Commentary

Socio-demographic data collection and equity in covid-19 in Toronto

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The analyses maintained media interest and pressure on government and public health. Neighbouring public health units (Peel and Middlesex London) and one Province (Manitoba) started collecting race based data in April 2020. Toronto Public Health started collecting race/ethnicity, income, housing data at the time of tracing in May 2020 [5].

By June, the Ontario Government changed the law so that socio-demographic data would be collected at tracing by all public health units. Tracing information would be linked so that hospitalization rates could be measured. Testing sites were set up to be, quick, low barrier and easy to implement; because of this socio-demographic data collection was considered too onerous [6].

To achieve a more equitable pandemic, data has to be analysed and used. And, the publication of the data ensures transparency and accountability.

In July, Toronto’s Mayor joined the Medical Officer of Health to present the first analyses of socio-demographic disaggregated individual level data by Toronto Public Health. Racialized groups were over represented in covid-19 cases and hospitalizations; and Black populations, and Latino populations had covid-19 case rates 6–11 times that of the White population. The City announced immediate interventions for hard hit areas which started in July 2020 and a public consultation focussed on improving the equity of the response [7].

Interventions included community based multi-lingual public health campaigns, community testing and pop-up testing sites, free masks, free voluntary isolation sites, eviction prevention advocacy, food security programs, free digital access and emergency child-care [1].

Focussed strategies for the Black population were deployed following the community consultation in August [8].

Monthly data analysis and reporting has monitored progress, kept the issue visible and some may argue offers some evidence that the public health and social support changes may have been partially effective. The Latino population had the highest rate-ratio of covid-19 compared to the White population in June but this decreased as area based strategies were brought in. The rate-ratio in the Black population has decreased steadily; from 9 in August to 2.2 by end December 2020 (Fig. 1).

By the end of 2020, the Province of Ontario had announced its own assistance to support pandemic response in hard hit areas [9], and were investigating socio-demographic data collection for the vaccine roll-out. In addition, the Federal Government announced a national socio-demographic data collection initiative and a pandemic equity model [10].

The call for disaggregated data aligned community, academics, clinicians and policy makers. The collection, analysis and
presentation of data led to changes in the public health response and may have improved the equity of the response. The equity of the response improved following both area focussed and sub-population-based approaches. Further evidence will be needed to determine which changes can be linked to improved pandemic equity. The positive experience of the collection and use of disaggregated data collection and use during covid-19 has increased the appetite for a longer-term strategy for socio-demographic data collection.

Declaration of Competing Interest

No interests to declare

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Fig. 1. Covid-19 case-rate ratios for racialized groups vs White population; Toronto, June – Dec 2020