

Black Experiences in Health Care

Symposium Report



Sinai
Health
System

Human Rights
& Health Equity



Black Experiences in Health Care

SYMPOSIUM REPORT

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Executive Summary

The *Black Experiences in Health Care (BEHC) Symposium* was organized and hosted by Sinai Health System's Human Rights & Health Equity Office and the BEHC Organizing Committee (which includes Black Health Alliance, Wellesley Institute and TAIBU Community Health Centre) with support from Toronto Central LHIN. The Symposium aimed to identify and raise awareness of issues and concerns with a Toronto focus relating to health inequities faced by Black Ontarians. The goals of the Symposium were to begin to address these inequities and to strategize how to recommend solutions that will improve access and care for Black Ontarians in the health care system.

Leading up to the symposium, the committee identified the key elements of health inequities faced by Black Ontarians, including, but not limited to: lack of access to health care services, gaps in care, and inequities in outcomes. The symposium brought together providers, academics, advocates, patients/clients and members of the community to focus on the Black experience in health care. This was a unique opportunity to discuss the shared experiences of anti-Black racism in health care settings and the impact of anti-Black racism on the health of community members. More specifically the discussions included: mental health, the experiences of Black health care providers, the impact of intersectionality, HIV/AIDS, and the impact of racism within and outside the health care system (primary care, acute and rehab care), on the health outcomes of Black people.

Included in this report is a high-level symposium summary and qualitative feedback from symposium attendees. Four main themes stood out in the recommendations: the critical need for demographic data collection, the impact of racism and specifically anti-Black racism on health, the need for appropriate mental health services, and providing education, planning and services that will achieve health equity.

The aim of this symposium report is to serve as a tool to create greater accountability across the LHINs, hospitals, Community Health Centres and other health care providers throughout Ontario.



Symposium Summary

On March 25, 2017 over 130 leaders from the health care, non-profit, education, government, and private sectors convened to discuss health equity challenges in the health care system as it pertains to Black Ontarians. The *Black Experiences in Health Care (BEHC) Symposium* was organized and hosted by Sinai Health System's Human Rights & Health Equity Office and the BEHC Organizing Committee with support from Toronto Central LHIN.

A unifying finding of the day was the need to address systemic racism, implicit bias, and cultural safety¹ within our health care institutions to move toward a more equitable system. The Symposium offered an avenue to hear detailed feedback and recommendations from attendees. We heard from attendees that the BEHC Symposium increased awareness and understanding of the issues faced by Black patients accessing acute care, that it provided an overview of data quality challenges and solutions, and provided an opportunity to make community linkages and new partnerships. Many attendees agreed that there is urgent need for data sets that include both "race" and "ethnicity."

Dr. Gary Newton, President and CEO of Sinai Health System, stated in his remarks that inequity and racism are disease equivalents in terms of their impact.

"When we think of complex patients, we picture an aging population with multiple chronic diseases. It's important we all understand that inequity and racism are disease equivalents in terms of their impact. They contribute to complexity and poor outcomes in the same way diabetes and hypertension do."

—Dr. Gary Newton, President and CEO of Sinai Health System



¹ "[Indigenous cultural competency] training is designed for agencies, organizations, institutions to build a foundational awareness of Indigenous peoples and enhance self-awareness. Through experiential learning the delivery of the training is inclusive within a group based setting to promote dialogue and create a safe space to discuss topics which relate to Indigenous peoples." Source: <http://ncct.on.ca/indigenous-cultural-competency-training/>

Attendees heard from experts throughout the day through concurrent sessions. Angela Robertson, Executive Director of Queen West & Parkdale Community Health Centre and Co-Chair of the Toronto Central LHIN Health Equity Table, and Dr. Onye Nnorom, from University of Toronto's Dalla Lana School of Public Health, called for the health care system to measure race and other health equity factors. Desmond Cole, journalist and activist, identified the need for systemic change, the importance of collecting race-based data and naming anti-Black racism within the health care system as it affects both patients and staff.

Speakers at the symposium identified the need for action across many aspects of the health care system. Dr. Kwame McKenzie, CEO of the Wellesley Institute, called for a mental health equity strategy for Black Ontarians. Patient-activist, Serena Thompson, spoke about her experience living with sickle cell anemia and the failure of the health care system to treat Black sickle cell patients equitably. Liben Gebremikael, Executive Director of TAIBU Community Health Centre, shared a message about increasing community engagement to improve access and health outcomes for community members.

In the afternoon, attendees also heard from academics, researchers, advocates, community health centre administrators and front-line staff in the concurrent sessions. They shared their recent work in addressing barriers to access, improving care and outcomes for Black Ontarians and called for accountability for providing equitable and accessible services across the entire health care system.

Chris Leonard, Black Coalition for AIDS Prevention (Black CAP), spoke about stigma and health care providers' lack of knowledge and sensitivity when it comes to caring for patients/clients living with HIV/AIDS. Idil Abdullahi, Assistant Professor in the Ryerson School of Social Work, presented on "Anti-Black Sanism" and the role language and intersectionality play in creating barriers for those accessing mental health care and the need to create a system to address the needs of Black youth with mental illness before involving the justice system.

Diane Smylie, Director of the Ontario Indigenous Cultural Safety Program, shared the challenges faced by Indigenous peoples in Ontario due to colonialism and racism and provided information on an online course on Indigenous health which is mandatory for all health care providers in British Columbia. She talked about the common experiences of Indigenous and Black people in Canada as well as the importance of focusing on the uniqueness of those experiences. Notisha Massaquoi, Executive Director of Women's Health in Women's Hands, spoke of developing a data-informed practice to reduce health disparities for Black women accessing health care in Toronto. She shared details of how racism is a significant social determinant of health for young Black women in Toronto.



Evaluation

From our evaluation, we found that the BEHC Symposium:

- increased attendees' awareness and understanding of the issues faced by Black patients accessing health care;
 - 80 percent of participants who completed the evaluation survey said that they have an increased understanding of the issues faced by Black Ontarians specifically as it related to barriers to access, care and outcomes;
- provided an overview of data quality challenges and solutions; and
- created an opportunity to make community linkages and new partnerships.



Recommendations and Follow Up Surveys

Attendees recommended that acute-care providers offered more opportunities for culturally safe spaces in hospitals and develop a mental health strategy for Black patients that is visible and reflective of the community it serves.

The follow-up survey asked attendees about recommendations they deemed important to be included in the report. These have been further broken down to the system level at which the recommendations could occur. The complete qualitative feedback from the symposium is captured in the Appendix on page 7. The following are the top three recommendations/outcomes from the survey:



Ministry of Health and Long-Term Care, LHINs, Health Quality Ontario

- Socio-demographic data collection and race-based health-related data collection
- Mandatory health equity training across all LHINs
- A fully funded Black Health Strategy
- Create a strategy for more funding for Black community mental health services
- Funding to create culturally safe spaces²



Hospitals, community health centres, and primary care providers

- Integrate equity issues into care provision planning
- Deploy training around health equity, cultural safety and anti-oppression at all levels within health care organizations
- Racism and discrimination need to be addressed within hospitals



Policing and mental health

- Ongoing education to police about racism and mental health
- Police violence accountability
- Develop mental health and trauma response team to correspond with 911 calls
- Racism and discrimination need to be addressed in the justice (policing) system in Toronto to reduce the negative impact they have had on the Black community

² "An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need." Source: http://www.intstudentsup.org/diversity/cultural_safety/

In addition to the above recommendations BEHC requested that attendees identify topics they would like addressed in future. The responses are summarized below:

- Systemic racism and anti-Black racism within the health care system
- Involve patient voices
- Provide a formal way to create community linkages
- Maintain momentum from the symposium
- Include roundtables and opportunities to discuss ideas in a structured manner
- Barriers faced by Black youth. Supporting Black youth around the social determinants of health (with youth voices)
- Barriers faced by the Black LGBTQ community
- Create opportunities for networking and spaces for collaboration between community, academics, and practitioners
- Intersections between Indigenous and Black experiences
- Intersections between the Black population and other sub-segments
- A presentation from the Anti-Racism Directorate
- How to use digital technologies and social media for community and patient engagement

Conclusion

The uniqueness and timeliness of the *Black Experiences in Health Care Symposium* brings energy to this important health equity challenge faced by Ontario. Attendees recommend that the momentum of the symposium be built upon. To address the gaps in care and the barriers faced by Black Ontarians, more work around equitable access to health care services, gaps in care and outcomes must be undertaken to improve health equity.



Acknowledgements

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APPENDIX

Black Experiences in Health Care Symposium Qualitative Feedback

Question 1. What topics would you like to see?



THEME 1. DATA COLLECTION

- Socio-demographic data collection work with Anti-Racism Directorate and Minister of Health re OHIP.
- Standardize the way that all Hospital organizations collect socio-demographic data.
- Data on how current pathways of care impact Black lives.
- How to concretely use data collected to serve us? I heard Ms. Massaquoi teachings and I think that it would be great to expand on it. How to use data information ethically and what impact?
- Impacts on intersectionality – race based data – health disparities across the lifespan – anti-Black sanism – youth mental health.

THEME 2. RACISM AND ANTI-BLACKNESS

- Strategies to combat anti-Black racism.
- More opportunities and funding create culturally safe spaces for growth and connections among Black health providers.
- Fighting anti-Black racism in the health sector should be a priority for CHCs, hospitals, FHTs and other health organizations. These organizations should be encouraged to tackle health inequities that Black patients face as part of their long-term strategic plan/goal.
- Harm reduction and racism.
- Care for health care workers who face anti-Black racism on the job.
- Emergency services and front line health care workers: how can we implement policies, procedures and avoid subjecting patients to undue discrimination?
- You need to see race in order to really address health.

THEME 3. MENTAL HEALTH

- Discuss ways to gain support for mental health.
- Get funding for Black community mental health services. Have our own psychiatrists, social workers, etc.
- What data do we already have? What data do we need now to support our advocacy claims or policy and practice reforms? Stemming from mental health/anti-Black sanism conversation.
- We (organizations, individuals within organizations, etc.) need to collaborate and find ways to lobby hard for specific money for services – especially mental health services – specifically for African/Caribbean communities. Visible services that people can feel comfortable accessing. This is a goal.
- Develop a mental health and substance use strategy for Black people.
- We need data sets that include both “Race” and “Ethnicity” to best make visible the relevant, unique and distinct experiences of marginalization and exclusion.

THEME 4. HEALTH EQUITY

- Continue our advocacy for Black community health equity and stand together.
- Lessons learned from those who have tried various projects related to health equity.
- Develop a health equity plan to be implemented in LHINs. Allowing LHINs to hold health service providers accountable for equitable, accessible, safe health services.
- Education on what “Health Equity” means. Health service providers, government, and primary care providers need to be educated.
- “The how to”: implement a health equity strategy similar to Patients First: Action Plan for Health Care.



Question 2.

What are two or three actions and priorities you can commit to?



THEME 1. DATA COLLECTION

- In order to count, we need to understand and explore the types of data needed to increase the health of Black populations in Canada.
- Improve and expand the collection of race-based data.
- Shed light on the unseen faces of health care: front line workers like social workers, lawyers, and medical laboratory technologists can help gather data and feedback on the well-being of patients and clients for data collection. There is potential for a more holistic look at the individual.
- Quantify cost of prevention vs not providing quality care. E.g. WHIWH reduced the number of HIV+ babies while city rate did not change. Need cost data to advocate for more preventive services.

THEME 2. ADDRESS BARRIERS

- Translating theory into practice. Speaking and scaling interventions that are deemed effective.
- Management's resistance to change.
- Have Black members on key decision-making committees that impact the lives and health of Black people; look for political will; work to overcome systemic racism; look at inadequate resources invested in programs for Black and Indigenous people.
- Broader systems do not understand the need for Black-specific conversation, resources, etc, so it is hard to create specialized programs. For example, in prison systems Black-specific workshops are considered "segregation".
- Barriers include other obligations, lack of community/organization awareness and support
- Personally, I need to learn more; lots of today was brand new info for me.
- Bureaucracy in working in a very large organization run by white people.
- I need to support more staff education and more staff time is needed for health equity
- Bureaucracy barriers.
- White people in management with different priorities.
- More advertising to increase awareness since symposiums such as this are rare to find.
- Knowing steps to take – "The how to".
- Politics – funding from government presents ability to be openly critical.
- A tool kit with relevant materials. Buy-in from broader sectors.
- Openness from people outside our community.

- Building a community of practice with people from today would be helpful.
- (1) Lack of police education to care for Black people, (2) Funding, (3) Black Community unity to advocate to get good access to equity health services for our community.
- Regarding safe spaces – need more knowledge on how to do this.
- Best practice for non-physical or pharmaceutical means to help people in crisis – Idil’s talk.
- Funding for research and collection of demographic data. Fund knowledge translation from health care professionals and greater Toronto population.
- Organizational, structural issues and red tape.
- Need to continue to build our networking and understanding to achieve critical mass in improving Black experiences in health care.
- Money, management not on board.
- Organization mandate.
- Making sure many more groups can participate.
- Current system has to accept or acknowledge Black people as an important race.
- Unequal power dynamic.
- Finance.

THEME 3. ALLIANCES/COLLABORATION

- It would be great to have a workshop on building alliances among community health providers and community groups to better provide care. How to empower people to take control of their own health e.g. like participants in the TAIBU CHC.
- Ally connecting: creating spaces for allies to support anti-Black racism and anti-Indigenous racism.
- Continue to work together. Unite and work with Indigenous community for our health care and fight against disparity.
- Research poster competition where we can share work related to Black experiences in health care.

THEME 4. YOUTH ENGAGEMENT STRATEGY

- Engage our youth to attend to issues affecting the Black community.
- Continue to encourage our youth in universities to become doctors.
- Focus on our youth in health and mental matters.
- Provide this education to youth – empower and educate them to help their communities.
- Experiences of HIV and youth in health care.
- Focus on stigma and its impact on mental well-being of Black youths.

Question 3. What are some recommendations you would like included in the Symposium report?



- The collection, storage and use of race-based health-related data.
- Advocacy for the need for more consistent data collection and analysis across the LHINs to enable planning to meet the needs of local communities.
- Mandatory health equity planning work such as is occurring in Toronto Central LHIN, across all LHINs.
- Enhanced collaboration between Indigenous peoples and Black communities to develop advocacy strategies and tactics for fulsome engagement inform policy making.
- Have equity and accessibility in health care system for Black people.
- Spread of collection of race/ethnicity data and other equity data in health care and social services.
- Collecting some of this information on a common record, e.g. OHIP card, to reduce duplication and improve efficiency.
- Government support for training around equity and cultural competency and safety.
- Increasing awareness of health care providers around issues related to Black experience in health care.
- Reviewing the effectiveness of [911] teams and whether a 24/7 response team would be better equipped to serve Black community members going through crises.
- More non-Black stakeholders (police officers, health care providers, criminal justice system workers) in attendance at future symposia so that they spread the takeaway messages more widely.
- Greater attention to race-gender health outcomes data.
- Creating more awareness on the transmission of HIV/AIDS and reducing stigmatization.
- A recognition of the current state of racial inequality in health care outcomes by the MOHLTC as well as the OMA and HQO.
- A commitment from the MOHLTC to engage with the Black community to develop a provincial strategic plan with the goal of reducing racial inequality in health care.
- Provide funding to support a strategic promotional campaign to raise awareness about HIV/AIDS among African, Caribbean, Black (ACB) communities in Ontario across the spectrum of sexualities, including LGBTQ and heterosexual community members.
- Ongoing education to police about racism, mental illness and implicit bias.
- Mandatory departmental AOP training.
- Top down AOP strategies in the strategic planning:
 - Disaggregate data collection for all people of color in every department.

- Mandatory conferences to discuss racism and other forms of oppression.
- Make protocols in hospitals mandatory to ensure quality ER care for sickle cell patients.
- Fully fund a Black Health Strategy similar to the Aboriginal Health Strategy.
- Scale up primary health care services that focus on Black populations.
- A participatory action approach on developing programs to help improve the health in this population.
- A system set in place that would allow the necessary health care information of patients with chronic diseases such as sickle cell to follow them to any hospital they go to when in crisis so that they can receive the care that they need in a timely manner.
- Accountability – organizations need to collect data on race.
- Collect race-based data in ways that do not continue to stereotype and/or oppress people.
- Police violence/accountability needs to be addressed immediately.
- Advocate for more data collection in areas like breast cancer and cervical cancer.
- Please include francophones – French is the first official language for a lot of Black Ontarians.
- Commitment to fund, support, and promote implementation research of barriers and effectiveness of programs and/or services aiming to improve outcomes.
- Train the police in dealing with people with mental health issues and people who are in crisis.
- Ensure priority neighbourhoods get the same level of health care expertise as downtown neighbourhoods.
- Health care providers must be held accountable when caring for patients. Patients should be given surveys asking whether or not they have had prostate screening or breast cancer screening and other measures of quality and equitable health care. Their race should also be documented.
- Include the collection of race-based data and gender sensitive data in health care.
- Hospital protocols on the treatment of patients with chronic illnesses could be implemented quickly and begin to relieve pressing issues for racialized populations.
- Showcase concrete examples of processes used to mitigate barriers for the Black community, using examples of how the Health Equity Impact Assessment led to specific outcome.
- Health providers should be mandated to integrate diversity issues into care provision planning.
- Cultural safety medical education, specifically as it pertains to the ability of health care providers to properly provide care to Black Ontarians.



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