

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 June 18

COLLECTION OF RACE AND OTHER SOCIAL DETERMINANTS OF HEALTH DATA DURING THE COVID-19 PANDEMIC

Recommendation

It is recommended that Report No. 028-20 re: “Collection of Race and Other Social Determinants of Health Data During the COVID-19 Pandemic” be received for information.

Key Points

- Social determinants of health (SDOH), such as gender, income, race, occupation, and Indigenous identity play a critical role in health outcomes. The collection and analysis of SDOH data will help to inform interventions that can address health inequities.
- In April 2020 the Middlesex-London Health Unit (MLHU) began collecting race and socio-economic data from confirmed COVID-19 cases.

Background

Social determinants of health (SDOH), such as gender, income, race, employment and working conditions, and Indigenous identity, play an essential role in the health of individuals and communities. The importance of social determinants has been highlighted in the COVID-19 pandemic, with early studies demonstrating inequities in the burden of infection internationally. The collection, analysis, and dissemination of data on the social determinants of health helps to influence and inform actions that can rectify and address health inequities.

Data Collection

The Middlesex-London Health Unit’s Health Equity and Indigenous Reconciliation Team (HEART), and the Population Health Assessment and Surveillance Team (PHAST), have worked in partnership to develop appropriate indicators and methods that will enhance the information available to address health inequities and improve health outcomes in the Middlesex and London region. The goal is to implement race and socio-economic data collection across MLHU’s public health programs and services.

In April 2020, MLHU was one of the first public health agencies in Canada to initiate the voluntary collection of race and socio-economic data from all confirmed cases of COVID-19. As part of follow-up with confirmed COVID-19 cases, Health Unit staff have been collecting information for the following data fields:

- Race
- Total family income
- Occupation

- Homeless/underhoused
- Indigenous identity

Health Unit staff continue to collect data, and an initial analysis is underway. A preliminary analysis indicates that for confirmed cases reported as of Wednesday June 10:

- 87% of cases had race information recorded. Among those with responses, only 1.6% indicated that they preferred not to answer.
- 86% of cases had income information recorded. Among those with responses, 11.5% indicated that they preferred not to answer.
- 27% of cases identified as a visible minority. Visible minority refers to whether a person belongs 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 total population.
- 27.5% of cases indicated an annual household income of less than \$60,000, 31% indicated an annual household income of greater than \$60,000, 30% stated they did not know their household income, and 11.5% preferred not to answer. The median household income before tax was \$64,797 for all Middlesex-London households in 2015.

In the context of COVID-19, the collection and analysis of this information will help MLHU identify where inequities exist. This ongoing work will help to inform decisions and next steps in the Health Unit's response to the COVID-19 pandemic, informing the development of targeted health promotion strategies and effective case management and contact tracing techniques.

Next Steps

The Health Unit is currently participating in provincial and national efforts to standardize the indicators and methods used to collect and analyze data on race and other social determinants of health within public health programs and services. MLHU staff will continue to collect and analyze race and socio-economic data associated with the COVID-19 pandemic. Staff will continue to update the Board of Health as this work is completed.

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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