

FOR IMMEDIATE RELEASE

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AntiBlackness is a public health crisis

Waterloo Region health planners in 2011 identified five neighbourhoods including Vanier/Rockway and Victoria Hills where individuals and families have lower access to employment and education, higher rates of poverty, and are more likely to live in overcrowded housing. These communities also have a higher representation of newcomers to Canada, and a higher percentage of residents who identify as African, Caribbean and/or Black or are from other non-white racialized communities.

It is not surprising that people in these neighbourhoods are more impacted by COVID-19 than others. Calls for a substantive public health response at the outset of the pandemic were rebuffed; these calls were repeated when data demonstrating substantial disparities for Black and non-white racialized communities were presented to the Board of Health in November of 2020. In February 2021, these marginalized communities are still waiting for a planned, comprehensive public health response in the region.

Infection rates continue to deepen in these communities which are home to 85,300 residents of the Region. Health disparities from systemic inequalities have exacerbated COVID-19's impact throughout the past year. Public Health's own data reveals that visible minorities (particularly Black communities), low-income households, and households where English and French are not first languages have been hard-hit by this pandemic. Particularly alarming is the fact that Black communities comprise about 2.9% of the region's population, but as of November 2020, made-up about 16.7% of local COVID-19 cases. Ongoing public health, COVID-19 testing, health care and vaccine response must centre health equity in the delivery of services to most-impacted communities.

An equitable response must contain:

- Full transparency of the COVID-19 vaccine roll out plan in Black communities
- An ongoing PPE distribution strategy for most structurally disadvantaged residents.
- Resourcing of ongoing culturally competent awareness, education and engagement activities
- Continuing, accessible testing options for most-impacted communities
- Strategies to encourage uptake and utilization of safe isolation resources
- Integration of community representation and leadership from Black and racialized trusted medical professionals into a COVID-19 response team (KDCHC, Sanctuary Health Centre, ACCKWA, family doctors, nurses, PSWs etc.)
- Compensation for volunteer community leaders and small cultural organizations who provide substantial support to the coordinated response.

These health disparities result from policy decisions. It has been rendered acceptable for diseases associated with these inequalities to become endemic for individuals and communities which experience the highest barriers related to the social determinants of health. A COVID elimination strategy leaving no community behind is necessary for our renewed health equity approach.