

MLHU'S Anti-Black Racism Plan: RECOMMENDATIONS

Assess and Report

In this area of action, public health assesses and reports on a) the existence and impact of health inequities, and b) effective strategies to reduce these inequities (NCCDH, 2013). This could include, for example, looking at the relationship between health outcomes and the experience of racism, identifying whether members of ACB communities are accessing public health services or not, increasing the understanding of the extent of racism in local systems and in the local community, and gathering information to inform public health practices to reduce health inequities.

1.	Prioritize the collection of race-based data
2.	Assess and report on the impacts of individual and systemic racism on health outcomes of individuals and communities in London and Middlesex County.
3.	Encourage health and other community partners to collect race-based data, and support and strengthen their capacity to do so (e.g., tools, processes, etc.).
4.	Assess potential unintended negative impacts of public health programs and services on ACB communities.
5.	In collaboration with community partners and the Black community, assess public health-related strengths within targeted ACB communities, including mapping where helpful, and identify strategies to leverage the strengths.
6.	In collaboration with community partners and the Black community, assess public health-related issues of concern within Black sub-populations, including mapping where helpful, and identify which public health programs and services are most needed for ACB communities and where they are needed.
7.	Identify existing barriers for members of the Black community to participation at decision-making and collective action tables that the MLHU leads or contributes to, and share / use information gathered to ensure barriers are eliminated.
8.	Ensure that race-based data, strengths and needs assessment data, and health outcome data is used to inform planning, implementation and evaluation of all public health interventions for ACB communities.

Modify and Orient

In this area of action, public health modifies and orients interventions and services to help reduce inequities, with an understanding of the unique needs of populations that experience marginalization

(NCCDH, 2013). This could include, for example, collaborating with ACB communities when developing and evaluating programs and services, using evidence to tailor strategies to meet the unique needs and circumstances of ACB communities, and engaging with and serving those who experience barriers in accessing public health programs and services.

9.	Prioritize building trust with the ACB Community through interactions that are culturally safe and built on respect.
10.	Co-create MLHU-ACB community engagement strategy.
11.	Create and consistently implement processes that engage and include Black voices from the community in shared decision-making and in the planning, implementation, and evaluation of public health programs, services, and initiatives.
12.	Ensure ACB community members are effectively informed, on an ongoing basis, about interpretation services available through MLHU, and expand available interpretation services to include a wider range of African languages.
13.	Create a campaign focusing on the ACB community that highlights MLHU services and programs, using diverse languages and delivery mechanisms (e.g., social media, email, radio, WhatsApp blasts, community centres, barber shops, hair salons, Black-owned businesses etc.).
14.	Collaboratively develop communications, health promotion, and education materials that are grounded in Black culture and identified community need, are available in various languages, and are disseminated through multiple strategies with support from ACB-led organizations.
15.	Initiate and sustain anti-Black racism key messaging, including materials on the MLHU website and social media platforms.
16.	Ensure physical and virtual spaces are reflective of Black cultures (e.g., images, greetings in different African languages).
17.	Strengthen all facets of MLHU presence within the ACB community (e.g., join committees, attend launches, participate in capacity building initiatives, create liaison role).
18.	Create a an ACB paid position at MLHU that will focus on relationship-building, communication, and connection between the ACB community and MLHU.
19.	Consider innovative strategies to engage and enhance capacity of ACB organizations to support Public Health-related programs and community-based consultations (e.g., funding, project contracts, etc.).

Partner with Other Sectors

In this area of action, public health partners with other government and community organizations to identify ways to improve health outcomes for populations that experience marginalization (NCCDH, 2013). This could include, for example, working with community-based ACB-led organizations to remove barriers for optimizing health for ACB communities, bringing ACB and ally organizations together to identify and work towards collective goals to improve health outcomes in ACB communities, and partnering with local ACB influencers and community members to build community capacity.

20.	Lead and/or actively participate in local collective action initiatives focused on addressing and eliminating racism.
21.	Create and strengthen relationships and partnerships with ACB organizations, including the diverse faith institutions within the ACB community, in London and Middlesex County, to collaboratively enhance population health outcomes.
22.	Use a decision-making matrix that includes an anti-racism lens when choosing to engage in new partnerships or collaborative initiatives.
23.	Leverage the existing knowledge, expertise and wisdom of local ACB health workers to assist in identifying public health services and initiatives that could improve ACB health outcomes.
24.	Strengthen and facilitate collaboration efforts between ACB organizations and other racialized community groups to identify similar needs, challenges, priorities, goals, and opportunities for collaboration to improve population health outcomes.
25.	Lead and/or engage in a local health and service agency community of practice to promote, foster and extend interprofessional collaborative learning and practice, particularly around anti-Black racism and health equity best practices.
26.	Strengthen processes and tools for greater communication and collaboration between service providers to improve ACB access to available programs and services.
27.	Promote the creation and ongoing maintenance of an ACB health and allied health care professional directory so that ACB community members can more easily access practitioners from the ACB community if they wish.
28.	Increase informal and formal education and mentorship opportunities for ACB students from local post-secondary institutions and strengthen relationships with ACB students/student associations.
29.	Seek out and engage in research-specific partnerships with universities, research institutions (e.g., London Poverty Research Centre, the Canadian Institute for Health

	Information, and Institute for Clinical Evaluative Sciences) to help support race-based data collection, utilization and research.
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Engage in Healthy Public Policy

In this area of action, public health leads, supports and partners? with other organizations in policy analysis and development, and in advocacy for improvements in the determinants of health (NCCDH, 2013). This could include, for example, examining existing policies and practices to better understand their potential contribution to the experience of anti-Black racism, reviewing and designing all policies – including institutional policies, municipal by-laws, and legislation – through an anti-Black racism lens, and advocating with others for changes in social, economic, cultural and environmental conditions to address racism and its insidious systemic influence.

30.	Develop a “ways of working” organizational policy to guide MLHU’s work and to hold individuals and the organization to account.
31.	Develop and implement organizational policy to ensure Board of Health members, senior leaders, and all MLHU employees complete education related to ACB cultural safety training, cultural humility, Anti-Black racism, anti-oppression and decolonization.
32.	Develop an organizational policy related to the collection of race-based data, and advocate for the collection of race-based data to be provincially mandated within public health and across health and social service sectors.
33.	Seek out opportunities at community tables to advocate for increased Black representation and meaningful participation (including at decision-making tables), and call others to join in taking the initiative to challenge anti-Black racism and existing injustices.
34.	Review communication and visibility of procurement opportunities to enable bidding from Indigenous and Black-owned businesses and suppliers.
35.	Ensure that the MLHU has adequate funding and resources allocated to implement the recommendations outlined in the Anti-Black Racism Plan and maintain Black leadership of this work.
36.	Advocate with health system leaders for ACB “Connectors” that can support ACB community members with connection and navigation within and across the entire health care system.
37.	Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social

	determinants of health which are priority for local ACB communities, and ensure the policy approaches take an anti-Black racism lens.
38.	Establish an MLHU-wide system for ensuring accountability and monitoring progress towards implementation of the anti-Black racism recommendations (e.g. annual performance reviews, senior leadership accountabilities, balanced score card indicators, bi-annual Board of Health status reports).

Governance and Leadership

In this area of action, public health must consider how governance and leadership structures and processes can be realigned and recreated to create new and enhance any existing approaches that share power and actualize racial equity and equality. This could include, for example, co-creating community-led mechanisms related to race-based data, identifying opportunities to share decision-making and leadership, and introducing structures to enhance accountability to the ACB community.

39.	Create an ACB Anti-Black Racism Plan Integration Table (ABRPIT), with compensated representation from the diverse local ACB communities (similar to a WatSAN* committee structure) to support the implementation of MLHU's anti-Black racism plan in an effective, responsive, collective and accountable manner. This Table would support and/or provide direction on the following, BUT not be limited to: a) community engagement, b) collaborative planning processes, c) program evaluation, d) data review and protection, e) accountability and implementation leadership, f) policies and praxis. One table with sub-tables could be created (structure of the committees could also follow a WatSAN framework). *Water, Sanitation & Hygiene (WatSAN)
40.	Support the ACB communities in creating community-led mechanisms and structures to have ownership, control and access, and possession of data collected to prevent the historical and potential misuse of data, and/or leverage existing efforts across the Province to do the same.
41.	Create safer spaces and mechanisms for MLHU staff who identify as ACB to voice concerns and provide leadership in decisions that impact Public Health practice within the ACB community.
42.	Increase visual representation and organizational leadership of Black and minority groups within the MLHU.
43.	Review Board of Health and senior leadership decision making processes with an anti-Black racism lens (e.g. PBMA).

44.	Work with the Black community and other providers to create/adopt an anti-racism charter document and issue a challenge to other organizations to do the same.
45.	Embed an equity, diversity and inclusion lens in strategic planning to ensure anti-Black racism efforts are at the highest priority within the organization.