



# Health Equity Advocacy

*Through Community Mobilization & Solidarity*

A CBRCanada Webinar & Live Discussion

Presented by Dr. Ameil J. Joseph

**February 2, 2023 12pm-2pm ET**



Community-Based Research Canada  
Recherche partenariale du Canada



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[www.communityresearchcanada.ca](http://www.communityresearchcanada.ca)



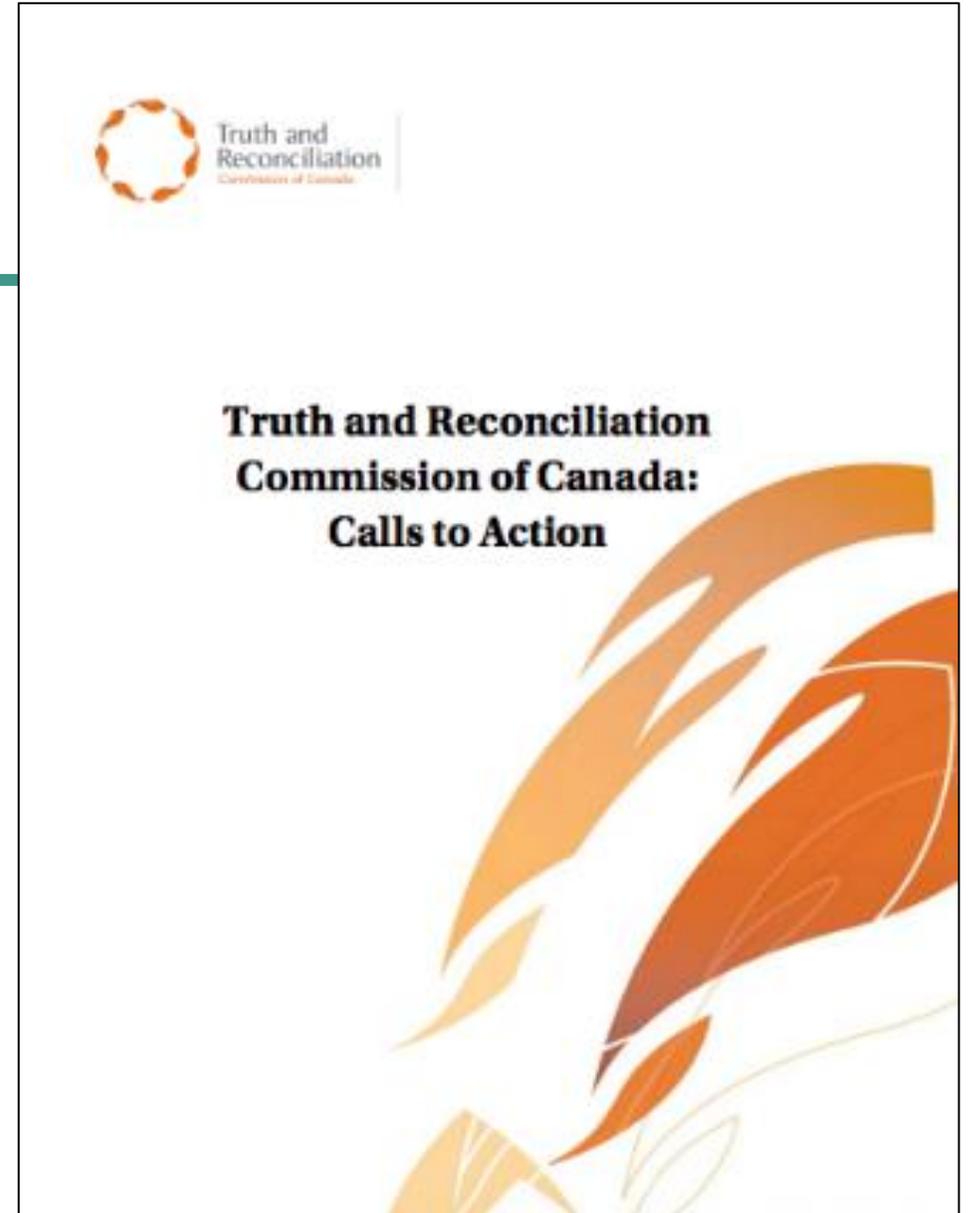
@CbrcResearch



Community Based Research Canada

# Call to Action #19

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities



# Agenda

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## Opening



## Webinar

Presentation

Q&A period



## Live Discussion

Breakout rooms

Large group  
debrief



## Closing

# Presenter

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**Dr. Ameil J. Joseph**

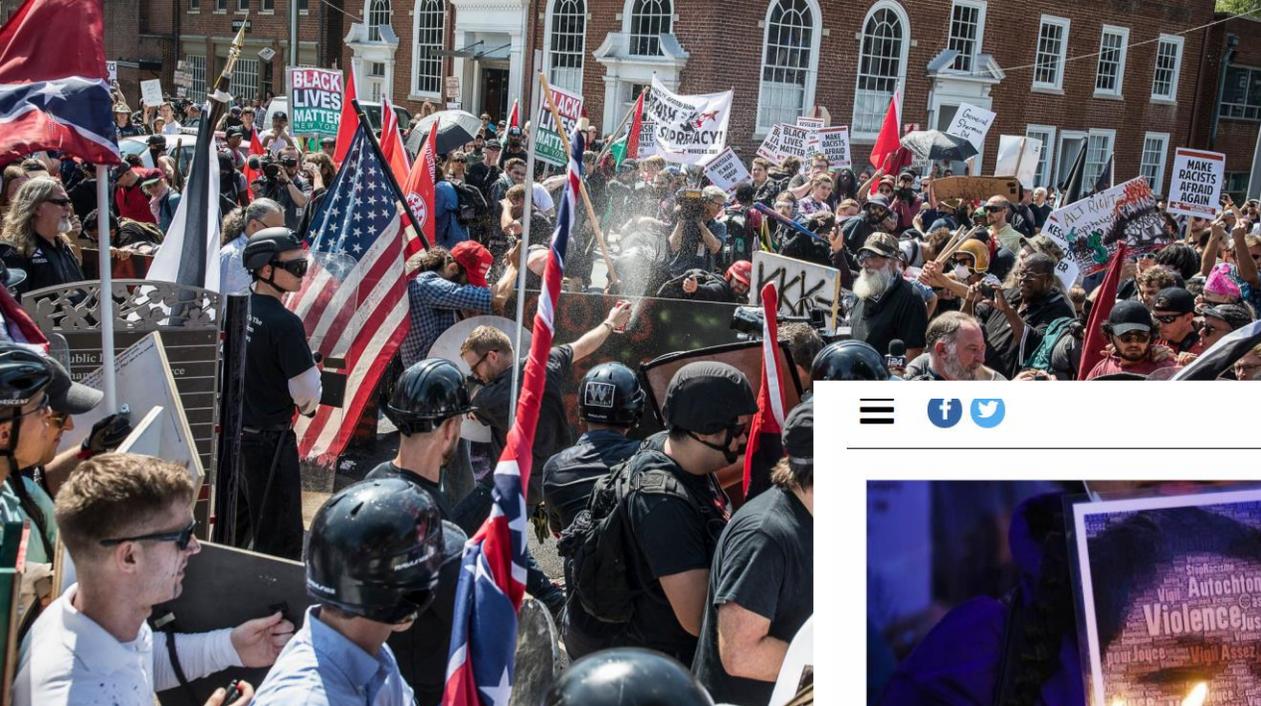
MSW, RSW, PhD. (He/Him)

Associate Professor, School of Social Work, McMaster  
University

Academic Director, Community Engaged Research and  
Relationships

# Health Equity Advocacy through Community Mobilization and Solidarity

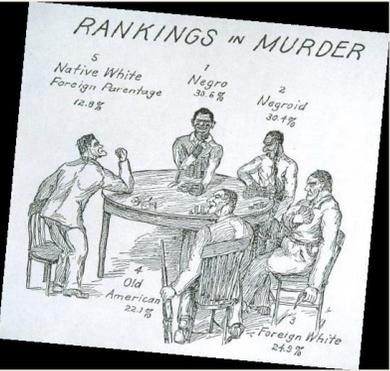
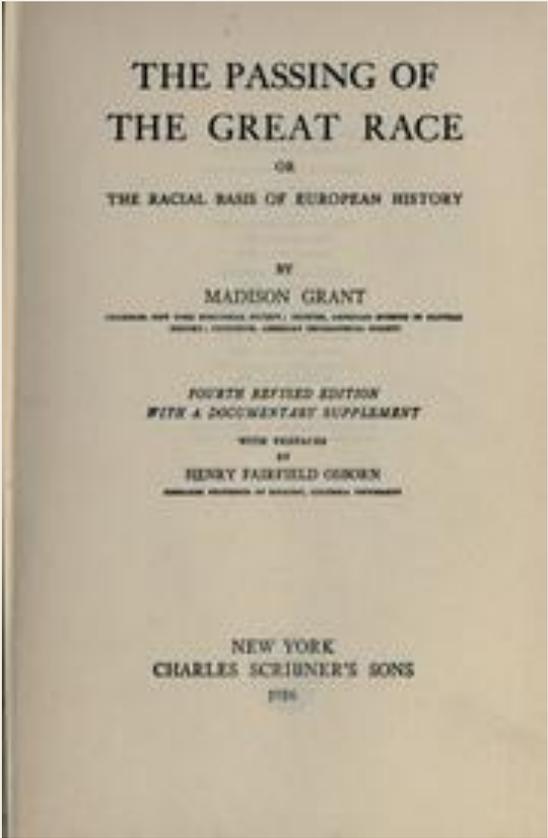
Ameil J. Joseph MSW, RSW, Ph.D.  
Associate Professor  
School of Social work, McMaster University  
Hamilton, Ontario, Canada



### COAST MOUNTAIN NEWS



# The idea of race- infused in society through racism, embedded in policy, practice, law...



Assaultive and belligerent? Cooperation often begins with **HALDOL** (haloperidol) a first choice for starting therapy.

Usually lessens patients' irritability, anger, and response to stimuli.

Reduces risk of serious adverse reactions.

Acts promptly to control aggressive, assaultive behavior.

**Eugenics Congress Announcement**  
Number 1. History and Purpose of the Congress.

**EUGENICS**

EUGENICS IS THE SELF DIRECTION OF HUMAN EVOLUTION.

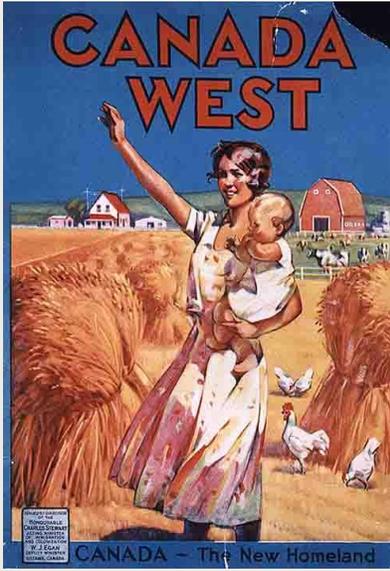
LIKE A TREE EUGENICS DRAWS ITS MATERIALS FROM MANY SOURCES AND ORGANIZES THEM INTO AN HARMONIOUS ENTITY.

GENETICS, ANTHROPOLOGY, PSYCHOLOGY, PHYSIOLOGY, SOCIOLOGY, ETHNOLOGY, LINGUISTICS, GEOGRAPHY, HISTORY, POLITICAL SCIENCE, ECONOMICS, EDUCATION, MEDICINE, LAW, CRIMINOLOGY, PSYCHIATRY, AND OTHERS.

**NEGROID SANE CRIMINALS AND NEGROID CIVIL INSANE**  
SIGNS OF METIC DIFFERENCES

**CRIMINAL**

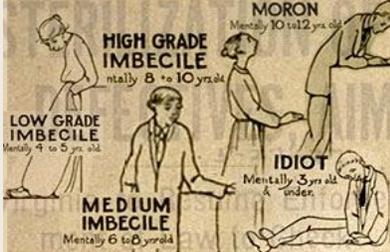
- Dark hair
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- Dark hair on neck of feces
- Dark hair on neck of menstruation
- Dark hair on neck of lactation
- Dark hair on neck of childbirth
- Dark hair on neck of nursing
- Dark hair on neck of aging
- Dark hair on neck of death



**CHINESE?**  
NO! NO! NO!

Come to 10th and A Streets at 7:30 Monday evening and express your opinion on the Chinese question.

SHALL WE HAVE  
**CHINESE**  
NO! NO! NO!



# Hamilton

## Hamilton ranks second highest for hate crimes in Canada — again

Numbers are just a “snapshot” of hate incidents, police say

NEWS Jun 14, 2017 by Nicole O'Reilly Hamilton Spectator

## Carding in Hamilton: 5 things we learned

Police report showed black people are disproportionately subject to street checks/carding

By Kelly Bennett, CBC News Posted: Jul 25, 2015 7:27 AM ET | Last Updated: Jul 25, 2015 7:27 AM ET



the star . com

News · Crime

### Black city councillor says Hamilton police 'carded' him

City's first black councillor, Matthew Green, says he was questioned in a "hostile" interaction while waiting for a bus.

## Arson at Hamilton mosque was planned as a hate crime say police

Search warrants reveal enough evidence for police to label arson as a hate crime

By Dave Beatty, CBC News Posted: Sep 21, 2016 11:24 AM ET | Last Updated: May 11, 2017 1:54 PM ET

# Hamilton



A NORTH-SIDE VIEW OF SLAVERY.

**THE REFUGEE:**

OR THE

NARRATIVES OF FUGITIVE SLAVES IN CANADA.

RELATED BY THEMSELVES,

WITH

AN ACCOUNT OF THE HISTORY AND CONDITION OF THE COLORED POPULATION OF UPPER CANADA.

BY

BENJAMIN DREW.

BOSTON:

PUBLISHED BY JOHN P. JEWETT AND COMPANY.

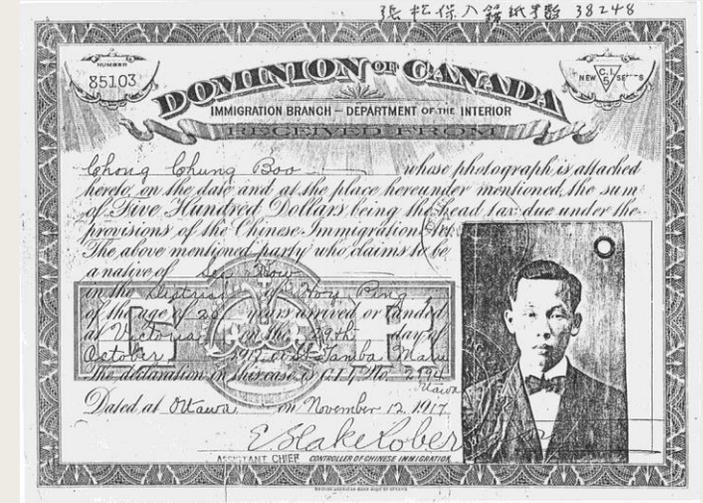
CLEVELAND, OHIO:

JEWETT, PROCTOR AND WORTHINGTON.

NEW YORK: SHELDON, LAMPORT AND BLAKEMAN.

LONDON: TRÜBNER AND CO.

1856.



860

**FUGITIVE SLAVES  
IN CANADA.**

**THE ELGIN SETTLEMENT.**

THERE WILL BE A PUBLIC MEETING IN  
**FREE SOUTH LEITH CHURCH,**  
ON  
THURSDAY EVENING NEXT, AT 7 O'CLOCK,  
TO HEAR STATEMENTS FROM  
**THE REV. WILLIAM KING,**  
formerly a Slave Owner in Louisiana, United States, and  
**WILLIAM H. DAY, ESQ., M.A.,**  
A Deputation from Canada, whither the Thirty Thousand have fled, escaping  
From American Slavery.

The Rev. WILLIAM KING liberated his own Slaves, and in this respect  
is mentioned in Mrs Harriet Beecher Stowe's work, "Dred," as "Clayton."  
As this is a work of general benevolence—simply to give the Bible to  
those in Canada who have heretofore been deprived of it—it is hoped that  
there will be a large attendance at the Meeting.

London, 25th November 1850. Printed & Sold by W. G. & Co., 15, Abchurch Lane, London.



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Canada's South Asian community facing a higher risk of COVID-19  
15 days ago | 2:18

**Canada's South Asian community facing a higher risk of COVID-19**

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Hamilton

**People of colour make up roughly 50% of Hamilton's COVID-19 cases: report**

f t e r in

People of colour, low-income residents, health-care workers and women more likely to get COVID-19

 Bobby Hristova · CBC News · Posted: Oct 15, 2020 9:39 AM ET | Last Updated: October 15

-1 °C | TUESDAY, DECEMBER 1, 2020

**toronto.com**

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Home / News / Racialized People Make Up 79 Per Cent Of...

**Racialized people make up 79 per cent of COVID-19 cases in Toronto, city says**

Black people make up 24 per cent of coronavirus infections

NEWS NOV 06, 2020 | BY DOMINIK KUREK | TORONTO.COM

CBC | MENU

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Indigenous

**Investigation finds widespread racism and discrimination against Indigenous peoples in B.C. health-care system**

f t e r in

84% of Indigenous people who took part in investigation reported discrimination in system

[Chantelle Bellrichard](#) · CBC News · Posted: Nov 30, 2020 10:00 AM ET | Last Updated: 8 hours ago

# Racism in healthcare is a pervasive issue in Canada:



**MACLEAN'S**

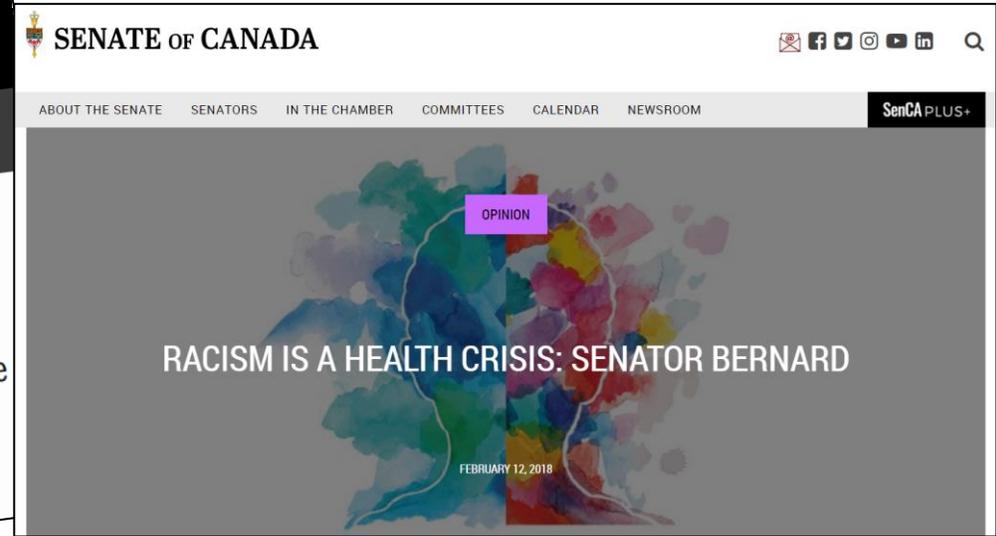
AUTHORS ▾ WATCH OUR VIDEOS EDUCATION HUB THE ARCHIVE NEWSLETTERS CONTACT US

**SOCIETY**

## How racism impacts your health

Opinion: Health impacts related to racism interrupt narratives of the 'disadvantaged,' the 'poor,' the 'lazy' and the 'needy'

by Roberta K. Timothy, York University Mar 1, 2018



SENATE OF CANADA

ABOUT THE SENATE SENATORS IN THE CHAMBER COMMITTEES CALENDAR NEWSROOM SenCA PLUS+

OPINION

## RACISM IS A HEALTH CRISIS: SENATOR BERNARD

FEBRUARY 12, 2018



CBC | MENU ▾

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North

## People 'dying unnecessarily' because of racial bias in Canada's health-care system, researcher says

[f](#) [t](#) [r](#) [in](#) [e](#)

N.W.T. Health Minister Glen Abernethy says department plans cultural sensitivity training

Emily Blake · CBC News · Posted: Jul 03, 2018 8:34 AM CT | Last Updated: July 3, 2018



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[White Coat, Black Art](#)

## 'It's the hardest conversation we can have': Confronting racism in health care

[f](#) [t](#) [r](#) [in](#) [e](#)

CBC Radio · February 23, 2018

Hamilton

## People of colour make up roughly 50% of Hamilton's COVID-19 cases: report



People of colour, low-income residents, health-care workers and women more likely to get COVID-19



Bobby Hristova · CBC News · Posted: Oct 15, 2020 9:39 AM ET | Last Updated: October 15, 2020



Hamilton released new COVID-19 data that shows who has been hit hardest. (CBC/Radio-Canada)

Hamilton

## City to consider tracking race-based COVID-19 data after calls from experts



The city said the data does not include race, gender or income, but will consider tracking it in the future



Bobby Hristova · CBC News · Posted: May 05, 2020 5:55 PM ET | Last Updated: May 6, 2020



School of Social Work    Kenneth Taylor Hall, 309    Phone 905.525.9140  
1280 Main Street West    Ext. 23795  
Hamilton ON Canada    Fax 905.577.4667  
L8S 4M4    Email [ssw@mcmaster.ca](mailto:ssw@mcmaster.ca)  
<http://www.socialwork.mcmaster.ca>

May 14, 2020

Dr. Elizabeth Richardson, Medical Officer of Health  
110 King Street West, 2nd Flr  
Hamilton ON L8P 4S6

Thank you for your leadership during this difficult time as we all do our part to respond to COVID-19. We are grateful to hear that City of Hamilton- Public Health Services has agreed to begin to collect race-based and possibly other equity/sociodemographic data.

The ethics, methods, processes and analyses of race-based and equity data are complex, specialized areas of knowledge, practice and expertise. Much of this knowledge is understood by leaders and researchers in Hamilton. We the undersigned strongly recommend that the collection and analysis of race-based data, including the processes and methods of collection be developed collaboratively with local leaders and experts who do anti-racism work, research and analysis.

We also strongly recommend the establishment of an equity data advisory committee for Hamilton Public Health to include those who have been and currently are engaged with anti-racism work, and researchers with experience ethically collecting and analyzing race-based data while considering other demographics and intersections. We believe this necessary structural intervention will support a responsive, engaged, inclusive and accountable approach that will improve the quality of analysis and its impact on care in Hamilton.

Thank you for your consideration.

Sincerely,

**Ameil J. Joseph, MSW, RSW, Ph.D.**  
Associate Professor, School of Social Work

**Kojo Damperty , B.Eng, MA**  
Hamilton Centre for Civic Inclusion (Interim Executive Director)

**Madeleine Verhovsek, MD, FRCPC**  
Associate Professor, McMaster University

**Meredith Vanstone, PhD**  
Associate Professor, McMaster University

**Gita Wahi, MD, MSc, FRCPC**  
Associate Professor, Department of Pediatrics  
McMaster University

Danielle Penney, BSc.  
HCCI Volunteer & Concerned Community Member

Melissa Govindaraju, MD  
Resident Physician, McMaster University

**Stacey Marjerrison, MD, MSc, FRCPC**  
Associate Professor, McMaster University

**THE CONVERSATION**  
Academic rigour, journalistic flair

Search analysis, research, academics...

COVID-19 Arts Business + Economy Culture + Society Education Environment + Energy Health Politics Science + Technology En français



## Race-based COVID-19 data may be used to discriminate against racialized communities

September 14, 2020 4:52pm EDT

Calls for more race-based data fail to consider the many risks associated with collecting it. [Lolita Vaitkevich](#)

For some, the current demands for race-based data reflect a desire to ensure the experiences of anti-Black discrimination in Canada during the pandemic are not denied or erased. But there are other more powerful forces clamouring for Canada's race-based data, and the well-being of Black communities is not at the top of their minds.

**Author**  
 **Llana James**  
PhD Candidate, Faculty of Medicine, University of Toronto

[Disclosure statement](#)

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**Canadian DIMENSION**

COVID-19 CANADIAN POLITICS INTERNATIONAL POLITICS ENVIRONMENT LABOUR MEDIA LAW ECONOMY/COMMERCE ARTS MORE

## Equity data as an ethical necessity: Understanding the viral confluence of injustice through COVID-19

Amel Kooze / June 16, 2020



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- [Canada should release More Wastech... and raise an independent health policy](#)
- [Disparities in access to Black and health care worsened by government's COVID-19 response](#)
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- [Canadian coronavirus: How to stay in Mexico while there?](#)
- [New report of reproductive MMs are challenging Canada's doctor-referential](#)

The outbreak map dashboard showing statistics on the number of confirmed COVID-19 cases in the United States during a briefing from Johns Hopkins University on Capitol Hill on March 8, 2020 in Washington, DC. Photo by Samuel Corcoran.

Facebook Twitter

Conversations about equity data have always been about matters of life and death.

In health matters and epidemiological studies, equity data such as race or ethnicity are not regularly maintained. Although COVID-19 has officially claimed the lives of over 8,000 Canadians (and infected nearly 500,000) to date, the federal government has been reluctant to record equity data on the victims of the virus.

In the context of the pandemic, these conversations have [gained more](#) of these in the mainstream, some of whom who have never had to live under the persistent threat of, or proximity to, the heightened possibility of death brought by inequality.

The conversations happening on equity data, however, do not render transparent any sort of emergency on why it is necessary, or why demands for equity continue to be a radical constraint.

Equity data is a site of struggle. Its meaning to forget through a [complexity of government](#) about our understanding of injustice.

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**OPINION**

## Data or politics? Why the answer still remains political

**RINALDO WALCOTT**  
THE GLOBE AND MAIL  
PUBLISHED NOVEMBER 12, 2020  
UPDATED NOVEMBER 17, 2020

**TRENDING**

1 Retired general urges rejection of Chinese takeover of Arctic gold mine

**COVID CONVERSATIONS**  
Join the Discussion

07.22.2020  
2:30pm - 3:30pm EST

07.23.2020  
2:30pm - 3:30pm EST

07.24.2020  
2:30pm - 3:30pm EST

**Program**

This series focuses on the relationship between health care data, Big Tech and privatization, and explores the implications for patient privacy, safety and equity in Ontario and Canada.

**Registration**

A **DEDEBLACKLIVES** Initiative

There are indeed some truths about calls for race-based data, but there are many half-truths too. Evidence is important and few would dismiss evidence as unnecessary, however race-based data can quite frankly slow down reform. In that context, “doing the research,” when a problem is already identified and its solutions known, means that the collection of race-based data does not actually add much to policymaking. In fact, in some cases, it can do more harm than good. Race-based data collection, as currently articulated, is a response to a set of political concerns masquerading as if it is the answer.

Prof. Rinaldo Walcott

Personal information, including health data, must be protected whether it is identifiable, de-identified or anonymized. Laws, regulation, policies and substantive enforceable penalties are the minimum pre-conditions that must be in place before more race-based data is collected and circulated.

Llana James

Demands for equity data are always at risk of being reduced to statistics connected to ideas about impartiality or objectivity about race, which undermine our appreciations of race, racism and racialization as socially, historically, and politically constituted. There is also the risk of limiting the understanding of lived experience as mere points of data, perpetuating the risks of being used for quotas or tokenism or to advance racist scientific ideas that falsely equate race with genetic variation.

Ameil Joseph

Terms of Reference Draft

1) July 30, 2020

draft 2) revised August 20, 2020

1) Name: Hamilton Public Health Equity Data Community Advisory Committee (HPH-EDCAC), hereby known as the committee or HPH-EDCAC.

2) Purpose and values

- A. The ethics, methods, processes and analyses of race-based and equity data are complex, specialized areas of knowledge, practice and expertise. Much of this knowledge is understood by leaders and researchers in Hamilton. The HPH-EDCAC aims to provide advice and recommendations to Hamilton Public Health on the collection and analysis of race-based and equity data including the processes and methods of collection. This group values collaborative approaches] to the development of tools and methods, the implementation of equity data initiatives, the use of community consultation and the respectful dissemination of information with local leaders and experts who do anti-racism work, research and analysis.
- B. We believe this necessary structural intervention will support a responsive, engaged, inclusive and accountable approach that will improve the quality of analysis and its impact on care in Hamilton.
- C. We believe in the need for people to be involved in how they are identified, how they are described and analyzed, to allow for transparent data collection and analysis
- D. We believe that community feedback, insight, and analysis need to be empowered with the authorities to effect change.
- E. We believe equity should be considered at every stage of work and engagement.

3) Goals/Deliverables

- A. HPH-EDCAC will provide advice, feedback, and recommendations as well as take on relevant independent research projects or items brought to us by Hamilton Public Health related to matters of health equity data ownership/control/access/possession.<sup>1</sup>

<sup>1</sup> This is in line with the concepts of Ownership, Control, Access and Possession OCAP™ which is a registered trade mark with the First Nations Information Governance Centre, see <https://fnigc.ca/ocap> that also attends to these social, political, historical and ethical concerns.

- B. Plan and support research activities that address social determinants of health related to COVID-19 illness, such as gender, race, and poverty to facilitate translation of new knowledge that could inform policies and practices.
- C. HPH-EDCAC commits to the research and development of methodological/ethical guidance/review resources for health equity data collection for Hamilton Public Health, the Province of Ontario and for broader dissemination possibilities
- D. HPH-EDCAC aims to explore and compile existing knowledge, initiatives and resources on health equity data existing ownership/control/access/possession

4) Time frame/Schedule

- A. The HPH-EDCAC will meet once per month and will establish specific timeframes for relevant workplans and projects at monthly meeting to be approved by the committee
- B. Requests for data access or use will be considered at these monthly meetings; urgent requests will be considered by the group on an ad-hoc basis when they arise.

5) Authority/Decision Making

- A. Where possible the committee will aim to make decisions by consensus.
- B. Where consensus is not possible, decisions will be made via vote, where ¾ of voting members must agree to pass a resolution or make a decision.
- C. The HPH-EDCAC will have final authority on decisions of general requests of access, control, or possession except in cases where an individual or community requests access to their own data. In this instance, the principle of community ownership, control, access and provision is prioritized.
- D. Where an urgent decision must be made, vote by email may be used. ¾ of voting members must agree to pass a resolution or make a decision.

6) Scope or Jurisdiction

- A. The HPH-EDCAC will provide advice and recommendations to Hamilton Public Health on the collection and analysis of race-based and equity data including the processes and methods of collection.
- B. The research projects arising from this work, may have broader application implications for other public health jurisdictions.

7) Size, Composition, Membership

- A. This committee formed from a collaborative advocacy initiative involving people from Social Work, Medicine and Nursing at McMaster University in collaboration with Hamilton community health equity leaders.
- B. The committee will typically consist of 12 members, including 2 co-chairs, one co-chair from the Hamilton community, involved in health equity work and one co-chair from a relevant academic field, related to health equity as approved by the committee.
- C. 9 of the members will be comprised of those who represent the values within this work. The membership include:
  - 1. Valuing the lived experienced of equity seeking groups including but not limited to Black, Indigenous and People of colour, members of 2SLGBTQ+ communities, person living with disabilities or with lived experiences of mental health issues/distress/illness, women and those who identify as women, with attention to health across the lifecourse, as well as health service users.
  - 2. Valuing the knowledge of health equity professional academics who have demonstrated commitments and contributions to health equity research, methodologies, analysis and a commitment to equitable and ethical community health
- D. 3 of the members will be ex-officio members from Hamilton Public Health.
- E. Members sit for two year terms, renewable twice (maximum 6 years).
- F. A call for new members will be distributed and advertised where terms are concluding or vacancies arise. New members will be approved by the committee.
- G. Any adjustments to the membership must be approved by the committee.

8) Meeting and Records

- A. Meetings will be held once per month. Additional meetings for work/projects arising will be scheduled as per committee member availability as required and approved by the committee.
- B. Meetings will commence when there is a quorum of ¾ of members in attendance/present for the meeting.
- C. Agendas and meeting minutes will be publicly available, posted online. Where it does not compromise confidentiality of individuals contributing health data, meeting materials will also be publicly available.
- D. A more detailed set of confidential minutes may be generated at each meeting and made available to the committee.

9) Resources and Budget

- A. Hamilton Public Health will provide financial resources to provide a \$50/hour honorarium to committee members where no conflict of interest have been identified and declared.

- B. Hamilton Public Health will provide financial resources to cover eligible expenses for members to participate in the work of the committee including childcare expenses, travel or other expenses deemed necessary to participate.
- C. Committee members with a professional or salaried role will be given the option to redirect the honorarium to a committee approved beneficiary when their role produces a conflict.
- D. Hamilton Public Health will provide a resource person to assist with the administration requirement of the committee including the recording of minutes, booking meetings, sending out the agenda, posting meeting minutes publicly.
- E. The committee is permitted to apply to research funding opportunities to fund relevant research projects as approved by the committee.

10) Enabling and Constraining Factors (existing policy/law)

- a. Ontario Health Data Platform, when developed, may have policies which influence and potentially duplicate, expand, or restrict similar efforts.

# Hamilton Public Health Equity Data Community Advisory Committee (HPH-EDCAC)

## BIPOC committee says it feels 'erased' after efforts to work with Hamilton Public Health



The group highlighted multiple issues about public health approach but never got credit



[Bobby Hristova](#) · CBC News · Posted: Oct 23, 2020 1:23 PM ET | Last Updated: October 23, 2020



A group that formed to give Hamilton Public Health Services input on race-based data collection says the city has brushed it off. Dealing with the COVID-19 pandemic is, from left, emergency operations manager Paul Johnson, Mayor Fred Eisenberger, and Elizabeth Richardson, local medical officer of health. (Bobby Hristova/CBC)

# Data & Sovereignty:

## Resisting Colonial Logics For Racial Justice

Panel & Discussion

Thursday, December 3,  
2020  
2pm-4pm

**Presentations:**

**Gikendamawin e-aabadak – use of information: an Indigenous perspective on data sovereignty**  
Bernice Downey, Ph.D. Assistant Professor, School of Nursing/Department of Psychiatry and Neuro-Behavioural Sciences, Director, McMaster Indigenous Research Institute

**Addressing hate/hate Crimes/hate incidents through communal frameworks**  
Kojo Dampney, Hamilton Centre for Civic Inclusion (Executive Director)

**Data colonialism and plantation logics in social services, and public health**  
Amell Joseph, Ph.D. Associate Professor, School of Social Work McMaster University

**KEYNOTE:**  
**Data, deception and dispossession: Breaking the cycle of colonization and racial capitalism in Canada's public health & health care systems**  
Llana James, Ph.D.(Cand), Faculty of Medicine, University of Toronto, <https://rede4blacklives.com/>

**This event is supported by:**

- The McMaster Institute for Health Equity
- The Lewis and Ruth Sherman Centre for Digital Scholarship
- The McMaster Indigenous Research Institute



Llana James



Kojo Dampney



Bernice Downey



Amell Joseph

**Event Description:**

Recent attentions to the collection, use, dissemination, ownership, and impacts of demographic data have convened several historical contradictions, resurfacing the contours of the false promise of equity from quantitative data collection. COVID-19 has positioned a number of initiatives that claim to address injustice and inequities in health or elsewhere though data collection often without the needs of those mined for data at the centre of these conversations. Regularly, these data are on or about Black, First Nations, Métis, Inuit, Latinx, Asian, South Asian, Caribbean, and other non-white groups, people living with mental health issues, disabilities, those who are houseless or underhoused, low-income, people living with substance use needs, and 2SLGBTQ+ populations while also collecting information on gender. These initiatives that collect and do not deliver have not gone uncontested.

**BRIGHTER WORLD** | [mcmaster.ca](https://mcmaster.ca)



Register online at: <https://u.mcmaster.ca/data-and-sovereignty>

April 5, 2021

Dear Hamilton Vaccine Readiness Network, and Hamilton Public Health,

I joined the Hamilton Vaccine Readiness Network in December of 2020 upon an invitation from allies in the community to share my knowledge, experience and expertise. I was told that this network of health leaders had been called together to share information, perspectives and analysis with Hamilton Public Health to inform how the COVID-19 vaccination program might better attend to marginalized groups, and too often overlooked contexts and conditions. I participated in several meetings with the network and also joined a subgroup that met with the network leaders to speak to issues of systemic racism, outreach to marginalized groups and local contexts. The network has done some important work, including helping to develop the public information about vaccines and vaccinations, as well as helping to redraft plans and priorities to try to more adequately address systemic inequities.

In the larger group, when I spoke to issues of systemic racism, I felt that there was an acknowledgment of these issues and how they have and continue to shape the health circumstances and outcomes of racialized groups. Some of the network members, myself included, spoke about people with disabilities, mental health needs, as also impacted by the historical and contemporary contexts of systemic inequity that render these group vulnerable to harm in that continues in this pandemic. We also talked about essential workers, and teachers as in need of prioritization.

We spoke about the need to collect demographic data and information on social determinants of health (housing, income, education, healthcare, etc.) to continue to attend to how, where, when, and why we might be advancing historical inequities through the current work. We were told that Hamilton Public Health stopped collecting this data. We were told that the inadequacy of the provincial reporting system was the reason. We were told that there was not yet enough vaccine to change the priorities and the power to do so was with the province.

In the subgroup, we suggested mapping cases, so that everyone might see, based on the data we do have, the inequities that are impacting racialized groups via neighborhoods, income, etc. so as to add some empirical representation to the context that we had previously raised and that had been shared publicly and widely. That context being the disproportionate ways COVID-19 was impacting racialized people. This is not new knowledge. We know that we do not need more data to prove systemic racism is a reality. We do however need to collect data to trace how and where it operates so that we can take action to eliminate it in every facet of our lives and work.

The maps were prepared and shared with the subgroup, we provided feedback on the language being used, how a discussion of this data necessitates an adequate introduction that names how data on racialized groups has been used to suggest biological racial inferiority rather than to appreciate systemic racism etc. The presentation was amended and presented to the entire network and to Hamilton City Council.



## OPEN LETTER: Hamilton Public Health needs to work with community members to prioritize vaccinations for Black, racialized, disabled and working class communities

### [demographic data and social determinants of health data.](#)

Again, at a network meeting issues were raised about systemic racism, the need for prioritization, and outreach. An ambassador program for racialized groups was established, some mobile units, as well as a group for Black health leaders. We were told that the preamble that was required to be read for the collection of social determinant data was lengthy (therefore somehow a burden). Racialized groups were not moved into a priority group for vaccination. We shared articles, raised the issues again. We talked about how some people might be hesitant due to historical mistreatment and discrimination. But, what does 'hesitancy' about vaccines even mean when the groups we are referring to have not been added to the list of prioritized groups for vaccination?

Now, as we are into the third wave of this pandemic, what more needs to be done to add the racialized groups we know are being and will be adversely impacted immediately to the list of prioritized groups for vaccination?

Many of us have been in this situation before. Racialized people try to inform decision makers in as many ways as we can that our lives are important. We cannot claim that we recognize systemic racism and then when given this knowledge and charged with the responsibility to address it, we knowingly choose to perpetuate it. How much more data do you need, how many stories do you need to hear, what types of maps can we ask for, how many committees and subgroups do we need to raise this in, how many legislative or administrative or bureaucratic excuses do we have to reveal as false to compel action? The answer is simple, the time to act is long past due.

Hamilton

## 'No excuse': Hamilton vaccine group member wants BIPOC community prioritized



Hamilton public health says it is making 'small strides,' but Ameil Joseph says more needs to be done



Bobby Hristova · CBC News · Posted: Apr 19, 2021 1:18 PM ET | Last Updated: April 19, 2021



Ameil Joseph says he and other members of the vaccine readiness network want public health to prioritize

HAMILTON REGION

## 'Nothing happened': Vaccines took too long to get to Hamilton's racialized communities

Community leaders say the COVID vaccine rollout for racialized communities mired by major communication failures, stalling and a crushing amount of work put on volunteers



By Joanna Frketich Spectator Reporter  
Mon., April 26, 2021 | 6 min. read

Article was updated Apr. 30, 2021



Home > News > Local News > Hamilton vaccination program to prioritizes black & other racialized populations ages 18+...

News Local News Top News Story

# Hamilton vaccination program to prioritizes black & other racialized populations ages 18+ in hot spots

By News Staff - April 23, 2021, 9:39 pm



CORONAVIRUS | News

## 'Good public health policy': The success of vaccine clinics for Black, racialized Canadians

 **Jeremiah Rodriguez** CTVNews.ca Writer  
@jererodriguezz | [Contact](#)

Published Thursday, May 6, 2021 12:27PM EDT



N.S. hits another vaccine milestone

 Nova Scotia opens first community clinic for African Nova Scotians in Upper Hammonds Plains. Natasha Pace reports.

CTV National News: Easing of COVID-19 restrictions

 Canada's top doctor says the country needs to find a more sustainable way to address the COVID-19 virus. Bill Fortier reports.

Dr. Shapiro on vaccine for kids under five

 CTV News Medical Contributor Dr. Maria Shapiro talks about Ont.'s latest modelling data and the vaccine for kids aged five and under.

HAMILTON REGION

# Racist backlash to Hamilton's effort to vaccinate Black and racialized residents condemned

Comments show 'how deeply racism and hate ... exists in our society,' councillor says



By **Teviah Moro** Spectator Reporter  
Thu., April 29, 2021 | 3 min. read



Hamilton

## Hamilton's board of health needs more diversity, local doctors and advocates say



Some doctors and nurses say there should be community reps on the board, not just councillors

[Christine Rankin](#) · CBC News · Posted: Mar 23, 2021 10:37 AM ET | Last Updated: March 23, 2021

To pre-register fill in this form:

<https://tinyurl.com/hamvaccine>



**DATE** 

**MAY 9-23**

**LOCATION** 

**Restoration House  
54 Vine Street South  
Hamilton, ON**

# CLÍNICA DE VACUNACIÓN COVID-19

Restoration House, Hamilton

**DIRECCIÓN**  
Restoration House  
54 Vine Street  
Hamilton, ON

**FECHAS**  
Miércoles 4 de Agosto  
4pm a 7pm  
Sábado 7 de Agosto  
9:30am a 12:30pm

**ELEGIBILIDAD**  
12+ Latinos/hispanos  
OHIP o ID (identificación) no necesario  
No importa tu estatus migratorio!

**PFIZER 1RA & 2DA DOSIS**

RESERVA TU CITA: <https://tinyurl.com/RestorationHouse1>  
CONSULTAS EN ESPAÑOL: [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)

Apoyan:

# COVID-19 VACCINE CLINIC

with JAMAICAN PATTIES & SAMOSAS

**LOCATION**  
Restoration House  
54 Vine Street  
Hamilton, ON L8R 2A7

**ELIGIBILITY**  
12+ Black, Racialized, Disabled, Newcomers & People Experiencing Barriers to Access  
**No ID or Health Card Needed**

Supports Available:  
Interpretation, Transportation, & Gift Cards

**SATURDAY AUGUST 21ST**  
10:30am - 1:30pm

**WALK-INS WELCOME**

OR BOOK IN ADVANCE AT  
<https://tinyurl.com/RestorationHouse1>  
FOR SUPPORTS, PLEASE EMAIL  
[covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)

# POP-UP VACCINE CLINICS

عيادات التطعيم لفيروس الكورونا في هاملتون

If you are 18+ and live in a hot spot in Hamilton (L9C, L8W, L8L, L8N or L9K) you can get your COVID-19 vaccine.  
إذا كنت 18+ وتسكن في مناطق الأعلى خطراً للإصابة (L9C, L8W, L8L, L8N or L9K) يمكنك الحصول على التطعيم ضد فيروس الكورونا في إحدى العيادات

<b>CLINIC 1:</b> Hamilton Mountain Mosque 1545 Stone Church Rd. E. May 10, 11, 12, 14, 15 & 16 1:00PM-6:30PM	<b>CLINIC 2:</b> Hamilton Downtown Mosque 221 York Blvd. May 17, 18, 19, 20, 21, 22 & 23 10:00AM-3:00PM
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Please email us for an appointment // يرجى ارسال ايميل لحجز موعد // باسمك ورقم هاتفك  
[vaccines@seedsofleadership.ca](mailto:vaccines@seedsofleadership.ca)

BROUGHT TO YOU BY:

# VACCINE ON WHEELS

First or second COVID-19 vaccine dose?  
Have questions about the COVID-19 vaccine?  
We will be offering the **Pfizer** vaccine. There will be a giveaway and FOOD.

**Date: Saturday September 4th, 2021**  
**Time: 12-2pm**  
**Location: Powell Park, 53 Birch Avenue, City of Hamilton**

**If you have any questions please email [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)**

Thanks to:

# COVID-19 VACCINATION CLINIC

Pfizer Only

Restoration House

**LOCATION**  
Restoration House  
54 Vine Street  
Hamilton, ON L8R 2A7

**SCHEDULE**  
Pfizer  
Wed, July 28<sup>th</sup> 4pm - 7pm  
Sat, July 31<sup>st</sup> 9:30am - 12:30pm

**ELIGIBILITY**  
12+ Black, Racialized, Disabled, Newcomers & People Experiencing Barriers to Access.

Book in advance at  
<https://tinyurl.com/RestorationHouse1>  
or drop in on Saturdays  
For help with booking email [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)

# COVID-19 VACCINATION CLINIC

Walk-Ins Welcome!

Restoration House

**LOCATION**  
Restoration House  
54 Vine Street  
Hamilton, ON L8R 2A7

**SCHEDULE**  
Pfizer  
Sat, Aug 28<sup>th</sup>  
10:30am - 1:30pm

**ELIGIBILITY**  
12+ Black, Racialized, Disabled, Newcomers & People Experiencing Barriers to Access.

Book in advance at  
<https://tinyurl.com/RestorationHouse1>  
Walk-Ins are welcome.  
For help with booking email [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)

**GIVEAWAY**

# COVID-19 VACCINATION CLINIC

WALK-IN

## SCHEDULE

**Sat, Jan 29<sup>th</sup>**  
10am-3pm  
**Pfizer & Moderna**

## LOCATION

Hamilton Public Library  
Barton Branch  
571 Barton St E  
Hamilton, ON L8L 2Z4

## ELIGIBILITY

Open to everyone 5+

**1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Doses available.**

Transportation, interpretation and other supports available.

Email us at: [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)



# COVID-19 VACCINATION CLINIC

WALK-IN, FIRST-COME FIRST-SERVED

## SCHEDULE

**Pfizer (Under 30)**  
**Moderna (Over 30)**  
Wed, Dec 29<sup>th</sup>  
1pm-3pm

## LOCATION

Hamilton Public Library  
Barton Branch  
571 Barton St E  
Hamilton, ON L8L 2Z4

## ELIGIBILITY

Open to everyone 5+

Priority is given to: Black, Racialized, Persons with Disabilities, Newcomers, and any other persons experiencing barriers to access.

Email [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)  
or call **905-526-0000**.



# COVID-19 VACCINATION CLINIC

PRIORITY

## SCHEDULE

**Pfizer (Under 30)**  
**Moderna (Over 30)**  
Thurs, Dec 30<sup>th</sup>  
12pm-3pm

## LOCATION

Hamilton Public Library  
Barton Branch  
571 Barton St E  
Hamilton, ON L8L 2Z4

## ELIGIBILITY

People with Disabilities.

Complete form if possible:

<https://tinyurl.com/AccessNeedsClinic>

Email [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)  
if you require any supports.



# COVID-19 VACCINATION CLINIC

WALK-IN

## SCHEDULE

**Sat, Feb 5<sup>th</sup>**  
11am-3pm  
**Pfizer & Moderna**

## LOCATION

Hamilton Public Library  
Barton Branch  
571 Barton St E  
Hamilton, ON L8L 2Z4

## ELIGIBILITY

Open to everyone 5+  
**1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Doses available.**

Transportation, interpretation and other supports available.

Email us at: [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca)



# COVID-19 VACCINATION CLINIC

WALK-IN CLINIC

## SCHEDULE

**Sat, Jan 22<sup>nd</sup>**  
11am-3pm  
**Pfizer & Moderna**

## LOCATION

Hamilton Public Library  
Barton Branch  
571 Barton St E  
Hamilton, ON L8L 2Z4

## ELIGIBILITY

Open to everyone 5+ • **1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> Doses available.**

Priority is given to: Black, Racialized, Persons with Disabilities, Newcomers, and any other persons experiencing barriers to access.

Email [covidvaccine@newcomerhealth.ca](mailto:covidvaccine@newcomerhealth.ca) if you require any supports.



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Thinking beyond "data collection" or not—to the ethics and relations of knowledge

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Beyond representation of bodies, or not— to who gets to speak and what gets to be said

---

Thinking beyond separation, or sameness— to what needs to be done to address what is being lived out in the world

---

Structures, relations, systems, solidarities, relying on those who do the work well



Thank you



# Question and Answer

# Webinar Recordings & Live Discussion Summaries



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## Webinars & Discussions

CBR Canada hosts webinars and live online discussions to bridge capacities and promote research excellence. Below are webinar recordings and event summaries, organized from the most recent to earlier. Upcoming webinars and discussions are posted on the [Events page](#).

[2022](#) | [2021](#) | [2020](#) | [2019](#) | [2018](#) | [Earlier](#)

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\* Indicates required

Email Address \*

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Recherche partenariale du Canada

# C2UExpo 2023



The poster features a dark blue background with a large white semi-circle on the right. On the left, there are three overlapping circular images: a lighthouse on a rocky island, a campus walkway with pink cherry blossoms, and a panoramic view of a coastal town. The text is arranged in a clean, modern layout with white and yellow accents.

 **Lakehead**  
UNIVERSITY

 Community-Based Research Canada  
Recherche partenariale du Canada

 **C<sup>2</sup>U** EXPO  
2023

Lakehead University, Thunder Bay, Ontario  
June 5-8, 2023

**CONNECTED COMMUNITIES  
COLLECTIVE CHANGE**

**CALL FOR PROPOSALS**  
Submission Deadline: January 23, 2023



# Thank You!

[www.communitybasedresearch.ca](http://www.communitybasedresearch.ca)



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Recherche partenariale du Canada

# Live Discussion



# Breakout Discussion Information

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1. Nominate a note-taker for each breakout group
2. Introduce yourselves within your group (your name, pronouns, role, location)
3. Discussion questions are on the google doc (link in chat) – the note-taker will record notes from your group on this shared document
4. We'll debrief as a large group following the breakout groups
5. After the event, an infographic summarizing key points of the discussion will be created and shared

# Discussion Questions

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1. When action & advocacy are the primary aspect of the community relationships, what changes for you about how community-based research should begin, proceed, and end?
2. When there are risks in the work where backlash is possible, how do we act to ensure that harms are contained or prevented without making yourself a target?
3. What parts of the story shared in the webinar are meaningful or important to you?

# Large Group Debrief

# Feedback

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February 2: Moving the Dial on  
Health Equity Advocacy

