

OUR SOUTH ASIAN HEALTH & WELLNESS STRATEGY FOR ONTARIO - 2018

LEAD AGENCIES



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LAND ACKNOWLEDGEMENT

We begin this report by acknowledging that our work takes place on aboriginal land that has been inhabited by Indigenous peoples from the beginning.

We are grateful for the opportunity to work here and we thank all the generations of people who have taken care of this land - for thousands of years.

In particular, we acknowledge the Wendat, the Anishnaabeg, Haudenosaunee, Métis, and the Mississaugas of the New Credit First Nation.

We recognize and deeply appreciate their historic connection to this place. We also recognize the contributions of Inuit, and other Indigenous peoples have made, both in shaping and strengthening this community in particular, and our province and country as a whole.

This recognition of the contributions and historic importance of Indigenous peoples must also be clearly and overtly connected to our collective commitment to make the promise and the challenge of Truth and Reconciliation real in our communities.

FAIR ACCESS TO HEALTH AND WELLNESS FOR ALL ONTARIANS



More South Asians live in Ontario compared to the other provinces in Canada.¹ People from the South Asian diaspora make up nearly 51% of Ontario's visible minority population.¹ We are the largest minority group in Ontario and growing. We face greater health risks and do not participate in prevention programs at the same rate as our Caucasian neighbours. Our growing seniors population has specific needs. In fact, South Asians have unique health and wellness needs in all areas ranging from sexual health to mental illness.

As the number of South Asian Ontarians continues to increase, there will be additional stressors placed on the provincial healthcare budget.

Health equity—helping all people attain optimal health—can be achieved through a coordinated South Asian Health and Wellness Strategy. It will balance limited resources with the provision of effective culturally responsive services which will improve the health of all Ontarians. We are asking the provincial government to fund the creation of the health and wellness strategy based on the priority areas for action articulated in this report.

Gurpreet S. Malhotra, CEO
Indus Community Services

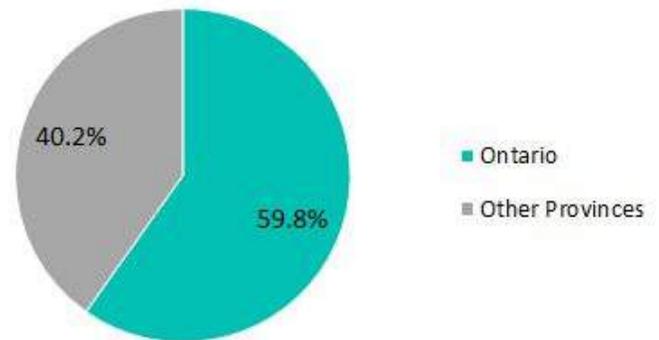
Baldev Mutta, CEO
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EXECUTIVE SUMMARY

South Asians are a heterogeneous group of individuals with a rich background of cultures, customs, and traditions. The South Asian diaspora consists of descendants of the Indian subcontinent in Asia, which is primarily composed of those from India, Pakistan, Sri Lanka, and Bangladesh. Through analyzing 2016 Census data, 60.2% of Canada's South Asian immigrants call Ontario home, which equates to approximately 1,182,845 individuals.

Narrowing in on the³ Peel Region, South Asian immigrants make up approximately 31.8% of the entire population, representing 50.8% of the visible minority population within the province. These numbers according to the Census data may be lower than the actual South Asian population as many communities, such as Indo-Caribbean peoples are not included. As this group has showcased an increasing trend within census data from previous years, there is a need to understand the specific characteristics of South Asian communities that may be impacting their health on a larger scale.

South Asians Living in Canada



South Asian people living in Ontario face greater health risks and issues:

- Greater rates of diabetes⁶⁻⁹
- Increased risk of cardiovascular disease^{9,10}
- Lower rates of cancer screening^{11,12}
- Less likely to receive a kidney donation from living donor¹³⁻¹⁵ (Probably true of organ donations in general)
- Higher rates of infectious diseases in Peel Region¹⁹
- Hidden elder abuse^{26,27}
- Sexual health is a taboo subject
- Gender roles are still tightly held within families³⁵
- Heightened risk for addictions due to migration and culture³⁸⁻⁴²

EXECUTIVE SUMMARY

- Higher risk of depression in seniors²²
- Migration combined with assumptions about South Asian culture further marginalizes women seeking help with abusive partners³⁵
- Migration and stigma impact mental health and mental illness^{29,30,33,34}

Currently, the absence of a sustainable long-term strategy for the health of South Asians in Ontario is very concerning. Although there are a few organizations within the community that are working towards improving the health and well-being of South Asian Ontarians, the demands for these services has been growing at a rate that cannot be matched with existing resources. This overwhelming need for more culturally responsive and anti-oppressive services for South Asian communities within Ontario indicates an existing gap within health care provision. Accompanied with the social determinants of health and their impact on various communities, a comprehensive plan is needed that reaches out to the diverse groups in the South Asian diaspora.

In addition, very little research has been undertaken that shows the compounding effects of multiple health and social service system shortcomings and inequities on this population. It should also be made clear that the South Asian population of about 1.2 million people makes considerable contributions to the tax base. Essentially, the goal of this strategy would be to ensure that South Asians are provided with accessible and culturally responsive programs and services. This strategy would help to create health equity in the Province. There is an opportunity for the Government of Ontario to improve the health of all Ontarians by taking action on this strategy.



INTRODUCTION

The South Asian population in Ontario is larger than anywhere else in Canada.¹ This population experiences different health concerns and outcomes compared to their Caucasian neighbours. While there are existing service providers, they cannot keep up with service demand. The government of Ontario has an opportunity to promote fairness in health access by funding a South Asian Health and Wellness Strategy. This strategy will balance limited resources by providing them strategically to address the priority action areas articulated in this report. This report assesses the current situation using the social determinants affecting health, paying special attention to the impact of culture.

Health is Affected by Other Factors

All health and wellness strategies must consider the social determinants affecting health. As an underlying concept throughout this report, the social determinants of health strongly impact the health of populations.⁴ The determinants include income and social status; social support networks; education; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; gender; sexual orientation; discrimination/racism; and culture.⁴ There are a range of possibilities that can affect one's health. For example, income can relate to poverty, financial insecurity and hidden homelessness. Similarly, gender can relate to gender expression, gender identity, and also sexual orientation. These determinants can intersect to lead to both positive and negative health outcomes.

CULTURE PLAYS A HUGE ROLE

Our strategy for South Asian health and wellness pays particular attention to the social determinant of culture. Many of the recommendations in this report are related to culturally responsive services. Cultural safety is a term that originated from Maori nurses to provide safe environments for Indigenous people by refraining from any type of assault towards an individual's identity.⁵ This concept incorporates the application of personal empowerment, which entails a sense of shared respect and dignity towards one's culture.^{5,6} Ultimately, using a culturally responsive approach in health care is an integral step towards addressing health inequalities within the community.⁶ It is important to note that the terms White and Caucasian will be used interchangeably in this report, which is in relation to the utilization of these terms in the academic literature.



DIABETES

- South Asian people have the disease more than their White counterparts
- South Asians are diagnosed earlier and therefore live with the disease longer

South Asians face chronic conditions such as diabetes at higher rates and are often diagnosed at an earlier age in relation to the general population.⁷ Furthermore, South Asians in Canada are two to three times more likely to develop type 2 diabetes mellitus at younger ages in comparison to whites.⁸ Research has also found that South Asians have a higher incidence of diabetes at a lower body mass index in comparison to their White counterparts, which is often overlooked for this population.⁹ This also suggests a genetic link which may be related to higher rates of diabetes among South Asians.

On another note, dealing with the stressors of migration can induce a greater risk of diabetes, which may be due to adopting a western diet (which is rich in fats, meats, processed foods, and salts) and through changes in physical activity or stress levels.¹⁰

Accordingly, South Asians are not deemed to be inherently unhealthy however they may adopt unhealthy behaviours as their lifestyle changes when migrating to Canada. Further migration related influences that can lead to the development of conditions such as diabetes may include the interaction of a multitude of complex factors, such as psychological, familial, social, political and economic elements.¹¹ Although research in these areas is limited, it is important to consider the contextual backgrounds of individuals when exploring the causes of chronic conditions, including but not limited to diabetes.

DIABETES

Recommendations

1. Create a website or online portal, which contains culturally specific resources for the South Asian community
2. Tailor information to suit the dietary customs and practices of various South Asian cultures so that the educational portion of lifestyle changes will likely have a greater impact for this specific group
3. Provide hands on workshops and seminars featuring meal preparation along with the discussion of healthy eating
4. Given the genetic predisposition towards the disease, early screening and education should take place with youth.



CARDIOVASCULAR DISEASE

- South Asians in Canada have a greater risk of premature onset, increased prevalence and increased mortality from coronary artery disease¹²
- Migration has an effect



Individuals of South Asian origin are known to have a heightened risk for premature cardiovascular disease, which has been proven to exist due to both genetic and environmental influences.¹² The environmental influences can be closely connected to problems associated with migration. The effects of migration have shown links to deteriorating health among immigrants as their health often decreases compared to that of the rest of the Canadian population over time.¹⁰ This can be due to individuals adopting a more western diet as they migrate to Canada, as well as the accumulation of stressors and migration related factors that are experienced by South Asian communities.

Currently, the approach towards educating the South Asian population in regards to cardiovascular disease has been uncoordinated and inconsistent. Organizations with expertise provide education only when resources are available. This means that it is difficult for individuals to connect with the resources and programming they need. While available outreach materials have been translated into many languages, culturally responsive services mandate that dietary education include the food consumed by each group within the diaspora.

Recommendations

Please see numbers 1, 2 and 3 under Diabetes

CANCER SCREENING

- Cancer screening rates are lower than the general population
- Barriers to seeking service are complex



As a predominant issue in the Peel Region, cancer screening rates particularly among South Asians have been significantly lower in comparison to the general population.¹³ Health service providers focus on encouraging patients within certain age ranges to be screened for breast, cervical, and colorectal cancer in order to detect the disease in its early stages.¹⁴ Research suggests the presence of inequities faced by certain subgroups in relation to cancer screening, which includes those with lower incomes and immigrants.¹⁴ Furthermore, South Asians are a group that are frequently reported to be subject to lower cancer screening rates related to breast, cervical or colorectal cancer.¹⁴ The barriers related to the lower rates of cancer screening for this group are complex, meaning that a single intervention or organization cannot address all aspects of this issue. A few of these barriers identified by individuals in the Peel Region were a lack of knowledge about cancer screening and risk factors, and the need for more female health providers.¹⁴

Recommendations

5. Inform physicians about the low rates of cancer screening among South Asians in Peel Region, as they are often the primary form of contact and would be able to encourage uptake of this healthy behaviour
6. Disseminate culturally responsive information in medical clinics, recreation centers, South Asian organizations, places of worship, and other commonly visited places
7. Build capacity among female health providers such as Doctors and Nurse Practitioners to encourage their patients to get screened

ORGAN DONATION

Organ donation poses a unique problem to the South Asian population in Canada, as they are less likely to receive a living donor kidney transplant in comparison to their Caucasian counterparts.¹⁵⁻¹⁷ Furthermore, the Greater Toronto Area has the lowest organ donor registration rates in the province of Ontario, and the lowest registration rates are seen amongst South Asian communities.¹⁸ A qualitative study of attitudes among South Asian Canadians regarding organ donation revealed a lack of knowledge about the process and individual perception of religious or cultural beliefs.¹⁹ Accordingly, the process of organ donation may be novel and foreign to individuals belonging to South Asian communities.²⁰ There has been recognition that the concept of organ donation among South Asians needs to be addressed at a local level. Accordingly, a partnership formed between the Council of Agencies Serving South Asians (CASSA) and the Trillium Gift of Life Network to increase awareness and encourage South Asian communities within the GTA to consider organ donation.¹⁸ In addition to these efforts, there is a need for some improvements and greater outreach amongst South Asian populations in Ontario to increase understanding surrounding organ donation to ultimately have a positive shift in registration rates.



- Less likely to receive a living donor kidney transplant
- Lack of knowledge, misperception, and religious/cultural beliefs may be barriers

Recommendations

8. Strengthen the conversation around organ donation, through educational materials that dispel cultural myths
9. Equip all agencies serving South Asian communities to encourage families to discuss end-of-life care decisions together, and to allow for the wishes of individuals, such as organ donation, to be documented

INFECTIOUS DISEASE & INOCULATIONS



- The Region of Peel has four times the rates of typhoid and paratyphoid fever
- Hepatitis A and malaria have higher rates here than the Provincial norm.
- Few seek travel health advice

As for infectious diseases, the Region of Peel has demonstrated rates of typhoid and paratyphoid fever that are four times higher than the province's rates.²¹ In addition to these conditions, hepatitis A and malaria have also displayed much higher rates in Peel as compared to the rest of Ontario.²¹

Through examining Peel's travel-related cases of these infectious conditions, the research has shown that many of the cases did not seek pre-travel medical consultation or may have been unaware of the disease risks that are linked to overseas travel.²¹ The individuals that obtained these diseases in Peel that were involved in a follow-up consultation exposed that only 13% of those who travelled in 2012 obtained pre-travel medical advice.²¹ By implementing pre-travel planning, rates of these conditions as well as other diseases such as influenza and sexually-transmitted infections can easily be reduced.²¹ The notion that individuals are protected against certain conditions due to immunity while living in their country of origin presents a barrier to receiving the proper medical advice and inoculations that may prevent certain diseases.²¹

INFECTIOUS DISEASE & INOCULATIONS



It is also important to recognize that there are numerous pre-travel health clinics throughout Peel Region. Resultantly, accessibility to these clinics may not be the largest barrier in achieving pre-travel medical advice and consultations. Rather, the lack of awareness and considerable costs were cited obstacles for individuals that were interviewed in Peel.²¹

Recommendations

10. Create educational and health promotion material to raise awareness about the common myths associated with pre-travel inoculations and infectious disease
11. Use digital ads from the Ministry of Health and Long-Term Care on travel and airline websites to encourage pre-travel medical consultation
12. Incentivize multiple inoculations by bundling them at a lower cost or family rate which would also reduce the cost of treatment upon return

SENIORS' ISSUES

- Growing number of seniors
- Higher risk of depression
- Elder abuse is hidden
- Need for a South Asian seniors community housing

Based on the 2016 census, seniors in Canada currently outnumber children.²² Furthermore, from 2008 to 2036, individuals aged 65 and older will increase by 137% in Ontario and by an astonishing 227% in the Peel Region.²³ According to 2016 Census data, there were 111,775 South Asians above the age of 65 living in Ontario.¹ This was 5.3% of the population of Ontario in 2016.¹

Seniors Programs

South Asian seniors face a greater burden in Ontario, as there is a lack of community based social programming to meet their needs. South Asian seniors, as well as Chinese seniors, have been reported to have higher chances of experiencing depression as compared to the general aging population.²⁴ There are waitlists in place for the few day programs tailored towards South Asian seniors.

For example, home care programs in Ontario are inconsistent across the province and accessing these services can be difficult to navigate.⁴³ Resultantly, the provision of care for seniors is often placed onto informal care systems, such as family caregivers who often experience burden that can also affect their health and livelihood.²⁵

Recommendations

13. Disseminate the resources required by South Asian serving organizations and agencies in order to create programming for seniors
14. Create South Asian based housing for seniors in Ontario

SENIORS ISSUES

Housing

According to Ontario's Action Plan for Seniors, there is a heightened interest in senior's housing initiatives across the province. The Ontario Non-Profit Housing Association has found that within the Region of Peel, 27% of the social housing waitlist is comprised of seniors.²⁷ Regarding the choices of seniors from various visible minority groups, research has discovered that these groups may benefit greatly by living in settings with individuals of their own culture.²³ A recent needs assessment for South Asian seniors in the Region of Peel indicates that 70.9% of respondents displayed an interest in living in a South Asian Seniors community.²⁷ As a rapidly growing subset of the population, seniors have specific housing needs in terms of accessibility and facilities which pose a challenge for the current infrastructure that is in place.²⁷

Recently the government announced it was supporting the creation of 128 South Asian, 128 Chinese and 64 additional Long-Term Care beds in Mississauga.⁴⁶ This is the result of a partnership between Indus Community Services, Trillium Health Partners and the Yee Hong Centre for Geriatric Care.

Recommendations

15. Support the development of South Asian Seniors' housing in the Region of Peel
16. Increase funding for long-term care services for South Asian seniors
17. Give priority access for immediate housing to seniors leaving abuse

SENIORS ISSUES

Elder Abuse

Family and cultural dynamics may lead to abuse in that seniors may be expected to provide care for their grandchildren.²⁸ Further, a 2016 CBC news report states that South Asian elders facing abuse are often trapped by language barriers and social isolation due to spending long hours providing care for their grandchildren at home.²⁹ Family members often do not report abuse because of the shame it would bring to the family.

In such cases, culturally responsive programs could provide education, alternatives and support in a way that is not presently provided.

Recommendations

18. Create a public education campaign about elder abuse
19. Involve faith-based institutions in providing education about elder abuse
20. Create programs specialized in dealing with the complexity of elder abuse in the South Asian context



DOMESTIC VIOLENCE

The root of the gender-based violence faced by women of all communities is patriarchy. Certain forms of familial violence such as forced marriage or improperly-called honour-related violence may statistically be apparent in South Asian communities. However, public, legal and media discourses often frame these forms of violence as rooted in South Asian cultures, rather than seeing them as specific manifestations of patriarchy or misogyny that cuts across communities. This is particularly an issue when a South Asian woman seeks services from a service provider that is not culturally responsive. There may be norms within the specific family or sub-community a woman belongs to. For example, it may be taboo to speak about sexual assault or mental illness, or there may be stigma around leaving an abusive relationship. In a forced marriage situation, a woman may want to flee from the situation, but not necessarily want to press criminal charges against her family members. Culturally specific services would entail understanding this context and working with a woman to ensure her agency rather than isolating her from her community as well as from services by attributing the violence itself to her culture.

- Violence is rooted across all communities in patriarchy
- Intersection of migration with South Asian culture further marginalizes women

Recommendations

21. Conduct consultations with the South Asian community and experts to better understand the gaps in service
22. Expand programs to match the size of the South Asian community
23. Provide more cultural sensitivity training for social service providers, medical and legal practitioners
24. Hire staff in all sectors who can speak South Asian languages
25. Create public education materials in South Asian languages

MENTAL HEALTH

- Stigma continues to exist across many communities
- Migration has an impact which is compounded by related issues



According to the World Health Organization, mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”³⁰ Over many years, stigmatization of mental health issues has been a predominant factor affecting the utilization of various resources as reported by South Asians in Toronto.³¹ Through a survey administered at a conference for health equity at the Centre for Addiction and Mental Health, responses from individuals of South Asian communities found that community-level barriers were the greatest challenge to their mental health.³¹ These barriers included mental health stigma, cultural barriers, and a lack of awareness or willingness to address the issue within the community.³¹ However, the impacts of migration on negative mental health outcomes have also been documented, which highlights a need to act on this issue at the newcomer stage to Canada.³² In relation to the conference survey, responses highlighted issues with migration and the culture clash between generations as being the source of stress, anxiety, depression and identity loss.³¹ Groups in the community, such as The Collaborative for South Asian Mental Health, have recognized the need for a research strategy that will promote better mental health outcomes for South Asians.³³ In the following section, mental illness among South Asian communities is discussed followed by recommendations addressing both mental health and mental illness.

MENTAL ILLNESS

One in three South Asians in Canada will experience a mental health issue in their lifetime.³⁴ Through a study looking at the Canadian Community Health Survey data, South Asian immigrant populations indicated life stress and anxiety disorders as important mental health issues whereas South Asian Canadian-born individuals displayed poor self-perceived mental health.³⁵ Furthermore, research has indicated that those who immigrate under the age of six are at a higher risk for having a mood disorder, anxiety disorder or substance use disorder in comparison to the general population.³⁶ Organizations within Canada have recognized the need for mental health and addiction-focused programming for South Asians. Although there is limited literature and data regarding mental illness amongst South Asian communities within Canada, the shortage of culturally responsive services indicates a barrier for these individuals to seek help.

- 1 in 5 South Asians will experience a mental health issue in the span of one year³⁴
- Younger immigrants have a higher risk for mood, anxiety or substance abuse disorder

Recommendations

26. Provide South Asian organizations with equitable funding to strengthen and increase further programming that is trauma-informed and culturally responsive to the diverse needs of South Asian communities
27. Promote mental health focused programming in various places within community settings, to expand outreach and awareness among the South Asian population

SEXUAL HEALTH

The South Asian community in Ontario is composed of both newcomers and individuals who have resided in Ontario for generations. Although the length of time in the province is significantly different, the gender roles and views on sexuality and sexual health seeking behavior remains the same – highly stigmatized. While efforts from the Alliance for South Asian AIDS Prevention and various public health offices continue to do its work in the South Asian community, it becomes increasingly important to ensure services are delivered in a culturally responsive and linguistically appropriate manner. This is primarily true for women as gender roles are strictly held within families.³⁷

Meanwhile, LGBTQ South Asians concurrently face intersectional experiences of marginalization and disadvantage.³⁸ A study documenting the experiences of gay and bisexual men of colour in Toronto highlighted that South Asian participants experienced higher rates of internalized homophobia and recreational substance use in comparison to other ethnicities.²⁸ Furthermore, racism and other forms of social oppression have shown a negative impact on gay and bisexual men of colour and their well-being.²⁸ Due to stigma and a lack of awareness among the South Asian community, sexual health is often a taboo subject. Although this limited data exists, it is not comprehensive and further research is required to understand the unique challenges for South Asians in accessing support and services around sexual health.

SEXUAL HEALTH

- Sexual health is a taboo subject
- Gender roles are strictly held within families
- 2SLGBTQ+ South Asians face more intersectional experiences of disadvantage and marginalization

Recommendations

28. Initiate comprehensive research as to the frequency of accessing sexual health services and understanding the challenges related to accessing these services among South Asian community members

29. Create culturally responsive and linguistically appropriate resources to increase health literacy surrounding sexual health among the South Asian community, and disseminate these materials widely

30. Train health care professionals and service providers on having conversations around sexual health with South Asian patients



ADDICTIONS

- Alcohol consumption may be linked to perceptions of power and privilege
- Heightened risk of alcohol abuse due to many factors including migration
- The intersectionality of many social determinants of health can contribute to self-medicating behaviours.



According to the World Health Organization, substance use “refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs”.³⁹ South Asian immigrants may face heightened risk of substance abuse due to many factors, including migration related pressures. Focusing in on alcohol addiction, an ethnographic study in British Columbia by Oliffe et al. found that many Punjabi Sikh men associated alcohol addiction as being a result of men attempting to connect with each other on a social level.⁴⁰ Alcohol use also becomes a display of power and privilege, as it is easier to attain economically in Canada as compared to Punjab.⁴⁰ This relates to the higher consumption of alcohol among high status castes consisting of warriors and rulers in India’s history, as well as army members.⁴¹ Furthermore, findings related to alcohol use throughout India has been varied yet shows a concerning rate in the state of Punjab.⁴² For immigrants from ethnic minorities, the combined impacts of acculturation and stress related to migration have been linked to increased rates of alcohol consumption.⁴³

ADDICTIONS



Relating to a very relevant public health issue in Canada, the opioid crisis has also impacted many South Asians throughout the nation. Recently, the Alberta government provided a \$560,000 grant to Punjabi Community Health Services to strengthen efforts of addressing opioid abuse among the South Asian community in Calgary.⁴⁴ Utilizing this grant, the organization is hoping to offer more culturally-specific services to reduce the barriers associated with help-seeking within South Asian communities.⁴⁴

Recommendations

31. Promote healthy drinking habits through a public education campaign wherever liquor is sold
32. Provide South Asian serving organizations with equitable funding to strengthen and increase addiction treatment programming that is both abstinence based and includes a component of harm reduction. This should include a South Asian residential treatment facility.

FOR FURTHER INVESTIGATION

Children & Youth

Learning Disabilities

There has not been much research into the area of South Asian children and youth and their health and wellness. It has been noted that there is less screening for learning disabilities among South Asian children. This has notably been related to stigma and fear of diagnosis, which act as barriers towards the assessments which are available to children in school settings. To combat the stigma within the South Asian community, organizations such as the South Asian Autism Awareness Centre work towards increasing awareness among the South Asian community.⁴⁵

Abuse and Neglect

Child abuse, like violence against women, is present across all communities. Besides the obvious cases of physical violence and harm, separating children from their parents simply due to a lack of understanding of disciplining norms within certain South Asian families is more likely to have a negative impact on the health and well-being of children. We only need to look at our history to see the evidence of the inter-generational trauma caused by uprooting indigenous children from their families and cultures. Addressing violence and abuse of South Asian children would therefore require a holistic, multifaceted approach including providing parenting programs in South Asian languages.

FOR FURTHER INVESTIGATION

Children & Youth

Exchange Zones

Exchange zones provide a less traumatic more private way for separated and divorced parents to safely “transfer” the children from one parent to another.⁴⁷ Currently, these exchanges happen in public places with any emotion on full display. An exchange zone at a neighbourhood service organization, would create a safe place for families to be emotional with one another away from prying eyes. These organizations could also provide supervised access when Family Court deems it necessary.



Disaggregated Data Collection

A critical component of fairness in health access is the collection, reporting, and use of disaggregated data. Data is usually aggregated for purposes of statistical analysis. Disaggregating the data is done for the purpose of revealing underlying patterns or trends that would not generally show in aggregated data sets. Disaggregated data based on intersecting identifies will reveal gaps in service for racialized communities. It is a crucial component of an equitable health strategy.

CONCLUSION

The South Asian population in Ontario is larger than anywhere else in Canada.¹ This report has illustrated that our population experiences different health concerns and outcomes compared to their Caucasian neighbours. While there are existing service providers, they cannot keep up with service demand. The government of Ontario has an opportunity to create health equity by funding a South Asian Health and Wellness Strategy. By funding a South Asian Health and Wellness Strategy, the government of Ontario will be securing better fairness in health access for all its citizens.



SUMMARY OF RECOMMENDATIONS

Diabetes & Cardiovascular Disease

1. Create a website or online portal, which contains culturally specific resources for the South Asian community
2. Tailor information to suit the dietary customs and practices of various South Asian cultures so that the educational portion of lifestyle changes will likely have a greater impact for this specific group
3. Provide hands on workshops and seminars featuring meal preparation along with the discussion of healthy eating

Cancer Screening

4. Inform physicians about the low rates of cancer screening among South Asians in Peel Region, as they are often the primary form of contact and would be able to encourage uptake of this healthy behaviour.
5. Disseminate culturally responsive information in medical clinics, recreation centers, South Asian organizations, places of worship, and other commonly visited places
6. Build capacity among female health providers such as nurses and nurse practitioners to encourage their patients to get screened

Organ Donation

7. Strengthen the conversation around organ donation, through educational materials. that dispel cultural myths
8. Equip all agencies serving to South Asians to encourage families to discuss end-of-life care decisions together, and to allow for the wishes of individuals, such as organ donation, to be documented

Infectious Diseases

9. Create educational and health promotion material to raise awareness about the common myths associated with pre-travel inoculations and infectious disease
10. Use digital ads from Ministry of Health and Long-Term Care digital ads on travel and airline websites the encourage pre-travel medical consultation
11. Incentivize multiple inoculations by bundling them at a lower cost which would also reduce the cost of treatment abroad

SUMMARY OF RECOMMENDATIONS

Seniors

Programs

12. Disseminate the resources required by South Asian organizations and agencies in order to create programming for seniors

13. Create South Asian based housing for seniors in Ontario

Housing

14. Support the development of a South Asian Seniors community in the Region of Peel

15. Increase funding for long-term care services for South Asian seniors

16. Give priority access for immediate housing to seniors leaving abuse

Elder Abuse

17. Create a public education campaign about the elder abuse

18. Involve faith-based institutions in providing education about elder abuse

19. Create programs specialized in dealing with the complexity of elder abuse in the South Asian context

Domestic Violence

20. Conduct consultations with the South Asian community and experts to better understand the need

21. Expand programs to match the size of the South Asian community

22. Provide more cultural sensitivity training for social service providers, medical and legal practitioners

SUMMARY OF RECOMMENDATIONS

Domestic Violence

- 23. Hire staff in all sectors who can speak the South Asian languages
- 24. Create public education materials in South Asian languages

Mental Health & Mental Illness

- 25. Provide South Asian organizations with equitable funding to strengthen and increase further programming that is trauma-informed and culturally responsive to the diverse needs of South Asian communities
- 26. Promote mental health focused programming in various places within community settings, to expand outreach and awareness among the South Asian population

Sexual Health

- 27. Initiate comprehensive research as to the frequency of accessing sexual health services and understanding the challenges related to accessing these services among South Asian community members
- 28. Create culturally responsive and linguistically appropriate resources to increase health literacy surrounding sexual health among the South Asian community, and disseminate these materials widely
- 29. Train health care professionals and service providers on having conversations around sexual health with South Asian patients

Addictions

- 30. Promote healthy drinking habits through a public education campaign wherever liquor is sold
- 31. Provide South Asian serving organizations with equitable funding to strengthen and increase addiction treatment programming that is both abstinence based and includes a component of harm reduction. This should include a South Asian residential treatment facility.

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