

October 19, 2020

Dear Members of the Board of Health

The second wave of COVID-19 is well under way in Toronto. Like many in our city, we have been closely watching the recent surge in cases. It is clear that COVID-19's impact is inequitable. While the media coverage on the crisis has been illuminating, it fails to capture the true severity of the crisis. Gaps have widened over the course of the second wave; COVID -19 is still more likely to cause harm to or result in death for Black and racialized people compared to other populations in our city. The disparate outcomes seen to date will continue to be the norm until Toronto makes sure health equity is part of its planning and decision making processes. We recommend that the Board of Health work with Toronto Public Health to close these gaps by:

1. Following through on commitment to the collection of sociodemographic data

On October 4, 2020, Toronto announced a suspension of data collection, due to the pressures exerted by the surge in cases. While public health has since resumed data collection, the ease with which the suspension was implemented is deeply concerning. Public health must uphold commitments made to the collection and use of data.

2. Using data to inform health system planning and resource allocation

Toronto has not meaningfully used data to address health inequities. Community and workplace setting outbreaks are contributing to and accelerating community spread in hotspots. Workers in essential roles contract COVID-19 in workplaces and bring it back into communities where factors such as crowded housing and crowded public buses where physical distancing cannot be observed, are the norm. Increased regulations for employers, mandating better protections for workers in their places of employments reduces the risk of continued transmission to home communities.

3. Integrating health equity based targets and frameworks

Public health has an imperative to address disparities in health access and inequitable health outcomes. Toronto Public Health must develop and implement a clear health equity strategy, with measurable targets and indicators.

4. Rebuild trust in Public Health by implementing an updated pandemic response plan

Toronto's abrupt cessation of data collection-contributed to diminished trust. We will not slow down and contain this pandemic without trust in public health, rebuilding it must be a priority through implementation of an adequately funded revised pandemic response plan with clear time-lines and targets.

5. Following through on the commitment to recognize anti-Black racism as a public health crisis

In June, 2020, the Board of Health unanimously agreed to recognize anti- Black racism as a public health crisis and made commitments to reprioritizing city resources to address anti-Black racism during COVID-19. The abandonment of Black communities in hard hit hot spots shows a deep disconnect with this commitment. Simply put, Black communities are receiving lip service, without tangible interventions that will improve health outcomes.

We urge the Board of Health to work with public health to ensure that targeted interventions to hard hit communities and hotspots are prioritized. Furthermore, a health equity strategy must be developed and urgently implemented to ensure that all residents of this city are able to recover from this pandemic.

We appreciate the Board's consideration of these recommendations.

Regards

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(on behalf of the Black Health Equity Working Group)

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