Ottawa | Public Health
Santé publique

Report: COVID-19 and Racial Identity in Ottawa

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For more information, email OPH-Epidemiology@ottawa.ca

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What is in this report?

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Key Messages

- The COVID-19 pandemic is highlighting structural and systemic inequities and barriers to health and social services that pre-existed COVID-19. Long-term solutions are needed to address underlying social determinants of health such as racism, income, housing, and employment.
- Collecting and analyzing sociodemographic data can help to remove barriers to health and social services, identify needed community supports, and work toward longer-term health equity.
- Analysis of sociodemographic data has shown that, similar to elsewhere, COVID-19 has disproportionately impacted people who are racialized. In Ottawa, particularly Black communities.
- Racialized communities may have difficulty limiting exposure to COVID-19 due to factors such as higher density housing that makes physical distancing difficult and/or employment in essential work and that is often 'precarious' - low-wage, temporary, unstable and without pensions and benefits (e.g., emergency or sick leave).
- There is a need to work collectively with affected communities to understand people's lived experience to inform solutions in order to improve access to health and social services and prevent further transmission.

Summary of Key Findings

- Racialized populations (particularly those who identify as Black) are over-represented among people diagnosed with COVID-19 in Ottawa.
- In most racial groups, females are more likely to be diagnosed with COVID-19 than males.
- Among those who are racialized and diagnosed with COVID-19, younger people (aged 0-29 years) account for a greater proportion of infections.
- Across all groups, close contact is the greatest source of COVID-19 infection and is more pronounced among people who are racialized.
- Among people diagnosed with COVID-19, most of those who are racialized are immigrants (i.e. not born in Canada); people who identify as Middle Eastern, Black and South Asian appear to be more recent immigrants (within the last 5 years).
- People working in health-related occupations have been most affected by COVID-19; people who are racialized are over-represented across all occupation categories.
- Only half of all people diagnosed with COVID-19 identified English or French as their first language.
- Nearly half (48%) of those who consented to provide sociodemographic data did not provide income data; therefore, there was insufficient data to report.

Why collect sociodemographic data (SDD)?

In general:

- To improve client care and inform planning of services by:
  - Identifying trends in the data
  - Reducing barriers to care
  - Supporting health equity

During COVID-19:

- To understand if there are certain groups of people who are more affected by COVID-19 than others
- To use data to engage community groups and provide additional information and supports where needed

What data was collected?

- Sociodemographic data collected:
  - Language: Official (French/English) and language spoken in childhood
  - Born in Canada: If no, length of time in Canada?
  - Indigenous Identity – First Nations, Métis, Inuit
  - Racial identity (details on next slide)
  - Disability
  - Income & Household size
- Age, sex/gender, exposure (source of infection) and occupation are captured as part of COVID-19 case management
- Indigenous identity was collected but data are not reported. Data governance principles are being followed and work is ongoing with First Nations, Métis and Inuit communities to document people's experiences with COVID-19.

Asking about Race

- People diagnosed with COVID-19 infection were asked which race category best describes them. The categories are listed in the first column of Table 1 below.
- The distribution of racial groups among people infected with COVID-19 were compared to the 2016 Census visible minority data for Ottawa, as described in the second column of Table 1. This is the most recent source of population demographic data on race for Ottawa.
- Throughout the report, where possible, data for specific racial groups are presented. In addition, all racialized groups (excluding White) were combined as 'total racialized groups' to compare to non-racialized/White.

Asking about Race

Table 1. Race categories as collected among people testing positive for COVID-19 and 2016 Census categories used to compare the distribution of COVID-19 by race

COVID-19 Race Categories	Population Data: Census Categories
Total racialized groups (not including White)	Total visible minority plus Aboriginal identity
Asian (East) – e.g. Chinese, Japanese, Korean, Taiwanese, etc.	Chinese, Korean, Japanese
Asian (South) – e.g. East Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean, etc.	South Asian (e.g. 'East Indian,' 'Pakistani,' 'Sri Lankan', etc.)
Asian (South East) – e.g. Cambodian, Indonesian, Filipino, Thai, Vietnamese	Southeast Asian (e.g. 'Vietnamese,' 'Cambodian,' 'Laotian,' 'Thai,' 'Filipino', etc.)
Black – e.g. African, Afro-Caribbean, African-Canadian	Black
Indigenous - First Nations, Métis, Inuit	Aboriginal identity
Latino – e.g. Latin American, Hispanic, Argentinian, Chilean, etc.	Latin American
Middle Eastern – e.g. Arab, Persian, West Asian descent, Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish, etc.	Arab West Asian (e.g. Afghan, Iranian, etc.)
White - e.g. European, English, Italian, Portuguese, Russian	Not a visible minority subtracting Aboriginal identity

What SDD does (and does not) tell us?

While this information provides valuable insight, it is important to recognize its limits:

- **Missing data:** we do not have SDD on every person diagnosed; e.g. declined, too ill to provide information, lost to follow-up; missing income.
- **Testing bias:** data only reflects those who have been tested for COVID-19; therefore misses people who have not been tested.
- **Comparison data bias:** 2016 Census data was used as a comparison for the Ottawa population; however the population has likely grown and changed since 2016.
- **Under-representation:** some groups may be under-represented due to barriers, e.g. testing access.
- **Quantitative data:** SDD does not tell us about people's lived experiences or context behind the numbers.

How did we collect the data?

- Data were collected by phone during follow up phone call with a nurse with people who tested positive for COVID-19.
- Clients were able to communicate in the language of their choice – English/French or another language with interpretation services if required.
- Clients provided informed consent to participate.
- Participation was voluntary – clients could decline answering any questions without it affecting their access to care/services.

Who is reflected in the data?

Total people diagnosed with COVID-19 up to August 31, 2020 = 2,981

- We excluded people living in retirement homes, long-term care or other congregate living settings and people who have died (n=654).
- People living in congregate settings were excluded because case managers often do not communicate directly with clients living in these settings, rather with care providers (staff or family member) who may not have information to answer the questions and/or it is not appropriate for them to do so. Another reason lies in the purpose behind looking at socio-demographic data and COVID-19, and differences between living in a congregate setting and a community setting.

Total who met inclusion criteria = 2,327 (78% of total)

- **62% (n=1,444) consented to provide SDD → this is the sample**
- 38% (n=883) declined (n=188) or were unreachable (n=695)
- For characteristics of the 38% who were not included (i.e. declined or could not be reached), refer to Data Notes at the end of the report.

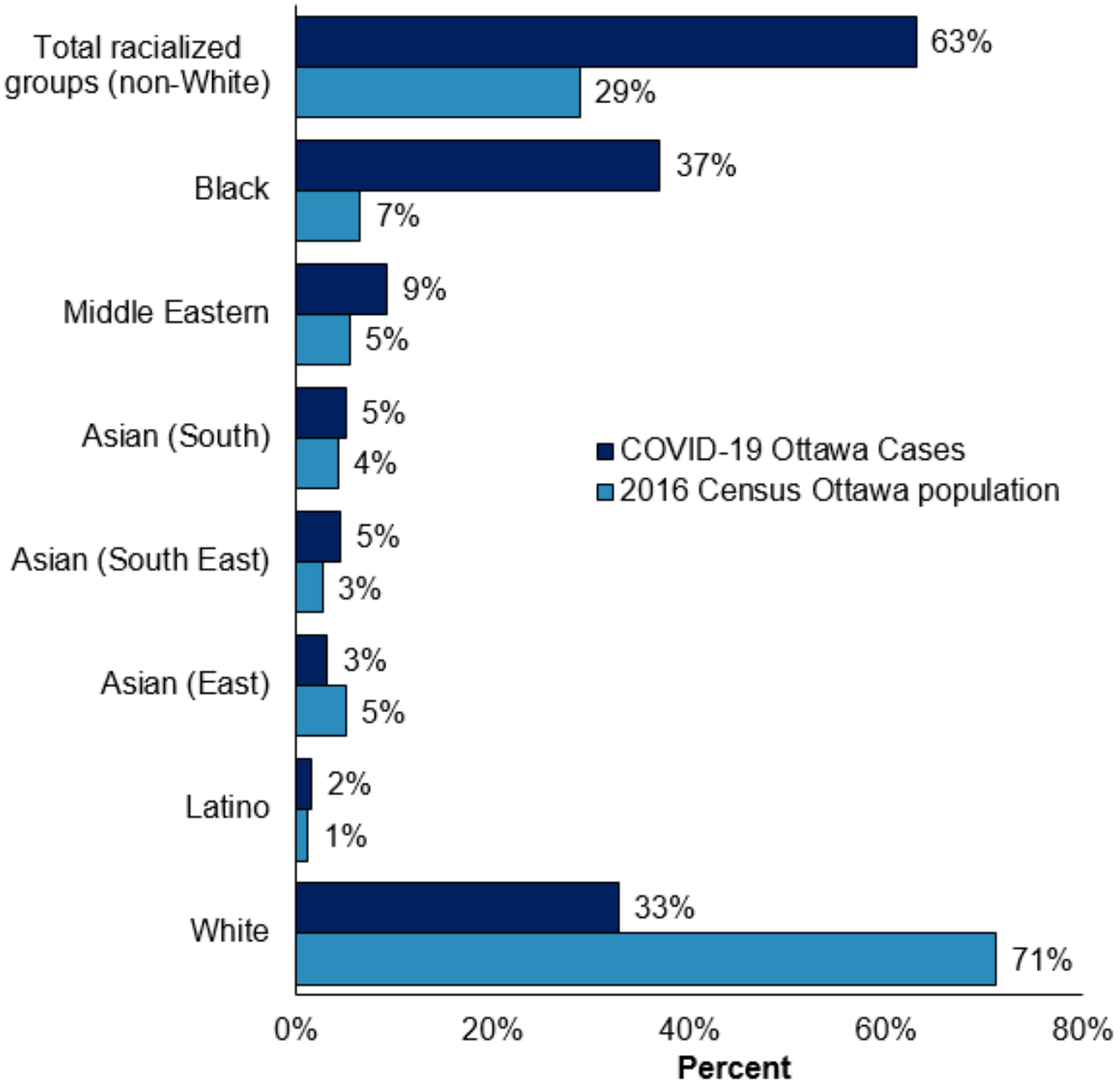

Figure 1. Distribution of COVID-19 among racial groups compared to the Ottawa population

Racial Identity and COVID-19 in Ottawa

Racialized populations, particularly those who identify as Black, are over-represented among people diagnosed with COVID-19 in Ottawa.

Racial Identity of People Diagnosed with COVID-19 by Sex

Across most groups, females are more likely to be diagnosed with COVID-19 compared to males.

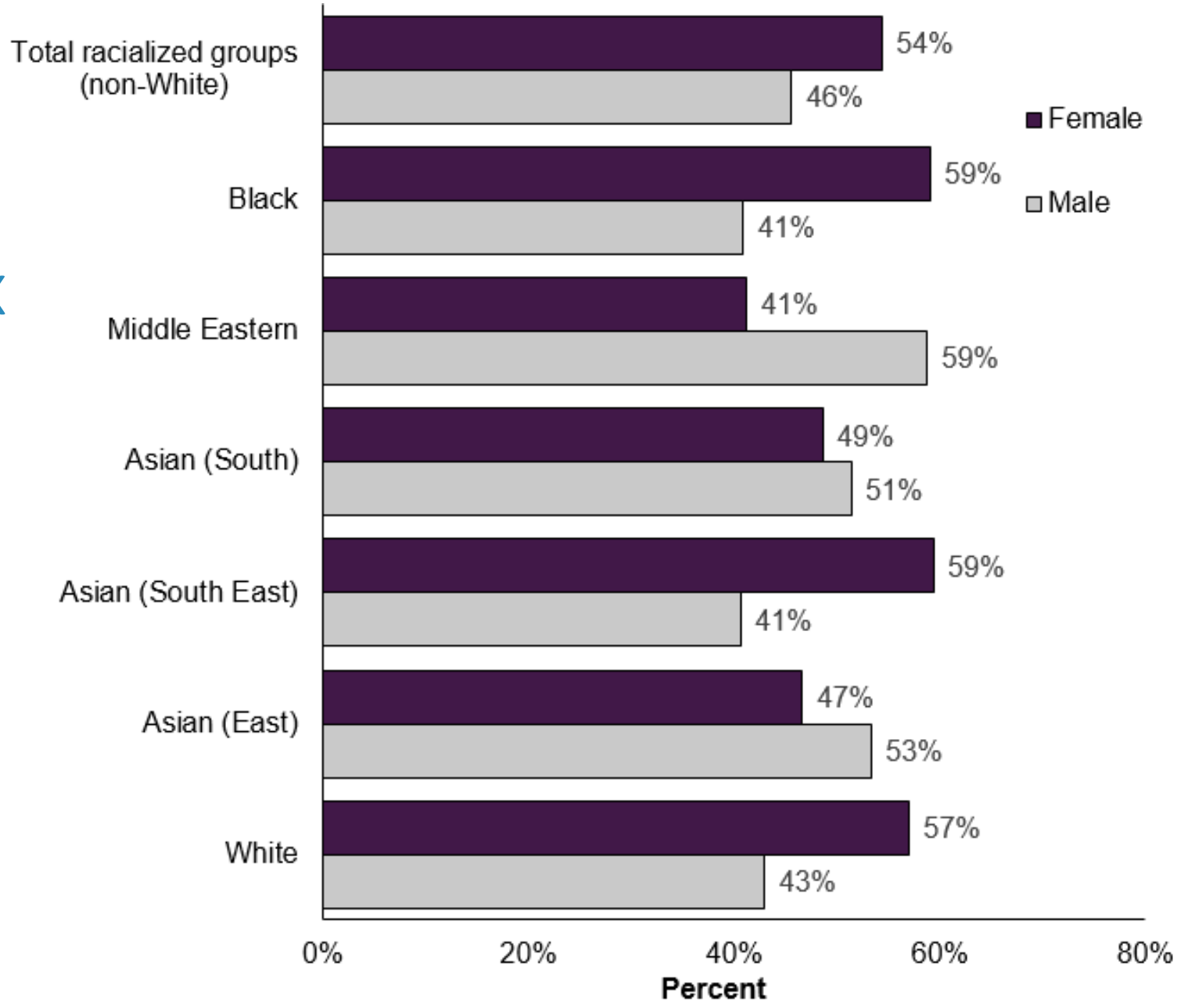

Figure 2. Distribution of COVID-19 among racial groups by sex

Racial Identity of People Diagnosed with COVID-19 by Age

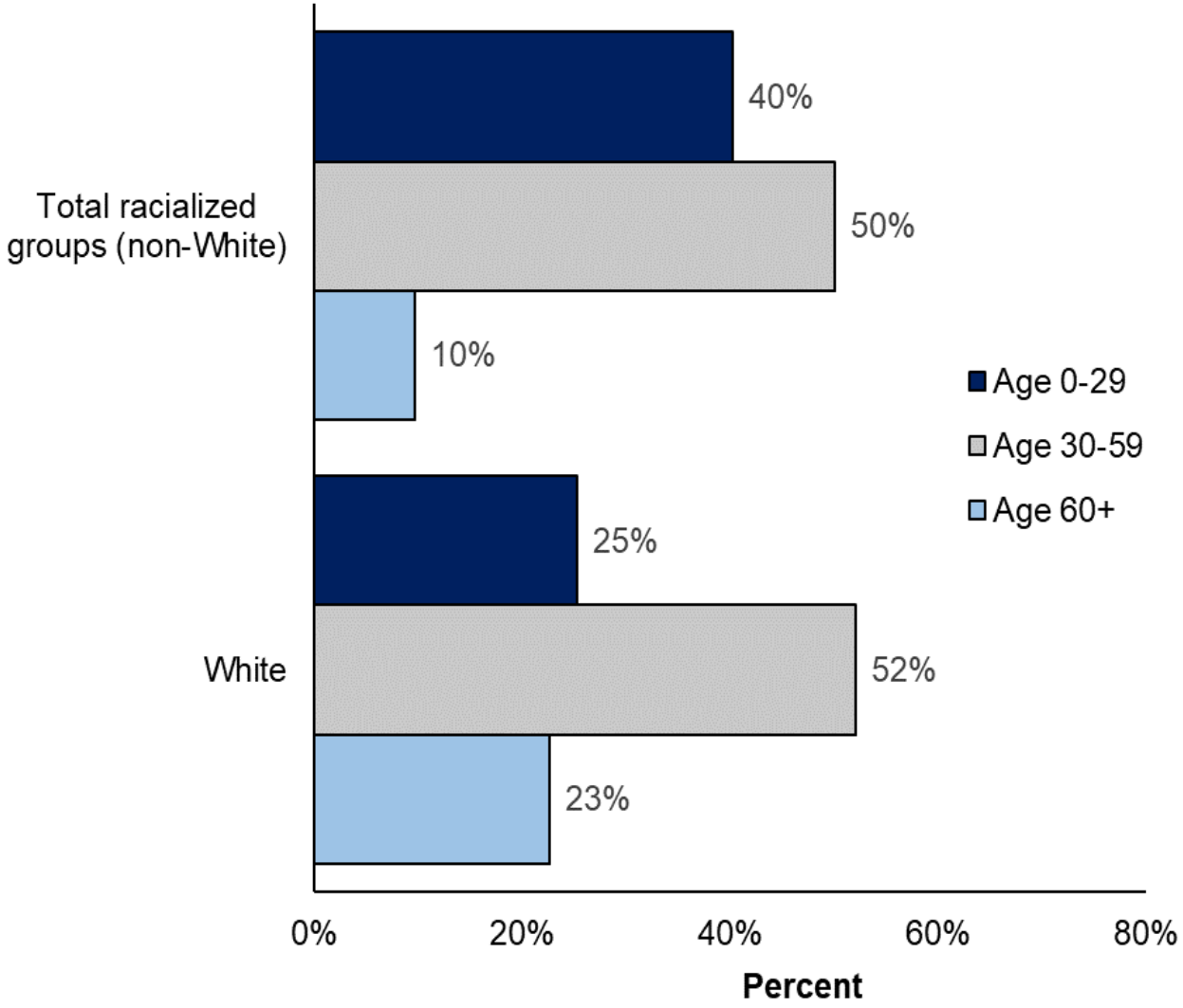

Figure 3. Distribution of COVID-19 among racial groups by age

Among those who are racialized and diagnosed with COVID-19, younger people (aged 0-29) account for a greater proportion of infection.

Distribution of COVID-19 among Racialized and Non-Racialized groups by Source of Infection

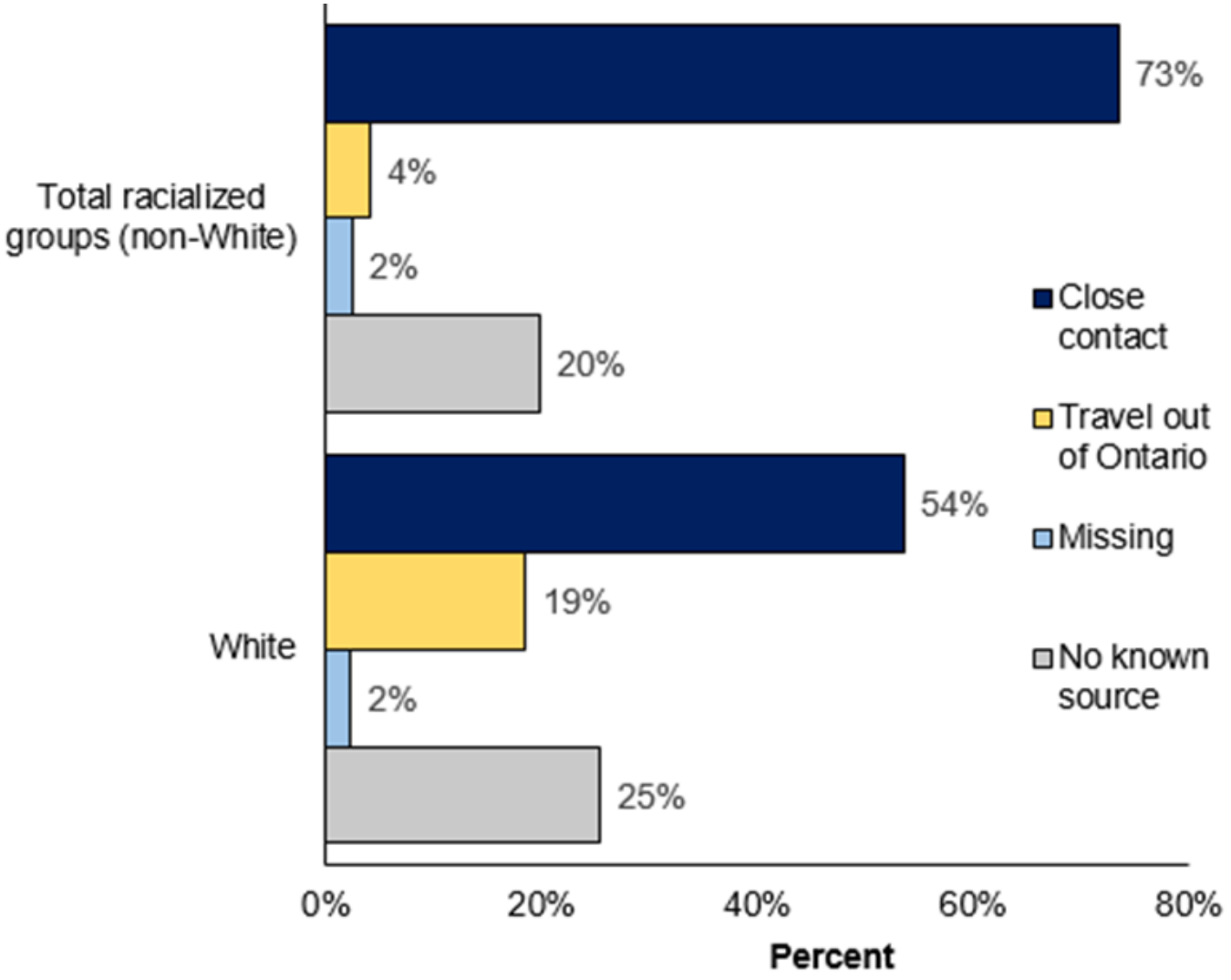

Figure 4. Distribution of COVID-19 among racial groups by source of infection

In general, close contact is the greatest source of COVID-19 infection, and more pronounced among people who are racialized.

Racial Identity of People Diagnosed with COVID-19 by Immigration

Among people diagnosed with COVID-19, most of those who are racialized were not born in Canada.

People who are Middle Eastern, Black and South Asian appear to be more recent immigrants (within 5 years).

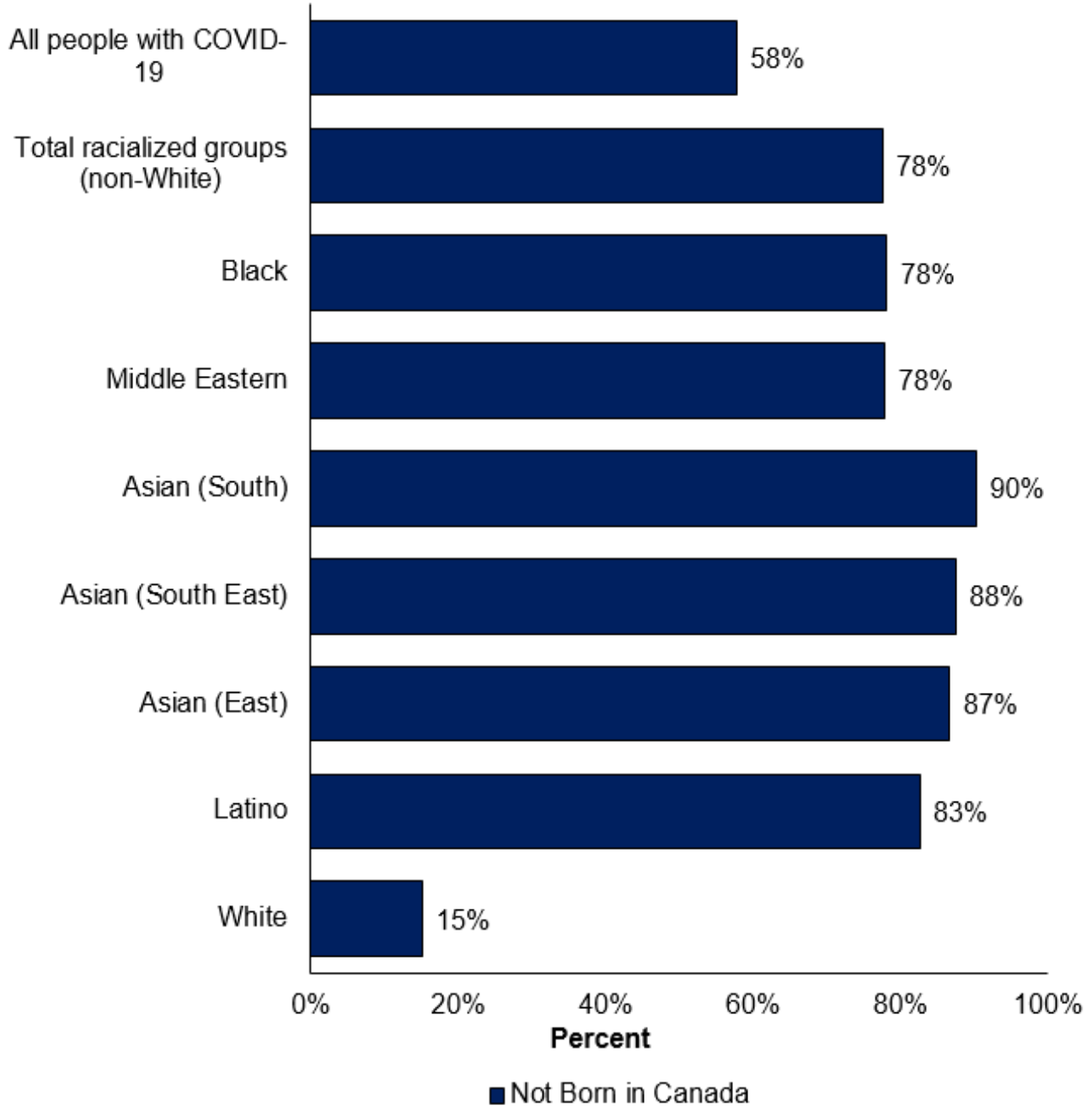

Figure 5. Distribution of COVID-19 among racial groups by immigration (not born in Canada)

COVID-19 per Occupation Sector, by Racial Identity

- Collection of occupation data can help inform COVID-19 exposure and transmission information and help determine who is at risk; however occupations do not necessarily describe where people acquired COVID-19. People with multiple jobs may have been counted in more than one sector.
- The next slide, Figure 6 depicts the rate of COVID-19 per occupation sector by racial identity.
- We used 2016 Census data to determine total numbers of individuals employed in each occupation sector by race (visible minority/racialized vs. non-visible minority/white). This was used to calculate the rate of COVID-19 infections per occupation sector by race.
- For example from Figure 6, out of 100,000 people in Ottawa who are employed in a health occupation and have been diagnosed with COVID-19 - 2,169 people are racialized compared to 703 people per 100,000 people working in a health occupation who are not racialized (white).

Key Findings:

- People who are racialized are over-represented across all occupation categories. This is consistent with the finding that racialized groups are over-represented among those diagnosed with COVID-19.
- Those working in the health sector are the most impacted by COVID-19, particularly among people who are racialized.

Rate of COVID-19 per Occupation Sector, by Racial Identity

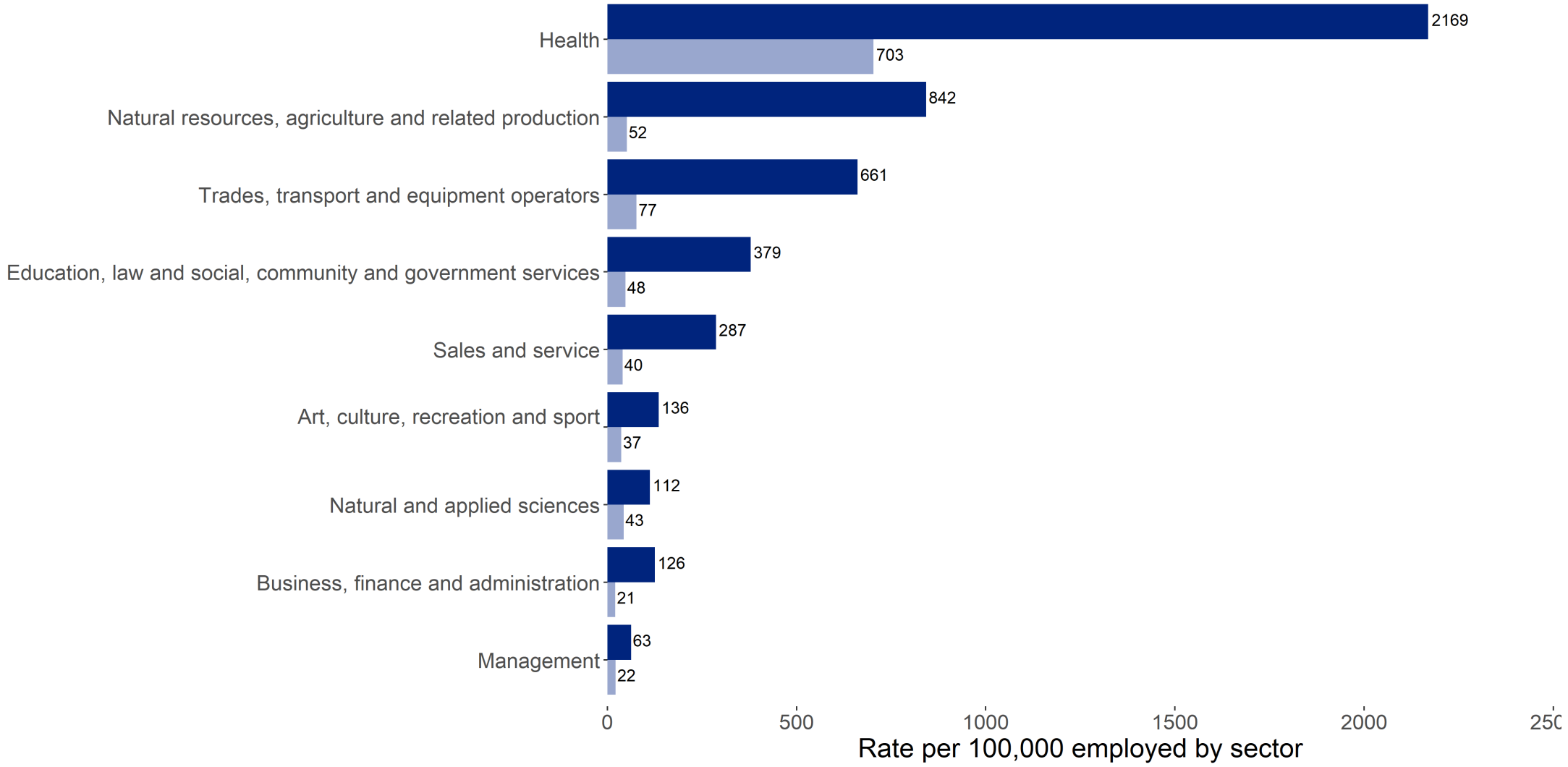

Figure 6. Rate of COVID-19 per Occupation Sector by Racial Identity

Data Notes

1. Analysis includes people diagnosed with COVID-19 up to August 31, 2020, for whom 62% agreed to share their information. This analysis excludes those who preferred not to answer about their race (4%), those who did not know how to describe their race (1.5%) and those who identified as another race not listed (<1%).
2. Among the 38% who declined or could not be reached (N=883), in general: participants were slightly older; less likely to have been hospitalized; were more likely to be a healthcare worker; no differences in gender or probable source of infection.
3. For some analyses, racialized groups are suppressed due to small counts of people diagnosed with COVID-19.
4. As noted on slide 7 (Asking about Race), Indigenous identity data is being collected. Data governance principles are being followed, and work is ongoing with First Nations, Métis and Inuit communities to collect and analyze data and to document people's experiences with COVID-19.
5. Ottawa population data for racial identity, childhood language (mother tongue) and occupations come from the 2016 Census. Data for occupation by race were obtained through the Community Data Program - Ottawa Consortium.
6. Figure 7: Occupation categories are based on the National Occupation Classification (2016). This analysis is limited to those 15 or older to reflect the labour force. Of this sample, only 1326 had race data available: 926/1326 individuals were included in the analysis; 128 had insufficient information where their occupation could not be categorized, and 272 were missing occupation information. The Manufacturing and Utilities sector is not shown due to finding no documented COVID-19 infections among Ottawans working in this sector in the data up to August 31, 2020.