



Hamilton

Social Determinants of COVID-19

Board of Health
October 19, 2020

Office of the Medical Officer of Health
Public Health Services

Purpose & Background

- This presentation provides an overview of the status of Hamilton's COVID-19 cases in terms of their social determinants of health
- Social determinants of health are the conditions in which people are born, grow, work, live and age.
- PHS began collecting social determinants of health data on May 26, 2020
- The Ontario Ministry of Health mandated the collection of data on race, income, household size and language to individuals whom test positive for COVID-19 (June 26, 2020).

Methods & Analysis

- Between March 1 and August 31, 2020, there were 992 reported cases which were used for this analysis.
- Of these 992 cases, 630 cases (63.5%) provided at least one response to a social determinant question.
- Interpret results with caution due to limitations: data is based on those who were tested and low response from some groups.

Results

1. Race / visible minority status
2. Indigenous status
3. Language
4. Household size
5. Income
6. Employment / occupation
7. Sex

1. Race / Visible Minority Status

- Reported COVID-19 cases were more likely to self-identify as a visible minority compared to the Hamilton population (Figure 1).
- Of these, individuals most commonly identified as Black (14%) followed by East/Southeast Asian (12%) (Figure 2).

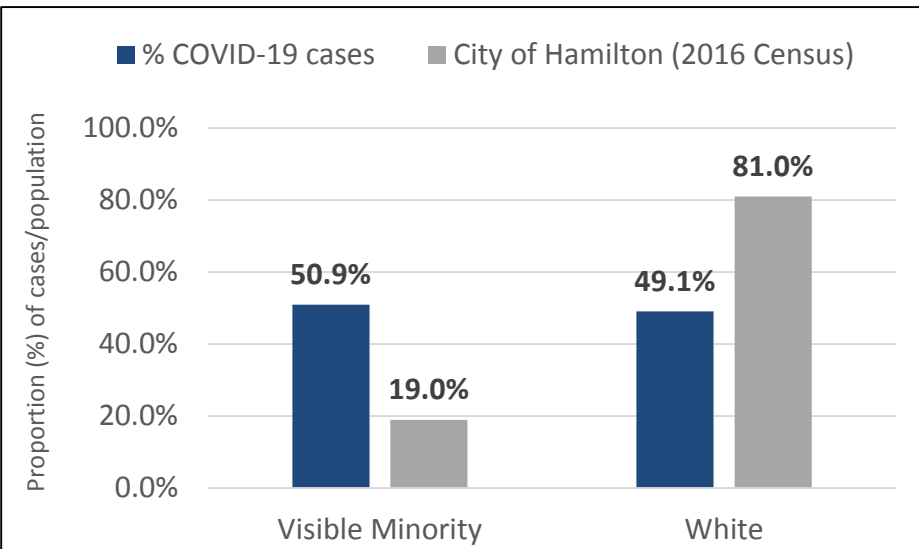


Figure 1. Proportion (%) of COVID-19 cases identifying as white or a visible minority, City of Hamilton, Mar 1 – Aug 31, 2020.

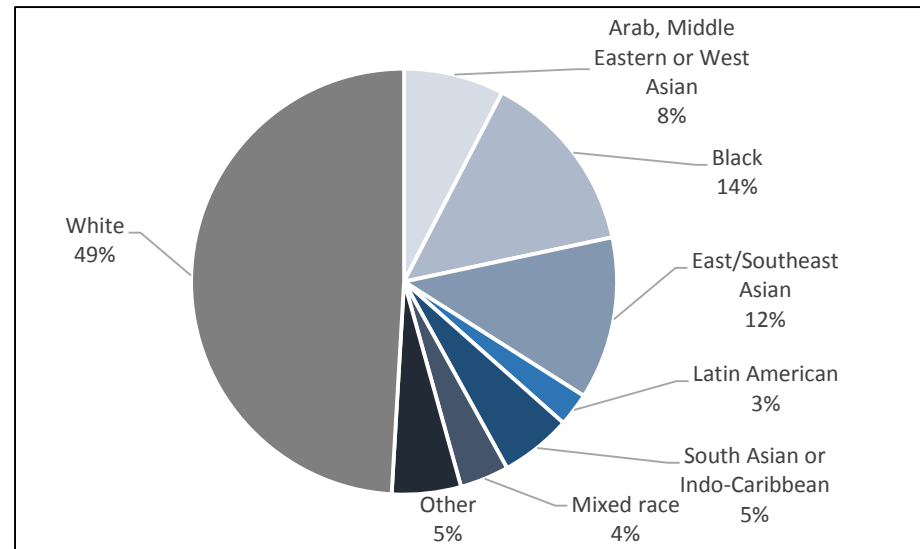


Figure 2. Proportion (%) of COVID-19 cases by self-identified racial category, City of Hamilton, Mar 1 – Aug 31, 2020.

2. Indigenous Status

- 1.9% of COVID-19 cases identified as Indigenous.
- This compares to 2.3% of the total Hamilton population that identifies as Indigenous (2016 Census).

3. Language

- Almost all, 95% of COVID-19 cases, are comfortable speaking an official language (91.7% English; 0.2% French; 2.5% both)

4. Household Size

- Most cases (84%), were from households of five or fewer people (Figure 3).
- Average household size was larger for visible minority cases (4.3) compared to White cases (3.3).

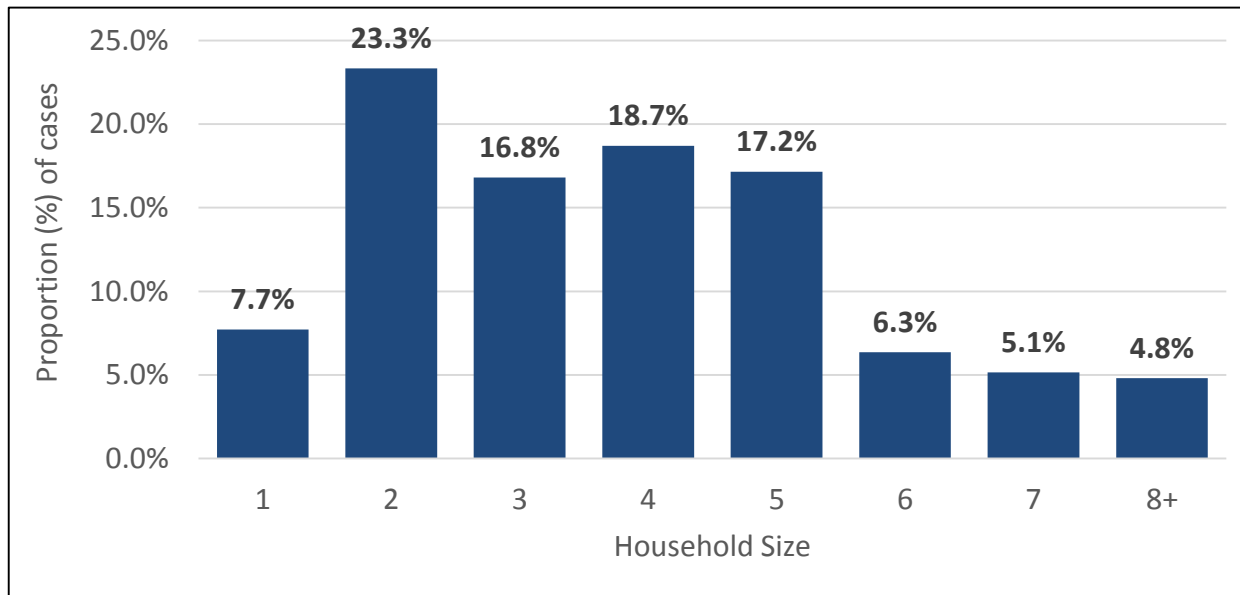


Figure 3. Proportion (%) of COVID-19 cases by household size, City of Hamilton, Mar 1 – Aug 31, 2020.

5. Income

- Reported COVID-19 cases were more likely to live in low-income households compared to Hamilton’s population (Figure 4).
- Visible minority cases were three times more likely to live in low-income households compared to White cases (Figure 5).

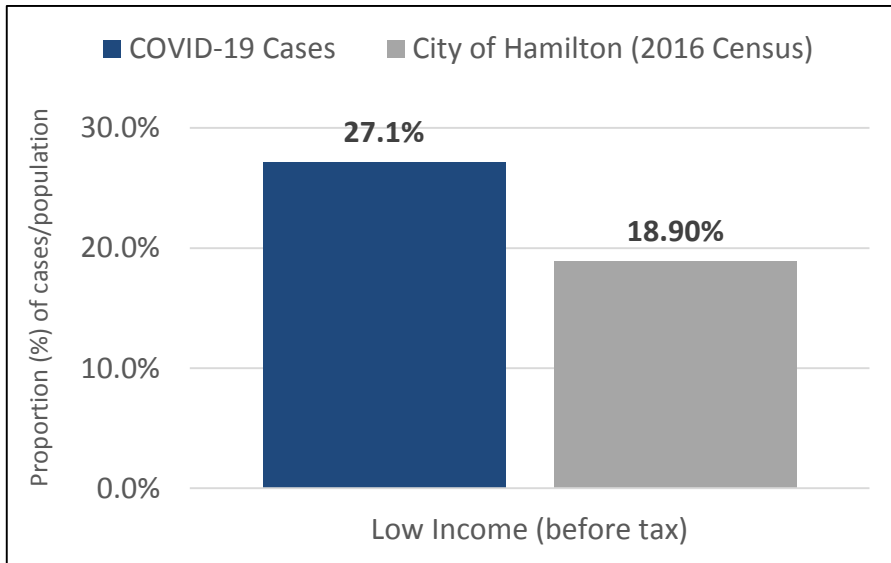


Figure 4. Proportion (%) of COVID-19 cases living in low income households, City of Hamilton, Mar 1 – Aug 31, 2020.

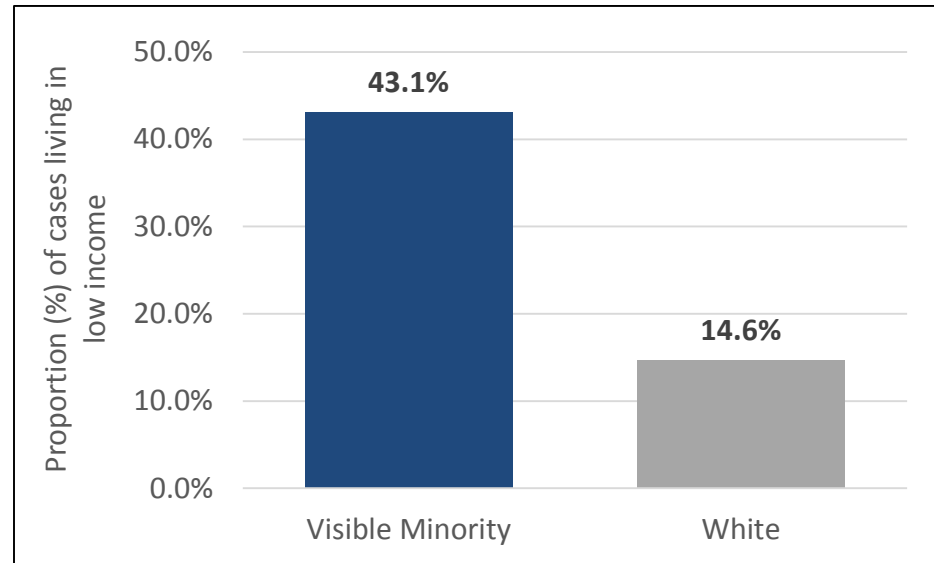


Figure 5. Proportion (%) of white and visible minority COVID-19 cases living in low income households, City of Hamilton, Mar 1 – Aug 31, 2020.

6. Employment / Occupation

- Most COVID-19 cases (63%) were employed; 6% of cases were unemployed; 31% of cases were not in the labour force (i.e. homemaker, retired) (Figure 6).
- 20% of reported COVID-19 cases were healthcare workers.

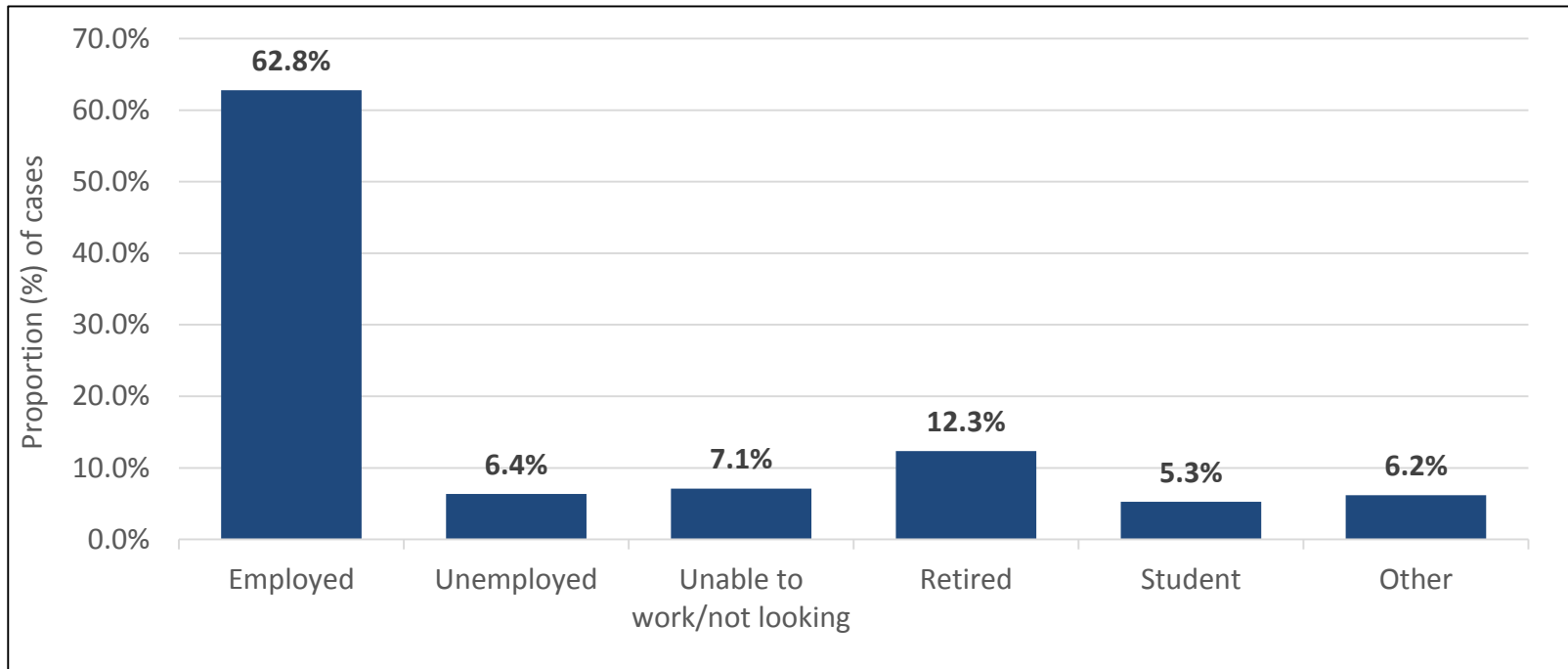


Figure 6. Proportion (%) of COVID-19 cases by employment status, City of Hamilton, Mar 1 – Aug 31, 2020.

7. Sex

- There are more female COVID-19 cases than male cases in Hamilton, largely driven by gender differences in the healthcare worker occupation.
- Male cases were more likely to be hospitalized and more likely to die when infected with COVID-19 (Figure 7).

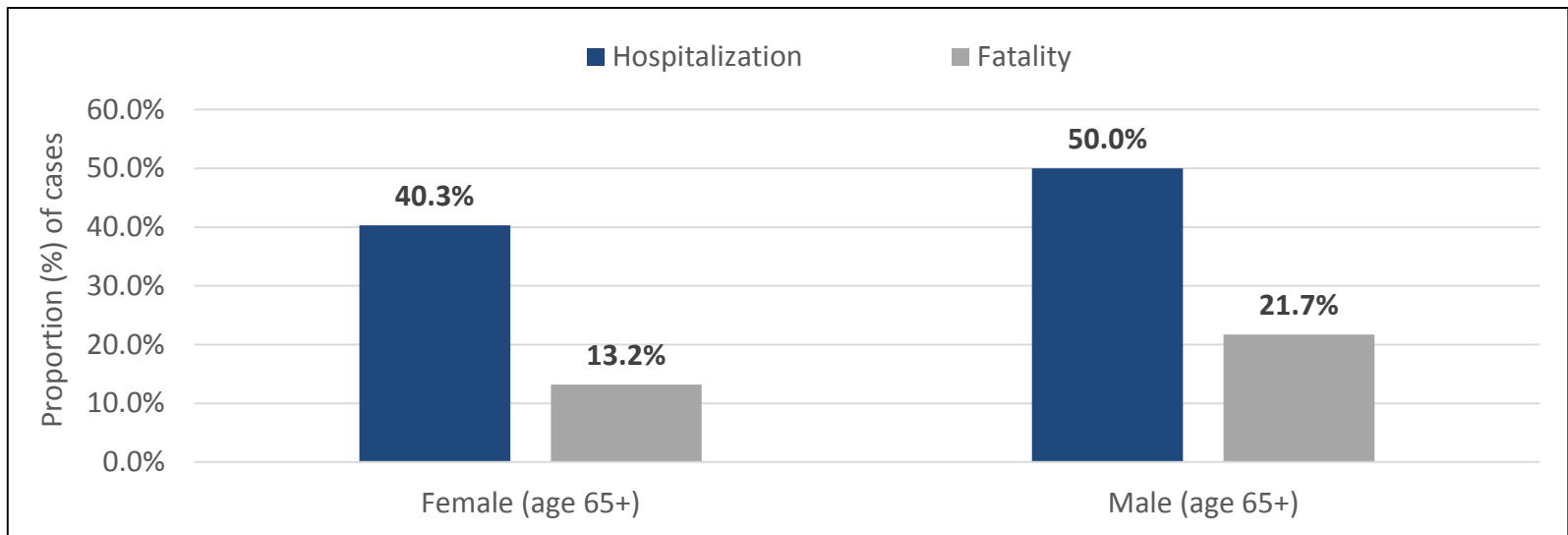


Figure 7. Proportion (%) of COVID-19 cases (age 65+) with hospitalization or fatal outcome by sex, City of Hamilton, Mar 1 – Aug 31, 2020.

Key Messages

- COVID-19 has highlighted pre-existing inequities: racialized populations, health care workers and people living in low-income have been disproportionately impacted by COVID-19 in Hamilton.
- Males and seniors were more likely to be hospitalized and die when infected with COVID-19.
- These findings are not unique to Hamilton and align with those of other communities (e.g. Toronto, Ottawa, Waterloo).

Actions Taken

The City Emergency Operations Centre, Public Health Services and the Hamilton COVID-19 Response Table continue to work in close alignment to support vulnerable populations throughout the pandemic, through actions including:

- Collect and analyze data on social determinants;
- Support shelters to follow public health measures;
- Delivery of essential supplies (e.g. medicine to people without social supports);
- Consultation and support to Indigenous organizations (e.g. COVID call centre);
- Enhanced infection control support in congregate settings (e.g. residential care facilities, temporary farm worker housing);
- COVID-19 testing for persons living in shelters;
- Mobile testing for isolated individuals unable to get to assessment centres; and,
- Help people to access mental health and addictions supports.

Next Steps

Continue to...

- Work on previous Actions Taken;
- Work with Mental Health partners;
- Ensure social service providers who work with vulnerable populations know when and how to access testing;
- Support congregate settings as they undertake IPAC reviews;
- Advocate for basic income principles;
- Work to mitigate unintended consequences of control measures for COVID-19 (e.g. deferred immunizations, dental and vision health care, as well as mental health and loss of income).

Next Steps

Advocate for...

- Public policy to protect seniors and low-wage frontline workers;
- Adequate human resources to support vulnerable populations.

Collaborate with...

- Communities disproportionately impacted by COVID-19 including racialized and low-income communities;
- Community service provider agencies serving populations impacted by COVID-19 or public health measures.

Exploration of...

- Voluntary isolation centres to minimize household transmission.

Thank You