Supporting PATIENTS FIRST

A PROPOSAL TO STRENGTHEN
PATIENT-CENTRED HEATLH CARE
IN ONTARIO

Ontario Health Equity and Black Health Strategy

Black Health Alliance

Working in Partnership to Advance the
Health & Well-Being of the Black Community

Supporting Patients First

First, on behalf of the Black Health Alliance we would like to commend the Honourable Dr. Eric Hoskins, Ontario's Minister of Health and Long-Term Care, and his Team for exemplifying responsible and accountable government. A government that does not sit idly by on its laurels of ensuring that 94% of Ontarians can report having a regular primary care provider; reduced emergency room and specific surgery wait times; or expansion of vaccines and newborn screening programs. A government that engages in the ongoing process of consultation and evaluation of our health care system seeking opportunities and solutions for improvements to make Ontarians the healthiest Canadians and the Ontario's Health Care System one of the best in the world. It is this effort that has led you to Patients First, A Proposal to Strengthen Patient-Centred Health Care in Ontario.

Second, the Black Health Alliance accepts the invitation to join the conversation, to make what we believe is a valuable contribution to this proposal. The Black Health Alliance (BHA) is a registered Canadian charity consisting of community organizations, health and social service professionals, and community members working in partnership to advance the health and well-being of the Black community.

Our Mission is to: ***Reduce the racial disparities in health outcomes and promote health and wellbeing for people from the diverse Black communities in Canada with emphasis on the broad determinants of health, including racism*.** The Black Health Alliance engages in community based health research, health promotion and education, development of culturally competent programs, public policy and best practices. Please refer to **Appendix A for more information on the Black Health Alliance**.

Review of Patients First reveals a number of strong ideas not the least of which is the intent to build stronger links between population and public health and other health services. One of the goals of Patients First is to improve health equity and reduce health disparities. It is this fundamental objective that the Black Health Alliance has strong recommendations.

Minister Hoskins acknowledges that not all Ontarians have equitable access to services….that structural issues create inequities. The Black Health Alliance applauds Patients First commitment to improve health care and health outcomes of Ontario's Indigenous Peoples through meaningful engagement, respectful working relationships and collaborations with Indigenous partners to identify the changes needed to ensure health care services address the unique health needs, in a manner which is culturally appropriate, and respectful of their traditional methods regardless of where they are in Ontario. Patients First also identifies Franco-Ontarians and other cultural groups, particularly newcomers, as populations that require culturally appropriate services in order to better address health equity and reduce health disparities.

Ontario Health Equity and Black Health Strategy

Whereas BHA commends the plans to improve health equity and reduce health disparities as outlined in Patients First, the implementation of an Ontario Health Equity and a Black Health Strategy will go further and be significantly more effective leading to better health outcomes for ALL Ontarians.

An Ontario Health Equity Strategy (OHES) has as its premise the acknowledgement that health disparities exist between populations and within them. It is aware of the impact culture and the social determinates of health including racism has on health perceptions, behavior, access, treatment and outcomes. Two fundamental components of the OHES, and of any strategy that aims to reduce health disparities, is the **system-wide implementation of disaggregated health data collection and culturally appropriate health service planning and delivery**. **For more details on an Ontario Health Equity Strategy please refer to Appendix B.**

A Black Health Strategy is needed because Black (people of African and Caribbean descent) suffer a disproportionate burden of poor health outcomes. Racism and socioeconomic influences weight heavily on Black populations. Yet, where they exist, culturally appropriate health research, promotion, education, and services has been shown to improve access, screening, and health outcomes among Black populations. The Community Health Centre has been a particularly effective model for primary care delivery at the local level. **For more details on a Black Health Strategy please refer to Appendix B and C**.

Patients First, by its very namesake demands that we look at the Patient. Today, in Ontario, especially in urban areas the Patient is increasingly diverse, racially, culturally, linguistically and in many other ways. Improvements to Ontario's Health Care System must consider not only today's Patient, but consider the likely patient of tomorrow. This analysis not only calls for an OHES and a BHS, it demands it.

We can no longer adopt the practice of 'if we don't track it we don't have to act on it'. Ontario's health care system should be able to provide answers to questions such as: How many Black (African or Caribbean descent) men over the age of 40 participated in prostate screening (PSA or digital exam)? How many were referred for biopsy or to an urologist? What were the outcomes? Can we connect this information to geography, education, socioeconomic status, etc? Were these results similar to non-Black males? Not having the answers to this and hundreds of other similar health related questions weakens our health care system. This position is not only irresponsible it is unethical. Today, the Ontario Human Rights Commission is demanding publicly funded bodies to collect and report on data that identifies race to ensure equity and fairness in its practices. It is time our health care system does the same.

Implementing an Ontario Health Equity and Black Health Strategy is not as daunting as it may first appear. There are a number of primary health care facilities such as the Centre for Addiction and Mental Health, Mount Sinai Hospital, TAIBU Community Health Centre, and Women's Health in Women's Hands and others that already incorporate disaggregated health data collection and/or culturally appropriate health services. We are confident that these organizations and BHA would be willing partners in this work.

The timing is ripe for an OHES and BHS. It is in keeping with the recent provincial legislation permanently marking February as Black History Month in Ontario and Premier Kathleen Wynne's recent announcement of an Ontario Anti-Racism Directorate.

As the Ministry of Health and Long-Term Care embarks on primary health care reform, in particular Patients First, A Proposal to Strengthen Patient-Centred Health Care in Ontario, let's build on this plan, let's strengthen its capacity to deliver excellent health care for all Ontarians with An Ontario Health Equity and Black Health Strategy.

Black Health Alliance

Working in Partnership to Advance the
Health & Well-Being of the Black Community

Appendix A:
About the Black Health Alliance

The Black Health Alliance (BHA) is a registered Canadian charitable organization consisting of community organizations, health and social service professionals, and community members working in partnership to advance the health and well-being of the Black community.

The Black Health Alliance recognizes that Black (people of African descent) are over-represented among people with illness and disease such as hypertension, diabetes, certain cancers (breast and prostate), mental health related issues and HIV/AIDS. We acknowledge there are several factors beyond genetics that affect's someone's health and well-being. These factors are known as the social determinants of health and include: education/literacy, housing/safe shelter, employment/socio-economic status, poverty, healthy environments, environmental issues, racism and violence.

In direct response to these issues, the **Mission** of the Black Health Alliance is to: *reduce the racial disparities in health outcomes and promote health and wellbeing for people from the diverse Black communities in Canada with emphasis on the broad determinants of health, including racism*.

The Black Health Alliance engages in community based health research, health promotion and education, development of culturally competent programs, and public policy and best practices.

Black Health Alliance Member Organizations:

- Africans in Partnership Against AIDS
- Black Coalition for AIDS Prevention (Black CAP)
- Caribbean Chapter of the Canadian Diabetes Association
- Sickle Cell Association of Ontario
- Sickle Cell Awareness Group of Ontario
- Substance Abuse Program for African Canadian and Caribbean Youth (a program of CAMH)
- TAIBU Community Health Centre
- The Walnut Foundation
- Women's Health in Women's Hands.

Collectively, BHA, through its membership serves tens of thousands of individuals and families from the diverse Black communities in Ontario.

Appendix A (cont'd):
Black Health Alliance Achievements

Achievements

- Founded in 2000, the BHA vision was to create a unified voice among the various health organizations and agencies working for or on behalf of the Black community.
- In 2002 BHA's submission to the Commission on the Future of Health Care in Canada was one of but a few which not only made recommendations on creating an equitable, feasible and sustainable health care system, but also addressed racial disparities in health care and provided workable solutions.
- In 2005 BHA completed a significant community –based research project entitled, "How do Scarborough's Black Youth Access The Health Care System?" This report provided recommendations to health care planners, providers and policy makers to enhance the quality of life of Black youth in marginalized neighbourhoods. This report was selected for presentation at the 2007 Annual Ontario Public Health Association Conference.
- In 2005 BHA received its non-profit incorporation status.
- In 2006, BHA was approved funding by the Ontario Ministry of Health and Long-Term Care to establish a Community Health Centre (CHC) in Malvern – TAIBU (Kiswahili for "be in good health") CHC. .
- In June 2007 BHA produced its final report on the Community Engagement Project for TAIBU Community Health Centre. This report formed the basis of the centre's mission, vision, priority populations, services and programs. Today, TAIBU CHC is one of a few publicly funded institutions with a mandate to provide health services and programs for the Black community.
- BHA develops the Black Health Challenge, a culturally specific physical activity and nutrition education program. 2010 Pilot program funded in part by the Canadian Cancer Society.
- 2011 BHA collaboration on community based research: Assessing the breadth of research on African Canadian health: A scoping review on diabetes, cardiovascular disease and cancer.
- In 2012 BHA received its registration as a Canadian Charity.
- In 2012 BHA and TAIBU Community Health Centre (CHC) receive funding from the Ministry of Tourism, Culture and Sport to partner with Bramalee and Village Keepers to expand implementation of the Black Health Challenge in the GTA.
- 2013 Poster presentation of the Black Health Challenge Program at the Physical Activity Resource Centre Symposium.
- 2014 successful grant application for cervical and breast cancer project - in collaboration with professionals from St. Michaels' Hospital; TAIBU CHC; McMaster University Health Sciences Centre and Olive Branch of Hope. Funding from Women's College Hospital in Toronto.
- November 2015, A Sound Mind: Mental Health in the Black Community Forum. First of its kind, this forum generated open dialogue on the barriers, personal and systemic, that interfere with addressing mental illness in the Black community.

Appendix B:

Excellence in Health Care for ALL Ontarians:
An Ontario Health Equity and Black Health Strategy

Ontario's Health Care System at a Tipping Point

Faced with the challenge of an aging and increasingly diverse population, escalating chronic disease rates (diabetes, cancer, obesity, HIV and AIDS, hypertension, dementia), and health care costs that currently consume 46 cents of every Ontario tax dollar - the future of health care in Ontario is at stake. That leaves 54 cents in total to address challenges and issues in education, labour, transportation, children and youth services, community and social services, infrastructure and several other critical institutions and services.

Sadly, the most current health research data suggest Ontarians are not getting healthier over time. A study by the Ontario Medical Association revealed that between 1995 and 2005, the number of patients with diabetes increased by over 50%. And alarmingly, the number of patients 19 and younger with diabetes increased by 20%. Statistics also show that patients with hypertension, a condition affected by health habits, have nearly doubled from 8.7% to 16.4% during the same period of time.

In 2009, mental illnesses and addictions cost Ontario upwards of $29 billion in lost productivity, and in 2007-08, the province's health care system spent more than $2.5 billion on mental health and addiction services. The Ontario government spends over $2 billion on costs related to cancer care. An estimated 45% of males and 40% of females are likely to develop cancer in their lifetime. The economic burden of such illnesses from direct health care costs, disability and lost productivity is overwhelming.

The Problem with Health Disparities and the Future of Health Care in Ontario

Ontarians have come from every corner of the earth, to live in, work and build this province. Moreover, racialized populations are the fastest growing segment of Ontario's population through immigration, migration and birth rate. In an equitable and just society, Ontario's diversity is strength. However, there is growing evidence that health disparities exist and are increasing. This means that not ALL Ontarians are experiencing positive health outcomes, in fact racialized populations such as Black (people of African descent), Aboriginals, or South Asians bear a disproportionate impact of several chronic diseases.

A 2010 study in the Canadian Medical Association Journal which compared cardiovascular risk profiles among ethnic populations revealed substantial racial disparities in chronic health conditions. Particularly striking was the reality that diabetes rates in the Black and South Asian populations were roughly twice as high as for white people. Analysis of the same data also revealed that Black people had the highest rates of hypertension compared to South Asian, Chinese and white populations. Other studies have shown that cancer screening rates are lower for African Canadians compared to whites and that Black Canadians are more frequently diagnosed with some forms of cancer.

Other factors that impact health disparities include the social determinants of health. Research from the Canadian Institute of Advanced Research indicates the social determinants of health including the impact of racism, discrimination and poverty, account for 50% of one's health status.

Where inequities exist, Ontario's diversity is a mark of shame and at the same time, an opportunity for action.

Based on current chronic disease trends and projected future health care costs, amplified by the reality that the fastest growing segment of Ontario's population is also the population at greatest risk of developing the most debilitating and costly chronic diseases, it becomes vividly clear that without an aggressive Ontario Health Equity Strategy including a Black Health Strategy, it will be financially impossible to sustain an equitable and universal health care system in Ontario

Why do we need an Ontario Health Equity Strategy?

An Ontario Health Equity Strategy (OHES) recognizes the existence of health disparities and seeks to eliminate those disparities through efforts in comprehensive health data collection (focusing on disaggregated data that identifies racial factors and issues), dissemination and utilization, and culturally competent health promotion, clinical care, education and training. These priorities would fold into a coherent plan with public policy, institutional accountability and meaningful resource commitments. The OHES would function as the strategic and overarching framework through which all health policy, planning, implementation, research and evaluation takes place.

When we treat people EQUALLY we ignore differences
When we treat people EQUITABLY we respect differences and
Work to remove barriers to the provision of equitable treatment and care.

Why do we need a Black Health Strategy?

Black Canadians are the third largest visible minority community in Canada. The largest population of which, nearly half a million, live in Ontario comprising close to 20% of all visible minority people in the province.

Black Canadians experience worse health outcomes and are less likely to use services than many other groups. Social factors including poverty, unemployment, racism and discrimination increases the risk of illness and interferes with timely and equitable treatment. As a result, Black Canadians experience a high and disproportionate level of chronic health conditions such as high blood pressure, diabetes, HIV and AIDS, some common cancers, mental health problems and sickle cell disease. These lead to a significant burden on the community and the health and social care budget.

It has been demonstrated that improvements in health promotion, illness prevention and more equitable treatment can decrease the community burden of disease and the costs to the health and social care system. Action now will decrease the rates and impacts of these chronic diseases.

Lack of action will condemn a generation to higher rates of illness and decreased economic productivity.

~

Investing in the health of the Black population of Ontario is investing in the economy.

Whereas some initiatives of the OHES such as comprehensive health data collection will benefit all populations, a strategy specific to Ontarians of African descent is necessary to:

- Provide an understanding of the communities being served as well as the influences on individual health beliefs and behaviors.
- Devise strategies to identify and address barriers to accessing primary health care
- Create effective health promotion, program design, community capacity building and community based research
- Establish the scope and impact of social determinants of health disparities
- A Black Health Strategy is the necessary progression to incorporate and expand upon existing strategies and models such as the African Canadian Council on HIV and AIDS in Ontario, community health centres with specialized mandates like Women's Health in Women's Hands and TAIBU Community Health Centre, and the recent integration of Sickle Cell Anemia to new born screening.

Instituting an Ontario Health Equity Strategy including a Black Health Strategy will enable Ontario's Health Care System to:

- Reduce health care costs by providing improved health care to populations at greatest risk.
- Respond to Ontario's changing demographics – an increasingly diverse population.
- Provide health care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.
- Reduce disparities in health services and increase detection of high prevalence diseases in our community.
- Address inequitable access to primary health care
- Improve the overall health of Ontarians of African descent.

"It is more important to know what sort of a patient has a disease, than what sort of disease a patient has."
William Osler

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Black Health Alliance member organizations include African and Caribbean Diabetes Prevention and Heart Heath Initiative, Africans in Partnership Against AIDS, Black Coalition for AIDS Prevention (Black CAP), Caribbean Chapter of the Canadian Diabetes Association, Sickle Cell Association of Ontario, Sickle Cell Awareness Group of Ontario, Substance Abuse Program for African Canadian and Caribbean Youth (a program of CAMH), TAIBU Community Health Centre, The Walnut Foundation, Women's Health in Women's Hands.

Collectively, the Black Health Alliance, through its membership serves tens of thousands of individuals and families from the diverse Black communities in Ontario.

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Appendix C:

STATE OF HEALTH FOR PEOPLE OF AFRICAN DESCENT

FACT SHEET

Black Canadians comprise the third largest visible minority community in Canada. The largest population of Black Canadians, nearly half a million, live in Ontario. Ontario's Black population grew by 15% between 2001 and 2006. Ontario's Black community is comprised of Canadian-born Black people and immigrants of African descent.

Ontarians of African descent experience significant inequities in health outcomes and access to care. Social determinants of health, including the impact of racism, discrimination and poverty, account for 50% of one's health status.[1] These and other determinants such as housing, social exclusion, early childhood development and food insecurity also contribute to the high and disproportionate existence of chronic health conditions in our community.

The Ontario health care system carries a significant burden in relation to a number of chronic diseases and conditions that exist within racialized communities. The majority of Black Canadians with such conditions reside in Ontario and an analysis of the various aspects of health equity is required to support the development of a Province-wde Black Health Strategy.

Sickle Cell Disease (SCD)[2]

- Ontario has the largest number of carriers and individuals living with Sickle Cell Disease (SCD) with approximately 57.1% of all carriers residing in Ontario.
- Some immigrants to Ontario come from African countries with higher than 25% of their population as carriers and others from countries with 12% - 15% carrier status
- According to 2006 statistics, close to 110,000 Black people in Ontario are carriers[3]
- Since 2006, newborn screening is helping to identify new babies born in Ontario with SCD
- Annually, about 60 newborn babies are identified in Ontario with full blown SCD.[4]
- Other babies with the disease as well as adults will be immigrants to Ontario
- Between 2005 and 2007, a study carried out within the At-Risk population for SCD in the GTA showed that many carriers do not know their Sickle Cell status; hence they run the risk of parenting children with SCD.[5]
- Many family doctors in Ontario do not fully understand care and management of SCD and still think of it as tropical or Black disease

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[1] Canadian Institute for Advanced Research, Health Canada, 2002
[2] Submitted by the Sickle Cell Association of Ontario
[3] 2006 census of population; table adapted from power point presentation by Michael McKenzie, Statistics Canada
[4] Hospital for Sick Kids- Newborn Screening Program
[5] SCAGO's studies compiled between 2005-2007
[6] Statistics Canada, accessed 2013-11-15)
[7] Statistics Canada, accessed 2013-11-15

- Approximately 2/3 of the 1% annual growth in Canada's population is due to net migration; 20% of the Canadian population is now foreign-born[6]
- During the 2006-2011 period, some 653 000 new immigrants arrived in Ontario, representing approximately half of the total national influx. Of these, approximately 70% were from Asia, the Middle East or Africa, all regions where hemoglobinopathies are endemic[7]

SCD Carriers Comparison for 2006 by City

City	Black Pop	SCD Carriers	% of Total
Canada Total	696,800	104,520	100.0%
Toronto	328,820	49,323	47.2%
Montréal	157,100	23,565	22.5%
Ottawa-Gatineau	41,095	6,164	5.9%
Calgary	17,870	2,681	2.6%
Edmonton	17,015	2,552	2.4%
Vancouver	16,055	2,408	2.3%
Hamilton	13,610	2,042	2.0%
Winnipeg	12,125	1,819	1.7%
Halifax	10,725	1,609	1.5%
Kitchener-Waterloo	7,980	1,197	1.1%
London	6,580	987	0.9%
Quebéc City	4,405	661	0.6%
Other cities combined	63,420	9,513	9.1%

Source: Statistics Canada, 2006 Census of Population, Catalogue No. 97-564XCB2006009 (M .McKenzie, March 2011)

HIV and AIDS[6]

- An estimated 26,627 people are living with HIV in Ontario, of these 4,878 are Black, representing 18% of those infected.[7]
- Approximately 62.1% of the Black population in Canada resides in Ontario, the proportion of AIDS cases for the HIV-endemic exposure subcategory is approximately 36.1%.[8]
- 29% of people newly diagnosed with HIV in Ontario are Black
- Of Black people living with HIV in Ontario, about 60% are men and 40% are women.
- Only 56% of Black people in Ontario with HIV have been diagnosed.
- Between 2009 and 2010 HIV diagnoses among Black people in Ontario increased by 20%
- In 2010 HIV testing in the Black community decreased.
- In 2009, almost 50% of women diagnosed with HIV in Ontario were Black
- 77.5% of HIV diagnoses among Black people in Ontario were in Toronto (58.8%) and Ottawa (18.7%)
- Of Black people diagnosed with HIV in Ontario 1 in 10 are gay or bisexual men.

[6] Submitted by the Black Coalition for AIDS Prevention (Black CAP) and the African Caribbean Council on HIV/AIDS in Ontario (ACCHO)
[7] OHEMU
[8] Population-Specific HIV/AIDS Status Report – People from Countries where HIV is Endemic, Public Health Agency of Canada, 2009

Diabetes

- Diabetes rates are almost twice as high in Black and South Asian people at 8.5% and 8.1% versus Chinese and White 4.3% and 4.2%.[9]

Heart Disease, Stroke and Hypertension[10]

- Black people have the highest rates of hypertension at 19.8% compared to hypertension rates among white population at 13.7%.[11]
- Black people are up to three times more likely than Caucasians to have high blood pressure.
- 11.1% of Black people report having two or more major risk factors for cardiovascular disease, more than Chinese, South Asian or Caucasians.[12]
- Black females have a higher prevalence of obesity, diabetes, hypertension and heart disease than Black males.
- Stroke may occur at an earlier age, on average, among Black males compared to other racial groups.

Cancer

- Cancer screening rates are lower for African Canadians compared to white people and Black Canadians are more frequently diagnosed with some forms of cancer.
- The incidence of prostate cancer is especially high in men of African descent.[13]
- Black females who were born in Canada or lived in Canada for at least 15 years were 3 to 4 times more likely to smoke than their recent immigrant counterparts.[14]
- Black men have the highest incidence and mortality rates of prostate cancer when compared to Whites, Hispanics and Asians
- 25,000 men are diagnosed with prostate cancer per year and there are approximately 5,000 deaths from Prostate Cancer each year
- Black women are less likely to develop breast cancer but are more likely to die from breast cancer than White women.

Black Women and Health

- Racism is recognized as overarching determinant of access and quality of healthcare for Black Women and Women of Colour. Individual and systemic experiences of racism can have a pervasive and devastating impact on population health and well-being.
- Research indicates that impediments to receiving adequate and effective health care are intensified when women are also facing barriers linked to homelessness/underhousing.

[9] Chiu et al, 2010. "Comparison of cardiovascular risk profiles among ethnic groups using population health surveys between 1996 and 2007." CMAJ
[10] Submitted by the Heart and Stroke Foundation of Ontario
[11] Heart and Stroke Association of Ontario
[12] Chiu et al, 2010. "Comparison of cardiovascular risk profiles among ethnic groups using population health surveys between 1996 and 2007." CMAJ
[12] Insight On Cancer, Cancer Care Ontario 2003
[14] Chiu, M et al. (2011) Cardiovascular risk factor profiles of recent immigrants vs. long-term residents of Ontario: multi-ethic study.

- Black Women and Women of Colour with disabilities report that accessing health care is often problematic because they face several barriers.
- Black women report multiple barriers to health care access, including financial barriers created by travel expenses, user fees, long distances to health care, wait times for services, competing family demands, work demands and other obligations that prevented accessing services when they were available (29.3%)

Social Determinants

- 32.9% of Black people live at or below the Low Income Cut Off (LICO)[15].
- According to Heritage Canada's Ethnic Diversity Survey, in 2003, 33% of racialized workers overall and 51% of Black workers experienced racial discrimination in employment.[16]
- In Ontario, Black suspects are 5.5 times more likely to be killed or seriously injured from police use of force than White suspects, and they are 10 times more likely to be shot by police.[17]
- Many racialized students experience discrimination and alienation in elementary and secondary schools as well as in colleges and universities. Black students are disproportionately placed in basic non-academic level and special needs program.[18]
- People from the Black community face discriminatory treatment when seeking to rent housing in Ontario.[19]

Mental Health

- Mental illnesses account for more disability payments than any other group of illnesses. The estimated cost of mental health problems is 51 Billion a year in Canada
- Developing mental health services to meet the needs of a diverse community is a common issue for high-income countries.[20]
- There is a need for more research because studies to date in Ontario, Quebec, Nova Scotia and internationally point to a cause for concern.
- Increased rates of depression, anxiety and psychosis are linked to social determinants of health and racism experienced by the Black population of Ontario.[21,22]
- Refugee populations have increased rates of anxiety, depression and post-traumatic stress disorders.[23]
- Increased rates of interactions with the police and prisons may be linked to poorly treated mental illness.[22,24]

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[15] 2006 Canada Census
[16] Understanding the Racialization of Poverty in Ontario, 2007
[17] Understanding the Racialization of Poverty in Ontario, 2007
[18] Understanding the Racialization of Poverty in Ontario, 2007
[19] http://www.ohrc.on.ca/en/resources/Policies/housing?page=Policy-V_.html
[20] Out of the Shadows at last. Kirby Commission Canadian Senate 2005
[21] Pascoe and Richman, Psychological Bulletin 2009
[22] Mental Health Commission of Canada 2010
[23] Hansson et al Canadian Journal of Psychiatry, in press
[24] Flora et al Canadian Journal of Psychiatry, submitted
[25] Cantor Graae and Selten American Journal of Psychiatry 2005
[26] Archie Schizophrenia Bulletin 2010
[27] Kirmayer et al Canadian Journal of Psychiatry 2007
[28] Sainsbury Centre for Mental Health 2006

- Black migrants have 4-5 times the risk of being diagnosed with schizophrenia.[25]
- Early treatment produces best outcomes for psychosis but on average it takes 87 weeks from the time of first symptoms for a black person in Ontario get proper help. It takes someone who is white over half a year less to get treatment.[26]
- Black people in Canada are 4 times less likely to use mental health care than Canadian born whites.[27]
- In the UK they spend 38% more on mental health care for a patient of African and Caribbean origin than other groups because the system does not offer easy, early access to culturally sensitive care.[28]

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