

TO: Chair and Members of the Board of Health

FROM: Alexander Summers, Medical Officer of Health; Emily Williams, CEO

DATE: 2022 July 14

MLHU's Anti-Black Racism Plan: Implementation Update

Recommendation

It is recommended that the Board of Health receive Report No. 45-22, re: “MLHU’s Anti-Black Racism Plan: Implementation Update” for information.

Key Points

- After declaring racism a public health crisis in 2020, the MLHU Board of Health endorsed an Anti-Black Racism Plan (ABRP) for public health action in April 2021.
- Several strategically prioritized recommendations have been completed or are in progress.
- An overarching ABRP Project Charter will be completed within the next quarter, and implementation of additional recommendations, prioritized with input from the ABRP Advisory Group, will be initiated in 2022.

Background

In 2020, racism was declared a public health crisis by the MLHU Board of Health. Following this declaration, MLHU engaged a consultancy firm for the development of the MLHU Anti-Black Racism Plan (ABRP). In April 2021, the MLHU Board of Health endorsed the ABRP for public health action.

The Anti-Black Racism Plan was developed through the engagement of the African, Caribbean, and Black (ACB) communities in London and Middlesex County. The inclusive process engaged a total of 375 members of the ACB community of different ages, cultural, and linguistic backgrounds to ensure the plan reflected the views and priorities of the diverse ACB communities. From a literature review, jurisdictional scan, and the findings from the community consultation, a list of recommendations was developed. The ABRP contains a total of 45 recommendations (see [ABRP](#)). Implementation of these recommendations are an important step to dismantling anti-Black racism within and perpetuated by the public health system.

April to December 2021

By early June 2021, a health promoter had been recruited to assist with the engagement of diverse ACB community members and organizations. As a member of the Health Equity and Indigenous Reconciliation Team (HEART), this health promoter supported the coordination, engagement and delivery of pandemic response strategies including: an ACB-focused “Town Hall” event with health care experts from the Black community, engagement and consultation with ACB individuals and organizations, and delivery of five (5) mobile vaccination clinics in collaboration with ACB groups and community partner agencies. This health promoter has also supported other work related to implementation of the Anti-Black Racism Plan.

In the fall of 2021, HEART conducted a community consultation event to obtain feedback on the creation of an Advisory Committee to guide the ABRP implementation. Based on feedback from the community, the development of a draft ABRP Advisory Committee Terms of Reference and recruitment of committee members was initiated and completed by the last quarter of 2021.

January to May 2022

In January of 2022, the first ABRP Advisory Committee meeting took place, with two additional meetings since. The draft Terms of Reference were considered, further revised, and confirmed, and a community co-chair was identified. The Advisory Committee provided feedback on the development of MLHU's new Employment Equity Policy and on its initiative related to the collection of race-based and other social determinants of health (SDOH) data.

After an internal co-chair recruitment process, Dr. Gani Braimoh, C. Psych., (Lecturer Dept. of Psychiatry, Adjunct Assistant Professor, Dept. of Family Medicine Schulich School of Medicine and Dentistry, UWO, and Adjunct Clinical Professor, Faculty of Education, UWO) has been accepted by the committee as its first community co-chair. He will serve for a two-year term.

In collaboration with Human Resources, HEART has developed an Employment Equity Policy that will support the future recruitment of ACB and other equity deserving community members into the workforce of MLHU at all levels. This policy, and associated procedures, will also support the advancement of a more inclusive and welcoming work environment for black employees at MLHU.

Next Steps – June to December 2022

The Anti-Black Racism Plan contains several recommendations related to data collection. To this end, HEART has been working with internal partners (Population Health Assessment and Surveillance Team, and Program Planning and Evaluation Team) to finalize a consistent race-based and other SDOH data set and to develop processes for collection of this data across MLHU programs and services that align with existing provincial standards. It is expected that this work will be completed by the end of 2022. Implementation of these data collection processes will be a crucial first step towards understanding who MLHU does and does not serve, positioning the organization to modify and orient its programs and services to better meet the needs of and reduce barriers experienced by the ACB community. This will also inform population health assessment and surveillance efforts to ensure an evidence-based public health response.

HEART will work with Human Resources to develop an implementation plan for the new Employment Equity Policy, and engagement activities with key stakeholders will be conducted in the next few months.

All the remaining ABRP recommendations will be prioritized with input from the ABRP Advisory Committee. The prioritized recommendations will then be organized within an overarching project charter that will outline timelines, deliverables and sub-projects as required for full implementation of the ABRP over the next few years. Implementation of additional recommendations prioritized for this year will be initiated and/or completed.

Conclusion

Implementation of the recommendations of the Anti-Black Racism Plan has been initiated. Ongoing and sustained support, engagement, and action from all levels of the organization will be critical to the success of implementation, as will ongoing meaningful and authentic engagement with ACB community members in a direct and respectful way. The Health Equity and Indigenous Reconciliation Team will continue to play a critical role in recommendation implementation.

This report was submitted by the Health Equity and Indigenous Reconciliation Team.



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