

**Update on COVID-19**  
**Dr. Eileen de Villa, Medical Officer of Health**  
**October 28, 2020 at 2 p.m.**  
**Toronto City Hall, 100 Queen St. W.**

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- Thank you, Mayor Tory, and good afternoon everyone. Today I am reporting 321 new COVID-19 cases. 140 people are now in hospital with COVID-19 and 37 are in ICU.
- It's widely understood that COVID-19 hits hardest in places that are low income or economically disadvantaged, and we know that racialized Toronto residents are especially vulnerable during this pandemic.
- Current data shows that 30% of people living in Toronto are classified as living below the low-income threshold, but they accounted for 50% of COVID-19 cases.
- Based on data, my team determined that over the course of the pandemic so far, northwest Toronto stood out for higher rates of COVID-19, lower testing rates and higher positivity rates in comparison to other parts of our city.
- One distinction worth making before we look at the specific numbers is that where a person lives is not a reliable indicator of where they got infected with COVID-19. The people of the northwest of the city are like everyone else, as likely to live in one part of Toronto but travel throughout it.
- It's also important to recognize that a lot of hard working people have to work outside of their home, delivering essential services that have to be done in person and on the job, in places like hospitals, grocery stores, pharmacies, long-term care homes, and food production and distribution facilities. And they deserve our support as they go to work.
- The three wards that cover the northwest part of the city where rates are high are: Humber River-Black Creek, York South-Weston and Etobicoke North. Each of these wards is home to approximately 4% of our population.

## Public Health

- In contrast, Humber-River Black Creek and Etobicoke North each accounted for 8.2% of all Toronto cases of COVID-19 in the last 3 weeks, while York South-Weston accounted for 6.7% of our total cases.
- Another measure of the burden these areas experience is the case rate per 100,000 people.
- While the overall Toronto case rate has been 172.7 cases per 100,000 people in the last 3 weeks, these 3 wards experienced COVID-10 rates that were between 70% to 120% higher than for Toronto.
- Specifically:
  - In Humber River Black Creek, it was 387.8 per hundred thousand.
  - In Etobicoke North, it was 356.7 per hundred thousand.
  - In York South-Weston, it was 293.1 per hundred thousand.
- To sum it up three adjacent wards in one part of the city – representing roughly 11.5% of the total population – bore approximately 23.1%, almost one quarter, of all Toronto COVID-19 cases over the past three weeks.
- Much recent attention has been given to the added value of looking at percent positivity. This information is reported to us at the neighbourhood level, but I can tell you that these three wards contain neighbourhoods with some of Toronto's highest percent positivity values.
- Only 4 of the 26 neighbourhoods included in these wards had percent positivity values that were less than 4%. This is not a new story, just the latest chapter in a troubling one. Through the pandemic there has been focus on the heavy burden borne by these areas and specific activities to address the imbalance.
- These activities are delivered by Toronto Public Health and by our partners in other city divisions and at senior levels of government.
- As you just heard, Mayor Tory described the efforts by our city partners. I will speak to many of the efforts led by my team at Toronto Public Health.

- Our work in northwest Toronto – and in any part of Toronto where the pandemic has or may yet hit hard – breaks into three categories: providing information, direct interaction, as well as access to health services and health services promotion.
- Our most important way to reach people with vital information about COVID-19 transmission, prevention, testing and social supports is through our COVID-19 Outreach Rapid Response Team.
- You will hear me refer to them frequently throughout my remarks today. Access to health services and health services promotion helps people access testing. It also means advocating on their behalf to expand access to testing.
- My team works closely with Ontario Health's Toronto Region to provide recommendations for testing needs and testing sites.
- My team also shares COVID-19 data like neighbourhood case counts to work with community partners to identify appropriate sites for testing, which is funded by Ontario Health and planned and delivered at the local level by a variety of local agencies.
- We have used data to recommend the most strategic test sites in neighbourhoods. The data helps us understand which neighbourhoods have low testing rates yet continue to have high rates of COVID-19 infections. These are areas that would benefit most from increased access to testing.
- Practically speaking, the results have led to testing in locations at community recreation centres to malls and even a church. It allows for testing where people are living their daily lives.
- Toronto Public Health's COVID-19 Outreach Rapid Response Team promotes community pop-up testing sites and collaborates with community agencies to help develop translated promotional posters and social media banners. In the two most recent months we have helped raise awareness of testing access by promoting 17 pop-up testing availabilities.

- The team has also distributed test site information in the community through means like community canvassing as well as distributing posters in various locations such as apartment buildings, places of worship and grocery stores.
- The Board of Health and Council have called on the Province to increase the availability and accessibility of provincial testing in the northwest.
- Providing information is the second area of focus. People cannot protect themselves without knowing what to do.
- The outreach team delivers presentations about COVID-19 to groups of residents, primarily those living in Toronto neighbourhoods with the highest COVID-19 case counts.
- They address questions about transmission, prevention, testing information and provide community support.
- The outreach team also present to community agency staff and volunteers to build their capacity in communicating COVID-19 public health messages to their clients.
- Presentations have been made at drop-ins, seniors' services, cultural services and community centres.
- Between mid-August and mid-October the outreach team made almost 140 presentations, reaching 2,900 residents and almost 550 staff at community agencies.
- Direct interaction is very important. Two ways we interact with people in the northwest, and elsewhere, are through canvassing and through information tables.
- Over the summer months, outreach teams conducted almost eighty community canvassing efforts at locations like shopping centres, grocery stores, and places of worship.

- They also set up information tables in various community locations such as food banks, drop-in centres and multi-unit residential building lobbies.
- Between mid-August and mid-October this outreach allowed us to connect directly with more than 2,100 people.
- Between mid-August and mid-October we also provided nearly 60 information table set ups and were able to reach more than 2,300 residents.
- In a large, diverse city like Toronto you can't operate on the assumption everybody speaks the same language, or speaks English fluently.
- This is why our Community Outreach Team is multi-lingual, and provides services in 28 different languages. Currently information relating to COVID-19 is also being translated into approximately 30 languages.
- Wherever you live, the steps for self-protection are the biggest and best things we can do to limit the spread of COVID-19 in Toronto:
  - Keeping at least six feet apart as often as you can;
  - Wearing your mask whenever you can;
  - Washing your hands frequently; and
  - Trying as much as possible to limit your contact to the people you live with.
- While we are all in this together, our experiences living with COVID-19 can be quite different.
- Those differences illustrate health inequity: simply put, when the health of some people is different from others, because the circumstances in which they live are so different – often so unequal – that one unfairly suffers where another succeeds.
- This is why our Board of Health and City Council called for creation of COVID-19 Response Equity Action Plan by the City, and as well by the provincial and federal governments, to eliminate the unequal impact of the pandemic experienced by many communities.

- The Toronto plan will be presented to our Board of Health in December – a plan to identify tailored, targeted action to facilitate good health in the whole city and to address the inequities that are felt heavily in neighbourhoods such as those we’ve spoken about today.
- This work will need a united and concerted effort by all levels of government to support the conditions where all people are able to rise to their full potential.
- COVID-19 will not be with us forever, but the factors that worsen it in some parts of Toronto will not go away with it – not without hard work and a clear plan.
- The health of a city is determined by the health of the whole city.
- I feel confident we have seen in the pandemic a new understanding of what can be achieved when we work together.
- If COVID-19 has a legacy I hope it will be a commitment to acting in ways that reflect the many things we’ve learned about ourselves through this and a resolve to act in ways that reflect that knowledge.

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