

## ENVIRONMENTAL SCAN

# Anti-Racist Frameworks and Tools to Advance Public Health Planning, Service Delivery, and Decision-Making

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## Key Findings

- This environmental scan identified 18 anti-racist frameworks and tools from peer-reviewed and grey literature sources developed to advance public health planning, service delivery, and decision-making.
- Frameworks and tools are organized by the population of focus they intend to serve: implementing anti-racism practices; implementing anti-racism practices with an emphasis on anti-Indigenous and anti-Black racism; addressing anti-Black racism; and addressing anti-Indigenous racism.
- Central themes that emerged across frameworks and tools included: the collection, reporting, and use of data to identify racial inequities, assessing and enhancing existing services and interventions to incorporate an anti-racism lens, centering community voices through collaboration and building meaningful relationships, ensuring anti-racism policies are upheld within organizations, engaging with policymakers to sustain and maximize the impact of anti-racism work, and prioritizing anti-racism implementation efforts.
- While frameworks and tools serve as a guide to informing action on implementing anti-racism practices, highlighting accountability and implementation strategies is important for ensuring the sustainability of frameworks and tools in public health anti-racism practice.

## Objectives and Scope

This environmental scan aims to answer the following question: **What are frameworks and tools that can be used to inform action on implementing anti-racism practices in local public health planning, service delivery, and decision making in Canada?** The scan intends to capture action-oriented frameworks and tools that local public health units can adapt and tailor to their anti-racism practice.

The search focused on frameworks and tools in peer-reviewed and grey literature. Inclusion criteria for records were as follows:

- Frameworks or tools focused on explicitly on anti-racism;
- Frameworks or tools that can be applied to planning, service delivery and/or decision making in public health;
- Frameworks or tools with a local, municipal, or regional public health lens (or that can be adapted, as such);
- Frameworks or tools developed in Canada; and
- Records written in English between 2019-2024.

## Background

Emerging in the western context at the time of colonization, race as a concept established a hierarchical classification measure based primarily on physical characteristics.<sup>1-3</sup> Race, is thus socially constructed with no scientific or biological basis. Its deeply entrenched nature has led to adverse consequences in the form of systemic racism, for many people and communities.<sup>1</sup> In Canada, this social construction became the justification for the many years of enslavement of African peoples<sup>4-6</sup> and the disenfranchisement of Indigenous land, livelihood, tradition, and ways of knowing.<sup>2,7</sup>

Recently there has been an increased attention on the impact of racism on health outcomes in the Canadian context,<sup>8</sup> leading to its' recognition as a determinant of health.<sup>9</sup> The intricate link between health and human rights unquestionably became more apparent during the highly publicized anti-Black police brutality in 2020. This sparked the worldwide Black Lives Matter movement, calling for the end of anti-Black violence and justice for impacted individuals and families.<sup>8</sup> Further, the *National Inquiry into Missing and Murdered Indigenous Women and Girls* and the discovery of 215 unmarked graves designed for Indigenous children in 2021, has led to an awareness of the deep fissures both literally and figuratively, left behind by colonial practices.<sup>10</sup> The COVID-19 pandemic was also instrumental in highlighting the links between racism and health as sociodemographic data showed disparities in infection rates, morbidity and mortality rates, and vaccination uptake among Black, Indigenous, and racialized communities.<sup>11-14</sup>

Where the social determinants of health once took centre stage in health equity discussions, observable impacts of structural determinants of health have led professionals and practitioners to move further upstream to understand and intervene on the drivers of population health outcomes.<sup>15,16</sup> Systemic racism interacts with and amplifies every determinant of health, ultimately creating barriers and inequities for the individuals and communities that experience racism.<sup>17-19</sup> The adverse effects of racism on health is manifested in higher prevalence of chronic diseases,<sup>19</sup> mental health disparities,<sup>18</sup> and increased susceptibility to communicable illnesses.<sup>20</sup> As a system of oppression, racism is not only siloed to an individual's racial identity but its impact becomes amplified by the intersections of race with other identities such as age, gender identity, and religion.<sup>21,22</sup>

In Canada, there has been necessary work done in furthering anti-racism practice in public health through commitment statements and calls to action such as the *Truth and Reconciliation Commission of Canada's 94 Calls to Action of 2015*<sup>23</sup> and *Canada's Anti-Racism Strategy 2019-2022*.<sup>24</sup> However, there remains a lack of actionable resources and accountability measures to track these commitments,<sup>25</sup> especially at the local level. This is a notable gap in practice as health equity is recognized as a core competency in public health<sup>26</sup> and the adoption of anti-racist approaches to public health planning, service delivery, and decision making is fundamental for enabling health equity.<sup>27</sup>

To address this gap, Public Health Ontario (PHO) in consultation with the Ontario Public Health Association (OPHA) Anti-Racism Task Group (ARTG)\* identified a need for practical resources to implement anti-racism. To support the work of the OPHA-ARTG and the public health sector more broadly in addressing systemic racism, **this environmental scan seeks to identify action-oriented frameworks and tools to support the implementation of anti-racism practices in public health planning, service delivery, and decision making.**

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\*The OPHA-ARTG was created in June 2020 to explore and tackle the ways in which racism, particularly anti-Black and anti-Indigenous racism, operates within public health.

## Note on Terminology

Language is an important consideration in anti-racism work because of its power in either reinforcing or dismantling systemic racism. As such, we pay close attention to the language used both within this scan and the records identified.

- Our definition of anti-racism follows the Ontario Anti-Racism Directorate: a process that “actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities”.<sup>1</sup>
- We define tools as a set of instruments developed by organizations to guide public health practitioners in applying knowledge, skills, and resources to practice. These instruments can include (but are not limited to) checklists, templates, critical appraisal criteria, and frameworks.<sup>28-30</sup>
- While there is no universal definition of a framework, scholars and practitioners have relied on both dictionary and discipline-specific knowledge to elucidate its components and have more broadly categorized frameworks as a tool that describes, outlines, and/or classifies any particular core public health concept. Frameworks are not meant to provide in-depth explanations of core concepts, however, they present a firm basis of understanding relevant theories and concepts with the aim of guiding action plan implementation.

## Methods

To identify relevant evidence on this topic, PHO Library Services designed and executed searches of scientific and grey literature. The search was limited to records published in English from 2019 to present. We chose these limits based on the increased attention to addressing racism within public health over recent years.

PHO Library Services ran the scientific database searches on April 30, 2024. We searched the following databases to identify evidence published in scientific journals: MEDLINE, PsychINFO, SOCINDEX, and Global Health. The MEDLINE search strategy was peer-reviewed by members of the PHO Library Services team and is available upon request.

Authors ran the grey literature searches on May 29 - 31 and June 3 - 6, 2024. To identify grey literature on this topic, several approaches were used. We searched using a general search engine (Google Canada) and two customized search engines – one within Ontario’s Public Health Units, and one within Canadian Health Departments and Agencies, which shows more varied, Canada-wide results. PHO Library Services adapted the MEDLINE search strategy to create web search queries to find grey literature. For practicality and utility purposes, a limit of 100 results per search engine query was enforced. Two records were shared with us through public health practitioners working in this space. We screened search results to identify records that met our inclusion criteria below:

- Frameworks or tools focused on explicitly on anti-racism;
- Frameworks or tools that can be applied to planning, service delivery and/or decision making in public health;
- Frameworks or tools with a local, municipal, or regional public health lens (or which could be adapted as such);
- Framework or tools developed in Canada to maximize relevance; and
- Frameworks or tools written in English between 2019-2024.

The scope of this scan excludes records developed at provincial and federal levels that do not have transferability to local public health contexts. Two reviewers independently screened the title and abstract (title and web snippet for grey literature) using COVIDENCE, and internet search results using a web browser. Full text records were retrieved and independently screening by two reviewers. Any disagreements about the inclusion of a study were resolved through discussion. Authors regularly consulted with the OPHA-ARTG to define the scope of the scan, refine inclusion/exclusion criteria, data extraction, and the structure of the final report.

## Results

### Search Results

- Our initial search yielded a total of 759 records (702 from peer-reviewed literature and 57 from grey literature). Following title and abstract screening, 114 records were reviewed in full for eligibility.
- Full-text screening excluded 96 records, with majority due to the lack of an outlined framework/tool (n = 46), or where there was a framework/tool, anti-racism was not the focus of its use (n = 23). Records that were not relevant to the domains of public health planning, service delivery, and decision-making, such as those derived from tertiary care, research-based, academic, and educational settings were also excluded at this stage (n = 14).
- In total, 18 records (2 from peer-reviewed and 16 from grey literature sources) were identified for data extraction. A table summarizing all included records can be found in Appendix B.

### Characteristics of Included Records

- Majority of the records emerged from Ontario (n = 14), followed by British Columbia (n = 3). One framework did not specify a local or regional jurisdiction, but it was included after reviewers' assessment of its transferability to local public health.
- Records aimed at general public health areas/specialities were most common (n = 11), followed by those developed for public health work in the area of mental health, addiction and substance use (n = 3). Other topics included data governance (n = 1) and public health education (n = 1). Two records were not specifically developed for public health but were included because they either had a section for public health practitioners to reference within the larger resource or the organization is involved in public health programming for their jurisdiction.
- Of the eighteen records captured in this environmental scan, six focused solely on addressing anti-Indigenous racism, five focused solely on addressing anti-Black racism, and seven focused generally on implementing anti-racism practices. Of these seven anti-racism records, four placed an emphasis on both anti-Black and anti-Indigenous racism.
- Seven records cited a guiding theory, principle, or framework to inform its' development (e.g. Critical Race Theory (CRT)<sup>31</sup> developed by American civil rights advocate Kimberlé Crenshaw, or Intersectionality theory). A list of the theories and guiding principles that inform the frameworks and tools represented in this scan are included in Appendix A.

We have organized the results of this scan first as they relate to equity considerations in framework/tool development, followed by a synthesis of findings as they relate to the anti-racism practices geared towards specific populations.

## Equity Considerations in Framework Development

Here, the records are summarized and presented by mapping out NCCDH's health equity considerations for the development of frameworks for public health practice.<sup>35</sup> This approach allows us to highlight how these considerations have been represented in the records presented in this environmental scan and identify any gaps that emerged.

1. **Language (centring power and privilege):** We paid attention to if and how, authors defined “anti-racism”. Just six records included a definition and of these, four records explicitly made mention of power imbalance as being central to racism.<sup>32-35</sup> Twelve records did not define anti-racism.
2. **Situated within larger commitments:** Six records drew from existing commitments and calls to action. These include the Truth and Reconciliation Commission's (TRC) 94 Calls to Action,<sup>33,35,36</sup> the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP),<sup>34,36,37</sup> and the Ontario Human Rights Code.<sup>38</sup>
3. **Situated within existing theories and principles:** Seven records were situated within existing theories and principles. Two of the records drew from the CRT and Intersectionality Theory.<sup>32,36</sup> One resource drew guidance from the 10 Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples.<sup>37</sup> Two records cited the notion of, “Nothing About Us Without Us”<sup>34,39</sup> and three records<sup>40-42</sup> were adapted from Ontario Health's Equity, Inclusion, Diversity, and Anti-Racism framework.<sup>35</sup>
4. **Co-development:** Equity considerations for co-development include incorporating comprehensive and meaningful partnerships with shared decision-making power with the community of focus in the creation of frameworks.<sup>43</sup> A total of 15 records specified how co-development was integrated into the creation of the framework/tool. For most co-development processes, anti-racism advisory groups and committees comprised of racialized staff and community members were primarily involved in the development of frameworks/tools.<sup>39,44,45</sup> Records also highlighted working groups comprised of health sector leaders,<sup>32,40</sup> and Indigenous-led councils that provided knowledge throughout the resource creation process.<sup>34,36,46,47</sup> Community feedback was also garnered through surveys and focus groups<sup>48</sup> including consultation with individual First Nations, Métis, and Inuit communities.<sup>40,47,49</sup> In some cases, external consulting organizations were hired to oversee the design and development of the resource.<sup>35,41,42</sup>
5. **Accountability in implementation:** Ten records made mention of next steps and accountability measures. The accountability measures mentioned in the records included commitments to regularly reviewing resources with community,<sup>33,38,49</sup> the production of status reports, short-, intermediate- and long-term next steps,<sup>41</sup> multi-phase implementation plans and logic models with activities and timelines,<sup>42,46</sup> the creation of a work plan,<sup>35</sup> and metrics to assess outcomes.<sup>42,47,49</sup> Two records emphasized that their frameworks will remain evergreen, adapting to dynamic contexts.<sup>36,47</sup>

## Synthesized Summary of Findings

To capture the main themes across the 18 records, findings are presented by practices for taking action on addressing racism by populations of focus. We identify overlapping themes and distinct features within tools and frameworks that: implement anti-racism practices more generally, implement anti-racism practices with an emphasis on anti-Black and anti-Indigenous racism, solely address anti-Black racism, and solely address anti-Indigenous racism.

We recognize that this work is emerging and as such, acknowledge that these four categories do not capture the richness of diversity within and across racialized populations. As a component of CRT, Intersectionality underscores the existence of varying forms of inequities experienced by differing identities and as a result, these identities interact to shape experiences of racism and other forms of oppression.<sup>50</sup> In anti-racism work, intersectionality emphasizes that experiences of racism can be amplified by unique identities embodied by any individual at any given moment in time. Within this lens, there are myriads of intersecting identities that amplify racism across communities that have been racialized<sup>51</sup> and the experiences of racism across and among racialized communities are neither monolithic nor homogenous. Presenting our findings by population of focus intends to demonstrate some ways in which framework/tool developers and users may consider how anti-racism work differs across diverse populations with distinct and unique contexts and histories.

## Implementing Anti-Racism Practices

Three records focused on implementing anti-racism practices in general.<sup>36,38,52</sup> Across these frameworks and tools, we identified the following overlapping themes, presented in no particular order. It is important to note that some of the themes coincide with frameworks developed for particular racialized groups.

- **Identify the causes of racial inequities relevant to the context:** Grounded in the Ontario Human Rights Code, the Ontario Human Rights Commission’s Human Rights-Based Approach (HBRA) Framework, identifies this step as important to capture the historical and social context within which the anti-racism work is situated.<sup>38</sup> Prioritizing a human rights-based approach by asking questions such as, “*How will this initiative respect and uphold the rights of First Nations, Métis, and Inuit (Indigenous) Peoples, e.g., Jordan’s Principle?*” centers the rights of the communities the resource is aimed towards.
- **Gather and report evidence to support the prevalence of racial inequities:** Evidence-gathering may involve the collection of sociodemographic data,<sup>38</sup> and in the domain of public health planning and service delivery, assessing and reporting what is known in the literature about barriers faced by the community.<sup>52</sup> While the collection of socio-demographic data is useful to understand racial inequities, it is also important to highlight the voices of individuals with lived experiences<sup>38</sup> through anecdotal evidence.
- **Identify, enhance, or amplify current interventions:** One aspect of this theme is the assessment of the unintended negative impacts of current public health programs. In this way, organizations are encouraged to reflect on how past harms have impacted community relationships and to work towards rebuilding trust. This step is central to the aim of the *Anti-Oppression and Equity Indicators Framework*, which provides guidance to organizations for assessing persistent colonial processes and structures.<sup>36</sup>
- **Center the perspectives of community members:** Here, in advancing anti-racism practice, resource developers highlight the importance of collaborating with community partners and integrating their voices throughout.<sup>38,52</sup> This theme attends to a core tenet of anti-racism work in addressing power imbalances which can be achieved through relationship building and transparency.
- **Engage in inter/multi-sectoral collaboration with policy decision-makers:** Participation in intersectoral work at the level of policy making can be a crucial step in maximizing the impact of anti-racism work.<sup>38,52</sup>
- **Monitoring and evaluation of programs and services:** The Human Rights-Based Approach Framework emphasizes the need to include accountability mechanisms and measures that ensure organizations deliver on their commitments.<sup>38</sup>

## Implementing Anti-Racism Practices with an Emphasis on Anti-Black and Anti-Indigenous Racism

Three records<sup>40-42</sup> adapted Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework<sup>35</sup> which emphasizes addressing racism with a focus on anti-Black and anti-Indigenous racism. Ontario Health's framework has four main themes:

- **Collect, Report, and Use Equity Data:** This collection, reporting and use of data is meant to influence public health decision-making both internally within organizations and externally in the design and implementation of programs.<sup>35</sup> In their adapted framework, Ottawa Public Health included the importance of reviewing past policies and practices to ensure anti-racism is embedded to collect data to influence decision making.<sup>40</sup> In their framework, the East Toronto Health Partners called attention to the importance of receiving feedback from community members most impacted by systemic racism in order to work collaboratively in enhancing their programming and aligning data collection process with Ownership, Control, Access, and Possession® (OCAP) and Engagement, Governance, Access, and Protection (EGAP) data governance principles.<sup>41</sup>
- **Embed in Strategic Plan:** Modifying structures and policies to embed anti-racist practice within health organizations is a priority in this theme.<sup>35</sup> For Addictions and Mental Health Ontario, this is centered on enriching organizational culture.<sup>42</sup> Some examples of the action areas that were outlined included training for staff and board members,<sup>40</sup> employing accountability measures to track organizational achievement, ensuring racialized staff members have access to complaints process in the case of incidents,<sup>40</sup> and developing metrics to assess whether staff and board members are representative of racialized communities.<sup>42</sup>
- **Partner to Advance Indigenous Health Equity:** Investing in building relationships and trust with Indigenous leadership and communities is a standalone theme as it underscores the need to center Indigenous knowledge and traditions. An important consideration is disrupting power imbalances that reinforce systemic racism through collaboration, that honours Indigenous perspectives.<sup>40</sup> Amplifying existing work done by Indigenous leaders (e.g. TRC's 94 Calls to Action) and agencies serving Indigenous communities to work towards fulfilling their action areas<sup>41</sup> is also crucial.
- **Invest in Implementation:** Implementation being a necessary part of anti-racism work involves the investment into financial and human resources that are able to sustain the continuation of the work.<sup>35</sup> Creating accountability measures,<sup>41</sup> conducting surveys and client-based metrics to capture patient/community satisfaction,<sup>42</sup> and partnering with other government arms<sup>35</sup> are examples of featured action items.

## Addressing Anti-Black Racism

The five records that focused on addressing anti-Black racism contained some themes which overlapped with those described in the records on implementing anti-racism practices in general.<sup>32,39,44,45,48</sup> To avoid redundancy, we have chosen to only highlight distinct themes from the five frameworks/tools geared towards addressing anti-Black racism:

- **The recognition and affirmation of Afrocentricity:** Afrocentricity, a theory developed by American professor Molefi Kete Asante, refers to the centralization of African values and epistemologies,<sup>53</sup> which is a form of anti-racist practice as it decenters white supremacy and attends to epistemic injustices that negatively impact Black communities. Within public health organizations, this can look like unveiling the ways racist practices have impacted staff and management,<sup>39</sup> denouncing these practices through commitment statements,<sup>39</sup> upholding community governance principles, centering community in decision making processes,<sup>32</sup> and upholding culturally responsive practices in public health planning and implementation.<sup>44,45,48</sup>
- **Intervene in the root causes of the social and structural determinants of health:** The metaphor of the tree as a representation of the determinants of health enables public health practitioners to move away from individual behavioural-level approaches.<sup>54</sup> Middlesex-London Health Unit's Anti-Black Racism Plan referred to engagement in Health Public Policy which encompasses the active participation of public health organizations in initiatives that attend to the upstream level factors that impact population health outcomes.<sup>48</sup> The Alliance for Healthier Communities also drew attention to attending to proximal factors in tandem with distal factors to bolster comprehensive and holistic strategies<sup>44</sup> to addressing anti-Black racism.
- **Mobilize organizational level policy changes:** CAMH's Anti-Black Racism Plan drew attention to the need to eliminate unfair mental health treatment for Black populations, championing for leadership to invest in resources dedicated towards creating and sustaining a structure that explicitly addresses anti-Black racism.<sup>45</sup> These commitments will be backed by performance indicators that are reported to their Board and Advisory Committee annually. As outlined in other frameworks/tools, through the establishment of advisory groups that support the work of dismantling anti-Black racism within organizations<sup>39,48</sup> and in paying close attention to entrenched power imbalances to disrupt further harm to community partnerships,<sup>48</sup> organizations can be better equipped to embed anti-racist practices both internally and externally. Recruitment and retention of Black staff through equitable hiring practices, and creating pathways for professional development of Black staff members<sup>45,48</sup> are also important actionable items to mobilize organizational change.
- **Invest in education and training:** The lack of education on the historical impacts of racialization on Black communities in Canada is a form of systemic racism as it veils the deeply entrenched nature of this system of oppression.<sup>55</sup> Actions that centre Blackness, combat epistemic injustice, and pay attention to intersectionality for all staff and management were outlined.<sup>39,44,48</sup> For example, in its forensic unit, CAMH launched an Equity-Based Response Training Pilot project with a training to address anti-Black racism in the clinical setting.<sup>45</sup>
- **Community-informed data-governance:** The EGAP framework outlines guiding principles for upholding Black data governance.<sup>32</sup> The creation and establishment of Community Governance Tables is integral to upholding community-led and -informed data-governance.<sup>32</sup> In this regard, the Black Health Equity Working Group highly emphasizes the fact that race-based data collection is not the end goal but a crucial step in dismantling anti-Black racism. As the framework denotes that in the collection, management, analysis, and use of data: *engagement* ensures that community are consulted, *governance* honours community decision-making, *accessing* data and determining who has access is informed by communities, and *protection* of individual rights must be a priority in this work.<sup>32</sup>

## Addressing Anti-Indigenous Racism

Six frameworks and tools were developed with the aim of addressing anti-Indigenous racism.<sup>33,34,37,46,47,49</sup> We acknowledge that in addressing anti-Indigenous racism, it is important to adopt a distinctions-based approach which recognizes and respects the distinct traditions, values, principles, and knowledge that are upheld by First Nations, Métis, and Inuit Peoples.<sup>56</sup> A distinctions-based approach also recognizes that Indigenous rights are not uniform whether between or among Indigenous communities.<sup>57</sup> While we have synthesized anti-Indigenous racism into one category, there are nuances across these frameworks according to the specific Indigenous community that is highlighted:

- **Uphold Indigenous sovereignty and self-determination:** Frameworks/tools geared towards addressing anti-Indigenous racism highlight that it is crucial to center of Indigenous ways of knowing and expertise<sup>33,49</sup> at every stage of public health work. In their toolkit, the Indigenous Primary Health Care Council outlines ways to engage in Indigenization including, understanding local treaty agreements, being sensitive to the use (and possible misuse) of land acknowledgments, and having a clear understanding of how Indigenous communities make decisions.<sup>34</sup> Alongside acknowledging Indigenous peoples' connection to the land, a crucial component of upholding Indigenous sovereignty is the repatriation of Indigenous land.<sup>33</sup>
- **Prioritize community-driven, nation-based activities:** To attend to power imbalances in anti-racist public health practice, frameworks identified the need to work to build and sustain relationships based on trust, respect, dignity,<sup>52</sup> collaborate with communities and provide them with leadership capacity in building health initiatives<sup>38</sup> and decision-making.<sup>33,47</sup>
- **Education and training:** In the area of education and training, frameworks and tools featured cultural safety as a top priority.<sup>34,49</sup> There is a need for individual-level solidarity<sup>33</sup> that involves unlearning<sup>37</sup> and relearning<sup>37,46</sup> through resource sharing (including existing foundational commitments such as TRC's 94 Calls to Action and UNDRIP). In training, records highlighted the importance of confronting personal biases,<sup>37,46</sup> amplifying Indigenous stories, unveiling Canada's colonial history,<sup>34</sup> reflecting and committing to action.<sup>46,49</sup> Education and training must be ongoing<sup>35</sup> to ensure sustainability. The *Wabishki Bizhiko Skaanj* Learning Pathway highlights six important learning opportunities to guide individuals in understanding Indigenous cultures and histories.<sup>46</sup>
- **Enhance Indigenous capacity:** Records emphasized the need to implement Indigenous-led initiatives.<sup>47,49</sup> For example, when community health fairs are organized, Indigenous community agencies should be invited and provide booths to highlight their work.<sup>34</sup> There is also a need for Indigenous representation in positions of leadership within public health organizations.<sup>47</sup> In respecting the continuum of care and Indigenous wellness practices, frameworks and tools drew attention to the importance of providing Indigenous staff, board and community members the right to access cultural practices<sup>33,34,49</sup> and embedding healing practices into the health care system.<sup>47</sup> In data collection, honouring data governance and distinctions-based principles<sup>49</sup> is important to enhancing Indigenous capacity.
- **Adopt two-eyed seeing approaches:** Wholistic anti-racism practice involves the integration and coordination of both western-derived and Indigenous practices in health. This practice can include the creation of spaces for Indigenous staff to safely participate in ceremony;<sup>34</sup> coordinating services and programs to attend to First Nations, Métis, and Inuit health needs;<sup>49</sup> upholding a shared responsibility to the health of Indigenous people among non-Indigenous public health practitioners;<sup>37</sup> and enhancing Indigenous influence over planning, service delivery, and decision-making of anti-racism initiatives.<sup>47</sup>

Other non-overlapping themes included harmonizing, where possible, regional and local programming<sup>49</sup> to enhance sustainability, increase accountability and transparency in practice, operate under Jordan's Principle,<sup>34</sup> and engaging in data collection in adherence to Indigenous priorities.

## Discussion

In the realm of equity in public health practice, anti-racism frameworks are useful for providing the building blocks upon which further work can be developed. There has been a recent shift in public perceptions around racism and the need for better strategies that can disrupt this system of oppression across Canada. In this environmental scan, we highlight 18 frameworks and tools that emerged within the past five years to implement anti-racism practices. It is important to acknowledge and understand that these frameworks and tools were designed to be the starting point for further anti-racism work in public health.

During our screening process, we discovered that many frameworks drew attention to health equity but made no explicit mention of anti-racism. From a public health perspective, there is opportunity to be more explicit and intentional in frameworks on centring anti-racism. The Ontario Human Rights Commission in its *2003 Racial Profiling Inquiry Report* acknowledged that anti-racism work is most effective when the first step is recognition of racism.<sup>58</sup> In alignment with this, frameworks that fell under the umbrella of health equity but made little to no explicit mention of anti-racism were excluded from this review. Similarly, when considering frameworks and tools aimed at addressing anti-Indigenous racism, we were careful to exclude frameworks and tools that solely centered around cultural safety, after engaging in conversation with the OPHA-ARTG. While cultural safety work can begin the process of addressing anti-Indigenous racism, cultural safety on its own does not fully capture the power imbalances that sustain white supremacy within systems and structures.<sup>59-61</sup>

Finally, a notable gap in practice remains around accountability and monitoring of frameworks. Of the 18 records presented in this scan, only 10 made mention of the next steps for their framework/tool. This presents a gap because accountability measures are crucial for frameworks/tools to ensure that the actions being proposed are upheld to avoid the risk of limiting frameworks and tools from their actionable capacity.

## Limitations and Strengths

For our search strings, the inclusion of "public health" limited some of the results we could have captured including those developed in other health-related settings. For example, we discovered through a brief hand search that two frameworks and tools were not captured in the databases search.<sup>36,37</sup> Additionally, the time limit on our search strategy may exclude useful frameworks and tools developed before 2019. We chose these time limits to reflect the landscape of anti-racism work within public health and spotlight the most recent public health efforts to address racism in light of the increased attention to systemic racism as a determinant of health. Finally, by solely focusing on frameworks that explicitly mention anti-racism, we recognize that we might have missed other frameworks that describe anti-oppression which are critical notions in furthering anti-racism practice in public health planning, service delivery, and decision-making. Although this is a limitation of this scan, this decision enhanced the rigour of this scan by limiting the influence of reviewer judgement in deciding what constitutes "anti-racism".

## Conclusion

Anti-racism work is public health work because systemic racism impacts the health outcomes of racialized individuals and communities across Canada.<sup>8</sup> The importance of this within public health is underscored by already existing commitments and calls to action (e.g., the *Truth and Reconciliation Commission of Canada's 94 Calls to Action of 2015*<sup>23</sup> and *Canada's Anti-Racism Strategy 2019-2022*<sup>24</sup>) that highlight the intricate link between human health and human rights. While these commitments have been valuable foundations for advancing anti-racism practice in public health, there is a need for actionable resources to support them. This environmental scan spotlights 18 frameworks and tools developed in the past five years to support local public health in their work to advance anti-racism practices in their unique contexts. Central themes that emerged across frameworks include the collection, reporting, and use of data to identify racial inequities, enhance any existing services and interventions, centering community voices through collaboration and building meaningful relationships, ensuring anti-racism policies are upheld within organizations, engaging with policymakers to sustain and maximize the impact of anti-racism work, and prioritizing implementation efforts. Including only frameworks and tools that explicitly named racism, these records draw attention to the role of power and privilege and the importance of intersectionality in assessing the dynamic nature of power and powerlessness as influenced by individual identities.

While the creation of frameworks and tools are only the first step in mobilizing action to advance anti-racism work in public health, they are important resources to support local public health in their efforts to disrupt racism both within their organizations and externally to the communities they serve. Highlighting how these frameworks and tools can be used and the metrics to track their implementation are also useful components to ensure the sustainability of advancing anti-racism practices in public health planning, service delivery, and decision-making.

## References

1. Government of Ontario; Ontario Anti-Racism Directorate. Data standards for the identification and monitoring of systemic racism: glossary [Internet]. Toronto, ON: King's Pritner for Ontario; 2024 [updated 2012 Feb 12; cited 2024 Jul 05]. Available from: <http://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary>
2. National Collaborating Centre for Indigenous Health (NCCIH). Understanding racism [Internet]. Prince George, BC: NCCIH; 2013 [cited 2024 Jul 17]. Available from: [https://www.nccih.ca/495/Understanding\\_racism.nccih?id=103](https://www.nccih.ca/495/Understanding_racism.nccih?id=103)
3. Brace CL. "Race" is a four-letter word: the genesis of the concept. Oxford: Oxford University Press; 2005.
4. Hannaford I. Race: the history of an idea in the West [Internet]. Washington, D.C.: Woodrow Wilson Center Press; 1996 [cited 2024 Jul 17]. Available from: <http://archive.org/details/racehistoryofide0000hann>
5. Smedley A. Race in North America: origin and evolution of a worldview. 4<sup>th</sup> ed. New York: Routledge; 2012.
6. McCullough S, McRae M. The story of Black slavery in Canadian history [Internet]. Winnipeg, MB: Canadian Museum for Human Rights; 2023 [cited 2024 Jul 31]. Available from: <https://humanrights.ca/node/153>
7. Leslie JF; The Canadian Encyclopedia. Indigenous suffrage [Internet]. Toronto, ON: Historic Canada; 2016 [cited 2024 Jul 31]. Available from: <https://www.thecanadianencyclopedia.ca/en/article/indigenous-suffrage>
8. Rakotavao L, Simeoni M, Bennett-AbuAyyash C, Walji T, Abdi S. Addressing anti-Black racism within public health in North America: a scoping review. *Int J Equity Health*. 2024;23(1):128. Available from: <https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-024-02124-4>
9. Public Health Agency of Canada. Social determinants and inequities in health for Black Canadians: a snapshot [Internet]. Ottawa, ON: Government of Canada; 2020 [cited 2024 Aug 6]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html>
10. Crown-Indigenous Relations and Northern Affairs Canada. Government of Canada supports Indigenous communities across the country to address the ongoing legacy of residential schools [Internet]. Press release. Ottawa, ON, traditional territory of the Algonquin Anishinaabeg Nation:Government of Canada; 2022 May 17 [cited 2024 Oct 29]. Available from: <https://www.canada.ca/en/crown-indigenous-relations-northern-affairs/news/2022/05/government-of-canada-supports-indigenous-communities-across-the-country-to-address-the-ongoing-legacy-of-residential-schools.html>
11. Ali S, Asaria M, Stranges S. COVID-19 and inequality: are we all in this together? *Can J Public Health*. 2020;111(3):415–6. Available from: <https://link.springer.com/article/10.17269/s41997-020-00351-0>
12. Olanlesi-Aliu A, Kemei J, Alaazi D, Tunde-Byass M, Renzaho A, Sekyi-Out A, et al. COVID-19 among Black people in Canada: a scoping review. *Health Promot Chronic Dis Prev Can*. 2024;44(3):112-25. Available from: <https://doi.org/10.24095/hpcdp.44.3.0513>. Kemei J, Tulli M, Olanlesi-Aliu A, Tunde-Byass M, Salami B. Impact of the COVID-19 Pandemic on Black Communities in Canada. *Int J Environ Res Public Health*. 2023 Jan 15;20(2):1580. Available from: <https://www.mdpi.com/1660-4601/20/2/1580>

14. Ontario Health; Wellesley Institute. Tracking COVID-19 through race-based data [Internet]. Toronto, ON: Ontario Health; 2022. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/2021-08/Tracking%20COVID%2019%20Through%20Race%20Based%20Data-EN.pdf>
15. Heller JC, Givens ML, Johnson SP, Kindig DA. Keeping it political and powerful: defining the structural determinants of health. *Milbank Q.* 2024;102(2):351-66. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12695?af=R>
16. Crear-Perry J, Correa-de-Araujo R, Lewis Johnson T, McLemore MR, Neilson E, Wallace M. Social and Structural Determinants of Health Inequities in Maternal Health. *J Womens Health (Larchmt).* 2021;30(2):230-5. Available from: <https://www.liebertpub.com/doi/10.1089/jwh.2020.8882>
17. Williams MT, Khanna Roy A, MacIntyre MP, Faber S. The traumatizing impact of racism in Canadians of colour. *Curr Trauma Rep.* 2022;8(2):17–34. Available from: <https://link.springer.com/article/10.1007/s40719-022-00225-5>
18. Gee GC, Ford CL. Structural racism and health inequities: old issues, new directions. *Du Bois Rev.* 2011;8(1):115-32. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/>
19. Siddiqi A, Shahidi FV, Ramraj C, Williams DR. Associations between race, discrimination and risk for chronic disease in a population-based sample from Canada. *Soc Sci Med.* 2017;194:135-41. Available from: <https://doi.org/10.1016/j.socscimed.2017.10.009>
20. Public Health Agency of Canada. CPHO sunday edition: the impact of COVID-19 on racialized communities [Internet]. Statement. Ottawa, ON: Government of Canada; 2021 Feb 21 [cited 2024 Aug 08]. Available from: <https://www.canada.ca/en/public-health/news/2021/02/cpho-sunday-edition-the-impact-of-covid-19-on-racialized-communities.html>
21. Williams KKA, Lofters A, Baidooobonso S, Leblanc I, Haggerty J, Adams AM. Embracing Black heterogeneity: the importance of intersectionality in research on anti-Black racism and health care equity in Canada. *CMAJ.* 2024;196(22):E767-9. Available from: <https://www.cmaj.ca/content/196/22/E767>
22. Moody DLB, Waldstein SR, Leibel DK, Hoggard LS, Gee GC, Ashe JJ, et al. Race and other sociodemographic categories are differentially linked to multiple dimensions of interpersonal-level discrimination: Implications for intersectional, health research. *PLoS One.* 2021;16(5):e0251174. Available from: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0251174>
23. Truth and Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada: calls to action [Internet]. Winnipeg, Manitoba: Truth and Reconciliation Commission of Canada; 2015 [cited 2024 Aug 08]. Available from: [https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls\\_to\\_Action\\_English2.pdf](https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf)
24. Canadian Heritage . Building a foundation for change: Canada’s anti-racism strategy 2019-2022 [Internet]. Ottawa, ON: Government of Canada; 2021 [cited 2024 Aug 08]. Available from: <https://www.canada.ca/en/canadian-heritage/services/combating-racism-discrimination/anti-racism-strategy-2019-2022.html>
25. Rahman-Shepherd A, Erundu NA, Anwar B, Boro E, Chau TD, Guinto RR, et al. Antiracism in leading public health universities, journals and funders: commitments, accountability and the decision-makers. *BMJ Glob Health.* 2023;8(3): e010376. Available from: <https://gh.bmj.com/content/8/3/e010376>

26. Ontario. Ministry of Health and Long-Term Care. Health equity guideline, 2018 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2018 [cited 2024 Oct 28]. Available from: <https://files.ontario.ca/moh-guidelines-health-equity-guideline-en-2018.pdf>
27. Shephard R, Uy J, Otterman V, Betker C, Sandhu HS, Tjaden L, et al. The core competencies for public health in Canada: opportunities and recommendations for modernization. *J Public Health Manag Pract*. 2024;30(3):432-41. Available from: <https://doi.org/10.1097/phh.0000000000001884>
28. Nilsen P. Making sense of implementation theories, models and frameworks. *Implement Sci*. 2015;10(1):53. Available from: <https://doi.org/10.1186/s13012-015-0242-0>
29. Bergeron K, Abdi S, DeCorby K, Mensah G, Rempel B, Manson H. Theories, models and frameworks used in capacity building interventions relevant to public health: a systematic review. *BMC Public Health*. 2017;17(1):914. Available from: <https://doi.org/10.1186/s12889-017-4919-y>
30. Partelow S. What is a framework? Understanding their purpose, value, development and use. *J Environ Stud Sci*. 2023;13(3):510-9. Available from: <https://doi.org/10.1007/s13412-023-00833-w>
31. Ford CL, Airhihenbuwa CO. Critical Race Theory, race equity, and public health: toward antiracism praxis. *Am J Public Health*. 2010;100 Suppl 1:S30-5.
32. Black Health Equity Working Group. Engagement, governance, access, and protection (EGAP): a data governance framework for health data collected from Black communities [Internet]. [place unknown]: Black Health Equity Working Group; 2021 [cited 2024 Jun 06]. Available from: [https://blackhealthequity.ca/wp-content/uploads/2021/03/Report\\_EGAP\\_framework.pdf](https://blackhealthequity.ca/wp-content/uploads/2021/03/Report_EGAP_framework.pdf)
33. Farrell LL, Johnson C, Lavalley J, Pooni N, Chase C, Wieman N.. Indigenous anti-racism and anti-colonial framework [Internet]. Vancouver, BC: British Columbia Centre on Substance Use; 2020 [cited 2024 Jun 6]. Available from: <https://www.bccsu.ca/wp-content/uploads/2020/06/BCCSU-INDIGENOUS-ARC.pdf>
34. Indigenous Primary Health Care Council. Guidance for creating safer environments for Indigenous peoples [Internet]. Toronto, ON: Indigenous Primary Health Care Council; 2021 [cited 2024 Jun 06]. Available from: [https://iphcc.ca/wp-content/uploads/2022/08/NE\\_IKKAANIGAANA\\_TOOLKIT.pdf](https://iphcc.ca/wp-content/uploads/2022/08/NE_IKKAANIGAANA_TOOLKIT.pdf)
35. Ontario Health. Ontario health's equity, inclusion, diversity and anti-racism framework [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2024 Oct 28]. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/2020-12/Equity%20Framework.pdf>
36. Becky Sasakamoose-Kuffner, Verna St-Denis. Health equity indicators framework [Webinar]. Paper presented at: Ontario Public Health Association Health Equity Working Group Meeting. 2024 Feb 12.
37. Government British Columbia. Unlearning & undoing project details - Province of British Columbia [Internet]. Victoria, BC: Government of British Columbia; 2023 [updated 2023 Aug 22; cited 2024 Jun 06]. Available from: <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/unlearning-undoing-project/unlearning-undoing-project-details>
38. Ontario Human Rights Commission. Human rights-based approach to policy and program development [Internet]. Toronto, ON: King's Printer for Toronto; 2023. [cited 2024 Jun 06]. Available from: <https://www.ohrc.on.ca/en/human-rights-based-approach-program-and-policy-development#2>

39. York Region. Diversity and inclusion [Internet]. Newmarket, ON: The Regional Municipality of York, Ontario, Canada; 2021 [cited 2024 Jun 06]. Available from: <https://www.york.ca/newsroom/campaigns-projects/diversity-and-inclusion>
40. Ottawa Public Health. Anti-racism (AR) / anti-oppression (AO) workplace policy [Internet]. Ottawa, ON: Ottawa Public Health ; 2021 [cited 2024 Jun 6]. Available from: <https://pub-ottawa.escrimeetings.com/filestream.ashx?documentid=86744>
41. East Toronto Health Partners. EHP anti-racism and equity framework [Internet]. Toronto, ON: East Toronto Health Partners; 2024 [cited 2024 Oct 28]. Available from: <https://ethp.ca/ethp-advances-equity-and-anti-racism-work-to-help-improve-care-for-everyone-in-east-toronto/>
42. Addictions & Mental Health Ontario. AMHO's equity, anti-racism, and anti-oppression framework [Internet]. Toronto, ON: Addictions & Mental Health Ontario; 2021 [cited 2024 Oct 28]. Available from: [https://amho.ca/wp-content/uploads/2024/01/FinalFramework\\_standalone.pdf](https://amho.ca/wp-content/uploads/2024/01/FinalFramework_standalone.pdf)
43. National Collaborating Centre for Determinants of Health. Health equity frameworks as a tool to support public health action: a rapid review of the literature [Internet]. Antigonish, NS: St. Francis Xavier University; 2023 [cited 2024 Jul 08]. Available from: <https://nccdh.ca/resources/entry/health-equity-frameworks-as-a-tool-to-support-public-health-action-a-rapid-review-of-the-literature>
44. Black Health Committee. Black health strategy [Internet]. Toronto, ON: Alliance for Healthier Communities; 2022 [cited 2024 Jun 06]. Available from: <https://www.allianceon.org/sites/default/files/documents/black-health-strategy-2022-en.pdf>
45. Centre for Addiction and Mental Health (CAMH). Dismantling anti-Black racism [Internet]. Toronto, ON: CAMH; 2021 [cited 2024 Jun 06]. Available from: <https://www.camh.ca/-/media/files/camh-dismantling-anti-black-racism-pdf.pdf>
46. Robinson-Settee H, Settee C, King M, Beaucage M, Smith M, Desjarlais A, et al. Wabishki Bizhiko Skaanj: a learning pathway to foster better Indigenous cultural competence in Canadian health research. *Can J Public Health*. 2021;112(5):912-8. Available from: <https://doi.org/10.17269/s41997-020-00468-2>
47. First Nations Health Authority; First Nations Health Council; First Nations Health Director's Association. Anti-racism, cultural safety and humility framework [Internet]. Coast Salish Terriroy, West Vancouver, BC: First Nations Health Authority; 2021 [cited 2024 Jun 06]. Available from: <https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf>
48. Middlesex-London Health Unit. Anti-Black racism plan [Internet]. London, ON: Middlesex-London Health Unit; 2021 [cited 2024 Jun 06]. Available from: <https://www.healthunit.com/anti-black-racism-plan>
49. Ontario Health. First Nations, Inuit, Métis and urban Indigenous health framework, 2023-2024 [Internet]. Toront, ON: King's Printer for Ontario; 2023 [cited 2024 Oct 28]. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/FNIMUI-HealthFrameworkReport.pdf>
50. Gillborn D. Intersectionality, critical race theory, and the primacy of racism: race, class, gender, and disability in education. *Qual Inq*. 2015;21(3):277-87. Available from: <https://doi.org/10.1177/1077800414557827>
51. Crenshaw K. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanf Law Rev*. 1991;43(6):1241-99. Available from: <https://www.jstor.org/stable/1229039>

52. Public Health Sudbury and Districts. Racial equity action framework. Sudbury, ON: Public Health Sudbury & Districts; 2024 [cited 2024 May 29]. Available from: <https://www.phsd.ca/health-topics-programs/health-equity/racial-equity/racial-equity-action-framework/>
53. Asante MK. Afrocentrism: a theory of social change. Trenton, NJ: Africa World Press; 1990.
54. National Collaborating Centre for Determinants of Health. Let's talk: determinants of health [Internet]. Antigonish, NS: St. Francis Xavier University; 2024 [cited 2024 Oct 28]. Available from: <https://nccdh.ca/resources/entry/lets-talk-determinants-of-health>
55. Hamouda L. The importance of unveiling the hidden Black history of Canada. Bull & Bear [Internet], 2023 Feb 22 [cited 2024 Jul 24]; Opinion. Available from: <https://bullandbearmcgill.com/the-importance-of-unveiling-the-hidden-black-history-of-canada/>
56. Indigenous Services Canada. Visions for distinctions-based Indigenous health legislation: executive summary [Internet]. Ottawa, ON: Government of Canada; 2022 [cited 2024 Jul 29]. Available from: <https://www.sac-isc.gc.ca/eng/1667579335081/1667579367781>
57. Government of British Columbia. Distinctions-based approach primer [Internet]. Victoria, BC:Government of British Columbia; 2023 [cited 2024 Jul 29]. Available from: [https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/distinctions\\_based\\_approach\\_primer.pdf](https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/distinctions_based_approach_primer.pdf)
58. Ontario Human Rights Commission. Fishing without fear: report on the inquiry into assaults of Asian Canadian anglers [Internet]. Toronto, ON: King's Printer for Ontario; 2008 [cited 2024 Oct 24]. Naming Racism Available from: <https://www.ohrc.on.ca/en/fishing-without-fear-report-inquiry-assaults-asian-canadian-anglers/2-naming-racism>
59. Lavallee B, Diffey L, Dignan T, Tomascik P. Is cultural safety enough? Confronting racism to address inequities in Indigenous health. Paper presented at: Challenging Health Inequities: Indigenous Health Conference. 2014 Jan; Toronto, ON. Available from: [https://www.researchgate.net/publication/275043268\\_Is\\_cultural\\_safety\\_enough\\_Confronting\\_racism\\_to\\_address\\_inequities\\_in\\_Indigenous\\_health](https://www.researchgate.net/publication/275043268_Is_cultural_safety_enough_Confronting_racism_to_address_inequities_in_Indigenous_health)
60. Haeny AM, Holmes SC, Williams MT. The need for shared nomenclature on racism and related terminology in psychology. *Perspect Psychol Sci J Assoc Psychol Sci.* 2021;16(5):886-92. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8439544/>
61. Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health.* 2000;90(8):1212–5. Available from: <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.90.8.1212>

## Appendix A: Guiding Theories, Principles, and Calls to Action Referenced in Anti-Racism Frameworks and Tools

Name	Record(s) cited in
<a href="#"><u>Truth and Reconciliation Commission – Calls to Action</u></a>	32,33,35
<a href="#"><u>United Nations Declaration on the Rights of Indigenous Peoples</u></a>	33,35,36
<a href="#"><u>Critical Race Theory</u></a>	35
<a href="#"><u>Ontario Health's Equity Inclusion, Diversity and Anti-Racism Framework</u></a>	39,40,42
<a href="#"><u>The Ontario Human Rights Code</u></a>	38
<a href="#"><u>10 Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples</u></a>	37
<a href="#"><u>"Nothing About Us, Without Us"</u></a>	33,39

## Appendix B: Summary of Included Records

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#"><u>Anti-Racism, Cultural Safety &amp; Humility Framework</u></a>	First Nations Health Authority, First Nations Health Council, First Nations Health Director's Association, 2021	British Columbia	General Public Health	Addressing Anti-Indigenous Racism - particularly First Nations health	To outline strategic objectives and priority action areas to support a vision of health and wellness in BC that is free of racism and discrimination against First Nations; where First Nations people seeking healthcare feel safe from racism and, have access to care that positively affirms their cultures, rights, and identities.	The core of the framework features priority areas of change to advancing First Nations health such as regional innovation and focus, First Nations-led response, and service excellence. The middle of the framework lists two objectives to achieve priority key areas and the outer edge outlines seven directives and shared values such as respect, discipline, relationships and more.

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#">Indigenous Anti-Racism and Anti-Colonial (ARC) Framework</a>	Farrell et al., British Columbia Centre on Substance Use, 2020	British Columbia	Substance Use	Addressing Anti-Indigenous Racism	This framework aims to foster an environment free of anti-Indigenous racism at the BC Centre on Substance Use and be a place where Indigenous Peoples feel physically, socially, emotionally, and spiritually safe and respected.	There are seven principles guiding the ARC framework: 1) Indigenous Cultural Safety Training, 2) Meaningful Engagement, 3) Cultural Practices, 4) Policy Change, 5) Indigenization 6) Indigenous Sovereignty 7) Solidarity.
<a href="#">Unlearning &amp; Undoing Project Tools</a>	Province of British Columbia, Office of the Provincial Health Officer (OPHO),2024	British Columbia	General Public Health	Addressing Anti-Indigenous Racism	The tools emerged from The Unlearning and Undoing project, which was created to upholding the inherent rights of First Nations, Métis, and Inuit peoples in BC, as well as anti-racist approaches, and truth and reconciliation.	This resource includes a set of tools with the larger umbrella of: 1) Unlearning, 2) Monitoring 3) Undoing 4) Hardwiring

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#">Wabishki Bizhiko Skaanj ("White Horse" in Anishinaabemowin) Learning Pathway</a>	Robinson-Settee et al., 2020	Canada-wide	Public Health Education for Professionals	Addressing Anti-Indigenous Racism	To help build cultural safety within the Canadian health sector.	This tool is an educational pathway that provides six programs: 1) Kairos Blanket Exercise, 2) San'yas Training, 3) Indigenous Research Ethics and Protocols, 4) Knowledge Keepers in Research, 5) Training and Certification Opportunities, 6) "Book Club"
<a href="#">Middlesex-London Health Unit: Anti-Black Racism Plan</a>	Middlesex-London Health Unit, 2021	London, Ontario	General Public Health	Addressing Anti-Black Racism	This resource is the first step to dismantling anti-Black racism and will help the health unit to make progress that can be measured and tracked for improvement.	This resource contains a total of 45 recommendations within the following categories: 1) Assess and Report 2) Modify and Orient 3) Partner with other sectors 4) Engage in Healthy Public Policy 5) Reorient Governance and Leadership

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#"><u>AMHO'S Equity, Anti-Racism and Anti-Oppression Framework</u></a>	CSI Consultancy, 2021	Ontario	Mental Health and Addiction	General with an emphasis on addressing anti-Indigenous and anti-Black racism	This Framework will provide advice and direction for how sector providers will advance equity, inclusion, diversity, anti-racism, and anti-oppression with a focus on Indigenous and Black populations; and directly builds on Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework to contribute to better outcomes for Ontarians	This framework is guided by Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework. At the core of the framework are interchanges between organizational and service delivery frameworks. There is a "how to use this resource" document associated with the original document.

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#">Black Health Strategy</a>	Alliance for Healthier Communities, 2022	Ontario	General Public Health	Addressing Anti-Black Racism	<p>1) to address and reduce structural inequalities that contribute to ill health among Black Ontarians 2) to create and sustain enabling environments for more effective health policies and stewardship 3) support the amplification of community-led responses to pressing health issues 4) to strengthen and make more resilient systems for health to meet the needs of Black people and communities in Ontario</p>	<p>This resource is composed of four guiding principles that promotes a robust, racially-informed health strategy that is evidence-based, intersectional and accelerates action across governments and sectors. Following this are three result areas that are based on a strengths-based approach to ensure policies and programs that improve health, social and emotional well-being, promoting resilience and positive health behaviours. The result areas emphasize the centrality of addressing anti Black racism as key to the full actualization of optimal health of Black people in Ontario and their inalienable rights to a safe, healthy, and empowered life.</p>

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#"><u>Dismantling Anti-Black Racism, a Strategy of Fair &amp; Just CAMH</u></a>	The Centre for Addiction and Mental Health, 2022	Ontario	Mental Health	Addressing Anti-Black Racism	To improve patient-centered health outcomes for Black patients at CAMH and push toward a more equitable mental health system.	This resource outlines three results areas: 1) for patients and families 2) for staff 3) for CAMH that are followed by action items which are guided by their identified priority areas.
<a href="#"><u>Engagement, Governance, Access, and Protection (EGAP) Framework</u></a>	Black Health Equity Working Group, 2021	Ontario	Data Governance	Addressing Anti-Black Racism	Offered as a starting point for those involved in collection, management, analysis, and use of race-based data for health. Also intended for Black community members who are directly affected by issues, questions, and recommendations for action	This resource comprises of four focus areas: 1) Engagement - genuine, cyclical, accessible consultation with communities 2) Governance - community decision-making about engagement processes and data collection achieved through the establishment of Community Governance Tables 3) Access - the right of communities to access and determine who can access their collective data 4) Protection - the safeguarding of all individual rights and types of data

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#">First Nations, Inuit, Metis and Urban Indigenous Health Framework 2023 - 2024</a>	Ontario Health, 2023	Ontario	General Public Health	Addressing Anti-Indigenous Racism	To provide a platform to build upon in the discussions with partners on the development of a First Nations, Inuit, Metis, and Urban Indigenous Health Plan for Ontario Health	The Framework has five Areas of Focus that provide a foundation to build upon in discussions on the development of a longer-term Health Plan. The areas of focus are as follows: 1) Build and Sustain Productive Relationships 2) Equitable Access to Culturally Safe Care 3) Build and Enhance Capacity and Education 4) Measure, Monitor and Evaluate 5) Coordinate Regional and Provincial Programs and Services.

Title	Author, Year	Jurisdiction	Public Health Area of Focus	Population of Focus	Purpose of Record	Description of Record
<a href="#">Ne'iikaaniganaa (All Our Relations) Toolkit</a>	Indigenous Primary Health Care Council, 2021	Ontario	General Public Health	Addressing Anti-Indigenous Racism	To educate workers at all levels with the health care system and equip them with tools and resources that can effectively move organizations towards addressing implicit bias and discrimination and strengthening equity and inclusion for Indigenous Peoples. This resource also provides tips and strategies for supporting Indigenous communities during COVID.	This toolkit works to educate workers at all levels within the health care system and equip them with tools and resources that can effectively move organizations towards addressing implicit bias and discrimination and strengthening equity and inclusion for Indigenous People. It includes a list of guiding principles, ten strategies to guide the creation of safer environments for Indigenous People, a sample vision statement, and a framework for the elements of a successful partnership.

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