



COUNCIL OF AGENCIES SERVING SOUTH ASIANS (CASSA)

SUMMARY REPORT: SOUTH ASIANS AND HEALTH

A roundtable to identify gaps in health promotion for South Asian communities in Ontario

October 9, 2008

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OVERVIEW

South Asians are considered to be the largest and fastest growing visible minority group in Ontario. As an ethno-cultural group, many of whom are newcomers to Ontario, comparisons can be drawn as to how South Asian communities perceive their health and how much control they have over improving their health outcomes. The results are significant challenges that exist in their access to health care services. It is also worth noting that challenges also exist for health care providers in servicing these communities effectively. Therefore it is important to address both sides to truly get closer to achieving health equity.

In keeping with its strategic direction, The Council of Agencies Serving South Asians (CASSA) set out to identify gaps in health promotion for South Asian communities in Ontario. CASSA is a social justice umbrella organization working with Ontario's diverse South Asian communities. CASSA's mission is to facilitate the economic, social, political and cultural empowerment of South Asians by serving as a resource for information, research, mobilization, coordination and leadership on social justice issues affecting our communities. 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.

The South Asians and Health Roundtable was held on October 9th 2008 at Metro Hall, a location of The City of Toronto. The result was insightful discussions with 52 participants, including health care researchers, members of public health and community health centers, and other health promoters. Many of them have and are still working directly with South Asian communities.

Participants attended one of four discussion groups –General Health Care Services, Chronic Diseases, Mental Health and Sexual Health. Within each group, participants were asked four questions: what are the challenges and barriers that exist, what are possible solutions to these challenges and barriers, what role can CASSA play in addressing them, and lastly what role can South Asians play in health care governance.

The following summary includes the discussions that took place as well as input from those who couldn't attend the roundtable. Please note that although this summary is by no means comprehensive, it serves as a starting point to spark further discussion on this topic. CASSA would like to thank all those that participated and contributed to the roundtable. Lastly, it is our hope that with a shared vision, we can work together to take the steps necessary to improve the health outcomes of the South Asian communities in Ontario.

CHALLENGES AND BARRIERS THAT EXIST

A – General Health Care Services

Settlement for Newcomers

Upon immigration, newcomers are focused on various settlement issues, which include housing, childcare and attaining jobs with adequate income to support and raise their families. For many, English is not their first language, therefore these immigration stresses, including feelings of isolation, make it difficult for them to access health care services. Also, for South Asian newcomers, a huge barrier is the three months waiting period for OHIP, which puts a strain on their time-sensitive health needs.

Lack of Awareness

South Asian communities aren't always aware of what's covered by OHIP or how to navigate through the health care system to address specific health concerns. Note that these are not just barriers for newcomers since even South Asian communities that have been in Canada for five to ten years faces these same barriers to access. While younger community members may be informed about local programs and events through various media, the older communities generally tend to hear about such initiatives through word of mouth. For newcomers, it is of a particular challenge, because many resort to mainly family and friends for advice on where to seek assistance.

Language

There are language barriers to accessing services, which in many cases prevent South Asian people from even attempting to speak to their family doctor about health concerns, as they don't feel confident to do so. Both interpretation services and translations to develop more culturally appropriate materials can be quite expensive. In addition, many areas within the health sector are not willing to pay for either of these. I.e. hospitals. Also, even when there is a translator present, often times there isn't enough time within health appointments to allow for translation to take place. On the opposite side, for health care providers, a barrier to providing services is when South Asian people are continuously speaking in their own language.

Transportation

Transportation a significant barrier to accessing services and it's difficult to get funding for this. In the case of South Asian seniors, many of them live with their children, therefore transportation to health appointments or services during business hours is difficult because their children are working and don't have the time to drive them.

Attitudes and Perceptions

Generally speaking, many South Asian women don't feel comfortable discussing their health concerns with male health care service providers, leave alone being touched by them for health assessments. Also where family is concerned, women are known to put themselves last on their priority lists, which includes putting their own health needs last. Thus a challenge is making them realize the importance of addressing their health issues.

In terms of dietary restrictions, it was discussed that many South Asians are strict vegetarians and therefore will not eat food cooked with the same utensils and vessels that were used to prepare meat. If hospitals and long-term care facilities aren't paying attention to this or even if it's perceived that this hasn't been considered, they will not eat the food. Lastly, these communities don't always feel empowered to ask for what they need. I.e. even if there are vegetarian options in a health care facility, they may not want to ask how the food was prepared as they may think to themselves, "At least they're trying." In many areas of health, this lack of confidence in speaking up about their needs serves as a barrier.

Attitudes of Health Care Providers

There sometimes exists a poor attitude of front line workers in providing services to South Asian people. I.e. A participant gave the example of a nurse asking a South Asian woman why she was having a third child in her early forties. A crucial point raised was that even if front line health care providers are South Asian, this doesn't necessarily mean that they will treat other community members with respect. A simple race analysis isn't enough and therefore class and power must be added to the analysis. This is especially important in South Asian communities which are often very divided along class, caste and religious lines.

Inadequate Research and Funding

There is not enough knowledge, advocacy and funding around health issues of particular concern to these communities. For example, South Asians are more likely to develop diabetes than other ethno-cultural groups, and therefore specific health promotion interventions are worthy of further research. Note that conducting research is difficult since the integration of these communities into mainstream society is fluid. This makes it hard to define how integrated a South Asian person is and how this translates into their access to health care services.

B - Chronic Diseases

Attitudes and Perceptions

There exists the mentality of many South Asian community members that “This will not happen to us.” Also for many, the notion of preventive healthcare to prevent the onset of chronic diseases, especially in the case for regular physical activity, was not practiced in their South Asian country of origin. This was said to be more pronounced for South Asian women who are newcomers, since their priorities were solely to take care of the family and home, and thus the extent of their physical activity was in household duties.

Even after their health care providers have told them that they have a chronic disease, many South Asians still demonstrate resistance to take the necessary steps to manage it. From their country of origin, South Asians are used to traditional medicine, which ironically can serve as a barrier. Although better health practices are known, often people want to continue to practice herbal or more traditional methods. As a result, many South Asians are not open to new ideas of the cause of disease and its treatment.

Family Support

South Asian communities still need to understand that if a family member has a chronic disease, the whole family is affected. I.e. if someone has a heart attack, the whole family will have to adjust to preparing healthier food options. Therefore a challenge lies in making the family realize that their support of the person with a chronic disease is crucial. I.e. many South Asian parents who have immigrated here for a better life for their family, are constantly putting their children’s needs ahead of their own. As a result, their children, including son and daughter-in-laws who may be living with them, need to be equipped with the tools to encourage and support their parents in taking care of their health.

Challenges of Health Care Providers

Support groups have demonstrated that South Asian communities have a fear of sharing information about their health concerns. In many instances, many of them don’t trust their health care providers, as they don’t always feel that he or she is looking out for their best interests. Active participation in disease management is lacking, and therefore a challenge for health care providers is getting information out of them about their chronic diseases.

Another challenge is tackling the fact that chronic disease management is not a “one solution for all” approach. Physical activity for example is important in addressing chronic diseases, however it’s difficult to encourage South Asians to be active when existing programs may not be the best way to engage them.

C – Mental Health

Views of Mental Health

A lack of balance still exists in regards to the values placed on mental health versus physical health. A key reason for the difference is that physical health issues are more transparent, and therefore it's much easier to address these health concerns. There is also an unwillingness to look beyond the western medical model and view mental health in a holistic manner. Many health care providers are focused on diagnosis drugs and don't pay much attention to the broader context of the issue, including the fact that mental health has significant impacts on physical health.

It is also well known that a stigma exists in society about mental illness. What's important to note is that there exists yet another layer of stigma about mental illness, which is unique to South Asian communities. I.e. a South Asian family may not seek support from their own relatives or close friends to deal with their child's mental health issues because it may bring a "bad name" or shame for the family. If there's a female sibling in the family, it could ruin her chances of getting married. Therefore, these perceptions make it one step more difficult for South Asian to access mental health care services.

Lack of Awareness

When speaking about mental health, many South Asian communities still hear "mental illness" and not "health." Also, a lack of awareness exists about the variations in mental health issues. I.e. "trauma" is an area that is often missed. Secondly, South Asians are not always aware of early signs of mental health issues, and thus early intervention and detection is often overlooked. Also, there's a lack of culturally appropriate information about services for mental health promotion, and mental illness treatment. The result is a greater likelihood of undiagnosed mentally ill people, and even misdiagnosed ones.

Broader Issues Impacting Mental Health

Although mental health issues are unique to individuals, there are broader experiences faced by South Asian communities, which in turn play a role in their mental well-being:

- Racialized communities are more likely to experience poverty, and it was noted that there is a strong correlation between poverty and mental health.
- Upon immigrating here, many South Asians face "newcomer stress." They are forced to adjust to a new way of life while feeling socially isolated, and must wait three months before attaining OHIP. All these factors result in huge psychological stresses.
- Foreign trained South Asian professionals are not having their credentials recognized when they immigrate here. As a result, they are not getting jobs in their field and end up working at precarious jobs, which plunge many of them into depression.

- There are many intergenerational issues in South Asian communities, which include the stress of cultural adaptation felt by both parents and children. I.e. A mother and daughter may fight over their perceptions of a young woman's sexuality and expression. This tension can get to the point of poor mental health for both the mother and daughter.
- Many newcomers who have come here for a better life faced situations of war and trauma in their South Asian country of origin. These experiences continue to play out in their minds after immigration, which have a lasting effect on their mental health.

D – Sexual Health

Stigma

As sex and sexuality is viewed as taboo within South Asian culture, a great deal of stigma exists around accessing such services, particularly amongst youth and young adults. Many won't discuss pre-marital sex or extra marital sex. I.e. as women integrate into Canadian culture, many are having pre-marital sex, which is contrary to the belief that South Asian single women remain virgins until marriage. Also, many will not disclose their sexual orientation if they are lesbian, gay, bisexual or transsexual. This unwillingness to speak up about sexuality prevents South Asian community members from accessing sexual health services.

Shyness

It is a challenge to make South Asian communities understand sexual health issues and even when they do, often times they are too shy to discuss it with their doctor. This is mainly because they have not been socialized to discuss this topic openly. This shyness therefore serves as a systemic barrier to many health issues.

Lack of Communication

It was mentioned that South Asian parents are not encouraging their youth to develop an understanding of sex education. A myth exists that by speaking about sex, one is encouraging promiscuity, and thus it is better not to have the topic open for discussion.

POSSIBLE SOLUTIONS TO CHALLENGES AND BARRIERS

Raising Awareness

For newcomers who are experiencing a three months wait period for OHIP, they need to be made aware of free health care services at their disposal. I.e. doctors and dentists who offer community health services. For South Asians with language difficulties, they need to be made aware that many health centers have counselors who speak their languages. It was suggested that the first channel of communicating this information to them should be at airports, upon their arrival. Another means of spreading the word about health related services is through media, which includes South Asian radio channels, newspapers, South Asian magazines and South Asian TV shows.

Another way to reach out to these communities is by bringing health information and services closer to them. The notion of “traveling health fairs” was brought up as a method of sharing information. Another example are the “mobile health clinics” provided through the Immigrant Women’s Center. In a mobile clinic, health information about clients is taken and a doctor will conduct pap smears and breast examinations. This mobile bus travels to different community centers, to service people’s health needs.

Coordination of Services

It was first mentioned that there are many similar organizations working separately from one another, and this lack of coordination leads to duplication. However it was then noted that there will never be duplication, as the need for all existing health services will always be there. Therefore what’s important here is to have similar organizations work together in a more effective way.

A comprehensive inventory of health services should be developed to assist with the coordination of these services. Independent organizations should be linked into each other and this should include neighbourhood centers. Also, once silos break down, we can develop more cross-sectional councils. There should also be inter-ministerial communication, as opposed to ministries working in silos.

It was argued that when Local Health Integration Networks (LHINs) define communities, grassroots organizations aren’t always considered. A participant mentioned that it’s typically the big organizations that receive funding, as opposed to the smaller organizations. Also, many communities aren’t aware that Community Care Access Centers (CCACs) even exist. Therefore the first step of community service integration is to educate community centers of what exists. It was also noted that pay equity at LHINs needs to be addressed to improve community engagement.

Culturally Appropriate Services

Research indicates that peer-based models of health care service delivery are successful. Therefore utilizing South Asians that speak the language and are of the same demographics of the client population can serve as an effective way to ensure that information is disseminated at the grassroots level. I.e. A South Asian youth who speaks Punjabi can be an effective peer role model for Punjabi youth engaged in peer sexual health programs. As has been the case, this can make South Asians more willing to open up, even if they are fluent in English.

In health promotion, it's helpful to develop resources and programs that South Asians can identify with, and therefore may make them more likely to pay attention and participate in. I.e. Bangra (Indian dance) classes could be used to encourage physical activity. It would also be effective to have more culturally relevant South Asian images tied in with language-specific material; I.e. The Alliance for South Asian AIDS Prevention has a media campaign that uses South Asian vibrant faces.

The importance of having more female health care providers was stressed, as many South Asian females feel more comfortable relating to another female. Often times, the gender of the health care provider can serve as a barrier to speaking up about health concerns. Another barrier is lack of anonymity. I.e. often times women are accompanied by their husbands to appointments, who end up sitting in on the appointments with them. A woman with mental health issues could be hesitant to discuss this in front of her dismissive husband. In certain cases, it's crucial that health care providers enforce privacy in appointments. This is also especially true with mental and sexual health, where South Asian community members are reluctant to open up about their health concerns for reasons mentioned earlier. Therefore it's important to provide them information in a way that ensures their anonymity.

There should also be greater culturally based diversity training for health care providers. I.e. in the case of South Asian newcomers, health care providers need to be made aware of the factors that play a large role in their decreased health status after settlement in Canada. They should also make South Asians more aware of health care language, as often times the usage of certain words can limit their understanding. I.e. the meaning of "caregiver." Lastly, there should be a diversity audit of all health care systems, to ensure diversity policies and training is in place in the provision of health care services.

Although training in cultural competence is important, health care providers should be conscious not to go about health care provision solely based on culturally competent models, but instead, view them as merely a starting point. Within South Asian communities, there is a great deal of diversity which includes country of origin, language, religion, cultural beliefs and more, all of which contribute to their perceptions of health care. Thus, the key message here is to be cautious that seeking to be culturally competent could lead to incompetence. To combat this, health providers need to continue sharing evidence about best practices as well as their experiences, keeping in mind what may work well with one South Asian community may not work well for another.

Leveraging Strengths

It's important to consider the strengths of South Asian communities in order to deliver health care services more effectively to them. A key strength is centers of worship. I.e. a participant explained how local faith-based organizations were used to influence how a South Asian community viewed the health care system. In this community, females were known to refuse male health care providers because they perceived that their faith might disapprove of it, though that wasn't the case. Thus in this particular case, having faith leaders tell them it was okay made them more accepting of it. Therefore it might be beneficial for health care providers to work with local faith-based organizations to encourage faith leaders to be involved in the organizing and planning of health services, as well as serving as a channel to communicate information.

Increasing Dialogue

Because South Asian communities are so diverse, it's important to work across these differences, as opposed to just acknowledging the diversity verbally. It was mentioned that intra-community dialogues was crucial to address tensions within communities, which could ultimately assist health care providers in effective delivery of health care services.

Although it was mentioned that anonymity is important, when it comes to encouraging South Asians to open up about certain health issues, the converse is also true. In other cases, they may be more likely to open up if they are surrounded by other South Asian people they can relate to. Thus in many instances, health care providers could benefit from providing a platform to encourage dialogue specific to different South Asian communities. I.e. from a participant's experience, it was found that when South Asian heterosexuals are in a room without Caucasians, they are more likely to engage in discussion about healthy sexuality. Lastly, to spark positive dialogue, it's important that media campaigns are also marketed effectively to parents so that they can start dialogue with their children about sexual health. It is the hope that through educating parents, we can educate South Asian children and youth.

Research

More research needs to be conducted around South Asian people who are currently using services. This includes what is easily accessible to them, what are their challenges, whether or not they are accessing services more or less over given time spans, and why or why not. Other areas include identifying appropriate screening for health conditions. I.e. what is an appropriate way to do cervical cancer screening for South Asian women so they feel more at ease.

Social Factors

Lastly, it's important to provide truly accessible programs, which include varying hours, refreshments, covering transportation and providing interpreter services. This will help to mitigate many barriers, as well as be more inviting to participants.

SUGGESTIONS FOR CASSA'S ROLE

** Note: CASSA will consider the below suggestions and upon further dialogue, will decide which areas are priorities and what is feasible, given limited available resources*

Information

- Utilize the CASSA website as a central source of information. This includes: information on accessing health care services, health events, conferences, fairs, funding opportunities, board opportunities and anything else of interest to health care providers working with South Asian communities

Research

Coordinating the following gaps in research:

- Systems mapping including a cost analysis of the system
- Research relating to South Asian people currently using health care services
- Identify appropriate screening for health conditions

Mobilization

- Support smaller South Asian specific health care organizations build their capacity
- Facilitate mentorship opportunities for South Asian youth, I.e. peer educators in community health centers or public health settings

Coordination

- Facilitate partnerships of various health care service providers with a stake in South Asian health promotion
- Work with other diverse communities to look at reviewing and synthesizing existing Health Equity Reports so that they are more applicable
- Put together a “clearinghouse” of South Asian specific health tools that are available
- Facilitate a group up approach, connecting community leaders with government representatives
- Organize intersectional roundtables that include different ministries and organizations. Roundtables could also be specific to health issues. I.e. a cross-sectional South Asian mental health roundtable
- Organize training of service providers in working with South Asian communities
- Organize intra-community dialogues within South Asian communities, to address tensions

Leadership

- Advocate for interpretation services to be paid for by health care organizations
- Advocate for Ontario Medical Association (OMA) to include doctors in diversity training (Doctors aren't considered employees within the health care system, and therefore are often excluded)
- Advocate for South Asian MPs to bring cultural determinants of health and impacts of it to health care policy and funding
- Advocate for more relevant health education workshops for South Asian communities via community health centers, public health and school boards

GOVERNANCE ROLES OF SOUTH ASIANS

Board Membership

Mainstream agencies that are aiming to be more inclusive identify that they need people from diverse cultures on their boards, and often recruit such individuals. However, the role of that person as a representative of the community is often not clarified – what do they want that person to do, other than being a “token” person. It was argued that there are some unspoken assumptions in that the board member may represent their community while at the same time not rock the organizational boat too much, which translates into not pushing for any substantive change within the organization.

To combat this irony, South Asian board members would need support. One way is through other board members putting unspoken expectations about the South Asian person’s role, out on the table in a non-judgmental way. This way he or she can state clearly whether they agree or not agree to their expected roles in servicing South Asian communities. There could also be a forum for diverse board members, who are likely the sole representative on a typical mainstream board, to share their experiences with others in similar situations.

The issue of tone of discussions should also be addressed. It has sometimes been the case that boards are weary of approaching ethno-cultural groups because they expect a hostile or overly politicized reception, and they can't address all the social wrongs the ethno-cultural groups have experienced. Thus support needs to be provided to agencies to help them cross the ethno-cultural gaps. Lastly, barriers need to be broken down in terms of boards having pre-selected members. To sit on boards, we need to ask board chairs what skill sets are needed, and then advertise this to South Asian communities and actively recruit them. The Maytree Foundation offers “Diversity in Governance” awards. This could serve as an incentive for organizations to recruit South Asian people.

Forms of Governance

It’s important that South Asians are in governance roles that represent a variety of social issues in order to have a greater impact on the social determinants of health as they pertain to South Asian communities. I.e. they should be involved in housing decisions, as housing impacts health. Also, representation needs to be at all levels; governance - federal, provincial and municipal level, health care system design - local health integration networks, program planning and front line service.

General Action Items

There needs to be a group of key bridge builders and leaders who will work for change, and advocate for it at all levels of the system. This could start with leaders sitting on a community advisory panel, which could shape programming. In addition, strategic positioning of key leaders is important, as they need to be placed in positions impacting health policy and health care service delivery. Once these individuals can be identified, they can be supported by way of advocacy for South Asian communities’ health needs.

More value should be placed on providing promotions in hiring South Asian health care workers so that they can increase their impact in their respective communities. Lastly, South Asian political leaders need to be trained on the key barriers to access of health care services for South Asian communities. Only when they understand the communities' needs, can they truly advocate for them effectively and make a strong case for the cultural determinants of health. Lastly, it is the hope that if South Asian people see more leaders they can identify with, they will be more likely to open up and express themselves about their health needs.

PARTICIPATING ORGANIZATIONS

Access Alliance Multicultural Community Health Center
Across Boundaries: An Ethnoracial Mental Health Centre
Advantage Health Consulting Canada
Alliance for South Asian Aids Prevention (ASAP)
Bloor Information and Life Skills Centre
Canadian Cancer Society - Ontario Division
Canadian Centre for Women's Education & Development
Canadian Mental Health Association
CANES Community Care
Centre for Addiction and Mental Health (CAMH)
Centre for Education and Training
Centre for Urban Health Initiatives
Chronic Disease Prevention, City of Hamilton
Community Resource Connections of Toronto
Community Social Planning Council
Hamilton Health Sciences
Hamilton Public Health Services
Health and Racism Working Group (East Mississauga Community Health Centre)
Health Nexus
Humber River Regional Hospital
Immigrant Women's Health Centre
McMaster University
Ontario Lung Association
Ontario Ministry of Health Promotion
Peel Region - Chronic Disease & Injury Prevention
Peel Region South Asian Diabetes Program
Providence Healthcare
Public Health Services, City of Hamilton
Rainbow Health Ontario
Reconnect Mental Health Services
Regent Park Community Health Center
Ryerson University School of Nursing
Scarborough Southwest Ontario Early Years Centre
Sherbourne Health Centre
Social Services Network
South Asian Heart Health Group
South Riverdale Community Health Centre
St. Michael's Hospital - Inner City Health Program
The Alliance for South Asian Aids Prevention (ASAAP)
The Dorothy Lay Hospice
The Heart & Stroke Foundation
Toronto Central LHIN
Toronto North Support Services
Toronto Public Health
University of Toronto – Public Health Sciences
Vaughan Community Health Centre
Wellesley Institute
Women's Health in Women's Hands