

Invited Commentary

“Leaving no one behind”: COVID-19 Response in Black Canadian Communities.

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Context

Canadians of African descent (CAD) are comprised of Black Canadians of diverse ethnic, cultural, geographic, and linguistic backgrounds and experiences. Some individuals and families have resided in Canada for many generations, while others have migrated in recent decades. People of African descent in the Western nations are already more prone to pre-existing health conditions, including HIV/AIDS, heart disease, diabetes, lung disease, high blood pressure, and obesity. For example, although Canada’s HIV prevalence rate is relatively low, the dynamics of HIV epidemiology among CAD are complex, and disparities continue to exist along racial lines (Husbands, Oakes, & Ongoiba, 2014). In 2017, Black Canadians accounted for three and a half percent of the Canadian population, yet they represented 25% of reported HIV cases (Husbands, Nelson, Owino, & Tharao, 2019). In comparison, White people accounted for almost three quarters of Canada’s population, but represented only 35 % of reported cases of HIV in 2017. Similarly, in Ontario, one of the largest provinces in Canada, CAD made up 5% of the population, but represented one quarter of new HIV diagnoses. In contrast, White people accounted for 72% of the province’s population in 2016 but represented barely half of new HIV diagnoses (Konkor et al., 2020). In a similar

population health trend in the United States of America (USA), African-American adults are 40% more likely to have high blood pressure than Whites and are less likely to have their blood pressure under control (United States Department of Health and Human Services, 2020). Moreover, CAD experience food insecurity twice to 3.5 times more when compared to White households (Tarasuk & Mitchell, 2020).

Racial inequities are a growing concern in healthcare and in other aspects of social life in Canada, and since the advent of the COVID-19 pandemic, the situation has only become worse. (Lasser, Himmelstein, & Woolhandler, 2016; Lebrun & LaVeist, 2011). These worsening racial inequities in health outcomes are due to: 1) long-standing socioeconomic vulnerabilities that place CAD in a more precarious position in terms of maintaining a safe and healthy quality of life and having access to quality preventive and curative care (Husbands et al., 2014; Lebrun & LaVeist, 2011), and 2) underlying health conditions, such as non-communicable chronic diseases, which act as risk-factors for severe COVID-19 infection (Centers for Disease Control and Prevention, 2020). For instance, a study noted that a high proportion of COVID-19 patients with severe symptoms had underlying chronic medical conditions, such as diabetes and

hypertension, compared to those who had non-severe clinical features (Yang et al., 2020). Therefore, since there is already existing evidence of a high prevalence of such co-morbidities among African Americans and CAD (Williams, 2012; Gagné & Veenstra, 2017), it could be inferred that the Black population has a greater risk of not only becoming infected with the virus, but also having poorer prognoses when compared to White people. As such, there is a significant need to pay closer attention to the specific needs of CAD who may be at greater risk of late diagnosis and delayed treatment for COVID-19. Delayed targeted intervention could exacerbate the severity of COVID-19 transmissions and infections among CAD, and in some instances, increase the likelihood of subsequent death (Williams, 2020).

Despite the universal health care system in Canada, CAD still face numerous problems that cumulatively place them at higher risk in epidemics such as COVID-19. One such problem is the prevalence of poorly controlled chronic medical conditions such as diabetes, which are associated with an increased risk of mortality from COVID-19. In comparison to their White counterparts, Black people are more likely to experience household food insecurity, inequity in the criminal justice system, and discriminatory treatment in health care and education (Burt, Simons, & Gibbons, 2012; Hernandez, Reesor, & Murillo, 2017). Furthermore, they are disproportionately represented among those who live in poverty and who are unemployed or underemployed. Similar to African Americans, CAD represent a large population of those with suboptimal job conditions. Indeed, in the USA as in Canada, “low-income workers, who are disproportionately African American, are the least likely to have paid sick leave and are more likely to face short-term layoffs or total loss of employment; thus, it is very important to apply focused intervention programs to address this challenge.” (Williams, 2020). Further data is also needed to identify which disparities visible minority health care workers face, especially during the COVID-19 pandemic. While the USA is able to access data on the demographic

characteristics of health care workers as provided by a number of data centres (Burrer et al., 2020), such information on ethnicity and race is not readily available in Canada.

Potential COVID-19 Impact

In Canada, Public Health Ontario reports indicate that COVID-19 rates are three times higher in areas where there are more racialized people; hospitalization and ICU rates are four times higher; and mortality rates are doubled (Public Health Ontario, 2020). Despite current efforts to mitigate COVID-19, a considerable number of COVID-19 cases have been reported (greater than 110,000 as of August 1, 2020) among which the CAD population represent a disproportionately higher percentage of total cases (Bowden & Cain, 2020). In 2020, a CBC article reported that Black people and other people of colour make up 83% of reported COVID-19 cases in Toronto. It was further noted that African, Caribbean and Black people make up 21% of reported cases, yet they make up only nine percent of the city's overall population (Cheung, 2020). Recently, the Wellesley Institute reported that current social policies are responsible for the prevailing health disparities and urged pandemic recovery efforts to pay particular attention to those communities that are most impacted, especially the CAD communities (McKenzie, 2020). Additionally, Black people are less likely to be diagnosed of other pre-existing diseases (Centers for Disease Control and Prevention, 2017; Pollock, Newbold, Lafreniere, & Edge, 2011). Also, they disproportionately face systemic barriers related to policies, practices, and procedures that prevent or pose challenges for them to access health care and other opportunities (Williams, 2012; Pollock et al., 2011). Canadians of African Descent who are immigrants make up approximately half of the Black population in Canada (Statistics Canada, 2019); hence, special consideration must be paid to them, as their cultural beliefs may heighten their challenges in accessing the health care system. For example, Dr. Hien and Dr. Lafontant noticed that francophone immigrants, especially African men, may struggle to express pain, or to admit

that they are facing challenges regarding “shameful” diseases such as HIV/AIDS (Hien & Lafontant, 2013). Such cultural beliefs may hinder their timely access to appropriate and essential health care resources.

Since the first cases of COVID-19 were reported in late 2019, the virus has become a burgeoning global health pandemic, causing extensive strain on different sectors in many countries including Canada. As at the time of writing, about 125,647 cases and 9,083 deaths have been reported in Canada in relation to COVID-19 (Government of Canada, 2020b). We are concerned that the CAD community, like other racialized and disadvantaged sub-populations, might be disproportionately missing out on time-sensitive testing and treatment for COVID-19. To further heighten this predicament, the absence of data that classifies testing by race and ethnicity makes this a concern and not a certainty, because this information is not systematically collected across countries such as Canada. As such, data on visible minorities such as CAD remains invisible in the Canadian health care landscape (Khan, Kobayashi, Lee, & Vang, 2015). Equity in access to COVID-19 testing is a key element in managing this disease, especially in regions where visible minorities are disproportionately affected by the virus, all the while facing insufficient testing (Schlosberg, Davis, & Ghebremedhin, 2020). Canadians of African descent, like other racialized people, make up a large proportion of the frontline workforce – especially those working in long-term care facilities and retail and grocery stores, and in clerical and janitorial jobs – and are therefore more at risk of exposure to COVID-19 (McKenzie, 2020; Bain, Dryden, & Walcott, 2020). They may also face the risk of losing their jobs if they refuse to show up at work because evidence has shown that Black people are more likely to work in low-paying jobs with little benefits or insurance, and payments outside the regular labour force are not counted in the country’s Gross Domestic Product (GDP) (Bain et al., 2020). Many do not have the option of working from home and may not qualify for government benefits should they lose their jobs.

As such, they may have fewer financial resources to deal with this major public health crisis. Hence, the COVID-19 pandemic is another stark reminder that the government must address wealth inequality and prioritize asset security (McKenzie, 2020; Solomon & Hamilton, 2020). Specific measures targeting CAD need to be put in place. These would ideally include, but not be limited to, adopting an intersectional lens that takes into account various social determinants of health including race, culture and ethnicity, migration, class, and gender. An intersectional lens calls for incorporation of these variables in funded research. Over the course of the pandemic, a number of Black leaders, coalitions and organizations have written letters to health care authorities (Alliance for Healthier Communities, 2020) expressing the need for disaggregated race-based data collection, so that health risks, access to health services, and health outcomes can be continuously monitored and evaluated in order to address gaps and reduce health inequities. The collection of race-based data needs be accompanied with a governance structure that would establish mechanism for ownership, access, control and protection of these sensitive data sets related to communities already rendered vulnerable. It is imperative for members of CAD to lead such a governance structure, ‘nothing about us is for us without us’ as they are best positioned to use the data for the benefits of the community.

The global effect of COVID-19 has the potential for heightening economic drain on CAD, and by extension, affect their countries of origin. Many CAD, especially recently-landed immigrants, have social and financial ties to their countries of origin in Africa or the Caribbean, and there is a cultural norm in the Black community that fosters international remittances to families back home (Budiman & Connor, 2019). While such assistance is particularly vital during times of crisis, such a practice may not be sustainable due to the above-stated economic hardships family members in the Western world maybe confronted with. Furthermore, although the

pandemic is less intense in Africa at this time, should the pandemic peak in the continent, these populations may face heightened vulnerability and insecurity, without being able to rely on the support from Western family members, causing a further racialization of inequities experienced by Black people.

Canadians of African descent are also concerned about the welfare of families back in Africa and the Caribbean, who are dealing with a militarized approach to social distancing and self-isolation. This militarized structure, imposed in an effort to copy the Western approach, may create financial and material hardships, such as reduced access to food and basic amenities. This approach may in turn lead to flouting the social distancing measures in an attempt to go out in search of food, further increasing their risk of contracting the virus (Rutayisire et al., 2020). In addition, while social distancing and other non-pharmacological interventions may be feasible in some districts, this may not work in some Black people's homes, where many people and multiple generations live in a confined space (Hood, 2005). These issues require novel Afrocentric solutions as they ultimately impact the Black community and beyond.

COVID-19 Response

An appropriate, Afrocentric response to COVID-19 for CAD communities will have an enormous impact on their physical and mental health outcomes. There are already government responses through employment insurance and emergency response monthly benefits for individuals who lose their jobs due to COVID-19 (Government of Canada, 2020a). These efforts need to be expanded and systematized while ensuring equitable resource distribution to the many disadvantaged CAD communities across the country. Furthermore, these initiatives need to be informed by the everyday realities of CAD, including accessible social technologies that deliver useful, correct, and relevant information. Such technologies must consider education levels and language competency to ensure that the information can reach all CAD,

young and old, because COVID-19 does not discriminate based on age, race, or pre-existing health status. Canadians of African descent also need to stay informed and receive psycho-social supports to reduce social isolation, while avoiding exposure to potential harms. These interventions could be supported by public policies such as employment equity policies and anti-racism policies that undo institutional racism, improve working conditions (e.g., eliminate precarious work), provide benefits (e.g., sick days) and reduce systemic barriers to health care, with subsequent decrease in the health complications of COVID-19 and chronic diseases that plague CAD communities. Special attention will be required for individuals facing illnesses that are often stigmatized (e.g., Canadians of African descent living with HIV), ensuring that equitable access to health care services is available to even the most vulnerable groups. Public health, mental health and social services messages in the context of COVID-19 need to be designed and delivered with diverse and innovative technologies that consider these issues (Schueller, Hunter, Figueroa, & Aguilera, 2019). As the above analysis demonstrates, CAD are being left behind. While physical distancing is the key strategy to flattening the curve, the broader social consequences of such policies and measures must be analysed from an Afrocentric perspective, recognizing that they might create unintended and disproportionate consequences for those at the margins of society. An effective response to COVID-19 in Canada cannot ignore the well-documented anti-Black racism and the systemic disadvantages that have historically undermined the health and wellbeing of Canadians of African descent.

References

- Alliance for Healthier Communities (2020, April 02). *Statement from Black Health Leaders on COVID-19's impact on Black Communities in Ontario*. <https://www.allianceon.org/news/Statement-Black-Health-Leaders-COVID-19s-impact-Black-Communities-Ontario>
- Bain, B., Dryden, O., & Walcott, R. (2020). COVID-19 discriminates against Black lives via surveillance, policing and lack of data: U of T experts. *UofT News*. <https://www.utoronto.ca/news/covid-19-discriminates-against-black-lives-surveillance-policing-and-lack-data-u-t-experts>
- Bowden, O., & Cain, P. (2020, June 02). Black neighbourhoods in Toronto are hit hardest by COVID-19 — and it's 'anchored in racism': experts. *Global News*. <https://globalnews.ca/news/7015522/black-neighbourhoods-toronto-coronavirus-racism/>
- Budiman, A., & Connor, P. (2019). Immigrants sent a record amount of money home to sub-Saharan African countries in 2017. *Pew Research Center*. <https://www.pewresearch.org/fact-tank/2019/04/03/immigrants-sent-a-record-amount-of-money-home-to-sub-saharan-african-countries-in-2017/>
- Burrer, S. L., de Perio, M. A., Hughes, M. M., Kuhar, D. T., Luckhaupt, S. E., McDaniel, C. J., Porter, R.M., Silk, B., Stuckey, M.J., & Walters, M. (2020). *Characteristics of Health Care Personnel with COVID-19 — United States, February 12–April 9, 2020*. *MMWR Morb Mortal Wkly Rep* 2020;69:477–481. DOI: <http://dx.doi.org/10.15585/mmwr.mm6915e6>
- Burt, C. H., Simons, R. L., & Gibbons, F. X. (2012). Racial Discrimination, Ethnic-Racial Socialization, and Crime: A Micro-sociological Model of Risk and Resilience. *American Sociological Review*, 77(4), 648–677. <https://doi.org/10.1177/0003122412448648>
- Centers for Disease Control and Prevention. (2017). *African American Health: Creating equal opportunities for health*. <https://www.cdc.gov/vitalsigns/aahealth/index.html>
- Centers for Disease Control and Prevention. (2020). *People with Certain Medical Conditions*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Cheung, J. (2020). *Black people and other people of colour make up 83% of reported COVID-19 cases in Toronto*. CBC News, July 30, 2020. https://www.cbc.ca/news/canada/toronto/toronto-covid-19-data-1.5669091?__vfz=medium%3Dsharebar
- Gagné, T., & Veenstra, G. (2017). Inequalities in Hypertension and Diabetes in Canada: Intersections between Racial Identity, Gender, and Income. *Ethnicity & Disease*, 27(4), 371–378. <https://doi.org/10.18865/ed.27.4.371>
- Government of Canada. (2020a). *Canada Emergency Response Benefit (CERB)*. Ottawa: Government of Canada. <https://www.canada.ca/en/services/benefits/ei/cerb-application.html>
- Government of Canada. (2020b). *Coronavirus disease 2019 (COVID-19): Daily epidemiology update (updated: August 25, 2020)*. Ottawa: Government of Canada. <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-epi-update-eng.pdf>
- Hernandez, D. C., Reesor, L. M., & Murillo, R. (2017). Food insecurity and adult overweight/obesity: Gender and

- race/ethnic disparities. *Appetite*, 117, 373–378.
<https://doi.org/10.1016/j.appet.2017.07.010>
- Hien, A., & Lafontant, J. (2013). Iniquités de santé en milieu minoritaires: Diagnostic de la situation chez les immigrants francophones de Sudbury [Inequities in health in minority communities: diagnosis of the situation among the Francophone immigrants of Sudbury]. *Canadian Journal of Public Health = Revue Canadienne de Santé Publique*, 104(6 Suppl 1), S75–S78.
<https://doi.org/10.17269/cjph.104.3472>
- Hood, E. (2005). Dwelling disparities: how poor housing leads to poor health. *Environmental Health Perspectives*, 113(5), A310–A317.
<https://doi.org/10.1289/ehp.113-a310>
- Husbands, W., Nelson, L., Owino, M., & Tharao, W. (2019). Black Canadians and HIV: How will it end? *The Toronto Star*, December 2, 2019.
<https://www.thestar.com/opinion/contributors/2019/12/02/black-canadians-and-hiv-how-will-it-end.html>
- Husbands, W., Oakes, W., & Ongoiba, F. (2014). *Talking black: Understanding the HIV-related needs, challenges and priorities of heterosexual African, Caribbean and Black men in Ontario, Canada*. Toronto: AIDS Committee of Toronto.
- Khan, M., Kobayashi, K., Lee, S. M., & Vang, Z. (2015). (In)Visible minorities in Canadian health data and research. *Population change and Life Course Strategic Knowledge Cluster Discussion Paper Series/Un Réseau Stratégique de Connaissances Changements de Population et Parcours de Vie Document de Travail*, 3(1), 5.
<https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1013&context=pcld>
- Konkor, I., Antabe, R., Mkandawire, P., McIntosh, M. D., Lawson, E. S., Husbands, W., Wong, J., & Luginaah, I. (2020). Knowledge of sexual partner's HIV serostatus and the practice of safer sex among heterosexual men of African descent in London, Ontario. *Ethnicity & Health*, 1–13. Advance online publication.
<https://doi.org/10.1080/13557858.2020.1734776>
- Lasser, K. E., Himmelstein, D. U., & Woolhandler, S. (2006). Access to care, health status, and health disparities in the United States and Canada: Results of a cross-national population-based survey. *American Journal of Public Health*, 96(7), 1300–1307.
<https://doi.org/10.2105/AJPH.2004.059402>
- Lebrun, L. A., & LaVeist, T. A. (2011). Black/White racial disparities in health: a cross-country comparison of Canada and the United States. *Archives of Internal Medicine*, 171(17), 1591–1593.
<https://doi.org/10.1001/archinternmed.2011.408>
- McKenzie, K. (2020). Briefing to Standing Committee on Health: Canada's COVID-19 response. Toronto: Wellesley Institute.
<https://www.wellesleyinstitute.com/briefing-to-standing-committee-on-health-canadas-covid-19-response/>
- Pollock, G., Newbold, B., Lafreniere, G., & Edge, S. (2011). Perceptions of discrimination in health services experienced by immigrant minorities in Ontario. *Pathways to Prosperity: Canada*.
<http://p2pcanada.ca/library/discrimination-an-health/>
- Public Health Ontario. (2020). *What we know so far about... Coronavirus Disease 2019 (COVID-19)*. Ottawa: Public Health Ontario
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious->

- diseases/respiratory-diseases/novel-coronavirus/what-we-know
- Rutayisire, E., Nkundimana, G., Mitonga, H. K., Boye, A., & Nikwigize, S. (2020). What works and what does not work in response to COVID-19 prevention and control in Africa. *International Journal of Infectious Diseases: IJID : official publication of the International Society for Infectious Diseases*, 97, 267–269. <https://doi.org/10.1016/j.ijid.2020.06.024>
- Schlosberg, J., Davis, L., & Ghebremedhin, S. (2020). Philadelphia doctor takes to streets to help black communities get tested for COVID-19. *ABC News*, April 29, 2020. <https://abcnews.go.com/US/philadelphia-doctor-takes-streets-black-communities-tested-covid/story?id=70405257>
- Schueller, S., Hunter, J., Figueroa, C., & Aguilera, A. (2019). Use of digital mental health for marginalized and underserved populations. *Current Treatment Options in Psychiatry*. 10.1007/s40501-019-00181-z
- Solomon, D., & Hamilton, D. (2020). The coronavirus pandemic and the racial wealth gap. *Center for American Progress*, March 19, 2020. <https://www.americanprogress.org/issue/s/race/news/2020/03/19/481962/coronavirus-pandemic-racial-wealth-gap/>
- Statistics Canada. (2019). *Diversity of the Black population in Canada: An overview*. Ottawa: Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm>
- Tarasuk, V., & Mitchell, A. (2020). Household food insecurity in Canada, 2017-18. *Toronto: Research to Identify Policy Options to Reduce Food Insecurity (PROOF)*. <https://proof.utoronto.ca/resources/proof-annual-reports/household-food-insecurity-in-canada-2017-2018/>
- United States Department of Health and Human Services. (2020). *Heart Disease and African Americans*. Washington, DC: Office of Minority Health. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19#:~:text=Although%20African%20American%20adults%20are,disease%20than%20non%20Hispanic%20whites>
- Williams, D. R. (2012). Miles to go before we sleep: Racial inequities in health. *Journal of Health and Social Behavior*, 53(3), 279–295. <https://doi.org/10.1177/0022146512455804>
- Williams, S. E. (2020). Warning! Warning! COVID-19 presents enhanced danger for nation's African American communities. *Black Voice News*, Mar 23, 2020. <https://blackvoicenews.com/2020/03/23/warning-warning-covid-19-presents-enhanced-danger-for-nations-african-american-communities/>
- Yang, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., Ji, R., Wang, H., Wang, Y., & Zhou, Y. (2020). Prevalence of comorbidities and its effects in patients infected with SARS-CoV-2: a systematic review and meta-analysis. *International Journal of Infectious Diseases: IJID : Official Publication of the International Society for Infectious Diseases*, 94, 91–95. <https://doi.org/10.1016/j.ijid.2020.03.017>