The Association of Local Public Health Agencies (alPHA) recognizes that living conditions such as poverty, food insecurity, domestic conflict, inadequate housing, poor built environment, social discrimination, poor working conditions and lack of education are often the root causes of poor health. alPHA also recognizes that each of these conditions is significantly higher in marginalized communities, and that such marginalization is often a result of racism and oppression, both attitudinal and systemic. Health inequalities due to these factors are measurable and clear cause-and-effect evidence exists to inform interventions to reduce preventable illness and premature death in vulnerable populations.

Ontario’s boards of health have clear and specific obligations spelled out in the Ontario Public Health Standards (OPHS) to ensure that health equity is a consideration in the planning and delivery of every single one of its programs and services. Health equity is defined in the OPHS as the ability for all people to “reach their full health potential and are not disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance” (p. 20). The goal of this approach is that “public health practice results in decreased health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances” (p. 21).

The Emergency Management Guideline under the OPHS is no exception, as it requires boards of health to “maintain awareness of priority populations in the community and the potential for them to experience disproportionate health impacts from emergencies or disruptions” (p. 5).

EVIDENCE: HEALTH EQUITY AND COVID-19

In mid-May, Public Health Ontario published an Enhanced Epidemiological Summary entitled COVID-19 in Ontario – A Focus on Diversity. Its key findings were as follow:

- The most ethno-culturally diverse neighbourhoods in Ontario, primarily those concentrated in large urban areas, are experiencing disproportionately higher rates of COVID-19 and related deaths compared to neighbourhoods that are less diverse.

- After adjusting for differences in the age structure between neighbourhoods, the rate of COVID-19 infections in the most diverse neighbourhoods was three times higher than the rate in the least diverse neighbourhoods.

- People living in the most diverse neighbourhoods were also more likely to experience severe outcomes (hospitalizations, ICU admissions and deaths) than people living in the least diverse neighbourhoods:
  - hospitalization rates were four times higher;
  - ICU admission rates were four times higher; and
  - death rates were twice as high.
While much of this could be linked to the realities of population density in urban settings, Public Health Ontario (PHO) published a more detailed Synopsis later that same month, entitled COVID-19 – What We Know So Far about Social Determinants of Health, which summarizes research that draws connections between gender, socioeconomic position, race/ethnicity, occupation, Indigeneity, homelessness and incarceration and increased risk of COVID-19 infection, owing to factors that limit the ability to maintain physical distancing and increase opportunities for exposure, as well as connections between existing social inequities and increased risk of severe COVID-19 outcomes. These findings reinforce the overrepresentation of people from racialized communities, newcomers to Canada, people with lower education levels, lower income and the unemployed in COVID-19 case counts and hospitalization rates.

The evidence is clear that COVID-19 disproportionately affects people from marginalized populations because factors beyond their control diminish their ability to adhere to public health interventions such as social distancing and other means of avoiding exposure. Gathering specific information about the socio-demographic profiles of populations hardest hit by COVID-19 allows for the appropriate allocation of public health resources and development of specialized interventions for an effective response.

RECOMMENDATIONS

• That the Ontario Government develop, in consultation with Public Health Ontario, the Digital Health Table, health equity specialists in public health, researchers, academics and those with lived experience in marginalized communities, a comprehensive strategy to address the disproportionate impact of COVID-19 on marginalized populations, with a focus on addressing the root causes of disparities, including advancing racial equity as it pertains to health outcomes. This strategy should include specific objectives for testing, data collection, staff training, and balancing transparency with privacy.

• That the Ontario Government revise its COVID-19 Action Plan for Protecting Vulnerable Ontarians to include marginalized populations.

• That the Government of Ontario immediately mandate the inclusion of questions aimed at collection of race/ethnicity and socio-demographic data as part of the surveillance, contact tracing and reporting processes. We acknowledge that proposed changes to Section 5 of Ontario Regulation 569 will enable the collection and reporting of some of these important data. We will be monitoring the success of this approach and providing feedback as needed.

• That the Ontario Government apply the data collection and use provisions under the Anti-Racism Act, 2017, S.O. 2017, c. 15 to reinforce that the collection of personal information under this strategy is a measure to eliminate systemic racism and advance racial equity as they pertain to health outcomes.
The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa’s members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario’s communities.

**alPHa’s members are the public health units in Ontario.**

**alPHa Sections:**
Boards of Health Section
Council of Ontario Medical Officers of Health (COMOH)

**Affiliate Organizations:**
Association of Ontario Public Health Business Administrators
Association of Public Health Epidemiologists in Ontario
Association of Supervisors of Public Health Inspectors of Ontario
Health Promotion Ontario
Ontario Association of Public Health Dentistry
Ontario Association of Public Health Nursing Leaders
Ontario Dietitians in Public Health