

Key findings:

- ◆ **Hamilton neighbourhoods with higher concentrations of people living on low incomes and people who identify with a racialized group have higher rates of COVID-19.**
- ◆ **These discrepancies reflect similar patterns in Ontario and beyond and are due in part due to higher risks of exposure due to working and housing conditions.**

By the start of August 2020, almost 1,000 residents in Hamilton had been infected with coronavirus and developed COVID-19. COVID-19 cases in all parts of the city have been reported, and this bulletin provides a deeper analysis examining trends by neighbourhood income and proportions of racialized persons to understand the impacts of these characteristics on COVID-19 rates. (For an explanation of racialization, please refer to Bulletin 16, “Visible Minorities in Hamilton.”)

City of Hamilton COVID-19 data at the neighbourhood level was combined with neighbourhood census data on material deprivation and racialized persons from the Ontario Marginalization Index, published by Public Health Ontario. This same analysis was done at the provincial level by a group of academic and health industry researchers on their website: https://howsmyflattening.ca/#/analysis/socioeconomic_analysis

In Charts 1A and 1B, the blue line depicts the City of Hamilton’s neighbourhood average of 136 cases per 100,000 people. Each coloured bar represents neighbourhoods sorted into quintiles of rates of material deprivation (difficulty affording basic resources due to low income) (Chart 1A) or proportion of racialized persons (Chart 1B).

Chart 1A shows that neighbourhoods in the 1st quintile—with the lowest rates of material deprivation—have the lowest rate at 99 COVID-19 cases per 100,000 people. In contrast, neighbourhoods in the 5th quintile with the highest rates of material deprivation have the highest rate, at 179 cases of COVID-19 per 100,000 people, almost double the rate of the neighbourhoods with low material deprivation. The 2nd, 3rd, and 4th quintile range from 137-151 cases per 100,000 persons, with a “social gradient” generalized trend where case rates rise with increased material deprivation.

Chart 1B shows a similar, and even starker trend for racialization. Neighbourhoods in the 1st quintile, which have the lowest concentration of racialized persons, have the lowest rate at 81 cases of COVID-19 per 100,000 people. Neighbourhoods in the 5th quintile, with the highest proportions of racialized persons have the high rate of COVID-19 at 196 cases per 100,000 people, which is more than double the rate in the lowest quintile of neighbourhoods. The 2nd, 3rd, and 4th quintile range from 128-142 cases per 100,000 persons, with the similar social gradient trend seen in Chart 1A.

While these trends were analyzed at the neighbourhood level, these trends are not about specific geographic areas of the city. Rather they reflect the aggregate demographic and income characteristics of neighbourhoods across Hamilton.

Chart 1. Rate of COVID cases per 100,000 residents, City of Hamilton, by neighbourhoods grouped by ON-Marg index quintiles, cases as of August 5, 2020, City of Hamilton and Public Health Ontario data (see data notes on next page)

Chart 1A. Neighbourhoods grouped by ON-Marg Material Deprivation index

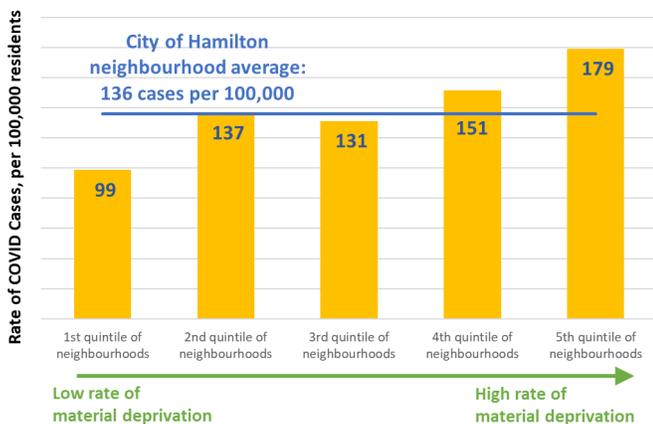
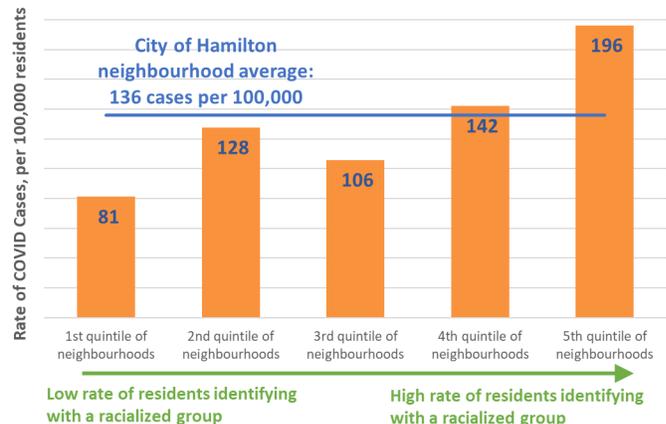


Chart 1B. Neighbourhoods grouped by ON-Marg Ethnic Concentration/Racialization index



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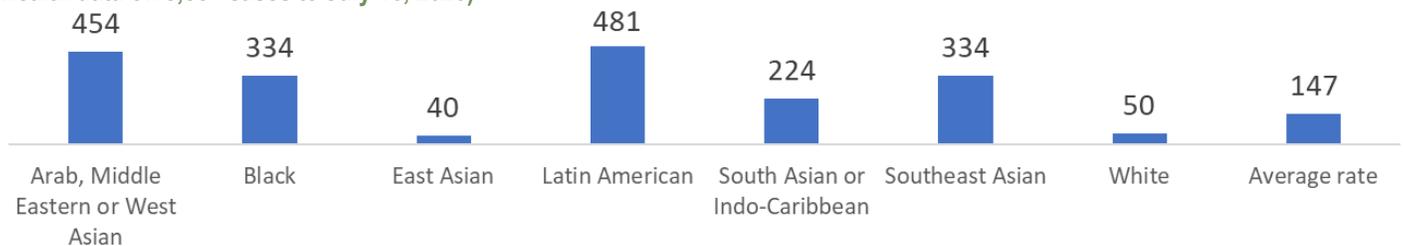
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Comparisons to Ontario

These disparities in COVID rates are not unique to Hamilton. Ontario-wide data show the same trends, namely that low income and racialization status are associated with higher rates of COVID-19 cases, hospitalizations, ICU admissions, and mortality rates. Public Health Ontario data shows that for people living in neighbourhoods experiencing the highest level of material deprivation, hospitalization rates were 69% higher and ICU admission rates were almost two times higher than people living in neighbourhoods experiencing the lowest level of material deprivation. For neighbourhoods with the highest percentage of racialized residents, hospitalization rates and ICU admission rates were four times higher than neighbourhoods with the lowest percentage of racialized residents.

The City of Toronto has started to directly collect data about income and racialized status of patients with COVID-19 (instead of relying on neighbourhood data to make assumptions about individuals). This data allows a clearer picture to emerge about the specific communities most at risk of COVID-19. Chart 2 shows that Latin American, Arab Middle Eastern or West Asian residents have the highest rates (almost triple the city average), Black, Southeast Asian, and South Asian or Indo-Caribbean residents have rates higher than the city average, and White and East Asian groups are at the lowest risk (about one third the average city rate).

Chart 2, Rate of COVID cases per 100,000 residents, City of Toronto, by self-identified racialized group (City of Toronto Public Health data on 3,861 cases to July 16, 2020)



Why are these trends occurring?

People living on lower incomes or racialized residents experience structural inequalities such as higher rates of low wage, precarious employment, and housing and job discrimination. When residents are more likely to have low-paying frontline jobs where they can't work from home, or not have paid sick leave, leading to greater exposure, they are at higher risk of infection. As Professor Rebecca K. Timothy at the Dalla Lana School of Public Health, University of Toronto explains, racialized and marginalized communities "encounter racist health systems that impact their physical, mental, financial and spiritual well-being. To add to this, low-income communities' ability to protect themselves from COVID-19 is severely restricted, as money is needed to support social distancing, pay bills, buy food supplies and hand sanitizer."¹ Residents might have to take public transit more often or live in overcrowded housing, making it harder to physically distance. People in these communities might also have underlying health conditions or have less access to health care, increasing the potential severity of COVID-19. Issue 19 in this series gives a roadmap to how Hamilton can build an equitable recovery strategy that will help those who have been most affected.

¹Timothy, R.K. (2020) *Coronavirus is not the great equalizer — race matters*. Available at: <https://theconversation.com/coronavirus-is-not-the-great-equalizer-race-matters-133867>

Data notes

Five neighbourhood/census tracts with cases more than three times higher than the average number of cases, to reduce the influence of outbreaks in long-term care and other facilities on this analysis. A total of 137 neighbourhoods were retained.

The Ontario Marginalization Index data used in this analysis is provided by Public Health Ontario and combines a range of Statistics Canada Census demographic indicators into dimensions of marginalization at the neighbourhood level to allow for socio-demographic analysis of trends when individual data is not available. <https://www.publichealthontario.ca/en/data-and-analysis/health-equity/ontario-marginalization-index>.

ON-Marg data was combined with City of Hamilton neighbourhood data in this report as a proxy to understand socio-demographic trends, rather than individual-level data, because individual data on income and racialization status of persons with COVID-19 is not yet available. These findings refer only to aggregate neighbourhood trends, rather than individuals' personal risk. This means while neighbourhoods with higher rates of material deprivation and residents identifying with a visible minority have higher rates of COVID-19 cases, not everyone living in those neighbourhoods is at higher risk.

Key findings:

- ◆ **Employment in the Hamilton Census Metropolitan Area (CMA) has experienced a crushing blow, with a net drop of 48,300 persons employed between February and July of 2020.**
- ◆ **The unemployment rate is higher than it has been in at least the last 20 years, at over 12% of the workforce.**
- ◆ **The pandemic has exacerbated existing inequalities, with the largest impacts on younger workers, women, and part-time workers. Racialization status is not included in labour force data, but other data sources indicate racialized workers are also facing the harshest effects of the employment impacts of COVID-19.**
- ◆ **Recovery from COVID-19 should prioritize groups that have been disproportionately impacted by the pandemic.**

Due to the COVID-19 pandemic, workers are facing an exceptionally difficult labour market in the Hamilton area and across Canada. This bulletin presents an overview of local employment and unemployment including impacts on various demographic groups.

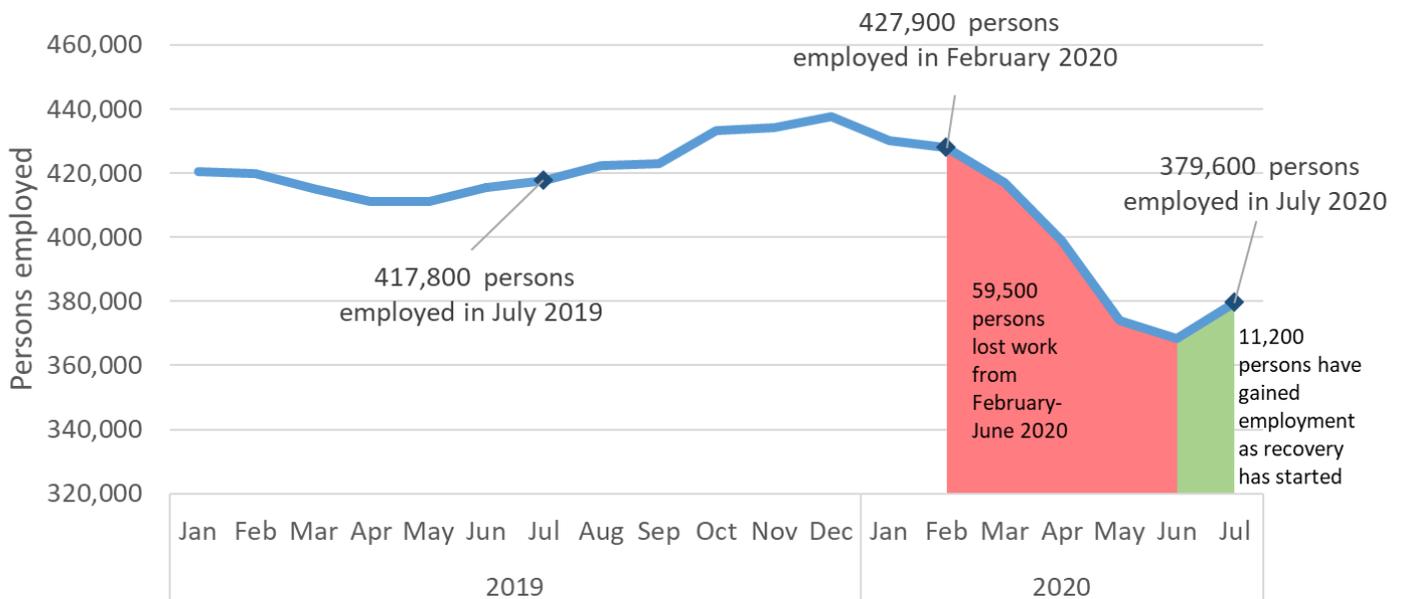
Chart 1 shows that between February and June of 2020, almost 60,000 residents in the Hamilton CMA (includes Burlington and Grimsby) lost employment, a loss of roughly 1 job in 7. In the June-July period, the first signs of employment recovery were recorded, with 11,200 persons gaining employment in that month.

The unemployment rate remains high at 12.1% in July 2020. This rate is highest in the Hamilton CMA since at least 1996, and higher than the 2009-2010 recession, where the Hamilton CMA unemployment rate rose to 9.4%.

For more impacts of COVID-19 on the labour market, *Workforce Planning Hamilton's* report on the 2020 Labour Force Survey discusses job loss by industry in Hamilton during COVID-19 as well as other demographic data:

<http://workforceplanninghamilton.ca/publications/432>

Chart 1, Total employment (persons employed) in the Hamilton Census Metropolitan Area (CMA), January 2019-July 2020 (Statistics Canada Labour Force Survey)



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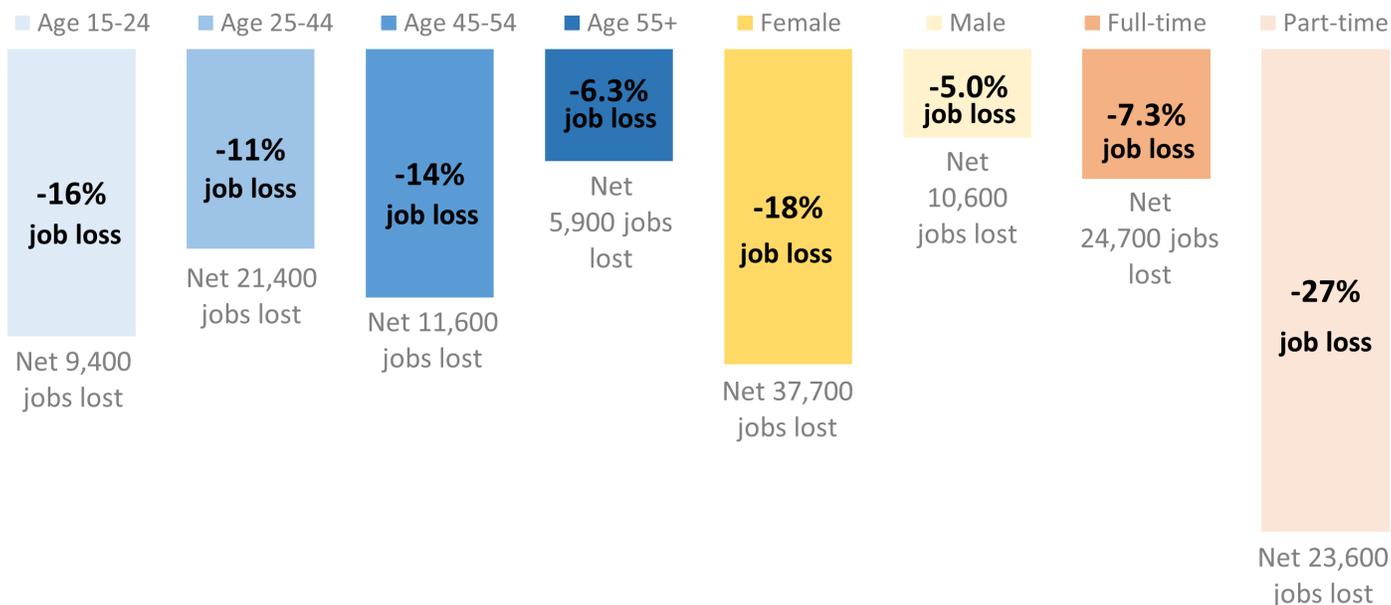


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Disparate Impacts

In the Hamilton CMA between February and July 2020, workers aged 15-24, women, and part-time workers have been hardest hit by job loss (see Chart 2). Workers age 15-24 saw a 16% decrease in employment, while part-time workers experienced a 27% decrease and women experienced a 17.6% decrease in work in the February-July period. Compared to other demographic/employment categories, these decreases are significant and demonstrate the precarious employment of these groups.

Chart 2, Percent change in employment and total jobs lost by age group, gender, and full/part-time status, Hamilton Census Metropolitan Area (CMA), February-July 2020 (Statistics Canada Labour Force Survey)



Strengthening the economy by focussing on residents and workers who have been hardest hit by impacts of COVID-19

The local data on employment impacts presented in this report reflects provincial and national trends. In communities across Canada, COVID-19 has disproportionately affected certain groups and has magnified inequalities in the labour market. As the Canadian Labour Congress states in a recent [report](#), “low-wage service workers—particularly women, young workers, workers of colour, and vulnerable workers in precarious forms of employment—disproportionately suffered layoffs and loss of hours of work.” The Ontario Nonprofit Network has also released findings that economic losses have fallen heavily on women, particularly women experiencing other intersecting inequalities, such as racialization, poverty, newcomer status, and more and called for [building gender equality into recovery strategies](#).

Intersectional understandings of COVID-19 impacts demonstrate that different social factors work together to “compound inequalities and mediate experiences of marginalization,” explains the YWCA Toronto report [An Intersectional Approach to COVID She-covery](#). As the 2015 SPRC and Hamilton Community Foundation Vital Signs report [Hamilton’s Economic Renaissance: A prosperity unevenly shared](#) noted, insecure jobs, poverty, racialization, and discrimination are closely linked. That report showed that 31% of jobs in Hamilton were precarious, higher than the GTHA average, which makes it all the more urgent to incorporate the needs and perspectives of people precariously employed into Hamilton’s recovery strategies.

Instead of a broad focus traditional public works projects as a strategy to rebuild the economy, which would largely help workers least impacted by COVID-19, these projects could include targeted measures to remove barriers to the labour market for the groups most affected by the COVID-19 employment impacts. For example: child care supports, job training for under presented groups and youth, eliminating discrimination in hiring, and community benefits agreements that improve outcomes for specific neighbourhoods and communities that have been hardest hit. Hamilton can also take inspiration from the US [Brookings Institute’s six Principles of Action](#) to ensure racial equity and racial justice are at the centre of efforts to rebuild a better, stronger economy.

Bulletin 19 in this series delves further into what an equitable recovery from COVID-19 and its impacts in Hamilton might look like.

Key findings:

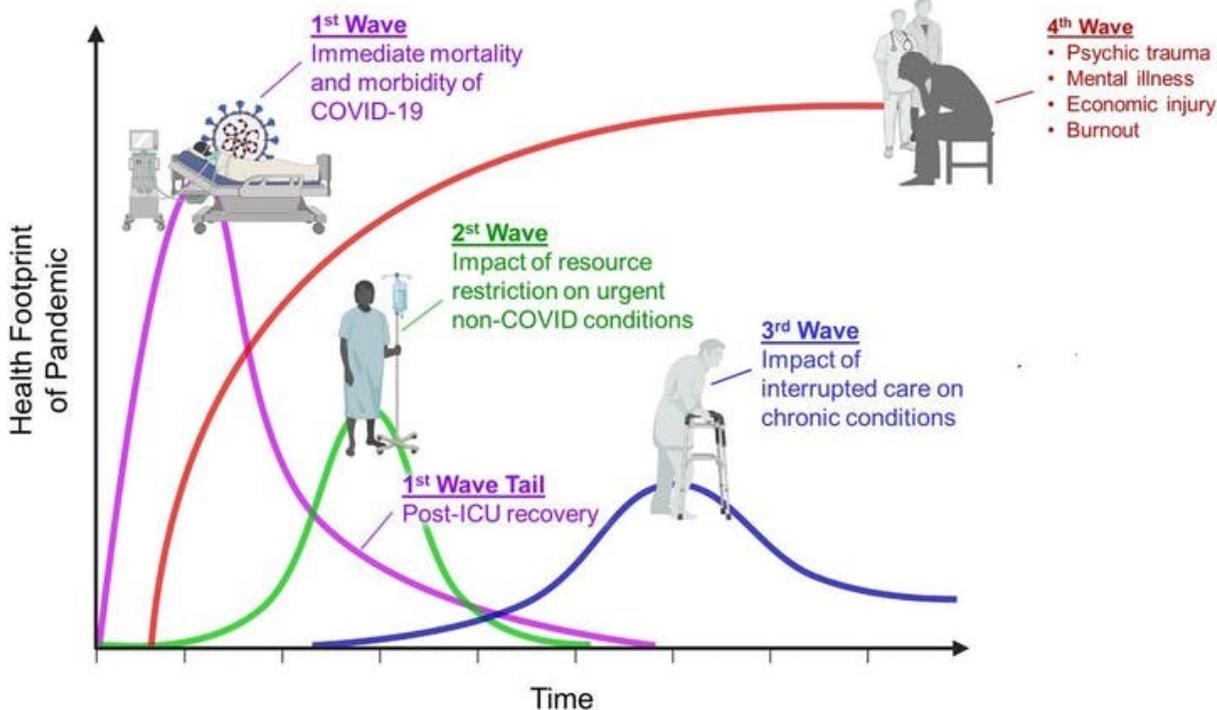
- ◆ **The effects of the global pandemic are not over and will persist for all society, for some time to come.**
- ◆ **Persons and groups already experiencing inequality are seeing the most acute effects of the pandemic.**
- ◆ **Social justice principles must be centred in COVID-19 response efforts, and modernizing our social safety net for the most vulnerable should be at the top of the list of actions, otherwise inequality and suffering in our city will increase.**

The two previous bulletins in this series demonstrated the severe and unequal social impacts of COVID-19 in the City of Hamilton. The unemployment rate is higher than it's been in the last 20 years, at over 12% of the population, and the pandemic has exacerbated existing inequalities, with the largest employment impacts falling on younger workers, women, part-time workers, and racialized workers. COVID-19 is also magnifying inequalities —high rates of the virus occur in Hamilton neighbourhoods with high rates of material deprivation and greater proportion of racialized residents. COVID-19 rates double between neighbourhoods with low and high rates of material deprivation and proportions of racialized residents.

The social and health impacts of the pandemic are not over and will continue to grow. The conceptual image below by an American COVID-19 researcher, shows various longer-terms impacts of the global pandemic on our entire society, not just those infected with COVID-19, especially in the areas of mental health, physical health, and economic well-being. Such impacts include increased trauma, burnout, and interrupted care for chronic health conditions. And as with the first impacts of COVID-19, we can expect these longer term impacts to be experienced most acutely by those most marginalized in our society, which means that embracing an equity and anti-oppression lens is vital to all strategies to support residents affected by COVID-19 and its aftershocks and rebuild our economy.

Conceptualization of aftershocks and collateral damage of COVID-19

by Dr. Victor Tseng (@vectorsting), Emory University Hospitals. Atlanta, GA



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Looking at the social determinants of health (SDOH) provides some context for the inequitable impacts of COVID-19. SDOH include demographic categories such as gender, socio-economic position, race, and disability. As Public Health Ontario writes, these are “factors beyond an individual’s biology and behaviours—those that form the conditions in which people are born, grow up, live, and work.” SDOH play a role in people’s health every day by affecting access to care, intergenerational health conditions, access to healthy food and clean water, and more, but COVID-19 exacerbates and further reveals their impact.

In Hamilton, social determinants of health have been part of the public conversation for sometime, including The Hamilton Spectator’s *Code Red reports from 2010 and 2019* which detailed clear connections between health and wealth at the neighbourhood level. These trends are evident again in the context of COVID-19. Recognizing and addressing SDOH and structural social inequities in research, assessments, and recovery plans is, as Public Health Ontario says, “essential for an equitable COVID-19 response.” These SDOH factors are important to consider:

- **Work:** Especially part-time workers, younger workers, people who are precariously employed, frontline workers, racialized workers, migrant workers, low-income workers, and women.
- **Racialization:** People of colour face a number of biological, social, and environmental risk factors created by historic and ongoing oppression that negatively influence health outcomes.
- **Economic status:** People receiving social assistance (OW, ODSP), or experiencing poverty, homelessness, or unemployment are often unable to secure basic needs such as food, shelter and necessary social and health services.
- **Gender:** Women are overrepresented in care work occupations, may be experiencing increased domestic violence due to more time at home, and/or may also be taking on more child care responsibilities and be unable to return to work.
- **Indigeneity:** Existing barriers due to the legacies of colonization, including intergenerational trauma, higher poverty rates, lack of access to quality health care, lack of clean and accessible drinking water, and precarious employment may contribute to a greater impact of COVID-19 for many Indigenous peoples and communities.
- **Age/health status:** Older adults and those with pre-existing health conditions are often at greater risk of COVID-19 and less likely to recover. Retirement homes and care homes have seen disproportionate outbreaks of COVID-19.
- **Incarceration:** Incarcerated people, who are disproportionately racialized and experience poverty, have restricted movement in crowded and confined spaces, with reduced opportunity for physical distancing and hygiene.

These factors overlap and intersect, people might be experiencing more than one of these factors, and factors like these often even influence each other. An equity-informed recovery plan is essential to account for the unequal impacts of the pandemic and promote a safe and successful recovery.

The previous bulletin, *Employment Impacts of COVID-19 in the Hamilton CMA*, highlighted some examples of targeted measures to remove employment barriers for groups most affected by job losses. Other Hamilton residents who are pushed to the labour market, experiencing discrimination in hiring, and/or relegated to low wage, precarious work, and not able to benefit from “shovel ready” job-focussed strategies, will benefit from recovery strategies that also include strengthening the provincial and national social safety nets. A modernized social safety net will help these residents retain some amount of stability as employment and economic conditions hobble back to pre-COVID levels. Otherwise, the disparate impacts of COVID-19 will increase leading to even greater inequality and suffering in our city and in communities across Ontario and Canada. The Canadian Centre for Policy Alternatives, Canadian Labour Congress, Ontario Nonprofit Network and other organizations across Canada have made specific recommendations in this area:

- Require all employers to provide **paid sick time** for their workers and reform **Employment Insurance (EI)** to protect low-wage workers and those participating in the gig economy
- Bring **social assistance rates** up over the poverty line and increase **minimum wage** to match living wages
- Provide universal **public child care**
- Extend **rent freezes** and **eviction bans**
- Extend **emergency benefits** for Ontario Works (OW) and the Ontario Disability Support Program (ODSP) as long as cost of living continues to rise above the paltry annual increase in social assistance rates.
- Create a stabilization fund for the **non-profit sector**, which would support housing, health care, job training, child care access, and mental health supports.