COUNCIL MEMBER'S MOTION

4. A Call for Race-Based and Socio-Demographic Data in B.C.

Co-Submitted by: Councillor Boyle and Councillor Swanson

WHEREAS

1. It is clear from other jurisdictions, including the United States, that the COVID-19 pandemic and other health concerns disproportionately impact racialized community members and those who experience systemic, marginalizing barriers to healthcare access and treatment as well as precarious work due to economic exclusion and structural racism;

2. B.C. and Canada do not capture race-based data or socioeconomic data in relation to health care access, which effectively buries the disproportionate rates of occurrence, impact of illness and disease on certain groups within the larger population data, resulting in missed opportunities to address long-standing health inequities;

3. Canadian and international studies on social determinants of health (SDH) show that social and economic factors such as race, immigration status, income level, and housing impact people's health outcomes. Racialized people are found to experience systemic barriers in accessing needed health care services. Newcomers, despite arriving in Canada in good health, experience poorer health over time. There is also a relationship between income level and health outcomes, for example life expectancy in the Downtown Eastside Community Health Service Area is 22% (19 years) shorter than for the city overall. Collecting race-based and sociodemographic data will help us better understand and address the inequities in health care access and health outcomes in B.C. and inform the work to save lives;

4. As Indigenous organizations such as the Yellowhead Institute have emphasized, Indigenous health data may require its own strategy, led by and for Indigenous people, due to historic and present-day practices that misuse data or focus only on negative findings;

5. Due to ongoing anti-Black racism and a long history of structural anti-Black racism in Canada and in B.C., scholars, policy makers, scientists, and frontline practitioners have named the need for a research protocol focused on the unique demands for the ethical engagement of Black communities in research, data collection and evaluation processes. The Research, Education, Data Ethics-Protocol for Black Populations (REDE4BlackLives.com) has been developed for this purpose, and advocated for alongside the need for consistent use of transparent governance tools and processes that are customized to best respect local experiences within a collective and national context;

6. People impacted by marginalization such as racialized communities, migrant workers including temporary foreign workers, and people living in poverty must play an active role in co-creating research studies and sharing ownership of the data in order to ensure a justice-based approach;

7. B.C. has experienced a lower than average illness and casualty rates primarily because of leadership and decision making rooted in evidence based data;

8. Canada's Chief Public Health Officer, Dr. Theresa Tam, has stated that the federal health agency is working with Statistics Canada, along with the provinces and territories on efforts to collect information on the race and ethnicity of coronavirus patients. British Columbia's Provincial Health Officer, Dr. Bonnie Henry, has stated that the province is actively discussing the issue. To-date B.C. has conducted a population health survey that will allow for disaggregated data on perceived health and self-reported risk factors, symptoms and testing for COVID-19. However direct data on COVID-19 cases and fatalities is only disaggregated by age, sex and pre-existing health conditions;

9. Support for the collection of intersectional and race-based disaggregated data have come from racialized communities, as well as health and advocacy organizations, including but not limited to: The Canadian Public Health Association, the Alliance for Healthy Communities, Hogan's Alley Society, the Federation of Black Canadians, Black in B.C. Mutual Aid, the Tulayan Filipino Diaspora Society, the Yellowhead Institute, Canada's federal, provincial and territorial human rights commissions, and more.

10. The City of Vancouver's Racial and Ethno-Cultural Advisory Committee passed the following motion on June 4th, 2020:

    > *THAT the City Council urges the Province of B.C. to take action on health inequities by mandating the collection, use and analysis of disaggregated, socio-demographic and race-based data in health and social service sectors; and ensuring that the collection of data is led by critical race researchers who identify as having racialized identities and experiences to ensure that the data collection measures meaningfully contribute to building a culturally safe health care system and is not used for any other purposes.*
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    > *THAT the committee calls on City Council pass a motion for the City of Vancouver also to mandate the collection, use and analysis of disaggregated, socio-demographic and race-based data in health and social service sectors; and ensuring that the collection of data is led by critical race researchers who identify as having racialized identities and experiences to ensure that the data collection measures meaningfully contribute to building a culturally safe health care system and is not used for any other purposes.*

11. In May 2020, Manitoba became the first province to track the ethnicity of COVID-19 patients in an effort to detect inequities in the toll of the pandemic. Dr. Marcia Anderson, a Cree-Anishinaabe public health doctor and vice-dean for Indigenous health at the University of Manitoba said that, “Numbers on the ethnic makeup of COVID-19 cases can help target public health messages and resources at communities in the greatest need, as well as shine light on inequalities in housing, labour market access and pre-existing health conditions.” The City of Toronto, and the Province of Ontario, have followed suit.

THEREFORE BE IT RESOLVED THAT Council directs the Mayor to write to the Provincial and Federal Ministers of Health requesting that the Provincial and Federal Governments as well as local health authorities collect and report disaggregated data including race, income, disability, and other social determinants of health that will inform evidence-based health-care and social program interventions;

FURTHER THAT the data is collected with the intention of being understood as indicators of systemic and structural oppression to identify root causes of disparity and to inform action to address these root causes;

AND FURTHER THAT the data is co-owned, analyzed and interpreted with leadership from racialized communities, and that Provincial and Federal Governments establish ethical and governance guidelines and protocols specific to this data collection while taking into account the protection of privacy and human rights.

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