10-27-2022 1:30 PM

Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African, Caribbean, and Black Communities

Jaimeson R. Canie, *The University of Western Ontario*

Supervisor: Wathen, Claudia N., *The University of Western Ontario*

A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

Abstract

In collaboration with London InterCommunity Health Centre this research focused on identifying priority areas for anti-Black racism interventions in London, Ontario. Semi-structured interviews were conducted with stakeholders from London's African, Caribbean, and Black (ACB) communities. Interpretive description methodology guided analysis and interpretation. Participants indicated that anti-Black racism is ever-present in the community, with systemic racism leading to the most harm. Racism should be addressed by creating ACB-specific services and education for non-Black communities; and increased representation, inclusion, and engagement of ACB people within organizations, especially leadership. A framework to direct how organizations can develop authentic and purposeful relationships with ACB communities, and how this can be achieved in a "power-with" way, is presented to support the creation of improved and sustainable relationships with racialized communities in London, Ontario and beyond, thus contributing to health equity and social justice.

Keywords

Anti-racism, Anti-Black racism, Community Development, Community Health, Systemic Racism, Collaborative Research, Knowledge Mobilization

Summary for Lay Audience

In partnership with London Intercommunity Health Centre (LIHC), we examined ways to: 1) address anti-Black racism in the community health sector; specifically, strategies for English and French speaking African, Caribbean, and Black (ACB) Communities; and 2) form authentic and purposeful relationships with racialized communities. Interviews with leaders from London's Black communities were conducted to identify current resources, needs, and priorities in terms of anti-Black racism. Findings included the need for interventions that address racism at the systemic level, meaning the racism that is embedded into laws, policies, and organizational practices. Some of the proposed strategies to address anti-Black racism at this level were: the creation of health and social services, as well as education related to these services, that specifically catered to the needs of ACB communities; and increasing the representation, inclusion, and engagement of ACB people within organizations and leadership. A framework was created to support organizations in developing authentic relationships with racialized groups where little or no relationship existed before, with the goal of improved health outcomes for Black citizens via increased accessibility to, and trust in, health and social services.

Co-Authorship Statement

Jaimeson Canie conducted the research for her master's thesis under the supervision of Dr. Nadine Wathen, and in partnership with Anne-Marie Sanchez and Selma Tobah, staff from our community partner London InterCommunity Health Centre (LIHC). All will be co-authors on any publication resulting from the manuscript.

Acknowledgments

First and foremost, I would like to express my sincerest gratitude to my supervisor Dr. Nadine Wathen. She has provided me with continuous support, guidance, and encouragement throughout the entire process. Her expertise in qualitative research, health equity related areas, and knowledge mobilization inspired me, and her guidance has allowed me to grow as a researcher and a nurse. I would also like to extend my thanks to my community partners at London InterCommunity Health Centre, Anne-Marie Sanchez and Selma Tobah. This research would not have been possible without their input and expertise in community development and community health. Thank you to all the participants who were willing to take time out of their busy schedules to help advance the knowledge related to anti-Black racism in community health. I am also grateful to the librarians, and other faculty who offered their helpful advice and extensive knowledge.

Words cannot express my gratitude to my friends, family, and co-workers who have supported me throughout this journey and have always met me with kindness, understanding, and continuous support. A special thank you to my classmates, especially Elizabeth and Emelia, for sharing this journey with me and taking the time out of your busy schedules to offer valuable advice and support. Thank you to my friend Gabrielle who was always around to drop off a coffee or lend a listening ear, and to Heidi one of my number one supporters from across the country. I would especially like to thank my mother, for the inspiration and role model she has been to me in my personal life but also in the nursing profession; always encouraging me to continue learning. Lastly, a huge thank you to my partner, Priyank, for your steadfast love, patience, support, and encouragement these past couple years.

Table of Contents

Abstract ii

Summary for Lay Audience iii

Co-Authorship Statement iv

Acknowledgments v

Table of Contents vi

List of Tables ix

List of Figures x

List of Appendices xi

Chapter 1 1

1 Introduction 1

1.1 Background and Purpose Statement 1

1.2 Research Questions 3

1.3 Significance of Research 3

1.4 Declaration of Self 4

Chapter 2 6

2 Literature Review 6

2.1 Defining Key Terms 6

2.2 Understanding the Levels of Racism 8

2.3 African, Caribbean, Black Communities and Racism 9

2.4 Anti-Black Racism and Health 11

2.5 Anti-Black Racism Interventions and Frameworks 13

2.5.1 Anti-Racism 13

2.5.2 Systems-Level Change 14

2.5.3 A Community-Focused Approach 15

2.5.4 Decolonization and Analysis of Power 16

2.5.5 Partnership with ACB Communities 17

2.5.6 Evaluation of Interventions and Reflection 18

2.6 Summary of Key Literature 19

2.6.1 Lessons Learned 19

2.6.2 Organizations as Allies: Forming Relationships with Racialized Communities 20

2.6.3 Need for Developing a Framework for Forming Authentic Relationships 21

Chapter 3 23

3 Methodology 23

3.1 Methods 24

3.1.1 Sample 24

3.1.2 Sampling Strategy 24

3.1.3 Data Collection 25

3.1.4 Data Analysis 26

3.2 Approaches for Creating Authenticity and Rigour 27

3.3 Ethical Considerations 29

Chapter 4 30

4 Findings 30

4.1 Participants 30

4.2 Racism – 'The Air we Breathe' 30

4.2.1 The Most Dangerous Racism – Systemic Racism 32

4.2.2 Internalizing Racism – 'Self-Gaslighting' 34

4.2.3 Mental Health as a "White People Problem": The Impacts of Systemic Racism 35

4.3 Beyond Tokenism: Understanding and Integrating Diversity of ACB Communities 36

4.3.1 Not 'One Size Fits All' 36

4.3.2 Beyond Representation 37

4.4 Moving from Intention to Action 39

4.4.1 Leveling the Playing Field 39

4.4.2 Forming Authentic Relationships with ACB Communities 41

4.4.3 Nothing About us Without us 43

4.4.4 Balancing Tensions 45

4.5 Summary of Findings 48

Chapter 5 50

5 Discussion 50

5.1 Systemic Racism as a Barrier to Health 51

5.2 Self-Gaslighting – It's Not in Your Head 53

5.3 Uncovering Biases and Having Difficult Conversations 54

5.4 Engaging with Communities Through an Anti-Racism Lens: "Nothing About us – Without us" 55

5.5 Priority Needs for London's ACB Communities 57

5.6 Summary 60

5.7 Recommended Strategies to Increase Access to Care for ACB People 60

5.8 Practice Framework: Forming Authentic Relationships 64

5.9 Next Steps – Knowledge Mobilization 67

5.10 Limitations and Recommendations for Future Research 68

5.11 Conclusion 70

References 71

Appendices 85

Curriculum Vitae 104

List of Tables

Table 1: Policy and Practice-Focused Recommendations 68

List of Figures

Figure 1: Themes, Subthemes, and Conceptual Links Between Them 48

Figure 2: Forming Authentic Relationships with ACB Communities..... 66

List of Appendices

Appendix A: Recruitment Email 85

Appendix B: Letter of Information and Consent 86

Appendix C: Lettre d'information et formulaire d'accord verbal 91

Appendix D: Interview Guide 96

Appendix E: Guide d'entrevue 99

Appendix F: REB Approval Letter 102

Appendix G: List of Resources and Contacts for Support 103

Chapter 1

1 Introduction

In this chapter, the pervasiveness of anti-Black racism in Canada and the profound impact that it has on the health and well-being of African, Caribbean, and Black (ACB) individuals and communities is introduced. Based on this discussion, the purpose of this study and the research questions that it seeks to answer are established. The significance of the research and how the results will be utilized in the community is then presented. Lastly, I will share my worldview and previous experiences and how these have shaped my approach to the research and interpretation of findings. For the purpose of this study, the term "Black" will be used interchangeably to refer to all individuals and groups that are encompassed by African, Caribbean, and Black communities.

1.1 Background and Purpose Statement

Following a resurgence of public anti-racism movements, specifically anti-Black racism movements in the summer of 2020, Ontario's Middlesex-London Health Unit (MLHU, 2020) declared racism as a "public health crisis". Effects of systemic racism were exacerbated and brought to the forefront throughout the COVID-19 pandemic with higher rates of COVID-19 infection and death among racialized communities, including in Ontario (Public Health Ontario, 2022). Additionally, the deaths of George Floyd and Breonna Taylor caused by police brutality in the United States, among many other African, Caribbean, and Black people murdered by police, sparked the renewal and popularization of the "Black Lives Matter" movement in North America. This movement has brought awareness to the systemic racism that exists in our society and these examples have highlighted the urgent need for anti-racism work on a larger scale, and within institutions and organizations (Bailly et al., 2021). Systemic racism occurs when white superiority becomes embedded in the policies and practices of institutions or systems resulting in a system that advantages some groups and disadvantages others, notably Black, Indigenous and People of Colour (BIPOC) groups (Government of Ontario, 2021). Systemic racism against Black people in Canada is rooted in the

European colonization of Africa and the transatlantic slave trade; racist ideologies established in that era continue to drive discrimination through systems and policies today (Government of Canada, 2020). Systemic racism is a public health crisis in Canada and continues to negatively influence the health and well-being of racialized communities.

Racism is deeply embedded in society and its institutions, affecting the social determinants of health by creating health inequities for racialized people, placing them at increased risk for poor health outcomes (Centers for Disease Control and Prevention [CDC], 2021). Some results of systemic anti-Black racism include racial profiling, over-policing, over-representation of Black people in the criminal justice system, over-representation of Black youth in welfare systems; discrimination and lack of adequate treatment in the healthcare system, and low or no representation of Black individuals in leadership positions (Government of Canada, 2020). These effects of systemic anti-Black racism lead to chronic stress, trauma, and therefore poor mental and physical health. The negative impacts of racism are far-reaching and ever-present in Canada, including in London, Ontario (MLHU, 2021).

Since anti-Black racism has been brought to the forefront via traditional and social media, organizations across the country, the province, and locally in London have been working to address anti-Black racism within their organizations and communities. Organizations will continue to perpetuate the systemic racism that exists, unless they are actively seeking to be anti-racist and implement strategies and policies to achieve this. For this reason, there is a need to identify priorities for anti-Black racism and direct interventions, as well as to understand how purposeful relationships can be created with ACB communities in London. London's Black population is the third largest visible minority after Arab, and South Asian, comprising of 15.91% of the visible minority population (Statistics Canada, 2017). There are more people who identify as Black in London (11,325), than Indigenous Peoples (9655), and Black people account for 3% of the total city's population, yet there is a lack of services and funding for the ACB communities, and they are being inadvertently left behind (Statistics Canada, 2017). It is also useful to understand how these needs could vary in the Black francophone community in London

since French is one of the most common languages (after English) that the ACB population in London is comfortable speaking (MLHU, 2021). In 2016, 19.6% of Canada's Black population's primary language was French (Statistics Canada, 2019). By understanding how to best create these relationships and address anti-Black racism within the community, the hope is to improve health and wellbeing for ACB people.

The purpose of this qualitative study is to examine how organizations in the health and social sector can, in the context of community and program development, best form meaningful relationships with ACB communities and to determine the priority needs for anti-racism interventions in London, Ontario.

1.2 Research Questions

The research questions for this study were investigated while working with London InterCommunity Health Centre (LIHC) in the context of London, Ontario, and its identified needs for an anti-Black racism strategy. The specific research questions were:

1) How can organizations form authentic, bi-directional, and purposeful relationships with London's ACB communities that have the potential to be sustainable and prioritize the groups' specific needs?

2) What priority strategies or interventions can best address anti-Black racism in London's English speaking and Francophone ACB communities?

1.3 Significance of Research

This research was conducted in partnership with LIHC, one of the largest Community Health Centres in Ontario, with a mandate to provide health care and community services to individuals and groups who experience barriers to care. LIHC hired a community development worker (CDW) whose role involves creating relationships with African, Caribbean, and Black communities, and implementing anti-Black racism interventions to improve health and wellbeing in these groups. LIHC wanted to gain a deeper understanding of how an organization can form authentic, bi-directional and purposeful relationships with racialized communities within London, as well as identifying anti-

Black racism strategies and interventions arising from the community. The results of this study are intended to influence the role of the CDW, their focus and how they engage with the community. Additionally, little to no research exists on how organizations can build meaningful relationships with ACB communities, suggesting important gaps in the research. This study aimed to fill the need for research on anti-racism work at the community level.

1.4 Declaration of Self

In line with my selected qualitative and interpretive research methodology, it is important that I address my personal and professional life experiences and their potential influence on the topic of this study. This reflexivity not only increases the credibility of the study but allows for a deeper understanding of the work (Dodgson, 2019). I am a Registered Nurse and graduate student enrolled in the Master of Science in Nursing program at Western University. I have worked in various nursing roles including public health, mental health, and primary care. In these roles, I worked with patients from diverse backgrounds and witnessed the effects of racism on health. Throughout my practice, I have become passionate about addressing inequities in health. I believe that racism is ever-so present in Canada and more specifically London, Ontario. I acknowledge Canada's roots in colonialism and slavery. I know that racism is not a thing of the past and that it continues to affect BIPOC in every aspect of their lives. I believe that racism is systemic and is embedded into the laws, policies, and institutions in today's society, so much so that racism is normalized. I grew up in Southwestern Ontario in a predominantly White community in a middle-class family. I recognize the privilege I hold as a White female and that I have not experienced interpersonal or structural racism. I recognize that I have benefitted from these racist systems and policies because of my identity and have often not even recognized the racism present in our communities. I have been working on unlearning the biased information about other cultures taught to me throughout my education and life thus far. I strive to continue developing knowledge of the gaps that exist which create these health inequities as well as ways to address racism at all levels. I am committed to continually learning about the disparities affecting the Black communities, engaging in self-reflection, and action. I am an outsider to the African,

Caribbean, and Black communities. I was born a Canadian citizen, as were my parents, and have not experienced what it is like to move to a new country. I recognize that historically, people of colour have been taken advantage of in the research world, and research has often given the dominant narrative to White people, their beliefs, and ideas. My research is informed by a critical worldview which focuses on addressing the power differential and inequity at play. I do not think that I as a researcher, hold the solution, but also do not expect for the Black communities to have to solve a problem they did not create. I believe that by working together, we can help to create a better understanding of how healthcare organizations can form meaningful relationships and partnerships with ACB communities.

Chapter 2

2 Literature Review

In Canada, there are over 1.2 million Black people (Statistics Canada, 2021) and in London, 19.5% of London's population are visible minorities, with Black people accounting for 3% of the city's total population (Statistics Canada, 2019). Anti-Black racism is prevalent across Canada, routinely creating preventable health inequities in health for the African, Caribbean, and Black (ACB) communities, resulting in a disproportionate burden of health problems in the Black population (Rankine, 2014; WHO, 2001). The effects of anti-Black racism on health can be seen across all facets of an individual's life. The COVID-19 pandemic brought to the forefront these long-standing health disparities faced by the ACB communities, with higher infection and death rates within Ontario's ACB communities (Public Health Ontario, 2020) making local news headlines. Black people were 1.5 times more likely to die from infection by the COVID-19 virus compared to White people, even after adjusting for other factors and comorbidities (Thompson et al., 2021). These striking statistics led many healthcare and social service organizations to examine their policies and practices and explore interventions to improve health outcomes for ACB communities. The following literature review will explore relevant concepts and how they support efforts to develop a framework for forming relationships with ACB communities. The review will also examine anti-racism interventions and how they can inform anti-Black racism work in London, Ontario to work towards health equity and decreased health disparities rooted in racism. The scope of the review will include anti-racism strategies and focused interventions for forming relationships with marginalized communities in a "power-with" way.

2.1 Defining Key Terms

The concept of "race" is socially constructed with no biological basis (Shapiro, 2002), and therefore definitions vary. The concept is purportedly useful in distinguishing and articulating the differences and similarities in the physical appearances of people but has

long been used to oppress certain groups (Shapiro, 2002), and to validate colonization and domination by Europeans (Ni Chonaill et al., 2021). This has resulted in the racialized social systems that exists today, at least in areas where non-White societies have been colonized by Europeans. In these areas, one's "race" often dictates one's position in society and determines their opportunities and outcomes in life (Joseph, 2020).

The concept of "racism" encompasses ideas, practices, and behaviours that establish, maintain or perpetuate the racial superiority of one racial group over another (Government of Ontario, 2021). Racism is considered a "wicked problem" meaning it is a complex issue that is highly resistant to solutions and there is significant disagreement about the root causes and solutions (Came & Griffith, 2018). According to the World Health Organization (WHO, 2001), racism itself is a violation of basic human rights and also because of the negative impact it has on other human rights such as the right to education, employment, and health. Racism is a public health issue that creates and perpetuates systemic health inequities between various groups. Anti-Black racism is **"**prejudice, attitudes, beliefs, stereotyping and discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement and its legacy" (Government of Ontario, 2021).

The field of community development is a multidisciplinary field, comprised of various practitioners from disciplines such as urban planning, social work, sociology, and public health; the goal of community development work is the economic development of a particular community as a planned effort to increase the standard of living and well-being of that community (Butterfield, 2014). The term "community" can be used in many ways, for example a geographic community (e.g., London), or informal communities centered around an issue or a group. For the purpose of this study and literature review, the term "community" will be used to refer to the informal African, Caribbean, and Black communities in London. Additionally, the term "Black" is used interchangeably to refer to all individuals and groups that are encompassed by African, Caribbean, and Black communities.

2.2 Understanding the Levels of Racism

According to Jones' (2000) framework for understanding racism, there are three levels of racism: internalized, personally-mediated, and institutionalized. Internalized racism occurs when a member of a stigmatized racial group believes the negative stereotypes about themselves and their worth (Jones, 2000). Personally-mediated racism is prejudice and discrimination, whether intentional or unintentional, from one person to another (Jones, 2000). Institutionalized racism, also called structural and/or systemic racism, is when individuals have differential access to resources, services, and opportunities in society due to racial identity (Jones, 2000). Institutional racism ignores all minority culture values, traditions, systems, and perspectives in submission to the system of the dominant culture (Rankine, 2014). Institutionalized racism has been normalized and incorporated into the structure of institutions, and through ongoing replication via deliberate systems such as policies that continue to perpetuate historical injustices (Jones, 2000). Institutional racism creates the greatest injustices in society (Rankine, 2014). It is therefore the most important level to examine and address; once institutional racism is dismantled, the other levels of racism will likely follow suit and begin to remedy themselves over time (Jones, 2000). Today, racism consists less often of overt racist statements, known as "old" racism, which viewed certain races as biologically inferior; "modern" or "new" racism rarely focuses on ethnicity, but rather argues or implies that "'other' people threaten 'our' way of life" (Rankine, 2014, p.3; see also Ni Chonaill et al., 2021). This type of modern racism creates healthcare disparities and inequalities across institutions on multiple levels (Griffith et al., 2007).

Most believe that racism occurs mainly at the level of the individual and it is something that people do, thus many people are hesitant to describe institutions and social structures such as the government, welfare systems, or healthcare systems as racist (Rankine, 2014). However, this is important to recognize as systemic or institutional racism is real and ever-present. It occurs when policies, practices, and regulations within institutions lead to racially biased outcomes (National Collaborating Centre for Determinants of Health [NCCDH], 2018). Due to Canada's history of colonialism and slavery, many or most of the institutions that exist here today were built on these principles, therefore regardless of

intention, they routinely result in health inequities for minority ethnicities (Came & Griffith, 2018; Rankine 2014). Since racism is deeply ingrained in these systems, racism, particularly systemic or institutional racism, is often normalized and unrecognized by the people who benefit from it (Came & Griffith, 2018). Moreover, the current discourse on racism, what is consists of, and how it will be discussed, is decided by the dominant culture, i.e., in Canada, White people, to maintain their power and social order (Rankine, 2014).

The effects of racism, particularly institutional racism, lead to multiple negative health outcomes. Racism routinely produces preventable and unfair inequities (Rankine, 2014). Racial health inequities are typically caused by multiple intersecting factors tied to race and racism including income inequality, poverty, and gaps in education (Terry, 2020). Complex interactions between internalized racism, personally-mediated racism, and institutionalized racism, and their operations at all levels (individual, organizational, community, and societal) leads to multiple inequities for racialized people (Rankine, 2014). It is easy to lose focus of the effects of racism on these inequities because if racism is not recognized and addressed then the norm is maintained, which continues to perpetuate racist systems. The differential exposure and access to the determinants of health caused by institutionalized racism leads to differential access and quality of healthcare services (Signal et al., 2007). Institutionalized racism needs to be addressed due to the multiple community-wide inequities, and individual harms, perpetuated by it. This in turn can lead to decreased levels of personally-mediated and internalized racism. When working to address issues that involve racialized communities, the strategies must involve an understanding of racism (Griffith et al., 2007). Institutionalized racism must be addressed if sustainable improvement in health equity and health outcomes for racialized people are to be realized.

2.3 African, Caribbean, Black Communities and Racism

In the past 25 years, ACB communities have doubled in size (DasGupta et al., 2020). In 2016, the Black population accounted for 3.5% of Canada’s total population and it is estimated that by 2036 this number will increase to 5.0-5.6%, with 48% of Ontario’s

population comprising of racialized people (Government of Ontario, 2017; Statistics Canada, 2021). The Black population tends to be the most concentrated in larger cities in Canada (Anucha et al., 2017). In 2020, London, Ontario was Canada's second fastest-growing population in a metropolitan city, largely due to the arrival of immigrants (Zadorsky, 2020). Three percent of London's population identifies as ACB (Statistics Canada, 2019); these numbers are likely to continue to increase as the population continues to grow and immigrants continue to settle in the area.

Anti-Black racism is rooted in Canada's history of slavery, forced resettlements, immigration, and the legacies of colonialism which has resulted in intergenerational effects on health, social, and economic outcomes such as poor physical and mental health and generational trauma (Alvarez et al., 2016; Came & Griffith, 2018; Government of Ontario, 2017; NCCDH, 2018). In Canada, anti-Black racism exists in institutions and is perpetuated by policies and practices (Government of Ontario, 2021). Due to the less obvious forms of "modern" racism and institutionalized racism that exist in Canada today, racism is not as apparent of a problem to White people since it is normalized and goes unrecognized as a form of racism (Anucha et al., 2017). For example, in a 2019 survey, nearly 50% of Canadians believed that anti-Black racism or discrimination against Black people is non-existent, yet 83% of Black people living in Canada believed they experience discrimination and racism (DasGupta et al., 2020). Among racial groups surveyed in 2019, Black and Indigenous people reported the highest amount of racial discrimination and were also identified by other racial groups as the populations that experience the most racism (Canadian Race Relations Foundation [CRRF], 2019). Although ACB communities face racism, everyone's experiences of discrimination and their responses are unique. Canada's ACB populations are diverse, with multiple overlapping identities that intersect to shape Black individuals' experiences of racism, including age, gender, sexual orientation, immigration, religion, SES, country of origin, disability, and more (Government of Canada, 2020; Ni Chonaill et al., 2021).

2.4 Anti-Black Racism and Health

The concept of race and racial classification has a significant impact on one's daily life experiences (Jones, 2000). Differences in health based on "race" are well-established, and race-associated differences in health outcomes are caused by racism (Jones, 2000) and other forms of discrimination (WHO, 2001). Racism routinely causes preventable inequities in health for racialized people resulting in a disproportionate burden of health problems affecting racialized groups; racialized groups face both social exclusion from the labour market no matter their level of education contributing further to poor health (Mahabir et al., 2021; Rankine, 2014; WHO, 2001). For example, in Toronto (approximately 170 kms from London), racialized groups accounted for 62% of the population that were living in poverty and there is double the rate of individuals who are considered "the working poor" among Black people compared to White people; (DasGupta et al., 2020; Mahabir et al., 2021). The socioeconomic situation of Black individuals across Canada has not improved from 2001 to 2016, suggesting the negative outcomes of anti-Black racism and discrimination are still pervasive (CRRF, 2020). The concept of racism can be lost within the multiple intersecting identities and health inequities that affect racialized groups (Anucha et al., 2017; Rankine, 2014; Terry, 2020).

Griffith and colleagues' (2007, p.382) *dismantling racism* approach hypothesizes that the disparities in health experienced by Black people are caused by the "intersection of a complex system, healthcare, and a complex problem, racism." Anti-Black racism is largely a systemic issue, it is built into institutions such as governments, schools, healthcare, etc. rendering it difficult to identify one individual perpetrator (Jones, 2000). Members of Ontario communities agreed that anti-Black racism is embedded in Ontario's institutions and systems. Some examples of disparities tied to anti-Black racism in Ontario's institutions experienced by Black Torontonians included that Black people were three times more likely than the rest of the Toronto population to be carded by police; Black women and girls account for the fastest growing incarcerated group; and 23% of Black youth do not finish high school compared to 12% of White youth (Anucha et al., 2017). This systemic racism embedded within Ontario's systems affects the daily lives of the ACB communities, leading to disempowerment, social isolation, stereotypes,

microaggressions, internalized racism, differential access to power, including resources, information, and voice, or a platform to have their needs and ideas heard by the community and policy and decision-makers (Anucha et a., 2017; Jones, 2020).

Additionally, the effects of anti-Black racism are seen through the premature death of Black individuals caused by racism-induced psychosocial trauma, poverty, increased exposure to toxic environments, racially motivated individual violence, and chronic stress related to racism (NCCDH, 2018). Racism has also led to the highest prevalence of Human Immunodeficiency Virus (HIV) among Black people over any other group caused by racism, stigma, and barriers to access care (CDC, 2022; Etowa et al., 2021). Black individuals are also at a much higher risk for hypertension; this is especially linked to institutional racism due to the psychological stress associated with it (Dolezsar, 2014; NCCDH, 2018). There are multiple intersecting barriers preventing ACB communities from accessing timely and adequate health and social services. This includes the lack of Black representation in leadership in healthcare, the lack of culturally appropriate services, the lack of culturally competent healthcare professionals, and the lack of services available in relevant languages (Etowa et al., 2021). Only 2.3% of physicians in Ontario are Black, compared to 4.7% of the Ontario population identifying as Black (DasGupta et al., 2020). Further, the effects of anti-Black racism at a systemic level can lead to inadequate health and social care, resulting in disease or death that was preventable had they received a better quality of care, and structural violence (a form of violence perpetuated by social institutions that prevents groups or individuals from meeting basic needs and places them at increased risk for disease, injury, and death) (Bluthenthal, 2021; NCCDH, 2018). The COVID-19 pandemic has highlighted the strong presence of systemic racism in Canada. Black communities have had disproportionately more hospital admissions and a higher mortality rate from the COVID-19 virus, linked to discrimination and systemic inequities (Etowa et al., 2021). The Black community is the most disadvantaged socioeconomic strata in North America, causing them to face not only the worst health outcomes of the pandemic but also the worst social and financial consequences from the public health guidelines (Etowa et al., 2021). Clearly, racism has a strong negative association with ACB individual's and communities' health, therefore racism must be addressed to improve health.

2.5 Anti-Black Racism Interventions and Frameworks

2.5.1 Anti-Racism

Anti-racism is an action-oriented, educational, and/or political approach that seeks to confront and end racism and interlocking systems of social oppression (Bonnett, 2000; Hassen et al., 2021; NCCDH, 2018). Anti-racism interventions can target the individual, community, or institutional level (Ontario Human Rights Commission, 2010). There are many forms of anti-racism: individual-level transformation, organizational-level change, community-level change, movement-building such as the Black Lives Matter (BLM) movement, legislation, and racial equity policies (Hassen et al., 2021). Anti-racism aims to alter attitudes, beliefs, behaviours, laws, norms, and practices that perpetuate power imbalances related to race (NCCSDH, 2018). It is useful to view anti-Black racism through critical race theory which seeks to understand how identity is created through multiple intersecting forms of oppression (Bailly et al., 2021). Socialization into racism, as well as sexism and classism, inhibits the ability to address these issues without an intersectional lens (Bailly et al., 2021). Shapiro (2002, p. 7) states "if racism was constructed, it can be undone if people understand when it was constructed, why it was constructed, how it functions, and how it is maintained". This is what anti-racism seeks to accomplish.

The Government of Ontario (2017) has acknowledged the fact that Black people face inequitable outcomes and access to opportunities, and thus has created an "Anti-Black Racism Strategy" which aims to eliminate systemic racism in policies, programs, and its institutions. The goals of this strategy include leading sustainable change across systems, building capacity and competency in the public services sector employees, working with organizations who have already begun the work of collecting race-based data and implementing anti-Black racism interventions, increasing Black community engagement and capacity, and increasing the public's awareness and understanding of systemic racism. They have also launched several specific initiatives that target disparities in the child welfare, education, and justice sectors. Additionally, the Alliance for Healthier Communities, the network for community primary care organizations in Ontario, formed

the “Black Health Committee” in 2018, and recently launched a “Black Health Strategy” (Alliance for Healthier Communities, 2022) with the primary objectives of the strategy including addressing the structural inequities that result in poor health outcomes for Black Ontarians, and improving the delivery of care of services from community health centres for ACB communities. The results that they seek to accomplish include the following “improved policy and advocacy on Black health issues; public education to advance Black health; and sustainability and community partnerships”. From a public health perspective in Middlesex-London, the MLHU (2021) has created an “Anti-Black Racism Plan” to inform best practices and implementation of anti-racism programs in public health.

2.5.2 Systems-Level Change

For effective change to occur, it must occur at multiple levels; change cannot occur at the institutional level without occurring at the individual and community levels and vice versa (Terry, 2020). Action should be taken across multiple levels, as well as across multiple sectors to decrease health inequities (Etowa et al., 2021; Terry, 2020). Research on anti-racism at the institutional level is less developed compared to the individual level (Came & Griffith, 2018). A scoping review on implementing anti-racism interventions in healthcare settings was conducted in 2021 by Hassen and colleagues and found only a few articles that specifically targeted anti-Black racism, and only a small number of these articles targeted institutional-level approaches. Since racism is a wicked problem, it is necessary to have a framework to guide anti-racism interventions to inform multilevel change (Came & Griffith, 2018; Griffith et al., 2007). For an anti-racism framework to be effective it must have an identified target group(s) and specific goals (Came & Griffith, 2018). To achieve long-term and meaningful change in the community development sector, change must be planned and promote a systems-change approach, recognizing that society is controlled by systems (Came & Griffith, 2018; Verjee, 2012). Although individual racism operates to influence a person’s health, ultimately the system or institution enables or ignores this individual racism, allowing the harm caused to racialized communities, therefore anti-racism approaches should focus on the structural and institutional level (Griffith et al., 2007).

According to the NCCDH (2018, p.5), a structural anti-racism intervention “addresses racism in society using critical racial equity approaches that develop race consciousness, emphasize how structural racism functions in the present day, centre the voices of racialized people and merge research and practice” and institutional anti-racism “creates institutional accountability for achieving racial equity, impacts all aspects of an organization's work and incorporates racial equity into organizational systems”. Interventions at the systems level need to be thoughtfully and carefully developed. Resistance should be anticipated when addressing change at the systems-level because of the power and privilege that systemic racism upholds for White people (Griffith et al., 2007). Etowa & Hyman (2021) state that there is an urgent need for organizations to incorporate evidence-based policies and practices that address institutional racism. London InterCommunity Health Centre (LIHC), our community partner, identified this need in London as institutional or systemic racism has created obvious disparities in health. These forms of anti-racism have the power to affect significant change for ACB communities.

2.5.3 A Community-Focused Approach

First and foremost, anti-racism campaigns or interventions require sufficient funding and long-term commitment (Etowa et al., 2021; Rankine, 2014; Verjee, 2012). Sustainability, support throughout the entire process, and funding for anti-racism projects that emerge from partnerships with racialized communities are necessary to support the process (Dreher, 2006). Approaches that focus on equity for racialized populations have been shown to reduce health disparities and enhance the health of these populations (Clark et al., 2013). An effective anti-racism campaign should target one racialized group, address both old and new types of racism, include specific goals to reduce institutional racism, and be community-based (Nelson, 2015; Rankine, 2014). Research is increasingly demonstrating the importance of working within the community to achieve meaningful change; targeting organizations or specific communities rather than individual behaviour is more effective to reduce racism (Rankine, 2014). Approaches must focus on the context in which racism occurs, including both the specific economic and social contexts (Rankine, 2014). Clarke et al. (2013) recommend working outside of organizations or

institutions to improve the health and wellbeing of racialized individuals, as well as utilizing a provider recruited from the targeted community to serve as a "cultural broker" to understand the needs of both the organization and the community. To make a difference, anti-racism should be viewed as the norm in society or organizations, meaning that individuals and groups would expect anti-racism to be incorporated throughout an organization's policies and demonstrated in practice (Rankine, 2014). If anti-racism is the norm in the community and among institutions, then there would be significantly fewer racially based health disparities.

2.5.4 Decolonization and Analysis of Power

Decolonizing approaches help to understand, challenge, and change attitudes, beliefs, policies, and institutional practices that perpetuate racism, reclaiming the ways of "knowing, being, and doing that were/are considered inferior by colonial processes" (Gatwiri et al., 2021, p. 5; NCCDH, 2018). Any effective anti-racism approach requires a decolonization component as well as an analysis of power (Came & Griffith, 2018). To truly analyze the position of power, white privilege and white hegemony must be questioned, meaning individuals must be challenged to reflect on how they have potentially benefitted from systemic racism and acknowledge that they are not beyond racism and challenge the fact that White people hold most of the power and privilege in higher institutions within Canada; if these tasks are not accomplished, the power imbalance will be sustained (Ferdinand et al., 2017; Nelson, 2015). Individuals who belong to organizations that work with or provide services to ACB communities should recognize how they utilize power and how this perpetuates health inequities and need to be held accountable for these power inequities to reduce disparities (Griffith et al., 2007). This reflexive approach encourages White individuals to acknowledge and accept that they are a part of and have contributed to (or have at least benefitted from) the systems that anti-racism aims to transform (NCCDH, 2018). An understanding of structural racism, the history of social oppression in Canada, European settler colonialism, and how these have created unequal social relations is required (NCCDH, 2018;Verjee 2012). It is crucial that the organization that is providing services to ACB communities has knowledge of the cultures and histories of ACB communities in Ontario and more

specifically the area in which they are providing services (Anucha et al., 2017). If these histories are not understood and the institution is not committed to this vision of systems transformation, then social inequities will persist or even be perpetuated (Verjee, 2012). A decolonizing component and analysis of power are vital to anti-racism interventions to prevent any further harm to racialized communities.

2.5.5 Partnership with ACB Communities

To achieve effective anti-racism interventions, and meaningful and long-term relationships with the target population need to be established in an authentic and genuine way (Hassen et al., 2021). Etowa and colleagues (2021) advocated for improved collaboration between ACB communities and healthcare organizations to reduce and ideally eliminate racism and its effects. Anti-racism interventions need to be developed in partnership with the racialized communities affected, including relevant stakeholders from the ACB communities to inform decisions (Etowa et al., 2021; Hassen et al., 2021; NCCDH, 2018; Signal et al., 2007; Verjee, 2012). Programs or interventions that target ACB communities should be implemented with the leadership of these communities (DasGupta et al., 2020). The lack of representation of ACB individuals in the decision-making process for policies and programs in organizations in the health and social services sectors leads to decisions being made based on stigma, what non-Black people think they know to be true about ACB communities, or based on outright ignorance (Anucha et al., 2017). Institutions or organizations will continue to perpetuate harm against those who are racialized if they do not include racialized individuals in the process of developing policies, programs or practices that target ACB communities (Hassen et al., 2021).

To achieve a balance between putting the burden on racialized groups and individuals, whilst still disrupting racism without excluding them, a common vision must be shared between the organization and the communities involved in the partnership to achieve anti-racism goals; and the power imbalances and tokenism (i.e., using a racialized person as a symbolic representation that the organization is not racist), need to be addressed, and tokenism avoided (Verjee, 2012). Also, an organization must become knowledgeable of the histories, social relations, and conditions that have marginalized the communities they

wish to form a partnership with to remedy and alleviate the numerous types of oppression that the racialized communities face (Verjee, 2012). DasGupta and colleagues (2020) recommended bringing care or services outside of the organization and directly into Black communities. Another one of their recommendations is to develop a partnership with an individual from the Black community who serves as a navigator between the organization and the community to ensure goals are relevant and respectful. Effective knowledge mobilization occurs when the targeted racialized group is involved throughout the process, since those who help to produce the evidence/strategies are also those who will be utilizing this information, improving evidence generation and its uptake into policy and practice (Ferdinand et al., 2017). Etowa & Hyman (2021) promote community-based programs that serve ACB populations who lack access to culturally safe care and for the creation of a sustainable network of peer-led trusted providers who can assist ACB community members access the care they need. Working with the racialized community is a must for planning, implementing, and evaluating anti-racism interventions.

2.5.6 Evaluation of Interventions and Reflection

One of the gaps in the community development and anti-racism literature was that there is a lack of evaluation of anti-racism interventions. Any anti-racism approach, intervention, or framework must include monitoring and evaluation; this can help to track progress, barriers, improvement efforts and determine whether the intervention was effective in achieving the intended goals or outcomes (Came & Griffith, 2018; Verjee, 2012). This is essential because if the process is ineffective, more harm than good can be caused for the racialized communities involved by continuing to implement practices that perpetuate racism or negative outcomes for the ACB communities (Ferdinand et al., 2017). A successful intervention must allow for the proper time and space for ongoing reflection to occur (Ferdinand et al., 2017). Anti-racism programs and interventions disrupt long-embedded colonial practices; the effectiveness can be measured by the extent to which the wellbeing of racialized peoples is improved, decrease in perceived racism at the intra- and inter-individual, community, and systemic level, as well as an

increase in access to services, and improvement in relationships with organizations who provide health and social services (NCCDH, 2018).

2.6 Summary of Key Literature

2.6.1 Lessons Learned

One of the main lessons learned from previous work and research is that the power differentials between ACB communities and the organizations or workers engaging with these communities must be addressed, via anti-oppression principles, or else harm is done, inequities are perpetuated, interventions are ineffective in addressing racism, and partnerships are unsuccessful (NCCDH, 2018; Verjee, 2012). Rankine (2014) highlights another controversial issue with many anti-racism programs funded by the government: accepting government funding can render it difficult to criticize the government's policies, programs, and actions that contribute to systemic racism. From another perspective, Enos and Morton (2003) explain that when organizations or institutions partner with racialized communities to address racism, that often it is perceived that the institutions hold the solution, once again exacerbating power differentials. If the institution does not recognize and work to solve the forms of injustices that have contributed to racism within its own structure then the partnership will be unsuccessful (Verjee, 2012). Additionally, it is important to have a set of definitions for anti-racism terms and a framework for understanding racism to help translate anti-racism interventions and partnerships into action (Shapiro, 2002). Cultural diversity training and approaches that focus on strengthening ties to racialized communities have failed to address racism since they do not promote systemic change and can sustain unequal power relations (Nelson, 2015). Individual knowledge and skill development are necessary for anti-racism, but educational approaches have limited effectiveness in addressing health disparities since these inequities are rooted in institutional racism, therefore racism needs to be addressed at the institutional level (Griffith et al., 2007).

2.6.2 Organizations as Allies: Forming Relationships with Racialized Communities

Allyship is described as a process where individuals who are a part of “in groups” build trust with individuals who are a part of “out groups” (Terry, 2020). For example, White people collaborating with Black people by building trust and participating in visible advocacy for Black people demonstrates one aspect of allyship. There is minimal research on allyship or partnerships between organizations and racialized communities to work towards anti-racism, although it is known that allies are essential for successful anti-racism programs (Came & Griffith, 2018). Dreher (2006) urges that community organizations partner with groups experiencing racism to address racism and build healthier relationships in the community. Currently, no frameworks exist to inform strategies for forming partnerships or creating an allyship with ACB communities. Partnerships, particularly allyships, are built based on trust and mutual respect (Clarke et al., 2013; ; Martin & Di Rienzo 2012; Signal et al., 2007). Terry (2020) states that two of the most important attributes for allyship are interpersonal support and visible advocacy. Allyships need to involve intentional relationships and have ongoing dialogue between all groups involved (Came & Griffith, 2018). In the partnership, goals and tasks should be shared and both groups should be committed to long-term change and reciprocity across all aspects of the partnership (Dreher, 2006). As mentioned previously, it is essential that the “in group” understands how power is operating in the context of the allyship and works to decrease the power differential. Verjee (2012) states that before any authentic partnerships are created with racialized communities, the institution needs to be accountable and work to transform hegemonic structures and identify and address power imbalances. The organization should engage in reflexivity with the themes of race and racism in order to achieve any change (Ferdinand et al., 2017). Anti-racism work requires institutional accountability and leadership to affect systemic change (Bally et al., 2021). Allies must involve themselves in the process of unlearning and relearning, called decolonization (Came & Griffith, 2018). Allies can clarify the anti-racism goals of the racialized communities and assist in removing barriers to achieve these goals; allyships can set the agenda for anti-racism in the community (Came & Griffith, 2018).

Some stakeholders from the Black communities in London, Ontario and other racialized populations in Ontario have given their input on what they would like from allies. Khan, cited in a local news article, said that people of colour need organizations to befriend them, be supportive, and include an anti-oppression component to their organization to move toward equity and inclusivity within the community (Cornies, 2021). McIntosh (2020, para. 5), Director of Community Relations and Education at Regional HIV/AIDS Connection in London, states that Black communities require "intentional and supported investment, aimed at growing the capacity of Black-led and Black-focused organizations, as well as future leaders". He proceeds to say that allies need to address systemic anti-Black racism in the city of London by developing and implementing policies and practices that specifically target anti-Black racism.

2.6.3 Need for Developing a Framework for Forming Authentic Relationships

Many gaps were identified while searching the anti-racism literature. Frameworks to identify and inform anti-racism efforts for allies are underdeveloped (Terry, 2020). Much of the anti-racism work done by groups or organizations is informal and remains unevaluated (Came & Griffith, 2018). Further, there is a significant lack of anti-racism research that targets systemic or institutional racism; most initiatives targeted individuals through educational programs and/or training which are not effective at improving health inequities faced by racialized populations (Came & Griffith, 2018; Hassen et al., 2021). Hassen and colleagues (2021) conducted a scoping review of *Implementing Anti-Racism Interventions in Healthcare Settings* and found only five articles focused on anti-Black racism, and only 21% of interventions targeted the community-level. Clarke and colleagues (2013) also discussed the need for anti-racism interventions that engage the community, stating the need for community health workers to actively engage with racialized communities and how this has only accounted for 6.5% of anti-racism strategies. There is a critical need for evidence-based interventions that address racism and inform organizations and institutions on how to form meaningful relationships with racialized groups to improve the health and wellbeing of ACB populations. These gaps in the literature led to the creation of our research questions: 1) How can organizations form

authentic, bi-directional, and purposeful relationships with ACB communities that have the potential to be sustainable and prioritize the group's specific needs? 2) What priority strategies or interventions can best address anti-Black racism in the English speaking and Francophone ACB communities in London, Ontario? This study aimed to fill the need for research addressing anti-Black racism at the community or institutional level and proposes a framework to guide organizations on the best practices for forming relationships with the ACB communities.

Chapter 3

3 Methodology

This study was community-based and co-led by leaders from London InterCommunity Health Centre (LIHC), one of many Community Health Centres in Ontario that focuses on providing health care and social services to individuals and groups who experience barriers to care. The broader community of direct relevance to this research is London's African, Caribbean, Black (ACB) communities. This study aimed to explore how organizations can form meaningful, purposeful, and sustainable relationships with racialized communities in a co-development approach and from an anti-racism lens. Stakeholders from the ACB communities were interviewed to determine what anti-Black racism/strategies are already in place and identify gaps and priority areas for intervention. To address the research questions, a qualitative descriptive design was employed informed by the critical paradigm with an analytic process grounded in interpretive description (ID). ID is drawn from the social sciences and often used in nursing research since it allows for practical application of results of the study to health and social service care settings (Thorne, 2016). This methodology does not require predetermined theories or frameworks. Also, ID does not claim to represent the experiences of all community members (in this case ACB people in London, Ontario), but rather allows for the analysis of themes within and across datasets which are beneficial and informative for service providers in the community who are working with ACB people (Luciani et al., 2019).

In addition, an integrated knowledge mobilization approach (KMb) was used. This approach collaborates with the knowledge users throughout the research process and allows for the creation of research that is mutually beneficial (Kothari & Wathen, 2013, Kothari & Wathen, 2017). LIHC, the research partner and knowledge user, took a lead role in framing the research questions, selecting the target communities, study design, and in what is communicated and how this is done. LIHC assisted in guiding study decisions, with a specific focus on recruitment, data interpretation and knowledge mobilization activities. Results from the study will be used to support the work of the Community Development Worker at LIHC.

3.1 Methods

3.1.1 Sample

The study was based in London, Ontario, and participants were recruited from the London-Middlesex area. Participant recruitment took place via email using a pre-approved letter (Appendix A) to alert stakeholders to the study and the opportunity to participate, including a way to connect with the research team by email, videoconferencing or phone. Our partners at LIHC conducted the recruitment phase as they have built relationships with multiple community partners that work with London's ACB communities. If participants were interested in participating in the study, they then contacted the research team to arrange for an interview. Participants were required to meet the following criteria: at least 18 years of age, living in London-Middlesex, self-identifying as African, Caribbean, or Black, and involved in ACB community work (e.g., as part of a formal or informal group or association), currently a formal or informal stakeholder or service provider in the London community, and speaks English or French. There were no explicit exclusion criteria.

3.1.2 Sampling Strategy

A purposeful approach to sampling was employed by generating with the help of our partners at LIHC a list of potential participants who met the above inclusion criteria. Specifically, these individuals were chosen for their knowledge, expertise and experience working with ACB communities in London, Ontario. Study participants were purposefully selected based on their self-identification as African, Caribbean, or Black to better understand from their point-of-view how organizations can best form relationships with them in a respectful and meaningful way. Participants could be formally or informally involved with the ACB communities. Snowball sampling was used by asking participants at the end of each interview if there was anyone else that they would recommend we speak with. The researcher encouraged participants to provide these individuals with researcher contact information to ask them to reach out to the researcher if they were interested in participating in the study. Participants were recruited to capture a diversity of ACB populations, including francophones. In ID, data is not meant to be

collected until data saturation, but until enough data has been collected to provide new, logical, and meaningful contribution to the phenomena and those in the field. A total of 9 stakeholder interviews were conducted, as well as 3 secondary informal discussions with previous participants and leaders from the study's partner, LIHC, to investigate potential barriers to recruitment.

3.1.3 Data Collection

Data was collected through one-to-one semi-structured interviews with stakeholders from the London ACB communities. The purpose of these interviews was two-fold. 1) To understand the needs of ACB communities in London in terms of anti-Black racism interventions and priorities. 2) To understand how LIHC can best form meaningful relationships with ACB communities in London.

Since COVID-19 public health precautions advised against meeting in-person, interviews were completed via the Western University secure Zoom platform. When using Zoom, each participant's session had a unique identification and required a one-time password provided only to the participant. The interviews were conducted by a member of the research team and lasted from approximately 30 – 90 minutes, with an average of 58 minutes. Participants were emailed a Letter of Information and Consent (see Appendix B and C) prior to the interview. Before the interview commenced, participants were asked to provide audio-recorded verbal consent. The interview only proceeded if the participant consented to audio recording. The interviewer used a standalone audio recording device not connected to cloud services; no video recording occurred.

The interview guide explored question areas related to how organizations can form meaningful, purposeful, sustainable relationships with ACB communities from a lens of anti-racism (see Appendix D and E). The questions asked were all open-ended to allow the participant to share their experiences. The interviewer used prompts such as "could you please tell me more about this" to further explore participants thoughts. The researcher also asked about current anti-Black racism interventions and strategies in the community, priority needs, and recommendations. Finally, the researcher asked demographic questions to assist in describing the sample.

3.1.4 Data Analysis

Sally Thorne's (2016) interpretive description method guided data analysis, along with the structure of the interview questions, to understand experiences specific to our immediate research questions regarding forming relationships with ACB communities and identifying anti-Black racism interventions. Data collection and analysis occurred simultaneously. All interviews were transcribed verbatim by the researcher in the original language of the interview. These transcripts were then analyzed inductively using conventional content analysis and constant comparative techniques. Two members of the research team independently developed initial codes and applied them to one transcript. Both members came together to compare their codes and develop a codebook. The codebook was created in English. Next, one member of the research team applied the code book to all the other interview transcripts. Two other transcripts were then selected at random, and the second member of the research team verified the coding of these transcripts. The codebook was created in English and was applied directly to all transcripts. French transcripts were kept in the original language for data analysis to avoid losing any meaning in translation and the English codebook was directly applied to it. For further data analysis, important quotes that highlighted themes were translated into English and verified by a second bilingual member of the study.

Additionally, after the initial coding, the "Sort and Sift, Think & Shift" method (Maietta et al., 2021) of data analysis was used. This method is consistent with ID because it allowed moving from understanding the content of the data to exploring the relationships within and across the data. For the "Sort and Sift" phase, which encouraged reflection on data, a quotation inventory, memoing, and episode profiling were used to further sort the data. After coding each individual interview, the author re-read transcripts and pulled quotes that caused the author to pause and reflect. These quotes were combined to create a quotation inventory to serve as a reference point for further data analysis. Next, the author reflected on each quotation and the meaning of the quotation regarding the research question and explored this relationship through writing. Finally, the quotation inventory and memos used in combination for each interview allowed creation of an

episode profile that recounted the story of each stakeholder's perspective in a wholistic way.

Afterwards, mining, bridging, threading, and reflection tools were used to reflect and analyze the data. These strategies pulled from the "Think & Shift" phase which allows for a more in-depth analysis of and discovering more connections within and across data. The combination of analytic strategies used in this study reflected the tenets of interpretive description by allowing for flexibility for rich interpretation of the data with the goal of creating knowledge that is useful and applicable in the field of community development (Thorne, 2016). Analysis through coding and the sort and sift method allowed for the creation of themes relevant to the research questions, real-time feedback to the research partner and the creation of a best-practices framework for forming meaningful and purposeful relationships with racialized communities.

3.2 Approaches for Creating Authenticity and Rigour

The approaches used for creating authenticity within this study were mainly based on reflexivity. Thorne (2016) stresses the importance of reflexivity throughout the research process, including before entering the field to collect data. This is important in qualitative work to bring awareness to the previous experiences of the researcher, as well as their values and beliefs in regard to the topic being studied and how it influences data collection, analysis, and interpretation (Polit & Beck, 2021). The researcher explored their positionality to the study's topic through writing. The researcher also engaged in reflexivity by maintaining a journal to analyze her thoughts and assumptions throughout the research process. A declaration of self is included in Chapter 1 of this thesis.

In addition to reflexivity, to ensure rigour, Thorne (2016) has recommended various perspectives of critique used within ID, including *moral defensibility*, *disciplinary relevance*, *pragmatic obligation*, *contextual awareness*, and *probable truth.*

Moral defensibility ensures that the research is conducted with purpose and will be used to benefit society in some way (Thorne, 2016). This study exhibits moral defensibility as it is action-oriented and the purpose is to discover how meaningful relationships can be

formed between organizations and historically underserved ACB communities, as well as target areas for programs and interventions to benefit the ACB communities. The findings and recommendations from this study will be implemented and shared with organizations with the goal of increasing the health and well-being of ACB people.

This study demonstrates *disciplinary relevance* as it contributes to the advancement of nursing science and community development theory. Nurses work within a variety of settings with diverse populations; the findings from this study will help nurses and other service providers to improve or build relationships with the ACB communities. The framework developed in this study will help leaders in the health and social service sector to improve their organization to reflect anti-Black racism practices.

Pragmatic obligation means that qualitative researchers understand that their research findings could be implemented in actual practice settings and should not leave out any false or inaccurate findings as this could lead to harm (Thorne et al., 2004). The analysis was done in good faith to reflect the researcher's best current understanding of the needs of the ACB communities and how to best form relationships with them. Additionally, to best capture how to authentically partner with racialized communities, secondary interviews were conducted to farther investigate perceived tensions regarding people's willingness to participate in the study.

Contextual awareness recognizes that the researcher's perspectives are bound by their past experiences and disciplinary knowledge (Thorne, 2016). To mitigate this, the researcher engaged in reflexivity throughout the study and included a written positionality statement as noted previously. It is possible that the researcher shared invisible assumptions with the participants, especially since the participants were all working in the health or social service sector, and it's possible that this could have influenced the findings. The study was also conducted in the context of London, a mid-sized city in Southwestern Ontario. Therefore, it is important to recognize that the findings of this study are contextual.

Lastly, *probable truth* accepts that there is no absolute truth within qualitative research, yet the results of this study are considered probable truths and valid until new knowledge

demonstrates otherwise (Throne, 2016). The critical examination of data completed within methodological guidelines allows for the practical and meaningful application of the study's findings to allow better understanding of the phenomena in actual practice.

3.3 Ethical Considerations

Approval from Western University's Non-Medical Research Ethics Board was received for this study (Protocol No. 119854 – see Appendix F). Participation in the study was voluntary, and participants were aware that they could withdraw from the study at any point prior to the completion of data analysis of the interview data, and all their data would be destroyed upon their request. The risks of participating in this study are minimal. It is possible that participants may have experienced some distress answering questions about racism/anti-racism. Participants were instructed if they felt hesitant or uncomfortable answering some questions, they could refuse to answer specific questions or end the interview at any time. Additionally, resources and contacts for support regarding race-based discrimination or harassment were available to participants (see Appendix G). In consideration of their time, participants were offered a $50 electronic gift card.

Chapter 4

4 Findings

The analysis identified three key themes including: (1) Racism- “The air we breathe”; (2) Beyond tokenism: understanding and integrating diversity of African, Caribbean, and Black (ACB) communities; and (3) Moving from intention to action. Further these themes are broken down into subthemes and conceptual links are made between the themes, as described in Figure 1.

4.1 Participants

In total, nine stakeholders from the ACB communities were interviewed. All participants held either a paid or volunteer position within the health or social service sector in London, Ontario. The length of time the participants had been in that role ranged from seven months to 27 years. Participants self-identified as Black, African, Mixed Race, Ga, Caribbean, Congolese, West Indian, and Canadian, with 22.2% of participants born in Canada, and the other 77.8% having immigrated to Canada in the prior four to 41 years. Both men (44.5%) and women (55.5%) were interviewed, and ages ranged from 29 years to 65+ years. Of the nine interviews, two were conducted in French and seven in English. For the purpose of this study, the term “Black” will be used interchangeably to refer to all individuals and groups that are encompassed by African, Caribbean, and Black communities.

4.2 Racism – ‘The Air we Breathe’

> “Racism is real. It’s real and it’s here in London. It’s everywhere” (Leon).

To those who live in a Black body, in London and anywhere in Canada, racism is the norm, it is expected: “We talk about racism all the time, it’s like the air we breathe, because if you live in a Black body, that's part of your life. It’s just normal” (Leon).

It was noted by some participants that while there has been an overall decrease in overt racism in London, it does still occur, as both every day, and harmful, acts, but also more profoundly. One participant described being called a derogatory and offensive word for a Black person by a stranger on the street, completely unprovoked. Another described that more violence from strangers occur towards ACB people due the colour of their skin, and yet another spoke of an Islamophobic hate crime that occurred in 2021 where a Muslim family was murdered, in a hit and run, in London, making international headlines. The participant described the effect this had on him, stating that he is now fearful for his safety or the safety of his family when out in the London community:

> J'ai dévélopé une phobie… chaque fois que je prends la marche avec mes enfants… quand j'entends une voiture, c'est comme je sursaute indirectement. [I developed a phobia… every time I go for a walk with my children… when I hear a car, my automatic reaction is to jump.] (Kody)

There has, according to participants, been an increase in recent years in subtle microaggressions toward ACB people. This form of racism is less obvious to others, including those towards whom it is directed. Participants described some examples: asking "where are you from?" to make them feel like they do not belong in Canada, that they are different, and indeed inferior or ignorant. Also, participants reported being met with surprise that they had a university education or were a working professional, as if being an intelligent and hard-working ACB person went against established norms. Some participants reported always having to prove themselves, beyond standards applied to non-ACB people, to gain recognition and respect. These microaggressions came from coworkers, clients, friends, and strangers.

Stereotypes about Black people are common and deeply embedded. One participant shared, in both English and French, the preconceived judgments his neighbour had about his family:

> Oh, you are Black, but you are different. Pourquoi je suis different? Parce que nous… probablement parce que j'ai un bon travail, il voit mes enfants s'habiller très bien, il me voit avec une belle voiture, il nous voit s'habiller très bien… c'est

> à dire, quand tu vois quelqu'un, tu lui donnes directement une etiquette… [Why am I different? Probably because we… probably because I have a good job, he sees that my children are well-dressed, he sees me with a beautiful car, he sees that we dress well… that's to say, when you see someone, you give them a label right away…] Why are we different? We are all Black. We are all the same. As we are not judging you. (Kody)

One notable example of a harmful stereotype was described by a participant in which a Black woman was denied proper treatment for an illness, including withholding pain medications, and not referring them to specialist care. As reported by the participant, the service provider said that the patient was a "strong Black woman" insinuating that they could manage the pain on their own without medical intervention – a common racist trope regarding pain tolerance in Black people. Overall, many participants articulated that they felt they were treated differently than others and did not feel included in the community or the workplace.

4.2.1 The Most Dangerous Racism – Systemic Racism

Beyond peoples' lived, everyday experiences of overt and more covert racism, systemic or structural racism was identified by participants as a priority for addressing anti-Black racism: "The focus to me should be the systemic racism because that's the most dangerous to me" (Aisha). Systemic racism, built into systems, policies, and practices, drives racial inequities; again, stating that they are "not bothered so much by other racisms" (Aisha), indicating that systemic racism is what needs to be addressed to create the most change and improve wellbeing for the ACB communities. Another reiterated the idea that the problem is not at the level of the individual, "I'm not saying everybody is bad, the system is not working" (Aminah). It can be difficult to recognize the impacts of systemic racism and therefore difficult to address this issue, as one person explained:

> There are a lot of people who know that there is racism, but they don't know what to do about it. Because even those who are… who have their heart and a good mind, they were born in a racialized system like that. So, it's kind of hard to know

> what to do, but you can do something about it again if you're being deliberate. (Leon)

Another captured the complexity of systemic racism: "So, there's a lot of things that need to be done, it's not like one thing. It's kind of a domino effect and it's just the whole system is working against them" (Aminah). The current systems for healthcare, social services and education are based on colonialism and uphold Eurocentric values which continue to harm ACB people. This stakeholder shares the impact of systemic racism on healthcare: "I think healthcare is probably the most dangerous thing for us besides the police and just the government in general" (Lucy). Another describes that there is a "culture of racism within healthcare" (Aminah). Racism continues to exist in healthcare exacerbating inequities for ACB communities. Systemic racism prevents racialized people from accessing services, even if they are aware that the services exist: "So, the service… it's there… the need can be met, but how to ensure the colour of my skin doesn't become a barrier to access that" (Aisha). One participant, after attempting to seek care from multiple health professionals, finally had a physician listen to her, the following is what they shared,

> This [doctor] also came here as an immigrant, but he's like I understand what you're saying, you're not the first woman of colour to come to me and say that they're having this as an issue and experiencing barriers to access what you need. (Iona)

Furthermore, bureaucracy perpetuates and reinforces racism:

> People in our position, we're always begging the powers that be for something… even when we demand, it is not a demand that people sometimes pay attention to. So, they can say yes of no and if they say no, there's not a lot you can do…there's no appeal process, there's no… there's nothing that forces the city, the municipality, the bureaucracy to do what's best… So that's really the challenge is we're always asking for favours from those people who are in positions of power and it's up to them to decide if they are going to give it to you or not. (Leroy)

Another impactful example of systemic racism within Canada is the violence, police brutality and targeting that ACB people, in particular Black men, face from the police. Almost every participant that identified as an ACB male shared an example where they were targeted by police due to the colour of their skin. In contrast, one participant felt that ACB people were not being specifically targeted by police, but rather ACB people stood out and were more noticeable to the police if engaging in suspicious behaviour. This was an outlier interpretation, however.

4.2.2 Internalizing Racism – 'Self-Gaslighting'

Some participants, after describing their clear experiences of racism, still questioned whether they had actually experienced "racism." Each participant had their own understanding of their experiences; some could identify racism they had experienced in their lives, however others could not provide examples and denied experiencing or witnessing racism. One participant described the idea of self-gaslighting:

> It's the microaggressions… and so I think sometimes it turns into: Am I being paranoid? Did that actually happen? And you kind of almost gaslight yourself because you don't want to put those assumptions onto other people, but what you experienced was a microaggression. (Lucy)

One participant, felt that they had not personally experienced any racism, stating that perhaps there were instances where the racism was so subtle, she did not notice. Later on, this same participant described some instances where they faced microaggressions. Each individual's perceptions of the racism they faced varied, some in denial of the racism:

> Sometimes they are in denial because they don't want that to cloud their thinking. In order to navigate the system day to day, if they are always thinking about racism, which it happens, they would never get out of bed, just to go and do regular stuff. So, we try to compartmentalize. (Lucy)

While not surprising, these forms of self-stigma and denial are common among those who are routinely stigmatized and judged, especially in the context of race and racism.

4.2.3 Mental Health as a "White People Problem": The Impacts of Systemic Racism

One important example of how embedded, often implicit or internalized, racist beliefs in systems such as healthcare can play out for people is the recurring idea, expressed by participants, that mental health is a "White people problem". Mental health within the ACB communities was identified as a priority concern by most participants, e.g.: "Mental health is a big priority…If you don't have mental health, you don't have the capacity to handle anything else" (Aminah). Similar to all services, ACB people were not accessing mental health services despite having mental health concerns. A key reason for this, stated by several participants, is that mental health is "taboo" in ACB communities and is considered "culturally asynchronous". The following are quotes from multiple participants on the perspectives of mental health in the ACB communities:

> La santé mentale pour les Africains, les Noirs, ce sont des sujets tabous, on ne parle pas. Tu dis à quelqu'un, tu es déprimé, il te dit, mais tu es faux. [Mental health for Africans, for Black people, are taboo subjects, we don't talk about it. If you tell someone you are depressed, they will tell you no you're wrong.] (Kody)

> It's like mental health now we're aware that we need to take care of our mental health, but there's so much stigma in it because it's almost like 'oh it's a White people thing'. No, it's an everybody's thing. (Iona)

> Mental health and addiction are not something that you talk about. It's a White people problem, and its literally called that. (Lucy)

> I see [ACB people] having mental health issues not addressed, because mental health issues are not really talked about in the community. It's not. It's a taboo. So that itself is a huge, huge, huge issue because they don't think about it, and we need education, where's the education? (Aminah)

Since mental health is infrequently discussed in ACB cultures, people may feel that related services are not for them. Consequently, ACB people are not aware of the benefits

of mental healthcare and nor of the resources that are available to them. In immigrant families especially, it is frowned upon to discuss mental health, because they are often coming from impoverished or war-torn countries, and it is expected that once in Canada life should be good, and they should be happy. A participant describes the expectations of new ACB immigrants arriving to Canada:

> Il y a des gens qui ont quittés leurs vies, et quand ils arrivent ici au Canada, la réalité qu'ont vient dans un état où il y a la paix, la sécurité, mais une autre réalité c'est le racisme. [There are people who have left their lives, and when they arrive here in Canada, it is expected that they are in a country where there is peace and safety, but another reality is racism.] (Elewa)

To help counter the self- and community stigma that mental health and well-being is only for White people, ACB stakeholders felt it was essential to have mental health services that cater to ACB people and their needs, as well as have ACB mental health providers. Several participants spoke to this point, this one perhaps most directly:

> As much as [White therapists] can give me support, there's intricacies of race and underlying connotations of what that means, especially as a Black woman that to have somebody that recognizes that and can understand that is important and humanizing of my experience. (Lucy)

4.3 Beyond Tokenism: Understanding and Integrating Diversity of ACB Communities

4.3.1 Not 'One Size Fits All'

The ACB community is diverse – as noted in the demographics of our participants, people identify in a variety of ways, including ethnicity, region of origin, language group, etc. However, participants noted that they are often seen only according to the colour of their skin: Black, and nothing more, leading to generalized assumptions and stereotypes. As one said:

> When you see a Black person, you don't see culture, you see the colour, so that's why most of the time we talk about ACB in general, but even there… is different needs, different cultures, different languages, but what is common is every human being wants to feel, no matter their culture, they want to feel included in the community. (Aisha)

Stakeholders also shared that the intersectionality of ACB people should also be considered, not just the obvious identities that are visible, but also the "invisible identities" such as sexuality, disability, or religion for example. The concept of intersectionality demonstrates that people's identities are not only based on one thing, but rather created by multiple intersecting identities. The intersection of various Black cultures' values and other identities can largely impact the variety of needs of these populations (Wright, 2021). The intersection of language and race, here specifically the French language and ACB identity was said to increase marginalization and discrimination.

Being seen only as "Black" is harmful and can result in tokenism. Similarly, equity, diversity, and inclusion strategies, if not properly implemented, can perpetuate tokenism and othering: "I find the languaging of diversity, equity, and inclusion to be problematic because what you're then saying is that the standard is being White" (Iona). This type of racism, known as "othering", leads to the feeling of exclusion.

4.3.2 Beyond Representation

Participants were very clear on the need for authentic recognition, understanding and representation of the ACB communities in organizations, especially as service providers and in leadership roles, and other decision-making capacities (e.g., as community advisors). London's organizations were perceived by participants as having low representation of ACB people. One described being Black in London as follows:

> That's my life, that is my life. It is not different in any situation you're going to, you're always one or two of whatever, basically. That's my life so I'm saddened that it still exists, but I'm not surprised. What am I going to do? (Leroy)

This despair and isolation were also linked to the lack of ACB representation in the staff of health and social service organizations:

> The lack of representation really further marginalizes people from accessing services because they don't feel that they're going to be seen or heard because the staff that's working there doesn't look like them. (Lucy)

Other participants discussed that it is easier for an ACB person to trust and confide in a service provider from their own or the broader ACB community, which can help to bridge the gap between the organization and the community it is serving. Participants also expressed that language could be a significant barrier for the francophone community in accessing services, causing further marginalization. This was identified as the only need, specific to authentic understanding and representation, that varied for the francophone ACB community from other ACB community members interviewed. It was rare that service providers could provide services in French or that any French services existed. If they did, the francophone ACB community was often unaware, indicating the need for greater outreach from these services. Additionally, participants noted the lack of readily available translators/interpreters to assist francophones in seeking services. Similar to the need for ACB service providers, there is a need for francophone service providers (ACB or not) who are able and willing to provide their services in French.

Beyond tokenistic representation, ACB people need to have a seat at the tables where policies that affect their health and well-being are being created. ACB people need to be involved in the decision-making process, included, and heard in relevant conversations, and provided the same opportunities to be involved in these decisions as other stakeholder groups:

> We have to see dually qualified Black people in leadership positions so that when we are discussing strategy and policy, it is not from people who don't live in a Black body who are trying to tell Black people what is good for them. I can't tell you what's good for a White person, I don't live in a White body. I have no idea what life is like living in a White body. I can't know that. (Leon)

To go beyond tokenistic representation in organizations and the community, many ACB stakeholders suggested that there be specific services and programs tailored to ACB people, and/or organizations that have a specific mandate, and a paid staff liaison role, to engage with ACB communities. Ideally, the liaison would be from the ACB community; however, it would be appropriate if the individual working with the ACB communities was not from the community if they are passionate about social justice and inclusion for ACB communities and approached the work with cultural safety and humility.

4.4 Moving from Intention to Action

Following the interpretative description methodology, and our partnered approach to integrated knowledge production and mobilization, a key part of the interviews and analysis was to solicit from participants their ideas on how best to address the challenges and opportunities for enhanced social justice and inclusion efforts in London's health and social services. This theme of "moving from intention to action" is comprised of responses to questions specific to what is needed, and careful examination of expressed and inferred needs during other parts of the interview. Several strategies emerged as important to underpin efforts moving forward.

4.4.1 Leveling the Playing Field

A first key strategy is the need to "level the playing field" when it comes to career opportunities and advancement for those who could support tailored programs and services for ACB communities, especially for members of these communities themselves. This means ensuring that the conditions in which one can gain entry into employment are equitable for all, including ACB people, and ideally specifically open to diversity and inclusion initiatives. One participant felt that the barriers that ACB people face in their careers are caused by the "systemic aspect [of racism], not necessarily [individual level] discrimination" (Roger), that is, that systemic racism and the barriers it creates actively disadvantages ACB people for employment opportunities. Leaders in the community discussed the systemic blocks and gatekeeping that the ACB communities face:

> Our system is based on what most people know of similar people [to] them… who had the similar upbringing [as] them, similar access to certain tools, for example if I come and apply for a position and you look at language-wise how I write and [my] expression, what I can converse with you about, what the topic, if they're not from the same… we didn't grow up in the same culture in the same city, what I'm bringing is different. And if you are expecting to hear from me what you're familiar with and you're not hearing it you might discard me little bit more than if you'd have this openness of saying 'oh OK that person definitely brings something. It's not what I expected, but it's something that could be beneficial to that segment of the community that they're going to be reflected'. (Roger)

Roger then shared what leveling the playing field looks like to him:

> Having that leveled access, that's the one thing…it comes back to something I already said, but that level playing field… one employee might need just very little, but the other one might need a lot more, but once they are sort of leveled up, you will get more competition and that's what I think that companies need to do to address.

Leon proposed how organizations can help to level the playing field for racialized communities:

> Also, organizations need to make it part of their policy that when they're hiring there is implicit bias, implicit bias because if you look at organizations you have to ask yourself: 'is it a coincidence that after so many decades there is no person of colour higher up?'
>
> Organizations have to be deliberate in attracting people from hurt groups into leadership positions because… they would make the organization a more welcoming environment. So… deliberately creating opportunities to hire properly trained, properly credentialed non-White people to also be in positions of leadership. So, I'm not advocating to cut anybody slack, all I'm saying is, if you got what it needs, nobody should stand in your way. Because we don't want

> people to be gatekeepers, blocking people who are trained and credentialed from making progress in an organization.

Beyond simply leveling the playing field and decreasing the barriers to entry for employment for ACB people, organizations need to do more to attract and retain racialized employees: “OK well you want to attract people from diverse places, but what have you done to retain them? To make them feel comfortable? To make sure they can thrive?” (Roger)

Participants also noted that this kind of thinking needed to permeate organizations from top to bottom, for example as this person noted, hiring leaders starts with Boards of Directors and committed governance structures:

> You have to make an effort to make a change. It doesn't happen by osmosis, if you want a diverse board of directors, you've got to go out and recruit people. You can’t ask the people on your board to recommend people for the board because all the people that they know, are people that look like them. You've got to do something different to get a different result. (Leroy)

4.4.2 Forming Authentic Relationships with ACB Communities

A second key strategy strongly promoted by participants was the need for explicit processes to form authentic relationships with ACB communities, moving as noted above, beyond tokenistic representation. Participants outlined the necessary characteristics that organizations must have when building these relationships. Overall, authenticity or genuineness was the most important, and foundational, requirement; “being as authentic and genuine as possible” (Lucy), and “having people come into the communities but coming to the communities with a sense of genuine purpose, not just coming in to check boxes” (Lucy). Other qualities participants wanted to see in organizations are “respect, it’s understanding, it’s being truthful, it’s being deliberate, it’s being open, it’s being honest” (Leroy).

First and foremost, it is essential that organizations and individuals educate themselves before going to the community. One participant describes the importance of education as follows: “That is a must: be educated, when people become educated, people become less fearful and when they’re less fearful, then you can build bridges” (Leon). Stakeholders were asked the following: “One concern we often hear is that the people affected most by racism are expected to shoulder the burden of solving this huge problem that they didn’t create. How do we make sure that potential strategies and solutions reflect the needs of ACB communities, without placing further burden on them?” One participant summarized the difference between the two approaches as: “can you help us help you? *vs.* I don’t don’t think there is racism in London, can you show me? Can you educate me?” (Aisha) Basically, those who educate themselves about racism prior to approaching an ACB community, and come committed to allyship, are not presenting a burden, while those who come ignorant and require the community to relive its often traumatic experiences to educate, do pose such a burden. As one said: “Learn. Research. Get knowledge in order for us to even have a discussion because if you’re coming from square one… we are tired of that” (Aminah).

To meet the needs of the ACB communities, participants suggested that organizations need to be able to “work outside the box” (Aisha) meaning they need to flexible with the work they are doing, how they do it and when they do it. This may involve working in non-traditional ways or outside the typical expectations of specific roles. To meet an individual’s or group’s unique needs, you need to “work on their terms”, not the terms of the organization. For example, organizational or program staff may have to work after-hours or on weekends to connect with people and communities at times that work best for them.

Participants felt that organizations need to incorporate a culturally safe approach to their services. ACB people need to feel welcomed by the organization and staff and feel that they are not being judged. Participants recommended that all staff at every level of an organization should receive cultural safety training.

ACB stakeholders would like to see concrete action taken to address anti-Black racism. One participant reiterated the idea of “practice what you preach”: “[the organization] ha[s] to show in their community and in their organization, they’re applying exactly what they're preaching” (Aisha). As stated by another participant, “a lot of good words are said by people” (Leroy), but written policies without implementation, without any action, are not helpful; another said: “I would really like a consistent doing action. Not just saying our policies are inclusive of this and that. Actually asking [questions]” (Iona). Basically, participants felt that an organization’s policies were meaningless - and worse, performative and counter-productive in terms of eroding trust - if they are not seen actually carrying out those actions. For example, organizations implemented zero tolerance for racism policies, however when an instance of racism occurred, no steps were taken to address the scenario, and the perpetrator was not held responsible for their actions. It was assumed that nothing was done in such scenarios due to the lack of planning and not clearly articulating the steps to act against instances of racism.

Finally, a necessary component of forming relationships with ACB communities and implementing anti-racism programs is evaluating these interventions and asking the community for feedback. One idea was that organizations provide an anonymous “feedback box” (or other mechanism) for members of the community to provide feedback about the services they have received and their treatment from the organization.

4.4.3 Nothing About us Without us

Related to, and operationalizing, the idea of moving beyond tokenism to authentic engagement described above, is the idea of “nothing about us without us”. As one participant said: “Don't think that you gonna fix that issue for them. No, you cannot do anything without them 'cause it's not gonna work. They’ve got to be part of that solution” (Aminah). No services or programs for ACB people should be developed without the input, including expressed desires, of ACB people. ACB people themselves will know best their needs and potential solutions and they should be consulted throughout the entire design, implementation, and evaluation process. It is not possible to solve issues related to anti-Black racism without working with ACB communities. To solve these

issues, we must work together, a participant suggested that organizations must “create opportunities to learn from each other” (Leon), meaning there needs to bi-directional educational exchange between the organization and the communities they are serving. Another participant reiterates the importance of organizations working together with the ACB communities and that the onus is not on the ACB communities: “It’s not our responsibility… it’s not our job to fix the wrongs of society. We can be a part of the solution, but it’s not really our solution” (Leroy). Instead, organizations should work together with ACB communities to develop solutions to eliminate anti-Black racism. One participant stated,

> I think this whole ‘power-over’ dynamic really needs to be disintegrated because I think just with our history and the historical context of like slavery, we’ve always been positioned within societies to be below or under people and I think to really include Black folks in the planning and the process and I think as like stakeholders it’s important to facilitating their care because then you’re really getting an idea of what they need. (Lucy)

To form meaningful relationships with ACB communities, stakeholders recommended meeting them where they’re at, understanding and responding to their needs, and not expecting individuals and/or groups to come to you. One participant recommended: “So, it is very, very, important that the agencies that provide these types of services spend time to find Black people where they’re at. They’re at the grocery shops they go to, the churches they go to, the sport stadiums they go to” (Leon). It was suggested that organizations could join existing ACB networks and not necessarily try to create new ones.

The most essential component to forming authentic relationships and implementing anti-Black racism interventions is to ask the community their needs, and the main issues that they are facing. These questions need to be asked from a stance of humility, and the perspective of understanding that a White person does not and will not ever know what is best for a Black person. Once the question is asked, the individual or organization should

listen carefully and actively and without defensiveness, be open-minded to suggestions, and non-judgmental.

Participants emphasized the importance of continued dialogue between the organization and the community as follows: “Having that dialogue is very important because there’s a back and forth that can really inform better” (Iona) and “we have to start the conversation because once we start the conversation, we hear the community, and we implement what needs to be done” (Aisha). This is especially important for the community to be heard and make their needs known to service organizations. One participant noted the importance of sustained dialogue: “Not just when there’s events or the organization needs them, the relationships need to be continuous all the time to earn the trust from the community” (Aminah). The relationship between the organization and the ACB communities should not be a one-time event or a once-a-year event, it needs to be ongoing.

4.4.4 Balancing Tensions

An unanticipated theme that emerged during the study was related to the idea of self-education described by participants and outlined above but centred more on the research process itself. While this might be framed as guidance for those wishing to evaluate these kinds of collaborative anti-racism strategies, we feel that the learnings might extend beyond research purposes to more general ways to engage with historically oppressed groups, so present these data here.

Specifically, part way through the recruitment process, we received indication, through various key actors in the recruitment process, that some people might be hesitant to participate in the interview process. This was also raised by a participant during an early interview, framed as concerns about our study, noting that there were no Black members on the study’s research team, though there were people of colour and French speakers. It was made known to us by other interview participants that they were aware of these concerns. To explore this further, we conducted informal follow-up conversations with specific people in the recruitment process, and who had expressed specific concerns. Here is what was said by one participant:

> I was one of those who mentioned that if we don't go out and participate, there's valuable things that we could have done that… 'cause I know one of the things that somebody had mentioned is OK well who are the people doing it? Are there any diverse members in those people? Like did they reflect what they say they're going to try to achieve? But to me, it's a little bit more semantic because well let's go and then participate and maybe the next survey, if this one is fruitful, we might say well guess what? There's progress, now there is a diverse member part of that team. So, rather than say well there's no diverse member. Common, that was my approach to it, and I did voice that… I believe in more than just having that diverse person showing up to do the job. (Roger)

Engaging thoughtfully, and without defensiveness, with this concern has allowed us to reflect on the process of conducting research with and for a marginalized group while not being a member of that group, whilst managing any power imbalances, potential risks and mitigating any harms. There was a certain tension that had developed throughout the recruitment process, a tension we believe to be related to the nuance of "educate yourself before coming to us" versus "nothing about us without us", which we attempted to balance, deciding that ultimately, we needed to further investigate how we can conduct research with racialized communities in a way that decreases this kind of tension. In having a follow-up conversation with the interview participant who had voiced these concerns, we received feedback on how to improve research processes. The hope of this reflection is to create better recommendations for practice and research. The following is a synthesis of what was heard.

Many ACB community members were glad to see that something was being done on this topic, but despite this feeling, the uptake for interviews was relatively slow (though ultimately reached a reasonable sample of nine participants). First, our informant explained that they felt many Black people have a "jaded" view of research and researchers and are very "tired" of participating in research and never seeing the results translate into action that benefits ACB communities. They stated that often the results are not even shared with the community. This negative experience with research has deep

rooted historical origins, and often leaves those from oppressed communities feeling they have been “researched to death” with no ultimate benefit to them.

It was suggested that to offset potential tensions, researchers should go to the affected communities and involve them from the beginning, before the research officially begins, and ask them what their thoughts are, what research needs to be done and the best way to do it. Including community members in the building of the study design and framework is crucial for buy-in and engagement – communities can “feel like they are a part of the process”. It was suggested that bringing on a member of the ACB community into the research process would be helpful, whether it was for consultation on the design of the study or to be there with the researcher for the interviews. To gain the trust from the community, it was also suggested to be explicitly different than the kinds of research seen as harmful, especially by committing to knowledge sharing and community benefit.

To address the issue that communities feel that researchers come in and take the information they want and do not share the results or help benefit the community at large, it was recommended to hold a forum to share and discuss the results with the community. Reaching out to key organizations and groups, providing various dates and times for forums, and asking for participation were noted as key strategies. The most interesting and applicable findings would be shared with the community and for those interested in receiving a full copy of the research report, this would be sent and posted online. Commitment to these kinds of processes was suggested as a way to offset hesitation to participate in research.

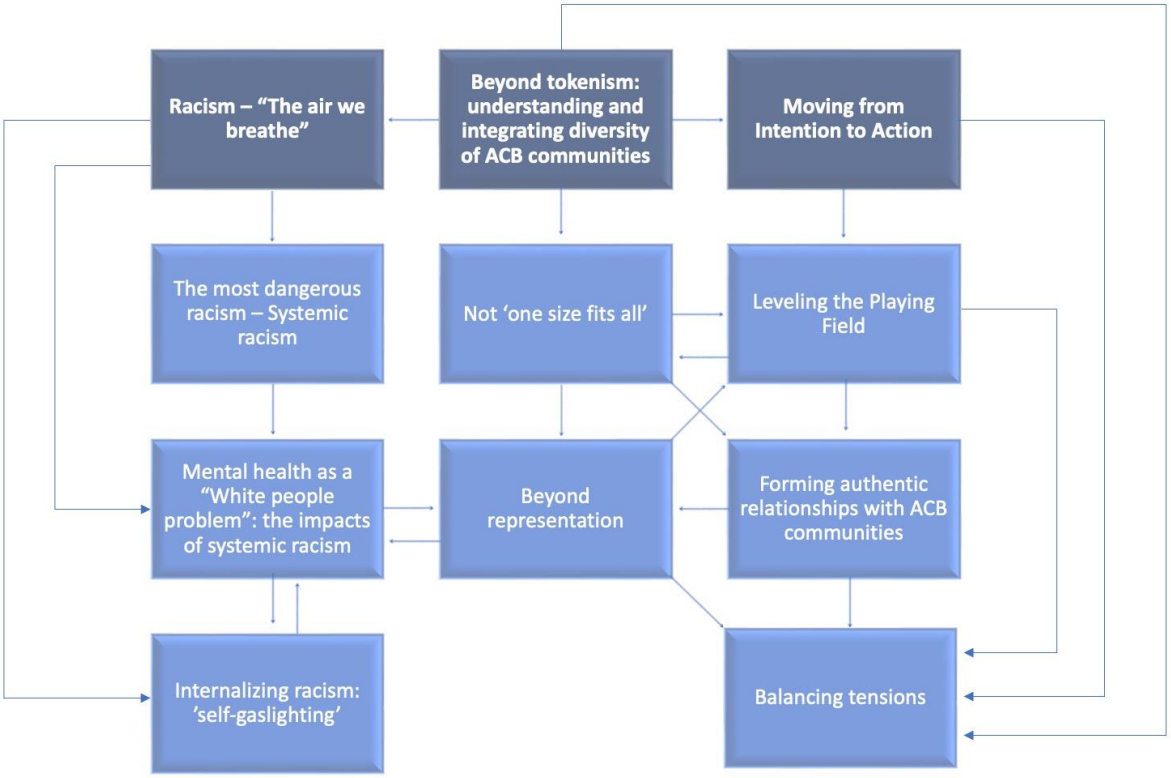
We also spoke to staff at our partner organization, London InterCommunity Health Centre (LIHC), who were assisting with the recruitment process to gauge their thoughts on this issue. Acknowledging these concerns, staff commented on the difficult balance between wanting to better inform their work with ACB communities (educating themselves in advance, which was a key goal of this research) and beginning a process that may or may not result in a funded liaison position for the ACB communities involved. LIHC would have preferred to have an ACB-specific consultant leading this

project but had no immediate funding; this project was intended to start the work of gathering the data and community needs to make a case for such a position.

4.5 Summary of Findings

Figure 1

Themes, Subthemes, and Conceptual Links Between Them



Not all ACB people, or groups, have the same needs. Racism continues to be an issue for ACB people in London, Ontario, leading to fear for safety, exclusion, barriers to services, barriers to opportunities and in turn poor health. Microaggressions are the most common and subtle type of racism experienced by ACB people, however systemic racism is the most dangerous and needs to be addressed to improve health. Systemic racism is at play in the healthcare sector and perpetuates barriers to care. Poor mental health is an effect of overt racism, microaggressions and systemic racism; this topic often goes undiscussed in

Black communities and therefore remains unaddressed. To meet the mental health needs of the ACB communities, culturally safe mental health programs need to be created and need to include ACB service providers. Although racism is real and ever-present, not all ACB people have the same experiences of racism. Some are unaware of the racism that they are experiencing, and others are questioning whether it is “all in their heads.” Systemic racism also creates barriers to employment and career advancement. One common need identified was to include ACB people within organizations and leadership in the health and social services sector. Service providers that share similar lived experiences are needed, including ACB-identifying service providers and francophone service providers.

To form authentic relationships with the ACB communities, organizations need to educate themselves before going to the community, be willing to work in non-traditional ways, adopt a culturally safe approach, take definite action, and demonstrate openness to receiving feedback. The power imbalance needs to be disintegrated to form effective partnerships with the community. To do this, the community needs to be included from the very beginning, consulted throughout the entire process, and tangible results should be shared with the community.

Chapter 5

5 Discussion

The primary purpose of this study was to determine, in a specific medium-sized city, how organizations can best form relationships with African, Caribbean, and Black (ACB) communities, and describe the priority needs of these communities in relation to anti-racism. London, Ontario is currently home to many ACB communities, comprised of ancestors of Black slaves, as London was a stop on the Underground Railroad to escape slavery from the Southern States many of which settled in the city, as well as immigrants and their descendants from both African countries and the Caribbean. Despite the fact that the city of London was a safe refuge for many Black people who escaped slavery, the city has a complicated historic past as it also became a place of refuge for prominent Confederate pro-slavery leader James Rufus Bratton (Lucksa, 2022).

The research questions for this study were: 1) How can organizations form authentic, bi-directional, and purposeful relationships with ACB racialized groups that have the potential to be sustainable and prioritize the group's specific needs? 2) What priority strategies or interventions can best address anti-Black racism in the English speaking and Francophone ACB communities in London? A second goal was to develop, based on ACB stakeholder input, a beginning set of recommendations for improving community outreach and program development by the research partner organization, London InterCommunity Health Centre (LIHC). While organizations, including LIHC, are beginning to understand the importance of incorporating anti-Black racism work, little is known about the best way to build these partnerships with Black communities in a genuine and effective way. In this chapter, the findings of this study will be contextualized and initial recommendations for next steps, including a framework to direct organizations on the best practices to form relationships with the ACB communities, and future research provided.

ACB stakeholders interviewed in this study emphasized the need to address the harm that is perpetuated by racism embedded in health and social care systems, and society more

broadly. Everyday experiences of individually-focused racism, including micro-aggressions, embedded in structural/systemic racism that limits people's options for services, is pervasive in London, Ontario, as it is elsewhere in Canada. Added to this, there is a lack of services specific to ACB communities, indicating the need for targeted funding for ACB-specific services and/or positions that focus on improving the health and well-being of ACB communities and individuals.

A key concern in terms of bringing the perspectives of Black citizens to service spaces in London is the lack of ACB people working as service providers and in leadership roles within organizations. Participants commented on the difficulty of enhancing authentic Black representation in these spaces in the face of discriminatory recruitment hiring practices, as well retaining staff when many organizations fail to provide a culturally safe working environment. The need for authentic representation – i.e., being served by "those who look like me" – was seen as an important pathway to more inclusive and effective services.

Related to this, and in all decision-making contexts, participants were adamant that ACB people need to be included in any discussion or decision-making process that affects them, including in research processes, which emerged as an unanticipated finding. People want to be asked about their needs, have input into the potential strategies to address these needs, and be provided with the result of any actions taken. Models in which policy actors, administrators, professionals, or researchers drop in to extract data from ACB communities, with no indication of what results and how it benefits these communities, are no longer acceptable.

5.1 Systemic Racism as a Barrier to Health

Often White people do not see or believe that racism exists, and this was the experience of our London-based participants. However, racism is ever present, taking many forms and significantly impacting ACB communities and individuals. While racism may not be obvious to those who have not experienced it, those who are racialized experience the spectrum of explicit and implicit racism from subtle microaggressions to the access- and

choice-limiting barriers created by structural and systemic racism. As reviewed above, and reiterated by participants, systemic racism leads to many poor health outcomes (Griffith et al., 2007; ; Jones, 2000; Rankine, 2014), and is indeed present in Ontario's institutions, affecting the lives of ACB people to a greater degree than any other form of racism (Anucha et al., 2017; Bailey et al., 2017). For example, participants shared that systemic racism prevented qualified ACB people from employment, prevented Black women from receiving a proper medical diagnosis and treatment, prevented ACB children from having the same education and opportunities as non-Black children, led to the targeting of Black men by the police, led to higher rates of HIV in ACB people, and contributed to poor physical and mental health. In our study, participants shared examples of overt racism, microaggressions and racial stereotypes that impacted their lives, but noted that systemic racism had the greatest influence on their own health and well-being, and that of their communities.

Consistent with previous literature (Bailey et al., 2017; Griffith et al., 2007; Rankine, 2014), racism was described by our participants as the biggest barrier to healthcare for ACB people in London, due to both its embeddedness in government legislation and institutional policies, and by actively creating barriers to accessing services. Both of these increase health disparities among Black people. For example, the lack of any requirement to collect race-based data in public health or across health systems in Ontario, prior to 2018 when the Ontario Government mandated the collection of race-based data under the "Anti-Racism-Act" of 2017 (Government of Ontario, 2018), has perpetuated racism since it does not encourage the identification and monitoring of racial health disparities in order to address systemic racism. (Black Health Alliance, 2020; MLHU, 2021). Participants noted that experiences of racism are ongoing throughout healthcare and social services, presenting significant barriers to accessing safe and culturally appropriate care. Participants also noted that ACB community members in London were not accessing many health and social services because they were not aware that these services existed, or that if knew about services, they may have believed that they were not tailored to their needs or experiences. Coupled with previous negative experiences with services, these factors also lead many people to either not seek care in the first place, or return for care, even when needed, a well-established finding in the literature (Varcoe et al., 2022).

Systemic racism is a wicked problem, meaning it is complex and not having a simple solution (Bailey et al., 2017; Came & Griffith, 2018). One participant even felt that systemic racism will never be eliminated, and many commented that to address anti-Black racism in the London community, and consistent with existing literature, a structural and systemic approach was required (Bailey et al., 2017; Came & Griffith, 2018; Griffith et al., 2007; Verjee, 2012). The systems that advance power differentials that disadvantage Black people need to be addressed to ensure equitable health outcomes (Eisape & Nogueira, 2022). To make any changes, and move towards anti-racist approaches, organizations must target racism at the systemic level and institutionalize anti-racist approaches (Patel, 2022). This means that approaches that dismantle white supremacy, and Eurocentric concepts and focus on culturally safe environments while specifically addressing racism, now become embedded into the organization's policies, programs, and culture. This can also be seen as "decolonization" which is the "the process of reclaiming ways of knowing, being, and doing that were/are considered inferior by colonial processes" (Gatwiri et al., 2021, p. 5). In terms of decolonization from an anti-Black racism lens, it seeks to address the Eurocentric values and perspectives that have become known as the norm and seek to incorporate Black and other racialized groups experiences and perspectives (Walji, 2020). One of the key strategies to addressing systemic racism within organizations is the process of decolonization.

5.2 Self-Gaslighting – It's Not in Your Head

Often people want to assume the best of others and dismiss microaggressions with the thought that they may be overthinking or reading too much into the situation, not wanting to assume that others are acting in a racist manner. This results in the individual second-guessing their initial thoughts and perception of the situation and they end up doubting themselves. The thought processes shared by some of our participants resembled the concept of "gaslighting", in which the perpetrator makes the victim question their reality by lying or seeding self-doubt (Davis & Ernst, 2019), discrediting the individual's experience of racism. Gaslighting in terms of race is integrated in the systems that maintain inequality and can be used to maintain the power structures associated with

white supremacy (Johnson et al., 2021). Gaslighting can occur when the perpetrator denies their discriminatory beliefs when confronted about their racist microaggressions, causing the victim to believe they are imagining these transgressions (Johnson, 2021). As a type of gaslighting, self-gaslighting occurs when someone subjects their initial thoughts pertaining to a situation to special scrutiny that is prompted by an external worry that they will not be believed, resulting in giving up their original belief and feeling as though they were mistaken (Bendt, 2020). Thus, self-gaslighting is inter-related with overt racism and gaslighting (Johnson et al., 2021; Tobias & Joseph, 2020). As with the related concept of self-stigma, it is important to give this type of harmful psychological process a label as it can help individuals understand their experience and offset potential impacts (Tobias & Joseph, 2020). Self-stigma, internalized racism (Jones, 2000) and denial of racism are common for those who experience racism and discrimination; both can lead to self-gaslighting. Stigma can occur at many levels, but the stigma of interest here is at the intrapersonal level, which occurs internally and affects the individual's concept of their own self-worth and value. This internalized racism leads to self-devaluation, helplessness, hopelessness, and barriers to accessing resources, e.g., by internalizing the message that they are not deserving of care, and increased risk of adverse health events (Government of Canada, 2021; Jones, 2000).

5.3 Uncovering Biases and Having Difficult Conversations

Instances were described by participants where a White person felt uncomfortable in situations where racism occurred or feared discussing the concepts of race and racism. Also, there were numerous situations where a member of the ACB community would correct or try to educate a White person about racism and they would immediately become defensive and deny being racist, stating they are a good person. White people becoming defensive when talking about race, has been referred to as "white fragility" (Winters, 2020), which supports and upholds the idea of white supremacy, such that White people's ideas, feelings, and beliefs are more valuable than those of others (Parasram, 2019), and that a White person's discomfort is a viable excuse to avoid difficult, but necessary, conversations.

When having difficult conversations about race and racism, participants noted that it does not matter if the intention of the White person was good, it can still be harmful to the Black person. Participants want White people to listen to feedback without getting defensive and learn to be okay with being uncomfortable in such situations. To advance health equity for ACB people, White people need to be okay giving up their comfort, and having these conversations (Winters, 2020). Participants also recommended that before asking an ACB person about something related to race or racism, the White person should acknowledge their place of privilege, and that the questions they are going to ask could be harmful; they should seek consent before asking these kinds of questions; as one participant noted, asking "do you have the capacity to answer a question based on this right now?" is a safe and respectful way to enter into these important conversations, allowing people to prepare and protect themselves emotionally, avoiding (re)traumatization. Acknowledging privilege can also help to mitigate the burden on Black people (Winters, 2020). It is an important step for service providers and organizations to uncover their biases, unlearn them, and make the active effort to be anti-racist (Sukhera, 2019; Sukhera et al., 2020a; Sukhera et al., 2020b).

5.4 Engaging with Communities Through an Anti-Racism Lens: "Nothing About us – Without us"

Our participants were unanimous that ACB people need to be included in any process or project that involves them, a finding consistent with the systemic review by Clarke and colleagues (2013) on disparities interventions, which identified the need for anti-racism interventions that actively engaged the community; but had in reality only accounted for 6.5% of the anti-racism strategies they reviewed. The call to include individuals and communities that programs, policies and/or research are about in the needs assessment, planning/development and implementation processes was first introduced in the Disability movement, who coined the saying "nothing about us without us" (Parsons et al., 2017). Other groups, such as Indigenous Peoples, sex workers, individuals experiencing homelessness, and individuals with lived experiences of mental health challenges have followed suit to emphasize the importance of being included in the

programs, policies and research that affect them, and working together with researchers or organizations in the development of these process and outputs (Allan & Smylie, 2015; Bell et al., 2021; Yarbrough, 2020). An approach to research, program and/or policy development that is co-produced with individuals who have lived experience of the issue allows for more rich and relevant details than could be provided otherwise, helping to bridge the gap between the community and service providers, and resulted in safer spaces (Bell et al., 2021). Working together with the community allows more effective translation of knowledge into practice (Ferdinand et al., 2017).

Our participants in general strongly endorsed the need for ACB communities participating in community development and service planning processes, and follow-up discussions with key actors specific to our research process emphasized the need to carry this principle into research and evaluation domains, as well. In sum, to address anti-Black racism, ACB people must be involved in every step of the process and the community should be asked for their input and feedback in an iterative and authentic way (i.e., changes made and communicated, based on their feedback). For engagement to be meaningful and genuine and avoid tokenism, the communities need to be involved from the conception of the project (Jackson & Moorley, 2022). Although it can be a slow and delicate process, involving the community supports beneficial change for that community (Rahman et al., 2022).

For research processes, ideally, one or more members from the community is involved as a liaison throughout the study, both to inform the process and support data collection and analysis/interpretation. This call from our participants is consistent with existing literature; Edwards and colleagues (2020) found that co-developing research with community leaders ensures that the needs of the community are respected throughout the research process, and they can help to reduce the hesitancy around participating in the research. This type of community-based research engages participants with the creation of research questions, implementation of the research process, and the knowledge mobilization and application of the findings (Jackson, 2002). To achieve a successful partnership, power dynamics and tokenism need to be addressed and shared decision-making should occur (Bell et al., 2021). Including Black people throughout the process

creates a more balanced relationship and helps to eliminate the “power-over” dynamic (i.e., the power that White people and institutions hold that allows them to exert influence, control, and oppressive practices over subordinate groups) (Madibbo, 2006) that currently exists between researchers, especially from colonial institutions such as Universities, and the ACB communities. Acknowledging that this power dynamic exists can help to reduce it (Andress et al., 2020). More importantly, by working together and sharing power, stronger partnerships are built with improved outcomes for the community.

However, these integrated, community co-led approaches to research, practice and policy development must start by acknowledging that the responsibility of addressing anti-Black racism does not fall on Black people, as this is not a problem that they created. The needs and experiences, voiced and driven by representatives from these communities drive solutions, but the burden, including finding and sustaining resources, falls to the organizations and systems doing harm. Organizations need to be deliberate about their actions to address anti-Black racism and find the balance between actively and authentically involving ACB communities, while not over-burdening them. This can be done by the organization educating themselves before going to the community and asking the community for their input, rather than going to the community and expecting them to provide that basic education, which is often re-traumatizing as people are asked to share examples of the harms they have endured to “prove” that they are deserving of change. As we heard from participants, this is a delicate balance, but one that can be addressed through open and respectful discussion and intentional planning.

5.5 Priority Needs for London’s ACB Communities

Education about mental health, awareness of services, including mental health, physical health and social services, ACB-tailored services and ACB service providers were all identified by participants as significant needs for London’s ACB communities as most of the services that currently exist in London, and Canada, follow a Eurocentric model, meaning they operate in a way that reflects the needs, beliefs, and values of European or

White cultures, and therefore perpetuate systemic barriers for ACB people to access care and do not serve racialized groups in a culturally safe way.

Mental health was regarded by participants as a priority area for intervention. Mental health issues in ACB people are prevalent due to marginalization and discrimination, being seen as a target, and living in a constant state of hypervigilance due to racism. The routine violence, trauma, and systemic racism that afflicts Black people creates more obstacles to maintain mental health and well-being daily (Harris, 2021). Systemic racism and the oppression it creates results in trauma for ACB people (Wilcox, 2022). In recent years, it has become increasingly common to witness the atrocities that are happening to Black people in North America on social media, as well as news media. Exposure to these real occurrences of brutality and violence, often from state actors such as police, is potentially re-traumatizing and reminds people that this could happen to them or someone they know; these experiences are predictive of poor mental health (Carter, 2020; Smith Lee & Robinson, 2019). The results are similar for those who experience microaggressions, which can lead them to internalize feelings of shame, stigma, regret, and embarrassment, causing or exacerbating mental health issues such as depression and anxiety.

Mental health in Black communities is itself stigmatized, with racialized stereotypes and assumptions perpetuating additional harm. For example, tropes such as Black people being “strong” and not requiring help create further barriers to accessing mental health services, or even reporting mental health concerns (Gaston et al., 2016; Veenstra & Patterson, 2016). It is important to provide culturally specific education about mental health to both ACB communities and to those providing mental health services to help eliminate these forms of stigma and discrimination. Participants suggested working with ACB communities to incorporate education of the importance of mental health in places these communities gather so as to normalize these discussions. Other barriers identified in the literature and also described by participants to accessing mental health services included healthcare providers not recognizing or understanding some of the distress experienced by racialized communities, and not facilitating appointments that meet the needs of the communities (Beck & Naz, 2019).

In addition to the need for culturally specific education about mental health, participants shared that mental health services tailored to the ACB communities do not exist in London and are a priority need. Participants recommended, consistent with existing literature (Codjoe et al., 2019), that organizations work with ACB communities to develop specialized mental health services that will allow to meet their specific needs. More specifically, it would be beneficial to have ACB leaders identifying service providers offering these services to the community. In a study by Banks (2022, p. 1102), Black teenagers expressed the desire to have mental health services provided by professionals that "match them culturally". This was the same need that our participants voiced; many participants voiced the difficulties of confiding in a White therapist, as they felt that they would not understand their experiences of racism and would require more explanation than a Black therapist. Common lived experiences and shared understanding of how being Black can impact various aspects of an individual's day to day life, provides an important foundation for the therapeutic relationship. Participants noted that it was common for ACB people not to access required services if the service provider was not Black. It was also felt that clients would be more honest and straightforward about their needs when speaking to an ACB service provider. It can be a deterrent if there are no ACB staff or no ACB people accessing the services. ACB people do not feel comfortable or welcomed in service settings where they are not represented. The lack of representation of ACB people in staffing resulted in alienation and lesser likelihood of accessing these services (Antabe et al., 2021). Memon and colleagues (2016) found that involving ACB people in the creation and delivery of mental health services could both improve access to services and foster better understanding of mental health and its importance.

As suggested by many of our participants, the concept of staff or service providers who look like them could be transferable to organizations serving the community, as it could benefit the uptake of these services if the clients feel they can better relate to the service provider. One suggested strategy that organizations could implement is a dedicated position that focuses on outreach and recruitment of professionals from marginalized communities to services and programs. Madera (2017) suggests that similar diversity recruitment and management programs are effective for racialized communities if

organizational leadership is involved in the planning and implementation of the program. Once again, with such a program, it is important to be genuine and avoid tokenism. Implementing a position such as this can help to level the playing field and attract and retain racialized individuals to an organization.

5.6 Summary

It was clear through both the literature and the findings of this study that systemic racism creates the most health disparities for racialized communities and interventions need to target systems to affect a greater degree of change. Internalized racism largely impacted the mental health of ACB communities by engaging in processes of self-gaslighting/self-stigma. Mental health is a priority concern for London's ACB communities, as people from these communities experience high rates of mental health issues, but mental health is not talked about in the community due to the stigma and assumption that it is "a White people problem". Also, there is a need for greater awareness of services, and authentic representation of ACB communities, beyond tokenism, within the staff and leadership of health and social service organizations. ACB individuals want to be involved in the creation, implementation and evaluation of any policies, programs, or practices that involve them.

5.7 Recommended Strategies to Increase Access to Care for ACB People

To make services more welcoming for ACB communities, cultural safety was identified as a key concept needed for equity-oriented care. When cultural safety was incorporated within an organization, it was predictive of improved health outcomes for people facing health and social inequities (Ford-Gilboe et al., 2018). Many of the microaggressions that our participants shared originated from a place of ignorance. There is a need for further education, especially within the workplace. Similar to the San'yas cultural safety training program developed for Indigenous Peoples in Canada (Browne et al., 2021), cultural safety training to address anti-Black racism should be informed by ACB people, include policy recommendations and a systems level educational intervention. ACB leaders made

it clear that staff at each level of the organization should receive this training. Once staff and leaders have a better understanding of the ACB communities and the challenges they face, they can then build bridges and work together to reduce and ideally abolish racism. Despite the need for education about race, racism, and cultural safety, anti-racism approaches at the individual level have limited effectiveness in addressing health disparities (Griffith et al., 2007; Sukhera, 2019; Sukhera et al., 2020a; Sukhera et al., 2020b). This individual education is needed but is only a beginning step towards addressing the health disparities caused by racism. Education alone is not sufficient to address racism at the systemic level; other strategies are required.

To counter the belief that mental ill-health does not affect ACB communities, there needs to be culturally specific education about mental health and mental health services, and services need to be created that cater to their needs. In general, creating better awareness of services available to London's ACB communities is a priority. A separate study conducted in London, Ontario on the barriers for ACB men to access HIV services found that the greatest barrier was the lack of awareness that these services existed, followed by services not tailored to meet their needs, and racial stereotypes as a barrier (Antabe et al., 2021). Additionally, in London, there were no specific health services that targeted the ACB communities and no specific funding for these services, creating gaps in access (Antabe et al., 2021). Consistent with this, our participants suggested that better awareness of services can be achieved by providing education in settings that ACB people frequent in their day-to-day lives. Recently, the Government of Ontario (2017) developed an "Anti-Black Racism Strategy" that aims to address racism at the systemic level. Likewise, the Alliance for Healthier Communities (2022), the network for community primary care organizations in Ontario, created a "Black Health Strategy" to address the health disparities and barriers to access services that affect the ACB communities. Both strategies are steps in the right direction to counter anti-Black racism, but there is still the need for government funding specific to anti-Black racism and to implement ACB specific health and social services.

There is a need for greater outreach and awareness of services that are available and exist to serve both London's English-speaking and Francophone ACB communities. However,

for the Black Francophone community in Ontario, being both a linguistic minority and racial minority creates additional issues to accessing services, further marginalizing this group (Madibbo, 2006). Navigating service systems can be very difficult for those who do not speak English. A solution suggested by our participants that could help fill the gap of the lack of Francophone service providers is to have a central French navigator that can communicate with the clients to determine their needs and assist them with locating services. Another suggestion from a participant was to offer bonus pay to service providers who speak French, to encourage them to use their French to engage with these communities. It is of high priority to address these needs since the French community in London is growing quickly; our research partner, London InterCommunity Health Centre, is a designated French-language service provider and ideally situated to take up this challenge. Despite the willingness of organization such as LIHC to take on this anti-Black racism work, there is currently no funding to support this work. Other difficulties with implementing this work include challenges with recruiting French-speaking service providers as there are far and few available and there is no extra pay for this additional skillset. Funding needs to be allocated for anti-Black racism work to make the work possible and sustainable.

To create better relationships with ACB communities it was proposed that agencies have a specific position or role that focuses on ACB health and well-being. This person could work alongside the organization and the community to make their needs known and advocate for necessary programming for the communities. Additionally, having an ACB person working within the organization can help to bridge the gap between the organization and ACB communities; this finding is consistent with existing literature (Clarke et al., 2013; DasGupta et al., 2020). The importance of representation and seeing ACB people as staff, whether mental health professionals, health service providers or in leadership roles is necessary to improve access and uptake of these services by the ACB populations. Organizations need to go out and recruit racialized and ACB staff. To do this, organizations must be deliberate in attracting racialized individuals to the organization and provide pathways to leadership roles. However, when a racialized person is the only one at an organization, it can lead to or appear to be tokenism, i.e., using a Black person as a symbolic representation that the organization is not racist

(Anderson, 2022). When racialized individuals are used to “check boxes” and not valued for their skills and expertise, racial stereotypes are perpetuated. Thus, recruitment of Black and other racialized people must be supported by efforts to retain them and create a safe and non-discriminatory environment in which they can thrive. To help with ACB staff retention, opportunities for open dialogue between racialized staff and leadership need to occur, the organization needs to be open to feedback, and actively seek to be anti-racist (Steele, 2018). Beyond that, organizations need to examine their policies and practices and the biases embedded in them, they need to recognize the importance of including affected communities in decision-making processes and learn their needs. For example, organizations should incorporate anti-racism into their policies in a way that accurately describes the steps to take when racism occurs in the workplace, and employees at all levels of the organization should receive cultural safety training and reflect on their implicit racial and other biases.

Currently, there is little to no government funding for ACB specific programs or resources within the health and social services sector. To address many of the needs and improve the health and well-being of the ACB communities in Canada and Ontario, there needs to be dedicated funding for ACB specific programs or ACB specific outreach roles within organizations. Alternatively, for service providers who want to support ACB communities, the current state of the healthcare system does not allow them the extra time it may take to do so. Time, funding, and other resources need to be allocated for programs to support anti-Black racism in organizations (Ray, 2022). The Middlesex-London Health Unit (2021) has recommended funding be provided to address anti-Black racism, including, but not limited to, funding for a role that focuses specifically on strengthening ACB health and creating a partnership with the community, co-creating a strategy for engagement with the community, strengthening processes to create awareness of services for ACB communities, and culturally-specific mental health services, Organizations need to be willing to put significant resources and time into forming these authentic relationships with the ACB communities and reflecting anti-racism in their policies and programs. We found similar themes reflected in our findings.

5.8 Practice Framework: Forming Authentic Relationships

Many gaps were identified while searching the anti-racism literature. Frameworks to identify and inform anti-racism efforts for allies are underdeveloped (Terry, 2020). Much of the anti-racism work done by groups or organizations is informal and remains unevaluated (Came & Griffith, 2018), meaning that it is unclear whether these efforts lead to beneficial change for racialized people or groups, and/or improve organizational practices and outcomes. Further, there is a significant lack of anti-racism research that targets systemic or institutional racism; most initiatives target individuals through educational programs and/or training, which are not effective at improving health inequities faced by racialized populations (Came & Griffith, 2018; Hassen et al., 2021; Sukhera, 2019; Sukhera et al., 2020a; Sukhera et al., 2020b). Hassen and colleagues (2021) conducted a scoping review on *Implementing Anti-Racism Interventions in Healthcare Settings* and found only five articles focused on anti-Black racism, and only 21% of interventions targeted the community-level. There is a critical need for evidence-based interventions that address racism and inform organizations or institutions on how to form meaningful relationships with racialized groups to improve health and wellbeing for ACB populations.

To assist organizations to form authentic relationships with the ACB communities, the proposed framework includes seven strategic actions that organizations should take: 1) educate yourself; 2) meet communities and people where they are at; 3) ask; 4) work outside the box; 5) consistent “doing” action; 6) include communities and individuals throughout the entire process; and 7) evaluate, ask for feedback, and continually improve.

Organizations and professionals need to *educate themselves* on the ACB communities, the historical perspectives, and local contexts, before engaging with the ACB communities. Trust is essential to a successful partnership (Clarke et al., 2013). There needs to be foundational knowledge to have trust. The burden should no longer be placed on racialized communities to educate others about racism.

An essential component to forming effective relationships with ACB communities is to *meet them where they are at*. Edwards et al. (2020) elaborated that meeting the community where they are – i.e., allowing them to determine the starting place - is not only about the geographic location, but also mentally, physically, emotionally, and spiritually. To meet people and groups mentally and emotionally where they are, it is important to ask the questions they are ready and able to answer, which can be determined through self-education and initial consultation, especially if a liaison role has been established.

Next, organizations should *ask* the community what their needs are. Understanding the needs of the community is important to address anti-racism, and the best way to understand these needs is by hearing directly from those affected. Continued dialogue between the organization and communities is required (Came & Griffith, 2018). The organization should create opportunities for dialogue about race and racism within and outside of the organization (Rahman et al., 2022). There should be open communication channels to support a more purposeful "power-with" relationship. The discussion that occurs allows for direct information to be shared both ways so that both the organization and the community are always aware of current events and any change in needs or priorities.

To meet the needs of the ACB communities, organizations need to *work outside the box* in non-traditional, disruptive, and innovative ways. Workers engaging with racialized communities need to be flexible with their work and hours to cater to the ACB communities.

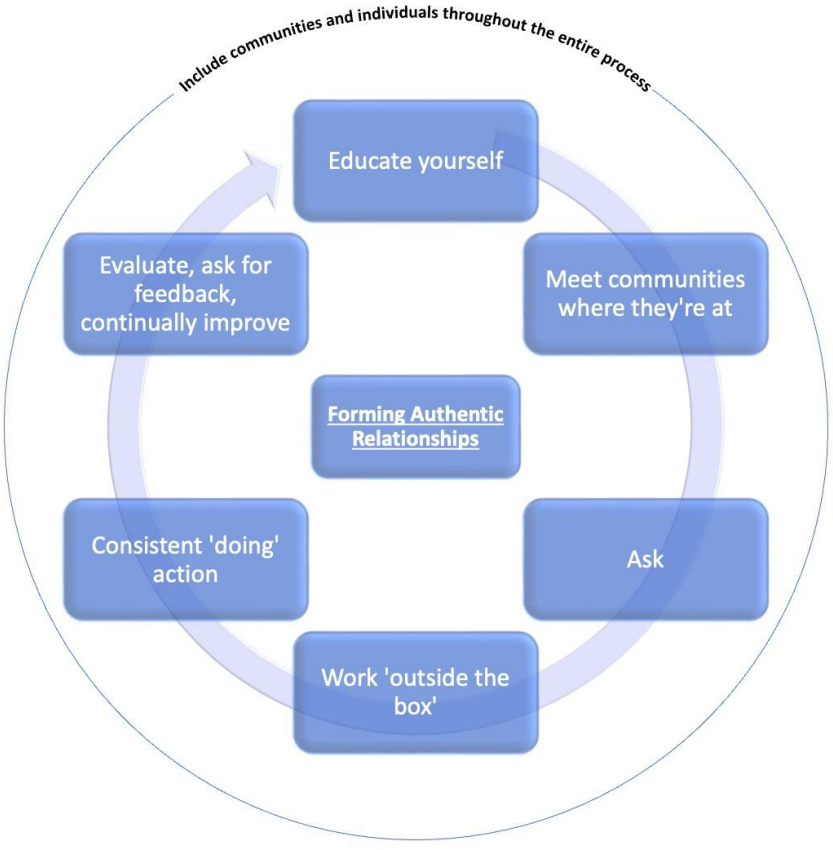
Many of our participants felt that organizations had developed policies regarding anti-Black racism in response to the popularization of the Black Lives Matter movement in 2020. The issue, however, was that most of the participants did not see any concrete action that was taken to address anti-Black racism. Un-enforced policies or talk without action is performative in nature and does little to address anti-Black racism (Payton et al., 2022). Furthermore, *consistent "doing" action*, rather than a one-time event is necessary to establish trust and strengthen relationships.

ACB communities and leaders need to be *included throughout the entire process*, as discussed in the section "nothing about us without us". The target communities need to be included from the beginning of the process, from planning the approach to the work, to data collection, all the way to implementation and evaluation.

In existing literature, there is a lack of evaluation of anti-racism interventions at the systemic level. It is necessary to receive feedback and evaluate interventions to understand the success and determine the outcomes (Came & Griffith, 2018; Verjee, 2012). Specifically, *evaluation, feedback, and continuous improvement* based on community input is essential. Demonstrating openness to suggestions and incorporating the feedback of the community into decision-making and change cycles leads to more meaningful relationships (Cytron-Hysom & McCleary, 2021; Rahman et al., 2022).

Figure 2

Forming Authentic Relationships with ACB Communities



5.9 Next Steps – Knowledge Mobilization

When conducting partnered, collaborative work with communities, providing useful and tangible findings is a key goal (Cytron-Hysom & McCleary, 2020). This was echoed by ACB stakeholders who emphasized the importance of avoiding extracting information from communities and giving them nothing in return. Participants indicated that they and their communities want to know the study's findings and would like that the results of the research prompt beneficial change. An integrated knowledge translation/mobilization approach seeks to provide results that are relevant to knowledge users (Canadian Institutes of Health Research, 2016). Participants suggested that inviting ACB communities to a forum where the results of the research are shared would be the most effective strategy to communicate results. Hosting multiple forums at different dates and times to meet the availabilities of the variety of ACB community members and offering childcare to allow for parents to attend is recommended. Contacting leaders from the various organizations that serve the ACB communities to share tailored, public-friendly key messages (e.g., infographics, brief videos, etc.), along with invitations to the forums, was suggested. Key findings and discussion about next steps would then occur with the communities in an engaging way and there would be time for open discussion and feedback.

In line with interpretive description and our integrated knowledge mobilization approach, recommendations for anti-Black racism within organization's policies and practices, as well as strategies to form meaningful relationships with the ACB communities were co-developed with LIHC. Strategies to from authentic and meaningful relationships with the ACB communities are summarized in Figure 2. Other policy and practice-focused recommendations to address anti-Black racism are summarized in Table 1.

Table 1

Policy and Practice-Focused Recommendations

Policy-Focused Recommendations:
Organizations should incorporate anti-racism into their policies in a way that explicitly describes the steps to take when racism occurs in the workplace
Include mandatory cultural safety training for staff at all levels
Focus hiring and retention practices to recruit and retain people from diverse groups
Practice-Focused Recommendations:
Create a position or role within the organization that focuses on addressing the health and well-being of ACB communities
Create awareness and availability of these services to ACB communities
Develop services that are tailored to the needs of the ACB communities by utilizing the proposed framework (Figure 2) for developing authentic relationships with the ACB communities

One goal of Ontario's "Anti-Black Racism Strategy" was to work with organizations who have already begun the work of addressing anti-Black racism in the community to further inform their strategies and interventions. The results of this study could further contribute to the Ontario Government's "Anti-Black Racism Strategy", MLHU's (2021) "Anti-Black Racism Plan", and the Alliance for Healthier Communities' (2022) "Black Health Strategy" by proposing a framework for organizations and institutions to form authentic relationships with the ACB communities to begin to address the systemic racism that currently exists in Ontario's systems and to take action to address health inequities for Black people.

5.10 Limitations and Recommendations for Future Research

The purpose of the study was to gain a better understanding of the experiences and perspectives of ACB stakeholders on Anti-Black racism in London, Ontario. Due to the

inclusion criteria, in particular wanting to speak with community leaders, most participants were well-educated and established in London; future research, and/or planning efforts, could include a broader range of ACB community members, including those more recently arrived via immigration (or from other Canadian locales) and those not formally involved in services or advocacy. This would also offset the potential limitation that our sample could not, and indeed was not intended to, represent all potential voices across the diverse ACB communities in London. This study was intended to begin the process of educating ourselves as researchers and a community service provider (LIHC) regarding needs and perceptions in London's ACB communities; future work is required to expand upon this, but as noted above, must also be co-led by said communities.

While interviews were conducted in both French and English, the research team was not able to accommodate any other language groups, therefore leading to the limitations of who could participate in the interviews. However, most ACB people in London speak either French or English; further language needs could be discussed with community members as next steps evolve.

Finally, as we learned through our additional exploration of the issue of "nothing about us, without us" as it arose through conversations, we acknowledge that our study could and should have engaged a member or members of an ACB community to provide initial guidance in developing the research questions, study design and processes. In the future, a best practice would be to include a member of the community from the conception of the study (Rahman et al., 2022).

London's ACB communities are diverse, therefore engagement strategies can't be "one size fits all"; it would be beneficial to have future research that explores more specifically the unique needs of sub-groups of people who identify as African, Caribbean and/or Black (or other sub-groups). Further areas of research include advancing the understanding of self-gaslighting in relation to racism and strategies to address this internalized racism; investigating the effectiveness of implementing a position focused on the outreach and recruitment and retention of diverse service provider and user

populations; and how to create a better awareness of the services available to the ACB communities. Our proposed framework, if implemented, will also require evaluation.

5.11 Conclusion

Systemic racism needs to be addressed to improve health and well-being for ACB communities in London and across Canada. Organizations must work with ACB communities, forming an authentic and genuine “power-with” dynamic, to co-create programs, policies, and practices that reflect the needs of the community. The proposed framework for forming authentic relationships, and practice and policy recommendations serve as a starting point for organizations to begin the necessary work of community engagement with Black communities and the development and implementation of ACB specific services that meet the needs of both anglophone and francophone ACB communities. ACB communities have fallen by the wayside when it comes to funding; more funding is required to implement strategies that improve the health of this population such as dedicated roles within organizations that focus on building relationships to improve access and uptake of services, as well as dedicated recruitment programs that prioritize attracting and retaining diverse staff. It is time for organizations to move from intention to action and implement these anti-Black racism strategies to improve health disparities faced by racialized individuals and communities and ultimately, work towards eliminating systemic racism.

References

Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment: the role of racism in the health and well-being of Indigenous peoples in Canada.* The Wellesley Institute. https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf

Alliance for Healthier Communities. (2022, April 14). *Black health strategy.* https://www.allianceon.org/sites/default/files/documents/black-health-strategy-2022-en.pdf

Anderson, E. (2022). *Black in white space: the enduring impact of color in everyday life*. The University of Chicago Press. https://doi.org/10.7208/chicago/9780226815176

Andress, Hall, T., Davis, S., Levine, J., Cripps, K., & Guinn, D. (2020). Addressing power dynamics in community-engaged research partnerships. *Journal of Patient-Reported Outcomes*, *4*(1), 24–24. https://doi.org/10.1186/s41687-020-00191-z

Antabe, R., Konkor, I., McIntosh, M., Lawson, E., Husbands, W., Wong, J., Arku, G., & Luginaah, I. (2021). "I went in there, had a bit of an issue with those folks": everyday challenges of heterosexual African, Caribbean and Black (ACB) men in accessing HIV/AIDS services in London, Ontario. *BMC Public Health*, *21*(1), 315–315. https://doi.org/10.1186/s12889-021-10321-x

Anucha, U., Srikanthan, S., Siad-Togane, R., & Galabuzi, G. E. (2017). *Doing right together for black youth: What we learned from the community engagement sessions for the Ontario Black youth action plan.* Youth Research and Evaluation eXchange. https://youthrex.com/wp-content/uploads/2018/07/YouthREX-Report-Doing-Right-Together-for-Black-Youth.pdf

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and

interventions. *Lancet (London, England)*, *389*(10077), 1453–1463. https://doi.org/10.1016/S0140-6736(17)30569-X

Bailly, Brumley, B. P., Mraz, M. A., Morgan, B. S., O'Neal, G. S., Radis, B., Wysor Nguema, S. R., Keeler, C., Ocean, M., & Spencer, E. N. (2021). Anti-racism working group: Exploring the results of an interdisciplinary partnership at a large public university. *Advances in Social Work*, *21*(2/3), 857–875. https://doi.org/10.18060/24053

Banks, A. (2022). Black adolescent experiences with COVID-19 and mental health services utilization. *Journal of Racial and Ethnic Health Disparities*, 9, 1097–1105. https://doi.org/10.1007/s40615-021-01049-w

Beck, A., & Naz, S. (2019). The need for service change and community outreach work to support trans-cultural cognitive behaviour therapy with Black and Minority Ethnic communities. *Cognitive Behaviour Therapist*, *12*(1). https://doi.org/10.1017/S1754470X18000016

Bell, J., Lim, A., Williams, R., Girdler, S., Milbourn, B., & Black, M. (2021). "Nothing about us without us": co-production ingredients for working alongside stakeholders to develop mental health interventions. *Advances in Mental Health*, 1–13. https://doi.org/10.1080/18387357.2021.2020143

Black Health Alliance. (2020). *Black experiences in health care symposium: Bringing together community and health systems for improved health outcomes.* https://drive.google.com/file/d/1s1ErqLKuwxJWbHuqPePrWWL_Czr7NOP4/view

Bluthenthal, R. (2021). Structural racism and violence as social determinants of health: Conceptual, methodological and intervention challenges. *Drug and Alcohol Dependence*, *222*, 108681–108681. https://doi.org/10.1016/j.drugalcdep.2021.108681

Bonnett, A. (2000). *Anti-racism*. Routledge. https://doi.org/10.4324/9780203976098

Browne, A., Varcoe, C., & Ward, C. (2021). San'yas Indigenous cultural safety training as an educational intervention: Promoting anti-racism and equity in health systems, policies, and practices. *International Indigenous Policy Journal*, *12*(3), 1–26. https://doi.org/10.18584/iipj.2021.12.3.8204

Butterfield, A. (2014). *Community development*. Oxford University Press.

Came, H., & Griffith, D. (2018). Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis. *Social Science & Medicine (1982), 199*, 181–188. https://doi.org/10.1016/j.socscimed.2017.03.028

Canadian Institutes of Health Research. (2016, June 8). *Knowledge User Engagement*. https://cihr-irsc.gc.ca/e/49505.html

Canadian Race Relations Foundation. (2019). *Race relations in Canada 2019: A survey of Canadian public opinion and experience- Executive summary.* https://www.environicsinstitute.org/docs/default-source/project-documents/race-relations-2019-survey/race-relations-in-canada-2019-survey---executive-summary-english.pdf?sfvrsn=10442386_2

Canadian Race Relations Foundation. (2020, September 28). *Racism in Canada leads to inequitable health and social outcomes*. https://www.crrf-fcrr.ca/en/news-a-events/articles/item/27329-racism-in-canada-leads-to-inequitable-health-and-social-outcomes

Carter, D. (2020). *I slay demons while drinking coffee: Racism and how it affects Black peoples mental health* [Master's Thesis, University of Central Oklahoma]. ProQuest Dissertations Publishing. https://www.proquest.com/docview/2478470830?parentSessionId=D5aJYnGAUeR8kLqzguM4ukHE9pkcZal%2Bz77uMUZMGes%3D&pq-origsite=primo&accountid=15115

Centers for Disease Control and Prevention. (2021, November 24). *Racism and health.* https://www.cdc.gov/healthequity/racism-disparities/index.html

Centers for Disease Control and Prevention. (2022, June 28). *HIV and African American People.* https://www.cdc.gov/hiv/group/racialethnic/africanamericans/index.html

Clarke, A. Goddu, A. P., Nocon, R. S., Stock, N. W., Chyr, L. C., Akuoko, J. A., & Chin, M. H. (2013). Thirty years of disparities intervention research: What are we doing to close racial and ethnic gaps in health care? *Medical Care*, *51*(11), 1020–1026. https://doi.org/10.1097/MLR.0b013e3182a97ba3

Codjoe, L., Barber, S., & Thornicroft, G. (2019). Tackling inequalities: a partnership between mental health services and black faith communities. *Journal of Mental Health*, *28*(3), 225–228. https://doi.org/10.1080/09638237.2019.1608933

Cornies, L. (2021, February 13). Sharp turn needed on London's racism. *The London Free Press.* https://lfpress.com/opinion/letters/cornies-sharp-turn-needed-on-londons-racism

Cytron-Hysom, T., & McCleary, C. (2021). From outreach to engagement: How one adult learning consortium works with the Black community. *COABE Journal*, *9*(2), 142–146.

DasGupta, N., Shandal, V., Shadd,D., & Segal. A. (2020). The Pervasive Reality of Anti-Black Racism in Canada. In *BCG Insights*. Boston Consulting Group Boston, MA. https://www.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com/reports/pervasive-reality-anti-black-racism-canada/docview/2489802881/se-2

Dodgson, J. E. (2019). Reflexivity in qualitative research. *Journal of Human Lactation*, *35*(2), 220–222. https://doi.org/10.1177/0890334419830990

Dolezsar, C. M., McGrath, J. J., Herzig, A., & Miller, S. B. (2014). Perceived racial discrimination and hypertension: a comprehensive systematic review. *Health psychology: official journal of the Division of Health Psychology, American Psychological Association*, *33*(1), 20–34. https://doi.org/10.1037/a0033718

Dreher, T. (2006). Whose responsibility? Community anti-racism strategies after September 11, 2001. *UTS ePRESS.* 1-39. https://doi.org/10.5130/978-1-86365-421-0

Edwards, H. A., Monroe, D. Y., & Mullins, C. D. (2020). Six ways to foster community-engaged research during times of societal crises. *Journal of comparative effectiveness research, 9*(16), 1101–1104. https://doi.org/10.2217/cer-2020-0206

Eisape, A., & Nogueira, A. (2022). See change: Overcoming anti-Black racism in health systems. *Frontiers in Public Health, 10*. https://doi.org/10.3389/fpubh.2022.895684

Enos, S., & Morton, K. (2003). Developing a theory and practice of campus-community partnerships. In B. Jacoby & Associates (Eds.), Building partnerships for service-learning (pp. 20-41). San Francisco: Jossey-Bass.

Etowa, J., Abrha, G., Etowa, E. & Bishwajit, G. (2021). Healthcare during COVID-19 in Canada: Need for strengthening providers' capacity for best practices in African, Caribbean and Black community service provision. *American Journal of Public Health Research, 9*(2), 52-56. https://doi.org/10.12691/ajphr-9-2-2

Etowa, J., & Hyman, I. (2021). Unpacking the health and social consequences of COVID-19 through a race, migration and gender lens. *Canadian Journal of Public Health, 112*(1), 8–11. https://doi.org/10.17269/s41997-020-00456-6

Ferdinand, A. S., Paradies, Y., & Kelaher, M. (2017). Enhancing the use of research in health-promoting, anti-racism policy. *Health Research Policy and Systems, 15*(1), 61–61. https://doi.org/10.1186/s12961-017-0223-7

Ford-Gilboe, M., Wathen, C. N., Varcoe, C., Herbert, C., Jackson, B. E., Lavoie, J. G., Pauly, B., Perrin, N. A., Smye, V., Wallace, B., Wong, S. T., & Browne, A. J. (2018). How equity-oriented healthcare affects health: Key mechanisms and implications for primary health care practice and policy. *Milbank Quarterly, 96*(4), 635–671. https://doi.org/10.1111/1468-0009.12349

Gaston, G. B., Earl, T. R., Nisanci, A., & Glomb, B. (2016). Perception of mental health services among Black Americans. *Social Work in Mental Health*, *14*(6), 676–695. https://doi.org/10.1080/15332985.2015.1137257

Gatwiri, K., Rotumah, D., & Rix, E. (2021). BlackLivesMatter in Healthcare: Racism and implications for health inequity among Aboriginal and Torres Strait Islander Peoples in Australia. *International Journal of Environmental Research and Public Health*, *18*(9), 4399–. https://doi.org/10.3390/ijerph18094399

Government of Canada. (2020, September 8). *Social determinants and inequities in health for Black Canadians: A snapshot.* https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html

Government of Canada. (2021, October 27). *Addressing stigma: Towards a more inclusive health system.* https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-toward-more-inclusive-health-system.html#a9

Government of Ontario. (2017). *Anti-Black racism strategy*. https://files.ontario.ca/ar-2002_anti-black_racism_strategy_en.pdf

Government of Ontario. (2018). *Data standards for the identification and monitoring of systemic racism.* https://files.ontario.ca/solgen_data-standards-en.pdf

Government of Ontario. (2021). *Data standards for the identification and monitoring of systemic racism: Glossary*. https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary

Griffith, D., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: theory and action. *American Journal of Community Psychology*, *39*(3), 381–392. https://doi.org/10.1007/s10464-007-9117-0

Harris. (2021). *African American counselors' attitudes and behaviors in counseling during heightened racial tension*. [Doctoral Thesis, University of Holy Cross]. ProQuest Dissertations Publishing. https://www.proquest.com/docview/2548632523?parentSessionId=I7GFriWfcuU4Yohktk%2B6C33V5YAJqwu177zKV%2B%2B%2Fams%3D&pq-origsite=primo&accountid=15115

Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto, A. D., & Rackal, J. (2021). Implementing anti-racism interventions in healthcare settings: A scoping review. *International Journal of Environmental Research and Public Health*, *18*(6), 2993–. https://doi.org/10.3390/ijerph18062993

Jackson, D., & Moorley, C. (2022). "Nothing about us without us": embedding participation in peer review processes. *Journal of Advanced Nursing*, *78*(5), e75–e76. https://doi.org/10.1111/jan.15122

Jackson F. M. (2002). Considerations for community-based research with African American women. *American journal of public health*, *92*(4), 561–564. https://doi.org/10.2105/ajph.92.4.561

Johnson, V. E., Nadal, K. L., Sissoko, D. R. G., & King, R. (2021). "It's not in your head": Gaslighting, 'splaining, victim blaming, and other harmful reactions to microaggressions. *Perspectives on Psychological Science*, *16*(5), 1024–1036. https://psycnet.apa.org/doi/10.1177/17456916211011963

Jones, C. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American Journal of Public Health (1971)*, *90*(8), 1212–1215. https://doi.org/10.2105/AJPH.90.8.1212

Joseph, E. (2020). *Critical race theory and inequality in the labour market, racial stratification in Ireland*, Manchester: Manchester University Press.

Kothari, A., & Wathen, C. N. (2013). A critical second look at integrated knowledge translation. *Health Policy (Amsterdam)*, *109*(2), 187–191. https://doi.org/10.1016/j.healthpol.2012.11.004

Kothari, A., & Wathen, C. N. (2017). Integrated knowledge translation: digging deeper, moving forward. *Journal of Epidemiology and Community Health*, *71*(6), 619–623. https://doi.org/10.1136/jech-2016-208490

Luciani, M., Jack, S. M., Campbell, K., Orr, E., Durepos, P., Li, L., Strachan, P., & Di Mauro, S. (2019). An Introduction to Qualitative Health Research. Un'introduzione alla ricerca sanitaria qualitativa. *Professioni infermieristiche*, *72*(1), 60–68. https://www.profinf.net/pro3/index.php/IN/article/view/591

Lucksa, C. (2022, February 7). *Following the Tracks: London's relationship with the Underground Railroad.* https://www.1069thex.com/2022/02/07/109029/

Madera, J. (2017). Situational perspective taking as an intervention for improving attitudes toward organizations that invest in diversity management programs. *Journal of Business and Psychology*, *33*(3), 423–442. https://doi.org/10.1007/s10869-017-9502-0

Madibbo, A. I. (2006). *Minority within a minority: Black Francophone immigrants and the dynamics of power and resistance*. Routledge.

Mahabir, D. F., O'Campo, P., Lofters, A., Shankardass, K., Salmon, C., & Muntaner, C. (2021). Experiences of everyday racism in Toronto's health care system: a concept mapping study. *International Journal for Equity in Health*, *20*(1), 74–74. https://doi.org/10.1186/s12939-021-01410-9

Maietta, R., Mihas, P., Swartout, K., Petruzzelli, J., & Hamilton, A. B. (2021). Sort and Sift, Think and Shift: Let the Data Be Your Guide An Applied Approach to Working With, Learning From, and Privileging Qualitative Data. *The Qualitative Report*, *26*(6), 2045-2060.https://doi.org/10.46743/2160-3715/2021.5013

Martin, T., & Di Rienzo, M. (2012). Closing the gap in a regional health service in NSW: a multistrategic approach to addressing individual and institutional racism. *NSW Public Health Bulletin*, *23*(3-4), 63–67. https://doi.org/10.1071/NB12069

McIntosh, M. (2020, August 7). *Confronting anti-Black racism in our community.* Be the Change London. https://www.bethechangelondon.ca/conversations/confronting-anti-black-racism-in-our-community

Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic communities: a qualitative study in southeast England. *The Lancet (British Edition)*, *388*, S76–S76. https://doi.org/10.1016/S0140-6736(16)32312-1

Middlesex-London Health Unit. (2020). *Meeting minutes June 18, 2020 Board of Health meeting.* https://www.healthunit.com/board-of-health-meetings#twenty

Middlesex-London Health Unit. (2021). *Anti-Black racism plan.* https://www.healthunit.com/anti-black-racism-plan

National Collaborating Centre for Determinants of Health. (2018). *Let's talk: Racism and health equity.* https://nccdh.ca/resources/entry/lets-talk-racism-and-health-equity

Nelson, J. (2015). "Speaking" racism and anti-racism: perspectives of local anti-racism actors. *Ethnic and Racial Studies*, *38*(2), 342–358. https://doi.org/10.1080/01419870.2014.889837

Ni Chonaill, B., Cluskey, M., Lawlor, G., McGlynn, L., Coyle, S., Smith, G., & MacNamara, N. (2021). Embedding anti-racism in the community development and youth work programme (CDYW) 2020/2021. *Case Studies*. 17. https://arrow.tudublin.ie/totalarcschcase/17

Ontario Human Right Commission. (2010, May). *Anti-racism and anti-discrimination for municipalities.*

http://www3.ohrc.on.ca/sites/default/files/CCMARD%20Manual%20final%20%20Revised%20June%2017.21.pdf

Patel, N. (2022). Dismantling the scaffolding of institutional racism and institutionalising anti-racism. *Journal of Family Therapy*, *44*(1), 91–108. https://doi.org/10.1111/1467-6427.12367

Patterson, A. C., & Veenstra, G. (2016). Black-White health inequalities in Canada at the intersection of gender and immigration. *Canadian Journal of Public Health*, *107*(3), e278–e284. https://doi.org/10.17269/CJPH.107.5336

Parasram, A. (2019). Pathological white fragility and the Canadian nation: Pathological white fragility and the Canadian nation. *Studies in Political Economy*, *100*(2), 194–207. https://doi.org/10.1080/07078552.2019.1646457

Parsons, A., Reichl, A., & Pedersen, C. (2017). Gendered Ableism: Media Representations and Gender Role Beliefs' Effect on Perceptions of Disability and Sexuality. *Sexuality and Disability* 35, 207-225. https://doi-org.proxy1.lib.uwo.ca/10.1007/s11195-016-9464-6

Payton, Yarger, L., & Mbarika, V. (2022). Black Lives Matter: A perspective from three Black information systems scholars. *Information Systems Journal*, *32*(1), 222–232. https://doi.org/10.1111/isj.12342

Polit, D.F., & Beck, C.T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters & Kluwer.

Public Health Ontario. (2022, April). *COVID-19 in Ontario – A focus on diversity*. https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en

Rahman, A., Nawaz, S., Khan, E., & Islam, S. (2022). Nothing about us, without us: is for us. *Research Involvement and Engagement*, *8*(1), 1–10. https://doi.org/10.1186/s40900-022-00372-8

Rankine, J. (2014). *Creating effective anti-racism campaigns.* https://doi.org/10.13140/RG.2.1.2587.0807

Ray, K. S. (2022). Holding them accountable: Organizational commitments to ending systemic anti-Black racism in medicine and public health. *Hastings Centre Report, 52*(2), 46-49. https://doi.org/10.1002/hast.1370

Shapiro, I. (2002). *Training for racial equity and inclusion: A guide to selected programs*. Washington, DC: The Aspen Institute.

Signal, L., Martin, J., Reid, P., Carroll, C., Howden-Chapman, P., Ormsby, V. K., Richards, R., Robson, B., & Wall, T. (2007). Tackling health inequalities: moving theory to action. *International Journal for Equity in Health*, *6*(1), 12–12. https://doi.org/10.1186/1475-9276-6-12

Smith Lee, J. R., & Robinson, M. A. (2019). "That's my number one fear in life. It's the police": Examining young Black men's exposures to trauma and loss resulting from police violence and police killings. *Journal of Black Psychology*, *45*(3), 143–184. https://doi.org/10.1177/0095798419865152

Statistics Canada. (2017). *London [Census metropolitan area], Ontario and Ontario [Province]*. 2016 *Census Profile*. (Catalogue no. 98-316-X2016001). https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=3539036&Geo2=PR&Code2=35&SearchText=London&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=3539036&TABID=1&type=0

Statistics Canada. (2019, February 27). *Diversity of the Black population in Canada: An overview.* https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm

Statistics Canada. (2021). *Black history month by the numbers.* https://www.statcan.gc.ca/en/dai/smr08/2020/smr08_248

Steele, T. (2018). Toxicity in the work environment: Retaining staff members of color at a predominantly White institution. *The College Student Affairs Journal*, *36*(1), 109–123. https://doi.org/10.1353/csj.2018.0007

Sukhera, J. (2019). Breaking microaggressions without breaking ourselves. *Perspectives on medical education*, *8*(3), 129–130. https://doi.org/10.1007/s40037-019-0518-1

Sukhera, J., Watling, C. J., & Gonzalez, C. M. (2020a). Implicit bias in health professions: From recognition to transformation. *Academic Medicine : Journal of the Association of American Medical Colleges*, *95*(5), 717–723. https://doi.org/10.1097/ACM.0000000000003173

Sukhera, J., Miller, K., Scerbo, C., Milne, A., Lim, R., & Watling, C. (2020b). Implicit stigma recognition and management for health professionals. *Academic Psychiatry*, *44*(1), 59–63. https://doi.org/10.1007/s40596-019-01133-8

Terry, P. (2020). Allyship, antiracism and the strength of weak ties: A barber, a professor and an entrepreneur walk into a room. *American Journal of Health Promotion*, *35*(2), 163–167. https://doi.org/10.1177/0890117120982201

Thompson E, Edjoc R, Atchessi N, Striha M, Gabrani-Juma I, Dawson T. (2021). COVID-19: A case for the collection of race data in Canada and abroad. *Canada Communicable Disease Report*, 47(7/8):300–4. https://doi.org/10.14745/ccdr.v47i78a02

Thorne, S. E., Kirkham, S. R., & O'Flynn-Magee, K. (2004). The Analytic Challenge in Interpretive Description. *International Journal of Qualitative Methods*, 1–11. https://doi.org/10.1177/160940690400300101

Thorne, S. E. (2016). *Interpretive description: qualitative research for applied practice* (2nd ed). Routledge. https://doi.org/10.4324/9781315545196

Tobias, H., & Joseph, A. (2020). Sustaining Systemic Racism Through Psychological Gaslighting: Denials of Racial Profiling and Justifications of Carding by Police

Utilizing Local News Media. *Race and Justice*, *10*(4), 424- 455. https://doi.org/10.1177%2F2153368718760969

Varcoe, C., Browne, A. J., Bungay, V., Perrin, N., Wilson, E., Wathen, C. N., Byres, D., & Roberta Price, E. (2022). Through an equity lens: Illuminating the relationships among social inequities, stigma and discrimination, and patient experiences of emergency health care. *International journal of health services : planning, administration, evaluation*, *52*(2), 246–260. https://doi.org/10.1177/00207314221075515

Verjee, B. (2012). Critical race feminism: a transformative vision for service-learning engagement. *Journal of Community Engagement and Scholarship*, *5*(1), 57–. https://link.gale.com/apps/doc/A337719731/AONE?u=lond95336&sid=bookmark-AONE&xid=e8f480e1

Walji, N. (2020, September 7). *Black parents call on province to 'decolonize' curriculum in effort to fight racism in schools.* Canadian Broadcasting Commission. https://www.cbc.ca/news/canada/toronto/black-parents-call-on-province-to-decolonize-curriculum-in-effort-to-fight-racism-in-schools-1.5712143

Wilcox, M. M. (2022). Oppression is not “culture”: The need to center systemic and structural determinants to address anti-Black racism and racial trauma in psychotherapy. *Psychotherapy*, https://doi.org/10.1037/pst0000446

Winters, M. F. (2020). *Black fatigue : how racism erodes the mind, body, and spirit* (First ed.). Berrett-Koehler Publishers, Inc.

World Health Organization. (2001). *WHO's contribution to the world conference against racism, racial discrimination, xenophobia and related intolerance: Health and freedom from discrimination.* https://apps.who.int/iris/handle/10665/66891

Yarbrough, D. (2020). “Nothing about us without us”: Reading protests against oppressive knowledge production as guidelines for solidarity research. *Journal of*

Contemporary Ethnography, *49*(1), 58–85. https://doi.org/10.1177/0891241619857134

Zadorsky, J. (2020, February 3). London second fastest growing metropolitan area in Canada: StatsCan. *CTV News London*. https://london.ctvnews.ca/london-second-fastest-growing-metropolitan-area-in-canada-statscan-1.4810051

Appendices

Appendix A

Recruitment Email

Subject: Research Participation Request: Forming Relationships with ACB Communities

Dear [Participant Name],

I wanted to let you know about a research study that you might be interested in. It is a study conducted by researchers at Western University and London InterCommunity Health Centre. We would like to interview you about your experiences as a stakeholder in the African, Caribbean, and Black (ACB) communities in London, On.

The research team is interested in learning about your experiences with anti-Black racism interventions/strategies. This interview is voluntary and will last ~45 minutes; it will be completed with a trained interviewer from the research team, either by phone or video call. Participation is voluntary and confidential.

Attached is a Letter of Information that provides further study details. If you have any questions, we would be happy to answer them. If you decide to participate, we will choose a date and time that works for you.

If you are interested in participating or learning more, you can email Jaimeson Canie or Nadine Wathen or reply to this email.

Your help would be very much appreciated. Thank you for your time!

Sincerely,

Jaimeson Canie, Student Researcher, Western University

Nadine Wathen, Professor and Principal Investigator, Western University

Selma Tobah, Community Development Worker, London InterCommunity Health Centre

Anne-Marie, Manager of Strategic Projects & Quality Improvement, London InterCommunity Health Centre

Appendix B

Letter of Information and Consent

LETTER OF INFORMATION

Study Name: Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African, Caribbean, and Black Communities

Principal Investigator
- Dr. Nadine Wathen, PhD, Professor, Western University

Co-investigators/Collaborators
- Jaimeson Canie, RN, BScN, MScN Candidate, Western University
- Anne-Marie Sanchez, MA, Manager, Strategic Projects & Quality Improvement, London InterCommunity Health Centre
- Selma Tobah, MHIS, Community Development Worker, London InterCommunity Health Centre

Purpose of the Study

This study aims to explore how organizations can best form purposeful and meaningful relationships with London, Ontario's African, Caribbean, and Black (ACB) communities. The research purpose is to co-develop, with community partners, an accessible, acceptable and effective approach to developing these relationships to support anti-Black racism work in the community health sector and beyond.

Who is eligible to participate?

You can take part if you self-identify as African, Caribbean, or Black (ACB) and are a stakeholder in the London community, working with members of ACB communities.

If you agree to participate

If you agree to participate, we will ask for approximately 45-60 minutes of your time for a phone or video-conferencing (e.g., Zoom) interview. You will be asked to discuss your experiences with anti-racism interventions in the community, including priority action areas, successful strategies or recommendations. You will also be asked about how you think organizations can best form meaningful and purposeful relationships with ACB communities in London to prioritize their needs.

Potential Risks and Benefits

The risks of participating in this study are minimal. It is possible that you may find it distressing to answer questions about racism/anti-racism. If you feel hesitant or uncomfortable answering some questions, you can refuse to answer specific questions or end the interview at any time. You may choose to withdraw from the study at any time

prior to the completion of data analysis of the interview data, and all your data will be destroyed if you wish.

You may not directly benefit from participating in this study. However, you will be contributing towards understanding how organization can better form meaningful relationships with ACB communities, as well as identifying priority areas for anti-Black racism interventions in London. The possible benefits to the community may be improved health equity and racial disparities, and we hope that these lessons will be applicable more broadly.

Is there any audio or video recording?

Your interview responses will be audio-recorded (with permission) and transcribed verbatim by a professional transcription company and/or a member of our research team. Transcriptions will be de-identified, that is names or other identifying information will be removed.

Compensation

In recognition of your time participating in this study, you will be offered a $50 e-gift card to Amazon, Shoppers Drug Mart or President's Choice.

What if I do not want to participate or I want to leave the study?

The decision to participate in this study is voluntary; you have the right to refuse or leave this study at any time for any reason without negative effects or penalties. You also have the right to withdraw from the interview at any time. If you decide to withdraw from the study, you have the right to request withdrawal of information collected about you. If you wish to have your information removed, please let the researcher know and your information will be destroyed from our records. Once the study has been published, we will not be able to withdraw your information. It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your audio consent, or your name on the master list. However, any data may be withdrawn upon your request.

Privacy and Confidentiality

All information obtained for this research will be kept strictly confidential; all electronic research records (transcriptions and data files) will be saved on a secure password-protected server at Western University. Any identifying information for data that is included in this study will be removed and data presented in de-identified, summary form. If the results of the study are published, your name will not be used; participants will be identified by pseudonyms. A master list will be kept linking pseudonym to name and contact information.

The professional transcription company (if used) will have access to your data; once the company has provided the transcripts to the research team, the company will destroy all

data. The research team will have access to your data and study records will be kept for at least 7 years. All data will be destroyed after 7 years.

Delegated institutional representatives of Western University and its Non- Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

We want to make you aware that videoconferencing technology always has some privacy and security risks. It is possible that information could be intercepted by unauthorized people. This risk can't be completely eliminated, but to mitigate this risk, we will use Western University's password protected Zoom platform, or a telephone number you provide; no information will be recorded or stored on the videoconferencing platform.

Questions about the Study

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact Dr. Nadine Wathen or Jaimeson Canie.

If you have any concerns about the conduct of this study or your rights as a research participant, please contact The Office of Human Research Ethics, Western University:

Phone: 519.661.3036, 1-844-720-9816 Email: ethics@uwo.ca

VERBAL CONSENT FORM

Study Name: Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African Caribbean and Black Communities

Principal Investigator

- Dr. Nadine Wathen, PhD, Professor, Western University

Co-investigators/Collaborators

- Jaimeson Canie, RN, BScN, MScN Candidate, Western University
- Anne-Marie Sanchez, MA, Manager, Strategic Projects & Quality Improvement, London InterCommunity Health Centre
- Selma Tobah, MHIS, Community Development Worker, London InterCommunity Health Centre

You will be asked to verbally respond to the following questions at the beginning of your interview:

Have you read the letter of information and had any questions about the study, or your participation answered? ☐ YES ☐ NO

Do you agree to participate? ☐ YES ☐ NO

Do you agree to be audio-recorded? ☐ YES ☐ NO

Do you consent to me taking notes during the interview? ☐ YES ☐ NO

Do you consent to the use of unidentified quotes obtained during the study in the dissemination of this research? ☐ YES ☐ NO

Do you consent to a follow up email if I have additional questions after data analysis? ☐ YES ☐ NO

Do you consent to a follow up phone call, if I have additional questions after data analysis? ☐ YES ☐ NO

_____

Participant Name

[To be completed by researcher]

I have explained the study to the participant named above and answered all questions. The participant provided the above responses verbally.

_____	_____	_____
Your Name (please print)	Signature	Date

Appendix C

Lettre d'information et formulaire d'accord verbal

LETTRE D'INFORMATION

Nom de l'étude : Établir des relations authentiques avec les communautés racialisées dans une perspective anti-oppressive : Un cadre pour les communautés africaines, caribéennes et noires de London

Chercheur principal

- Dr. Nadine Wathen, PhD, Professor, l'université Western

Co- collaboratrices

- Jaimeson Canie, RN, BScN, MScN Candidate, l'université Western
- Anne-Marie Sanchez, MA, Directrice, Projets Stratégiques & Amélioration de la Qualité, London InterCommunity Health Centre
- Selma Tobah, MHIS, Agent de Développement Communautaire, London InterCommunity Health Centre

Objetif de l'étude

Cette étude vise à explorer les meilleures pratiques pour les organismes de former des relations authentiques avec les communautés africaines, caribéennes et noires de London, Ontario. L'objectif de la recherche est de co-développer, avec des partenaires communautaires, une approche accessible, acceptable et efficace pour développer ces relations afin de soutenir le travail anti-racisme Noir dans le secteur de la santé communautaire et au-delà.

Qui est éligible pour participer ?

Vous pouvez participer si vous vous identifiez comme africaine, caribéene ou noir (ACN) et êtes un membre de la communauté de London et travaille avec des membres des communautés ACN.

Si vous acceptez de participer

Si vous acceptez de participer, nous vous demanderons environ 45 à 60 minutes de votre temps pour une entrevue téléphonique ou par vidéoconférence (par exemple, Zoom). On vous demandera de discuter de vos expériences d'interventions contre le racisme dans la communauté, y compris les domaines d'action prioritaires, les stratégies réussies ou les recommandations. On vous demandera également comment, selon vous, les organismes peuvent établir des relations authentiques avec les communautés ACN de London afin de prioriser leurs besoins.

Risques et avantages potentiels

Les risques associés à la participation à cette étude sont minimes. Il est possible que vous trouviez inquiétant de répondre à des questions sur le racisme/l'antiracisme. Si vous vous sentez hésitant ou mal à l'aise de répondre à certaines questions, vous pouvez refuser de répondre à ces questions spécifiquement ou mettre fin à l'entrevue à tout moment. Vous pouvez choisir de vous retirer de l'étude à tout moment avant la fin de l'analyse des données des entrevues et toutes vos données seront détruites si vous le souhaitez.

Il se peut que vous ne bénéficiiez pas directement de votre participation à cette étude. Cependant, vous contribuerez à comprendre comment les organismes peuvent mieux former des relations authentiques avec les communautés ACN, ainsi qu'à identifier les domaines prioritaires pour les interventions contre le racisme anti-noir à London. Les avantages possibles pour la communauté pourraient être une amélioration de l'équité en santé et des disparités raciales et nous espérons que ces leçons seront applicables plus largement.

Y a-t-il un enregistrement audio ou vidéo ?

L'audio de vos réponses à l'entrevue seront enregistrées (avec permission) et transcrites textuellement par transcripteurs professionnels et/ou un membre de notre équipe de recherche. Les transcriptions seront anonymisées, c'est-à-dire que les noms ou autres informations d'identification seront supprimés.

Compensation

En reconnaissance de votre temps à participer à cette étude, vous recevrez une carte-cadeau électronique de 50 $ à Amazon, Shoppers Drug Mart ou le Choix du Président.

Que se passe-t-il si je ne veux pas participer ou si je veux quitter l'étude ?

La décision de participer à cette étude est volontaire ; vous avez le droit de refuser ou de quitter cette étude à tout moment pour n'importe quelle raison sans effets négatifs ni pénalités. Vous avez également le droit de vous retirer de l'entrevue à tout moment. Si vous décidez de vous retirer de l'étude, vous avez le droit de demander le retrait des informations collectées qui vous concernent. Si vous souhaitez que vos informations soient supprimées, veuillez en informer l'investigateur et vos informations seront supprimées de nos archives. Une fois l'étude est publiée, nous ne pourrons plus retirer vos informations. Il est important de noter qu'un enregistrement de votre participation doit rester avec l'étude et en tant que tel, les investigateurs ne peuvent pas détruire votre consentement audio ou votre nom sur la liste principale. Cependant, toutes les données peuvent être retirées à votre demande.

Protection de la vie privée et confidentialité

Toutes les informations obtenues pour cette recherche resteront strictement confidentielles ; tous les dossiers de recherche électroniques (transcriptions et fichiers de données) seront sauvegardés sur un serveur sécurisé protégé par mot de passe à l'université Western. Toute information d'identification des données incluses dans cette étude sera supprimée et les données présentées sous forme de résumé anonymisé. Si les

résultats de l'étude sont publiés, votre nom ne sera pas utilisé ; les participants seront identifiés par des pseudonymes. Une liste principale sera conservée reliant le pseudonyme au nom et aux coordonnées.

La compagnie de transcription professionnelle (si elle est utilisée) aura accès à vos données ; une fois que la compagnie aura fourni les transcriptions à l'équipe de recherche, la compagnie détruira toutes les données. L'équipe de recherche aura accès à vos données et les dossiers d'étude seront conservés pour au moins 7 ans. Toutes les données seront détruites après 7 ans.

Les représentants institutionnels délégués de l'université Western et de son comité d'éthique de la recherche non-médicale peuvent exiger l'accès à vos dossiers liés à l'étude pour surveiller que la conduite de la recherche conforme aux exigences réglementaires.

Nous voulons vous faire prendre conscience que la technologie de vidéo-conférence comporte toujours des risques de confidentialité et de sécurité. Il est possible que des informations soient interceptées par des personnes non-autorisées. Ce risque ne peut pas être complètement éliminé, mais pour atténuer ce risque, nous utiliserons la plateforme Zoom protégée par mot de passe de l'université Western, ou un numéro de téléphone que vous fournissez ; aucune information ne sera enregistrée ou entretenu sur la plateforme de vidéo-conférence.

Questions sur l'étude

Si vous avez des questions concernant cette étude ou si vous souhaitez obtenir des informations supplémentaires pour vous aider à prendre une décision concernant votre participation, veuillez contacter Dre Nadine Wathen ou Jaimeson Canie.

Si vous avez des inquiétudes concernant la conduite de cette étude ou vos droits en tant que participant à la recherche, veuillez contacter le Bureau d'éthique de la recherche humaine, université Western :

Téléphone : 519.661.3036, 1-844-720-9816 Courriel : Ethics@uwo.ca

FORMULAIRE D'ACCORD VERBAL

Nom de l'étude : Établir des relations authentiques avec les communautés racialisées dans une perspective anti-oppressive : Un cadre pour les communautés Africaines, Caribéennes et Noires

Chercheur principal

- Dr. Nadine Wathen, PhD, Professor, l'université Western

Collaboratrices

- Jaimeson Canie, RN, BScN, MScN Candidate, l'université Western
- Anne-Marie Sanchez, MA, Directrice, Projets Stratégiques & Amélioration de la Qualité, London InterCommunity Health Centre
- Selma Tobah, MHIS, Agent de Développement Communautaire, London InterCommunity Health Centre

Vous serez demandé de répondre verbalement aux questions suivantes au début de votre entrevue :

Avez-vous lu la lettre d'information et avez-vous eu des questions sur l'étude, ou votre participation répondu ? ☐ OUI ☐ NON

Acceptez-vous d'y participer? ☐ OUI ☐ NON

Acceptez-vous d'être enregistré (audio seulement) ? ☐ OUI ☐ NON

Acceptez-vous que je prenne des notes pendant l'entrevue ? ☐ OUI ☐ NON

Consentez-vous à l'utilisation de citations non identifiées obtenues au cours de l'étude dans la diffusion de cette recherche ? ☐ OUI ☐ NON

Acceptez-vous de recevoir un courriel si j'ai d'autres questions après l'analyse des données ?

☐ OUI ☐ NON

Consentez-vous à un appel téléphonique si j'ai des questions supplémentaires après l'analyse des données ? ☐ OUI ☐ NON

_____

Nom du participant

[À compléter par le chercheur]

J'ai expliqué l'étude au participant nommé ci-dessus et répondu à toutes les questions. Le participant a donné les réponses ci-dessus verbalement.

_____ _____ _____

Votre nom Signature Date

Appendix D

Interview Guide

Participant Pseudonym: _____

Date of Interview: _____

Person conducting the interview: _____

General Interview Process

1. Greeting

2. Identify the expected length of time for the interview (45-60 minutes) and confirm that this is still a good time for the interviewee.

3. Review Purpose of Stakeholder Interviews:

1) To understand how LIHC can best form meaningful relationships with ACB communities in London.

2) To understand the needs of ACB communities in London in terms of anti-Black racism interventions and priorities.

4. Introduction of Interviewer positionality.

5. Confirm confidentiality and ask if participant has reviewed the LOI and if so, do they have any questions?

6. Receive permission to record audio of the interview.

7. Audio record participant consent prior to beginning the interview.

Questions/Probes:

1. Can you please describe your current role within your organization, the scope of the organization, and your experience working with African, Caribbean, and Black (ACB) communities?

2. Can you tell us about your experience with anti-Black racism or discrimination in London?

3. In the scope of your organization and your role, what are the current needs of ACB communities in London? What areas do you see as a priority for addressing anti-Black racism in London?

   a. Probe: Do you work with the Francophone ACB communities? If so, how do their needs vary from English or other language groups?

4. Has anti-racism been part of conversations in your organization? Has the organization done anything to address anti-racism or make people feel like they belong?

5. a) How can organizations form authentic and purposeful relationships with ACB communities in London that prioritize their needs?

   b) How, if at all, might this be different for francophone ACB communities, or other language groups?

   c) What qualities do you expect in a relationship between an organization and the ACB communities?

   d) How can organizations be an ally to the ACB communities?

   e) How can organizations help to overcome systemic racism and improve equity for ACB communities?

6. How can organizations help enhance the health and well-being of ACB communities?

   a) Probe: In terms of accessing health and social services, are there specific things can help or hinder people in your community from getting the care they need?

7. One concern we often hear is that the people affected most by racism are expected to shoulder the burden of solving this huge problem that they didn't create. How do we make sure that potential strategies and solutions reflect the needs of ACB communities, without placing further burden on them?

8. How can we best communicate with stakeholders within the sector?

9. Are there any areas in London where the ACB community is densely populated? If so, where? Do they have any specific needs?

10. Is there anything else you'd like to share?

11. Is there anyone else you would recommend that we speak with?

<u>Demographic questions</u>

We'd just alike to ask a few questions about you; if you prefer not to respond, that's fine, just say so.

1. Organization work/volunteer for (related to ACB outreach work): _____

2. How long have you worked/volunteered for this organization? How long have you been in this type of role at any organization?

3. Were you born in Canada, or did you migrate here?
    a. How long have you been in Canada?
4. How would you identify your ethnic background?
5. What is your gender identity?
6. How old are you?

Appendix E

Guide d'entrevue

Pseudonyme du participant: _____

Date de l'entrevue:_____

Investigateur menant l'entrevue : _____

Processus général d'entrevue

1. Salutation

2. Identifiez la durée prévue de l'entrevue (45-60 minutes) et confirmez que c'est toujours un bon temps pour la personne interrogée.

3. Révise l'objectif des entrevues avec les parties prenantes :

1) Comprendre comment le LIHC peut mieux établir des relations authentiques avec les communautés ACN à London.

2) Comprendre les besoins des communautés ACN à London en termes d'interventions et de priorités contre le racisme contre les noirs.

5. Confirmez la confidentialité et demandez si le participant a examiné la lettre d'information et s'il a des questions ?

6. Recevoir la permission d'enregistrer l'audio de l'entrevue.

7. Enregistrement de l'audio du consentement du participant avant le début de l'entrevue.

Questions

1. Pouvez-vous décrire votre rôle avec votre organisme, la portée de l'organisme et votre expérience de travail avec les communautés africaines, caribéennes et noires (ACN) ?

2. Pouvez-vous nous parler de votre expérience avec le racisme ou la discrimination anti-noirs à London ?

3. Dans le cadre de votre organisme et de votre rôle, quels sont les besoins des communautés ACN à London ? Quels sont selon vous les domaines prioritaires pour faire face au racisme anti-noir à London ?

    a. Travaillez-vous avec les communautés ACN francophones ? Si oui, comment leurs besoins diffèrent-ils des anglophones ou d'autres groupes linguistiques ?

4. L'antiracisme a-t-il fait partie des conversations dans votre organisme ? L'organisation a-t-elle fait quelque chose pour lutter contre le racisme ou donner aux gens le sentiment d'appartenir ?

5. a) Comment les organismes peuvent-elles établir des relations authentiques avec les communautés ACN de London qui priorisent leurs besoins ?

   b) En quoi, cela pourrait-il être différent pour les communautés ACN francophones ou d'autres groupes linguistiques ?

   c) Quelles qualités attendez-vous d'une relation entre un organisme et les communautés ACN ?

   d) Comment les organismes peuvent-elles être un allié des communautés ACN ?

   e) Comment les organisations peuvent-elles aider à surmonter le racisme systémique et améliorer l'équité pour les communautés ACN ?

6. Comment les organisations peuvent-elles aider à améliorer la santé et le bien-être des communautés ACN ?

7. En termes d'accès aux services santé et sociaux, y a-t-il des éléments spécifiques qui peuvent aider ou empêcher les membres de votre communauté d'obtenir les soins dont ils ont besoin ?

8. Comment pouvons-nous mieux communiquer avec les parties prenantes du secteur ?

9. Y a-t-il des zones à London où la communauté ACN est densément peuplée ? Si oui, où ? Ont-ils des besoins spécifiques ?

10. Y a-t-il autre chose que vous aimeriez partager ?

11. Y a-t-il quelqu'un d'autre avec qui vous recommanderiez que nous parlions ?

<u>Questions démographiques</u>

Nous aimerions simplement poser quelques questions démographiques ; si vous préférez ne pas répondre, ce n'est pas grave, dites-le simplement.

1. Quel est le nom de l’organisme a quel vous travailliez/bénévolez (relative à votre travaille avec les communautés ACN) ?

2. Depuis combien de temps travaillez-vous/faites-vous du bénévolat pour cet organisme ? Depuis combien de temps occupez-vous ce type de poste dans un organisme ?

3. Êtes-vous né au Canada ou avez-vous émigré ici?
    a. Depuis combien de temps êtes-vous au Canada?
4. Comment identifieriez-vous votre origine ethnique ?
5. Quelle est votre identité de genre ?
6. Quel âge avez-vous ?

Appendix F

REB Approval Letter

Date: 10 January 2022

To: Dr. Nadine Wathen

Project ID: 119854

Study Title: Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African, Caribbean, and Black Communities

Short Title: Forming Relationships with ACB Communities

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: February 4th, 2022

Date Approval Issued: 10/Jan/2022 15:43

REB Approval Expiry Date: 10/Jan/2023

Dear Dr. Nadine Wathen

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
NMREB119854 Interview Guide REB Dec13_21	Interview Guide	13/Dec/2021	2
NMREB119854 Letter of Information and Consent for Interview REB Dec13_21	Verbal Consent/Assent	13/Dec/2021	2
NMREB119854 Recruitment Email REB Dec13_21	Recruitment Materials	13/Dec/2021	2

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
NMREB119854 List of Resources for Interview Participants REB Oct20_21	Other Materials	18/Oct/2021	1

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Appendix G

List of Resources and Contacts for Support

For any mental health concerns, contact:

- Canadian Mental Health Association London – The Support Line
  The number is 519-601-8055. The toll-free number is 1 (844) 360-8055.

For ACB specific resources for mental health and racism, visit:

- https://www.acrossboundaries.ca
- https://blackhealthalliance.ca
- https://www.blacklegalactioncentre.ca
- https://blackwomeninmotion.org

Curriculum Vitae

Name: Jaimeson Canie

Post-secondary Education and Degrees:

The University of Western Ontario
London, Ontario, Canada
2016-2020 BScN

The University of Western Ontario
London, Ontario, Canada
2020-2022 MScN Candidate

Honours and Awards:

Dr. Joan Lesmond Memorial Scholarship
Registered Nurses Foundation of Ontario
2022

Dr. David and Zivia Anne Meltzer Professional Development Fund
St Joseph's Health Care London
2022

Barbara Stalk Graduate Bursary
The University of Western Ontario
2020, 2021

Chrisitne McQueen Nursing Development Fund
St Joseph's Health Care London
2021

Healthcare Scholarship
Steeves & Rozema Foundation
2021

ONA Local 035 Bursary
2021

Edith McDowell Award
The University of Western Ontario
2020

New Member Engagement Award
Iota Omicron Chapter of Sigma Theta Tau International Honour Society of Nursing
2020

Dean's Honour List
The University of Western Ontario

2016-2020

Scholarly Activities:

Oral and Poster Presentation: Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African, Caribbean, and Black Communities
Sigma North America Region 10 Biennial Conference
Apr 2022 (postponed to 2023 due to COVID-19)

Oral Presentation: Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African, Caribbean, and Black Communities
Western Research Forum
The University of Western Ontario
March 2022

Oral Presentation: Forming Authentic and Purposeful Relationships with Racialized Communities from an Anti-Oppressive Lens: A Framework for African, Caribbean, and Black Communities
Health Science Graduate Research Conference
The University of Western Ontario
Feb 2022

Related Work Experience

Part-Time Professor- School of Nursing
Fanshawe College
2022 – Present

Clinical Lab Instructor
The University of Western Ontario
2022

Registered Nurse and Site Superuser
COVID-19 Vaccine and Testing Centre
The University of Western Ontario
2021 – Present

Registered Nurse
Student Health Services
The University of Western Ontario
2021 – Present

Teaching Assistant

The University of Western Ontario
2020-2021

Registered Nurse
Southwest Forensic Mental Health Centre
2020 – Present

Public Health Nurse
Early Years Team, Middlesex-London Health Unit
2020

Related Volunteer Experience

Programs Co-Chair
Iota Omicron Chapter of Sigma Theta Tau International Honour Society of Nursing
2020-2022