PROCEEDINGS REPORT

2021

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:

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TABLE OF **CONTENTS**

2 **INTRODUCTION**
About Council of Agencies Serving South Asians (CASSA)
About CASSA's Annual Health Equity Summit

4 **EXECUTIVE SUMMARY**
General Overview
Agendas
Speaker Biographies

14 **PLENARY SESSIONS**
Access to Critical Health
Mental Health & Addiction Concerns
Stigma, Discrimination, Violence & Human Rights
Building Resilience for Future Emergency Events

23 **BREAKOUT SESSIONS**
Data Collection & Decision-Making during Public Health Crises
Effective Communication Strategies for Public Health Crises
A Framework for Community Engagement during Public Health Crises

29 **FEEDBACK FROM ATTENDEES**

Prepared by:
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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.

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

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

EXECUTIVE SUMMARY

Event Name: CASSA's 10th Annual Health Equity Summit
Theme: COVID-19 Response: Road to Recovery
Date: September 22 (Wed.) - September 23 (Thurs.), 2021
Time: 10:00 AM to 2:00 PM (EST)
Venue: Pheedloop (virtual)
Attendance: 60
Sponsor: Punjabi Community Health Services (PCHS)
Session Recordings: Available on YouTube (CASSA Online)

General Overview

CASSA's 10th Annual Health Equity Summit was titled **COVID-19 Response: Road to Recovery.**

For the first time ever, CASSA hosted our Annual Health Equity Summit using Pheedloop, a virtual event platform. Last year, the Summit focused on the beginning phases of COVID-19 emergency care and response. We explored available support initiatives, plans for post-crisis, and provided resourceful information on the developing situation. And this year, CASSA continued the conversation across two days, but focused on the concerns with reopening society after months of social isolation.

On Wednesday, September 22, 2021, from 10:00 AM to 2:00 PM, the Summit featured nine experts. The plenary speakers led presentations on 'Access to Critical Health' and 'Mental Health & Addiction Concerns', while breakout speakers led presentations on 'Data Collection & Decision-Making', 'Effective Communication Strategies', and 'A Framework for Community Engagement'.

On Thursday, September 23, 2021, from 10:00 AM to 2:00 PM, the Summit featured seven experts. The plenary speakers led presentations on 'Stigma, Discrimination, Violence & Human Rights' as well as 'Building Resilience for Future Public Health Crises'. For the second day of the Summit, breakout sessions remained the same as the first day. Attendees who registered for both days of the Summit had the opportunity to choose a breakout session they did not attend on the first day.

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.

Special thanks to PCHS for supporting this Summit through gold sponsorships.

HOSTED BY:

Agendas

DAY 1: Wednesday, September 22, 2021		
10:00 - 10:10 AM	OPENING REMARKS	
10:10 - 11:40 AM	PLENARY SESSIONS	
10:10 - 10:40 AM	Mental Health & Addiction Concerns	Sana Imran
10:40 - 11: 10 AM	Access to Critical Health	Keddone Dias
11:10 - 11:40 AM	LUNCH BREAK	
11:40 AM - 12:20 PM	PLENARY SESSION	
	Mental Health & Addiction Concerns	Maneet Chahal
12:20 - 1:00 PM	BREAKOUT SESSIONS	
	Data Collection & Decision-Making during Public Health Crises	Corey Bernard Stephen Petersen
	Effective Communication Strategies for Public Health Crises	Jayneel Limbachia Sujane Kandasamy
	A Framework for Community Engagement during Public Health Crises	Walied Khogali
1:00 - 1:20 PM	REPORT-BACK SESSION	
1:20 - 1:40 PM	PLENARY SESSION	
	Access to Critical Health	Dr. VInita Dubey
1:40 - 2:00 PM	CLOSING REMARKS	

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DAY 2: Thursday, September 23, 2021		
10:00 - 10:10 AM	OPENING REMARKS	
10:10 - 11:40 AM	PLENARY SESSIONS	
10:10 - 10:40 AM	Stigma, Discrimination, Violence & Human Rights	Angela Robertson
10:40 - 11: 10 AM	Stigma, Discrimination, Violence & Human Rights	Dr. Amrita Mishra
11:10 - 11:40 AM	Building Resilience for Future Emergency Events	Dr. Amrit Sehdev
11:40 AM - 12:10 PM	LUNCH BREAK	
12:10 - 12:40 PM	PLENARY SESSION	
	Building Resilience for Future Emergency Events	Dr. Amit Arya
12:40 - 1:20 PM	BREAKOUT SESSIONS	
	Data Collection & Decision-Making during Public Health Crises	Samiya Abdi
	Effective Communication Strategies for Public Health Crises	Sabina Vohra Miller
	A Framework for Community Engagement during Public Health Crises	Nousin Hussain
1:20 - 1:40 PM	REPORT-BACK SESSIONS	
1:40 - 2:00 PM	CLOSING REMARKS	

Speaker Biographies

DAY 1: Wednesday, September 22, 2021	
PLENARY SESSIONS	
Access to Critical Health	
Dr. Vinita Dubey	Dr. Vinita Dubey works as an Associate Medical Officer of Health for Toronto Public Health specializing in Vaccine Preventable Diseases. She also works as an emergency medicine physician outside the GTA. Dr. Dubey holds an Adjunct Professor appointment with the University of Toronto's Dalla Lana School of Public Health.
Keddone Dias	Keddone Dias' commitment to building healthy communities has fuelled her passion to work in the not-for-profit sector for over 20 years. In her current role as Executive Director at LAMP Community Health Centre, Keddone leads a multidisciplinary team in the delivery of primary health care services and health promotion programs that address the needs of the whole person. With special emphasis on areas including health equity, youth development and education, Keddone has worked to improve access to the resources needed to help communities grow and thrive. Keddone holds a Bachelor of Commerce degree in Finance from Ryerson University and a Master of Public Policy, Administration and Law from York University, as well as certificates in Community Health Leadership from the Rotman School of Management, and Leading Sustainable Strategic Change from the Schulich School of Business. Keddone volunteers as Chair of the Board of Visions of Science Network for Learning, an organization that engages children and youth from under-represented communities in education focused on Science, Technology, Engineering and Math. She enjoys spending time with family, especially her two school aged children, who always keep her on her toes.
Mental Health & Addiction Concerns	
Sana Imran	Sana Imran is a registered social worker and psychotherapist, with several years of experience working frontline in community mental health and addictions agencies across Toronto. Most recently, Sana led health equity policy initiatives and programs for the Canadian Mental Health Association Ontario, and is currently an Assistant Dean, Community Wellness with Innis College at the University of Toronto. She continues to provide clinical care part-time and is passionate about reducing stigma and enhancing culturally safe care for communities experiencing marginalization.

Maneet Chahal	Maneet Chahal (RN, BScN, MSc) is a passionate community change-makers with over 8 years of mental health nursing experience. Along with working in the field of mental health, Maneet finished her Masters of Nursing in 2018 which looked at the South Asian Punjabi community's experience of accessing mental health services for depression in the Region of Peel. Maneet co-founded SOCH Mental Health with her best friend, Jasmeet Chagger in April of 2015. Soch Mental Health is a South Asian mental health initiative aimed at providing culturally and linguistically appropriate mental health promotion for the South Asian community.
BREAKOUT SESSIONS	
Data Collection and Decision-Making during Public Health Crises	
Corey Bernard	Corey Bernard is the Director of Equity, Inclusion, Diversity, and Anti-Racism at Ontario Health. Corey has many years of experience leading the development and implementation of equity-advancing strategies into health care organizations at multiple levels of the Ontario health system, including the Mississauga Halton Local Health Integration Networks (LHIN), Health Quality Ontario, North York General Hospital and other community hospital settings. Corey is a strong advocate for community-based organizing and engagement, and is committed to serving the community by increasing equity and justice. Some of Corey's volunteer-member affiliations include The Anti-Racism External Advisory Group for the National Collaborating Centre for Determinants of Health (NCCDH), The Black Health Equity Working Group, and The Black Experiences in Health Care Symposium Planning Committee (2017 and 2020).
Stephen Petersen	Stephen Petersen is the Lead, Strategic Analytics, at Ontario Health. He has a passion for applied data analysis and science communication, and aims to help strengthen the Ontario health system through the strategic and creative use of data. Recently, he has led a variety of analytical projects in support of the provincial COVID-19 pandemic response. With respect to health equity, he has made essential contributions including FSA-level vaccination tracking for high-priority communities, a report looking at the disparate impact of the COVID-19 pandemic on racialized Ontarians, and analyses of regional variation in COVID-19 metrics (e.g., testing) by quintiles of marginalization (ON-MARG). He is a master's trained epidemiologist with over 15 years of experience in applied health services research and policy analysis.
Effective Communication Strategies for Public Health Crises	

Jayneel Limbachia	Jayneel is a population health researcher with a MSc in Health Research Methodology from McMaster University. Jayneel co-founded COVID-19 Made Simple in an attempt to address the misinformation that was prevalent in the community at the outset of the pandemic. The grassroots initiative aims to develop daily infographics to provide credible news and information on COVID-19 in a simplified manner across several different social media platforms, with Instagram being the primary source. In addition to leading this grassroots initiative, Jayneel has been involved in several COVID-19 related population health research including the COVID-CommUNITY study which aims to assess the vaccine response in South Asians and is co-leading a PHAC grant on improving vaccine confidence among South Asians through youths as agents of change (SAY-VVAC study). Jayneel hopes to use his community and academic experience to improve patient care in the future as he prepares to start medical school this fall at the University of Western Ontario.
Sujane Kandasamy	Sujane Kandasamy is a methodologist with experience in designing and evaluating knowledge translation interventions that are co-developed with communities of interest. She conducts and participates in research programs that build from culturally-authentic practices and approaches. In addition to being a Co-Investigator on the COVID CommUNITY (South Asian & First Nations) research studies, she is also leading a COVID related Public Health Agency of Canada (PHAC) grant to design conceptually-informed, evidence-based, and multilingual health communication tools for South Asian communities in Canada. Sujane also has experience with the evaluation of public/patient engagement in healthcare decision-making, health technology assessments, developing innovative educational tools, film-making, and creative design. She is also actively involved in environmental stewardship activities and programs that are rooted in principles of planetary health, including her work with The Starfish Canada, a charity which she co-founded in 2010.
A Framework for Community Engagement during Public Health Crises	
Walied Khogali	Walied Khogali has lived in Regent Park with his family since 2005. He has worked to champion issues such as affordable transit, environmental stewardship, equity, and human rights in both the community and across the city. Walied is known for his work with residents from all backgrounds to create safe, inclusive, sustainable communities that are free from discrimination and hate. As a Canadian Muslim who immigrated from Sudan, he has experienced firsthand what it’s like to be a newcomer youth growing up in Toronto. Walied witnessed his parents make many sacrifices

to give him and his six siblings the best possible opportunities, instilling the values of hard work, education and social responsibility. This inspired Walied to “pay it forward” and dedicate himself to public and community service.

His professional track record reflects this commitment. Since 2016, Walied has worked to support the campaigns of the United Way, as well as in communications at the Labour Community Services of Toronto. Walied served as the President of the Toronto Environmental Alliance, and is a founding member of the transit advocacy organization, TTC Riders. Walied has also held key positions in a number of organizations including the Canadian Arab Federation and One Toronto.

Walied is passionate about building a society in which all people can reach their full potential.

He is the Co-Founder of the Coalition Against White Supremacy and Islamophobia (CAWSI). This coalition of 170+ organizations, mobilized a national day of action in February 2017 in response to the Trump administration’s “Muslim ban” and the deadly islamophobic and racist attack on a mosque in Quebec City in January 2017. Walied is a community mentor for youth experiencing marginalization, and an advocate for education and career opportunities, as well as meaningful youth participation in public discourse. Walied continues to support at-risk youth and families across the Greater Toronto Area through the RamadanMealsTO project that is focused on raising awareness about food insecurity and supplying those in need, no matter their denomination or identity with fresh food and halal prepared meals.

DAY 2: Thursday, September 23, 2021	
PLENARY SESSIONS	
Stigma, Discrimination, Violence & Human Rights	
Angela Robertson	Angela Robertson is the executive director of Parkdale Queen West Community Health Centre. Parkdale Queen West is a community-based health service organization serving mid and west Toronto. Angela is dedicated to people and communities facing discrimination, poverty and marginalization. Beginning in the 1990s, Robertson worked as an editor of social issues manuscripts at Women's Educational Press, served as an adviser to the Minister Responsible for Women's Issues, manager in the supportive housing and public policy sector, was the executive director of Sistering – A Woman's Place for more than a decade and worked as a Director of Health Equity and Community Engagement at Women's College Hospital. She is a founding member of Blockorama, which focuses on forging a space for Black and other racialized LGBTQ+ people and allies at Pride, and has served on numerous community Boards. Angela has been recognized for her social justice work by the YWCA, Fred Victor Centre, and Urban Alliance on Race Relations, NOW magazine and was honoured by York University in 2017 with an Honorary Doctorate of Laws degree for her social justice work.
Dr. Amrita Mishra	Dr Amrita Mishra is an action researcher and capacity builder at the Indo-Canadian Women's Association, Edmonton, where she develops evidence-based tools and service models against gender violence (2015-current). She volunteers on federal and provincial advisory committees on immigrant health, gender equity, and diversity and inclusion. As an academic researcher, Amrita has researched and published on HPV immunization policy and practice (Dalhousie University, Canada, 2009-2011), platforms for improved resource sharing and collaborations in genomics (University of Alberta, 2012-2014), history of cervical cancer screening (2008-2009, IFZ, Graz, Austria) and power-authority configurations in science labs (PhD, Jawaharlal Nehru University, India, 2002-2008). Amrita is also a blogger (on social justice issues), polyglot, boxer, graphic artist, and avid reader.
Building Resilience for Future Emergency Events	
Dr. Amrit Sehdev	Dr Sehdev is a physician working out of the Peel region with a specialized interest in vulnerable populations, immigrants as well as technology. He

	completed his medical training from the University of Calgary, and completed residency training in family medicine from the University of Toronto, working out of the University Health Network in downtown Toronto. He completed a Masters in Artificial Intelligence from Queens University, and works with a digital health and insurance company in Toronto, Torkore, pushing for improved patient outcomes and reduced costs to the healthcare system. This past year, he was involved in forming the South Asian Covid Taskforce, #Thisisourshot covid vaccine campaign and works to increase health literacy in newcomers to Canada through his work with Kingston Immigration Services, a federally funded organization. He is also a member of Action Canada as well as the Lieutenant Governor General Leadership Conference.
Dr. Amit Arya	Dr. Amit Arya is a Palliative Care Physician who works in Long-Term Care Homes. He is the Palliative Care Lead at Kensington Gardens long-term care home in Toronto. Dr. Arya serves as Lecturer for the Department of Family and Community Medicine at the University of Toronto and Assistant Clinical Professor for the Department of Family Medicine at McMaster University. Dr. Arya holds multiple leadership roles at the national, provincial and local level, and was awarded the 2020 Award of Excellence in Social Responsibility, from the Department of Family and Community Medicine, University of Toronto. Recently, he co-founded Doctors for Justice in Long-Term Care, a large coalition of over 1000 physicians and researchers advocating for an overhaul of the long-term care system in Ontario.
BREAKOUT SESSIONS	
Data Collection and Decision-Making during Public Health Crises	
Samiya Abdi	Samiya is a consultant, public speaker and a community animator who strategically fosters collaboration, connection and consensus to shift the public health system to be more equitable. Samiya`s philosophy is grounded in challenging multiple and intersecting forms of oppression; understanding marginalization in knowledge production, research and practice; and building equitable relationships.She is passionate about creating safe nonjudgmental spaces that foster growth, allow for failure and transformational learning. Through her practice Samiya engages in critical thinking and reflexivity to build relationships that promote empowerment and self-determination.

Effective Communication Strategies for Public Health Crises	
Sabina Vohra Miller	Sabina Vohra-Miller has an MSc in clinical pharmacology and toxicology. She previously worked in biotech as a scientific advisor. In 2016, she retired from her role in biotech and with her husband, she co-founded the Vohra-Miller Foundation, a philanthropic endeavor with the goal of making systemic, sustainable, and meaningful changes to healthcare in Canada. Sabina is the founder of Unambiguous Science, which is a fact-based, educational resource that aims to make science accessible and approachable. She is also the co-founder of the South Asian Health Network, a grassroots volunteer-based organization focusing on culturally appropriate health educational content and advocacy to address structural inequities in health care within the South Asian community. She is also Vice-Chair of the board at Lymphoma Canada and a Director of the board at The Stop Community Food Centre. She sits on the Advisory Committee for the Institute for Pandemics at the Dalla Lana School of Public Health. Sabina's passions include both science education, especially countering vaccine mis- and dis-information, as well as promoting and advocating for health equity and access to healthcare. As a first-generation immigrant and woman of colour, she believes strongly in community-based approaches that help build a more resilient and equitable Canada for everyone.
A Framework for Community Engagement during Public Health Crises	
Nousin Hussain	Nousin is a Masters of Public Health student at the University of Toronto pursuing a specialization in Social and Behavioural Sciences. She's currently working at the Centre for Global eHealth Innovation at the Toronto General Hospital, to create digital platforms for virtual diabetes care. She is a founding member of the South Asian Allyship Network working to mobilize South Asian communities in Canada to tackle anti-Black racism. Through her work with the South Asian Health Research Hub, she has led participatory research projects engaging community members and key stakeholders in exploring the social dimensions of diabetes prevalence and prevention. Her research interests include exploring the nexus between digital health, chronic illness and social inequities.

PLENARY SESSIONS

Access to Critical Health

LAMP Community Health Centre's Health Equity Journey and COVID-19 Response

Keddone Dias, the Executive Director of LAMP Community Health Centre, opened about how the COVID-19 pandemic forced health centres to change the way they served communities. This past year provided many opportunities for LAMP to live up to their organizations established values in new and innovative ways that supported community health, safety, and wellbeing.

LAMP remained open throughout the pandemic, providing services to community members in need during a time of extreme uncertainty. Through modifications, LAMP was able to respond to health equity issues created or exacerbated by the pandemic including digital equity and literacy, social isolation, mental health challenges, food insecurity, and the lack of services as others closed their doors in an effort to maintain safety.

LAMP also took leadership in addressing systemic issues emphasized by the pandemic with a particular focus on racialized and marginalized communities. LAMP provided a statement of commitment to disrupting anti-Black and anti-Indigenous racism. However, Keddone explained that showing support and solidarity through statements is not enough without making commitments. We must be open to learning what we do not know and learning different perspectives. We must also be accountable to the communities we serve by doing the work and being vocal about it.

Attendees asked the speaker the following questions:

1. *How did the community members respond after being accused for the skyrocketing infection rates in the Peel region during the end of 2020?*

Keddone explained that the narrative went in the wrong direction instead of the direction of how can we support the community? We must acknowledge that there are parts of the healthcare system that are designed in a way to disadvantage certain groups.

2. *What lessons from the pandemic informed changes to LAMP's program and engagements with the community?*

The main lesson was that we need to ensure that those who are most vulnerable will continue to have access to services. When we plan for the most vulnerable, we know we will not leave anyone behind.

COVID-19 Vaccines: Building Trust and Confidence
Dr. Vinita Dubey, the Associate Medical Officer of Health highlighted the concerns with COVID-19 vaccine and the importance of vaccination in controlling the spread of COVID-19 and in preventing serious illness, hospitalization or death.

Dr. Dubey begins with addressing concerns with the development and approval of the COVID-19 vaccine. She provided reassurance that no steps were skipped or rushed in the development as vaccine technology was already being researched, which gave Scientists a head start. Global collaboration to share research data between countries and pharmaceutical companies as well as large scale government funding also helped speed up the work without compromising safety.

Speaking to only the Pfizer and Moderna vaccines, Dr. Dubey explained that the vaccines contain instructions (mRNA) to have our bodies make antibodies. mRNA is fragile and therefore contains lipids, salts, sugars, and buffers to keep it protected. There are no eggs, gelatin, preservatives, latex, antibiotics, and most importantly, no COVID-19 virus in the vaccine.

As for vaccine side effects, most are mild and last one to three days. Some may experience redness, itching, pain/discomfort, swelling, headache, fatigue, muscle ache, mild fevers, chills, nausea or vomiting. You must seek immediate medical care if you are feeling chest pain, shortness of breath or a pounding heartbeat within hours or days after vaccination.

Dr. Dubey goes on to discuss the effectiveness and importance of the vaccine. The vaccine is effective against the Delta variant, which spreads more easily than other variants. Toronto experienced a significant decline in infection rate as vaccination rates went up. However, Dr. Dubey explained that it is important to address vaccine hesitancy among South Asian or Indo-Caribbean communities as they are amongst the highest rate of infection, making up 22% of the population. Dr. Dubey concludes by providing vaccination clinic locations and a virtual resource for COVID-19 and vaccine related questions, *VaxFacts*.

Attendees asked the speaker the following questions:

1. *What was the process that led to this vaccine engagement strategy to target marginalized and racialized communities?*

Dr. Dubey explained that the driving force was the data. Certain groups were more likely to get COVID-19 because of SDoH. One-size fits all approach did not work.

2. *If I can get COVID-19 with the vaccine and pass it to others, is it still a vaccine?*

The goal of vaccination is to prevent severe illness, hospitalizations, and death. Vaccines work more than 95% of the time to achieve this. However, vaccines are not 100%. As Dr. Dubey explained, COVID-19 can still be contracted, but at a much lower risk. An unvaccinated person is seven times more likely to contract COVID-19 in general and 40 times more likely to end up in the intensive care unit (ICU). Those who have been double vaccinated experience mild symptoms. The reason why there is a

push for vaccination is that we are trying to preserve our health system (e.g., getting a heart attack and unable to receive treatment due to overcrowding in hospitals with COVID patients).

3. *Is there fetal matter in the casing – transport delivery of the vaccines?*

Many years ago, fetal cell lines of aborted or miscarried pregnancies were used in vaccines, but not for Pfizer and Moderna. Fetal cell lines may have been used for AstraZeneca and Johnson & Johnson vaccines.

4. *Are there any changes in the efficacy of the vaccines with the new variants? How do you navigate and try to explain to people that despite the variants, it is still important to be vaccinated?*

The vaccines continue to be very effective. People who are recommended for booster doses are for people who have a weakened immune system.

5. *What are some equity concerns for mandating vaccine passports? And how are these addressed?*

The equity conversation goes on both sides – protecting people who are at higher risk for covid is a health equity concern. Racialized communities are a part of this group at higher risk. We need to protect those vulnerable.

Mental Health & Addiction Concerns

Returning to the Workplace – Creating Safety

As workplaces share their expectations about returning to the workplace and steps they have taken to create feelings of physical safety in the fight against COVID-19. Sana Imran, Registered Social Worker and Psychotherapist, highlighted that there were little conversations about employee's emotional and mental sense of safety.

Mental Health affects us all. Sana explains that our mental health is grounded in the SDoH. Research has found three SDoH with the greatest effect on mental health. The presence of one or all three SDoH have the greatest effect on our ability to experience poor mental health: discrimination and violence, social exclusion, and inability to access economic resources. Due to these SDoH, marginalized groups are more likely to experience poor mental health, which have poor effects on health equity.

Underlying all of these inequities is the experience of racism and discrimination. The cumulative effect of racism and discrimination may potentially manifest as trauma. The workplace is one of the most common places to experience racism and discrimination in the form of microaggressions, "code-switching", and presenteeism. Therefore, virtual workplaces enhanced security and safety as it reduced opportunities for overt acts of racism, discrimination, violence, and microaggressions.

Sana concluded her session by providing suggestions to employers to better support their employees' transition back into the physical workplace. Employers can start by practicing self-reflection to develop cultural humility – listening without judgment and being open to learning from and about others. Employers can also embed equity in social planning and service delivery, challenge discrimination, tackle SDoH, and hire professional counseling.

Attendees asked the speaker the following questions:

1. *How can organizations start with an audit or review of their practices to deconstruct practices that are oppressive?*

Sana explains that if budget allows for it, organizations should bring someone in externally to help with the process. If the leaders of the organization do it themselves, then there is not enough safety for employees to speak about what they are challenged with.

2. *What would you recommend when it comes to supporting the mental health of our youth staff?*

When it comes to working with youth, it's important to let them take the lead. Enough credit is not given to youth for knowing what they need for their mental health. It is important to encourage them to identify what will work and not work for them, and then actually follow through with their requests.

How to Care for Your Mental Health During a Pandemic?
Maneet Chahal, CEO & Co-Founder of Soch Mental Health led an interactive discussion about maintaining mental health balance, which was largely impacted by the COVID-19 pandemic. To maintain mental health, Maneet suggests practicing mindfulness and self-care.

Maneet began her session by inviting attendees to practice 5-minutes of mindful music listening. The slow-tempo Punjabi music allowed attendees to feel a calming effect and to reconnect with their body and breath. Maneet notes that our lives are so busy that we do not make time to intentionally breathe. Being intentional with your breath helps to slow down your mind and helps align your mind with your body.

Maneet proceeds with a reflective activity. She asks attendees what self-care means to them. Some attendees reported that self-care is celebrating the moment with stillness, slowing down, taking a break mentally, or putting up boundaries. While others reported that self-care can be fast-paced and involve exerting the body like going out for runs or exercising. She then asks if attendees *have* or *make* time for self-care? Attendees reported that self-care should not be a one-off thing, it should be a routine. You should not respond to your mind and body's needs in only times of crisis (e.g., when you're hungry or tired). Self-care should be proactive and not reactive.

After the reflective activity, Maneet breaks down self-care into eight dimensions of wellness. Self-care should be related to eight dimensions: financial, intellectual, career, physical, social, spiritual, emotional, and environmental. Self-care should also encompass hygiene (general & personal), nutrition, lifestyle, environmental factors, socioeconomic factors, self-medication, and getting help. You can get help by reaching out to loved ones, family doctors, community mental health agencies, hospitals, or counselors. Maneet concludes her session by providing some self-care resources.

Stigma, Discrimination, Violence & Human Rights

Beyond Solidarity Statements: Actions for Change in Access and Outcomes

Angela Robertson, the Executive Director of Parkdale Queen West Community Health Centre outlined strategies and actions that can advance actions for equitable access and outcomes for Black, racialized, and low-income populations.

Robertson reported that during the vaccine rollout in early April 2021, Canada quickly suffered from vaccine scarcity – issues with production line and support. There were higher rates of COVID-19 infection and lower rates of vaccinations amongst low income areas and racialized populations. However, when communities mobilized and vaccines were brought into communities in an accessible and culturally responsive way, vaccine uptake improved. Ultimately, the lack of vaccine uptake was due to lack of vaccine sites, hesitancy, and healthcare mistrust.

Robertson stressed the importance of collecting race- and sociodemographic-based data for recovery. Data collection must be twinned with actions and strategies for change. The first step would be to have the community involved in data analysis. If the community's voices are not a part of the planning, then the outcomes and strategies that get developed are oftentime not responsive to their needs.

The other piece for recovery is the acknowledgment of racism. The COVID-19 pandemic has unmasked racism in all forms (i.e., anti-Black, anti-Asian, anti-Indigenous). Therefore, the government must implement anti-racism initiatives and ensure that it remains to address structural inequalities. For example, economic strategies were implemented during the height of the pandemic (e.g., wage enhancements for essential workers) and we need to ensure those responses are sustained throughout. Even in terms of overdose issues and decriminalization of drugs, it has targeted racialized populations. We need to ensure a public health response encompasses racism.

Attendees asked the speaker the following questions:

1. *Do you have any reflections on the push for decriminalization of drugs within Toronto? What can be done to get folks who haven't been involved in harm reduction to better support people who use drugs?*

Robertson emphasized the need to circulate the survey launched by the Toronto Public Health requesting an exemption from criminal penalties for the possession of drugs for personal use within the City of Toronto. We must also learn the perspectives of our communities on the differential impact of criminalization of racialized populations and what is needed. The presence of stigma in substance use involves racism and racism keeps us silent.

2. *The tried and true strategy of governments and those in power is to divide and conquer – to undermine the effort to bring about systemic change. How do we prevent and work against their effort to play to specific groups and pander to select communities?*

Robertson explained that we are now in post-election and there needs to be greater collaboration across various associations. We must collectively lift each other up. The substantive changes have not yet happened and we must hold parties' accountable.

How Healthcare Providers Can Support Persons Coping With Gender Violence - Foregrounding Cultural Safety in Handling a Global Health Crisis

Dr. Amrita Mishra, Project Director at Indo-Canadian Women's Association explored the role of healthcare providers in the provision of culturally safe, sensitive, and compassionate support to patients who are living with family violence and/ intimate partner violence.

To no surprise, gender-based violence (GBV) escalated during the COVID-19 pandemic. Measures to prevent infections such as isolation, virtual workspaces, loss of access to services, lack of connectivity, economic precarity, 24/7 proximity to abusers, and the digital divide – became facilitators of violence.

Dr. Mishra explains that we must implement strategies for preventing and addressing GBV that are intersectional and gender-informed. So what can healthcare providers do against GBV? Healthcare providers can utilize specific violence-screening tools that are longitudinal (i.e., involving repeated contact with healthcare providers). Longitudinal screening tools will offer a unique opportunity to develop trust between patient and healthcare. We must also address significant knowledge gaps and provide consistent cultural safety training. Cultural safety in providing care involves understanding how inequities impact access to care (e.g., the effects of colonization, systemic racism and discrimination on access to and experience of care).

Dr. Mishra concluded her session by explaining how the 'Dilaasa model' is an effective example of gender-sensitive, trauma-informed and culturally safe care by a crisis centre in an Indian hospital. The 'Dilaasa model' cites OPD/Ob-Gyn sections as a good place to refer women facing domestic violence. The staff are trained to consider violence through a gender lens, violence affects a woman's health, and intervening is essential. They are also trained to identify potential red flags (e.g. burn wounds, poisoning, fractures, signs of repeated abortions, pregnances, STIs, pelvic diseases, anxiety, sleeplessness, depression) and offer shelter up to 48 hours.

Attendee asked the speaker the following question:

1. *How do we address white fragility around this issue of GBV? White people can be insensitive on cultural issues and issues of cultural safety, so how do we get up to speed quickly on cultural safety the way you defined it?*

A lot of people feel threatened because they think they are being accused of interpersonal racism. What they do not understand is that structural racism is different from interpersonal racism. If you shift the conversation to structural racism, it leaves no one innocent and makes everyone complacent. It leaves people leaving (a) less threatened and (b) more willing to engage with the larger issues that perpetuates racism.

Building Resilience for Future Emergency Events

Building Resilience for Immigrants Future Public Health Crises

Dr. Amrit Sehdev, Physician and Co-founder of the South Asian COVID Taskforce, took an approach of addressing the immigrant experience during COVID-19 to build a solution for resilience.

Using data from 2020-2021, Statistic Canada found that immigrants were disproportionately represented in jobs with greater exposure to COVID-19 such as frontline/essential services. Immigrants and visible minorities were also more likely to report higher rates of unemployment, earn lower wages, face financial insecurity, experience harassment, and report poorer self-rated mental health compared to their White counterparts.

Dr. Sehdev insisted that building a model for resilience must include the experiences of immigrants. Canada has established immigration as its policy for economic and population growth. Despite the government relying heavily on immigrants to shape our society, they neglected to include them in the conversation.

Harvard simplified the model for resilience in three steps. The three steps are based on increasing positive outcomes (i.e., supporting responsive relationships), decreasing negative outcomes (i.e., reducing sources of stress), and changing the fulcrum (i.e., strengthening individual core skills).

Attendees asked the speaker the following questions:

1. *There is a real risk in conflating "immigrants'' with "peoples of colour" as it tends to shift the conversation to newcomer settlement strategies and interventions – and away from the colour-coded inequalities that you've highlighted. How do we keep the necessary focus on racialised disparities in order to succeed in our racial justice change-making efforts ?*

Dr. Sehdev explained that it is a difficult balance to strike because the racial justice efforts need to be uniformed and approached together. The data reported by Statistics Canada is group-based. For some time, medical professionals have asked for that data because it is difficult to understand the medical needs of certain communities. It is important not to mistake data for a widespread approach, such as racial justice.

2. *How do we encourage conversations about mental health amongst South Asian families? It is deeply stigmatized - which makes seeking help difficult. My organization's youth groups complain that they are afraid to talk about their mental health challenges with their parents, who scoff - "You have it good, we take care of you, what's your big problem?" etc.*

Dr. Sehdev explained that there is no easy solution for it. The gatekeeper for mental health services traditionally have been health care workers, but the reality is mental health presents differently in different people. It really goes down to investing in the individual.

How Do We Fix Our Eldercare System After the COVID-19 Humanitarian Crisis?
Dr. Amit Arya, Palliative Care Lead at Kensington Health discussed the transformative changes that are urgently required in the long-term care (LTC) system after so many deaths.

The COVID-19 pandemic has not impacted everyone all the same and people in LTC bore the brunt. Canada became the leader in terms of proportion of death in LTC compared to other countries. And with the delta variant, Canada has witnessed even more deaths. We have moved from ten LTC facilities with outbreaks to over 200. Dr. Arya explains that the healthcare system has never broken, in fact, it was built that way. The system cannot be reformed, it needs to be redesigned.

What are some solutions to be looked at? Dr. Arya suggested that we need better geriatic and palliative home care (e.g., LTC facilities need to appear more homely and increase spaces), improve working conditions, require proper education and training for staff, provide virtual care from specialists, provide support to family caregivers, as well as provide full transparency and accountability.

Attendee asked the speaker the following questions:

1. *What is your approach to standards and for-profit providers in this space moving forward?*

Dr. Arya explains that we need to start phasing out for-profit LTC. Canada is in a critical situation because 2021 is the year where boomers – the largest demographic, turns 75. It is now time to completely overhaul the system and consider steps as to how to make this happen. All LTC facilities whether for-profit or funded by the government are subsidized by taxpayers money. Canadian citizens are already paying for LTC facilities, but the for-profit sector is more likely to pay healthcare workers less compared to the public or non-for-profit – who are putting almost all of that money towards care.

BREAKOUT SESSIONS

Data Collection and Decision-Making during Public Health Crisis

DAY 1

Corey Bernard and Stephen Petersen at Ontario Health addressed how COVID-19 has unequally affected many racial and ethnic minority groups, putting them more at risk of getting sick and dying from COVID-19.

Racial and ethnic minority populations are disproportionately represented among essential workers and industries, which might be contributing to COVID-19 racial and ethnic health disparities. These disproportionate impacts among racialized communities are not due to biological differences between groups or populations. Rather, they reflect existing health inequities that are strongly influenced by a specific set of social and economic factors such as income, education, employment and housing that shape an individual's place in society. Members of racialized communities are more likely to experience inequitable living and working conditions that make them more susceptible to COVID-19, such as lower incomes, precarious employment, overcrowded housing, and limited access to health and social services. Many face increased risk of exposure to COVID-19 due to their employment in front-line essential occupations with frequent contact with other people and a limited ability to work from home.

Ontario Health carefully tracks data on ethno-racial identity about the spread of COVID-19, especially the location of outbreaks, the age of patients affected, and the way that patients came into contact with the virus. This data gives valuable information about how to stop the virus from spreading further thus helping to navigate a pathway out of the crisis through the development of appropriate data-informed policy decisions for a resultant effect of containing the disease, protecting the vulnerable, and mitigating the economic impact on firms and individuals.

DAY 2

Samiya Abdi discussed how the long history of colonization has impacted the health of various communities who have settled in Canada. Therefore, data collection should be grounded in historical (and the current) context to mitigate for and express the unequal distribution of privileges experienced.

The COVID-19 pandemic has been hailed as the "great equalizer" – a disease that transcends race, wealth, or age – but the data shows otherwise. Racialized and minority groups were the highest among infection rate and vaccine hesitancy, and were quickly painted as anti-vaxxers. However, when clinics began offering culturally safe and appropriate options, people were willing to get vaccinated.

Ultimately, data collection cannot be an intellectual exercise for the sake of theorization, it must always be linked to actions that address health inequity. Black health leaders in Ontario created a roadmap to follow for data collection. The roadmap cited that engagement must be continuous, the community must be in the centre of decision-making, everyone must have access to the data, and that the data must be done in a way to protect communities and individuals.

Moderators asked the speakers the following questions:

1. *What are some barriers to data collection during a public health crisis, and what are some ways for public health to eliminate these barriers?*

The interaction between barriers to data sharing in public health is complex, and single solutions to single barriers are unlikely to be successful. We have had to contend with political and legal barriers alongside a reluctance by stakeholders to share data.

2. *How do we meaningfully collaborate with grassroot community agencies on collection, analysis, and reporting of disaggregated or race-based data?*

We recognize that community engagement for equity data collection initiatives is important because when done successfully it creates a platform for those who are directly impacted by inequities to add colour to the quantifiable. It also allows communities to properly frame what the data is revealing in a way that leaves no room for assumptions. However, when involving the community agencies, there seems to be some hesitancy with the staff. It is important to ensure that staff are comfortable with and equipped with handling data collection. If the staff are not confident, how are we to expect the community members to trust the information being shared?

3. *If we collect or use disaggregated or race-based data, what strategies should be implemented to ensure that the information will not be used to discriminate against or stereotype certain groups?*

We can consider reverse knowledge flow to ensure that community leaders are the ones teaching and disseminating the information. Collaborative leaders must understand that leading from behind is not giving up control. The involvement of trusted community leaders and supporters will ensure that the community's needs and wants are well represented and voiced.

Effective Communication Strategies for Public Health Crisis

DAY 1

Jayneel Limbachia and Sujane Kandasamy discussed how to prepare for future pandemics in terms of dealing with misinformation and disinformation.

COVID-19 Made Simple is a platform created with the hopes of sharing accurate and reliable information for the community at large. The resources are aimed to tackle misinformation and provide accessible information by sharing daily case updates, national and local government recommendations, reliable news coverage, and evidence-based research updates to members of the public without them having to sift through information sources themselves.

COVID-CommUNITY is the only study in Canada conducted to understand the immune response to the COVID-19 vaccine and its safety in South Asian communities, who have been disproportionately affected by the pandemic. Part of the study also involved curating sources of information and finding innovative ways to address misinformation concerns, which included arranging town halls with experts and live Q&A.

South Asian Youth as Vaccine Agents of Change (SAY-VAC) is another project that aims to equip digitally-literate South Asian youth with evidence-based and engaging information and tools so they can act as agents of change within their multigenerational households.

Jayneel and Sujane conceptualized the learnings from each project into a roadmap. The roadmap includes collaborating with organizations who do similar work, curating concerns and needs of the community, creating communication strategies, disseminating and amplifying the stories behind the communication tools, as well as creating evaluation strategies to evaluate projects.

DAY 2

Sabina Vohra-Miller, founder of Unambiguous Science and co-founder of South Asian Health Network addressed building trust and countering misinformation regarding vaccines and public health measures.

The 3Cs (confidence, convenience, and complacency) Model of vaccine hesitancy was developed to map three main factors that influence vaccine uptake. Confidence implies trusting the effectiveness and safety of vaccines, the health systems that deliver them, and the motivations of the policy-makers. Conveniences address the physical availability, affordability, and accessibility. While complacent is the perceived risks of the vaccine-preventable

When building vaccine confidence, we cannot be dismissive of fears around vaccines. We must be empathetic and respectful, have judgement-free conversations, have proactive education, be transparent, and use credible sources. We must also make sure to not blame, shame, or drown people in jargon as it pushes people away further. The best way to reach people is by creating culturally sensitive materials, using a variety of mediums, leveraging networks, and building science literacy.

<u>Moderators asked the speakers the following questions:</u>

1. *How should key messages be delivered to the public? Which communication channels would you use to disseminate public health messages to ensure that it is inclusive to all communities and individuals?*

We should focus on outreach towards adolescents as most efforts were focused on adults and older adults. Strategies for this should be centred around social media. SAY-VAC connected with the youth and got them to connect with their family and friends through video curation about vaccination, which proved to be successful.

2. *How does knowledge translation dissemination work in rural communities?*

Reaching rural communities, especially South Asians, is very difficult. South Asians are still low on vaccine uptake, which can be attributed to the reason that they are hard to reach. Rural communities have been best reached through partnerships via local presences in those communities (i.e., collaboration).

3. *How underused are home visitation programs for disseminating knowledge?*

Culturally, home visitations or having someone come in to talk about information proved to be more effective in South Asian households. One of the best ways to address misinformation is to provide the right information as fast as we can.

A Framework for Community Engagement during Public Health Crisis

DAY 1

Walied Khogali, the Co-Founder of the Coalition Against White Supremacy and Islamophobia (CAWSI) explains a five step framework for community engagement: community infrastructure, stakeholder engagement, community voices, community spaces, and building trust and challenging disinformation.

Community infrastructure involves auditing the community for what infrastructure already exists to support community engagement initiatives. Stakeholder engagement involves identifying who exists in the area. In particular, who is sitting at the stakeholders table (e.g., community members, community leaders, service providers) and are the meetings accessible and anti-oppressive? Community voices ensure that you are centering community voices. Are you working with organizations that involve community organizations? Community spaces describe that all spaces (physical or virtual) are accessible to the targeted demographic. If the space is not accessible, there cannot be community engagement. To challenge disinformation, it is crucial to build trust. Therefore, it is important to get to know the stakeholders, colleagues, neighbours, etc. Small community discussions are another great way to build trust. This will ensure that people can learn and unlearn by asking questions at these discussions.

DAY 2

Nousin Hussain highlighted the importance of implementing community engagement tools. Community engagement tools may help fill the gaps where large institutions have failed marginalized communities to feel supported during a public health crisis. The tools may guide the direction for equitable health and social response in times of crisis.

ReConnect, for example, is an interactive-web-based tool developed that allows users to locate available services and support in their respective communities during COVID-19. The resources are organized by service type including employment, income support, education, child care, food security, housing, community support, health services, and mental health.

An important step into creating effective community engagement tools is to lead research that addresses ongoing systemic discrimination experienced by marginalized communities. The tools should be planned and designed with marginalized communities in mind to ensure optimal engagement.

Moderators asked the speakers the following questions:

1. *Why is a community engagement approach important for embedding health equity into COVID-19 planning, response, and recovery?*

Marginalized communities are often left out of the conversation in terms of health equity and therefore most impacted. Any and all planning, response, and recovery needs to be informed through the lived realities and experiences of those most directly (and indirectly) affected by all systemic health inequities and disparities.

2. *What are strategies and policies that can help elevate community voices at decision making tables?*

Following this Q&A it is evident we must tap into networks and groups that already exist. It is important to tap into networks at schools, community centres, and other-small scale centres to reach community members directly. We do not need huge bodies making policy and strategy decisions – this can be done at grassroot community levels and that could be more effective in understanding their needs.

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 **(17.6%)**
4. Exceeds Expectations **(17.6%)**
5. Outstanding **(64.8%)**

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 **(35.3%)**
4. Exceeds Expectations **(23.5%)**
5. Outstanding **(41.2%)**

What was your favourite part of the Summit?

- "Deeply resonated with the presentations on mental health"
- "Hearing from the subject matter experts and finding out more about strategies and initiatives to support communities in the midst of a public health crisis"
- "Amit Arya's presentation"
- "Practicality of the presentations"
- "Inclusive interactions"
- "Everything"

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

- "Promotion and sharing of knowledge collected"
- "The audio performance was a bit static, making it mildly distracting"
- "The speaker's background was distracting"
- "Much-awaited in-person gathering"

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?

- "Community leaders and members of the community, in particular youth and senior groups"
- "Patients"
- "Media"
- "Indigenous community members – many fruitful conversations are possible"

    - E.g., on the continuing legacies of colonialism and imperialism, on decolonizing practices, on mutual understanding, on gender violence, on cultural safety, on experience of and of breaking down equity barriers.
- "Law enforcement (serving or retired). Get them on board and get them to talk about things like trauma-informed practice, mental health challenges amongst racialized communities, community engagement"
- "All relevant government representatives (e.g., politicians and bureaucrats) to fully and clearly connect the dots around the critically needed robust ethno-racial, faith and other relevant socio-demographic data collection"

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

- "Challenges faced by homeless, precariously housed, invisible homeless"
- "Challenges faced by temporary foreign workers, undocumented workers and residents"
- "Challenges faced by women in frontline jobs that are the most exposed and least protected (e.g., cleaners, store workers)"
- "Challenges faced by people with physical challenges and who are neuroatypical"
- "Challenges faced by rural and remote communities"
- "A fuller exploration of the intersections and overlaps – and unique and distinct realities and experiences – between and among Indigenous Peoples and peoples of colour"
- "Stigmatization"
- "Equitable funding allocation"
- "Medical racism"