



Mapping Black Urban Health in Toronto's Neighbourhoods

A REPORT PREPARED FOR THE BLACK PLANNERS AND URBANISTS' ASSOCIATION (BPUA) BY THE BLACK
PLANNING PROJECT (BPP) IN PARTNERSHIP WITH THE LEARNING ENRICHMENT FOUNDATION (LEF)

APRIL 2026



THIS RESEARCH PROJECT WAS UNDERTAKEN BY THE BLACK PLANNERS AND URBANIST'S ASSOCIATION (BPUA) WITH FUNDING SUPPORT FROM THE FOUNDATION FOR BLACK COMMUNITIES (FFBC)' BLACK IDEAS GRANT (B.I.G).

COMMUNITY PARTNER

LEARNING ENRICHMENT FOUNDATION

BLACK PLANNING PROJECT TEAM

KEISHA ST LOUIS-MCBURNIE (RESEARCH AND ENGAGEMENT LEAD)
RAYAH FLASH (RESEARCH ASSISTANT)
RICHARD MAARANEN (DATA **ANALYST**)
SOPHONIE MILANDE JOSEPH (DATA VISUALIZATION LEAD)
TIFFANY COUSINS (DATA VISUALIZATION SPECIALIST)
ABIGAIL MORIAH (PROJECT ADVISOR)
HANAA ALI (PROJECT DIRECTOR)

REVIEWERS

Special thanks to our external reviewers:

AMINA YASSIN-OMAR, LEARNING ENRICHMENT FOUNDATION
AMNA IQBAL, TAIBU COMMUNITY HEALTH CENTRE
PAUL BAILEY, BLACK HEALTH ALLIANCE

THIS PROJECT IS FUNDED BY:

**FOUNDATION
FOR BLACK
COMMUNITIES**



Table of Contents

01 - ABOUT THE RESEARCH PROJECT

Introduction	4
Research questions and methodology	6

02 - LITERATURE REVIEW ON BLACK URBAN HEALTH

Defining Black Urban Health	8
Health and urban planning frameworks	10
Measuring urban health	11
Understanding Black urban health in Toronto	12
Understanding structural inequities that shape Black urban health	14
Critical Gaps in Understanding Black Urban Health	16
Advancing Black Urban Health in Ontario	17

03 - BLACK URBAN HEALTH IN MOUNT DENNIS

About Mount Dennis	19
Picture Mount Dennis Planning Framework Study	20
Mount Dennis for All Community Action Plan	21

04 - MAPPING BLACK URBAN HEALTH

Mapping Black Urban Health community workshops	23
Research observations on Black urban health in Mount Dennis	25
Understanding Urban Health Indicators in Mount Dennis	28
Future Visioning	44

05 - BLACK URBAN HEALTH FRAMEWORK AND RECOMMENDATIONS

A Holistic Approach to Black Urban Health	46
Recommendations	47
Research Gaps and Next Steps	50
Emerging Black Urban Health Framework	51



About the Research Project

INTRODUCTION

Mapping Black Urban Health in Toronto's Neighbourhoods, also referred to as Mapping Black Urban Health, is a research project undertaken by the Black Planners and Urbanists Association (BPUA) with funding support from the Foundation for Black Communities (FFBC)' Black Ideas Grant (B.I.G). This project seeks to examine how urban planning and the built environment shape the health and wellbeing of Black Torontonians in predominantly Black neighbourhoods across the city.¹

In Toronto, Black neighbourhoods face historic and systemic inequities in housing, transportation, access to health services, and economic opportunity. These inequities rooted in anti-Black racism directly shape Black health and wellbeing outcomes, which we refer to as "**Black urban health**" throughout the report. As new investments in public transportation are made in these communities, they are also at the front lines of gentrifying and displacing forces due to new transit-oriented development.¹

Building upon the World Health Organization (WHO)'s understanding of urban health, this project seeks to argue that Black urban health is a distinct phenomenon that can be better understood when one holistically assesses the historical, social, physical, economic and cultural conditions that affect Black people who live in urban environments. This includes factors such as **environmental health, access to amenities and services, mobility and safe transportation, access to safe and affordable housing, and equitable economic development**. In addition to the physical health and wellbeing outcomes of Black people, including mental health, Black urban health can also be measured by the extent to which Black people have access to health-supporting infrastructure, such as culturally specific physical and mental health supports, culturally grounded food systems, peer support networks, spaces for collective healing, faith-based and intergenerational spaces, and access to Black-led service organizations.

1. In this study, "Black neighbourhoods" are defined as those with a high concentration of Black residents, such as Weston-Mount Dennis, Jane and Finch and areas of Scarborough.

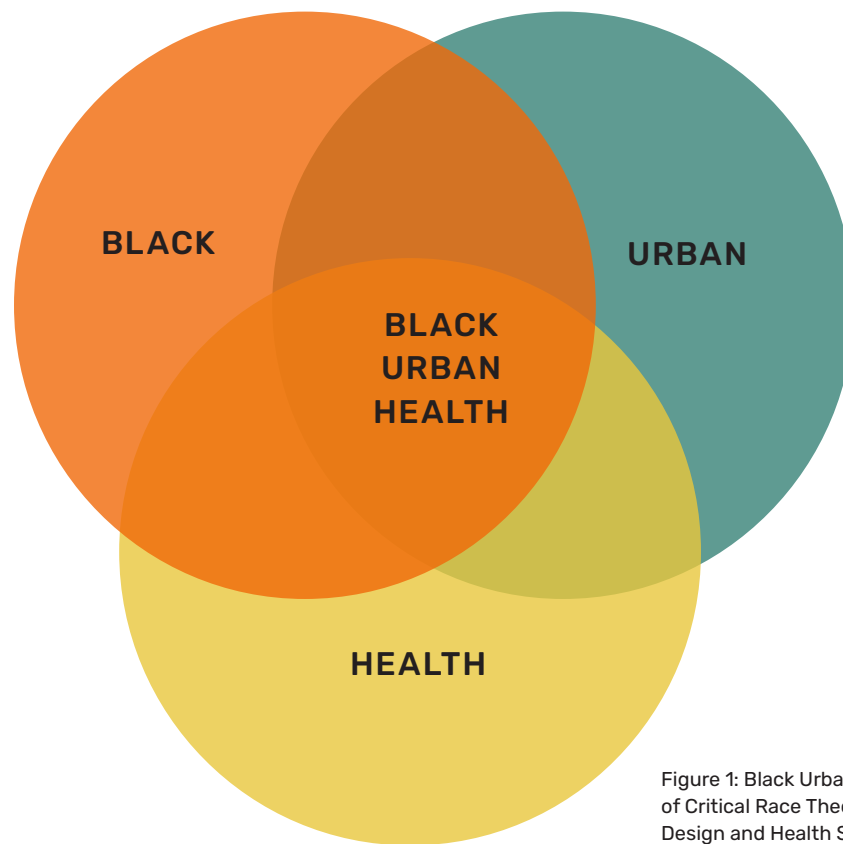


Figure 1: Black Urban Health is at the intersection of Critical Race Theory, Urban Planning and Urban Design and Health Studies

To undertake this study, BPUA contracted the Black Planning Project (BPP) between November 2025 to April 2026. Based on the project timeline, the BPP research team recommended a scoped approach to this project that focused on a single Black neighbourhood to establish a starting place for continued research, engagement and policy advocacy that could be refined and scaled to other Black neighbourhoods in Toronto.

It is within this context that the community of Mount Dennis was selected as the project's central case study. This decision was informed by several factors including existing documented health disparities faced by residents in Mount Dennis², current affordability and displacement pressures faced by Black residents due to new public transportation infrastructure and private development³; the timeliness to inform on-going community planning activities related to the Mount Dennis for All Community Action Plan⁴; and the strength of existing community relationships. This included expressed interest and partnership support from the Learning Enrichment Foundation (LEF).

As the project community partner, LEF has, since 1978, played an integral role in Mount Dennis offering a range of social services and supports to local residents (such as child care, youth and seniors programming, employment and newcomer supports). LEF is also a leader of anti-displacement and afford-

ability organizing in the community, and championed the development of the Mount Dennis for All Community Action Plan in collaboration with the City of Toronto and Untitled Planning.

The final deliverables of this project include this report, a digital Story Map, and a Geospatial Dashboard which visualize and summarize final research observations. This report is intended to be an internal resource for BPUA, offering a conceptual framework of Black urban health which can be read by urban planners and designers who plan to work collaboratively with health practitioners to improve Black urban health outcomes. The digital Story Map is a publicly-facing resource intended for the Mount Dennis community to support their continued advocacy related to Black urban health and future investments in community infrastructure. Finally, the Geospatial Dashboard is intended to be used by those who have existing familiarity with geospatial data and can leverage quantitative evidence for culturally-responsive policy and program development. Together, these observations can also be used to inform future activities of BPUA and LEF, which may include continued research, new collaborations with Black health organizations, continued advocacy for race-based data collection to measure and evaluate Black urban health outcomes, and the development of tools (practices and policies) to create healthier Black neighbourhoods in Toronto.

Research Questions and Methodology

To explore the concept of Black urban health, the Mapping Black Urban Health research project set out three main research questions to deepen our understanding of Black health and wellbeing in urban environments, such as Mount Dennis. These questions included:

1. How does the Black community define “Black urban health” and a “healthy Black neighbourhood”?
2. How do urban living environments in Black neighbourhoods affect the physical, social, cultural, spiritual, and mental health of Black people? How can we broaden the definition of “health” beyond mental and physical to also encapsulate spiritual, cultural and social dimensions of health?
3. In applying a community-informed and an asset-based approach to understanding Black health in Mount Dennis, how is Black health currently being maintained and how can it be improved? Are there specific culturally-informed practices within Black communities that also shape peoples’ health and wellbeing?

To answer these research questions, the BPP team used three main research methods, which included a literature review, geospatial mapping and community engagement:

LITERATURE REVIEW

The literature review in this report sought to establish a baseline understanding of how the phenomenon of Black urban health is conceptualized broadly but also specifically in the Canadian context. To do so, it explores four main themes: defining urban health; understanding the relationship between Black communities, built environments and urban health; understanding previous initiatives related to Black health and wellbeing in Toronto; and understanding the context of Black health and wellbeing in Mount Dennis. As a part of this process, the research team also undertook a gap analysis to identify current data/information limitations in Black urban health research.

GEOSPATIAL MAPPING

Building on the WHO’s definition of urban health⁵, the research team developed a comprehensive framework of quantitative and qualitative indicators that could be used to measure and evaluate Black urban health outcomes in Black neighbourhoods across Toronto. *(For the full framework refer to pgs. 51-56 of this report.)*

This framework is a starting place for continued research refinement and collaboration between urban planners, health practitioners, service providers and community residents. For this pilot study the research team selected only ten quantitative indicators for geo-spatial mapping that was conducted by data analyst Richard Maaranen. These urban health indicators included but were not limited to: Toronto’s Black population density, income, housing affordability, housing condition, amenity access, walking and cycling accessibility, green space, tree cover, heat severity, air pollution and population health burdens.

COMMUNITY ENGAGEMENT

Recognizing the limitations of understanding Black urban health experiences only through quantitative data, the project team sought to engage Black residents in Mount Dennis in community counter-mapping exercises to understand their experiences through qualitative perspectives. In our work, we value stories and lived experiences as expertise that are critical to understanding complex intersectional realities and developing a holistic understanding of Black urban health. As a result, our core objectives through targeted engagement were to develop this understanding, identify culturally-responsive community assets in Mount Dennis that met Black health needs, and begin identifying opportunities for future public advocacy and community investment. In partnership with the Learning Enrichment Foundation (LEF), the project team hosted a workshop with 15 Black youth on Saturday, January 30, 2026 and undertook five (5) one-on-one interviews with Black elders in February 2026.



By exploring the relationship between urban planning, the built environment and Black health outcomes, the Mapping Black Urban Health project seeks to offer a new perspective to engage in on-going conversations regarding Black health and wellbeing. In doing so, this project attempts to establish working definitions, bring forward Black lived experiences and offer an emerging conceptual framework to begin measuring quantitative and qualitative indicators that can deepen our understanding of Black urban health.

This report makes recommendations to the BPUA, other community-based organizations interested in Black urban health, and LEF to continue research, data collection, cross-sectoral collaboration and advocacy that can lead to the development of a Black Urban Health Strategy for the City of Toronto and a Black Health Advisory Table.

Building upon generations of work by Black health researchers, practitioners and those with lived experience, we see this work as the beginning of a continued conversation about how urban planners and designers, who are responsible for shaping our built environments, can collaborate with health experts and community residents to create healthier Black neighbourhoods. Neighbourhoods where our cultural, spiritual and communal needs are met. Neighbourhoods where more Black life and living are possible.



02

Literature Review



Defining Health

What is health and what makes someone healthy? The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”⁶ In this context, health is not limited to what we know most commonly as physical health and wellbeing (e.g., the condition of our bodily functions in daily life), it also includes our psychological and community needs. Our health is affected by a number of factors, also referred to as the social determinants of health, which include who we are, where we were born, where we live and the resources we have access to be able to live healthy lives. Put another way, one’s country of birth, race, ethnicity, gender, income, age, education level and immigration status all play a significant role in health outcomes and create measurable health inequalities.

These health inequalities can illuminate health inequities, which WHO defines as “those differences that are avoidable and unjust.” Health inequities are a result of systems (e.g., political, economic, social and cultural) that: (1) create unequal allocations of power and (2) enshrine structural determinants, such as “the formal and informal rules of systems and institutions” as well as “policies, culture and values (including classism, racism, sexism, ageism, ableism, xenophobia and homophobia)” that are shaped by historical and contemporary contexts (e.g., settler-colonialism, conflict, displacement,

disinvestment).⁷ While it is important to eat balanced meals, exercise often and connect with nature, studies have shown that these social determinants can account for at least 50 percent of health outcomes and inequities.⁸

Furthermore, UN-Habitat and WHO argue that urban planning and urban design are critical frontiers to address health and wellbeing in cities. Here, planning decisions have the ability to foster healthier, resilient environments or create major health risks that deepen inequities.⁹ Spatial factors such as land use, urban form and design, transportation and movement networks, green, blue and public open spaces, and other local resources can directly shape public health outcomes by: (1) protecting communities from harms (air pollution, noise disturbance and exposure to risks), (2) promoting health (through everyday physical activity, food access and inclusion), and (3) by providing services (to accessible facilities and amenities) in close proximity to one’s home.

For the purpose of this study, we are focusing on five pillars of urban health, which include environmental health, amenities and services, mobility and transportation, safe and affordable housing, and equitable development. These pillars influence the built environment and directly impact the health and wellbeing of Black communities in the following ways:

Table 1. Built environment factors and potential health impacts	
Built environment factor	Potential health impact
Access to green space	Improves mental health by providing connection to nature and creates space for physical activities
Mobility access	Improves ability to access health care services, meet basic needs and engage in culturally-relevant activities within a community and across a city
Food access	Improves access to healthier foods that have the ability to reduce health risks, such as diabetes and hypertension, as well as culturally-relevant foods that provide comfort and cultural connection
Culturally-relevant gathering spaces	Improves mental health and wellbeing by providing social connection and a sense of belonging within communities of care based on intersectional backgrounds (age, gender, ethnic or cultural background, religious or spirituality)
Housing stability	Improves chronic disease outcomes by reducing stress and fear of housing loss and homelessness
Displacement pressure	Disrupts existing communities of care which may formally or informally be fulfilling physical, mental health or caregiving needs and sense of identity which may be rooted in a specific place

In Canada, professional bodies such as the Canadian Institute of Planners (CIP) are having conversations about the concept of healthy cities, which seeks to reintegrate public health principles into planning processes to ensure that all planning professionals support the development of health communities. These national conversations, however, do not recognize the distinct needs and experiences of racialized communities in creating healthy urban environments,¹⁰ let alone the distinct experienc-

es of Black Canadians. Notably, there has also been limited advancement in exploring the impacts of planning on the health and wellbeing of Black communities from socio-spatial perspectives. This research project seeks to offer a contribution to this conversation by arguing that "Black urban health" is its own phenomenon that requires further research and collaborative solutioning.



Mount Dennis (Photo Credit: BPP)

Health and Urban Planning Frameworks

Historically, the practice of urban planning has worked in collaboration with public health to address issues arising from the Industrial Revolution and urbanization. This includes shared objectives to address issues of overcrowding and preventing disease outbreaks caused by unsanitary conditions. Regulatory tools such as zoning have also been created to separate “hazardous” areas like industrial uses from residential uses.¹¹ As planning has progressed, there has been greater emphasis on shaping cities for public health through regulations to ensure adequate access to parks and open spaces, as well as developing minimum housing standards to ensure communities are adequately housed.

While the fields of planning and public health have become separate and more siloed, it remains important to address public health in urban landscapes. Today, researchers are looking towards methods to ensure health is considered within contemporary planning tools and frameworks.¹² The WHO's Healthy Cities project is an example of a movement to reintegrate these aspects of healthy city building into practice. The City of Ottawa's new Official Plan has also been used as a case study by planning scholars to analyze how planning practitioners are using public health and healthy cities frameworks to inform planning.¹³ At the City of Ottawa, staff from the Ottawa Public Health department were added to the city planning department to guide policy development, which has resulted in formal acknowledgments that the urban environment impacts one's personal health and wellbeing.¹⁴

The City of Ottawa, also used the Healthy Built Environment Linkage Toolkit to inform their Official Plan. This toolkit was

developed by the BC Centre for Disease Control under the BC Healthy Built Environment Alliance Steering Committee.¹⁵ The aim of the toolkit was to enable health professionals to articulate to planners, developers, and city councils the importance of the built environment to health, to assist the development of healthy community planning and design.¹⁶ This toolkit uses a holistic framework focused on neighbourhood design, transportation networks, natural environments, food systems and housing.¹⁷ The City of Ottawa's official plan also uses the 15-minute neighbourhood strategy as a core focus on ways to ensure access and encourage active transportation. Overall, scholars found that a holistic introduction of health policies integrated throughout the planning document led to a more thorough plan that more easily supports policy enforcement through future secondary plans and bylaws.¹⁸

For practitioners, they also argue that asset-based approaches to planning for urban health can be used to create healthier environments with local people at the centre.¹⁹ Key techniques that can be used in these processes may include, but are not limited to, community asset mapping, co-production and community-led engagement to understand the physical and spatial assets that residents' attribute to the biggest impacts (real or perceived) on their health. From this foundation, planners and designers play key roles in improving social determinants including those related to built form to create more equitable and inclusive communities. Of particular focus in this report, in order to shape healthier futures for Black communities across Toronto, we must first understand the structural inequities embedded in our built environments and systems that enshrine anti-Black racism in Canada.



Weston - Mount Dennis (Photo Credit: BPP)

Measuring Urban Health

Across Canada, there are several initiatives that seek to measure urban health and related public health initiatives. The Canadian federal government funds various health programs in relation to the social determinants of health. This includes, for example, the Canadian Health Inequalities Data Tool uses health indicators and determinants to stratify by a range of social and economic characteristics relevant to analyzing health equity. The Canadian Institute for Health Information also provides data to improve the healthcare system across Canada. They created a Health Stewardship Framework that emphasizes holistic, ethical approaches to data access, use, and sharing. The outcomes focus on enabling health care providers with safe and vital access to data and health information.

In Ontario, Public Health Ontario scans various equity assessment tools for health practice. This assessment recognizes that equity tools are crucial to identifying the intended and unintended outcomes of various health programs and services, as well as core mitigation strategies. Measuring Health Equity serves as a comprehensive guide to demographic data collection in the health care system. This is a part of recommending to various Toronto and Ontario healthcare providers foundational information on equity measurements through clear data access at a regional level.

In Toronto, Urban HEART Toronto stemmed from the WHO's Urban Health Equity Assessment and Response Tool. This tool proposes a neighbourhood-level assessment of health equity using indicators such as social development, economic opportunity, civic engagement, the physical environment, and overall health. Wellbeing Toronto is also a mapping tool that allows users to combine indicators to create a custom index to analyze the constraints communities face in a place-based context. The City of Toronto's Data for Equity Strategy is a framework created to enable policymakers to develop programs and policies specifically for Black and other racialized communities. These health, safety, and wellness engagement tools generally aim to quantify neighbourhood experiences to ensure that Canadian planning and programming reflect the challenges communities face in the urban landscape.

At a surface level, although these tools may appear to be robust, they have yet to take a specific focus on issues of race and anti-Black racism in understanding Black urban health outcomes.



Understanding Black Urban Health in Toronto

In this study, the term “Black” refers to people of African descent, Caribbean descent, Canadians of African descent, and/or African Canadians. This understanding is rooted in self-determined terminology established in the 2019 Toronto Action Plan to Confront Anti-Black Racism.²⁰ Furthermore, we would like to offer a working definition of “Black urban health” which can be understood as the distinct physical health, mental health and wellbeing outcomes experienced by Black people as a result of historic and systemic anti-Black racism, as well as the availability of health-supporting infrastructure, such as culturally specific physical and mental health supports, culturally grounded food systems, peer support networks, spaces for collective healing, faith-based and intergenerational spaces, and access to Black-led service organizations. The subsequent sections of this report set out our findings and observations from the literature review, geospatial mapping and engagement, which demonstrate that a holistic understanding of Black urban health (beyond physical health) is a topic that is currently under-documented and a critical, emergent area for continued research and advocacy.

So, what is happening on the ground today? Between 1996 to 2016, Canada’s Black population nearly doubled in size growing from 573,860 to 1,198,540.²¹ As of the 2021 Census, approximately 4.3% of Canada’s total population self-identifies as

Black (1,547,865) and 49.7% of Canada’s Black population call Ontario home.²² In Ontario, organizations such as Black Health Alliance have been established to develop an evidence base to improve the health and wellbeing of growing Black communities, alongside other organizations such as the Wellesley Institute, the Alliance for Healthier Communities and local community health centres such as TAIBU CHC. In Toronto, approximately 9.8% of residents are Black and their communities are found to be most concentrated in North Etobicoke (Rexdale, Weston, Mount Dennis), North York (Jane Finch, Black Creek, York University Heights, Eglinton West) and Scarborough (Malvern, Rogue, Centennial Scarborough and West Hill).

Furthermore, in their Mapping Inequities Snapshot Report, Black Health Alliance found that Toronto’s Black population is aging, with the number of Black seniors rising from 18,845 in 2011 to 28,450 in 2021 (a growth rate of 51%).²³ Conversely, the report found a decline (–10.9%) in the number of Black children between ages 0–4 over the same time period. More holistically, the report uses indicators related to income, housing, early childhood development and food security to understand how structural and social determinants of health impact Black communities in Toronto across racial and geographic lines. These findings can be summarized as following²⁴:

TABLE 2. BLACK HEALTH DETERMINANTS AS IDENTIFIED BY THE BLACK HEALTH ALLIANCE IN ITS MAPPING HEALTH INEQUITIES REPORT (2024)	
INCOME	- Black unemployment rates have increased from 13.2% (2016) to 19.8% (2021), compared to 6.5% to 11.7% in the White labour force over the same time period - Although average total incomes for Black Torontonians have increased since 2011 from \$30,080 to \$32,000 (2016) and \$41,960 (2021), there is still a significant income gap with White residents who saw their average incomes rise from \$55,850 to \$69,700 to \$80,090 for the same time period - In 2020, approximately 16.% of Black residents were living in poverty compared to 9.1% of White Torontonians - Neighbourhoods that had the greatest number of Black residents living in extreme poverty included Weston–Mount Dennis

HOUSING	• In 2021, the majority of Black residents in Toronto (72.5%) rented their homes and less than a third owned the homes they live in • Between 2011 and 2021, the number of Black people living in below-standard housing nearly doubled from 38.1% people in 2011 to 60.5% in 2021²⁵ • Approximately 1 in 4 Black residents lived in unaffordable housing (26.4%), 15.8% of Black residents experienced core housing need and 35.3% of subsidized housing residents were Black • Black communities across the city have twice the evictions rates as a result of landlord-tenant disputes and economic incentives related to the financialization of housing • Black people also make up 31% of people experiencing homelessness
EARLY CHILDHOOD DEVELOPMENT	• There is very little race-based data collected in Ontario on health and early development of Black children • Overall, childcare outcomes in Weston-Mount Dennis are on par with the city average of 78% of children on track developmentally, with the exception of communication skills • In Toronto, 67% of child care providers are non-profit, 30% are private and 3% are provided by the public sector. Non-profit and private child care services do not require early childhood education (ECE) licenses and Black families are more likely to have a harder time getting licensed childcare in Toronto • Across Toronto, Weston was one of the neighbourhoods that had the least access to licensed childcare spaces (accessible within a 10-minute walk of one's home) and is less likely to be able to access \$10/day child care as a result
FOOD SECURITY	• Black Canadians represent the largest share of food insecure households with 38% of Black children (Grades 1-12) living in households experiences food insecurity, compared to 11% of White households • Areas in northwest and northeast Toronto tend to be less walkable than other parts of the City, which can limit access to groceries, essential amenities and food banks with culturally-diverse and high-quality food, resulting in higher transportation costs • There are significant opportunities to increase the presence of urban agriculture, such as community gardens, allotment gardens and greenhouses to support local food production and sovereignty

Understanding Structural Inequities that Shape Black Urban Health

Addressing the systemic roots of health inequalities for Black communities requires an understanding of the history of colonialism, the Transatlantic Slave Trade, and the structures created to keep these oppressive systems in place including continued systemic anti-Black racism. These forces have enabled the dehumanization and devaluation of Black people to build global economies based on racial violence and continued extraction. They have also created the societal conditions that devalue Black health and perpetuate inequality through immigration, labour, housing and the criminal justice system.²⁶

BLACK HEALTH, COLONIALISM AND STRUCTURAL RACISM

The legacy of colonialism and slavery, which existed in Canada until 1834, have established systems of discrimination. In the USA and Canada, racial categorization has helped uphold the settler-colonial order, wherein European settlers held beliefs that Black and Native American peoples were less human, ascribing human value to whiteness.²⁷ This is a belief spread globally, especially in places such as South Africa and Brazil, which produced country-specific racial hierarchies.²⁸ Thus, white supremacy, since the 18th century, has been key to what scholars consider scientific racism.²⁹ In the 1960s onward, institutionalized anti-Black racism in the United States bolstered unfair discrimination and inequalities in the housing, labour, criminal justice, health and education systems. In the private sector, while racially discriminatory practices are illegal, other extractive and discriminatory policies are still implemented against Black communities.³⁰ This is a history we share in the Canadian context.

Structural anti-Black racism leads to harm in physical, social, and economic exposure. This can lead to unhealthy coping behaviours that lead to psychological stress from stereotyping.³¹ Most research has focused on interpersonal discrimination as a psychological stressor, with the strongest evidence showcasing that it impacts communities' psychological well-being, mental health and general health practices (e.g. sleep, eating and patterns of psychoactive substance consumption).³² Individual, interpersonal, institutional and societal discrimination are core themes of social inequalities which exist for Black Canadians. These functions of extraction and biologically stereotyped differences have taken root within the healthcare and other systems which Black communities navigate today.³³ As a result, Black communities continue to be disproportion-

ately impacted by health crises and struggle with navigating the health care systems.

BLACK HEALTH AND ECONOMIC DEVELOPMENT

Black Canadians are a very diverse group, with generations of Black communities growing up in Canada (historical Black communities following U.S. emancipation and the War of 1812), to waves of domestic migrants, immigrants and asylum seekers. Historically, a significant number of Black Canadians immigrated to Canada through programs such as the West Indian Domestic Scheme (1955-1967). Often, work was scarce, and Black Canadians earned significantly less than their white counterparts.³⁴ Black migrants also come to Canada through the Temporary Foreign Worker and Seasonal Agricultural Worker programs. These programs allowed labourers to become precariously hired in conditions which reports stated mirror indentured labour. Black people often worked in steel mining, factory work, the reserve army and other domestic work.

Black Canadians experience anti-Black racism in the education system, with many students in high school steered out of college and university programs through the practice of "streaming".³⁵ In employment, Black Canadians with African or Franco-Quebecois names are less likely to receive callbacks for interviews, and workplaces may perpetuate anti-Black racism through the guise of preserving the status quo.³⁶ Many Black immigrants find themselves occupationally mismatched due to employment discrimination.³⁷ These forms of employment discrimination often place Black employees in a position where they are last to be hired and first to be fired. As a result, Black Canadians experience worse working conditions due to stereotypes of physical strength and the ability to withstand pain. This inequality within labour and immigration draws from this initial colonial extraction of Black life through Transatlantic slavery, but in the current modern world, Black labour is extracted for cheaper labour.

BLACK HEALTH AND HOUSING

Historically and contemporarily, Black people in North America have experienced residential discrimination and segregation. This has been documented in the United States, where Jim Crow-era policies such as redlining and the use of racial covenants were widespread and resulted in the creation of socio-spatial and racial divisions through suburbanization and

"white flight."³⁸ Black communities were also displaced as a result of state-led urban renewal processes. In large Canadian cities such as Toronto, Black immigrants who were brought in to provide essential services and manual labour for Canadians were often discriminated against within the housing system, particularly in the downtown core, and thus Black communities came together to support themselves in communities at the peripheries of the city, in neighbourhoods known today as Blackhurst, Little Jamaica, Malvern, Jane and Finch, Mount Dennis, and Rexdale among others.

In the housing system, Black tenants are often inadequately housed and Black households are overrepresented in Toronto Community Housing Corporation (TCHC) tenant population. As of 2023, Black households made up approximately 40 percent of TCHC's tenant population.³⁹ This is a critical Black health issue, as Toronto Community Housing has a significant repair backlog and tenants continue to face deteriorating living conditions as tragically signified by the ceiling collapse at Swansea Mews which has triggered a new community revitalization process. Furthermore, Black people are overrepresented in Toronto's homeless population at a rate of 31 percent, while only making up 9.6 percent of Toronto's population.⁴⁰ While many government programs help developers build more housing, there is little protection to ensure that housing is affordable and safe for Black communities.

Often, Black immigrant households feel pressure or do not know about their rights as tenants, which further leads them to be inadequately or unsafely housed. Scholars often report the dehumanization of Black tenants from housing management to avoid upkeep, extract fees or evict tenants.⁴¹ In large Black neighbourhoods such as Alexandra Park and Jane and Finch, Black communities are located in some of the country's most densely populated areas of public housing. Historically, these buildings have been designed to be less accessible to the broader city, and often lacked basic community services. As many new redevelopment projects of many of the public housing buildings begin to progress, the new model of mixed-income housing has also led to Black communities being displaced. Residential segregation in Black neighbourhoods impacts the quality of the social and built environment, causing further exposure to toxins and pollutants, such in communities like Mount Dennis where there was significant industrial activity.⁴²

Research has even found that economic differences occur in largely Black neighbourhoods with higher prices of fast food and targeted predatory loans.⁴³ Neighbourhood disinvestment and segregation contribute to violence, punitive policing, and reinforce a cycle of poor health and social disadvantage.

BLACK HEALTH AND CRIMINALIZATION

Anti-Black racism within policing, the criminal justice, child welfare, and health care systems have caused negative im-

pacts on Black Canadians. The US justice system disproportionately incarcerates Black people, thus becoming a continuation of historical racial control, leading to labour exploitation, employment exclusion, and poor health. In Canada, Black Canadians are also significantly overrepresented in incarceration rates and there are documented human rights violations in Ontario prisons.⁴⁴ While incarcerated, Black people are more likely to be placed in solitary confinement and experience violence from correctional staff.⁴⁵ Correctional staff use lockdowns, which strip incarcerated people of their rights to access basic hygiene, recreation and socialization due to the lack of staff to manage prisons.⁴⁶

Incarceration has significant adverse health impacts on individuals, families, communities and neighbourhoods. Black youth are also overrepresented in children and youth in care.⁴⁷ Thus, long-term institutionalization and disconnection from family and community lead to negative mental health outcomes. Overall institutionalization perpetuates the dehumanization of Black bodies and thus makes them less worthy of care. These inequities are also exemplified with the low representation of Black leadership in these institutions.

STRUCTURAL EXPOSURES FROM THE COVID-19 PANDEMIC

Finally, health inequality has also showcased itself through large health crises such as COVID-19. In Toronto, Black communities were disproportionately impacted by the pandemic.⁴⁸ Often, Black people were low-income essential service workers on the frontlines of the crisis and neighbourhoods with high concentrations of Black residents were hotspots.⁴⁹ People who lived in overcrowded households had fewer places to stay healthy if someone in their household contracted COVID-19. COVID-19 especially impacted immigrant multi-generational households.⁵⁰ Even as the pandemic and preventative care options progressed, the rate within Black communities still worsened. Black communities were more likely to experience hospitalization and death from COVID-19 than non-visible minorities.⁵¹ Thus leading to further distrust within the health care systems due to poor health outcomes.

Fundamentally, racial bias and discrimination in health care settings adversely impact health. This is a broader systemic issue with poorer health care infrastructure in Black neighbourhoods due to historical disinvestment. This leads to poorer access to healthcare and to institutional and interpersonal discrimination within healthcare settings. Addressing this structural inequality can be achieved through place-based and equity-oriented initiatives, policy reform, and improved training for healthcare professionals.⁵² Policy changes in health sectors should include training that focuses on structural competency, cultural humility, and cultural safety, and that encourages lifelong self-reflection on structural racism.⁵³

Critical Gaps in Understanding Black Urban Health

For generations, Black community health organizers have been advocating for solutions to redress Black health inequities, especially after the pandemic. There are major gaps in the collection of race-based data, in professional and institutional practices, and in policy integration. Overall, there is an absence of thorough race-based data, especially when looking at Black communities with intersectional identities such as 2SLGBTQ+ individuals who might have specific health needs.⁵⁴ Thus, when a crisis such as COVID-19 occurs, a reactive approach is required; in the absence of crises, chronic disparities can go unnoticed.⁵⁵ Black people are underrepresented in professional practicing physicians and this lack of representation can lead to a lack of cultural competency, resulting in bias and stereotyping.

Furthermore, institutional funding focuses largely on large investments in policing/carceral systems, while making smaller,

short-term grant investments in critical areas of Black health and wellbeing such as in Black mental health programs.⁵⁶ This shows a gap in institutional acknowledgement of the factors that impact Black life.⁵⁷ In the context of this research project, these factors are compounded by the lack of integration between public health and urban planning policies. With the lack of policy acknowledgement that the built environment impacts racialized peoples' health, planning fails to address socio-economic and socio-spatial issues that Black communities face, which negatively impacts health. Intergenerational and intersectional identities also impact health and well-being in the Black communities with Black people potentially struggling to accumulate and transfer wealth within families, or also confronting discrimination in overlapping identities within Black cultures, such as homophobia or transphobia. By acknowledging these intersectional identities, we can more authentically create change for Black health.



Advancing Black urban health in Ontario

Across Toronto, Black leaders and community organizations are working to advance strength-based (as opposed to deficit-based models) of Black health and wellbeing. In this context, leading organizations include but are not limited to Black Health Alliance, TAIBU Community Health Centre, Black Health Education Collaborative, and Ase Community Foundation for Black Canadians with Disabilities.

Founded in 2000, Black Health Alliance (BHA) is a national organization that seeks to improve the health and well-being of Black Canadians. While acknowledging the shared ancestral experience Black people face as a result of anti-Black racism and colonialism, they envision a Canada where Black communities thrive in optimal health and well-being and Black leadership is centred to drive change, engage and build networks. With focuses on health promotion and community engagement, research and policy, as well as strategy, design and implementation, BHA has played a key role alongside other organizations such as the Wellesley Institute in advancing the Black Health Plan for Ontario (2025). The Black Health Plan for Ontario is largely focused on physical and mental health of Black Ontarians, builds upon the work and collective advocacy of the community-led Black Health Strategy developed by the Alliance for Healthier Communities and its Black Health Committee in 2022. Fundamental to their approach is a desire to centre community voices and lived experiences in driving forward our understanding of Black health in Canada.

TAIBU, Kiswahili for “be in good health,” is a Scarborough-based community health centre (CHC) that provides access to primary care, health promotion and disease prevention programs in a culturally affirming environment for Black Torontonians. Founded in 2008, TAIBU is an exceptional example of how Black urban health needs can be addressed through Afri-centric and community-responsive ways. Their work is grounded in the Nguzo Saba principles and is implemented through their “Black Model of Health and Wellbeing.” Their model seeks to prevent ill health, while restoring and advancing community care and wellness. Here, intersectionality, Afri-centricity and quality are means for providing culturally-relevant, community-centre, anti-racist and anti-oppressive care. Through focus, collaboration, accessibility and community, they seek to improve the determinants of health that most impact Black health and wellbeing.

Black Health Education Collaborative is a group of Black Canadian scholars and practitioners committed to transforming medical and health professional education to improve the health of Black communities across Canada. Established in 2019, the Collective is advancing the “Defining and Developing Black Health National Learning Competencies in Medical and Public Health Education” Project to produce evidence for

the standardization and incorporation of anti-racist teaching focused on Black health. This includes the definition of Anti-Black Racism, Black Health and Public Health Competencies, and the development of their Black Health Primer which has become a certified training model by the College of Family Physicians of Canada. Through their work, they understand Black health and life as space and place-based. They also ground their scholarship and activism in Black critical race theory, queer, feminist and anti- and de-colonial traditions.

Finally, Ase Community Foundation is a national Black Canadian organization focused on disability justice, Black feminism and decolonization. Founded in 2020, Ase, Yoruba for “so it will be,” leverages collective wisdom and cross-movement solidarity to dismantle structural and societal inequities that perpetuate stigma and adversely impede all aspects of life and wellbeing for Black people with disabilities. To do so, the organization has developed a Black Accessibility Knowledge Hub (BLAcK), Canada’s first free virtual and culturally-relevant hub for Black people with disabilities and their families. To advance positive Black health outcomes, they also convene, conduct research, policy reviews, and build capacity for Black people, including Black youth with disabilities, to fully support the self-efficacy and advancement of “for us, by us” models of health that honour the diversity of disabilities and accommodations needed by Black communities.

Together, these Black-led, focused and serving organizations demonstrate our existing ability to deliver anti-racist, collaborative, and intersectional approaches to promoting Black health and well-being. Black health and well-being are unique from general public health due to the deep-rooted colonialism and anti-Black racism, which is presently impacting the daily life of Black people and the way Black individuals navigate health and health systems. Addressing these systemic inequities requires a distinct, race-conscious approach. It is critical for further research to continue exploring the ways Black scholars, practitioners, and community members can and are reimagining Black health and well-being.

To advance Black urban health response, there are also opportunities to learn from other race/ethnicity-focused health practices, such as from Indigenous health practitioners and Indigenous-led health responses rooted in health equity. Here, Indigenous-led health and wellbeing responses recognize that Indigenous peoples are impacted differently by public and community health factors, and as a result reclamation of Indigenous-centric health approaches rooted in self-determination, healing and culturally-responsive action are critical to ensuring Indigenous health and wellbeing as exemplified by Toronto’s First Indigenous Health Strategy (2018).⁵⁸

03

Black Urban Health in Mount Dennis



About Mount Dennis

“HEALTH OUTCOMES IN MOUNT DENNIS FOR MANY COMMON CONDITIONS ARE POORER THAN IN THE CITY AS A WHOLE AND IN MANY OTHER NEIGHBOURHOODS. HEALTH OUTCOMES ARE OFTEN VERY STRONGLY CORRELATED TO INCOME, SO AS MOUNT DENNIS IS A RELATIVELY LOWER INCOME COMMUNITY THESE FINDINGS ARE NOT SURPRISES. OTHER FACTORS, SUCH AS ACCESS TO EMPLOYMENT, SERVICES, TRANSIT, GREEN SPACE AND CHARACTERISTICS OF THE BUILDING ENVIRONMENT CAN PLAY A ROLE IN PUBLIC HEALTH, AS WELL”

(CITY OF TORONTO AND PERKINS&WILL, PICTURE MOUNT DENNIS PLANNING FRAMEWORK, 2021, P. 33).

A working class community known well for its industrial past, the neighbourhood of Mount Dennis is located in northwest Toronto along the Humber River with Weston to its north and the Junction to its south. A landing place for new immigrants, 57% percent of its population identify as first generation Canada as of 2016.⁵⁹ In the same time period, the community had an average median income of approximately \$51,500, which is 22% lower than the city of Toronto average of \$65,829. In total, Mount Dennis has approximately 5,190 Black residents, which make up 28% of its total population, in contrast to the city average of approximately 9%. This presence reflects the community’s strong Jamaican roots, as well as the impact of growing immigration from Africa.

This diversity is also reflected in the neighbourhood’s small business environment along main streets such as Weston Road and Eglinton Avenue West, where about 25% of businesses are owned by equity-deserving communities and 60% of businesses lease their commercial space making them vulnerable to economic change.⁶⁰ With respect to housing, 52% of residents rent their homes, slightly above the city-wide average of 46%, while 48% own. Compared to average household prices across Toronto, Mount Dennis’ prices were historically significantly lower than the City’s but have begun to increase since 2016. Despite being relatively more affordable, approximately 40% of residents spend more than 30% of their income on housing.

Structurally, these determinants are not experienced across the neighbourhood equal ways, wherein the Picture Mount Dennis Planning Framework Study names that:

NORTH	The northwest part of the neighbourhood is the densest, has the highest total number of visible minorities and the lowest income.	The northeast part of the neighborhood is the most youthful and has the highest proportion of families
SOUTH	The southwest part of the neighbourhood has the highest total number and proportion of low-income seniors	The southeast potential of the neighbourhood is the highest income and where residents are most likely to own their homes.

Picture Mount Dennis Planning Framework Study

In 2021, the City of Toronto and Perkins & Will prepared the aforementioned Picture Mount Dennis Planning Framework Study. The Study is focused on guiding new growth and transit-oriented development in the Mount Dennis community, which has become a significant transit mobility hub connecting residents across the City to the Eglinton LRT, GO and UP Express public transportation lines. In an effort to guide this change, the Study sets out a vision, guiding principles and a land use/urban design framework which also seeks to promote and protect affordability, develop complete and green spaces, promote public health and safety and honour the community's diverse cultural heritage. The Study is guided by "transformative moves" which include but are not limited to >>>>>>>>>>

In contrast to the City of Toronto Official Plan, the Framework makes a positive effort to connect the relationship between planning/design, the social determinants of health and public health outcomes in Mount Dennis. Although, the Study lacks an explicit race-based analysis of public health outcomes for Black residents in the neighbourhood. In its absence, the Study uses spatial analyses to recognize that public health outcomes for Mount Dennis residents (who we know are 28% Black) are worse than the Toronto-wide average for many common health conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, high blood pressure and mental health:

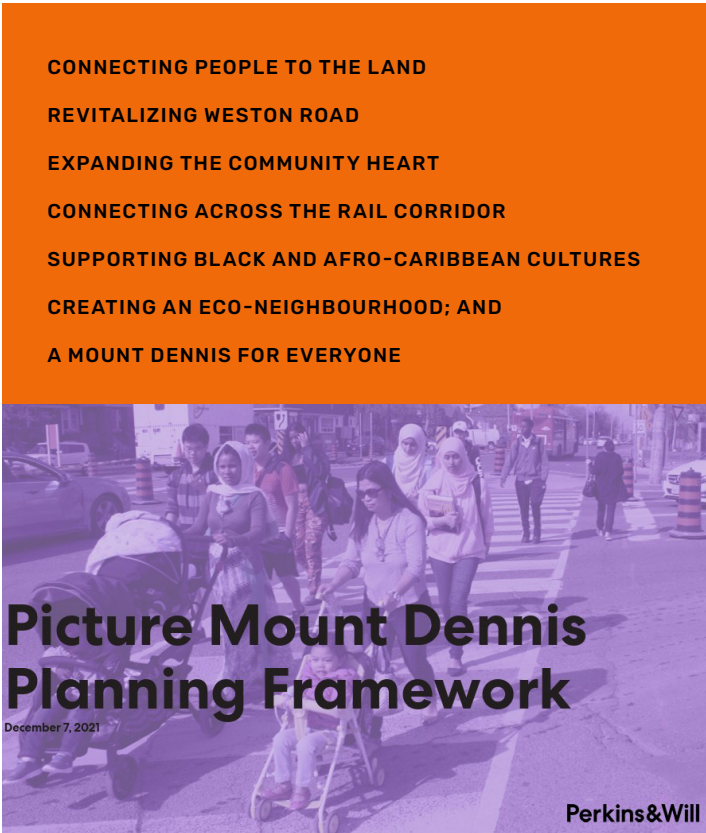


Table 3. Comparison of public health indicators in Mount Dennis and the City of Toronto (cases per 100 residents)

Indicator	Mount Dennis	City of Toronto
Asthma	18	14
COPD	10	9
Diabetes	15	10
High blood pressure	25	22
Mental health	10	9

Furthermore, the Study names the important role that exposure to nature and well-designed public realm have on physical and mental health, alongside the importance of having access to safe, walkable, and welcoming environments, equitable employment opportunities, and community amenities and supports that foster inclusion and provide affordability. Although the Study recognizes the importance of supporting

Black and Afro-Caribbean cultures as a transformative move, its corresponding actions only focus on improving the presence of community identity (public art) and promoting Black businesses. In other words, it does not explicitly link how Black health outcomes can be shaped by having access to culturally-relevant community amenities, including food, spaces for gathering, and cultural connection.

Mount Dennis for All Community Action Plan

Recognizing that new public transportation investment and transit-oriented development could have gentrifying and displacing impacts on their neighbourhood, Mount Dennis community members have organized to establish the Mount Dennis for All Community Action Plan (2025). Led by the Learning Enrichment Foundation (LEF) in collaboration with the City of Toronto and Untitled Planning, the Action Plan lays out the community's vision for a more affordable and just future for Mount Dennis residents. The key directions in the plan were developed through robust community-led public engagement, which included the Mount Dennis People's Summit on April 5, 2025 with approximately 165 people in attendance. At the summit, participants engaged in workshops, panel discussions and cultural activities that built on their lived experiences, as well as formal planning processes.

The final Action Plan passed at Toronto City Council in December 2025 includes four strategic priority areas: (1) preserving housing and commercial affordability, (2) promoting anti-displacement measures for businesses and residents, (3) enhancing public spaces for community use, and (4) establishing a pro-active strategy to implement and monitor the delivery of the action plan over the short, medium and long-term.⁶¹ The Plan centres truth and reconciliation with Indigenous partners

and confronting anti-Black racism as guiding principles of the strategy. The Plan includes several precedent-setting actions backed by City support, which include creating a Mount Dennis Community Land Trust; developing an Equity Scorecard to track the progress of developments contributing to displacement risk, and commitments to fair and inclusive outcomes; creating an anti-displacement education fund to build local capacity; returning the Mount Dennis Community to the community; and establishing a 10-year interdivisional monitoring table with City staff.

Notably, the Action Plan does not include a strategic priority area related to health and wellbeing or Black health and wellbeing more specifically. Recognizing this gap, the Learning Enrichment Foundation (LEF) was excited to engage in the Mapping Black Urban Health project to develop a better understanding of Black health needs in the Mount Dennis community and begin to think about future opportunities to integrate a Black health lens into the Equity Scorecard that will be under development in 2026. This work builds upon existing conversations that began in through the Community for All action planning process, where themes related to public space, culture and environment, community safety and wellbeing, and transportation and mobility were raised by residents.⁶²



Source: Learning Enrichment Foundation

04

Mapping Black Urban Health



Approach to Mapping Black Urban Health Community Workshops

As highlighted within the literature review, there is a clear data gap and a lack of connection in the lived experiences of Black people and their overall health outcomes. With the growing concerns mentioned surrounding displacement, affordability and equitable community development, Black Planning Project (BPP) was presented with the opportunity to use community mapping as a holistic approach to to expand knowledge of the neighbourhood's health aspects to address community growth, especially for the Mount Dennis community and LEF.

COUNTER-MAPPING AND EMBODIED KNOWLEDGE SYSTEMS

Historically, mapping and cartography have existed as colonial tools, especially within the planning practice to displace and destroy Indigenous communities. Predating these forms of mapping, Indigenous communities often created pictographic message maps engraved on trees so passersby could understand the waterways connecting the various villages.⁶³ Thus, vastly different from the facade of empirical objectivity presented in colonial mapping. Colonial mapping techniques are rooted in power, often through resource allocation, segregation and commodification of land.⁶⁴ These practices centre Whiteness as normative, thus perpetrating forms of spatial violence over racialized peoples.⁶⁵

As planning practices are deeply rooted in colonialism, Indigenous and other racialized communities have been conducting forms of counter-mapping, storytelling and visioning to reassert intellectual sovereignty over their spatial existences. Often, planning seeks to assert itself as the all-knowing professional guide over the spatial realm, while ignoring the lived experiences of communities that have built the neighbourhoods. Thus, counter-mapping becomes a form of storytelling and visioning that moves towards spatial decolonization.⁶⁶ These measures are important to ensuring holistic planning is rooted in community knowledge rather than colonial practice.⁶⁷ They also challenge the objectivity seen within colonial mapping and planning practices.

Data collection within these practices attempts to move towards decolonization through embodied practices which mobilize community knowledge as a form of political resistance.⁶⁸ These forms of counter-mapping and storytelling should centre listening infrastructures to thus position communities' lived experiences as core narratives.⁶⁹ Black communities' approaches to storytelling and visioning as an active form of

resistance. This approach is guided by principles of self-determination and Black liberation, which centre a Black-focused narrative acknowledging racist colonial harms while striving for Black joy and Black geographic futurism.⁷⁰

MBUH COMMUNITY ENGAGEMENT METHODS

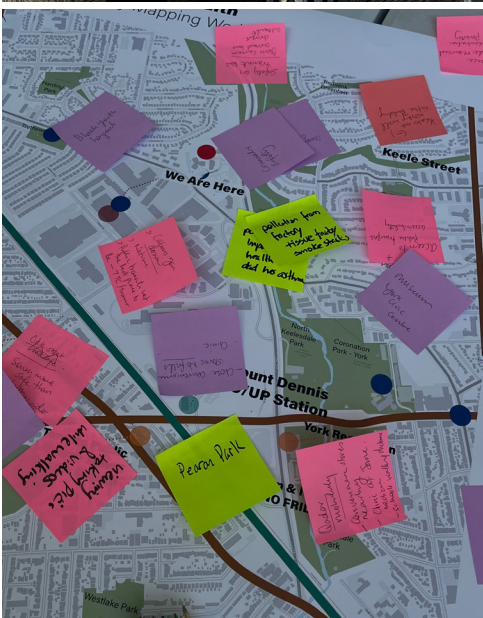
The aim of the Mapping Black Urban Health engagement process was to engage with Black residents of the Mount Dennis community to begin to develop experiential understandings of Black community health. The process also sought to identify existing culturally responsive community assets, and future opportunities for public advocacy and community investment. The engagement conversations held in Mount Dennis and summarized in this report are viewed to be a starting place for continued, wider engagement. In the limited time and scope of this project, BPP led the design and facilitation of a community engagement process that was targeted specifically to youth and elders with LEF playing a lead role in participant recruitment. Together, our objective was to understand how health and wellbeing needs are being met in Mount Dennis, whether we could begin to formulate a working definition of Black urban health and to begin to vision what would make for healthier Black communities.

To ground community conversations in a holistic approach to Black health and wellbeing, participants were encouraged not to just think about their physical health, but also their social, spiritual, economic, environmental, occupational and intellectual wellbeing. Subsequently, participants were encouraged to think about how their health and wellbeing can be understood through the pillars of access to amenities and services, safe and affordable housing, mobility and transportation, environmental health and equitable economic development. Subsequently, participants were prompted to give consideration to their physical and mental health, access to appropriate healthcare services, green, outdoor and community spaces, the quality of their housing and built environments such as sidewalks and open spaces, access to spiritual/religion, cultural and programming, food security, and access to education and employment.

The data summarized in the following section was collected through an in-person community mapping workshop and semi-structured interviews. Originally, two in-person workshops were proposed. The first workshop was targeted at Black youth who were residents of the Mount Dennis community.

Hosted at the Learning Enrichment Foundation on January 31, 2026, the session had a total of 15 attendees, ranging from elementary-aged to high school graduates. Participants were encouraged to explore their understanding of Black urban health through community mapping of the Mount Dennis neighbourhood by (1) identifying spaces they perceive have a positive or negative impact on their health and wellbeing, spaces that need improvement and spaces they identify as being Black spaces, and (2) reflecting on the urban health pillars articulated above. The youth ended the session with an open visioning section to decompress from the heavier topics and to help them visualize healthier futures.

The second workshop was intended to be a sharing circle targeted for Black elders and those who self-identified as caregivers. This session was proposed to engage eight community members, including two elders, two early childhood educators (ECEs), two personal support workers (PSWs), and two self-identified caregivers. Due to extreme weather conditions on January 24, 2026, this planned event was cancelled out of consideration for Elders' health and wellbeing. Subsequently, this method was shifted to semi-structured one-on-one interviews. Four participants were interviewed over the phone using a core set of guiding questions, which addressed how they defined Black health and how their health was impacted through the built environment.



Research Observations on Black Urban Health in Mount Dennis

GENERAL OBSERVATIONS FROM YOUTH ENGAGEMENT

When approaching youth engagement, findings differed by age, immigration status, gender and other intersectional identities. Age particularly stood out due to younger children being in attendance. The ability to articulate the complexities of health was challenging for some of the children throughout the session. Many of the children would still be under the care of their parents and may be sheltered from the challenges of Black health for their safety and well-being. For the older youth, teens to high school graduates, they were further able to articulate the systemic complexities of their race, being Black, as a core determinant of their health and wellbeing. Many also had many familial responsibilities and a deeper awareness of how Black family members navigated their health.

Whereas children were more likely to be aware that their personal behaviour might affect family members' stress levels, older youth were more understanding of the various economic, social, and spatial complexities that contributed to family members' stress. Youth who had lived in more than one area other than Mount Dennis were able to draw comparisons in their access to green spaces and community amenities, with Mount Dennis often having less access. Newcomers to the Mount Dennis community also experienced challenges with access to health care services, especially when having compounding challenges of employment access. The children were more likely to associate the quality of their neighbourhood, e.g. living in a low income neighbourhood with less resources, as being a more significant determinant of their health as opposed to race.

GENERAL OBSERVATIONS FROM ELDER'S ENGAGEMENT

In the elders' interviews, a core theme that emerged from the discussion, given that many of the interviewees immigrated from the Caribbean, was a comparison of mobility and access to culturally appropriate foods. Often, elders reminisced about the warmth, walkability to beaches, and access to healthy foods such as fruits. However, due to inadequate winter snow-clearing, many felt they could not navigate the outdoors and often opted to stay home. Thus requiring them to get food delivery during the winter. When the weather is good, the elders enjoy the independence that taking the bus gives them. They were willing to walk when able to in warm weather. Some only felt comfortable walking in the day, and at night, they opted to take a cab home. Some elders felt spirituality was a core aspect of their health, often engaging in reading religious texts.



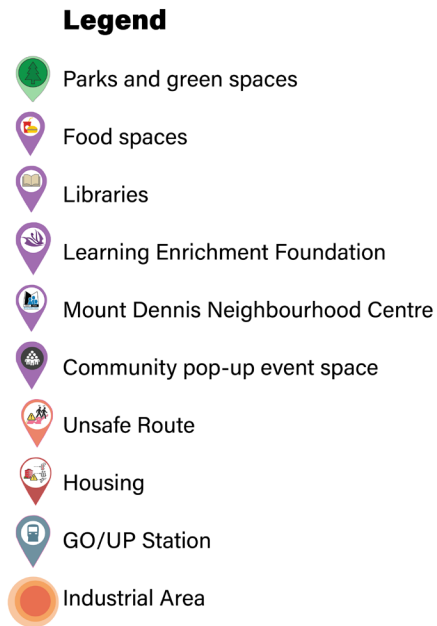
The following table and community map provide further insight on initial observations provided by Black youth and elders into their experiences of Black urban health in Mount Dennis:

Table 4. Mount Dennis community mapping observation snapshot

What We Know About Urban Health		What We Heard in Mount Dennis		
Urban health pillar		Youth workshop		Elders interviews
		Children	Youth	Elders
Environmental health	Improves mental health by providing connection to nature and creates space for physical activities	Parks and green spaces, especially in the Southern Mount Dennis area, were heavily used for physical activities such as soccer and other sports. Children felt very positive about these spaces.	Youth felt that parks and green spaces were positive, with access to pools, basketball, and other physical activities. Some youth felt comfortable with these places as gathering spaces. However, while there was lots of green space to the South side of Mount Dennis, Youth felt the area lacked nature integrated into urban spaces, with few tree-lined streets and other natural elements. Due to the area's heavy industrial presence, there were concerns about air pollution.	Elders often felt positive about their access to green spaces and nature.
Amenities and services	Improves mental health and wellbeing by providing social connection and a sense of belonging within communities of care based on inter-sectional backgrounds (age, gender, ethnic or cultural background, religious or spirituality)	Children had positive feelings about their access to services, including libraries and community centre spaces.	Youth had positive feelings about their access to amenities such as basketball courts. They used services such as pop-up community events, like BBQs. Black youth spaces, such as Sunday Dads, a program where Black dads meet up in the park. They also frequented convenience stores like Dollarama and fast-food restaurants like Popeyes for cheap food. They found places like Sunday Dads and Popeyes to be familiar and comfortable.	Elders were often close to any health care amenities they needed. Some elders attended festivals and community events.
Mobility and transportation	Improves ability to access health care services, meet basic needs and engage in culturally-relevant activities within a community and across a city	The primary method of transportation was a vehicle driven by their parents. Further discussions revealed that parents often felt unsafe allowing children to walk in the area and to the green spaces, even if they lived nearby.	Walking was the preferred method of transportation. There were challenges walking along highways and other major roads to access green spaces on the North side of the city. Time and location strongly influenced how safe the youth felt while walking in Mount Dennis. Some youth expressed concern about safety due to criminal activity.	The preferred method of transportation was the bus and walking. Often, elders felt tired after walking and still craved the freedom of travelling independently, which buses offer. Elders struggled with mobility during the winter months and often avoided going out altogether.
Equitable economic development	Improves access to employment and financial resources to afford a healthy life style, including access to food, housing and other services that support health and wellbeing	For children economic opportunities were not relevant conversations due to the age demographic.	Youth recognized that parents' language barriers impact their ability to find employment. Many youth were working to support families while balancing other responsibilities such as caregiving and school.	For seniors economic development was not a particular concern addressed.
Safe and affordable housing	Improves chronic disease outcomes by reducing stress and fear of housing loss and homelessness	For young children housing was not a particular concern addressed.	Within the area, housing was a concern, with youth reporting issues with heating and cooling in their apartments. Buildings had long elevator lines, and elevators often shut down. Many youth resorted to primarily walking down flights of stairs.	Elders felt housing was sufficient to their health needs. Some had balconies, which allowed them to access fresh air when they did not want to leave the house.

Mapping Black Urban Health

Community Mapping Workshop



Environmental Health

Many youth held positive feelings around parks and green spaces in Mount Dennis, with significant concentration on the south side of the neighbourhood

Amenities & Services

Youth felt positively their access to libraries, community centres, basketball courts, community events (bbqs), black youth and familiar "hangout" spaces (sunday dads, popeyes), access to convenience stores (dollarama)

Mobility & Transportation

Walking was the preferred mode of transportation for youth, with children were primarily driven by their parents. Youth experienced challenges with community safety (criminal activity), especially on north side and sidewalk safety conditions (walking along highway)

Housing

Youth experienced issues with building management. Often there were problems with warming and cooling in apartments, elevator shutdowns and line ups, lots of requests for maintenance

Equitable Economic Development

Many youth recognized that factories and pollution had impacts on health conditions (e.g. asthma). Language barriers impacted parents employment opportunities, thus youth work to support families while balancing other responsibilities (caregiving, school, etc.)

Understanding urban health indicators in Mount Dennis

To expand our understanding of Black urban health in Mount Dennis, this section uses geospatial mapping to establish an understanding of urban health outcomes across Toronto and specifically in Mount Dennis. For the purpose of this project, the research team selected only ten urban health indicators from the Emerging Black Urban Health Framework for place-based analysis related to the five urban health factors that have organized our work (environmental health, access to amenities and services, mobility and transportation, safe and affordable housing and equitable economic development) to understand how they affect Black communities. These ten quantitative indicators included:

These indicators are a starting place and future Black urban health studies can leverage our Emerging Black Urban Health Framework (see Section Four) to undertake more robust analyses. The Emerging Black Urban Health Framework seeks to bring together both quantitative and qualitative indicators to shape continued research and advocacy for Black communities across Toronto. To provide a more nuanced and potentially responsive understanding of how these outcomes impact community residents on the ground, this section also summarizes key qualitative findings from the community workshop sessions with Black youth and semi-structured interviews with elders.

1. POPULATION HEALTH BURDEN INDEX

2. REACTIVE OXYGEN SPECIES (ROS) FINE PARTICLE AIR POLLUTION

3. TREE COVERAGE AND HEAT SEVERITY

4. AMENITY DENSE BLOCKS

5. HEALTH CARE SERVICES PER CAPITA
6. CYCLING ACCESSIBILITY TO AMENITIES

7. WALKING ACCESSIBILITY TO AMENITIES

8. HOUSING IN POOR CONDITION

9. BLACK POPULATION LIVING IN AFFORDABLE SUBSIDIZED HOUSING

10. BLACK POPULATION AVERAGE INDIVIDUAL AFTER-TAX INCOME

DEMOGRAPHY AND POPULATION HEALTH

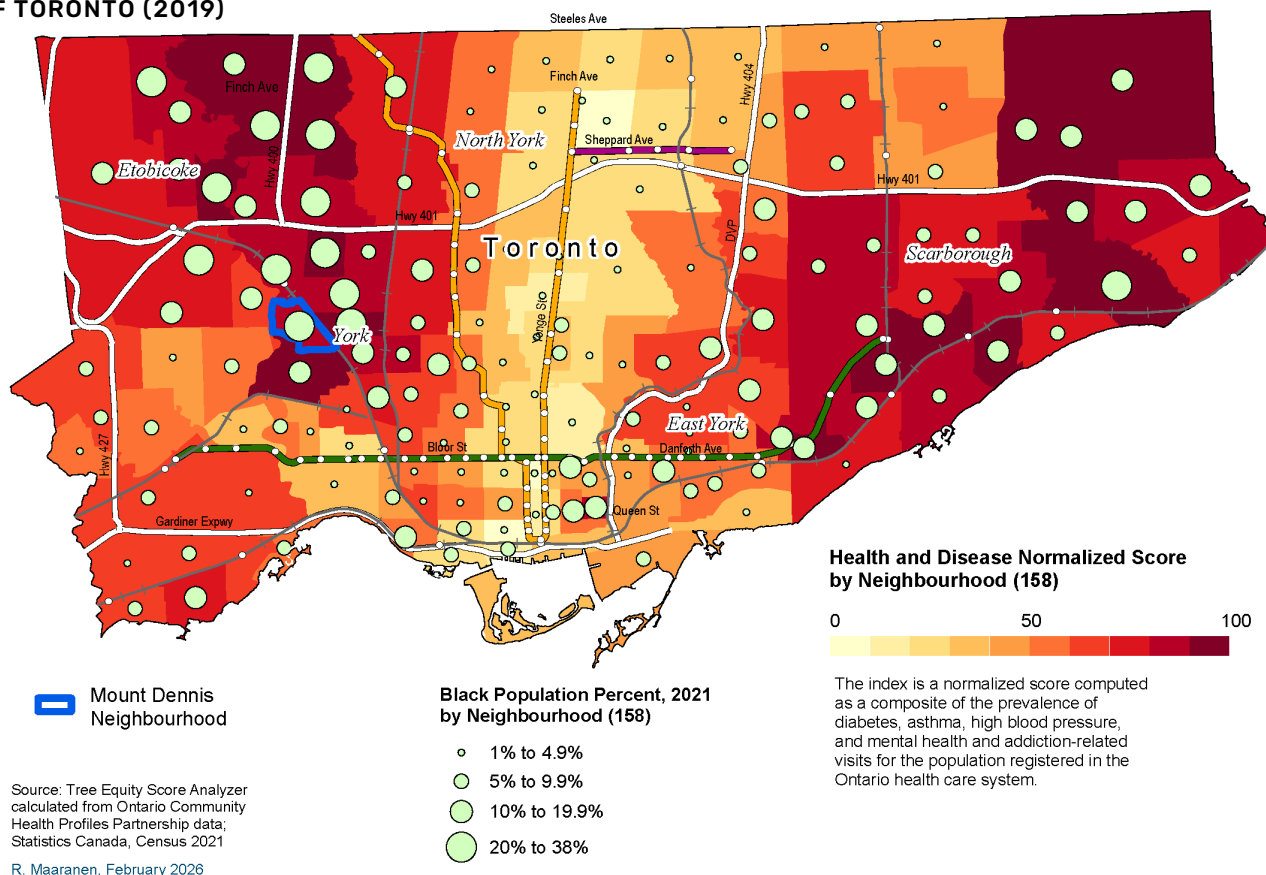
The Population Health Burden Index Map by City of Toronto Neighbourhood (2019) measures the prevalence of diabetes, asthma, high blood pressure, and mental health and addiction-related visits for individuals registered in the Ontario health care system, as well as the proportion of Black population. Based on this map, we can observe that neighbourhoods with higher proportions of Black residents (10-38% of neighbourhood population) also have a higher health and disease normalized score (60-100). The highest concentration of these neighbourhoods are located in Etobicoke (north-west Toronto) and Scarborough (northeast Toronto). Relative to neighbourhoods in Etobicoke, Mount Dennis has a health and disease normalized score between 80-90 in contrast to Rockcliffe-Smythe to the south, which sits at a score between 90-100 similar to the Jane and Finch neighbourhood.

Fundamentally, Black communities are disproportionately health burdened with various chronic conditions. Within the

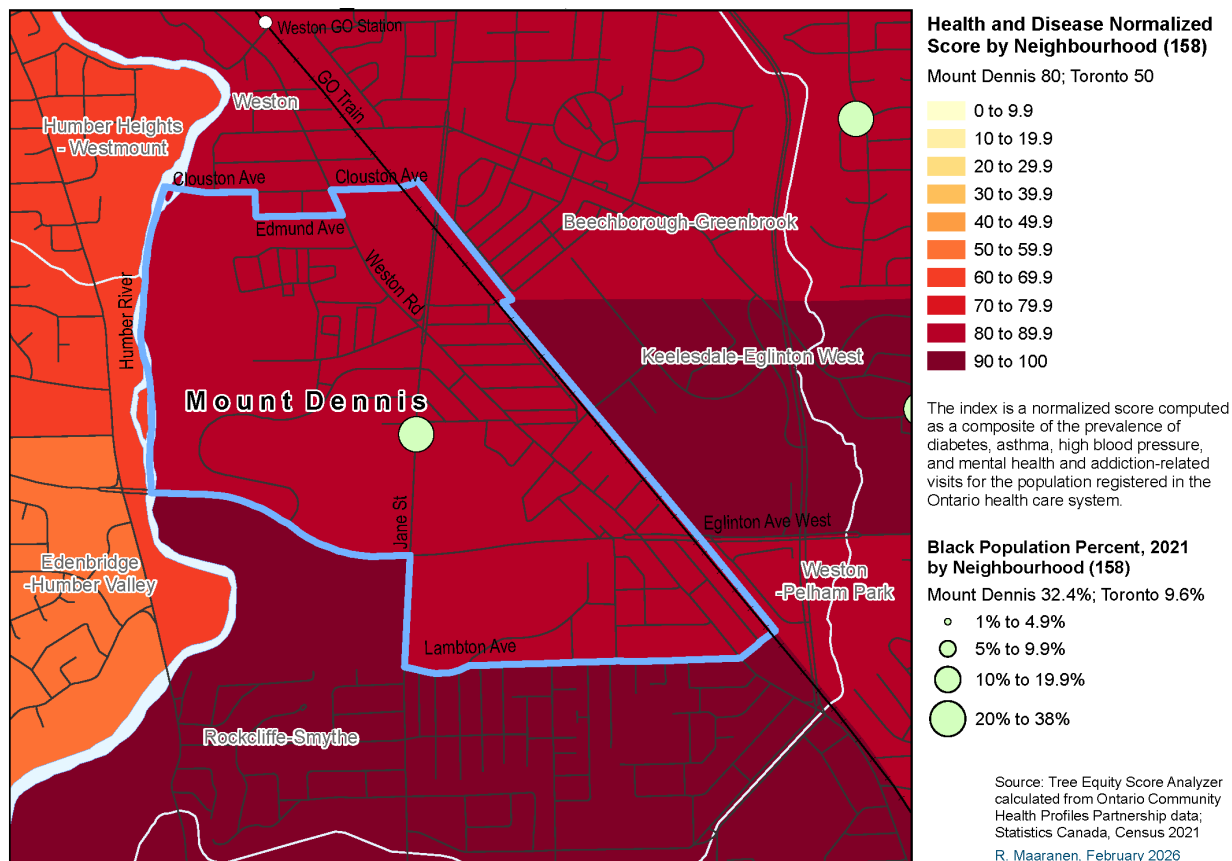
Health Burden Index Map, areas with high Black populations also had higher rates of various chronic illnesses. These areas also had less access to healthcare services. Black health organizations in Ontario have highlighted a need for Black healthcare practitioners and further health support within Black communities, which are experiencing chronic disparities. In our youth engagement session, access to mental health services was an important and missing aspect for Black youth in the Mount Dennis community, especially for men. With the various stressors that youth faced, they also felt that their mental health was not adequately supported by mental health professionals. Henceforth, there is a clear lack of institutional investment in healthcare for Black Mount Dennis residents. Through understanding health access for Black populations, this must be analyzed alongside the deep history of anti-Black racism and the legacy of slavery, dehumanization of Black bodies, which have led to the normalization of systemic exclusion and resource deprivation in Black communities.

POPULATION HEALTH BURDEN INDEX

CITY OF TORONTO (2019)



MOUNT DENNIS NEIGHBOURHOOD (2019)



ENVIRONMENTAL HEALTH

The Reactive Oxygen Species (ROS) Fine Particle Air Pollution Map by City of Toronto Neighbourhoods (2016) measures neighbourhood ROS exposure by nanomoles per litre and the percentage of Black population. Concentrations of ROS in human lungs are estimated from measures of iron and copper fine particle matter (PM 2.5) taken in Toronto in 2016–2017. Based on this map, we can observe that the Mount Dennis neighbourhood has a neighbourhood ROS exposure of 64.3 per litre (medium ROS exposure) compared to the City of Toronto average of 59.4 (low ROS exposure). Areas with higher ROS exposure appear to be approximate to major highways (that emit car pollution) and/or are areas of the city that have had notable industrial activity. In contrast to Scarborough, there is a stronger relationship between the concentration of Black residents and exposure to fine particle air pollution in neighbourhoods across Etobicoke. Concentrations of ROS in human lungs is estimated from measures of iron and copper fine particle matter (PM 2.5) taken in Toronto in 2016–2017.

The Tree Coverage and Heat Severity of Census Tracts in the City of Toronto Map (2020) measures average surface temperature and the percentage of area tree cover. Based on this map, we can observe that the Mount Dennis neighbourhood is 0.5 degrees hotter than the City average. However, when exploring differences by census tracts within Mount Dennis, the west side of the neighbourhood that is adjacent to the Humber River Valley is cooler than the city average by up to 1.9 degrees versus the east part of the neighbourhood that is hotter by up to 1.9 degrees. Subsequently, the Mount Dennis neighbourhood has a tree cover percentage of 35.8% in relation to the city average of 29.8%. Once again, approximate to the Humber River Valley, the west side of the neighbourhood has a higher tree cover percentage between 40–49.9%, while the east side of the neighbourhood ranges from less than 30% up to 39.9%.

Historically, environmental racism has been prevalent in Canada. Often, Black neighbourhoods are disproportionately

subjected to being in close proximity to hazardous activities and industries. This is seen in Lincolnville, Nova Scotia, where environmental hazards disproportionately negatively impacted the health of African Nova Scotian communities.⁷¹ Redlining and other forms of residential discrimination are often deeply connected to environmental racism. In areas of Toronto, Black communities are often subjected to higher rates of fine particle air pollution. These areas also tend to be warmer and have less tree cover. This is especially an issue in the Mount Dennis community due to the prevalence of large roadways and factories. Mount Dennis has a large industrial area, and for some of the youth, their family members with asthma were negatively affected by this infrastructure.

Despite the high prevalence of parks in the Mount Dennis area, youth highlighted many issues with access to green space. Often, parents and guardians of younger children felt uncomfortable letting them walk to these parks due to safety and security concerns. Thus, children were often driven to various parks and green spaces, eventually even using spaces outside the community. For older youth, the primary reliance on walking and public transportation caused them to take unsafe routes to parks by walking along roadways with limited sidewalk infrastructure. Youth who had lived in other areas found that green infrastructure, such as trees on sidewalks, was lacking in the neighbourhood.

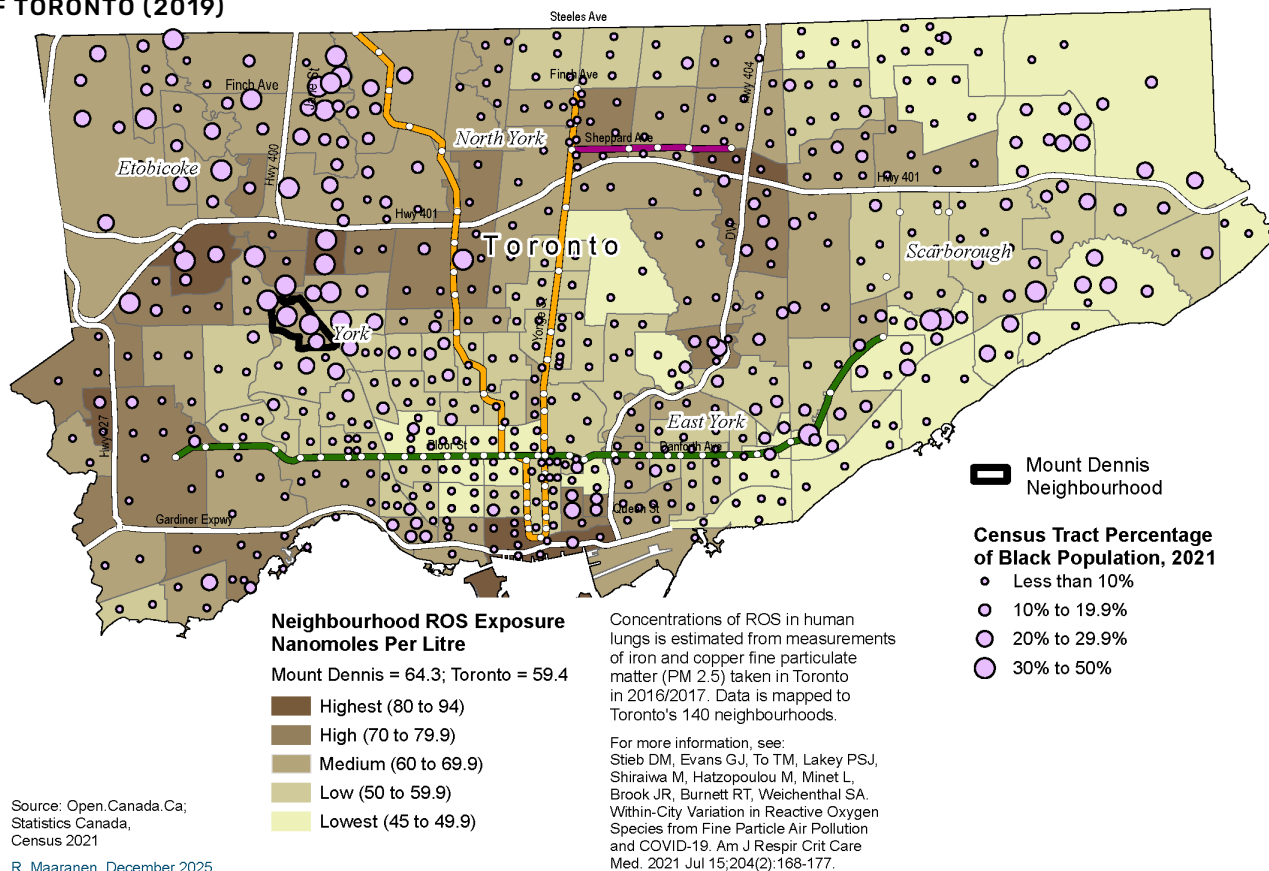
When walkability and public transit are a core need in communities, green infrastructure such as tree canopies and safety are imperative to promote healthier communities. Policy must analyze how communities navigate the built environment and consider the impacts of various environmental toxins and pollutants to advance health equity. It must also acknowledge that historical forms of residential discrimination have manifested into modern forms of urban segregation and environmental decay.



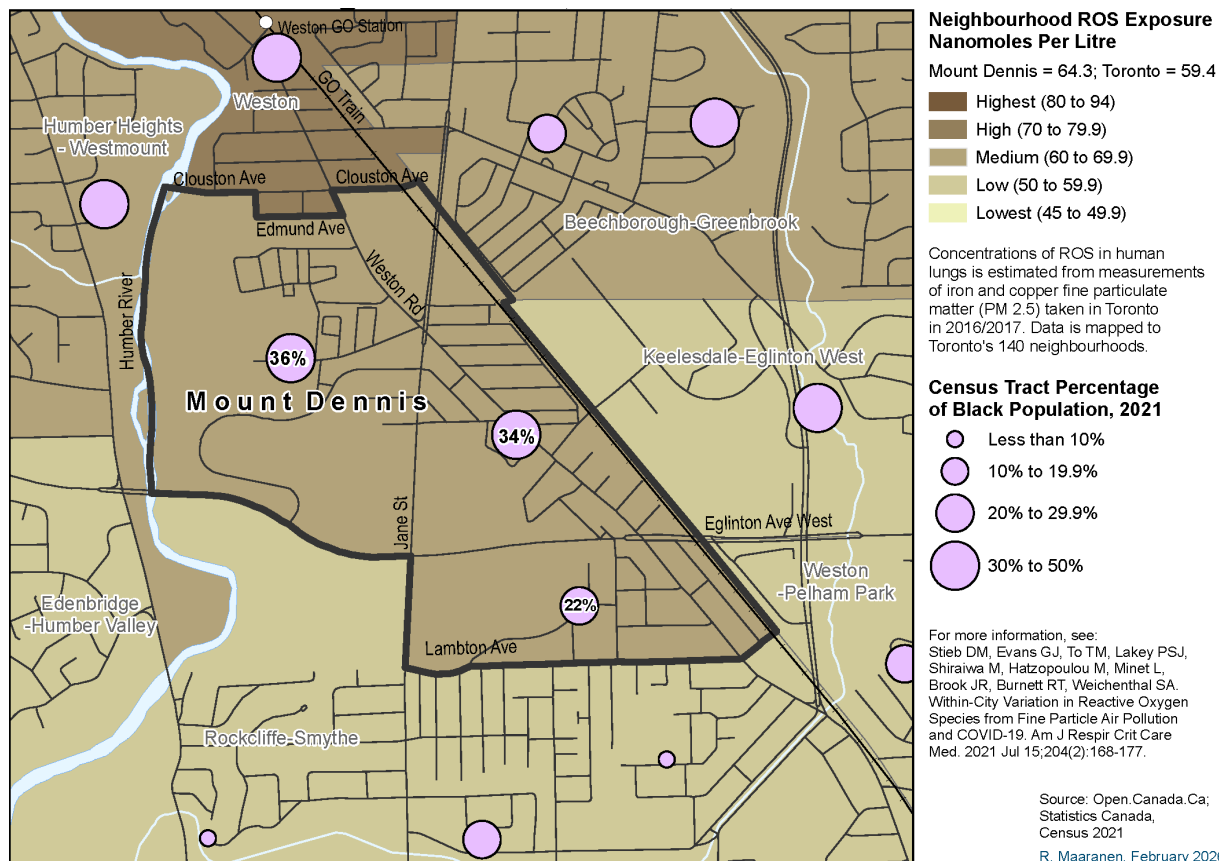
Mount Dennis (Photo Credit: BPP)

REACTIVE OXYGEN SPECIES (ROS) FINE PARTICLE AIR POLLUTION

CITY OF TORONTO (2019)

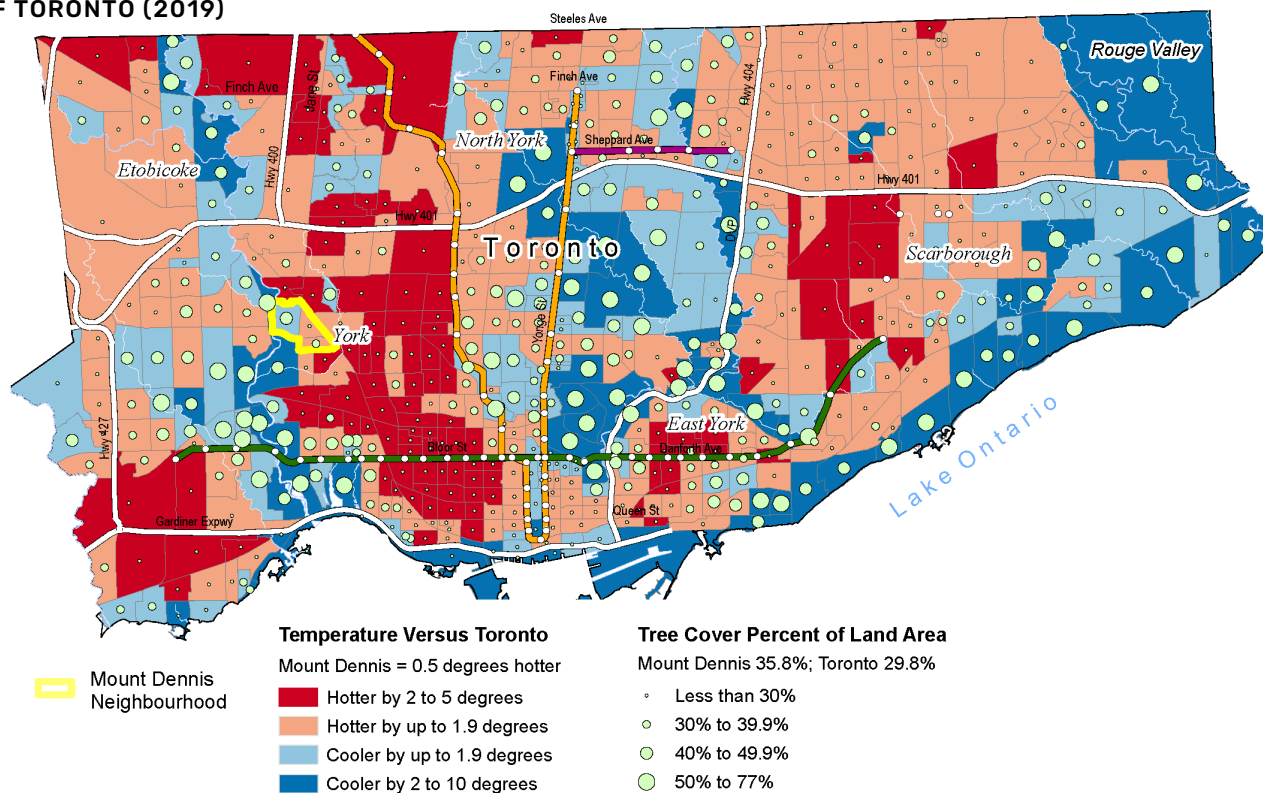


MOUNT DENNIS NEIGHBOURHOOD (2019)

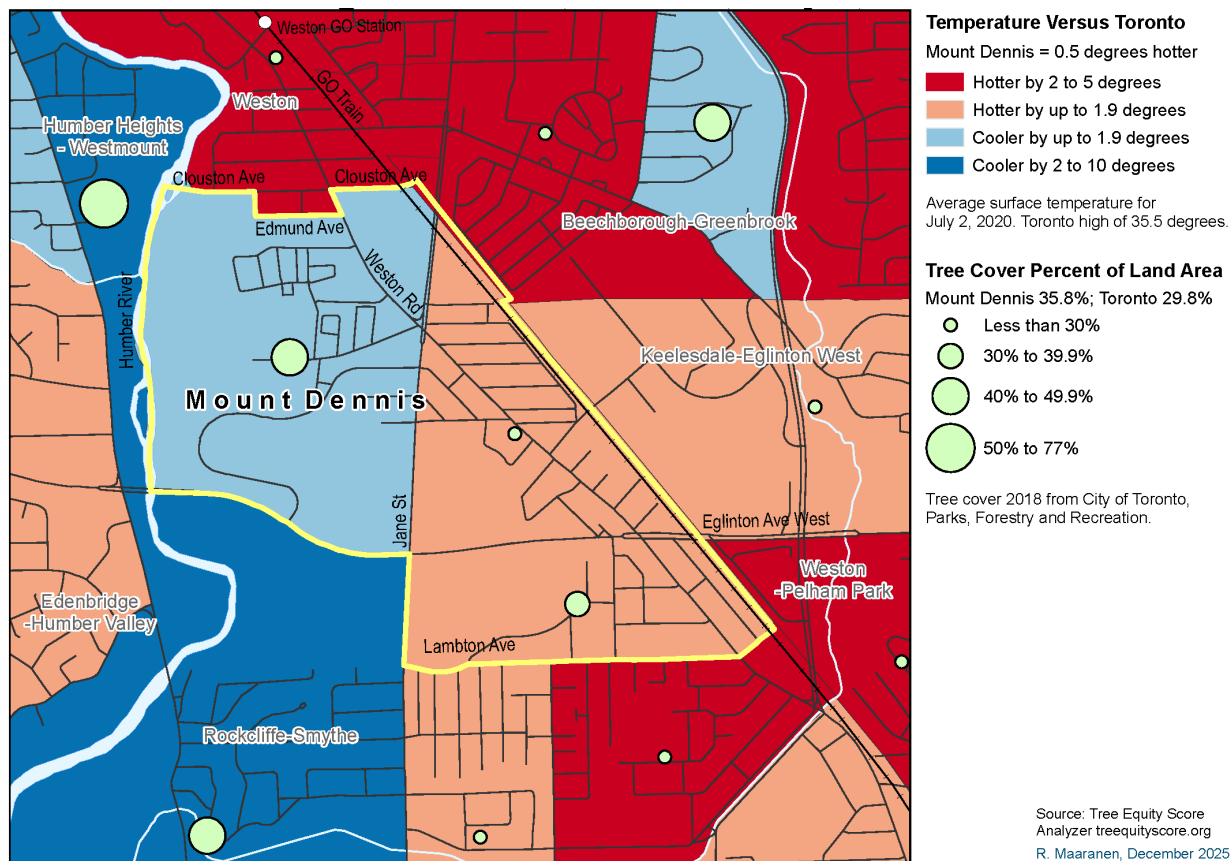


TREE COVERAGE AND HEAT SEVERITY OF CENSUS TRACTS

CITY OF TORONTO (2019)



MOUNT DENNIS NEIGHBOURHOOD (2019)



ACCESS TO SERVICES AND AMENITIES

In the City of Toronto, Black neighbourhoods often have poor access to amenities. Black communities often reside outside the urban core, and the broader peripheries of Toronto offer families less access to services and amenities, including health care. Grocery stores, pharmacies, childcare, primary schools, libraries, and public transit are studied as amenities which should be within walking distance. Whereas health care facilities and employment should be within driving distance.

The Amenity Dense Blocks for Families with Children in the City of Toronto Map (2021) measures low, medium and high density blocks by dissemination area. Based on this map, we can observe that dissemination areas in the south of the Mount Dennis neighbourhood have medium amenity density in contrast to the dissemination areas to the north of the neighbourhood which have low amenity density. Further, low density blocks are those that are described to lack most amenities within walking or driving density, whereas medium and high density blocks have six types of amenities within walking distance. These amenities might include a grocery store, pharmacy, child care, primary school, library, and public transit. They also have two amenities within driving distance, including a health care facility and a source of employment.

The Health Care Services Per Capita and Black Population Density Map by City of Toronto Neighbourhoods (2022) measures the number of health services per 1,000 population

by neighbourhood, the number of health care facilities by dissemination area and the percentage of Black population. Health care service establishments include ambulatory health care, hospitals, and nursing and residential facilities. Based on this map, we can observe that Mount Dennis has a health service count of 1.0 compared to the City average of 3.7, and the highest concentration of health services (a count of 5.0 or more) along subway Line 1, as well as the west side of Line 2. Notably, neighbourhoods with the highest concentration of health services per 1,000 population have a lower proportion of Black residents, whereas the areas with the lowest concentration of health services have the highest concentration of Black residents.

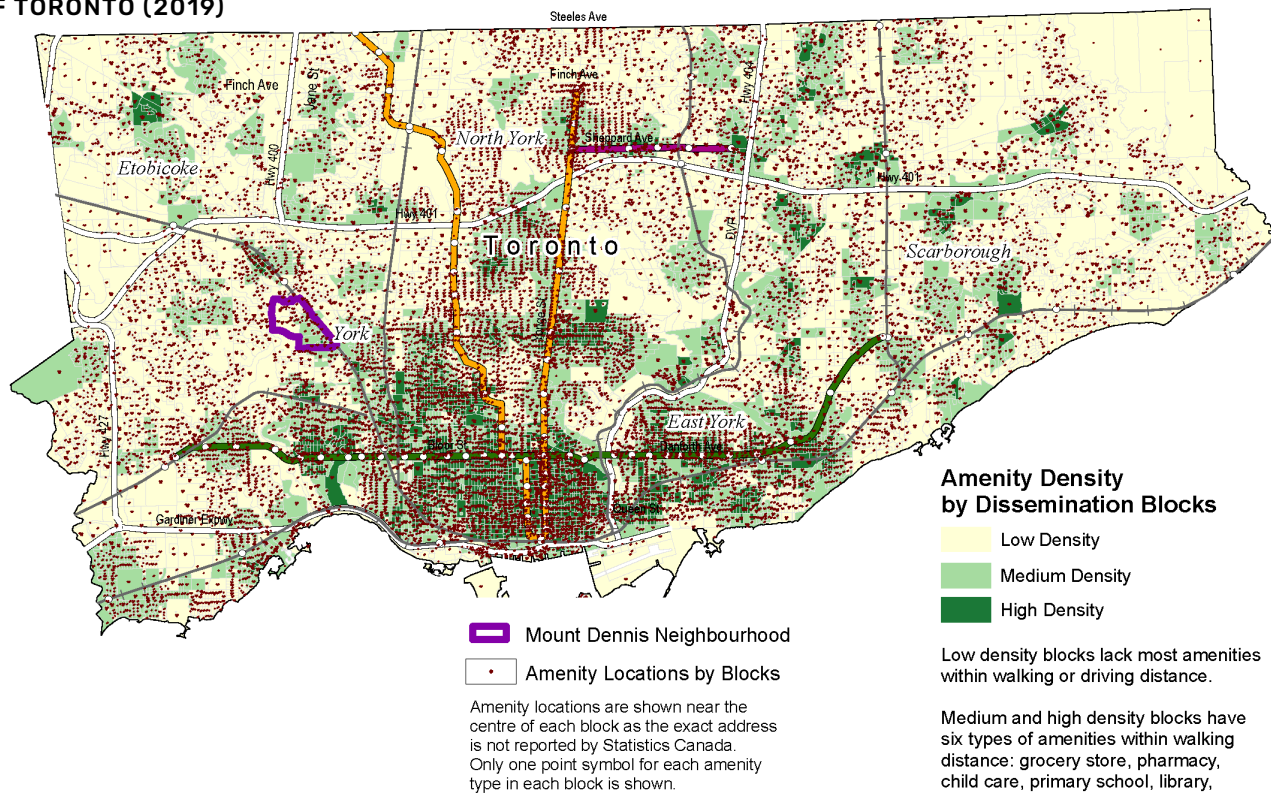
Mount Dennis youth and elders felt positive about the various amenities which were in their community. Youth felt connected to affordable chain fast-food and retail spaces. Children in Mount Dennis frequented the libraries and community centres. Elders attended festivals and local community events. Older Youth reminisced about pop-up community BBQs and locally run events which celebrated Black community. Often, local community hubs create pop-up public spaces that work to reclaim and reinvent urban areas such as parks, parking lots, and other unconventional spaces.⁷² This can help develop Black joy and serve as a bridge to and from mental and physical health supports.⁷³



Mount Dennis (Photo Credit: BPP)

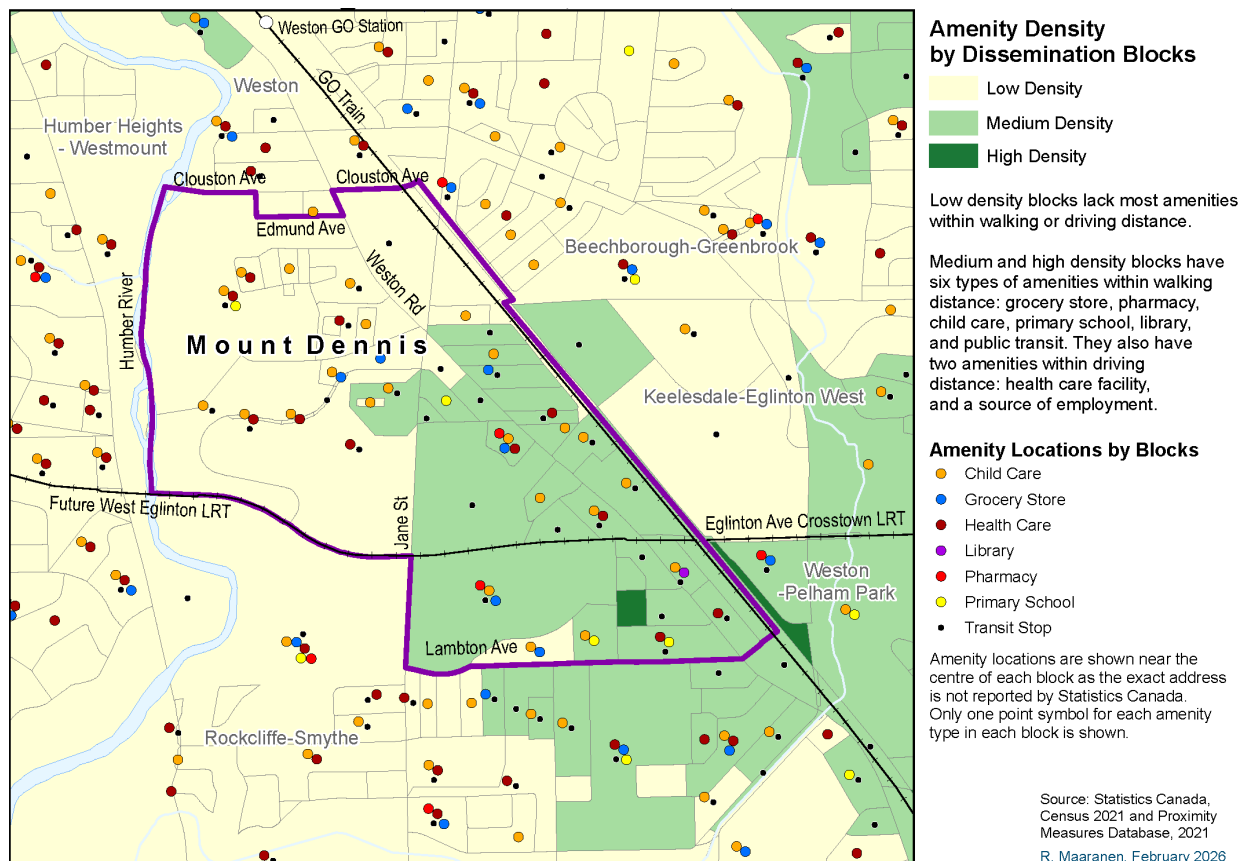
AMENITY DENSE BLOCKS FOR FAMILIES WITH CHILDREN

CITY OF TORONTO (2019)



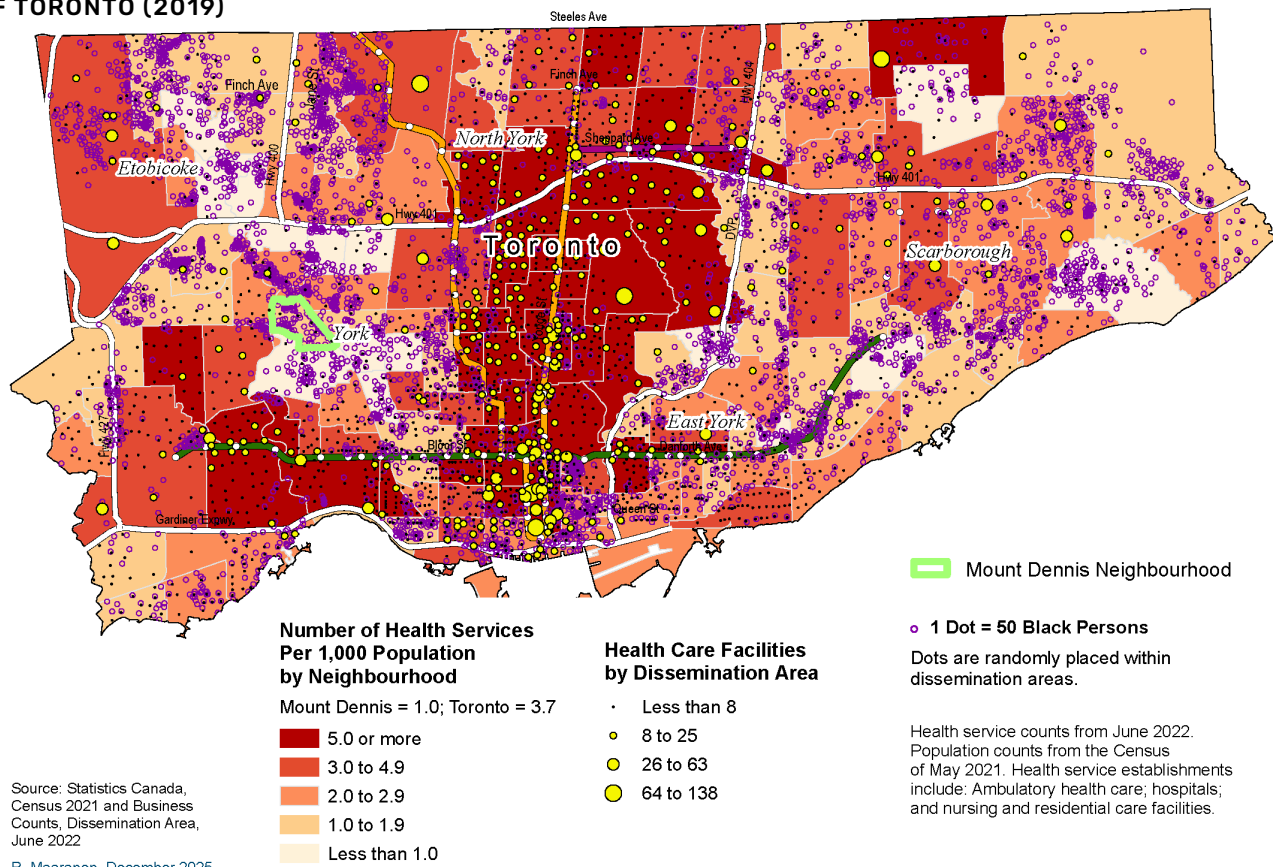
Source: Statistics Canada, Census 2021 and Proximity Measures Database, 2021
R. Maaranen, November 2025

MOUNT DENNIS NEIGHBOURHOOD (2019)

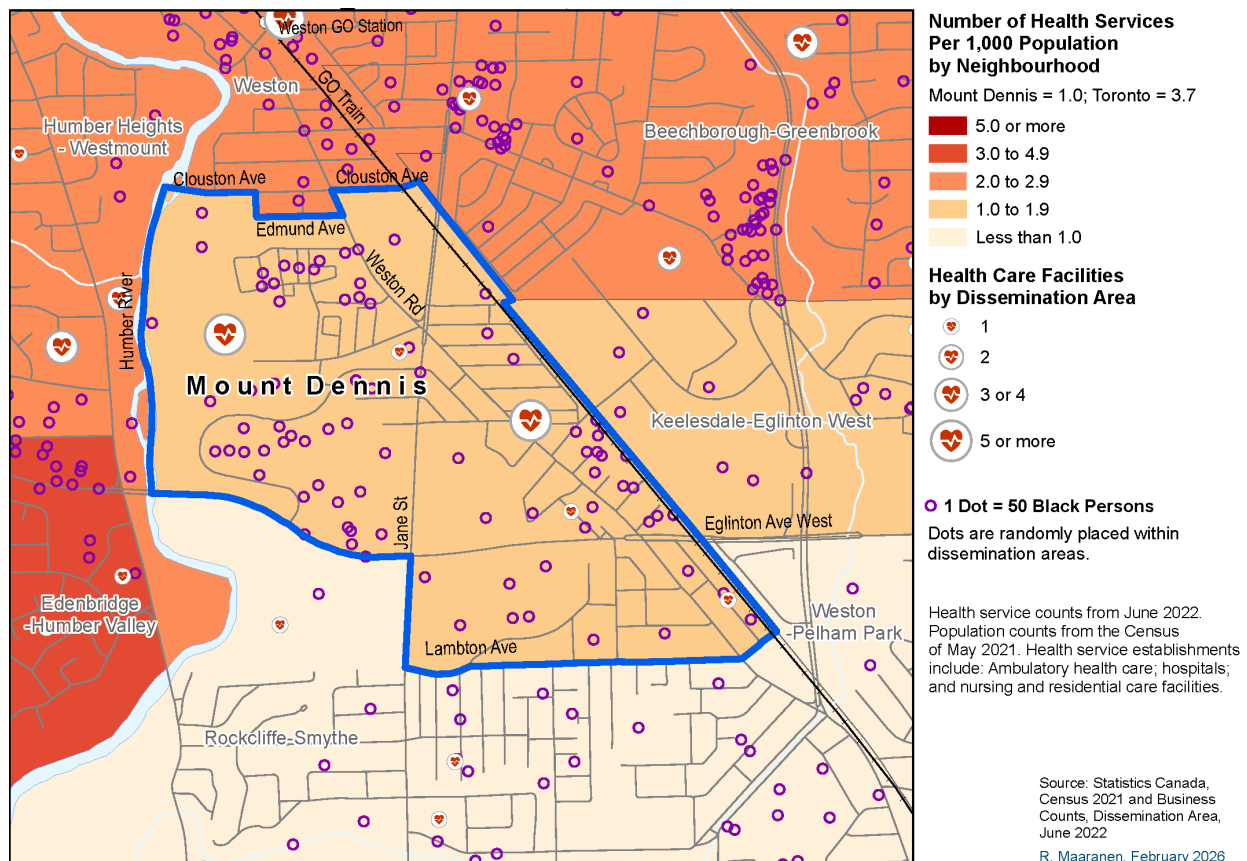


HEALTH CARE SERVICES PER CAPITA AND BLACK POPULATION DENSITY

CITY OF TORONTO (2019)



MOUNT DENNIS NEIGHBOURHOOD (2019)



MOBILITY AND TRANSPORTATION

The Cycling Accessibility to Seven Types of Amenities in the City of Toronto Map (2024) measures the ease of reaching seven types of amenity destinations by cycling using dissemination areas as well as the location of bikeways. Based on this map, we can observe that the Mount Dennis neighbourhood has good cycling ease and bikeways located along Eglinton Avenue West and the Humber River. At the time of this report, there is no bikeway along Weston Road. This contrasts to downtown Toronto which is measured to have excellent cycling ease and a significantly higher concentration of bikeways. Accessibility considers travel time and barriers in addition to proximity or distance to the following amenities: health care facility, child care, primary and secondary schools, employment, post secondary school, and sports, recreation and cultural & art facilities. Blocks located excellent are in the top quintile (20%) in Toronto, while blocks rated poor are in the lowest quintile ranking.

The Walking Accessibility to Seven Types of Amenities in the City of Toronto Map (2024) measures the ease of reaching seven types of amenity destinations by walking using dissemination areas as well as the location of Toronto Transit Commission (TTC) bus stops. Based on this map, we can observe that the Mount Dennis neighbourhood has average to good walking ease and good access to public transportation along Eglinton Avenue West, Weston Road and Emmett Avenue. This contrasts to downtown Toronto which is measured to have excellent walkability and a significantly higher concentration of public

transportation access. Similar to cycling accessibility, accessibility in the walking context considers travel time and barriers in addition to proximity or distance to the following amenities: health care facility, child care, primary and secondary schools, employment, post secondary school, and sports, recreation and cultural & art facilities.

Active transportation has been highlighted as a means for positive health outcomes. Reports show that motor vehicle dependency can lead to additional worry and stress, on top of the general pollutants from vehicles.⁷⁴ The Mount Dennis area has fairly good walkability and access to public transportation. In Mount Dennis, older youth and elders primarily take public transportation and walk to community amenities. Older youth faced racial discrimination on public transit. For elders, public transportation gives them a sense of agency and independence over their travel. Elders felt less safe using transit late at night, so they relied on taxi services to return from appointments. For younger children, their families felt less safe having their children walk around the community; they primarily drove in private vehicles and carpooled.

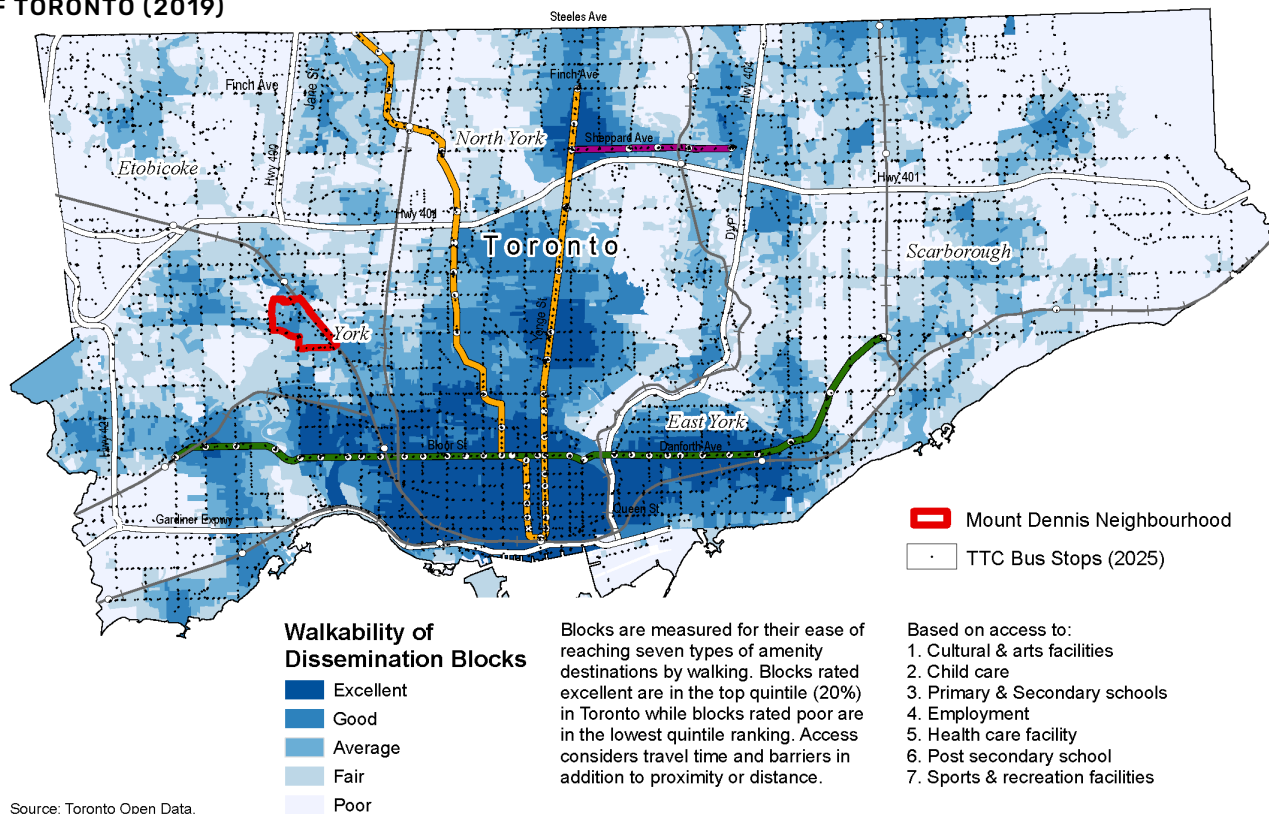
No one reported actively using the cycling infrastructure. For Black communities, the fear of safety from violence and racism is a prevalent concern. Practices such as racial profiling often restrict mobility and safety for Black communities. Thus, considering public transportation, walkability and broader active transportation infrastructure, safety must be emphasized.



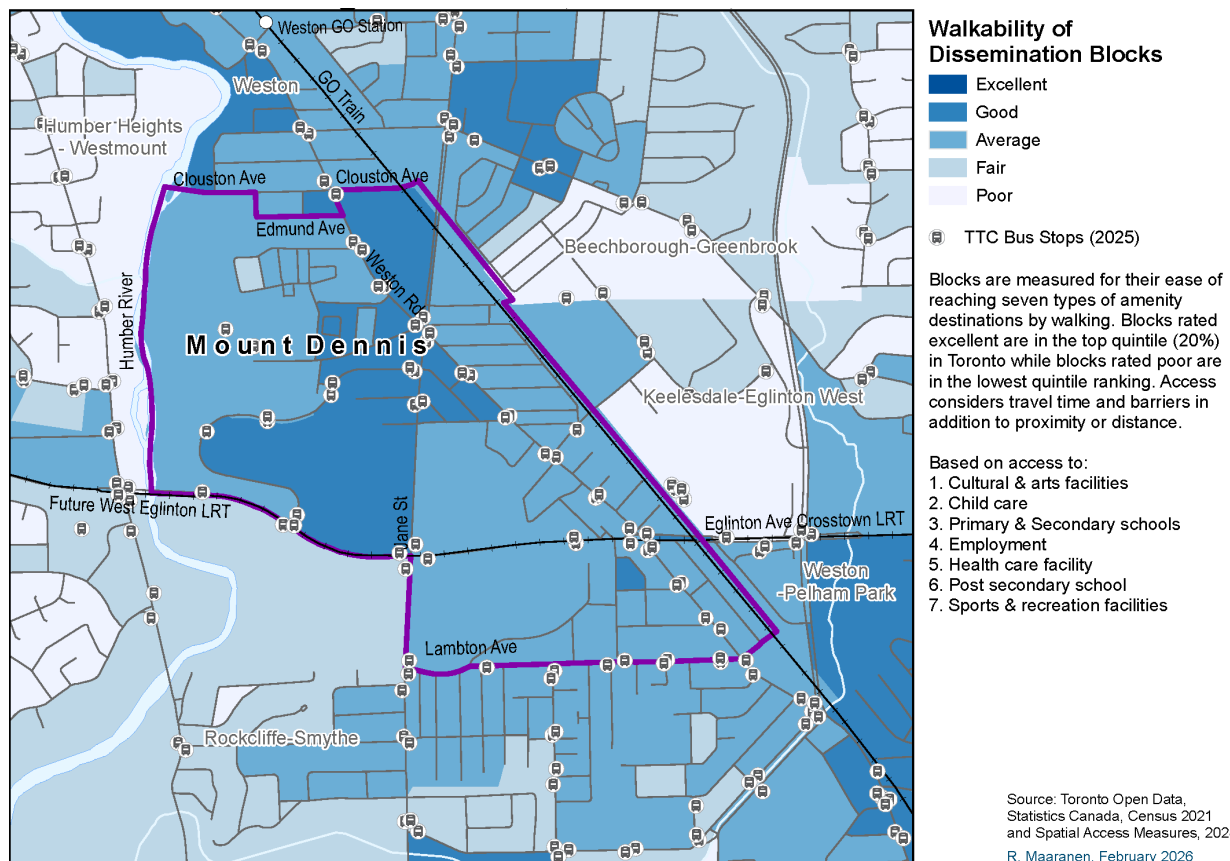
Mount Dennis (Photo Credit: BPP)

WALKING ACCESSIBILITY TO SEVEN TYPES OF AMENITIES

CITY OF TORONTO (2019)

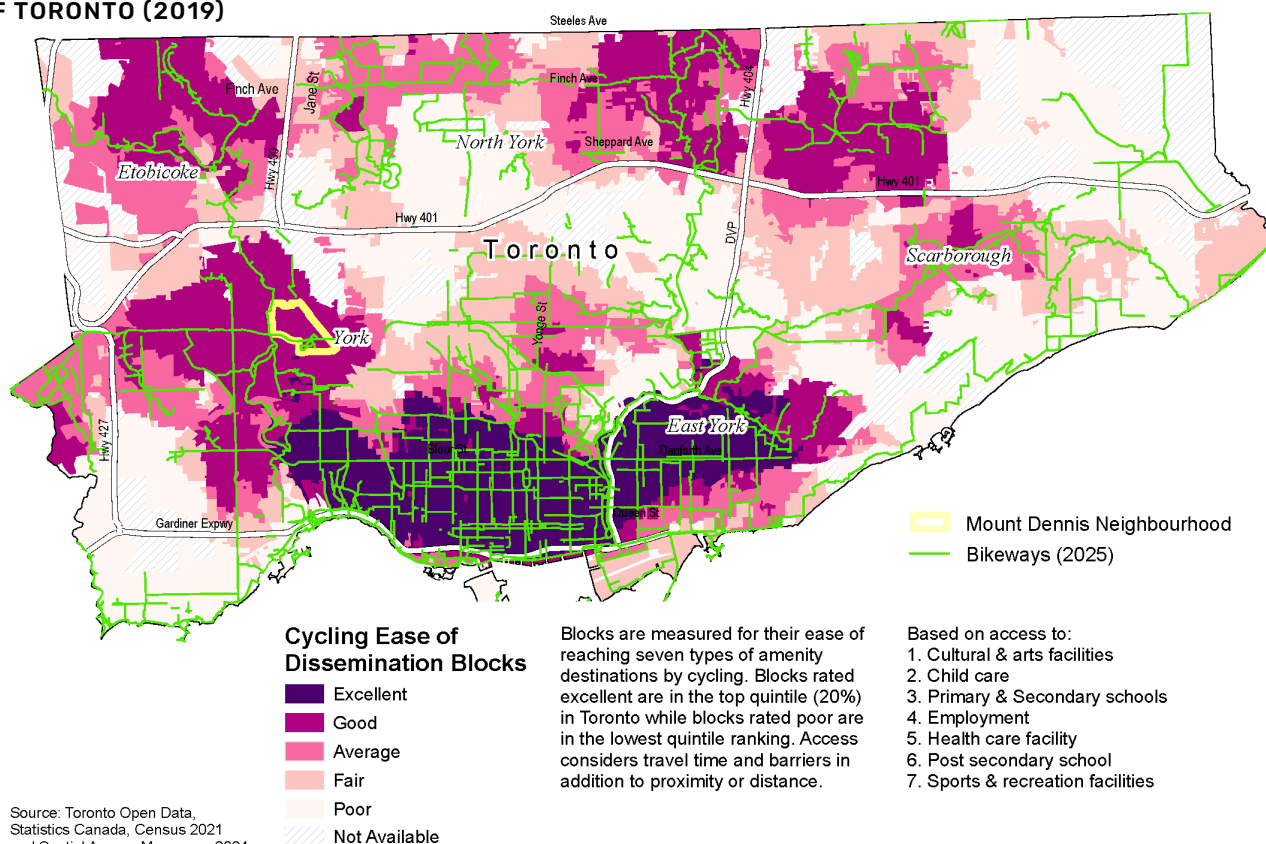


MOUNT DENNIS NEIGHBOURHOOD (2019)

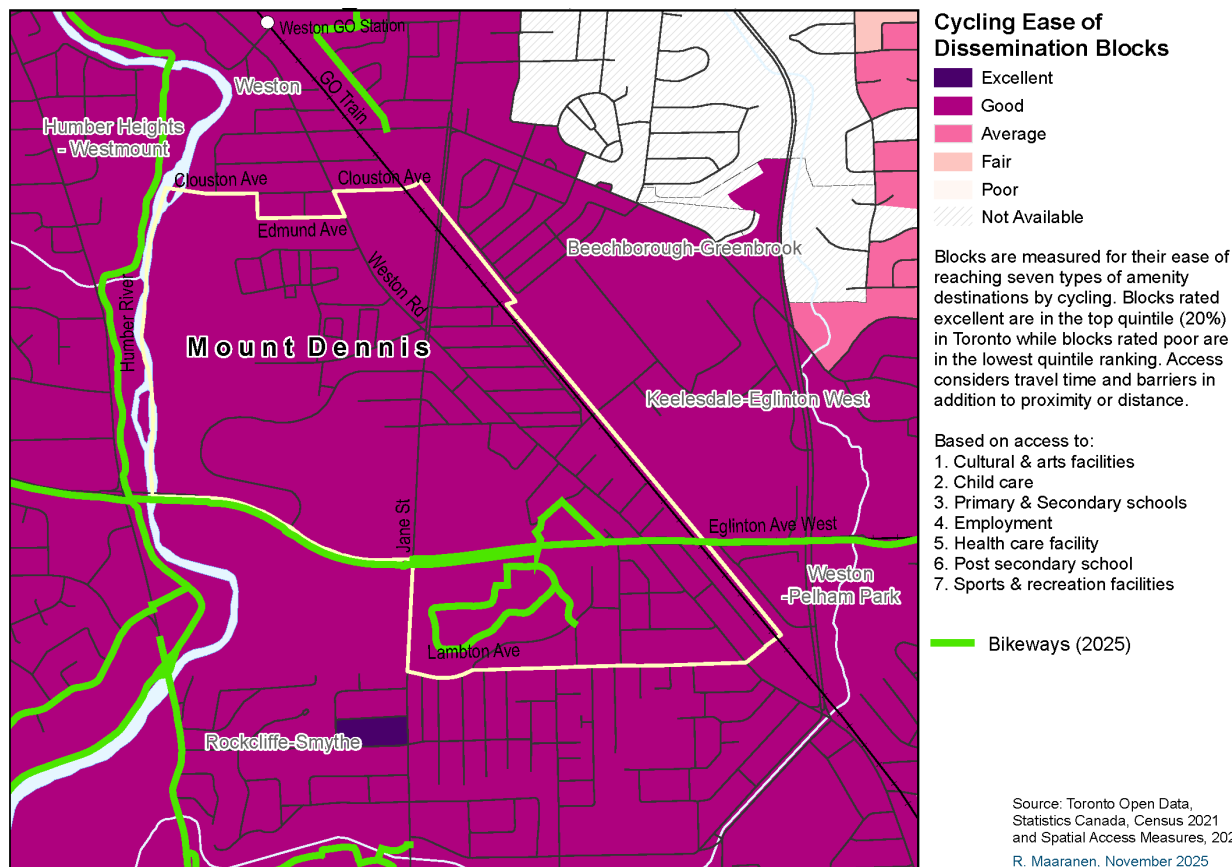


CYCLING ACCESSIBILITY TO SEVEN TYPES OF AMENITIES

CITY OF TORONTO (2019)



MOUNT DENNIS NEIGHBOURHOOD (2019)



SAFE AND AFFORDABLE HOUSING

The Concentrations of Black Population and Housing in Poor Condition by Dissemination Areas in the City of Toronto Map (2021) measures the proportion of the Black population that lives in dissemination areas with poor housing conditions. Based on the map, we can observe that the Mount Dennis neighbourhood has a high proportion of the Black population, as well as a high proportion of housing in poor condition. Here, poor housing in poor condition is defined as housing in need of major repairs as reported by occupants of private dwellings in the Census. This includes problems such as defective plumbing or electrical wiring, and dwellings in need of structural repairs to walls, floors and ceilings. Across the city, neighbourhoods with a high proportion of Black residents (Etobicoke and Scarborough) have a higher percentage of housing in poor condition.

The Black Population Living in Affordable Subsidized Housing in the City of Toronto (2021) measures the percentage of the Black population living in subsidized housing across census tracts in relation to the total population of Black residents living in the area. In Toronto, there are approximately 79,300 subsidized dwellings, which make up 6.8% of all housing units in the city. Of the population living in subsidized housing across the city, 28.8% of residents are Black. Based on the map, we can observe that there is a strong relationship between the proportion of where Black residents live in Toronto and their representation in subsidized housing. More specifically in Mount Dennis, Black residents make up between 5 to 24.9% of the population living in subsidized housing, compared to the City average of 21.8%. Here, subsidized housing refers to rent geared to income, social housing, public housing, government assisted housing, non-profit housing, rent supplements and housing allowances. This representation is low to middle,

compared to other parts of the City where there is a very high proportion of Black populations living in subsidized housing (50-100%), particularly in Toronto Community Housing communities.

Safe and affordable housing greatly impacts one's health. Throughout Canada, residential discrimination has been a large but underanalyzed issue impacting the Black community. Scholars in the USA recognize the connections between residential discrimination and health due to its broader impacts on income, employment, access to amenities, and stability. Overall, Toronto areas that have a high percentage of Black population often also have poor housing conditions, with housing which is in need of repair. For youth in the Mount Dennis community, adequate housing had a major impact on how they and their families navigated everyday life. Many apartment buildings were poorly managed, with poor elevator access, where elevators had long lines or were broken for long periods of time. Thus, youth in these buildings would only access their units through the stairs.

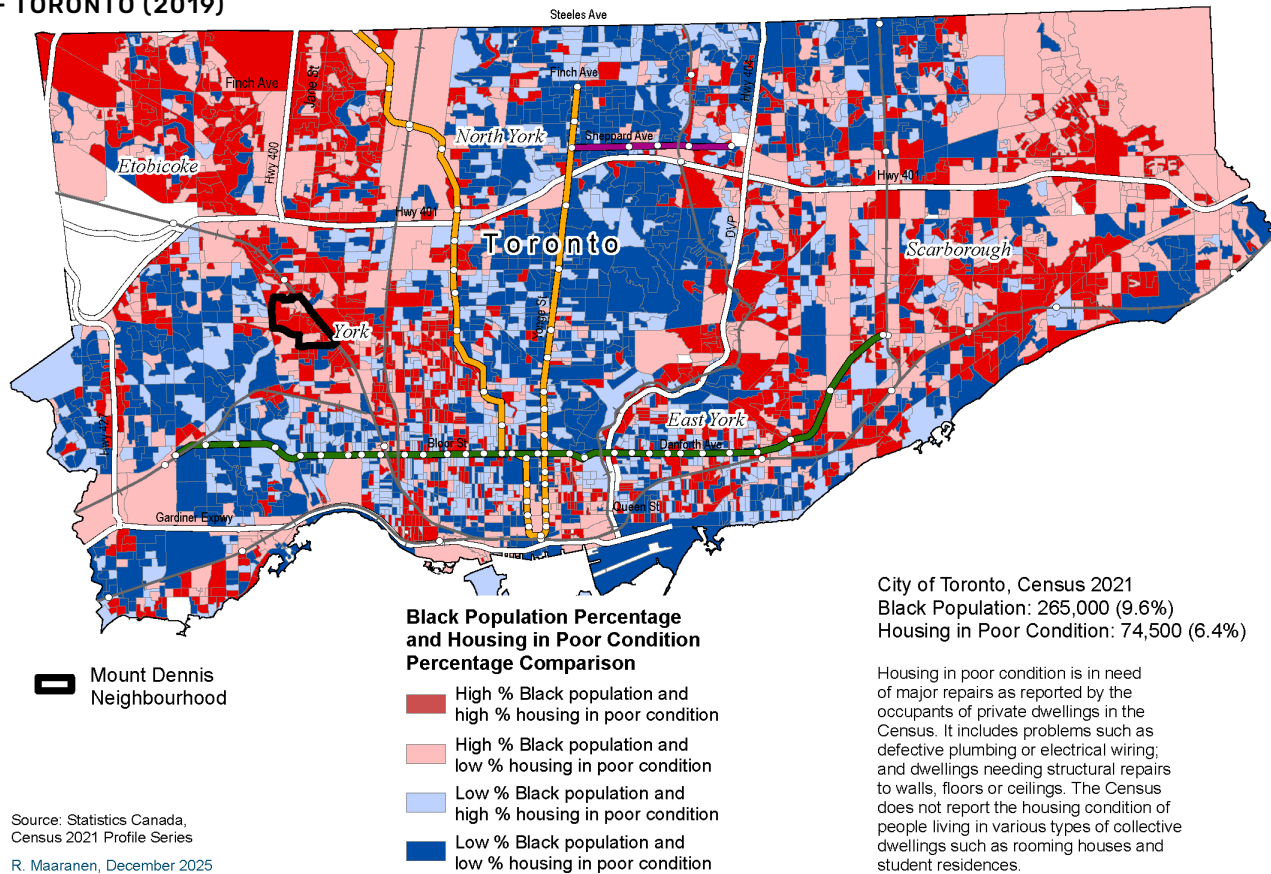
This showcases a broader accessibility issue for those with chronic health issues, young children, mothers and seniors. This was further highlighted in discussions with youth about elder relatives who often did not leave their units for extended periods. Elders interviewed already felt discouraged from leaving their units due to the cold weather and its accompanying conditions. Henceforth, it is imperative for buildings to be consistently fully accessible to ensure residents are not isolated within their units. During the pandemic, isolation and overcrowding were highlighted as core factors that led to a deterioration in health, hence the deep importance of accessible, safe and affordable housing.



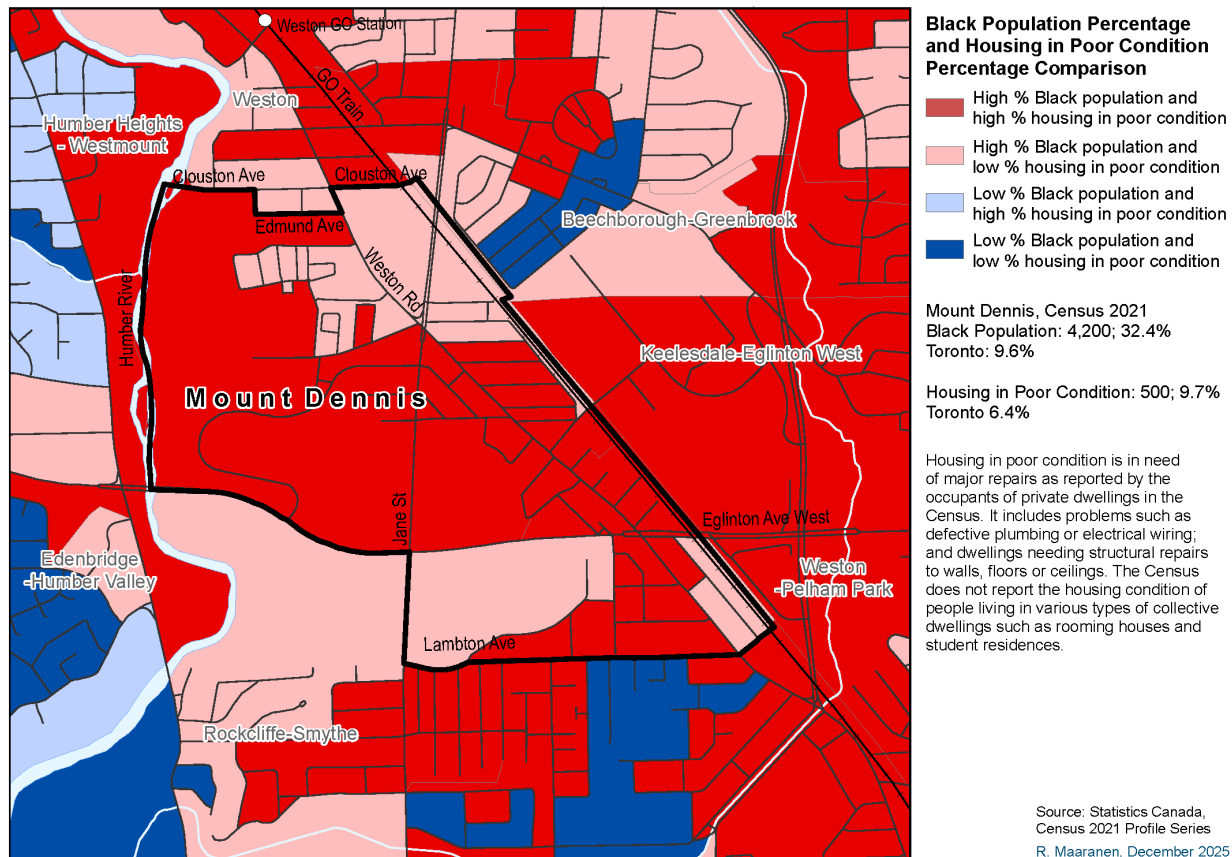
Mount Dennis (Photo Credit: BPP)

CONCENTRATIONS OF BLACK POPULATION AND HOUSING IN POOR CONDITION

CITY OF TORONTO (2019)

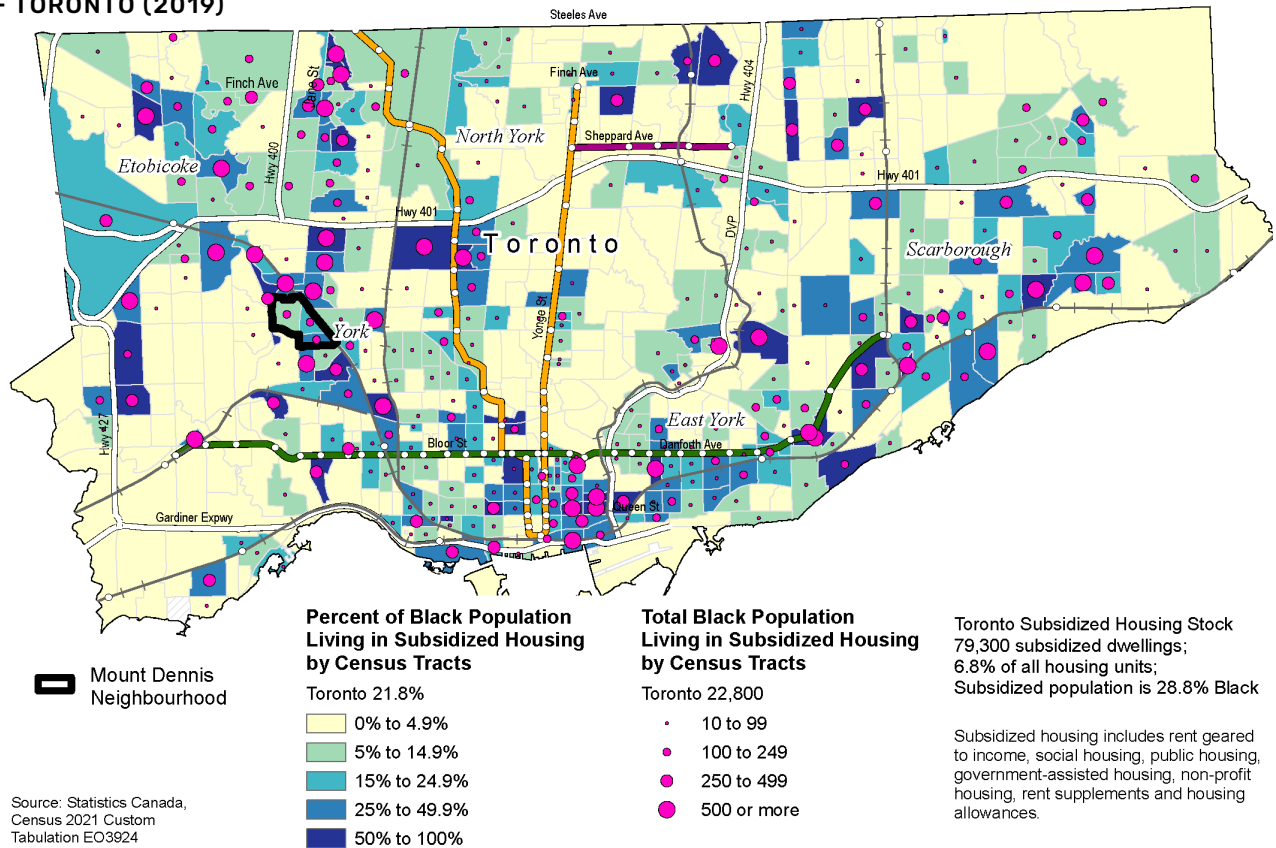


MOUNT DENNIS NEIGHBOURHOOD (2019)

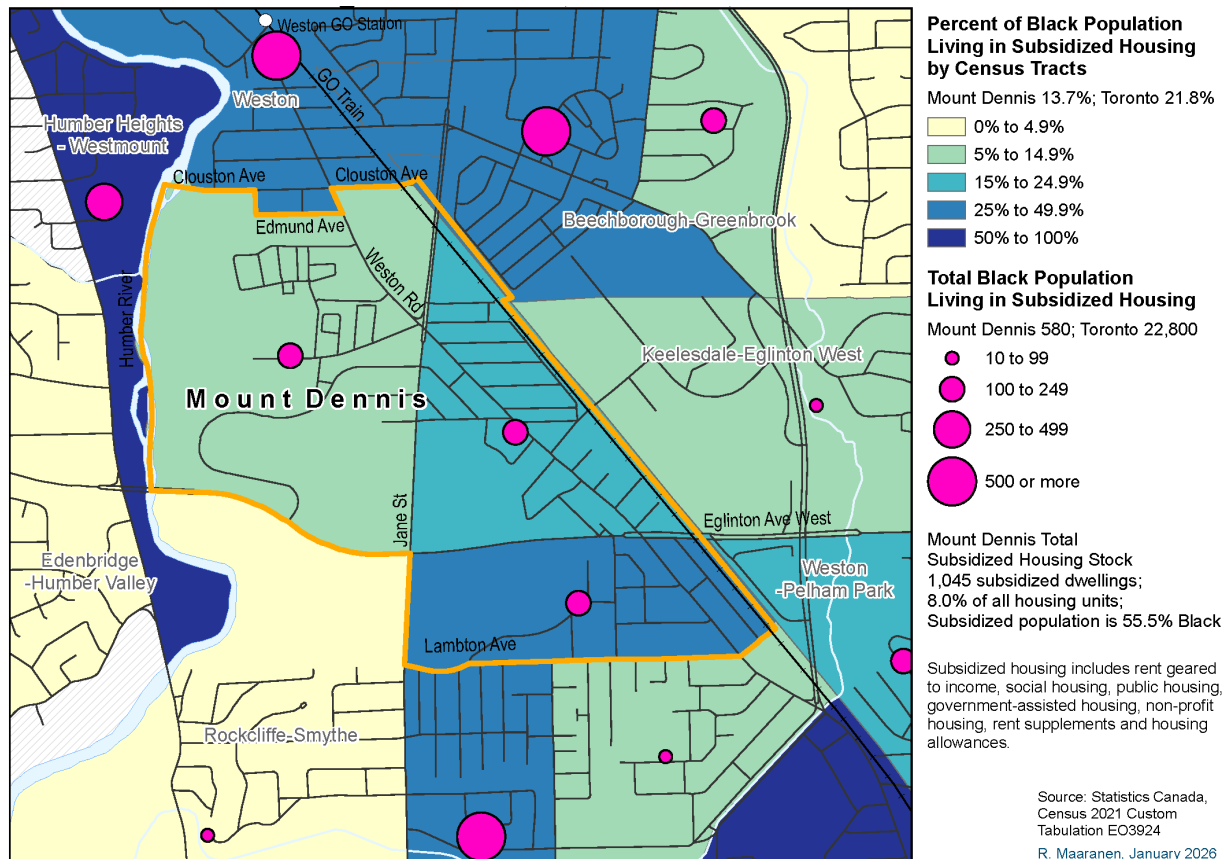


BLACK POPULATION LIVING IN AFFORDABLE SUBSIDIZED HOUSING

CITY OF TORONTO (2019)



MOUNT DENNIS NEIGHBOURHOOD (2019)



EQUITABLE ECONOMIC DEVELOPMENT

The Black Population Average Individual Income After-Tax in the City of Toronto Map (2019) measures the average individual income of Black residents in Toronto by census tract compared to the Black average across the Toronto Census Metropolitan Area (CMA). The Toronto CMA average income after-tax for Black residents is \$41,880, which is 8% lower than the overall CMA average of \$45,440 for persons age 15 and over from all sources. The after-tax income for Black residents in Mount Dennis fall within the low and middle average Black income quintiles, which is comparable to that of other Black residents located across Etobicoke and Scarborough. This contrasts the average incomes of Black residents who live in downtown Toronto or south Etobicoke, who may fall within the high to very high income quintiles.

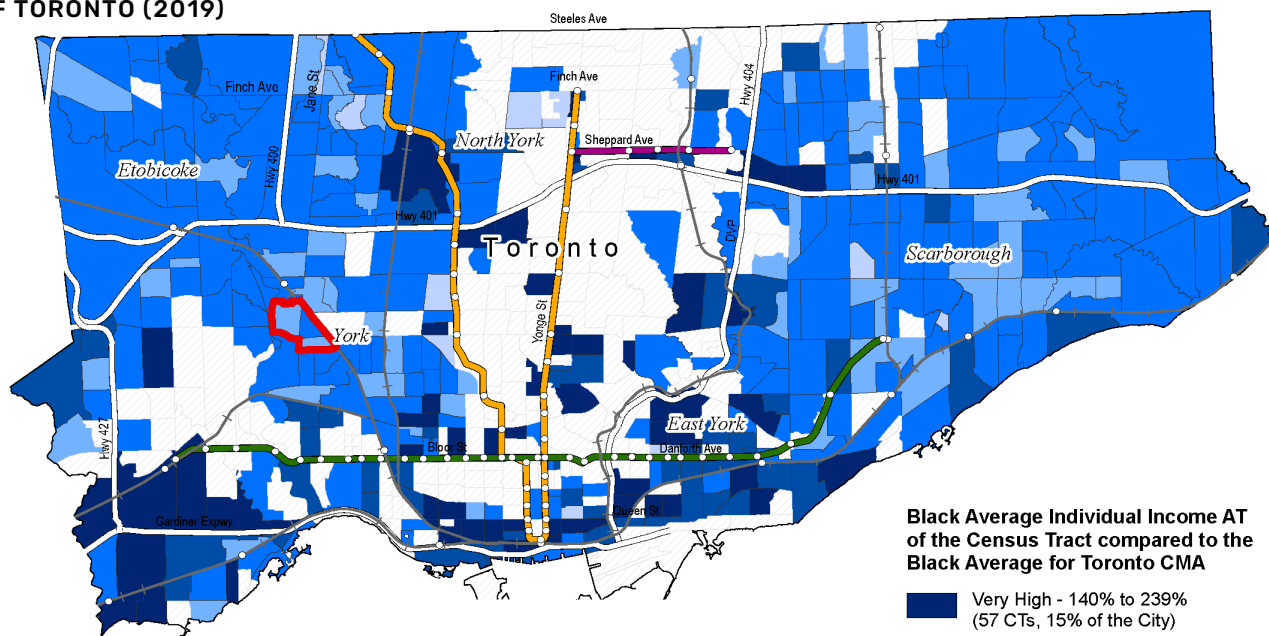
Black communities in Canada often face economic disparities and challenges with wealth. Black Canadians earn less statistically than white Canadians. Often in Canada, wealth is attached to homeownership and with the residential discrimination, many longstanding Black Canadian communities were not able to attain homeownership in economically valuable areas. In Canada, immigrants often experience occupational mismatch and end up in roles that do not meet their skill level. Black newcomers and Canadians are often rent-burdened, which deeply impacts economic conditions. For Mount Dennis youth, economic opportunities were a concern, as they affected their families. As Black youth who were recent immigrants, they observed parental difficulties in navigating employment with language barriers. Many youth balanced helping support families financially while balancing other responsibilities, such as caregiving and school.



Mount Dennis (Photo Credit: BPP)

BLACK POPULATION AVERAGE INDIVIDUAL INCOME AFTER-TAX

CITY OF TORONTO (2019)



Mount Dennis Neighbourhood

Toronto Census Metropolitan Area
Average Income After-Tax, 2019
Black \$41,880 which is 8% lower
than the overall average of \$45,440

Income for persons age 15 and over from all sources.

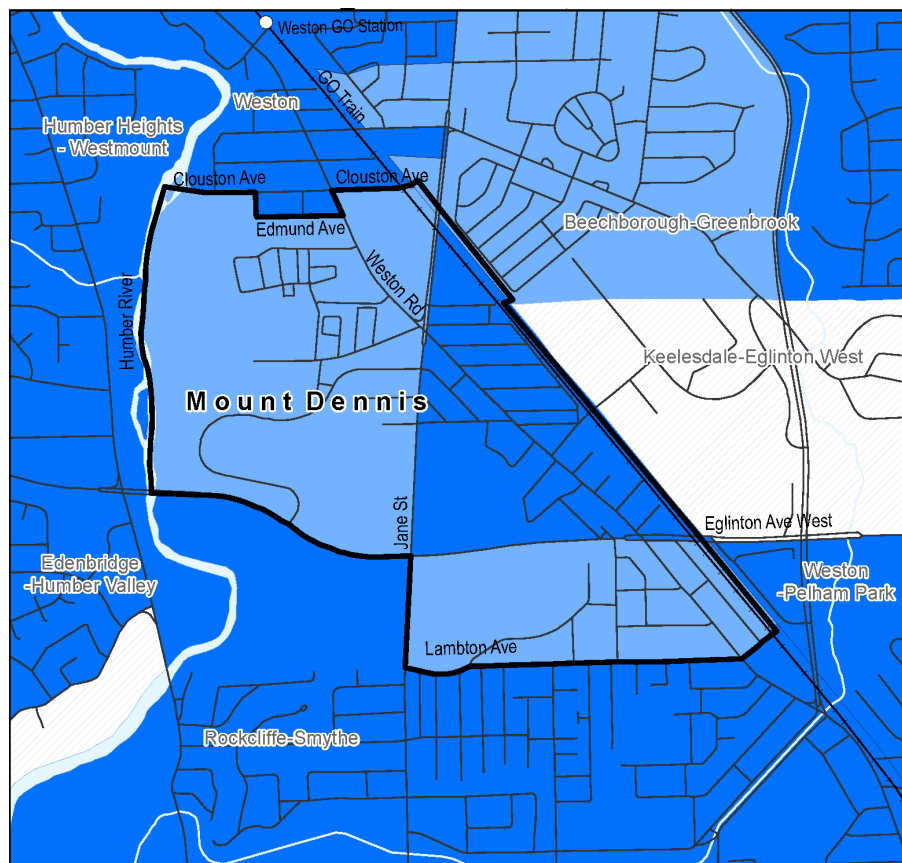
Black Average Individual Income AT of the Census Tract compared to the Black Average for Toronto CMA

- Very High - 140% to 239% (57 CTs, 15% of the City)
- High - 120% to 139.9% (57 CTs, 15% of the City)
- Middle - 80% to 119.9% (200 CTs, 52% of the City)
- Low - 60% to 79.9% (59 CTs, 15% of the City)
- Very Low - 36% to 59.9% (10 CTs, 3% of the City)
- Not Available (202 CTs)

Source: Statistics Canada,
Census 2021 Custom
Tabulation EO3924

R. Maaranen, February 2026

MOUNT DENNIS NEIGHBOURHOOD (2019)



Black Average Individual Income AT of the Census Tract compared to the Black Average for Toronto CMA

- Very High - 140% or More
- High - 120% to 139.9%
- Middle - 80% to 119.9%
- Low - 60% to 79.9%
- Very Low - Less than 60%
- Not Available

Average Income After-Tax, 2019
Black in Toronto CMA \$41,880
Black in Mount Dennis \$33,780
which is 19% lower than Toronto

Income for persons age 15 and over from all sources.

Source: Statistics Canada,
Census 2021 Custom
Tabulation EO3924
R. Maaranen, February 2026

Future visioning

As a part of our community mapping workshop, we asked youth to consider what future healthy Black neighbourhoods should look like, smell like, taste like and feel like. Thus giving youth creative freedom to express the ways they envision Black health more broadly. This approach helped ground and wrap up the heavy discussion around community health challenges and intimate personal experiences related to health and family care. Overall, the youth primarily spoke about the

importance of feeling safe and of belonging. This was rooted in words that represented comfort for them, which often correlated to foods. There was a strive for improved spaces that exude beauty, inspiration, and gathering. Joy. Despite challenges youth might face in the neighbourhood, some emphasized the importance of being able to remain in the community despite the changes occurring around them. Examples of these Black urban health statements follow:

- smells like peace. I'm hoping in the future it's peaceful.
- tastes like food. In the future I'm hoping its safe to live in and there's more BBQs outside.
- feels like: a better place to live in. I'm hoping to see improvements in the area with prettier buildings and more stores to go to. Better people, more parks, etc.

- tastes like strawberries
- smells like jerk chicken
- 2100 Weston Road

- peace, safety
- healthier food
- beautiful buildings, good maintenance
- parks, nature
- indoor spaces in winter
- more community events

- looks clean and modern
- smells like flowers
- tastes like muffins

- smells like freedom, nature, food (culture)
- feels like community, unity, inspiration
- tastes like belonging



05

Black Urban Health Framework and Recommendations



A Holistic Approach to Black Urban Health

Through our engagement with Black residents in Mount Dennis, we also sought to understand how “Blackness” and the broader implications of what it means to be a Black person when navigating urban spaces and health is experienced in their local community. Fundamentally, Black experiences are nuanced and the ways that Black people conceptualize their health not only include the physical, but also the cultural and spiritual. For residents in Mount Dennis, we heard that spirituality and religion are also core ways of accessing trusted health and social resources that strengthen one’s mental and physical wellbeing.⁷⁵ Spiritual forms of health emphasize caring for one’s body as a form of worship or as a means of connection to family and the broader community.⁷⁶ Further, there is a deep reliance on intergenerational caregiving and broader community care, which is often passed down through storytelling. When digging into mental health specifically, there are still significant barriers as a result of the stigmatization of mental illnesses, which can impact vulnerable groups such as Black LGBTQ+ youth⁷⁷ As a result, understanding the Black

urban health experiences must be rooted in Afrocentric, lived experiences and cultural knowledge of Black communities.⁷⁸

The following subsection concludes the Mapping Black Urban Health report by providing recommendations for continued action for the Black Planners and Urbanists Association (BPUA), other community-based organizations interested in addressing Black urban health challenges and Mount Dennis’ Learning Enrichment Foundation (LEF). These recommendations are primarily focused on continued community-led action, although they also point to areas where government action is still needed. Together, these recommendations seek to build upon the foundation started by this project to expand our understanding of Black urban health across the city, to continue exploring how Black urban health intersects with urban planning and design, and how we can enable innovative community development and culturally-responsive care to respond to our Black health needs.

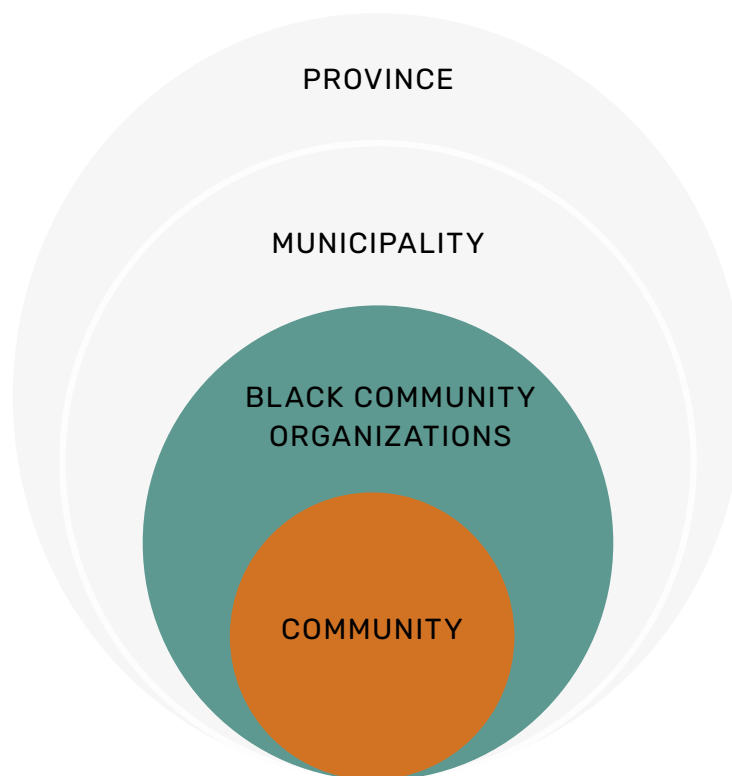


Figure 2. MBUH recommendations focus areas

Recommendations for the Black Planners and Urbanists Association (BPUA)

Based on the research findings and observations of the Mapping Black Urban Health project, we are proposing the following recommendations for the Black Planners and Urbanist Association to continue advancing this work in Black communities across the city:

DATA	
01	Advocate for greater Black-specific data collection by the City of Toronto, Province of Ontario and Government of Canada, generally, and specifically at the postal code to enable targeted community-based responses.
02	Advocate for barrier-free access to intersectional data for no to low cost and the reinstatement of the Statistics Canada Centre for Gender, Diversity and Inclusion
CROSS-SECTORAL COLLABORATION AND PARTNERSHIP	
03	Explore establishing a collective research partnership with other Black-health focused organizations, for example Black Health Alliance, to continue this research for other Black communities across the city with more rigorous community co-design and engagement.
04	Explore partnering with urban designers, architects and health professionals (e.g., community health practitioners, epidemiologists, and mental health service providers) to explore built-form responses as a critical component of this work, in alignment with BPUA's mandate.
CONTINUED RESEARCH AND ENGAGEMENT	
05	Secure additional funding resources to sustain and build out the Mount Dennis Black Urban Health Community Storymap and Geospatial Dashboard, and work with cross-sector collaborators to further refine and tailor them to meet community organizational needs
06	Establish a Research Committee at the Black Planners and Urbanist Association to build internal capacity to continue undertaking Black-led and focused research projects and advocacy on behalf of planners, designers and associated professions
07	Identify other community partners in Black communities across the city to ensure that future research and engagement is co-lead and responsive to the needs of local Black residents and the organizations that serve them.
INFORMING POLICY	
08	Advocate for the establishment of a Black Health Advisory Table with key stakeholders and Torontonians with lived experiences to support a Black Urban Health Strategy for the City of Toronto.
09	Building upon the momentum of Perkins&Will's work in the Mount Dennis community, advocate to the City of Toronto to integrate urban health and evidence-based Black urban health analyses into planning policies, such as the Official Plan, secondary plans and strategies.
10	Advocate to the Province of Ontario to recognize Black urban health in provincial planning policies to support the development of safe and healthy communities, as well as continued culturally-responsive public health responses for Black people in Ontario.
MONITORING AND EVALUATION	
11	Use the Emerging Black Urban Health Framework to establish a framework for monitoring and evaluating Black urban health outcomes in neighbourhoods across Toronto.

Recommendations for the Community-Based Organizations

Based on the research findings and observations of the Mapping Black Urban Health project, we are also proposing the following recommendations for community-based organizations serving Black residents in Black neighbourhoods across Toronto:

DATA	
01	Continue to advance bottom-up approaches to data collection to ground Black urban health research in lived experiences and to have community members to shape/validate research findings and build local solutions.
CROSS-SECTORAL COLLABORATION AND PARTNERSHIP	
02	Identify which organizations are also doing work related to Black urban health to reduce redundancies and create efficiencies (time, resources) through strong, collaborative partnerships to improve Black urban health at the community level.
03	Explore opportunities to collaborate with academics at college and universities and student researchers, as well as large scale health organizations that share values with community-led organizations.
CONTINUED RESEARCH AND ENGAGEMENT	
04	Engage Black residents who live and work in your neighbourhood, as well as other community experts, to deepen the project's initial understanding of Black urban health in the community through engagement and data collection.
05	Use counter-mapping and asset-based mapping approaches in continued engagement to continue exploring critical, but generative perspectives to build solutions from what works well.
06	Identify existing community and organizational research related to community/Black health and wellbeing, which may be tied to other community issues such as community safety, service provision and local programming.
INFORMING POLICY	
07	Work with community members to lead the development of recommended policy actions to address Black urban health challenges in the local communities, but also for Black communities across the city.
08	Work with community members to evaluate your organization's existing strategic priorities and program offerings to ensure that they are culturally-responsive to the needs of Black residents, including youth, seniors and newcomers
MONITORING AND EVALUATION	
09	Monitor how the City of Toronto and other actors are advancing Black urban health outcomes across Toronto to ensure community accountability.

Recommendations for the Learning Enrichment Foundation

In addition to the recommendations for community-based organizations above, we are proposing the following recommendations for the Learning Enrichment Foundation (LEF) to deepen the impact of this work in Mount Dennis:

01	Review your existing programs and initiatives related to Black health and community wellbeing to ensure they are responsive to the needs of Black community members, including youth, seniors and newcomers
02	Build upon our understanding of Black urban health by reviewing other research projects or engagement undertaken by LEF on related issues (e.g., community safety) to continue building local solutions
03	Use the research findings and observations from MBUH to further operationalize the Mount Dennis for All Community Action Plan, with a particular focus on elevating themes related to Black/community health and wellbeing
04	Use the research findings and observations from MBUH to shape the development of the Mount Dennis Equity Scorecard to ensure future development is responsive to the needs of Black residents, their health and wellbeing. This may include shaping the engagement approach and final policy recommendations.



Mount Dennis (Photo Credit: BPP)

Research Gaps and Next Steps

As a part of this research project, there are a few notable gaps that we would like to acknowledge that could become opportunities for future work. These opportunities include working more closely with health care providers and engaging them directly in the research process; having the time and resources to undertake more robust community engagement; with deeper community engagement having the ability to position community knowledge more centrally as opposed to complementary to the quantitative indicators in the research study, as well leading with community-defined definitions, of Black urban health for example. To achieve this, we recommend that BPUA continues strengthening partnerships with Black health organizations and building internal capacity for cross-sectoral collaboration.

Relately, Black Planning Project would like to express gratitude to the Learning Enrichment Foundation (Amina Yassin-Omar), TAIBU Community Health Centre (Amna Iqbal) and Black Health Alliance (Paul Bailey) for reviewing an early draft of this report. Through their review process, a number of opportunities were identified to deepen the impact of this research for future collaboration between urban planners, designers, health service providers and health practitioners. These opportunities include but are not limited to clarifying the implications of this urban planning-centred research for health service planning,

as well as operational pathways for cross-sectoral collaboration by defining common language and indicators of Black health and wellbeing, identifying data sharing opportunities, strategizing around advocacy priorities and coordinating community engagement processes on projects related to Black urban health and wellbeing.

Reviewers also identified opportunities to further bridge urban planning literature on health and wellbeing with health systems implications. This could include implications related to primary care access, prevention programming, mental health service distribution, culturally-responsive care models, and subsequently identification of service gaps, spatial barriers to care, and the need for care models that are tailored to specific local contexts. Further research could also dig deeper into the relationship between spatial inequities and mental health impacts on Black communities (e.g., as a result of place-based stigma, displacement, over-surveillance and criminalization, role of public space in fostering belonging and culturally-responsive community amenities), and further develop the concept of Black urban health from intersectional perspectives (e.g., gendered experiences of safety and mobility, disability and accessibility, immigration status, language access, sexuality and generational differences between youth and elders).



Emerging Black Urban Health Framework

The Emerging Black Urban Health Framework is a starting place for continued research, advocacy, monitoring and evaluation related to Black health and wellbeing outcomes in neighbourhoods across the City of Toronto. The Framework brings together general and race-specific quantitative indicators that can be used for spatial analysis, as well as qualitative indicators rooted in Black lived experience as equally important sources of data to measure and understand the health experiences of Black Torontonians.

As identified in Section Three, ten quantitative indicators from the Framework were selected for our pilot research project in Mount Dennis. These indicators were selected based on availability of data, as well as their ability to paint an impactful

picture of Black health experiences in Mount Dennis across the five urban health factors. Through future research, the Framework may be refined and/or expanded to include additional indicators and can be tailored to measure Black urban health outcomes across different neighbourhoods given their unique local contexts.

As the BPUA, LEF and other community-based organizations explore opportunities for further collaboration, the Emerging Black Urban Health Framework can be used to establish a comprehensive City-wide dashboard through partnerships with health organizations, governments and institutions, including universities and colleges. It may also be used to advance advocacy for a Black Urban Health Strategy for the City of Toronto.

Indicator Type	Urban Health Indicator	Notes of Data Sources	Mapped in Pilot by Richard M.
DEMOGRAPHY AND POPULATION HEALTH			
Quantitative and spatial analysis	Black population density	Available through Statistics Canada Census data program.	Yes
	Immigration status	Available through Statistics Canada Census data program.	
	Periods of immigration	Available through Statistics Canada Census data program.	
	Age (children, adults and seniors)	Available through Statistics Canada Census data program.	
	Rates of diabetes	Available through Ontario Community Health Profiles Partnership.	
	Rates of high blood pressure	Available through Ontario Community Health Profiles Partnership.	
	Rates of asthma	Available through Ontario Community Health Profiles Partnership.	
	Rates of emergency department visits	Available through Ontario Community Health Profiles Partnership.	
	Population health burden index	Available through Ontario Community Health Profiles Partnership.	
Qualitative	Definition of health		
	Definition of wellbeing		
	Perception of overall health		
	Perception of the relationship between race/ethnicity and health		
	Source of information that shape definitions of health and wellbeing		
	Definition of Black urban health		
	Identification of factors specific to Black identity that shape experiences of health		
	Identification of factors not specific to race/ethnicity that shape experiences of health		

URBAN HEALTH PILLARS			
ENVIRONMENTAL HEALTH			
Quantitative and spatial analysis	Green space locations	Available through City of Toronto Open Data.	
	Tree canopy	Available through City of Toronto Tree Equity Score Analyzer.	Yes
	Green street amenity density	Available through City of Toronto Open Data.	
	Blue (water) space locations	Available through City of Toronto Open Data.	
	Air pollution	Available through Open Canada.	Yes
	Heat severity	Available through City of Toronto Tree Equity Score Analyzer.	Yes
	Flooding incidence	Available through City of Toronto Open Data.	
	Fire proximity exposure and incident locations	Available through City of Toronto Open Data.	
Qualitative	Perceptions of environmental factors that affect health		
	Relationship to green and open spaces		
	Perceptions of green and open space access		
	Perception of accessible green and open spaces		
	Engagement of activities in green and open spaces		
	Perceptions of blue space access		
	Ability to engage in culturally-relevant activities in green and blue spaces		
	Perception and identification of Black spaces		
ACCESS TO AMENITIES AND SERVICES			
Quantitative and spatial analysis	Health care service locations and proximity	Available through Statistics Canada Canadian Business Counts. Mapping locations would require geocoding and GIS distance calculation.	
	Health care services per capita	Available through Statistics Canada Canadian Business Counts. Mapping locations would require geocoding and GIS distance calculation.	Yes
	Amenity dense blocks	Available through Statistics Canada Proximity Measures Database.	Yes
	Grocery store locations and proximity	Proximity data available through Statistics Canada Proximity Measures Database. Location data available through Statistics Canada Canadian Business Counts (NAICS Code #445110).	
	Distance to farmer’s markets	Available as a list of locations from the City of Toronto, mapping locations would require geocoding and GIS distance calculation.	
	Community food services per capita	Available through Statistics Canada Canadian Business Counts (NAICS Code #62421). Mapping locations would require geocoding and GIS distance calculation.	
	Distance to nearest food bank	Requires manual data collection from sources such as the Daily Bread Food Bank and/or the Toronto Central Health Line. Mapping locations would require geocoding and GIS distance calculation.	

Quantitative and spatial analysis	Pharmacy locations and proximity	Proximity data available through Statistics Canada Proximity Measures Database. Location data available through Statistics Canada Canadian Business Counts (NAICS Code #456110).	
	Child care locations and proximity	Available through Statistics Canada Proximity Measures Database.	
	Library locations and proximity	Available through Statistics Canada Proximity Measures Database.	
	Availability of library branch space rentals	Available through City of Toronto Open Data.	
	Location of cultural/ethnic food stores	There is no existing dataset, as a result this data would need to be manually collected and geocoded.	
	Location of places of worship	There is no existing dataset, as a result this data would need to be manually collected and geocoded.	
Qualitative	Access to information to learn about health and wellbeing		
	Availability of primary and urgent care facilities		
	Whether community members have access to a family doctor		
	Whether community members have access to health care providers of colour and Black health care providers specifically		
	Level of comfort with care providers and navigating health needs		
	Perceptions of health provider understanding of health needs as a Black person navigating the health care system		
	Perceptions on the affordability of medications and toiletries available at pharmacies		
	Availability of cultural/ethnic foods		
	Perceptions on the health and access to cultural/ethnic foods		
	Perceptions of affordability of food		
	Frequency of food bank access and quality of food bank provisions based on cultural needs		
	Perceptions on availability and quality of child care		
	Access to community spaces and programs that support hearth and wellbeing		
	Access to community spaces and programs that meet cultural needs		
	Role of spirituality and religion in meeting health and wellbeing needs		
	Access to places of worship (churches, mosques, synagogues, temples, etc.)		
	Reliance on “formal” and “informal” communities of care		
	Perception and identification of Black spaces		
MOBILITY AND TRANSPORTATION			
Quantitative and spatial analysis	Walking access to amenities	Available through Statistics Canada Spatial Access Measures.	Yes
	Transit access to amenities	Available through Statistics Canada Spatial Access Measures. Specific locations of transit access points are available through the Toronto Transit Commission’s Transit Feed.	

Quantitative and spatial analysis	Cycling access to amenities	Available through Statistics Canada Spatial Access Measures. Specific locations of cycling infrastructure are available through City of Toronto Open Data.	Yes
	Proximity to transit	Proximity data available through Statistics Canada Proximity Measures Database.	
	Transportation affordability	There is no existing database on transit affordability.	
	Travel time to work by any mode of transportation	Available through Statistics Canada Census data program.	
	Black travel time to work by any mode of transportation	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Transit travel time to work	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Black travel time to work by transit	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Watch your speed (WYSP) signs, cameras and school locations	Available through City of Toronto Open Data.	
	Automated speed enforcement (ASE) cameras and school locations	Available through City of Toronto Open Data.	
Qualitative	Primary travel methods (e.g., walking, cycling, transit or driving)		
	Mapping of most frequented locations in the community		
	Perceptions of travel times		
	Perceptions of physical accessibility and built infrastructure		
	Perceptions of neighbourhood walkability		
	Quality of sidewalk and pathway infrastructure		
	Quality of cycling infrastructure		
	Perceptions of community connectivity		
	Perceptions of community safety		
	Opportunities for design improvements		
SAFE AND AFFORDABLE HOUSING			
Quantitative and spatial analysis	Rental affordability index (30% income threshold)	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Rental market average monthly rent	Available through Canada Mortgage and Housing Corporation (CMHC) Housing Portal.	
	Affordable housing stock	Available through Statistics Canada Census data program.	
	Black households in subsidized housing	Available through Statistics Canada Census Community Data Program data program, but requires paid subscription.	Yes
	Physical housing conditions (renters and owners)	Available through Statistics Canada Census data program.	
	Black households housing conditions (renters and owners)	Available through Statistics Canada Census Community Data Program data program, but requires paid subscription.	Yes

Quantitative and spatial analysis	Eviction rates	Not readily available, Ontario Landlord Tenant Board does not track race/ethnicity associated with eviction filings. However, local academics such as Dr. Nemoy Lewis (Toronto Metropolitan University) have developed their own geospatial data sets.	
	Affordable housing under development	Available through City of Toronto Open Data.	
Qualitative	Perception of housing access and impact on quality of life		
	Perceptions of personal agency within home/community		
	Alignment between housing structure (e.g., # of bedrooms) and family composition		
	Ability to provide care within multi-generational households		
	Ability for seniors to “age in place”		
	Understanding of how to access at-home based health care supports (social workers, personal support workers)		
	Ability to health care needs met at home		
	Perceptions of housing affordability		
	Trades-offs that are made between paying rent and meeting other basis needs		
	Perceptions of housing quality		
	Frequency of maintenance requests		
	Responsiveness of housing providers to resident needs (e.g., maintenance and repairs)		
	Fear of eviction		
	Understanding of how to access housing supports (rent bank, legal aid, etc.)		

EQUITABLE ECONOMIC DEVELOPMENT

Quantitative and spatial analysis	General employment rates	Available through Statistics Canada Census data program.	
	Black employment rate	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Labour force participation	Available through Statistics Canada Census data program.	
	Black labour force participation	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Employment resource locations	Available through City of Toronto Open Data.	
	Youth employment resource locations	Available through City of Toronto Open Data.	
	Median household income (after-tax)	Available through City of Toronto Open Data.	
	Black median household income (after-tax)	Available through Statistics Canada Census Community Data Program data program, but requires paid subscription.	Yes
	Black working poor rate	Available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Market basket measure	Available through Statistics Canada Census data program.	

Quantitative and spatial analysis	Use of public social assistance programs (e.g., Ontario Works, Ontario Disability Support Program)	Available through the Ontario Data Catalogue, but does not include race as a case characteristic.	
	Black business owners by place of residence	Could be measured as a function of self-employment, which is available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Black business owners by place of business	Could be measured as a function of self-employment, which is available through Statistics Canada Census Community Data Program, but requires paid subscription.	
	Black-owned business counts	There is no existing database that tracks the locations of Black businesses in Toronto. This would require significant manual data collection.	
	Change in Black business openings or closures	There is no existing database that tracks the opening and closing of Black businesses in Toronto. This would require significant manual data collection.	
	Market basket measure	Available through Statistics Canada Census data program.	
Qualitative	Access to employment		
	Number of jobs held by an individual		
	Alignment between source of employment and training/expertise		
	Quality of employment and job satisfaction		
	Sense of inclusion in the Canadian job market		
	Structure of household income earning (e.g., parents, children, grandparents)		
	Ability of public social assistance programs to meet basic needs		
	Ability to pursue entrepreneurship (e.g., start a small business)		
	Perception of Black business presence in neighbourhood		
	Perception of Black business loss in neighbourhood		
End of Table			

ENDNOTES

- 1 Black Planners and Urbanists Association. (2024, May). Growing in Place Framework: Preventing Black Displacement in Neighbourhoods Across Toronto. Prepared for the City of Toronto Confronting Anti-Black Racism and Community Development Units.
- 2 City of Toronto. (2021). Picture Mount Dennis Planning Framework Study. Retrieved from: <https://www.toronto.ca/wp-content/uploads/2021/12/8d32-CityPlanning-Picture-Mount-Dennis-Planning-Framework-Final-Report.pdf>
- 3 Black Planners and Urbanists Association. (2024, May).
- 4 City of Toronto. (2025). Mount Dennis for All Community Action Plan. Retrieved from: <https://www.toronto.ca/legdocs/mmis/2025/ec/bgrd/backgroundfile-260161.pdf>
- 5 World Health Organization. (2025, May 6). World report on social determinants of health equity, p. 35. Retrieved from: <https://www.who.int/publications/i/item/9789240107588>
- 6 World Health Organization. (1946). Constitution. Retrieved from: <https://www.who.int/about/governance/constitution>
- 7 World Health Organization. (2025, May 6).
- 8 World Health Organization. (2025, May 6)
- 9 UN-Habitat and World Health Organization. (2020). Integrating health in urban and territorial planning: a sourcebook. Retrieved from: <https://www.who.int/publications/i/item/9789240003170>
- 10 Beattie, H. (2021). Integrating Health into Planning Processes. Case in Point 2021. https://umanitoba.ca/architecture/sites/architecture/files/2023-02/CP_cip2021_Beattie.pdf
- 11 Beattie, H. (2021)
- 12 Beattie, H. (2021)
- 13 Beattie, H. (2021)
- 14 Beattie, H. (2021)
- 15 BC Centre for Disease Control. (2018). Healthy Built Environment Linkages Toolkit. Healthy Built Environment . https://www.bccdc.ca/pop-public-health/Documents/HBE_linkages_toolkit_2018-compressed.pdf
- 16 BC Centre for Disease Control. (2018).
- 17 BC Centre for Disease Control. (2018).
- 18 Beattie, H. (2021).
- 19 Beattie, H. (2021).
- 20 City of Toronto. (2019). Toronto Action Plan to Confront Anti-Black Racism. Retrieved from: <https://www.toronto.ca/wp-content/uploads/2022/11/9875-EDC-TORONTO-ACTION-PLAN-TO-CONFRONT-ANTI-BLACK-RACISM.pdf>
- 21 Statistics Canada. (2019, February 27). Diversity of the Black population in Canada: An overview. Retrieved from: https://publications.gc.ca/collections/collection_2019/statcan/89-657-x/89-657-x2019002-eng.pdf
- 22 Black Health Alliance. (2024). Mapping Inequities Snapshot Report: Exploring the impact of social determinants on Black communities in Toronto. Retrieved from: <http://blackhealthalliance.ca/wp-content/uploads/Mapping-Inequities-Snapshot-Report-v1.pdf>
- 23 Black Health Alliance. (2024).
- 24 Black Health Alliance. (2024).
- 25 Here, below standard housing refers to housing that is in poor physical condition, lacks a suitable number of bedrooms and costs more than 30% of a household's monthly income.
- 26 Walcott, R., & Abdillahi, I. (2019). BlackLife : post-BLM and the struggle for freedom. ARP Books. <https://ezproxy.lib.torontomu.ca/login?url=https://search.ebscohost.com/login.aspx?direct=true&scope=site&db=nlebk&db=nlabk&AN=3104406>
- 27 Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet (British Edition)*, 389(10077), 1453–1463. [https://doi.org/10.1016/S0140-6736\(17\)30569-X](https://doi.org/10.1016/S0140-6736(17)30569-X)
- 28 Bailey, Z. D. et al. (2017)
- 29 Bailey, Z. D. et al. (2017)
- 30 Bailey, Z. D. et al. (2017)
- 31 Bailey, Z. D. et al. (2017)
- 32 Bailey, Z. D. et al. (2017)
- 33 Williams, D. R., & Mohammed, S. A. (2013). Racism and Health I: Pathways and Scientific Evidence. *The American Behavioral Scientist (Beverly Hills)*, 57(8), 1152–1173. <https://doi.org/10.1177/0002764213487340>
- 34 United Nations. (2017). Report of the Working Group of experts on people of African descent on its mission to Canada. United Nations. <https://digitallibrary.un.org/record/1304262?ln=en>
- 35 United Nations. (2017).
- 36 United Nations. (2017)
- 37 United Nations. (2017).
- 38 Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017).
- 39 Toronto Community Housing. (2023). Toronto Community Housing provides updates on the Confronting Anti-Black Racism Strategy and progress on The Centre's activities in 2023. <https://www.torontohousing.ca/news-and-updates/toronto-community-housing-provides-updates-confronting-anti-black-racism-strategy>
- 40 City of Toronto. (2021). Street Needs Assessment 2021 Summary of Results. <https://www.toronto.ca/wp-content/uploads/2021/10/9041-SNA-2021-Highlights-of-ResultsfinalaodaOct-2021.pdf>
- 41 Lewis, N. & Panou, D. (2016). Expropriation and Refusal: Black Tenants, Racial Capitalism, and the Struggle for Home at Chalkfarm Drive. *Geoforum*, 170, 104557.
- 42 Williams, D. R., & Mohammed, S. A. (2013).
- 43 Williams, D. R., & Mohammed, S. A. (2013).

- 44 United Nations. (2017).
- 45 United Nations. (2017).
- 46 United Nations. (2017).
- 47 United Nations. (2017).
- 48 Amberber, N., Iveniuk, J., & McKenzie, K. (2021). Inequities over time in COVID-19 infection and covid-19-related. Wellesley Insitute.
- 49 Ibid
- 50 Toronto Public Health. (2020). COVID-19 and the Social Determinants of Health: What do we Know?. City of Toronto. https://www.toronto.ca/wp-content/uploads/2020/05/96e0-SDOHandCOVID19_Summary_2020May14.pdf
- 51 Amberber, N., Iveniuk, J., & McKenzie, K. (2021).
- 52 Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017).
- 53 Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017).
- 54 Alliance for Healthier Communities Black Health Committee. (2022). Black Health Strategy. Alliance for Healthier Communities. <https://www.allianceon.org/sites/default/files/documents/black-health-strategy-2022-en.pdf>
- 55 United Nations. (2017).
- 56 Walcott, R., & Abdillahi, I. (2019).
- 57 Walcott, R., & Abdillahi, I. (2019).
- 58 Toronto Indigenous Health Advisory Circle. (2018). A Reclamation of Wellbeing: Visioning a Thriving and Health Urban Indigenous Community. Retrieved from: <https://www.toronto.ca/wp-content/uploads/2018/02/9457-tph-ti-hac-health-strategy-2016-2021.pdf>
- 59 City of Toronto. (2021). Picture Mount Dennis Planning Framework Study. Retrieved from: <https://www.toronto.ca/wp-content/uploads/2021/12/8d32-CityPlanning-Picture-Mount-Dennis-Planning-Framework-Final-Report.pdf>
- 60 City of Toronto. (2021).
- 61 City of Toronto. (2025). Mount Dennis for All Community Action Plan. Retrieved from: <https://www.toronto.ca/legdocs/mmis/2025/ec/bgrd/backgroundfile-260161.pdf>
- 62 Untitled Planning. (2025, June 30). Growing Mount Dennis; Consultation Summary Report. Prepared for the Learning Enrichment Foundation. Retrieved from: <https://www.toronto.ca/legdocs/mmis/2025/ec/bgrd/backgroundfile-260162.pdf>
- 63 Hunt, D., & Stevenson, S. A. (2017). Decolonizing geographies of power: Indigenous digital counter-mapping practices on turtle Island. *Settler Colonial Studies*, 7(3), 372–392. <https://doi.org/10.1080/2201473X.2016.1186311>
- 64 Hunt, D., & Stevenson, S. A. (2017).
- 65 Hunt, D., & Stevenson, S. A. (2017).
- 66 Hunt, D., & Stevenson, S. A. (2017).
- 67 Alderman, D. H., Inwood, J. F. J., & Bottone, E. (2021). The mapping behind the movement: On recovering the critical cartographies of the African American Freedom Struggle. *Geoforum*, 120, 67–78. <https://doi.org/10.1016/j.geoforum.2021.01.022>
- 68 Hamilton, B. (2022). Blackening the city: Counter cartographies as a tool for Community Planning. *Handle Proxy*. <http://hdl.handle.net/10315/40040>
- 69 Hamilton, B. (2022).
- 70 Hamilton, B. (2022).
- 71 United Nations. (2017).
- 72 Hamilton, B. (2022).
- 73 Ali, S. H., Mohsin, F. M., Banks, A., Lynn, P., & Lim, S. (2022). Peer-Led, Remote Intervention to Improve Mental Health Outcomes Using a Holistic, Spirituality-Based Approach: Results from a Pilot Study. *Community Mental Health Journal*, 58(5), 862–874. <https://doi.org/10.1007/s10597-021-00893-8>
- 74 Buttazzoni, A., Doherty, S., & Minaker, L. (2022). How Do Urban Environments Affect Young People’s Mental Health? A Novel Conceptual Framework to Bridge Public Health, Planning, and Neurourbanism. *Public Health Reports* (1974), 137(1), 48–61. <https://doi.org/10.1177/0033354920982088>
- 75 Fante-Coleman, T., Allen, K., Booker, M., Craigg, A., & Jackson-Best, F. (2024). “If You Prayed More, You Would Feel Better”: The Dual Nature of Religion and Spirituality on Black Youths’ Mental Health and Access to Care in Canada. *Child & Adolescent Social Work Journal*, 41(6), 919–936. <https://doi.org/10.1007/s10560-023-00932-1>
- 76 Fante-Coleman, T., Allen, K., Booker, M., Craigg, A., & Jackson-Best, F. (2024).
- 77 Fante-Coleman, T., Allen, K., Booker, M., Craigg, A., & Jackson-Best, F. (2024).
- 78 Walcott, R., & Abdillahi, I. (2019).

A REPORT PREPARED FOR THE BLACK PLANNERS AND URBANISTS' ASSOCIATION (BPUA) BY THE BLACK
PLANNING PROJECT (BPP) IN PARTNERSHIP WITH THE LEARNING ENRICHMENT FOUNDATION (LEF)

MAPPING BLACK URBAN HEALTH IN TORONTO'S NEIGHBOURHOODS