

September 2022

COLLABORATION  
COOPERATION  
CO-CREATION

Case studies of social service  
innovations during COVID-19

Apna Health and community ambassadors in Peel region:

# Advancing health equity in the South Asian community



WORKING WITH  
COMMUNITIES IN  
PEEL, TORONTO &  
YORK REGION

Report partner:



**PhiLab**

CANADIAN PHILANTHROPY  
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RESEARCH NETWORK

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## Land acknowledgement

United Way Greater Toronto acknowledges that our work takes place on the traditional land and gathering place of many Indigenous nations including the Anishnaabeg, the Haudenosaunee and the Wendat peoples and it is now home to many diverse Inuit, Métis, and First Nations peoples.

We also recognize the rights of Indigenous communities and that the Greater Toronto Area is covered by several treaties including Treaty 13 signed with the Mississaugas of the Credit First Nation and the Williams Treaties signed by seven First Nations including the Chippewas of Beausoleil, Georgina Island, Rama, Mississaugas of Alderville, Curve Lake, Hiawatha and Scugog Island.

We honour the teachings of Indigenous peoples about the land we each call home and our responsibilities to the land and one another. We are committed to improving our relations and walking in solidarity with Indigenous peoples. From coast to coast, we acknowledge the ancestral and unceded territory of the Inuit, Métis and First Nations peoples.

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As the largest non-government funder of community services in the GTA, United Way Greater Toronto reinforces a crucial community safety net to support people living in poverty. United Way's network of agencies and initiatives in neighbourhoods across Peel, Toronto and York Region works to ensure that everyone has access to the programs and services they need to thrive. Mobilizing community support, United Way's work is rooted in ground-breaking research, strategic leadership, local advocacy and cross-sectoral partnerships committed to building a more equitable region and lasting solutions to the GTA's greatest challenges.

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**PhiLab**

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The Canadian Philanthropy Partnership Research Network / Réseau canadien de recherche partenariale sur la philanthropie (PhiLab) is a Canadian research network on philanthropy. The network is divided into several regional hubs across the country. The network's headquarters are located in Montreal, on the Université du Québec à Montréal (UQAM) campus. Philab Ontario is a hub located at Nipissing University.

The project started in 2014 as part of two SSHRC partnership development projects on "Canadian Grantmaking Foundations". From its beginning, the Network has been a place for research, information exchange and mobilization of Canadian foundations' knowledge. Research conducted in partnership allows for the co-production of new knowledge dedicated to a diversity of actors: government representatives, university researchers, representatives of the philanthropic sector and their affiliate organizations or partners.

The Network brings together researchers, decision-makers and members of the philanthropic community from around the world in order to share information, resources, and ideas.

[philab.uqam.ca](http://philab.uqam.ca)



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## Message from Daniele

Throughout the pandemic, United Way Greater Toronto's (UWGT's) network of over 300 funded agencies and community partners mobilized quickly to meet urgent and evolving needs and problem solve in real time – leading to effective innovations with the potential to move the needle on critical issues facing communities.

Our network saw firsthand how the pandemic upended our collective and individual understandings of “normal” and left many grappling with precarious employment, income insecurity, mental and physical health challenges, and more. But during this time, the story unfolding across our region has been not only one of crisis, but also one of small transformations – innovations that UWGT has championed as we've convened cross-sector partners to forge new paths forward, mobilized emergency funding in response to heightened and emerging needs, and ensured our funding gave community agencies the flexibility to allocate resources to where they were needed most.

UWGT's commitment to systems-level change means not only championing initiatives with this potential, but also analyzing and amplifying the lessons they have to offer. This case study is one of five in the UWGT series *Collaboration, Cooperation, Co-Creation: Case Studies of Social Service Innovations during COVID-19*, developed in partnership with the Canadian Philanthropy Partnership Research Network (PhiLab). These case studies remind us that times of crisis necessitate innovation – but they don't guarantee it. Major disruptions only bring systemic change when communities have both a clear vision for a path forward and the tools to get there.

Together, these case studies show what we know so well at UWGT: that a non-profit sector that is rooted in community and fortified by decades of expertise knows where we need

to go even before crisis hits. That a sector equipped with the right tools and resources has remarkable capacity for agility and adaptation. That flexible funding and general operating support – two staples of UWGT'S funding model – are key elements of the toolbox that enables organizations to pivot and engage in necessary strategic, systems-level work. That through networks UWGT has been cultivating for decades – networks of community agencies, local residents, and partners in government, labour, and the corporate sector – with the resolve to work together in new ways, the change we are capable of achieving is exponential. And finally, that backbone support provided by entities like UWGT – from research to convening to strategic investments in community – is foundational to all of these elements.

These stories of innovation show that our path forward is not about recovering our pre-COVID “normal.” Because we are building something better. We're bridging siloes and catalyzing new partnerships, so that everyone can access the services they need without coming up against roadblocks. We're amplifying community voices and joining hands in advocacy. We're deepening our understanding of what advancing equity looks like in concrete terms – and most importantly, acting on it.

Our world is in flux. These case studies offer important lessons for how we can chart a path through instability and uncertainty – one that not only ensures urgent needs are met, but brings us all closer to a future without poverty.

**Daniele Zanotti**

President & CEO

United Way Greater Toronto

Apna Health and community ambassadors  
in Peel region:

# Advancing health equity in the South Asian community

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## Introduction

Located west of Toronto, Peel is one of the most diverse regions in Canada, with the highest percentage of visible minorities in the GTA.<sup>1</sup> In Brampton and Mississauga, which together account for more than 90% of Peel's total population, racialized peoples comprise 57.2% and 73.3% of their respective populations.<sup>2</sup>

Like other public institutions, the mainstream healthcare system has not kept pace with Peel's changing demographics: Few healthcare facilities incorporate culturally informed practice models targeted at specific communities. Community advocates feel healthcare institutions are unrepresentative of the communities they serve, and this creates systemic barriers to addressing community-specific health challenges and inequities. Health disparities impact health outcomes of specific racialized groups across the region, with people of South Asian descent experiencing higher rates of diabetes,

cardiovascular disease and lower cancer screening rates.<sup>3</sup> This same community has been disproportionately impacted by the COVID-19 pandemic: While South Asians account for 31.6% of Peel's population, they accounted for 45.1% of cases in the region during the first wave of the pandemic.<sup>4</sup> Traditional public health measures were not effective for this population and, according to community advocates, resulted in misinformation spreading and low compliance with safety protocols.

Observing the dual threat of strained resources coupled with limited cultural expertise or practice models in Peel Public Health's early COVID-19 response, social service agencies with deep roots in the South Asian community stepped in. This case study examines the creation of the Apna Health website and the use of community health ambassadors during the COVID-19 pandemic by Indus Community Services and Punjabi Community

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<sup>1</sup> Region of Peel. (2017). *2016 Census Bulletin. Immigration and Ethnic Diversity*. <https://www.peelregion.ca/planning-maps/CensusBulletins/2016-immigration-ethnic-diversity.pdf>

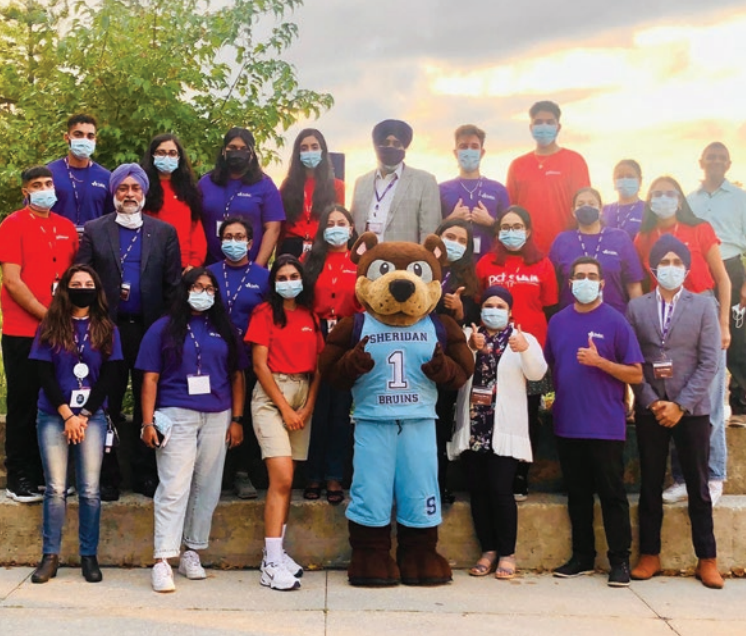
<sup>2</sup> Region of Peel. (2017). *2016 Census Bulletin. Immigration and Ethnic Diversity*. <https://www.peelregion.ca/planning-maps/CensusBulletins/2016-immigration-ethnic-diversity.pdf>

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<sup>3</sup> Indus Community Services, Punjabi Community Health Services. (2018). *Our South Asian health & wellness strategy for Ontario - 2018*. <https://pchs4u.com/wp-content/uploads/2019/10/South-Asian-Health-Wellness-Strategy-for-Ontario-2018-compressed.pdf>

<sup>4</sup> Region of Peel. (2020). *COVID-19 and the social determinants of health: Race and occupation (novel coronavirus (COVID-19) Peel Health Surveillance)*. [https://www.peelregion.ca/coronavirus/\\_media/COVID-19-race-and-occupation.pdf](https://www.peelregion.ca/coronavirus/_media/COVID-19-race-and-occupation.pdf)






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Health Services.<sup>5</sup> Their objective was to increase testing and vaccination uptake in the South Asian community by offering credible information, personal protective equipment (PPE) kits, transportation to clinics and wraparound supports addressing barriers related to housing and food security. The organizations hired community health ambassadors—residents who speak the dominant language of the community and understand cultural practices—to lead this work. The challenges and lessons learned through this engagement strategy provide valuable insights on the benefits of culturally informed practice models for social service agencies and healthcare practitioners more broadly.

This case study draws on conversations with Gurpreet S. Malhotra, Chief Executive Officer of Indus Community Services and Baldev Mutta, Chief Executive Officer of Punjabi Community Health Services. United Way Greater Toronto is grateful for their time, guidance and insights, without which this report would not be possible.

**Above:** Staff of Indus Community Services & Punjabi Community Health Services participating in a vaccine clinic at Sheridan College. **Left:** Indus Staff preparing a hot food delivery for community members impacted by Covid.

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<sup>5</sup>Indus and PCHS are United Way Greater Toronto anchor agencies. United Way Greater Toronto funds a network of anchor agencies that receive flexible and multi-year funding intended to build strong, responsive, sustainable and effective organizations.

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## Apna Health and community health ambassadors

### About the partners

**Indus Community Services** (Indus) is a multi-service agency providing culturally appropriate services to the South Asian community in Peel. For more than 35 years, it has provided services to newcomers, families, women and seniors, and plays a strong role in local community development efforts. Indus is a strong advocate for the South Asian community.

**Punjabi Community Health Services** (PCHS) provides health, settlement and social services to the South Asian community in Peel, including seniors, children, youth and families. Its mission is to improve the well-being of the individuals, families and communities it serves using an anti-racism and anti-oppression framework. PCHS has been in operations since 1990 and has also become a strong voice for the South Asian community.

Indus and PCHS have a long history of working together, having collaborated on several successful initiatives and working groups. Serving similar populations in overlapping catchment areas, Indus and PCHS offer some shared programming and otherwise coordinate services to leverage resources and avoid unnecessary duplication. The two organizations divide responsibilities on an issues basis, with Indus taking on responsibility for long-term care while PCHS leads on mental health and addictions supports, for instance. This long-standing and mutually beneficial relationship provided a solid foundation from which to collaboratively respond to the impacts of the pandemic on Peel's South Asian community.

### Apna Health and community health ambassadors pre COVID-19

In 2018, Indus and PCHS jointly produced *Our South Asian Health & Wellness Strategy for Ontario*, a strategy identifying root causes of health inequities among Peel's South Asian community and laying out recommendations across 10 priority areas for action.<sup>6</sup> Several of the recommendations in the strategy are related to the need for more culturally responsive services and include actions like creating a website or online portal with culturally specific diabetes information and resources, hiring staff who can speak South Asian languages and creating public education materials in South Asian languages to strengthen existing supports for victims of gender-based violence, among others.

Although the strategy and recommendations were directed at the Province of Ontario, Indus and PCHS were invested in carrying forward the recommendations from the report, separately and in collaboration with one another. For example, in 2018/2019, PCHS developed and implemented a culturally responsive community ambassador engagement model to increase breast cancer screening rates among South Asian women. In partnership with Brampton Civic Hospital, PCHS trained South Asian women as healthcare ambassadors to educate hesitant women in their community about cancer risk factors and the benefits of screening. Ambassadors spoke directly to South Asian women's cultural and spiritual worldviews, dispelling the myths that lead many to avoid cancer screenings. According to interviewees, the program contributed to greater cancer screening uptake by South Asian women at Brampton Civic Hospital, proving the community ambassador approach could work to address health inequities for Peel's South Asian community.

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<sup>6</sup>Indus Community Services, Punjabi Community Health Services. (2018). *Our South Asian health & wellness strategy for Ontario - 2018*. <https://pchs4u.com/wp-content/uploads/2019/10/South-Asian-Health-Wellness-Strategy-for-Ontario-2018-compressed.pdf>

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Jointly, Indus and PCHS discussed creating a website or online portal that contained culturally specific health-related resources for the South Asian community. Apna (meaning “my” in Hindi) Health was imagined as a one-stop shop connecting users with South Asian-specific materials from vetted sources across the country. Apna Health was still in the early ideation phase with no clear implementation plan prior to the pandemic.

### **Apna Health and community health ambassadors during COVID-19**

Alarmed by rising rates of COVID-19 infection in Peel’s South Asian community during the first wave of the pandemic, Indus and PCHS quickly leveraged their existing relationship and knowledge of the healthcare and social services sectors in Peel Region, alongside learnings from implementing a community health ambassadors’ model and their dream of Apna Health, to generate a multi-pronged strategy to get infection rates down.

Co-founded by Indus and PCHS, in collaboration with the Council of Agencies Serving South Asians, the beta version of Apna Health was launched in September 2020. All three organizations invested financial resources and staffing capacity and expertise to get the website up as quickly as possible. The goal was to provide accurate, trusted and culturally appropriate COVID-19 resources and details about the COVID-19 Helpline offering supports in English and the dominant South Asian languages—Hindi, Urdu, Tamil, Bengali and Punjabi.

Designing culturally appropriate materials was no simple task. With no existing templates or models to build on, most products needed to be designed from scratch. For instance, when partners realized they could not source stock photos of South Asian people wearing masks, they hired professional photographers to take photos of their staff in masks. These professional photographs now appear on the Apna Health site.

As part of Apna Health’s marketing and awareness raising strategy, partners invested heavily in media campaigns, from opportunities on popular local radio programs to social media engagement, billboards and bus shelter ads.

Alongside Apna Health, Indus and PCHS were concurrently developing a hyper local community health ambassador model focused on both disseminating accurate COVID-19 information, resources and PPE kits to South Asian residents at malls, shops and door-to-door in COVID-19 hot spot neighbourhoods, and identifying unmet needs that they or others could help address. It was thought community health ambassadors could also raise awareness about Apna Health and encourage community members to take advantage of the free resource.

Other organizations across the region were also testing and scaling out the use of the ambassador model to connect residents in hot spot neighbourhoods with a high incidence of COVID-19 to mobile testing and wraparound support services. With the approach demonstrating impact in several communities, the Province took note and built the model in to its High Priority Communities Strategy, announced in late December 2020. This announcement identified 15 communities across the province which were disproportionately impacted by COVID-19 and subsequently provided funding for community agencies in target communities to tailor outreach and engagement activities using community health ambassadors and culturally appropriate materials. Up to \$12.5 million in funding would support door-to-door outreach by community health ambassadors, increased access to testing and provision of wraparound services to connect individuals with support so they could safely isolate.<sup>7</sup> Indus and PCHS were perfectly positioned to lead this work in the South Asian community in Peel and were two of six community agencies funded through the High Priority Communities Strategy in Peel.

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<sup>7</sup> Office of the Premier. (2020, December 21). *Ontario supporting high priority communities* [Backgrounder]. Government of Ontario. <https://news.ontario.ca/en/backgrounder/59793/ontario-supporting-high-priority-communities>





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As they had done before, Indus and PCHS agreed to their own division of geography to reduce duplication and ensure sufficient service capacity and alignment with trends noted on the ground. PCHS would be responsible for implementing community health ambassadors in Brampton and Indus would cover implementation in Mississauga.

With provincial funding confirmed by late January 2021, Indus and PCHS hired South Asian community health ambassadors fluent in a range of languages and cultures and launched their community ambassadors programming. Yet, funding was slow to materialize, with installments chronically delayed, forcing both agencies to draw down their reserves to manage cash flow and sustain programming. Funding agreements were confined to three-month intervals, constraining agency contracts with the community health ambassadors themselves.

Despite funding and coordination challenges, Apna Health and the community health ambassadors made a solid imprint in the community. Apna Health's advertising campaigns had more than two million impressions on social media. Ambassadors supported individuals and families with a wide range of needs: distribution of more than 30,000 PPE kits, food and rent supports, taxi fare for residents to reach testing and vaccination sites, food delivery to people in isolation and resident support to access space to self-isolate.

Apna Health and the community health ambassadors contributed, alongside other efforts, to decreased rates of COVID-19 infection in Peel's South Asian community. Community advocates believe a lot more people in the South Asian community—and other hot spot communities across the province—would have died during the

pandemic had the Ministry of Health not identified the community ambassador model as central to its High Priority Communities Strategy.

For Indus and PCHS, their collaboration and shared commitment to bring solutions to the challenge of COVID-19 in Peel's South Asian community has reinforced and strengthened the relationship and already solid base of trust between the two organizations. Staff at all levels across both organizations continue to connect regularly, troubleshooting and sharing information as needed.

Indus and PCHS are also now more engaged with the other four community agencies funded through the High Priority Communities Strategy in Peel, collaborating on other initiatives to achieve greater equity in Peel, including rallying to combat anti-Black racism in the criminal justice and education systems.

Going forward, Indus and PCHS plan to expand Apna Health to cover more health issues of relevance to the South Asian community, including heart disease, cancer screening and diabetes, following the recommendations from their own 2018 Our South Asian Health & Wellness Strategy for Ontario. In fact, the website has already expanded to include some limited cancer screening and diabetes information. Their shared vision is for a comprehensive virtual hub that provides health information and resources about and for the South Asian community across Canada. Both Indus and PCHS will continue to use community ambassadors in their initiatives and are currently exploring how this model might work for diabetes education and as an intervention to combat domestic violence.

# United Way contributions



United Way Greater Toronto's work is comprehensive. We support a network of over 300 funded agencies and community partners to move the needle on critical issues facing communities. To meet urgent needs and lead systemic change on a wide array of social issues, we:

- use our grantmaking expertise, deep knowledge of issues, neighbourhoods and social service infrastructure to make investments where they can have the greatest impact
- partner with others to overcome challenges and streamline support, as we have with the Cluster Tables that brought local government and agency leaders together during the early days of the pandemic and continue to be a vital lever for better serving community
- convene diverse parties and perspectives to drive strategic initiatives and multi-sectoral solutions
- lead research to learn, share and inform progressive policy and legislation and leverage our platform to amplify calls for systems-level change.

United Way is proud to work with Indus Community Services and Punjabi Community Health Services in the following ways:

## **Indus Community Services:**

- providing five-year Anchor grant funding\*
- providing five-year Building Strong Neighbourhoods Strategy Development Grant funding\*\*
- supporting participation and leadership in the Peel Community Benefits Network, co-convened by United Way and the Region of Peel

## **Punjabi Community Health Services:**

- providing five-year Anchor Grant funding\*
- supporting participation in the South Asian Community Advisory Council, convened by United Way to help identify and address needs, strengths and service gaps facing the diverse South Asian community

\* Anchor grants provide dependable and flexible five-year funding for both programming and core operating support – so community agencies can meet immediate needs while building long-term capacity and solutions to move the needle on poverty and related issues in our region.

\*\* Building Strong Neighbourhoods Strategy Development Grants support place-based initiatives across the region.

To learn more about our various tools for community investments, please refer to the UWGT 2021-2022 Annual Report.



# Lessons learned



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## Culturally appropriate services are essential to positive outcomes

Achieving health equity among diverse ethnic groups requires more than just overcoming language barriers. Programs for ethnically diverse groups need to be informed by the cultural beliefs, worldviews and practices that impact the utilization of services, the experience of barriers and preferences about how information and supports are provided. Without these efforts, program models and interventions designed for a mainstream population will fail to reach diverse groups, and in turn contribute to ongoing health inequities.

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## Culturally appropriate services require a deep understanding of the community

Both Indus and PCHS have deep connections in the South Asian community and are intimately familiar with the issues facing the community, as well as their root causes. The pandemic spurred both organizations to take swift collaborative action to address the high rates of infection within Peel's South Asian community, not allowing for any kind of formal community consultation. Yet their strategies were well-informed because their existing ways of working ensured this knowledge was already embedded in their organizations. Leveraging their history of collaboration, Indus and PCHS quickly agreed on an approach and identified metrics and feedback loops to monitor the impact of their efforts, leaving room to course correct if necessary.

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**“***The community knows itself very well. If we have a public health approach toward prevention, the community members should be involved in their prevention. So, if we are implementing within in the South Asian community, the problems identified by the South Asian community need to be understood by health professionals. ‘Why this is happening within the South Asian community.’ If we do not involve the community in the prevention aspects, well, then the mainstream approach will not work.***”**

*–Baldev Mutta, CEO  
Punjabi Community Health Services*

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## Established trust enables a swift, coordinated response in a crisis

The leaders of Indus and PCHS have a deep history of collaboration, having crossed paths and co-led numerous projects over their decades working in and with the community and health sectors. This trust was essential to their swift response during the COVID-19 crisis, allowing them to focus on the work ahead without having to spend time defining the partnership or clarifying roles in a memorandum of understanding (MOU) or terms of reference (TOR).



Gurpreet Malhotra, CEO  
Indus Community Services



# Lessons learned



## **Financial reserves are essential for non-profits to pivot in crisis situations**

With funding from the Ministry of Health slow to materialize and not consistently received, Indus and PCHS drew on their reserves to manage cash flow and support their efforts. Without access to their operating reserves, Indus and PCHS's response efforts would have been severely hampered, with dire consequences for the South Asian community in Peel.

## **Good practices for non-profits to address health inequities among diverse communities**

- 1 Develop a deep understanding of and ongoing connections with the communities you serve.
- 2 Design and adapt program models and interventions to reflect cultural beliefs, worldviews and practices.
- 3 Rely on community-led knowledge and expertise at the root of the community ambassador model to reach specific demographic populations and respond appropriately to structural and emerging challenges.
- 4 Build up operational reserves and be prepared to provide seed or bridge funding for critical initiatives in times of crisis.

# Implications for the future



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## **Social and community service agencies:**

- Informed by members of the communities you serve, identify culturally appropriate service model adaptations and new interventions to enhance program impacts for target populations.
- Increase familiarity with organizations embedded within and serving specific communities and make referrals when appropriate.
- Continue to pilot new models to meet long-standing and emerging community needs and share data, evaluations and learnings broadly to support scaling/replication in other areas and jurisdictions.
- Invest in strategic trust-based partnerships and prioritize collaborative solutions to shared challenges.

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## **Provincial, regional, and municipal governments and philanthropic organizations:**

- Provide funding to support culturally informed and responsive social and health services, including funding to scale out promising practices and models.
- Promote cross-sector learning and adaptation by funding pilots and commissioning and/or leading and sharing evaluations, lessons learned and emerging good practices broadly within and across sectors to enhance learning and capacity building.

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## Acknowledgements

The research team acknowledges the support of several people who helped shape the study. First and foremost, we are grateful to Gurpreet Malhotra from Indus Community Services and Baldev Mutta from Punjabi Community Health Services for making time to share their experiences with our team. We thank all the agency representatives who attended our agency engagement session in June 2021 and those who responded to our sector survey in July 2021. Erika Clark and Jasmin Kay helped scope the research. Intern Kathryn Rehner supported with the references and Alex Mlynek with the copy editing. Nation Cheong, Ruth Crammond and Trisha Scantlebury provided helpful guidance and direction on earlier drafts of this case study.



This case study is part of a series exploring social service innovations during COVID-19:

Auduzhe Mino NeseWINong Clinic (Place of Healthy Breathing): Advancing Indigenous health and data equity

Cedar Centre's STAIR Group's virtual program transition: Balancing impact with client safety, privacy, security and cost

Etobicoke recovery site for people experiencing homelessness: Reimagining partnership between the healthcare and community services sector

Apna Health and community ambassadors in Peel region: Advancing health equity in the South Asian community

What's Up Walk-In Clinics' strengthened network model: Moving along the collaboration continuum



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