Black Health Plan

2024 - 2025 Highlights

PROVINCIAL EQUITY OFFICE | OCTOBER 2025

Ontario Health

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Our Impact at a Glance

Peel Black Health and Social Services Hub connected over **1,000 clients** to integrated care, attached **351** people to a primary care provider**,** and facilitated **5,824 visits,** improving access and continuity of care.

Culturally tailored wellness clinics reached **7,300 Black residents** across **13 locations**, delivering over **230 clinics** focused on cancer screening, mental health, chronic disease, and perinatal care.

Sickle Cell Disease Quality Standard implementation led to a **46% reduction** in emergency wait times at Scarborough Health Network and the **lowest 30-day readmission rate** in Ontario at **15%**.

AMANI Black Youth Mental Health Network served over **5,100 youth**, expanded to **eight hubs**, and launched **AMPL!FY**, a youth-led digital wellness platform, strengthening culturally anchored mental health care.

System capacity building trained over **3,300 health professionals**, developed **42 anti-racism tools**, and launched a **Black Health Plan Dashboard** to track equity indicators and service reach.

Preventive care enhancements included expanded breast cancer screening for ages **40–49**, culturally tailored cervical cancer education, and improved diabetes management for Black communities.

Foreword

Amid the COVID-19 pandemic in 2020, community members, clinicians, policy makers, and interest holders came together with a shared vision. They imagined a pandemic response that meaningfully supported Black people and a post-pandemic health environment where Black populations had equitable opportunities for good health and wellbeing.

Supported by Ontario Health and driven by cross-sector collaboration, the Black Health Plan was born. An ambitious and necessary effort to turn that vision into reality. Five years later, this report reflects the significant progress made and the collective impact of those efforts.

The Black Health Plan is more than a document. It is a blueprint for change that has been harnessed to make meaningful differences for Black populations. At its core, the blueprint is about creating a whole greater than the sum of its parts – bringing people together, eliminating silos, and centering the voices of Black communities to create effective, efficient, and innovative solutions.

A key driver of this work is the Black Health Plan Working Group, which brings together health system leaders, clinicians, and community partners from across the province. This group plays a vital role in embedding health equity for Black communities into health system planning. It builds capacity, develops networks and ideas, breaks down barriers, and facilitates critical dialogue that has greatly enabled the success of the Black Health Plan to date.

As Tri-Chairs of the Black Health Plan, we have been privileged to collaborate with the Ontario Health Black Health Plan Secretariat, the Black Health Alliance and Black Physicians Association of Ontario in developing and implementing the Plan. Most importantly, we are honoured to chair a landmark initiative – a true partnership between community and the health sector, built upon the many years of dedicated efforts across the province.

While the dream is not yet fully realized, this report shows that together, we are making notable strides in improving Black health in Ontario. There is more to do – but there is also much to celebrate.

Black Health Plan Tri-Chairs,

Dr. Kwame McKenzie, Angela Robertson, and Corey Bernard

Introduction

The Black Health Plan is a comprehensive strategy to improve health outcomes for Black populations in Ontario. Launched in 2020, it builds on decades of community-based efforts, creating a strong foundation for progress. The plan is anchored by three pillars: equitable pandemic response for Black populations, equitable health system recovery, and sustained health equity for Black populations. This report outlines successful Black Health Plan implementation across all three pillars, with a particular focus on progress during fiscal year 2024-25.

Pillars 1 and 2 of the Plan focused on ensuring an equitable response to the COVID-19 pandemic.

Key highlights included:

- Creating evidence-based planning opportunities through the publication of the Report: Tracking COVID 19 Through Race-Based Data | Ontario Health.
- Developing a COVID-19 vaccine tracker to monitor vaccination rates in communities where Black people made up more than 10% of the population, guiding local efforts to improve uptake.
- Increasing access to vaccinations, wellness clinics, and wraparound support for Black and racialized communities through the High Priority Community Strategy.

While Pillar 2 proposed an equitable health system recovery, evidence continues to show persistent gaps in health outcomes for Black communities across primary care, mental health and addictions, and acute care settings. Analysis of Statistics Canada Data reveals:

- Black males and females are five and 21 times more likely to die from HIV, respectively (Tjekpkema et al., 2023).
- Black males and females face a 1.2- and 1.4-times greater risk of death from diabetes, respectively (Tjekpkema et al., 2023).
- Black males are at 1.3 times more likely to die from prostate cancer (Tjekpkema et al., 2023).
- Black populations experience the highest rates of avoidable hospitalizations for conditions such as diabetes, asthma, hypertension and cardiac disease, compared to other racial groups (Brobbey et al., 2025).

These findings underscore that the work to disrupt health inequities for Black populations is far from over.

Pillar 3 of the Black Health Plan – Sustaining Health Equity – focuses on strategies to improve access and outcomes across the full spectrum of care.

Recent efforts include:

- Launching the Black Health and Wellness Initiative, led by the Black Physicians' Association of Ontario, Black Health Alliance, and frontline agencies, to deliver tailored outreach focused on health promotion, preventative care and cultural safety. In 2022, this strategy supported more than 320 community events, 30 partnerships, and 75,600 COVID-19 vaccination doses.
- Introducing the Engagement, Governance, Access and Protection (EGAP) Framework, which envisions Black communities gaining agency over their health data.
- Embedding Black health priorities into key provincial plans, including the Ontario Cancer Plan 6, Ontario Renal Plan 4, Ontario Health Preventive Care Program and the Ontario Health Primary Care Plan.
- Implementing a new estimated Glomerular Filtration Rate (eGFR) equation to eliminate race correction in chronic kidney disease care. The updated equation was developed in partnership with community and hospital laboratories, guided by the Black Health Working Group and Chronic Kidney Disease Working Group.
- Launching the Sickle Cell Disease Quality Standard and Hypertension Quality Standard, both developed in consultation with community partners to reflect the specific needs of Black communities.
- Expanding mental health and addictions services across the lifespan, including parental and infant care, mobile clinics, non-police crisis response, and supportive housing.

In fiscal year 2024-25, Ontario Health made notable progress advancing Pillar 3. Building on the foundation of equitable pandemic response and addressing the gaps outlined above, implementation has focused on equitable primary and preventive care, culturally responsive chronic disease care, accessible mental health and addictions services, and expanding health system capacity to serve Black communities.

Since the release of the Black Health Plan in 2020, several other strategies have emerged, including the CAMH Dismantling Anti-Black Racism Strategy, Women's College Hospital's Black Health Plan, London Health Sciences Centre's Black Health Strategy, Alliance for Healthier Communities' Black Health Strategy, Hamilton Urban Core Community Health Centre's Black Health Program, and Durham Community Health Centre's Black Health Strategy, amongst others. These developments affirm that the Ontario Black Health Plan is not simply an implementation plan, but a call to action and a movement driving collective progress across the health system.

Integrated, Person-Centered and Culturally Responsive Primary Care in Action

In fiscal year 2024-25, Ontario Health advanced a key priority of the Black Health Plan: bringing primary care closer to home for Black Ontarians through health promotion wellness clinics and culturally responsive prevention models. These targeted initiatives focused on creating accessible, person-centered, and culturally safe care for Black communities.

Advancing these models has enabled Ontario Health to act on its commitment to deliver the right care in the right place – providing integrated services and supports that address the full spectrum of physical, mental, and social determinants of health, including food security, access to housing, and other critical factors.

Highlights include:

- **Launch of the Peel Black Health and Social Services Hub**: A partnership delivering integrated, culturally responsive care to major Black, African, and Caribbean (BAC) communities across the Peel Region. The Hub connected more than 1,000 clients to essential services.
- **Health Promotion Wellness Clinics**: Delivered primary care directly to communities through culturally tailored clinics operating in 13 locations. These clinics reached over 7,300 Black residents and offered more than 230 wellness and mobile clinics, cancer screening, mental health navigation, chronic disease screening, perinatal care, and more.
- **Provincewide culturally responsive models**: Served nearly 4,000 clients and provided life-saving screenings, identifying two positive cancer cases and 14 positive hypertension cases.
- **Creative outreach by health service providers**:
  - *Women's College Hospital* hosted the third annual Breast and Cervical Cancer Screening for Black Women event, with over 250 attendees.
  - *Durham Community Health Centre* launched "KLINIKI," a Black-focused clinic offering culturally safe primary care and health promotion services in the Durham region.
  - *Centre de santé Communautaire du Grand Sudbury* introduced "Saturday on the Move," a youth-focused program using sports, workshops, and outings to reduce isolation and promote social integration among Black youth.

Spotlight:

Peel Black Health and Social Services Hub

Launched in fiscal year 2024-25, the Peel Black Health and Social Services Hub (BHSSH) translates the Black Health Plan's equity commitments into coordinated frontline care for one of Ontario's largest Black populations. The BHSSH model is an integrated, equal partnership between Canadian Mental Health Association Peel Dufferin (CMHA-PD), LAMP Community Health Centre, and Roots Community Services. The BHSSH integrates primary care, mental health support and social-service navigation across the Peel Region at a 16,200-square-foot site in Brampton.

Community members shaped the facility through a design workshop series and continue to guide priorities through a 15-member Community Advisory Council, established in September 2024.

Impact in 2024–25:

- Served 1,061 clients across 5,824 visits.
- Secured regular family doctor attachment for 351 previously unattached residents.
- Hosted a virtual town hall with over 100 participants and a winter diabetes education session attended by 90 residents.
- Celebrated community ownership with a wall-breaking ceremony in March 2025.

PATIENT QUOTE:

"My brother's doctor retired two years ago, and he hadn't seen a physician since. His physical and mental health were declining. As his caregiver, I was desperate for support. Finding [the Peel Black Health and Social Services Hub] changed everything. He felt seen during his first visit and agreed to continue care. Thank you."

Figure 1. Clinicians and patients pictured at the Peel Black Health and Social Services Hub.

Integrated services are already delivering measurable impact. A breast cancer screening invitation during the “Empower HER” event led to early Stage 2 detection, rapid oncology referral and an excellent recovery outlook. Housing and mental health support placed a client experiencing homelessness in Safe Beds, stabilized his health and enabled them to return to employment. A newcomer received seamless primary-care linkage, assistance accessing winter clothing and business skills training through the SEED program, illustrating the hub’s whole-person approach.

The Hub also adopted creative solutions to respond to the particularly high rates of diabetes for people over 20 in Malton, Mississauga (19.1%). These rates of diabetes are exacerbated by social determinants of health specific to northern Mississauga, including low walkability and high prevalence of food swamps (geographical areas with high number of unhealthy food options). In response to these rates, and evidence that correlates food insecurity with type 2 diabetes, the Hub established a community garden to center traditional methods of growing food, engage individuals with each other and the outdoors, promote more physical activity and social interaction – which can be especially protective against type 2 diabetes. Osatohanwen Joanne Okungbowa, a 26-year-old youth advisor on the project, noted that she “took a lot of inspiration seeing so many strong Black elders who are health and able-bodied…it’s something I can look forward to”

Preventive care indicators continue to trend upward. By year-end, the hub had completed 29 diabetes screens, 28 blood-pressure checks, 11 STI treatments, 58 specialist referrals and 56 social-service connections. These outputs show how culturally anchored, neighbourhood-governed care improves access, experience and outcomes – while easing pressure on hospitals.

Figure 2. Malton residents at the Peel Black Health and Social Services Community Garden.

Health Equity Starts Early – Enhancing Chronic Disease and Mental Health Care

Improving health outcomes for Black communities requires targeted, culturally responsive initiatives that address both systemic barriers and population-specific health risks. In response to evidence showing disproportionately poor chronic disease, cancer and mental health, Ontario Health has expanded access to preventive care and chronic disease management. Through screening, patient education, resources and care, these services support proactive, early intervention that improves health outcomes for Black communities.

Sickle cell disease is a signature clinical focus of the Black Health Plan's chronic disease pillar. It affects roughly one in 4,200 people, yet Black populations visit emergency departments for acute pain episodes at rates several times higher than the provincial average (Pendergrast et al., 2023). To address these disparities, Ontario health implemented the Sickle Cell Disease Quality Standard by:

- Reducing acute-care pressures and improving timely access to evidence-based care through specialized sickle cell clinics at 12 sites across the province, including one psychosocial support pilot.
- Directing almost $2.3 million in 2024-25 to 10 organizations to implement the Sickle Cell Disease Quality Standard in pediatric settings, including community health centres, family health teams, and hospitals. An additional $1.3 million was allocated to 14 health services providers to implement the Sickle Cell Disease Quality Standard in adult care settings, spanning dedicated sickle cell disease centres, emergency departments, acute care centres, community health centres, and chronic pain clinics.
- Strengthening collaboration, networks, and clinical capacity to provide anti-racist sickle cell care through the establishment of a provincial Community of Practice with more than 170 members across health organizations.
- Expanding culturally tailored education in multiple languages, virtual follow-up appointments, and an on-demand information portal. Home infusion pumps are loaned to individuals who require regular parenteral therapy, reducing travel burdens and hospital admissions.
- Measuring sickle cell care access and outcomes through the development of eReports, which provides actionable data to providers and system planners.

Beyond sickle cell disease care, several key advancements have strengthened clinical care – including mental health care, preventive care and chronic disease management – for Black populations across Ontario. These efforts aim to reduce disparities, improve early detection, and support more equitable health services through inclusive and evidence-based approaches.

Key initiatives include:

- Expanded breast cancer screening eligibility to include individuals aged 40–49, in response to evidence showing Black populations are more likely to be diagnosed with aggressive breast cancers at younger ages.
- More accurate and timely diagnosis of chronic kidney disease through the removal of race-based adjustments in screening protocols—reducing delays in treatment and improving long-term kidney health outcomes for Black patients.
- Increased cervical cancer screening engagement through the upcoming release of Afrocentric educational materials, designed to reflect the lived experiences, values, and concerns of Black women and gender-diverse individuals.
- Improved diabetes management and education outcomes by ongoing enhancements to the Diabetes Education Program, ensuring Black communities receive information and support that is accessible, relevant, and actionable.

Strengthened community trust and uptake of cancer prevention services through co-designed initiatives with Black Health Alliance, the Black Physicians' Association of Ontario and Ontario Health's Prevention Team—engaging Black health leaders, academics, and community members to tailor screening, education, and care to community needs.

To disrupt longstanding trends of Black children and youth falling through the gaps in mental health and addictions services, targeted initiatives were implemented, including:

- Access to counselling, therapy, crisis response and navigation services for more than 5,100 Black children and youth.
- Increased availability to clinicians with expertise supporting Black children and youth.
- Expanded access to Culturally Adapted Cognitive Behavioral Therapy (CA-CBT)
- Improved geographic reach and accessibility though more than 16,000 in-person, school-based and virtual visits conducted by health service providers across the province.
- Targeted support for transitional-aged youth through programming for the child welfare system and community-based mental health services, including more than 800 warm referrals between hospitals, community agencies and other providers.
- Expansion of the AMANI Mental Health & Substance Use Program (formerly SAPACCY) which offers culturally responsive and affirming mental health and substance use support for Black youth alongside their families and caregivers.

Spotlights

Sickle Cell Quality Standard Implementation (SHN)

Scarborough Health Network's Sickle Cell Disease (SCD) Clinic launched with provincial funding in fiscal year 2024-25 and has translated equity principles into measurable performance gains. Co-designed with patients, families and community leaders, the clinic aligned its protocols with Ontario Health's new SCD Quality Standards.

Targeted process changes – such as updated pediatric order sets, FYI flags on charts, real-time emergency department huddles and the addition of a dedicated SCD nurse and social worker – reduced the average emergency wait for SCD crises to 22 minutes. This marks a 46 per cent reduction from baseline and helped drive the lowest 30-day readmission rate in Ontario at 15 per cent.

Clinical demand continues to rise. Year-to-date data projects approximately 486 visits by the end of the fiscal year, with 43 per cent representing new patients. A seamless pathway now links pediatric, emergency, inpatient and outpatient services, supported by a dashboard that tracks time-to-analgesia and other equity indicators on the hospital's Quality Improvement Plan.

Community engagement remains central. Two town halls – held in November 2023 and February 2025 – each drew more than 50 participants, helping to shape priorities for an additionally adult SCD clinic. Equity is embedded throughout this model. All staff receive anti-Black racism and cultural safety training. Patient-family advisors are joining the steering committee, and partnerships with TAIBU Community Health Centre and other local agencies extend social supports beyond hospital walls.

The clinic's focus on integrated, culturally safe care is already easing pressure on downtown tertiary centers and bringing advanced therapies – including clinical trial options – closer to home for Scarborough's Black community. These achievements show how evidence-based redesign can shorten wait times, improve outcomes and build trust for a condition that has long been underserved.

AMANI Black Youth Mental Health Network

AMANI, Canada's first hospital-community partnership focused on Black youth mental wellness, expanded rapidly in fiscal year 2024-25 and now operates eight hubs: Etobicoke, Hamilton, North York, Ottawa, Peel, Toronto, Scarborough and Windsor. Each site provides free assessment, counselling, psychotherapy, psychiatry, group therapy and caregiver support for youth aged 12-29.

Care is grounded in an Afrocentric, anti-oppressive, harm reduction framework that addresses the intersecting effects of racism, poverty and criminalization on mental health.

Youth governance powers the model. More than 150 members of the Black Youth Advisory Panel and the Black Youth Online Network co-design materials, guide outreach and review outcomes – ensuring every initiative reflects lived experience and local context.

Their creativity also launched AMPL!FY, a forthcoming digital publication where peers can share poetry, commentary and visual art about wellness, broadening dialogue and reducing stigma.

Access widened on several fronts. Youth may self-refer, and crisis contacts (text 686 868 or call 988) are promoted at every touchpoint. A new collaboration with the Toronto Northwest Justice Centre links court-involved youth to culturally responsive assessments and care plans, bridging a long-standing gap between justice and health systems.

Families and caregivers benefit from dedicated support groups and workshops that promote wellness, reinforcing a community-wrapped model that extends beyond clinical care. While provincewide utilization data will be released later in 2025, site leads already report rising demand, shorter waits for first-time counselling and stronger engagement among boys and young men – a group historically underserved in mental health settings.

The program's impact is deeply personal. Juchelle West, a 19-year-old Windsor resident, began accessing AMANI's services in 2023 after years of struggling with depression and borderline personality disorder. Born in Jamaica and raised in the U.S., Juchelle said speaking with someone who shares her cultural background made her feel safe and understood.

Her story reflects a broader trend. AMANI staff report that clients are more willing to open up and engage when they feel culturally affirmed.

> **"It just feels like a sister or a brother … that makes you feel like I can talk to this person."**
>
> **– Juchelle West, AMANI Client**

The Windsor site, which was launched three years ago, now has a waitlist for the first time – with over 260 youth served in 2024 alone. This surge in demand underscores the need for culturally anchored care and the trust AMANI has built in communities historically underserved by mainstream mental health systems.

AMANI's provincewide growth shows that culturally anchored, youth-led networks can integrate hospital and community expertise and translate Black Health Plan equity pillars into measurable gains in mental wellness for Black youth.

Figure 3. Giselle Vinsky, middle left, Marcia Pivotte, middle right, and Nadine Manroe-Wakerell, right, are some of the AMANI care providers in Windsor. (Jennifer La Grassa/CBC)

Building System Capacity

To improve meaningful health outcomes for Black communities, the health system must be equipped with the knowledge, tools and structures to respond to their unique needs. In 2024–25, the Black Health Plan focused on education, partnership, and measurement as key enablers to transform the system.

Targeted supports enabled the development of 42 anti-racism tools, delivery of 47 specialized training sessions and upskilling of more than 3,300 health professionals.

Robust measurement is essential for enabling consistent, high-quality data collection that identifies disparities, supports equity-informed planning and improves access to care across populations. Expanded measurements included:

- Implementation of the Core Sociodemographic Data Standard (CSDS) across 11 Ontario Health clinical programs, including the Ontario Lung Screening Program.
- Development of a Black Health Plan Dashboard that tracks service reach, quality indicators and outcome trends – bringing new transparency to equity progress and impact of targeted initiatives.

The success of the Black Health Plan is rooted in strong, sustained partnerships with Black communities, clinicians, researchers, and health system leaders. These collaborations ensure that solutions are grounded in lived experience and community priorities. In fiscal year 2024–25:

- The Black Health Plan Working Group hosted six convenings with over 60 attendees and provided input on over seven organizational and system-wide initiatives including sickle cell disease care, mental health care, primary care and cancer care.
- The Black Health Plan Secretariat hosted the fourth annual Black Health Summit, with more than 160 attendees, to celebrate progress, spotlight emerging needs and set priorities for equitable care across Black communities in Ontario.
- The Black Physicians' Association of Ontario and Black Health Alliance led community engagement efforts to shape emerging preventive care strategies, with a focus on:

Identifying primary care gaps and opportunities for Black communities.

Embedding Black population needs in the design of provincial preventive care programs.

Co-planning cancer prevention, education, and screening initiatives.

Organizing and hosting three cancer prevention, education, and screening events across the province.

An attendee of a Breast Cancer Awareness and Screening event shared that "[The event was] amazing! I heard my voice for the first time. I realized I can speak and how to speak, for myself and about my health to medical professionals. Thank you, the knowledge gained was priceless."

Spotlight:

Using Sociodemographic Data to Improve Ontario Renal Plan 4

Black Ontarians are disproportionately affected by chronic kidney disease, with higher rates of dialysis use compared to the provincial average. Using data to highlight disparities in kidney care underscores the critical importance of collecting and leveraging high-quality, race-based data to drive meaningful change. Without collection and reporting of sociodemographic data across the health system, inequities will continue to persist – unrecognized and unaddressed.

In response to these longstanding gaps in health outcomes, supported by preliminary data findings and partner input, the Ontario Renal Plan 4 (2024-2028), identified Black health as a key focus area to support its goal of advancing health equity in kidney care. In fiscal year 2024-25, the Ontario Renal Network developed an analysis plan to measure provincial dialysis prevalence and incidence rates by racialized groups through the collection of race-based data in the Ontario Renal Reporting System. This initiative aims to provide a clearer picture of outcome disparities affecting Black communities.

This work will continue into 2025–26, with the goal of finalizing and publishing findings. Insights from this analysis, alongside ongoing community consultations, will inform a targeted action plan to build a more equitable renal health system for Black people in Ontario.

This effort highlights the transformative power of sociodemographic data – providing the evidence needed to drive targeted improvements and disrupt long-standing health inequities.

Figure 4. Attendees at a Credit Valley Hospital Breast Cancer Awareness & Screening Event taken by Colleen Lightbody.

Looking Ahead

As we move forward, the Black Health Plan remains a vital commitment to advancing health equity for Black communities across Ontario. The progress made in fiscal year 2024–25 reflects the power of community-driven action, culturally responsive care and system-wide collaboration. But the work is far from complete.

Looking ahead, priorities include:

- **Maintaining a strong and consistent focus on priority areas** such as primary care, preventive care, and mental health and addictions. These areas are foundational to strong health outcomes and must be supported by clear roadmaps, sustainable investments, and community partnerships.
- **Strengthening the collection and use of sociodemographic data** to better understand where gaps persist, what interventions are most effective, and how we can continuously improve care for Black populations. Data is not just a tool for measurement – it's a driver of accountability and equity.
- **Scaling and sustaining successful models of care**, including integrated, Afrocentric, and community-based approaches like the Peel Black Health and Social Services Hub. These models show what's possible when care is designed with and for Black communities.
- **Prioritize preventive care** to shift the system from reactive to proactive — ensuring Black communities have access to early interventions, education, and supports that promote lifelong health and well-being.
- **Addressing the full spectrum of social determinants of health**, recognizing that health is shaped not only by clinical care, but also by housing, income, education, food security, and systemic racism.

The path ahead requires collaboration and continued commitment across all levels of the health system. The Black Health Plan is not just a strategy—it is a movement. Together, we will continue building a health system where Black lives are valued, voices are heard, and communities thrive.

"The Black Health Plan has been an important avenue for connecting with and collaborating with partners across the province to drive change in Ontario's health system. It has enabled meaningful collaboration to scale community-facing cancer awareness, education, and screening events with regional cancer programs, health centres, hospitals, and community partners. It also provided the opportunity to partner with the Ontario Cervical Screening Program team to co-create health promotion material designed specifically for Black communities, ensuring that messages are culturally resonant and rooted in lived experience. These efforts have resulted in strengthened community trust and improved awareness of preventive screening options. Through collective efforts like these, we continue to work towards building a stronger, more responsive system that advances equity and improves health outcomes for Black communities."

– Black Health Alliance (BHA)

Appendix

Acknowledgements

The success of the Black Health Plan is rooted in the dedication and collaboration of many partners across Ontario. We gratefully acknowledge the funded organizations, working group members, and community leaders whose expertise, commitment, and lived experience have shaped and strengthened this initiative.

- Black Health Plan Tri-Chairs: Corey Bernard, Anna Greenberg, Dr. Kwame McKenzie, Angela Robertson
- Ontario Health Black Health Plan Secretariat: Meron Berhe, Paulysha De Gannes, Anvita Desai, Kadian Datadeen
- Black Physicians' Association of Ontario
- Black Heath Alliance
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  - Akwatu Khenti
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  - Allison Hector- Alexander
  - Allison Needham
  - Ameerah Craigg
  - Amy Mayer
  - Andre Lyn
  - Andrew Boozary
  - Angela Carter
  - Anna Lambrinos
  - Ashley Thomas
  - Ato Sekyi-Otu
  - Caitlin McGarry
  - Camille Orridge
  - Carie Gall
  - Carley Hay
  - Caroline Bravo
  - Cheryl La Ronde-Ogilvie
  - Cynthia Damba
  - Danayi Munyati
  - Daniel Townsend
  - Danielle Brown-Shreves
  - Debbie Douglas
  - Delaney Hines
  - Desiree Kaunda-Wint
  - Devonn Robinson
  - Elaine Meertens
  - Enid Montague
  - Erica Kamikazi
  - Erik Hellsten
  - Erika Khandor
  - Esther Rongoma
  - Esti Heale
  - Fatima Ul-Haq
  - Fatima Younesi
  - Fiqir Worku
  - Francis Garwe
  - Ginette Demers
  - Imran Qureshi
  - Jai Mills
  - Jemal Demeke
  - Jo-Anne Henderson-White
  - Jodie Odamie
  - Jonathan Irish
  - Joni Nelson
  - Junell D'Souza
  - Kamilah Francis
  - Karim Mekki
  - Karl Kabasele

- Kate Bingham
- Keddone Dias
- Kersey Kalubi
- Layota Dennie
- Liben Gebremikael
- Linn Nur
- Liz Estey Noad
- Lorraine Thomas
- Luc Malemo
- Luwam Ogbaselassie
- Lydia Dagnachew
- Maame Obeng
- Mandeep Bumbra
- Manvir Bhangu
- Marie-Lauren Gregoire Drummond
- Michael MacPherson
- Michele James
- Michelle Westin
- Moise Zahoui
- Muhanad Ali
- Na-Koshie Lamptey
- Nancy Kharab
- Nashwah Taha
- Natasha Robertson
- Nicole Welch
- Nicole Minialoff
- Oluwakemi Komolafe
- Dr. Onyenyechukwu Nnorom
- Parm Bhatthal
- Phillip Anthony
- Priyanka Jain
- Racquel Simpson
- Rebecca Truscott
- Robert Francis
- Roz Fanaieyan
- Ryan Hinds
- Ryan Monte
- Rutendo Madzima
- Sameera Karim
- Sane Dube
- Sanou Boroma
- Sanober Diaz
- Sarah May Garcia
- Sean Twyford
- Shana Calixte-Pitawanakwat
- Shane Joseph
- Shay Simmons
- Sinaa Dabbagh
- Sophie Foxcroft
- Sophie Okyere-Oduro
- Stephen Petersen
- Stephanie Young
- Sume Ndumbe-Eyoh
- Suzanne Obiorah
- Tamara Byrne
- Tess Romain
- Trish Chatterpaul
- Umwali Sauter
- Wei Cao
- Wilfred Cheung
- Yolande Davidson

Health Service Providers

- ROOTS Community Services
- Lakeshore Area Multi-Services Project (LAMP)
- Canadian Mental Health Association (CMHA)/Peel Branch
- Somerset West Community Health Centre
- Thunder Bay Regional Health Science Centre (TBRHSC)
- Wellfort Community Health Centre
- Centre francophone du Grand Toronto
- Women's College Hospital
- Centre for Addiction and Mental Health (CAMH)
- Black Health Alliance
- Durham Community Health Centre
- South East Ottawa Community Health Centre
- Somerset West Community Health Centre
- St. Mary’s General Hospital, a division of the St. Joseph’s Health System
- London Inter Community Health Centre
- Canadian Mental Health Association, Lambton Kent Branch
- Équipe Santé Familiale Nord-Aski Family Health Team
- Centre de santé communautaire du Grand Sudbury
- Carefirst Seniors and Community Services Association
- Scarborough Centre for Healthy Communities
- TAIBU Community Health Centre
- Planned Parenthood of Toronto
- Parkdale Queen West Community Health Centre
- East End Community Health Centre
- Black Physicians' Association of Ontario