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<https://youtu.be/sjLblis-j7c>

Please scroll down this file to view a copy of the slides from the session.

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PUBLIC HEALTH 2.0: Black Health, COVID-19 & Vaccines

Public Health Ontario Rounds

November 16, 2021



Angela Robertson, Executive Director, Parkdale Queen West CHC

Cheryl Prescod, Executive Director Black Creek CHC

Onye Nnorom, MDCM, CCFP, MPH, FRCPC

- *President, Black Physicians' Association of Ontario*
- *Black HealthTheme Lead, Temerty Faculty of Medicine, U of T*
- *Associate Program Director, PHPM Residency Program, DLSPH, U of T*

FACULTY PRESENTER DISCLOSURE

Faculty: Dr. Onye Nnorom

Relationships with financial sponsors:

- **Grants/Research Support:** (Not-for Profit) Sept 2019-Aug 2020: I was remunerated by Patient-Centred Outcomes Research Institute (PCORI), a not-for-profit organization under the Affordable Care Act, for research at CAMH to examine treatment resistant depression in older adults
- **Speakers Bureau/Honoraria:** affiliated with Talent Bureau (no payments received); provided education on anti-Black racism to Bayer pharmaceuticals and TD Bank
- **Consulting Fees:** None
- **Patents:** None
- **Other:** None

Angela Robertson & Cheryl Prescod – no financial sponsors to declare



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LAND ACKNOWLEDGEMENT

We wish to acknowledge this land on which the University of Toronto operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit.

Today, this meeting place is still the home to many Indigenous people from across Turtle Island and I am grateful to have the opportunity to work on this land.

**INTERNATIONAL DECADE FOR
PEOPLE OF AFRICAN DESCENT**

— 2 0 1 5 ▶ 2 0 2 4 —

RECOGNITION · JUSTICE · DEVELOPMENT



#AFRICANDESCENT

WWW.UN.ORG/EN/EVENTS/AFRICANDESCENTDECADE



UNESCO PHOTO BY LAURENCE BOURGEOIS/UNESCO WORLD HERITAGE CENTER

OBJECTIVES

Following this plenary session, participants will be able to:

1. Describe the provincial Black Health Plan
2. Discuss community concerns regarding the collection & sharing of race-based data with regards to COVID-19 vaccinations and beyond
3. Appreciate the need to address the long-term impacts of COVID-19 in Black communities, namely “Long-COVID” and mental health needs
4. Explore ways that public health units should partner with Black communities to increase vaccine uptake in a manner that respects self-determination

ORIENTATION

Time to dismantle systemic anti-Black racism in medicine in Canada

OmiSoore Dryden PhD, Onye Nnorom MD MPH

“

The field of medicine can no longer deny or overlook the existence of systemic anti-Black racism in Canada and how it affects the health of Black people and communities.

Dryden & Nnorom, 2021

ANTI-BLACK RACISM

“Prejudice, attitudes, beliefs, stereotyping and **discrimination** that is directed at people of African descent and is **rooted in their unique history and experience of enslavement**. Anti-Black racism is deeply **entrenched in Canadian institutions, policies and practices**, such that anti-Black racism is either functionally normalized or rendered invisible to the larger white society. Anti-Black racism is **manifested in the legacy of the current social, economic, and political marginalization of African Canadians in society...**” (African-Canadian Legal Clinic)



Is Black Health a Public Health Issue? (Yes it is, thank you for asking!)

Dr. Onye Nnorom

February 7, 2017

Public Health Ontario Grand Rounds

On your marks... Prepare to address systemic racism in public health

Dr. Onye Nnorom

Ms. Akilah Haneef-Jabari

PHO Grand Rounds February 20, 2018



BLACK EXPERIENCES IN HEALTHCARE 2017, 2020

**Black Experiences
in Health Care**
Symposium Report

BLACK EXPERIENCES IN HEALTH CARE SYMPOSIUM:

Bringing together community and health
systems for improved health outcomes

RECOMMENDATIONS

This report provides an overview of the core themes, challenges and recommendations that emerged from the Symposium. It highlights the importance of participants' personal lived experience as Black people working in and/or engaging with the health care system, and it signals the dire need for a more equitable health system going forward. These recommendations were developed by the BEHCS Planning Committee and our advisory table based on the rich discussion and a wealth of input generated throughout the Symposium. Together they summarize the key themes of the day and point to future directions and actions over the coming weeks and months.

1 Require all publicly funded government agencies and health service providers (including Ontario Health and Ontario Health Teams) to be held accountable for:

4 Standardize and mandate anti-Black racism, anti-oppression, and decolonization training for health care providers, professionals, leaders, and health system planners.

5 Create accessible and culturally competent mental health services throughout the province for all Black people and their communities.

6 Expand funding to create more integrated services that support the families and loved ones of Black people experiencing mental illness.

7 Establish a mechanism to routinely monitor and assess diversity in health system

<https://www.healthcommons.ca/blackhealth>

EARLY PANDEMIC WARNING: APRIL 2020



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Alliance pour des communautés en santé

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Statement from Black Health Leaders on COVID-19's impact on Black Communities in Ontario

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We are in the midst of a global pandemic, one that will fundamentally transform our province. Early losses and rapid escalation have already shown us glimpses of the devastation COVID-19 will leave in its wake. This is an unprecedented moment. To change this pandemic's trajectory we must be willing to ask difficult questions, including asking who is left behind in current responses and which communities are at increased risk of harm. **We will not contain COVID-19 without bringing critical analysis and differential population health actions to our pandemic response.**

We are a coalition of Black leaders who work in the community health sector. We have always understood that a plethora of factors affect health outcomes for Black populations in the province. "Good health" is a product of access, social, cultural and economic factors. Similarly, structural and systemic inequalities are contributors to poor health outcomes. Ontario is home to the largest proportion of Black people in Canada. Here too, as in the rest of Canada, race is a determinant of health.

- Angela Roberston, Executive Director, Parkdale Queen West Community Health Centre
- Cheryl Prescod, Executive Director, Black Creek Community Health Centre
- Denise Brooks, Executive Director, Hamilton Urban Core
- Florence Ngenzebuhoro, Executive Director, Centre Francophone du Grand Toronto
- Francis Garwe, Chief Executive Office, Carea Community Health Centre
- Keddone Dias, Executive Director, LAMP Community Health Centres
- Liben Gebremikael, Executive Director, TAIBU Community Health Centre
- Lori-Ann Green Walker, Executive Director, Women's Health In Women's Hands Community Health Centre
- Paulos Gebreyesus, Executive Director, Regent Park Community Health Centre
- Safia Ahmed, Executive Director, Rexdale Community Health Centre
- Simone Atungo, Chief Executive Officer, Vibrant Healthcare Alliance
- Suzanne Obiorah, Director, Primary Health Care, Somerset West Community Health Centre

Thursday, April 2, 2020

<https://www.allianceon.org/news/Statement-Black-Health-Leaders-COVID-19s-impact-Black-Communities-Ontario>



RACE-BASED DATA COLLECTION & BLACK HEALTH PLAN

ANGELA ROBERTSON

POLLING QUESTION 1: HAS YOUR HEALTH UNIT BEEN COLLECTING BOTH RACE & SOCIODEMOGRAPHIC DATA AS A COMPONENT OF COVID-19 VACCINE STRATEGIES?

ANSWERS:

YES

NO

DON'T KNOW

NOT APPLICABLE

BLACK HEALTH PLAN PURPOSE

Leads: Black Health Plan Working Group, launched at Black Health Summit December 2020 – Co-Chaired by Dr. Kwame McKenzie, CEO at Wellesley Institute; Anna Greenberg, Chief Regional Officer, Toronto and East – Ontario Health; and Angela Robertson, ED at Parkdale Queen West Community Health Centre

Purpose:

- Provide a coherent health plan outlining urgent/immediate and long-term priorities linked to clear actions for improving the COVID-19 response and beyond for Black populations.
- Identify the players, roles, and avenues for implementation
- Provide clear recommendations for action that are community-informed to improve the health of Black populations
- The Provincial Black Health Plan identifies objectives under three pillars: 1) Equitable Pandemic Response for Black Populations; 2) Equitable Health System Recovery with a Focus on Black Populations; 3) Sustained Health Equity for Black Populations

COLLECTING RACE & SOCIO-DEMOGRAPHIC DATA

 Wellesley Institute
advancing urban health | 10 Alcorn Avenue, Suite 300, Toronto, ON Canada M4V 3B2
tel 416-972-1010 fax 416-921-7228 www.wellesleyinstitute.com

April 28th, 2020

Dear Colleagues

As a concerned group of experts in health equity, we believe that the Province should urgently modify three types of forms in order to facilitate socio-demographic data collection during the COVID-19 pandemic. These forms are: COVID-19 test requisition form; the forms used by Public Health Units to capture the data they need to notify PHO of the details of those who test positive; and, the forms for application and renewal of OHIP cards. At a minimum, the modifications should include questions on race, ethnicity, gender identity, sexual orientation and language. An Indigenous-led group should advance Indigenous questions and Indigenous data governance and management.

The Province should ensure that standardised questions are used for data collection. The Province should ensure that data is collected, analysed and reported to improve the pandemic response and should ensure that the data are accessible so that communities can also analyse them.

The current state of socio-demographic data collection in Ontario's COVID-19 response is poor. Recent news that Toronto Public Health, Peel Public Health, York Region Public Health, and Middlesex-London Health Unit are all expanding their data collection to include race and ethnicity is welcome. Collection of socio-demographic data by all public health units would help the pandemic response, and more systematic forms of data collection would allow a comprehensive picture to be drawn.

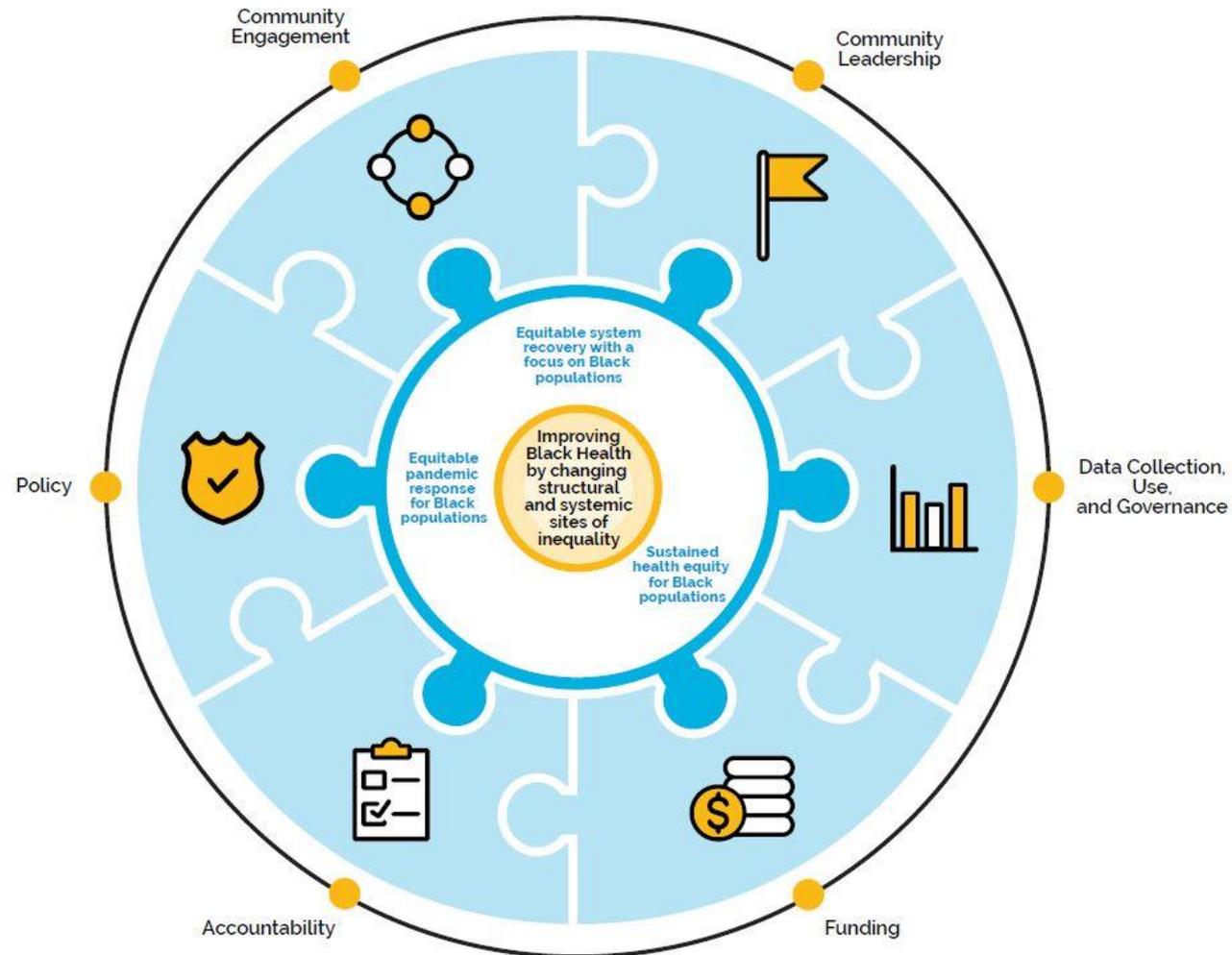
It is usual during pandemics to collect data to identify risk factors for infection and risk groups. This helps to understand and monitor the reach and effectiveness of interventions, and to ensure we are making progress towards our goals. Though health

**BLACK PEOPLE MUST
DEFINE HOW OUR
HEALTH DATA IS
GOVERNED AND USED.**



- Data collection is an important tool in making visible inequities and challenging inequity.
- Ethically used, the data should create pathways to better health for all.
- If data collection doesn't lead to better health for impacted communities, these processes are not beneficial. The goal of data collection is to support data-driven action and accountability.
- Many issues, including historical misuse of data, surveillance, privacy, and lack of access for the communities whose data are collected.
- Even where data is currently collected, movement has been slow and there has been no meaningful improvement to Black or Indigenous life. Data collection must be twinned with actions or change.
- Engagement, Governance, Access and Protection Framework - E-GAP

BLACK HEALTH PLAN



PILLAR 1: EQUITABLE PANDEMIC RESPONSE FOR BLACK POPULATIONS

1.1 Collection of race-based data to inform strategy and intervention

- Describe the persistent inequities in vaccine access
- Collect race-based data on COVID-19 outcomes, risk of exposure, and access to testing and vaccinations

1.2 Vaccine Strategy

- Describe the current strategy:
 - Education
 - Access
 - Wraparound support
 - 5-11 age group vaccine roll-out

1.3 Policies, Programs, and Funding

- Outline steps to reach Black communities within this strategy
 - Prioritize Black populations in policies, programs, and funding allocation and services
 - Address the social determinants of health through provincial policies and programs, include the implementation of emergency measures
 - Track employment conditions that increase risk of exposure; include these in targeted efforts to reach members of Black communities

PILLAR 2: EQUITABLE HEALTH SYSTEM RECOVERY WITH A FOCUS ON BLACK POPULATIONS

2.1 Embed targets and indicators aligned with Black health plan goals within stabilization and recovery plans.

- Implement equity stratification of targets and indicators on recovery dashboards
- Identifying alternate, community-informed recovery goals

Priorities for Recovery

- For Preventative Care:
 - A specific, targeted aim to increase cancer screening for Black populations
- For Mental Health and Addictions:
 - Specific increases in access to cognitive behavioural therapy (CBT), community mental health care, and substance misuse care for Black populations
- For Access to Home Care:
 - Conduct a race impact assessment and develop a mitigation strategy for Black individuals who are being cared for in hospital who should be cared for elsewhere
- For Surgical/ Diagnostic Recovery:
 - Increase access to surgeries for people in Community Health Centres (CHCs)
 - Increase the proportion of people leaving the waitlist because they have had their surgeries from CHCs (which can be captured in race-based data collected by CHCs)

PILLAR 3: SUSTAINED HEALTH EQUITY FOR BLACK POPULATIONS

3.1 Transforming the way care is delivered

- Health services need to ensure that they are equally accessible, have equally effective treatments, and their staff are trained to offer care that produces equal outcomes
- Quality improvement in the health system requires a plan and that plan requires data, data analysis, indicators, targets, and accountability
- Organizations need to accept the Black health plan and develop local implementation of the Black health plan with clear targets.

3.2 Community engagement and leadership

- A commitment to improving health experiences for Black community members requires developing engagement practices and methods that reflect the diversity within Black communities.
- Allies can support trust-building by providing the platform or opportunities to bring together Black communities
- Health system leaders must work in partnership with Black community leaders to develop a strategy to recruit Black representatives for provincial and regional community engagement opportunities in health care

PILLAR 3: SUSTAINED HEALTH EQUITY FOR BLACK POPULATIONS

3.3 Collection of race-based data must inform short term and long-term priorities

- A data governance plan is needed to ensure sociodemographic data collection, analysis, and reporting is used to inform strategies and actions benefiting Black communities.
- Leveraging the EGAP (Engagement, Governance, Access, and Protection) framework
- Data collection and interpretation cannot stigmatize communities and need to be open access.
- Ongoing collection, analysis, and use of race and sociodemographic data to identify and ameliorate racialized health inequities

3.4 Transformation of the health care system requires accountability

- Ensuring appropriate resource allocation
 - Incorporate accountability in funding agreements to ensure Black community members are receiving care from all health service providers
 - Identify, expand, and scale effective interventions established during COVID-19,
 - i.e. community ambassador models to reduce barriers to preventative care
 - Include Black leadership at all levels including governance, senior and middle management, and advisory committees
- Advancing reporting and tracking infrastructure



INNOVATIONS FROM THE FRONTLINES: CARING FOR OUR COMMUNITIES

CHERYL PRESCOD



POLLING QUESTION 2: IS YOUR PUBLIC HEALTH/HEALTHCARE ORGANIZATION ENGAGING WITH BLACK COMMUNITIES IN A MANNER THAT RESPECTS SELF-DETERMINATION?

ANSWERS:
YES
NO
DON'T KNOW
NOT APPLICABLE

IMPACT OF COVID-19: BLACK CANADIAN PERSPECTIVES

Compared to the Canadian average, Black Canadians report far worse health outcomes related to COVID-19. They are more likely to report symptoms, say they sought treatment and nearly three times as likely to report knowing someone who has died of the virus.

Black Canadians are also more likely (56% to 43%) to report layoffs or reduced working hours in their household and are more worried, over the next few months, about paying rent (45% to 36%). They are also more likely than the Canadian average to say their household finances have been negatively impacted by COVID-19.

Report Findings released September 2, 2020



NORTHWEST TORONTO



High density,
low income,
urban,
inner-city
neighbourhoods

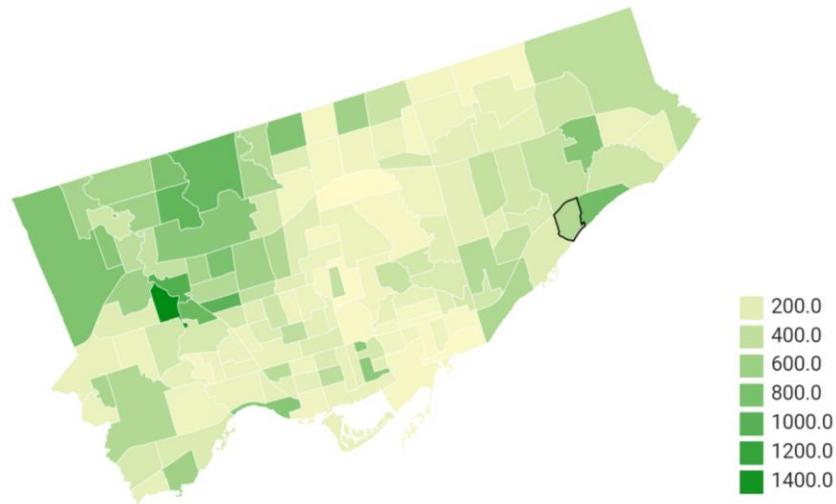
BLACK NEIGHBOURHOODS IN TORONTO ARE HIT HARDEST BY COVID-19 AND IT'S 'ANCHORED IN RACISM': EXPERTS

By [Olivia Bowden](#) & [Patrick Cain](#)

Posted June 2, 2020 3:18 pm

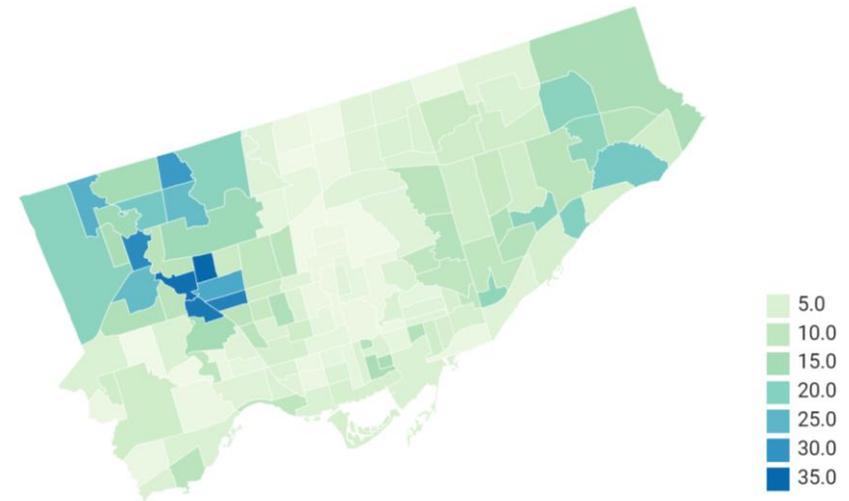
[GLOBALNEWS.CA](https://globalnews.ca)

Coronavirus cases per 100,000



[Get the data](#) · Created with [Datawrapper](#)

Visible minorities: Black



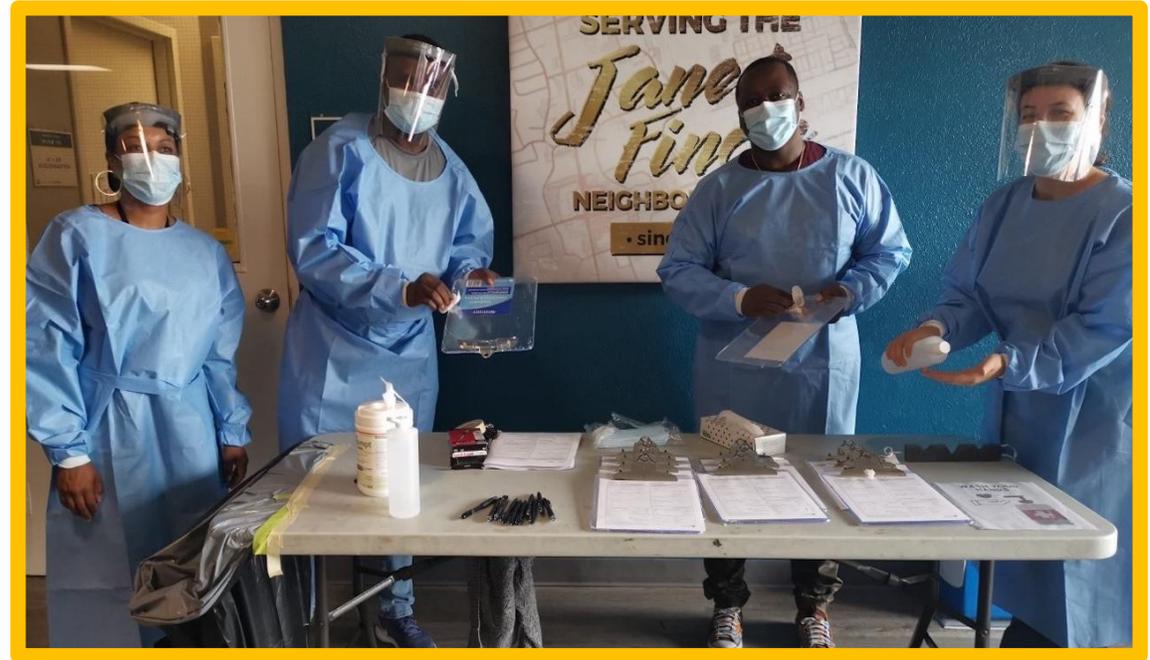
[Get the data](#) · Created with [Datawrapper](#)

**Mobile COVID-19 testing arrives
in
Toronto's hardest hit region:
Infection rates in Toronto's
northwest end are
disproportionately higher than
other parts of the city.**

[CBC News](#)

By **[Kelda Yuen](#)**

Posted: Jul 18, 2020 8:00 pm



ENSURE THE PEOPLE WE CARE FOR ARE OUR COMPASS

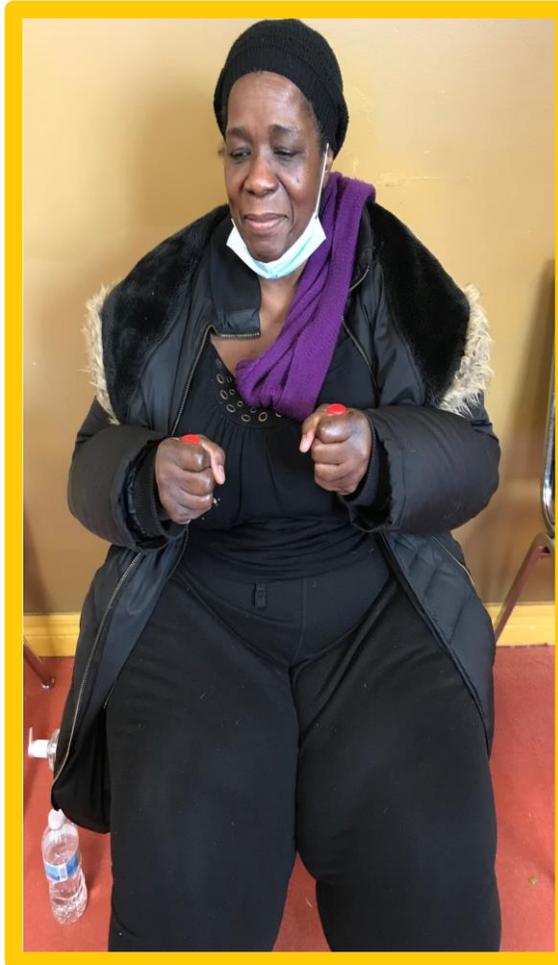
- Collaborate with community partners to address social and structural factors affecting people's health
- Collect, utilize and share real-time data
- Employ a diverse workforce reflective of the community
- Provide convenient access to services
- Address systemic barriers
- Develop trustworthiness among stakeholders

UTILIZE SUB-POPULATION APPROACH

Black community is not a monolith

- Comprised of sub-populations each with its own unique characteristics & health profiles
- Each sub-population require innovative, comprehensive, multi-sector efforts to address disparities in health outcomes
- Cannot use one-size-fits-all approach to broad population health
- Hyper-local approaches needed to engage with each sub-population within community

PEOPLE WE CARE FOR ARE CENTRAL



EMPLOY A WORKFORCE THAT TRULY REFLECTS THE COMMUNITY

Through diverse partnerships and staffing

CARE PARTNERS
Black Physicians Association of Ontario
Brothers & Sisters Keepers
CAFCA
City of Toronto
CMHA
Epiphany Foods
Firgrove Learning Centre
Humber River Hospital
Imdadul Islamic Centre
Island Food Mart
Jamaican Canadian Association
Jane Finch Family & Community Centre
Jane Finch Unity
Latin Hispanic COVID Task Force
Lumacare
Ontario Health
San Romanoway Revitalization Association
Sickle Cell Awareness Group of Ontario (SCAGO)
St. Augustine Catholic Church
St. Philip Neri Church
St. Stephens Church Downsview
Toronto Catholic District School Board
Toronto Community Housing
Toronto District School Board
Toronto Paramedic Services
University Health Network (Social Medicine)
Vietnamese Canadian Association
Youth Association for Athletics, Academics & Education (YAAACE)

PROVIDE CONVENIENT ACCESS TO SERVICES



WORK TO DEVELOP TRUSTWORTHINESS AMONG ALL STAKEHOLDERS

YOU GO TO WORK EVERY DAY.
IT'S TIME FOR YOU TO GET PROTECTED



Care you deserve...

- Check-in calls
- COVID-19 testing
- Access to masks & hygiene kits
- Support for self-isolation
- Health & social service referrals
- Reliable information on vaccines & clinics

You deserve it.

 CENTRE DE SANTÉ COMMUNAUTAIRE
BLACK CREEK
COMMUNITY HEALTH CENTRE

COVID-19 support line:
416-830-3229

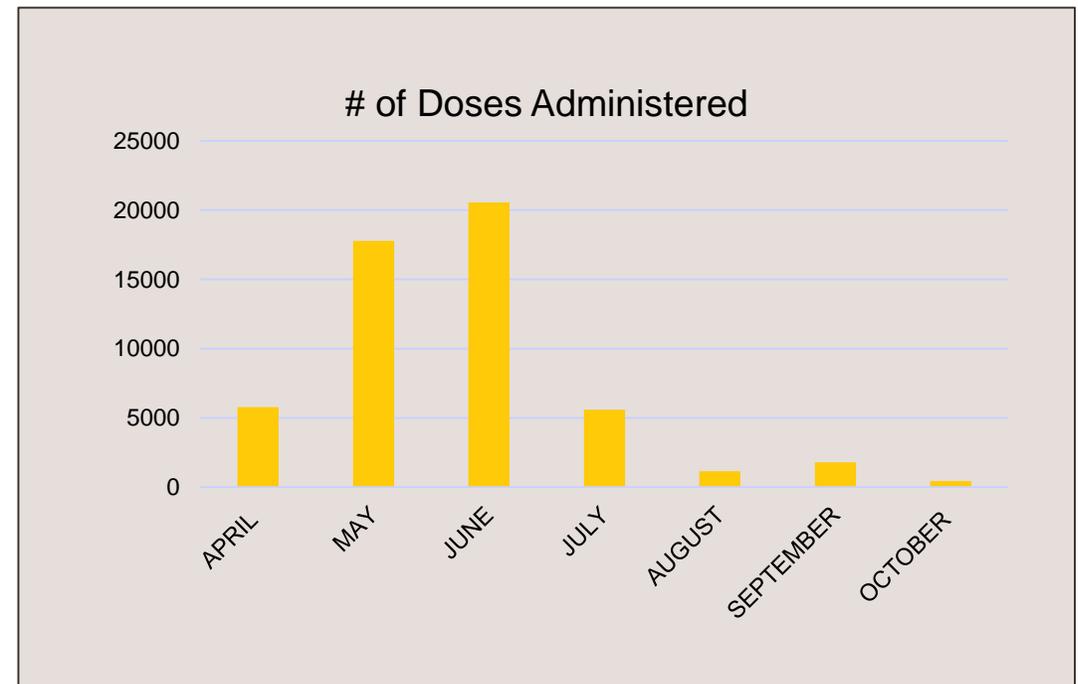
bcchc.com/CareYouDeserve
#CommunityHealthMatters

COMMUNITY ACCESS TO VACCINES IN NORTHWEST TORONTO

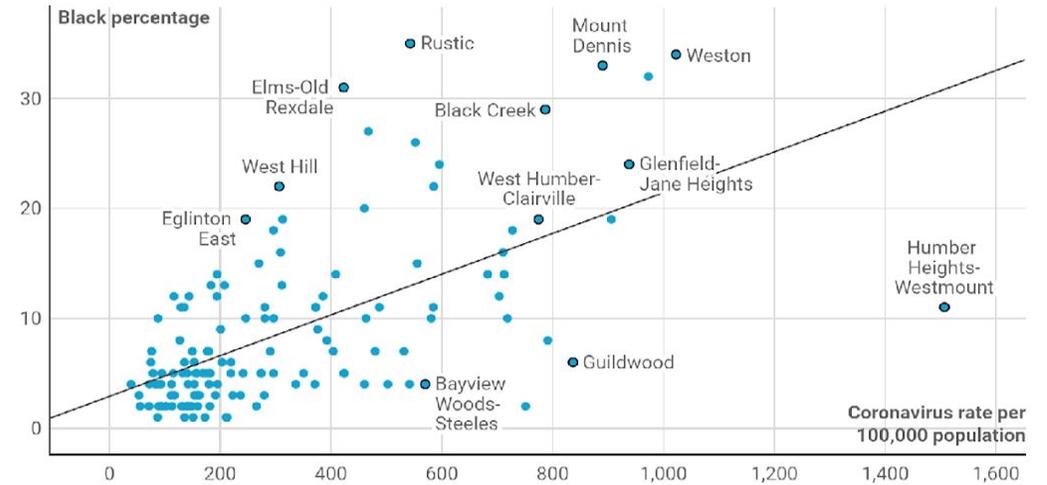
Hot Spot Postal Codes ----- Sprint ----- Ring ----- Neighbourhoods-----Sub-populations

MONTH (2021)	# of Doses Administered
APRIL	5772
MAY	17786
JUNE	20567
JULY	5581
AUGUST	1134
SEPTEMBER	1792
OCTOBER	443
2021 TOTAL	53,075



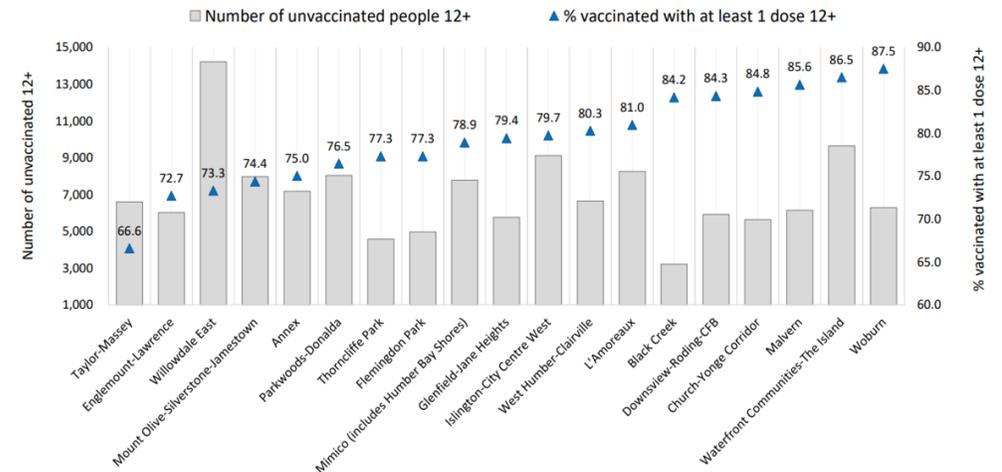
Northwest Toronto	Black Population
Black Creek	6,315 (30%)
Downsview-Roding-CFB	5,455
Glenfield-Jane Heights	7,360 (27%)
Humber Summit	1,835
Humbermede	3,440
Rustic	3,455 (35%)
York University Heights	5,205
Northwest Toronto total	33,065 (13%)
City of Toronto	239,850 (9%)

Coronavirus and people identifying as Black



Get the data • Created with Datawrapper

Vaccine coverage 12+ – Oct 14



ENGAGING & EDUCATING – BEYOND VACCINATIONS

- Booster doses
- Children's (5-11) vaccinations
- Mental Health
- Chronic illnesses – Diabetes, Sickle Cell Anemia
- Long COVID
- Virtual Care & Digital Equity

HEALTH & WELLNESS PROMOTION AT ALL VACCINE CLINICS

- Blood pressure checks (free BP monitors if needed)
- Blood sugar monitoring (free glucose monitor if needed)
- Learning about culturally safe mental health supports
- Information about Lung Health
- Access to harm reduction supplies & information
- Speak with Black health care providers
- Find out how to connect to primary care services
- Get help with vaccine passports and travel information
- Access culturally appropriate services
 - Free hair cut or braids
 - Groceries or prepared meals
 - Wellness products & information

** Socio-demographic data (including race) collected at each clinic event



IMPACT

██████████ Incredibly grateful for the work of Black health professionals for organizing a pop up for us and by us. To see so many Black vaccinators in the same room, and a DJ for good vibes was just incredible.

As someone who is chronically ill and has chronic pain and disabilities, the medical system has been a shitty space (to say the least), but yesterday made me hopeful for communities of care and alternative health care practices that are human-centred and actively combat medical racism.

A giant thank you to ██████████, the entire team @jcaontario and partners for taking the anxiety out of getting a much needed vaccine.  

INNOVATIONS OR DISRUPTIONS?

“

The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have... been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference.

W.E.B. Du Bois (1899 [1967], p.163).

”



PUBLIC HEALTH 2.0: COLLABORATING & SUPPORTING COMMUNITY SELF- DETERMINATION

DR. ONYE NNOROM



POLLING QUESTION 3: IS YOUR PUBLIC HEALTH UNIT
AND/OR HEALTHCARE ORGANIZATION
IMPLEMENTING A COVID RECOVERY STRATEGY
FOCUSED ON BLACK POPULATIONS?

ANSWERS:

YES

NO

DON'T KNOW

NOT APPLICABLE

Black Physicians' Association of Ontario

- Vision
 - We envision a province where Black Ontarians are equitably represented in the field of medicine and racialized health disparities are eliminated.
- Mission
 - To cultivate an active and engaged network of training and practising Black physicians
 - To provide opportunities for professional development
 - To improve health outcomes for Black Ontarians



BLACK HEALTH AND VACCINE INITIATIVE

In collaboration with healthcare, public health and Black community partners...

Advocate

Prioritization
of Black
Communities

Educate

Provide
COVID-19
vaccine facts

Vaccinate

Provide
culturally-safe
spaces for
vaccination

PARTNER ORGANIZATIONS

Health System

University Health Network
Scarborough Health Network
Lakeridge Health
Ontario Health
TPH/City of Toronto
Peel Region
Durham Region
Ottawa Public Health
19toZero
DFCM/U of T

Black Community Partners

Peel

Roots community services
Wellfort
LAMP CHC

Durham

CAREA CHC
DurhamOne

Ottawa

Ottawa Newcomers HC
Ottawa Black MHC
Somerset West CHC
ACB centre

Toronto

TAIBU CHC
Tropicana centre
Jamaican Canadian Association
Caribbean African Canadian
Social Services (CAFCAN) Black
Creek CHC
Women's Health in Women's
Hands
African Food Basket
La Passerell
Black CAP
Solid Black Collective
Canadian Black Clergies &
Alliance
Rexdale CHC

BPAO-BHVI VACCINE CLINICS

Working in high priority neighborhoods, with Black community leaders

Peel

- Partnership with Peel Public Health, Roots, Welfort Community Health Centre
- 4 week vaccine clinic
- Low barrier clinic model with culturally safe care delivery models and representation of African, Caribbean and Black Health service providers
- **Number of doses administered:**
15, 452

Toronto

- Partnership with Jamaican Canadian Association
- Black Community Led, low barrier clinic
- Two-Weekend Pop up clinics
- **Number of doses administered:**
4, 460

TAIBU

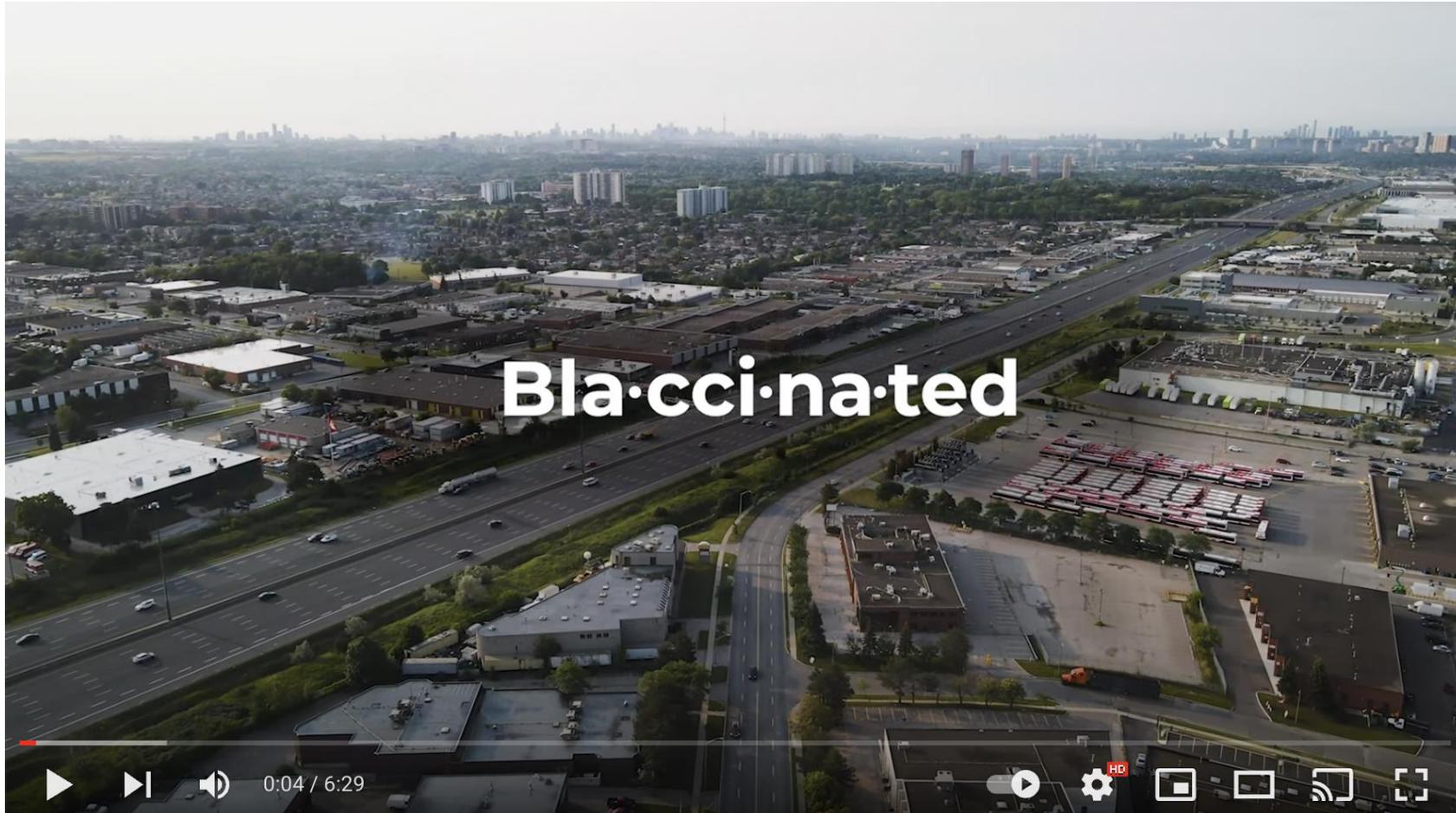
- In partnership with Scarborough Health Network & local grassroots African, Caribbean and Black community organizations
- Black Community led, low barrier clinic: culturally safe care delivery models and representation of African, Caribbean and Black Health service providers
- **Number of doses administered:**
20, 852

Durham

- In partnership with Durham Public Health
- Two-Weekend Pop up clinics
- **Number of doses administered:**
1573

From April - Aug 2021, the BPAO successfully administered **42,337 doses** to Ontarians

CASE EXAMPLE



VIDEO 1: <https://www.youtube.com/watch?v=gqP6l0Tjr-8>

VIDEO 2: <https://www.youtube.com/watch?v=I20BAUh2IX8>

BLACK HEALTH AND VACCINE INITIATIVE, 2022

Advocate

Prioritization
of Black
Communities

Educate

Provide
COVID-19
vaccine facts

Vaccinate

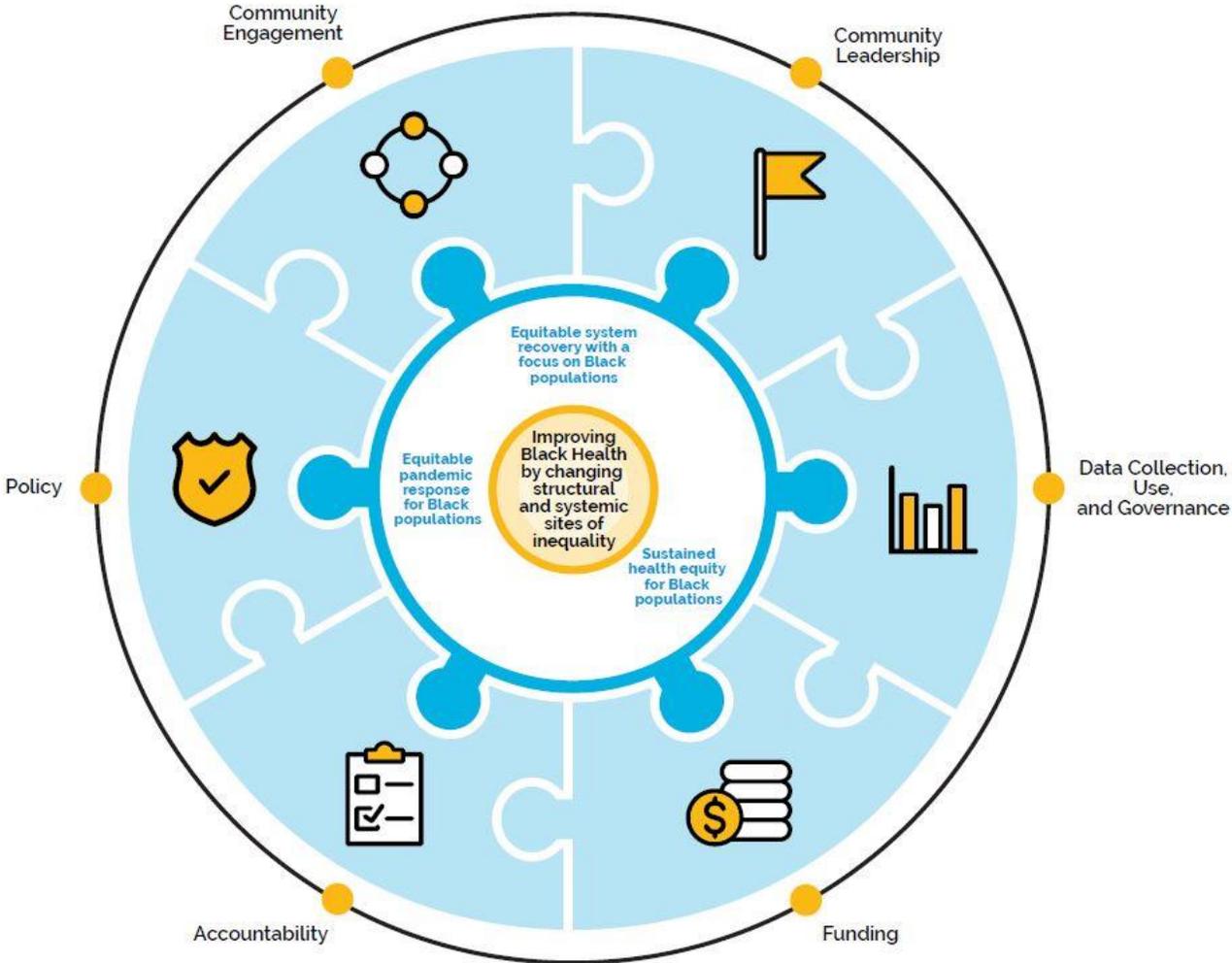
Provide
culturally-safe
spaces for
vaccination

Rejuvenate

Prevention
Wellness
SDH

EVALUATE

BLACK HEALTH PLAN



OBJECTIVES

Following this plenary session, participants will be able to:

1. Describe the provincial **Black Health Plan**
2. Discuss community concerns regarding the **collection & sharing of race-based data** with regard to COVID-19 vaccinations and beyond
3. Appreciate the need to address the **long-term impacts of COVID-19** in Black communities, namely “Long-COVID” and mental health needs
4. Explore ways that **public health units should partner with Black communities** to increase vaccine uptake in a manner that respects self-determination

THANK YOU!



 @thebpao.org



PARKDALE
QUEEN WEST
Community
Health Centre

 @pqwchc



CENTRE DE SANTÉ COMMUNAUTAIRE
BLACK CREEK
COMMUNITY HEALTH CENTRE

 @BlackCreekCHC

 @blackcreek_chc

 @dr.o.nnorom

 @OnyeActiveMD