

OPHA
Anti-Racism Task Group

Action Plan

(2021-2024)

1.0 Background

The OPHA's Anti-Racism Task Group was created in June 2020 to explore and tackle the ways in which racism, particularly anti-Black and anti-Indigenous racism, operates within public health. Systemic racism interacts with and amplifies every determinant of health, creating barriers and inequities for individuals and communities that experience racism. Examples of this include higher rates of chronic health conditions, communicable diseases, and mental health challenges. Utilizing an action-oriented approach, the Task Group has engaged in advocacy work through letters to municipal and provincial governments, infographics for those attending police violence protests during COVID-19, and working on the OPHA's 'Make it Better' campaign to highlight the effects of climate change on racialized communities.

In October 2020, the Task Group successfully passed a position statement and resolution paper on anti-racism at the OPHA's Annual General Meeting. The resolution paper commits OPHA to undertake the following:

1. Incorporate and apply an anti-racism and anti-Indigenous racism lens in its planning, implementation, and evaluation of all programs, activities, and policies and adopt organizational language that reflects anti-racist values and avoids stigmatizing or homogenizing BIPOC (Black, Indigenous, People of Colour) and their struggles, particularly for Black and Indigenous people
2. Embark on an anti-racism action plan, based on the principles set out in the position statement, to guide its work in tackling systemic racism; the action plan is to include a commitment to continuous learning and knowledge-seeking in regards to racism in public health and beyond, rather than exclusively relying on BIPOC as an educative source
3. Create and adopt a resolution which commits the organization to reducing health disparities by responding to the Missing and Murdered Indigenous Women's Calls to Justice
4. Advocate to the Ontario government and other public health agencies to:
 - a. Apply a racial equity and Indigenous equity lens across all public health projects and programs, not only for those that explicitly tackle anti-racism and anti-Indigenous racism, and to continue to promote and support the use of an anti-racism and anti-Indigenous racism lens in other parts of the health system
 - b. Increase funding, resources, and fair compensation for anti-racism and anti-Indigenous racism work in public health, including job positions, committees, and anti-racism/anti-Indigenous racism/anti-oppression training
 - c. Develop the capacity to translate and apply anti-racism and anti-Indigenous racism research/knowledge gathering activities in ways that will improve the wellbeing of racialized and Indigenous people
 - d. Implement equitable hiring practices, foster culturally safe workplaces, and create diverse staff teams that reflect the communities they serve.

The following action plan will highlight the goals, values, and principles that guide the Task Group's work, as well as provide an outline of the group's intended outcomes and activities for 2021-2022 to 2023-2024. The contents of the action plan will draw from the Task Group members' involvement and input, as well as support from other OPHA staff and partners.

2.0 Vision

An Ontario where everyone can fully achieve their best possible health, regardless of race, ethnicity, or Indigenous identity.

3.0 Values and Beliefs

OPHA's Anti-Racism Task Group believes that:

- Racism drives health inequity
 - Racism and anti-Indigenous racism interact with and amplify every determinant of health; they are key drivers of health inequities
- Public Health has historically perpetuated racist practices that negatively impact the lives of Black, Indigenous, and People of Colour
 - For example: lack of action on racism as a determinant of health, despite awareness around this issue; disparities in funding for this type of work; histories of medical racism/racism within the health care system
- Public Health has a responsibility to embed anti-racist practice within its culture
 - Public health professionals play a critical role in mitigating the manifestations of systemic racism within our society and advocating against this form of oppression
- There must be a clear naming and distinction between different types of racism, particularly anti-Indigenous racism, as it is attached to a variety of unique histories and barriers present today (e.g., the Indian Act)
 - These distinctions help to inform the specific actions taken by the Task Group and other public health organizations

4.0 Goals

- Promote anti-racist practice among public health professionals in Ontario and Canada
- Identify and vocalize the ways in which racism impacts health outcomes among Black, Indigenous, and other racialized communities
- Advocate for an anti-racist public health and health care system in Ontario
- Address racism and anti-Indigenous racism beyond the field of public health by working with and amplifying the voices of organizations across Ontario that are dedicated to social justice in healthcare and beyond

5.0 Desired Outcomes

Short-term:

- Increased awareness/knowledge of racism and anti-Indigenous racism among public health professionals
- Established presence of the Task Group (e.g. website, social media) to share information, tools and resources related to combating racism and anti-Indigenous racism
- Increased application of lens/considerations related to racism and anti-Indigenous racism in OPHA activities

Medium-term:

- Increased regular use of racial equity impact assessment tools at OPHA and other public health organizations
- Increased application of lens related to racism and anti-Indigenous racism in the work of public health organizations in Ontario, as well as the provincial government

Long-term:

- Reduced racial health disparities in Ontario
- Increased public health value for and investment in racial equity work

6.0 Guiding Principles

The principles that guide the work of the Anti-Racism Task Group include:

- Advocacy
 - Identifying and responding to anti-racist practice from a public health perspective
- Knowledge Exchange
 - Sharing of tools and resources within OPHA networks and beyond
 - Supporting partner organizations' knowledge dissemination activities
- Anti-oppressive decision-making
- Racial justice and health equity
- Distribution of power
 - Breaking down power dynamics between public health decision-makers and affected communities
- Collective effort and mobilization
- Work that is complementary to others and not duplicative
- Work that is evidence-informed
 - Employing the best available evidence, where possible, and identifying gaps in evidence

- Understanding the evidence base to include the lived experience and knowledge of Indigenous and racialized communities
- Continuous learning and knowledge-seeking in regards to racism in public health and beyond, that does not exclusively rely on BIPOC as an educative source

7.0 Framework and Activities

Described below are the specific activities the Task Group will engage in to achieve the goals and desired outcomes listed above. These activities are aligned broadly under three categories of engagement.

1. **Compile and share resources related to racism and anti-Indigenous racism in public health on a regular basis; distribute resources to public health professionals across Ontario and beyond**

Under this strategy, the Task Group's activities would include:

- In 2021-2022:
 - Create a website page for the OPHA Anti-Racism Task Group
 - Disseminate educational tools and resources on racism and anti-Indigenous racism through the OPHA website
- In 2022-2023:
 - Curate resources of racial equity impact assessment tools/glossary of terms related to racism and anti-Indigenous racism and create a workbook on how to use these tools to guide public health work
 - Disseminate educational tools and resources on racism and anti-Indigenous racism through the OPHA website
- In 2023-2024:
 - Disseminate educational tools and resources on racism and anti-Indigenous racism through the OPHA website
 - Identify and promote racial equity principles, tools and approaches related to racism and anti-Indigenous racism for implementation in organizational policies, procedures and guidelines

Indicators:

- Number of tools/resources developed by the task group/ made available on the website
 - Visitor count to the tools and resources page on the OPHA website
 - Evidence of use of racial equity principles, tools and approaches for implementing organizational policies, procedures and guidelines
 - Number of times tools are accessed and downloaded
- ### 2. **Identify and report on the existence of racial health inequities and strategies to eliminate them; Lead, participate, and support other organizations in public health advocacy**

Under this strategy, the Task Group's activities would include:

- In 2021-2022:
 - Advocacy activities on a rolling basis (e.g. position papers, public education campaigns, response letters, calls to action, engagement & partnership with other organizations)
- In 2022-2023:
 - Create a resolution that commits OPHA to responding to the Missing and Murdered Indigenous Women's Calls to Justice
 - Advocacy activities on a rolling basis
- In 2023-2024:
 - Advocacy activities on a rolling basis

Indicators:

- Number and types of advocacy activities the task group engages in
- Adoption of the resolution on the MMIW Calls to Justice by OPHA

3. Continuously promote and evaluate the competency of public health professionals in Ontario as it relates to identifying and addressing racism and anti-Indigenous racism within the public health care system

Under this strategy, the Task Group's activities would include:

- In 2021-2022:
 - Commence a series of webinars focused on actions to tackle racism and anti-Indigenous racism in public health
 - Documentation of system and organizational-level actions on racism and anti-Indigenous racism in public health and health sectors
- In 2022-2023:
 - Orient OPHA staff on competencies specific to racism, anti-Indigenous racism, and racial equity in public health
 - Continue webinar series focused on actions to tackle racism and anti-Indigenous racism in public health
 - Continued documentation of system and organizational-level actions on racism and anti-Indigenous racism in public health and health sectors
- In 2023-2024:
 - Continued documentation of system and organizational-level actions on racism and anti-Indigenous racism in public health and health sectors
 - Continue webinar series focused on actions to tackle racism and anti-Indigenous racism in public health

Indicators:

- Number of public health professionals attending the webinar series on racism and anti-Indigenous racism
- Webinar feedback survey results + improvements over time (e.g. Likert scale averages)
- OPHA staff demonstrating improved competencies specific to racism and anti-Indigenous racism in public health (using a staff survey/assessment tools)

Conclusion

The OPHA Anti-Racism Task Group recognizes that addressing anti-racism and anti-Indigenous racism in public health is a challenging task with deeply rooted histories. That is why we are committed to a continuous journey of personal growth and learning that will allow us to be flexible in the approach we take and the activities we engage in. Most importantly, we are dedicated to using an evidence-based approach, with a particular emphasis on community-based learnings and the lived experience of racialized and Indigenous people.

References

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Appendix A: Definitions

Anti-Black Racism: the policies and practices rooted in institutions that reflect and reinforce beliefs, attitudes, stereotyping, and discrimination towards people of Black-African descent (Black Health Alliance, 2018; Government of Ontario, 2019). Anti-Black racism is rooted in the unique history and experience of slavery, and is manifested in the current social, economic, and political marginalization of Black Canadians (Government of Ontario, 2019).

Anti-Indigenous Racism: rooted in settler colonialism and creates social and health inequities for Indigenous peoples (National Collaborating Centre for Determinants of Health, 2018). It includes ideas and practices that establish, maintain and perpetuate power imbalances, systemic barriers, and inequitable outcomes that stem from the legacy of colonization, assimilation, and cultural genocide in Canada (National Collaborating Centre for Determinants of Health, 2018; Government of Ontario, 2019).

Anti-Oppression: the strategies, theories, actions, and practices that seek to acknowledge the systems of privilege and oppression that exist in society, to actively mitigate their effects, and to equalize power imbalances (Government of Ontario, 2018).

Anti-Racism Approach: an active approach to identifying, challenging, and changing the systems, behaviours, and values that uphold racism at all levels of society. It is intended to promote an equitable society in which people do not face discrimination on the basis of their actual or perceived race (Government of Ontario, 2018).

BIPOC: stands for Black, Indigenous, People of Colour. It is a term that acknowledges that not all people of colour face equal levels of injustice (Merriam Website, n.d).

Health Equity: an approach where all people can reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstances (National Collaborating Centre for Determinants of Health, 2013; Government of Ontario, 2018).

Health Inequity: the differences in health between population groups associated with social disadvantages that are modifiable, and considered unfair (National Collaborating Centre for Determinants of Health, 2013; Government of Ontario, 2018).

Medical Racism: systematic and wide-spread racism against Black, Indigenous and People of Colour (BIPOC) within the medical system. It includes systemic barriers to accessing culturally responsive health care services, underrepresentation of BIPOC individuals in the medical profession, and differences in the provision of clinical care, such neglect, disbelief or active discrimination against BIPOC patients (Halwani, 2004).

Oppression: allows certain groups to assume a dominant or privileged position over other groups and identities, and this dominance is maintained and continued at individual, cultural, and structural levels (Government of Ontario, 2018).

Racial Equity / Racial Justice: a process that results in equitable opportunities and outcomes for everyone, and these opportunities and outcomes are no longer assigned based on race (National Collaborating Centre for Determinants of Health, 2018; Bernabe, 2017). It is the presence of deliberate systems and supports to achieve and sustain equity through proactive and preventative measures (Race Forward, 2015).

Racism: a set of individual, cultural, and institutional beliefs and practices that seeks to construct social differences between groups of people based on race in order to subordinate and oppress one group for the benefit of another (Government of Ontario, 2018). It is a social injustice based on falsely constructed, but deeply embedded, assumptions about people and their relative social value, and it interacts with other systems of oppression to justify disparities in the distribution of resources (National Collaborating Centre for Indigenous Health, 2013; National Collaborating Centre for Determinants of Health, 2018).

Social Determinants of Health: the interrelated social, political, and economic factors that create the conditions in which people live, learn, work, and play. The intersection of the social determinants of health causes these conditions to shift and change over time and across the life span, impacting the health of individuals, groups, and communities in different ways (Government of Ontario, 2018).

Systemic Racism: is the result of institutional biases that have the effect of privileging some groups and disadvantaging others. It is the process of excluding, displacing, or marginalizing some racialized groups or creating unfair barriers for them to access valuable benefits and opportunities (Government of Ontario, 2019)

GOAL: PROMOTE ANTI-RACIST PRACTICE AMONG PUBLIC HEALTH PROFESSIONALS IN ONTARIO

INPUT	ACTIVITIES AND OUTPUTS	INDICATORS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<p>Personnel</p> <p>Technology (e.g. website, social media)</p> <p>Time</p> <p>Partnerships</p> <p>Expertise</p>	<ul style="list-style-type: none"> - Host series of webinars focused on actions to tackle racism and anti-Indigenous racism in public health - Create the task group website - Curate resources of racial equity impact assessment tools/glossary of terms related to racism and anti-Indigenous racism and create a workbook on how to use these tools to guide public health work - Orient staff on competencies specific to racism, anti-Indigenous racism, and racial equity in public health - Identify racial equity principles, tools and approaches related to racism and anti-Indigenous racism for implementation in organizational policies, procedures and guidelines - Disseminate educational tools and resources on racism and anti-Indigenous racism through the OPHA website, including documentation of system and organizational level actions on racism and anti-Indigenous racism in public health and health sectors - Advocacy activities (position papers, campaigns, response letters, calls to action, engagement & partnership with other organizations) - Create a resolution that commits OPHA to responding to the Missing and Murdered Indigenous Women's Calls to Justice 	<ul style="list-style-type: none"> - Number of public health professionals attending the webinar series on racism and anti-Indigenous racism - Webinar feedback survey results demonstrating learning and satisfaction (e.g. Likert scale averages) - Number of tools/resources developed by the task group/ made available on the website - OPHA staff demonstrating improved competencies specific to racism and anti-Indigenous racism in public health (using a staff survey/assessment tools) - Evidence of use of racial equity principles, tools and approaches for implementing organizational policies, procedures and guidelines * Number of times tools are accessed and downloaded * Evidence of use of the REIA tool by OPHA and partner organizations - Visitor count to the tools and resources page on the OPHA website - Number and types of advocacy activities the task group engages in - Adoption of the resolution on the MMIW Calls to Justice by OPHA 	<ul style="list-style-type: none"> - Increased awareness/knowledge of racism and anti-Indigenous racism among public health professionals - Established presence of the task group to share information, tools and resources related to combating racism and anti-Indigenous racism - Increased application of lens/considerations related to racism and anti-Indigenous racism in OPHA activities <p>GUIDING PRINCIPLES: Advocacy, knowledge exchange, anti oppressive decision-making, racial justice and health equity, distribution of power, collective effort and mobilization, diverse evidence-informed work</p> <p>ASSUMPTIONS:</p> <ul style="list-style-type: none"> - Racism and anti-Indigenous racism are public health issues and key drivers of health inequities - There is disparity in funding available for addressing racism and anti-Indigenous racism as determinants of health - Public health professionals are responsible for advocating against systemic racism in healthcare - Engaging with public health professionals will help them incorporate an anti-racism and anti-Indigenous racism approach in their work in public and community health 	<ul style="list-style-type: none"> - Increased regular use of racial equity impact assessment tools - Increased application of lens related to racism and anti-Indigenous racism in the work of other public health organizations in Ontario and the government 	<ul style="list-style-type: none"> - Reduced racial health disparities in Ontario - Increased public health value for and investments in racial equity work <p>EXTERNAL FACTORS: Other initiatives related to racism and anti-Indigenous racism among public health professionals in Ontario</p>