive community plan?*

To keep community members engaged, it can be useful to give them responsibility in the creation of a community plan. By having agency over the process, they will feel more inclined to stay involved and feel pride over the outcome.

4. *Does it matter if they stay engaged for the whole process?*

Often, it may not be feasible for community members to stay engaged for the entire process due to time and funding constraints. However, it is essential to keep in touch with community members for project updates and outcomes, as well as future opportunities for engagement.

Centering Community Voices in Health Policy

This breakout session was sponsored by CARE Centre for Internationally Educated Nurses

Fatah Awil, Fellowship Coordinator at Urban Reliance on Race Relations brought many insights on community engagement. Community engagement is working collaboratively with affected members of the community to address health systems and public health concerns. While communities share common factors such as geography, societal norms, ethno-cultures, religions, identities, and others, empowering people and building capacity are fundamental and universal.

Fatah also outlined barriers to meaningful community engagement, including a lack of trust, misalignment between community and institutional priorities, and accessibility and equity concerns. A thorough understanding of the community context, community ownership, empowerment of champions, and ongoing engagement opportunities for all involved are necessary to address these barriers. Inclusion of all community members may not be physically, practically, or financially feasible but efforts must be made to ensure that diverse community members are well-represented in all engagements. Fatah also spoke of the importance of employing engagement to improve community uptake of services to ultimately build a representative and equitable health system.

Fatah concluded his presentation by introducing the The Equity-Mobilizing Partnerships in Community (EMPaCT) project. EMPaCT is an innovative and novel model of patient and community engagement. It consists of an independent community table made up primarily of patients/diverse members of the community. They provide health assessments and other health equity tools to health systems stakeholders such as hospital executives. This approach allows unique, community-based perspectives to compliment traditional approaches to health interventions.

Moderators lead a discussion with the attendees on the following questions:

1. *How do we define the parameters of joint health department and community efforts?*

The discussion covered current challenges such as how health policymakers can be more inclusive and transform community engagement processes, as well as how community engagement can improve policy responsiveness. Inclusion of community members in understanding what the needs are and possible solutions was crucial, as was educating stakeholders in the community. This led the attendees to question if it was possible to involve 'ALL' community members. During the discussion, attendees acknowledged that involving community members can be difficult if they are struggling with other needs, such as food, education, and employment.

2. *What power or political structures could impact the community's willingeness to engage with policymakers?*

Fatah encouraged attendees to always engage as much of the community as possible, while reminding them that though there may be instances where it may not be possible to do so with logistical,

physical, or perhaps financial constraints, the more the community is involved in policies centering around their lives, the better the outcomes will be.

FEEDBACK FROM ATTENDEES

Here, we highlight some of the feedback from attendees who responded to a post-summit survey.

On a scale of 1-5, how would you rate the overall organization and delivery of the Summit?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations **(4.8%)**
4. Exceeds Expectations **(23.8%)**
5. Outstanding **(71.4%)**

Which breakout session did you attend?

1. Community Informed Healing & Learning **(33.3%)**
2. CBPR & Anti-Oppressive Principles of Data Collection **(19%)**
3. Centering Community Voices in Health Policy **(47.6%)**

On a scale of 1-5, how would you rate the breakout session you attended?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations **(9.5%)**
4. Exceeds Expectations **(33.3%)**
5. Outstanding **(57.1%)**

What was your favourite part of the Summit?

- "The opportunity to interact with others via chat and the Q&A opportunities"
- "Organizational presentations, sharing, and also Anti-oppression data collection was very informative for me!"
- "The panel discussion as there were different perspectives and experiences of different organizations."
- "Hearing about health options concerning equity and healing practices for all people."
- "The presentations were lovely but I really enjoyed hearing the experiences and strategies employed by those working in the community"
- "Breakout room was more intimate and very informative"
- "The information, opinions, and experiences shared from community partners and members"
- "It was my first session like this. Enjoyed a lot. Learned a lot of new ideas and experiences. I was enriched with new information and ideas. Thanks to CASSA for organizing such an informative event."

What did not meet your expectations? What improvements could have been made?

- "I would have liked to see more South Asian stakeholders represented in the audience"
- "Include some related videos about the projects"

- "Time allocation for grassroot groups to share their experiences and studies"
- "Slides should be made available as handouts"
- "Wanted to have more discussions with speakers and other attendees"
- "It was resourceful. It would be great to have more frequent events to collect community voices"
- "Include more interactive activities within the attendees"
- "There was no closed captions options"

Are you likely to participate in one of our events in the future?

1. Yes **(100%)**
2. No

Who else should we engage or consult to address health equity issues for racialized and marginalized communities?

- "Marginalized groups with lived experience of barriers in the health system"
- "CHCs, legal clinics, settlement agencies, neighbourhood pods, faith-based organizations, welcome centres, grassroots groups (e.g., Thorncliffe Park Autism Support Network, Flemingdon Community Support Services), more community leadership, more engagement from Community Health Ambassadors"
- "Ensure the presence of policymakers in the summit"
- "Target more governmental and non-governmental organization representatives"
- "Women's health at Women's College Hospital"
- "Decent work and Health Network, Workers Action Centre", and Unions"
- "The Ontario Health Teams"

Which health equity issues should we address that were missing from this Summit?

- "Ableism and cultural humility; mainstreaming disability"
- "Mental health for women"
- "Maternity and cancer care for women; prostate health for men"
- "Information on Non-Insured Walk In Clinic (NIWIC) ie: Sherbourne Health center / Access Alliance"
- "The social-mental health service"
- "Paid sick days, income, social determinants of health, public health approach"