ANNUAL HEALTH EQUITY SUMMIT

PROCEEDINGS REPORT

2019

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:

CASSA
COUNCIL OF AGENCIES SERVING SOUTH ASIANS

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ANNUAL HEALTH EQUITY SUMMIT

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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.

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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 & addiction, sexual health, South Asian Health Strategy in Ontario, and diversity in practice & leadership in the healthcare sector. 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 the past years, we will continue to promote and contribute to an analysis that is based on the social determinants of health (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

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EXECUTIVE SUMMARY

Event Name: CASSA's 8th Annual Health Equity Summit
Theme: Input on a Health Equity Strategy from the South Asian and Other Racialized Communities in the Greater Toronto Area (GTA)
Date: August 7 (Wed.) - August 8 (Thurs.), 2021
Time: 9:30 AM to 4:30 PM (EST)
Venue: Peel Memorial Centre in Brampton and Ryerson University's Ted Rogers School of Management.
Sponsors: CARE Centre for Internationally Educated Nurses; Centre for Human Rights, Equity & Diversity, Humber College; Punjabi Community Health Services (PCHS); Ryerson University's School of Nursing; South Asian Legal Clinic of Ontario (SALCO); The Neighborhood Organization (TNO); and William Osler Health System.
Attendance: 160

General Overview

CASSA's 8th Annual Health Equity Summit focused on gathering input on a health equity strategy from South Asian community members residing within the GTA and finding ways to engage the current government through research and advocacy. This Summit was organized in partnership with Ryerson University's School of Nursing and William Osler Health System in Brampton.

A first for the Summit was that it was organized over two days due to high demand. Day one of the Summit was packed with plenary and breakout sessions at the Peel Memorial Centre in Brampton on Wednesday, August 7, 2019. Day two of the Summit consisted of four plenary sessions and was held at Ryerson University's Ted Rogers School of Management on Thursday, August 8, 2019.

The Summit explored different aspects of health in the South Asian context through panel discussions and breakout sessions on related topics in mental, sexual, maternal, and chronic health, SDoH, best practices, policy, and advocacy. Attendees were given the opportunity to voice their questions/concerns to a panel of stakeholders during a community feedback and input session which helped advance our South Asian Health Strategy.

The Summit had 35 speakers from various backgrounds speaking upon diversity, resiliency, chronic health, mental wellness, SDoH and contributed greatly to practices in creating health strategies.

Special thanks to the PCHS and SALCO for supporting the Summit through gold sponsorship.

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Agendas

DAY 1: Wednesday, August 7, 2019 at Peel Memorial Centre in Brampton		
9:45 - 10:15 AM	OPENING REMARKS	
10:30 - 11:50 AM	MORNING BREAKOUT SESSIONS	
	Chronic Health – Heart Health & Cancer	Dr. Larissa Moniz Dr. Milan Gupta Dr. Russell de Souza
	Mental Health & Illnesses	Mudassara Anwar Dr. Razi M. Sayeed Mariyam Lightwala Bareera Sial
	Sexual Health	Haran Vijayanathan Ketussa Sotheeswaran Yoshith Perera
12:00 - 12:50 PM	LUNCH BREAK	
1:40 - 2:00 PM	PLENARY SESSION	
	Policy in Health Equity	Dr. Lawrence Loh Gurwinder Gill Shermeen Farooqi
2:10 - 3:10 PM	AFTERNOON BREAKOUT SESSIONS	
	Maternal Health	Sujane Kandasamy Dr. Shafi Bhuiyan
	Chronic Health – Diabetes & Kidney Health	Dr. Istvan Mucsi Dr. Ananya Tina Banerjee Avantika Mathur-Balendra
	Social Determinants of Health	Dr. Ripudaman S. Minhas Evon Smith Garima Talwar Kapoor
3:10 - 3:20 PM	BREAK	
3:20 - 4:20 PM	PLENARY SESSION	

	Best Practices in Health Equity	Liben Gebremikael Baldev Mutta Marilyn Verghis
4:20 - 4:30 PM	CLOSING REMARKS	

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DAY 2: Thursday, August 8, 2019 at Ryerson University's Ted Rogers School of Management		
10:00 - 10:30 AM	OPENING REMARKS	
10:30 AM - 12:30 PM	MORNING PLENARY SESSIONS	
10:30 - 11:30 AM	Best Practices in Black Health Strategy	Nakia Lee-Foon Dalon P. Taylor Tiyondah Fante-Coleman
11:30 AM - 12: 30 PM	Best Practices in Indigenous Health Strategy	Sam Mukwa Kloestra Tasunke Sugar Dr. Raglan Maddox
12:30 - 1:20 PM	LUNCH BREAK	
1:30 - 2:30 PM	COMMUNITY INPUT SESSION	
2:40 - 4:20 PM	AFTERNOON PLENARY SESSIONS	
2:40 - 3:35 PM	Policy in Health Equity	Dr. Kofi Hope Samiya Abdi
3:35 - 4:20 PM	Advocacy in Health Equity	Natalie Mehra Neshanth Shanmugalingam Sané Dube
4:20 - 4:30 PM	CLOSING REMARKS	

Speaker Biographies

DAY 1: Wednesday, August 7, 2019 at Peel Memorial Centre in Brampton	
MORNING BREAKOUT SESSIONS	
Chronic Health – Heart Health & Cancer	
Dr. Larissa Moniz	Larissa Moniz joined Prostate Cancer Canada in 2017. She has a notable track record of working in cancer research for over 15 years, both in Canada and the UK. After finishing her PhD at the University of Toronto, Larissa moved to England where she continued her research into the molecular mechanisms of cancer and then worked in evaluation and knowledge translation at Macmillan Cancer Support and Prostate Cancer UK. In her current role at Prostate Cancer Canada, Larissa is focused on moving data and evidence into practice through health education, awareness, and advocacy.
Dr. Milan Gupta	Dr. Milan Gupta is a cardiologist certified by the Royal College of Physicians and Surgeons of Canada in both internal medicine and adult cardiology. Dr. Gupta received his MD from the University of Toronto, where he then completed his residency in internal medicine and a fellowship in cardiology. He runs a busy clinical practice, Osler Cardiology in Brampton. He is an Associate Clinical Professor of Medicine at McMaster University in Hamilton, ON, and an Assistant Professor of Medicine at the University of Toronto. He is also the medical director of Brampton Research Associates and has participated in over 100 large research trials as an investigator, or steering committee member.
Dr. Russell de Souza	Dr. de Souza is a registered dietitian and nutrition epidemiologist. His current research advances methodology for systematic reviews and meta-analysis and clinical trials in the field of nutrition, with an interest in the contribution of dietary patterns and macronutrients (specifically fructose, saturated and trans fats) to cardiovascular disease risk throughout the lifespan. He is a co- investigator on the INMD-funded Birth Cohort Alliance, which seeks to explore associations among maternal nutrition, infant feeding patterns, and epigenetic determinants of maternal and child health; and the Alliance for Health Hearts and Minds cohort examining neighborhood-level factors that contribute to cardiovascular risk.
Mental Health & Illnesses	
Mudassara Anwar	Mudassara Anwar has a master's degree in Social Work and is a registered Social Worker. Currently, Mudassara works with Punjabi Community Health

	Services (PCHS) as a Supervisor of the Mental Health & Geriatrics Program. Mudassara has fifteen years of experience working with the social service sector and serving vulnerable and marginalized populations. Mudassara works with people having mental health issues due to various factors including, immigration, poverty, and lack of access to employment and housing. Mudassara works with clients and communities to address trauma and mental health issues and to further link families to health, community, and social service resources.
Dr. Razi M. Sayeed	Dr. M. Razi Sayeed is a Physician with special interest in the treatment and research of mental illness with somatic therapies. He works at William Osler Health Systems as a psychosomatic medicine consultant and Geriatric psychiatrist. Dr Sayeed has teaching affiliations with Memorial University and McMaster University. He is a visiting faculty at Dow University of Health Sciences Pakistan.
Mariyam Lightwala	Mariyam Lightwala is currently a consultant on The Roshni Project. She began with the project during her Masters of Global Health at McMaster University in May 2017 as a research assistant and quickly realized that she wanted to be more involved with mental health research, particularly with racialized groups and youth. Her personal experiences during undergrad and her knowledge of mental health through her masters is what drew her to research and advocacy work in this field. Currently Mariyam also works at a non-profit in Toronto called CivicAction and is involved with a Muslim Youth Helpline in the GTA called Naseeha.
Bareera Sial	Bareera holds an Honours BSc in Biology & Psychology from Wilfrid Laurier University. During her studies, Bareera often engaged student leadership in dialogue about inclusive spaces for racialized students on campus. Bareera is interested in using her skills and lived experience to create culturally competent mental health supports for young South Asian women at CAMH.
Sexual Health	
Haran Vijayanathan	Haran Vijayanathan founded the first 2SLGBTQ+ organization in York Region called My House: Rainbow Resources of York Region, a space for individuals from the community to gather socially and recreationally while accessing support. Haran is the Executive Director of the Alliance for South Asian AIDS Prevention (ASAAP) and through his leadership, brought to light the systemic injustices that occurred when eight men went missing and were found murdered, resulting in the call for an Independent External Review of

	Missing Persons and is a Community Advisory Group member. Haran was the first Tamil man to be the Grand Marshal of Toronto Pride 2018.
Ketussa Sotheeswaran	Ketussa Sotheeswaran is a team member at Abuse Never Becomes Us (ANBU). She is a proud Queer Canadian Tamil woman who enjoys traveling the world and learning about different communities as much as she loves to eat different cuisines. She was born in Sri Lanka during the escalating war, which led her parents to escape to Canada. While studying Political Science, Women's Studies and Religious Studies at the University of Waterloo, she was the first Tamil woman to coordinate its Women's Centre for a few years. Getting involved through feminist organizations in university, she realized a lack of representation for marginalized communities and has worked in this area ever since.
Yoshith Perera	As a Public Health professional with a variety of experiences supporting health communications, primary healthcare delivery and community health promotion programs, Yoshith looks forward to working with communities to support health equity gains. Yoshith's strategy for success is to value creativity, communication and collaboration while appreciating diverse perspectives, ideas and opinions. Building on the needs and wants of the communities we serve, Yoshith looks forward to collaborating with agencies, networks and community champions to develop knowledge and mobilize sustainable program delivery.
PLENARY SESSION	
Policy in Health Equity	
Dr. Lawrence Loh	Dr. Lawrence Loh is Associate Medical Officer of Health at the Region of Peel – Public Health and Adjunct Professor at the Dalla Lana School of Public Health. Dr. Loh completed his undergraduate science and medical training at Western University and a residency in public health and preventive medicine at the University of Toronto, which included a Master of Public Health at the Johns Hopkins University. At the Region of Peel, he oversees the health equity and health protection portfolios as well as the department's digital strategy.
Gurwinder Gill	Gurwinder Gill is the Director of Health Equity & Inclusion and Lead for Global Health Program at William Osler Health System. Gurwinder is an author, trainer, and keynote speaker. Gurwinder is a member of the World Health Organization's Health Promoting Hospitals' International Task Force for Culturally Competent Hospitals. Gurwinder was a member of the City of Brampton's Inclusion/Equity Committee. Gurwinder is a recipient of 'The

	Woman Worth Watching' award and 'The Pink Attitude - Game-Changer' award. Gurwinder led Osler's journey to successfully receive Canada's Best Diversity Employers award seven years in a row.
Shermeen Farooqi	Shermeen Farooqi is an Analyst at the Public Health Agency of Canada. Shermeen is currently a Knowledge Mobilization Lead for the Pan-Canadian Health Inequalities Reporting Initiative. For the past 5 years, Shermeen has supported many national files, including mental health promotion, healthy living, dementia and concussions. As a public health practitioner, Shermeen is committed to working alongside others to advance the health of vulnerable populations across Canada through research, evaluation and data analysis. Shermeen holds a Master of Public Health from the University of Toronto, as well as an Honours Bachelor of Science from McMaster University.
AFTERNOON BREAKOUT SESSIONS	
Maternal Health	
Sujane Kandasamy	Sujane Kandasamy is a PhD Candidate and CIHR Vanier Scholar in the Department of Health Research Methods, Evidence & Impact at McMaster University. Under the mentorship of Dr. Sonia Anand, Sujane is using mixed methods to study the early-life risk factors of cardiovascular disease, gestational diabetes, and Knowledge Translation efforts tailored for South Asian women and their primary healthcare providers. Sujane also holds a BSc (physiology), BA (anthropology) and MSc (Epidemiology).
Dr. Safi Bhuiyan	Dr. Shafi Bhuiyan MBBS, MPH, MBA, PhD is an adjunct professor, distinguished visiting scholar in the Faculty of Community Services and co-founder and program lead of the Internationally Trained Medical Doctors (ITMDs) Post-Graduate Bridge Training Program, the Chang School of Continuing Education, Ryerson University. He is also an Assistant Professor at Clinical Public Health and Socio-Behavioural Health Sciences Division of the Dalla Lana School of Public Health, University of Toronto. Dr. Bhuiyan currently Chair of the Board of Directors of the Canadian Coalition for Global Health Research (CCGHR).
Chronic Health – Diabetes & Kidney Health	
Dr. Istvan Mucsi	Istvan Mucsi, MD, PhD is a clinician investigator, transplant nephrologist at the Multi-Organ Transplant Program and Division of Nephrology at the University Health Network in Toronto. Dr. Mucsi is an Associate Professor of Medicine at University of Toronto. Dr. Mucsi received his medical degree

	and his certification in internal medicine in Budapest, Hungary and completed nephrology training at the University of Toronto. In Toronto, Dr. Mucsi worked as a general nephrologist but later moved to Montreal to work as a transplant nephrologist at McGill University.
Dr. Ananya Tina Banerjee	Dr. Ananya Tina Banerjee is Assistant Professor in the division of Social & Behaviour Health Sciences and Epidemiology at the Dalla Lana School of Public Health, University of Toronto. Dr. Banerjee also is the Program Director for the MPH –Health Promotion program. Dr. Banerjee holds leadership positions in original theoretical and applied research with a focus on diabetes prevention for South Asian communities funded by the SSHRC and the Lawson Foundation. Dr. Banerjee public health research exemplifies a commitment to providing a strong foundation in quantitative and qualitative methods guided by the principles of the socio- ecological framework and cultural safety. Dr. Banerjee launched and offers the first course on “Race, Ethnicity, And Culture and Health” for graduate students.
Avantika Mathur-Balendra	Avantika is a Research Coordinator at the Dalla Lana School of Public Health, focusing on community-driven projects in the South Asian community. Avantika is currently involved with the South Asian Adolescent Diabetes Awareness Program and the Sri Lankan Migrants and Diabetes Study. Avantika graduated from the University of Waterloo with a BSc. in Health Studies and McMaster University with an MSc. in Global Health specializing in Global Health Management. Avantika is passionate about grassroots community development work, and health promotion and disease prevention initiatives. Avantika also has a strong interest in health research, specifically examining high-risk ethnic groups and their susceptibility to chronic diseases including heart disease and type 2 diabetes.
Social Determinants of Health	
Dr. Ripudaman S. Minhas	Dr. Ripudaman Minhas is a Developmental Paediatrician with the Inner-City Health Program at St Michael’s Hospital and an Assistant Professor in the Department of Pediatrics, University of Toronto. Dr. Minhas research interests are in the development, behaviour, disability, and rehabilitation of children in urban settings and in newcomer immigrant and refugee families. Dr. Minhas is currently working to develop interventions to support the developmental potential of children in the unique context of their SDoH. This is particularly through using Community-Based Participatory Research principles to guide the design and implementation of family-based interventions and the evolution of health systems.

Evon Smith	Evon Smith is a driven community change agent who has a collaborative approach to problem solving and bringing cross-sectoral initiatives together. He has over 15 years' experience working with some of the city's most vulnerable populations and communities. Today, Evon's most recent body of work is serving to help transform lives and communities through his current position as the Manager for FOCUS Toronto at United Way Greater Toronto. Evon works as one of the strategy's lead partners alongside the City of Toronto and the Toronto Police Service to tackle issues of imminent risk.
Garima Talwar Kapoor	Garima is the Director of Policy and Research with Maytree, a charitable foundation that works to advance systemic solutions to poverty through a human rights approach. Prior to joining Maytree, Garima spent several years with the Ontario Public Service in various roles. She focused on understanding how changes in the labour market and economy impact population health and our social fabric and helped develop policy initiatives that could help strengthen the income security system. Garima is driven by a passion to understand how civil society organizations, governments and private industry can work together to strengthen communities. Garima holds a Master of Public Health from the University of Toronto, and a Bachelor of Public Affairs and Policy Management from Carleton University.
PLENARY SESSION	
Best Practices in Health Equity	
Liben Gebremikael	Liben Gebremikael is the first Executive Director of TAIBU Community Health Centre and the first black male Executive Director of a community health centre in the province. Originally from Ethiopia, Liben has over 25 years of experience in the primary care, social services, mental health sector, and community capacity building and development field. Liben has worked as a social worker, child and family therapist, project coordinator, and therapeutic group facilitator with various primary care and non-for-profit organizations working with racialized and marginalized populations in the United Kingdom and in Canada.
Baldev Mutta	Baldev Mutta has been in the field of social work for over 45 years. He is the Founder and Chief Executive Officer of the Punjabi Community Health Services (PCHS). PCHS is a Health Service Provider in the Central West and Mississauga Halton LHIN geographic areas. Baldev has worked for the last 29 years developing an integrated holistic model to address substance abuse, mental health, and family violence in the South Asian community. Baldev

	has received many community awards for his work on equity, community development, diversity management, and organizational change.
Marilyn Verghis	Marilyn Verghis is an Equity, Diversity, Inclusion (EDI) professional working as a Health Equity & Inclusion Specialist at the William Osler Health System. Marilyn's work involves building and leveraging strategic partnerships with many community organizations, government agencies, places of worship and other groups that serve Osler's local communities to support the needs of diverse patients in achieving equitable health outcomes.

DAY 2: Thursday, August 8, 2019 at Ryerson University's Ted Rogers School of Management	
MORNING PLENARY SESSIONS	
Best Practices in Black Health Strategy	
Nakia Lee-Foon	Nakia Lee-Foon Nakia is a Ph.D. candidate in the Social and Behavioural Health Sciences division of the Dalla Lana School of Public Health at the University of Toronto. Nakia's award- winning research explores the sexual health literacy of young, self-identified African, Caribbean, and Black gay, bisexual, queer, non-hetero+ youth in Toronto, Ontario. Nakia completed her Master of Health Sciences with specialization in Community Health from the University of Ontario Institute of Technology. Her Master's thesis explored the state of Black-Canadian parent-youth sexual health communication in Toronto.
Dalon P. Taylor	Dalon P. Taylor is a social work professional and researcher, whose teaching, academic and community work, draws from critical social work, critical race theory, anti-black racism, and anti-oppressive practice. Dalon's research focuses on social identity negotiation, race and racism, skilled migration and immigration, health inequities and the health and well-being of marginalized communities, with teaching experience at George Brown College, York University, and the University of Windsor's MSW for professionals' program. Dalon's publications include contributions in peer-reviewed journals and opinion pieces in the media. Dalon has a strong record of presentations in the community and academic conferences, local and international, with upcoming conference presentations at both Princeton and Harvard university, respectively.
Tiyondah Fante-Coleman	Tiyondah Fante-Coleman works as a researcher with the Pathways to Care project. Conducted with numerous community partners including the Black Health Alliance, Pathways to Care is focused on improving access to mental

	healthcare for Black children, youth and their families. Tiyondah recently completed her MA in Community Psychology (2019) and her B.Sc. in Health Sciences (2016) at Wilfrid Laurier University. Passionate about social justice and health equity, her research interests explore access to health care, mental health, and the behavioural and cultural influences of sexuality, particularly among racialized and minority populations. To learn more about Pathways to Care, please visit www.PathwaystoCare.ca
Best Practices in Indigenous Health Strategy	
Sam Mukwa Kloestra	Sam Mukwa Kloetstra is an Anishinaabe youth from Mattagami First Nation. Sam is an advocate for Indigenous youth, nation-building, and community wellbeing. He has been an advisor to the Ontario Minister of Education and has sat on the Ontario Premier's Council for Youth Opportunities. Sam continues to work in influencing change in health and education policy. He is a vocal advisor on the Toronto Indigenous Health Advisory Circle and the Toronto Drug Strategy Panel and has worked with the City of Toronto and the Toronto Local Health Integration Network. He is currently living in Toronto where he has taken an active role in the urban Indigenous community with the Toronto Indigenous Youth Collective.
Tasunke Sugar	Tasunke Sugar is an Indigenous youth and father from Pine Ridge Reservation, South Dakota. Tasunke is a Social Worker and has worked within the Indigenous Community of Toronto for over 5 years in different capacities. Tasunke's personal and professional life revolves around the well-being of his community. Tasunke sits on numerous councils as an advisor and is currently working on a protection for youth with the Toronto Indigenous Youth Collective.
Dr. Raglan Maddox	Dr. Raglan Maddox's (Modewa Clan, Papua New Guinea) program of research focuses on developing population based Indigenous health information systems using community driven processes. This research has been generating primary data platforms to identify critical gaps in understanding Indigenous health, including mental, emotional, spiritual, and physical health and wellbeing. Dr. Maddox works with Indigenous communities and health service providers to obtain information to better understand, inform and evaluate health service programs and policies. Dr. Maddox's program of research has included a strong focus on commercial tobacco use, exploring tobacco related morbidity and mortality, and having strengths-based conversations about respectful relationships and preventing domestic violence.

AFTERNOON PLENARY SESSIONS	
Policy in Health Equity	
Dr. Kofi Hope	Dr. Kofi Hope is a change maker. He is a Rhodes Scholar and has a Doctorate in Politics from Oxford University. Currently, Dr. Hope is Senior Policy Advisor at the Wellesley Institute and a strategic consultant to the Vice President HR/Equity at the University of Toronto. Dr. Hope is an emeritus Bousfield Visiting Scholar for the University of Toronto's School of Urban Planning. In 2017, Dr. Hope was the winner of the Jane Jacobs Prize and in 2018 he was named as A Rising Star by Toronto Life in their Power List. Dr. Hope is the founder and former Executive Director of the CEE Centre for Young Black Professionals. In 2005 Dr. Hope founded the Black Youth Coalition Against Violence, which became a leading voice for advocating for real solutions to gun violence in Toronto and led to him being named one of the Top 10 People to Watch in Toronto in 2006 by the Toronto Star.
Samiya Abdi	Samiya Abdi is a Senior Program Specialist with Public Health Ontario. Samiya holds a master's degree in public health and a Postgraduate diploma in Social Innovation & Systems Thinking. Samiya has over 14 years' experience in strategic planning, program development, management and evaluation working within the non-profit, corporate and government sectors. Samiya's practice is grounded in challenging multiple and intersecting forms of oppression; understanding marginalization in knowledge production, research and practice; and building equitable systems.
Advocacy in Health Equity	
Natalie Mehra	Natalie Mehra is the Executive Director of the Ontario Health Coalition – an organization encompassing more than 400 organizations and more than 50 local chapters across Ontario. She has dedicated the last nineteen years to building the health coalition into the largest and broadest public interest group on health care in this province. The coalition now represents more than half-a-million Ontario residents. Natalie has authored numerous published reports, essays and articles. She has spearheaded dozens of campaigns to safeguard and improve Canada's public health care system, to protect the values of equity and compassion that underlie Public Medicare in Canada, and to promote the public interest.
Neshanth Shanmugalingam	Neshanth Shanmugalingam has been with the SAAAC Autism Centre for 9 years. His current position with the organization is the Director of Mental Health Services. His main roles include overseeing the parent mental health

	program, mobile developmental outreach clinic and helping families advocate for their rights. Over the years Neshanth has worked with many marginalized communities within the autism community, and this has inspired him to seek equality and ensure accessibility amongst this population. Through his work, he strives to defeat ignorance, embrace differences, and conquer stigmas.
Sané Dube	Sané Dube holds a degree in Public Health. She's worked in community-based programs in Zimbabwe, ESwatini and Canada. She is currently the Policy & Government Relations Lead at the Alliance for Healthier Communities, Ontario's voice for community governed health care. Her work advances health equity in Ontario. Sané is based in Toronto.

PLENARY SESSIONS

Policy in Health Equity

The 'Policy in Health Equity' panel explored the implementation of health equity policies and their impact on the achievement of health equity for different communities.

The guiding questions for this panel were:

1. *Discussion of policies that have been implemented in health care settings, hospitals, or in government to learn about cultural competencies to create tailored approaches to health care provision.*
2. *What evaluation has been conducted on the test outputs and outcomes for these programs/practices?*
3. *How can successful policies be legislated or implemented provincially?*

Day 1

Dr. Lawrence Loh, Medical Officer of Health at Peel Public Health began with a discussion about the higher risk of diabetes for South Asians. Dr. Loh suggested a population health approach that focuses on upstream efforts to promote health and prevent diseases in the South Asian community. Dr. Loh continued with mentioning the advances made in population health. For example, how population health has shifted from "serving an ethno-culturally diverse population" to promoting "health equity". Health equity was defined as everyone reaching their full health potential no matter their race, ethnicity, gender, and more. Some equity-oriented policies and programs implemented in the Peel region include breastfeeding, home-visit pilot program, interpretation services, instructional videos in different languages, impacts on web resources to be inclusive of South Asians, and factsheets in different languages. Local policy projects have also been implemented, such as partnering with places of worship who can increase opportunities for physical activity and healthy eating.

Gurwinder Gill Director of Health Equity & Inclusion and Lead for Global Health Program at William Osler Health System discussed how prevention is overlooked in a hospital setting. For SDoH, upstream factors are not considered and are handed off to communities and partners that have the specialized knowledge. When assessing a project, the health inequities tool should be applied. A lack of understanding or accommodation of cultural or religious practices makes it difficult to be patient-centered. Gurwinder suggests that policies should be created to support patients' health equity. Ultimately, diversity, health equity, and inclusion should be embedded across the board.

Shermeen Farooqi, Analyst at Public Health Agency of Canada spoke about how commitments addressing health inequities have been echoed to a federal government level. They planned to advance health equity with research. The joint response between the federal, provincial, and territorial government was a collaborative initiative to strengthen knowledge and action on inequalities within Canada through improved data infrastructures. This in turn, will allow us to measure health inequalities to improve them. However, there are a few data limitations including heterogeneity, data consistency, and granularity.

Day 2

Dr. Kofi Hope, Senior Policy Advisor at Wellesley Institute, discussed some issues that the healthcare system faces, including a lack of culturally specific interventions, stigma surrounding mental health, linguistic barriers, and feeling unsafe when speaking with doctors. Despite this, not enough resources and funds are allocated to racialized communities to address these issues and provide them with the services they need. For example, among old age homes for long-term senior care, many exist for Italians, Spanish, and Chinese, but none for South Asians or Caribbeans. Culturally appropriate old age homes are also needed for them. In addition, a comprehensive ethno-aggregate and race-based data collection is also necessary so that resources are strategically allocated. These data are crucial in creating systemic level changes.

Samiya Abdi, Senior Program Specialist at Public Health Ontario highlighted the importance of evaluating public health police with a health equity approach to be more inclusive. Public health policy has always been concerned with addressing the harm of policies and the disparity between the rich and the poor. We should, however, focus on economic change, which must benefit everyone instead of disproportionately benefitting certain groups. We need to find ways to communicate certain policies and programs available to racialized communities. For example, many are not aware of the TTC Fair Pass Program where lower income residents are eligible for a 30% discount on the 12-month TTC fare pass.

Advocacy in Health Equity

The 'Advocacy in Health Equity' panel discusses the challenges and successes when advocating for health care as well as recommendations to the health sector.

The guiding questions for this panel were:

1. *What are some existing challenges your organization is facing in advocating for health care?*
2. *What has worked (or had some degree of success) in persuading the three levels of government?*
3. *What are your recommendations to the health sector to work with the provincial government on health equity?*

Sané Dube is the Policy & Government Relations Lead at Alliance for Healthier Communities. Their mission is to advance comprehensive primary health care informed by health equity, data, and inclusive governance, as well as advocate for changes in Ontario's health and social systems to address inequities. Among the specific inequities are cuts to health and social services, the reconfiguration of health organizations into super agencies, the drug poisoning crisis, and issues specific to Indigenous, Black, LGBT2SQ+, Francophone, rural, and underserved populations. To address these inequities, Alliance for Healthier Communities have leveraged their power and networks to develop long-term relationships with Ontario Public Service staff and political leaders, were proactive in advocacy, and relentlessly voiced their demands at decision-making tables while keeping the affected communities in the loop.

Neshanth Shanmugalingam is the Director of Mental Health Services at South Asian Autism Awareness Centre (SAAAC). SAAAC's mission is to create inclusive communities through culturally responsive autism practices and accessible programming. SAAAC encourages lifelong development of children, youth, and adults through diverse programs including Applied Behavioural Analysis therapy, speech-language therapy, occupational therapy, and adaptive fitness. They have been able to advocate for programming focused on caregiver empowerment and more inclusion of diverse voices in policy creatings affecting families with autism. Many of the families they deal with are low-income immigrants from South Asia, East Asian, and the Middle East. Some challenges they face include stigma, financial gaps, and knowledge gaps for caregivers when it comes to service and treatment. SAAAC recommends being engaged in key issues happening in the sector, developing evaluation capacity to provide evidence-based data, and mobilizing diverse voices.

Best Practices in Health Equity

The 'Best Practices in Health Equity' panel highlighted programs in health care with a culturally competent lens and the challenges associated with them.

The guiding questions for this panel were:

1. *Discussion of projects/programs that have been implemented in health care settings, hospitals, or in government to create tailored approaches to health care provision using cultural competency.*
2. *What evaluation has been conducted on the test outputs and outcomes for these programs/practices?*
3. *What are some gaps, risks, challenges and/or additional resources required to replicate or implement this practice for the South Asian communities?*

Liben Gebremikael is the first Executive Director of TAIBU Community Health Centre. TAIBU provides primary healthcare services and health promotion programs to the black, Indigenous, and francophone communities in Scarborough. TAIBU focuses on specific chronic conditions such as diabetes, mental health, and sickle cell. According to Liben, equity means removing barriers that prevent access to services, but also creating tools to ensure racialized communities do not get trapped in inequity. For example, disparities across several SDoH for the black community result in inequitable treatment in the Justice, Education, & Child Welfare sectors and poorer health outcomes. To address these disparities, we must provide adequate resources and services that are culturally and linguistically safe, as well as encourage engagement and participation within the community. What is TAIBU doing about this? In order to provide adequate resources, it is not only about financial means, but also about leadership and organizational capabilities. It is TAIBU's priority to think first about the program and what is right, and then figure out the finances. To ensure culturally and linguistically safe services while encouraging engagement and participation, TAIBU works closely with community members in the planning, implementation, and dissemination of programs that are entirely peer-led (e.g., UBUNTU Elders Council, Je Parle Francais). Looking ahead towards a system change, TAIBU wants to engage young people in education (e.g., higher education attainment, reducing suspension and expulsion rates), employment, and training (e.g., chronic disease surveillance).

Baldev Mutta, Executive Director of PCHS, discussed how racism and discrimination is not being addressed in Canada, and cultural sensitivity and health equity are being used as cover-ups. According to existing data, there are higher rates of heart disease and diabetes in South Asians, women are twice as likely to suffer depression, and members of the LGBTQ community are more likely to suffer mental health issues. But what is being done to address these issues? Nothing substantial. Baldev suggested a number of things, including having more discussions on the distribution of power and racism with regard to the allocation of funds. We should also suggest making services family-based and involve entire families. For example, it would be beneficial if family members participated in counselling for loved ones suffering from mental illness. It may be easier for family members to make connections and understand cultural nuances, which may improve the patient's outcome.

Marilyn Verghis, Health Equity & Inclusion Specialist at William Osler Health System discussed the Osler's Model. The Osler's Model focuses not only on the patients who are sick today, but also those that are at risk of acquiring an acute illness tomorrow. At William Osler Health System, they want to address the several health outcomes impacted by SDoH and create individualized, inclusive, and accessible support. Better health outcomes means innovative cross-sectoral community partnerships such as the one with the PolyCultural Immigrant and Community Services and with the Post-Discharge Support program. Health equity has also been embedded at the system level using the Health Equity Impact Assessment tool, a decision support tool that examines equity gaps in groups. It is important for them to see patients benefit from their services and achieve improved health outcomes.

Best Practices in Black Health Strategy

The 'Best Practices in Black Health Strategy' panel highlighted how the Black Health Strategy was developed and how it can be informed to develop the South Asian Health Strategy.

The guiding questions for this panel were:

1. *Highlight some of the process involved in developing the Black Health Strategy – i.e. choosing areas of focus, community input, government involvement, policy analysis*
2. *Are there other domestic or international examples of Indigenous Health Equity that we can learn from?*
3. *What are some lessons learned that we could consider for the South Asian Health Strategy?*

Nakia Lee-Foon, Vice President of Black Health Alliance works with an intersectional, anti-oppressive and anti-black racism lens. While this lens does not undermine the racism struggles faced by other races, it highlights the unique systemic racism, slavery, and colonization experienced by the black community. As an invisible minority group in Canadian healthcare research with high rates of health disparities, Nakia discussed the importance of a Canadian Black Health Strategy. The Black Health Strategy was informed by community and stakeholder input, literature reviews, and other health strategies (e.g., Toronto Indigenous Health Strategy). As part of the South Asian Health Strategy, Nakia suggests that community and stakeholder input be included at the forefront. Moreover, it is important to use an intersectional lens when collecting and analyzing data, as well as when reviewing policies and determining how to address community needs. She also suggested incorporating an anti-racism piece into the South Asian Health Strategy, acknowledging that it looks different in different communities.

Dalon Taylor, President of Black Health Alliance shared how the Black Health Strategy aims to eradicate the impact of anti-black racism and racialized poverty while also building a sense of community and connectedness. This type of strategy must be comprehensive, practical, and actionable, encompassing all aspects of an individual's identity to improve health outcomes. For the South Asian Health Strategy, Dalon suggests including a need to be measurable, a need to know when to continue or change course, and a need to be tangible. As many individuals in the healthcare system are misdiagnosed and traumatized, Dalon stressed the importance of cultural competency training and safety training. We should also have a public policy and engagement policy. To conclude, Dalon suggests starting with a manageable plan so there is room for growth and to include those who will be represented.

Tiyondah Fante-Coleman, Researcher at Black Health Alliance discussed how mental health is reaching a crisis level in the black community. Black youth face significant barriers to mental health care including twice as longer wait times compared to white youth, anti-black racism, financial issues, geographical issues, and stigma. Other issues include physiological effects of police brutality and lack of acceptance in the community. The Pathways to Care project is a collaboration between Black Health Alliance, TAIBU Community Health Centre, Centre for Addiction and Mental Health (CAMH), East Metro Youth Services, and Wellesley Institute. This is a community-led project aimed at improving access to mental health for black youth and families by removing barriers at the policy, sector, and population levels. It builds off established programs such as the Substance Abuse Program for African Canadian

and Caribbean Youth (SAPACCY) and the Black Enhanced Youth Outreach Worker Program. Pathways to Care conducts community-based research and gray literature reviews in order to better understand and improve pathways to mental health care for black youth. It focuses on anti-black racism, empowering black youth, and providing culturally relevant services. The Black Health Strategy incorporated community input through community health assessment, strategy development, and the Black Health Alliance forum.

Best Practices in Indigenous Health Strategy

The 'Best Practices in Indigenous Health Strategy' panel highlighted how the Indigenous Health Strategy was developed along with helpful tips for the South Asian Health Strategy.

The guiding questions for this panel were:

1. *Highlight some of the process involved in developing the Indigenous Health Strategy – i.e. choosing areas of focus, community input, government involvement, policy analysis*
2. *Are there other domestic or international examples of Indigenous Health Equity that we can learn from?*
3. *What are some lessons learned that we could consider for the South Asian Health Strategy?*

Samuel Kloetsra and Tasunke Sugar are from Toronto Indigenous Health Advisory Circle Youth Council and Dr. Raglan Maddox is from Well Living House. The Advisory Circle as Samuel describes it, serves as foundations for health equity work. The Advisory Circle is working to create a living document to ensure that work progresses. It is important for a policy to be tangible and moldable according to the community's needs rather than rigid and firm. As for the Youth Council, it is more focused on guerilla advocacy for Indigenous youth health, with no funding limits. Well Living House, however, is an action research centre for Indigenous infants, children, and their families health and well-being. They draw on both Indigenous and public health knowledge to inform cutting edge scholarship and best practices.

The panel continued by contextualizing the lived experiences of Indigenous populations in Toronto to the colonial occupation of Turtle Island. As Samuel started, he drew attention to the lack of Indigenous information from Statistics Canada, which reports only 19,265 Indigenous residents in Toronto, while Health Canada estimates 39,000 to 65,000. Moreover, 90 percent of Indigenous residents are living below the poverty line while Statistics Canada only reports 26 percent. It is not due to nomadic practices, but to a transient community, as Indigenous people are living between the city and their communities. Tasunke emphasized that Indigenous people make up a larger percentage of the GTA than what is reported, so the Youth Council developed a map listing different agencies supporting Indigenous youth. As a result of this map, Indigenous communities can be found and consulted to learn more about their needs.

Moreover, Indigenous people have been using traditional healing practices for centuries without regressing to the idea that health needs must be met by allopathic means. Colonization, however, has historically prevented Indigenous people from using traditional healing practices and has created systemic issues that are responsible for poor Indigenous health outcomes. Dr. Maddox stresses that the Indigenous community's voice must be heard after years of being silenced, threatened with reserves, sterilized, and abused. Due to the inherent political nature of being Indigenous, Dr. Maddox also asserts that fighting bureaucratic boundaries and pushing for change are the only path to progress. Samuel emphasized the importance of Indigenous youth being active in this fight, but recognized the obstacles they face because of bureaucratic limitations.

Dr. Maddox concluded by highlighting the need for community organization since people are time- and resource-strapped. The first step for community organization is to determine how to consolidate the knowledge that will enable us to build trust and create safe spaces.

BREAKOUT SESSIONS

Chronic Health – Heart Health & Cancer

The 'Heart Health & Cancer' panel highlighted issues and gaps faced by South Asians when receiving cardiac and cancer care services. It also explored how culture is incorporated into the care that each service provider delivers.

The guiding questions for this panel were:

1. *What are the pressing issues that you see in your work with the South Asian communities?*
2. *What are the gaps in the existing heart/cancer health care services for the South Asian communities?*
3. *What strategies should be included for heart health/cancer care in the South Asian Health Strategy?*
4. *For service providers: How are you providing culturally sensitive services to your clients?*

Larissa Moniz, Director of Research and Mission Program at Prostate Cancer Canada highlights some risk factors for prostate cancer, including age, family history, and genetics. The most effective method of detecting prostate cancer early is by the prostate-specific antigen (PSA) test, a blood test that measures levels of PSA protein. Data from the United Kingdom shows that compared to the general population, South Asian men are at a lower risk of being diagnosed with prostate cancer. While data from Canada shows that compared to the general population, South Asian women have lower rates of screening and thus a higher rate of late-stage breast cancer diagnoses. South Asian patients expressed feeling unsupported by their primary care physician or not being treated with respect. According to a survey conducted by Prostate Cancer Canada, South Asian men were less likely to know about prostate cancer and underestimate their survival chances. Prostate Cancer Canada is currently working to improve health access and equity in several ways. They are working with the governments of Ontario and British Columbia to get funding for PSA screening, to improve the readability and engagement of health education materials, and to translate materials into multiple languages.

Dr. Russell de Souza, Associate Professor at McMaster University discussed the high prevalence rates of heart attacks and diabetes among South Asians. The South Asian communities have a risk factor profile that includes poor blood sugar regulation, lower levels of healthy cholesterol, and higher levels of bad cholesterol. Evidence also shows that South Asian babies are born smaller and with more body fat, most likely due to in-utero glucose exposure and increased insulin levels. As a result, a life-course approach based on the structural, social, and cultural context of people's lives would be helpful to incorporate into a strategy to improve health equity. Life-course approaches also encourage women who wish to have a family to make healthy choices during pregnancy, such as changing exercise and eating habits. According to a South Asian Birth Cohort Study, pregnant South Asian women are twice as likely to develop Gestational Diabetes Mellitus (GDM) compared to Caucasian women, which can result in Type 2 Diabetes Mellitus in their children. Dr. de Souza concluded his presentation with a discussion of the many barriers South Asian communities face when accessing healthcare, such as the lack of language-appropriate services, culturally-appropriate diets, and poor health literacy.

Dr. Milan Gupta, founder of South Asians Network Supporting Awareness & Research (SANSAR) discussed how 60 percent of the world's heart patients are in India. He highlighted that South Asian risk scores are underestimated due to reference risk scores being standardized based on white populations. Dr. Gupta also mentioned the thirsty gene hypothesis, a gene that stores sugar as fat was found to be 30 percent more prevalent in South Asian children with Type 2 Diabetes Mellitus.

Chronic Health – Diabetes & Kidney Health

The 'Diabetes & Kidney Health' panel highlighted issues and barriers faced by South Asian individuals as well as the delivery of culturally competent care.

The guiding questions for this panel were:

1. *What are the pressing issues that you see in your work with the South Asian communities?*
2. *What are the gaps in the existing kidney/diabetes health care services for the South Asian communities?*
3. *What strategies should be included for kidney/diabetes health in the South Asian Health Strategy?*
4. *For service providers: How are you providing culturally sensitive services to your clients?*

Dr. Istvan Mucsi is a Clinician Investigator and Transplant Nephrologist at Kidney Health Education & Research Group (KHERG) with University Health Network. As an interdisciplinary team, KHERG facilitates access to living donor kidney transplants (LDKT), critically evaluates quality of life, understands psychosocial and ethnocultural barriers, and improves mental health assessment and support for kidney disease patients. KHERG focuses on African Black & Caribbean (ACB), East Asian, and South Asian communities. Among South Asian communities, kidney disease is most prevalent and most frequently caused by diabetes. The best treatment for the onset of kidney disease is LDKT, which provides longer life expectancy and fewer complications from the transplant surgery and immunosuppressive medications. There is however a lack of willingness among South Asians to communicate about their illnesses, making donations less likely. For example, South Asian and ACB patients in Ontario have a 50 percent lower chance of receiving a LDKT as compared to Caucasians. To address this problem, KHERG is consulting healthcare providers, community organizations, community members, and religious leaders to provide culturally competent care and education.

Avantika Mathur-Balendra, Research Coordinator for the South Asian Adolescent Diabetes Awareness Program (SAADAP) at Dalla Lana School of Public Health emphasized the importance of focusing on the SDoH of diabetes in the South Asian community. To understand why South Asians have such a higher risk for diabetes, Avantika suggested that structural factors, rather than behavioral (e.g., lack of exercise, poor diet), genetics, and cultural factors, should be examined. For example, migration is one of the key determinants that places South Asians at a higher risk of diabetes. Immigrants are often refugees and are faced with many difficulties, including post-traumatic stress disorder, language barriers, unemployment opportunities, financial issues, housing problems, cultural differences, access to services, and prejudice – all of which can contribute to the onset of diabetes. Moreover, it is important to note that within South Asia itself, risk of diabetes varies based on ancestral origin. It was found that Sri Lankans had the highest risk for diabetes within the South Asian diaspora. Therefore, Avantika proposed examining from a theory of intersectionality to better understand why certain communities of the South Asian diaspora are at a higher risk for diabetes.

Dr. Ananya Banerjee, Assistant Professor at Dalla Lana School of Public Health discussed the diabetes epidemic in South Asians. Dr. Banerjee emphasized understanding the relationship between diabetes,

immigrants, and refugees through an intersectionality lens. Factors of intersectionality such as race, class, gender, disability, geographical region, and religion may aid with the delivery of care for specific populations. For example, migration and geographical region were again emphasized as one of the key determinants of diabetes in the South Asian diaspora. It was found that immigrants from Sri Lanka had the highest risk of diabetes among South Asians.

Mental Health & Illnesses

The 'Mental Health' panel highlighted issues and gaps South Asians face when accessing mental health care services. The panel also discussed steps to increase awareness of mental health issues.

The guiding questions for this panel were:

1. *What are the pressing issues that you see in your work with your community?*
2. *What are the gaps in the existing mental health care services for the South Asian community?*
3. *What strategies should be included for mental health in the South Asian Health Strategy?*
4. *What needs to be done on the community education/awareness side of mental health for South Asians?*

Mudassara Anwar, Supervisor of the Mental Health & Geriatrics Program at PCHS began by discussing the three major causes of mental illness: biological (e.g. genetics), psychological (e.g. trauma), and environmental (e.g. social or cultural expectations). The cause of mental illness may be one or a combination of these factors. Most common among the South Asian community are mood disorders, anxiety, and depression. South Asian communities also suffer from denial, stigma, misinterpretations, superstitions (e.g. mental illness as black magic), and cultural barriers when seeking help. As a means of combating these issues, we can develop anti-stigma programs, emphasize intersectionality of health issues (e.g. spiritual, social aspects), utilize cultural media for outreach, encourage doctors to speak about mental health more, engage religious leaders, and develop population-based health strategies.

Mariyam Lightwala and Bareera Sial from the South Asian Mental Health Group at CAMH discussed barriers to accessing mental health support for South Asian women. Young South Asian women struggle with suicide, self-harm, anxiety, and depression. This requires interventions that operate at the intersection of gender, ethnicity, culture, and mental health. Mariyam and Bareera introduced the Roshni Project as a solution, which is aimed at creating culturally driven mental health supports and resources for young South Asian women. The project consists of three phases: (1) data collection of South Asian women diagnosed with mental illness and who have completed high school in the GTA, (2) knowledge translation (i.e. into films), and (3) identifying interventions to help young South Asian women with resilience and coping skills, psychoeducation on mental health and sexual health, strengthening one's cultural identity, and peer support. For phase three, they noted that they struggled with identifying networks for peer support. But they emphasized that discussion and support among youth is important since it provides a safe space with people in similar situations.

Dr. Razi Sayeed, the Chief of Psychiatry at William Osler Health System discussed the stigma associated with mental illness and family support for mental health. It is particularly difficult for South Asians to accept mental health as a health problem. A common cultural concept of mental health is the notion that it may be caused by black magic. In terms of intervention, South Asian immigrants often focus on culture and faith. Although this provides some support, it shifts the conversation away from the mental health aspect of the problem (e.g., depression, psychosis, anxiety). Having an open conversation about mental health is the first step to making society more accepting of it.

Sexual Health

The 'Sexual Health' panel brought a diverse range of voices to discuss the importance of sexual health in the South Asian community. The speakers highlighted the external and internal issues that prevent access to sexual health care.

The guiding questions for this panel were:

1. *What are the pressing issues that you see in your work with the South Asian communities?*
2. *What are the gaps in the existing sexual health care services for the South Asian communities?*
3. *What strategies should be included for sexual health care in the South Asians Health Strategy?*
4. *For service providers: How are you providing culturally sensitive services to your clients?*

Yoshith Perera, Manager of Health Promotion & Prevention Program at Moyo Health and Community Services discussed the perception of sexual health. Sexual health is often viewed through the lens of reproduction and isn't valued as much as heart or kidney health, which undermines its significance in the well-being of an individual. According to the World Health Organization (WHO), sexual health is defined as "a state of physical, mental, and social well-being in relation to sexuality". Sexual health, when viewed affirmatively, requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."Accordingly, Yoshith argued that not only should we address disease prevention, but also social determinants that result in a lack of access to or awareness of sexual health services and education. A SDoH approach with an anti-oppressive framework, cultural competence, and effective monitoring processes is required to support clients.

Ketussa Sotheeswaran is the founder of Abuse Never Becomes Us (ANBU), ANBU (அன்பு), which loosely translates to Love in Tamil, is an organization that works with survivors of childhood sexual abuse within the Tamil community. ANBU believes in providing healing and empowerment through holistic support, resources, and advocacy. As a result of the stigma associated with sexual abuse in the South Asian community, there is little evidence-based research available, resulting in a paucity of services. ANBU is devoted to addressing the gaps by creating treatment and resources through a trauma-informed lens. Ketussa stressed the importance of including strategies for South Asian sexual health care in the South Asian Health Strategy, such as accessibility based on proximity, focusing on intergenerational trauma, providing low-cost medication/services, ensuring anonymity, addressing barriers for LGBTQ2+ community, and funding.

Haran Vijayanathan, Executive Director of Alliance for South Asian AIDS Prevention (ASAAP), discussed the Heart to Heart project, which is aimed at creating an intergenerational dialogue about sexual health between parents and youth. A total of 72 individuals participated in the study, including 34 parents and grandparents (49 completed surveys online, 23 participated in focus groups, and three key informant interviews with service providers). It was found that 76.1 percent of youth prefer to discuss sexual health with their parents rather than religious leaders. Online blogs are often preferable to brochures as youth prefer to keep their sexual health matters private, especially from their families. The Heart to Heart project highlights the significance of having accessible and safe spaces in the South Asian

community. Additionally, Haran presented the Toronto Public Health's 2017 report on sexually transmitted infections (STIs) and blood-borne infections. It was found that STIs are most common in Neighborhood Improvement Areas, which have high densities of poor and racialized residents.

Maternal Health

The 'Maternal Health' panel focused on issues in delivering culturally sensitive maternal health care services as well as strategies that can be implemented to address it.

The guiding questions for this panel were:

1. *What are the pressing issues that you see in your work with the South Asian communities?*
2. *What are the gaps in the existing maternal health care services for the South Asian communities?*
3. *What strategies should be included for maternal health in the South Asians Health Strategy?*
4. *For service providers: How are you providing culturally sensitive services to your clients?*

Sujane Kandasamy, Researcher at McMaster University focused on GDM within a South Asian context. GDM is generally seen as a transient condition that follows 6 steps: (1) several foods contain sugar, (2) the digestive system transforms those foods into glucose, (3) insulin produced by the pancreas breaks down sugars that the body uses for energy, (4) all pregnant women have more difficulty breaking down these sugars, (5) pregnancy hormones also make it more difficult for the body to use insulin, and (6) this causes blood sugar to rise above normal levels, leading to a diagnosis of GDM. Compared to other ethnic groups, South Asian women who move to higher income countries have a higher prevalence of obesity, type 2 diabetes, and GDM. Sujane also introduced the South Asian Birth Cohort Study (START), a study used to determine the maternal factors associated with GDM and the impact of GDM on newborn characteristics (e.g., increased birth weight and higher body fat levels). Key findings revealed that there was a 36 percent incidence rate of GDM in South Asian women, compared to 5-10% percent in the general population. In order to prevent GDM, active living should be emphasized along with a high-quality diet and healthy pre-pregnancy weight.

Dr. Shafi Bhuiyan, Assistant Professor at Dalla Lana School of Public Health focused on the 'Maternal and Child Health Handbook' (MCH). It is a handbook containing information on safe pregnancy, delivery, child health, and health education (e.g., nutrition & diet); and meanwhile serves as a health record. It ensures continuity of care and provides health education to parents. As such it has proven to be an effective tool in supporting healthy pregnancies, reducing birth risks, as well as promoting and protecting the health of mothers and children.

Dr. Russell de Souza, Associate Professor at McMaster University discussed the high prevalence rates of heart attacks and diabetes among South Asians, similar to the presentation given during the 'Heart Health & Cancer' panel. Dr. de Souza outlined some tips including breastfeeding, not drinking, decreasing sugar intake, promoting a healthier diet, and having less screen time as you age.

Social Determinants of Health

The 'Social Determinants of Health' panel discussed the different factors that affect health outcomes of South Asians and how to incorporate these factors into a South Asian Health Strategy.

The guiding questions for this panel were:

1. *Discussion of social, economic, and cultural factors that play a role in the health outcome of South Asian and other racialized communities. This can include issues of housing, employment, education, isolation, racism, etc.*
2. *How should the South Asian Health Strategy consider SDoH in a policy framework?*

Dr. Ripudaman S. Minhas, Developmental Paediatrician at St. Michael's Hospital discussed SDoH principles and barriers in the context of children and young families, as well as ways to mitigate these barriers through individual and institutional practices. Adverse childhood experiences (ACEs) is a study that evaluates the effects of experienced abuse (i.e., verbal, physical, sexual), neglect (i.e., physical, emotional), and household dysfunction on a child's future. Behavioral, physical, and mental health risks are foreseeable effects. According to ACEs, early intervention has a significant investment value, especially for children with low socio-economic status. The intergenerational poverty cycle is also discussed, which includes disadvantages in child development, education, employment, and parenting. Dr. Minhas concludes by proposing 10 strategies that can be used to guide organizations to enhance the capacity of equity-oriented services. The strategies include:

1. Making an explicit commitment to equity
2. Developing supportive structures, policies, and processes
3. Revising use of time (e.g., flexible working hours).
4. Attending to power differentials
5. Tailoring care, programs, and services to context
6. Actively countering oppression
7. Promoting community and patient participatory engagement
8. Tailoring care, programs, and services to histories
9. Enhancing access to social determinants of health
10. Optimizing use of place and space

Evon Smith is the Manager of FOCUS Toronto at United Way Greater Toronto. FOCUS (Furthering Our Communities Uniting Services) Toronto is a collaboration of over 154 Community Agencies led by a cross-sector partnership between the Toronto Police Service, the City of Toronto and the United Way of Greater Toronto. The model aims to to help the most vulnerable individuals and families who are at Acutely Elevated Risk (AER) due to complex crises, potential harm, and/or victimization. Through a collaborative approach, 15-20 support agencies meet on a weekly basis to determine AER and supports that the individual or family needs to minimize harm and establish greater stability. The steps include identifying, assessing, and planning. FOCUS Toronto provides members with better relationships, identifies and addresses systemic issues, and offers a platform for strategic discussions.

Garima Talwar Kapoor, Director of Policy and Research at Maytree discussed economic and social rights as tools to advance thinking on SDoH. Economic and social rights are human rights that impact one's ability to live in dignity and participate fully in society. Although Canada's Charter of Rights and Freedoms has been critical in advancing civil and political rights, there has been little progress as of late on economic and social rights. To make progress, direct engagement on social policy is required. There is a need to enable a deeper articulation of the inherent dignities that we believe everyone in Canada should be afforded. This depends on the policy decisions made by governments. Legislation is crucial to establishing economic and social rights, as well as accountability, which enables people to identify rights infringements and work towards resolving them. The federal government presented a National Housing Strategy that states that everyone has a right to safe, affordable, and adequate housing. To cultivate a culture of rights, it is necessary to examine who is included and excluded, and to expand the jurisdictions of the provinces and municipalities.

COMMUNITY INPUT SESSION

The Community Feedback and Input Session took place on Day 2 of the Summit at Ryerson University, Ted Rogers School of Management. The main objective of this session was to facilitate conversations with members of the community about culturally sensitive health services, barriers to accessing health care, and to present solutions to the issues put forward.

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

1. *How has your/your clients' experience been with accessing culturally sensitive/safe and/or linguistically appropriate health services?*

Language was cited as a barrier by several participants. Marginalized patients lack access to many tools because they are only available in English. It is also not well known to many patients that hospitals are required to provide translators. In regards to services, clients are often forced to fit into the service rather than the service fitting their cultural needs. Other issues when accessing culturally sensitive health services include long wait lists, misuse of current tools that aren't culturally specific, and lack of cultural sensitivity in service provision. South Asian communities are also stigmatized for placing elderly or sick members of their families in nursing homes or care facilities. A number of helpful solutions were presented by participants, including: ensuring someone at the front desk speaks a language that is prevalent in the area, asking clients what language they speak, and having an open discussion about spirituality to ensure interventions can be implemented in a way that the client can understand.

2. *Do you/your clients' feel more comfortable visiting your local community agencies for health care needs or mainstream health facilities?*

Religious institutions were cited by some participants as a main channel for outreach to minority populations. While the services offered at religious institutions are open for everyone, only those who regularly attend the institutions hear about and use them. Clients are also reluctant to use culturally appropriate services/facilities due to concerns regarding competency (e.g., believing white doctors are more qualified), cultural stigma, privacy, and fear of judgment. While community agencies would be ideal as a source of information/services, they are not as prominent as they should be. Either on their own or with the help of large structures, such as government bodies, community agencies must be able to scale up. For cases of domestic violence, people are reluctant to visit any agency, whether it is a community agency or a mainstream agency. It is largely because diagnostic criteria for abuse are most often tailored towards Caucasians. Last but not least, clients must have the option to choose. It should be possible for clients to have more options and choices if the place they go to is not right for them.

3. *Who do you feel is more equipped to provide health care delivery to your community?*

Participants agreed that the individual must represent the community they serve and the services offered must be community-based. In some cases, Muslim women refuse to go to mainstream shelters, only to Muslim shelters. Unfortunately, these shelters are under-resourced, with staff who are not well-trained or well-informed. Some individuals will also turn to religious leaders or community members who may not be qualified to provide advice/services. Additionally, the resources and connections available in large hospitals should make it possible for them to provide cultural competency. However, it is important to consider that culturally-sensitive training is not always

effective, implemented, or updated. Culturally-sensitive training often homogenizes people and experiences within/between a certain culture(s). At present, marginalized demographics (the patients) are obligated to speak up about what they need, but the burden should fall on the system.

4. *What kind of barriers have you/your clients' experienced with trying to access healthcare services in this province?*

Several participants stated a lack of specialized services (e.g., autism, LGBTQ2S+) as a major barrier to accessing healthcare, which shows a lack of equity. Other barriers include limited appointment availability, language barriers, transportation access, financial constraints, and lack of trust. In addition, there is a lack of appropriate lens through which services are created, which highlights the presence of systemic racism. South Asians often blindly trust mainstream services (i.e. White-Canadian doctors and hospitals) due to their own settler colonial history with Europeans. Immigrants who are new and long-term do not know what services are available to them, let alone how few there are. The first step should be to raise more awareness about these services.

5. *What solutions do you propose in order to improve service delivery to racialized communities which would lead to positive health outcomes and wellbeing?*

Many participants stated that people's lived experiences should be used to inform future solutions. We need intersectionality in the work we do, practicing in a non-judgemental way. There are two streams of action to be taken simultaneously; improving community-based services and improving mainstream services by collaborating with community services. And with that, we should engage the community more to understand what their needs are and what barriers they face. We need to ensure that community members have leadership positions in different fields to effect change. Additionally, we need flexibility in healthcare services – the ability to adapt, shift function, and modify in response to patient care and staff needs. For example, the majority of healthcare services operate from 9-5, which poses a huge barrier for patients who also work 9-5. As a final note, promoting health should be of the utmost importance. Most often, South Asians seek medical attention at the end of their illness. It is particularly common for South Asian women to neglect their health so that they can take care of their families.

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 **(7.2%)**
4. Exceeds Expectations **(61.4%)**
5. Outstanding **(31.4%)**

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 **(7.2%)**
4. Exceeds Expectations **(51.4%)**
5. Outstanding **(41.4%)**

What was your favourite part of the Summit?

- "The opportunity to share our work with interested groups"
- "Baldev's impassioned speech. He really hit the nail on the head so to speak and raised some of the fundamental issues that need to be addressed"
- "Networking with others and great resources were provided"
- "Dr. Hope's speech, he had lots of wisdom on cultural competence practice"
- "The variety of organizations that were represented. The ability to listen and learn from other cultural groups who are also marginalized"
- "Black & Indigenous Health Strategies, advocacy, FUBU (For Us, By Us), and collaboration"
- "The ACB and Indigenous panel on not reinventing the wheel but taking ideas from other cultural strategies"
- "The table discussion with community members opened up a direct conversation with frontline professionals. It was very beneficial to me as a student. (The food was also VERY good)"
- "Difficult topics to discuss, but the speakers did an excellent job at addressing the issues"
- "A great mix of lived experience and academic knowledge among the speaker"
- "The speakers were great. Provided information that was relevant to growing organizations (ex: building data/evaluation capacity)"
- "(1) Insightful + well-informed in their respective fields; (2) Each speaker had a unique + different thing to say"
- "They expanded my understanding of what and who is in conservation about health equity"
- "The discussion on cultural diversity/sensitive services being offered in different context - mental health, sexual health, long-term care"
- "The variety in speakers, both front-line workers, those involved in policy and those in nonprofits/ advocacy organizations "

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

- "Expert opinions around a diverse spectrum of social determinants of health. But not very well woven back into the theme of health equity. Not very useful."
- "I would like to see more solutions or evidence being presented and not just what future plans are"
- "Less self promotion would be good"
- "I felt the hospital presentation was a bit myopic, as if no one else is doing anything like they are. They're doing great things, but piloted similar initiatives in 2007 @ CVH in Mics. Bringing PICS into copresent would have been instructive"
- "The facilitation of the breakout session can be improved in terms of organizing the flow of the session (i.e. set up of where speakers are, the remarks and questions of session, perhaps to include some active participation/discussion from audience throughout sessions)"
- "During registration, it would have been useful to see a blurb about each of the breakout sessions to make a more informed choice about the session to attend"
- "The conference should cover parking and be in the same location for both days!"
- "Not enough time for speakers, felt rushed and left wishing some topics and ideas could be expanded on"
- "Healthy food especially since we talked about heart health and S.A. diets"
- "I was expecting more South Asian representation in terms of speakers/panelists (though the chosen speakers were awesome!)"
- "Encouraging and leaving more time for discussion among participants"
- "Erratic AV equipment impacted a few speakers' presentations"

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?

- "Sonia Anand, Milan Gupta, Harpreet Bajaj, & Scott Lear"
- "More creative health partnerships like Michael Garron's work and Health Access Thorncliffe Park"
- "Youth and seniors, community health centres"
- "Toronto Public Health Community Health Officers, City of Toronto SDFA"
- "Provincial government partners, Advisory group of people with lived experience from diverse genders/age groups"
- "Diabetes Canada, Stop Diabetes Foundation, Dr. Harpreet Bajaj"
- "Kwame McKenzie from Wellesley Institute"
- "Representatives from government (e.g. LHINs, MOH, etc.) who are committed to HE and can provide bureaucratic advice/guidance when navigating these waters "
- "Speakers specific to South Asian community such as non-profit organizations/front-line staff in the health sector"

- "More 2SLGBTQ+ organizations"
- "Schools (teachers, students), community-based and religious/faith-based organizations who have bigger outreach"
- "For Indigenous health, Lori Davis HiU or Six Nations Health Services + Heather Castleden, Laura Arbor (Indigenous Health) "

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

- "Strategies to collect data on the missing numbers/populations within Ontario; how can we be creative in reaching these individuals and ensure we are building relationships"
- "It would be interesting to learn more about how LTC, hospice, and retirement organizations use a health equity perspective"
- "Overall family dynamics, violence against women, sponsorship, addiction resources"
- "Sexual Health of women and queer folks; 2SLGBTQ+ issues among South Asian population"
- "Opioid crisis and how it is affecting South Asian population"
- "Diversity in the South Asian community because of language, region, food, religion, and culture (e.g., a Tamil speaker may be Catholic from Sri Lanka or Hindu from India). There can be multiple permutations and combinations."
- "What about traditional medicine? Would it be useful to invite "alternative" practitioners to discuss how they interrelate with "Western" Medicine?"
- "The new immigrant vs. 2nd generation or longer experience?"
- "The role of culture and spirituality on health"