



BLACK PUBLIC HEALTH COLLECTIVE

STRATEGIC
PLAN
2020–2025

TABLE OF CONTENTS

1

THE COLLECTIVE

PAGES 3-6

2

STRATEGIC PLAN

PAGES 7-12

3

GOVERNANCE

PAGES 12-15



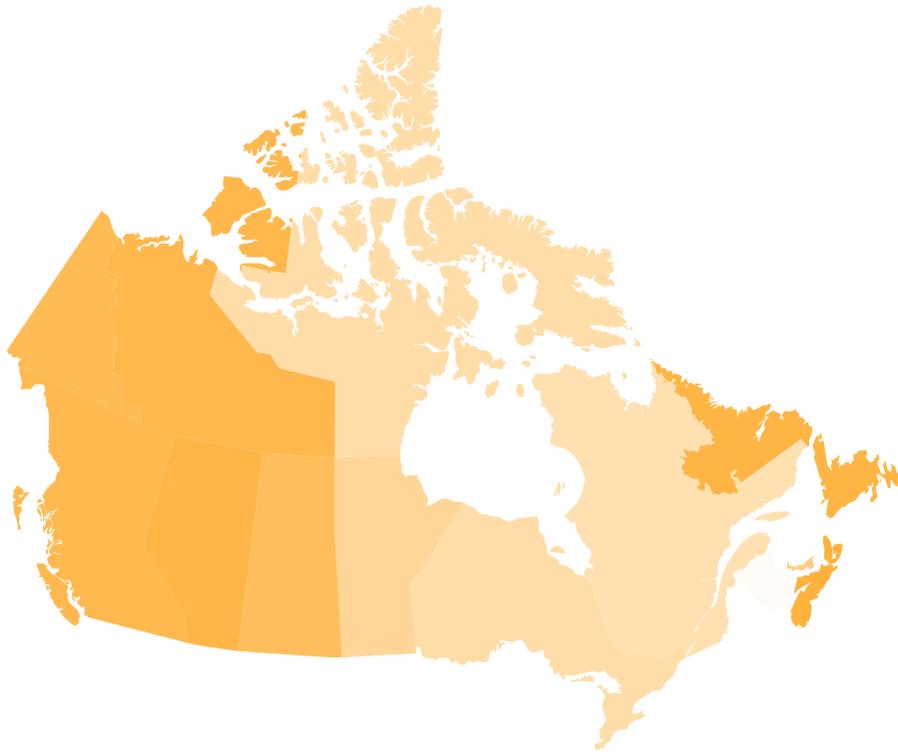
Acknowledgements

Our strategic plan was facilitated by Incwell Consulting and was informed by critical race and Black feminist theoretical frameworks. This work was led by:

Ilhan Abdullahi
Gideon Quaison

Jo-Ann Osei-Twum
Sophia Zekiros

Ntombi Nkiwane
Nishan Zegwe-Abubaker



Our work takes place on the Unceded Lands of Turtle Island.

The Collective is dedicated to justice and freedom of all Black people, those who have passed and those yet to come in Toronto, Turtle Island and globally.



**BLACK PUBLIC
HEALTH
COLLECTIVE**

In Fall 2017, a group of Black public health students studying at the Dalla Lana School of Public Health (DLSPH), University of Toronto, gathered in response to shared experiences of academic isolation, anti-Black racism and a growing discontentment with public health education. These gatherings laid the foundation for what we now call the Black Public Health Collective (BPHC), originally called the Black Public Health Students' Collective. BPHC follows in a long history of Black student organizing in Canada, a site where we quickly learned our dreams outgrew the academy. While beginning from the hopes and liberatory desires of then-public health students at the University of Toronto, we know our work must extend beyond the ivory tower to include Black peoples learning and practicing public health.



DLSPH History of ‘Diversity and Inclusion’ Initiatives

The Dalla Lana School of Public Health has long positioned itself as a leader in issues of equity and diversity. Through our early work based in resistance to the faculty, we learned of a 1999 Task Force on Ethnoracial Diversity [1] that was established to develop recommendations on addressing “ethnoracial diversity” in curriculum, faculty, and students for the then-named Department of Public Health Sciences. Their 1999 Report outlined an academic plan and dedicated financial resources to implement the recommendations, along with a monitoring and evaluation process to ensure accountability. To our knowledge, beyond the report’s publication, little to no work has been accomplished on those recommendations.

The faculty only publicly began discussing issues of diversity and equity again when a Committee on Diversity and Equity launched in 2016 with over 70 members, and produced a Statement on Equity, Diversity and Excellence [2]. Once again, despite a public commitment to addressing ‘racial equity’, all burgeoning efforts that came from the Committee were never completed, and any funds allocated to these ends went under- or unspent.

DLSPH Anti-Black Incident and Response

A defining moment in the Collective's formation and growth came on March 16th, 2018, when an adjunct faculty member demonstrated anti-Blackness on a public forum. This faculty member directed an anti-Black tweet [3] in response to a post by Dr. Rinaldo Walcott (Ontario Institute for Educational Studies, University of Toronto) that only sought to highlight broader issues of anti-Blackness within DLSPH. As a collective, we drafted an open letter on March 23rd [4] with eight simple demands to begin the faculty's work to undo the harms generated against Black students during their studies and take accountability.

We are deeply thankful to the Indigenous and other students of colour who stood in solidarity with us through drafting and sharing this letter. It was only after the public letter reached over 1,000 signatures would DLSPH's leadership state a commitment to addressing anti-Blackness within the faculty. The incident that sparked BPHC's March 23rd Open Letter was not a moment of exceptionalism, rather it was an opening that exposed the School's inner workings. The eight demands of BPHC's Open Letter had striking parallels to those outlined in an unpublished 1999 Report from the Task Force. It became evident that BPHC was a warranted intervention on 20 years of inaction on addressing anti-Black racism and discrimination at the School.

Despite many efforts to push the faculty to hold to their commitment, in the two years since publishing this letter, we have again learned that not one of the eight demands have been fulfilled. We know that simply waiting for institutions to change out of self-interest will not lead us to freedom.

REORIENTING OURSELVES

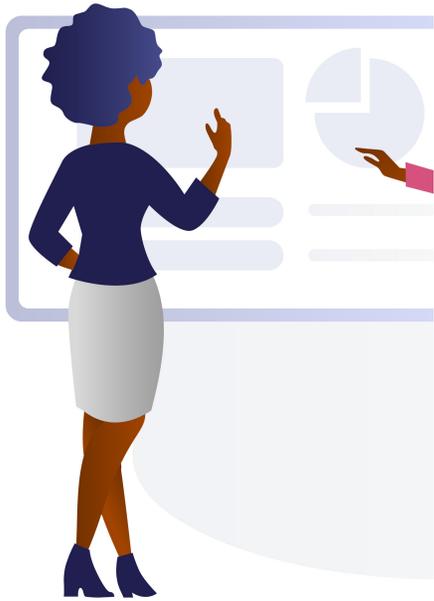
The Black Public Health Student Collective



The Black Public Health Collective

While originally focused on public health students, we recognized the importance of growing our work beyond the limits of academia. In discussing our priorities, we felt the urgency of tackling the broader public health landscape to actually engage and center Black life. We also know that the greatest public health work and impacts happen outside of graduate education, is often interdisciplinary, and does not actually require formal education. This means the work of community organizing, public policy, sociology, and much more is also public health. With this thinking in mind, we work now as the Black Public Health Collective.

The BPHC affirms Black existence in Canada, as Black, Black-Indigenous, Caribbean and African people, whether queer, transgender, and/or living with disability, we know Black lives matter. BPHC seeks to embody resistance that strives and struggles for true freedom, one that returns us to possibilities yet imagined. The Collective is dedicated to justice and freedom for all Black people, those who have passed and those yet to come in Toronto, Turtle Island, and globally.



STRATEGIC PLANNING

Looking Back at **2019**...

Our core team engaged in a rigorous, six-month strategic planning process to identify the core values and strategic directions that would frame our work for the next five years. Through this process, we established who we are and what we stand for, as a collective. Our strategic plan was facilitated by Incwell Consulting and was informed by critical race and Black feminist theoretical frameworks. The process spanned seven intensive work sessions from March to August 2019 and focused on a current state analysis, prompting reflections on the origins of, and present challenges facing BPHC. Thereafter, we developed core values based on genealogies of Black resistance, and strategic directions contextualized in the contemporary socio-political geographical moment.

We engaged in this timely process, recognizing the need to ground our public health work and practice in values rooted in collectivism and Blackness.



OUR MISSION

“

We are a collective of Black public health learners, practitioners, and researchers working to the positive end of Black unfreedom. We look to create a higher quality of life for Black peoples through resistance in public health. We facilitate critical consciousness raising and work in solidarity with Black communities to counter narratives and policies that seek to pathologize Black people through the guise of public health.

”

OUR CORE VALUES

The Collective is based on five values that ground our work: collaborative, grounded in lineage, care, consciousness raising, and commitment.



Collaborative:

We are committed to working with and across collectives and social movements that acknowledge the histories of Black and Indigenous resistances across Turtle Island.



Grounded in Lineage:

We are grounded in knowledge that reflects the intersecting realities of Black lives on Turtle Island, as well as the generations of Black insurgency, both within and outside the academy.



Care:

We aim to cultivate patience, actively support each other in our work, and tend to one another and our shared communities.



Consciousness Raising:

We are dedicated to consciousness raising in order to understand, critique, and challenge society's contradictions and disjunctures within ourselves and our peers.



Commitment:

We are committed to these core values and work in order to resist and dismantle oppressive structures and systems, and to realize the positive ending of Black unfreedom.

STRATEGIC DIRECTIONS

Our strategic directions articulate the BPHC's priorities and critical issues for the next five years. All initiatives and actions put forward through the group will directly align with at least one direction.

Underlying all of our directions is an emplaced understanding of our organizing on Turtle Island with much of this work originating from the Anishinaabe and Haudenosaunee territories. As Black peoples, the legacy and modern-day forms of the Transatlantic Slave Trade and ongoing colonial displacement has placed us as stolen peoples on stolen land [5]. In alignment with our core values of collaboration and grounding in lineages, we want to be clear about our shared goals in this settler-colonial project. Our commitments are to continue to relearn and act to align our work with our values. We will always make space in our work for struggle and joy with Indigenous and Black-Indigenous peoples of Turtle Island, and Black-Indigenous peoples globally. We have always and will continue to do our work in deep relationship with one another. As we continue to build our capacity as a collective, we will more deeply reflect these commitments into our strategic directions.

FOUR STRATEGIC DIRECTIONS

2020–2025



Responding to Public Health Institutions, Policies, and Practices

Public health work has pathologized Black communities and people historically and in our present day. Through Black feminist and other critical frameworks, we aim to respond to and counter policies and practices that undermine the health and wellbeing of Black peoples.



Peer Political Education and Research

We recognize that the lives and needs of Black peoples are made absent from public health. This removes possibilities for collective action, policy change, and research. Therefore, we aim to build critical consciousness and strengthen capacity among our community to establish public health and related interventions as a site of struggle for Black wellbeing. We also will engage in knowledge production and research activities with Black populations, communities, people, and public health.



Monitoring and Surveillance of Public Health Institutions

Our organizing is centered around providing an uncompromising and critical examination of public health in educational institutions. Therefore, we will monitor public health faculties and institutions across and beyond Canada, to hold them to account to Black communities.



Black Health Curriculum

We aim to develop a substantive Black health curriculum to counter the absence of Blackness in public health institutions. We will take an interdisciplinary approach, understanding the historical, social, political and economic contexts that shape health.

GOVERNANCE

The governing structure of the BPHC is made of a core team, core membership, an advisory circle and associate and affiliate members (Figure 1). This structure ensures effective knowledge sharing between Black public health learners, practitioners, Black communities, and allies. This shared knowledge is preserved through written and digital archives.

The Collective's governing structure will be implemented in stages over a five-year period. Black movements are often challenged and undermined by expectations and pressures to grow quickly. We are committing to learning as we are doing, and taking our time to establish our work and governance structures with intention and guidance.

While the BPHC does not operate within an institution, the Collective is ultimately accountable to Black communities residing in Toronto, and Turtle Island.

BPHC GOVERNANCE STRUCTURE

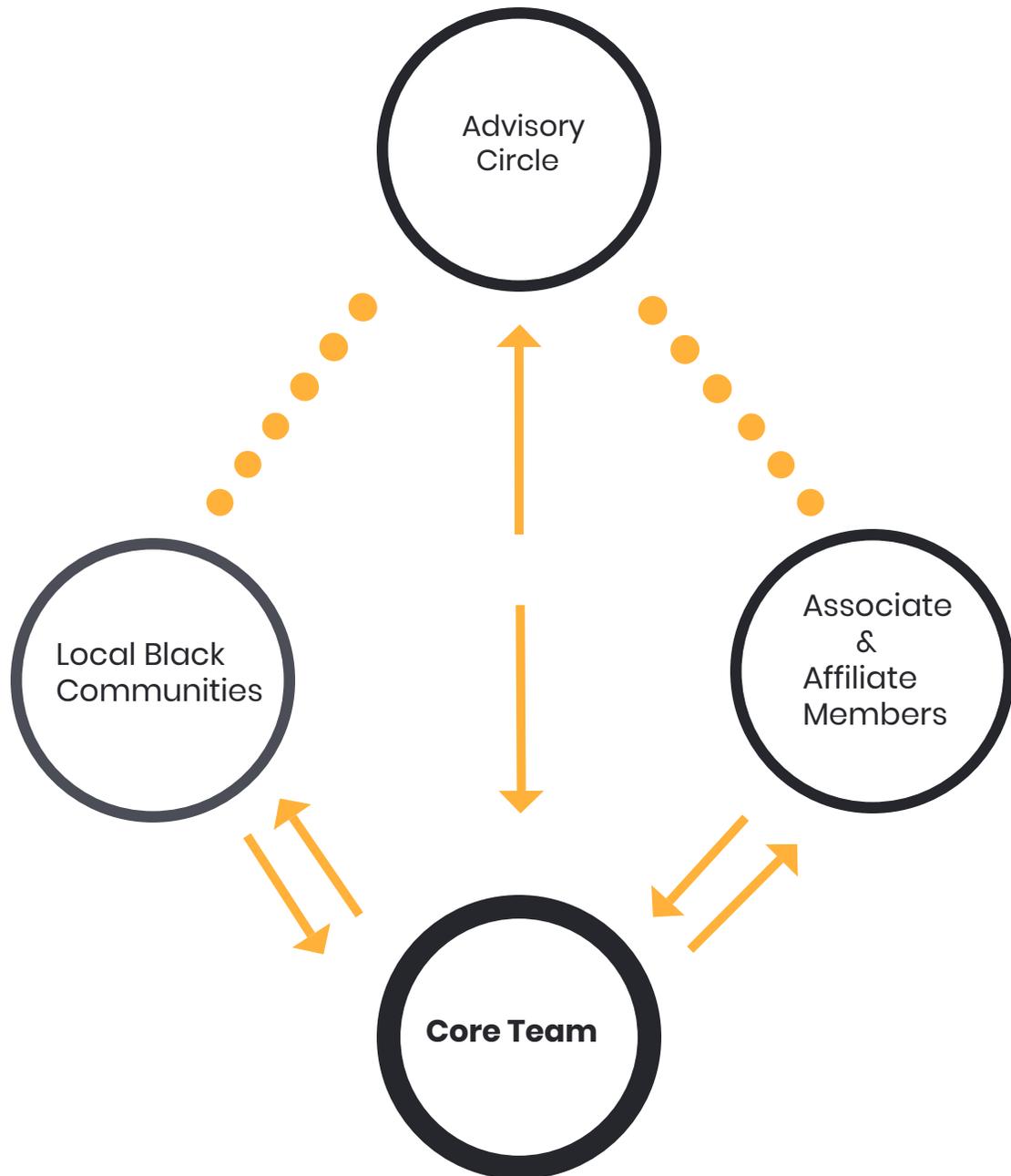


Figure 1: BPHC's governance structure – core team, advisory circle, associate and affiliate members. Knowledge sharing between the core team and other advising bodies happens in multiple directions, as indicated by the arrows. This structure is founded on reciprocal and mutually beneficial relationships.

GOVERNANCE STRUCTURE

Core Team

The core team is responsible for operationalizing the BPHC's strategic directions, in accordance with its core values. The co-chairs, the original founders of the Collective, provide high-level oversight for BPHC, foster relationships with relevant stakeholders and work to achieve the financial sustainability of the Collective. The remaining core team members are responsible for implementing yearly activities while maintaining institutional memory.

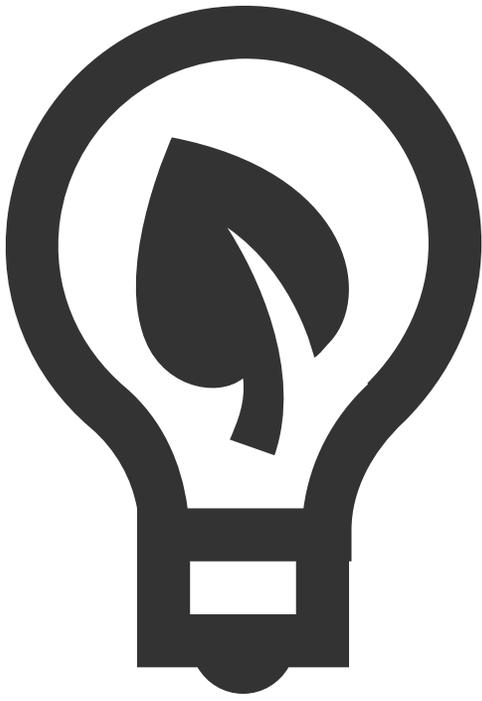
Advisory Circle

An advisory circle of members with experience conducting work in the areas of Black Health, Public Health, community work, and policy will be established to help ensure the continued alignment between BPHC's activities and strategic directions. The advisory circle will provide support in the following areas:

- Guidance on navigating the Public Health landscape
- Accountability on strategic directions
- Support with strategic planning
- Facilitating high-level connections
- Mentorship of core team/members

Associate and Affiliate Membership

Core, associate, and affiliate memberships are comprised primarily of Black public health learners, practitioners, and researchers. These tiers of membership allow members to identify their desired level of involvement. Tiers of associate and affiliate membership will be implemented over Years 1 to 3 to accommodate BPHC's membership growth and ensure sustainability. Membership to BPHC is open to all self-identifying Black researchers, practitioners, and learners studying public health. This includes members who work outside traditional public health fields and who may not have formal public health training. Consciousness raising and a commitment to the Collective's core values is required of all BPHC members.



In Conclusion

Despite this report capturing a moment in time to stretch over the next five years, we know it is always breathing and never prescriptive. Drawing from stories and conversations with our community, elders, lineages, and our own lives, this Strategic Plan is an attempt to vision out a way to align our values, desires, and our actions. As shared by Drs. Rinaldo Walcott and Idil Abdillahi, “we believe that an ethical politics of life demands a radical approach to dissolving inequalities” - as a Collective, we hope to share in that politic to imagine a world for our living [6].

The Work Continues.

We will always make space in our work for struggle and joy with Indigenous and Black-Indigenous peoples of Turtle Island, and Black-Indigenous peoples globally. We have always and will continue to do our work in deep relationship with one another. As we continue to build our capacity as a collective, we will more deeply reflect these commitments into our strategic directions.

GLOSSARY

Black Feminism

Black feminism holds that the experience of Black women give rise to a particular understanding of their position in relation to sexism, class oppression, and racism. The experience of being a Black woman cannot be grasped in terms of being Black or of being a woman, but in how they shape unique experiences [7].

Critical Consciousness

A process of sociopolitical education that engages learners in questioning the nature of their historical and social positions in the world [8]. This process has the goal of ultimately taking action on the conditions.

Critical Race Theory

Critical race theory (CRT) examines society and culture as they relate to categorizations of race and power. CRT holds that white supremacy and racial power are maintained over time and are defining elements of legal, political, and social structures. CRT work often focuses on achieving racial emancipation and anti-subordination [9].

Peers

The scope to whom we conduct our work with is not limited to Black public health practitioners and learners in state-sanctioned public health institutions, but rather “Peers” includes all Black people living, working, and studying public health and its related interventions [10].

Public Health

Public health is widely defined as the organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programs, services and policies that protect and promote the health of all [10].

REFERENCES

1. Department of Public Health Sciences. (1999). Task Force on Ethnoracial Diversity Final Report.
2. Dalla Lana School of Public Health. (2017). DLSPH Statement on Equity, Diversity and Excellence.
3. Anti-BlackTweet. (2018).
4. Wilson, C. L. (2015). Beyond the colonial divide: African diasporic and Indigenous youth alliance building for HIV prevention.
5. Walcott, R., Abdillahi, I. (2019). BlackLife: Post-BLM and the struggle for freedom. ARP Books.
6. Wallerstein, I. (1974). The rise and future demise of the world capitalist system: Concepts for comparative analysis. *Comparative studies in society and history*, 16(4), 387-415.
7. Freire, P. (1970) *Pedagogy of the Oppressed*. New York: Continuum.
8. Peller, G. (1995). *Critical race theory: The key writings that formed the movement*. The New Press.
9. Fisher, E. B., Ayala, G. X., Ibarra, L., Cherrington, A. L., Elder, J. P., Tang, T. S., ... Peers for Progress Investigator Group (2015). Contributions of Peer Support to Health, Health Care, and Prevention: Papers from Peers for Progress. *Annals of family medicine*, 13 Suppl 1(Suppl 1), S2–S8. doi:10.1370/afm.1852
10. Last, J. (2001). *A Dictionary of epidemiology*. 4th Edition. Oxford University Press.