

**ANTI-BLACK RACISM &
SYSTEMIC DISCRIMINATION
HEALTHCARE COLLECTIVE
POLICY PAPER**

*“ THE OUTCOMES OF OPPRESSIVE SYSTEMS: AND A
COLLECTIVE CALL TO CO-DESIGN AN EQUITABLE AND
INCLUSIVE HEALTH SYSTEM IN PEEL ”*

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Regional Diversity Roundtable Meeting
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AGENDA

1. Who we are
2. Purpose
3. Key Guiding Questions
4. What We are Trying to Change
5. Systemic Racism and Discrimination in Health Care
6. Recommendations for Collective Action
7. Next Steps
8. Discussion and Questions

WHO WE ARE

- Bereaved Families of Ontario (Halton/ Peel)
- Coalition for Persons with Disabilities
- Family and Child Health Initiative (FCHI)
- Heart House Hospice
- Indus Community Services
- LAMP Community Health
- Moyo Community Health Services
- Peel Newcomer Strategy Group
- Punjabi Community Health Services
- Roots Community Services
- Wellfort
- Representation from the Black Community Advisory Council and the South Asian Community Advisory Council

PURPOSE

- Provide personal examples of inequity, racism and discrimination within the larger health system.
- A record of personal experiences and population-level statistics that illustrate how current systems create barriers for marginalized groups in our community.
- Share recommendations for collective action and ways that we can work together to improve health equity for families and communities within Peel, Halton and the GTA.
- To invite health leaders and institutions to join our collective action for systemic change

KEY GUIDING QUESTIONS

1. Diverse and underrepresented groups comprise 73% of the population in Peel. How is your organization specifically addressing the unique health issues facing these groups within our community?
2. Which measurable actions are being taken to reduce and eliminate systemic discrimination and anti-Black racism internally within your organization and within diverse communities across your Region?

KEY GUIDING QUESTIONS

3. Service providers are mandated by funders to collect a tremendous amount of data, yet there is often little to no follow-up or knowledge exchange with community members and organizations. We would like to understand the following:

- How are community members and organizations involved in decisions about data collection and indicators?
- What is currently being done with the data being collected, and how is the information being used to make meaningful change in the community?
- How is this information shared and made accessible to community members and organizations?
- How can we work together as a collective to co-design health care institutions within the Region of Peel, Halton, GTA, using an integrated approach to data collection, data sharing and program development?

KEY GUIDING QUESTIONS

4. Funding equity and transparency is desperately needed. Can the Ministry of Health, through their intermediaries (LHINs and Ontario Health), share their funding model with us to help the community understand gaps that exist within and across these funding bodies?

5. Food security, or not having everyday access to healthy and safe food, continues to be a significant social determinant, impacting the overall physical and mental health of many individuals, families and communities in Peel, Halton and the GTA. As such,
 - Why is food-security still a major issue for our racialized and marginalized residents?
 - Why there are no culturally-sensitive food options from Ministry-funded food providing agencies?

WHAT WE ARE TRYING TO CHANGE

“I was on the gurney for 7 days. Made me wonder how they make decisions on who gets a bed and who doesn’t. I spent unusually long at registration and even on the stretcher. It almost felt like I was forgotten. Like maybe people without health cards are expected to receive delayed treatment”. I saw others, white people, moved when a space opened up who came after me. I don’t know their conditions so theirs could have been worse but if they had at least explained to me, perhaps I wouldn’t have felt like I was forgotten or invisible”

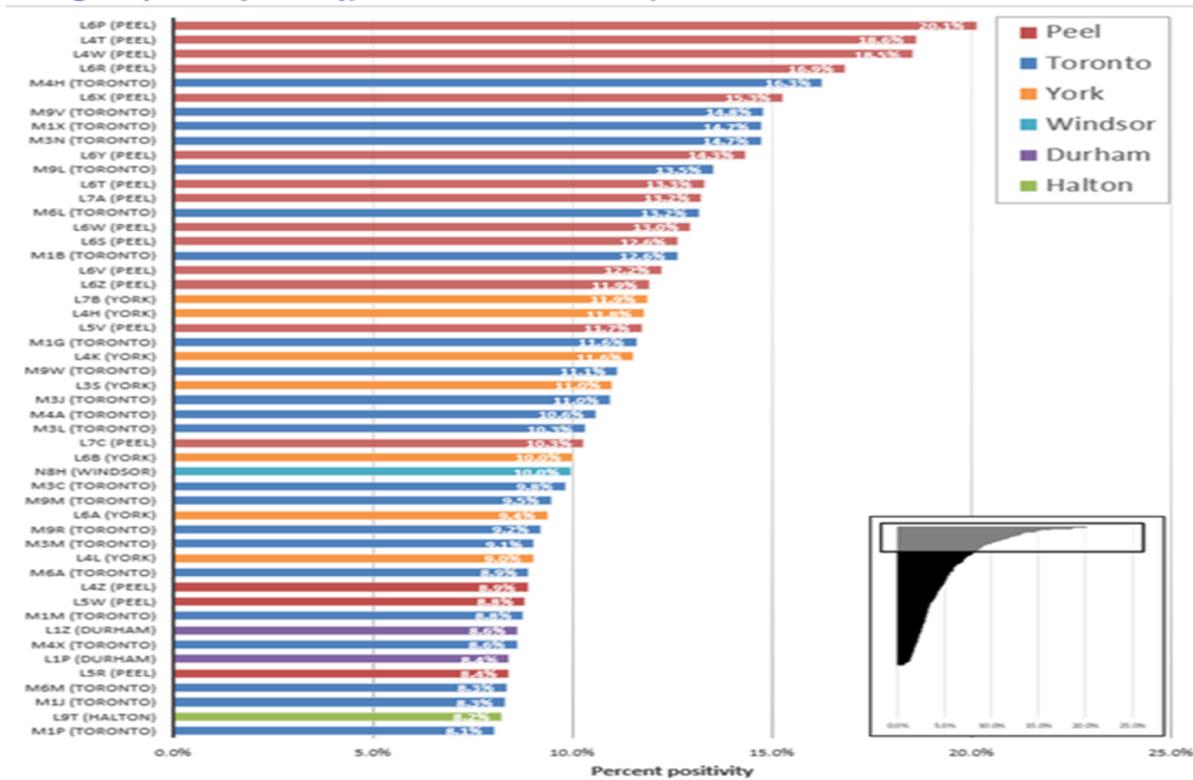
“I feel like no one cares about my child’s death because it was a result of gun violence – my doctor didn’t seem to care because we live in ‘a neighbourhood that should expect that type of thing’”

SYSTEMIC RACISM AND DISCRIMINATION IN HEALTH CARE

- In 2019-2020, Central West LHIN, which covers the most diverse municipalities anywhere across Ontario, received only \$979.69 in per capita health funding from the Province of Ontario – less than half of provincial per capita expenditures (\$2,010.25).
- Stress on an individual's physical, emotional, and spiritual health through experiences of racism, stigma, bias, and discrimination within the system
- Lack of access to resources that are required for individuals to be well (food security, housing, health care services, medications)
- “Unsafe” spaces and practices
- Disparities in service utilization and access including intimate cancer screening, dental care, optometry, sexual and reproductive health practices including taking supplements like folic acid during pregnancy, and end of life care¹⁴
- Inaccurate medical assessments which can lead to negative health outcomes and, in some instances, death

THE CURRENT CONTEXT: HOW SYSTEMIC RACISM HAS IMPACTED RACIALIZED COMMUNITIES DURING THE COVID-19 PANDEMIC

Percent positivity for COVID-19 in the 50 Forward Sortation Areas in Ontario with the highest percent positivity, Week of November 8-14, 2020¹



¹ Forward sortation area (FSA) is the first three characters of a postal code. FSAs with 26 COVID-19 cases in the past week were included in this ranking.

- 77% of known COVID-19 cases involved members of racialized communities (63% of Peel's population include members of racialized communities)
- South Asians in Peel accounted for 49% of COVID-19 infections, despite comprising 31.6% of the Peel population¹
- Blacks in Peel comprised 13.5% of COVID-19 infections, despite accounting for 9.5% of Peel's population¹
- Latinos in Peel were also disproportionately affected, comprising 3.8% of COVID-19 infections, despite accounting for 2.3% of Peel's population

RECOMMENDATIONS FOR COLLECTIVE ACTION

1. We urge health system decision-makers to co-design health services and systems with diverse groups that have been historically marginalized and underrepresented in health research, education, policy and practice. Co-designing means more than convening a patient advisory table; co-designing represents a range of strategies and opportunities, from ensuring that the composition of boards of directors are reflective of the diversity of the individuals and communities being served to recruiting members of diverse community groups to persistently provide input into all levels of health system decision-making, including practices, policies, funding models, measurement and evaluation.

RECOMMENDATIONS FOR COLLECTIVE ACTION

2. We recommend that the Ministry of Health, through the Mississauga/Halton and Central West LHINs and the newly formed Mississauga and Brampton/Etobicoke Ontario Health Teams, publicly declare how equity is embedded in their funding decisions; for example, how funding decisions are reflective of the diverse communities that health providers serve. This transparency will help build an environment of trust and accountability among service users, service providers, policy makers and funders of the health system at-large.

RECOMMENDATIONS FOR COLLECTIVE ACTION

3. We recommend that health professionals build their personal capacity to work with diverse members of the community. This can be accomplished by establishing equity-focused accreditation requirements for healthcare professionals in Peel. For example:

- The [Pan-Canadian Health Promoter Competencies document](#)²¹ requires health promotion practitioners to communicate health information effectively with diverse audiences using appropriate approaches and interact with diverse individuals, groups and communities to reduce health inequities. We recommend that to maintain accreditation in this field, practitioners should be required to complete a minimum number of training hours focused on topics such as undoing oppression and cultural sensitization per three-year certification period. Community members and organizations that have insight into cultural groups in Peel Region should be consulted when training is coordinated to ensure that training meets the local needs of the individuals, families and communities they serve.

RECOMMENDATIONS FOR COLLECTIVE ACTION

4. We understand that tremendous data have been collected by service providers at the request of LHINs and OHTs. However, little has been shared on how this data is driving evidence-based decisions. We ask the Mississauga/Halton and Central West LHINs and the Mississauga and Brampton/Etobicoke OHTs to explain how this data has been used to inform their decision-making – and how data and decisions have been aimed at addressing equity concerns.

RECOMMENDATIONS FOR COLLECTIVE ACTION

5. Measurement and evaluation are key to collective endeavours. The National Collaborating Centre for Infectious Disease and the National Collaborating Centre for Social Determinants of Health have updated their list of 60+ [Emergency Preparedness Equity Indicators](#) in response to COVID-19 and are encouraging public health associations to “understand inequities and the disadvantage they create... to measure what counts and to examine what is being counted, and who is being missed”. We recommend that these indicators be leveraged to inform, enhance and augment collective health preparedness in Peel through an equity lens.

RECOMMENDATIONS FOR COLLECTIVE ACTION

6. We all acknowledge that Peel is linguistically diverse, and that hospitals are trying their best to ensure that patients have access to interpretation. We are also aware that LHINs reimburse costs associated with interpretation. However, we continue to hear interpretation is not being offered early in the intake process or that interpretation quality is lacking.

We recommend that interpretation statistics, as well as the procedures used to acquire interpretation, be made more public and accessible, and that hospitals report on their use of interpretation services as part of their care so that community partners can help augment these efforts.

RECOMMENDATIONS FOR COLLECTIVE ACTION

7. We recommend that Mississauga/Halton and Central West LHINs and the Mississauga and Brampton/Etobicoke OHTs describe the work they have undertaken to fulfil requirements set out in the 2018 Health Equity Guideline¹ published by the Ministry of Health and Long-Term Care, including whether the following were achieved:
 - Describing the existence and impact of health inequities and identifying effective local strategies that decrease health inequities
 - Engaging priority community groups to understand their unique needs, histories, cultures and capacities, as well as co-designing strategies to improve the health of the entire community while decreasing health inequities
 - Engaging in multi-sectoral collaboration with municipalities, LHINs, and other relevant stakeholders
 - Leading, supporting and participating with other stakeholders in health equity analysis, policy development and advancing healthy public policies

NEXT STEPS

In order to move towards collective community action that reduces systemic discrimination and anti-Black racism within health systems and institutions in Peel we invite the identified health leaders and decision makers listed at the beginning of the report to meet with representatives from our collective to start a discussion and work towards health equity for all individuals, families and communities in the regions.

RESOURCES TO ADDRESS ABR & SD

Regional Diversity Roundtable	https://www.rdrpeel.org/
Peel Newcomer Strategy Group	https://www.peelnewcomer.org/
Anti-Black Racism Analysis Tool for a Radically Equitable COVID-19 Response. The City of Toronto's Confronting Anti-Black Racism Unit	https://www.toronto.ca/wp-content/uploads/2020/09/903d-ABR-COVID-19-Analysis-Toolkit_Final.pdf
Peel's Community Safety and Well-being Plan 2020-2024	https://www.peelregion.ca/community-safety-wellbeing-plan
Peel Poverty Reduction Strategy	http://www.povertyinpeel.ca/

DISCUSSION AND QUESTIONS

