



**ADDRESSING ANTI-BLACK RACISM
AND HEALTH INEQUITIES
IN ONTARIO**

CONTEXT

The *Local Health System Integration Act (2006)*, *Excellent Care for All Act (2010)*, and *Patients First Act (2016)*, commits the Government of Ontario to:

1. Deliver high-quality health care that is accessible, appropriate, effective, efficient, equitable, integrated, patient-centred, population health-focused, and safe;
2. Participate in the development and implementation of health promotion strategies to support population health improvement and outcomes;
3. Promote health equity, equitable health outcomes, and to reduce and eliminate health disparities and inequities, respecting the diversity of communities in the planning, design, delivery, and evaluation of services.

Despite these legislative commitments, provincial policy frameworks overlook the province's obligation to redress the health inequities facing Black Ontarians.

Black Ontarians experience disparities across several Social Determinants of Health. These include inequitable treatment and unequal outcomes in Justice, Education, and Child Welfare sectors. These disparities stem directly from systemic anti-Black racism.

Black Ontarians are also among those that continue to be most burdened by significant health inequities and poor health outcomes. For example, they experience a greater prevalence of diabetes, obesity, and hypertension, which are risk factors for heart disease and stroke.¹

WHAT WE PROPOSE

Given the unique challenges faced by Black Ontarians, which are rooted in anti-Black racism, we call on the province to take action to directly address the health outcomes of this population. Addressing the health outcomes of Black Ontarians contributes to ensuring that all Ontarians have equal opportunity to thrive and contribute to the success and well-being of the province. To this end, we propose that the province initiate the following actions:

1. Allocate funding to develop a Health and Well-Being Strategy that aims to eliminate disparities and improve the health and well-being of Black Ontarians, working in partnership with Black-led organizations such as the Black Health Alliance
2. Systematically collect and publicly report data on health outcomes disaggregated by race and ethnicity, to guide continuous improvement and system accountability.
3. Invest in Black community-based service providers and charitable organizations working to improve health outcomes to support and scale initiatives that have demonstrated success.
4. Develop a comprehensive strategy to eliminate anti-Black racism in the delivery of healthcare and social services, and develop a program standard for racism and systemic racism in the *Ontario Public Health Standards*.

ANTI-BLACK RACISM AND HEALTH

The inequities experienced by Black Ontarians in health are underpinned by, and directly attributable to the effects of anti-Black racism. Anti-Black racism is rooted in Canada's histories of slavery, colonisation, and discriminatory policies. Anti-Black racism manifests in disproportionately poor health outcomes for Black Ontarians in that racism limits access to resources that are necessary for health. Anti-Black racism also produces psychological and physiological stress, that adversely impacts mental and physical health, affects health behaviors, and compromises access to health care.²

More specifically, anti-Black racism can lead to:

Poorer outcomes across several social determinants of health such as income and education.

Mental health distress and chronic disease³

Racism in the delivery of healthcare and social services⁴

Lack of a system wide recognition that ethno-specific strategies are needed to eliminate health inequities

SOCIAL DETERMINANTS OF HEALTH

Black Ontarians represent one of the fastest growing populations in the province. They continue to make significant contributions to the province across various sectors, including politics, education, business, and health. Yet, entrenched systemic racism and discriminatory policies have resulted in disparate outcomes and more frequent experiences of everyday racism and discrimination.

FOOD INSECURITY

In 2014,

29.4 %

of Black Canadian households were estimated to be food insecure compared to

10.4 %

of White Canadian households⁶

INCOME

24%

of Black Ontarians qualify as “low income”, as compared to

14.4%

of the general racialised Ontario population.⁵

DISCRIMINATION

52.2%

of Black Canadians reported experiencing discrimination more than once a year as compared to

37.9%

of the visible minority population and

30.6%

of White Canadians⁷

THE HEALTH DISPARITIES

Health inequities are defined as “differences in health outcomes that are avoidable, unfair and systemically related to social inequality and marginalisation.”

Health Equity has been named as a foundational standard for Public Health Ontario. The government of Ontario has also identified equity as “a key component of quality care”.

These are some of the health inequities facing Black Ontarians.

HIV/AIDS

In 2015,

Black Women represented

61%

Of the known new HIV diagnosis in Ontario⁸

DIABETES

An Ontario study determined that Diabetes prevalence among Black women doubled from

6% to 12%

between 2001 to 2012¹⁰

MENTAL HEALTH

People of Caribbean, East, West African origin in Ontario have

60%

increased risk of psychosis⁹

THE SOLUTION

The unique challenges faced by Black Ontarians, rooted in anti-Black racism, calls for the province to take action to directly address the health inequities facing this population. Addressing the health outcomes of Black Ontarians contributes to ensuring that all Ontarians have equal opportunity to thrive and contribute to the success and well-being of the province. We call on the province to initiate the following actions:

Allocate funding to develop a Health and Well-Being Strategy that aims to eliminate disparities and improve the health and well-being of Black Ontarians, working in partnership with Black-led organisations such as the Black Health Alliance

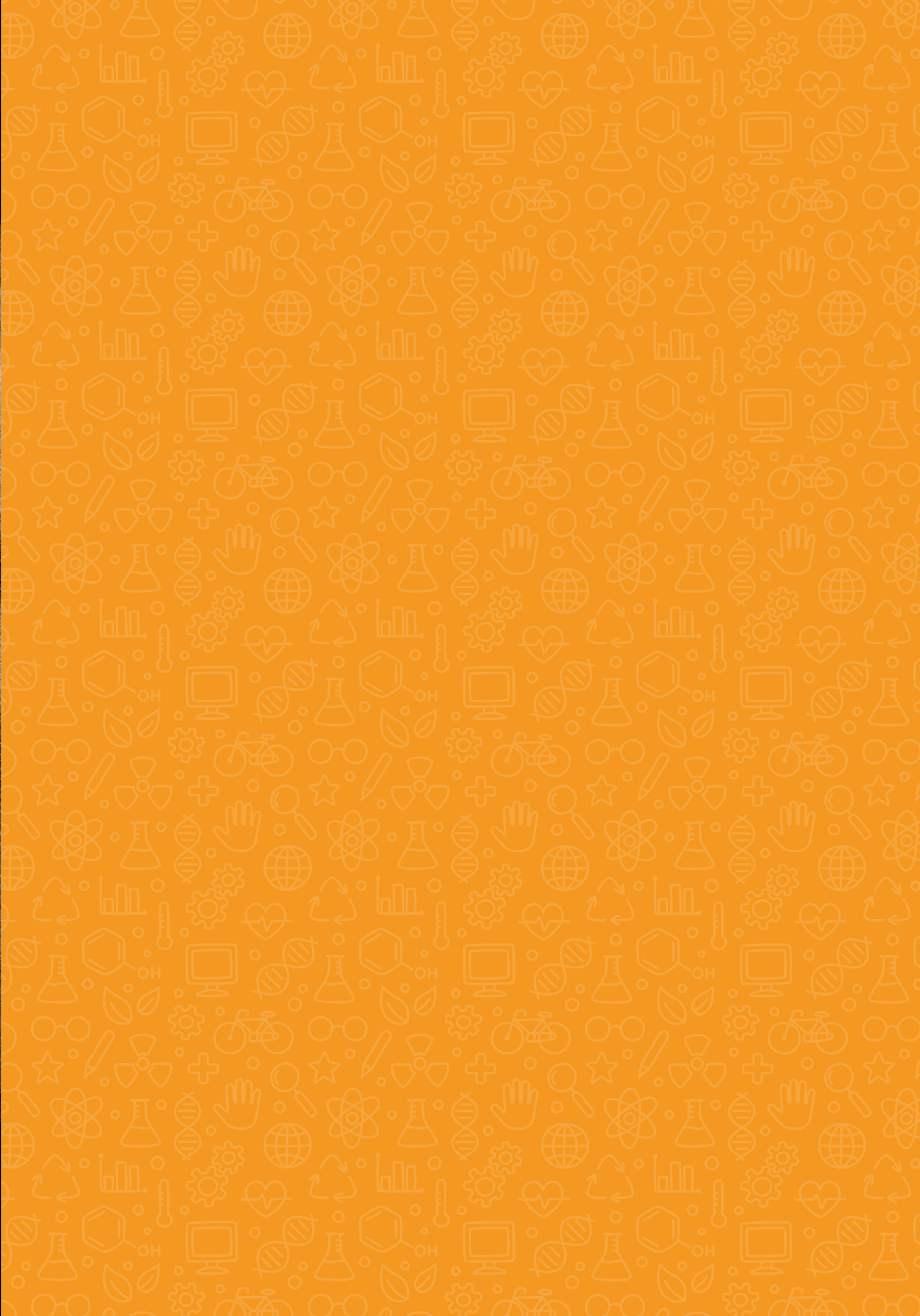
Systematically collect and publicly report data on health outcomes based on race and ethnicity to guide continuous improvement and system accountability

Invest into Black community-based service providers and charitable organisations working to improve health outcomes to support and scale initiatives that have demonstrated success

Develop a comprehensive strategy to eliminate anti-Black racism in the delivery of healthcare and social services, and develop a program standard for racism and systemic racism in the *Ontario Public Health Standards*

ENDNOTES

1. Chiu, M., Maclagan, L. C., Tu, J. V., & Shah, B. R. (2015). Temporal trends in cardiovascular disease risk factors among white, South Asian, Chinese and black groups in Ontario, Canada, 2001 to 2012: a population-based study. *BMJ open*, 5(8), e007232.
2. Siddiqi, A., Shahidi, F. V., Ramraj, C., & Williams, D. R. (2017). Associations between race, discrimination, and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine*, 194, 135-141.
3. Ibid.
4. Sinai Health System, Human Rights, and Health Equity Office. (2017). *Black Experiences in Healthcare Symposium Report*. Retrieved from https://www.mountsinai.on.ca/about_us/human-rights/pdfs/SHS-BEHC-report-FIN-AL-aoda-final.pdf
5. Statistics Canada (2016) *Visible Minority (15), Individual Low-income Status (6), Low-income Indicators (4), Generation Status (4), Age (6) and Sex (3) for the Population in Private Households of Canada, Provinces and Territories, Census Metropolitan Areas and Census Agglomerations, 2016 Census - 25% Sample Data*. <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng.cfm?LANG=E&APATH=3&DETAIL=0&DIM=0&FL=A&FREE=0&GC=0&GID=0&GK=0&GRP=0&PID=110563&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2017&THEME=120&VID=0&VNAMEE=&VNAMEF=>
6. Tarasuk V, Michell A, Dachner N. Report on household food insecurity in Canada, 2012. Toronto: Research to identify policy options to reduce food insecurity (PROOF); 2014
7. Siddiqi, A., Shahidi, F. V., Ramraj, C., & Williams, D. R. (2017). Associations between race, discrimination, and risk for chronic disease in a population-based sample from Canada. *Social Science & Medicine*, 194, 135-141.
8. Ontario HIV Treatment Network. (2015). *Women and HIV in Ontario The Facts in Brief [Fact sheet]*. Retrieved from <https://www.aidsnetwork.ca/sites/default/files/WHA1%20fact%20sheet%20/%20Women%20and%20HIV%202015%20%282%29.pdf>
9. Anderson, K. K., Cheng, J., Susser, E., McKenzie, K. J., & Kurdyak, P. (2015). Incidence of psychotic disorders among first-generation immigrants and refugees in Ontario. *Canadian Medical Association Journal*, 187(9), E279-E286.
10. Chiu, M., Maclagan, L. C., Tu, J. V., & Shah, B. R. (2015). Temporal trends in cardiovascular disease risk factors among white, South Asian, Chinese and black groups in Ontario, Canada, 2001 to 2012: a population-based study. *BMJ open*, 5(8), e007232.



We are all in this together.

Let's work together to improve the health and
well-being of Black Ontarians.

