Attachment 1: COVID-19 and the Social Determinants of Health: Community Consultation Report

COVID-19 and the Social Determinants of Health: Community Consultation Report

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TORONTO Public Health

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1.0 Introduction

On July 2, 2020, the Toronto Board of Health requested the Medical Officer of Health to:

- Consult with groups that have been disproportionately affected by COVID-19;
- Identify the detailed impacts experienced by these groups; and,
- Recommend actions to reduce these impacts.

Toronto Public Health (TPH) responded to the Board's request by planning a community consultation process. This report summarizes key consultation findings.

2.0 Consultation Process

2.1 Participants

TPH conducted a series of consultation sessions with Toronto's 13 COVID-19 Community Cluster tables:

- Ten regional community tables
- City-wide table
- Black Resilience table for African, Caribbean and Black serving organizations
- Indigenous Serving Organizations table

Cluster tables are part of Toronto's COVID-19 Community Coordination Plan. The tables bring together a cross-section of non-profit organizations in Toronto to identify urgent community needs and coordinate rapid solutions.

A total of 140 organizations were represented in the consultation sessions.

2.2 Data Collection

- Consultation sessions took place from July 22nd to August 14th, 2020.

- Each session ranged from 60 to 90 minutes and was facilitated virtually by TPH staff.

- During the virtual sessions, participants used the chat box function to provide additional comments. Participants who wanted to provide further details and those who were unable to attend the consultation were invited to submit information electronically.

- Conversation notes, chat box text, and electronic submissions were analyzed.

2.3 Questions

Consultations sessions were organized around four questions:

1) How have the populations in your community been adversely affected by the COVID-19 pandemic?

2) What are the immediate short-term preventative actions and long-term policy changes that the City of Toronto and its governmental partners should take to protect those at heightened risk for COVID-19?

3) The Board of Health is interested in exploring "social needs assessment and referrals" for people screening and/or tested for COVID-19. This may help to assess social determinants of health factors in order to identify and support those with the greatest barriers and needs. What are your thoughts on this?

4) How can we communicate socio-demographic data in supportive ways that promote action?

3.0 Consultation Findings

3.1 Adverse Impacts of COVID-19

"COVID is amplifying existing inequities. This is nothing new for communities that are struggling and under resourced."

"I get emails every day saying 'can you help me find some food?'"

"Community is important – consumption sites, drop-ins. People are using alone and dying from overdose."

"A large percentage of people working in seniors' homes are from the Black community. This puts them and their families at risk. People are not feeling that they are able to hold their employers accountable. [They] feel that going to work is like [playing] Russian roulette."

"We know from reports that Black and Brown residents of this city are more likely to be stopped, harassed, detained, and shot by the police ... This impacts people's ability to access mental health supports, engage in community activities, and even impedes their basic human rights when it comes to accessing food."

- Across all consultation sessions, participants stated that COVID-19 has laid bare and exacerbated long-standing systemic inequities related to poverty, racism, and other forms of discrimination.

- Inequitable access to the social determinants of health has provided favourable conditions for COVID-19 to spread in populations already marginalized by existing inequities, particularly Indigenous, Black, racialized and low-income communities.

- A variety of unintended consequences emerged from COVID-19 public health measures, including: worsening social isolation, food insecurity, unemployment, drug overdose, and violence, as well as limited access to essential health and social services.

- Participant descriptions of adverse pandemic impacts are summarized in Figure 1.

Figure 1: COVID-19: Adverse impacts on the social determinants of health

Racism, Poverty & Other Discrimination

Food Security
Inability to afford food

Closure of food programs and inability to go to the grocery store

Poor access to nutritious and culturally appropriate food

Housing
Lack of appropriate and affordable housing

Difficulty paying rent and threat of eviction

Inability to self-isolate in crowded housing conditions

Homelessness
Fear of COVID-19 in shelters

Challenges with distancing and ability to isolate in shelters and encampments

Reduced access to basic hygiene amenities: showers, washrooms, laundry

Income Security
Inadequate income supports

Ineligibility to access financial supports

Fear of or actual job loss

Mental Health & Substance Use
Loss of social connection and supports

Elevated social isolation, anxiety, depression and grief

Increase in drug overdoses

Transportation
Fear of taking public transit and crowding

Far distance from groceries, COVID testing, health and other services

Health Access
COVID info largely in English

Closure of health services

Barriers accessing online info and care

Distrust of healthcare system

Employment Conditions
Greater risk of exposure due to job type

Unsafe work conditions

Precarious work and multiple employers

Limited access to sick days

Child, Youth & Family Support
Lack of learning support and technology

Loss of in-person school and childcare services

Family conflict due to everyone at home and limited recreation

Violence
Greater risk of intimate partner violence, as well as child and elder abuse

Surge in community violence

Limited support/options for those experiencing violence

3.2 Short-Term Preventative Actions

"We need more comprehensive emergency planning that builds on what was learned from the gaps early in the pandemic."

"Internet has become an essential service like sewage [treatment] has become an essential service from past pandemics."

"Bill 184 is making it so much easier to evict people … government could work together to prevent this. Here we are in the middle of a pandemic, the last thing we want to do is put more people on the street."

"Social Assistance rates are too low, [people] start the month with a negative balance because they have to borrow throughout the month to meet basic needs. There needs to be an income boost and some income provided mid-month."

- Initial COVID-19 public health measures were swift but not tailored to meet the basic needs of marginalized residents such as food, shelter and health information.

- Participants offered a variety of equity-informed recommendations to address COVID-19 and the social determinants of health. These are summarized in Table 1. These actions must be planned and implemented in partnership with community.

Table 1: Short-term actions to address COVID-19 and the social determinants of health

Accessible Public Health Information
- Tailor health messages to be actionable for people's diverse social circumstances   - Increase translated COVID-19 information; broaden dissemination to include ethnic media   - Address the digital barriers to accessing health information online, including the promotion of health messages through non-digital platforms for those with no/limited internet access and/or low technological literacy
Community Agency Support
- Bolster funding for community agencies to help them sustain their vital pandemic support role; ensure that this funding is flexible and can be used to meet emergent needs   - Provide centralized Infection Prevention and Control support to agencies   - Increase supply of masks and PPE for agency staff to use and distribute
Community Testing & Health Access
- Advocate for increased access to local testing in neighbourhoods most impacted by COVID-19   - Fund community peer outreach models to promote health information and testing
Income Support & Eviction Protection
- Advocate for long-term Ontario Works and Ontario Disability Support Program increases, as well as the extension of the Canada Emergency Response Benefit throughout the pandemic   - Advocate for income supports for uninsured and undocumented residents   - Advocate for paid sick leave for all Ontario workers   - Advocate for a stay on residential evictions   - Expand the City's Eviction Protection in the Community (EPIC) program
Isolation Support
- Provide wrap-around self-isolation supports for those needing assistance   - Make voluntary isolation sites available for residents that cannot effectively isolate due to under-housing and other social circumstances

Overdoses Prevention and Harm Reduction
• Improve low barrier access to harm reduction and overdose prevention services beyond downtown Toronto, including isolation sites
• Advocate to the federal and provincial governments for increased funding and support for the implementation of managed opioid/safer supply program
Support for People Experiencing Homelessness
• Open larger facilities to allow homeless people to access services with physical distancing
• Increase access to short-term housing while long-term solutions are underway
• Expand access to hygiene amenities (showers, washrooms, laundry)
Additional Priorities
• Develop and implement a comprehensive plan to address the negative mental health impacts of social isolation on Toronto residents
• Provide enhanced support and housing options for those experiencing intimate partner violence
• Increase access to internet and technology for people experiencing poverty
• Reduce crowding on Toronto's busiest bus routes

3.3 Long-Term Solutions

"The social conditions have always been known - colonization is when you cover your eyes and pretend you don't see."

"If we actually cared … then we would be implementing the strategies that we have talked about for years. Then when we hit a pandemic, a lot of those issues are not issues anymore so we can actually keep people safe."

"The City already has a lot of strategies to address the social determinants of health ….They should be looked at more deeply, ramped up and increased in intensity."

"What is more critical is looking at the processes within the City of Toronto that prevent some of these recommendations from being implemented quickly"

- Participants urged the City to jumpstart meaningful long-term action to address the ways in which COVID-19 has been fueled by underlying systemic inequities. Many stated that recovery efforts cannot simply restore marginalized communities back to their detrimental pre-pandemic social circumstances. Basic levels of human dignity and opportunity are needed for all Toronto residents.

- Consultation participants pointed to existing strategies which address the social determinants of health. They noted that there is no shortage of available solutions based on decades of community consultations and advocacy. The problem, according to participants, is due to an action deficit in government.

- Consultations identified the need to appropriately fund and accelerate long-term policy solutions in partnership with community. Key areas include:

- Comprehensive poverty reduction, including universal guaranteed basic income
- Safe, high quality, and affordable housing, including supportive housing
- Food security, including access to healthy and culturally appropriate food
- Better wages, benefits and protections for workers, including migrant workers
- Equity for Black and Indigenous communities, as well as other populations that experience systemic discrimination

3.4 Social Needs Assessment

"It would make sense that [community agencies] would be part of the front-end design of this [needs assessment] strategy and not just the back-end recipients of public health referrals"

"[We] need to honour and appreciate who delivers [the assessment] and whether they are experienced as safe. Some would not trust in a system that has harmed them in the past."

"Many people need intensive case management and supports … It would be a big issue to refer folks to services that do not exist or do not have capacity."

Participants spoke about the usefulness of a social needs assessment. However, they also expressed concerns that without proper planning and coordination, a COVID-19 social needs assessment would be ineffective and do more harm than good. For example:

- Community agencies are already operating at or beyond capacity and would struggle accepting additional referrals without increased funding.

- If current resources are not expanded, asking about a person's needs is unethical because clients and communities would be let down. This would foster a further lack of trust in the system.

- Marginalized clients do not often see the health system as supportive, especially in the context of infectious disease and public health surveillance. If clients are uncomfortable or fearful to answer questions about their social circumstances, the process will not benefit those who need critical supports the most.

Participants made a number of suggestions to help ensure the effectiveness of a social needs assessment:

- Ask clients about what they need to effectively isolate.

- Co-design the assessment with community agencies to ensure a seamless process and avoid duplication.

- Increase funding to agencies that will be accepting referrals.

- Ensure the availability of wrap-around services, including case management, system navigation and client advocacy for people with complex needs.

- Provide warm transfers to ensure no client falls through the cracks.

- Consult directly with service-users to design a low-barrier process.

3.5 Communicating Socio-Demographic Data

"When the data first came out, it came as a map. What we didn't have was the story of life in those neighbourhoods … It's very important to tell the bigger story and frame the data around the social determinants of health."

"I don't want to know the numbers without knowing what is going to be done about it … Communities want reassurance that the data is being used responsibly."

"If government and people with power recognize and acknowledge the kinds of systems that make people vulnerable … that's a way of taking away some stigma that somehow the people are irresponsible individually or their communities have some sort of pathology."

Consultation participants provided recommendations for communicating socio-demographic data in supportive and empowering ways:

- In order to reduce stigma and promote social action, TPH should reinforce that COVID-19 is fueled by systemic inequities. For example, it is essential to name systemic racism, and not race, as a risk factor.

- Socio-demographic COVID-19 data should be released with tangible actions to address disproportionate patterns of infection. Otherwise, the data alone instills fear, frustration, hopelessness and stereotypes.

- Data should be communicated in clear language, without public health jargon. It should also be translated so that multilingual communities can fully access it.

- To accurately and respectfully narrate COVID-19 socio-demographic findings through a social determinants of health lens, TPH should partner with communities most impacted by the pandemic. These communities must have a voice in the way their data and associated experiences are shared.

- TPH needs to develop respectful and trusting data ownership and governance agreements with Indigenous and Black communities, as well as other racialized communities most impacted by COVID-19.

4.0 Recommended Next Steps

"We are not going back to a normal after this, because the way things were was broken and not sustainable."

"We want results, not just another report."

"When we talk about short and long term changes this isn't just a public health question, this is about the structural and institutional changes that need to be made."

Toronto data shows a consistent pattern in which the highest COVID-19 case rates are found in neighbourhoods and populations that experience structural barriers, including racism and other forms of discrimination. This consultation, as well as other reports, documents a *shadow pandemic*[1] which includes deepening poverty, hunger and job loss, as well as increased social isolation, violence and mental distress. These impacts have not been equally distributed across Toronto, they have been disproportionately shouldered by residents already experiencing systemic marginalization.

Based on the consultation findings, the following next steps are recommended to support meaningful action on COVID-19 and the social determinants of health:

1) TPH as well as relevant City Divisions and Agencies, including Social Development, Finance & Administration, Shelters, Supports & Housing Administration, Housing Secretariat, Strategic Communications, Toronto Employment & Social Services, Toronto Public Library, and the Toronto Transit Commission, to collaborate with community partners in order to plan and implement the short-term actions listed in Section 3.2, Table 1.

2) The Toronto Board of Health to advocate for all levels of government to appropriately fund and accelerate the implementation of existing strategies related to the social determinants of health (e.g. affordable housing, eliminating homelessness, poverty reduction, food security, overdose prevention, anti-Black racism, Indigenous health, etc.).

3) TPH to collaborate with community organizations and healthcare partners in developing a "social needs assessment" process with appropriate funding and resources to ensure wrap-around supports.

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[1] Clapp, et al. (2020). The COVID-19 Shadow Pandemic: Meeting Social Needs for a City in Lockdown. Health Affairs, 39(9), 1592-1596. DOI: 10.1377/ hlthaff.2020.00928

4) TPH to continue releasing disaggregated COVID-19 socio-demographic data and include information on how the City plans to take action in collaboration with impacted communities.

5) TPH to conduct additional consultation with the Indigenous Serving Organizations cluster table that allows enough time to ensure a culturally safe process.