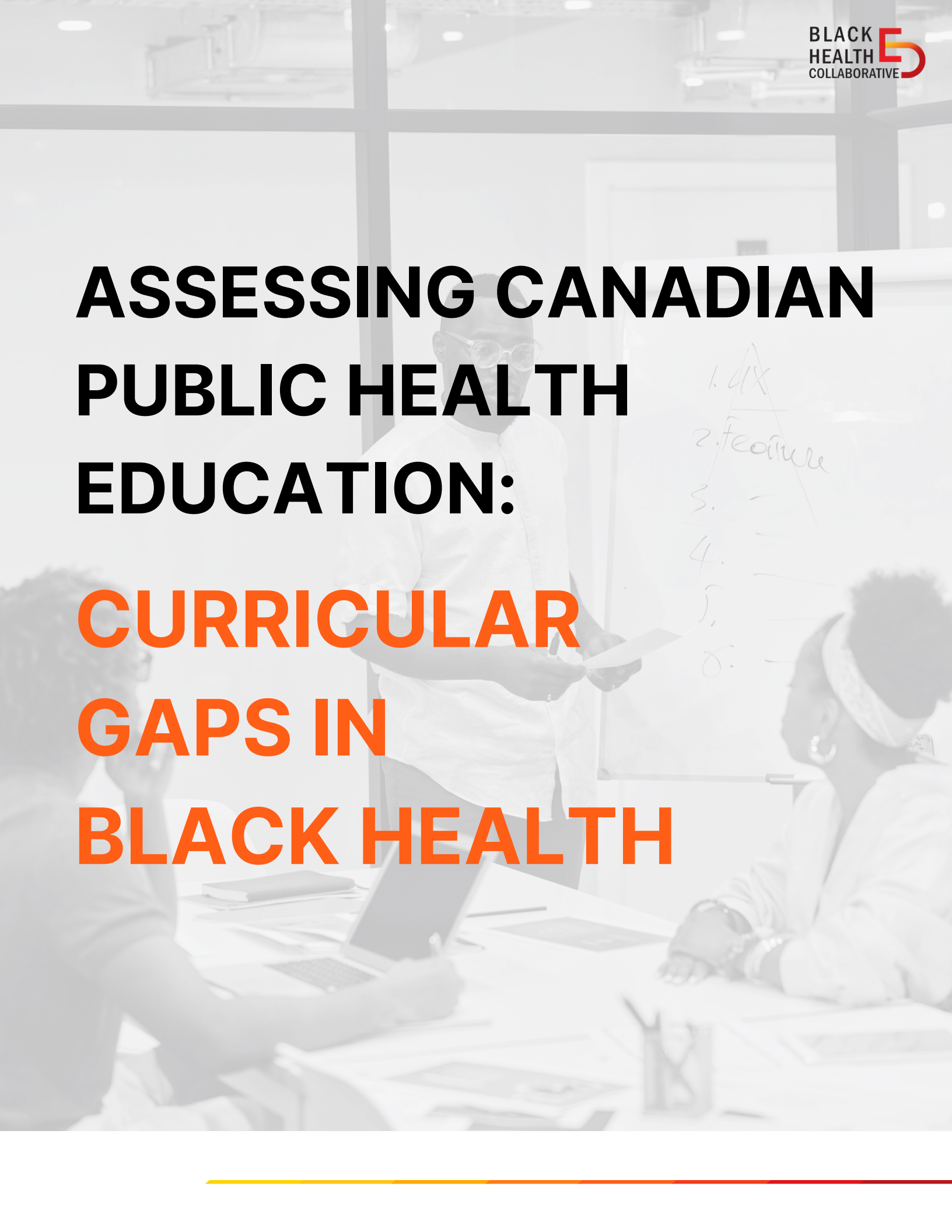




ASSESSING CANADIAN PUBLIC HEALTH EDUCATION: CURRICULAR GAPS IN BLACK HEALTH

Acknowledgements

This situational assessment would not have been possible without the valuable contributions of the Black Health Education Collaborative team and all the participants.

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About the Black Health Education Collaborative

The Black Health Education Collaborative (BHEC) is a community of scholars and practitioners committed to improving Black health through education and research. The BHEC's mission is to transform medical and health professional education to improve the health of Black people and communities across Canada. BHEC addresses anti-Black racism and the interlocking systems that impact the health and wellbeing of Black communities across Canada. Through systems transformation, BHEC focuses on shifting health and educational systems to be more responsive to Black health through collaboration with academic and professional institutions and community organizations alongside working closely with Black communities to inform the work and amplify Black voices.

For any queries or concerns regarding this report or the Black Health Education Collaborative, please email info@bhec.ca.

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Land & Ancestral Acknowledgment

The Black Health Education Collaborative acknowledges with gratitude the Indigenous and Afri-Indigenous Peoples across Turtle Island who continue to thrive and resist colonial violence while striving for self-determination and decolonial futures. We live, work and play in various territories including the lands of the Huron-Wendat, Haudenosaunee and Mississauga's of the Credit River; Cree, Oji-Cree, Dakota and Dene peoples, the Anishinaabe, and on the homeland of the Red River Métis Nation; Kanien:keha'ka and Mi'kmaq.

We remember our ancestors, forcibly displaced African peoples, trafficked into Turtle Island as a result of the Trans-Atlantic Slave Trade and the histories and legacies of colonialism and neo-colonialism which continue to impact African Peoples and the descendants of the Black diaspora across the world.

We recognize that racial colonial violence harms Black, Afri-Indigenous, and Indigenous Peoples through both common and distinct logics and actions. We recognize our responsibility and obligations as African Peoples to be good guests on these lands. We offer thanks to our elders and communities from whom we learn. May your wisdom inform our actions towards a more just future.



Key Messages

- Understanding anti-Black racism as a determinant of health is recognized as important. However, systemic institutional efforts to integrate content on Black health and anti-Black racism into curricula remain limited.
- Anti-Black racism and Black health are often not explicitly named and are incorporated into Equity, Diversity, and Inclusion initiatives. This approach fails to acknowledge the unique experiences of Black communities, does not challenge systemic anti-Black racism, lacks accountability, and impacts the allocation of resources needed to address these issues.
- It is essential for public health education to include content on anti-Black racism and Black health to prepare responsive learners who serve all communities effectively and promote health equity through anti-racist practice.



Executive Summary

The Black Health Education Collaborative (BHEC) is a pan-Canadian organization committed to transforming medical and health professional education to improve the health of Black communities across Canada. This is achieved through the development of curricula, continued professional development, and research. In 2022, BHEC conducted a situational assessment to understand how anti-Black racism in healthcare and Black health are included in Master of Public Health (MPH) programs across Canada (4). A survey was sent to all Canadian universities with an MPH program, and responses were received from a minority of these programs. The survey was completed by individuals in various roles within the institutions, including faculty and leadership.

As a structural determinant of health, anti-Black racism is informed by historical legacies and manifests today as health inequities experienced by Black communities across Canada (1, 2). It is essential that public health curricula include content on anti-Black racism and Black health, taught by subject matter experts from academic and community backgrounds (3). For the future of public health practice, it is imperative that learners receive this crucial aspect of their education and that it is facilitated by public health institutions in a way that is accessible and respectful of Black experiences.

The findings reveal that, currently, there is inadequate coverage of anti-Black racism and Black health, signaling an educational gap in Canadian MPH curricula. Notably, the survey indicates that anti-Black racism and Black health are often not identified or addressed explicitly but are included as part of broader Equity, Diversity, and Inclusion (EDI) initiatives. Only a minority of institutions stated explicit commitments to addressing anti-Black racism and Black health, with many efforts still in development. While some programs incorporate content or initiatives on anti-Black racism and Black health, most institutions lack systemic approaches to integrating this content into their curricula. The responses also highlighted the limited resources to support this work. In terms of instruction, there was limited engagement with Black subject matter experts or Black Health Theme leads. This may impact the consistency of coverage of these topics. Respondents recognized the importance of understanding how anti-Black racism acts as a determinant of health and the role of public health practitioners as agents of change towards health equity. However, gaps in content, expertise, and resources persist.

There are significant implications of these knowledge gaps for public health practice, the health experiences of Black communities, and the advancement of health equity. Public health education must recognize the racist foundations that inform the determinants of health and extend into the public health system itself. The systematic exclusion of these topics indicates that, in practice, the health of Black communities will continue to be overlooked. If the health of Black communities in Canada is not adequately addressed through public health training, learners will remain unprepared. As such, public health education must be responsive to the needs of communities and populations across Canada. Public health students, as future practitioners, must be equipped to understand and address anti-Black racism as a determinant of health, along with its impact on the health and wellbeing of Black communities across Canada.

MPH curricula in public health schools across Canada must address the current gaps and inconsistencies in education on Black health and anti-Black racism. Incorporating this content is essential because anti-racist practices promote health equity and ensure that public health professionals are adequately prepared to serve diverse communities throughout Canada.



Introduction

Anti-Black racism is a fundamental driver of health inequities experienced by Black communities (1). To date, adequate and appropriate knowledge of Black health and anti-Black racism remains largely absent and is inconsistent in public health curricula across Canada despite the significant historical and ongoing effects of systemic anti-Black racism in the country (2).

As affirmed by the Scarborough Charter on Anti-Black racism and Black inclusion in Canadian Higher Education, institutes of higher education are called to foster "curricular development across academic disciplines that decentres epistemic Eurocentrism, that holds open space for expansive, world-inspired learning that broadens disciplinary canons to include Black expertise and knowledges" (3, p. 5). The Scarborough Charter emphasizes the critical role of public health schools in integrating anti-Black racism and Black health into curricula that are culturally just and accessible to all learners (3).

In 2022, the Black Health Education Collaborative (BHEC) conducted a situational assessment to evaluate the extent and nature of the inclusion of anti-Black racism and Black health curricula within Master of Public Health (MPH) programs across Canada.

Methods

A situational assessment was conducted to understand the representation of Black health in public health curricula across Canada (4).

A survey was designed to assess how Black health and addressing anti-Black racism was addressed and included in the curriculum of Canadian public health schools. The survey consisted of 20 questions, divided into two sections, and included both open ended and closed ended questions.

The first section collected background information about the participants, specifically pertaining to their institutional affiliation and role.

The second part of the survey evaluated how Black health and anti-Black racism in healthcare were incorporated in public health education and institutional frameworks. This section contained questions aimed at understanding the extent to which anti-Black racism was addressed in the curriculum, the strategies used for instruction, and the individuals involved in implementing such measures. The survey was administered through REDCap, an online application for creating and collecting data from surveys and questionnaires.

Participants for the situational assessment were recruited from Canadian schools of public health that offered undergraduate or master's programs. An invitation to complete the assessment was distributed via email to the schools, and the survey link was provided for easy access. To ensure maximum participation and response rate, a follow-up email was sent to those who had not completed the assessment after a two-week interval from the initial invitation. Additionally, a third follow-up email was sent to non-responders to further encourage their participation.

The survey was open from May 25, 2022, the day of the initial presentation, until July 11, 2022. Data collection concluded on this date, and responses obtained up to that point were considered for analysis.

Data collected from the survey was analyzed to identify gaps and areas for improvement in the inclusion of anti-Black racism and Black health curricula in Master of Public Health (MPH) programs across Canada.

Participants' background information, including their institutional affiliations and roles, was summarized qualitatively and responses were analysed using descriptive statistics.

Qualitative analysis was conducted on the responses related to curriculum inclusion to identify themes. This analysis aimed to provide an overview of the current state of public health education concerning curricula focused on anti-Black racism in health care and Black health while identifying areas for improvement.



Results

The survey received responses from 7 out of the 25 MPH programs in Canada, resulting in a response rate of 28%. The responses collected from these 7 institutions were contributed by a total of 12 respondents, representing various streams, focus areas, and roles within their respective programs and institutions.

Two institutions submitted multiple responses: Simon Fraser University (n=2) and the University of Toronto (n=5), from the different MPH program streams. Responses were received from the following streams: Social and Behavioural Health Sciences, Nutrition and Dietetics, Indigenous Health, and a fourth respondent whose stream was not specified in their response.

While individual responses varied in completeness, all questions were responded by each of the seven institutions, albeit with differing levels of detail. This situational assessment primarily focuses and presents findings based on the summary of each institution's response but may include insights from individual respondents where relevant.

Participants from the following institutions completed the survey:

- Dalhousie University
- Lakehead University
- University of Toronto
- Simon Fraser University
- University of Guelph
- University of Saskatchewan
- University of Northern British Columbia

The respondents hold various roles within their university's MPH programs. Notably, the highest number of responses (n=4 each) came from individuals in academic leadership positions, such as program directors (including interim or associate directors), Chairs and Deans. Additionally, there were two respondents each who were coordinators or faculty members (professors or lecturers). For respondents holding multiple roles, only their highest-ranking position was included in this summary.

Most respondents (n=7) completed the survey independently. Four respondents collaborated with colleagues to complete the survey. The roles of the individuals the respondents collaborated with included a director, program director, a course instructor, and members of an Equity, Diversity, and Inclusion (EDI) advisory circle.

Interestingly, one respondent indicated indirect collaboration. While they did not consult others directly, they chair or serve on several departmental committees focused on Equity, Diversity, Inclusion, and Accessibility (EDIA). This suggests that their responses were informed by insights gained through these engagements.

A range of universities across Canada are represented in the survey, reflecting geographical and institutional diversity. Furthermore, the academic positions of the respondents similarly demonstrate a spectrum of institutional and curricular perspectives. This situational assessment aims to evaluate the approaches taken to address anti-Black racism and Black health within public health curricula. Additionally, it emphasizes the importance of integrating anti-Black racism and Black health into core public health training. It is the responsibility of public health institutions to prepare future professionals to serve all communities effectively and equitably.



Approaches to Addressing Anti-Black Racism and Improving Black Health

The following section provides insights into the inclusion of anti-Black racism and Black health curricula in Canadian public health education.

The survey responses assessing the incorporation of anti-Black racism and Black health in MPH curricula are reported under three sections: 1) Institutional orientation, 2) Institutional responses 3) Learning resources, skills, and approaches.

1. Institutional Orientation to Addressing Anti-Black Racism and Black Health
 - a. Commitment
 - b. Principles
2. Institutional Responses to Anti-Black Racism and Black Health
 - a. Black Health Theme Leads
 - b. Approaches to Addressing Anti-Black Racism
 - c. Curriculum
 - d. Anti-Black Racism and Black Health Educators
 - e. Black Subject Matter Experts and Learner Communities Involvement
3. Learning Resources, Skills, and Approaches on Anti-Black Racism and Black Health
 - a. Knowledge and Skills Required
 - b. Mode of Delivery
 - c. Resources Available

The survey was specifically designed to evaluate the inclusion of anti-Black racism and Black health in public health curricula. While some responses directly addressed these topics, others were less specific and related to broader themes of anti-racism and EDI. All perspectives have been incorporated into this situational assessment to provide a comprehensive understanding of the state of anti-Black racism and Black health in curricula across Canadian public health schools.

1. Institutional Orientation to Confronting Anti-Black Racism and Improving Black Health

Commitment

Of the participating public health schools, 3 out of the 7 institutions reported that their institution had an explicit commitment to addressing anti-Black racism and improving Black health. However, all three institutions noted that the implementation of this commitment was either in progress or under development. One institution noted that they had a Black Post-Doctoral Fellows Program and, at the time of completing the survey, a Black Health MPH was in development. Furthermore, another institution described that their anti-Black racism commitment was part of their EDIA interventions that includes a committee to prioritize admissions and funding, a recruitment committee for graduate programs “which has adopted increasing diversity in applications in its terms of reference”, and curriculum reviews.

The remaining four respondents did not have any form of commitment in place for addressing anti-Black racism and improving Black health.

Lastly, two institutions indicated that their institution did not have an overarching institutional commitment to addressing anti-Black racism and improving Black health. Rather, it would be considered under their broader EDI agenda. These agendas included commitments such as centering social justice as part of their mission and vision, as part of the promotion of health for all marginalized groups which includes Black communities. Furthermore, it was noted that these commitments may be carried out by an individual through their own actions or may be embedded into broader anti-oppression or EDI initiatives.

Principles

Different perspectives were offered on the core principles that underlie institutions' efforts to address anti-Black racism and improve Black health.

Only one institution identified specific principles relating to anti-Black racism and Black health. However, there were multiple respondents for this institution and fluctuations in responses indicates that the principles were stream-specific. One stream indicated two initiatives, a Black post-doctoral program and the creation of a Black Health MPH. The Black post-doctoral program was established to address the inequities faced by Black professionals. The initiative for Black post-doctoral fellows was created in acknowledgment of the difficulties faced by Black professionals in their careers in the degree-to-faculty trajectory or degree-to-employment pathway more broadly. The main goal of the initiative "was to provide concrete, tangible [opportunities] in order to address education market and labor market discrimination." The other principles mentioned by the stream were providing opportunities and factoring community by hosting monthly informal meetings between post-doctoral fellows and faculty, allowing for open conversations and making connections.

]The respondents from the other streams at the same institution did not identify principles specific to anti-Black racism and Black health in their programs. They highlighted broader EDI principles. For example, equity was mentioned as a key principle by most of the other streams. One stream elaborated on their EDI principles writing, "social justice, value different knowledge systems and perspectives, intersectionality, community participation, empowerment and partnership, a salutogenic approach or focus on positive health, focus on upstream determinants of health (including racial discrimination)".

The majority of institutions (n=5) indicated that anti-Black racism and Black health were not addressed explicitly as part of their institutional principles for their public health programs. Instead, they shared general EDI principles in which anti-Black racism and Black health are included. The following themes emerged:

EDI Principles

Each of the programs discussed equity, diversity, and inclusion. Social justice and anti-oppression were mentioned as mechanisms for addressing racism. There were multiple ways in which these principles were implemented, including in education, policies, accountability, and advocacy.

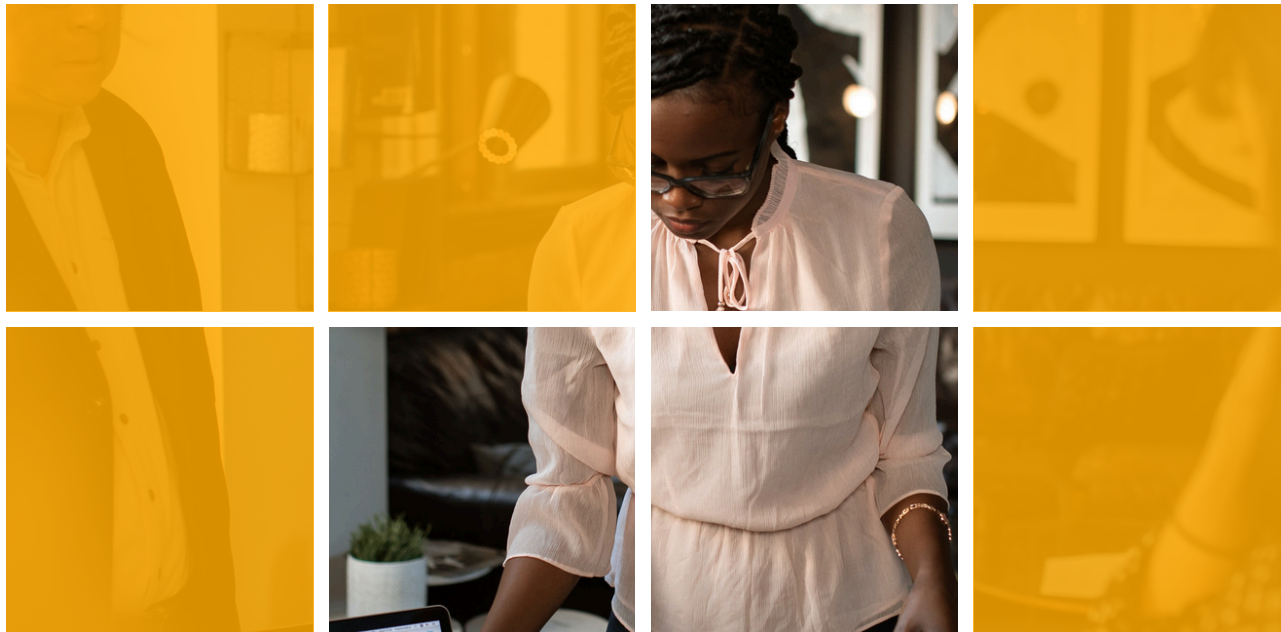
Equity, specifically, was explicitly mentioned as a core value by 2 institutions. One institution indicated that, “as a central component of our curriculum, we focus on health equity to improve population health.” However, they also noted that “it is not explicit to anti-[B]lack racism or any other population.”

Building On and Connecting Existing Work: Indigenous health or anti-Indigenous racism were mentioned by two institutions. These respondents identified parallels between anti-Indigenous racism and Indigenous health with anti-Black racism and Black health. However, despite these connections and their commitment to addressing anti-Indigenous racism and Indigenous health, neither of these institutions indicated similar initiatives for addressing anti-Black racism or Black health. One respondent articulated the connection between their program’s efforts toward Indigenization writing that they, “believe [their] principles largely stem from respect and reciprocity and longer-standing work done to address anti-Indigenous racism and improving Indigenous health. Accountability, trust, and solidarity are some recent principles [they] have articulated as part of a new advisory circle tasked with focusing on anti-racism, including anti-Black racism”. These links were created by another institution that expressed its commitment to EDI principles and the promotion of Indigenous health, stating that “such commitment naturally extends to anti-Black racism and Black health as they have been historically discriminated against and under-served.”

Institutional and Policy Changes

The responses indicate that efforts to adopt EDI principles are in progress. The formation of advisory circles or committees dedicated to EDI suggests a focus on integrating these principles within institutions structurally and through policy initiatives. At the time of completing the survey, one respondent shared the purpose of their newly formed EDIA committee was to “develop capacities, knowledge, and skills to engage in EDIA work and bring principles of EDIA to the forefront so that they are integrated into the department's governance, teaching, research, hiring, admissions, and advocacy.” The avenue for capacity development that this committee planned to take through the integration of EDIA principles into departmental activities included a strategic plan, creating an internally accessible inventory of educational materials, providing opportunities for learning and unlearning, and to “advocate for changes at the faculty and university levels to enable institutional policies and processes that better reflect fairness and justice for resources and opportunities”.

Lastly, one institution did not describe any principles or make any connections to Black health and anti-Black racism.



2. Institutional Responses to Anti-Black Racism and Black Health

Approaches to Addressing Anti-Black Racism and Black Health

Of the responding institutions, only one described approaches that specifically addressed anti-Black racism and Black health. The majority of institutions (n=4) detailed approaches relating to EDI more broadly.

While there was overlap in the approaches taken by institutions to prioritize addressing anti-Black. There were two institutions that did not share any approaches.

Interestingly, there was overlap in approaches mentioned by the institution who specified anti-Black racism and Black health and the institutions who focused on EDI. Participants offered the following examples of strategies to address anti-Black racism within their MPH programs, the approaches shared can be grouped into the following:

- Curriculum Review and Content Integration
- Strategic Planning & Capacity Building
- Institutional and Structural Policy
- Focusing and Integrating EDIA Principles
- Other

Curriculum Review and Content Integration

There were different strategies relating to curriculum and content within public health education from an individual to program levels. Three institutions mentioned curriculum or content revision. One was the institution that specifically addressed anti-Black racism and Black health, while the other two institutions referred to this revision from a broader EDI lens.

Within the only institution that specifically mentioned anti-Black racism and Black health, there were several responses from different streams or programs. One respondent indicated that they have taken proactive steps to incorporate literature on anti-Black racism, including its health impacts, into the courses they teach. Another respondent reported that, through the creation of an advisory committee, their program had initiated the process of reviewing the health promotion competencies for their stream and their subsequent goal was to revise their curriculum overall. Furthermore, an additional respondent shared that their stream was revising their curriculum to ensure that Black Indigenous Peoples were included.

Curriculum and content were also identified as key components of the broader EDI strategies undertaken by institutions. In one institution, curriculum and content review was part of their EDIA committee to integrate EDIA principles into the department's teaching and "

As part of the EDIA committee, one institution highlighted several content and curriculum-related areas that the committee would address, including curriculum review for content and the integration of EDIA principles into the department's teachings and to "develop an inventory of educational materials on EDIA that are easily accessible to department members."

One respondent noted that addressing anti-Black racism had not been prioritized by the program at the time of completing the survey. They explained that, "racism is more frequently discussed in the past few years (e.g. with advent of #BLM) and I know the topic and its many dimension[s] have been covered in our curricula, but not in a systematic manner."

Strategic Planning & Capacity Building

Respondents emphasized the importance of strategic planning for their institution's approach and the implementation of their strategies. They highlighted fostering growth through admissions and funding, mentioned by four institutions, with one specifically addressing anti-Black racism and three discussing EDI.

Network building was identified as an approach by the institution that specifically addressed anti-Black racism and Black health. One respondent explained how they actively work with Black students and post-doctoral fellows.

"I have been working with student and post-doc fellows to provide them with many of the networks and resources to which Black people often don't have ready access in Universities."

The institutions that referenced broader EDI initiatives also mentioned strategic planning and capacity building. One institution's respondent noted that their program is working on strategies to prioritize anti-Black racism as part of their EDI plan. Another described how the role of their institution's EDIA committee encompassed hiring, research, and admissions. Through this committee, they would review their admissions procedures and graduate student funding.

The committee would also, "Support the inclusion of anti-oppression and EDIA principles in the strategic plan and throughout the department's roles and activities".

Institutional and Structural Policy

The EDIA committee of one institution that was being formed at the time of completing the survey shared how the role of the committee would include shaping institutional policy. They wrote that, “[advocating] for changes at the faculty and university levels to enable institutional policies and processes that better reflect fairness and justice for resources and opportunities. Ensure current policies and procedures for EDIA are communicated and implemented throughout the Department. Bring recommendations on policies and processes to the department.”

Focusing and Integrating EDIA Principles

Mentioned by three institutions only in EDI context. The institutions also highlighted their focus on EDIA principles and prioritization, demonstrating a commitment to embedding EDIA into their practices. However, there was no specific mention of anti-Black racism or Black health. One respondent shared that, “health equity is a central component of the curriculum and is covered in many classes including health communication, health promotion, public health policy, and public health administration.”

Other Approaches

There was one response relating to anti-Black racism and Black health that did not relate to the other approaches. One respondent described the role of Black students, “we have a good number of Black students in our PhD and MSc Health Sciences program, who are supported by various funding from the university and supervisors. They will go on to be ambassadors for Black health.”

Curriculum

Only two institutions indicated that their program addresses topics related to anti-Black racism and Black health. One respondent identified two courses that are popular electives for students in their program. They also noted that they were unsure to what extent their program's required courses cover anti-Black racism and Black health, as a curricular review had not yet been conducted. However, they noted that several courses included discussions of race or EDI. The second respondent indicated that anti-Black racism and Black health are included in both undergraduate and graduate curricula in their program. They also shared that there are "specific sessions on [B]lack anti-racism".

Notably, six institutions did not formally or explicitly cover anti-Black racism and Black health in their program. The responses emphasized health equity as a central component of the curriculum to improve population health. Three respondents shared that anti-Black racism and Black health are part of broader courses on social determinants of health or health promotion. One respondent indicated that while anti-Black racism and Black health may be addressed in certain courses, they are not mandated. Another respondent shared that there was a degree of curricular inclusion writing, "[S]omewhat. I think at least three black faculty cover it in the courses we teach, but not sure if it's in any other courses." However, there were no explicit strategies for addressing anti-Black racism mentioned. This variance in inclusion is also reflected in the response of one respondent, who wrote, "students can choose to do an independent study class on any topic of interest and in the past, a few students have chosen anti-[B]lack racism." Another respondent highlighted the gap in curricular content on Black health and anti-Black racism writing that, "It is not, in my opinion, adequately covered at this point. It is certainly captured in content on social determinants of health as well as content on health inequality. However, explicit focus on racism is lacking." They also noted that this issue would be addressed during a curricular retreat scheduled for that year.

Lastly, four institutions indicated that anti-Black racism and Black health was not covered in their program's curriculum. One respondent wrote that their program held an anti-oppression workshop for one of their courses. Another respondent emphasized the importance of cultural safety writing that it "does help people to open up to learning more about made-vulnerable populations."

Anti-Black Racism and Black Health Educators

The responses indicate that different individuals were responsible for teaching content on anti-Black racism and Black health. In only one institution was the content taught by Black faculty. Core faculty members were identified by four institutions as responsible for teaching this content. One institution emphasized that with the integration of health equity across their curriculum, numerous professors addressed relevant topics. Guest lecturers were also mentioned by one institution. One institution reported that they currently have no instructors teaching content on anti-Black racism and Black health, while another was unsure.

Black Health Theme Leads

The role of Black Health Theme Leads is dedicated to ensuring that Black experiences are incorporated into the education provided by public health schools. Notably, only one institution had a Black Health Theme Lead, while the majority (n=6) did not. Among the institutions without a Black Health Theme Lead, one reported having a Black faculty member in an academic leadership role within the department but clarified that this individual was not serving as a Black Health Theme Lead.

Black Subject Matter Experts and Learner Community Involvement

Participants were asked to identify the extent of involvement of Black subject matter experts and learner communities in developing and delivering education on anti-Black racism at their public health school.

Only two institutions indicated that Black subject matter experts and learner communities were involved in developing and delivering education on anti-Black racism within their programs. For one institution, these experts were faculty members. The respondent highlighted the high volume of demands and time constraints for Black and Indigenous faculty so they were “spread very thin and expected to lead across the university”. The other institution identified a sessional instructor and a research fellow who is a PhD candidate.

The majority of institutions (n=5) stated that they did not have Black subject matter experts or learner communities involved in developing and delivering education on anti-Black racism within their school’s public health program.

However, one of the respondents from an institution with multiple streams noted that, while there was some involvement, it was not systematic writing. They noted that “the [Black faculty] who teach it... have relevant expertise”. They were also unsure of the status of Black subject matter experts and learning community involvement was in the other MPH streams of the institution. Another respondent from this institution indicated that they could not provide a concrete answer because their stream had not yet begun their curricular review. They did identify this as an area for improvement writing, “I believe that we need to do more about this and we will be addressing these issues”.

Lastly, one institution indicated that while they did not have Black subject matter experts of learner community involvement in curricular activities, their “Black graduate students are actively involved in identifying and defining their own research ideas of interest to the Black community”. While this highlights support for graduate students in pursuing research that is meaningful to them, it does not reflect a systematic or program-wide educational effort focused on anti-Black racism in healthcare or Black health.



3. Learning Resources, Skills, and Approaches on Anti-Black Racism and Black Health

Knowledge and Skills

Respondents were asked to rank eight knowledge and skills statements in order of importance, specifically regarding the skills that learners need in relation to anti-Black racism and Black health. Overall, empowering individuals to be agents of change against anti-Black racism and in support of health equity was consistently ranked as highly important by respondents.



Students

Respondents were provided statements on knowledge and skills required by students in relation to anti-Black racism and Black health and asked to rank them by importance from 1 to 8.

Based on institutional responses, the knowledge and skills statements were ranked in order of importance as follows:

#	Knowledge and skills statements
1.	Recognize roles as agents to address and fight against anti-Black racism in their own classroom and programs
2.	Analyze ways in which internalized racism acts as a barrier to racial health equity
3.	Consider roles in addressing and dismantling anti-Black racism as health practitioners
4.	Describe the historical context of anti-Black racism and racial oppression
5.	Describe the effects of developing insight and deepened awareness of anti-Black racism and oppression
6.	Analyze intersections between anti-Black racism and other systems of oppression
7.	Develop and document a common language and understanding to create a safe environment to discuss race and anti-Black racism openly
8.	Explain how anti-Black racism influences health and the social determinants of health

Faculty

Furthermore, respondents were asked to rank nine statements about knowledge and skills in order of importance, specifically regarding the skills that faculty and instructors need concerning anti-Black racism and Black health. Similarly, the capacity to articulate how anti-Black racism impacts health and the social determinants of health was consistently ranked as highly important.

The knowledge and skills statements were ranked in order of importance as follows by institutions:

# Knowledge and skills statements	
1.	Anti-racism pedagogy and effective practices for teaching about anti-Black racism and Black health
2.	Consider roles in addressing and dismantling anti-Black racism as health practitioners
3.	Describe the effects of developing insight and deepened awareness of anti-Black racism and oppression
4.	Analyze ways in which internalized racism acts as a barrier to racial health equity
5.	Explain how anti-Black racism influences health and the social determinants of health
6.	Analyze intersections between anti-Black racism and other systems of oppression
7.	Develop and document a common language and understanding to create a safe environment to discuss race and anti-Black racism openly
8.	Describe the historical context of anti-Black racism and racial oppression
9.	Recognize roles as agents to address and fight against anti-Black racism in their own classroom and programs

Mode of Delivery

The survey explored how education on anti-Black racism and Black health was delivered, focusing on which modes of delivery respondents believed would be most effective for this instruction.

Most participants were evenly divided regarding the most appropriate methods of delivery to acquire knowledge about anti-Black racism and Black health. Two institutions each identified self-directed modules, facilitated modules, and webinars as the most suitable modes of delivery for their context.

However, it was noted that the answer to this question varied depending on the context and purpose of delivering educational material, necessitating different methods or a combination of methods. For example, one respondent reported a variety of approaches, including facilitated modules, self-directed online modules and webinars.

Resources on Anti-Black Racism and Black Health

Regarding the resources available in their programs to support education and instruction on anti-Black racism and Black health, survey responses varied. Approximately one-third of institutions either had resources specifically dedicated to anti-Black racism and Black health (n=2), offered broader EDI resources (n=2), or had no additional support (n=3).

For example, at one institution, respondents highlighted initiatives such as increasing Black faculty to support the Black Health MPH program, the Black Health lead, and inviting Black guest speakers. The other institution noted that they have subject matter experts and emphasized that "addressing this is a shared responsibility."

Furthermore, two institutions discussed general EDI initiatives. Both referenced the Office of EDI as a resource. One institution noted that their EDI director "supports education and development on all kind[s] of racism". Additionally, they indicated that the Office of EDI held "occasional workshops for faculty on such issues including [a recent] one on 'unconscious bias'".

Lastly, three institutions reported that they had no resources. However, one institution noted that there were "courses and workshops available to those who are interested".

Discussion

The findings from this situational assessment provide important insights into the current landscape of addressing anti-Black racism and Black health within MPH curricula across Canada. The diversity of responses highlights the varied approaches and challenges that institutions face in tackling these critical issues.

One striking observation is that a significant portion of the surveyed programs do not formally cover anti-Black racism and Black health in their curriculum. The inconsistency and varying degrees to which anti-Black racism and Black health are addressed underscore the need for dedicated and more comprehensive coverage of these topics beyond the broader EDI and health equity discussions. This exclusion highlights a serious gap in tackling anti-Black racism and Black health within public health education. This is a critical issue, considering that public health is defined as an "organized effort of society to keep people healthy and prevent injury, illness and premature death" (5). Without education that is inclusive of everyone and addresses the systemic and structural anti-Black racism embedded within the social determinants of health, these gaps result in an inability to promote the health of Black individuals in Canada.

The literature on health outcomes and the conditions needed for health illustrates the correlation between the unequal distribution of social determinants of health and persistent and pervasive racial health inequities (6). Public health institutions that continue to disregard the conditions that worsen the health outcomes of Black populations will be unable to eliminate health inequities. This situational assessment revealed that, while some schools have certain course offerings that may address curriculum related to Black health, they are primarily part of broader EDI initiative. While some schools noted a focus on addressing anti-Indigenous racism, this does not immediately translate into expanded attention to addressing anti-Black racism. As a result, specific coverage related to Black health and addressing anti-Black racism remains inconsistent and insufficient across the board. Schools of public health need a mechanism of systematically incorporating curricula related to Black health in their programs to address the structural and social inequities, and anti-Black racism that undermine Black health and create challenges to achieving health equity at organizational, community, and societal levels. Racial health inequities will not change unless we change public health education and the health system at large.

Despite the limited presence of programs and initiatives focused on anti-Black racism and Black health, the existence of courses, workshops, and learning opportunities within program's EDI initiatives may offer a foundation for expansion. There is a clear opportunity to develop more dedicated spaces for learning on anti-Black racism and Black health. Additionally, reflections in the responses and the identification of content and curriculum review as a target area demonstrate an intention to enact change and create dedicated spaces to address anti-Black racism and promote Black health.

There was limited involvement of Black faculty, subject matter experts, and learner communities in delivering education on these issues. Notably, only one institution had a Black Health Theme Lead, a role that could significantly promote the inclusion of Black health and anti-Black racism in MPH curricula. It was also interesting that one respondent highlighted the high demand and limited time faced by Black faculty members at their institution, emphasizing the need for individuals with expertise in this area and supporting calls for increased capacity within institutions to accommodate these experts.

Furthermore, the lack of formal institutional infrastructure to support this work shifts responsibility onto students and faculty members. For example, one respondent, whose institution did not have a formal approach to addressing anti-Black racism and Black health, noted that their Black graduate students would serve as “ambassadors for Black health.”

The involvement of Black faculty, subject matter experts, and learner groups represents a significant step toward enhancing the health and well-being of Black communities across Canada.

The survey also revealed challenges in implementing comprehensive changes. The uncertainty and lack of resources reported by institutions underscores the need for greater support and investment in addressing anti-Black racism and Black health within public health education. As the survey responses indicate, some programs recognize the importance of tackling these issues and express a desire to make changes. This presents an opportunity for collaboration and knowledge-sharing among institutions to develop effective strategies and resources for meaningful change.

The absence of specific resources in a significant portion of programs raises the question of whether public health curricula are adequately equipped to prepare future professionals to address the complex challenges of anti-Black racism and Black health inequities. Ultimately, it is crucial for institutions to consider the impact of these gaps on their graduates' ability to confront and mitigate health inequities in Black communities. Furthermore, the implications of these findings extend beyond academic settings, as public health professionals play a critical role in shaping policies and interventions that directly impact the wellbeing of Black and other racialized populations.

To address the identified inequities, fostering collaborations between institutions and communities can enhance understanding and foster a more comprehensive approach to anti-Black racism and Black health education. Efforts to establish partnerships with Black-led organizations and community experts can inform and enrich curricula, ensuring that it reflects the realities and lived experiences of Black communities. Faculty development and training programs focused on anti-Black racism education can equip instructors with the tools and knowledge needed to integrate these crucial topics into their teaching. The results also demonstrate the importance of increasing Black faculty. This can be seen in how a minority of institutions indicated Black faculty members as being subject matter experts or being the ones teaching material on Black health and anti-Black racism. This is also highlighted in the response of one participating institution that only listed two faculty members. This would imply that since they are in such high demand, that they are not able to adequately work on strengthening Black health and anti-Black racism content in the public health school's curricula.

The findings also highlight the significance of institutional EDI commitments. Universities with EDI offices and dedicated initiatives can leverage these to take an explicit, proactive stance in addressing anti-Black racism and promoting Black health instead of taking a one-size fits all approach. Building on such initiatives can facilitate systemic changes within academic institutions, fostering environments that value diversity and actively address anti-Black racism. This is essential for fully integrating EDI principles within public health programs.

This situational assessment underscores the urgency of addressing anti-Black racism and Black health within Canadian public health programs. While some programs show promise in their efforts, they are in the minority.

Limitations

The results of this situational assessment should be interpreted with caution, as it was conducted with a limited sample size. Only seven out of the twenty-five public health schools in Canada completed the survey so the validity of the findings and the ability to generalize the results to all MPH programs are affected by this small sample size. This, alongside the survey relying on self-reported data, may introduce bias and limit the analysis of our findings. Nonetheless, this situational assessment provides important insights into the nature and extent of how anti-Black racism is incorporated into undergraduate and graduate public health education in Canada. Future research should aim to survey all public health programs across the country, encompassing all streams and specialties. Additionally, further exploration is needed regarding how education on anti-Black racism and Black health is specifically delivered in public health curricula. Lastly, further research could be conducted to analyze the demographic composition of Black faculty, staff, and students across each program.



Conclusion

In conclusion, this situational assessment has highlighted the significant absence and inconsistency of appropriate knowledge on Black health and anti-Black racism in MPH curricula across Canada. Systematically incorporating anti-Black racism and Black health into public health education is critical for addressing both the historical legacies of anti-Black racism and the social determinants of health of Black communities across Canada. This approach will promote health equity and ensure that public health professionals are adequately equipped to serve diverse communities.

There is a need for collective action, resources, and sustained commitment to promote inclusive and equitable public health education. By proactively addressing these issues, institutions can equip future public health professionals with the knowledge and skills necessary to address health inequities and advocate for equitable health outcomes for all communities.



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Transforming medical and health
professional education to improve the
health of Black communities across Canada

Email

info@bhec.ca

Website

bhec.ca

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