

A Black Health Plan for Ontario

A Call to Action to Reduce Disparities and Advance Equity in Ontario



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Foreword

It is often said that the increased rates and huge impacts of COVID-19 in Ontario's Black population are because the pandemic has exacerbated pre-existing health inequities.^{1,2,3}

This phrase is rarely critiqued. But it should be. That in 2023 we still speak about the exacerbation of pre-existing inequities should fill us with shame for at least two reasons.

First, health inequities are avoidable differences between populations. Pre-existing health inequalities for Black populations mark a failure of our social and health policies, and a failure of our health system to meet the needs of all members of the public. Our one-size-fits-all health system has not delivered for Black populations and we have not done enough to change that.

But when we put our minds to it, we can forge a path towards equity. The landmark work of Cancer Care Ontario (now part of Ontario Health) in developing culturally appropriate and targeted cancer screening for Black people with breasts, which increased access to early diagnosis and treatment, exemplifies this. The problem is that in Ontario such innovations have been the exception rather than the rule, and often languish in various stages of pilot projects or tests of change.

Second, we knew early in the pandemic that Black populations were being disproportionately affected. And, although there have been measures to advance equity—sociodemographic data collection and use, culturally adapted and community-informed public health innovations, and Black organizations working to increase vaccination rates in the Black population—these efforts have not been appropriately resourced, nor have they been adopted across health systems to deliver equitable care.

Pre-existing inequities and their “exacerbation” during the pandemic are not things that we should accept in a fair and just society. The Black Health Plan is a roadmap that will help Ontario put that shameful admission behind us. It is an evidence-based template for policy makers, health governance bodies, and providers and it will require a multi-year implementation plan. Its content may relate specifically to the Black population, but the model of building specific, evidence-informed, community-engaged strategies to decrease inequities is something that could work for other equity deserving populations and marginalized groups.

The Black Health Plan was developed by a diverse group of community members, health leaders, and academics. It offers practical examples of strategies that could advance equity. It has three pillars: the development of an equitable pandemic response strategy; building an equitable health system recovery plan; and making the fundamental changes in health and social systems required to drive health equity for Ontario's Black population.

There are effective evidence-based solutions to decrease COVID-19 inequities. Focusing on the needs of Black populations when delivering Ontario Health's service system priorities can decrease disparities. It is possible to build the leadership, staff capacity, community partnerships, data, funding, and accountability mechanisms to ensure fairness.

The Black Health Plan recognizes that racialized health inequities have long been features of the lives of Ontario's Black population. Historic and ongoing anti-Black racism and systemic inequities mean that Black people experience disproportionately higher rates of poverty, criminalization, and poor health outcomes. Systemic anti-Black racism and discrimination in Ontario reinforces racial inequalities that overwhelmingly produce dispossession and marginalization for Black communities.

But the Black Health Plan focuses on the fact that health disparities can be minimized by changes in policy and practice. It highlights the many examples in Ontario of effective strategies that have improved wellness, access to care, quality of care, and outcomes. It challenges our systems to use knowledge of the underlying causes of disparities to produce solutions. It challenges the system to scale up existing local, evidence-based solutions. It challenges the system to think about how each new decision could be used to decrease rather than increase inequity for the Black population.

The Black Health Plan challenges us to do better and explains how this can be achieved.

Anna Greenberg

Executive Lead, Equity, Inclusion, Diversity and Anti-Racism; and Chief Regional Officer, Toronto and East, Ontario Health

Dr. Kwame McKenzie

Chief Executive Officer, Wellesley Institute

Angela Robertson

Executive Director, Parkdale Queen West Community Health Centre

A Message from Black Health Alliance

Black Health Alliance was formed as a response to long-standing systemic inequities rooted in anti-Black racism that impact the health and well-being of Black communities in our province daily. As an organization committed to amplifying the voices of our communities, we listen closely to what communities identify as the challenges and barriers to their health and well-being. We work with communities to create a vision for better health and to develop viable solutions. We work to mobilize the tools, skills, and resources needed to develop interventions that improve the health and well-being of Black populations. Ultimately, we work to ensure that Black children, youth, and families have the resources and supports they need.

Over our 20-year history, we have aimed to catalyze increased access to culturally appropriate care. In the context of COVID-19, we have partnered with initiatives such as the Black Health Vaccine Initiative, led by the Black Physicians Association of Ontario, to bring together various partners (e.g., grassroots partners, community ambassadors, community health centres, hospitals, and public health units), to provide culturally safe spaces for vaccinations. These culturally responsive vaccination clinics are a timely example of the interventions that

we must multiply and the population health approaches that we must embed within our health care system.

Over the last two years, we have seen the power of our collective response. Driven by the advocacy of Black communities, a constellation of partners has worked across agencies and jurisdictions to prioritize protecting the health and well-being of Black people. The lessons learned must be captured and used to bring about optimal progress. Together we advocated for—and built—a more equitable response to COVID-19. The lessons learned must be captured and used to increase our impact. We continue to envision and contribute to this plan, which includes working to prioritize equity in the provincial recovery phase.

To support the implementation of the Black Health Plan, Black Health Alliance is committed to providing backbone support. This will involve supporting ongoing convening and alignment efforts to deliver results for the communities we serve. Our priorities, which aim to support implementation of the plan's three pillars, centre on building deeper connections with Black communities across the province; surfacing and scaling promising practices; supporting ongoing health promotion needs related to COVID-19,

preventative care, and screening; increasing access to culturally safe primary care (including mental health services); and lastly, supporting the groundwork necessary to address key structural and social determinants of health.

The crisis is not over. We know there is more work to be done. As we transition from a reactive approach to Black health to a proactive, comprehensive approach, we must collectively seek to:

- Keep our communities safe
- Alleviate the burdens of the pandemic
- Drive sustained health equity for Black populations focused on dismantling the inequities in our health care system
- Drive sustained health equity for Black populations focused on dismantling the socioeconomic and geographic inequities that pose the largest threat to our health and well-being

The success of such endeavours requires us all to be committed to and accountable for making the necessary contributions to build up, iterate, and sustain this plan. Ultimately, your commitment to uproot and address fundamental barriers to the optimal health of Black Ontarians translates to saving lives and ensuring that Black children, youth, and families can thrive.

Paul Bailey

Executive Director, Black Health Alliance

Executive Summary

Health inequities are a crisis for everyone in Ontario and they demand an appropriate response. The Black Health Plan offers this response for Black populations and provides a template to inform planning and action for other populations facing systemic disadvantages. Throughout this document are stories of grassroots, local, and regional initiatives that took place before and during the COVID-19 pandemic to support Black communities.

The province has historically supported targeted initiatives designed to improve health care access and outcomes for Black communities. TAIBU Community Health Centre (CHC) retains unique status as a publicly funded community health centre specifically providing care to Black populations in the Greater Toronto Area. Similarly, Women's Health in Women's Hands retains public funding to provide targeted programming to Black and racialized women in Toronto. The province has participated in the development of population-specific strategies, such as Ontario's Black Youth Action Plan, and has continued to act on the Ontario Anti-Racism Strategy. Interventions such as the Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY)—the only publicly funded intervention of its kind—have provided mental health supports to Black youth. (While expansion of the SAPACCY network is

underway, there remains a need to support the scale and spread of services to reach Black youth in need, ensuring that Black youth can access support in the right place and at the right time.

Beyond specifically funded entities such as TAIBU CHC and SAPACCY, a range of health system actors contribute to advancing health equity for Black communities. The Black Health Committee represents a collective of Black leaders in CHCs developing a province-wide and community-embedded strategy to improve health outcomes for Black populations. Similarly, Black Health Alliance, a community-led organization, is working to improve health outcomes for Black communities at the national level. Black Health Alliance has convened two installments of the ground-breaking Black Experiences in Healthcare Symposium. The symposia have provided opportunities for collaboration between multisector partners to advance Black health. They have also provided fertile ground for the development of entities such as the Black Health Equity Working Group, a collective of Black health sector leaders who have developed a framework governing the use of Black communities' health data ([Engagement, Governance, Access and Protection Framework](#)), and meetings such as the Black Health Summit, which began in 2020 to bring together stakeholders from across

the province (public health units, community organizations, CHCs, grassroots organizations, community advocates, etc.) to address disproportionate COVID-19 infection rates in Black communities.

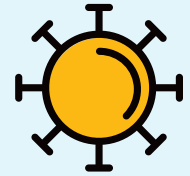
Enabling the implementation of targeted strategies are organizations such as the Black Physicians Association of Ontario (BPAO) and Black Health Alliance. These organizations have played particularly significant roles over the course of the COVID-19 pandemic, contributing to the development of the Black Health Vaccine Initiative and the Black Scientists' Taskforce on Vaccine Equity. Public funding has enabled the implementation of low-barrier, culturally safe COVID-19 interventions, such as Black health service provider-led vaccine clinics in the Peel and Durham regions, facilitating vaccination of populations experiencing high risk.

All this to say, there is a precedent for work that addresses health inequities experienced by Black populations. Much of it is ongoing and enabled by pre-established interventions, such as the visionary initiative in the Toronto region to collect and use race and sociodemographic data collection (the [We Ask Because We Care](#) project). The pandemic has provided a reminder that much is possible. But key actors must be enabled and supported to implement and expand impactful work. We need to scale these initiatives at the regional level and use these learnings to inform policy and best practices at the provincial level. We are all on the same side: working to ensure all Ontarians achieve optimal health outcomes.

The Black Health Plan aims to enable the vision of improved health for Black Ontarians. It is informed by recent interventions, such as the 2017 legislation of the Anti-Racism Act, Ontario's Anti-Black Racism Strategy, and Ontario Health's [Equity, Inclusion, Diversity, and Anti-Racism Framework](#) to help achieve better health outcomes for all patients, families, and providers. It builds on existing legislative commitments to Indigenous and Francophone communities and strives to identify and address impacts of anti-Black and anti-Indigenous racism on health. Indeed, racialized and equity deserving populations broadly would benefit from adapting the steps outlined here.

The Black Health Plan is developed across three pillars, each with a corresponding set of recommendations for the Ministry of Health, Ontario Health, Ontario Health Teams, and health service providers. These are outlined below.

Recommendations in Brief



Pillar 1: Equitable Pandemic Response for Black Populations

We learned a great deal about inequities in pandemic response through several waves of COVID-19. As the pandemic continues to evolve, Ontario's ongoing response must work equitably for Black populations.

The following recommendations are for the Ministry of Health and Ontario Health:

Recommendation 1

With public health units and others involved in the pandemic response, adopt and implement evidence-based strategies that decrease inequities in risks of COVID-19 infection and the impacts of COVID-19.

Recommendation 2

Sustain policies and programs that enable equitable COVID-19 response and recovery, including increased funding for the province's High Priority Community Strategy, to advance the delivery of care and services required by Black and equity deserving communities using a population-based approach.

Recommendation 3

Develop a strategy to investigate, quantify, and address the impacts of post-COVID conditions ("long-COVID") and ongoing COVID recovery care in the Black population.

Recommendation 4

Prioritize the systematic collection of race-based data through the OHIP health card registration and renewal process, analyze these data, and publish the data and the results to help the health system decrease inequities during and following the pandemic.

Recommendations in Brief

Pillar 2: Equitable Health System Recovery with a Focus on Black Populations



Black populations must be properly included in plans for health system recovery. The Health Recovery Dashboard must include indicators related to Black health in each of the four priority areas (preventative and primary care, community mental health and addiction services, access to care, and access to surgeries and diagnostics) and in targeted interventions for Black people and communities.

The following recommendations are for the Ministry of Health and Ontario Health:

Recommendation 5

- Include specific actions to improve the health of Black populations in each of the pillars of the province's health system recovery plan:
- For prevention and primary care—Develop a specific, targeted aim to increase cancer screening for Black populations
- For mental health and addictions—Work with partner ministries to develop strategies that will:
 - Decrease the effects of adverse childhood experiences on mental health in Black populations. Strategies must prioritize protective interventions that improve well-being, such as early childhood intervention. Additionally, mental health strategies must address the resulting impact on communities
 - Support the findings of the Decriminalization for Simple Possession of Illicit Drugs report to decrease the

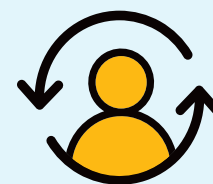
harms of criminalization on Black people living with addictions or substance use disorders. Strategies must prioritize interventions that improve access to sustainable housing programs, violence prevention, and poverty reduction

- For access to care in the most appropriate setting—Undertake a race impact assessment to address inequities that may be occurring that prevent Black hospital patients from receiving care in the most appropriate setting
- For access to surgeries, procedures, and diagnostic imaging—Ontario Health should develop strategies to decrease disparities in access to surgery for Black populations and use community health centre data to identify differences and monitor progress

Recommendation 6

Populate the health system recovery dashboard with indicators in areas of specific importance to the recovery needs of Black populations, including diabetes, sickle-cell disease, hypertension, renal disease, and rheumatological conditions.

Recommendations in Brief



Pillar 3: Sustained Health Equity for Black Populations

Successful strategies to ensure equitable care beyond COVID-19 must be embedded, spread, and scaled. These include engaging Black communities in initiatives; creating accountability structures in the form of allocated funding to inform equity-based work; supporting the inclusion of Black staff in all levels of organizations responsible for policy creation and strategic planning; and developing a data governance plan for the collection of race-based and sociodemographic data.

The following recommendations are for Ontario Health, Ontario Health Teams, and health service providers:

Recommendation 7

Pledge to work toward Black health equity and support the Black Health Plan.

Recommendation 8

Ensure authentic and sustained engagement and inclusion of Black populations by:

- Revamping community engagement practices
- Learning about the community and its diversity of needs
- Ensuring Black populations are engaged in the analysis and use of data and in the development, delivery, and monitoring of services
- Increasing the percentage of Black people in senior positions and on voluntary health system boards
- Increasing recruitment, retention, and promotion of Black staff

Recommendation 9

Ensure the establishment of a Black health equity strategy based on the continued collection, analysis, use, and publication of race-based data. Plans should include:

- Specific strategies to address anti-Black racism
- Collaboration with ministries and/or other sector partners to decrease the impacts of negative social determinants of health (e.g., poverty, unequal access to care, racism, poor housing conditions)
- Funding models that promote equity for Black populations
- Clear targets and measurable outcomes
- Transparent and accessible monitoring and reporting of results

Recommendation 10

Enable the capacity and lines of accountability that can deliver Black health equity by:

- Establishing clear accountabilities throughout the system, including for senior leaders across different program areas in the ministry
- Building a team responsible for Black health equity, with clear accountability, roles, and responsibilities
- Ensuring staff are capable of delivering Black health equity
- Developing and implementing processes, policies, and interventions that facilitate equitable access to and outcomes of care for Black populations
- Implementing targets for funding and resourcing for models proven effective in decreasing inequities

All of this must be informed with the understanding that Black health is not limited to health care but to other social drivers that inform health outcomes (i.e., the social determinants of health). Advancing equity for Black populations will require cross-sectoral approaches.

This is not an implementation plan. Rather, it is a call to action: a dynamic, iterative document that sets a foundation to build such a plan and to outline short- and long-term goals.

The intersecting sites and structures of anti-Black racism within the health care system can and must be transformed. This plan aims to support, and indeed drive, this endeavour.



Introduction

On January 30, 2020, the [Black Experiences in Health Care Symposium](#) brought together voices from Black communities, activists, health system leaders, and allies. Key themes generated at this symposium included but were not limited to 1) redefining allyship (allies must not only support the work, but also raise the issues and move the work forward); 2) reshaping government involvement in Black health care locally and provincially (historically, governments have created policies that have negatively impacted the health of Black communities, such as carding); and 3) data justice (appropriate data infrastructure, including ownership, access, and ethics for race-based data). The goal was to develop actionable steps to reduce inequities, including the development of a Black-led strategy aimed at improving the health and experiences of Black Ontarians.

The lived experience of Black people is not uniform. It comprises diverse origins, cultures, and socioeconomic backgrounds. It includes those experiencing homelessness, those in the incarceration system, those living with disabilities, and those who identify as lesbian, gay, bisexual, transgender, queer, non-binary, intersex, or asexual. Continuous engagement with members of the Black community—people who have had

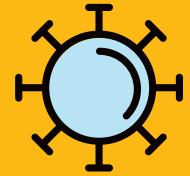
unique challenges in accessing the care they have required and who are intimately acquainted with how health policies affect their experiences—is necessary to advance this plan.

This report lays out a comprehensive plan to improve Black health. It contains recommendations for governing bodies, health care organizations, and health service providers. This is a multiyear plan, and a simultaneous call to action, to reduce disparities and to advance health equity in Black communities across the province. It speaks to implementation, but it is not an implementation plan. It is a dynamic, iterative document that sets the stage for the collaborative work ahead.

The Black Health Plan was developed alongside communities. Fundamentally, it refuses the normalization of inequities in health and the social factors that lead to illness. It challenges us to deliver a fairer health system response for Black people in Ontario.

Pillar 1

Equitable Pandemic Response for Black Populations



As we continue to feel the impacts of COVID-19, interventions that close gaps in access to care for Black populations and address health inequities must be prioritized. The first pillar of the Black Health Plan identifies pandemic strategies that advance health equity and provides recommendations to spread, scale, and sustain effective interventions.

RECOMMENDATION 1

With public health units and others involved in the pandemic response, the Ministry of Health should adopt and implement evidence-based strategies that decrease inequities in risks of COVID-19 infection and the impacts of COVID-19, including improved testing and tracing; equitable access to vaccines, therapeutics, and monoclonal antibody therapies; addressing Black community concerns that are leading to vaccination hesitancy; and advocating for change in the social factors that lead to pandemic inequity.

Vaccine uptake in Ontario has been inconsistent, requiring targeted interventions to increase availability and access, particularly in underserved neighbourhoods.¹ While overall population vaccination rates continue to increase, vaccination rates in racially diverse neighbourhoods are lower than rates in less diverse neighbourhoods.^{5,6} Ontario's early vaccine strategy prioritized essential workers, and its [ethical framework](#) enabled some early, but time-limited, vaccination prioritization for hard-hit areas. As this waned, communities and allies stepped in to try to decrease predicted disparities in vaccine uptake.

In areas like Rexdale or Black Creek in Toronto's northwest region, for example, there were several community pharmacies, but none carried the vaccine.⁷ The process of trying to book a vaccine appointment through online systems or telephone systems offered by the province posed a challenge for individuals with limited internet access or time to navigate a phone-booking system.

Additionally, findings show significantly lower rates of vaccine confidence (belief that vaccines work, are safe, and part of a trustworthy medical system⁸) among Black communities compared with general populations.⁹ In response to this, the Black Scientists' Task Force on Vaccine Equity came together to build vaccine trust in Black communities and increase access to vaccine clinics.¹⁰ While active, the task force held many online town halls with different segments of the community, including child care and long-term care workers, shelter staff, seniors, farm workers, educators, children mental health staff, university students, and 2SLGBTQIA+ community members. It also held vaccination clinics and radio and online awareness campaigns. Surveys distributed before and after the town halls indicated that sessions reduced attendees' vaccine hesitancy by at least 20%.

RECOMMENDATION 2

The Ministry of Health and Ontario Health should sustain policies and programs that enable equitable COVID-19 response, including increased funding for the province's High Priority Community Strategy, to advance the delivery of care and services required by Black communities using a population-based approach.

Ontario's COVID-19 response must include ongoing investment in and implementation of targeted interventions to address inequitable outcomes for Black populations.^{9,11,12} Evidence-based resources must still be accessible for populations reporting high levels of vaccine distrust. Educational resources focusing on building vaccine confidence must be made available, along with access to preventative resources such as high-quality masks and access to rapid testing. The Black Scientists' Taskforce on Vaccine Equity has outlined a set of [recommendations](#), which are in alignment with the Black Health Plan. Ensuring the COVID-19 vaccine strategy reaches and benefits Black communities takes a population health approach, with a focus on addressing the social determinants of health.

Testing is a key element of communicable disease monitoring and management. Early case identification means steps can be taken earlier to isolate people who have been exposed and reduce further transmission. Testing is particularly important for communities facing higher risk, such as those with higher prevalence rates and lower vaccination levels. As the testing strategy evolves with emerging evidence, the ongoing pandemic response must include the development and implementation of an equitable testing strategy for Black populations at elevated risk. With the advent of therapeutics, testing strategies are critical to get these therapies to individuals during the optimal therapeutic window. This strategy must include expanded access to free rapid antigen tests.

In Ontario, the risk of acquiring COVID-19 is connected to the social determinants of health, which are influenced by systemic racism. Social determinants of health must be addressed across sectors and in jurisdictions beyond health (e.g., housing, employment). In 2016, 20.6% of Black Canadians (compared with 7.7% of white Canadians) reported living in below-standard housing, while 20.7% of Black Canadians aged 25 to 59 reported

living on a low-income (compared with 12% of the rest of the population).^{9,12} Tracking employment conditions that increase risk of exposure can provide necessary data to inform policy that directly impacts marginalized populations. Paid sick days, for example, mitigates workplace spread and potential for outbreaks while minimizing financial implications for low-income earners.

An equitable pandemic response requires policies that secure funding for targeted initiatives that address those most at risk. This includes sustained support for the province-wide community ambassador model, launched during the pandemic, where trusted community members stepped into ambassador roles to increase COVID-19 vaccine and testing uptake. Improved funding for the Ministry of Health's COVID-19 Response in High-Priority Communities can help scale the program to include targeted measures for Black populations. Meanwhile, the Black Health Vaccine Initiative can be sustained and expanded into integrated access points for priority populations (testing, vaccination, COVID-19 care, and preventative care) to support broader population health goals.

Targeted vaccine rollout strategies implemented in Peel region, Durham, and Toronto addressed inequities in vaccine access. Low-barrier, pop-up clinics promoted by community ambassadors were enhanced to include primary and preventative care. These interventions have tangibly impacted health outcomes for Black populations. Without them, vaccination uptake would be lower.



RECOMMENDATION 3

The Ministry of Health and Ontario Health should develop a strategy to quantify and address the impacts of post-COVID conditions ("long COVID") and ongoing COVID recovery care on the Black population.

All efforts must also consider the long-term or prolonged effects of COVID in the Black population, resulting from increased susceptibility to infection. *Long-term effects of COVID* refers to multiple persistent symptoms that make it difficult for people to return to baseline levels of function.¹³

Strategies must be implemented to quantify and address the impacts of prolonged COVID and facilitate access to resources for affected communities.



Vaccine strategies must address the determinants of risk that put some populations at higher risk than others and should build on lessons learned and partnerships formed. They should focus on driving vaccination equity so that Black populations do not fall further behind. They must build on high-priority community initiatives.

RECOMMENDATION 4

The Ministry of Health and Ontario Health should prioritize the systematic collection of race-based data through the OHIP health card registration and renewal process, analyze these data, and publish the data and the results to help the health system decrease inequities during and following the pandemic.*

**Service providers should support the collection of race-based data and use collected race-based data to identify differences in rates of illness and outcomes of interventions for Black populations and to develop equitable services.*

As far back as 2017, Ontario's 3-Year Anti-Racism Strategic Plan called for the development of disaggregated race-based data collection frameworks and guidelines. Collection of these data was identified as critical to the creation of an inclusive and equitable society to enable identification and monitoring of systemic racial disparities. Disaggregated sociodemographic data is already being collected in key sectors across the province, including within the areas of justice, education, and child welfare. Collecting these data in health care brings the sector into alignment with others already collecting and using such data to inform planning.

The collection of race-based and sociodemographic data during the pandemic has enabled the identification of disparities in COVID-19 infection rates, hospitalizations, and deaths, as well as system planning and responsive course correction. Ontario's initial vaccine strategy (launched in April 2020) was based on per capita allocations and other prioritization markers such as age and essential worker status.¹ Early review of health data collected during the pandemic revealed inequities in vaccine distribution. Analysis of these data prompted strategy

revisions, including development of Ontario's hot spot vaccination prioritization strategy,⁴ operationalized by June 2020.

Evidence shows high effectiveness in data-informed, targeted interventions that secure access to care for Black communities.¹⁴ Data collection has been mandated during COVID-19, but it is not occurring consistently across the system. Moving forward, system-wide collection of race-based data via the health card registration and renewal process must be prioritized. Mandated collection and analysis of these data is required to inform health system planning and to address drivers of health inequity for Black and racialized populations beyond COVID-19.

In Toronto, race-based health data have been integrated in strategic planning at the municipal level. Toronto Public Health data showed higher incidence of COVID-19 cases and deaths among racialized and low-income populations, including Black communities. To address this, mobile testing sites were rolled out to make services and supports more accessible.¹⁵ These strategies relied on analysis from data collected throughout the pandemic.

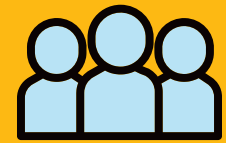


Ottawa City Council formed an anti-racism secretariat to guide municipal policies and practices, while Ottawa Public Health engaged with the Ottawa Local Immigration Partnership to understand and mitigate the effects of COVID-19 on racialized communities.¹⁶



Pillar 2

Equitable Health System Recovery with a Focus on Black Populations



As Ontario begins to implement a phased approach to health system recovery, it must work to include Black populations into its plans from the outset. This can be achieved by:

- Embedding targets and indicators aligned with Black health goals within stabilization and recovery plans
- Implementing equity stratification on existing targets and indicators on recovery dashboards
- Identifying alternate, community-informed goals for population-specific Black health issues.

RECOMMENDATION 5

The Ministry of Health and Ontario Health must ensure that all priorities in the health system recovery plan equitably meet the needs of Black populations and include specific actions to improve the health of Black populations.

Collecting and reporting on sociodemographic data is necessary to inform targeted action. Studies such as [Tracking COVID-19 Through Race-Based Data](#) published by Ontario Health, in partnership with the Black Health Alliance and the Wellesley Institute, have provided evidence that population-specific data increased understanding of COVID-19 risk factors and severe outcomes in Black communities.

But this is not enough. As the province works to stabilize the health system and workforce to ensure capacity to recover from COVID-19, adopt new processes, care pathways, and structures in areas where fundamental change is required, and

restore functionality in areas where the pandemic adversely affected care and services, *the province must commit to measurable processes to achieve better outcomes in Black populations.* This commitment must be made for immediate and long-term goals, such as building pathways to primary care for Black communities and collecting and reporting on sociodemographic data. Policymakers must implement policies that promote social and economic inclusion to address systemic racism and monitor efforts used to achieve better outcomes for Black communities.^{17,18} Interventions deemed effective should be spread and scaled to more Black communities across the province.

PRIORITIES FOR RECOVERY

The Health System Recovery Table, convened by Ontario Health outlined four primary goals of health system recovery:

- 1. Increase overall access to preventative care and primary care, with a focus on regions, communities, and populations with the greatest reductions in services due to the pandemic.**
- 2. Increase overall access to community mental health and addiction services, with a focus on regions, communities, and populations with the greatest reductions in services due to the pandemic.**
- 3. Improve overall access to care in the most appropriate setting, with a focus on regions,**

communities, and populations with the greatest reductions in services due to the pandemic.

4. Increase overall access to scheduled surgeries, procedures, and appropriate diagnostic imaging services, with a focus on regions, communities, and populations with the greatest reductions in services due to the pandemic.

All these goals include a focus on reducing inequities for equity deserving populations, including Indigenous, Black, and racialized communities.

Achieving these goals will require a collective effort from each region of the province working as one health system. To ensure Black populations are included in recovery efforts, three things must happen.

First, we must be able to measure the health outcomes for Black populations within existing metrics—that is, stratify each metric by neighbourhood and percent of population that is Black to understand the impact on Black populations.¹⁹

Second, within each recovery goal, there must be specific interventions for Black populations to improve overall impact:

- **For prevention**—Ontario Health should develop a specific, targeted aim to increase cancer screening for Black populations.
- **For mental health and addictions**—Develop mental health strategies for Black populations must include a commitment to addressing structural drivers producing poor health outcomes. The Ministry of Health and Ontario

Health need to work with the Ministry of the Attorney General, the Ministry of Housing, and the Ministry of Education to develop strategies that will:

- Decrease the effects of adverse childhood experiences on mental health in Black populations. Strategies must prioritize protective interventions that improve well-being, such as early childhood intervention. Additionally, mental health strategies must address the resulting impact on communities
- Support the findings from the *Decriminalization for Simple Possession of Illicit Drugs* report to decrease the harms of criminalization on Black people living with addictions or substance use disorders. Strategies must prioritize interventions that improve access to sustainable housing programs, violence prevention, and poverty reduction

Part of the current mental health strategy, and the \$3.8 billion allotted to care in this area, should include specific increases in access to cognitive behavioural therapy (CBT), community mental health care, and substance use care for Black populations, considering existing disparities such as the following:

- It takes twice as long for Black Ontarians of Caribbean descent to access evidence-based services compared with white people and Black Ontarians experience a higher level of aversive pathways to care (emergency room, ambulance, or police)²⁰
- Costs of mental health services, such as counselling, have been described as a barrier for Black Ontarians to access necessary mental health services^{20,21}

- The COVID-19 pandemic has exacerbated the opioid crisis. Opioid related deaths increased by 76% in the first year of the pandemic. Black communities, along with other equity deserving populations (such as incarcerated populations), are among groups that have seen the largest relative increases.²² Monitoring and reporting bodies must collect disaggregated data showing differential impacts, and emerging data must inform planning and response to substance related crises. Commitments and targeted strategies to address the harm caused by the overdose crisis and bolstered mental health programing in Black communities are needed

- ***For access to home care/care in the most appropriate setting***—Ontario Health should conduct a race impact assessment (much like the Anti-Racism Impact Assessment being developed by the Ontario Anti-Racism Directorate) to address inequities that prevent Black hospital patients from receiving care in the most appropriate setting
- ***For access to surgeries, procedures, and diagnostic imaging***—Ontario Health should develop strategies to decrease disparities in access to surgery for Black populations and use community health centre (CHC) data to identify differences and monitor progress.

RECOMMENDATION 6

The Ministry of Health and Ontario Health should populate the health system recovery dashboard with indicators related to specific areas of importance to the recovery needs of Black populations, including diabetes, sickle-cell disease, hypertension, renal disease and rheumatological conditions.

To realize a fully recovered health system that reduces inequities in access to preventive care, primary care, and community supports, a range of strategies will be required. These strategies will need to be coordinated and must build on what the system has already learned during the pandemic, beginning with providing culturally sensitive, culturally competent care.



Pillar 3

Sustained Health Equity for Black Populations



Improving the quality of Ontario's health system so that it can deliver and sustain the delivery of fair treatment to Black populations is like every other quality improvement initiative. It requires engagement and buy-in. It requires a measurable plan, indicators, targets, and outcomes. It requires accountability. It may require skills and workforce development, and the development or deployment of new approaches to service delivery.

RECOMMENDATION 7

Ontario Health, Ontario Health Teams, and health service providers must pledge to work towards Black health equity and support the Black Health Plan.

Sustainable change will require long-term planning, coherence, and unity among many stakeholders. The first step is for organizations to accept and commit to implementing the Black Health Plan.

RECOMMENDATION 8

Ontario Health, Ontario Health Teams, and health service providers must ensure authentic and sustained engagement and inclusion of Black populations by:

- a. Revamping community engagement practices**
- b. Learning about the community and its diversity of needs**
- c. Ensuring Black populations are engaged in the analysis and use of data and in the development, delivery, and monitoring of services**

d. Increasing the percentage of Black people in senior positions and on voluntary health system boards

e. Increasing the recruitment, retention, and promotion of Black staff

A commitment to improving health experiences for Black community members requires community engagement and leadership. Authentic engagement requires collaboration with health and social service organizations with established and trusted relationships and engagement practices within Black communities. To reflect the diversity of Black communities across Ontario, this will require a multitude of approaches and partnerships in different parts of the province. Engaging organizations embedded within Black communities will increase awareness of community needs and allow for self-determination within proposed initiatives. Early initiation means communities are more likely to be included and invested in the development of effective strategies or initiatives. Sufficient time is needed to make genuine connections, forge relationships, understand the social and local infrastructure of communities, and develop plans to ensure the perspective of communities is reflected throughout the entire process.

Authentic engagement must be open and receptive to knowledge and insight gained through lived experience within the community. It must also include the creation of paid positions and roles for community ambassadors or trust-builders who can help navigate the relationships

between the community and health system. Leadership in health service provider organizers can work with Black communities to identify commonalities and create shared agendas, with collective actions to attend to and improve health outcomes. The goal should be to empower community organizations, but not overburden them with connection and engagement with every government or health service organization.

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. These community leaders can help in the readiness assessment of a community and serve as bridges between the community and health care service providers in the regions. It is imperative these strategies are informed by experiences of Black community members.



The Centre for Addiction and Mental Health (CAMH) has launched a **Dismantling Anti-Black Racism** strategy, with 22 action items to reduce inequities on the CAMH campus, including training in culturally appropriate CBT, review of practices to deliver optimal care for Black clients, data collection, and partnerships with Black communities.

To achieve the goals of the Black Health Plan, there may need to be skills development in the workforce, such as [Dismantling Anti-Black Racism](#) toolkits and education modalities for health care providers, system planners, and administrative leaders. Further work needs to be done to hire, retain, and promote Black staff to senior positions so that health care provider organizations can better reflect the communities they serve. This will help to build trust, secure engagement, and promote co-design of programs that are more responsive to the needs of Black communities

RECOMMENDATION 9

Ontario Health, Ontario Health Teams, and health service providers must ensure the establishment of their own Black health equity strategies based on the continued collection, analysis, use, and publication of race-based data. The plans should include:

- a. Specific strategies to address anti-Black racism
- b. Collaboration with ministries and other partners who can decrease the impacts of negative social determinants of health (i.e., poverty, unequal access to care, racism, poor housing conditions)
- c. Clear targets and measurable outcomes
- d. Transparent and accessible monitoring and reporting of results

Black health equity strategies require data. But first, genuine, consistent consultation with Black communities regarding data collection, management, use, and ownership is required to spark engagement and alleviate pre-existing distrust.²³ A data governance plan is needed to ensure sociodemographic data collection, analysis, and reporting is used to inform strategies and actions benefiting Black communities.

Ontario's Anti-Racism Directorate provides guidelines on the collection of data to investigate racial disparities, to eliminate systemic racism, and advance racial equity.²⁴

In late 2020, the [Black Health Equity Working Group](#)²⁵ was established to, in part, develop a plan to address long-standing inequities that were exacerbated by the COVID-19 pandemic. The [EGAP \(Engagement, Governance, Access, and Protection\) framework](#), developed by the Black Health Equity Working Group, envisions Black communities gaining control over their collective data.²⁵ The intention of the EGAP Framework is to entrust sovereignty of data collected *for* Black communities *with* Black communities. This work is grounded in self-determination.

Data collection and interpretation cannot stigmatize communities and must be accessible to community members, including community-based researchers and community/local leaders. This means communities can decide what data is collected, who can access the data, and most importantly, how the data can be used. Providing Black communities with greater control over their collective data, and applying the principles outlined in the EGAP Framework, will bring Black communities a step closer to data sovereignty.

Used appropriately, race-based and sociodemographic data can play a pivotal role in the reduction of health disparities. Ongoing collection, analysis, and use of race and sociodemographic data is required to identify and ameliorate racialized health inequities. Data collected during the provincial pandemic response can be used to ensure tailored and informed interventions, as can existing small-scale data collection models from within and outside

the sector. Ontario Health Teams should also align their policies and programs with emerging health system recovery priorities. When OHTs complete their collaborative Quality Improvement Plans, they should choose population health indicators specific to Black populations to increase the uptake of race-based data collection. Ontario Health Teams (OHTs) are geographically poised to take a neighbourhood and population approach to determine whether equity initiatives are working and where there are opportunities to improve; work directly with equity deserving populations and partners who are the first point of contact for newcomers; and identify youth leaders and ambassadors in the community to support with peer-to-peer messaging and confidence building. These data can also be used to monitor and track progress and determine whether the implemented strategies are achieving the intended reduction in disparities.

Advancing equity in the Black community will require unity and coherence between the multiple ministries to execute scalable initiatives to combat inequities burdening Black communities.

Ottawa Public Health created a community of practice with representation from CHCs, community resource centres, Boys & Girls Club, food banks, resident leaders, Ottawa Local Immigration Partnership, Ottawa Health Team – Équipe Santé Ottawa, and Ottawa Public Health. The community of practice provides an opportunity to share key information in a timely manner, leverage and share resources, and provide a table for decision-making.





Toronto's COVID-19 equity data collection strategy started with collecting data to identify areas and groups experiencing risk. These data were analysed and, in conjunction with communities, used to create more effective public health strategies, such as pop-up testing sites, free places to isolate, increased buses to decrease crowding, and action on social factors that support COVID-19 protection, such as eviction protection and food security.

RECOMMENDATION 10

Ontario Health, Ontario Health Teams, and health service providers must enable capacity and lines of accountability that can deliver Black health equity by:

- a. Building a team responsible for Black health equity, with clear accountability, roles, and responsibilities**
- b. Ensuring staff are capable of delivering Black health equity**
- c. Developing and implementing processes, policies, and interventions that facilitate equitable access to and outcomes of care for Black populations**
- d. Implementing funding models that promote equity and targets for funding and resourcing for models proven effective in decreasing inequities**

Transformation of the health care system requires accountability in the form of appropriate funding. There is an economic and moral impetus for the implementation of this Black Health Plan. Ill health can hinder mental wellness, social-connection, and social well-being. It can also have an impact

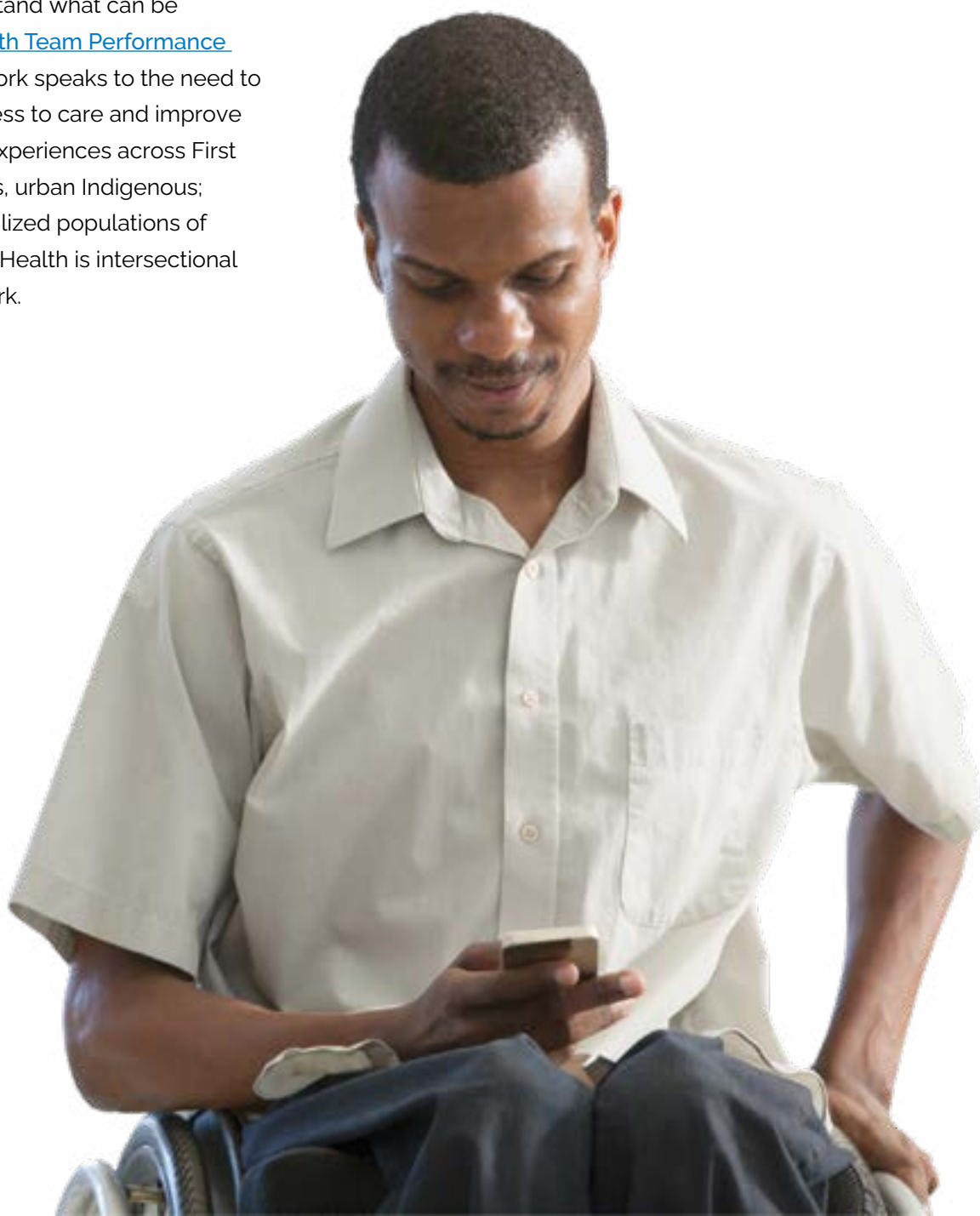
on the economy via reduced labour supply, reduced labour productivity, less education and training, fewer savings for investments in physical and intellectual capital, higher health care costs, and higher uptake of social assistance benefits.²⁶

Extensive data show disproportionate burdens of poor health outcomes carried by Black populations in Ontario. Equity-driven strategies reduce barriers to care, improve pathways to preventative care, and improve overall health outcomes. Addressing the disparate burden of poor health carried by Black communities requires equitable use of existing funding, ensuring that Black communities are prioritized in resource allocation. "One-size-fits-all" funding allocations will not meaningfully address historic and present underfunding and under-investment in Black communities resulting from anti-Black racism.

Equitable funding models are required to match the scope of stabilization and recovery needs of Black communities. Existing funds must be distributed equitably or more funding is necessary to support equity. Funding is required to spread and scale successful interventions that helped reduce inequities related to COVID-19 so that they can be applied to other Black-specific health outcomes. In the long term, funding formulae must be developed to support and promote equity.

Achieving sustained equity for Black populations requires implementation of targeted policy interventions with clearly defined goals and measurable outcomes. Accountability means a recognition of disparities produced by anti-Black racism, beyond the pandemic, and the implementation of targeted interventions to address systemic inequity.

There may need to be more interventions for Black populations. We can build on what worked during COVID-19 and draw on effective strategies that were in place before COVID-19. What we knew before COVID-19, and what COVID-19 reinforced, is that action on the social determinants of health is necessary to improve equity. In conjunction with health system transformation, we need service providers to understand what they can do to improve the social determinants of health and for government departments to understand what can be done. The [Ontario Health Team Performance Measurement Framework](#) speaks to the need to improve equitable access to care and improve health outcomes and experiences across First Nations, Inuit, and Métis, urban Indigenous; Francophone; and racialized populations of patients and providers. Health is intersectional and so must be this work.



Summary and Conclusion

Black communities across Canada have long drawn attention to policies and systems that negatively impact their lives. A 2017 United Nations delegation reviewing the material conditions of Black life in Canada reported abject findings.²⁶ Black people in Canada overwhelmingly experience disproportionately poor health outcomes. The factors producing these conditions are both historic and ongoing.

During the unprecedented crisis of COVID-19, racialized health inequities were not surprising or unanticipated. Across the province, Black communities are among those most affected and harmed by COVID-19. Systemic anti-Black racism and discrimination in Ontario reinforces racial inequalities that overwhelmingly produce dispossession and marginalization for Black communities. These inequities are not fixed realities, but result from inequitable policies and decision-making, and can be changed.

Any meaningful action to address inequities experienced by Black communities must prioritize rapid implementation of responsive interventions that specifically address disparities in access to care. Responses that do not prioritize health equity-focused interventions perpetuate ongoing harm.

We must spread and scale effective provincial, municipal, grassroots, and community-led pandemic initiatives to reach Black communities. We must include Black populations in health system recovery plans. And we must sustain these efforts beyond the pandemic.

This Black Health Plan is a dynamic and evolving document which will work to build on experiences and lessons learned in the communities of those that are affected and on the front lines. We urge health care providers, organizations, and governing bodies to use this plan, to action specific changes, and to push to transform existing structures to ensure that Black communities across Ontario receive safe and equitable care to support fair and improved outcomes.

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