THE IMPACT OF THE COVID-19 PANDEMIC ON BLACK PEOPLE IN TORONTO: INFORMING PUBLIC HEALTH NURSES ON WHAT THEY CAN DO: A SCOPING REVIEW

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Abstract

The Impact Of The COVID-19 Pandemic On Black People In Toronto: Informing Public Health Nurses On What They Can Do:
A Scoping Review

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The Impact of the COVID-19 Pandemic on Black People in Toronto: Informing Public Health Nurses on What They Can Do: A Scoping Review by Fitzroy H. Thompson MScN, explores Black people in low-income neighbourhoods being at increased risk of COVID-19 infection and death due to longstanding health inequity. The research consisted of white and grey literature from Canada between March 2020 and November 2022 using the Social Determinants of Health (SDH) framework. Falk-Rafael's Critical Caring Theory (CCT) guides the critical review of the research collected from the systematic search (Butcher, 2022). The SDH plays a vital role in health outcomes for Black people's access to optimal health services. Community nursing practice can optimize COVID-19 research to advocate for structural interventions tailored to improve SDH access and develop solutions to address needs for policy evolution. The findings act as the foundation for a systematic review and a scholarly synthesis of the evidence on the research question, which would further contribute to the enhancement of nursing care for Black people in low-income neighbourhoods.

Keywords: Black people, communicable diseases, community nursing, COVID-19, health outcomes, health disparities, hospitalization, low income, mortality, neighbourhoods, nursing profession, public health, race, racism, social determinants of health.

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Table of Contents

Introduction

The coronavirus 2019 (COVID-19) pandemic exposed inequalities in the Canadian healthcare system. COVID-19 demonstrated that Black people from low-income neighbourhoods in the city of Toronto had disproportionately higher rates of infections, hospitalizations, and mortality compared to the general population (Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Higher infection, hospitalization, and mortality rates directly affected the nursing profession, specifically community nursing practice, because of the high rates of transmissibility of COVID-19 in the community.

For this work, the term 'Black people' includes, but is not limited to, African descent, African, Black Caribbean, African Canadian, and Canadians of African descent (City of Toronto, 2023). 'Black people' includes Black people of Caribbean origin who do not identify as African Canadian and prefer to be identified as Caribbean Canadian to maintain their unique heritage (Firang, 2020). Not all people in Africa identify themselves as Black, and most people in North Africa, which includes Egypt, Libya, Algeria, and Morocco, do not identify as Black (Firang, 2020). Additionally, dominant cultures in society view Black people as a racialized classification of people based on skin colour and used to describe people perceived as having dark skin compared to other populations with places of origin varying (Cenat, 2022; George, 1992). Toronto is inclusive of neighbourhoods within the street boundaries of Steeles Avenue (North), Lake Ontario (South), Etobicoke Creek and Highway 427 (West), and Rouge River and Rouge Park (East) (City of Toronto, 2023).

Toronto has a Black population of 9.6%, and the 2016 Ward Census profile provides demographic information on Black people for the twenty-five Wards in Toronto listed in the chart below (City of Toronto, 2022, para. 5). A Ward with a Black population above 9.6% is above the general average in Toronto (City of Toronto, 2022, para. 5). The information from the 2016 Ward Census profile includes those who participated in the data collection, and those who did not participate are not captured.

2016 Ward Census Profile	**% of Black People per Ward**
Etobicoke North	23.4%
Etobicoke Centre	5.9%
Etobicoke-Lakeshore	5%
Parkdale-High Park	5.3%
York South-Weston	23.2%
York Centre	7.9%
Humber River-Black Creek	22.8%
Eglinton-Lawrence	5.5%
Davenport	6.4%
Spadina-Fort York	5.1%
University-Rosedale	2.5%
Toronto-St. Paul's	5.1%
Toronto Centre	9.1%
Toronto-Danforth	5%
Don Valley West	3%
Don Valley East	9.3%
Don Valley North	4.3%
Willowdale	2%
Beaches-East York	6.6%
Scarborough Southwest	11.2%
Scarborough Centre	9.6%
Scarborough-Agincourt	6.3%
Scarborough North	7.6%
Scarborough-Guildwood	14.3%
Scarborough-Rouge Park	15.9%

Note: Data is from City of Toronto- Etobicoke North Ward Profile, 2018, p. 23; City of Toronto Etobicoke Centre Ward Profile, 2018, p. 23; City of Toronto Etobicoke-Lakeshore Ward Profile, 2018, p. 23; City of Toronto Parkdale-High Park Ward Profile, 2018, p. 23; City of Toronto York South-Weston Ward Profile, 2018, p. 23; City of

Toronto York Centre Ward Profile, 2018, p. 23; City of Toronto Humber River-Black Creek Ward Profile, 2018, p. 23; City of Toronto Eglinton-Lawrence Ward Profile, 2018, p. 23; City of Toronto Davenport Ward Profile, 2018, p. 23; City of Toronto Spadina-Fort York Ward Profile, 2018, p. 23; City of Toronto University-Rosedale Ward Profile, 2018, p. 23; City of Toronto Toronto-St. Paul's Ward Profile, 2018, p. 23; City of Toronto Toronto Centre Ward Profile, 2018, p. 23; City of Toronto Toronto-Danforth Ward Profile, 2018, p. 23; City of Toronto Don Valley West Ward Profile, 2018, p. 23; City of Toronto Don Valley East Ward Profile, 2018, p. 23; City of Toronto Don Valley North Ward Profile, 2018, p. 23; City of Toronto Willowdale Ward Profile, 2018, p. 23; City of Toronto Beaches-East York Ward Profile, 2018, p. 23; City of Toronto Scarborough Southwest Ward Profile, 2018, p. 23; City of Toronto Scarborough Centre Ward Profile, 2018, p. 23; City of Toronto Scarborough-Agincourt Ward Profile, 2018, p. 23; City of Toronto Scarborough North Ward Profile, 2018, p. 23; City of Toronto Scarborough-Guildwood Ward Profile, 2018, p. 23; City of Toronto Scarborough-Rouge Park Ward Profile, 2018, p. 23.

In March 2014, the City of Toronto identified neighbourhood improvement areas (NIA) for each Ward as part of its action plan to build partnerships in Toronto neighbourhoods so they can thrive and succeed (City of Toronto, 2023). NIAs are segregated neighbourhoods within a Ward with a high concentration of Black people. NIAs are classified based on determining which neighbourhoods in Toronto face the most unnecessary, unfair, unjust, and inequitable outcomes (City of Toronto, 2023. Neighbourhoods that have a high population of Black people, such as Mount Olive, Silverstone, and Jamestown, were identified as being COVID-19 hotspots for infection,

hospitalization, and mortality of COVID-19 (City of Toronto, 2023; Miller, 2020). The hotspot neighbourhoods outlined are NIAs. Therefore, the term 'Black neighbourhoods' describes neighbourhoods in Toronto with a high population of Black people under NIAs, as per the 2016 Ward Census profile.

Community nursing was pivotal in mitigating the impacts of COVID-19 through education, providing tailored care, and advocating for resources for Black people in low-income neighbourhoods. From a Public Health (PH) perspective, since the onset of COVID-19, community nursing provided ongoing support to neighbourhoods. Ongoing community nursing support included the following:

- Providing timely education to community members,
- Completing case and contact management for positive cases,
- Implementing provincial guidelines,
- Providing follow-up with cases and contacts in the community,
- Monitoring cases in highest-risk settings and escalating when needed,
- Supporting the reopening plans and providing vaccinations and vaccine information (Public Health Ontario, 2020; Toronto Public Health, 2022).

A scoping review is a starting point for raising awareness and understanding how access to SDH plays a critical role in shaping the health outcomes of Black people in Toronto (Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kennedy, 2020; Public Health Agency of Canada, 2020; Public Health Ontario, 2020). By understanding how SDH impacts the overall quality of life (QOL) of Black people in Toronto, solutions for preventing COVID-19 can be developed. The scoping review makes recommendations for community nursing practice to mitigate the impacts of high

infection rates, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods (Alcendor, 2020; Chen & Krieger, 2020; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Statement of Problem

When accessing health services, Black people in low-income neighbourhoods experience inequity, lower quality of care, and are less likely to receive preventative information (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Inequity creates barriers to access high-quality care, decreasing the likelihood of favourable health outcomes (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; World Health Organization, 2023; Yaya et al., 2020). Living in neighbourhoods with high crime rates, pollution, fast-food outlets, access to alcohol and substance, lack of educational opportunities and health promotion, and prevention information are contributing factors to quality of care (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al.,

2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Black people in low-income neighbourhoods experience poor healthcare service due to their race, income, neighbourhood, and current illnesses (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). From the perspectives of race and class, Black people in low-income neighbourhoods experience insufficient service compared to their White counterparts as societal class is widely shaped by the knowledge, opinions, attitudes, and behaviours held by dominant groups, ultimately creating negative impacts for Black people's overall treatment and care (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). The perception of Black people in low-income neighbourhoods is that they are part of a lower class in society related to their income level, education, and employment (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Black people in low-income neighbourhoods are at increased risk of COVID-19 infection and death due to longstanding health inequity (Alcendor, 2020; Chen &

Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Black people in low-income neighbourhood's lack of access to SDH resources negatively impacts their health and ability to respond to communicable diseases (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Neighbourhoods with a higher population of Black low-income people have fewer supermarkets within walking distance, and as a result, are forced to shop at local convenience stores that do not offer fresh, affordable produce (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Lack of access to fresh produce results in spending more money on transportation or settling for unhealthy foods, leading to poor health outcomes (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Based on their ethnicity, race, socioeconomic status, and work conditions, Black people in low-income neighbourhoods have higher rates and earlier onset of disease, more aggressive progression of the disease and poorer survival rates (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Higher rates of cancer, Cardiovascular Disease (CVD), Chronic Kidney Disease (CKD), Diabetes Mellitus (DM), Asthma, high blood pressure, stroke, Peripheral Artery Disease (PAD), and sickle cell are the most common health conditions Black people are at highest risk for as a result of the marginalization and undermining of their access to adequate SDH resources (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

The rate of infection and mortality among Black people living in low-income neighbourhoods in Toronto has become more prominent due to the COVID-19 pandemic. Health disparities among Black low-income people are a PH issue and need to be addressed to lower the infection and mortality rates of communicable diseases, which will lead to reduced outbreaks and spread of diseases (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020;

Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Rationale for Scoping Review

Black people in low-income neighbourhoods are at increased risk of COVID-19 infection and death due to longstanding health inequity (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Additionally, COVID-19 highlights that Black people in Toronto who live in poverty experience increased infection due to a lack of access to crucial SDH resources (Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kennedy, 2020; Public Health Ontario, 2020). As a result, Black people in low-income neighbourhoods experience the following:

- Infection and mortality due to poor working conditions
- Lack of access to adequate housing required to isolate safely
- Overcrowding in their housing
- Lack of paid sick days
- Use of public transportation to work results in an increased risk of exposure (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Early in the COVID-19 pandemic, low-income neighbourhoods where Black people live had insufficient testing kits, and when testing kits became available, these same neighbourhoods did not have equal access (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Unequal access was due to a lack of transportation, information, infection with COVID-19, and testing eligibility criteria outlined by the Ministry of Health and Long-term Care (MOHLTC), such as testing availability and access to test centres (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Objective of Scoping Review

The author seeks to explore the research question: How can community nursing practices mitigate the impact of high rates of infection, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto?

The author's objective is to raise awareness and understanding of how access to SDH plays a critical role in shaping the health outcomes of Black people in low-income neighbourhoods in Toronto (Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kennedy, 2020; Public Health Agency of Canada, 2020; Public Health Ontario, 2020). By understanding how SDH impacts the overall QOL of Black people in low-income neighbourhoods in Toronto, solutions for preventing COVID-19 can be

developed. The author will make recommendations to guide Toronto Public Health (TPH) that will increase access to SDH for Black people in low-income neighbourhoods.

The author seeks to understand the experiences of Black people in low-income neighbourhoods throughout COVID-19 in Toronto, which informs the foundation of creating an Anti-Black Racism Approach (ABRA) for community nursing. ABRA aims to increase access and awareness within the nursing profession of how the SDH influences Black low-income people's health outcomes and lived experiences. By understanding the factors that influence Black people in low-income neighbourhood's experience with the SDH, community nurses can positively contribute to reducing the transmission of COVID-19 and lowering the rate of infections and mortality (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). The SDH framework guides the understanding and deconstruction of various factors of how lack of access to resources impacts Black people in low-income neighbourhoods' experience with a communicable disease in Toronto. The result of this research would be to build the capacity of community nurses to utilize an ABRA when providing care.

Anti-black racism (ABR) consists of policies and practices embedded in Canadian institutions that reflect and reinforce beliefs, attitudes, prejudice, stereotyping, and discrimination directed at Black people (Toronto Public Health, 2023). ABR is rooted in history, the experience of enslavement, and colonization in Canada (Toronto Public Health, 2023). Nursing schools, administrators, associations, and regulatory bodies in

Canada contribute to establishing White, European-centric models of nursing and health, thus maintaining ABR among healthcare institutions (Nurses and Nurse Practitioners of British Columbia, 2023).

In community nursing, ABR directly impacts physical and mental health outcomes and the type of volume and quality of health care PHNs deliver (Nurses and Nurse Practitioners of British Columbia, 2023). Race relates to other SDHs, leading to specific disparities for Black people in low-income neighbourhoods regarding life expectancy, diabetes, and household food insecurity (Nurses and Nurse Practitioners of British Columbia, 2023). During the COVID-19 pandemic, the following demonstrated that Black people in low-income neighbourhoods were more likely to experience living and working conditions that predispose them to poor health outcomes:

- Undercounting and underreporting of positive COVID-19 cases,
- Lack of access to testing and testing kits,
- Lack of training for medical staff working in Black low-income neighbourhoods to offer testing,
- Discrimination based on postal code (Croyle, 2005; Olshansky, 2017; Public Health Agency of Canada, 2022; Sze et al., 2020; Thakur et al., 2020),
- Policy-related issues that resulted in a higher rate of infection and mortality among Black people in low-income neighbourhoods in Toronto are early intervention and prevention strategies and lack of updating to public policies (Firang, 2020; Public Health Agency of Canada, 2022; Public Health Agency of Canada, 2020).

Methods

The search results date varies due to the need for published information when the scoping review was complete. Between March 2020 and November 2022, the author searched the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, online/digital databases, government websites, independent organization websites, pre-printed archives, social media platforms, and post-secondary institution websites: Google Scholar, Institute for Clinical Evaluative Sciences (IC/ES), Med-archive (medRXiV), Public Health Ontario, Toronto Public Health, Public Health Agency of Canada, Centre for Disease Control, Centre for Disease Control and Prevention, Western Learning Network, Twitter, and Statistics Canada. Various key searched terms were employed: COVID-19, mortality, minorities, social determinants of health, racial disparities, epidemiology, racialized, income, and race. All searches of databases, government websites, pre-printed archives, and post-secondary websites took place between March 2020 and November 2022 and as needed after for related literature.

Source formats included research articles, pre-printed archives, grey literature, and reports from independent websites. The rationale for having a wide variety of literature is that between March 2020 and November 2022, the publishing of peer-reviewed research on COVID-19 was completed daily and not yet indexed on nursing scientific databases such as CINAHL and Medline. During this period, COVID-19 was a new disease process; new information on the disease and its variants were continuously emerging. Consequently, the author's research included both grey and White literature sources.

The authors' search yielded sixty-three English language sources from Canada, the United Kingdom (UK), and the United States (US). Sources are eligible for inclusion because they included references to (discussed/studied) the population (Black people, minority, low-income), concept (mitigating the impact of high rates of infection and mortality), and context (COVID-19, community, hospitalization) of the research question: How can community nursing practices mitigate the impact of high rates of infection, hospitalization, mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto? Sources were reviewed and organized according to several categories: author and year, study title, abstract, study method, themes, study conclusion, gaps in research and future directions. These results were recorded alphabetically in a Microsoft Word table. The author periodically submitted the summary to the research committee for feedback and updated the table accordingly. The author's committee provided additional full-text sources to review and to include in the table.

The author examined and categorized literature on the emerging evidence of the rate of infection, hospitalization, and mortality of Black people in low-income neighbourhoods from COVID-19 in Canada, the US, and the UK between March 2020 to November 2022 using the SDH framework from the Public Health Agency of Canada (2020) and Government Canada (2022). Additional examination and categorizing of related literature occurred ad hoc after November 2022. The SDH framework lists the following factors:

- Race and Racism
- Physical Environments and Neighbourhoods
- Social Status, Access to Health Services

- Education and Literacy
- Employment, Working Conditions, and Income
- Healthy Behaviours, Social Support, and Coping Skills (Government of Canada, 2022; Public Health Agency of Canada, 2020).

The Government of Canada (2022) recognizes that racism, experiences of discrimination, and historical trauma are important SDHs for specific groups such as Indigenous Peoples, 2SLGBTQ+ community, and Black people.

Data collected during the COVID-19 pandemic, although limited, demonstrated that Black neighbourhoods with low income, high rates of unemployment, and high concentration of immigrants had double the number of cases and two times the rate of hospitalization in comparison to the rest of the population (Croyle, 2005; Olshansky, 2017; Public Health Agency of Canada, 2022; Sze et al., 2020; Thakur et al., 2020). The COVID-19 pandemic amplified health disparities among Black people in low-income neighbourhoods leading to an increased rate of infection, hospitalization, and mortality (Alcendor, 2020; Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

The author examines the extent and breadth of knowledge available on how community nursing practice can mitigate the impact of high infection rates, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto. The author conducted a systematic search and examined emerging literature on the rate of infection and mortality of Black people with COVID-19

in Toronto, published from March 2020 to November 2022, and additional examination and categorizing of related literature after November 2022, as needed, with various publication dates.

Falk-Rafael's Critical Caring Theory (CCT) guides the critical review of the research collected from the systematic search on the impact of high infection rates, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto (Butcher, 2022). This scoping review is relevant to the study because, when the systematic search was complete, there were no published quantitative or lived experience studies of the impact of the COVID-19 pandemic on Black people in low-income neighbourhoods. This scoping review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidance to reduce bias and improve the transparency of the research results (Peters & Khalil, 2017; Pham et al., 2014).

Results

Theoretical Framework: Falk-Rafael's Critical Caring Theory Model

Falk-Rafael's CCT model emerged from the practice of expert PHNs and is conceptualized as a way of being (ontology), knowing (epistemology), choosing (ethics), and doing (praxis) (Butcher, 2022). CCT is grounded in nursing through Watson's caring science and Nightingale's legacy of social activism, designed to guide nursing action to address gaps in health equities (Butcher, 2022). CCT allows nurse researchers to advocate for change in practices, policies, laws, economic and political structures, and cultures contributing to health disparities and inequities (Butcher, 2022). CCT also involves recognizing the social injustices that diminish human dignity and create

inequalities to work towards ameliorating social injustices and advocating for health equity as an expression of caring in community nursing practice (Butcher, 2022).

In PH and nursing, community-based participatory research (CBPR) guides collaborative community-situated approaches to research (Butcher, 2022). Participatory research values empowerment, liberation, emancipation, listening, reflective practice, and action to improve community conditions (Butcher, 2022). CBPR requires collaboration with community members, organizational representatives, and researchers to share decision-making and ownership to build capacity and understanding of a phenomenon (Butcher, 2022). The outcome of this collaboration with community stakeholders is integrating the knowledge gained into interventions, policies, and social change to improve community members' health and QOL (Butcher, 2022).

Nurse researchers engaged in CBPR informed by CCT honour spirit, humanness, connectedness, and dignity and can collaboratively promote quality within a caring science perspective (Butcher, 2022). Researchers can also generate new nursing knowledge while being compassionate, loving-kind, spiritual, and existing understanding to promote human flourishing (Butcher, 2022). Nurse researchers using CCT-CBPR primarily focus on protecting and enhancing human dignity by advocating to remove social injustice that prevents human flourishing by knowing the history and origins that disproportionately impact community members (Butcher, 2022). Additionally, using CCT-CBPR, nurse researchers can understand processes that serve to create and sustain structures that sustain health inequalities (Butcher, 2022). Seeking to understand processes includes knowing how barriers, including housing, food insecurity, poor

education, poverty, discrimination, exclusion, policy, and laws create health inequity for community members (Butcher, 2022).

CCT-CBPR guided the author to explore how community nursing practices mitigate the impact of high infection rates, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto. Specifically, CCT-CBPR guided the author to identify, understand, and recognize the phenomena of COVID-19 by reviewing emerging evidence, developing a comprehensive understanding of social injustices that diminished human dignity, and understanding that Black people's lack of access to SDH resources negatively impacted their health.

The author's search yielded sixty-three sources comprising research synthesis, journal articles, government websites, professional practice guidance documents and manuals, promotional documents, newspaper articles, and social media platforms. The author organized and categorized findings into SDH that are contributing factors to the rate of infection, hospitalization, and mortality of COVID-19 for Black people in low-income neighbourhoods in Toronto:

- Race,
- Racism,
- Physical Environments,
- Neighbourhoods,
- Income,
- Social Status,
- Access to Health Services,
- Education,

- Literacy,
- Employment,
- Working Conditions,
- Healthy Behaviours,
- Social Support,
- Coping Skills (Government of Canada, 2022; Public Health Agency of Canada, 2020).

A lack of access to the key SDH, including discrimination, racism, and historical trauma, impacts Black people in low-income neighbourhood's place in society (Government of Canada, 2022; Public Health Agency of Canada, 2020).

Race and Racism

Race is the visual presentation of one's skin colour, and racism is the negative belief that is held toward race and displayed through beliefs, stereotypes, prejudices, and discrimination (Raphael et al., 2020). Racism occurs at multiple levels, including internal, interpersonal, and systemic, and is embedded in systems and structures in society that cause avoidable and unfair inequalities of power, resources, capabilities, and opportunities toward Black people (Raphael et al., 2020). The internal level includes incorporating racist attitudes, beliefs, and ideas into an individual's worldview; the interpersonal includes interactions between individuals; and the systemic includes controlling and accessing SDH resources (Raphael et al., 2020).

Research indicates that during the COVID-19 pandemic, racism was a factor that contributed to Black people experiencing higher rates of infection, hospitalization, and mortality rate in the following ways: reduced access to adequate employment, safe

housing, education on COVID-19 information, altered access to SDH resources leading to emotional, physical, and mental imbalance; diminished participation in healthy behaviours, increased stress, and ineffective coping mechanisms (El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Paradies et al., 2015; Public Health Ontario, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Furthermore, Black people who experienced racism had poor health outcomes and were more likely to report low satisfaction and trust in health services and professionals (El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Paradies et al., 2015; Public Health Ontario, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Black people's experience with racism creates mistrust in the healthcare system leading to increased risk of long-term illness, late detection and poor prognosis (El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Paradies et al., 2015; Public Health Ontario, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Research findings suggest that to understand race and health, we must understand the role of ethnicity and racism (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Racism is a fundamental cause and driver of adverse health outcomes for Black people in low-income neighbourhoods, as well as inequities in health (Chen & Krieger, 2021; Choi et al., 2021;

El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Race

In Canada, research shows that Black Canadians experience more discrimination at 30.8% than East Asians at 28.1%, South/West Asians/Arabs at 20.9%, Indigenous at 14.6%, and other racialized groups (Raphael et al., 2020, p. 72). Race is an SDH due to socioeconomic inequalities between racial groups (Raphael et al., 2020). Social inequalities from race explain inequalities in overall self-rated health and the wide range of poor health outcomes for Black people in low-income neighbourhoods (Raphael et al., 2020). It is essential to note that the terms race and ethnicity can be different; people who are of 'Black' race may be of 'Hispanic' ethnicity (Raphael et al., 2020).

Research shows that the COVID-19 pandemic further exposed the strong association between race, ethnicity, culture, socioeconomic status, and health outcomes and illuminated monumental ethno-racialized differences reflecting the colour of disease (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). The marginalization of Black people in low-income neighbourhoods because of their ethnicity, race, caste, migrant status, gender, class, or nature and conditions of work continued to undermine their health (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Findings in Canada supported by studies in the US and the UK reveal that Black people in low-income neighbourhoods were reportedly diagnosed with COVID-19 and dying at disproportionately higher rates than their counterparts (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Existing social inequalities for Black people increase their risk of severe COVID-19 outcomes such as infection, hospitalization, and mortality through increased prevalence of underlying medical conditions and decreased access to health care (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Research from Canada supported by studies in the US and UK demonstrates that when it comes to race and ethnicity for Black people in low-income neighbourhoods, the data available is limited and disproportionately affects their health outcomes (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Initially, many provinces were not collecting race and socio-demographic data; therefore, whether COVID-19 disproportionately affected certain socio-demographic groups remains unknown and contributed to delays in reaching a complete understanding of the magnitude of the pandemic's impact on Black people in low-income neighbourhoods (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Racism

Racism impacts health in the following three ways: institutionally, personally mediated, and internalized racism (Raphael et al., 2020). Institutional racial practices embedded in policies, procedures, laws, and government-level inaction are known as institutional racism; racism that is prejudiced and discriminatory manifests from a lack of respect, suspicion, devaluation, scapegoating, and dehumanizing are known as personally mediated; and personally mediated racism reduces the overall QOL for Black people in low-income neighbourhoods (Raphael et al., 2020).

Racism takes place through many social and economic forms, including deprivation, socially inflected trauma, and inadequate or degradation of medical care, harming the health of Black people in low-income neighbourhoods as they are left to accept societal stigma, ultimately impacting their concept of self-worth and leading to hopelessness (Raphael et al., 2020). Young Black people reported experiences of racism and unfair treatment at work and are less represented at management levels in professions such as lawyers, doctors, social workers, nurse managers, and university or college professors (Raphael et al., 2020).

Research from the US indicates that racism, not race, is a risk factor for dying of COVID-19 (Wallis, 2020). Findings from Canada supported by studies in the US and the UK agree that racism, segregation, and inequity have been invisibly and pervasively embedded in dominant cultures and social institutions for decades (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Additionally, systemic racism predisposes neighbourhoods to COVID-

19 infection, thereby raising the question regarding the value of the life of Black people in low-income neighbourhoods amid the COVID-19 Pandemic (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Firang, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Research suggests that the effects of racism and SDH are intertwined (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Racism and structural discrimination contributed to an increased risk of unhealthier clinical outcomes as Black people in low-income neighbourhoods reported two to three times lower satisfaction and trust in health services and professionals (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Findings show that Black people in low-income neighbourhoods have disproportionately high rates of infection and death due to racial inequalities deeply ingrained in society (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Structural inequalities in healthcare, labour, and neighbourhood affluence have shaped the disproportionate harms of COVID-19 in Black low-income neighbourhoods (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). These

inequities are connected to intersecting systems of race, gender, class, and marginalization (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Research indicates that ethnicity significantly exacerbated the effect of racism on adverse mental health and physical health for Black people in low-income neighbourhoods during the COVID-19 pandemic (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Racism was associated with poorer mental health, including depression, anxiety, psychological stress, poorer general health, and poorer physical health for Black people in low-income neighbourhoods (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Physical Environments and Neighbourhoods

Research from the US indicates that the physical environment and neighbourhoods people live in impact their health and well-being (Heath, 2022). People who live in neighbourhoods with high rates of violence, unsafe air or water, and increased exposure to drugs or alcohol are more likely to experience poor health outcomes (Heath, 2022). Black low-income people often are exposed to occupational hazards such as second-hand smoke and loud noises, have higher housing density, more housing insecurity, scarcity of good drinking water, and more multigenerational households, which made social distancing harder during the COVID-19 pandemic

(Heath, 2022; Tai et al., 2020). Research in Canada supported by studies in the US, and the UK, demonstrated that Black people in low-income neighbourhoods have a higher rate of infection and mortality from increased exposure due to overcrowded housing and living in shared facilities (Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Sundaram et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Physical Environments

Findings in Canada on physical environments demonstrated that the health of Black people in low-income neighbourhoods' is affected by the poor quality of the air they breathe, the food and water they consume, the pollution of the environment, and their higher rate of exposure to communicable diseases (Raphael et al., 2020). The physical environment of low-income neighbourhoods determines access to key SDH, such as access to healthcare, food, education, employment and working conditions, and others that shape their health (Raphael et al., 2020). Information in the US demonstrated that Black low-income neighbourhoods are closer to fast food restaurants and junk food and, as a result, are more likely to access it, which impacts their health (Alcendor, 2020; Croyle, 2005; Heath, 2022; Sze, 2020; Tai et al., 2020; Thakur, 2020). Physical environments are an important SDH for Black people in low-income neighbourhoods because of the increased risk of racism, colonialism, and oppression, which make their neighbourhoods toxic waste sites such as manufacturing facilities, processing plants, and landfills and are more likely to live in places with high rates of violence and unsafe air or water (Raphael et al., 2020).

Research insinuated that Black people in low-income neighbourhoods are more likely to live in households comprised of multiple generations, causing crowded living situations and increasing the risk of exposure to communicable diseases such as COVID-19 (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Sundaram et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Crowded environments increase the risk of infection, hospitalization, and mortality due to proximity to other positive cases, the inability of active cases to safely isolate, and the lack of cleanliness (Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Sundaram et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Neighbourhoods

Research findings demonstrated that populations living in wealthier neighbourhoods in Canada tend to live more than five years longer than Black people in low-income neighbourhoods that experience marginalization (Raphael et al., 2020). Poor health outcomes, such as suicide, are two times higher for Black people in low-income neighbourhoods than in wealthier neighbourhoods in Canada (Raphael et al., 2020). Additionally, other factors, such as infant mortality rates, are 46% higher for Black people in low-income neighbourhoods in Canada (Raphael et al., 2020, p. 18).

Research in Canada and the US indicated that health outcomes are affected within a political, cultural, and environmental context, and Black people in low-income

neighbourhoods' health outcomes are adversely affected by structural racism and implicit bias from healthcare providers (Alcendor, 2020; Croyle, 2005; Heath, 2022; Registered Nursing Association of Ontario, 2013; Sze, 2020; Tai et al., 2020; Thakur, 2020). Low-income neighbourhoods had the highest population of Black people and higher levels of air pollution, which exacerbate chronic illnesses like asthma (Alcendor, 2020; Croyle, 2005; Heath, 2022; Registered Nursing Association of Ontario, 2013; Sze, 2020; Tai et al., 2020; Thakur, 2020). Black low-income neighbourhoods were seen as low-desirability neighbourhoods because they have a higher proportion of Black people living in them, setting off decades of disinvestment from these areas and perpetuating structural racism (Alcendor, 2020; Croyle, 2005; Heath, 2022; Registered Nursing Association of Ontario, 2013; Sze, 2020; Tai et al., 2020; Thakur, 2020).

Research findings in the US suggested that there is a fragmented delivery of public health messaging, especially in high-density living settings, limiting the ability to practice social distancing promptly, causing increased infection, hospitalization, and mortality of COVID-19 (Alcendor, 2020; Croyle, 2005; Heath, 2022; Sze, 2020; Tai et al., 2020; Thakur, 2020). Cell phone mobilization data demonstrate that Black people in low-income neighbourhoods adopted social-distancing practices three days later than those in wealthier neighbourhoods (Alcendor, 2020; Croyle, 2005; Heath, 2022; Sze, 2020; Tai et al., 2020; Thakur, 2020).

Results in the US demonstrated that underserved Black low-income neighbourhoods with limited access to social services are more likely to have underlying conditions and are among the most vulnerable to infection, hospitalization, and mortality (Alcendor, 2020; Croyle, 2005; Heath, 2022; Sze, 2020; Tai et al., 2020; Thakur, 2020).

Black people in low-income neighbourhoods have a higher burden of chronic diseases such as uncontrolled hypertension, obesity, diabetes mellitus, heart failure, and chronic obstructive pulmonary disease and have high tobacco smoking rates and, as a result, are at high risk for unfavourable outcomes from COVID-19 (Alcendor, 2020; Croyle, 2005; Heath, 2022; Sze, 2020; Tai et al., 2020; Thakur, 2020).

Income and Social Status

Income level shapes living conditions, psychological functioning, access to quality food, and physical activity (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Low-income limits access to necessary services such as childcare, housing, post-secondary education, recreational opportunities, and retirement resources (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). 24% of Black Ontarians qualify as low-income compared to 14.4% of the general racialized Ontario population (Black Health Alliance, paras. 2-3).

Second-generation Black Canadians earn 10%-15% less than second-generation White Canadians, even when results are adjusted to reflect educational levels (Black Health Alliance, paras. 2-3). In Toronto, May 2020, the release of neighbourhood hotspots throughout the city revealed that low-income areas were disproportionately

affected by COVID-19 (Miller, 2020; Toronto Public Health, 2022). As of December 31, 2021, for every 100,000 Black people in Toronto, 7,733 were infected with COVID-19 compared to their White counterparts, who were 3,430 infected cases of COVID-19 per 100,000 people in Toronto (Miller, 2020; Toronto Public Health, 2022, p. 3). Inadequate support from low-wage employment affected workers' ability to pay rent, buy food, care for their families, and keep up with the cost of living. Employees who make low wages mostly rely on public transportation to and from work, which increases their risk of exposure and infection with COVID-19 (Miller, 2020; Toronto Public Health, 2022). As a result, Black people experienced deprivation of resources such as food, clothing, and housing due to low income, which increased their risk of infection and mortality of COVID-19 (Miller, 2020; Raphael et al., 2010; Toronto Public Health, 2022).

Income

Income shapes the living conditions that affect physiological and psychological health behaviours, such as the quality of diet, the extent of the ability to exercise, smoking, and alcohol use for Black people in low-income neighbourhoods (Raphael et al., 2020). Income determines the access to and quality of other SDHs, such as education, food security, housing, and others (Raphael et al., 2020). The income level best predicts societal health outcomes (Raphael et al., 2020). Low income leads to material and social deprivation, and it is less likely that Black people in low-income neighbourhoods can afford food, clothing, and housing (Raphael et al., 2020). In the long term, Black people in low-income neighbourhoods continue to experience material and social deprivation, leading to social exclusion that lessens their ability to live lives without health problems (Raphael et al., 2020).

Research from Canada, supported by studies in the US and the UK, indicated that low-income neighbourhoods with a high concentration of Black people are at the highest risk for poor health outcomes from COVID-19 (Black Health Alliance, 2018; Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). COVID-19 infection and mortality rates are higher in neighbourhoods with larger shares of Black low-income residents (Black Health Alliance, 2018; Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). Differences in social and economic status are linked directly to inequalities in health outcomes, and as the income gap between rich and poor widened, the health disparities increased (Black Health Alliance, 2018; Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020).

Kennedy (2020) outlined that in Toronto, people earning less than $ 30,000 annually are 5.3 times more likely to catch COVID-19 than those making $150, 000 yearly (para. 3). Additionally, across Canada, Black low-income people and other people of colour experience double the unemployment rate as White Canadians (Kennedy,

2020). Miller (2020) points out that COVID-19 data revealed that neighbourhoods in Toronto, such as Mount Olive, Silverstone, and Jamestown, had the lowest income, the highest number of positive cases, and a high population of Black people. Other neighbourhoods in Toronto with high populations of Black people, such as West Humber, Woburn, and Glenfield Jane Heights, were also disproportionately impacted by COVID-19 (Miller, 2020).

Research findings from Canada, supported by studies in the US and UK, indicate that due to a lack of income and social status, Black people in low-income neighbourhoods during the COVID-19 pandemic experienced limited access to accurate, up-to-date information regarding the health risks of COVID-19 and limited access to healthcare services, including COVID-19 testing and care (Black Health Alliance, 2018; Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). Black people in the lower income groups had 165 cases per 100,000 people, compared to the rate in the highest income groups, with 90 cases per 100,000 people and the highest rate of COVID-19 hospitalizations (Toronto Public Health, 2022). As an example, Black people in the lower income groups had 26 hospitalizations per 100,000 people compared to the highest income group, with 12 hospitalized per 100,000 people (Toronto Public Health, 2022).

Social Status

Social status is a fundamental cause of disease for Black people in low-income neighbourhoods (Flackerud et al., 2012). Research from the US suggested that Black people in low-income neighbourhoods had poorer health outcomes and decreased life expectancy because of their lower level of income, economic powerlessness during times of infectious diseases due to poor sanitization and overcrowding in their neighbourhoods and work, and face morbidity and mortality from heart diseases and cancers, in addition to more modern infectious diseases such as COVID-19 (Flackerud et al., 2012). Common risk factors Black people in low-income neighbourhoods in the US experience are poor nutrition, lack of exercise, and smoking, increasing their risk of infectious diseases (Flackerud et al., 2012).

Research in Canada supported by studies in the US and the UK indicated that since COVID-19 was detected, public health authorities have deemed those with weakened immune systems from underlying medical conditions as vulnerable to the pandemic, including Black people (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). As a result, Black people in low-income neighbourhoods suffered the poorest health outcomes, such as higher infection rates, mortality, and hospitalizations during the pandemic (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). COVID-19 case increases highlights that Black people in low-income populations have

disproportionately high rates of COVID-19 infections, hospitalization, and mortality pandemic (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020).

Results demonstrated that SDH plays an essential influence on Black people's health; for example, Black Canadians with higher incomes are often healthier than those with lower incomes (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). Black people with low incomes are more likely to live in places with high rates of violence, unsafe air or water, and other health risks (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). Black people in lower-income neighbourhoods in Toronto bear a heavier burden of the coronavirus pandemic, creating hesitation to quarantine when they had COVID-19 because they could not afford to lose income and were unable to work from home (Toronto Public Health, 2020; Toronto Public Health, 2022; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013). Black people in fixed-income or limited-income households are disadvantaged and less able to stock up or afford food delivery options, increasing the number of visits outside the home to

obtain essential items, placing them at increased risk for COVID-19 infection, transmission, mortality, and hospitalization (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020).

Access to Health Services

Access to health services includes being free from financial barriers, income, age, health status, and discrimination (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2010; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). However, during the COVID-19 pandemic, Black people faced disparities in access to testing (Chen & Krieger, 2021; Kaufman et al., 2021; Miller, 2020). Lack of access to testing is one example of a barrier to health services that Black people experience, resulting in adverse health outcomes because of discrimination (Chen & Krieger, 2021; Kaufman et al., 2021; Miller, 2020). Postal codes identified Black people who lived in impoverished, crowded neighbourhoods and housing and did not receive initial testing for COVID-19, resulting in a rapid spread of COVID-19, high rates of transmission and infection, and mortality among Black people (Chen & Krieger, 2021; Kaufman et al., 2021; Miller, 2020).

Findings in Canada, supported by studies in the US and the UK, indicated that underserved populations living in poverty with limited access to social services are more

likely to have underlying conditions and are among the most vulnerable (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Historically, lack of access to SDH prevented Black people from equal access to economic, social, and healthcare opportunities (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Access to healthcare by neighbourhood is an upstream indicator of geographic barriers to care, especially in the context of walkability, access to public transportation, and neighbourhood crime (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). The COVID-19 pandemic brought to the forefront the negative consequences of fragile and commercialized or profit-driven health systems, especially for Black people in low-income neighbourhoods that are already experiencing inequitable access to healthcare (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020).

Results in Canada, supported by studies in the US and the UK, indicated that while governments used public health to justify restrictive regulations, they did not introduce regulatory measures in the private health sector to increase access to COVID-19 treatments, vaccines, medical technologies, and healthcare facilities for Black people

in low-income neighbourhoods (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Existing social inequalities in health increased the risk of severe COVID-19 outcomes for Black people in low-income neighbourhoods through the increased prevalence of underlying medical conditions and decreased access to healthcare (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Black people in low-income neighbourhoods continue to be underrepresented in research, which is likely to be exacerbated by the same barriers that contribute to disparities in access to care and health outcomes (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020).

Findings demonstrated that Public health experts suggested that many risk factors for COVID-19 are connected to socioeconomic status, lack of access to SDH, reliance on public transportation for those who cannot afford a car, and living in densely populated areas (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman, et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Additionally, having jobs without paid sick leave, disparities in access to quality health care, and living in smaller multifamily (or multigenerational) homes make social distancing inconvenient or even impossible (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista,

2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Some cities and regions where Black people with a low income live had not been able to acquire sufficient testing kits due to a lack of transportation, awareness, symptoms, or other eligibility criteria for testing (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020).

Research from Canada supported by studies from the US and the UK indicated that historically, Black people in low-income neighbourhoods experienced fractured access to health care under standard conditions and were more dependent on low-wage or hourly-paid employment, which resulted in high rates of infection, hospitalizations, and mortality (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Black people continue to be disproportionately affected by chronic medical conditions and lower access to healthcare, resulting in unhealthier COVID-19 outcomes (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020).

Education and Literacy

Education increases literacy and understanding of how to promote one's health through individual action; however, lack of education in itself is not the main factor that

causes poor health outcomes (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Black people experience racism and discrimination in various institutions, including education, which hinders their ability to further their education, including navigating the healthcare system (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

During the COVID-19 pandemic, a lack of information provided to Black people was a critical factor that led to poor health outcomes (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Black people who lived in marginalized neighbourhoods did not receive adequate, timely, or credible COVID-19 information (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Lack of adequate information for Black people contributed to communication gaps, socioeconomic disadvantages, issues with health literacy, and limited English Language

proficiency (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Inadequate information led to the elevated risk of Black people contracting and transmitting COVID-19 from being denied access to critical COVID-19 information (Alcendor, 2020; Chen & Krieger, 2021; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Education

Lack of access to education shapes and influences the health of Black people in low-income neighbourhoods (Raphael et al., 2020). Socioeconomic status (SES) indicated by education plays a vital role in health outcomes as Black people in low-income neighbourhoods had decreased access to health resources, placing their health and families at risk (Raphael et al., 2020). In education in Toronto District School Board (TDSB), 69% of Black students graduated in 2011, compared to 87% of racialized students and 84% of White students (Black Health Alliance, paras. 2-3). Tuition fees influence whether Black people from low-income families can attain a college or university degree (Black Health Alliance, 2018). Additionally, poverty was also correlated with lower-quality education and a higher rate of criminal activity, thus limiting educational opportunities for Black people in low-income neighbourhoods (Raphael et al., 2020). Black people living in low-income neighbourhoods had less

internet access and were more likely to depend on community-targeted news sources, which limits their access to crucial health information (Raphael et al., 2020).

Findings demonstrated a higher rate of COVID-19 cases and hospitalization rates for people from racialized neighbourhoods, people with lower education levels, and unemployed people (Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). During the COVID-19 pandemic, credible, accurate health information was not disseminated from health and healthcare institutions to Black people in low-income neighbourhoods in real-time (Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Lack of credible COVID-19 information reaching Black people in low-income neighbourhoods thereby elevated the risk of infection, transmission, hospitalization, and mortality (Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). When Black people in low-income neighbourhoods finally received COVID-19 information, they had limited access to accurate, up-to-date information regarding the health risks of COVID-19 and limited differential access to healthcare services, including COVID-19 testing and care (Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Research findings demonstrate that disparities that exist within education for Black people in low-income neighbourhoods result in inequitable treatment and unequal outcomes due to the level of education (Black Health Alliance, 2018; Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Disparities influence racially biased policies that were systemically

detrimental to the survival of Black people in low-income neighbourhoods and their unequal access to quality education and occupational opportunities, thus limiting socioeconomic growth (Black Health Alliance, 2018; Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Literacy

Increasing educational access for Black people in low-income neighbourhoods increases their literacy level and ability to understand and comprehend crucial health information to promote health and act (Raphael et al., 2020). Research indicates that literacy level influences Black people's life expectancy in low-income neighbourhoods with a lower life expectancy than their counterparts due to not having a college degree (Black Health Alliance, 2018; Raphael et al., 2020). Health information was not provided in multiple languages to reach Black people with various English proficiency and literacy levels (Razai et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Black people with low income were not provided with COVID-19 health information at a comprehensive literacy level to act, which increased their risk of infection, transmission, hospitalization, and mortality (Razai et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Health information during the COVID-19 pandemic includes communication regarding preventative measures, testing resources, public policy changes, and general guidance (Razai et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Employment and Working Conditions

Employment provides income, a sense of identity and helps to structure activities of daily living (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy,

2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Working conditions are critical to one's health outcomes because a significant amount of time is spent in the workplace each day; Black people in low-income neighbourhoods are vulnerable to poor health outcomes due to their place of work (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2010; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Employment and working conditions undoubtedly contributed to the disproportionate impact of COVID-19 on Black people because low-income employment provided them with less financial stability and impacted their ability to take time off work (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Not all employers provide Black low-income people with an adequate amount of sick days to support the isolation requirements when they contract COVID-19, resulting in workers forced to choose between showing up to work sick and infecting other co-workers or losing income which is detrimental to their livelihood (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021;

Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Employment held by Black people in low-income neighbourhoods was often factory work with crowded working conditions, increasing their risk of exposure, infection and outbreak of COVID-19 (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Employment

Findings indicated that Black people from low-income neighbourhoods in low-income jobs experience unstable work, lack of protection, lack of job security, overcrowding, and low wages shape their health outcomes (Raphael et al., 2020). Increased health concerns were prevalent among Black people from low-income neighbourhoods working in low-income jobs who experienced high demands and little control over meeting demands (Raphael et al., 2020). Black people from low-income neighbourhoods working in low-income jobs are predisposed to high blood pressure, cardiovascular disease, and the development of physical and psychological difficulties such as depression and anxiety (Raphael et al., 2020).

Black people living in low-income neighbourhoods and working in low-income jobs had an increased risk of getting COVID-19 and experiencing hospitalization (El-Khatib et al., 2020; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Kirksey et al., 2020; Miller, 2020; Public Health Ontario, 2020;

Toronto Public Health, 2020; Yaya et al., 2020). Poor health outcomes that Black people from low-income neighbourhoods and working low-income jobs meant that they were not able to provide for themselves and their families and were unable to pay their rent, leading to loss of housing, inability to isolate safely and loss of income, which leads to not being able to care for their immediate needs and activities of daily living (ADLs). These results in further deterioration of their physical and mental health (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Toronto Public Health, 2022).

Working Conditions

Research findings from Canada, with supporting studies from the US and the UK, indicated that undermining health, exclusion, and lack of support that Black low-income people in low-income jobs experience was not only due to income but also the type of jobs they occupy (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020). Black low-income people working low-income jobs tend to work in industries such as food and accommodation were highly affected by infection, hospitalization, and mortality during the COVID-19 pandemic due to overcrowding environments and poor sanitization protocols (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020). Lack of support for Black low-income people working in low-income jobs did not provide opportunities to develop and grow, limiting their ability to work in specific job streams

(Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020).

Findings in Canada, supported by research in the US and UK, show that Black people who were more dependent on low-wage or hourly employment were more likely to continue working when ill and especially when they did not receive adequate support to access health care (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Low-income jobs were overpopulated and did not offer adequate support to employees when they get sick (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Low-wage jobs did not offer adequate support and benefits for Black people from low-income neighbourhoods to continue earning their regular wage when they got sick; therefore, when faced with illness, they continued to work to provide for their families (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). As a result, Black low-income people working in low-wage jobs had difficulty safely meeting Ministry of Health (MOH) recommendations while having to work to provide for their families (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020).

Findings in Canada, with supporting studies from the US and the UK, demonstrated that low-income neighbourhoods with a high population of Black people

had the lowest incomes, highest rates of unemployment, double the number of COVID-19 cases and two times the rate of hospitalizations (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Toronto Public Health, 2022). Unemployment rates impacted Black people in low-income neighbourhoods' ability to adhere to COVID-19 protocols safely (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Black people living in low-income neighbourhoods had unemployment rates almost twice as high as White Canadians; nearly one-third of Black youth living in low-income neighbourhoods in Canada are unemployed, compared to 18% of White youth (Kennedy, 2020, paras. 4-7). Unemployed Black people in low-income neighbourhoods faced an increased risk of COVID-19 infection because they could not access the necessary resources to protect themselves promptly (Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). The absence of income eliminates the ability to purchase the necessary resources such as masks, cleaning equipment, face shields, and an adequate place to live to isolate safely (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020).

Research findings from Canada, with supporting studies from the US and the UK, demonstrated that Black people in low-income neighbourhoods often relied on public transportation for work because of affordability (Croyle, 2005; Kennedy, 2020; Miller,

2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020). Black people in low-income neighbourhoods could not consistently pay for taxis, Uber, and safer transportation methods (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020). The use of public transportation impacted the rate of infection and mortality of COVID-19 for Black people in low-income neighbourhoods because public transportation did not have sufficient space for riders to maintain safe distancing, predisposing riders to higher infection rates (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Tai et al., 2020). 34% percent of Black people in low-income neighbourhoods relied on public transportation to commute to work compared to White people 14% (Tai et al., 2020, p. 6).

Research from Canada, with supporting studies from the US and the UK, indicated that adequate child and elder care for Black low-income people in low-income jobs was critical for them to continue to earn their wages and provide for their families (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Lack of childcare and elder care increased exposure and the economic burden for Black low-income people causing further financial strain (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Consistent income in a safe environment strengthens Black people's ability to afford a healthy lifestyle and QOL (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et

al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Black low-income people working in low-income jobs cannot meet their daily needs and improve their QOL because of their employment status and working conditions (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Black low-income people's ability to afford a healthy lifestyle and increase their QOL decreased when their wage was inadequate to meet their daily needs, and they worked in unsafe conditions (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020).

Healthy Behaviours

Healthy behaviours shape the health and well-being of individuals and populations through intentional and unintentional actions used as coping mechanisms for various experiences of stress (Short & Mollborn, 2016). Actions can have positive or negative outcomes on the health of the individuals or the population. Actions that positively or negatively influence the health outcomes of individuals and populations could include physical activity, eating in moderation, adequate sleep, utilizing health services, and adhering to medication as prescribed; smoking, substance use, and risky sexual behaviours (Short & Mollborn, 2016). For Black people to make choices that lead to healthy behaviours and positive health outcomes, they required access to well-paying jobs and safe working conditions (Short & Mollborn, 2016).

During the COVID-19 pandemic, barriers that affected Black people in low-income neighbourhoods' ability to take informed actions were higher exposure to COVID-19 because they tended to commute to work by public transportation, where it was challenging to practice physical distancing (Short & Mollborn, 2016). Black people in low-income neighbourhoods experienced stereotypes that led to stress and impaired decision-making processes, which resulted in further anxiety and aggressive behaviour (Short & Mollborn, 2016). Black people with less income faced quality and public healthcare issues, leading to disengagement from the healthcare system (Short & Mollborn, 2016). Black people with COVID-19 symptoms were less likely to be tested for the disease than their White counterparts, and the testing centers were in areas occupied by predominantly White neighbourhoods (Short & Mollborn, 2016). The combination of barriers to transportation, stereotypes, lack of access to information, and inability to test for COVID-19 altered Black low-income people's ability to make positive decisions about their health-related behaviour and their ability to respond to COVID-19 effectively (Short & Mollborn, 2016).

Healthy behaviours of Black people in low-income neighbourhoods were evident in the health outcomes and well-being of the individuals and population (Short & Mollborn, 2016). Lack of access to critical health information during the COVID-19 pandemic reduced Black people in low-income neighbourhoods' ability to act, which affected their health or mortality (Croyle, 2005; Short & Mollborn, 2016). Low income and their social environment affected Black people in low-income neighbourhoods' response to COVID-19 provincial measures (Croyle, 2005; Short & Mollborn, 2016). Reduced access to critical and timely information for Black people in low-income

neighbourhoods impacted their ability to behave healthily and make healthy lifestyle choices over their life course and influenced their actions (Croyle, 2005; Short & Mollborn, 2016).

Disparities in access to health care for Black people in low-income neighbourhoods impacted their behavioural response to illness and contributed to disparities in their health status (Croyle, 2005; Short & Mollborn, 2016). Socioeconomic and political factors, such as broad government policies, structurally shape the exposure to intermediary SDH for Black people in low-income neighbourhoods' (Croyle, 2005; Short & Mollborn, 2016). Exposure to intermediary SDH ultimately created the circumstances that shaped the behaviour of Black people in low-income neighbourhoods and their risk for disease (Croyle, 2005; Short & Mollborn, 2016).

Social Supports and Coping Skills

Social support is received from family, friends, and neighbourhoods and is associated with better health outcomes (Government of Canada, 2022). Social support enables individuals and populations to achieve better health outcomes by providing access to SDH resources that promote disease prevention, self-care, harm reduction, overcoming adversity, developing self-reliance, physical activity, and self-choice (Government of Canada, 2022). The COVID-19 pandemic highlighted the unequal access to key SDH that influence better health outcomes such as income, education, employment, and social support in building Black neighbourhoods in Toronto (Firang, 2020; Firang & Mensah, 2022; Manbura & Morrison, 2016). Lack of access to crucial factors during the pandemic impacted Black neighbourhoods' ability to draw on their resilience to cope with anxiety and trauma created by the pandemic and pandemic effects

(Firang, 2020; Firang & Mensah, 2022; Manbura & Morrison, 2016). As a result, Black people in Toronto had higher rates of infection and mortality from COVID-19 (El-Khatib et al., 2020; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Kirksey et al., 2020; Miller, 2020; Paremoer et al., 2021; Paradies et al., 2015; Public Health Ontario, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Social Supports

Research suggests that Black people in low-income neighbourhoods experience prejudice and discrimination, leading to social isolation and mistrust of others (Raphael et al., 2020). Social isolation and mistrust of others are associated with a lack of supportive relationships and material and social deprivation, further causing stress for Black people in low-income neighbourhoods (Raphael et al., 2020). Black people in low-income neighbourhoods experiencing stress experienced weakening resistance to diseases and disruption to hormonal, metabolic, and immune function (Raphael et al., 2020). Cardiovascular disease, adult-onset diabetes, and respiratory and autoimmune diabetes are some poorer health outcomes that Black people in low-income neighbourhoods are at risk for from stress (Raphael et al., 2020). At the psychological level, Black people in low-income neighbourhoods experienced shame, insecurity, and worthlessness resulting from poor living conditions, stress, and lack of supportive relationships.

COVID-19 findings indicated that Black people in low-income neighbourhoods experienced further isolation because of the government isolation requirements (Raphael et al., 2020; Thakur et al., 2020). Additionally, sociodemographic data on Black people in low-income neighbourhoods were not initially collected and monitored to understand the

impact of COVID-19, leading to a lack of response to specific community needs, services, and supports (Raphael et al., 2020; Thakur et al., 2020). Not collecting COVID-19 sociodemographic data on Black people in low-income neighbourhoods resulted in gaps in care, lack of programming and planning, and support services, leading to unfavourable health outcomes (Raphael et al., 2020; Thakur et al., 2020).

Coping Skills

Black low-income neighbourhoods were far from healthcare providers, and as a result, Black people in low-income neighbourhoods did not access treatment until they experienced severe symptoms (Heath, 2022; Paradise et al., 2015). To cope with adverse life circumstances, Black people in low-income neighbourhoods had an increased risk of adopting unhealthy coping behaviours such as smoking, alcohol use, substance misuse, and overeating due to the constant high stress levels they experience without professional support (Raphael et al., 2020). Stressful situations made it challenging for Black people in low-income neighbourhoods to take up physical exercise or healthy eating habits because they used most of their energy to cope with day-to-day adverse experiences (Raphael et al., 2020). Continuous stress that Black people in low-income neighbourhoods experience results in stimulation of the fight or flight response, which leads to chronic stress on the body and adverse long-term health outcomes (Raphael et al., 2020).

Findings demonstrated that Black people in low-income neighbourhoods experience high violence and crime, which increases their risk of mental health consequences such as depression, anxiety, psychological distress, and decreased QOL (Heath, 2022). Black people from low-income neighbourhoods experienced racism when

accessing care because of their ethnicity, leading to decreased access to care (Heath, 2022; Paradise et al., 2015). Ethnic minorities, including Black people from low-income neighbourhoods, experienced poorer healthcare experiences and low health insurance coverage, contributing to inadequate healthcare utilization and increasing long-term illnesses (Yaya et al., 2020). Black people in low-income neighbourhoods experienced difficulty coping with high exposure to violence and stress and accessing care (Heath, 2022; Yaya et al., 2020).

Research findings suggested that Black people in low-income neighbourhoods could not effectively cope with the COVID-19 pandemic (Raphael et al., 2020; Thakur et al., 2020). COVID-19 isolation guidelines require all residents to isolate at home and away from other people to reduce the spread of the virus (Ministry of Health and Long-term Care, 2023). Isolation guidelines placed Black people in low-income neighbourhoods, especially those experiencing mental health consequences, further from accessing professional support (Heath, 2022; Ministry of Health and Long-term Care, 2023; Yaya et al., 2020). Isolation decreased the spread of the COVID-19 virus but led to loneliness and potentially the uptake of unhealthy behaviours, causing further harm (Heath, 2022; Yaya et al., 2020). Unhealthy behaviours include smoking, alcohol use, substance misuse, and overeating to cope with the symptoms they experience (Heath, 2022; Yaya et al., 2020). The uptake of unhealthy behaviour resulted in impaired thinking, which impacted their overall decision-making (Heath, 2022; Yaya et al., 2020). Impairments to their ability to make informed decisions contributed to the high infection rates, hospitalization, and mortality of Black people in low-income neighbourhoods' experience (Heath, 2022; Yaya et al., 2020).

Discussion

The COVID-19 pandemic exposed inequalities in the Canadian healthcare system towards Black people from low-income neighbourhoods (Alcendor, 2020**)**. This scoping review is written by a Public Health Nurse (PHN) working in the community, considering the impact of a lack of access to SDH during a pandemic and the need for an ABRA in community nursing practice. This study used the theoretical framework, CCT-CBR, rooted in community nursing to analyze the data collected. The findings show that Black people in low-income neighbourhoods in Toronto have disproportionately higher rates of infections, hospitalizations, and mortality of COVID-19 compared to the general population. As a result, the author explores the research question: How can community nursing practice mitigate the impact of high infection rates, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto? The results highlight the following key SDH factors that contribute to the infection, hospitalization, and mortality of COVID-19 for Black people in low-income neighbourhoods in Toronto (Miller, 2020).

- Race and Racism
- Physical Environments and Neighbourhoods
- Social Status, Access to Health Services
- Education and Literacy
- Employment, Working Conditions, and Income
- Healthy Behaviours, Social Support, and Coping Skills (Government of Canada, 2022; Public Health Agency of Canada, 2020).

The data collected provides a foundational understanding of what Black people in low-income neighbourhoods' experience and the impact of lack of SDH resources on the community during the COVID-19 pandemic.

The author aims to use the research to inform community nursing practice to mitigate the impact of high infection rates, hospitalization, and mortality of COVID-19 and potentially other infectious diseases post-pandemic. In Canada, the term low-income applies when a household or household's income is below 50% of the median household income (Government of Canada, 2022, para. 4). In Toronto, areas of low income are identifiable through the Ward information, which consolidates data collected through the Census and identifies population, housing, household and family structure, employment, age, average number of people per household, language literacy, education, ethnic origin, visible minority, and income (City of Toronto, 2018).

Using the findings from the SDH framework guides the reader through an ecological systems approach, beginning on an individual level with race and racism, then extending to the micro level to the physical environments and neighbourhoods, social status, access to health services, education and literacy, employment, working conditions, and income, and concluding with healthy behaviours, social support, and coping skills (Government of Canada, 2022; Public Health Agency of Canada, 2020).

Race and Racism

Forty-nine percent of articles from the authors' research demonstrate that race plays a vital role in the health outcomes of Black people (Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Choi et al., 2021; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; James et

al., 2010; George, 1992; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Manbura et al., 2016; Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Statistics Canada, 2020; Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Toronto Public Health, 2023; Wallis, 2020; Yaya et al., 2020). Historically, from a global perspective, human beings were differentiated from one another based on their physical representation, such as their skin colour, hair texture, facial features, and eye formation (Cenat, 2022; Davis, 1961). Being differentiated from the dominant society led to a process of 'othering,' which extended to Black people experiencing various forms of stereotyping, discrimination, and oppression, placing them at the bottom of the Canadian social hierarchy (James et al., 2010). Today, in Canada, race is a measure used to determine an individual's value in society and impacts their overall QOL (Public Health Agency of Canada, 2020). Being Black means experiencing a constant feeling of being less than, silenced, not heard, and disregarded by society (Public Health Agency of Canada, 2020). As a result, Black people often internalize and suppress their experiences and feelings of being stereotyped, discriminated against, and oppressed, leading to upholding the pressure society places on them (Public Health Agency of Canada, 2020). The process of being 'othered,' in combination with Black people having to climb the invisible social ladder, results in experiencing limited access to the SDH, which includes access to healthcare, education, income, employment and working conditions (James et al., 2010).

Forty-nine percent of the results demonstrate that Black people in low-income neighbourhoods experience high infection rates, hospitalization, and mortality because of

their race during the COVID-19 pandemic (Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Choi et al., 2021; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; James et al., 2010; George, 1992; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Manbura et al., 2016; Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Statistics Canada, 2020; Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Toronto Public Health, 2023; Wallis, 2020; Yaya et al., 2020). This outcome demonstrates that Black people experience challenges with isolation and are at increased exposure to COVID-19. The high hospitalization rates inform us that Black people are receiving care when their illness reaches a severity that requires immediate medical intervention. The mortality rate suggests that the limited access that Black people have to SDH resources is leading to a high death rate from COVID-19.

Yaya et al. (2020) outline that the COVID-19 pandemic further exposes the disturbing and inconvenient truth that health is related to race. The COVID-19 pandemic uncovered the fact that because of their race, Black people in low-income neighbourhoods are infected and dying with COVID-19 at higher rates than their counterparts; however, data collection to measure further, analyze, and gain insight into the impact on Black low-income people and neighbourhoods continues not to remain unavailable (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). Black people experience a higher fatality

due to deprivation of resources compared to their counterparts, while White people are the standard to uphold (Yaya et al., 2020). According to these results, the high death rate of Black people is not seen as a significant indicator for data collection by provinces, states, and governments when race-based data contributes to learning and awareness to mitigate the problem.

Results from this scoping review suggest that Black people have reduced testing and access to test centres, leading to higher transmission, infection, hospitalization, and mortality rates (Chen & Krieger, 2021; Yaya et al., 2020). Black people's experience substantially elevated COVID-19 infection and death rates (Chen & Krieger, 2021; Yaya et al., 2020). Race-based data on who accessed the test centres was collected later in the COVID-19 pandemic. The race-based data that was collected provided a perception that White people were following the COVID-19 guidelines and recommendations (wearing a mask, getting tested, and self-isolation). This data shows that White people were held to the highest positive standard in response to the COVID-19 guidelines and recommendations following the rules. In contrast, Black people were targeted and 'othered,' which impacted Black people not accessing testing, which created an experience of discrimination based on race (Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Choi et al., 2021; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; James et al., 2010; George, 1992; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Manbura et al., 2016; Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Statistics Canada, 2020;

Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Toronto Public Health, 2023; Wallis, 2020; Yaya et al., 2020). According to Yaya et al. (2020), Black people in low-income neighbourhoods with COVID-19 symptoms were reportedly less likely to be tested than their White counterparts, and the location of testing centers is preferentially in predominantly White neighbourhoods. Presenting race-based data based on accessing testing overlooks the high rates of infection, hospitalization, and mortality of Black people from a lack of access to SDH. White people have higher access to testing because of local availability and have the resources for safe isolation, such as access to additional housing. The reality is that Black people must travel far distances to test centres and live in overcrowded housing in underserved neighbourhoods.

The results of this scoping review show that racism is an extension of race because society created a belief that Black people are inferior (Black Health Alliance, 2018; Firang, 2020; Government of Canada, 2022; Heath, 2022; James et al., 2010; George, 1992; Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Thakur et al., 2020; Toronto Public Health, 2023). One definition of racism does not exist as it is individualized to Black people who experience the phenomenon; thus, each person's definition reflects their own experience and perspective (James et al., 2010). Experiences of racism result in Black people being dehumanized, alienated, degraded, and strips individuals of their sense of dignity and self-worth (James et al., 2010). Firang (2020) found that racism purposefully excludes Black people from exercising their right to participate as equal members of society, perpetuates stereotypes, prejudices, power embedded in various levels of society, and

discriminatory beliefs held by dominant society (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; James et al., 2010; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

The act of racism denies Black people from receiving the care they need to survive or live, and experiencing racism leads to developing mistrust and reduced interaction with the healthcare system. There is a lack of motivation for Black people to access health services due to fear of experiencing racism from healthcare providers, being misdiagnosed, and receiving inadequate help and support. Twenty-five percent of the authors' research demonstrates that racism Black people experienced by the dominant society existed before the COVID-19 pandemic and was brought to the forefront as a contributor to accessing critical SDH resources during the pandemic (Black Health Alliance, 2018; Firang, 2020; Government of Canada, 2022; Heath, 2022; James et al., 2010; George, 1992; Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Thakur et al., 2020; Toronto Public Health, 2023). Therefore, racism remains dormant in policies, guidelines, health information, laws, and education, contributing to high infection rates, hospitalization, and mortality (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Forty-nine percent of the articles from the authors' research identified that experiences of racism contribute to unfavourable health outcomes and create an inability

for Black people to receive optimal health services (Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Firang, 2020; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; James et al., 2010; George, 1992; Nurses and Nurse Practitioners of British Columbia, 2023; Olshansky, 2017; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2023; Yaya et al., 2020). Resources such as the placement of COVID-19 test centers are located within the proximity of well-resourced neighbourhoods, leaving Black people to find the means to travel to get tested. COVID-19 resources only being available in well-resourced neighbourhoods in Toronto demonstrates that access to COVID-19 resources, isolation guidelines and measures, and the overall response from the government favoured the dominant society made up primarily of White people (Black Health Alliance, 2018; Kennedy, 2020; Miller, 2020). Therefore, Black people are at increased risk of COVID-19 infections and death due to longstanding health inequity because of racism.

Ten percent of research articles from this scoping review demonstrate that race has been historically used as a means to differentiate Black people from other human beings and to measure their value impacts on healthcare providers' perception of them as patients (Butcher, 2022; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Kaufman et al., 2021; Nurses and Nurse Practitioners of British Columbia, 2023; Toronto Public Health, 2022; Paremoer et al., 2021; Thakur et al., 2020; Yaya et al., 2020). In nursing, the medical Western model views COVID-19 as an illness that can be prevented using the Western medical model of medicine approach, such as the COVID-

19 guidelines and recommendations. The Ministry of Health and Long-term Care (MOHLTC) recommends the following for probable or confirmed cases of COVID-19 to prevent infection and spread:

- Self-isolating until symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms), and no fever is present and,
- For a total of 10 days after the date of specimen collection or symptom onset,
- Wearing masks, sanitizing and hand washing, social distancing where possible, improving ventilation, limiting crowds, adhering to municipal capacity gathering guidelines, and keeping abreast of changing and new recommendations (Ministry of Health and Long-term Care, 2019).

This approach fails to consider the disproportionate access to SDH resources that Black people experience, which existed before COVID-19. These needs, such as a housing shortage, existed long before the COVID-19 pandemic and have been top priorities for governments. Amid a housing crisis in Canada, upon the arrival of COVID-19, the housing priorities for minority groups were put to the side as the virus became a priority.

Choi et al. (2020) point out that many provinces in Canada are not collecting race-based data on the impact of COVID-19 on Black people; therefore, the true impact of COVID-19 is unknown. A lack of race-based data collection demonstrates underrepresentation and exclusion in data, resulting in mistrust in the healthcare system and an inability of governments to justify the need for increased access to SDH resources. (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2021; Sze et

al., 2020; Yaya et al., 2020). Lack of availability of data leads to additional layers of discrimination and not being able to get resources, contributing to the unfavourable health outcomes Black people experience.

Forty-nine percent of the articles in this scoping review demonstrate that racism contributes to the health and well-being of Black people (Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Firang, 2020; Flackerud & DeLilly, 2012; Government of Canada, 2022; Heath, 2022; James et al., 2010; George, 1992; Nurses and Nurse Practitioners of British Columbia, 2023; Olshansky, 2017; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2023; Yaya et al., 2020). Institutional and personally mediated racism that Black people encounter leads to unfavourable health outcomes, including deprivation of SDH resources, being mistreated by healthcare providers and dominant groups, and receiving poor medical care (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Firang, D., 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020). When Black people experience racism, the message that they internalize is that they are less than other members of society and their worth is predetermined. Black people must internalize their feelings, suppress their thoughts, and find ways to minimize their Blackness in hopes of being treated the same as White people, as human beings. Racism is a tool used by dominant groups to instill fear and condition Black people to suppress themselves. Suppression of self leads to loss of identity, voice, and confidence in themselves and the healthcare system. Razi et al.

(2021) outline that the impact of racism on Black people is limited access to SDH resources. An example is the placement of test centers near well-resourced neighbourhoods dominated by White people. Dominant groups influence SDH resource allocation's decision-making process because of their societal power (James et al., 2010; Kennedy, 2020; Miller, 2020). Black people are excluded from decision-making because of race (James et al., 2010; Kennedy, 2020; Miller, 2020).

Race impacts the nursing profession because of the need to be aware of promoting diversity, delivering unbiased, patient-centred care, and demonstrating empathy, fairness, and respect. Focusing on race can guide the nursing profession to take a humanistic approach toward Black people. According to Falk-Rafael's Critical Caring Theory (CCT), from a PHN perspective, when collecting race-based data, there are opportunities for open dialogue with patients who identify as Black. Patients who tested positive for COVID-19 and are Black expressed in various ways their gratitude for being listened to, seen, validated, and cared for by the government. These interactions made patients feel more comfortable with their healthcare providers and strengthened trust between patients and nurses, which led to patients more strongly adhering to nursing recommendations. Based on these interactions with patients in combination with collecting race-based data, there was an opportunity to understand the pattern of the disease, develop holistic policies and reduce the risk of transmission, infection, hospitalization, and mortality; however, there continues to be an underrepresentation of Black low-income people in the data collection (Yaya et al., 2020). Falk-Rafael's CCT Model guides the PHN to recognize the social injustices that come from race and diminish the human dignity of Black people. Using a humanistic approach with open dialogue, PHNs can generate new nursing

knowledge by being compassionate and showing kindness. Being receptive to Black people's perspectives and experiences and seeking feedback on their experience created a more inclusive environment and positively influenced the quality of care.

By being conscious of the impact of racism, nurses can be more intentional with their actions by being more culturally sensitive to Black people's experience of racism and collaborating with other professionals, such as social workers, to address the trauma that exists as a result. By collaborating with other professionals, community nurses can expand their capacity to be aware of how racism impacts Black people, equipping nurses with information to advocate for inclusive policies, guidelines, health information, and education internally and externally (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

From a PHN's perspective, community nursing practice can collaborate inter-divisionally within the city of Toronto, such as with the Confronting Anti-Black Racism Unit, for guidance to plan, organize, and implement training for nurses on the impact of racism toward Black people related to healthcare. Additionally, community nursing practice can adopt the Anti-Black Racism Approach (ABRA) to the training for nurses to reflect and understand how beliefs, attitudes, prejudice, stereotyping, and discrimination directed towards Black people impact their life expectancy (City of Toronto, 2023).

Falk-Rafael's CCT Model guides the author in this scoping review to explore the available research to understand how the act of racism toward Black people further diminishes their dignity and QOL. By adopting an ABRA, community nursing practice can better tailor service delivery that challenges healthcare providers' unconscious biases

toward Black people to reduce prejudice and discrimination and promote empowerment (Chen & Krieger, 2021; Choi et al., 2021; El-Khatib, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Paradies et al., 2015; Razai et al., 2021; Sundaram et al., 2021; Sze et al., 2020; Yaya et al., 2020).

Physical Environments and Neighbourhoods

The physical environment and neighbourhood where Black people live places them at higher risk for unfavourable health outcomes due to structural racism and implicit bias from healthcare providers (Alcendor, 2020; Croyle, 2005; Heath, 2022; Registered Nursing Association of Ontario, 2013; Sze, 2020; Tai et al., 2020; Thakur et al., 2020). The conditions of the physical environment and neighbourhood, such as garbage, uncleanliness, violence and stigma in the area, and limited access to food sources further impact Black people's ability to receive services. When there is an association of violence and crime in a neighbourhood, safety concerns arise for healthcare workers, creating reluctance for healthcare workers and agencies to provide care, further decreasing Black people's ability to access care.

During the pandemic, when there was a lockdown, Black people were unable to stock up on food, had inadequate food support, and lacked food quantity in local food stores because food sources were located outside the neighbourhood they lived. To access food, Black people had to take the time and travel to food sources, wait in line outside sometimes in the winter weather, obtain their food, and travel back to their homes while organizing transportation simultaneously.

The physical environment of the neighbourhoods where low-income housing is located includes socioeconomic concerns such as overcrowding, high rates of violence,

unsafe air or water, exposure to second-hand smoke, access to drugs and alcohol, and proximity to fast food that further contribute to the deterioration of Black people's health (Alcendor, 2020; Croyle, 2005; Heath, 2022; Registered Nursing Association of Ontario, 2013; Sze, 2020; Tai et al., 2020; Thakur et al., 2020). Overcrowding within the home resulted in Black people being unable to socially distance safely, contributing to higher infection rates, hospitalization, and mortality. Sze et al. (2020) and Kaufman et al. (2021) outline that the COVID-19 pandemic highlights that crowded housing environments result from a lack of access to affordable housing, which impacts Black people's ability to socially distance safely.

Additionally, neighbourhoods that have a high population of Black people, such as Malvern, Jane and Finch, Rexdale, and Lawrence Heights, are structured and shaped by a broader set of systemic political, economic, social, cultural, and environmental conditions that make it challenging for Black people to access healthcare services (Miller, 2020; Registered Nursing Association of Ontario, 2013). The infrastructure and placement of housing are developed to contain violence occurring in these neighbourhoods and segregate Black people from well-resourced areas, including nutritious and affordable food and healthcare services, such as family physicians or nurse practitioners.

Thakur et al. (2020) outline that Black neighbourhoods were delayed up-to-date COVID-19 information, and consequently, they adopted social distancing three days later than well-resourced communities occupied by White people. The combination of the physical environment and neighbourhood, the lack of available services, and not getting

health information promptly contribute to the deterioration of Black people's physical and mental well-being over time.

Twenty-seven percent of research articles from this scoping review demonstrate that Black people's physical environment and neighbourhood place them at risk for chronic illnesses due to structural racism, marginalization, and poor air quality, further worsening their health and increasing their risk of contracting and spreading communicable diseases, such as COVID-19 (Black Health Alliance, 2018; Croyle, 2005; Government of Canada, 2022; Heath, 2022; Miller, 2020; Olshansky, 2017; Public Health Ontario, 2020; Raphael et al., 2020; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sundaram et al., 2020; Sze et al., 2020; Yaya et al., 2020). The Registered Nursing Association of Ontario (2013) agrees that the area where Black people are born, live, work, and age, as well as overcrowded living, violence, lack of health services, and stigma, lead to adverse health outcomes. Knowing the impact of the physical environment and neighbourhood allows the nursing profession to create a holistic approach to planning care for Black people and reduce the long-term effects of continuous exposure and its impacts on their health.

Knowledge of the physical environment and neighbourhood provides nurses with a better understanding of the impact on the health of Black people and the importance of taking a preventative approach to minimizing their risk for chronic illness. Nursing practice can build the capacity of nurses through regular training and workshops that include topics that cover the impact of lack of access to SDH resources to strengthen direct care to Black people (Alcendor, 2020; Croyle, 2005; Heath, 2022; Sze et al., 2020; Raphael et al., 2020; Tai et al., 2020; Thakur, 2020). From a PHN's perspective, nurses

can conduct online research, environmental scans, neighbourhood surveillance, and build relationships with community members to inform themselves of health issues most relevant to Black people. PHNs can use the data to plan their approach to care and strategically include the appropriate community partners to address community concerns. An example is developing and implementing training for healthcare and non-healthcare providers on the impact of physical environments and neighbourhood structures on the health of Black people in low-income neighbourhoods (Firang, 2020; Thakur, 2020).

Falk-Rafael's CCT Model guided the author to complete participatory research that values and seeks to empower, liberate, and emancipate Black people by reflecting on practice and researching actions to improve neighbourhoods in Toronto where Black people live. CCT emphasizes the importance of addressing community concerns through collaboration with community members, agencies, and organizational representatives and sharing decision-making and ownership to build capacity and understanding. Falk-Rafael's CCT Model guides the author to know that collaboration with community stakeholders can lead to knowledge integration into interventions, policies, and social change to improve Black people's health and QOL.

Social Status and Access to Health Services

Seventy-one percent of research articles from this scoping review demonstrate that social status and lack of access to healthcare services impact the health of Black people in low-income neighbourhoods (Chen & Krieger, 2021; El-Khatib et al., 2020; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Manbura et al., 2016; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario,

2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Wallis, 2020; Yaya et al., 2020). Social status and lack of access to healthcare services lead to difficulty maintaining health due to societal hierarchies and limited access to healthcare services impacting overall health (Alcendor, 2020; Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Yaya et al., 2020). Referring to the process of 'othering,' social status is determined by the dominant society's view based on race, facial features, gender, family status, income level, and level of education (Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Flackerud & DeLilly, 2012; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; James et al., 2010; Kaufman et al., 2021; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Yaya et al., 2020). Black people in low-income neighbourhoods are at the bottom of the social hierarchy. Because of their assigned low social status, their daily routine focuses on accessing their basic needs, such as food, shelter, water, and education. In contrast, well-resourced communities occupied by White people can fulfill their talents daily without worrying about meeting their basic needs.

The COVID-19 pandemic highlights that due to the racism Black people in low-income neighbourhoods experience, there is a lack of healthcare services provision and exclusion from various methods of data collection and interventions (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer et al., 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). The allocation of healthcare resources requires justification through data collection. When there is a lack of data, there is no justification for allocating healthcare resources or funding for Black people in low-income neighbourhoods, further limiting access to healthcare services. Hsu et al. (2021) explain that the scope of the COVID-19 disease is more pronounced in Black low-income neighbourhoods; however, due to underreporting, the actual scope cannot be captured. Due to the lack of available information to support the need for healthcare services, because data was not collected on the impact of COVID-19, Black people in low-income neighbourhoods' access to healthcare services was unattainable.

Additionally, Black people in low-income neighbourhoods' ability to access health services is impacted by not having a stable income and job security, racism, limited educational opportunities, difficulty affording transportation, lack of trust in healthcare providers, lack of culturally competent care providers, and the overall cost of health insurance (Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022;

Yaya et al., 2020). Additional limitations for accessing COVID-19 resources include relying on public transportation, living in densely populated and overcrowded areas, having precarious employment without paid sick leave, experiencing discrimination from healthcare providers, and living in smaller multigenerational homes in areas of high violence and crime (Kaufman et al., 2021). The high rates of violence and crime associated with low-income neighbourhoods where Black people live created an additional barrier where healthcare workers are concerned about their safety in providing care, which demonstrates a need for additional social support (Paremoer et al., 2021).

Black people in low-income neighbourhoods face stigma because of where they live, have to travel for food, work in precarious employment, and have decreased access to healthcare resources overall; therefore, any additional barriers threaten their livelihood further (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). Additional discrimination and prejudice that Black people in low-income neighbourhoods face further set them back from achieving optimal health and well-being. The Government of Canada (2022) describes that Black Canadians experience health inequity due to unfair systems and policies that exist towards them. Society's view of Black people in low-income neighbourhoods is that they have a low value; the need to provide additional support to increase their chances of survival in a pandemic was not considered a priority for the government in terms of healthcare resource allocation.

Community nursing practice can learn from Black people in low-income neighbourhoods and how social status impacts their access to pertinent healthcare

services (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). The information can guide Nurses to implement the feedback from Black people in low-income neighbourhoods in their healthcare, supporting them to thrive.

From a PHN's perspective, reducing the negative stigma associated with Black people in low-income neighbourhoods can be completed through training for PHNs on the key SDHs that impact Black people in low-income communities, including the impact of social status on access to healthcare services (Choi et al., 2021; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). PHN training on the SDH aims to improve staff knowledge and capacity and increase healthcare access, improving health outcomes and equity for Black people in low-income neighbourhoods. PHNs can strategize to increase access by planning education sessions with community agencies to address topics important to Black people in low-income neighbourhoods (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020). The outcomes of PHN interventions for Black people in low-income neighbourhoods reflect their needs in the care being provided and advocated for. PHN interventions can include sharing public health information and supplies, promoting vaccine uptake through outreach and engagement, expanding vaccine access, reducing barriers that prevent access to COVID-19 testing through mobile and pop-up testing, and

being present in the neighbourhoods (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020).

Falk-Rafael's CCT Model guides the PHN in recognizing that community nursing practice and other professionals are critical in delivering services to Black people in low-income neighbourhoods. PHNs and other professionals can protect and enhance the human dignity of Black people in low-income neighbourhoods by providing collaborative care, which increases the likelihood of improved health outcomes. Therefore, lowering barriers to accessing healthcare for Black people in low-income neighbourhoods reduces infection rates, hospitalization, and mortality (Alcendor, 2020; Croyle, 2005; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer, 2021; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Yaya et al., 2020).

Education and Literacy

Fifty-five percent of research articles in this scoping review demonstrate that education has an impact on the health status of Black people in low-income neighbourhoods (Alcendor, 2020; Black Health Alliance, 2018; Canadian Public Health Association, 2022; Cenat, 2022; City of Toronto, 2018; Chen & Krieger, 2021; Croyle, 2005; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; Manbura & Morrison, 2016; Nurses and Nurse Practitioners of British Columbia, 2023; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Agency of Canada, 2022; Public Health Ontario, 2020;

Raphael et al., 2020; Razai et al., 2021; Sundaram et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Sze et al., 2020; Yaya et al., 2020). The level of education impacts one's knowledge and ability to appraise and analyze information critically and link other SDHs, such as income and employment. Education and literacy include reading, writing, and comprehension in the English language, which is required to obtain employment through a resume. When a resume has evident errors and essential qualifications or experience are not captured, the candidate is determined unsuitable and overlooked; therefore, obtaining employment becomes a challenge based on literacy level. Black people in low-income neighbourhoods experience limited educational opportunities due to stigma, implicit biases, discrimination, and prejudice due to the under-resourced education system (Croyle, 2005; Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Limited educational opportunities decrease Black people's ability to understand health information, follow recommendations, and take control of their health. Black people in low-income neighbourhoods have limited access to timely, pertinent, and educational materials such as health information needed to make informed decisions to protect their health (Croyle, 2005; Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Limited access to educational materials creates a reliance on social media platform sources, including YouTube, Twitter, Facebook, Instagram, and TikTok, which have become the primary sources of receiving health information. COVID-19 highlights that the level of literacy of Black people in low-income neighbourhoods is essential for decision-making to reduce the risk

of infection, transmission, and further harm (Razai et al., 2021; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Information shared through social media outlets perpetuates a high risk of receiving misinformation from non-credible sources.

The health information provided to Black people in low-income neighbourhoods is complex and not straightforward (Razai et al., 2021; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Six percent of research demonstrates that literacy impacts Black people in low-income neighbourhoods' ability to respond to health information, follow up when unclear on directions, and take control of their health (Canadian Public Health Association, 2022; City of Toronto, 2018; Raphael et al., 2020; Tai et al., 2020; Thakur et al., 2020). When information is not provided clearly and comprehensively, Black people in low-income neighbourhoods' experience shame and guilt, hindering their ability to connect with healthcare providers for verification. Lack of easily interpretable COVID-19 information in Black low-income neighbourhoods impedes their ability to follow MOH guidance safely to reduce the risk of infection, transmission, hospitalization, and mortality (Thakur et al., 2020). Without adequate health information, understanding, and comprehension, Black people in low-income neighbourhoods rely on other people around them to determine the course of action to take, which creates opportunities for misinformation (Thakur et al., 2020).

Black people in low-income neighbourhoods face specific challenges, such as limited access to accurate, up-to-date information regarding the health risks associated with COVID-19 and limited access to healthcare services, including COVID-19 testing and care (Thakur et al., 2020). Limited access to credible COVID-19 information significantly impacts the ability to reduce the spread and infection of the COVID-19

virus. Furthermore, the lack of access to pertinent COVID-19 information can be attributed to the process of Black people being 'othered' and at the bottom of the societal hierarchy. Not receiving COVID-19 information adds to the mistrust Black people in low-income neighbourhoods have in governments and healthcare from the stigma and discrimination they experience.

Education and literacy levels determine the effectiveness and uptake of health information by Black people in low-income neighbourhoods. Health information needs to meet the literacy needs of Black people in low-income neighbourhoods, or it will contribute to high infection rates, hospitalization, and mortality due to a lack of understanding, comprehension, and adherence (Razai et al., 2021; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). Health information should be free of medical jargon, concise, and available in various languages. Prompt delivery of health information is required to Black people in low-income neighbourhoods to reduce the risk of infection, hospitalization, and mortality and minimize the opportunities for misinformation (Croyle, 2005; Razai et al., 2021; Tai et al., 2020; Toronto Public Health, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Understanding the impact of education and literacy level can assist the nursing profession's efforts to increase responsiveness to health information of Black people in low-income neighbourhoods (Croyle, 2005; Short & Mollborn, 2016; Yaya et al., 2020). Responsiveness to health information includes offering tailored materials that are easy to read, disability friendly, available in multiple languages and deliver the information in various forms such as in-person, WebEx, Zoom, and Microsoft Teams (Croyle, 2005; Short & Mollborn, 2016; Yaya et al., 2020). Nursing practice can better understand that

health information should be customized toward the literacy level of Black people in low-income communities, which impacts their ability to follow health guidance, which influences their health outcomes (Razai et al., 2021; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

From a PHN perspective, nursing practice can develop strategies to increase health information uptake, such as widespread outreach in-person to low-income neighbourhoods where Black people live and offering workshops to PHNs on the impact of education and literacy levels to improve their understanding of the health outcomes for Black people in low-income neighbourhoods. Additionally, PHNs can establish appropriate channels to receive and disseminate crucial information and resources to community agencies and professionals in easily interpretable language. Establishing a communication system equips PHNs with the ability to provide preventative measures, testing resources, public policy changes, and general guidance (Tai et al., 2020; Thakur et al., 2020).

Falk-Rafael's CCT model identifies that mitigating the impact of COVID-19 on Black people in low-income neighbourhoods includes recognizing the contribution of education and literacy levels on health outcomes. Understanding the contribution provides nurses with the opportunity to alleviate adverse health outcomes that Black people in low-income neighbourhoods' experience by building awareness, developing resources, and forming meaningful relationships.

Employment, Working Conditions, and Income

Eighty-one percent of results show that employment, working conditions, and income determine Black people's various outcomes and experiences (Black Health

Alliance, 2018; Canadian Public Health Association, 2022; Chen & Krieger, 2021; Choi et al., 2021; City of Toronto, 2018; City of Toronto, 2023; Croyle, 2005; Firang & Mensah, 2022; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Heath, 2022; Kennedy, 2020; Manbura et al., 2016; Miller, 2020; Nurses and Nurse Practitioners of British Columbia, 2023; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sundaram et al., 2020; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Toronto Public Health, 2023; Yaya et al., 2020). Employment intends to provide income to cover basic needs such as food, clothes, shelter, and water. Secure employment provides additional benefits such as health insurance, sick days, paid vacation, dental coverage, continuing education, financial support, and personal and professional growth opportunities. Generally, people strive for secure employment because it allows them to fulfill their basic needs, provides a sense of purpose and health benefits, connects with co-workers, supports their families, and provides opportunities to invest in the future. The concept of employment described is related to people who have access to SDH resources.

Black people have limited employment opportunities available to them, which often do not include secure employment but rather precarious employment. Precarious employment exposes Black people to COVID-19 more often than other industries and occupations in which other groups dominate (Hsu & Hayes-Bautista, 2021). Precarious employment includes work that is dangerous to the worker, poorly paid, part-time, unprotected, seasonal, contracted, and temporary. Hsu et al. (2021) outline an overrepresentation of Black people in farm work, meatpacking factories, grocery store

checkouts, clerks, cleaning, and nursing homes. Precarious employment does not provide benefits and forces Black people to choose between steady income, health insurance, affordability of shelter, and their work when they are sick. Yaya et al. (2020) also suggest that Black low-income people must accept minimum-wage jobs to maintain their families, even if it is at the risk to their health. Black people do not have the option to call in sick, take mental health days, or attend to their health needs until they are urgent because if they miss work, it results in decreased pay or potential job loss.

Precarious employment is often in environments that are unsafe for Black people (Croyle, 2005; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Working conditions reflect treatment from management and colleagues, availability of personal protective equipment (PPE), training, machinery, exposure to hazardous chemicals, scheduled breaks, salary and wages, sanitization and cleanliness, and promotion of staff mental health and well-being (Croyle, 2005; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Unsafe working conditions for Black people include employers' power to mistreat the workers, exposure to poorly maintained equipment, fire hazards, improper workstation layout, inadequate safety equipment, and overcrowding, leading to increased risk of exposure and contraction of COVID-19 (Croyle, 2005; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). The multiple layers of

discrimination Black people experience in the workplace lead to mistrust in the employment sector, highlighting the various systems where race impacts access to SDH.

The type of employment and working conditions reflect the income workers receive. Income intends to provide people with the ability to pay for their living expenses and provide access to economic resources that shape their choices about housing, education, childcare, medical care, and access to health services. Income and occupation play an essential role in the health outcomes of Black people as there is less access to SDH resources, and they must accept a minimum wage job or unsafe working conditions to maintain a family even at the risk of their health (Yaya et al., 2020). Decreased work flexibility leads to financial stress and the inability to financially assist others in their family and attend to their health needs. With less income, access to quality healthcare is limited, and the results of this scoping review demonstrate that Canadians with higher incomes are often healthier than those with lower incomes (Government of Canada, 2022). Black people working low-income jobs have a lower life expectancy, have higher rates of suicide, and are more likely to suffer from diseases affecting the heart, chronic conditions, and mental health issues (Government of Canada, 2022).

Working low-income jobs pushes Black people into poverty. Poverty further affects Black people's overall health due to various challenges, including food insecurity and poor living conditions, and affects an individual's ability to access health care through visits to the doctor's office, walk-in clinics, or hospital emergency room to address both physical and mental health issues (Government of Canada, 2022). When Black people get sick and do not have sick days at work, they conflict with taking time

off and losing money until they get better or continue to work to be able to pay for their basic needs.

The COVID-19 pandemic highlights how the level of employment, as well as the income gap between rich and poor, impacts the health outcome of Black people and contributes to the disproportionately high infection rates, hospitalization, and mortality they experience (Black Health Alliance, 2018; Choi et al., 2021; Croyle, 2005; Toronto Public Health, 2020; Toronto Public Health, 2022; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Miller, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Tai et al., 2020; Thakur et al., 2020; Yaya, 2020). Eighty-one percent of the research articles in this scoping review demonstrate that employment, working conditions, and income contribute to the adverse health outcomes of Black people, especially during the COVID-19 pandemic (Black Health Alliance, 2018; Canadian Public Health Association, 2022; Chen & Krieger, 2021; Choi et al., 2021; City of Toronto, 2018; City of Toronto, 2023; Croyle, 2005; Firang & Mensah, 2022; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Heath, 2022; Kennedy, 2020; Manbura et al., 2016; Miller, 2020; Nurses and Nurse Practitioners of British Columbia, 2023; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sundaram et al., 2020; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Toronto Public Health, 2023; Yaya et al., 2020).

Ministry of Health and Long-term Care (MOHLTC) recommendations for probable or confirmed cases of COVID-19 included self-isolating for 24 hours (48 hours if gastrointestinal symptoms) or testing positive for COVID-19 must isolate for a total of 10 days after the date of specimen collection or symptom onset (Ministry of Health and Long-term Care, 2019). The recommendation for the MOHLTC (2019) prioritizes reducing the spread of COVID-19 and does not consider that Black people working in precarious employment will lose income as a result. Paremoer et al. (2021) outline that Black people working in precarious employment feel the pressure to either isolate when they have COVID-19 or lose income because they do not have the option to work from home. Black people have an additional layer of difficulty meeting the isolation recommendations while having to work to provide for their families because of unstable work, lack of physical protection at work, lack of job security, overcrowding, and low wages (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020).

While recovering from COVID-19, Black people are also left to arrange their income subsidies and meet their basic needs, such as food, grocery shopping, and continuing to pay for housing. Low-income employment weakens the ability of Black people to achieve optimal health as they have financial challenges purchasing and accessing critical resources such as medical aid, affordable produce, housing, education, transportation to medical facilities and other healthcare resources (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al.,

2020). Thakur et al. (2020) discuss that Black people fear job loss and are dependent on hourly income due to not having adequate physical protection at work, sick leave entitlements, and, therefore, continuing to work. Tai et al. (2020) points out that minority groups, including Black people in low-income neighbourhoods, have less capacity to make healthful decisions amid the financial hardship that has accompanied the COVID-19 pandemic. Recovering from COVID-19, arranging income subsidies, and finding ways to meet their basic needs without access to income and fear of job loss add stress, impacting their health outcomes. Employment, working conditions, and income have an impact on nursing because when these SDHs are not considered, it deters Black people from receiving nursing care.

The nursing profession can develop tailored guidelines for staff collaborating with low-income communities where Black people live to improve their health outcomes (Canadian Public Health Association, 2022; Thakur et al., 2020; Yaya et al., 2020). Community nurses can go into the community and build relationships with stakeholders and agencies that specialize in employment support and provide health resources within the agency. By community nurses being present in neighbourhoods, the profession will be able to offer health services such as vaccine information, resources to support following the recommendations, bringing masks, hand sanitizer, and disinfectant wipes, and engage with Black people on what services are needed to reduce risk of infection. Building relationships with neighbourhoods and neighbourhood agencies will also provide opportunities for community nurses to bring concerns to nursing leadership to advocate for health resources at the Board of Health (BOH) level.

From a PHN perspective, community nursing practice can advocate for opportunities for education and training nurses and increase access to health promotion and prevention (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020). Leadership within community nursing practice can highlight the disparity Black people experience to various levels of government to increase awareness (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020).

Falk-Rafael's CCT Model guides the author in this scoping review to clarify the contribution of employment, working conditions, and income to the deterioration of the human dignity of Black people. Understanding the lived experience of Black people working low-wage jobs provides community nursing practice with the insights to advocate for SDH resources to enhance overall health outcomes by providing care that meets their needs (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020).

Healthy Behaviours, Social Support, and Coping Skills

Thirty percent of research articles demonstrate that healthy behaviours, social support, and coping skills impact the health outcomes of Black people in low-income neighbourhoods (Canadian Institute for Health Information, 2022; Croyle, 2005; Flackerud & DeLilly 2012; Firang, 2020; Firang & Mensah, 2022; Manbura & Morrison, 2016; Olshansky, 2017; Public Health Ontario, 2020; Thakur et al., 2020; Toronto Public

Heath, 2022; Toronto Public Heath, 2023; Raphael et al., 2020; Short & Mollborn, 2015; Thakur et al., 2020; Yaya et al., 2020). Healthy behaviours include eating nutritious foods daily, exercising regularly, avoiding tobacco use and exposure, and receiving regular physical examinations from a healthcare provider. Socioeconomic barriers that hinder healthy behaviour include travelling outside the neighbourhood for healthier food options such as grocery stores. What exists within the neighbourhood is access to convenience stores with cigarettes and low-nutrient foods (Raphael et al., 2020; Tai et al., 2020). As a result, access to grocery stores and affordable access to nutritious foods decreases, leaving Black people in low-income neighbourhoods to rely on the resources in proximity (Raphael et al., 2020; Tai et al., 2020). The lack of access to resources for healthy behaviours impacts the overall health of Black people, leading to a disproportionately high prevalence of underlying medical conditions such as diabetes, hypertension, obesity, and coronary artery diseases (CAD), and they are more likely to die prematurely (Raphael et al., 2020; Tai et al., 2020).

Sixteen percent of research from this scoping review demonstrates that social supports including treatment from society and professional support impact the health outcomes of Black people in low-income neighbourhoods (Canadian Institute for Health Information, 2022; Croyle, 2005; Firang, 2020; Firang & Mensah, 2022; Manbura & Morrison, 2016; Olshansky, 2017; Public Health Ontario, 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Toronto Public Heath, 2023). Social supports are associated with neighbourhood resources that are available to help individuals manage stress, including their physical and mental health, financial responsibilities, and experiences of racism. Treatment from society impacts the ability to form meaningful and supportive

connections with others and can cause further isolation (Raphael et al., 2020; Thakur et al., 2020). Black people in low-income neighbourhoods' experience isolation from society by being placed at the bottom of the social hierarchy by the dominant society.

Additionally, Black people working precarious jobs do not have support from their employers to take time off work to access social support during business hours. They must choose between losing pay and accessing professional support, leading to further social isolation (Thakur et al., 2020). Professional support, including helping professionals and medical professionals, are placed closer to well-resourced areas, leaving Black people to travel to access support. The COVID-19 pandemic highlights the negative impact of a lack of readily available professional support to assist Black people in coping in low-income neighbourhoods where they live and the contribution to the high infection rates, hospitalization, and mortality (Raphael et al., 2020).

Five percent of research from this scoping review demonstrates that coping skills impact the health outcomes of Black people in low-income neighbourhoods (Firang, 2020; Firang & Mensah, 2022; Raphael et al., 2020). The coping skills of Black people are affected by the lack of neighbourhood stability, safety risks, and access to substances. Low-income neighbourhoods where Black people live have a high risk of displacement and gentrification due to a lack of affordable housing. When low-income neighbourhoods experience constant change, Black people are forced to adapt to these ongoing changes, which creates additional stress. Additionally, substances are more easily accessible while physicians and healthcare support are kilometres away, increasing the likelihood of turning to drugs and substances to cope with everyday stressors.

Healthy behaviours, social supports, and coping skills impact the health and well-being of Black people in low-income neighbourhoods and contribute to the deterioration of their health (Raphael et al., 2020; Thakur et al., 2020). Adequate support in low-income neighbourhoods where Black people live is critical to informing their decision-making, building a support network, and having the necessary resources to overcome adversity. Without adequate social support, Black people are left to independently seek out healthy choices, develop support, and cope, which increases the likelihood of adverse health outcomes (Paradise et al., 2021; Heath, 2022). Disparities in accessing healthcare for Black people in low-income neighbourhoods, such as racism from healthcare providers, impact their ability to form relationships and ultimately respond to illnesses such as COVID-19 (Croyle, 2005). Lack of access to healthcare resources for Black people in low-income neighbourhoods can result in stress, anxiety, and aggressive behaviour related to making decisions without support (Yaya et al., 2020).

Information on healthy choices and behaviours, social supports, and coping skills can assist the nursing profession in understanding the impact on health outcomes for Black people in low-income neighbourhoods (Croyle, 2005; Short & Mollborn, 2016). Findings inform community nursing practice to understand the impact of a lack of available professional coping support to Black people in low-income neighbourhoods, leading to adverse health outcomes (Raphael et al., 2020).

From a PHN perspective, nurses can be more aware and conscientious of how the social hierarchy impacts the health outcomes of Black people in low-income neighbourhoods (Raphael et al., 2020; Thakur et al., 2020). PHNs can assess preconceived judgements and implicit biases they may hold towards Black people in low-

income neighbourhoods and address them through self-reflection and self-directed training prior to entering the nurse-patient relationship, understanding how the absence of professional coping supports and the easy access to ineffective coping mechanisms in Black low-income neighbourhoods impacts their choices (Raphael et al., 2020). PHNs can internally escalate concerns from Black people in low-income neighbourhoods to advocate for resource development and training for PHNs to build capacity and awareness (Raphael et al., 2020).

Falk-Rafael's CCT model guides the author to examine how health outcomes for Black people in low-income neighbourhoods are impacted by barriers from the socioeconomic and physical environment, decreasing their ability to make healthy choices and behaviours and access to resources that support them and cope effectively. By making this connection, the author can recognize that Black people in low-income neighbourhoods' ability to have complete control over their health is decreased. In collaboration with other professionals, nursing practice plays a critical role in providing care to uphold the human dignity of Black people in low-income neighbourhoods.

Relevance of Theoretical Framework to Community Nursing Practice

Using a theoretical framework: Falk-Rafael's CCT model is relevant to community nursing practice because it provides the author with the ability to identify a phenomenon, outline a research question that guides their research, guide the presentation of the results and discussion, make recommendations to community nursing practice, and identify limitations to the generalizability of the research (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Falk-Rafael's CCT model provides the basis for the author to develop and use a scoping review to

address the research question: How can community nursing practices mitigate the impact of high rates of infection, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto? The CCT model guides the author to identify the lack of quantitative and lived experience that exists for Black people in low-income neighbourhoods in Toronto (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Falk-Rafael's CCT model guides the author's discussion of the emerging evidence on the impact of high infection rates, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Using the CCT model, the author identifies and examines the lack of access to the key SDH, including discrimination, racism, and historical trauma, impacts Black people in low-income neighbourhoods' place in society (Government of Canada, 2022).

The CCT framework provides the author with the ability to recognize that in Black low-income neighbourhoods, processes exist that create and sustain structures and maintain health inequity (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Making this connection allows the author to explore and understand the history of social injustice, prejudice, and discrimination that Black people in low-income neighbourhoods experience (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). With the benefit of hindsight, the author understands how racism embedded in past and current laws, policies, and guidelines plays a role in the inability of Black people in low-income neighbourhoods to respond to imminent issues such as COVID-19 and the impact on

their health outcomes (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). The author is also able to recognize how a lack of access to SDH resources contributes to the high infection rates, hospitalization, and mortality Black people in low-income neighbourhoods experience; as a result (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020).

The use of CCT in combination with CBR recognizes that higher infection rates, hospitalization, and mortality of COVID-19 among Black people in low-income neighbourhoods' experience is a public health issue and requires a collaborative approach, including community nursing practice (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). CCT-CBR identifies that the impact of COVID-19 requires a unified approach to alleviate unfavourable outcomes Black people in low-income neighbourhoods experience practice (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Community nursing practice plays a critical role and encompasses PHNs and other professional who can protect and enhance the human dignity of Black people in low-income neighbourhoods by providing care (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Community nursing practice can better allocate resources to address COVID-19 impacts on Black people in low-income neighbourhoods (Butcher, 2022; Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). As a PHN, a strategic recommendation is utilizing a collective approach to collaborate with communities to co-create knowledge, allowing community empowerment when planning and implementing future projects. By

co-creating with Toronto communities, relevant, inclusive, and timely solutions can be developed to address pertinent concerns. Additionally, there is an opportunity to build strong communities, develop trust between healthcare practitioners and the community, foster an environment for innovation, and take collective action to address community issues which positively impact the community's well-being (Firang, 2020).

Community nursing practice can mitigate the impact of high rates of infection, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto:

- Promote the health of Black people in low-income neighbourhoods, families, overall community, Black low-income populations, and advocating for environments that support and improve the health outcome for Black people in low-income neighbourhoods,
- Recognize and identify SDH factors that influence health outcomes of Black people in low-income neighbourhoods and advocate for means to address these issues,
- Support the health and well-being of Black people in low-income neighbourhoods by recognizing past and current systems of prejudice and discrimination towards Black people in low-income neighbourhoods, resulting in systemic racism leading to unfavourable health outcomes,
- Develop resources and recommendations on providing care for Black people in low-income neighbourhoods with COVID-19 and ensure that guidelines support equitable health outcomes across Black low-income neighbourhoods,

- Providing professional support as an alternative for Black people in low-income neighbourhoods to ensure their safety,
- Advocate for collecting socio-demographic data to help monitor and understand how Black low-income neighbourhoods are impacted by COVID-19 to advocate for timely resources, better respond to the neighbourhoods' specific needs, and better plan public health programs and other services and supports,
- Explore using technology to capture Black people in low-income neighbourhoods' experience of the care they receive, better track health outcomes, and identify socio-demographic factors to uncover gaps in care, inform the need for tailored programs and services, and support equitable care (Community Health Nurses of Canada, 2013).

Anti-Black Racism Approach (ABRA) to Community Nursing

The ABRA increases community nursing and nursing awareness of how the lack of access to key SDH influences Black people's health outcomes and lived experiences in low-income neighbourhoods (City of Toronto, 2023). An ABRA outlines the lack of access to SDH that Black people in low-income neighbourhoods experience due to racism rooted in Canadian institutional policies and practices (City of Toronto, 2023). As an institution, community nursing practice can adopt ABRA to reflect and understand how beliefs, attitudes, prejudice, stereotyping, and discrimination directed at Black people in low-income neighbourhoods impact their life expectancy (City of Toronto, 2023).

From an ABRA, research on the COVID-19 pandemic highlights the unfavourable health outcomes Black people in low-income neighbourhoods experience

due to racism and marginalization (City of Toronto, 2023). Additionally, ABRA points out a lack of value for Black people in low-income neighbourhoods by not providing access to critical SDH resources to increase their ability to respond to the COVID-19 virus (City of Toronto, 2023). Considering the information from this research can build community nurses' capacity to utilize an anti-black racism approach when providing care.

Conclusion

The author used an evidence-informed approach to influence the delivery of care, advancement and application of knowledge, and make recommendations to guide system change. The SDH framework identifies and deconstructs various factors that impact the health outcomes of Black people in low-income neighbourhoods in Toronto due to COVID-19. By developing and completing the scoping review, the author advanced their research skills and understanding of the influence of research on policy and practice. Furthermore, the author better understands the complex healthcare issues in nursing and community nursing practice that challenge the healthcare system. By conducting research and including white and grey literature, the author reviewed and analyzed information related to the need to restructure and redesign healthcare services, build the capacity of nursing practice and enhance awareness of the health outcomes that impact Black people in low-income neighbourhoods. The research completed from this scoping review provided the author with the ability to be grounded in the core knowledge of the discipline of nursing, to enact advanced leadership roles in nursing practice and health systems more broadly, and possess advanced substantive knowledge in the domain of nursing practice, health systems, health informatics, and policy.

CCT-CBPR guided the author to critically analyze the existing literature from Canada with supporting evidence from the UK and the US to identify, understand, and recognize the phenomenon of the impact of COVID-19 on Black people in low-income neighbourhoods (Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Utilizing the CCT-CBPR to examine the emerging evidence on the impact of COVID-19 on Black people in low-income neighbourhoods created a conscientious nursing scholar whose research is just, rigorous, and valuable to society. The author explores how community nursing practice, in collaboration with other professionals, can mitigate the impact of high rates of infection, hospitalization, and mortality of COVID-19 on Black people in low-income neighbourhoods in Toronto. The COVID-19 pandemic highlights that Black people in Toronto who live in poverty experience increased infection due to:

- Overcrowding in the physical area where they live,
- Structural racism, discrimination, prejudice, and marginalization they experience,
- Proximity to care,
- Inadequate working conditions, low wages, unemployment,
- Lack of access to adequate housing required to isolate safely,
- Overcrowding in their housing,
- Lack of paid sick days,
- Use of public transportation to work results in an increased risk of exposure (Alcendor, 2020; Chen & Krieger, 2020; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020;

Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Canadian research, supported by studies from the UK and the US, analyzes the phenomenon that Black people from low-income neighbourhoods in Toronto have disproportionately higher rates of COVID-19 infections, hospitalizations, and mortality compared to the general population (Firang, 2020; Firang & Mensah, 2022; Kennedy, 2020; Public Health Ontario, 2020). Black people in low-income neighbourhood's lack of access to SDH resources contribute to adverse health outcomes and the ability to safely respond to communicable diseases such as COVID-19 (Alcendor, 2020; Chen & Krieger, 2020; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

Understanding the factors that influence Black people in low-income neighbourhoods guides the nursing profession and community nursing practice to reducing the transmission of COVID-19 and lowering the rate of infections and mortality (Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Miller, 2020; Olshansky, 2017; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020). The nursing profession and community nursing practice can continue to build professional capacity and use an ABRA to enhance QOL and human dignity and increase access to SDH for Black people in low-income neighbourhoods.

The literature the author collected and reviewed from March 2020 to November 2022 demonstrated that Black neighbourhoods with low income and high rates of unemployment had double the number of cases and two times the rate of hospitalization in comparison to the rest of the population (Croyle, 2005; Olshansky, 2017; Public Health Agency of Canada, 2022; Sze et al., 2020; Thakur et al., 2020). Using CCT-CBPR to guide the research and review the data collected provided a comprehensive understanding of social injustices that diminished the human dignity of Black people in low-income neighbourhoods from the impact of high infection rates, hospitalization, and mortality from COVID-19. Inequity creates barriers to accessing high-quality care, decreasing the likelihood of favourable health outcomes (Alcendor, 2020; Chen & Krieger, 2020; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Government of Canada, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; World Health Organization, 2023; Yaya et al., 2020). A review of the literature validates that the health disparities Black low-income people are a PH issue and need to be addressed to lower the infection and mortality rates of communicable diseases (Alcendor, 2020; Chen & Krieger, 2020; Croyle, 2005; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020).

The scoping review approach provides broad knowledge and can be more focused and in-depth. The opportunity for future studies includes a systematic review from PHN's perspective and the experience of Black people in low-income neighbourhoods on the

impact of COVID-19. A limitation is the knowledge and experience of the scoping review application. Additionally, the authors' search included CINAHL, Medline, online/digital databases, government websites, independent organization websites, pre-printed archives, social media platforms, and post-secondary institution websites. Platforms and databases, including Ebscohost and Jestor, were not utilized but can be used for future research as more indexed research is available.

The findings and recommendations of this scoping review should act as the foundation when completing a systematic review and to complete a scholarly synthesis of the evidence on the research question and assess the research question in more depth. Therefore, due to the high rate of hospitalization and increased risk of developing underlying health conditions such as diabetes, asthma, and obesity that Black people in low-income neighbourhoods experience, another area for potential study is their risk for contracting long-term COVID.

Community nursing practice is pivotal to mitigating the impacts of COVID-19 through education, providing tailored care, and advocating for resources for Black people in low-income neighbourhoods. Various strategies that minimize the exposure to communicable diseases for Black people in low-income neighbourhoods include facilitating timely access to healthcare resources and targeting the social determinants, structural racism, and occupational risk underlying inequities (Chen et al., 2020; Choi et al., 2020; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Yaya et al., 2020). Community nursing practice can develop training for professionals to increase awareness of how racism impacts Black people in low-income neighbourhoods and can

optimize COVID-19 research to advocate for investment that provides sufficient coverage of structural interventions tailored to improve SDH access (Chen et al., 2020; Choi et al., 2020; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Yaya et al., 2020). Community nursing can advocate for evolution of policy and systemic change that improve the health outcomes for Black people in low-income neighbourhoods (Chen et al., 2020; Choi et al., 2020; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Yaya et al., 2020).

To better coordinate, collect, store, and organize data to develop an evidence-informed approach to delivering care, community nursing can gather data on SDH access requests from low-income communities where Black people live to identify trends and develop solutions to address their needs (Chen et al., 2020; Choi et al., 2020; El-Khatib, 2020; Kirksey et al., 2020; Paradies et al., 2015; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Yaya et al., 2020). An evidence-informed data collection approach will improve the conditions of daily life by addressing the circumstances in which Black people are born, grow, live, work, and age in Toronto will help to meet their daily needs and enhance their QOL (Croyle, 2005; Kennedy, 2020; Miller, 2020; Razai et al., 2021; Statistics Canada, 2020; Thakur et al., 2020; Paremoer et al., 2021; Registered Nursing Association of Ontario, 2013; Tai et al., 2020).

Glossary

Black people: Racialized classification of people based on skin colour and used to describe people perceived as dark skin compared to other populations based on socially based systems in the Western world (Cenat, 2022, George, 1992). Places of Origins vary (Cenat, 2022, George, 1992).

Communicable Diseases or Infectious Diseases: Are diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites, or fungi. These diseases can spread from the environment or from one person to another resulting in illness in our neighbourhoods (Public Health Ontario, 2019)

Community Nursing/Community Nursing Practice: Sector of Nursing practice that promotes, protects, and preserves the health of individuals, families, groups, neighbourhoods, and peoples in the settings where they live, work, learn, worship, and play in an ongoing and episodic process (Community Health Nursing Canada, 2013).

Coronavirus2019 (COVID-19): An infectious disease caused by the SARS-CoV2 virus (World Health Organization, 2021).

Health Disparities: Unnecessary and avoidable differences that are unfair and unjust. The causes relate to social and environmental factors including income, social status, race, gender, education, and physical environment (Public Health Ontario, 2020).

Health Equity: The absence of unfair systems and policies that cause health inequalities. Health equity seeks to reduce inequalities and to increase access to opportunities conducive to health for all Public Health Agency of Canada, 2022).

Health Inequalities: Differences in the health status of individuals and groups Public Health Agency of Canada, 2022).

Health Inequity: Health inequalities that are unfair or unjust and modifiable Public Health Agency of Canada, 2022).

Health Outcomes: Changes in health that result from measures or specific healthcare investments or interventions (Canadian Institute for Health Information, 2022).

Mortality Rate: A measure of the frequency of occurrence of death among a defined people during a specific time interval (Centre for Disease Control, 2014).

Nursing Practice: A caring-based approach in which processes of diagnosis and treatment are applied to human experiences of health and illness (American Nursing Association, 1994).

Nursing Profession: The promotion of health and the assessment of, the provision of care for and the treatment of health conditions by supportive, preventive, therapeutic,

palliative, and rehabilitative means to attain or maintain optimal function (College of Nurses of Ontario, 2023).

Public Health: The organized effort 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 Canadians (Canadian Public Health Association, 2022).

Rate of Infection or Incidence Rate: The ratio of the number of cases to the total time the people are at risk of disease (Centre for Disease Control, 2012).

Scoping Review or Mapping Reviews or Scoping Studies: Maps key concepts underpinning a research area as well as clarifies working definitions, and/or conceptual boundaries of a topic. Scoping reviews are useful for examining emerging evidence when it is still unclear what other, more specific questions can be posed and valuably addressed (Peters & Khalil, 2017; Pham, et al., 2014).

Social Determinants of Health (SDH): a specific group of social and economic factors within the broader determinants of health which relate to an individual's place in society, such as income, education, or employment. Experiences of discrimination, racism, and historical trauma are important SDH for certain groups such as Indigenous Peoples, LGBTQ, and Black Canadians Public Health Agency of Canada, 2022).

Toronto: Toronto is inclusive of neighbourhoods within the street boundaries of Steeles Avenue (North), Lake Ontario (South), Etobicoke Creek and Highway 427 (West), and Rouge River and Rouge Park (East) (City of Toronto, 2023).

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Appendix A: Percentage of Research

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
Historical	10/63	16%	(Butcher, 2022; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Kaufman et al., 2021; Nurses and Nurse Practitioners of British Columbia. (2023); Toronto Public Health, 2022; Paremoer et al., 2021; Thakur et al., 2020; Yaya et al., 2020)
High infection rates	13/63	21%	(Alcendor, 2020; Chen & Krieger, 2021; Firang, 2020; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Kennedy, 2020; Paremoer et al., 2021; Public Health Ontario, 2020; Sze et al., 2020; Tai et al., 2020; Toronto Public Health, 2020; Toronto Public Health, 2022; Yaya et al., 2020)
Hospitalization	9/63	14%	(El-Khatib et al., 2020; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Kirksey et al., 2020; Miller, 2020; Public Health Ontario, 2020; Toronto Public Health, 2020; Yaya et al., 2020)
Mortality	12/63	19%	(Alcendor, 2020; Chen & Krieger, 2021; Choi et al., 2021; El-Khatib et al., 2020; Flackerud & DeLilly, 2012; Public Health Ontario, 2020; Short & Mollborn, 2015; Statistics Canada, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020)
Race	31/63	49%	(Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Choi et al., 2021; El-Khatib et al., 2020; Firang, 2020; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; James et al., 2010; George, 1992; Kaufman et al., 2021; Kennedy, 2020; Kirksey et al., 2020; Manbura et al., 2016;

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
			Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Statistics Canada, 2020; Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Toronto Public Health, 2023; Wallis, 2020; Yaya et al., 2020)
Access to healthcare or Quality of Care	17/63	27%	(Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Manbura et al., 2016; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Wallis, 2020; Yaya et al., 2020)
Racism	16/63	25%	(Black Health Alliance, 2018; Firang, 2020; Government of Canada, 2022; Heath, 2022; James et al., 2010; George, 1992; Nurses and Nurse Practitioners of British Columbia, 2023; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Sundaram et al., 2020; Sze et al., 2020; Thakur et al., 2020; Toronto Public Health, 2023)
Employment	19/63	30%	(Black Health Alliance, 2018; City of Toronto, 2018; Croyle, 2005; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kennedy, 2020; Manbura et al., 2016; Miller, 2020; Nurses and Nurse Practitioners of British Columbia, 2023; Paremoer et al., 2021; Public

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
			Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Tai et al., 2020; Thakur et al., 2020)
Working Conditions	13/63	20%	(Black Health Alliance, 2018; Canadian Public Health Association, 2022; Hsu & Hayes-Bautista, 2021; Paremoer et al., 2021; Tai et al., 2020; Yaya et al., 2020; Public Health Ontario, 2020; Raphael et al., 2020; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Tai et al., 2020; Thakur et al., 2020)
Income	19/63	30%	(Black Health Alliance, 2018; Chen & Krieger, 2021; Choi et al., 2021; City of Toronto, 2018; City of Toronto, 2023; Firang & Mensah, 2022; Government of Canada, 2022; Heath, 2022; Kennedy, 2020; Manbura et al., 2016; Miller, 2020; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Sundaram et al., 2020; Tai et al., 2020; Toronto Public Heath, 2022; Toronto Public Health, 2023)
Unfordable or Adverse health outcomes or Outcomes	15/63	24%	(Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Flackerud & DeLilly 2012; Heath, 2022; Olshansky, 2017; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Yaya et al., 2020)

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
Physical environment	9/63	14%	(Croyle, 2005; Government of Canada, 2022; Heath, 2022; Olshansky, 2017; Public Health Ontario, 2020; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sundaram et al., 2020; Yaya et al., 2020)
Neighbourhood	8/63	13%	(Black Health Alliance, 2018; Heath, 2022; Miller, 2020; Raphael et al., 2020; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Yaya et al., 2020)
Education	20/63	32%	(Black Health Alliance, 2018; Canadian Public Health Association, 2022; Cenat, 2022; City of Toronto, 2018; Croyle, 2005; Firang & Mensah, 2022; Government of Canada, 2022; Manbura & Morrison, 2016; Nurses and Nurse Practitioners of British Columbia, 2023; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Agency of Canada, 2022; Raphael et al., 2020; Razai et al., 2021; Sundaram et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2020; Yaya et al., 2020)
Literacy	4/63	6%	(Canadian Public Health Association, 2022; City of Toronto, 2018; Raphael et al., 2020; Tai et al., 2020; Thakur et al., 2020)
Social Status	18/63	29%	(Chen & Krieger, 2021; El-Khatib et al., 2020; Firang, 2020; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Paremoer et al., 2021; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
			Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Yaya et al., 2020)
Healthy Behaviours	6/63	10%	(Canadian Institute for Health Information, 2022; Croyle, 2005; Flackerud & DeLilly 2012; Short & Mollborn, 2015; Thakur et al., 2020; Yaya et al., 2020)
Coping skills	3/63	5%	(Firang, 2020; Firang & Mensah, 2022; Raphael et al., 2020)
Social support	10/63	16%	(Canadian Institute for Health Information, 2022; Croyle, 2005; Firang, 2020; Firang & Mensah, 2022; Manbura & Morrison, 2016; Olshansky, 2017; Public Health Ontario, 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Toronto Public Heath, 2023)
Racism and Unfavourable health outcomes	15+16=31/63	49%	(Alcendor, 2020; Black Health Alliance, 2018; Chen & Krieger, 2021; Firang, 2020; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; James et al., 2010; George, 1992; Nurses and Nurse Practitioners of British Columbia, 2023; Olshansky, 2017; Paradies et al., 2015; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Sundaram et al., 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2023; Yaya et al., 2020)
Physical environment and Neighbourhood	9+8=17/63	27%	(Black Health Alliance, 2018; Croyle, 2005; Government of Canada, 2022; Heath, 2022; Miller, 2020; Olshansky, 2017; Public Health Ontario, 2020; Raphael et al., 2020; Registered Nursing Association of Ontario, 2013;

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
			Statistics Canada, 2020; Sundaram et al., 2020; Sze et al., 2020; Yaya et al., 2020)
Social status and Lack of access to healthcare services	18+27= 45/63	71%	(Chen & Krieger, 2021; El-Khatib et al., 2020; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; Hsu & Hayes-Bautista, 2021; Kaufman et al., 2021; Manbura et al., 2016; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sze et al., 2020; Sze et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Health, 2022; Wallis, 2020; Yaya et al., 2020)
Education and Adverse health outcomes	20+15=35	55%	(Alcendor, 2020; Black Health Alliance, 2018; Canadian Public Health Association, 2022; Cenat, 2022; City of Toronto, 2018; Chen & Krieger, 2021; Croyle, 2005; Firang & Mensah, 2022; Flackerud & DeLilly 2012; Government of Canada, 2022; Heath, 2022; Manbura & Morrison, 2016; Nurses and Nurse Practitioners of British Columbia, 2023; Olshansky, 2017; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Agency of Canada, 2022; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Sundaram et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Sze et al., 2020; Yaya et al., 2020)

Percentage of Research			
Key Terms	**# of Articles**	**Percentage**	**Sources**
Employment, Working conditions, and Income	19+13+19=51/63	81%	(Black Health Alliance, 2018; Canadian Public Health Association, 2022; Chen & Krieger, 2021; Choi et al., 2021; City of Toronto, 2018; City of Toronto, 2023; Croyle, 2005; Firang & Mensah, 2022; Government of Canada, 2022; Hsu & Hayes-Bautista, 2021; Heath, 2022; Kennedy, 2020; Manbura et al., 2016; Miller, 2020; Nurses and Nurse Practitioners of British Columbia, 2023; Paremoer et al., 2021; Public Health Agency of Canada, 2020; Public Health Ontario, 2020; Raphael et al., 2020; Razai et al., 2021; Registered Nursing Association of Ontario, 2013; Statistics Canada, 2020; Sundaram et al., 2020; Tai et al., 2020; Tai et al., 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Toronto Public Health, 2023; Yaya et al., 2020)
Healthy behaviours, Social support, and Coping skills	6+3+10=19/63	30%	(Canadian Institute for Health Information, 2022; Croyle, 2005; Flackerud & DeLilly 2012; Firang, 2020; Firang & Mensah, 2022; Manbura & Morrison, 2016; Olshansky, 2017; Public Health Ontario, 2020; Thakur et al., 2020; Toronto Public Heath, 2022; Toronto Public Heath, 2023; Raphael et al., 2020; Short & Mollborn, 2015; Thakur et al., 2020; Yaya et al., 2020)

Appendix B: Research Articles for Thesis

Research Problem: The COVID-19 pandemic has exposed inequalities in the Canadian healthcare system, as it has highlighted that Black people from low-income neighbourhoods in Toronto have disproportionately higher rates of infections, hospitalizations, and mortality compared to the general population (Public Health Ontario, 2020). The impact on the Canadian healthcare system directly affects the nursing profession, specifically community nursing practice, because of the disease presence in the community. Higher infection and mortality rates among Black people are a problem within community nursing because neighbourhoods in the northwest and northeast parts of Toronto have the highest number of positive cases and have disproportionately higher rates of infections, hospitalizations, and mortality. Additional issues include lack of opportunities for Black people to receive education and knowledge about COVID-19, including methods of testing and opportunities to express any reluctance to testing; housing, including overcrowding in housing, lack affordability of housing; and accessibility, including and lack of access to mobile testing centers during the daytime due to individuals needing to work to meet the needs of their families (Public Health Ontario, 2020).

Goal/Aim: The goal/aim of this research is to explore the research question, identify relevant studies, complete a study selection, chart the data, and collate the results to inform community nursing practice, make recommendations (micro, mezzo, and macro), and provide future directions for community nursing research. Informing community nursing practice is essential to provide community nurses with an understanding of the differences in Black culture and the impact of COVID-19 to provide suitable care.

Research Purpose: This research aims to examine emerging evidence of Black people living with COVID-19 by completing a scoping review of existing studies to understand the current state. A scoping review will examine the emerging evidence of Black people living with COVID-19 in Toronto, clarify broad areas to identify gaps in evidence, clarify key concepts, and report on the types of evidence that address and inform community nursing practice. The Social Determinants of Health (SDH) framework will guide the understanding of the evidence on the impact of COVID-19 on Black people in Toronto. The SDH outlines income and social status, access to health services, education and literacy, gender, physical environments, race, and racism as contributing factors to healthy behaviours (Public Health Agency of Canada, 2020).

Research Question: How can community nursing practices mitigate the impact of high rates of infection, hospitalization, and mortality of COVID-19 on Black people in Toronto?

Research Articles for Thesis			
Author(s) & Year, Title of Study	**Themes, Abstract, Study Method (s)**	**Study Conclusion**	**Gaps in Research/Future Directions**
Alcendor, D. J. (2020). US. *Journal of clinical medicine*, *9*(8), 2442-. Racial Disparities-Associated COVID-19 Mortality among Minority Populations in the US.	• Health disparities related to COVID-19 among racialized populations • COVID • Health disparities are associated with COVID-19 mortality among underserve populations • The author explores potential underlying reasons for reported disproportionate, increased risk of mortality among African Americans and Hispanics/Latinos with COVID-19 compared with non-Hispanic whites • The author examines underlying clinical	• Underserved populations living in poverty with limited access to social services across the US are more likely to have underlying conditions and are among the most vulnerable • Societal and cultural barriers for ethnic minorities to achieve health equity are systemic issues that may be addressed only through shifts in governmental policies, producing long-overdue, substantive changes to end healthcare inequities	• Improvements will require changes in governmental policy and a long-term commitment to minority communities that includes early interventions and prevention strategies to reduce or eliminate major disparities on the way to achieving health equity

	implications that may predispose minority populations and the adverse clinical outcomes that may contribute to increased risk of mortality		
Amin, F., & Bond, M. (2022). https://toronto.citynews.ca/2022/06/08/ontario-medical-association-health-2slgbtq-people/ • Health of those in the 2SLGBTQ+ community disproportionately affected by COVID-19 pandemic	• Health equity/disparities • COVID-19 • A panel of experts is highlighting how COVID-19 has impacted healthcare for members of the 2sLGBTQ+ communities. Faiza Amin reports on the significant gaps in care and the calls for action • News Article (680 News)	• The health care issues those in the 2SLGBTQ+ community face daily have been further exacerbated by the COVID-19 pandemic, a group of experts shared during an Ontario Medical Association (OMA) panel on Wednesday	• N/A
Black Health Alliance. (2018, June 8). https://blackhealthalliance.ca/home/social-determinants-health/	• Income, Education, Social Exclusion, Race • Black people in Ontario face disproportionat	• Income: 24% of black Ontarians qualify as "low-income", as compared to 14.4% of the general racialized Ontario population • Second-generation Black Canadians earn 10 to 15% less that second-generation	

Social Determinants of Health	ely poor outcomes across the SDH • The SDH are the conditions in which people are born, grow, live, work, and age • Early childhood development, income, employment, education, housing, racism are all key determinants • Disparities across several SDH results in inequitable treatment and unequal outcomes in Justice, Education, and Child Welfare sectors, and poorer health outcomes • Website	White Canadians, even when results are adjusted to reflect educational levels • Education: In Toronto District School Board, 69% of Black students graduated in 2011, as compared to 87% of racialized students and 84% of White students • Social Exclusion: Black Canadians make up 9.5 % of the Canadian prison population while representing only 2.5% of the overall Canadian population	
Butcher, H. K. (2022). *Nursing Science Quarterly,* 35 (4), 400 – 408. DOI: 10.1177/08943184221115103 Community-Based Participatory Research Guided	• CBPR, CCT, nursing theory-based research • This article begins with an explication of the processes and theoretical foundations of community-based	• In public health, nursing, social work, and related fields, the term CBPR is increasing used to guide collaborative community-situated approaches to research • CBPR came from language and *history* of community-based public health practice in the US, along with the idea of "participatory	• Nurse researchers engaged in CBPR informed by CCT honor spirit, humanness, connectedness, and dignity • Community-based

by Critical Caring Theory	participatory research (CBPR) and concludes by offering Falk-Rafael's Critical Caring Theory (CCT) as an ideal theory for reframing CBR within a nursing science perspective. • Journal Article	research" values of what is called Southern tradition • CBPR in public health is a partnership approach to research that equitability involves community members, organizational representatives, and researchers in all aspects of the research process in which all partners contribute expertise and share decision-making and ownership • The aim of CBPR is to increase knowledge and understanding of a given phenomenon and integrate the knowledge gained with interventions and policy and social change to improve the health and quality of life of community members • Knowledge production CBPR occurs when researchers partner with key community stakeholders in all stages of the research process, fostering opportunities to value multiple forms of expertise and shared power • Critical caring involves recognizing the social injustices that diminish human dignity and create inequities • Critical caring means working toward the amelioration of social injustice and advocacy for health equity as expression of caring praxis • CCT provides the theoretical foundation for	participatory research guided by CCT offers nurse researchers a means to collaboratively promote health care quality within a caring nursing science perspective while generating new disciplines-specific knowledge • Integration of CCT with the CBPR processes adds the compassion, loving-kindness, transpersonal teaching-learning, and spiritual and existential understanding needed for transformation leading to human flourishing

		guiding nursing practice and research toward accomplishing the goals set out in *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity* (National Academies of Sciences, Engineering, and Medicine, 2021) • *The Future of Nursing* report recommends the nursing discipline "develop and support research agenda and evidence base describing the impact of nursing interventions, including multisector collaboration, on social determinants of health, environmental health, health equity, and nurse' health and well-being" • Critical caring is a nursing theory informed by Watson's ethics of caring, CCT, and Nightingale's social activism, designed to guide nursing actions directed toward addressing closing the gap in health inequities by addressing and changing the practices, policies, laws, economic and political structures, and culture that contribute to health disparities and inequities	
Canadian Community Health Nursing Standards of Practice. (2008).	• Access to health services, environment • Represents the vision for excellence in	• During the 20th century public health and home health nursing emerged from common roots to represent ideals of community nursing	• N/A

https://neltoolkit.rnao.ca/sites/default/files/Canadian%20Community%20Health%20Nursing%20Standards%20of%20Practice%20mar08_english.pdf Canadian Community Health Nursing: Standards of Practice	community nursing • Defines community nursing practice and set out the professional expectations for community nurses • Provides a framework for community nursing practice in the Canadian Community Health Nursing Practice Model • Standard of Practice	• Community nurses are registered nurses whose practice specialty promotes the health of individuals, families, communities, and populations, and an environment that supports health • Community nurses practice in diverse settings such as homes, schools, shelters, churches, community centers, and on the street • The practice of community nursing combines nursing theory and knowledge, social sciences, and public health science with primary care • Community nurses view disease prevention, health protection and promotion as goals of professional nursing practice	
Canadian Institute for Health Information. (2022). https://www.cihi.ca/en/outcomes Health Outcomes	• Healthy behaviors, access to health services • Health outcome data tracks improvements to health status • The Canadian Institute for Health Information (CIHI) gathers and analyses health care data and information to effectively report on health outcomes	• Patient-reported outcomes are essential to understanding whether health care services and procedures make a difference to patients' health status and quality of life • Exploring patient-reported outcomes and experiences by different socio-demographic variables can uncover gaps in care and inform tailored programs and services to support equitable care	• N/A

	following care and over the longer term • Website		
Canadian Public Health Association. (2022). https://www.cpha.ca/what-public-health Public Health: A Conceptual Framework	• Access to health services • Education and literacy • Public health is the organized effort 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 health of all Canadians • Website	• Canada lacks cohesive, comprehensive, and accountable public health systems • COVID-19 pandemic revealed that nation-wide the patchwork of fragmented public health systems weakens the capacity of public health professionals to deliver high-quality services for Canadians • Federal government in Canada can strengthen the foundation of public health systems by underpinning systems with a common understanding of core public health functions, define a share set of population health goals to shape services and accountabilities, update a detailed, modernized set of public health workforce competencies, develop accessible online professional training for the public health workforce, and reshape governance practices to translate public health efforts and expertise for a greater impact	• N/A
Cenat, J. M. (2022). *Canadian Medical Association Journal*	• Race, education, and literacy	• The term “Black individuals, people or communities” offers the possibility of incorporating aspects of origin to reflect	• N/A

***(CMAJ)*, *194*(27), E948–E949.** https://doi.org/10.1503/cmaj.220274 Who is Black? The urgency of accurately defining the Black people when conducting health research in Canada.	• Terminologies commonly used in health research to define black people in Canada today are neither precise nor accurate • Consequently, research on Black health may include individuals who do not identify as Black, which could limit its accuracy and usefulness • Journal	the diversity of Black communities in health research • Careful data collection will allow for nuanced understanding of Black health research participants in Canada, by clarifying among those who self-identify as Black, additional factors such as country of origin and other aspects of ethnicity	
Centre for Disease Control. (2012). https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section2.html Principles of epidemiology in public health practice, third edition: An introduction to applied epidemiology and biostatistics	No Longer Available Online		
Centre for Disease Control. (2014).	No Longer Available Online		

https://www.cdc.gov/csels/dsepd/ss1978/glossary.html Principles of epidemiology in public health practice, third edition: An introduction to applied epidemiology and biostatistics			
Chen, J. T., & Krieger, N. (2021). *Journal of Public Health Management and Practice*, 27(1), S43-S56. Revealing the unequal burden of COVID-19 by income, race/ethnicity, and household crowding: US county versus zip code analyses	• SDH: income, race, housing, socioeconomic status • COVID • Stark social inequities exist in the in the United States for COVID-19 outcomes • We recommended that public health departments use these straightforward cost-effective methods to report on social inequities in COVID-19 outcomes to provide an evidence base for policy and resource allocation	• By geocoding health records and linking them to US Census-derived data on neighborhood socioeconomic variables, we have shown that these methods can be used to compute valid estimates of socioeconomic gradients in health and, moreover, that area-based socioeconomic measures (ABSMs) can be used to characterize the influence of neighborhood socioeconomic context on health above and beyond their association with individual socioeconomic position • People living in the most impoverished, crowded, and racially and economically polarized counties are experiencing substantially elevated rates of COVID-19 infection and death • Public health departments should report summary statistics by race/ethnicity, gender, and age within strata in order to paint a fuller picture of the extent	• Focus on deaths was because, unlike confirmed case counts, the number of deaths is less likely to be affected by well-documented inconsistencies in testing eligibility, procedures, and availability • Reported deaths due to COVID-19 nonetheless may not capture the potentially large burden of mortality du to unexplained deaths among individuals who were not

	• Research Report	of inequities in COVID-19 outcomes	tested for SAR-CoV-2, who might have died at home or in nursing facilities, or who might have died of preexisting condition whose disease course was exacerbated by coronavirus infection • If individuals living in disadvantage countries were less likely to have been tested for SARS-CoV-2, to have accessed health care given infection, or generally less likely to have had their death recorded as COVID-19 related, this analysis would have underestimated the magnitude of inequities across categories

Choi, K. H., Denice, P., Haan, M. (2021, May 13). https://doi.org/10.31235/osf.io/yq8vu Studying the social determinants of COVID-19 in a data vacuum	• Race, black, income, SDH • Many provinces are not collecting race and socio-demographic data on patients, therefore, whether COVID-19 is disproportionately affecting certain socio-demographic groups is unknown • Existing data was used creatively to fill this vacuum and identify the socio-demographic risk factors for COVID-19 in Canadian health regions • COVID-19 data was merged with tabular census data • Poisson regression models to predict cumulative counts of COViD-19 infection were used	• COVID-19 infection and mortality rated are higher in communities with larger shares of Black, refugee, and low-income residents • This approach offers a way for researchers and policy makers to make creative use of existing data to identify communities vulnerable to pandemic in the absence of granular data about the spread of infection	• N/A

	• Potential COVID-19 hotspots were identified by combining the insights from the analysis of risk factors of COVID-19 in health regions with information on socio-demographic profiles for smaller geographic units		
City of Toronto. (2018). https://www.toronto.ca/wp-content/uploads/2018/09/8f33-City_Planning_2016_Census_Profile_2018_25Wards_Ward01.pdf Etobicoke North City of Toronto War Profiles 2016 Census	• Population, Housing, employment, language, literacy, education, minority, income • Ward Profiles contain information from Statistics Canada Census of Population, which is conducted every five years • The Ward Profiles provide demographic information on population by age, households and dwelling types, families,	• Ward information, which consolidates data collected through the Census and identifies population, housing, household and family structure, employment, age, average number of person per household, language literacy, education, ethnic origin, visible minority, and income	• N/A

	language group, household tenure and period of construction, immigration, mobility, ethnic origin and visible minorities; education and labour force; income and shelter cost • Census Data		
City of Toronto. (2023). https://www.toronto.ca/city-government/planning-development/official-plan-guidelines/housing/ Housing	• Affordable housing • Policies • Housing • The city of Toronto has an important role in providing and maintaining a diverse range of housing in terms of building form, tenure and affordability • Webpage	• City Planning staff work with other City divisions and agencies, and a range of stakeholders to review and update City Official Plan housing policies • Recent housing policy changes include: new policies to require developments around transit stations to include affordable housing, updated definition of affordable housing that incorporate an income-based approach, and the policies that require replacement rental housing to address the loss of dwelling rooms	• N/A
Community Health Nurses of Canada (2013). https://www.chnc.ca/en/membership/documents/loadDocument?id=1697&download=1#upload	• SDH • Advocate • Community nurses practice in health centers, homes, schools, and	• Community nurses consider and addresses the impact of the SDH of health within the political, cultural and environmental context on health • They protect and enhance human dignity respecting	• SDH are the individual and collective factors and conditions affecting health status

/membership/document/2018-06/canadiancommunityhealthnursingprofessionalpracticecompoments-e.pdf Canadian Community Health Nursing Professional Practice Model	other community settings • Community nurses use a capacity building and strength-based approach to provide, coordinate or facilitate direct care and link people to community resources • They use a dynamic process of physical, mental, spiritual and social well-being • Health includes self-determination and a sense of connection to the community • They support the health and well-being of individuals, families, groups, communities, populations, and systems • Practice model	social, cultural, and personal beliefs and circumstances of their clients • Advocate and engage in political action and healthy public policy options to facilitate healthy living • Incorporate the concept of inclusiveness, equity and social justice as well as the principles of community development • Recognize assets and capacity of people/partners in building collaborative partnerships based on the principles of primary health care, caring, social justice and empowerment • Establish respectful, trusting relationships/partnerships with individuals, families, groups, communities, populations, and systems	• SDH of health extend beyond the community nurses practice environment and scope of the influence but impact on PHNs practice because of their profound influence on the health of their clients
Croyle, R. T. (2005). ***National Institute of Health*****, 1- 84.**	• SDH: Education, health lifestyle/QOL,	• Two Key concepts of the ecological perspective health to identify intervention for promoting	• Disparities in access to health care; behaviors in

Theory at a Glance – A Guide for Health Promotion Practice	environmental factors • Guide for Professionals • Contemporary health promotion involves more than simply educating individuals about healthy practices. It includes efforts to change organizational behavior, as well as the physical and social environment of communities • The ecological perspective emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem • It highlights people's interaction with their physical and sociocultural environments • Research: Health	health: Behavior both affects, and is affected by, multiple levels of influence, second, individual behavior both shapes, and is shaped by, the social environment (reciprocal causation)	response to illness; exposure to environmental and occupational hazards; health promotion and disease prevention behaviors; and experience of stress, societal support, and social cohesion all contribute to disparities in health status • Community-level interventions that address neighborhood conditions, employment opportunities, behavioral norms, opportunities for education and training, and access to health promotion, prevention, and care are key to addressing disparities

	Promotional Guide		
El-Khatib, Z., Jacobs, G. B., Ikomey, G. M., & Neogi, U. (2020). *EClinicalMedicine*, 23. The disproportionate effect of COVID-19 mortality on ethnic minorities: Genetics or health inequalities?	• Ethnic and Racial Disparities • Historical underpinnings • COVID • Black, Asian and minority ethnic groups are the hardest hit with COVID-19 both in terms of critically ill as well as higher minority • Systematic Review	• The earlier studies indicate that significant risk factors for severe COVID-19 are older adults, and people with co-morbidities (regardless of age) including chronic lung disease, heart disease, severe obesity (body mass index 40 or higher) and diabetes • Historically morbidity and mortality tend to be higher among ethnic minority, in comparison with the general population, and especially during public health emergencies	• When it comes to race and ethnicity the data available is limited which could be disproportionately affecting minorities • COVID response is to be tailored to the region to address social and health inequities • The utility of race/ethnicity has limited reliability, in addition to triggering stereotyping and discrimination, therefore, it is recommended to avoid using it when it comes to population profiling for public health purposes. • It is suggested to use race/ethnicity when it comes to assessing the risk of discriminative

			treatment (i.e. to assess whether patient's would receive a discriminative treatment at a hospital due to their race/ethnicity) and when race/ethnicity is needed as a proxy for variables that is not possible to measure them, nor to find alternative variables for them (i.e. to predict socio-economic differentials like housing, income, and/or education, when it is not possible to ask about these factors)
Firang, D. (2020). ***International Journal of Community Development and Management Studies, 4, 67 – 93.*** Do Black Lives Matter Amid The	• Ethnic and Racial Disparities • SDH: Race, access to healthcare • COVID • This article aims at exploring how	• This study finds that many Black people and other racialized groups are at increased risk of COVID-19 infections and deaths due to a longstanding health inequality • This paper demonstrates that, historically, social determinants of health have prevented Black people	• There are many unknowns that remain with respect to the pandemic, therefore, readers are to be cautioned • How, where, and when the

Covid-19 Pandemic	systemic racism predisposes Canadian blacks to COVID 19 infection, thereby raising the question as to whether Black Live Matters amid the COVID-19 Pandemic • Since COVID-19 was detected public health authorities deem older people, children, Indigenous people, and low-income Canadian families and those with weakened immune system from underlying medical conditions as vulnerable to the pandemic • One group of people conspicuously missing from the vulnerable groups' list is Black people • This article illustrates how many Black people and	from equal access to economic, social and healthcare opportunities • Two innovative strategies to achieve social transformation: Black Canadians should shift from vulnerability to recognizing their vitalities/resiliencies and building with other oppressed groups to stop the spread of the two pandemics: anti-black racism and COVID-19	disease will end is uncertain and it is too early to predict its expected and actual impact • Further research on the complexities and structural dynamics of the process of anti-black racism and the COVID-19 pandemic • Empirical studies can be developed to shed light on protective factors such as social networks and social capital that use the dependencies in the populations to create resilience in the population

	other racialized groups are at increased risk of COVID-19 infections and deaths due to a longstanding health inequity • This study relies on evidence-based data drawn from various secondary sources, including academic papers, policy, government reports, credible media sources, press notes and advisories, current newspapers, and online media reportage		
Firang, D. (2020). *International Social Work,* 63(6), 820 – 824. The impact of COVID-19 pandemic on international students in Canada	• SDH: Socioeconomic status, education, mental health, food, housing, social support • COVID • The rate at which COVID-19 pandemic is exterminating thousands of people and	• Micro level; social workers can help vulnerable international students draw on their resilience to cope with anxiety and trauma created by the pandemic effects • Mezzo level; working with university communities to conduct a community needs assessment to determine the severity and extent of the pandemic on international students' lives. Social workers can also help to	• Strategic direction for government, universities, and designated professions worldwide to respond to unexpected disasters or future infectious disease outbreaks

	leaving millions sick has pushed the international Federation of Social Workers to call on scholars to examine the impact of the pandemic on vulnerable populations • One of the most vulnerable population groups ignored by social work research on COVID-19 is international students • Media sources, academic literature, and the author's interaction with international students	organize university communities to ensure that basic needs such as food and shelter are available • Marco level; practitioners can assess the systemic and institutional factors that impact international students' well-being such as analyzing those immigration policies that exclude the international students from assessing public social programs	• Holistic understanding of how professional designations can mitigate the impact of the virus and in general
Firang, D. & Mensah, J. (2022). *Journal of International Students,* 12(1), 1 – 18. Exploring the Effects of the COVID-19 Pandemic on International Students and	• SDH: Education, income and social status, mental health • COVID • The COVID-19 pandemic is impacting international students' admissions to	• Canadian universities are economically impacted as declines in international student enrollment is plummeting international students' tuition revenue • This article aims to achieve the following objectives: examining the trend of international students in Canada; exploring the difficulties and challenges international students	• Canadian universities should adopt flexibility to meet international students' academic needs • Remote learning, which is changing the

Universities in Canada	Canadian universities • International students' are excluded from most government relief programs aimed at supporting Canadians during the pandemic. • Most international students experience psychological and financial difficulties amid the pandemic • Psychological theoretical framework of crisis and resilience models to understand how international students can adjust to and cope with the current pandemic crisis • This article draws on various secondary sources, including academic papers, policy briefs, government	experience during the pandemic; understanding the economic impacts of the pandemic on Canadian universities; suggesting appropriate strategies required to strengthen international students' resilience to deal with the pandemic and universities capacities to address challenges facing international students • Strategies to address pandemics' impact can be addressed at the Micro and Macro level • Understanding international students' resilience amid the COVID-19 pandemic requires an analysis of how international students draw on motivational aspirations and social resources to allow them to access community supports to deal with the crisis	future of education, gives international students more learning opportunities • Canada's universities can partner with Canadian governments to address challenges that arise as a result of the COVID-19 pandemic • Assessing the systematic and institutional issues that impact international students' well-being is important • Universities should also play the role of activists, on behalf of international students, to advocate for public support and social programs, while seeking to change institutional arrangements in the Canadian society that

	surveys, reports, credible media sources, press notes and advisories, and current newspapers and online media reportage • Secondary data from Canadian universities and Canadian government websites, international non-profit Canada Bureau for International Education (CBIE), UNESCO, and the Ontario Ministry of Education and Advanced Training was collected and analyzed		deny compassion to international students during this pandemic
Flackerud, J. H., & DeLilly, C. R. (2012). *Issues in Ment Health Nurs.*, 33(7), 494 – 497). doi: 10.3109/01612840.2012.662581. https://www.ncbi.nlm.nih.gov/pmc/art	• SES, Access to resources • Socioeconomic status (SES) is a fundamental cause of disease • People who are poor and powerless have worse health and longevity	• People with lower SES continue to ne the group that experiences the highest rates of morbidity and age-adjusted mortality from more modern diseases, stimulated by risk factors such as poor nutrition, lack of exercise, and smoking that are more common in lower SES groups • SES is linked to many diseases	• Race-based data breakdown

icles/PMC3710744/pdf/nihms482051.pdf Social Determinant of Health Status	than those with money, power, and prestige • During times of infectious disease were major killers and there was poor sanitization and overcrowding • Manuscript	• SES affects disease outcomes through multiple risk factors (smoking, diet, and exercise) • It involves access or lack of access to resources that can be used to avoid risks or to minimize the consequences of disease once it occurs • The association between a fundamental cause and health status is reproduced over time via the replacement of intervening predisposing factors (eg., overcrowding and poor sanitization replaced by lifestyle choices and behaviors); that is, SES continues to influence health inequalities when the susceptibilities to major morbidity and mortality change over time • Race and ethnicity are linked to health outcomes not because racial/ethnic minorities experience low SES	
Government of Canada (2022). https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html Social Determinants of Health and Health Inequities	• SDH: Socioeconomic factors, income, race, • Historical underpinnings/trauma • Health inequalities • Determinants of health are the broad range of personal, social, economic and	• Social determinants of health refer to a specific group of social and economic factors with the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples,	• N/A

	environmental factors that determine individual and population health • Social determinants of health can also play an important influence on health, for example, Canadians with higher incomes are often healthier than those with lower incomes • Webpage (Grey Literature)	LGBTQ, and Black Canadians • Health inequalities are differences in the health status of individuals and groups. These differences can be due to your genes and the choices you make • Health inequity refers to inequalities that are unfair or unjust and modifiable • Health equity is the absence of unfair systems and policies that cause health inequalities	
Government of Canada. (2022). A backgrounder on poverty in Canada - Canada.ca Towards a Poverty Reduction Strategy - A backgrounder on poverty in Canada	• Poverty, Low income, Canada • Government of Canada does not have an official definition of poverty • Poverty is often assessed by measuring the number of Canadians with low income • There are several indicators used to measure low income:	• Poverty affects individuals health • Poor health affects individual's productivity and results in economic losses for individuals and society • Individuals living in low income have a lower life expectancy and have higher rates of suicide and are more likely to suffer from diseases affecting the heart, chronic conditions, and mental health issues • Canadians living in low income suffer from lung cancer, the leading cause of cancer deaths, than those in higher incomes • Living in poverty affects overall health due to	• Race-based data is not included

	Low income cut-offs Market basket measure • Low income measure Government of Canada Website	challenges including food insecurity and poor living conditions • Poverty affects an individual's ability to access health care through visits to the doctor's office, walk-in clinics or hospital emergency room to address both physical and mental health issues • Low income Canadians are more likely to use a greater percentage of their income to pay for health care expenses such as dental services, prescription medication and health insurance premiums than those with higher income • On average low-income households spent 6% of their after-tax income on these health expenses, whereas high income households spends 3% • The differences in health by income level were estimated to cost Canada's healthcare system at least 6.2 billion annually, or over 14% of total expenditures on acute inpatient hospitalizations, prescription medication and physician consultants • The rate of violent crime for Canadians between $140,000 and $179,000 was 54 for every 1,000 people, but for low income Canadians earning less than $20,000 at a rate of 79 victims for every 1,000 people	

Heath, S. (2022). https://patientengagementhit.com/features/understanding-neighborhood-redlining-as-social-determinants-of-health • Understanding neighborhood, Redlining as social determinants of health	• Race, Food Security, Access to Healthcare Services, Environment • Neighborhood is an SDH that intersects with numerous social factors, making it a complex priority for improving patient wellness • Racial/ethnic minorities and people with low incomes are more likely to live in places with high rates of violence, unsafe air or water, and other health risks • Minorities are exposed to second-hand smoke or loud noises that also harm their health • Newsletter	• Neighborhood or community violence has a direct impact on patient health such as long-term mental health consequences • Living far away from a healthcare provider that one does not end up accessing treatment unless symptoms are particularly dire is an understanding that SDH that most acknowledge affects those living in rural areas • Access to healthcare by neighborhood can be an upstream indicator of geographic barriers to care, especially in the context of walkability, access to public transportation, and neighborhood crime • Neighborhood can determine the business the individual visits, someone may not travel a long-distance to a certain business to buy a certain product • Living long-distance from a bigger grocery store that stocks nutritious food options could sway food security and health • The closer someone lives to fast food restaurants of junk food, the more likely they are to access it and see it as health • Living in mostly Black neighborhood adversely impacts health outcomes due to the forms of structural racism, implicit	•

		bias from healthcare providers • Low-desirability neighborhoods have a higher proportion of Black people living in them, setting off decades of disinvestment from these areas and perpetuating structural racism • Redlined neighborhoods have the highest population of Black people and higher levels of air pollution which can exacerbate a chronic illness like asthma • It will take efforts in concert with public policymakers to truly move the needle • Investment in urban development, public safety, and better healthcare access will be the key to move forward	
Hsu, P., & Hayes-Bautista, D. E. (2021). *Journal of immigrant and minority health*, 1-6. The Epidemiology of Diversity: COVID-19 Case Rate Patterns in California. US	• Ethnic and Racial Disparities • SDH: Age, Socioeconomic status, Employment, housing • COVID • The case rates within each non-White population, in almost every age group, were higher than the White Non-Hispanic population,	• From the beginning COVID-19 pandemic impacted the Black and Latino population more severely than Non-Hispanic White population • Two types of diagnostic are available: molecular test that detect the unique genetic material of SARS-CoV-2, and antigen tests that detect specific proteins found on the virus's surface • Antibody tests are also available, but these can only reveal the presence of the past infection, and are not recommended for diagnostic use	• The major limitation of California's data was that, out of 136, 191 cases reported, 28.5% (38, 855) were missing data on race/ethnicity • Information on whether race/ethnicity was assigned or assumed by staff, or was a result of self-identification,

	ranging from one-and-a-half to nearly six times as high • Public health prevention measures such as sheltering-at-home rely on standard assumptions and models • Analysis Report	• The curve of COVID-19 case rates observed in the White NH population in each age group from 0-17 to 80+ is consistently lower than the curve for all other racial ethnic groups • The Black/African-American NU curve likewise starts out similar to White NH in the age group 0-17, then rise to about twice as high in the older adult groups • Latino curve starts about three times as high as the White NH curve in the group 0-17, and continues to be nearly three times as high throughout all six age groups, including the oldest adults • Not only are these case numbers most likely an undercount of the actual scope of the disease, but the underreporting is almost certainly more pronounced in groups with lower socioeconomic status and other barriers to testing, thus exacerbating these differential patterns • While hospitalization and death rates can also provide information, they are further "downstream" and may reflect additional structural factors, such as healthcare capacity • Case counts also depends on the availability and accessibility of testing, among other factors	is also not available

		• Some cities and regions have not been able to acquire sufficient testing kits (availability); and even where these were available, not all individuals have had equal access to them, due to lack of transportation, awareness, symptoms, or other eligibility criteria for testing • Black and Latino people have been disproportionately affected by the coronavirus in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups • The report notes that the state's labor force is strongly stratified by race/ethnicity, with some groups overrepresented in particular industries and occupations (e.g. Latinos in farm work) that could expose them to coronavirus more often than industries and occupations in which other groups predominate • Latinos continue to have the highest average household size, compared to other racial ethnic groups • Thus, there is the potential for a family member who has been working outside the home to return and infect a greater number of individuals in the same household	

		• At the individual level, gender, smoking status, and co-morbid/underlying conditions have all been noted as increasing the risk of severe disease • While essential employees, such as physicians and nurses tending to COVID-19 cases in hospitals, are in theory provided with personal protective equipment (PPE), other essential workers left out the PPE mandate • Farm workers growing food, workers shoulder-to-shoulder in meatpacking plants, grocery store checkouts clerks, nursing home attendants, and non-professional hospital staff, such as cleaning and maintenance • These occupations and industries are largely filled by Latinos, Blacks, Asians, and other minority populations, and we suggest that this job-related exposure most likely explains the differential patterns described in this report • Consideration of alternative narratives might have led to additional policies specific to these vulnerable groups, for example, paid leave or sick leave beyond the amount mandated by the CARES Act, or additional PPE requirements	

James, C., David, E., Wanda, T. B., Akua, B. (2010). The Multiple Manifestation of Racism	• Health and Illness, Racism, Race, Anti-Racism • This book explores how experiences of racism, combined with other social and economic factors, affect the health and well-being of African Canadians • With a special interest in how racial stereotyping impacts Black men and boys, this book shares stories of racism and violence and explores how experiences and interpretations of, and reactions to, racism differ across a range of social and economic variables • Rejecting the notion that Black communities are homogeneous, this book gives a detailed	• There are probably as many definitions and descriptions of racism as there are people who experience the phenomenon. Each person's definition is a reflection of their own experience and perspective • You have to be in tune to it. You have to know it's different forms, its different levels, its covertness, its overtness."- racism comes in many forms • Racism and how it strips individuals of their sense of their dignity and self-worth • They are left feeling degraded and what some described as "sub-human." • Racism as a tool or mechanism of power in which the dominant group uses race to affect various aspects of the lives of people of color. • Racism is about the power to exclude certain people from exercising their rights as equal members of society • Racism reflects the larger patterns of White domination in society • Dehumanization through racism creates a powerful sense of alienation	• N/A

	examination of three distinct communities: Caribbean, immigrant African and Canadian Black • The authors also explore how individuals, families and communities can better understand and challenge racism • Book		
Johnson, T. George. (1992) **Who is Black? One nation definition**	• Black, white, race, racism • Defines as black "any person with any known African ancestry." • Both blacks and whites embrace this overly broad definition, which is peculiar to the U.S. Davis (Society and the Law) argues that this "Big Lie . . . causes traumatic personal experiences, dilemmas of personal	• During slave days and the era of Jim Crow laws, whites used the rule to minimize the potential disruptions of miscegenation - usually illicit or coercive sex between white males and black females - by classifying the offspring as black • Blacks currently accept the one-drop rule, often disapproving of those with lighter skin who "pass" for white or marry across perceived color lines • However, later sections, such as the gripping narrative of Lena Horne's troubled experiences as a light-skinned black, are enlightening • This is an eye-opening appraisal of an issue often	• N/A

	identity, misperceptions of the racial classification of well over a billion of the earth's people, conflicts in families and in the black community, and more." • Book	taken for granted in America	
Kaufman, H. W., Niles, J. K., & Nash, D. B. (2021). *Population Health Management*, 24(1), 20-26. Disparities in SARS-CoV-2 positivity rates: Associations with race and ethnicity	• Ethnic and Racial Disparities • Historical underpinnings • SDH: Race, socioeconomic status, transportation • COVID • Using test results from a large national reference laboratory database that included patients from all 50 states and District of Colombia, this study compared positivity rates for SAR-CoV-2 nucleic acid amplification tests (NAAT) among various race/ethnicity groups by	• Infection rates reflect who is infected in the population; incidence is defined by the occurrence of new cases whereas prevalence is defined as the proportion of cases in the population at a given time • There was a statistically significant increasing trend in SARS-CoV-2 NAAT positivity for Black non-Hispanic • There was a statistically significant decreasing trend in SARS-CoV-2 NAAT positivity for White Non-Hispanic quintiles (from 17.4% to 7.1%, P<0.0001) and “other” race/ethnicity quintiles (from 13.2% to 8.9%, P<0.0001) • Statistically significantly increasing trends in positivity for the Black non-Hispanic and Hispanic populations were demonstrated in both the most densely populated areas (P<0.0001 for all) and in the least densely	• A clear limitation is that there were no direct patient ethnicity data, and the estimates are based on aggregate US Census race/ethnicity proportions by zip code • Patients may not be tested at the same race/ethnicity mix within each zip code, some patients may reside in one zip code but became infected somewhere else, and that, historically, hospitals have been less likely to

	linking zip code-based race/ethnicity proportions from US Census data • Statistical Analysis	populated areas (P<0.0001 for all) • Public health experts have suggested that many risk factors for COVID-19 are connected in part to socioeconomic status, collectively referred to as social determinants of health, including reliance on public transportation for those who cannot afford a car, living in densely populated areas, having jobs without paid sick leave, disparities in access to quality health care, and living in smaller multifamily (or multigenerational) homes that make social distancing inconvenient or even impossible • Related limitations include that patients may not be tested at the same race/ethnicity mix within each zip code but become infected somewhere else, and that. Historically, hospitals have been less likely to provide patient zip code information than other facility types	provide patient zip code information than other facility types
Kennedy, B. (2020). ***Toronto Star*** https://www.thestar.com/news/gta/2020/11/12/a-fight-for-the-soul-of-the-city-report-shows-how-covid-19-has-deepened-torontos-	• SDH: Income, race, food employment, age • COVID-19 • Racialized and lower-income Torontonians are bearing a heavier burden	• People earning less than $30,000 a year are 5.3 times as likely to catch COVID-19 than those making $150,000 or more. • Black, Latin American and Arab, Middle Eastern or West Asian Torontonians have COVID-19 infection rates at least seven times as high as white residents.	•

racial-and-economic-divide.html 'A fight for the soul of the city': Report shows how COVID-19 has deepened Toronto's racial and economic divide	during the coronavirus pandemic, which is widening the gap between rich and poor in this city • Toronto Star	• About 30 per cent of Torontonians are struggling to pay rent, mortgage, food, utilities and other essentials. • Across the country, Canadians who are Black, Indigenous and people of colour (BIPOC) have unemployment rates almost twice as high as white Canadians. Nearly one-third of BIPOC youth are unemployed, compared to 18 per cent of white youth	
Kirksey, L., Tucker, D. L., Taylor Jr, E., Solaru, K. T. W., & Modlin Jr, C. S. (2020). ***Journal of the National Medical Association*****.** Pandemic superimposed on epidemic: Covid-19 disparities in Black Americans.	• Ethnic and Racial Disparities • COVID • African Americans are reportedly being diagnosed with COVID-19 and dying at disproportionately higher rates • Research Article	• Unfortunately, the fact that not all local, state and federal public health agencies are collecting race and ethnic data points will contribute to delays in reaching a complete understanding of the magnitude of the pandemic's impact on Black communities • It is clear that the finding of COVID-19 is disproportionately afflicting and killing more African Americans is more than a statistical aberrancy • Once hospitalized, Black patients are vulnerable to the impact of implicit and explicit healthcare provider bias	• In a population where a disproportionate number of individuals suffer from diabetes, hypertension, and other chronic diseases earlier in life; campaigns should focus on dispelling myths • Faith based organization play a role in disseminating information
Manbura, P. & Morrison, V. (2016). ***National Collaborating Centre for Healthy Public Policy,*** **1-20.**	• Ethnic and Racial Disparities • SDH: Income education, race, gender, access to healthcare	• Government of Canada defines health inequalities as differences in health status experienced by various individuals or group in society. These can be the result of genetic and biological factors, choices	• N/A

Policy Approaches to Reducing Health Inequalities	• Policy development • This document enable public health actors to more easily distinguish between the most widespread policy approaches that have been proposed to reduce health inequalities • Goal is to clarify how the different broad approaches addressing inequalities are grounded theoretically and how they affect inequalities differently • To better understand the different potential impacts of these approaches	made or by chance, but often they are because of unequal access to key factors that influence health like income, education, employment and social supports	
Miller, M. (2020). blogTo https://www.blogto.com/city/2020/05/toronto-releases-map-covid-19-neighbourhood-hot-spots/	• Toronto Public Health just released a detailed map of all COVID-19 cases in the city by neighborhood, and it reveals	• Data collected and released by TPH revealed that neighborhoods with the lowest incomes, highest rates of unemployment and highest concentrations of immigrants had double the number of cases as well as	• N/A

Toronto releases map of COVID-19 neighborhood hot spots throughout the city	that low-income areas have been disproportionately affected by the virus • Briefing Note	twice the rate of hospitalizations • Neighborhoods in the northwest and northeast parts of the city now have the highest number of positive cases. • Mount Olive-Silverstone-Jamestown has the second-highest number in Toronto with 384 total cases, while Rouge has the highest number in the city with 400 cases. • Other neighborhoods that have been disproportionately hit include Milliken, West-Humber Clairville, Agincourt North, Agincourt South-Malvern West, Woburn and Glenfield-Jane Heights	
Ministry of Health and Long-term Care (2019). https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_case_definition.pdf Appendix 1: Case Definitions and Disease Specific Information	• COVID-19, Case, definition • Should a novel coronavirus be identified, the ministry will issue a memo indicating it is now reportable and may issue a more focused case definition based on the epidemiological evidence available • Infectious Disease Protocol	• Confirmed case: Detection of at least one specific gene targeted by a validated laboratory-based nucleic acid amplification testing (NAAT) assay (eg., real-time PCR) performed at a community, hospital or reference laboratory (eg., Public Health Ontario Laboratory or the National Microbiology Laboratory) OR a Validated point-of-care (POC) NAAT that has been deemed acceptable by the Ontario Ministry of Health to provide a final result OR Demonstrated seroconversion or diagnostic rise (at lease 4-fold or greater from baseline) in viral specific	• N/A

		antibody titre in serum, plasma, or whole blood using a validated laboratory-based serological assay for SAR-CoV-2 OR A report from an Ontario coroner, as defined in the Coroners Act, R.S.O. 1990, c. C.37, indicating that COVID-19 or SARS-CoV-2 was the cause of death or a contributing factor of the death	
Nurses and Nurse Practitioners of British Columbia. (2023). https://www.nnpbc.com/pdfs/media/news/2021/Nursing-Declaration-Against-Anti-Black-Racism-in-Nursing-Health-Care.pdf Nursing Declaration Against Anti-Black Racism in Nursing and Health Care	• Race, racism, anti-black, human beings, Black people, history • The United Nations General Assembly reiterates that all humans beings are born free and equal in dignity and rights and have the potential to contribute constructively to the development of their societies • Any doctrine of racial superiority is scientifically false, morally condemnable,	• There is a need for social justice reform that addresses racism and realigns structures to combat discriminatory actions and achieve heath equity for all • The history of Black people in Canada is both long and varied, dating back to the 17th century during which the slave trade brought Black people to Canada from New England and the West Indies • Historically, Canadian nursing schools, administrators, associations, and regulatory bodies have also contributed to establishing white, European-centric models of nursing and health, thereby explicitly or implicitly maintaining anti-Black racism • For example, in academia, prospective Black students were refused admission into the nursing schools until the 1940s, and institutions continue to lack anti-racist	• N/A

	socially unjust and dangerous, and must be rejected, together with theories that attempt to determine the existence of separate human races • Declaration	and anti-oppressive curricula within nursing education • Today, anti-Black racism impacts recruitment, retention, advancement, and leadership potential within the nursing and health profession • It contributes to a lack of representation of Black nurses in leadership and advancement practice positions • Anti-Black racism remains pervasive and systemic in Canada and constitutes a public health emergency, it is historically embedded in our society, in our culture, and in our laws and in attitudes • It is built into our institutions and perpetuates the social and economic disparities that exist in everything from education to healthcare, to housing and employment	
Olshansky, E. (2017). ***American Journal of Nursing, 117 (12).*** Social determinants of health: The role of nursing	• SDH: Education, Social supports • Clinical Guide/Courses • Nursing, with its holistic model of health care, is positioned to be a leader in improving health by linking SDH to outcomes	• Nursing can lead in translating SDH awareness into action by taking the following steps: • Teach SDH content in all clinical courses, with students routinely assessing for SDH in clinical settings and advocating for change to improve SDH • Develop interprofessional practice to include representatives of social work, public health, city planning, occupational health, police and fire	• More study is needed to understand links between SDH and health outcomes, poor families' lack of resources to pursue care that could delay relapses

	through analysis and action • The link between one's neighborhood and one's health reflects multiple inequalities in the environment and social contexts of population • Research Article	fighters, and many others who can contribute to addressing SDH • Prioritize nursing research on social and biomedical aspects of health to connect SDH to health outcomes and develop nursing interventions that alleviate problematic SDH • Collaborate with social and community agencies and institutions to recommend that health policy address harmful SDH	
Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., and Gee, G. (2015). e0138511.doi:10.1371/journal.pone.0138511 Racism as a determinant of health: A systematic review and meta-analysis	• Race, Discrimination • This meta-analysis reviewed the literature focusing on the relationship between reported racism and mental and physical health outcomes • Data from 2923 studies reported in 333 articles published between 1983 and 2913, and conducted primarily in the United States, were analyzed using random effects and	• Racism was associated with poorer mental health including depression, anxiety, psychological stress, poorer general health, and poorer physical health • Ethnicity significantly moderated the effect of racism on negative mental health and physical health	• N/A

	mean weighed effect sizes • Meta-Analysis		
Paremoer, L., Nandi, S., Serag, H., & Baum, F. (2021). *bmj,* 372. Covid-19 pandemic and the social determinants of health	• Ethnic and Racial Disparities • Historical underpinnings • SDH: Socioeconomic status, Employment, housing, gender, class, education, income, access to healthcare, quality of life • COVID • The COVID-19 pandemic has exposed the longstanding structural drivers of health inequities, such as precarious and adverse working conditions, growing economic disparities, and anti-democratic political processes and institutions • BioMedical Journal	• From a social determinants of health perspective, global economic trends create enduring health hazards • The marginalization of certain groups because of ethnicity, race, caste, migrant status, gender, class, or nature and conditions of work continues to undermine health • The COVID-19 pandemic has highlighted that precarious work and exploitative and adverse working conditions intersect with multiple factors, including ethnicity, migrant status, class, and gender to influence which population groups are most exposed to COVID-19 infection • People in precarious forms may be hesitant to quarantine when they have COVID-19 because they cannot afford to lose income and are unable to work from home • Similar pattern in the UK has been seen where the death rate from COVID-19 is twice as high in black communities as in white communities • One estimate suggests at least 971 deaths occurred among migrant workers and their families because of starvation, financial	• Understanding what a post-covid world could look like necessitates examination of key structural determinants that have contributed to the disproportionate effects of covid-19 pandemic on marginalized and other groups, beyond the proximate drivers of the current crisis

		distress, injury, suicide, police brutality, and lack of access to medical care • Women are estimated to be doing three quarters of the unpaid care work that has resulted from the closure of schools and childcare services during COVID-19 and the increased care needs among older people • Combined with the commodification of food, land, seeds, and essential services, austerity policies that have reduced social protection measures have had a devastating effect on vulnerable groups and, during the pandemic, increasingly on the middle class • An 82% increase in hunger levels is predicted as a result of the pandemic • Control measures to contain the pandemic have disproportionately affected women and girls • Restrictions on freedom of movement have severely disrupted sexual and reproductive health services and could lead to an estimated seven million unintended pregnancies and thousands of deaths from unsafe abortions and complicated births globally • Lockdowns have also led to a worldwide increase in domestic and sexual violence, especially affecting women from indigenous, migrant, or	

		refugee backgrounds, women with disabilities, and those living in conflict settings • While governments have used public health to justify restrictive regulations, they have not introduced regulatory measures on the private health sector that could increase access to COVID-19 treatments, vaccines, medical technologies, and healthcare facilities • The pandemic has brought to the fore the negative consequences of fragile and commercialized or profit driven health systems, especially for vulnerable groups already experiencing inequitable access to healthcare • Governments should institutionalize policies that value the contribution of social reproduction work, and compensate people (mostly women) for the unpaid social reproduction work they do on a daily basis • The conditions of health and social care workers can be improved with the provision of formal contracts, decent wages, and non-exploitative working conditions • The interdependence of reproductive and productive work should be recognized through institutionalizing measures such as childcare	

		and breastfeeding facilities at workplaces, paid parental leave, occupational health facilities, and subsidized healthy meals at work • The implementation of laws and policies to ensure access to healthcare services is based on medical need rather than on ability to pay or social status and that services are tailored to recipients' cultural, linguistic, and religious requirements • Defending the principles that people have a right to participate in decisions about their health and in processes affecting it, including economic processes, is central to building solidarity for health for all • The COVID-19 pandemic has exposed the health effects of longstanding social inequities and that vulnerability to disease is shaped by the labor market structures, lack of social protection, and anti-democratic processes	
Peters MDJ, Godfrey CM, McInerney, Khalil H, Parker D, and Baldini Soares C.. *Int J Evid Based Healthc.* (2015). 13(3):141-146. Guidance for the Conduct of JBI Scoping Reviews	• Research • In 2009 Grant and Booth identified 14 different types of reviews, scoping reviews, also called "mapping reviews" or	• Scoping reviews can be used to map the key concepts underpinning a research area as well as to clarify working definitions, and/or the conceptual boundaries of a topic • A scoping review focus on one of the these aims or all of them as a set • Scoping reviews are useful for examining evidence	• N/A

	"scoping studies" are one of these • In 2005 Arksey and O'Malley proposed a framework for conducting them • Manual	when it is still unclear what other, more specific questions can be posed and valuably addressed • Scoping reviews can be conducted to examine and clarify broad areas to identify gaps in the evidence, clarify key concepts, and report on the types of evidence that address and inform practice in a topic area • Scoping reviews can be used to map evidence in relation to time, location, source, approach and origin • Scoping reviews may also be used to develop "policy maps" by identifying and mapping evidence from policy documents and reports that guide practice in a particular field	
Pham, M. T., Rajic, A., Greig, J. D., Sargeant, J. M., Papadopoulos, A., and McEwen, S. A. (2014). ***Research Synthesis Methods,*** **5, 371-385.** DOI:10.1002/jrsm.1123 A Scoping Review of Scoping Reviews: advancing the approach and	• Scoping review; literature review; knowledge synthesis; methodology • Purpose is to provide an overview of scoping reviews in the literature • It aims to map the existing literature in a field of interest in terms of the volume, nature, and	• Scoping reviews are relatively new but is an increasingly common approach to for mapping a broad topic • Because of their variability of their conduct there is a need for their methodological standardization to ensure the utility and strength of evidence	• Review of authors section • Scoping reviews summarize and disseminate research findings and identify research gaps in the existing literature

enhancing the consistency	characteristics of primary research • A scoping review of a body of literature can be used when the topic has not yet been extensively reviewed or is of a complex heterogeneous nature • They are commonly undertaken to examine the extent, range, and nature of research activity in a topic area; determine the value and potential scope and cost of undertaking a full systematic review; summarize and disseminate research findings; and identify research gaps in existing literature • It provides a rigorous transparent method for mapping areas of research, and can be used as		

	a standalone project or as a preliminary step to a systematic review • Based on the framework outlined by Arksey and O'Malley (2005) and ensuing recommendations made by Levac et al. (2010) • The review included the five key phases: (1) Identifying the research question, (2) Identifying relevant studies, (3) Study selection, (4) Charting the data, and (5) collating , summarizing, and reporting the results		
Public Health Agency of Canada. (2020). https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-	• SDH, race, racism, mental health, stress • The following snapshot aims to highlight how Anti-Black racism and systemic	• Discrimination against Black people is deeply entrenched and normalized in Canadian institutions, policies, and practices and is often invisible to those who do not feel its effects • This form of discrimination has a long history, uniquely rooted in European	• Not all sources of health data collect information on racialized identities, or other important intersecting

determines-health/social-determinants-inequities-black-canadians-snapshot.html Social determinants and inequities in health for Black Canadians: A Snapshot.	discrimination are key drivers of health inequalities faced by diverse Black Canadian communities • Evidence of institutional discrimination in key determinants of health is also presented, including education, income, and housing • Snapshot	colonization in Africa and the legacy of the transatlantic slave trade • Slavery was legal in Canada until 1834 • Almost two centuries later, racist ideologies established during these periods in history continue to drive processes of stigma and discrimination • Today, Black Canadians experience health and social inequities linked to processes of discrimination at multiple levels of society, including individual, interpersonal, institutional, and societal discrimination • The impact of these experiences throughout a lifetime can lead to chronic stress and trauma. • There is growing evidence of the negative effects of chronic stress and experiences of trauma on mental and physical health • Inequities in access to education, income, employment, housing, and food security can drive inequities in health and wellbeing	identities, such as sexual orientation, gender identity, and immigration status • Black Canadians represent a relatively small proportion of the Canadian population (about 3.5%), and there are challenges in analyzing and reporting on outcomes for small populations and subpopulations (including outcomes for youth or seniors) • These challenges include a lack of ability to detect statistical differences between populations, and privacy concerns when reporting data at sub-national/sub-provincial

			levels, among others • The ways in which health and mental health outcomes are measured at a national level may not reflect how different communities understand and talk about health, and may marginalize different ways of knowing and creating knowledge
Public Health Agency of Canada (2022) https://www.canada.ca/en/public-health.html COVID-19 signs, symptoms and severity of the disease: A clinician guide	• SDH: Education • Guide for Clinicians • COVID-19 • This document is intended to provide clinicians with interim information on currently known clinical features of COVID-19, including signs and symptoms, incubation period, disease severity and risk factors for severe disease	• Clinician should remain aware of the signs and symptoms that warrant more urgent or emergency medical attention • Certain medical and/or social vulnerabilities, may make it more difficult for patients to recognize, clearly communicate, or act on symptoms' progression • Vulnerable populations need closer attention and monitoring	• N/A

	and SARS-CoV-2 variants of concern • Webpage		
Public Health Ontario (2020). https://www.publichealthontario.ca/-/media/Documents/nCoV/COVID-WWKSF/2020/05/what-we-know-social-determinants-health.PDF?sc_lang=en COVID-19 – What We Know So Far About…Social Determinants of Health	• SDH: Socioeconomic status, gender, race, employment, housing, incarceration • Health inequalities • COVID-19 • This document is intended to provide a rapid review of the evidence related to a specific aspect or emerging issue related to COVID-19 • Synopsis	• Early findings demonstrate an unequal social and economic burden of COVID-19 internationally, with emerging evidence of this relationship from Ontario and Quebec • Social determinants of Health (SDOH), such as gender, socioeconomic position, race/ethnicity, occupation, indigeneity, homelessness and incarceration, play an important role in risk of COVID-19 infection, particularly when they limit ability to maintain physical distancing • Existing social inequalities in health increase risk of severe COVID-19 outcomes through increased prevalence of underlying medical conditions and/or decreased access to health care	• N/A
Public Health Ontario. (2020). https://www.publichealthontario.ca/-/media/Documents/nCoV/main/2020/06/introducing-race-income-household-size-language-data-collection.pdf?sc_lang=en	• SDH: Housing, income, language • Health equity • Guide for clinicians • COVID-19 • This document provides information to support case	• Collection sociodemographic data will help to monitor and understand which communities are being impacted by COVID-19 to respond to specific community needs, and better plan public health programs and other services and supports	• N/A

Introducing Race, Income, Household Size, and Language Data Collection: A Resource for Case Managers	managers' use of new integrated Public Health Information System (iPHIS) fields for the collection of socio-demographic data from individuals who test positive for COVID-19; socio-demographic variables include race, income, household size, and language • This resource includes a sample script that can be used for data collection, tips for case managers, frequently asked questions, as well as background information • Data collection resource		
Public Health Ontario (2020). https://www.publichealthontario.ca/-/media/Documents/	• Health equity/disparities • COVID-19	• There is wide variation in how health equity action is applied to COVID-19 efforts which includes the scope of work (e.g. surveillance, testing,	• N/A

nCoV/he/2020/12/covid-19-environmental-scan-addressing-health-inequities.pdf?sc_lang=en Addressing health inequities within the COVID-19 public health response	• This document summarizes the results of an environmental scan on health equity action within the COVID-19 public health responses that have been led by governments through partnerships • Environmental Scan	recovery), areas of focus (e.g. race, ethnicity, non-specific equity), and responsibility for implementing the work • Within government-led and government-supported-work, there is no standard approach or framework to embedding equity in COVID-19 efforts • Use of metrics to track, plan, and build accountability is a common theme within health equity action on COVID-19 • The majority of documented health equity actions were from organizations in the United States and there was disproportionately less documentation of health equity work in Canada, with the exception of several First Nation and Metis Nations	
Public Health Ontario (2020). https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/05/what-we-know-social-determinants-health.pdf?la=en COVID-19 – What We Know So Far About…Social Determinants of Health	• Income, gender, race, housing, socioeconomic status, incarceration • Document that includes a systematic search of the published literature as well as scientific literature and media reports	• Early findings demonstrate unequal social and economic burden of COVID-19 internationally, with emerging evidence • SDH such as gender, socioeconomic position, race/ethnicity, occupation, indigeneity, homelessness, and incarceration, play an important role in risk of COVID-19 infection, particularly when they limit the ability to maintain physical distancing • Existing social inequality in health increases risk of severe COVID-19 outcomes	•

	• COVID-19 case increase highlights that racialized (Black, Latino, ethnic minorities) and low-income populations have disproportionately high rates of COVID-19 infections, hospitalization, and mortality in the United stated and United Kingdom • Emerging evidence supports that this exists in Ontario as well • Synopsis	through increased prevalence underlying medical conditions and/or decreased access to healthcare	
Public Health Ontario (2020). https://www.publichealthontario.ca/-/media/documents/ncov/epi/2020/06/covid-19-epi-diversity.pdf?la=en COVID-19 in Ontario – A Focus on Neighborhood Diversity, February 26, 2020, to December 31, 2022	• Environment, race, discrimination, SDH • This report is part of a two-part series focused on neighborhood-level trends to health equity among laboratory-confirmed COVID-19 cases reported in Ontario,	• Most diverse neighborhoods in Ontario generally experience higher rates of COVID-19 between Feb. 26, 2020, to Dec. 31, 2022 • The rate of infection in the most diverse neighborhoods were 1.6 times higher than the rate of the least diverse neighborhoods • People living in most diverse neighborhoods were more likely to experience severe health outcomes such as hospitalization (2 times higher), ICU admissions (2 times higher) and death (2 times higher)	• Individual-level race information

	excluding those who reside in Long-term Care (LTC) settings • The report focuses on the "ethnic concentration" dimension of the Ontario Marginalization Index • The findings of this report will improve understanding of how COVID-19 impacts neighborhoods differently in Ontario, particularly those with greater diversity that may already experience marginalization related to racism and discrimination • Information from this report can be used to inform planning and equitable prioritization of public health system resources and interventions • Report	than people lying in least diverse neighborhoods • Most diverse neighborhoods have experienced a disproportionate burden of severe health outcomes during the COVID-19 pandemic	

Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). https://thecanadianfacts.org/The_Canadian_Facts-2nd_ed.pdf Social Determinants of Health: The Canadian Facts 2nd Edition	• Health inequities, race, gender, income, education, employment, Early Child Development, • Food Insecurity, • Social Exclusion, Social Safety Net, Health Services, Geography, Disability, Indigenous Ancestry, Immigration, Globalization • The conditions in which people live and work directly affect their health • The primary factors that shape the health of Canadians are not medical treatments or lifestyle choices but rather the living conditions they experience. These conditions have come to be known as the social determinants of	• Health inequities are differences in health that result from the social conditions in which people live, are systemic across a population, and are considered unfair since most can be avoided • A key approach to reducing health inequalities is to address these issues by investing in the social determinants of health that contribute to the majority of health inequalities • Canada is the 9th richest country in the world, is so wealthy that it manages to mask the reality of poverty, social exclusion, and discrimination, the erosion of employment quality, its adverse mental health outcomes, and youth suicide	• N/A

	health. This information – based on decades of research and hundreds of studies in Canada and elsewhere – is unfamiliar to most Canadians • Publication		
Razai, M. S., Kankam, H. K., Majeed, A., Esmail, A., & Williams, D. R. (2021). bmj, 372 Mitigating ethnic disparities in covid-19 and beyond	• Social Determinants of Health: Racism • Socioeconomic Factors • COVID • On almost all health measures, ethnic minorities groups, especially black and south Asian people, have the worst outcomes • The effects of racism and social determinants of health are intertwined • To understand race and health, we must understand the role of ethnicity and racism	• In the UK, people of black ethnicity have had the highest diagnosis rates, with the lowest observed in white British people • Data up to May 2020 show 25% of patients requiring intensive care support were of black or Asian background • Ethnic minority staff are less likely to speak up and raise their concerns about testing and personal protective equipment • Marginalized ethnic groups have had higher rates and earlier onset of disease, more aggressive progression of disease and poorer survival rates • Evidence accumulated over several decades shows that racism is a fundamental cause and driver of adverse health outcomes in ethnic minorities as well as inequities in health • Poverty is also correlated with lower quality education and higher rate of criminal activity, thus	• Cultural competence interventions can improve staff knowledge, skills, and healthcare access and usage, however, there is little evidence that these interventions improve health outcomes or affect health equity • Ethnic inequalities in health are not accounted for by socioeconomic status alone

	• Analysis	limiting employment opportunities • Black Americans have a lower life expectancy than white and Hispanic Americans, even if they have attained university degrees • Interventions to ameliorate the adverse effect of covid-19 must start with reducing and revising the socioeconomic effects	
Registered Nursing Association of Ontario (2013). https://rnao.ca/sites/rnao-ca/files/rnao_sdh_brochure_2013.pdf Social Determinants of Health	• SDH: Age, early life, employment, socioeconomic status, environmental conditions • The social determinants of health are the "circumstances in which people are born, live, work and age, and the systems put in place to deal with illness" These circumstances are shaped by a wider set of political, economic, social, cultural, and environmental conditions and forces • Overwhelming evidence from academic	• The Commission on the Social Determinants of Health's analysis of the evidence leads to Three Principle of Action: Improve the conditions of daily life – the circumstances in which people are born, grow, live, work and age; Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally; Measure the problem, evaluate action, expand knowledge base, develop workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health	• N/A

	research and RN's own nursing practice shows that differences in social and economic status are directly linked to inequalities health outcome. As is most evident in a recession, as the income gap between rich and poor widens the health disparities increase • Website (Grey Literature)		
Short, E. S., & Mollborn, S. (2015). *Health and Human Services*, 5, 78-84. https://doi.org/10.1016/j.copsyc.2015.05.002 Social determinants and health behaviors: Conceptual frames and empirical advances	• Healthy Behaviors • Healthy behaviors shape health and well-being in individuals and population • Health behaviors are multi-dimensional and embedded in health lifestyles, over the life course and across place and reflecting dialectic	• Heath behaviors are associated with health and well-being at the individual and population level • Health behaviors are actions taken by the individuals that affect health or mortality • These actions my be intentional or unintentional and can promote or detract from health • Examples of actions include smoking, substance use, diet, physical activity, sleep, health care seeking behaviors, and adherence to prescribed treatment	• N/A

	between structure and agency that necessitates situating individual in context • Journal; Elsevier		
Statistics Canada. (2019). https://www12.statcan.gc.ca/census-recensement/2011/as-sa/fogs-spg/Facts-cma-eng.cfm?LANG=Eng&GK=CMA&GC=535 Focus on Geographic Series, 2011 Census: Census metropolitan area of Toronto, Ontario	• Data on Toronto population breakdown available on Webpage. • Website	• Data on Toronto population breakdown available on Webpage.	• N/A
Statistics Canada. (2020). https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00079-eng.htm COVID-19 mortality rates in Canada's ethno-cultural neighbourhoods	• Race, environment • The COVID-19 pandemic has intensified pre-existing inequalities in Canadian society and has highlighted the need for disaggregated data on ways that population groups	• Across the world, COVID-19 has had a disproportionate effect among certain population subgroups • Pre-COVID-19 research shown that age-standardization mortality rates vary by neighborhoods according to ethno-cultural and socioeconomic characteristics and apply to Canada • Findings can help public health efforts to further protect members of	• N/A

	designated as visible minorities are being disproportionately affected • Website	population groups designated as visible minorities (South Asian, Chinese, Black, Filipino, Latin American, Arab, Southeast, Asian, West Asian, Korean, and Japanese) as the COVID-19 pandemic continues to evolve	
Statistics Canada. (2020). https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s6-eng.htm Impacts on Immigrants and People Designated as Visible Minorities	• Employment, immigrants • Immigrants are disproportionately represented in jobs with greater exposure to COVID-19 (34% of frontline/essential service workers identify as visible minorities) • Visible minorities are also more likely to work in industries worst affected by the pandemic, such as food and accommodation • Impact of COVID-19 on immigrants' employment could reverse gains made in recent years to close the gap	• N/A	• Immigrants

	• Immigrants and visible minorities are more likely to report facing harassment, attacks, and stigma • Immigrants are more concerned with their health and social consequences of the pandemic and more likely to take precautions, but less likely to get vaccine • Website		
Sundaram, M. E., Calzavara, A., Mishra, S., Kustra, R., Chan, A. K., Hamilton, M. A., ... & Kwong, J. C. (2021). https://www.medrxiv.org/content/10.1101/2020.11.09.20223792v1.full The Individual and Social Determinants of COVID-19 in Ontario, Canada: A Population-Wide Study	• Environmental, SDH, income, education, housing, marital status, race/ethnicity, and recent immigration • Optimizing the public health response to reduce COVID-19 burden necessitates characterizing population-level heterogeneity	• Where testing is limited, risk factors may be better estimated using population comparators rather than test-negative comparators • Optimizing COVID-19 responses necessitated investment and sufficient coverage of structural interventions tailored to heterogeneity in SDH of risk, including household crowding and systematic racism • SDH related to housing education, and recent immigration were associated with increased COVID-19 risks, with little evidence of selection bias • Individual factors, such as underlying health	•

	of COVID-10 risks • Cross-sectional analyses (observational study) among 14.7 million people comparing individual, environmental, and SDH among individuals who were tested versus not yet tested • Analyses included tests conducted between March 1 and June 2020	conditions, were more prone to selection bias using certain analytical approaches	
Sze, S., Pan, D., Nevill, C. R., Gray, L. J., Martin, C. A., Nazareth, J., Minhas, J. S., Divall, P., Khunti, K., Abrams, K. R., Nellums, L B., & Pareek, M. (2020). *EClinicalMedicin*, 100630. Ethnicity and clinical outcomes in COVID-19: a systematic Review and Meta-analysis.	• Ethnic and Racial Disparities • COVID • Patients from ethnic minority groups are disproportionately affected by COVID-19 • Individuals from Black and Asian ethnicities had a higher risk of COVID-19 infections compared to	• Individuals from Asian and Black ethnic groups are more likely to be infected by SARS-Cov-2 compared to those of White ethnicity • Those of Asian ethnicity may be at increased risk of death compared to White patients; this may be related to a higher likelihood of developing severe COVID-19 pneumonia and being admitted to ICU although this finding is limited by the relatively small number of studies which investigated ICU admissions as an outcome • Individuals from ethnic minority backgrounds are	• Pooled analysis involved studies not peer-reviewed • The term race and ethnicity can be considered to be different; patients who are of 'Black' race may be of 'Hispanic' ethnicity • Many studies did not define what they meant by

	White individuals • This was consistent in both the main analysis (pooled adjusted RR for Black: 2.02, 95% CI 1.67 – 2.44; pooled adjusted RR for Asian: 1.50, 95% CI 1.24 – 1.83) and sensitivity analyses examining peer-reviewed studies only (pooled adjusted RR for Black: 1.85, 95% CI: 1.46 – 2.35; pooled adjusted RR for Asian: 1.51, 95% CI 1.22 – 1.88) • These findings are of critical public health importance in informing interventions to reduce morbidity and mortality amongst ethnic minority groups	more likely to live in larger households sizes comprised of multiple generations • Individuals from ethnic backgrounds are more likely to have lower socioeconomic status, which may increase the likelihood of living in overcrowded households, or accommodation with shared facilities or communal areas • Racism and structural discrimination may also contribute to an increased risk of worse clinical outcomes within ethnic minority communities • These processes are complex and systemic, underpinned by unequal power relations and beliefs, and operating at individual, community, and organizational levels, resulting in stigmatization, discrimination, and marginalization of ethnic minorities • Within a healthcare, context, this contributes to inequities in the delivery of care, barriers to accessing care, loss of trust, and psychosocial stressors • There is evidence to suggest that ethnic minorities and migrant groups have been less likely to implement public health measures, be tested, or seek care when experiencing symptoms due to such barriers and inequities in the availability and accessibility of care,	‘Asian’, race or ethnicity • Further research should be undertaken in other country contexts and diverse income-level settings. In particular, a robust investigation of clinical outcomes in countries where those of White ethnicity do not make up the majority of the population would help to ascertain the role of any biological disposition to infection, severe disease or death

	• All studies included patients who had a positive SARS-CoV-2 polymerase-chain reaction (PCR) test by nasopharyngeal swab • Systematic Review and Meta-Analysis to explore the relationship between ethnicity and clinical outcomes in COVID-19	underscoring critical healthcare disparities • Large scale political-economic forces that have played out over generations have resulted in deep-seated social, economic and power inequities, which shape the distribution of risks and resources for health, resulting in social and spatial clustering of infectious disease amongst certain ethnic groups which have long been underserved • Minority groups continue to be underrepresented in research, which is likely to be exacerbated by the same barriers that contribute to disparities in access to care and health outcomes • Findings should inform public health strategies to minimize exposure risk of SAR-CoV-2 in ethnic minority groups, by facilitating timely access to healthcare resources, and targeting the social determinants, structural racism, and occupational risk underlying inequities	
Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2020). *Clinical Infectious Diseases*. https://doi.org/10.1093/cid/ciaa815	• SDH: Race, Income, Physical Health, Housing, Early Childhood, Socioeconomic Barriers, Employment, Income • COVID	• The mortality rate for COVID-19 among African Americans is more than 2-fold higher than whites • African Americans have a disproportionately high prevalence of such comorbidities, including diabetes, hypertension, obesity, and coronary artery disease and they are more likely to die prematurely	• Much work is needed to understand the ways to effectively address implicit bias through educational training programs, clinicians are

The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States	• The COVID-19 pandemic has disproportionately affected racial and ethnic minority groups, with high rates of death in African American, Native American, and LatinX Communities • Although the mechanisms of these disparities are being investigated, they can be conceived as arising from biomedical factors as well as social determinants of health • Minority communities are more likely to experience living and working conditions that predispose them to worse outcomes • Viewpoints (Research Paper/Article)	compared to Whites due to all causes • The disproportionate burden of chronic medical conditions is compounded by lower access to healthcare among some racial and ethnic minority groups • Racial and ethnic minorities may receive lower quality care for COVID-19 • Across all income brackets, the median wealth of white households is 10 times the wealth of African American households • Minority groups have less financial capacity to make healthful decisions in the midst of the financial hardships that have accompanied the pandemic • Only 20% of African American workers have the privilege of working from home compared to 30% of whites • African Americans are more likely to use public transportation to commute to work compared to whites, 34% versus 14% • The occupational hazards are compounded by the fact that only 55% of essential workers in the food service industry have access to paid sick leave • Working conditions undoubtedly contribute to the disproportionate impact of COVID-19 on minority communities	encouraged to self-awareness on racial bias and stigma in the delivery of care

		• Communities with higher racial and ethnic minority populations have a higher housing density, more housing insecurity, scarcity of probable water, and more multigenerational households that makes social distancing harder • Communities with higher minority populations are more likely to be targeted for marketing of unhealthful products like alcohol, cigarettes, and fast food that may negatively influence chronic medical conditions • There is emerging evidence that air pollution, which is higher in minority communities, may play a role in COVID-19 severity • During a pandemic, it is essential that credible, accurate health information is disseminated from health and healthcare institutions to public in real time • Minority groups are more likely to have communication gaps due to issues of health literacy, socioeconomic disadvantage, and limited English Language proficiency • Lack of credible COVID-19 information reaching marginalized communities, thereby elevating risk of disease contraction and transmission • The legacy of redlining and housing segregation, a policy that made African	

		American communities pay more in mortgage but with less return in investment, is just one example of the ways in which these inequities were put in place by design	
Thakur, N., Lovinsky-Desir, S., Bime, C., Wisnivesky, J. P., & Celedón, J. C. (2020). ***American journal of respiratory and critical care medicine*****, 202(7), 943-949.** The Structural and Social Determinants of the Racial/Ethnic Disparities in the US COVID-19 Pandemic. What's Our Role?	• Social Determinants of Health: Racism • Socioeconomic Factors • COVID • Policies • For historically disadvantaged populations, who experience fractured access to health care under standard conditions and who are more dependent on low-wage or hourly paid employment, the pandemic has had a disproportionate impact • Pulmonary Perspective (Research review)	• The inequities in the morbidity and mortality from the current COVID-19 pandemic offer a lens for long-standing racial or ethnic disparities • Structural, institutional, and individual discrimination against racial and ethnic minorities manifests through the shaping of neighborhoods, stagnant ability to generate wealth, targeted mass incarceration of minorities, and differential access to employment and resources • Racially biased policies have been systemically detrimental to several minority groups, and their unequal access to quality education and occupational opportunities, thus limiting socioeconomic growth • At the start of the pandemic, xenophobia and overtly racist labels for the disease had negative downstream effects, including personal attacks on Asian population, that likely slowed and misdirected the initial response • It is neither possible nor appropriate to discuss racial or ethnic disparities in COVID-19 outcomes	• Develop resources and recommendations on how to care for patients with COVID-19 and ensure that guidelines are designed to support equitable health outcomes across all population groups • Provide guidelines on how staff can operate in low-resource settings, safety-net settings, and how to ethically redeploy and train non-healthcare providers to provide high-quality care in surge-capacity settings

		without acknowledging this long history of racial discrimination while recognizing the resilience of communities of color • Socioeconomic and political contexts (e.g., government, policies, and cultures) manifest broadly as structural determinants (e.g., policies, socioeconomic status [SES], and racism), which shape exposure to intermediary social determinants (e.g., housing conditions, employment conditions, and psychosocial stress), including healthcare access, that ultimately create an individual's unique social circumstances that shape behavior and risk for disease • Specific to the COVID-19 pandemic, unique challenges that low-income communities, and communities of color face • Limited access to accurate, up-to-date information regarding the health risks of COVID-19, and limited differential access to healthcare services, including COVID-19 testing and care • Communities of color have higher burden of chronic disease such as uncontrolled hypertension, obesity, diabetes mellitus, heart failure, and chronic obstructive pulmonary disease and have high rates	

		of tobacco smoking (particularly due to targeted marketing) which places them at high risk for worse outcomes from COVID-19 • Cell phone mobilization data demonstrate that low-SES communities adopted social-distancing practices 3 days later than high-SES communities • In addition to fragmented delivery of public health messaging, high-density living settings limit the ability to practice social distancing • Shelters and other crowded living situations increase exposure risk and have become an ongoing concern for outbreaks across the country • Fearful of job loss and dependent on hourly wage income, these workers continue to work despite limited access to protective equipment • For essential workers, the need for child care and elder care remains, increasing the social networks and exposure risk for some and increasing the economic burden for others • Fixed-income or limited-income households are also disadvantaged, as they are less able to "stock up' or afford food delivery options, increasing the number of visits outside the home to obtain essential items	

		• Despite greater risk for disease, minority communities with low SES and/or limited English proficiency receive less public communication during cries and pandemics • Widespread outreach to improve understanding of viral transmission and knowledge of how to implement preventive measures is crucial to slowing transmission, yet vulnerable communities are less likely to receive these vital messages in easily interpretable language • Vulnerable populations have less internet access and are more likely to depend on community-targeted news sources, which limits their access to crucial information • Communication regarding preventative measures, testing resources, public policy changes, and general guidance should be intentionally delivered by employing strategies for low health literacy and using multiple languages to reach people with low English proficiency	
Toronto Public Health. (2020). https://www.toronto.ca/wp-content/uploads/2020/05/96e0-SDOHandCOVID1	• Income • Racial groups • Some groups of people are more likely than others to become infected with,	• Recent analysis includes COVID-19 cases that are believed to have spread in the community (excluding cases in long-term care homes and shelters) recorded up until may 3, 2020	• N/A

9_Summary_2020 May14.pdf COVID-19 and the social determinants of health: What do we know? Toronto Public Health.	hospitalized for, and die from COVID-19 • People belonging to certain racial groups are over-represented among COVID-19 cases and deaths in the US and UK • Given the racial diversity of Toronto, large number of newcomers to Canada, and high proportion of people living in lower-income communities, Toronto Public Health (TPH) wanted to learn if groups of Toronto residents were also inequitably affected by COVID-19 • Webpage	• Lower income groups had the highest rate of COVID-19 cases • Lower income group had 165 cases per 100,000 people, compared to the rate in the highest income group, with 90 cases per 100,000 people • Lower income groups have the highest rate of COVID-19 hospitalizations • Lower income groups had 26 hospitalizations per 100,000 people compared to highest income group, with 12 hospitalized per 100,000 people • Higher rate of COVID-19 cases and hospitalization rate for the group with the highest percent of people from racialized communities, newcomers to Canada, people with lower education levels, and unemployed people compared to the group with the lowest percent of each • In Toronto areas with high rates of COVID-19, 9% were Blacks, 13% South Asians, 7% Southeast Asian, and 3% Latin American	
Toronto Public Health. (2023). https://www.toronto.ca/community-people/get-involved/communit	• Racism, race, Canada, Toronto, anti-Black racism • Black Torontonians (African	• Develop and implement training on effective programming for Black children and youth, through an Anti-Black Racism Lens • Increase supply and variety of culturally-appropriate before- and after-school	• N/A

y/confronting-anti-black-racism/ Confronting anti-black racism.	descent or origin, African Black Caribbean, African-Canadian, Canadians of African descent) are contributing to all areas of city life-adding their talents and assets to make Toronto stronger, more vibrant and more successful • Studies continue to show that anti-Black racism still exists in this city, affecting the life chances of more than 200,000 people of African descent or origin who call Toronto home • Anti-Black racism has had detrimental impacts on the life and work of Black people in our city • Anti-Black racism is policies and practices embedded in Canadian	programs with clear learning objectives, including STEAM (science, technology, engineering, arts and math) programs • Work with the Province to leverage Black cultural knowledge to lead and provide more mental health services across the city for Black Torontonians, including clinics, on-call counsellors, harm reduction programs and supports for post-traumatic stress disorder • Outreach to diverse Black people to share information about City grants processes for applications and deadlines • Improve training to better equip Law Enforcement Officers with knowledge and skills to better protect and serve diverse Black people • Strengthen community capacity to report and police capacity to investigate Islamophobia, transphobic and anti-Black hate crimes through a Community Police Hate Crimes Advisory Committee • Increase hiring of Black Torontonians and partnerships with diverse Black communities to ensure that children and youth programs reflect the diversity of the communities they serve	

	institutions that reflect and reinforce beliefs, attitudes, prejudice, stereotyping and/or discrimination that is directed at people of African descent and is rooted in their unique history and experience of enslavement and colonization here in Canada • Webpage		
Toronto Public Health. (2022). https://www.toronto.ca/home/covid-19/covid-19-pandemic-data/covid-19-ethno-racial-group-income-infection-data/ COVID 19: Ethno-Racial Identity & Income	• SDH • COVID-19 • COVID-19 Testing • COVID-19 information • Advocacy for health services and additional supports • This page provides a historical summary COVID-19 ethno-racial and income data to help inform ways to decrease health inequities	• TPH will work to strengthen partnerships with agencies, health care professionals and community leaders serving racialized communities, particularly the groups that were identified as being over-represented in reported COVID-19 cases • Expanding vaccine access and reducing barriers • Expanding access to COVID-19 testing through mobile and pop-up testing, outreach and promotion • Sharing public health information, supplies and promoting vaccine uptake through outreach and engagement	• Vaccine access and vaccine hesitancy

	• Toronto Public Health (TPH) collected socio-demographic data on COVID-19 cases including indigenous identity, racial group, income, and household size from May 20, 2020 to December 31, 2021 • The findings and trends enabled focused intervention in specific neighborhoods and populations that were most impacted by COVID-19 • Webpage	• Providing supports for isolation for those unable to safely do so at home • Continuing to bring attention to the SDH and how other levels of government can address them • Planning longer-term and advocacy for a more equitable system of health and social services	
Twitter https://twitter.com/GraphicMatt/status/1265732978803707904/photo/2 • The neighbourhood data shows highest case rates in northwest and northeast areas of the city. The correlation between this	• COVID-19 • Income • Map • Community • N/A • Infographic	• N/A	• N/A

map and the city's income map is striking			
Vawlearningnetwork.ca http://www.vawlearningnetwork.ca/our-work/backgrounders/more_exposed_and_less_protected_in_canada_systemic_racism_and_covid19/ "More Exposed & Less Protected" In Canada: Systemic Racism And COVID-19	• Race, class, gender, environmental, employment • Racism, not race, is a risk factor for dying of COVID-19 • Racialized and immigrant populations face disproportionately high rates of infection and death due to racial inequalities deeply ingrained in society • Synopsis	• Structural inequalities in healthcare, labor, community affluence have shaped the disproportionate harms of COVID-19 in black communities. These inequities are in turn connected to intersecting systems of racial, gender, class, and marginalization	•
Wallis, 2020. https://www.scientificamerican.com/article/why-racism-not-race-is-a-risk-factor-for-dying-of-covid-191/ Why Racism, Not Race, is a Risk Factor for Dying from COVID-19	• COVID-19, Black, Race, Racism, • COVID-19 disproportionately harmed and killed people of color • Black people were 3 times infected, 2.3 chances of dying	• The reason for the disparities is not the biological but is the result of the deep-rooted and pervasive impacts of racism • Racism has led to people of color to be more exposed and less protected from the virus and has burdened them with chronic disease • Racism outs you at high risk • Once infected, we are more likely to die because we carry a greater burden of chronic diseases from living	• N/A

	• Scientific American (News Article)	in disinvested communities with poor food options and poisoned air because we have less access to health care	
Yaya, S., Yeboah, H., Charles, C. H., Otu, A., & Labonte, R. (2020). *BMJ Global Health*, 5(6), e002913. Ethnic and racial disparities in COVID-19-related deaths: counting the trees, hiding the forest	• Ethnic and Racial Disparities • Historical underpinnings • COVID • COVID-19 has further exposed the strong association between race, ethnicity, culture, socioeconomic status and health outcomes and illuminated monumental ethnoracialised differences reflecting the 'colour of disease' • Racism, segregation and inequity have been invisibly and pervasively embedded in dominant cultures and social institutions for decades • The socioeconomic factors that negatively	• The most recent data released by the CDC suggests that black communities are disproportionately affected (when it comes to hospitalization and deaths) by COVID-19 • Other evidence also revealed an over-representation of Latinos and Asians in COVID-19 infection rates when compared with their nationwide populations • People belonging to black and Asian ethnic groups were found to be at a higher risk of in-hospital COVID-19 deaths partly due to deprivation compared with white people • While blacks are more than four times more likely to die from COVID-19, individuals of Bangladeshi, Pakistani, Chinese and mixed ethnic groups are 1.8 times more likely to die from the pandemic • The impoverished and underrepresented minority populations are also not spared the burden of chronic and debilitating infections aptly termed 'the neglected infections of poverty' • Racism is associated with poor health service use	• Acquisition of disaggregated data will be vital in identifying gaps in the social determinants of health disparities and tailoring global policy responses • To reduce or prevent further ethnoracialised health disparities revealed by the COVID-19 pandemic, it will be important to conduct an intersectional analysis of the socioeconomic factors and social determinants of health • Socioeconomic factors that negatively influence health outcomes within underserved

	influence health outcomes within the underserved minority communities must be identified and contextualized within historical, political, social and economic remits • Acquisition of disaggregated data will be vital in identifying gaps in the social determinants of these health disparities and tailoring global policy responses • BioMedical Journal	outcomes with individuals who report experiencing racism two to three more likely to report low satisfaction and trust in health services and professionals • SES indicated by income, education or occupation plays an important role in health outcomes as individuals with relatively fewer resources may be forced to accept a minimum wage job or unsafe working conditions to maintain a family even at the risk to their own health • With less income, access to quality healthcare can be limited, especially in countries with limited public healthcare • Blacks are also prone to high exposure as they tend to commute to work by public transport where it may be difficult to practice physical distancing • The COVID-19 pandemic has illuminated a disturbing and inconvenient truth: the 'colour of health' and how ethnoracilised differences in health outcomes have become the new normal across the world • Social determinants of health are key factors that shape the conditions surrounding how individuals are born, grow, live, work and age in specific environments	minority communities must be identified and contextualized within historical, political, social and economic remits • The root causes of the differential treatment of minorities in healthcare settings, notably but not exclusively African American, Asians and Hispanics, will need to be identified and innovative policies aimed at closing access and treatment gaps introduced in ways that will guarantee a buy-in from all relevant parties

		• The determinants are influenced by the unequal distribution of resources, money and power at the local and global levels, leading to health inequities among groups of people • Ethnoracialised stereotypes lead to stress and impair decision-making processes resulting in further anxiety and aggressive behaviour • It is very concerning that ethnic and racial disparities also seem to be creeping into the care of persons with COVID-19 • African American with COVID-19 symptoms are reportedly less likely to be tested for the disease than white counterparts and the testing centers are preferentially located in areas occupied by predominantly white communities • Healthcare data enable health systems to understand the pattern of disease, develop holistic policies and enhance health outcomes • Pandemics do not affect all populations in a similar manner, the education of key indices such as age, sex, ethnicity, education, SES and geographic location is particularly pertinent • To reduce or prevent further ethnoracialised health disparities revealed by the COVID-19 pandemic, it	

		will be important to conduct an intersectional analysis of the socioeconomic factors and social determinants of health • Many ethnic minorities experience low socioeconomic deprivation, poorer healthcare experiences and low health insurance coverage which contribute to inadequate healthcare utilisation and therefore increase long-term illnesses • The onset of COVID-19 exposes, once more, the racial fault lines that have been the norm in many countries' health systems, and social and economic policies	