



**Ribbon Rouge Foundation Knowledge Hub  
Research & Data on Different Health Disparities in the ACB Community  
December, 2021**

**Chapters:**

- **1:** Mental Health Disparities Faced by ACB Individuals
- **2:** Vaccine Hesitancy in ACB Communities
- **3:** Sexual & Reproductive Health
- **4:** Access to Health Care

**Abbreviations used:**

**ACB = African, Caribbean, and Black**

**RRF = Ribbon Rouge Foundation**



## Chapter 1: **Mental Health Disparities Faced by ABC Individuals**

The history of oppression and racism faced by ACB individuals continue to impact their mental health today. Statistics show that between 2001 - 2014, Black Canadian residents with poor or fair self-reported mental health had 10% less utilization of mental health services compared to non-ACB peoples<sup>1</sup>. Average wait times for mental health care was double those experienced by non-ACB peoples<sup>1</sup>. ACB youths are also more likely to be diagnosed with depression, receive less treatment, have 6x higher risk of dying by suicide compared to white youths<sup>3</sup>. 60% of ACB individuals would be more willing to see a healthcare professional if they are also ACB as well<sup>1</sup>.

A secondary analysis assessing trends of self-reported racial discrimination and the relationship with mental health found that there are differences between subpopulations as well<sup>a</sup>. Different subpopulations had different outcomes. African male youth and immigrant adolescents had worse health outcomes. African female youths experienced more discrimination, and African immigrant adolescents experienced more of both overall compared to non-immigrant Africans.

Sources:

<sup>1</sup>[https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid\\_19\\_tip\\_sheet%20health\\_in\\_black\\_communities\\_eng.pdf](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid_19_tip_sheet%20health_in_black_communities_eng.pdf)

<sup>3</sup><https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-41-no-9-2021/access-mental-health-black-youths-alberta.html>

<sup>a</sup><https://pubmed.ncbi.nlm.nih.gov/33902594/>

### **Barriers to ACB people seeking mental health services include:**

- Lack of cultural insight by healthcare providers: barrier to fully comprehending the unique struggles that these patients face. Healthcare providers must seek to understand the true and lived experiences of their ACB clients<sup>2,3,4</sup>.
- Lack of means of access: some ACB peoples are of low socioeconomic status and may tend to work lower income jobs which can make seeking mental health guidance prohibitive. In addition, they tend to have more challenges in finding family doctors, whom usually act as a starting point to accessing mental health resources<sup>2,3,4</sup>.
- Fear of stigmatization from those around them can drive away access to mental health services<sup>2,3,4</sup>. **Stigma around mental health from healthcare providers themselves can also be a barrier to ACB peoples receiving mental health services.**



Sources:

<sup>2</sup><https://link.springer.com/article/10.1007/s40894-020-00133-2>

<sup>3</sup><https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-41-no-9-2021/access-mental-health-black-youths-alberta.html>

<sup>4</sup>[https://policywise.com/wp-content/uploads/resources/2020/03/2020-03MAR-24-Final-Report-17SM-Salami\\_.pdf](https://policywise.com/wp-content/uploads/resources/2020/03/2020-03MAR-24-Final-Report-17SM-Salami_.pdf)

### What can we do?

- Developing cultural competency training programs with anti-black racism for all healthcare professionals. By equipping healthcare providers to be more keen on the cultural nuances presented in ACB youths, they can not only be more empathetic in their interactions, but provide care that incorporates these nuances and improve satisfaction and health outcomes<sup>1</sup>.
- Breaking down the myths and misconceptions regarding mental illness such as: “Ongoing mental or emotional challenges are an inherent part of the Black experience (otherwise known as “the struggle”) - therefore, mental illness isn’t a problem in Black communities.” To help break down these barriers, ensure to include black healthcare workers in the creation of educational materials around these myths<sup>1</sup>.

Sources:

<sup>1</sup>[https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid\\_19\\_tip\\_sheet%20\\_health\\_in\\_black\\_communities\\_eng.pdf](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid_19_tip_sheet%20_health_in_black_communities_eng.pdf)

### What’s out there? Resources available to address mental health needs of ACB people:

#### Africa Center

- Offers many programs and services to help address mental health needs of ACB people.
- Free 1-hour consultation with a psychologist
- Programs to help foster a sense of community and socially engage youths via the ArTeMo program (series of programs aimed to engage with black youth to promote mental health) <https://www.africacentre.ca/mental-health>
- Website: <https://www.africacentre.ca/counselling>
- Phone number: 780 455 5423

#### 24 hour distress line

- For those in need of immediate mental health support offered by the CMHA (Canadian Mental Health Association) in Edmonton
- Phone number: 780 482 4357



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[https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid\\_19\\_tip\\_sheet%20\\_health\\_in\\_black\\_communities\\_eng.pdf](https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-02/covid_19_tip_sheet%20_health_in_black_communities_eng.pdf). Published 2021. Accessed December 1, 2021.
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4. Salami B. Promote the Mental Health of African, Black, and Caribbean Youth in Alberta. Policy Wise. [https://policywise.com/wp-content/uploads/resources/2020/03/2020-03MAR-24-Final-Report-17SM-Salami\\_.pdf](https://policywise.com/wp-content/uploads/resources/2020/03/2020-03MAR-24-Final-Report-17SM-Salami_.pdf). Published March 2020. Accessed December 1, 2021.



## Chapter 2: **Vaccine Hesitancy in ACB Communities**

### **Flu Vaccine Hesitancy**

- A cross-sectional study found black Canadians have a lower flu vaccine uptake than other racial and ethnic groups (including white Canadians)<sup>1</sup>.
  - All ethnic/minority groups in Canada, except Black-identifying Canadians, were more likely to receive seasonal flu vaccine than White-identifying Canadians<sup>1</sup>.
  - Clear barriers that disproportionately affect Afro-Canadian communities, even after controlling for socio-demographic characteristics and health status<sup>1</sup>.

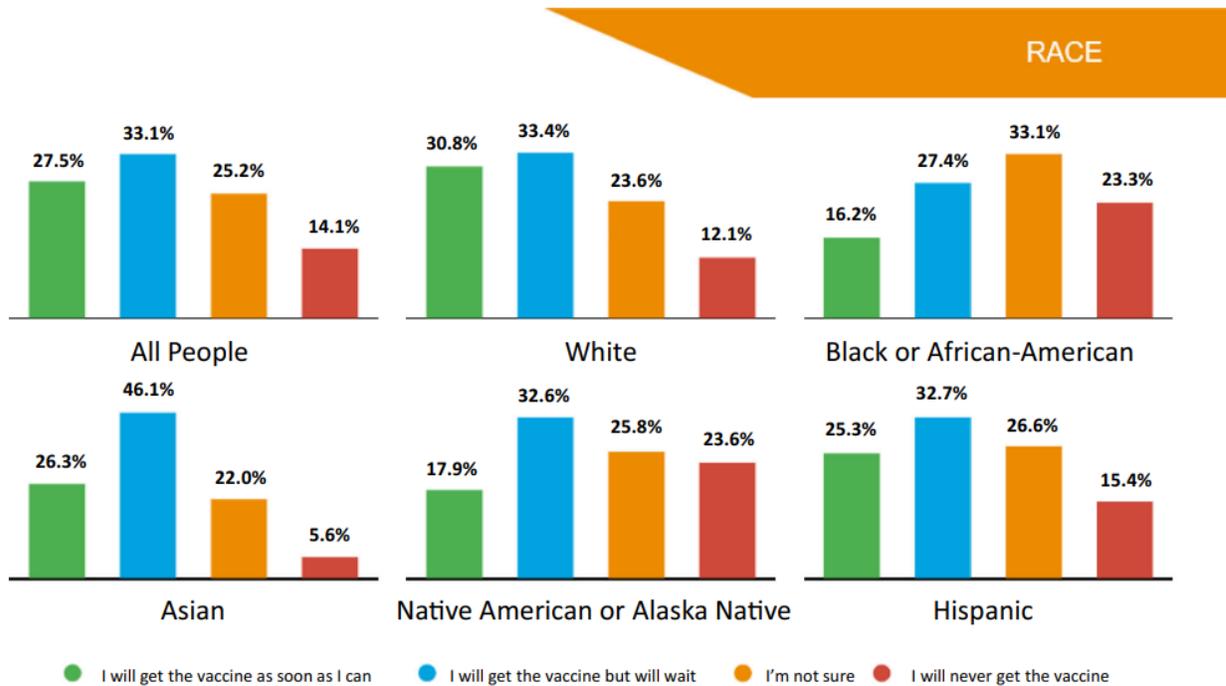
### **COVID-19 and Vaccine Hesitancy**

- Vaccine hesitancy in Black communities is largely rooted in systemic distrust of the healthcare system, not misinformation/health literacy (although this is a contributing issue as well)<sup>2</sup>.
- Black Canadians have a higher risk of infection, hospitalizations and death. They may also have more vaccine hesitancy than the general Canadian population<sup>2,3</sup>.
- Various community organizations and Afro-Canadian health leaders have held town halls, shared resources and advocated for demographic data collection to mitigate vaccine misinformation. Emphasis on promoting health importance with an Afrocentric perspective is key in improving vaccine uptake and health outcomes<sup>2</sup>.
- An American perspective discusses reasons for vaccine hesitancy amongst Black, Indigenous, and People of Colour (BIPOC) communities<sup>4</sup>.
  - Reports of access disparity due to inequitable distribution of doses, inaccessible clinic locations, reduced investment in services and HCPs in Black communities, reduced appointment options (challenging for full-time employees and/or parents of young children) and an overreliance on technologies to administer these services which may be less accessible in these communities.
- From April 1, 2021, according to people polled by Statistics Canada, 56.6% of black Canadians were “somewhat willing” to be vaccinated against COVID-19. Comparing this to the 76.9% of people willing to get vaccinated in the general population, you can see that there is a disparity here<sup>5</sup>.
  - Public health workers believe this disparity is rooted in historical malpractice against black patients and ongoing inequities in the health care system<sup>5</sup>.

### **COVID-19 and Vaccine Hesitancy in America**

- Studies outlined in an article by C. Laurencin (2021) report that Black community has the highest levels of individuals who state they will never get vaccinated or are not sure if they will get the vaccine, and that there is a historical distrust in the government and the field of medicine<sup>6</sup>.





Courtesy of: Updated Covid vaccinations study: Have consumers' opinions about the vaccine changed with an upcoming release? NRC Health. <https://nrchealth.com/updated-covid-vaccinations-study-have-consumers-opinions-about-the-vaccine-changed-with-an-upcoming-release/>. Published December 17, 2020. Accessed December 1, 2021.

- Other barriers to getting the vaccine include inadequate vaccine supply in all areas, availability of vaccination supplies, and poor access to areas to get vaccinated<sup>6</sup>.
- A publication titled “An American Crisis: The Growing Absence of Black Men in Medicine and Science” mentioned how Black men are underrepresented in the medical field, and increasing the number of black physicians may result in improved quality of care and improved opinions about the field of health <sup>7</sup>.
  - Diversity in health care is beneficial to the system as a whole as it can help assist underserved areas, expand the stakeholder network, and provide enhanced cross cultural competency among members of the medical field. It allows for a more holistic perspective into health by allowing for more interaction with members of different cultures.
- An article conducted focus groups with black barbershop and salon owners in Pennsylvania that resided in zip codes of elevated COVID-19 prevalence. They assessed their attitudes, beliefs, and norms regarding the COVID-19 vaccine. Results are as follows<sup>8</sup>:
  - Strong reasons for vaccine hesitancy appear to be safety and efficacy data (from the vaccine being considered a “rushed thing”), political involvement in the vaccine rollout, and distrust in the medical community due to long-standing racism.



- Quote from research participant: “No, I will not be taking a [COVID-19] vaccine ... One, they didn't have enough studies. It takes at least a year and a half, two years or three years for them to complete a study and they did it in four months.”
- Studies continuously find that people are more willing to get the vaccine if they receive trusting information from a health care provider they trust. It is up to health care professionals to establish this relationship and provide the information patients need.

### Addressing Vaccine Hesitancy

- In a CBC News briefing, the final report presented by the *Black Scientists' Task Force on Vaccine Equity* was summarized<sup>10</sup>.
  - Twenty online townhall meetings held over five months in 2021, hosted specific communities including Caribbean seniors, with the purpose of answering attendees' public health questions to try to overcome vaccine hesitancy.
  - The information collected via pre and post-townhall surveys show a more than 20% reduction in vaccine hesitancy amongst attendees.
  - Some of the final report recommendations include ten days paid sick leave for Black essential workers and creating a Black mental health strategy.
  - The task force is now focusing on tackling issues of vaccine passports and children vaccinations (targeted to parents) this Fall.
- A method proposed to help increase vaccine uptake in those that are hesitant is the “LEAPS of care” communication framework (Listen and Learn, Empower and Engage, Ask and Acknowledge, Paraphrase and Provide, Support and Spark). This method can help address barriers these people may have, and allow them to access reliable and trustworthy information<sup>2</sup>.
- Black communities are affected more by COVID-19 due to their lower social determinants of health (housing, income, food security). Vaccines should be made available at places where people are comfortable going, they should not have to sacrifice their own comfort and trust in their neighbourhood in order to go elsewhere to get this service. Different populations have different needs, and they should not have to sacrifice their needs in order to get the health care they deserve<sup>9</sup>.

### References:

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### **Chapter 3:** **Sexual & Reproductive Health (SRH)**

Historical and societal factors contribute to sexual and reproductive health disparities between ACB people and non-ACB people. These disparities are divided into sections based on the following clinical themes: pregnancy and childbirth, sexual health, and sexually transmitted diseases.

#### Pregnancy and Childbirth

##### Preterm Birth

- Preterm birth rates are higher among immigrant women, especially women from western Africa. <sup>1</sup>
- Higher preterm birth risk for non-Hispanic black African, Caribbean, and US-born women, especially those living in more deprived neighbourhoods. <sup>2</sup>
- Relative disparities in preterm birth and very preterm birth exist between non-Hispanic Black and white women. The magnitude of disparity is similar in Canada and the US. <sup>3</sup>

##### Infant Mortality and Birth Outcomes

- Adjusted risk of infant mortality was higher for Sub-Saharan African and non-Spanish Caribbean in comparison to Canadian-born women. <sup>4</sup>
- Evidence suggests to view ethnicity and country of birth of the mother as two important factors for comparing birth outcomes of infants. <sup>5</sup>
- Infant mortality rates for people immigrating from the Caribbean and Bermuda was notably higher than any other immigrant region. <sup>1</sup>
- During pregnancy, nutritional deficiencies (i.e. Fe, Zn, folate, etc.) are more prevalent in Black vs. White women even though similar prenatal vitamin use. <sup>6</sup>

#### Resources

1. Government of Alberta. Immigrant Health in Alberta. <https://open.alberta.ca/dataset/7f835766-6bef-4d83-92e1-f840b460eef2/resource/cf1f8943-1c8e-4938-bc3a-e40f81dfbe8c/download/Immigrant-Health-Alberta-2011.pdf>. Published April 2011. Accessed December 1, 2021.
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### Safe Sex Practices and Condom Use

- African, Caribbean, and Black (ACB) men living in Canada share a heightened risk of HIV infection and the associated risk factors such as suboptimal use of family planning services such as condom use.<sup>1</sup>
- Surprisingly, ethnic background did not show any significant association with any of the outcomes, signifying that the level of knowledge, attitude, and practice do not vary substantially among the ethnic groups. However, it is worthy of attention that participants' residency status was an important factor for having correct knowledge of condoms and positive attitude towards condom use. This is perhaps because the nonresidents or new immigrants are less likely to access the resources that can equip them with proper knowledge and attitude to avoid engaging in risky sexual behaviours.<sup>1</sup>
- In Ontario, African, Caribbean, and black men account for almost 60% of the estimated number of HIV-positive people (through heterosexual contact), although they constitute less than 5% of the province's population.<sup>1</sup>

### References

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### Pregnancy Incidence and Intention after HIV Diagnosis among (ACB) Canadian Women

Retrospective data was taken from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS). Multivariable logistic regression models examine the independent correlates of unintended pregnancy among the most recent/current pregnancy

- HIV prevalence and incidence are inequitably distributed among women in Canada along several social axes, including poverty, Indigenous ancestry, injection drug use and/or sex work histories, refugee and newcomer status, African, Caribbean, or Black



Canadian (ACB) ethnicity, and sexual and gender identities, with several points of intersection between and within these groups.<sup>1</sup>

- Among the 1,165 WLWH included in the analysis, 30.1% identified as African/Caribbean/Black, 22.2% identified as Indigenous, 40.9% identified White and 6.8% as other ethnicities.<sup>1</sup>

**Table 3. Bivariate analysis for intended vs. unintended current or most recent pregnancy, among women living with HIV (n = 265).**

Variable	Response	Intended pregnancy, n = 110 (n, %)	Unintended pregnancy n = 155 (n, %)	p-value
Province interview conducted				
	British Columbia	24 (21.8%)	46 (29.7%)	0.065
	Ontario	44 (40.0%)	70 (45.2%)	
	Quebec	42 (38.2%)	39 (25.2%)	
Ethnicity				
	Indigenous	13 (11.8%)	31 (20.0%)	0.004
	African/Caribbean/Black	57 (51.8%)	48 (31.0%)	
	White	32 (29.1%)	67 (43.2%)	
	Other ethnicities	8 (7.3%)	9 (5.8%)	
Born in Canada				

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## **Chapter 4:**

### **Access to Healthcare and Culturally Safe Care**

#### **Health Disparities Faced by ACB Communities**

- 64.0% of young Black women aged 12–17 reported their mental health to be ‘excellent or very good’. However, this is significantly lower than the 77.2% of young White women who reported excellent or very good mental health. <sup>1</sup>
- The prevalence of diabetes among Black Canadian adults was 2.1 times the rate among White Canadians. <sup>1</sup>
- African immigrant and refugee families expressed barriers in accessing health care as a result of adjusting to a new system, language barriers, and lack of social support.<sup>2</sup>
- The lack of access to culturally safe care was identified as a barrier to equitable health care for ACB people. Even when access to care was ensured, there remained inadequacies in the delivery of cultural safety.<sup>3</sup>
- Black Canadians identified a need for further health equity training and culturally informed care training for all healthcare professionals.<sup>4</sup>
- Sickle cell anemia disproportionately affects black people, and is also one of the most common diseases in which a patient presenting with pain is considered to be drug seeking. One patient identified that when the pain was bad enough to warrant a hospital trip, staff were often reluctant to give her pain medications that would increase her comfort. <sup>5</sup>

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Note: Canadians of African Decent Health Organization (<https://cadho.ca/>) is a good resource for finding information on many health-related topics.

e.g. study on the socio-economic barriers among ACB people with HIV in Ontario:

<https://cadho.ca/the-ac-study-a-cross-sectional-study-of-hiv-epidemiology-among-acb-people-in-ontario-by-eunice-machuhi>

