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MIDDLESEX-LONDON
**HEALTH
UNIT**

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health
             Michael Clark / CEO (Interim)

DATE: 2020 December 10

Social Determinants of Health During the COVID-19 Pandemic

Recommendation

It is recommended that Report No.058-20 re: "Social Determinants of Health During the COVID-19 Pandemic" be received for information.

Key Points
- Social determinants of health (SDOH) play a key role in the health of individuals and communities. Incorporating SDOH in a pandemic response identifies existing inequities and individuals at heightened risk. Once inequities are identified, interventions to reduce the disproportionate impact of the pandemic can be employed.
- In April 2020, the MLHU began collecting race and socio-economic data from confirmed cases of COVID-19. In June 2020, the Ministry of Health required the collection of information on race, income level, language, and household size for individuals who test positive for COVID-19.
- Health equity considerations should be included in pandemic planning, response, recovery, and beyond, to all MLHU programs and services, where the capacity to do so exists.

Background

Social determinants of health (SDOH), including gender, income, employment and working conditions, race, and Indigenous identity, play a key role in the health of individuals and communities. The importance of SDOH have been highlighted throughout the course of the COVID-19 pandemic. As cases of COVID-19 increase, evidence shows that SDOH play a role in the risk of COVID-19 infection and severe outcomes. Therefore, incorporating the SDOH into a pandemic response helps to identify existing inequities and allows for a better understanding of those at heightened risk. Once inequities are identified, interventions to reduce the disproportionate impact of the pandemic can be employed.

Throughout the course of the COVID-19 pandemic, MLHU has utilized health equity interventions to support at-risk groups. This has included establishing a priority population liaison team, supporting Indigenous partners and homeless serving agencies to conduct their own testing, and developing culturally appropriate health promotion campaigns for populations experiencing outbreaks.

Data Collection

In April 2020, the Middlesex-London Health Unit (MLHU) was one of the first public health agencies in Canada to initiate the voluntary collection of race and socio-economic data from laboratory confirmed cases of COVID-19. At the end of June 2020, the Ministry of Health required the collection of information on race, income level, language, and household size for individuals who test positive for COVID-19. As part of follow-up with confirmed COVID-19 cases, MLHU staff continue to collect information for the following indicators:
- Race

- Total family income
- Household size
- Language
- Occupation
- Homeless/underhoused
- Indigenous identity

Overall, these data help identify where inequities exist and inform MLHU's response to the COVID-19 pandemic. This highlights the need to incorporate a health equity approach to pandemic preparedness, response, and recovery. The collection, analysis, and dissemination of data on the social determinants of health, can influence and inform actions to address and potentially mitigate health inequities.

Data Findings

Between January 24 and October 31, 2020, a total of 1,145 confirmed cases of COVID-19 were reported among residents of Middlesex County and the City of London. Descriptive analysis indicates that among confirmed cases reported as of Saturday, October 31, 2020:
- 55.6% of cases were female.
- Cases ranged in age from 2 years old to 102 years old, with a mean age of 44 years.
  - The highest proportion of cases fell within the 20-29 year age group.
- Severe outcomes related to COVID-19 disproportionally affected laboratory confirmed COVID-19 cases falling within the higher age groups (i.e., 50 years of age and older).
  - The mean age for severe outcomes was higher than the mean age for all cases. The mean age of those hospitalized was 69 years old, of those requiring an ICU stay was 65 years old, and of those with COVID-19 as the primary cause of death was 82 years old.
- 88.5% of cases had family income data recorded. Of these, 23.1% preferred not to answer, and 25.7% stated they do not know their family income.
  - Of cases with family income data, 15.4% reported a total household income before taxes in 2019 below $30,000. Families of 2 or more earning less than $30,000 before taxes would fall below the poverty line based on the Market Basket Measure, Canada's new official poverty line. In 2015, the percent of the Middlesex-London population below the poverty line based on the Market Basket Measure was 15.0%.
- 89.9% of cases had race data recorded. Of these, 8.6% preferred not to answer, and 4.6% stated they do not know their race.
  - Of cases with race data, 32.4% identified as a visible minority. A visible minority refers to a person belonging to a visible minority group as defined by the Employment Equity Act, 1995. The Employment Equity Act defines visible minorities as persons, other than Indigenous peoples, who are non-white in race or colour. As of 2016, the visible minority population of Middlesex-London represented 17.0% of the population.

Next Steps

To understand disparities further, it is essential that the MLHU continues to collect health equity data from confirmed cases of COVID-19. This data will especially help clarify the relationships between race and income with COVID-19 infection and has demonstrated that it is valuable to collect health equity information across all public health programs and services, where the capacity to do so exists.

This report was prepared by the Health Equity and Indigenous Reconciliation Team (HEART) and the Population Health Assessment and Surveillance Team (PHAST).

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