

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**July 30, 2020 at 2 p.m.**  
**Members' Lounge, Toronto City Hall, 100 Queen St. W.**

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- Good afternoon everyone. Today I am sharing the findings and trends from recently collected individual-level COVID-19 case data on ethno-racial identity and household income. This information is key to helping my team to understand who is being impacted by COVID-19 in our city and to inform our public health actions.
- My team added socio-demographic questions to the case follow-up process to help us to better understand if COVID-19 is disproportionately affecting certain residents in our city. The data were collected from people infected with COVID-19 and who answered voluntary questions on these topics. These data are collected at the individual level, but are being reported as overall data summaries and trends in order to protect confidentiality. While there are some limitations with these data, they provide powerful insights into how COVID-19 is impacting our community.
- There is growing evidence in North America and beyond that racialized people and people living in lower-income households are more likely to be affected by COVID-19 infection. While the exact reasons for this have yet to be fully understood, we believe it is related to both poverty and racism.
- Before presenting the data, I would like to take a moment to note some key data considerations:
  - Firstly, the data do not include long-term care home and retirement home residents as these individuals were not asked about their race and income;
  - We also acknowledge that questions relating to race and income are of a sensitive nature, and some people prefer to not answer them;
  - I also wanted to share that at this time we are not providing any data on Indigenous identity because we continue to consult with members of this community on this subject; and

--Lastly, individuals who were very ill could not respond to all of our case investigator's questions.

- As I've shared before, collecting and analyzing these data informs our public health response and actions to protect your health. We began collecting these data on May 20. The findings that I will present include data collected up until July 16.

**Slide 1:**

- The graph on the first slide shows the share of COVID-19 cases by ethno-racial groups compared to the share of Toronto's population. The black bars show each ethno-racial group's share of COVID-19 cases, whereas the larger green bars show the share of the population. Ethno-racial groups that have a taller black bar than green bar are over-represented in COVID-19 cases.
- The majority (83%) of reported COVID-19 cases in the City of Toronto with valid ethno-racial data identified with a racialized group.
- This is compared to 52% of Toronto's population who identify as belonging to racialized groups.
- The chart illustrates that Arab, Middle Eastern, or West Asian people, Black people, Latin American people, South Asian and Indo-Caribbean people, and South Asian people are over-represented in COVID-19 cases. East Asian people and those who identify as White are under-represented.
- For example, the data indicate that Arab, Middle Eastern, or West Asian people represent 11% of COVID-19 cases, but only 4% of the population in Toronto, and Black people represent 21% of COVID-19 cases, but only 9% of the population. On our website you will be able to view this graph separately for males and females as well but the trends are similar.
- 71% of people who were hospitalized identified as coming from racialized groups, although this is based on a relatively small number of hospitalizations. There have not been that many hospitalizations since we started collecting these race and income data, which is a good news story.

### **Slide 2:**

- The second slide shows the same data, but presented as a rate per 100,000 people, using data from the 2016 census as the denominator for the rates. These rates should be interpreted with caution because the Census data are now 4 years old and the distribution of racial groups in Toronto may have changed over this time. Census data may also under-represent certain groups of the population, which may make some rates look larger than they are.
- However, you can see the same ethno-racial groups have in some cases a much higher rate than the rate overall, which is illustrated by the black line across the graph. This is the rate overall for people with valid ethno-racial data, so it is different and much lower than the true current rate in the City.
- Our data also show that people living in lower-income households are over-represented in our COVID-19 cases:
  - 51% of reported COVID-19 cases in Toronto with valid income data were living in households that could be considered lower income. This is compared to 30% of Toronto's population who meet that same definition.
  - 60% of people who were hospitalized met this definition of lower-income, but as I mentioned before for the findings by racialized groups, this is based on a small number of hospitalizations.

### **Slide 3:**

- The graph on this slide illustrates the share of COVID-19 cases by household income groups compared to the share of Toronto's population in each income group. In this graph, the black bars show each income group's share of COVID-19 cases, whereas the larger blue bars show the share of the population.
- You can see that the lower-income groups are over-represented in COVID-19 cases. For example, 27% of our cases with valid income data have household income levels of less than \$30,000 per year, compared to 14% of Toronto's population.

- You can view these data separately for age groups on our website, but the overall message that lower-income groups are over-represented in COVID-19 cases is the same across age groups.

#### **Slide 4:**

- On this final slide the graph shows the same data, but presented as a rate per 100,000 people, using census data as the denominator for the rates. You can see that there is what we call a step-wise gradient in the rates across income groups, whereby the two lower income groups have a much higher reported COVID-19 infection rate than the rate overall, which is illustrated by the black line across the graph. This is the rate overall for people with valid income data, so again it is different and much lower than the true current rate in the City.
- We have also learned that people living in larger households were over-represented in reported COVID-19 infections in Toronto. Those living in households with five or more people comprised 27% of COVID-19 cases, compared to 20% of the population of Toronto.
- While COVID-19 has affected all of us, unfortunately it has had a greater impact on those in our community who face greater health inequities. In the short term, addressing the needs of these members of our community will involve measures such as: targeted testing, enhanced communications and increased access to social supports such as a voluntary self-isolation site for people with COVID-19, or those at risk of infection who cannot properly isolate at home.
- In the longer-term, however, if we want to have a true impact on improving health, including COVID-19, we need to address these health inequities and get to the root cause of what underpins our overall health. We need to focus on the social determinants of health: like affordable housing opportunities, access to employment and income supports, and educational opportunities. And yes, we need to address systemic racism. This observation on what needs to change in our city has been highlighted throughout this pandemic.



## Public Health

- I believe that as we continue to expand our understanding of this virus and how it has impacted our residents, we need to better address these social determinants of health to build a more resilient city and better protect all of our residents from COVID-19 and other emerging health threats.
- I look forward to continued collaboration with health system, community and government partners on ways to make sure that all Torontonians enjoy good health and realize their full potential in our city.
- I would now be pleased to turn it over to Mayor Tory for his remarks.

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