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LIFE

Notisha Massaquoi helps women at community health centre: Local legend

By **Jordana Divon** Special to the Star

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New to Toronto and in need of a doctor, Notisha Massaquoi didn't know where to begin her search. A friend led her straight through the doors of [Women's Health in Women's Hands](#), a downtown community health care centre that caters almost exclusively to women from visible minority groups.

In addition to top-rate health care from people who "could really understand the issues I was dealing with," the social work student found her professional passion. "I harassed them when I finished school," she says with a laugh. "I said, 'I have to work here.'"

Fifteen years later, Massaquoi now serves as the centre's executive director, overseeing an initiative that treats thousands of women, often marginalized, for everything from diabetes and AIDS to mental health and nutritional issues.

Q: Why a clinic just for women?

A: A lot of people believe that women have reached a level of equality in Canadian society and so specialized services are no longer needed, but what we see is that women will prioritize everyone else in their family before themselves. A lot of the health issues we see are due to women accessing the health care system late.

Q: Who comes through your doors?

A: We work primarily with groups of racialized women from Africa, the Caribbean, Latin America and South Asia. We advocate for all women to receive primary health care but we've targeted these four groups that have had higher health needs. We're the only community health care centre in North America that caters to women specifically, let alone racialized women.

Q: What sparked advocates to initially push for funding 21 years ago?

A: We were seeing the outcomes of women not accessing health care. We have the highest rates of new HIV infections for the city of Toronto for African and Caribbean women. Latin American and South Asian women have the highest rates of diabetes. We have the highest rates of low birth-weight babies. So as health care providers when you start seeing those kinds of trends in your community,

you're wondering what's happening.

Q: Why weren't these women accessing the province's free health care services?

A: Research shows that language was a huge barrier, so women (were) not able to access a service if they weren't highly competent in English. Also there are financial barriers for new immigrants, especially having limited resources if their OHIP hasn't kicked in. Then there's child care, trying to get requalified and re-educate yourself. All the demands ... we're making it difficult for women from our community to access primary health care.

Q: What's one of your biggest frustrations about the job?

A: We want to say the health care system is more understanding of the needs of our priority groups, and it is, but I think centres like ours are still extremely necessary. We're not a marginal resource. For many of the women in our community this is the central health care resource for them. And we still have women falling through the cracks.

Q: What is something you're working to improve?

A: Right now one of our main goals is to have an HIV-specialized clinic for women — not just for our priority population, but for women in general. We have 400 patients and the number keeps growing.

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