ANNUAL HEALTH EQUITY SUMMIT

PROCEEDINGS REPORT

2020

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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Health Equity Coordinator

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, sexual health, maternal health, migrant health, social determinants of health (SDoH), best practices, policy-making, and advocacy. 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 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 9th Annual Health Equity Summit
Theme: Equitable Access to Care: COVID-19 Emergency Care & Response
Date: July 15 (Wed.), 2020
Time: 4:00 PM to 6:00 PM (EST)
Venue: Zoom (virtual)
Attendance: 45
Session Recordings: Available on YouTube (CASSA Online)

General Overview

CASSA's 9th Annual Health Equity Summit was titled **Equitable Access to Care: COVID-19 Emergency Care & Response.**

CASSA aimed to continue the momentum of previous in-person Health Equity Summits by hosting a virtual Health Equity Community Forum in response to the COVID-19 pandemic in Canada. As the environment and realities related to COVID-19 continue to change rapidly, CASSA wanted to provide a platform for community members to hear from experts as the situation develops. We explored available support initiatives, plans for post-crisis, and provided resourceful information on the developing situation. We hoped to take shared responsibility in reducing risks and reinforcing resilience in our communities.

The Summit featured five experts. The plenary speakers led presentations on "Marginalized Communities and COVID-19 Crises"; "COVID-19 Pandemic Guidelines for Mental Health Support of Racialized Women at Risk of Gender-Based Violence. An Intersectional Approach"; "Response of the Immigrant and Refugee Mental Health Project to COVID-19"; "Reflecting on What it Means to be 'South Asian' in the COVID-19 Era"; "The Pandemic Exposing and Deepening Socioeconomic and Health Inequities Throughout the World". Following the plenary sessions, a community input session was held.

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

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Agenda

Time	Sessions	
4:00 - 4:10 PM	OPENING REMARKS	
4:10 - 5:25 PM	PLENARY SESSIONS	
4:10 - 4:25 PM	Marginalized Communities and COVID-19 Crises	Baldev Mutta
4:25 - 4: 40 PM	COVID-19 Pandemic Guidelines for Mental Health Support of Racialized Women at Risk of Gender-Based Violence. An Intersectional Approach	Dr. Nazilla Khanlou
4:40 - 4:55 PM	Response of the Immigrant and Refugee Mental Health Project to COVID-19	Aamna Ashraf
4:55 - 5:10 PM	Reflecting on What it Means to be 'South Asian' in the COVID-19 Era	Dr. Ananya Tina Banerjee
5:10 - 5:25 PM	The Pandemic Exposing and Deepening Socioeconomic and Health Inequities Throughout the World	Dr. Sanjay Ruparelia
5:25 - 5:55 PM	COMMUNITY INPUT SESSION	
5:55 - 6:00 PM	CLOSING REMARKS	

Speaker Biographies

Speaker	Biography
Baldev Mutta	Baldev Mutta has been in the field of social work for the last 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 28 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.
Dr. Nazilla Khanlou	Nazilla Khanlou, RN, PhD is the Women's Health Research Chair in Mental Health in the Faculty of Health at York University and an Associate Professor in its School of Nursing. She is the Academic Lead of the Lillian Meighen Wright Maternal-Child Health Scholars Program. Professor Khanlou's clinical background is in psychiatric nursing. Her overall program of research is situated in the interdisciplinary field of community-based mental health promotion in general, and mental health promotion among youth and women in multicultural and immigrant-receiving settings in particular. She applies intersectionality-informed frameworks, using diverse research methods, in community-based research. Professor Khanlou is founder of the International Network on Youth Integration (INYI), an international network for knowledge exchange and collaboration on youth. She has published articles, books, and reports on immigrant youth and women, and mental health.
Aamna Ashraf	Aamna Ashraf is the Manager of Health Equity at the Centre for Addiction and Mental Health (CAMH). She is a well-known figure in the field of health equity and is an experienced professional in the areas of program and policy implementation, stakeholder development and partnerships. Aamna holds a master's degree in Education (Counselling Psychology) and has worked in the not for profit sector for over 25 years. As an advocate for health equity, Aamna leads the award-winning Immigrant and Refugee Mental Health Project and serves as one of Ontario's Health Equity Impact Assessment Champions. She previously worked as a Senior Program Advisor in refugee resettlement with the Ministry of Citizenship and Immigration. Before this she was the Director of the Peel Newcomer Strategy Group -Local Immigration Partnership for Peel. Aamna has also worked at United Way Peel and has led service development for diverse populations at Canadian Mental Health Association Toronto. In her current role at CAMH she manages 11 staff whose portfolios include interpretation services, research

	and evaluation, education and training, and the IRCC funded national immigrant and refugee mental health project.
Dr. Ananya Tina Banerjee	Dr. Ananya Tina Banerjee is an Assistant Professor in the Divisions of Social & Behaviour Health Sciences and Epidemiology at the Dalla Lana School of Public Health, University of Toronto. Her public health research on diabetes prevention for South Asian communities exemplifies a commitment to providing a strong foundation in mixed-methods guided by principles of the socio-ecological framework, anti-oppression, intersectionality, community partnerships and cultural safety. Dr. Banerjee launched and offers the first course on “Race, Ethnicity, And Culture and Health” for graduate students at the University of Toronto.
Dr. Sanjay Ruparelia	Dr. Sanjay Ruparelia is an Associate Professor in the Department of Politics and Public Administration at Ryerson University, and holds the Jarislowsky Democracy Chair, made possible by a generous donation from the Jarislowsky Foundation. In addition to a PhD in Politics from the University of Cambridge, Dr. Ruparelia holds a Bachelor of Arts (Honours-Political Science) from McGill University and a Master of Philosophy (Sociology and Politics of Development) from the University of Cambridge. Prior to joining the Department of Politics and Public Administration at Ryerson University, Dr. Ruparelia was an Associate Professor of Politics at the New School for Social Research. Prior to the New School, he was the Assistant Director of the South Asia Institute, a lecturer at Columbia University, and served as a consultant to the United Nations. Dr. Ruparelia's research addresses the politics of democracy, equality and development in the postcolonial world, as well as the role of parties, movements and institutions in politics.

PLENARY SESSIONS

Marginalized Communities and COVID-19 Crises

Baldev Mutta, the Executive Director of Punjabi Community Health Services (PCHS) addressed the impact the COVID-19 crisis had and continues to have on marginalized communities.

Among the marginalized communities are newcomers. The challenges faced by newcomers prior to the COVID-19 pandemic include issues related to the 'Healthy Immigrant Effect,' higher rates of diabetes and low cancer screening rates among South Asian communities, and specific illnesses other minority groups face. No efforts have been made by the government to address these issues.

Additionally, he noted that mental health issues have skyrocketed as a result of the COVID-19 pandemic and virtual counselling has been implemented to address the crisis. In virtual counselling, however, there is an issue of accessibility and privacy. For example, women have experienced a high rate of abuse because they have not been able to talk about family issues. To top it off, mental health resources continue to be underfunded across G7 countries, and especially in York and Peel.

Baldev concluded his presentation by pointing out that systemic racism exists in healthcare due to predominantly eurocentric services and ground-level agencies failing to collect data about the populations they serve. As a result, the most at-risk populations continue to be international students, homeless populations, racialized and Indigenous communities, seniors, newcomers, and LGBTQ communities.

COVID-19 Pandemic Guidelines for Mental Health Support of Racialized Women at Risk of Gender-Based Violence. An Intersectional Approach

Dr. Nazilla Khanlou, Women's Health Research Chair in Mental Health at York University, presented on the COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence (GBV).

Dr. Khanlou's current research study is community- and intersectionality-based. The study evaluates immigration status, youth cultural identities, and women GBV. GBV is violence inflicted on individuals based on their gender expression, identity, or perceived gender. Women worldwide are affected by GBV in 30-60% of cases, with its effects on their mental, physical, and sexual health. The COVID-19 pandemic, however, has made matters worse. This led to the study shifting its objective to understand the SDoH among racialized women and girls at risk of GBV during COVID-19.

In preliminary findings, racialized communities bear a disproportionate burden of stress, illness, and health inequities. Black, Latino, and Asian populations have experienced alarming rates of COVID-19 infection and death. There has also been an increased risk of racial and sexual harassment of targeted against women of East Asian ancestry. Preliminary findings suggest that national, local, and provincial agencies in Canada as well as international organizations need to apply an intersectional approach to recovery to better understand the mediating pathways.

Response of the Immigrant and Refugee Mental Health Project to COVID-19

Aamna Ashraf, Manager of Health Equity at CAMH introduced the 'Immigrant and Refugee Mental Health Project' in response to COVID-19.

The Immigrant and Refugee Mental Health Project offers online training, tools, and resources to settlement, social, and healthcare service professionals. In response to COVID-19, the project has been focusing on providing interpreting services, virtual mental health services, and COVID-19 resources to support immigrant and refugee populations remotely.

The project offers a 6 week self-directed and interactive course including more than 40 videos, quizzes, graphics, and activities. The course features essential background information, showcases promising practices, tools, and resources that organizations across Canada have developed. At its core, the project is evidence-based with lengthy references, subject matter experts, and informed by a national advisory committee. There is also an ongoing evaluation including review questions, pre- and post – module questions, and more – so that they can continue to improve the course with service providers' feedback.

In response to COVID-19, 'ask an expert' sessions were hosted for providers supporting newcomers' mental health. The themes emerged from the questions included protocols for supporting immigrants and refugees remotely, increase in domestic violence and safety plans, managing triggers from past traumas, connecting newcomers to mental health services, effective ways to ensure the wellbeing of clients with respect to sexual and GBV, and supporting older immigrant and refugee adults during this period.

A page was created on the projects website on COVID-19 resources.

Reflecting on What it Means to be 'South Asian' in the COVID-19 Era

Dr. Ananya Tina Banerjee, Assistant Professor at Dalla Lana School of Public Health reflected on what it means to be "South Asian" during the COVID-19 era.

Dr. Banerjee discussed the many factors that overlap with South Asian identity and how they work together to fight for equity before, during, and after the pandemic. South Asians have often been lumped into a single category, which masks the heterogeneity of the community. Therefore, as public health units begin to collect race-based data, disaggregated data needs to be advocated for to ensure high quality monitoring of South Asian health disparities in COVID-19. If their only option is to continue checking the 'South Asian' box on medical forms, many communities of the South Asian diaspora will fall through the cracks.

Dr. Banerjee proceeded to present findings from early research, explaining that Black and South Asian communities were more likely to be affected by COVID-19 than white people. The Bangladeshi community in particular, had the highest rates of COVID-19 in New York and the United Kingdom. With the Bangladeshi population in New York being predominately Muslim, there has been a rise in Islamophobia amplified by social media outlets. This can also be seen in Toronto. The South Asian community is being targeted and it has created a lot of stigma and misinformation.

To conclude, Dr. Banerjee stated that COVID-19 prevention efforts must take into account historical impacts on South Asian communities and the need to collect data that reflects these disparities.

The Pandemic Exposing and Deepening Socioeconomic and Health Inequities Throughout the World

Dr. Sanjay Ruparelia, Associate Professor at Ryerson University briefly addressed how the pandemic has exposed and deepened socioeconomic and health inequalities not only in Canada, but in societies throughout the world, and that planning for post-crisis requires far greater preparedness by governments in terms of data collection, testing and tracing, and a new social contract.

Dr. Ruparelia began with presenting the responses other countries have taken against the pandemic. Singapore had handled the pandemic well during the earlier stages; however, since then there has been a massive rise in the number of COVID-19 cases amongst workers. In India, the government had only given a six-hour notice prior to initiating a lockdown and the migrant communities were immediately affected as they lost their work and place of residence.

In comparison, Canada has done relatively well. Canada is placed in the upper-middle spectrum in terms of handling the pandemic, but is not doing as well as South Korea and Taiwan. Canada did however, lack in preparedness for the pandemic. There had been a lot of predictions that this would happen, but none of the commissions or recommendations were taken into consideration. Coordination between provinces and the centre was not as quick and efficient as one would hope. The level and accessibility of testing has been inadequate and contact tracing has also been ineffective. Going forward, recommendations made by the public need to be taken seriously, data based on ethnicity and race needs to be collected, and testing/tracing needs to be ramped up.

COMMUNITY INPUT SESSION

During the Community Feedback and Input Session, attendees were given the chance to ask questions to the panelists. The main objective of this session was to facilitate conversations with members of the community about barriers to accessing health care and to present solutions to the issues put forward.

Attendees asked the speakers the following questions:

1. *Who is collecting the data? Are there any preliminary data on the impact on South Asian communities in Canada in terms of cases, deaths, employment? Before data collection begins, are there any community-based ways of collecting and highlighting this data?*

Samya Hasan, CASSA's Executive Director mentioned that CASSA has been working in collaboration with Colour of Poverty – Colour of Change (COP-COC) Steering Committee on a series of conversations with the Ministry of Health and that there has been a rollout of race-based data collection in the public health units in Ontario. COP-COC will be working with the Ministry of Health on how to collect data, how it will be used by government officials, and what kind of questions will be asked. Baldev mentioned that Statistics Canada is also collecting some race-related data.

2. *For those who have lost loved ones during this time, is there any bereavement counselling available? Are there any tailored bereavement counselling for different cultures, communities, and languages?*

Aamna had mentioned that current bereavement counselling and resources available at CAMH require cultural adaptation. Dr. Khanlou mentioned that a colleague of hers is currently working on culturally sensitive bereavement resources and would share them once made available.

3. *How does health equity dismantle systemic racist organizations, organizational structures, and barriers?*

Aamna shared the same sentiments as Baldev that training is not the only answer to structural dismantling. There needs to be a lot of work done before even considering training. The question now is – how do we move forward from thinking that no other effort is required once training is received?

4. *How do we ensure there is equity in funding during the recovery and that new and smaller South Asian organizations are appropriately supported? And any new funding does not simply reinforce existing organizations and power structures within the sector?*

Baldev expressed that one of the weaknesses that the South Asian community has is that we have been able to lobby to put our needs forward and as a result, we have been viewed as a perfect community who does not need any help or who does not need to have their needs met. However, it is now time for other South Asian organizations to come together to lobby and support each other to ensure equitable outcomes for our communities.

5. *With the South Asian community being overrepresented in the IT sector, many South Asians that work in tech are benefitting from additional work/income during this pandemic. How do we bridge economic class divides within the community between those benefiting and those suffering from the pandemic?*

Dr. Ananya expressed that an economic divide is given under such circumstances and that the IT sector has a lot of racialized workers, which adds to the complexity. However, in order to bridge the economic class divide, we must lobby and ask what does health equity look like in the South Asian community? The South Asian community is so vast, yet we are not working together as a community. We need to synergize.

6. *While South Asians are overrepresented in the IT sector, women are losing their jobs (or quitting) due to added household work and childcare responsibilities, thus "decreased" productivity. A nuance to take into consideration: where there may be additional work/income for some, many are losing income and having to go down to single income households. The economic classes have gotten more clouded since the pandemic hit.*

Dr. Khanlou shared that women shoulder an additional burden during the pandemic as they are caring for their children and elderly relatives as caregivers while working. The work-life balance has been impacted for women in all sorts of professions. Clearly, the benefits are gendered and very class based. Individuals with more precarious jobs, with less rights, and with less permanence in their positions are worse off than individuals who have secured jobs, are tenured, and have the option to work from home. Individuals who are privileged to begin with will be better off. Dr. Ruparelia made additional comments and claimed that there cannot be an economic recovery without addressing child-care. Without accessible child-care, it will be hard to return to work.

7. *South Asians are overrepresented in particular types of healthcare professions. Any insight into this South Asian/health-profession/COVID-19 dynamic?*
    a. *For international students who have been stuck here without the complete knowledge of their health coverage, is there any data on the effects of the pandemic on the health of international students from South Asia (or other regions)?*

Samya mentioned that currently there is a lack of race-based COVID-related data in all communities in Canada. Once the data is collected and released, we will have a better understanding of the impact of the crisis on different fields, professions, and different segments of the South Asian population.

FEEDBACK FROM ATTENDEES

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

We know that racialized communities have been disproportionately negatively impacted by COVID-19, what structural and systems level changes are required to ensure racialized communities are protected from this in the future.

- "Better communications with various linguistic and cultural communities, more funds for GBV, and awareness of sources of support and help"
- "Structural change needs to come from the higher-ups in the hospitals and the governments; a recognition that their teams are not diverse and thus have an intentional blind spot for immigrant, Indigenous, and racialized communities"
- "Hospitals need to make an added effort to change their boards and decision-makers to represent the community that they serve"
- "Structural level changes need to include policy revisions, equitable funding devoted to South Asian organizations and low-income populations, awareness of available support resources in marginalized communities, better communications with diverse linguistic and cultural communities, as well as disaggregated race-based data collection"
- "The collection of data has to be led and supported by communities affected to ensure data use is not weaponized to negatively impact marginalized communities"

What health care delivery practices and program changes are required in the COVID-19 recovery phase to advance health equity for racialized communities?

- "Multilingual communications in a variety of media/social media, especially to reach elderly and vulnerable populations. Incorporate ESL or literacy classes to help get the messages out to those with weak English or literacy"
- " More focussed attention on how to provide ongoing support for appropriate social distancing, what a bubble is, and confusion in larger groups getting together (e.g. multiple families, etc.) to avoid catching COVID"
- "There needs to be multilingual health care practices implemented, be it through utilization of immigrant doctors unable to practice but able to translate the knowledge into a different language. This could be part of the "re-certification" process for international doctors. OR asking Indigenous Elders or leaders to join to help provide comfort. We need to stop looking at communities as "one size fits all" and actually work with the demographic to ensure our health care reflects the community being served"
- "Different communities need the ability to form their own organizations that are supported by government funding and technical expertise like mainstream culturally based organizations"
- "Cultural competency needs to be accounted for when providing solutions"
- "Collecting race-based data would be useful if programs and policies attempted to target the affected communities. For example, targeting elderly citizens and children to ensure optimal care"
- "Access to health care for undocumented individuals at all levels of health care (primordial, primary ,secondary and tertiary.)"

What is your level of satisfaction for this event?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations
4. Exceeds Expectations **(25%)**
5. Outstanding **(75%)**

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

a. Yes **(93.8%)**
b. No **(6.2%)**

How can we improve for our next event?

- "Event was very informative but required more engagement from the attendees and time to discuss future steps"
- "Panelists seemed to have focused on promoting their own work and instead should have worked to make more genuine connections to difficult issues"
- "While I appreciated the information on the group of individuals, it would be great to have information on other minority groups"
- "Increase event time"