

Thank You to Fellow Community Organizations & Charities

*“If we cross the river together, the alligators won’t bother us”
~ African Proverb*

The Black Health Alliance would like to thank our fellow community organizations and charities that shared a cooperative spirit and worked alongside us throughout the year.

Africans in Partnership Against AIDS	Black Coalition for AIDS Prevention
Black Physician’s Association of Ontario	First Fridays
Heart and Stroke Foundation of Ontario	Inner City Health Strategy Working Group
Jamaican Canadian Association	Operation Vote Canada
Scotiabank Cedarbrae Mall, Scarborough	Sickle Cell Association of Ontario
Sickle Cell Awareness Group of Ontario	Substance Abuse Program for African Caribbean and Canadian Youth
TAIBU Community Health Centre	The Olive Branch of Hope Breast Cancer Support Services
The Walnut Foundation	Women’s Health In Women’s Hands

*“As it is for families, communities or nations our greatest force for
advancement is also our greatest challenge ~ unity.”
~ BHA Board Member*

Black Health Alliance 2011-2012 Annual Report: The Journey Begins Within



Black Health Alliance

**Working in Partnership to Advance the Health and
Well-Being of the Black Community**

Vision

People from the diverse Black communities in Canada experience optimal health and well-being.

Mission

To reduce the racial disparities in health outcomes and promote health and well-being for people from the diverse Black communities in Canada with emphasis on the broad determinants of health, including racism.

Greetings From the President

Dr. Christopher J. Morgan, BSc., DC, FRCCSS(C)
President



At this time of year, at our annual general meeting, we have the opportunity to review the year that was. To check in and ask our selves are we closer to achieving our goals? What challenges did we face and what lessons have been learned? Are we better off today than last year, two years ago, five years ago, and what lies ahead?

For me these questions are particularly poignant,

because as the founder and president of the Black Health Alliance since its humble formations in 2000, I will not be returning as Board Chair and President of the organization but will be leaving it in the capable hands of my fellow board members.

Together, the organizations and members that comprise the Black Health Alliance, we have created greater awareness of the health issues facing people of African descent through conferences, health fairs, printed articles, radio interviews and online. We have conducted, and presented community based health research locally and at provincial forums. We have written and submitted reports that present the scope of health challenges facing the community and viable solutions to government bodies. We have developed a healthy lifestyle program that makes a direct impact on lowering the risk factors for chronic disease, and we have capitalized on opportunities to put forth proposal to the Ontario government that lead to the establishment of TAIBU, a publicly funded community health centre which has as part of its mandate to provide health services to the Black community.

Financial Well Being

Summarized Statement of Financial Position as of March 31, 2012

ASSETS	\$ 2012	\$ 2011
Current Assets		
Cash and Bank	286	
Other Receivable	-	53
TOTAL ASSETS	286	53
LIABILITIES		
Current Liabilities		
Bank	-	4,626
Accounts Payable	188	-
TOTAL LIABILITIES	188	4,626
NET ASSETS - General Fund Balance	98	(4,573)

Summarized Statement of Revenues and Expenses – Operating Fund
Year Ended March 31, 2012

REVENUE	\$ 2012	\$ 2011
Heart and Stroke Grant	-	8,000
Canadian Cancer Society Grant	-	8,000
Other	-	1,125
Donation	100	-
Fundraising	5,200	-
Membership	100	725
TOTAL REVENUE	5,400	17,850
EXPENSES		
Professional Fees		494
Fundraising		1,0558
Program Expenses		18,318
Administrative	729	3,583
TOTAL EXPENSES	729	23,450
Excess of Revenue over Expenses	4,671	(5,600)
Net Assets – at beginning of year	(4,573)	1,027
Net Assets – at end of year	98	(4,573)

Complete financial statements are available upon request.

ACCOUNTANT'S NOTE.

I have compiled the unaudited financial statements of the Black Health Alliance as at March 31st, 2012.

Delford L. Bythe
Certified General Accountant
September 18, 2012



Leadership

*"Leadership should be born out of the understanding of the needs of those who would be affected by it.
~Marian Anderson."*

Returning Board of Directors 2012 – 2013

Dwight Townsend	Vice President
Donna Alexander	Treasurer
Marilyn Kusi-Achampong	Secretary
Lillie Johnson	Board Member
J.R. Dash	Board Member
Veronica Paquette	Board Member
Yvette Leander	Board Member
Nakia Lee-Foon	Board Member
Suzanne Craig	Board Member

Non Returning Board of Directors

Dr. Christopher Morgan	President and Board Chair
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New Candidates to Board of Directors 2012 – 2013

Denese Frans (youth representative)



Adinkra Symbol:

**"Help me and let me help you."
Cooperation and Interdependence.**

Today I am certain that BHA has made an impact on the health and well-being of the Black community over the years. In order to ensure we are able to continue to do so in the years to come, this past year we have focused a little less on community engagement activities and looked within. Board training, By-law review, a successful charitable application submission, and preliminary strategic planning were a few of the completed Board tasks this past year.

I believe the next few years will witness the expansion of the scope and impact of the Black Health Alliance. I will always remain supportive of BHA and our community. I would like to sincerely thank the many committed, passionate, and hard working board members that I have had the privilege of working with these many years.

Finally I wish to ask our membership and supporters for their continued support and commitment to "working in partnership to advance the health and well-being of the Black community" tomorrow and beyond.

As always, Peace & Unity

The Black Health Project 2011-2012

Research and Education

Members of BHA's Research and Education Committee have continued work on a research paper entitled: "Assessing the breadth of research on African Canadian health: A scoping review on diabetes, cardiovascular disease and cancer" seeking to update the report to include 2011 and 2012 data.

Community Outreach

The Inaugural Black Health Alliance Newsletter, spring 2011 issue, provided an update on workshops and forums coordinated by BHA member organizations along with a listing of upcoming community health events.

BHA also joined the Twitter world and began to tweet as loudly as we can.

Public Policy

In preparation for the 2011 Ontario provincial election, we called upon our membership to assist with the development of a tool kit to inform MPs, MP candidate, and community members of needed changes to Ontario Health Care System.

Excellence in Health Care for ALL.

*When we treat people EQUALLY we ignore differences
When we treat people EQUITABLY we respect differences and
Work to remove barriers to the provision of equitable treatment and care*

In the build up to the 2011 Ontario elections BHA developed an information toolkit: Excellence in Health Care for ALL Ontarians; State of Health Fact Sheet; and Repartee with Party Leaders and MPP Candidates comprised the toolkit as resources to communicate to MPP hopefuls and the community the challenges and solutions to the health crisis being faced by people of African descent in Ontario. Below are excerpts from the toolkit:

Black Canadians (people of African descent) are the third largest visible minority community in Canada. The largest population of which, nearly half a million, live in Ontario comprising close to 20% of all visible minority people in the province.



Black Canadians experience worse health outcomes and are less likely to use services than many other groups. Social factors including poverty, unemployment, racism and discrimination increases the risk of illness and interferes with timely and equitable treatment. As a result, Black Canadians experience a high and disproportionate level of chronic health conditions such as high blood pressure, diabetes, HIV and AIDS, some common cancers, mental health problems and sickle cell disease. These lead to a significant burden on the community and the health and social care budget.

Why do we need an Ontario Health Equity and Black Health Strategy?

An Ontario Health Equity Strategy and Black Health Strategy recognizes the existence of health disparities and seeks to eliminate those disparities through efforts in comprehensive health data collection (with a focus on data that identifies racial factors and issues), and culturally competent health promotion, clinical care, education and training.

Investing in the health of the Black population of Ontario is investing in the economy.

Political Town Hall



The Black Health Alliance in partnership with Operation Vote Canada, First Fridays and the Jamaican Canadian Association hosted a Community Political Forum in September 2011 with MPP candidates from all parties to provide a platform whereby community members could ask questions in key areas including health care, education and employment.



MPP Candidates from all parties participated in the forum: Carol Williams (Conservative), Kathleen Mathurin (NDP), Judith Van Veldhuysen (Green), George Singh (Green), and Margaret Best (Liberal).

