

PROCEEDINGS REPORT

2011-2017

The Annual Health Equity Summit, hosted by CASSA, is dedicated to addressing health disparities that disproportionately affect marginalized communities, with a particular focus on South Asian and other racialized groups – through the exchange of knowledge between key stakeholders.

HOSTED BY:



COUNCIL OF
AGENCIES SERVING
SOUTH ASIANS

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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.

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY:



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.

Our mission is to promote health equity by addressing disparities and advocating for equitable healthcare for all individuals and communities. Grounded in a comprehensive analysis of 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

PAST SUMMIT HIGHLIGHTS

2011 — A Diagnosis for Equity: A Dialogue on Mental Health, Addiction, Chronic Disease, and Sexual Health in South Asian Communities

In 2011, CASSA organized their 1st Annual Health Equity Summit at the Centre of Addiction and Mental Health (CAMH). This Summit was inspired by Sheela Subramanian’s report titled “A Diagnosis for Equity: An Initial Analysis of South Asian Health Inequalities in Ontario.” The report emphasized the need for increased knowledge exchange and collaboration among various stakeholders, including community organizations, health providers, researchers, sponsors, health planners and decision makers.

As a result of the report’s recommendations, the Health Equity Summit was established. The main objective of this Summit was to facilitate the sharing of knowledge related to new research and innovative service models aimed at addressing crucial health related issues within South Asian communities. The inaugural Summit focused on three key topics: mental health & addictions, chronic health, and sexual health. The Summit aimed to raise awareness about the significant health challenges faced by South Asian communities and to address these issues through the lens of health equity and the social determinants of health.

During the Summit, panelists representing a variety of health professionals serving South Asians presented their perspectives on the challenges related to mental health & addiction, chronic health, and sexual health within the community.

Qaisar Alam from the Moeen Centre highlighted the lack of understanding and support for individuals with disabilities or developmental disorders, focusing on the challenges faced by children in those areas. She emphasized the impact on families and communities, attributing it to limited healthcare funding and other determinants of health.

Alison Pais from Across Boundaries discussed the holistic and culturally appropriate services offered by their agency, focusing on cultural and social factors affecting the health of South Asian immigrants. She highlighted individual and systemic factors influencing the mental health of South Asians and its overall impact on their quality of life.

Dr. Farah Ahmed addressed sexual violence within the South Asian community, including different types of violence, consequences, and magnitude. She emphasized the challenges of discussing this topic due to social stigma and limited knowledge about rights and resources. Dr. Ahmed provided information on addressing sexual violence through collective efforts.

The Summit aimed to shed light on pressing health issues in South Asian communities and promote discussions on strategies using a health equity and social determinants of health approach.

2012 — South Asian Youth Mental Health and Addiction

In 2012, CASSA organized its 2nd Annual Health Equity Summit in collaboration with CAMH, Across Boundaries, Punjabi Community Health Services (PCHS), and Toronto Public Health (TPH). The Summit specifically focused on the unique challenges faced by South Asian youth regarding mental health and addictions. It consisted of four sessions, each dedicated to exploring different subtopics related to this issue.

The first session delved into the stigmas and barriers that South Asian youth often encounter when seeking help or discussing their mental health. It aimed to raise awareness and foster a deeper understanding of the cultural and societal factors that contribute to these stigmas.

The second session featured a panel discussion that highlighted the importance of support services and the involvement of families in addressing mental health issues among youth and their families. The panelists shared their experiences and expertise, emphasizing the need for a collaborative and holistic approach to mental health support.

The third session provided an overview of the Provincial Strategy on Mental Health, examining opportunities for improvement in marginalized and racialized populations across Canada. It focused on the integration of health equity within the strategy and explored ways to ensure that the mental health needs of South Asian youth are adequately addressed.

The final session centered around a case study that explored the multiple challenges faced by South Asian youth concerning their mental health and well-being. The case study facilitated group discussions and solution-oriented approaches, encouraging attendees to actively engage and propose strategies to support and empower South Asian youth.

The primary objective of the Health Equity Summit was to deepen attendees' understanding of the complex nature of addressing mental health issues specific to South Asian youth. By bringing together professionals, service providers, and community members, the Summit aimed to inspire ideas, foster collaborations, and facilitate discussions that would ultimately lead to effective solutions and support for South Asian youth facing mental health challenges.

2013 — Building an Effective South Asian Health Strategy in Ontario

In 2013, CASSA organized its 3rd Annual Health Equity Summit with the aim of “Building an Effective South Asian Health Strategy in Ontario”. The Summit focused on sharing knowledge about prevalent health inequities in the South Asian populations of Ontario and facilitating discussions on best practices to address these inequities. It brought together healthcare professionals to discuss various topics such as mental health, chronic diseases, sexual health, healthcare access, and governance, all through the lens of health equity. The Summit was divided into four subtopics: training, communication & outreach, policy & research, as well as funding & resources for creating a South Asian Health Strategy.

The Summit emphasized the importance of a health strategy tailored specifically to South Asians, highlighting the lack of participation in existing initiatives and the diverse needs of the population. It recognized the need for a culturally appropriate approach to mental health and sexual health, focusing on training that addresses cultural appropriation and language barriers. Engaging families and support structures, and sharing knowledge from lived experiences within the South Asian community were seen as crucial. Long-term frameworks for outreach and communication were emphasized, starting with facilitating dialogues around sensitive health concerns to reduce stigma and promote behavior change. However, limited funding at the community health level often hampers expanding outreach and utilizing a range of communication tools.

During discussions on policy & research, participants expressed concerns about the lack of disaggregated data specifically related to South Asian health in Ontario. Current data collection under the category of 'minority groups' by Statistics Canada fails to capture the diversity within the South Asian population, including language, belief systems, cultural practices, and health behaviors. Striking a balance between desegregating and homogenizing data was deemed important to ensure accurate representation. The lack of data also poses challenges for small community agencies in grant applications. Recommendations included more qualitative studies, cultural competency in data collection, strategies to address the data gap, incentives to increase study participation, and improved resource allocation.

The recommendations and findings from the Summit led to the creation of a Task Force for Health Equity and informed the development of a South Asian Health Strategy. These outcomes were based on compiling the works and insights gathered during the summit, emphasizing the need for increased funding and proper allocation of resources.

2014 — Diversity in Practice and Leadership in the Healthcare Sector

In 2014, CASSA organized its 4th Annual Health Equity Summit on the theme "Diversity in Practice and Leadership in the Healthcare Sector." The Summit aimed to take an action-based approach to promote diversity in practice and leadership within the healthcare sector through the South Asian Health Strategy, specifically targeting vulnerable populations. It consisted of panel discussions on research & data, outreach, specialized training, and funding/resources. The goal was to establish a task force to implement the strategies in healthcare settings and release the South Asian Health Strategy in the future, supported by dedicated volunteers and sponsors.

During the Summit, facilitated discussions identified gaps within each theme and demographics. The mental health discussion highlighted stigma as a significant issue, along with challenges related to language translation services, transportation, food access, child care provisions, and reaching homebound clients. The sexual health discussion addressed negative perceptions of sex, limited conversations on sexual topics, stigma, the need for culturally relevant services, and gender role issues. The chronic health discussion emphasized the heightened risk of cardiovascular diseases among South Asians, primarily attributed to a lack of physical activity and limited self-efficacy for lifestyle changes. The healthcare governance discussion identified challenges in navigating the healthcare system, language articulation, cultural competency, and self-advocacy. Addressing these issues comprehensively necessitates improved data collection through funding and research.

Women's health focused on newcomer women who face additional responsibilities related to family needs and financial stability, resulting in increased stress. They struggle to articulate their depression and lack the concept of self-care. Youth health highlighted the concern of suicide and the lack of proactive approaches to address mental health issues arising from migration, identity crisis, language barriers, racialization, and social determinants.

The main recommendations underscored the significance of culturally sensitive services and culturally competent health service workers. Bridging knowledge gaps regarding South Asian health issues through comprehensive and ongoing linguistically appropriate education was emphasized. Approaches like storytelling, anonymous sharing, and creative methods were suggested to address sensitive issues such as sexual health and mental health stigma. Educating individuals about harm reduction versus zero tolerance was deemed crucial. Collaborations between larger government organizations and smaller front-line organizations catering to specific individuals were seen as valuable. It was emphasized that accommodations are necessary, not preferences, for minority groups to access services. Funding, advocacy, and partnerships among multiple healthcare players were identified as important factors. The recommendations from the Summit formed the foundation for the continued development of the South Asian Health Strategy and provided guidance for future Summits by identifying information gaps.

ANNUAL HEALTH EQUITY SUMMIT

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2015 — South Asian Senior’s Health and Well-Being

In 2015, CASSA organized its 5th Annual Health Summit, with a focus on health issues relevant to the senior population in South Asian communities. The Summit presented CASSA's newly developed Ontario South Asian Health Strategy Report and featured panel discussions, breakout sessions, and presentations on innovative strategies and policy change through a health equity lens. The main themes discussed encompassed social determinants of health, including income, housing, mental health, chronic health, accessibility and mobility, elder abuse, and palliative care and end-of-life concerns.

The findings of the Summit highlighted the barriers faced by South Asian seniors in accessing health services and their overall quality of life. Concerns related to social determinants of income and housing included dependency on children for basic needs and resources, limited access to subsidized housing due to sponsorship dependencies, lack of knowledge about available resources, long waiting lists and costs associated with long-term care homes, transportation challenges, and a general lack of culturally sensitive resources. South Asian older adults also faced mental health issues such as loneliness, resistance to accepting support services, loss of identity, social displacement, and language barriers. Elder abuse, including physical, sexual, financial, emotional, and systemic abuse, was prevalent among this population, often going unreported due to shame, language barriers, lack of support, fear of exposure, and inadequate services. Another concerning issue was the use of sponsored elders as caregivers for children, which often blurred the line of abuse. Language barriers and limited time with health professionals posed communication challenges for seniors.

The recommendations to address these challenges included promoting self-awareness among seniors to share their experiences, establishing culturally specific services and partnering with interpretation agencies to support healthcare providers. Increased wellness calls and home visits were suggested for seniors who couldn't travel to access services. Access to linguistic resources and tailored information should be improved. Service providers and institutions should strive to understand the cultural context of the seniors they serve and provide culturally appropriate food and services. Advocacy for seniors' rights should be increased, and there should be greater interaction and oversight of service providers, including long-term care homes. Mainstream agencies should conduct more research on South Asian seniors, considering that many of them are recent immigrants or temporary residents. Caregiver or personal worker support can help address elder abuse by providing tools and awareness for effective communication. Overall, senior health issues in Canada require increased awareness, financial support, financial education, and improved navigation systems to reduce dependence solely on family members.

2016 — South Asian Women's Health

In 2016, CASSA organized its 6th Annual Health Equity Summit in partnership with the Daphne Cockwell School of Nursing and Centre for Global Health and Health Equity at Ryerson University. The Summit focused on Immigrant Women's Health and Well-Being through an Intergenerational Approach, covering subtopics such as Women's Mental Health, Sexual Health, Chronic Health, Violence against Women; Women's Social Determinants of Health (Employment, Settlement & Immigration, Education, and Income & Poverty); and Women's Life-Span Approach from Adolescence, Middle Age, and Senior.

The event featured knowledgeable speakers who led discussions on various topics related to women's health. Aman Virk, a Mental Health Case Manager from PCHS addressed Women's Mental Health, while Suruthi Ragulan, a Women's Sexual Health Coordinator at the Alliance For South Asian AIDS Prevention, led the Women's Sexual Health panel. Dr. Mandana Vahabi, an interim Associate Director and Professor at Ryerson University, focused on Women's Chronic Diseases and presented research on Breast Cancer Screening Disparities in Immigrant Women. Purnima George, an Associate Professor of Social Work at Ryerson University, discussed Violence against Women, sharing her research on barriers, perspectives, and recommendations for Domestic Violence in South Asian Communities in GTA. Dr. Rupaleem Bhuyan, a Professor of Social Work at the University of Toronto, highlighted the relationship between spousal sponsorship, inequality, and risk for domestic violence in Canada, emphasizing how structural inequalities contribute to vulnerability for domestic violence and insecurity related to deportation.

Stephanie Premji presented research on precarious work's impact on women's health and well-being across sectors and population groups. Usha George, Interim Vice President of Research and Innovation at Ryerson, explored newcomer settlement and integration in the South Asian community, focusing on needs, barriers, and factors contributing to successful settlement and integration. Farishta Murzban Dinshaw, a Community Development Worker and Researcher at COSTI and a Professor at Ryerson University, examined the relationship between stress, coping strategies, and gambling among South Asian women, highlighting implications for gender-specific prevention and intervention programs.

Sabeera Ghaffar, a PhD Candidate and Sociological Researcher at McMaster University, discussed the impact of South Asian adolescent girls' relationship with their family doctors on their healthcare needs, uncovering practices that negatively affect young South Asian females' health. Fozia Tanveer, who worked with CATIE's Hepatitis C Ethnocultural Education and Outreach Program, focused on the Impact of Hepatitis C on South Asian Immigrant Women, particularly middle-aged women. The final speaker, Pravathy Kanthasamy, founder of the Tamil Wellness Centre for Seniors and an experienced Professor and Researcher, shared the life experiences of a South Asian refugee woman to highlight their effects on Senior South Asian Women's Health.

Overall, the Summit provided a platform for in-depth discussions and research presentations on various aspects of immigrant women's health and well-being, shedding light on the unique challenges and opportunities within the South Asian community.

2017 — South Asian Men's Health

In 2017, CASSA organized its 7th Annual Health Equity Summit at the Ted Rogers School of Management at Ryerson University. The summit focused on the health of South Asian men. It consisted of four sessions, each dedicated to exploring different subtopics related to this issue.

Dr. Waheed Ahmed from The South Asian Community Health Services, led the first half of the session on "Stress Management." He provided a simple definition of stress and explained how stress hormones work. Dr. Ahmed also offered quick stress relief techniques to help manage stress effectively. The second half of the session was led by Dr. Robert Whitley from McGill University, who addressed mental health and illnesses among Sri Lankan Tamil Men living in Toronto. He presented findings from a 2-phase research study conducted in Sri Lanka and the Greater Toronto Area (GTA). The study identified common factors affecting the mental health of Sri Lankan Tamil Men, such as war trauma, reduced capacity, redundancy, and shaming. Dr. Whitley also introduced the concept of "Depleted Masculinity" and emphasized the importance of resilience and rebuilding masculine identity.

John Kirya from Toronto Public Health facilitated a discussion focusing on men's sexual health, responsibility, and engagement. He also addressed the issue of Intimate Partner Violence (IPV) within intimate relationships, aiming to increase awareness about sexual health within the South Asian community.

Rohith Suresh from the Alliance for South Asian AIDS Prevention (ASAAP) led a discussion on healthy relationships, covering the main components of a healthy relationship and differentiating it from a toxic one. Praney Anand, also from ASAAP, discussed sexual health issues in the South Asian context, highlighting challenges such as limited healthcare services, stigmas, denial, and the lack of culturally relevant information and services.

Joanne Plaxton from the Ministry of Health and Long-term Care, presented the ministry's strategies for equity in the healthcare system. She emphasized the importance of storytelling combined with evidence and data to create powerful narratives. Additionally, she reintroduced Bill 41, the Patients First Act 2016 Legislation.

Overall, the summit provided valuable insights and discussions on various aspects of South Asian Men's Health, addressing topics such as stress management, mental health, sexual health, and equity in the healthcare system.