

Addressing Anti-Black Racism in Healthcare Event – June 2025

FINAL REPORT

Event Objectives and Summary

The ‘Addressing Anti-Black Racism in Healthcare’ event was a community feedback-gathering initiative hosted by the Centre for Research on Health Equity and Social Inclusion (CHRESI), in collaboration with various healthcare and social organizations across London.

The identified objectives for the event were the following:

1. Share information on existing local, regional, and provincial anti-Black racism initiatives and frameworks to increase awareness of how previous feedback has mobilized local efforts to date and highlight how local efforts are aligned with broader work underway, and discuss current and future outcomes
2. Amplify and understand stories of anti-Black racism in the healthcare journey to co-create an action plan to drive change, improve care, enhance patient experience, and reduce inequities
3. Explore how diverse African, Caribbean, and Black (ACB) communities would like to be involved in advising and shaping healthcare in London, identify the barriers that hinder involvement, and propose steps that organizations can take to enhance ACB engagement
4. Identify what healthcare accountability to diverse ACB communities looks like, and recommend strategies and mechanisms for organizations to demonstrate accountability

Promotion for the event occurred throughout the month of May and included electronic flyer distribution through numerous Black-led organizations and list-serves (e.g., various WhatsApp groups, Black London Network, London Black Heritage Council, Ghanaian Association of London and Middlesex, etc.) and poster and postcard distribution at Black community grocery stores (5), barbers and hair salons (4), churches (12), mosques (4) and City of London community centres.



The approximately 5.5-hour event was held in the South London Community Centre, through an in-kind contribution from the City of London. Food and snacks throughout the day were provided by a local Caribbean food restaurant. Throughout the course of the day there were 57 attendees.

A panel presentation and discussion were moderated by the Chair of the London Black Heritage Council and included the following panel members:

- Director, Health Equity and System Transformation - Ontario Health (Sane Dube)
- Director, Equity, Diversity, Inclusion & Belonging - St. Joseph's Health Care London (Sarita Naa Akuye Addy)
- Francophone Black Health Navigator - Accès Franco-Santé London (Cesar Ebosse)
- Black Health Lead - London Health Sciences Centre (Cathy Wood)
- Public Health Nurse (Black Health) - Middlesex-London Health Unit (Darryl Ntow)

The remainder of the sessions for the day included large and small group discussions and other interactive activities to generate input on each of the day's objectives. Responses and feedback were captured on large flip chart papers and through notes taken by volunteer recorders at each table and a recorder for the large group discussions.

Key Takeaways from Panel Presentation & Discussion

Presentations

This part of the event was intended to address Objective #1. Sharing information on existing local, regional, and provincial anti-Black racism initiatives and frameworks, each presenter provided information about their organization's work and mandate and shared existing initiatives and resources that aim to minimize health disparities and promote Black health equity.

Ontario Health

Ontario Health recently established Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework, within which there is a significant focus on addressing anti-Indigenous and anti-Black racism.

Their [Black Health Plan](#) launched in June 2023 and focuses on minimizing disparities by changes in policies and practices. The Plan has 3 pillars: 1) Equitable Pandemic Response for Black Populations; 2) Equitable Health System Recovery with a Focus on Black Populations; and 3) Sustained Health Equity for Black Populations.

Current work underway related to promoting Black health includes implementation of quality standards for sickle cell disease, enhancing primary care access for international agricultural workers, providing mental health supports for Black communities, engaging in

anti-racist education for healthcare providers, supporting care navigation for Black 2SLGBTQIA+ communities, creating specialized clinical teams focused on complex health needs among refugees, and offering health promotion and wellness events.

St. Joseph's Health Care London

Guided by Ontario Health's Framework, St. Joseph's Equity, Diversity, Inclusion and Belonging Framework includes six components: 1) Leadership Commitment; 2) Equity, Diversity, Inclusion, and Belonging (EDIB) Education and Capacity-Building; 3) Programs, Services and Practices; 4) Employee Resource Groups; 5) Collaboration and Partnerships; and 6) Measurement and Accountability.

Individuals working within Black Health roles are focused on capacity-building, community engagement, addressing racism, and representing / reflecting the community.

Recent highlights of their work include the creation of a one-hour learning module on anti-Black racism, offering anti-racism education and workshop(s), engaging internal and external stakeholders and equity-deserving groups, and leading the inaugural recognition of Black History Month at St. Joseph's through a variety of activities and initiatives.

Accès Franco-Santé London (AFSL)

This organization has recently hired a Francophone Black Health Navigator to increase their emphasis on promoting and supporting Black health in the community.

[Accès Franco-Santé London](#) is an essential resource for the Francophone community in London with a variety of programs, services, and initiatives. They continue to bridge healthcare language barriers for the Francophone population by providing accessible translation services and French healthcare resources. Another key service is the navigation support they provide for individuals in their healthcare journey.

London Health Science Centre (LHSC)

Guided by Ontario Ministry of Health's Framework, the [Black Health](#) team at LHSC actively engaged in advancing the important work of creating safer and inclusive spaces at LHSC, addressing inequities in the healthcare system, and improving care experiences and health outcomes for Black people.

LHSC's Black Health team aims to identify and dismantle the systemic, institutional, and attitudinal barriers that have historically prevented members of Black communities from accessing health services by:

- Creating relationships and partnerships built on trust with Black patients, families and communities;
- Engaging with Black patients, families and communities to learn more about their experiences with the healthcare system; and

- Supporting patients and families through their health care journey at LHSC
- Educating and consulting with hospital leaders, physicians and staff to build their capacity to provide care that is culturally relevant and sensitive to the needs of Black patients.

Recent highlights of their work include educational efforts to improve care for patients with Sickle Cell Disease and the development of an important partnership with WEAN Community Centre to develop mental health supports for Black children, youth and families.

Middlesex-London Health Unit (MLHU)

The MLHU [Anti-Black Racism Plan](#) launched in 2021, after community engagement and data collection/analysis work by a Black consultancy group.

The Plan aims to 1) identify and understand best practices in anti-Black racism from the public health context, 2) understand public health needs and expectations of the diverse Black communities in London and Middlesex County, and 3) outline how the work done at MLHU to improve health outcomes for the ACB community should be prioritized with accountability and evaluation relevant to public health's mandate.

MLHU has focused their efforts on establishing an Anti-Black Racism Plan advisory committee, building relationships and partnerships with ACB communities, collecting and using race-based data to effect positive change, providing education to employees, enhancing equity for Black employees, and empowering ACB initiatives in the community.

Panel and Participant Discussions

Following the panel presentations, the audience had an opportunity to ask questions and make comments. Discussion focused on the following key points:

- Being a 'multi-cultural society' has enabled Canada to obscure inequities that have occurred and continue to occur, and addressing structural racism is long overdue in healthcare and more broadly in Canada
 - We should look to other countries or places that have made good progress in advancing Black health and equity and learn from them
 - Some expressed the perspective that being 'in the system' gives the opportunity to build capacity, bring collective action, change policies and practices, and address racism – while others expressed the perspective that change needs to be more radical and being 'in the system' doesn't work to bring real change
- Data collection locally, provincially, and nationally continues to fall short and does not adequately capture the needs of the community
 - Leaving race and ethnicity out of data collection creates gaps and ignorance about issues and inequities related to racialization

- Data does not capture how the black community moves in Canada – for example, in recent years, people are moving away from GTA into SW Ontario, meaning the need to support this population in the London and Middlesex communities has increased
- There is a lack of Francophone representation in the healthcare field, resulting in the need for interpretation services
 - AFSL noted an increase in the need for interpretation services
 - Interpretation services are increasingly available (e.g., LHSC moving to full on-demand interpretation services across all LHSC areas this year)
 - Interpretation services are often not actively offered, meaning there is a barrier for individuals who do not know about the existence of the service
- Concerns raised about sustainability of services (e.g., Black Health navigator support)
 - Need to create business plans to support these roles and advocate for sustained and sufficient funding

Getting Involved in Shaping Healthcare

This section of the event was intended to address Objective #3. Exploring opportunities for involvement in shaping healthcare, identifying barriers to involvement, and improving engagement opportunities, participants were asked to circulate to stations around the room to provide input on three questions: 1) How would ACB communities like to be involved in shaping healthcare? 2) What are the barriers to that involvement? and 3) What can organizations do to better support ACB engagement? Attendees provided rich responses to these questions:

1) *How would ACB communities like to be involved in shaping healthcare?*

- Participate on advisory committees and/or networks
- Attend regular consultation meetings / sessions
- Design / promote / participate in surveys
- Increase presence of ACB community members as employees and leaders
- Create a Train the Trainer program with local ACB facilitators & engage continuously
- Subscribe to a mailing list for community involvement events
- Provide mentorship to healthcare students and professionals on how to create culturally safer spaces and interactions
- Engage in community-based participatory research on health outcomes
- Participate in needs assessment studies
- Volunteer in the healthcare sector

2) What are the barriers to that involvement?

- Lack of information about opportunities and unsure about how/where to connect
- Time constraints; involvement in other activities and agencies
- Uncertainty about how to contribute
- Barriers related to transportation, childcare, and language
- Limited opportunities for involvement
- Lack of trust due to past experiences
- Uncertainty about what it means to get involved
- Doubt about whether voices will be genuinely heard and acted upon

3) What can organizations do to better support ACB engagement?

- Improve transparency and communication
 - Clearly state the purpose and use of data that is collected
 - Follow the [Engagement, Governance, Access, and Protection \(EGAP\) Framework](#)
 - Report back to ACB communities in a timely manner
 - Create feedback loops so people see how their inputs influenced decisions
 - Communicate using mechanisms that make sense and are relatable (e.g., share info through faith-based organizations)
 - Create distribution mailing lists to communicate about events and opportunities
 - Offer community forums (online and in-person) for ACB community members to regularly contribute
- Increase ACB involvement and representation
 - Involve ACBs in decision-making and centre them as subject matter experts
 - Compensate for time and expertise
 - Invite ACB in roles such as guest speakers, facilitators, and evaluators
 - Build relationships with ethnocultural group leaders
 - Recruit and retain more Black doctors and other healthcare professionals
- Engage in outreach and offer support
 - Set up Black health navigators for hospitals and community organizations
 - Make appropriate referrals when resources or services are not available in the organization
 - Offer transportation support
 - Engage in outreach activities so ACB community knows what organizations do
 - Provide resources for health education for Black people, especially for chronic conditions like diabetes, hypertension, and sickle cell disease
 - Ensure organizations participate in community events
 - Provide financial support for community health-related activities
- Create safe environments and interactions for ACB community members

- Ensure anti-Black racism education is provided for *all* those working in healthcare with the expectation for people to change their practices accordingly (e.g., including physicians and social workers)
- Take action to address barriers and find solutions

Storytelling for Change – Exploring the Patient Journey & Experience

This section of the event was intended to address Objective #2. Amplifying and understanding stories of anti-Black racism in the healthcare journey, in support of creating an action plan to drive change, improve care, enhance patient experience, and reduce inequities, participants were asked to consider their own experiences and those of their loved ones across access points that included ***how and where to access healthcare services*** to their ***first contact with the healthcare system*** for a health concern to proceeding through ***assessment and diagnosis*** to engaging in ***treatment planning and decision-making*** to experiencing ***follow-up and monitoring***.

Awareness of Health Issue & Navigation of Initial Access

Accessing healthcare services remains a challenge for many ACB community members due to both systemic and personal barriers. A significant obstacle is the lack of awareness regarding how to effectively navigate the healthcare system. This is often compounded by limited digital literacy (particularly among older adults) and health literacy, language barriers, and transportation difficulties. In some cases, cultural or religious beliefs may lead to denial or minimization of health concerns, further delaying care.

Negative past experiences in the healthcare system—such as being treated disrespectfully, with discrimination, or dismissively—can significantly reduce a person's willingness to seek care again. This hesitancy is exacerbated by a lack of knowledge about healthcare options beyond emergency services. As a result, ACB community members may avoid seeking care unless absolutely necessary, resulting in delayed diagnoses and treatment.

Undocumented/uninsured patients face particularly acute challenges, with concerns about cost and potential immigration consequences deterring them from seeking care.

Myths or misconceptions about health can exist within the ACB community, often rooted in religious beliefs. Efforts are needed to demystify health issues and medical care for ACB community members, and to equip healthcare providers with understanding what myths may exist and with skills to respectfully and sensitively address potential misconceptions.

Trust also plays a critical role. Some people place greater confidence in health information shared by friends and community members than in digital or institutional sources.

Finally, gender dynamics can influence comfort levels in clinical settings. For example, some male patients may feel uneasy discussing private health matters with female doctors, and vice versa. Recognizing and accommodating these preferences where possible can help foster a more inclusive and respectful healthcare environment.

First Contact with the Healthcare System (Hospital and/or Healthcare Institution)

The initial interaction between patients and the healthcare system plays a critical role in shaping their overall experience. Unfortunately, Black patients can encounter dismissive attitudes, a lack of cultural humility, and disrespect at this early stage. These experiences include racial profiling and being treated according to harmful stereotypes, with insufficient regard for the patient's values or concerns. As a result of these negative encounters, Black community members can delay seeking care.

Lack of racial, cultural, and religious representation among healthcare providers, staff, and volunteers was noted as a concern for community members. For example, Muslim patients may struggle to find providers who understand and respect their religious needs.

The absence of appropriate navigation support hinders access, as do language barriers, leaving patients feeling unsupported as they attempt to engage with the system.

Initial interactions must be grounded in cultural humility and designed to create welcoming, culturally safe environments. Clear and thorough communication is essential to reduce fear and confusion, while transparency and intentional trust-building should be prioritized to ensure patients feel respected, heard, and valued from the outset.

Assessment & Diagnosis

Subtle and unconscious forms of racism continue to cause harm. Biases, assumption and stereotypes—whether implicit or overt—can influence clinical assessments with ACB community members being misdiagnosed or, in some cases, left undiagnosed. This is particularly evident in areas such as pain management, mental health, and substance use, and situations in which symptoms of pain are frequently minimized or dismissed. Once again, at this stage of the healthcare journey, these experiences of discrimination can further discourage individuals from seeking care.

Concerns around privacy, trust, and professionalism are concerns of ACB communities during assessment and diagnoses. The use of complex medical jargon can act as a barrier, particularly when patients feel judged for asking questions. The inadequacy of medical instruments and diagnostic tools was also identified as an issue.

Healthcare professionals should acknowledge cultural factors during their interactions, such as respect for elders. A more humanizing and holistic approach should be adopted, dedicating sufficient time to understand each patient's concerns and context. This includes

recognizing the importance of non-verbal communication and practicing trauma- and violence-informed care. Active listening and attentiveness are essential components of this approach. It is important to acknowledge that some ACB community members may deny or downplay health issues due to religious beliefs or cultural norms. Healthcare providers need to learn how to conduct assessments and effectively communicate health information in ways that are culturally and psychologically appropriate.

The presence of a liaison or advocate—often a family member—should be welcomed and supported during assessments. This can help bridge communication gaps and foster trust.

Treatment Planning & Decision-Making

Effective treatment planning and decision-making require a patient-centered approach. Patients enter the healthcare system with different levels of health literacy, and this variation should be acknowledged and accommodated to ensure equitable care. Communication needs to be clear, accessible, and tailored to the individual's understanding to support meaningful engagement and informed decision-making.

Treatment plans must be co-created with patients and their families. This includes integrating previous healthcare experiences and plans with current strategies, and where appropriate, incorporating traditional or alternative medicine and healing practices. Additionally, providers must be explicit about which services are covered and which are not, helping patients navigate the healthcare system with greater confidence and clarity.

A trauma- and violence-informed approach should underpin all aspects of treatment planning with ACB community members, as many have (and continue to) experience ongoing and systemic harm. This will foster the provision of safe, respectful, and equitable care. When mental health support is needed, it should be seamlessly integrated into the treatment plan, recognizing the interconnectedness of physical and emotional well-being.

Follow-up & Monitoring

Effective follow-up and monitoring are essential components of equitable healthcare. Many community members report that their questions often go unanswered or that they are redirected multiple times without resolution, leading to frustration and disengagement.

Healthcare providers must be attentive to the long-term and evolving needs of Black clients. Additional support, sensitivity and follow-up may be necessary, particularly as spiritual, religious, or cultural beliefs can shape how individuals engage with treatment and care.

Overall Comments on the Patient Journey

Black clients should be informed about how and where they can report microaggressions, discrimination, or other forms of bias encountered during their healthcare journey.

Demonstrating genuine empathy must be foundational in all patient interactions.

ACB community members should be actively involved in decisions regarding their assessment and treatment. Where possible, a choice of provider—based on factors such as gender, religion, or age – should be offered.

Ongoing engagement with ACB communities is vital to shaping services that reflect their needs and priorities. This can be achieved through well-designed tools such as surveys, opinion polls, and online feedback platforms. These systems must be accessible in multiple languages and clearly communicated to ensure meaningful participation. Community members are more likely to contribute when they understand the purpose of feedback, how their responses will be used, and the tangible impact their input can have on improving care.

Finally, addressing the lack of racial, cultural, and religious representation among healthcare professionals, staff, and volunteers is a pressing concern. Increasing diversity within the healthcare workforce is not only a matter of employment equity—it is essential to building culturally safe environments.

Strengthening Healthcare Accountability

This section of the event was intended to address Objective #4. Identify what healthcare accountability to diverse ACB communities looks like, and recommend strategies and mechanisms for organizations to demonstrate accountability, attendees were asked to contribute words to Mentimeter online. ‘Respect’ and ‘representation’ were the most common responses to what healthcare accountability to the ACB community looks like. Participants were then given questions at each small table group to elicit detailed input on accountability. Responses were organized thematically. Hospital and healthcare institution accountability to the diverse ACB communities in London includes the following:

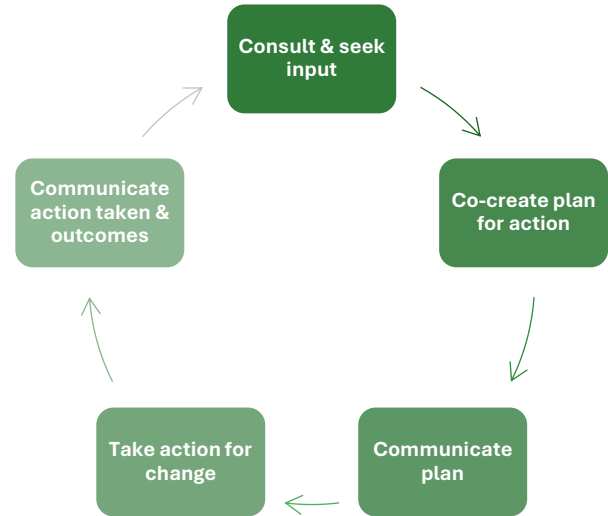
Culturally Appropriate Patient-Centred Care

- All healthcare providers and staff should practice culturally responsive, safe, and appropriate care, communication, and interaction
- Explain the purpose of data collection
- Provide comprehensive information to prevent gaps in knowledge – remember people often don’t know what they don’t know
- Change harassment reporting mechanisms as they are unfriendly and inaccessible, ensure people know where and how to report, and be open to making changes based on the feedback

Community Representation in Healthcare

- Address systemic issues rooted in colonial legacies and credentialing policies (e.g., barriers for internationally educated professionals to practice even with their expertise, education, and experience)

- Hire for diversity and engage in equitable hiring practices
 - Address lack of cultural representation in healthcare service providers, staff, volunteers
 - Job opportunities should be posted in spaces accessible to ACB communities
 - Implement mentorship and employment equity policies and practices



Community Engagement and Outreach

- Provide targeted outreach and proper engagement strategies
- Provide information about the healthcare system and how to access it (e.g., difference between emergency and urgent care)
- Make information and resources available, visible, and accessible
- Gather information to understand how Black populations utilize healthcare services
- Consult with affected populations in policy development
- Disseminate and/or collect information in accessible, community-relevant spaces
- Address absence of continuous, open feedback loops with communities

Collective Action and Accountability

- Recognize that barriers are human-made and can be changed
- Establish a dedicated ACB community advisory network to regularly consult
- Take responsibility for consultation and representation in decision-making, and provide compensation for time and effort
- Establish regular community feedback mechanisms (e.g., quarterly forums)
- Ensure feedback leads to tangible action and policy change
- Meaningfully include the ACB community in research efforts to ensure their perspectives are accurately represented.
- Simplify feedback systems to make it easier for ACB community members to share their experiences without unnecessary barriers

Reflecting on the Day

In a short debriefing at the end of the day, attendees indicated they: learned about resources for themselves and to share with others, felt their voices were being heard, and were hopeful about being involved in shaping future healthcare in London.

They recommended that small table discussions, similar food, and opportunities to learn about resources be included again at future events.

Suggestions for changes for the next event included making the education more interactive, creating opportunity to submit questions to the panelists ahead of time, providing an agenda in advance, including some mindfulness and wellness activity, eliminating technical challenges, involving more youth, exploring other relevant themes, and working to have higher attendance.

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- Cesar Ebosse, Accès Franco-Santé London
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We would also like to acknowledge and thank all the attendees from the diverse African, Caribbean, and Black communities in London who took time to spend a day together to provide their insights and perspectives, share their experiences, engage in discussions, bring their ideas and solutions forward, and remain hopeful for positive change.