Building Bridges: A community dialogue on public health access and equity for Black communities



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Background

In recent years, Greater Sudbury has seen an increase in the number of newcomers and new permanent residents, with the Black community now being one of the largest visible minority groups. It is well documented in Canada that the members of this community face health disparities that are disproportionate to non-racialized individuals (Public Health Sudbury & Districts, 2024).

In 2019, the Board of Health for Public Health Sudbury & Districts (Public Health) declared systemic racism a significant, modifiable, and unjust barrier to health opportunities and endorsed the Racial Equity Action Framework to guide the organization's efforts to decrease racial health inequities (Public Health Sudbury & Districts, 2019). The Racial Equity Action Framework was developed with the adoption of the National Collaborating Centre for the Determinants of Health's five Public Health Roles for Racial Health Equity which also aligns with the Ontario Public Health Standards Foundational Standard for Health Equity (National Collaborating Centre for Determinants of Health, 2018; Ontario Ministry of Health, 2018). Public Health has identified engaging with local Black communities, including newcomer community members, as a priority to promote racial equity and reduce disparities. Engagement with members of the Black community enables us to implement some of the strategies outlined within the Racial Equity Action Framework, notably modifying and orienting interventions and mobilizing multisectoral collaboration (Public Health Sudbury & Districts, 2019).

Between November 2022 and January 2023, the Health Equity Team conducted consultations with numerous Black leaders and community members, local organizations, businesses catering to Black communities, and service providers working closely with newcomers. The objective of these meetings was to establish meaningful relationships, gain a deeper understanding of the primary activities and concerns of these groups, and identify ways in which Public Health can best support them. To continue in these efforts, Public Health held an internal brainstorming session in 2023 to learn from frontline staff about their experiences working with Black people, how they can improve their practice, and what future steps Public Health could take to increase equitable access to services (Public Health Sudbury & Districts, 2024). More information about work done thus far can be found in the report Lessons Learned From Engaging with Members of the Black Community in Sudbury & Districts (Public Health Sudbury & Districts, 2024).

Goals and Objectives

In response to the findings from previous consultations and the feedback gathered through ongoing efforts, Public Health hosted two community engagement sessions in December 2024, to validate input received thus far, and further explore how multi-sectoral collaboration can help

evolve the recommendations outlined in the initial report. These sessions provided an opportunity for individuals who had not previously participated in interviews to share their experiences, offer input, and provide valuable feedback to help ensure Public Health services are as effective and inclusive as possible.

The engagement sessions followed strategies outlined in the Racial Equity Action Framework, specifically focusing on assessing and reporting, as well as fostering multi-sectoral collaboration. The sessions aimed to deepen understanding of the barriers and needs facing the community, particularly in relation to health and wellbeing—while also sharing our mandate with participants and engaging dialogue to identify actionable solutions.

The primary goals of the engagement sessions were to:

- **Present findings and validate insights**: Public Health staff shared key findings from the first engagement, along with the "Lessons Learned" report, to allow the community to provide feedback, corrections, and additional insights. This was a crucial step in ensuring the accuracy and relevance of the report's findings.
- Foster collaborative discussion: The sessions facilitated dialogue that encouraged participants to work together in identifying concrete, actionable steps for implementing the recommendations from the initial consultation, with a particular emphasis on multisectoral collaboration.
- Educate and identify gaps in service access: Participants were informed about the full range of Public Health services available. Sessions highlighted gaps in access or knowledge that the community may face, and this provided insight into possible areas for improvement.
- **Reaffirm Public Health's commitment**: Public Health took the opportunity to update participants on the progress made since the first consultation, reinforcing its ongoing commitment to supporting Black communities and addressing health disparities.
- Expand engagement and participation: The session expanded participation by reaching out to individuals who had not been able to participate in initial consultations, as well as newcomers to the area, and new organizations or businesses serving Black communities. This helped to ensure a broader representation of the community.
- Strengthen collaborative partnerships: Lastly, the session provided a platform for strengthening collaboration between Public Health, organizations serving Black communities, local businesses, and community leaders. Participants spoke of potential partnership opportunities and resources shared by Public Health to reduce health disparities.

Methods

Following approval from the agency's Research and Ethics Review Committee, a multi-step process was used to engage with community members and subsequently validate insights. Participant feedback from the engagement sessions, and a subsequent validation survey were analyzed to inform the final report and shape actionable next steps. The survey responses contributed to refining this final report and shaping actionable steps for Public Health and community partners.

Engagement Sessions (focus group discussions)

The consultation engaged members of the Black community with targeted outreach conducted to ensure diverse representation across age, gender, and lived experiences. Outreach efforts included sending emails and making phone calls to various community organizations and contacts using a compiled contact list including key individuals and groups with established relationships or involvement in Black communities. Interested participants were directed to an Eventbrite registration page, which remained open until December 4, 2024. The registration process included the following steps:

- Consent to participate: All participants were required to provide consent to be involved in the consultation.
- Verification of accommodations: Participants were asked to indicate any specific needs, including transportation or accessibility accommodations.
- **Food restrictions**: Information on dietary restrictions was collected to ensure appropriate catering.
- **Opt-in for future communication**: Participants had the option to consent to sharing their contact information for future updates or follow-up discussions regarding engagement with the community.

To acknowledge participants' time and contributions, incentives such as bus tickets, refreshments and an honorarium of \$40.00 per person were provided at each session.

Two sessions were held:

- Session 1: December 9, 2024 (5:00 p.m. to 7:30 p.m.) conducted in French.
- Session 2: December 12, 2024 (5:00 p.m. to 7:30 p.m.) conducted in English.

Both sessions followed the same structure:

- **Welcome and introduction**: Each session began with a brief welcome and an overview of housekeeping items. Participants were reminded of the consent to participate process and were introduced to the facilitators and the session objectives.
- Public Health overview: Medical Officer of Health and Chief Executive Officer, provided a brief overview of public health priorities and services, setting the context for the discussion. For the French session, the Medical Officer of Health delegated his presentation to the Director of Knowledge and Strategic Services.
- Presentation of findings: The lead facilitator provided a short presentation summarizing key findings and recommendations from the "Lessons Learned" report, highlighting areas of Public Health services that could benefit from improvement based on prior community feedback. For instance, community members highlighted the importance of stronger community engagement, systemic advocacy, and service integration.

Following the presentation, participants were divided into two focus groups, each consisting of seven individuals. In the French session, there was an open discussion between the one participant and Public Health staff (see Limitations section below). The focus group discussions were facilitated by members of the Health Equity Team.

- **Facilitation**: Each group was guided through the discussion by a lead facilitator, with probing questions posed when necessary to deepen the dialogue and ensure comprehensive responses.
- **Data collection**: One note-taker participated in each focus group discussion and the discussions were also audio-recorded using Public Health devices, with participants' consent, to ensure accurate transcription and to facilitate analysis of the conversations. In addition, feedback forms were made available for participants who preferred to provide input anonymously or who may not have had sufficient time to share during the group discussions.

The focus group discussions were structured around three core questions designed to capture participants' feedback and insights:

- 1. **Reflection on previous engagement**: "Thinking about what you heard about our previous engagement with some community members, what stands out to you the most? Do you feel there is anything we got wrong, or didn't fully understand or capture?"
- 2. **Feedback on recommendations**: "You heard about specific recommendations, what specific actions do you feel would most effectively address these, and what role would you envision for different community sectors/partners in implementing these changes?"

3. **Public Health services access**: "Are there specific Public Health services you believe are underutilized or not fully accessible within the local Black community? What barriers might be limiting access or awareness?"

Feedback Forms

To ensure inclusivity and comfort, participants were also provided with a form to share voluntary written feedback. This form included the same questions asked during the focus groups. This additional measure allowed individuals who preferred not to share their thoughts verbally—or who wished to elaborate further on their spoken contributions—to provide written responses during or after the session. This dual-format approach was intended to respect varied communication preferences, reduce barriers to participation, and support more detailed, thoughtful input.

As with all the data collected, the written feedback will be used to inform culturally responsive strategies and support more equitable public health planning and service delivery moving forward.

Post-Event Feedback (Survey)

At the conclusion of the sessions, participants were invited to complete a satisfaction survey to gather feedback on the session's content, structure, and overall experience. This feedback will inform future engagement efforts and help improve public health practices. Additionally, the survey included questions to gauge participants' preferences for future community engagement activities.

Thematic analysis

A qualitative thematic analysis of the data was conducted following the focus group discussions held during the Black community engagement sessions. Data sources included individual notes taken by Public Health staff during the sessions, flipchart notes generated in real-time by the focus group facilitator, transcription notes from audio recordings and input received via feedback forms. These sources were reviewed collectively, and similar concepts were grouped together to identify emerging themes A matrix was developed to support analysis. The analysis involved manually synthesizing findings across all sources to ensure a comprehensive understanding of participant input. To enhance the credibility and trustworthiness of the analysis, multiple members of the Health Equity team and a Research Assistant independently reviewed and validated the themes, grouping key concepts.

Validation Survey Feedback

Following the collation and summarization of feedback by the team at Public Health Sudbury & Districts, a validation survey was conducted to ensure participant corroboration of the summary findings. Participants who attended the engagement sessions and who had provided consent for further outreach were specifically encouraged to review the summary and provide feedback through the survey. An email was sent to participants informing them that the findings had been summarized and inviting them to complete the validation survey using the provided link. The survey presented the main themes and sub-themes that emerged from the consultation process. For each section, participants were asked to indicate whether they agreed or disagreed with the concluding statements. They were also encouraged to provide additional details or insights on any points they felt were missing or misrepresented in the summary (please see Appendix A). This process helped ensure the accuracy of consultation results as Public Health worked toward drafting this final report.

The validation survey was launched on February 27th and closed on March 12, 2025.

Confidentiality and Ethics

Throughout the process, ethical considerations were prioritized. Participant confidentiality was maintained, and informed consent was obtained for both participation and audio recording. Feedback was collected anonymously through forms and surveys to encourage candid responses, and all personal information was used only for follow-up communications related to this consultation.

All elements of this initiative such as participant recruitment, session structure, facilitation guide, and data collection processes were outlined in an application to the Research Ethics Review Committee for review and subsequent approval.

Results: What Community Members Told Us

A total of 15 individuals participated in focus group discussions (14 in English and 1 in French). Following these discussions, 8 people chose to complete the validation survey to affirm what was discussed in the focus groups.

Data from each of the focus group discussions were analyzed, compared, and grouped into three major themes (Figure 1).

Figure 1. Key Themes

Engagement

Access to information

Advocacy

Focus Group Results

Theme 1: Engagement

In recent feedback from community members, a central concern highlighted was the need for Public Health to more actively engage with the Black community. Participants emphasized the importance of deepening relationships, strengthening partnerships, and enhancing collaboration with organizations and service providers that serve the Black population.

Participants emphasized that Black-led organizations possess the cultural insight and community trust necessary to help shape effective Public Health programming. Specific organizations mentioned included the Afro Women and Youth Foundation, Afrofest Sudbury, Afro-Heritage Association, various Muslim Associations, and the Nigerian Community Association of Greater Sudbury. Partnering with these groups ensures initiatives are culturally relevant and rooted in community context.

To address social determinants of health, participants recommended cross-sector partnerships. This includes working with **Ontario Health**, **education institutions**, **immigration services**, and **municipal departments**. Schools were highlighted as key venues to reach families, and collaboration with **community health centres**, **employment services**, **housing**, and **transportation providers** was seen as essential for offering wraparound supports.

Theme 2: Access to information

Participants identified that one of the key barriers for the Black community in accessing Public Health services is the lack of effective, targeted communication. There are notable challenges in ensuring that Black community members are aware of and can easily access the resources and services provided by Public Health.

Community members shared the need for messaging through **digital channels** like social media, email newsletters, and culturally relevant influencers. They also recommended **posting information in youth-friendly spaces** (e.g., arenas, cinemas), and **offering educational sessions** that not only explain services but also help with navigating the health system. Participants also stressed the importance of **meeting the community where they are**, which includes a presence at events and in physical spaces that Black residents frequent.

Theme 3: Advocacy

Community feedback emphasized the importance of advocacy in addressing existing inequities, amplifying Black voices, and creating equitable opportunities for the Black community. Participants highlighted several areas where stronger advocacy efforts could drive meaningful change, ensuring that the community's needs are not only acknowledged but also addressed through policy changes, service improvements, and increased representation.

Greater representation of Black professionals within Public Health was identified as essential for **culturally competent service delivery** and equitable decision-making. Hiring practices should intentionally seek to reflect the **diversity** of the community. Participants also underscored the need for improved data collection from community members focused on localized, **race-based**, and **language-specific data** to inform targeted programs and services. Better data leads to better responses to community needs.

Satisfaction Survey Results

The engagement event was well-received, with all 15 respondents rating their experience as "Excellent" or "Good." Additionally, a majority (15) of attendees strongly agreed that they were treated with respect, 14 participants agreed they were given opportunities to ask questions, and 11 participants agreed they were satisfied with the information provided. Many also expressed a willingness to attend similar events in the future.

Through qualitative feedback, participants recognized Public Health Sudbury & Districts' efforts to engage with communities and address their health concerns. Several attendees noted their increased awareness of available Public Health services and the importance of healthy living,

including diet and physical activity. Others appreciated the focus on accountability and the role of social determinants of health.

Validation Survey Results

A total of eight respondents participated in the English validation survey. The majority of respondents confirmed that the summary report accurately reflected the focus group discussions. All respondents agreed on the importance of strengthening partnerships with organizations led by and for the Black community and local service providers and supported Public Health's involvement in cultural and community events to foster trust. Furthermore, respondents highlighted the need to prioritize approaches that improve access to public health information, ensuring more equitable access to resources and programs. Lastly, all respondents agreed that increased advocacy in public health, diversity in staff representation and enhanced client data collection, is crucial in addressing community needs. While these insights are valuable, the limited number of respondents may have been affected by the time provided to complete the survey, as well as varying levels of interest and buy-in.

Moving Forward: Discussion and Key Recommendations

Community feedback underscores the need for a multifaceted approach to engagement, communication, and advocacy. Many Black community members feel disconnected from Public Health services due to being unaware of services offered, access barriers, limited outreach, and a lack of Black-identified representation within Public Health staffing. Strengthening partnerships with Black-led organizations, service providers, and municipalities will enhance Public Health's ability to try and meet the community's needs effectively.

Improving access to information through targeted, culturally relevant communication strategies is critical. By leveraging digital platforms and community spaces, Public Health can ensure that Black residents receive timely and accessible information.

Finally, advocacy efforts must prioritize equitable access to healthcare, economic stability, and community well-being. Policies supporting financial stability, affordable recreation, and the recognition of international credentials will contribute to a healthier, more inclusive society.

Key Recommendations

The following recommendations emerge from the findings of this report and are intended to advance Public Health's commitments to health equity and inclusion, support evidence-informed practice, and align with the agency's strategic priorities.

Engagement

- Establish formal partnerships with Black-led organizations to guide Public Health initiatives.
- Collaborate with schools and municipalities to improve outreach efforts by raising awareness of the specific needs and services for Black families.
- Increase Public Health presence at community events and cultural activities.

Access to Information

- Adopt strategies that enhance awareness and improve communication efforts using digital platforms, mailing lists, and community spaces to make information more accessible, culturally relevant, and visible to the community.
- Develop culturally relevant public health education sessions and support mechanisms to assist Black people with system navigation.
- Increase Public Health's physical presence in Black community spaces to ensure accessibility by providing information sessions on Public Health's role, available services, and contact information.

Advocacy

- Advocate for policy changes that support social determinants of health such as financial stability, housing security, and healthcare access for Black residents.
- Implement strategies to recruit and retain Black professionals within Public Health roles.
- Improve data collection to better understand Black community health needs and tailor services accordingly.

Additional Engagement Recommendations Based on the Satisfaction Survey

- **Timing and scheduling:** Some participants suggested hosting future events in the summer or starting events later to accommodate more attendees.
- Community outreach: Increasing event publicity and ensuring communication with diverse groups of community members were identified as ways to improve attendance and engagement.

Limitations

The recruitment strategy through outreach via professional networks, social media, and personal invitations was successful in that 36 people registered for one of two sessions. However, only 15 participated across the two scheduled sessions. Overall, inclement weather conditions affected participation for the French session resulting in only one person participating. Weather conditions also impacted the English session which resulted in only 14 people attending. Although the final number of participants was lower than intended, the insights gathered remain valuable. The individuals who contributed represent a range of lived experiences, professional roles, and community perspectives, offering rich, qualitative data that highlight key barriers and opportunities for improving Public Health engagement with Black communities. As such, the findings—though drawn from a small sample—reflect recurring themes that are consistent with the literature (Public Health Sudbury & Districts, 2024) and prior community feedback, underscoring the need for intentional, equity-focused approaches to communication, outreach, and policy. It is important to acknowledge another key limitation wherein engagement data was primarily gathered from participants within the City of Greater Sudbury, and input from Black individuals living in outlying or district areas is not well represented.

Conclusion

Public Health plays a critical role in advancing racial equity by integrating anti-racist and antioppressive principles into policies and programs while ensuring equitable access to resources and services for all community members. By implementing these recommendations, Public Health can foster meaningful relationships, improve information access, and advocate for policies that support the Black community's well-being. Through collaborative efforts and strategic action, we can create a more inclusive, effective, and responsive public health system.

The event successfully created a forum for meaningful discussions, knowledge sharing, and community engagement. Participants valued the opportunity to voice their concerns and gain insights into Public Health initiatives. While participation in recent engagement efforts was

lower than anticipated—possibly due to a winter storm—additional input remains essential, particularly from Francophone members of the Black community. With the growing number of French-speaking newcomers from African countries, ensuring culturally and linguistically appropriate outreach is crucial to addressing their specific needs and improving access to Public Health services. Moving forward, efforts to expand outreach and ensure broader community participation will be essential in fostering engagement and collaboration, improving accessibility, and addressing suggested improvements will support racial health equity for members of the Black community.

References

Public Health Sudbury & Districts. (2024). *Public health staff consultation: Priority populations* (Report). https://www.phsd.ca/wp-

content/uploads/2024/03/Public Health staff consultation Priority Pop-1.pdf

Public Health Sudbury & Districts. (2019). *Racial equity action framework for improved health equity (Motion #32-19)*. https://www.phsd.ca/about/board-health/motions-approved-sudbury-district-board-health/racial-equity-action-framework-for-improved-health-equity-motion-32-19/

National Collaborating Centre for Determinants of Health. (2018). *Let's talk: Racism and health equity*. St. Francis Xavier University. http://nccdh.ca/images/uploads/comments/Lets-Talk-Racism-and-Health-Equity-EN.pdf

Ontario Ministry of Health. (2018). Ontario public health standards: Requirements for programs, services, and accountability. Queen's Printer for Ontario.

 $\underline{\text{https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability}$

Appendix A: Validation Survey

Overview

Thank you for your valuable participation in our public engagement sessions with members of the Black community, held in December 2024. We truly appreciate your insights.

The feedback has been collated and summarized by the team at Public Health Sudbury & Districts. As a next step, we are seeking participant validation of the summary of findings through a validation survey. Your input in validating our findings will help us ensure the accuracy of our findings as we work towards drafting a final report summarizing our engagement sessions and identifying paths forward for Public Health and the community.

Your participation in this next step of the process is completely voluntary. You can skip questions at any time or withdraw at any time by closing the survey. You can choose to respond to all questions, some of the questions, or none at all. If you must end your participation mid-way through in the online survey, your responses will still be saved. Please note, it will not be possible to withdraw any of your responses after the survey has been submitted. Be assured, the feedback you provide, and your choice to complete the survey or not, will not affect your relationship with Public Health or the quality of services you receive.

The survey will be available from **February 27th to March 12th, 2025**. It will take approximately 15 minutes to complete.

The information you provide will remain confidential and anonymous. No identifying information will be collected, and IP addresses will not be tracked. All survey data will be stored in a secure format at Public Health Sudbury & Districts and will be password-protected and securely stored in a network drive for seven (7) years. All remaining information will be destroyed from the website server within 90 days of the end of the survey. The information will be compiled to support our validation efforts. Your voluntary participation will help us finalize a report and recommendations for next steps.

If you have any questions or concerns about the validation survey, please contact Kersey Kalubi (<u>kalubik@phsd.ca</u>). If you have any questions or concerns about the ethics of this survey, please reach out to Research Ethics Review Committee co-chairs Jane Mantyla (<u>mantylaj@phsd.ca</u>) or John Macdonald (<u>macdonaldj@phsd.ca</u>).

Please provide your consent by selecting, "I would like to complete the survey." if you are willing to participate in this survey.

- □ I would like to complete the survey.
- □ I do not wish to complete the survey at this time.

Key Takeaways

The findings from the December 2024 engagement sessions have been organized around three main overarching themes, each with key subthemes:

- 1. Engagement
- 2. Access to Information (Resources)
- 3. Advocacy

Under each main theme, we have grouped relevant points from the subthemes and presented them based on the theme they best aligned with. As you review these findings, you will be asked to indicate whether you agree that we have accurately captured the essence of the conversation, or if you feel that the summary of the theme may not fully reflect the discussion. You will also have the opportunity to leave comments if you wish to provide additional feedback or clarify any points.

Theme 1: Engagement

One of the key pieces of feedback we heard from participants is the desire for Public Health to engage more with the Black community. Specifically, participants expressed that Public Health should:

- Partner with Black community organizations
- Collaborate with service providers
- Engage the Black community

Sub-theme 1.1: Partnerships with Black community organizations

To effectively meet the needs of the Black community, participants suggested that Public Health strengthen partnerships with local municipalities and Black-led organizations.

One important recommendation we received is for Public Health to reach out specifically to organizations that are led by and for the Black community. These organizations have a unique understanding of the needs and challenges faced by the community and are well-positioned to provide Public Health with guidance and support. By collaborating directly with them, we can help ensure that Public Health initiatives are informed by those who know the community best.

The following organizations were identified:

- Afro Women and Youth Foundation, Sudbury
- Afrofest Sudbury
- Afro-Heritage Association
- Muslim Associations in Sudbury
- Nigerian Community Association of Greater Sudbury

Please indicate if you agree, disagree, or are unsure with respect to whether the following statement reflects the discussion at the engagement sessions: Strengthening partnerships with these Black-led organizations is a crucial step in ensuring that Public Health initiatives are not only inclusive, but also effectively address the unique needs of the Black community, fostering a more equitable and supportive environment for all. Agree Disagree Unsure Prefer not to answer

Sub-theme 1.2: Partnerships with service providers and municipalities

Please explain

To support Public Health to better address the needs of the Black community, participants recommended that Public Health should build stronger partnerships with local service providers, community agencies, and municipalities. Suggestions for key areas of collaboration included:

- o Partnering with Ontario Health, the education sector, the immigration sector, and municipal services to raise awareness of the Black community's specific needs.
- Collaborating with schools to promote Public Health information and its services to parents and families more effectively.
- Working closely with community health centres along with employment, housing, and transportation services to ensure holistic supports for the community.

Please indicate if you agree, disagree, or are unsure with respect to whether the following statement reflects the discussion at the engagement sessions:

By fostering these partnerships, we can strengthen our outreach and collective capacity to better serve the needs of the Black community.

Agree			
Disagree			
Unsure			
Prefer not to answer			
Please explain			

Sub-theme 1.3: Foster connections with residents from the Black community

To strengthen our relationships with members of the Black community, participants identified several key opportunities for engagement and further involvement. These include:

- Participation of Public Health staff in multicultural events and cultural activities to build stronger, trusting relationships.
- Engaging the community through Public Health led initiatives like pop-up vaccination clinics or open day sessions, such as those for vaccinating children.

Please indicate if you agree, disagree, or are unsure with respect to whether the following statement reflects the discussion at the engagement sessions:

By actively participating in cultural events and leading community-focused initiatives, Public Health can foster trust, strengthen relationships, and improve health outcomes for Black community members. Continued collaboration and culturally responsive engagement will be key to ensuring inclusive and accessible public health services.

	Agree	
	Disagree	
	Unsure	
	Prefer not to answer	
Please explain		

Theme 2: Access to information

Participants highlighted that Black community members face significant barriers to accessing information about Public Health services.

Sub-theme 2.1: Awareness (lack of information)

To improve awareness and communication of Public Health services with the Black community, participants emphasized the need for increased outreach and knowledge transfer to the Black community through diverse, accessible channels.

These are examples participants shared in relation to potential channels for communication:

- Leveraging digital platforms such as social media and mailing lists to inform the Black community about available Public Health services.
- Increasing visibility of Public Health services towards young people in community spaces such as hockey games, arenas, and cinemas using posters.
- Offering proactive outreach of culturally relevant public health services through educational sessions and system navigation roles.

• Adapting our outreach efforts to meet diverse needs of the community. For example, prioritizing our presence at local events and spaces where Black people gather, ensuring we are accessible and visible.

Please indicate if you agree, disagree, or are unsure with respect to whether the following statement reflects the discussion at the engagement sessions:

Addressing barriers to accessing public health information for the Black community requires an approach that prioritizes culturally relevant communication and proactive outreach. By leveraging diverse and accessible channels, Public Health services can more effectively engage and inform the community, resulting in greater equitable access to vital resources and programs.

	Agree	
	Disagree	
	Unsure	
	Prefer not to answer	
Please explain		

Theme 3: Advocacy

Community members emphasized the importance of advocacy to address inequities, amplify Black voices, and create equal opportunities for the community.

Several key areas to make a meaningful impact were identified:

Public Health and Service Provider Advocacy

- There is a need for stronger advocacy efforts by Public Health and service providers. This includes supporting policies that assist the immigration process, promoting basic income to alleviate financial burdens related to food insecurity and housing, and advocating for culturally sensitive services, education, etc.
- There is a growing need for affordable recreational spaces and physical activities, such as sports within the City of Greater Sudbury. Advocating for policies that provide rebates and incentives would help ensure these opportunities are accessible to everyone. Efforts like these can make physical activities more affordable for all.
- Expanding access to primary care is a key priority for many residents, along with advocating for the recognition of international credentials in the healthcare sector.

• Diversity in Public Health Staffing

 Having more Public Health staff members who are also members of the Black community can help ensure adequate representation as well and support more culturally competent care.

Data Collection

O To better support the Black community, having more localized data—such as data on spoken languages and residential neighborhood demographics—is needed to gain a deeper understanding of their unique needs and identities.

Please indicate if you agree, disagree, or are unsure with respect to whether the following statement reflects the discussion at the engagement sessions:

These areas highlighted above demonstrate the need for more advocacy aimed at ensuring an inclusive and accessible approach to health services, so that all community members, especially those from the Black community, have equal opportunities for health.

	Agree		
	Disagree		
	Unsure		
	Prefer not to answer		
Please explain			
Γhank	z you!		