

Key findings:

- ◆ Ontario's Vaccination strategy includes Equity as a key pillar, and groups facing disproportionate risk are to be prioritized, to help reduce the magnification of inequalities that COVID-19 has created.
- ◆ Progress on vaccinations has been slower for many priority populations.
- ◆ Increasing accessibility and trust to ensure all residents of our community get vaccinated will be key to ensuring equitable vaccination distribution.

Equitable Vaccine Distribution

Ontario's vaccine distribution strategy which includes an equity focus as a key pillar is an important tool to start on a path to pandemic recovery that is more equitable than the pandemic's effects have been. Phase 1 of the provincial vaccination strategy, when the vaccine supply was severely constrained, was to prioritize populations experiencing the greatest risk of infection or the greatest rates of death: health workers, older Ontarians living in congregate settings, Indigenous adults, adults receiving chronic home care, and Ontarians over age 80. [Recent data](#) published by The Hamilton Spectator have shown the rate of vaccinations among residents 80 and older is highest in Hamilton's wealthiest areas, and lowest in many low income neighbourhoods, a sign that the strategy's equity focus has not yet reached its goals.

As Ontario has moved into Phase 2 of the vaccine distribution plan, the targeted groups grows and as of May 6 more than 42% of Hamilton's adult population had received at least one dose (over 221,000 total vaccinations). But progress for many priority groups has been slower than for the general population of older adults (table 1).

Adults receiving chronic homecare have the lowest vaccination rate (17%) among the eligible groups for which data is available at time of publication. Public Health has not released data on vaccination rates among adults with high risk conditions, and some facing these health challenges have felt the vaccination strategy has been a [failure](#) for their group. In April, service providers of congregate living homes [reported](#) that they had not been able to access vaccines despite the numerous outbreaks at these types of homes. Shelters are only at 40% progress on vaccinations, despite the high risk of infection for both staff and residents. The city and provincial designations of priority hot spot postal codes has also left behind the L8R postal code which includes downtown Hamilton and parts of the north end, [despite risk factors such a lower income](#), and a high rate of tenants, including [three multi-residential buildings](#) where outbreaks have been declared.

Table 1. Provincial COVID-19 vaccination strategy and target groups compared to progress in Hamilton (up to May 6, 2021)
(Preliminary vaccination data from: <https://www.hamilton.ca/coronavirus/covid-19-vaccine-distribution> and media sources)

Phase 2	Primary Priority		Secondary Priority		Progress in Hamilton (at least one dose)			
	April	May	June	July	Data reported up to May 6 2021			
Older Adults	Over 75				81% (75 years and over)			
	Over 70				78% (70-74 years)			
	Over 65				69% (65-69 years)			
			Over 60		65% (60-64 years)			
					40% (50-59 years)			
Health Conditions	Individuals with health conditions				Adults receiving chronic homecare: 17%			
	Highest risk & caregivers	High risk & certain caregivers	At Risk Health Conditions		No data on adults with other high risk conditions			
Congregate settings	High risk congregate living settings				Essential Caregivers (Long term care and retirement homes): 24%			
					Residents		Staff	
					Long Term Care		100%	86%
					Retirement Homes		92%	47%
					Seniors at other congregate settings		50%	
Hot Spots	COVID-19 Hot Spot Communities				High risk congregate settings overall 16%			
	Highest Risk Communities		Remaining Hot Spot Communities		Shelters 40%			
					Incarcerated 50% Eligibility just starting			
Indigenous Adults					Adults in postal codes L8L L8N L8W L9C L9K now eligible. Clinics starting for communities at high risk. No data available yet on vaccination progress			
					No data available			
Cannot-Work-From-Home					Health care workers: 55%			
					(may not include those who accessed vaccination outside of workplace)			
					Groups 1 and 2 of priority workers now eligible			

This series of bulletins focussing on issues highlighted in the *Hamilton's Social Landscape* report and bringing attention to more recent trends. These bulletins are published by the Social Planning and Research Council of Hamilton and funded in part by the United Way Halton Hamilton and the City of Hamilton Enrichment Fund.

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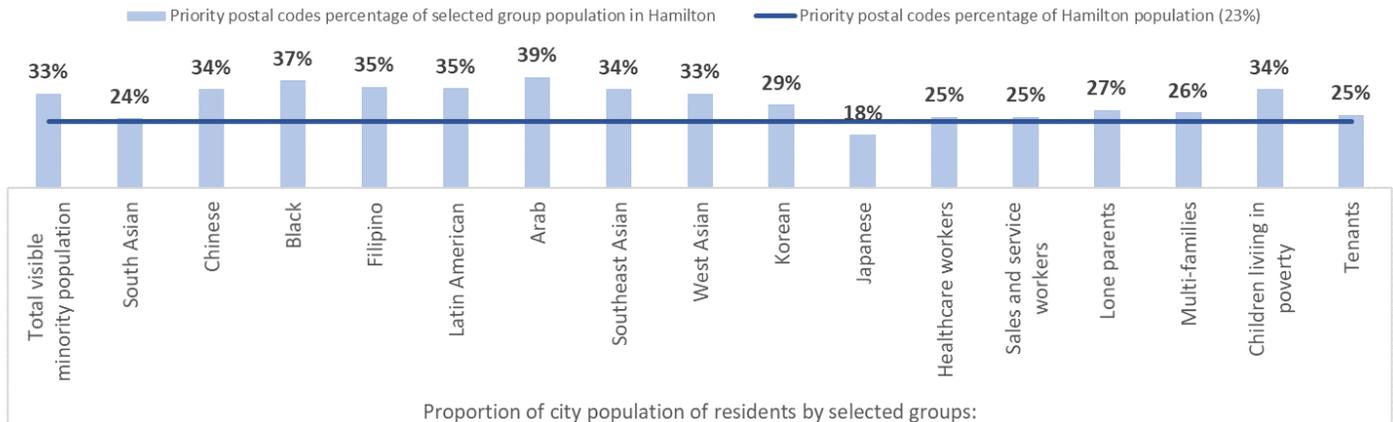


Hamilton

High risk communities, hot spots, and essential workers

As seen in previous SPRC COVID-19 bulletins, COVID-19 has magnified inequalities in our society, and many groups already facing discrimination and marginalization have faced high rates of infection. Racialized residents, workers in precarious jobs, families living on low incomes, are among many groups that have faced disproportionate burdens of COVID-19. The provincial vaccination strategy has highlighted that “evidence demonstrates certain populations have been disproportionately affected by COVID-19 in Ontario (e.g., Black, racialized, lower income and materially deprived) due to a number of intersecting equity factors and factors related to the determinants of health. Hot Spot Communities often have higher concentrations of these populations.” Hamilton has started with a hot spot approach and prioritized older adults in postal codes: L8L (North end and central Hamilton), L8N (Stinson/Corktown), L8W (Summit Park/South East Mountain/Upper Stoney Creek), L9C (West Mountain), L9K (Meadowlands). These areas do have a higher proportion of many groups facing higher infection rates (chart 1). For example, these priority postal codes make up 23% of Hamilton’s population, in contrast they account for 39% of Hamilton’s residents who identify as Arab, 37% of Hamilton’s residents who identify as Black, and 34% of Hamilton’s children living in poverty.

Chart 1. Hamilton’s COVID-19 priority postal codes: percentage of overall city population, compared to percentage of population of selected groups, City of Hamilton, 2016 Census, Statistics Canada



The approach to vaccinate essential workers has been complex, despite workplace locations having been the third most common source of infectious outbreaks in Hamilton after long-term care/retirement homes and hospitals (Hamilton Public Health data). Missing from the province’s first list of workers eligible in Phase 2 were workers that may not be “frontline”, but are key to Ontario’s economy and have seen high rates of COVID-19 workplace outbreaks such as warehouse workers, or long-haul truckers that may be at higher risk due to travel to the United States. Sales and service workers more broadly may be at higher risk than most occupational groups, as seen in Bulletin 23 in this series, but they were not identified in the province’s initial Phase 2 strategy. The more recent provincial update to the Phase 2 vaccination plan starts to correct these omissions by listing more occupations that now have priority access to vaccinations, divided into two groups of essential workers with group 1 to include anyone working in schools, first responders and front line inspectors, childcare workers, food processing and distribution staff and agricultural workers. Group 2 includes grocery and warehouse workers, transportation workers, among others.

Vaccine uptake, vaccine confidence and inequality

American research has shown that many of the same racialized groups that are at disproportionate risk of COVID-19 also have lower rates of vaccine uptake. Research on vaccine uptake by racial group is less common in Canada, but recent data shows vaccine confidence is increasing in Canada, and that some racialized groups may be particularly interested in ensuring they receive a COVID-19 vaccination as soon as possible. ([Angus Reid, COVID-19: Canadians’ willingness to be inoculated right away increases again as new vaccine approved, March 8 2021](#))

It remains that many of the groups that have received the harshest impact of COVID-19 may also be among those hardest to reach for vaccinations, due to factors such as precarious jobs, isolation, distrust and inaccessibility. [Statistics Canada research](#) has shown that Chinese, Korean, Southeast Asian and Black study participants faced high rates of discrimination during the pandemic, and that discrimination is a key factor in distrust of institutions. Since inequality and injustice amplify distrust, and historical harm perpetrated by governments and medical institutions have broken trust in the past, it is especially important that vaccine distribution make specific outreach efforts to many different marginalized communities.

If vaccine access and confidence are not addressed, the city risks having lower rates of vaccination among racialized residents and disproportionate vaccination benefits going towards white, and more privileged individuals in our city. This would compound the already disproportionate impact on our city’s racialized communities. Organizations such as the Hamilton Centre for Civic Inclusion, the Disability Justice Network, and Hamilton’s community health clinics are participating in Hamilton Public Health’s Vaccine Ambassador program and [improving vaccination access for Black and other racialized groups](#). These efforts will help to make Ontario’s equitable vaccination reach its promise to prioritize those who have faced COVID’s intensification of inequalities most directly.