ANNUAL HEALTH EQUITY SUMMIT

PROCEEDINGS REPORT

2025

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

HOSTED BY:

CASSA
COUNCIL OF AGENCIES SERVING SOUTH ASIANS

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ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: COUNCIL OF AGENCIES SERVING SOUTH ASIANS (CASSA)

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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.

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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, infectious/communicable disease 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.

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: CASSA COUNCIL OF AGENCIES SERVING SOUTH ASIANS

EXECUTIVE SUMMARY

Event Name: CASSA's 14th Annual Health Equity Summit
Theme: Equity in Focus: Sexual and Reproductive Health for South Asian Newcomer Women
Dates: November 18 (Tues.), 2025
Time: 10:30 AM to 2:00 PM (EST)
Venue: Zoom (virtual)
Attendance: 40
Recording: Highlights available on YouTube (@CASSA Online) and on our website.

General Overview

CASSA's 14th Annual Health Equity Summit is titled *Equity in Focus: Sexual and Reproductive Health for South Asian Newcomer Women*. The Summit will be a virtual event via **Zoom** on **Tuesday, November 18, 2025** from **10:00 AM – 2:00 PM (EST).**

The Summit examined the social, cultural, and systemic factors influencing sexual and reproductive health (SRH) outcomes among South Asian newcomer women, with an emphasis on overcoming barriers to access and promoting culturally safe, inclusive care. Bringing together policymakers, healthcare providers, researchers, and community leaders, the event featured a keynote presentation, a policy and practice panel discussion, and service-focused breakout sessions.

The keynote highlighted findings from a community-led research campaign on SRH education, identifying gaps in mainstream services and strategies for developing accessible, community-informed resources. This was followed by a cross-sector panel that explored current policies, programs, and interventions in Ontario and Canada, with panelists discussing successes, challenges, and opportunities to strengthen and scale approaches that support the SRH of South Asian newcomer women. The breakout sessions provided practical approaches for maternal and perinatal care, gynecological services, and sexual health education, offering participants actionable guidance to support women throughout their reproductive health journey.

ANNUAL HEALTH EQUITY SUMMIT

HOSTED BY: COUNCIL OF AGENCIES SERVING SOUTH ASIANS (CASSA)

Agenda

Tuesday, November 18, 2025		
10:00 - 10:10 AM	OPENING REMARKS	Mahdiba Chowdhury (Host) Bharat Saini
10:10- 10:55 AM	KEYNOTE SESSION	
	Breaking Barriers: Advancing Sexual and Reproductive Health for South Asian Newcomer Women	Dr. Harini Aiyer
10:55 - 11:55 AM	PLENARY SESSION	
	Policy and Practice in Action: Strengthening Sexual and Reproductive Health Strategies for South Asian Newcomer Women	Mayeesha Helali (Moderator) Dr. Unjali Malhotra Dr. Roula Kteily-Hawa Insiya Mankani
11:55 AM - 12:25 PM	LUNCH BREAK	
12:25 - 1:25 PM	BREAKOUT SESSIONS	
	Healthy Beginnings: Maternal and Perinatal Care Access	Dr. Farah M. Shroff
	Reproductive Health Matters: Menstrual and Gynecological Health Access	Dr. Anne Hussain
	Knowledge is Power: Sexual Health Education and STI/HIV Services	Srutika Sabu Alisha Ali
1:25 - 1:45 PM	DEBRIEFING SESSION	
1:45 - 2:00 PM	CLOSING REMARKS	

Speaker Biographies

KEYNOTE SESSION	
Dr. Harini Aiyer *Director, Research and Education* – Canadian Advisory of Women Immigrants (CAWI)	Dr. Harini Aiyer has a PhD in Community and Population Health Sciences from the University of Saskatchewan and a Master of Health Science in Reproductive and Cancer Biology from the Johns Hopkins Bloomberg School of Public Health. Her expertise lies in health equity, anti-oppressive methodologies, global health, and health professions education, which she applies to engage respectfully with communities and build authentic partnerships with an emphasis on equitable outcomes. She draws on her experiences as an immigrant in Canada while remaining mindful of the privileges and power dynamics in the spaces she navigates. Her work has been recognized through multiple awards, including the International Association for Medical Science Educators Student Research Grant and the Research Excellence Award in Interdisciplinary Studies.
PLENARY SESSION	
Dr. Unjali Malhotra *Physician (CCFP, FCFP, MSCP)*	Dr. Unjali Malhotra graduated residency in 2005 and developed a third-year family medicine residency program in women's health, which she later completed alongside electives across Canada focused on contraception and menopause. She ran a successful women's health practice in Toronto and worked at the Bay Centre for Birth Control. After moving to Vancouver, she became Medical Director of Options for Sexual Health, overseeing more than 60 clinics and improving access to contraception across urban, rural, and remote communities in BC. She practiced at Crossroads Obstetrics and Gynaecology, chaired the SOGC Foundation, and served on boards including the Canadian Menopause Society. Dr. Malhotra co-created UBC's rural women's health residency program and, as Medical Officer of Women's Health at the First Nations Health Authority (2017–2025), advanced equity, patient rights, and HPV guidelines, earning multiple national awards.
Dr. Roula Kteily-Hawa *Associate Professor* – Family Studies and Human Development, Faculty of Health	Dr. Roula Kteily-Hawa is an Associate Professor of Family Studies and Human Development in the Faculty of Health Sciences at Western University. A passionate educator and researcher, Dr Hawa draws on her lived experience as a refugee to Canada and her deep commitment to social justice. She has vast experience in community-based participatory research and has spent over a decade engaging racialized and immigrant communities in Canada, including South Asian immigrant women, in the

Sciences, Western University	area of HIV prevention, resilience, mental health, and stigma reduction. Dr. Hawa is the Principal Investigator of the YSMENA Program, which focuses on sexual health and well-being of diaspora Middle Eastern and North African youth.
Insiya Mankani *Policy and Advocacy Officer* – Action Canada for Sexual Health and Rights	Insiya Mankani is the Policy and Advocacy Officer at Action Canada for Sexual Health and Rights, where she helps advance the SRH policy landscape in Canada. In this role, she works closely with parliamentarians, policymakers, and community organizations to promote SRH equitable access to services and strengthen rights for marginalized and underserved populations. Prior to joining Action Canada, Insiya served at Human Rights Watch as the Senior Advocacy and Development Coordinator, supporting international human rights initiatives and advocacy campaigns. Based in Ottawa, Ontario, Insiya is committed to advancing human rights, health equity, and systemic change through policy, advocacy, and collaboration.
BREAKOUT SESSIONS	
Healthy Beginnings: Maternal and Perinatal Care Access	
Dr. Farah M. Shroff *Public Health Educator and Researcher; Founder and Lead* – Health Together	Dr. Farah M. Shroff, a South Asian Canadian public intellectual, is a global leader in advancing health equity and education. She is the founder of Health Together, where she champions the vision of Health for All on a Healthy Planet, with a focus on maternal mortality, women's health, and the environment. A trusted policy expert, she has collaborated with governments in Canada and abroad and has served on the Board of Governors of the Vancouver Coastal Health Authority. Recognized by the Harvard T.H. Chan School of Public Health with the prestigious Takemi Fellowship in 2021–22, she continues to collaborate with colleagues at Harvard. Dr. Shroff also celebrates her South Asian heritage by teaching yoga, dance, meditation, and other cultural practices that foster holistic wellbeing.
Reproductive Health Matters: Menstrual and Gynecological Health Access	
Dr. Anne Hussain *Naturopathic Doctor (ND)*	Dr. Anne Hussain is a Naturopathic Doctor, Menopause Society Certified Practitioner, and author of The Period Literacy Handbook. Her mission to empower others began with her personal journey navigating PCOS and the lack of reproductive health education in Karachi, Pakistan. She supports patients through all phases of menstrual life and addresses conditions such as PCOS, PMS, endometriosis, fertility, hormone health,

	and perimenopause with a compassionate, collaborative approach. In addition to hosting the podcast Phase to Phase: The Hormone Health Show, she partners with Canadian period equity organizations, translating over a decade of clinical expertise into tangible social change. Dr. Hussain believes that developing agency over your health is not only a personal act but also a powerful, political tool for demanding better care and shaping a healthier world.
Knowledge is Power: Sexual Health Education and STI/HIV Services	
Srutika Sabu *IDEA Manager* – Alliance for South Asian AIDS Prevention (ASAAP)	Srutika Sabu (she/they) is a Malayali-Canadian doctor-turned-artist and Project Manager. With a background in primary care and community-based health research activism, she has led several initiatives promoting South Asian health, focusing on femme, queer, and trans communities across the United States and the Greater Toronto Area. Currently, Srutika serves as the Manager of Inclusion, Diversity, Equity, and Accessibility (IDEA) at ASAAP, where she oversees the WAGE Canada–funded Trans Power Project. This project empowers racialized trans, non-binary, and gender non-conforming individuals by providing sexual health workshops, capacity building, mentorship, and support services.Through her multifaceted approach, she integrates medical expertise, community engagement, and storytelling to foster inclusive health outcomes for marginalized populations.
Alisha Ali *Project Coordinator, Trans Power Project* – Alliance for South Asian AIDS Prevention (ASAAP)	Alisha Ali (they/them) is a neurodivergent non-binary artist and community organizer of Indo-Caribbean Trini and Singaporean-Tamil descent. Through their work at ASAAP, they have been instrumental in sexual health, STBBI education, and harm reduction initiatives, particularly serving trans, queer, and South Asian and Indo-Caribbean femme communities. Alisha currently serves as the Project Coordinator for the WAGE Canada–funded Trans Power Project, which empowers racialized trans, non-binary, and gender non-conforming individuals through sexual health workshops, capacity building, mentorship, and support services.

SESSION SUMMARIES

KEYNOTE SESSION

Topic: Breaking Barriers: Advancing Sexual and Reproductive Health for South Asian Newcomer Women
Speaker: Dr. Harini Aiyer

Dr. Harini Aiyer, Director of Research and Education at the Canadian Advisory of Women Immigrants (CAWI), delivered a compelling keynote on advancing SRH equity for South Asian newcomer women in Canada. Drawing on anti-racist and anti-oppressive methodologies, Dr. Aiyer emphasized the urgent need for community-led, culturally safe, and socially accountable approaches to address longstanding gaps in SRH education, research, and service delivery.

Dr. Aiyer began by highlighting a critical knowledge gap: despite South Asians being the largest immigrant group in Canada, there is limited research in Canada and North America examining the specific SRH barriers faced by South Asian and other immigrant communities. She noted that mainstream SRH research, education, and services are largely Western-centric, prescriptive, and insufficiently grounded in the lived experiences of racialized newcomers. As a result, immigrant communities' needs remain poorly understood and inadequately addressed.

She discussed how mainstream SRH education often lacks cultural relevance, meaningful dialogue, and power-sharing with those receiving the education. Participants in CAWI's research described how the absence of culturally safe spaces and responsive content forced them to seek SRH information online or through peers rather than through trusted healthcare or education systems. Balancing SRH conversations with cultural values, family dynamics, and stigma was identified as a significant challenge, underscoring the need for culturally guided approaches that support respectful communication within families and communities.

Dr. Aiyer shared findings from CAWI's 2021 Sexual and Reproductive Health Campaign, which aimed to better understand immigrant women's and youth's experiences accessing SRH education in Canada. Through three community-led focus groups with immigrant women and girls from diverse backgrounds, including India, Bangladesh, and Nepal, CAWI identified key barriers and gaps within mainstream SRH education. These insights directly informed the development of a culturally sensitive SRH education toolkit designed to be disseminated through community organizations rather than relying solely on schools or mainstream health systems.

A key theme of the presentation was the vital role of community-based organizations, particularly newcomer settlement agencies, in bridging gaps in SRH education. Dr. Aiyer emphasized that trusted community partners are often best positioned to provide culturally responsive, accessible, and stigma-informed support. She highlighted the importance of replacing "one-size-fits-all" approaches with culturally responsive practices, including hiring educators with diverse lived experiences and creating pathways for individuals from immigrant communities to lead SRH education efforts.

Dr. Aiyer also underscored the need for capacity building among healthcare providers and educators, noting that many professionals lack the training and support needed to respond effectively to the cultural, religious, and racialized experiences of newcomers. She stressed that cultural safety must be prioritized alongside clinical knowledge, and that stigma should never be dismissed or minimized when designing SRH services and resources.

The presentation outlined several practical recommendations for advancing SRH equity, including:

- Replacing cookie-cutter SRH education with culturally responsive content and establishing safe spaces for open dialogue.
- Collaborating with community organizations to co-create and deliver culturally-appropriate SRH resources.
- Prioritizing representation by hiring educators with diverse lived experience.
- Expanding language access through translated materials and multilingual programming.
- Embedding flexibility and adaptability into SRH education to respond to evolving newcomer demographics and needs.

Dr. Aiyer concluded by emphasizing that immigrant communities are not static; their needs continue to evolve alongside changing immigration policies, social climates, and settlement patterns. She called for ongoing research, reciprocal community relationships, and reflexivity around power, privilege, and positionality. Her closing message reinforced that culture should be recognized as a strength rather than a barrier, and that advancing SRH equity requires sustained commitment, humility, and meaningful partnership with immigrant communities.

PLENARY SESSION

Topic: Policy and Practice in Action: Strengthening Sexual and Reproductive Health Strategies for South Asian Newcomer Women
Speakers: Dr. Unjali Malhotra, Dr. Roula Kteily-Hawa, & Insiya Mankani

This cross-sector plenary session examined the current landscape of policies, programs, and innovative interventions in Ontario and Canada designed to support the SRH of South Asian newcomer women. The discussion was led by Dr. Unjali Malhorta, Physician, Dr. Roula Kteily-Hawa, Associate Professor at Western University, and Insiya Mankani, Policy and Advocacy Officer at Action Canada for Sexual Health and Rights. The panelist explored persistent barriers to care and highlighted examples of culturally responsive practices, while identifying opportunities to strengthen, scale, and integrate interventions. Panelists emphasized the importance of grounding policy, research, and service delivery in community perspectives to better meet the needs of South Asian newcomer women.

Discussion Points

Question 1: *From your experience in policy, healthcare, research, or community work, what are the main barriers newcomer women face in accessing sexual and reproductive health services, and how might these specifically affect South Asian newcomer women?*

Speakers highlighted a range of systemic, social, and cultural barriers that limit South Asian newcomer women's access to SRH services. Consent and trust were emphasized as central, as bias—both at the provider and systemic level—can make women feel unsafe and unwilling to seek care. Geographic barriers, including long travel distances, navigating transportation, and the need for interpreters or advocates, further limit access, particularly for women living in rural or remote areas. Language and health literacy issues were also emphasized, as newcomers may struggle with medical terminology, evolving regulations, and complex health instructions; translation services alone are insufficient if materials are not culturally or contextually appropriate.

Many women carry experiences of medical violence and trauma from their countries of origin, and honest acknowledgment of these experiences—including the experiences of family and friends—is critical to building trust in healthcare. Cultural and gender norms were identified as critical factors shaping health behaviors. Social expectations, intergenerational attitudes, and family influence—especially from mothers—can reinforce stigma around sexual health and limit open communication. Economic and social vulnerabilities, including unemployment, precarious work conditions, limited social support, and structural discrimination, compound these challenges. Additional barriers arise from immigration and labor conditions: sponsored migrants may face reproductive coercion or restricted access to documentation, while women in exploitative employment may lack paid sick leave or fear reprisals for seeking care. Policy-driven barriers, such as limited insurance coverage, unaffordable contraception, denial of abortion services, and difficulty accessing later-term abortion care, exacerbate inequities. Finally, peer networks, community connections, and

resilience were noted as critical protective factors, while fear of judgment within clinical spaces continues to deter many newcomer women from seeking essential care.

Question 2: *What current policies, programs, or interventions have been most effective and successful in supporting South Asian newcomer women — and where do significant gaps remain?*

Speakers highlighted several policies and programs that have successfully improved access to SRH services for South Asian newcomer women. BC's PharmaCare program was noted as a major achievement, resulting from decades of advocacy with Action Canada. Women can now access free birth control directly from pharmacies, reducing financial and bureaucratic barriers. Uptake increased substantially in the first year (60%), and cost modeling suggests the program will reduce healthcare costs from unintended pregnancies within four years. Similar agreements exist in Manitoba, PEI, and Yukon, though speakers stressed the need for stronger political and financial support to expand access nationally. Centralized and virtual services, such as BC's 24/7 Maternity Advice Line (MaBAL), have reduced geographic barriers and improved timely guidance. Legislative and regulatory advances, including embedding standards within the College of Physicians and Surgeons and advocating for changes around coerced sterilization, have strengthened patient protections. At-home HPV and cervical screening programs have proven effective, with pilot uptake rates of 90–100%, addressing trauma, privacy, and accessibility barriers.

Community-based SRH centres were highlighted as essential access points, particularly for uninsured newcomers, providing contraception, pregnancy support, abortion referrals, sexual health education, and culturally safe care. Peer-facilitated interventions, including storytelling-based sexual health programs conducted by the Alliance for South Asian AIDS Prevention (ASAAP), were recognized as highly effective. These programs deliver culturally relevant narratives that complement conventional health information, improving knowledge, attitudes, and engagement in sexual health services among South Asian women.

Despite these successes, significant gaps remain. Funding for clinical and community-based services is inconsistent, and healthcare providers often face low pay and rely on volunteerism, affecting service sustainability. Cultural safety training is not consistently embedded across healthcare education, including nursing, family medicine, pharmacy, and surgical specialties. Sex education in schools frequently falls short of Canadian and international guidelines, and policy rollbacks introducing opt-in systems further exacerbate barriers to access. Policymaking and service delivery rarely incorporate the lived experiences of racialized newcomer women, contributing to a disconnect between policy intentions and real-world outcomes. Addressing these gaps through sustained funding, culturally competent education, and community-informed policy development is essential to ensuring equitable access to SRH services.

Question 3: *Based on your experience, what strategies or changes — whether in policy, programming, or cross-sector collaboration — could improve access, cultural responsiveness, and the overall effectiveness of sexual and reproductive health services for South Asian newcomer women?*

Speakers emphasized that improving SRH requires cultural sensitivity not only in care delivery but also in policymaking. Policy decisions, such as Bill C-2 and the 2025 co-payment model for the Interim Federal Health Program (IFHP), can create financial and administrative barriers that disproportionately affect immigrants and migrants. Paying out-of-pocket can lead to preventable conditions becoming emergencies, and the administrative burden often results in clinics turning away patients. Survivors of gender-based violence (GBV) face additional challenges navigating legal processes and trauma while accessing care. A persistent issue is that service users are rarely involved in policy development, meaning lived experiences and community stories are often not reflected in regulations, perpetuating systemic barriers.

Cross-sector collaboration and community-informed interventions were identified as critical strategies. Peer-facilitated programs, intergenerational dialogues, and culturally relevant sexual health packages—incorporating knowledge-based fact sheets, scenarios, visual accompaniments, and lists of culturally responsive clinics and providers—can make services more accessible and meaningful. Materials should be translated into clear, simple languages, with videos and animations providing nonverbal messaging to reduce stigma and enhance engagement. Platforms that allow community stories to be heard at all levels of the healthcare system, from administration to clinical services, can strengthen understanding and responsiveness.

Speakers also highlighted the importance of training healthcare providers in cultural competence, ensuring that curricula across nursing, medicine, pharmacy, and other specialties reflect the needs and experiences of racialized newcomer women. They emphasized that national monitoring of sexual health indicators, including STIs, is essential, with data that is accessible, unbiased, and publicly available to inform policy and practice. Such tracking is particularly important for racialized communities, where infection rates and health outcomes are often underreported.

Finally, sustained financial and community support is necessary to improve access and sustainability. Funding should target both service provision and community-based initiatives, while volunteers and advocates can complement these efforts. As one speaker emphasized: *"If you cannot donate financially, donate time and effort, and support policies and programs grounded in human rights that uphold the Canada Health Act and the principle of universality."*

Key Takeaways

1. **Systemic and Structural Barriers Remain:** Newcomer and racialized women continue to face barriers related to bias, language, geography, trauma, cultural norms, and economic vulnerability. These barriers intersect and compound, limiting access to SRH services.
2. **Cultural Competence is Critical:** Storytelling, culturally relevant education, and peer-led interventions improve engagement, understanding, and care-seeking behaviors. Embedding cultural competence across healthcare education and service delivery is essential.
3. **Effective Policies and Programs Exist but Need Expansion:** Programs such as universal contraception access, virtual care, at-home HPV/cervical screening, and community-based

sexual health centres demonstrate impact. However, inconsistent funding, gaps in sex education, and policy-practice disconnects persist.

4. **Community Engagement and Peer Leadership:** Actively involving women in program design, decision-making, and peer-facilitated initiatives strengthens cultural responsiveness and effectiveness.
5. **Data, Policy, and Funding Priorities:** National monitoring of sexual health indicators, intersectional policymaking, and sustained financial support for both clinical and community services are necessary to reduce inequities.
6. **Cross-Sector Collaboration:** Collaboration across healthcare, community organizations, and faith-based institutions can enhance culturally safe service delivery and broaden access for marginalized newcomer women.

BREAKOUT SESSIONS

Topic: Healthy Beginnings: Maternal and Perinatal Care Access
Speakers: Dr. Farah M. Shroff

Dr. Farah Shroff, Public Health Educator, Researcher, and Founder of Health Together, explored how cultural traditions shape pregnancy experiences within South Asian communities. Knowledge passed down through grandmothers and elders plays a central role in guiding practices during pregnancy and childbirth, emphasizing the importance of ancestry and cultural traditions in shaping maternal experiences. Newcomer women, however, face significant gaps in care, including language barriers, limited awareness of culturally tailored educational resources, and insufficient cultural sensitivity among healthcare providers, which contribute to disparities in maternal and birth outcomes.

Immigrant and racialized women experience higher rates of preterm births, stillbirths, and small-for-gestational-age infants compared to Canadian-born women. Maternal race accounts for a substantial portion of these disparities beyond socioeconomic factors. Migrant women are also at increased risk of perinatal depression, compounded by stigma, limited accessibility of services, and experiences of racism and discrimination. Gestational diabetes is more prevalent among immigrant populations, increasing postpartum risk of type 2 diabetes. Income disparities, social isolation, unfamiliarity with the Canadian healthcare system, and language barriers further exacerbate these risks.

Dr. Farah Shroff emphasized that culturally grounded, community-based interventions improve maternal and perinatal outcomes among immigrant and racialized women, particularly when programs promote physical activity, mental well-being, social connection, and cultural continuity to address gaps in care experienced by newcomer women.

- **Maternal Mental Health Supports:** Culturally informed mental health education, peer-led support, accessible resources, and normalization of perinatal mental health discussions help reduce stigma, encourage early help-seeking, and improve maternal outcomes in diverse communities.
- **Yoga:** Yoga during pregnancy promotes both physical and mental health by reducing stress and anxiety, improving mindfulness, enhancing self-efficacy and body awareness, and supporting overall maternal well-being.
- **Dance:** Dance promotes joy, social connection, and cultural expression while improving mood, reducing anxiety and labor pain, enhancing flexibility and body confidence, and strengthening the bond between mothers and their babies.
- **Access to Nature:** Regular exposure to green spaces reduces stress hormones, encourages physical activity, supports maternal mental health, and lowers the risk of adverse fetal growth outcomes, contributing to healthier pregnancies overall.
- **Digital Tools:** Culturally appropriate digital tools promote healthy behaviors such as balanced diet, prenatal care, and physical activity, while helping newcomer women navigate the healthcare system and access reliable, culturally relevant information.

- **Peer and Family Support:** Peer-led and family-centered support models provide culturally relevant emotional support, reduce social isolation, mitigate stigma surrounding mental health, and foster collective approaches to maternal care grounded in cultural and community practices.
- **Cultural and Family Practices:** Traditional knowledge passed down through elders and family members shapes pregnancy and childbirth experiences, and integrating these practices with medical guidance while respecting family and community dynamics supports maternal well-being, cultural continuity, and community connection.

While community-based interventions provide essential immediate support, Dr. Shroff emphasized that sustainable improvements in maternal and perinatal health require systemic and policy-level action to address structural barriers and inequities.

- **Culturally Safe and Linguistically Appropriate Care:** Improving cultural safety within healthcare systems requires ongoing education and training for healthcare providers, the availability of translated and accessible resources, and increased awareness of culturally tailored services to support newcomer women in navigating care.
- **Routine Screening and Targeted Interventions:** Implementing standardized and culturally appropriate screening for mental health, birth outcomes, and gestational diabetes, combined with community-linked programs and specialized appointments, ensures early identification, targeted intervention, and equitable maternal care.
- **Addressing Social and Economic Determinants of Health:** Policies and programs that address income insecurity, social isolation, unfamiliarity with the healthcare system, and systemic discrimination are essential to reducing health disparities and improving maternal and perinatal outcomes for immigrant and racialized women.
- **Social Justice and Structural Change:** Reducing racism, sexism, and systemic discrimination, promoting economic equity, encouraging male allyship, and implementing legislative measures such as universal basic income are critical for supporting maternal health, family well-being, and community resilience.

Dr. Shroff also emphasized broader social justice approaches as essential to improving maternal and perinatal health, including reducing racism, sexism, and poverty, dismantling systemic discrimination, promoting economic equity, encouraging male allyship, and implementing legislative measures such as universal basic income.

Topic: Reproductive Health Matters: Menstrual and Gynecological Health Access
Speakers: Dr. Anne Hussain

Dr. Anne Hussain, ND, author of *The Period Literacy Handbook* and host of *Phase to Phase: The Hormone Health Show*, delivered a breakout session on advancing menstrual and gynaecological health equity, with a focus on newcomers and South Asian communities in Canada. Drawing on her clinical experience and research-informed practice, she highlighted the intersecting systemic, clinical, and cultural factors that can limit access to care and affect menstrual and reproductive health outcomes.

At the systemic and infrastructural level, Dr. Hussain emphasized challenges such as lack of health card access, difficulty securing a family doctor, and fragmented care pathways that position family physicians as gatekeepers to specialist referrals. She noted that walk-in clinics often lack continuity of care, follow-up on test results, and adequate appointment lengths, leaving patients to navigate complex systems on their own. Financial barriers were also highlighted, including out-of-pocket costs for prescriptions, non-insured providers, and menstrual products—particularly for individuals with heavy bleeding or households with multiple menstruators. These challenges are compounded by immigration status, transportation barriers, limited digital access for virtual care, and the absence of system-wide culturally competent care, which can reinforce bias and discrimination.

Clinically, Dr. Hussain addressed the normalization of menstrual pain, heavy bleeding, and hormonal symptoms by both practitioners and patients. She underscored that bleeding exceeding 80 mL per cycle and significant pain are not normal, yet clinicians often lack the tools or time to elicit this information during short appointments. The absence of proactive screening for menstrual and hormonal concerns places the burden on patients to raise these issues themselves. She further cautioned against the over-reliance on hormonal contraceptives as a default treatment for menstrual conditions without comprehensive assessment or shared decision-making, noting that hormones affect multiple physiological systems and conditions may present in non-textbook ways.

The presentation explored complex and often underdiagnosed conditions such as polycystic ovary syndrome (PCOS) and endometriosis, both of which disproportionately affect South Asian populations. Dr. Hussain explained how PCOS can impact cardiovascular health, fertility, metabolic function, mental health, and body image, while endometriosis may present atypically or remain asymptomatic, contributing to delayed diagnosis. She emphasized the importance of understanding that "normal" menstrual health exists within a range and that no symptoms of a healthy cycle should significantly interfere with daily life—summarized by her key message: *"When you don't know what normal is, you don't know what abnormal is."*

Cultural and individual barriers were also central to the discussion, including stigma, shame, low baseline menstrual literacy, language and anatomical terminology barriers, and stigmatization of mental health conditions such as PMS and PMDD. Dr. Hussain highlighted how power dynamics within medical encounters—particularly among South Asian patients—can limit question-asking and self-advocacy. She noted that social determinants of health, including housing, food security, financial

stress, and community resources, play a substantial role in shaping health outcomes, especially for newcomers adapting to unfamiliar systems.

The session concluded with a strong call to action emphasizing education, prevention, and implementation. Dr. Hussain highlighted the importance of pilot programs to generate real-time evidence, inform policy, and refine interventions. She advocated for systemic changes such as universal pharmacare, subsidized access to menstrual products, age-appropriate and culturally relevant education, and targeted provider training to reduce bias and improve communication. At the community and individual levels, she emphasized strengthening personal agency, dispelling stigma within households, improving menstrual literacy, fostering collaboration between healthcare providers, researchers, grassroots organizations, and communities, and co-creating evidence-based resources to counter misinformation.

Overall, the session reinforced the critical role of culturally responsive, community-led, and multi-level approaches in advancing menstrual and reproductive health equity. Participants highlighted the importance of centring lived experience, supporting pilot initiatives, and strengthening collaboration across sectors to improve access, understanding, and outcomes for South Asian and newcomer communities.

Topic: Knowledge is Power: Sexual Health Education and STI/HIV Services
Speakers: Srutika Sabu and Alisha Ali

Srutika Sabu, Project Lead, and Alisha Ali, Project Coordinator, from the Trans Power Project at the Alliance for South Asian AIDS Prevention (ASAAP), presented on prevention-oriented sexual health education and STI/HIV services for South Asian, Middle Eastern, and Indo-Caribbean (SAMEIC) communities, with a focus on LGBTQ+, trans and non-binary people and newcomers.

Prevention was framed as more than individual risk reduction, emphasizing the importance of trust, safety, and culturally responsive service design that addresses stigma and structural barriers. The speakers highlighted how intersecting factors such as migration context, immigration status, religion, class, education, language, and community surveillance often limit open conversations about SRH, contributing to gaps in knowledge and reduced service-seeking. Because the South Asian diaspora is not a monolith, ASAAP tailors prevention programming to reflect diverse migration pathways and levels of social and economic security.

ASAAP delivers prevention through Sexual Health Education Services, Settlement Services, and Capacity-Building initiatives, including the Trans Power Project, a capacity-building initiative that supports racialized trans and non-binary people from South Asian backgrounds in the GTA through sexual health workshops, mentorship, and one-on-one and group peer support. Across its work, ASAAP's approach is intergenerational, trauma-informed, culturally relevant, and explicitly queer femme and trans/non-binary inclusive.

The presenters shared effective prevention strategies drawn from current and past programming, including peer support groups, confidential one-on-one peer guidance, workshops, large culturally inclusive gatherings, in-person community outreach, collaboration with community partners, and curriculum-building for both service users and service providers. Practical support such as providing food and TTC tokens reduced financial and accessibility barriers, while language- and culturally specific programming increased comfort and participation. Arts-based and skills-based workshops supported expression, mental health, and relationship-building, creating accessible entry points for integrating sexual health education.

Key lessons emphasized that prevention efforts were more effective when programming was not explicitly labeled as sexual health. Framing sessions around broader topics such as wellness or gender-based violence, then integrating sexual health content, reduced stigma and increased engagement. Group discussions, storytelling, and addressing internalized oppression in the moment further supported trust and learning. In contrast, explicitly advertising sexual health programs, using dense or inaccessible language, collecting invasive data, failing to provide food, and underinvesting in trust-building were identified as barriers.

In response to audience questions, the speakers emphasized trust-building as foundational to prevention for youth and newcomers who may feel unsafe accessing STI/HIV services. Recommended approaches included integrating sexual health support into general community activities, offering peer coordinators who can maintain contact, accompany individuals to appointments, assist with translation, and support broader needs such as housing or service navigation. Creating safe, skill-sharing community spaces and asking gentle, practical questions were identified as effective ways to open pathways to sexual health conversations.

The speakers also discussed how ASAAP supports other organizations in incorporating this work despite persistent stigma. They emphasized the importance of internal allies, provider education on cultural context and intersecting oppressions, and free capacity-building training and consultations offered through the Trans Power Project. The goal is to expand organizational capacity so South Asian and queer and trans newcomers can access required mainstream services without retraumatization, strengthening prevention across the broader service system.