

Perspectives on Health and Wellbeing in Black Communities in Toronto: Our Health, Our Way





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In the fall of 2020, the Black Health Alliance launched a series of community consultations to hear directly from Black Torontonians about their health.

Our goal was to hear from people in their own voice about what matters most when it comes to health and well-being – how they define health, their experiences, and the barriers that they encounter.

People told us about the struggles that they see in their communities and their challenges accessing quality health care in a system that often overlooks them. COVID-19 was the backdrop to these conversations, bringing into focus long-standing issues of disparities in care, poor access, and systemic anti-Black racism.

In total, we talked to more than 75 residents, health care providers, and frontline workers about their experiences. We also surveyed an additional 121 people, including 101 from Toronto and 20 from across the Greater Toronto Area to better understand their definitions of health and how they interact with health services.

This report summarizes what we heard – capturing participants' own definitions of health, the barriers and challenges they face when seeking services, and their ideas about where to go from here.

It outlines opportunities to prioritize the health of Black communities and brings a new lens on policy and investment, with calls to action that are 1) grounded in community-led definitions and solutions; and 2) promote and enable action to address deepening inequities during the COVID-19 recovery.

COMMUNITY-LED DEFINITIONS AND SOLUTIONS

These consultations are just the first step. Ongoing community involvement and community-led solutions are essential to inform policy, investment, and planning, as well as foster collaboration and joint action.

ACTION NOW TO PREVENT DEEPENING INEQUITIES

While consultations were wide-ranging, the role of social determinants of health – including participants' experiences of anti-Black racism – were frequent themes of the discussions. In particular, people spoke to the long-term impacts of financial, housing, and food insecurity on health, as well as the vulnerability of Black children and youth and the role of community in overall well-being.

Who we talked to

People living in the five neighbourhoods hardest hit by COVID-19

As part of the consultation, we talked to residents from Rexdale, Black Creek, Lawrence Heights, Weston-Mount Dennis, and Malvern, ranging in age from high school students to seniors. We talked to people from diverse social and economic backgrounds, many of whom worked in frontline jobs, including LGBTQ2S and Francophone Torontonians.

Healthcare & Social Service Workers

We also held two consultations with Black health care and social service providers, including physicians, nurses, social workers, pharmacists, program managers, and counsellors, as well as people working in public health, HIV care, and harm reduction.



CALL TO ACTION



“WE KNOW WHAT HEALTH CARE LOOKS LIKE FOR US AND WE KNOW [WHAT] WE NEED.”

Our health, our way

In 2020, the disproportionate impacts of COVID-19 on Black communities, as well as the murder of George Floyd, cast a light on the high price that Black Torontoians pay as a result of structural and systemic anti-Black racism within our institutions, our communities, and our workplaces. Black communities have been consistently underserved by policies and interventions that primarily benefit white and more affluent neighbourhoods and people, despite a higher burden of negative health outcomes in racialized communities and low income neighbourhoods of the city; this has included but is not limited to COVID-19.

COVID-19 has also demonstrated the critical importance of dismantling anti-Black racism, addressing social determinants of health, and countering the growing divide between ‘have’ and ‘have-not’ neighbourhoods in the city. Anti-Black racism and the social determinants underlie the disproportionate impacts on these communities. As we move toward recovering from the impacts of the pandemic addressing structural issues in our health and social systems is critical, or we risk deepening existing inequities, particularly in Toronto’s Black neighbourhoods, which have been the hardest hit during key moments of the pandemic.

Ignoring the impact of anti-Black racism and the social determinants of health on Black communities perpetuates poor health outcomes. A systemic response to anti-Black racism and social determinants is central to improving the health and well-being of Black communities.

Black communities must be centred in defining the problems, designing the solutions, and building a vision for our own health and well-being. We must work to mobilize the tools, skills, and resources needed to ensure that Black communities have the resources we need to thrive.

Toronto cannot call itself a world-class city until it confronts the health disparities faced by Black communities and eliminates systemic anti-Black racism and structural inequities. To do that, we need a commitment to strategic action that spans provincial and municipal government.

DEFINITIONS OF HEALTH AND WELL-BEING



WHAT IS HEALTH AND WELL-BEING

Solutions start with Black communities' own definitions of health and well-being

Health and well-being are shaped by the environment in which people are born, live, and grow old. Our health is largely determined by our experiences, including access to education and employment. Anti-Black racism and systemic inequities create socioeconomic disparities and barriers to access that have led to higher rates of chronic illness and poorer health outcomes in Black communities in Toronto and across Ontario.¹

Historically, these factors have also played a role in silencing people's voices, minimizing Black experiences within the health and social care system and characterizing those experiences as anecdotal or non-representative.

The consultations held over the past year are ultimately about elevating voices of people in Black communities across Toronto as they define health and well-being. Participants' own definitions of health – in their own words – provide an important guide for local and provincial planning and lay the foundation for new strategies and partnerships that acknowledge inequities and challenge longstanding stereotypes and myths.



WAYS PEOPLE TALK ABOUT HEALTH AND WELL-BEING



COMMUNITY

Community Connection

"A lot of us live with extended family, we have older people living with us and we take care of them ... our health is very much tied to other people – and being with other people."

Impact & Voice

"It's really challenging and hard, but that's what makes us strong and such good people, that we are super resilient, and we are strong people. We won't give up."



EMOTIONAL WELLBEING

Balance & Self-Care

"When I think of health – the whole person, emotional, physical, mental – health means having them all in balance or, at least, I'm working on making sure that they are."

Mental Well-being

"I feel mental health is the most important ... not accepting help when you really need it or acting emotionless when you're hurting because of fear of society's acceptance."



SECURITY

Financial, Housing, & Food Security

"I worry people are vulnerable to be compromised in a situation like COVID because people already worked to the bone."

Environments free of Micro-aggression & discrimination

"Finding someone who identifies with the struggles I go through as a Black person ... I can't go to someone who doesn't understand my struggle and ask them to understand."



ACCESS

Access to Health & Social Care

"At the end of the day, it's all about having access to the tools and support needed to stay grounded and meaningful support for yourself and family."

Opportunities for Growth & Advancement

"We need that open door – for professional jobs. Not just athletes, music world, theatres, but all aspects of our life."

The importance of holistic approaches to Black health and well-being



Holistic approaches create space for individuals to define what they need in order to maintain their health, while respecting people's history and experiences, fostering and honouring their resilience, and addressing gaps in care that people may encounter when trying to access services. Holistic health embraces community and family and respects the intergenerational knowledge and traditions within Black communities that support health and well-being.

Holistic approaches to care also recognize how the interconnection between the health system and other systems, such as policing and child welfare, has disadvantaged and deprioritized Black health.²



WHAT'S ON PEOPLE'S MINDS

Prioritizing personal well-being

"Mental health and well-being is something people don't care about. It's probably because of lack of access to resources for Black people when it comes to mental health."

Promoting knowledge and health literacy

"[I need to] acknowledge certain health issues I am more predisposed to and ensure that I am taking steps to make sure I lower my risks."

Integrating community and culture

"Though health affects us on an individual level, there's a communal sense that influences what it means to be healthy."

Self-advocacy and self-care

"I need to make sure I'm connected with my GP, on top of my medications, self-checking in and self-talking, and on top of that, managing my community. It's insane."

"What it means to be healthy as a Black person is what it means to be healthy as an individual – and then how my Blackness intersects."



Centring well-being and mental health



Intergenerational trauma, systemic anti-Black racism, and lack of access to care all contribute to lower self-reported mental health outcomes among Black Canadians.³ Lack of knowledge and historic stigma attached to mental illness further contributes to barriers for people seeking care, as does associations of mental illness to systems such as policing and child welfare.

Data shows that Black Ontarians see longer delays in accessing care and are more likely to experience adverse pathways to care, such as through the emergency room or police, than people of white European descent.⁴ Despite higher rates of some mental illnesses, Ontario also spends less per person on mental health services for Black communities than their white counterparts.⁵



WHAT'S ON PEOPLE'S MINDS

Breaking the silence

"I think we just need to say the reality of it, not just say 'he was a different man,' but that he was bipolar, schizophrenic, and used alcohol."

Awareness and destigmatizing

"I truly think that mental health, emphasizing our mental health, will lead to greater health outcomes in our physicality, social wellbeing, and in how we relate to people."

Access and seeking help

"As much as mental health is coming up more, there needs to be more work done to A) be able to access help, and B) education around the facts so people don't feel embarrassed to get help."

Intergenerational experiences

"They don't acknowledge depression, they think you're just not feeling well and you have to snap out of it ... they're coming from a place of not having had what we have when they were growing up, so we need to discuss the feelings, the emotions."

Recognizing intersectionality and communities within communities



People often have multiple overlapping identities that shape their definitions of health. Factors like gender, immigration status, sexual identity, age, disability, or historic context shape people's experiences of anti-Black racism and can have a major impact on their ability to access health and social services.

Black communities in Toronto and across Ontario are highly diverse. Among the people we surveyed, just over half (55%) were born in Canada, while the remaining participants were from 19 different countries of origin. Many of these 'communities within communities' face additional barriers as a result of systemic inequities and their voices are often overlooked or ignored in planning and programs.



WHAT'S ON PEOPLE'S MINDS

Diversity in what it means to be healthy

"What makes someone like myself, who is half Guyanese and half St. Lucian, healthy will be different from someone who knows their origin back to Jamaica."

Lack of visibility in planning and services

"One thing that I would love to see is for organizations to be more deliberate in including Black disabled folks – with visible and invisible disabilities, physical and intellectual. [They can] be at the mercy of the community planning."

Marginalized voices

"There is this gap that we have that we have to fill. There are things we don't talk about because of shame, like substance use, sexuality, homophobia."

Multiple points of access

"There needs to be targeted focus to make sure that everyone within the Black community has access. ... [People] tend to be forgotten a lot in community planning and with COVID and further isolation, it's worse."

Navigating issues of access and choice



Many participants talked about navigating discrimination that they encounter when interacting with the health and social care systems, including racist stereotypes about drug-seeking intentions, myths about non-adherence to self-care regimes, or assumptions about a lack of understanding of treatment.

Health care providers continue to perpetuate stereotypes and misinformation about Black health with serious repercussions for their patients. The roots of these beliefs start long before they enter the profession; for instance, a 2016 study of medical students found that approximately half held false beliefs about how Black people experience pain.⁶



WHAT'S ON PEOPLE'S MINDS

Navigating bias in health services

"The attitude that you get when you go [to a doctor], you can feel it – they are not open to what you are saying, they just want to get rid of you."

Delaying or avoiding getting help

"There might be help out there, but a lot of people mistrust, so they don't go, they might say 'Oh, it's not for me' or 'that doesn't suit me' or 'I don't want to be involved in that.' They might be informed, but they don't have the trust."

Feeling stigmatized

"So you suffer, don't go for help, that's one of the problems – that you mistrust. Same with the police. Something happens, not wanting to go there. [They're] going to stigmatize you anyways, look at you and say it's not real or blow it out of proportion."

Self-advocacy

"If you go to the emergency room...it's almost like you are convincing them that something is wrong. We display differently. They don't take us as seriously."

"You may ask for pain medicine and because there are all these stereotypes of Black people abusing the system, when you start asking for things, you have to be careful how you ask for it because they think you're hospital hopping, getting whatever narcotics for a high."



PERSPECTIVES ON BARRIERS TO HEALTH AND WELL-BEING



RACISM, NOT RACE, IS A SOCIAL DETERMINANT OF HEALTH

Disparities in access and quality of health care services



The data on access is clear. Black Canadians are less likely to have access to a family physician and are more likely to rely on drop in clinics.⁷ In a study of access to mental health services, Canadians of Black-Caribbean descent waited an average of 16 months for care, compared to half that for white patients.⁸ These findings were supported by our own survey, where 12% of participants said that they did not have a regular health care provider and more than 35% said that they usually made use of walk-in clinics for minor health problems.

Many participants shared experiences of being overlooked, misunderstood, or treated poorly when trying to access care. People also talked about issues of access related to availability of health care services in their communities, from transportation, to service hours (e.g. clinics not open outside of work hours), to the challenges of competing personal responsibilities, particularly for people balancing child or parental care.

“It’s interesting how you have to maneuver the system just to get adequate care ... even when you’re trying to get help for yourself, you have to toe that line because of perceptions.”





WHAT'S ON PEOPLE'S MINDS

Lack of access to primary care

"We need access to family doctors, whether it's someone from your country and they have your best interests in mind. People I know, when they go to a non-Black doctor, their concerns are not dealt with appropriately."

Longer waits and later diagnosis

"The waiting list for a counsellor is really long. Sometimes, how can you say 'this person needs it more in an emergency than another person?' It's kind of bad."

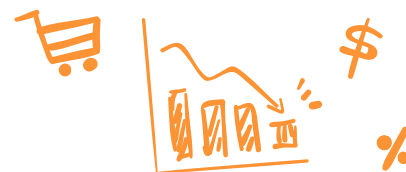
Informal networks connect people to care

"I have a community of therapists, that are all Black or Indigenous or of color. We have a network and some of us get referrals in that way ... there's more of a community in that way and we can help more people."

Overlooked in health promotion and prevention

"Like a lot of things in relation to detection and prevention ... if it's not in the language they understand, they have no choice but to rely on other information they hear from the other side of the world."

The heavy toll of financial insecurity



Black Canadians are more than twice as likely to be among the working poor.⁹ Studies show that both Black women and Black men are more likely to be in jobs for which they are overqualified¹⁰ and face biases in hiring that make it more difficult to advance in the workforce.¹¹

Participants told us about the vulnerability of their communities before and during the pandemic – as a result of job precarity, restricted access to government benefits, and the temporary nature of many community resources. People noted that supports and services have become less accessible during COVID-19, particularly when it came to food security. Food banks have struggled to meet demand throughout the pandemic, with the Daily Bread Food Bank in Toronto estimating a 200% increase in new clients.¹²



WHAT'S ON PEOPLE'S MINDS

Increasing financial pressures

"We see that prices are rising, people are losing their jobs, families can't provide, bills got to be paid. Supplements are not there, not too many resources to go to."

Rising rates of food insecurity

"Right now, there is a major crisis surrounding food and access to food. There are not a lot of Black-focused programs geared to provide food services."

Navigating job loss and unstable employment

"I'm a hairstylist and I lost my job. I was off work for quite some time ... I found another job right after and they closed down again."

Unequal opportunities

"More than anything, [we need] jobs. I have children, well-educated, and they are struggling. Some need many jobs to make [an] income to live ... so when your kids are also stressed and you are helping them, you feel stressed."

Lack of supports and services

"A lot of supports are a one-time kind of help, and yeah, it helps, but this is not a one-time thing they are dealing with, it is their life week to week to week. Having support one time is not enough."

"With all the crime in our area, we've thought about moving and being safer because the reality is that walking outside, you could lose your life. When you think about that, you think 'Well then, why would I stay here?' but then you think ... 'Where would [I] afford?'"



Lack of investments in Black neighbourhoods



While the city has invested in revitalization and community development in the downtown core and central parts of the city, the more racialized inner suburbs in the northeast and northwest of the city have been largely ignored. Community infrastructure projects have been put on hold or cancelled and residents have lacked the organizational backing or resources needed to advocate for investment.

Participants shared the story of their communities in terms of broken promises and a lack of basic community infrastructure, including spaces for youth, health services and programs, and adequate security and safety. They shared their concerns that Black children living in Toronto's inner suburbs are not getting access to the same opportunities as other parts of Toronto, as well as their worry about rising crime rates in an environment that is over-policed and under-policed at the same time.



WHAT'S ON PEOPLE'S MINDS

Lack of community spaces

"I would like to have a concrete space where people feel welcome and staff members hired are people from the community. A lot of people that work in these organizations are not from here, so there's sometimes disrespect."

Lack of programs

"It does feel like they don't care about certain communities – like they do Band-Aid things here and there but they need to put the money towards helping these people."

Security and safety

"The treatment from the police, sometimes the treatment from organizations that you go to to get help, could be many other things, but it puts mistrust in people and they are fearful and don't want to go out for the help out there."

Lack of transparency or consultation

"I find there's a lack of transparency. If you don't know the right questions to ask, you get the bare minimum of answers ... if English isn't your first language, you don't know how to advocate just to even access it."

Barriers faced by Black children and youth



Education is one of the strongest indicators of health, yet Black children in Canada continue to face significant barriers as a result of enduring anti-Black racism and related social determinants. In a 2016 survey, 94% of Black youth in Canada said they would like to get a Bachelor's degree or higher but only 60% thought that it would happen (compared to 82% and 79% among white youth).¹³

Black students are more likely to be suspended from school than white students and often face discrimination and negative stereotypes from school staff.¹⁴ With Black teachers representing less than 2% of all Canadian elementary and high school teachers, Black youth often lack advocates in the school system and are rarely exposed to curriculum that is relevant to their experiences and communities.¹⁴



WHAT'S ON PEOPLE'S MINDS

Barriers to a quality education

"You can be doctors, you can be lawyers, and indeed, the community will go to them and support them. So we need to educate them, we need to make sure we educate them."

Lack of community spaces and services

"I'm saying that if the community was open to the youth, I feel like it would build up their confidence and make them want to go higher and achieve more in life."

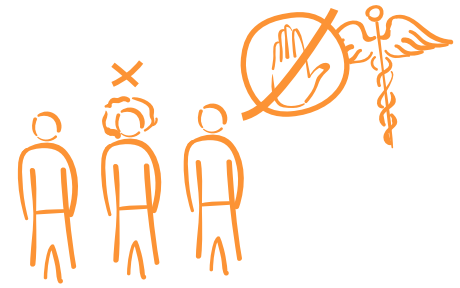
Loss of community programs

"Anything goes wrong with your kids and you see it going on out there. You have grandsons and sons in the Black community – they are targeted and you also go through wondering, when they are out there, are they coming back home?"

Policing and gun violence

"Some of these kids are on the streets doing things they shouldn't be doing and some of these programs have been really good for them."

Experiences of discrimination and anti-Black racism in health care services



Many of the stories people shared with us were about discrimination and anti-Black racism in their interactions with health care services. Participants told us about difficulties accessing services, experiencing anti-Black racism and microaggressions in their interactions with providers, and feeling fear and mistrust of the institutions that are meant to support their needs.

Many people talked about the lack of Black representation in health and social services and the importance of having a Black care provider who understands their needs. Yet across Canada, only 2% of physicians are Black¹⁵ and Black-led or Black-serving agencies comprise only a small percentage of publicly funded health agencies.



WHAT'S ON PEOPLE'S MINDS

Overt acts of anti-black racism and discrimination

"[There is] one particular hospital where the entire community had traumatizing and discriminatory experiences in that hospital. That hospital has been synonymous with that."

Lack of representation in health care leadership roles

"Unfortunately, we just don't feel safe because there's not enough numbers of us in the room, sitting at the table."

Lack of culturally responsive care

"They think the way they look at things, you should look at them the same way. Because you are treated differently, you can't look at it the same way."

Mistrust based on experience

"When you're going to the hospital, are you really getting checked? Are people dealing with you properly in waiting rooms or are they just bypassing you? Overlooking you because you are a person of colour?"

ELIMINATING BLACK HEALTH DISPARITIES



PEOPLE KNOW WHAT THEY NEED, SUPPORT THEM

Change starts with strategies by and for communities that speak directly to their needs and experiences

Our consultations reached people from multiple communities – young and old, residents and service providers. A consistent theme across all of these conversations was the concern that the perspectives of their communities are overlooked and neglected, that Black voices are not valued, and that the systems and institutions in which they live and work are not transparent.

Health organizations and governments need to embrace new ways of working with communities to ensure that strategies come from within. Government actions that are superficial or tokenistic further marginalize Black voices and minimize the work of Black advocates. Participants told us that they feel disconnected, with few opportunities to talk about the systemic anti-Black racism that underpins health disparities today. Programs and investments tend to be narrowly focused, without recognition of the intersection between the many factors that impact people's health.

“I don’t mean to sound pessimistic, but we come together a lot even before COVID and stuff has never happened.”



FIVE PRIORITIES TO END DISPARITIES

1

COVID-19 RECOVERY AND JOINT ACTION ON SOCIAL DETERMINANTS OF HEALTH

Equitable recovery starts with a collective decision to support the economic and social success of Black communities across Toronto. A community-led COVID-19 response needs to be sustained and coupled with long-term investments for health and well-being in Black communities, including education and housing.

2

COMMUNITY BUILDING AND NEIGHBOURHOOD RENEWAL

We need municipal and provincial commitment to strengthening local neighbourhoods and to taking coordinated action on key social determinants, including food security, early childhood development, income security, educational outcomes, and pathways to career development.

3

HEALTH AND SOCIAL SERVICES INFRASTRUCTURE THAT MEETS THE NEEDS OF BLACK TORONTONIANS

Investment is needed to build better health and social service infrastructure for Black communities in Toronto, including to facilitate access to resources and address the under-representation of Black-led or Black-serving organizations.

4

CULTURALLY RESPONSIVE INTERVENTIONS

Culturally responsive interventions are needed to close the gap on health outcomes by improving access and quality of care. These interventions focus on chronic disease management, mental health, as well as improved screening and prevention.

5

ELIMINATING ANTI-BLACK RACISM IN HEALTH AND SOCIAL SERVICES

It is time to hold government and providers accountable for dismantling systemic and institutional anti-Black racism in health and social services, including systemic discrimination, under-treatment, and access to care, as well as the lack of Black representation in leadership positions, planning, and decision-making.

Ending disparities in health outcomes requires joint action in Toronto's Black neighbourhoods and clear accountability to eliminate anti-Black racism in health and social services



COVID-19 RECOVERY AND JOINT ACTION ON SOCIAL DETERMINANTS

RECOMMENDATION:

Provincial-municipal partnership and joint action on social determinants of health, with a focus on local neighbourhoods, including strategies that encompass housing, food security, early childhood development, income security, and educational pathways and outcomes.

Pandemic recovery will not be achieved without dismantling the structural and systemic inequities that have led to poverty, poor quality schools, and over-policing. We need a Toronto-wide vision and commitment to Black communities that speaks directly to the social determinants that impact people's health.

As the city moves toward recovery, youth must be a priority, particularly in the areas which were hardest hit by the pandemic. Students in these neighbourhoods – who are already disadvantaged by systemic anti-Black racism in the school system – risk falling behind academically or seeing increased drop-out rates as a result of the 'lost' time in school since March 2020.

WHAT PEOPLE TOLD US IS IMPORTANT:

SUSTAINED SUPPORT FOR COMMUNITY ORGANIZATIONS INVOLVED IN COVID-19 RECOVERY



“There’s increased vulnerability during COVID because people’s life experience is being overlooked ... providers that largely serve Black and racialized or marginalized populations are under-resourced.”

LONG-TERM INTERVENTIONS IN HOUSING, EMPLOYMENT, COMMUNITY DEVELOPMENT, AND TRANSIT

“If we’re solving COVID – or we’re trying to solve COVID – you know the inequalities that we’re experiencing as a community will not be solved unless we really focus on anti-Black racism.”



EQUITABLE APPROACH TO RECOVERY INVESTMENTS THAT ACKNOWLEDGES GREATER NEED IN THE COMMUNITIES HARDEST HIT BY THE PANDEMIC



“Will we recover equally post COVID-19?
Because we did not start in the same place.”

YOUTH PROGRAMS TO PREVENT KIDS FROM FALLING BEHIND

“A lot of students are not really going to want to go to school. I don’t want to say that they will drop out, but they are certainly not attending.”





COMMUNITY BUILDING AND NEIGHBOURHOOD RENEWAL

RECOMMENDATION:

Community and sector-based anti-Black racism advisory structures playing an active role alongside municipal and provincial planners, alongside public reporting at multiple levels of government.

COVID-19 disproportionately affected Toronto's inner suburbs – racialized, lower-income communities where people were more likely to be essential workers and have fewer options to self-isolate, if necessary. Over-represented in low paying jobs, Black people were more likely to lose their employment or have reduced hours as a result of the pandemic, and consequently, were more likely to face food or housing insecurity.

Black communities in the northwest and northeast of Toronto have long been calling for investment in community infrastructure – housing, schools, and community safety – on par with other areas of the city. Programs that were planned or in development have since been stalled by the pandemic, with the community forced to wait while their needs grow.

WHAT PEOPLE TOLD US IS IMPORTANT:

COMMUNITY INVESTMENT TO PUT AN END TO 'HAVE' AND 'HAVE-NOT' COMMUNITIES



"In Forest Hill, they have public schools, community centres, and you compare those community centres, even the public schools ... to the ones in Jane and Finch and you can see the big difference."

BUILDING TRUST

“Our community is overlooked a lot. And when certain things were supposed to happen, it just never did. Like the community centre was a promise and when it actually came up to the time to respect that promise they changed their minds.”



COMMUNITY ACTIVATION AND LOCAL LEADERSHIP



“We come together for things that would help us as a community, like we would like to be planning those things. And then they would say that they’re going to do these things but then it never happens or it’s implemented in another community.”

COMMUNITY SAFETY AND SUPPORT FOR FAMILIES DEALING WITH GUN VIOLENCE

“[We need] more security cameras in common areas and also a special counsellor who has ex-gang member experience if anyone has concerns about their kids being involved in gangs.”



BLACK REPRESENTATION IN COMMUNITY DECISION-MAKING



“If you look at the board of directors at these organizations, you won’t see the representation from this community. You won’t see Black people in general ... there is no melanin. We need more of that – it’ll start the change.”

PERSPECTIVES FROM FIVE TORONTO COMMUNITIES

REXDALE

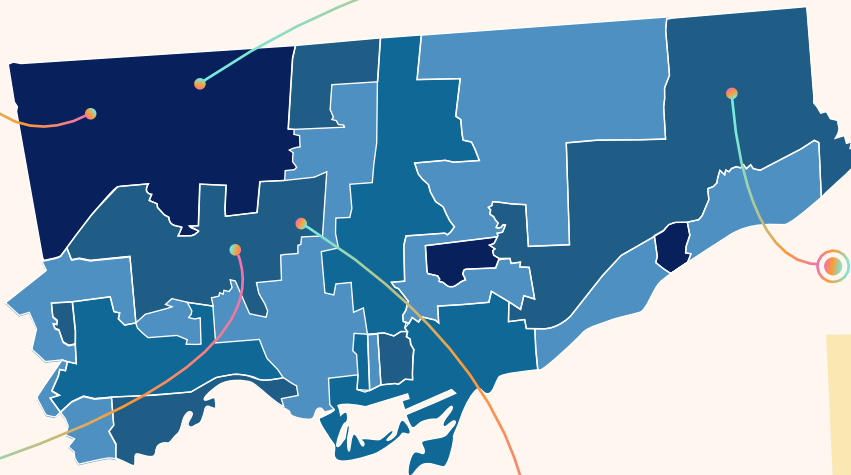
"I don't think that [resources] are well known, so it feels like there aren't any. The challenges that I have faced is that there is this shame and lack of acceptance getting help; that people would rather just not ask for help, so even though there are services, accessing the services is a barrier."

31% live in households with insufficient space

BLACK CREEK

"I feel like they don't even care about our community because there is a Metrolinx beside my school that was supposed to be a community centre. We were all protesting that we should have the community centre there but they built the Metrolinx instead."

34% of residents are low-income



MALVERN

"We need to do whatever is necessary to have Black stores, Black doctors, Black lawyers, not for the purpose for getting the position – you think something because of a paycheck – but for the purpose of the uplift of the community."

36% spend more than 30% of household income on shelter

MOUNT DENNIS

41% of residents are low-income

"There is a lot of work that needs to be done, city funding is not going into Weston Road. Instead of building a big dollar store, that should have been a centre for youth. [Local organizations] should have been offered subsidized rent to evolve that space into something for the community."

LAWRENCE HEIGHTS

36% working part-time jobs

"I don't feel safe walking at night. [We need] more security cameras in common areas, and also a special counsellor who has ex-gang member experience so that if anyone has concerns about their kids being involved in gangs."



HEALTH AND SOCIAL SERVICES INFRASTRUCTURE THAT MEETS THE NEEDS OF BLACK TORONTONIANS

RECOMMENDATION:

Investment in building a better health and social service infrastructure for Black Torontonians, including health, mental health, and family and social services.

A consistent theme in our consultations was the lack of available services and programs specifically for Black communities or that reflected and honoured Black experience. While some participants thought there might be services available, they were not sure how to access them, and often assumed that they served other parts of the city than their own. People also shared concerns about a lack of cultural competence among health and social service providers that they did encounter, and the need for more attention to cultural safety in different care environments.

Black-led and Black-serving organizations are crucial for addressing issues created by systemic anti-Black racism. These organizations, however, often find it difficult to access sustainable funding, whether through government funding or other public sources. A 2020 report on foundation funding, for example, found that only 5% of Canada's biggest foundations funded Black-led agencies over the period studied, which accounted for less than 0.5% of those foundations' total funding.¹⁶

WHAT PEOPLE TOLD US IS IMPORTANT:

IMPROVING NAVIGATION AND INFORMATION RESOURCES



“There should be a direct link that we can access and if we need to find something, then we should be able to have a portal where we can just access that information.”

DIVERSE SERVICES TO MEET THE NEEDS OF COMMUNITIES WITHIN COMMUNITIES

“There is a lack of information when it comes to supports for the Black community. There are different resources all over the city, but people can’t really pinpoint where they can find everything that they need, whether it be information about housing, social supports and so on.”



INVESTMENT IN BLACK-LED AND BLACK-SERVING ORGANIZATIONS

“I was telling my family how it’s so different to like to turn to the right of my office and see an established Black woman or a Black doctor and just how important it is to have these people be accessible to Black community.”



INTERSECTIONAL APPROACHES TO PROVIDING SERVICES IN BLACK COMMUNITIES

“There needs to be targeted focus to make sure that everyone within the Black community has access. ... One of the things that COVID has brought to light is that within our Black community, there are lots of forgotten vulnerable people.”



4

CULTURALLY RESPONSIVE INTERVENTIONS

RECOMMENDATION:

Investment in culturally responsive interventions in three key areas: mental health, chronic disease management, and screening and prevention.

Implicit bias that excludes Black voices in policies, structures, and norms of health and social institutions can have far-reaching impacts, both on how people access services and the quality of care that they receive. Studies have shown that many family doctors continue to hold untrue beliefs about race and socio-cultural differences¹, which undermines trust and influences people's choices to seek care. Programs are not designed with Black experiences in mind, leading to delays in care and lower screening rates for mainstream prevention programs.^{17,18}

Participants told us that they often had to educate and advocate for themselves in order to receive adequate care in an environment where providers undervalued or disregarded their history and experience. Providers told us that Black health initiatives have been consistently under-resourced, often considered an “add on” to “mainstream” health care rather than an integral part of it. Investments are often narrowly focused, with programs and services left vulnerable in a climate of cost cutting.

WHAT PEOPLE TOLD US IS IMPORTANT:

HEALTH LITERACY AND SELF-ADVOCACY



“There’s common things amongst Black people, like high blood pressure ... having general information circulating so we know what signs to identify for ourselves, so we know that this pain isn’t normal, we need to get it checked out. Sometimes we don’t even know what needs to get checked.”

ACCESS AND CHOICE

“For me, Black health or health for most people, is based on your ability to access what you need and your ability to choose. I think, living in a white supremacist, colonial and capitalist society, there’s a lot of things we lack access to.”



WORKING FROM A LENS OF CULTURAL SAFETY



“It takes an extra level of awareness and it takes extra energy to incorporate culturally competent care into your practice. I think you don’t get enough of that training in medical school residency. And I think if you don’t experience that in your personal life, it’s easy to have it fall to the wayside.”

INVESTMENT IN SCREENING AND PREVENTION

“Like a lot of things in relation to detection and prevention ... if it’s not in the language they understand, they have no choice but to rely on other information they hear from the other side of the world.”



“So we want some open doors, opportunities for scholarships for our younger generation. We want to see them have an opportunity to build this community, build their lives.”



5

ELIMINATING ANTI-BLACK RACISM IN HEALTH AND SOCIAL SERVICES

RECOMMENDATION:

Every healthcare and social service organization in Ontario develops strategies and plans aimed at systematically dismantling anti-Black racism, including by

- 1 Increasing Black representation in governance and senior and middle management roles;
- 2 Training senior leadership and frontline staff of all provincially-funded care providers on anti-Black racism and culturally appropriate care; and
- 3 Commit to the collection analysis, and usage of socio-demographic data to advance health equity.

Differential health outcomes are a direct result of continuing structural anti-Black racism in health and social services. Anti-Black racism and discrimination has largely been normalized in our health care and social services systems, reinforced by a continuing lack of representation of racialized people in leadership positions and a lack of monitoring or public reporting on the care and health outcomes of Black Ontarians.

Dismantling anti-Black racism in our institutions requires participation of every provider in every part of the health and social care system. Only with strategies at the organizational level, however, can we hold providers accountable for addressing disparities in access and ultimately, in health outcomes for Black Ontarians.

WHAT PEOPLE TOLD US IS IMPORTANT:

COMMITMENT TO ACTION



“This laxness around supporting Black workers and creating Black resources is quite sad. ... In a lot of ways, we’re kind of used as pawns or as tokens to, you know, for these organizations to look like they’re actually doing something for Black people.”

REPRESENTATION

“I work in an environment where there aren’t any Black people in high positions. Situations like these leave me wondering if my performance wasn’t up to par, why wasn’t mentorship and feedback offered to help me grow.”



SAFETY IN THE WORKPLACE FOR HEALTH CARE WORKERS

“I don’t feel safe talking about that because I don’t work with a lot of Black people and how do I do that, especially as a new hire? How do I now rally up the few Black people to advocate for this cause when we don’t have a lot of leverage?”

RACE-BASED DATA COLLECTION AND EQUITY TOOLS

“That’s a challenge ... to create space for us to be able to collect our information and that information to be translated in a meaningful way for us to understand what is happening on the ground so we can better support and also to channel some of the resources.”





Acknowledgements

About Us



The Black Health Alliance is a community-led organization working to improve the health and well-being of Black communities in Canada. Driven by ground-breaking research and strong partnerships, we continue to mobilize innovative solutions with the goal to create lasting change in the lives of Black children, families, and communities.

The Black Health Alliance would like to acknowledge the contribution of all of the residents and workers who participated in this process and thank them for their candor and generosity in sharing their stories with us.

Special thanks to Chantal Phillips for her leadership on the survey and consultations. We would like to thank the many youth who supported with note-taking and data analysis for the consultations: Tabitha Oni, Anu Popoola, Toba Balogun, Cheikh Tchouambou, Kwasi Adu-Poku II.

This document was developed by the Black Health Alliance with support from Heidi Hay and Loanna Thomaseau.



This project was made possible through the support of the City of Toronto's Community Funding Unit.



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