# PROCEEDINGS REPORT

## 2024

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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# 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.

### Mission

To facilitate the economic, social, political and cultural empowerment of South Asians by serving as a resource for information, research, mobilization, service delivery coordination and leadership on social justice issues affecting our communities. We aim to 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, racism, and hate; 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 toward 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, anti-hate 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 changing 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 with Black, Indigenous, and other Peoples of Color (BIPOC) towards common aims.
- **Accountability:** We are committed to maintaining effective governance, measurement and reporting practices.

## About CASSA's Annual Health Equity Summit

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. This highly anticipated event serves as a platform for key stakeholders, including experts, community leaders, policymakers, healthcare professionals, and advocates, to come together and collectively work towards achieving health equity.

The Summit explores a diverse range of pressing health topics, covering areas such as chronic diseases, mental health & addiction, sexual health, social determinants of health, policy-making, advocacy, and best practices. These comprehensive discussions shed light on the underlying causes of health disparities and facilitate the development of effective strategies to address them.

The Summit fosters vibrant exchanges of knowledge, experiences, and ideas, creating a unique space for collaboration. It brings together stakeholders to address the societal, economic, and cultural factors contributing to health inequalities. Participants are encouraged to share their expertise and insights to drive meaningful change and identify innovative solutions.

Through open dialogue, impactful presentations, interactive workshops, and networking opportunities, the Annual Health Equity Summit empowers individuals and communities. It amplifies diverse voices, harnesses collective wisdom, and inspires equity-focused strategies. Serving as a catalyst for action, the Summit advances efforts to ensure equitable, high-quality healthcare for all.

### Our Mission

Our mission is to promote health equity by addressing disparities, advocating for equitable healthcare, and focusing on access, quality, and inclusion.

1. **Advocacy:** We actively advocate for policies, initiatives, and practices that improve health outcomes and reduce disparities, with a particular focus on South Asian and other racialized communities. We build coalitions and push for a South Asian Health Strategy for Ontario.
2. **Accessible, Anti-oppressive and Culturally Responsive Care:** We work towards the development and implementation of healthcare strategies that are culturally and linguistically accessible, ensuring that individuals from diverse backgrounds can access quality care and services without barriers.
3. **Mental Health Support:** We are dedicated to supporting the development of anti-oppressive mental health tools, services, and resources that are specifically tailored to meet the needs of South Asian communities, addressing the unique challenges they may face.
4. **Research and Disaggregated Data:** We advocate for, support, secure, and disseminate research initiatives that highlight health disparities and promote race-based disaggregated data collection. By advancing knowledge in these areas, we strive to inform evidence-based solutions and policies.
5. **Empowerment and Well-being:** Our mission includes championing healthcare services and practices that empower South Asians to enhance their health, well-being, and independence, enabling them to thrive and lead fulfilling lives.

## EXECUTIVE SUMMARY

**Event Name:** CASSA's 13th Annual Health Equity Summit
**Theme:** Uniting for Health Equity: Collaborative Strategies for Racialized Communities in Ontario.
**Dates:**
- **Day 1:** November 20 (Weds.), 2025
- **Day 2:** November 26 (Tues.), 2025

**Time:** 9:30 AM to 3:00 PM (EST)
**Venues:**
- **Day 1:** Residence & Conference Centre — 80 Cooperage St, Toronto, ON M5A OJ3
- **Day 2:** Riverstone Community Centre — 195 Don Minaker Dr, Brampton, ON L6P 2V7

**Partners:**
- Public Health Agency of Canada
- United Way Greater Toronto (UWGT)
- Racialized Health Working Group — Roots Community Services, Hispanic Development Council, Canadian Arab Institute, and Chinese Canadian National Council - Toronto Chapter

**Sponsors:** Computek College and LAMP Community Health Centre
**Attendance:** 210 (110 each day)
**Recording:** Highlights available on YouTube (@CASSA Online) and on our website.

### General Overview

The 13th Annual Health Equity Summit, titled **"United for Health Equity: Collaborative Strategies for Racialized Communities in Ontario,"** was a two-day event held in collaboration with the Public Health Agency of Canada, United Way Greater Toronto, Racialized Health Working Group, Computek College, and LAMP Community Health Centre.

The summit highlighted the Racialized Health Working Group Initiative, a collaborative effort involving CASSA, Roots Community Services, Black Health Alliance, Hispanic Development Council, Chinese Canadian National Council-Toronto Chapter, and the Canadian Arab Institute. The event presented key findings from surveys, consultations, and focus groups, showcasing the healthcare experiences of African-Caribbean-Black (ACB), South Asian, East Asian, Middle Eastern-North African (MENA), and LatinX Hispanic communities. The discussions focused on access to healthcare, quality of care, and systemic barriers such as racism, cultural competency gaps, and socio-economic disparities.

Over the two days, participants engaged in keynote speeches, plenary discussions, and breakout sessions to collaborate on actionable strategies for addressing health inequities, particularly in the aftermath of the COVID-19 pandemic. The breakout sessions focused on the unique healthcare challenges faced by various racialized communities, including South Asian, LatinX Hispanic, MENA, ACB, Indigenous, and East & Southeast Asian groups.

## Agendas

| Day 1: Wednesday, November 20, 2024 at Residence & Conference Centre, Toronto | | |
|---|---|---|
| 9:30 - 10:00 AM | REGISTRATION, BREAKFAST, & NETWORKING | |
| 10:00 - 10:20 AM | OPENING REMARKS | Samya Hasan<br>Mariam Hashmi<br>Eméry Gahimbare |
| 10:20 - 11:00 AM | KEYNOTE SESSION | |
| | Strategic Alliances: Enhancing Health Equity through Collaborative Action | Sophia Ikura |
| 11:00 AM - 12:00 PM | PLENARY SESSION | |
| | Racialized Health Working Group Initiative: Bridging Health Divides with Community Collaboration | Mahdiba Chowdhury<br>Jamaul Taylor<br>Noah Wang<br>Noura Hamade<br>David Sanchez Villa |
| 12:00 - 12:45 PM | LUNCH & NETWORKING | |
| 12:45 - 2:00 PM | BREAKOUT SESSIONS | |
| | South Asian Communities: Bridging Gaps in Healthcare Access and Quality | Dr. Mandana Vahabi |
| | LatinX Hispanic Communities: Navigating Healthcare Challenges and Enhancing Cultural Competency | Mariangela Castro Arteaga |
| | Middle Eastern & North African Communities: Addressing Health Disparities and Promoting Well-Being | Dr. Areej Al-Hamad |
| 2:00 - 2:15 PM | BREAK | |
| 2:15 - 2:45 PM | BREAKOUT DEBRIEFING SESSION | |
| 2:45 - 3:00 PM | CLOSING REMARKS | |

| Day 2: Tuesday, November 26, 2024 at Riverstone Community Centre, Brampton | | |
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| 9:30 - 10:00 AM | REGISTRATION, BREAKFAST, & NETWORKING | |
| 10:00 - 10:20 AM | OPENING REMARKS | Samya Hasan<br>Adaoma Patterson<br>Kumaran Nadesan |
| 10:20 - 11:00 AM | KEYNOTE SESSION | |
| | Decolonizing Health Equity: Creating Solidarity Amongst Racialized/BIPOC Communities Against Health Violence | Dr. Roberta Timothy |
| 11:00 AM - 12:00 PM | PLENARY SESSION | |
| | Building Policy for Change: Developing Sustainable Strategies for Racialized Health Equity | Angela Carter<br>Dr. Suzanne F. Jackson<br>Heba Qazilbash |
| 12:00 - 12:45 PM | LUNCH & NETWORKING | |
| 12:45 - 2:00 PM | BREAKOUT SESSIONS | |
| | African-Caribbean-Black Communities: Addressing Systemic Barriers and Quality of Care | Dr. Akwatu Khenti |
| | Indigenous Communities: Reclaiming Traditional Knowledge and Addressing Health Disparities | Ashley Morrison |
| | East & Southeast Asian Communities: Enhancing Healthcare Experiences and Overcoming Barriers | Dr. Josephine Pui-Hing Wong |
| 2:00 - 2:15 PM | BREAK | |
| 2:15 - 2:45 PM | BREAKOUT DEBRIEFING SESSION | |
| 2:45 - 3:00 PM | CLOSING REMARKS | |

## Speaker Biographies

| Day 1: Wednesday, November 20, 2024 at Residence & Conference Centre, Toronto | |
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| OPENING REMARKS | |
| **Mariam Hashmi**<br>*Chair of Community Impact Committee (CIC)*<br>United Way Greater Toronto | Mariam has over 10 years of experience with United Way in Peel and Toronto, contributing to advisory panels on food security and youth development. She is the Co-Chair of the DiverseCity Fellows Alumni Network after completing CivicAction's city-building fellowship and serves as Vice Chair of a Secondary School Council in Peel.<br><br>In addition to her community roles, Mariam is an adjunct faculty member at Ontario universities, including the University of Toronto and Toronto Metropolitan University. She graduated with distinction from the MBA and HBA programs at Ivey Business School, completed executive education at MIT, and was honored with an Emerging Leader Award and an Ontario Community Service Award in 2021.<br><br>Living and working in Peel, Mariam has served on the UWGT Board and Community Impact Committee since 2018. |
| **Eméry Gahimbare**<br>*Acting Director for the Social Determinants of Health Division*<br>Public Health Agency of Canada (PHAC) | Eméry Gahimbare is the Acting Director for the Social Determinants of Health Division at PHAC responsible for three funding programs, including the Intersectoral Action Fund. Prior to that, Eméry was a Senior Manager at the Centre for Biosecurity (CB) responsible for stakeholder engagement. Some of his past work includes the development and implementation of the first Stakeholder Engagement Strategy for the CB; coordination and implementation of the activities of the Open Government Initiative, making key information and data available to Canadians; and management of the Secretariat for the Advisory Committee on Human Pathogens and Toxins.<br><br>Prior to joining PHAC, Eméry managed various grants and contribution programs at Health Canada in the Strategic Policy Branch, such as the Substance Use and Addictions Programs and Health Care Policy Contribution Program. Some of his accomplishments include consultation and engagement activities with key stakeholders and establishing funding programs. |
| KEYNOTE SESSION | |

| **Sophia Ikura**<br>*Founder & Executive Director*<br>Health Commons Solutions Lab | Sophia is the Founder and Executive Director of Health Commons Solutions Lab, a pioneering organization focused on addressing health disparities through community-driven solutions. Her multidisciplinary approach combines epidemiology, service design, and political science to influence health policy. With extensive experience in senior government roles, Sophia has led strategic health planning for the Toronto Regional Health Authority, overseeing a $4.4B healthcare investment. She engaged diverse communities to address equity gaps and introduced population health management strategies.<br><br>As a Senior Advisor to Ontario's Premier and Health Ministers, Sophia shaped health system reforms, including funding, quality initiatives, and workforce strategies. She also led the Nursing Secretariat's $180M recruitment plan, creating over 12,000 nursing positions. Sophia holds a Master of Public Administration and a Bachelor of Science in Nursing from Queen's University. |
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| PLENARY SESSION | |
| **Mahdiba Chowdhury**<br>*Project Manager - Health Equity & Promotion*<br>Council of Agencies Serving South Asians (CASSA) | Mahdiba Chowdhury is a dedicated health equity advocate and Project Manager for Health Promotion & Equity at CASSA. A graduate of the University of Toronto, she specialized in Mental Health Studies, focusing on equitable access to culturally and linguistically appropriate healthcare for South Asian communities.<br><br>Previously, Mahdiba was the lead coordinator of the South Asian Vaccine Engagement Collaborative, part of the City of Toronto's Vaccine Engagement Team, where she oversaw outreach initiatives and managed partnerships to enhance vaccine accessibility. She also led mental health and cancer screening initiatives through the High Priorities Community Strategy. Currently, she raises awareness of honour-based violence and develops training programs for its identification. As Coordinator of the Racialized Health Working Group, Mahdiba addresses health disparities affecting racialized populations and fosters inclusive dialogue on culturally competent care and policy change. Since 2020, she has coordinated CASSA's Annual Health Equity Summit, empowering communities to advocate for their health needs. |
| **Jamaul Taylor**<br>*Community Development Officer* | Jamaul Taylor is the Community Development Officer at Roots Community Services and represents the organization in the Racialized Health Working Group Initiative. In this role, he has led focus group |

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| Roots Community Services | discussions and consultations with Black, African, and Caribbean (BAC) residents and professionals in the Region of Peel, gathering critical insights into the health inequities they experience and their underlying root causes.<br><br>Jamaul has extensive expertise in community engagement within the BAC communities of Peel, coupled with a strong background in community-based research. He is currently pursuing a Master of Public Health at the University of Toronto. Driven by a commitment to health equity, Jamaul aims to contribute meaningfully toward reducing health disparities for racialized communities across Canada. |
| **Noah (Yinuo) Wang**<br>*Community Organizer*<br>Chinese Canadian National Council Toronto Chapter (CCNCTO) | Noah (Yinuo) Wang is a dedicated Community Organizer with CCNCTO. A graduate of George Brown College's Assaulted Women and Children's Counselor/Advocate Program, she has specialized training in anti-racism and anti-oppression frameworks. This informs her work in addressing systemic barriers and supporting marginalized communities, particularly within migrant and racialized populations.<br><br>As a former international student and immigrant from China, Noah understands the struggles faced by migrants, including access to healthcare, employment, and social services. She has worked extensively on anti-racism advocacy, supporting Chinese workers and youth through community programming and education. Her work emphasizes solidarity-building and fostering cross-cultural understanding.<br><br>Noah is passionate about advancing health equity and addressing the social determinants of health that affect marginalized communities. Drawing from her personal experience and professional expertise, she is committed to creating inclusive spaces that empower vulnerable populations to thrive. |
| **David Sanchez Villa**<br>*Researcher*<br>Hispanic Development Council | David Sanchez Villa is a Researcher at the Hispanic Development Council and represents the organization in the Racialized Health Working Group Initiative. He is also a Ph.D. candidate at FLACSO Argentina - the Latin American Faculty of Social Sciences (Facultad Latinoamericana de Ciencias Sociales).<br><br>He is also a Ph.D. candidate at FLACSO Argentina (Latin American Faculty of Social Sciences) and holds a Bachelor’s degree in Labor Relations and a Master’s in Social Policy from the University of Buenos Aires. Currently, he |

| Day 2: Tuesday, November 26, 2024 at Riverstone Community Centre, Brampton | |
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| OPENING REMARKS | |
| **Adaoma Patterson**<br>*Director, Community Service Investments*<br>United Way Greater Toronto | Adaoma Patterson was born in Winnipeg and spent six years in Jamaica with her family. With over 25 years in the nonprofit and public sectors, she recently earned a Master's in Leadership from the University of Guelph. In 2022, Adaoma joined United Way Greater Toronto as Director of Community Service Investments, overseeing support for a network of 300+ agencies critical to the social safety net in the GTA.<br><br>Adaoma has a wealth of experience in nonprofit strategic planning, policy development, and programs benefiting vulnerable communities. She has served on several boards, including the Tamarack Institute and the Jamaican Canadian Association. Currently, she is part of Toronto Metropolitan University's School of Medicine EDI Committee and leads a research project on creating a Black-led financial institution to promote economic empowerment and tackle systemic barriers for Black communities. |
| **Kumaran Nadesan**<br>*Special Advisor to the CEO*<br>Computek College | Kumaran is the Special Advisor to the CEO of Computek College and Co-Founder and Deputy Chairman of 369 Global, a fast-growing company group involved in skills training, media, and market facilitation. With senior roles in multiple ministries, Kumaran has extensive experience in intergovernmental affairs, business development, communications, and policy advisory, earning public sector awards for his work in innovation and values-based leadership.<br><br>As a community leader, Kumaran co-founded various initiatives across the Greater Toronto and Hamilton Area and was named a 2018 DiverseCity Fellow by CivicAction and the 2020 Established Professional of the Year by the Canadian Tamil Professionals Association. He holds a BA (Hons.) in English and Psychology from the University of Toronto and an Executive Certificate in Strategic Public Management from York University. Now based in Brampton, Ontario, Kumaran lives with his wife and two children. |
| KEYNOTE SESSION | |
| **Dr. Roberta Timothy**<br>*Assistant Professor, Black Health Lead, & Program* | Dr. Timothy is an Assistant Professor, Black Health Lead, and is the inaugural Program Director and creator of the MPH Program in the field of Black Health at Dalla Lana School of Public Health at the University of |

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| *Director*<br>Dalla Lana School of Public Health, University of Toronto | Toronto. She is also the former Program Director of the Health Promotion Program (2019-22). Dr. Timothy is also an Adjunct Professor in Critical Disability studies at York University. She specializes in the areas of Black health; intersectionality, Black children and families, violence, transgenerational trauma, African/Black feminisms, ethics in health work; health and racism; racialized/BIPOC health, art-based methodologies; transnational Indigenous health; and anti- oppression/anti-colonial approaches to mental health. Dr. Timothy has worked for over 30 years in community health working on resisting anti-Black racism and intersectional violence strategies. Dr. Timothy is also co-founder and consultant at Continuing Healing Consultants where she implements and teaches her intersectional mental health model "Anti-Oppression Psychotherapy". She is an interdisciplinary scholar, health practitioner, and political scientist, who examines global health and ethics from a critical trauma-informed decolonizing framework. Her current research is entitled: "Black Health Matters: National and Transnational COVID-19 Impact, Resistance, and Intervention Strategies Project. Dr. Timothy utilizes a methodology entitled: "Resistance Education" in all her work. She has been living with a visual disability for over 25 years. |
| PLENARY SESSION | |
| **Angela Carter**<br>*Advisor, Strategic Initiatives*<br>Roots Community Services | Angela Carter is the former Executive Director of Roots Community Services Inc. who now works to help develop the Black Health and Social Services Hub in Peel Region.<br><br>She actively advocates for the upliftment of Black, African and Caribbean people and works tirelessly to dismantle anti-racism, systemic discrimination and other barriers that negatively impact members of racialized and marginalized communities.<br><br>She Co-Chairs the Anti-Black Racism & Systemic Discrimination Collective, the BAC Community Health & Wellness Collaborative and the Mississauga OHT's Mental Health and Addiction Planning Table. She is Board Chair of the Ontario Nonprofit Network (ONN) and Central Park Baptist Church, and a board director of FOCUS Accreditation. |
| **Dr. Suzanne Jackson**<br>*Associate Professor Emerita, Interim* | Suzanne Jackson is Associate Professor Emerita at DLSPH, Interim Program Director for MPH SBHS and Co-Director of the WHO Collaborating Centre in Health Promotion. |

| *Program Director MPH SBHS*<br>Dalla Lana School of Public Health, University of Toronto | From 2001 to 2009, she was the Director of the Centre for Health Promotion at the University of Toronto. She was Editor- in-Chief of Global Health Promotion from 2010 to 2019 and was Chair of the Canadian Public Health Association Board of Directors 2017-2018.<br><br>In her role as Program Director, she is currently working to decolonize the MPH curriculum in social and behavioural health sciences. Her most recent research has been on community resilience in the pandemic and in relation to climate change. |
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| **Heba Qazilbash**<br>*Healthcare Relations Officer*<br>National Council of Canadian Muslims (NCCM) | Heba is a public health professional committed to social justice and health equity, currently serving as NCCM's Healthcare Relations Officer. Previously, she worked at the Public Health Agency of Canada as a Policy Analyst, contributing to international health efforts. She also has extensive research experience on access to medicines from a human rights and international law perspective, as well as in examining the impact of COVID-19 on health workers and students.<br><br>Beyond her professional work, Heba is actively involved in community service, volunteering with local organizations and leading student initiatives to foster inclusivity and promote mental and physical well-being.<br><br>She obtained a Master of Public Health from the Dalla Lana School of Public Health at the University of Toronto, specializing in Social and Behavioural Health Sciences. |
| BREAKOUT SESSIONS | |
| African-Caribbean-Black Communities: Addressing Systemic Barriers and Quality of Care | |
| **Dr. Akwatu Khenti**<br>*Director, Community Resources Selection, SDFA*<br>City of Toronto | Akwatu Khenti is Director of Community Resources at the City of Toronto's Social Development, Finance and Administration Division. He was a Special Advisor to the City of Toronto's COVID 19 equity initiative and Chair of the Black Scientists' Task Force on Vaccine Equity. He is an affiliate scientist with the Institute for Mental Health Policy Research (IMHPR) at the Centre for Addiction and Mental Health (CAMH) and an assistant Professor with the Dalla Lana School of Public Health (DLSPH). He has collaborated with Indigenous communities in Hidalgo, Mexico and Lima, Peru to strengthen mental health in primary health care and adapt Canadian health promotion strategies to their cultural contexts. He has also taught a wide variety of courses, from International Health, Human |

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| | Rights and Peacebuilding to Fundamentals of Black Mental Health. Akwatu is formerly the Assistant Deputy Minister for Ontario's Anti-Racism Directorate as well as CAMH's Director of Transformative Global Health. He has a PhD in health policy and equity from York University and was appointed as a member of the Council of Canadian Academies' (CCA) Expert Panel on Socio-Economic Impacts of Science and Health Misinformation (2021-22). |
| Indigenous Communities: Reclaiming Traditional Knowledge and Addressing Health Disparities | |
| **Ashley Morrison**<br>*Indigenous Cultural Safety Program Coordinator*<br>Indigenous Primary Health Care Council | Ashley is from Rainy River First Nations in Northwestern Ontario and currently resides in Toronto. Her role with IPHCC includes the facilitation of Indigenous Cultural Safety trainings, curriculum development and providing mental health support to Residential School Survivors. Ashley has a background in social work, psychology, and community development. |
| East & Southeast Asian Communities: Enhancing Healthcare Experiences and Overcoming Barriers | |
| **Josephine Pui-Hing Wong**<br>*Professor And Research Chair In Urban Health*<br>Toronto Metropolitan University | Josephine Pui-Hing Wong, RN, PhD, holds the roles of Professor and Research Chair in Urban Health in the Daphne Cockwell School of Nursing, Toronto Metropolitan University.<br><br>She has extensive research and practice experience in advancing health equity. She specializes in community-centred action research and capacity building initiatives. Her areas of research include: social identities and health practices, migration, HIV, sexual health, and mental health in diasporic and transnational communities. She has led and is leading numerous intervention studies on stigma reduction in the Asian, Black and Latino diasporic communities in Canada as well as among university students in China. Her research is supported by the Ontario HIV Treatment Network (OHTN), the Canadian Institute of Health Research (CIHR), the Movember Foundation, and Public Health Agency of Canada (PHAC). |

## DAY 1 SESSIONS

### KEYNOTE SESSION

**Topic:** Strategic Alliances: Enhancing Health Equity through Collaborative Action
**Speaker:** Sophia Ikura

Sophia Ikura, Founder & Executive Director at Health Commons Solutions Lab, opened with powerful testimonies highlighting the disproportionate impact of the COVID-19 pandemic on Toronto's poorest and most racialized communities. Sophia shared real-life accounts of fear, systemic neglect, and resilience, including a factory worker's anguish over delayed responses and a resident's dilemma over testing due to financial concerns.

Reflecting on these stories, Sophia emphasized the urgency of listening and understanding the true nature of systemic inequities. Her team at High Priority Communities Strategy (HPCS) engaged 121 community members, frontline staff, and leaders, uncovering grassroots solutions already in motion. Community voices captured the deep inequities:

- "If I test positive, how will I pay my rent? How will I feed my family? No good can come from it. There is no one coming to help me."
- "One person in the factory was positive. There were 500 of us workers there… Why did they wait five weeks?"

Their work demonstrated that storytelling, when layered with data and lived experiences, could drive systemic change and mobilize solutions at scale.

Key achievements of HPCS were presented, including collaborations with 700+ organizations, supporting nearly 10,000 individuals through case management, launching 37 community testing sites, and empowering over 1,800 community ambassadors. This "whole community mobilization" was transformative, building trust and improving access in racialized neighborhoods.

Sophia introduced the "Six Conditions for Transformational Change", highlighting three interconnected layers necessary for systemic transformation:

- **Structural Change (Explicit):** Revising policies, practices, and resource flows to address visible inequities, such as improving testing site accessibility.
- **Relational Change (Semi-Explicit):** Shifting relationships and power dynamics to foster collaboration and elevate marginalized voices.
- **Transformational Change (Implicit):** Changing worldviews to dismantle deeply rooted inequities and create lasting impact.

Sophia also shared three critical lessons from her work:

1. **Seeing the Whole Picture:** Understanding systemic challenges as interconnected rather than isolated issues.
2. **Smaller Stories That Feel True:** Listening to individual stories builds trust and creates opportunities for scalable solutions.

3. **Shifting from Scarcity to Abundance:** Reframing challenges to leverage community strengths and uncover hidden resources.

She outlined actionable strategies for collaborative action:

- **Education & Outreach:** Tailor health messages to cultural and linguistic nuances, using trusted messengers to dispel myths and provide accurate information.
- **Surveillance & Testing Expertise:** Customize testing approaches based on local patterns, monitor responses, and identify high-traffic areas.
- **Wraparound Care:** Address basic needs such as food delivery, childcare, and psychosocial support by mobilizing volunteers and leveraging existing community infrastructure.

Sophia tied these insights to the concepts of "power within," "power with," and "power to", emphasizing collective strength and the importance of addressing barriers at every level.

The presentation concluded with a reminder that systemic transformation starts with genuine listening and scaling solutions rooted in community realities. Quoting Alfred Korzybski, Sophia left the audience with a resonating message: "The map is not the territory," encouraging participants to look beyond surface solutions and address the core of systemic challenges.

## PLENARY SESSION

**Topic:** Racialized Health Working Group Initiative: Bridging Health Divides with Community Collaboration
**Speakers:** Mahdiba Chowdhury, Jamaul Taylor, David Sanchez Villa, Noah Wang, and Noura Hamade

Mahdiba Chowdhury, Project Manager for Health Promotion & Equity at CASSA, introduced the Racialized Health Working Group (RHWG), a collaborative initiative aimed at addressing the healthcare inequities faced by racialized communities in Ontario. The RHWG, funded by the Public Health Agency of Canada's Intersectoral Action Fund, brings together five core partners:

- Council of Agencies Serving South Asians (CASSA)
- Roots Community Services (RootsCS)
- Hispanic Development Council (HDC)
- Chinese Canadian National Council – Toronto Chapter (CCNCTO)
- Canadian Arab Institute (CAI)

Mahdiba explained how the COVID-19 pandemic highlighted and deepened existing health disparities, with racialized communities experiencing disproportionately high infection and mortality rates. In response to these urgent issues, the RHWG has set four main goals to guide its work:

1. **Foster Community Engagement:** Actively engage racialized communities represented within the formalized RHWG to gather insights and co-develop culturally relevant, population-specific health equity strategies and policies.
2. **Revise Policy Proposal:** Update the proposal to the Ministry of Health by integrating community feedback and the most recent race-based data, including COVID-19 and vaccination statistics from Ontario's public health units.
3. **Raise Awareness:** Increase community awareness about the importance of targeted health equity initiatives for racialized populations and advocate for the systematic collection of race-based, disaggregated data.
4. **Advocate for Policy Change:** Increase community awareness about the importance of targeted health equity initiatives for racialized populations and advocate for the systematic collection of race-based, disaggregated data.

Mahdiba then shared the findings specific to South Asian communities, gathered through a community survey, subject matter expert consultations, and community focus groups. The survey revealed that 50% of South Asian respondents reported difficulty accessing primary care, and 57.7% cited limited appointment availability as a significant barrier to care. 42.3% of respondents faced financial constraints, including the high cost of medications and childcare. Mental health was a major concern, with 53.8% of participants reporting a decline in mental health during the pandemic. Many respondents also turned to social media as their primary source of health information, with 61.5% of participants relying on it. The lack of culturally competent care and experiences of discrimination were key issues cited by respondents.

Jamaul Taylor, Community Development Officer at RootsCS, then presented the findings on Black, African, and Caribbean (BAC) communities. Jamaul discussed how systemic racism, mistrust of the healthcare system, and the lack of culturally competent care have created significant barriers for these communities. He shared that 16.1% of BAC respondents reported having no healthcare providers, 20.7% faced discrimination in healthcare settings, and 88.1% faced difficulty in accessing non-urgent healthcare services. Jamaul emphasized the need for increasing the representation of BAC healthcare providers, ongoing cultural competence training for healthcare professionals, and the expansion of mental health services tailored to the needs of BAC communities.

David Sanchez Villa, Researcher at HDC, shared insights into the health disparities faced by LatinX Hispanic communities. He discussed how language barriers, lack of healthcare coverage, and economic instability were significant obstacles. David reported that 54% of respondents expressed a preference to speak in a different language with their doctor, while 35% found accessing a family doctor to be complicated. Additionally, 70% of participants identified immigration status as a key challenge impacting their healthcare access. He recommended expanding healthcare access for undocumented individuals, enhancing cultural sensitivity training for healthcare providers, and focusing on the social determinants of health, such as housing and employment, that have a direct impact on health outcomes.

Noah (Yinuo) Wang, Community Organizer at CCNC-TO, shared the findings on East Asian communities, particularly seniors. Noah reported that 51.7% of participants identified language barriers, 58.6% noted that citizenship and immigration status significantly impacted the quality of care received, and many faced resistance to digital healthcare services. She recommended increasing language services in healthcare, offering culturally relevant mental health support, and expanding health education programs on chronic disease prevention and management, especially for seniors within the East Asian community.

Noura Hamade, Director of Research and Policy at CAI, addressed the challenges faced by Middle Eastern and North African (MENA) communities. Noura highlighted the lack of Arabic-speaking healthcare providers, cultural misunderstandings, and discrimination as significant barriers to care. She reported that 31% of MENA participants cited language as a barrier, 62% experienced discrimination in healthcare settings, and 13% felt that the healthcare system lacked cultural competence. Noura advocated for recruiting more Arabic-speaking healthcare professionals, expanding cultural competence training for healthcare providers, and improving mental health services for the MENA community, with a focus on reducing stigma and increasing accessibility.

The session concluded with a summary of key consolidated recommendations:

1. **Improving Access to Care:** Expanding healthcare services, addressing financial and logistical barriers, and increasing the representation of racialized professionals in the healthcare workforce.
2. **Culturally Competent Care:** Mandating training for healthcare providers on anti-racism, cultural competence, and diseases disproportionately affecting racialized communities.

3. **Mental Health Support:** Prioritizing culturally relevant mental health services, reducing stigma through awareness campaigns, and increasing funding for these initiatives.
4. **Community Collaboration:** Partnering with local organizations, community leaders, and ambassadors to bridge gaps in communication and trust, and ensuring health services are informed by community input.
5. **Policy and Systemic Change:** Advocating for strategies like a National Black Health Strategy, addressing fragmented race-based data, and expanding coverage for underrepresented or precarious populations.

These recommendations aim to create a more inclusive healthcare system that addresses the unique needs of Ontario's diverse racialized communities. The findings from this initiative will be compiled into a final report, which will be released on CASSA's website in **March 2025.**

## BREAKOUT SESSIONS

**Topic:** South Asian Communities: Bridging Gaps in Healthcare Access and Quality
**Speaker:** Dr. Mandana Vahabi

Dr. Mandana Vahabi, Registered Nurse, Professor and Women's Health Research Chair at the University of Toronto, presented her research on increasing cervical cancer screening uptake among racialized immigrant women, particularly South Asian, Middle Eastern, and North African communities. The presentation highlighted the HPV self-sampling (HPV-SS) method as a culturally sensitive and accessible alternative to traditional Pap tests.

Dr. Vahabi emphasized the disparities in cervical cancer screening rates, noting that racialized and structurally marginalized groups, such as immigrants, refugees, and 2SLGBTQI+ individuals, are disproportionately under-screened in Ontario. For South Asian women, barriers to screening include limited knowledge about cervical cancer, indirect costs (e.g., childcare, time off work), cultural stigmas surrounding sexually transmitted infections (STIs), and a lack of access to female physicians. Many women also perceive Pap tests as invasive and emotionally intimate, with patriarchal norms often influencing their healthcare decisions.

Dr. Vahabi's study employed a community-based mixed-methods design involving 108 participants from racialized communities in the Greater Toronto Area who were under- or never-screened for cervical cancer. Participants were divided into two cohorts:

- **Cohort A:** Women who chose to try the HPV self-sampling kit.
- **Cohort B:** Women who declined the kit and continued with traditional screening methods or remained unscreened.

Key findings included:

- 61 participants completed the HPV-SS kit, with 93% reporting the kit as user-friendly and expressing a preference for its convenience and privacy.
- Among Cohort A, 58 participants said they would use the self-sampling kit again if offered.
- Barriers for Cohort B included fears of the unknown, a lack of confidence in self-testing, and greater trust in healthcare providers.

The study underscored the cultural and gender-specific obstacles to screening:

- **Stigma around STIs:** Many participants feared being labeled as immoral if diagnosed with HPV.
- **Male-dominated decision-making:** Women often needed approval from male family members before accessing healthcare services.
- **Provider availability:** A significant portion of women reported discomfort with male physicians performing Pap tests and cited a lack of female healthcare providers as a barrier.

Dr. Vahabi proposed five key strategies to increase cervical cancer screening uptake:

1. **Promote HPV Self-Sampling:** Raise awareness about HPV-SS as a convenient, private, and non-invasive alternative to Pap tests.
2. **Engage Family-Centered Approaches:** Include male partners and family members in educational efforts to reduce stigma and increase support for women's reproductive health.
3. **Leverage Community Champions:** Utilize trusted community leaders to promote health awareness and HPV-SS uptake through culturally tailored initiatives.
4. **Utilize Targeted Community-Based Approaches:** Host workshops in accessible venues such as places of worship and community centers, using culturally relevant materials to educate diverse audiences.
5. **Address Cultural and Gender Barriers:** Increase the availability of female healthcare providers and emphasize the ease and privacy of HPV-SS to address sensitivities around traditional Pap tests.

Dr. Vahabi concluded by highlighting the promising potential of HPV self-sampling to reduce cervical cancer disparities among racialized communities. She emphasized the importance of community engagement, family involvement, and culturally sensitive outreach to improve health equity. Her research, funded by the St. Michael's Hospital Foundation, demonstrates that innovative, inclusive approaches can help address systemic barriers to care and improve outcomes for marginalized groups.

**Topic:** LatinX Hispanic Communities: Navigating Healthcare Challenges and Enhancing Cultural Competency
**Speaker:** Mariangela Castro-Arteaga

Mariangela Castro-Arteaga, a Public Health Researcher, presented on the unique healthcare challenges faced by LatinX Hispanic communities and highlighted strategies for enhancing cultural competency and improving access to care. Her research focused on systemic barriers, socioeconomic determinants, and opportunities to foster equitable health outcomes for these communities.

Latinx communities face significant challenges, including socioeconomic barriers, limited access to culturally appropriate care, and underutilization of mental health services due to stigma and discrimination.

- **Housing and Environment:**
  - Latinx Hispanic immigrants often live in neighborhoods with low access to healthy food options and limited walkable spaces, contributing to food insecurity and negatively impacting physical health.
  - 76.2% individuals with unmet core housing needs (e.g., overcrowding, unaffordability) reported poor or fair health compared to those with.
- **Healthcare Access:**
  - 86% of respondents reported having a health check-up within the past three years, yet 33% expressed dissatisfaction with healthcare services.
  - Barriers to healthcare include language limitations, low health literacy, discrimination, and difficulty navigating the healthcare system.
- **Mental Wellbeing:**
  - Latinx immigrants underutilize mainstream mental health services due to stigma, cultural barriers, and a lack of culturally competent providers.
  - 33% of LatinX Hispanic immigrants reported highest levels of stress compared to other immigrant groups.
- **Socioeconomic Determinants:**
  - 20% of Latinx individuals in Canada live below the poverty line, compared to a national average of 14.2%.
  - Median income for Latinx populations is $26,843, significantly lower than the national median of $34,025, reflecting low-wage jobs and employment barriers.

Mariangela proposed actionable strategies to address these challenges:

- Expand access to ESL courses to help Latinx immigrants navigate healthcare systems and integrate more effectively.
- Train mental health and healthcare providers in cultural competency to address cultural nuances and improve accessibility.
- Foster community-building initiatives to strengthen ties within Latinx communities and implement tailored interventions.

- Provide accessible information in Spanish to bridge communication gaps and improve understanding of healthcare services and programs.
- Support housing interventions to address homelessness, particularly among newcomers and older adults, and prepare for an aging population in need of long-term care.

Following the recommendations, Mariangela highlighted the cycle of vulnerability within the LatinX Hispanic community. She discussed how housing instability, food insecurity, and limited access to healthcare create interconnected barriers that perpetuate vulnerability. This cycle is especially pronounced among newcomers and older adults, with the rising issue of homelessness in the community. Addressing these issues requires a holistic approach that incorporates community engagement, policy advocacy, and support for those most at risk.

Mariangela concluded by emphasizing the importance of addressing the social determinants of health and tailoring interventions to the cultural and linguistic needs of LatinX Hispanic communities. By enhancing cultural competency among healthcare providers and investing in community-building initiatives, significant strides can be made toward equitable healthcare access and improved outcomes for Latinx populations. She concluded with a powerful call to action from Latinx participants: "*Solutions begin with awareness. Resilience comes from within. The future is ours*."

**Topic:** Middle Eastern & North African Communities: Addressing Health Disparities and Promoting Well-Being
**Speaker:** Dr. Areej Al-Hamad

Dr. Areej Al-Hamad, Assistant Professor at Toronto Metropolitan University, delivered a compelling presentation on the resilience, resourcefulness, and well-being of refugee women, particularly focusing on Syrian and Ukrainian communities in Canada. Using creative methodologies, including ethnodrama, her research explored themes of employment, entrepreneurship, healthcare, food and housing insecurity, and belonging, while providing insights into the systemic barriers these women face and the strategies they employ to overcome them.

**Key Findings and Themes**

- **Employment and Economic Inclusion:**
  - A mixed-methods systematic review revealed significant barriers to employment, including language barriers, lack of social ties, and household size, with women caring for children facing greater difficulties.
  - The rural vs. urban context plays a crucial role, as rural areas often present fewer job opportunities and less access to support networks compared to urban centers.
  - Refugee women's credentials and skills often go unrecognized, with higher degrees failing to translate into employment opportunities in the host country.
  - Support from government and nongovernmental organizations, such as not-for-profits, emerged as a key facilitator for employment inclusion.
- **Entrepreneurship:**
  - Refugee women often turn to entrepreneurship as a pathway to economic inclusion, driven by resilience and the desire for self-empowerment.
  - Their entrepreneurship integrates economic, social, cultural, and psychological elements beyond survival or self-employment.
  - Contextual factors, such as social networks, cultural adaptation, and access to resources, heavily influence success in entrepreneurship.
  - Entrepreneurship enables refugee women to reclaim a sense of agency, challenging systemic barriers and stigmatized identities.
- **Healthcare Experiences:**
  - An ethnodrama based on the experiences of 25 Syrian refugee women revealed systemic barriers in Ontario's healthcare system.
  - Scenes portrayed challenges such as waiting six months for appointments, only to no longer need them by the time they occurred, and the lack of culturally sensitive care, with healthcare providers failing to ask inclusive or relevant questions.
  - Limited access to interpretation services exacerbated the disconnect between refugee women and healthcare providers.
- **Food and Housing Insecurity:**
  - A study with Syrian and Ukrainian women explored their coping strategies for food and housing insecurity, emphasizing resourcefulness and resilience.

  - Women employed “do-it-yourself” methods such as budget stretching, crafting, and gardening to navigate these insecurities while dealing with hidden struggles and intergenerational stigma—e.g., shame in using food banks or government housing.
- **Sense of Belonging:**
  - Comparative research on Syrian and Ukrainian women found that creativity and community engagement are central to fostering belonging.
  - Key themes included surviving and thriving, healing through creativity, and blooming with possibilities in a new home.
  - Women expressed optimism in building a sense of home and identity, despite the systemic barriers they faced.

Dr. Al-Hamad outlined actionable recommendations to support refugee women:
- Policymakers and stakeholders should create and implement inclusive programs that address systemic barriers, such as affordable housing and employment access.
- Community organizations should offer comprehensive support services, including language training, employment assistance, and financial literacy programs.
- Recognizing the resilience, creativity, and resourcefulness of refugee women is essential for building a more equitable and inclusive Canadian society.

Dr. Al-Hamad’s presentation highlighted how refugee women leverage their resourcefulness and creativity to rebuild their lives despite significant systemic challenges. Her work underscores the need for tailored policies, culturally competent practices, and community-driven initiatives to empower refugee women and enhance their well-being.

## DAY 2 SESSIONS

### KEYNOTE SESSION

**Topic:** Decolonizing Health Equity: Creating Solidarity Amongst Racialized/BIPOC Communities Against Health Violence
**Speaker:** Dr. Roberta Timothy

Dr. Roberta Timothy, Assistant Professor of Black Health at the Dalla Lana School of Public Health, University of Toronto, delivered an insightful and comprehensive keynote on the intersection of systemic racism, healthcare inequities, and culturally competent practices in Canada's healthcare system. She emphasized the urgency for structural reform to achieve health equity for racialized communities, calling for solidarity and a transformational mindset to dismantle oppressive structures.

Dr. Timothy began by addressing the systemic racism embedded in healthcare policies and practices, shaped by Canada's colonial history. She discussed how historical oppression—including the genocide of Indigenous populations, enslavement in Canada, and post-colonial legacies like Islamophobia and the criminalization of transgender identities—continues to shape health disparities. She also critiqued modern diversity, equity, and inclusion (DEI) initiatives, highlighting their lack of measurable goals and accountability.

To achieve meaningful reform, Dr. Timothy argued for moving beyond cultural competence to cultural consciousness, which emphasizes self-awareness, understanding historical and social inequities, and co-creating solutions with communities instead of imposing top-down interventions. Drawing on global examples, she highlighted models from the Global South, where community involvement is integral to policy design.

Dr. Timothy also shared data on post-COVID-19 realities, emphasizing the disproportionate impact of the pandemic on racialized communities. Mortality rates for Black and South Asian populations were twice as high, while food insecurity disproportionately affected Black adults and racialized Canadians. She stressed that addressing social determinants of health, such as housing, employment, and education, is critical to improving health outcomes.

She called for the implementation of equity audits to uncover systemic barriers in hiring practices, patient care, and health outcomes, and proposed tying leadership performance to measurable equity goals. Dr. Timothy emphasized that community-led models must be prioritized, with racialized communities playing leadership roles in designing and implementing health programs. Success stories of partnerships with grassroots organizations illustrated how culturally tailored interventions can create impactful change.

In addressing mental health inequities, Dr. Timothy highlighted the detrimental effects of stigma compounded by discrimination, poverty, and a lack of culturally competent services. She advocated for

public campaigns to normalize mental health conversations and destigmatize care-seeking behaviors in racialized communities.

Dr. Timothy presented actionable recommendations for systemic reform, including:

- Integrating anti-racism training and experiential learning into medical education.
- Embedding health equity goals into organizational strategic plans and mandating race-based data collection to inform targeted interventions.
- Publishing equity audit results to ensure public accountability and building trust with communities.
- Creating advisory boards with decision-making power and fostering partnerships with grassroots organizations.
- Expanding funding for culturally competent mental health services and addressing the social determinants of health, such as affordable housing, food security, and accessible transportation.

Dr. Timothy concluded by urging healthcare leaders to embrace transformational change over incremental adjustments. She underscored the importance of solidarity, not just as support, but as a commitment to dismantling systemic oppression. Her parting message was clear: “Health equity is not just a goal but a moral imperative, requiring collective commitment and sustained effort from all levels of society.”

## PLENARY SESSION

**Topic:** Building Policy for Change: Developing Sustainable Strategies for Racialized Health Equity
**Speakers**: Angela Carter, Dr. Suzanne F. Jackson, & Heba Qazilbash

This plenary session focused on innovative policy solutions to address health disparities affecting racialized communities. The discussion was led by Angela Carter, Former Executive Director of Roots Community Services Inc., Dr. Suzanne F. Jackson, Associate Professor Emerita at the Dalla Lana School of Public Health, and Heba Qazilbash, Healthcare Relations Officer at the National Council of Canadian Muslims (NCCM). The panelists discussed strategies for integrating culturally sensitive practices into healthcare policies, improving data collection, and ensuring that marginalized voices are prioritized in decision-making processes. The session also explored how collaboration between government bodies and community organizations can create sustainable health equity policies. The session concluded with actionable recommendations for creating a more equitable healthcare system and fostering genuine partnerships between communities and policymakers.

**Discussion Points:**

***Question 1:*** *How can healthcare policies better integrate culturally sensitive practices to ensure racialized communities receive equitable treatment?*

> To truly integrate culturally competent care, healthcare policies must go beyond simple adjustments and actively involve racialized communities in every phase of the process, from policy-making to program design. The goal should be to ensure that healthcare services align with cultural needs and lived experiences. This requires a complete overhaul of the healthcare delivery system—not just rewriting policies. Culturally competent care involves fostering an inclusive environment where community voices are prioritized, which can be achieved through ongoing community engagement.
>
> The implementation of Equity, Diversity, and Inclusion (EDI) policies alone is not enough, especially if those policies aren't reflected in actual experiences at healthcare institutions. There must be concerted, sustained efforts that involve the allocation of resources—time, money, and patience—to integrate equity, anti-racism, and decolonization goals within the strategic and operational plans of healthcare organizations. Moreover, accountability can be achieved by making leadership performance, reviews, and compensation contingent on measurable progress toward these goals.
>
> Ongoing equity audits are vital to identify systemic barriers and inequities in patient care and health outcomes. The results of these audits should be transparent and published publicly, with clear, actionable plans to address identified gaps. To further ensure that racialized communities are included in decision-making, there needs to be a conscious effort to diversify leadership pipelines, ensuring racialized professionals have access to mentorship and leadership training.

Oftentimes, racialized leaders lack the support of top-level management, which is crucial for their professional growth.

Finally, health promotion concepts should emphasize community action and asset-based approaches to health, focusing on strengths and resources within communities to promote health. Healthcare workers must be involved in policy changes that address the broader social determinants of health.

***Question 2:*** *What role should education and training for medical professionals play in advancing health equity?*

Medical education must undergo curriculum reform to integrate core concepts of cultural humility, implicit bias, and decolonization into medical training. While cultural competence remains important, cultural humility—which emphasizes self-reflection and a lifelong commitment to learning—should be prioritized. Medical schools, particularly Toronto Metropolitan University (TMU), have an opportunity to lead in this shift by incorporating these principles into their curricula.

The Health Promotion Principles, which emphasize engagement and community involvement in decision-making, should be part of the training for medical professionals, especially in nursing education. However, there is a clear gap in how these principles are taught to physicians. Medical training needs to extend beyond textbook knowledge and focus on understanding cultural contexts, engaging with patients about their health models, and learning how to incorporate those models into practice.

In addition, experiential learning—through team-based learning, simulated patient experiences, and clinical rotations in diverse communities—offers medical students valuable insights into the challenges faced by marginalized groups. This provides real-world problem-solving skills that students can carry with them throughout their careers.

Furthermore, continuing medical education (CME) opportunities focused on equity, cultural competency, and social justice are vital. These opportunities ensure that medical professionals stay responsive to the evolving needs of diverse communities throughout their careers.

***Question 3:*** *In what ways can data collection and utilization be improved to ensure that health policies reflect the real needs of racialized communities, while also addressing concerns about privacy and data misuse?*

The importance of data collection cannot be overstated, especially in ensuring that health policies reflect the real needs of racialized communities. However, trust and transparency are key to the process. Many individuals may be reluctant to share their data unless they fully understand the purpose and usage of the data collected. It's essential for institutions to build

relationships with communities and explain how their data will be used to improve health outcomes, not just collect data for the sake of it.

During the pandemic, many organizations advocated for the collection of more detailed demographic data, but challenges arose due to concerns about privacy and misuse. In order to mitigate these concerns, organizations should offer honorariums for participation, respect community autonomy, and be transparent about how the data will directly impact healthcare services.

Data collection frameworks need to prioritize social determinants of health, incorporating factors such as historical oppression and racialization into the data-gathering process. Additionally, there needs to be a standardized race-based data collection strategy at the national level, which can be tailored by specific communities to ensure that data is relevant and actionable.

A community-informed framework for data collection ensures that communities have ownership over the process, with cross-collaboration and sharing of research. This fosters trust and transparency, and ensures that data isn't simply a "checklist," but a tool for identifying needs and tailoring services.

***Question 4:*** *How can we ensure that the voices of marginalized groups are prioritized in data-driven decision-making?*

True inclusion means more than just collecting data from marginalized groups—it means redistributing decision-making power to those communities. The concept of representation without influence is tokenism, and it's crucial that marginalized groups have equal authority in policy-making and resource allocation.

A co-governance model, where communities have equal decision-making power alongside policymakers, is essential for ensuring that marginalized voices shape the outcome of data-driven decision-making. This collaborative model ensures that the process is not one-sided, and communities are actively involved from the beginning rather than being consulted only after decisions have already been made.

Transparent communication and community co-leadership are vital. Communities should be part of the entire process: from defining research agendas to determining how the data will be used. By ensuring accountability, institutions can also ensure that communities understand how their input is being used and have the power to influence outcomes.

***Question 5:** How can government bodies and community organizations collaborate effectively for health equity?*

Effective collaboration between government bodies and community organizations is built on trust, shared leadership, and long-term partnerships. Governments need to move beyond sporadic consultations and embed community organizations into decision-making structures such as advisory councils or working groups, ensuring that their voices are integral from the very beginning.

Moreover, governments should invest in capacity building, providing community organizations with the resources, funding, and education needed to advocate effectively for their communities. This includes supporting community-led research and community-based health projects that address the specific needs of racialized groups.

Accountability mechanisms are essential to evaluate the progress of health equity initiatives. This ensures that government policies are not just written but are implemented and measured for effectiveness. Community organizations play a crucial role in amplifying grassroots concerns and ensuring these are integrated into policy discussions.

Finally, community organizations need stable funding to create lasting impact. Collaborative efforts, such as the Peel Health and Wellness Collaborative, have proven effective in mobilizing resources for racialized communities, as demonstrated by the $25 million allocated to their health hub proposal.

**Key Takeaways:**

1. Cultural humility, systemic reform, and community involvement are essential for achieving equitable healthcare.
2. Medical education must focus on anti-racist and culturally conscious training to prepare healthcare professionals to work effectively with marginalized populations.
3. Data collection processes should be transparent, trust-based, and designed to empower communities by including their voices in every step.
4. Community voices must be integrated into the policy design process from the beginning, ensuring co-governance and meaningful involvement in decision-making.
5. Genuine collaboration between government and community organizations leads to the development of impactful policies, as demonstrated by the Peel Region model.

This session highlighted the importance of systemic change and trust-based partnerships to dismantle the barriers that racialized communities face in healthcare. The panelists emphasized that policies need to be created with marginalized communities, rather than for them, to ensure meaningful and sustainable health equity.

## BREAKOUT SESSIONS

**Topic:** African-Caribbean-Black Communities: Addressing Systemic Barriers and Quality of Care
**Speakers**: Dr. Akwatu Khenti

Dr. Akwatu Khenti, Director of Community Resources at the City of Toronto, opened his presentation by exploring the historical and systemic factors contributing to sleep deprivation among African, Caribbean, and Black (ACB) communities. He emphasized that the legacy of slavery and systemic racism continues to shape disparities in sleep health today. From the harsh realities of slavery—overcrowded ships, relentless plantation labor, and fear-driven exhaustion—to modern systemic inequities, these challenges have profound implications for health and well-being.

Dr. Khenti presented data underscoring the inequities in sleep health:

- **Insufficient Sleep**: A 2018 study showed 43.5% of Black individuals reported insufficient sleep compared to 30.7% of White individuals.
- **Shorter Sleep Duration**: Black individuals in North America sleep, on average, 38 minutes less than their White peers.
- **Sleep Disorders**: Black individuals experience higher rates of insomnia, sleep apnea, and disrupted sleep patterns, which lead to poorer health outcomes.

Sleep deprivation significantly affects both physical and mental health:

- **Physical Health**: Lack of sleep exacerbates conditions such as hypertension, diabetes, and cardiovascular disease. It also disrupts "nocturnal dipping," a critical drop in blood pressure during sleep that reduces heart strain.
- **Mental Health**: Poor sleep increases rates of anxiety, depression, and fewer positive emotions, compounding the stress caused by systemic racism.

Dr. Khenti highlighted the need for reform at multiple levels to address these disparities:

1. **Reform and Trust**:
    - **Building Community Trust**: Engaging local leaders and organizations to create culturally tailored health programs.
    - **Culturally Relevant Resources**: Developing educational materials and workshops that reflect the lived experiences of Black communities.
2. **Reforming Self-Care Practices**:
    - **Faith-Based Practices**: Encouraging rituals like prayer, meditation, and scripture reading as tools for relaxation and better sleep.
    - **Community Activism**: Supporting initiatives like sleep health workshops and public awareness campaigns to emphasize collective well-being.
3. **Reforming Self-Knowledge Approaches**:
    - **Historical Awareness**: Understanding how historical trauma shapes current sleep patterns and health behaviors.
    - **Traditional Practices**: Drawing on ancestral knowledge, such as herbal remedies and communal storytelling, to enhance sleep and emotional well-being.

4. **Reforming Racial Stigma in Learning and Workplaces**:
    - **Inclusive Education**: Training educators and administrators to adopt culturally responsive practices that affirm Black history and experiences.
    - **Workplace Inclusion**: Promoting policies that reduce stigma, support mental health, and foster safe spaces for Black employees.
5. **Reforming Anti-Stigma Public Education**:
    - Addressing stigma around mental health in Black communities, which often prevents individuals from seeking help for sleep and emotional challenges.
    - Normalizing conversations about mental health and sleep through public education campaigns.

Dr. Khenti introduced **Uzima**, a Swahili term meaning health and well-being, as a guiding framework for addressing these issues. Uzima emphasizes the interconnected nature of physical, mental, emotional, and spiritual health:

- **Community Support**: Leveraging family ties, traditional practices, and community networks to improve sleep health.
- **Cultural Healing**: Encouraging culturally informed approaches to health, including rituals and shared experiences, to foster resilience and well-being.

Dr. Khenti proposed specific strategies to advance sleep health and equity:

- **Culturally Relevant Education**: Develop tailored workshops on sleep hygiene and health disparities.
- **Wraparound Care**: Integrate sleep health into broader health equity initiatives, addressing housing, food security, and mental health.
- **Policy Advocacy**: Push for systemic reforms that address racialized social determinants of health, such as economic stability and access to healthcare.
- **Community Empowerment**: Promote grassroots efforts like wellness fairs and community sleep challenges.

Dr. Khenti concluded by stressing the urgency of addressing sleep health as a critical component of racial health equity. Quoting Langston Hughes, he asked, *"What happens to a dream deferred?"* He urged the audience to nurture their dreams and work collectively to build a healthier, more equitable future for ACB communities.

**Topic:** Indigenous Communities: Reclaiming Traditional Knowledge and Addressing Health Disparities
**Speakers**: Ashley Morrison

Ashley Morrison, Indigenous Cultural Safety Program Coordinator at the Indigenous Primary Health Care Council (IPHCC), opened her presentation by addressing the historical and systemic factors that contribute to health disparities among Indigenous communities. She emphasized the profound impact of colonization, systemic inequities, and cultural disconnection on the physical, mental, emotional, and spiritual well-being of Indigenous peoples. These challenges, rooted in historical trauma, continue to shape the inequities faced by Indigenous communities today.

She then provided a detailed account of key periods in history that have disrupted Indigenous health and well-being:

- **Contact Period (1400s):** Marked the arrival of settlers, introducing diseases and cultural disconnection.
- **Epidemic Period (1600–1750):** Diseases like smallpox devastated Indigenous populations.
- **Indian Education Period (1800–1997):** Residential schools enforced assimilation, erasing language and culture while traumatizing generations.
- **Indian Hospitals Period (1800s–1981):** Indigenous individuals were subjected to medical experimentation and substandard care in segregated facilities.
- **Child Welfare Period (1960–present):** Policies such as the Sixties Scoop removed Indigenous children from their families, fracturing communities.

Ashley stressed how these historical events created lasting systemic barriers, including geographic isolation, lack of trust in healthcare systems, and limited access to culturally appropriate care.

Given these ongoing challenges, Indigenous communities now face unique barriers to accessing equitable healthcare. Many reside in rural or remote areas with limited services, and cultural and language barriers further complicate navigating Western healthcare systems. Additionally, health disparities—such as higher rates of chronic illnesses and mental health challenges—persist.

To address these issues, Ashley emphasized the need for a culturally safe healthcare system that recognizes and values Indigenous identities and practices. Central to her presentation was the concept of cultural safety, which she described as respectful engagement that addresses power imbalances in healthcare. She outlined its spectrum, which progresses from cultural awareness and sensitivity to competency, humility, and ultimately, cultural safety. Importantly, cultural safety is defined by those receiving care, not by those providing it.

To foster cultural safety, Ashley recommended several actionable steps:

- Implement mandatory Indigenous Cultural Safety (ICS) training for all staff, including leadership.
- Encourage regular self-reflection among healthcare providers to identify and address biases.
- Create welcoming physical environments that affirm Indigenous culture and history.

- Involve Indigenous voices in decision-making processes to ensure care is informed and respectful.

A key aspect of culturally safe healthcare is the integration of traditional healing practices, which Ashley underscored as essential for improving health outcomes. These practices, rooted in Indigenous knowledge systems, offer a holistic approach to health by addressing physical, mental, emotional, and spiritual well-being. They also foster cultural continuity through connections to land, language, and ceremony, while addressing intergenerational trauma through storytelling and rituals. Ashley argued that traditional healing is vital for community resilience and can work alongside Western practices to reduce health disparities.

To illustrate the success of such integration, Ashley highlighted two models that have made significant strides in blending traditional healing with Western medicine:

- **Aboriginal Health Access Centres (AHACs) in Ontario:** Community-led centers that provide comprehensive, culturally relevant care by combining traditional healing practices with Western medicine.
- **Nuka System of Care (Alaska):** An Indigenous-led healthcare model that empowers patients to take an active role in their health, integrating traditional healing into a community-driven, holistic framework.

In conclusion, Ashley emphasized the critical role of healthcare leadership in reconciliation. She called on leaders to acknowledge the historical impacts of colonization, foster safe spaces for dialogue, and advocate for systemic reforms to address inequities. Reconciliation, she argued, is not a one-time act but an ongoing process of addressing past injustices and building systems that prioritize equity and cultural safety. By centering traditional knowledge and promoting allyship, Ashley urged leaders to collaborate in creating a healthcare future that is inclusive, equitable, and culturally safe for Indigenous communities.

**Topic:** East & Southeast Asian Communities: Enhancing Healthcare Experiences and Overcoming Barriers
**Speakers**: Dr. Josephine Pui-Hing Wong

Josephine Pui-Hing Wong, Professor & Research Chair in Urban Health at Toronto Metropolitan University, began her presentation by discussing the complex healthcare challenges faced by racialized communities, specifically the East and Southeast Asian communities in Canada. She emphasized the pervasive role of structural racism and systemic barriers across the healthcare system. Wong called for decolonization in healthcare, urging reflection on internalized biases and the need to address the deeply embedded racism that continues to disproportionately impact these communities.

The presentation highlighted key healthcare disparities experienced by racialized communities, particularly during the SARS outbreak and COVID-19 pandemic. Racism in healthcare led to negative outcomes such as the firing of healthcare workers during the SARS outbreak, with similar patterns emerging during the pandemic. However, despite these challenges, communities showed resilience, organizing support systems like hotlines to aid those affected.

The discussion also addressed systemic issues, with participants sharing the lived experiences of individuals facing these barriers:

- One participant shared a story about their teenage son who faced racism at school. The speaker emphasized how supporting the child in reporting the incident transformed the child into an activist, illustrating the broader societal impact of such experiences.
- Another participant described how a senior had difficulty accessing health services during the COVID-19 pandemic, but noted improvements in support post-pandemic. This discussion highlighted both the pre-existing barriers and the advancements made since the pandemic's peak.
- A further contribution focused on the exclusion of individuals without legal status from accessing healthcare, stressing the urgent need for community advocacy to push for policy changes. This conversation emphasized the systemic exclusion and the role of grassroots efforts in challenging these inequities.

Dr. Wong highlighted significant disparities in mental health care among East and Southeast Asian communities, focusing on the unique challenges faced by  the following:

- **Youth & Families:** Stigma surrounding mental health often discourages open discussions, while a lack of culturally aligned services and reliance on family support delay access to care.
- **Men:** Cultural expectations of self-reliance and pervasive stigma present significant barriers, compounded by a scarcity of mental health services specifically tailored to men.
- **LGBTQ+ Older Adults:** This group faces intersecting challenges, including racism, homophobia, and xenophobia, as well as marginalization within their own communities.

To address these disparities, Wong highlighted innovative mental health initiatives, including a community-engaged action research project called "Project PROTECH," which aimed to mitigate the

negative psychosocial impacts of the COVID-19 pandemic on Chinese Canadians and other affected communities while promoting resilience. The program successfully trained over 425 individuals to address urgent mental health needs. However, Wong noted that some of these initiatives were prematurely canceled due to systemic barriers, emphasizing the critical need for sustained, long-term investment in community-driven mental health support.

In the segment on intergenerational trauma, Wong focused on the importance of community dialogues to address the internalized impacts of structural racism. She shared stories of community resilience, including the growth of volunteer participation during the pandemic. However, despite the increased involvement, some programs were canceled due to broader systemic challenges.

Participants contributed to the conversation on post-pandemic challenges, emphasizing the lack of planning and support for communities after the pandemic, with many communities left to survive without adequate resources. This led to a call for collective action to amplify the voices of marginalized groups and advocate for systemic reforms in healthcare, education, and immigration.

The concluding recommendations included:

- Advocacy for interconnected services that address intersecting barriers such as race, gender, and socio-economic status.
- Supporting community-driven research that reflects the lived experiences of racialized individuals.
- Pushing for systemic reforms in healthcare, education, policing, and immigration systems to ensure equity.
- Empowering communities to rise beyond survival mode and create spaces for meaningful dialogue and action.

Through these discussions, Wong emphasized the importance of engaging communities in the design of healthcare systems and services to ensure they are culturally safe and inclusive, and that they meet the diverse needs of racialized populations.

## FEEDBACK FROM ATTENDEES

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

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

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations
4. Exceeds Expectations **(28.6%)**
5. Outstanding **(71.4%)**

On a scale of 1-5, how would you rate the DAY 1 keynote session on "Strategic Alliances: Enhancing Health Equity through Collaborative Action"?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations
4. Exceeds Expectations **(42.9%)**
5. Outstanding **(57.1%)**

On a scale of 1-5, how would you rate the DAY 2 keynote session on "Decolonizing Health Equity: Creating Solidarity Amongst Racialized/BIPOC Communities Against Health Violence"?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations
4. Exceeds Expectations **(33.7%)**
5. Outstanding **(66.3%)**

On a scale of 1-5, how would you rate the DAY 1 plenary session on "Racialized Health Working Group Initiative: Bridging Health Divides with Community Collaboration"?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations **(2%)**
4. Exceeds Expectations **(57%)**
5. Outstanding **(41%)**

On a scale of 1-5, how would you rate the DAY 2 plenary session on "Building Policy for Change: Developing Sustainable Strategies for Racialized Health Equity"?

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations **(3.5%)**
4. Exceeds Expectations **(52.5%)**
5. Outstanding **(44%)**

*Which breakout session did you attend on DAY 1?*

1. *"South Asian Communities: Bridging Gaps in Healthcare Access and Quality"* **(37.3%)**
2. *"LatinX Hispanic Communities: Navigating Healthcare Challenges and Enhancing Cultural Competency"* ***(33.5%)***
3. *"Middle Eastern & North AfricanCommunities: Addressing Health Disparities and Promoting Well-Being"* ***(29.2%)***
4. N/A

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

1. Did Not Meet Expectations
2. Needs Improvement **(14.3%)**
3. Meets Expectations
4. Exceeds Expectations **(28.6%)**
5. Outstanding **(57.1.%)**

*Which breakout session did you attend on DAY 2?*

1. *"African-Caribbean-Black Communities: Addressing Systemic Barriers and Quality of Care"* ***(39.9%)***
2. *"Indigenous Communities: Reclaiming Traditional Knowledge and Addressing Health Disparities"* ***(39.9%)***
3. *"East & Southeast Asian Communities: Enhancing Healthcare Experiences and Overcoming Barriers"* ***(20.2%)***
4. N/A

*On a scale of 1-5, how would you rate the breakout session you attended on DAY 2?*

1. Did Not Meet Expectations
2. Needs Improvement
3. Meets Expectations
4. Exceeds Expectations **(42%)**
5. Outstanding **(58.%)**

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

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