

COVID-19 in St. James Town: the social determinants of health inequities reflected in Canada's most diverse neighbourhood

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Abstract

It has been well documented that COVID-19 does not affect all populations equally; the pandemic disproportionately impacts racialized, ethnic minority, low-income, and underserved communities. To further this conversation, this paper examines three adjacent, yet very distinct, neighbourhoods in the downtown core of Toronto, Ontario: St. James Town, Cabbagetown, and Rosedale. The socioeconomic positions of each neighborhood vary from low to high, and their respective COVID-19 positive case counts are inverted. After laying out the COVID-19 case data for each region, we examine the stark demographic and socioeconomic inequalities of these neighborhoods. Finally, we frame this information through the lens of the social determinants of health to identify gaps as well as steps toward meaningful solutions.

"Building managements look the other way, governments and health authorities send conflicting messaging, and we as residents build an unconscious compromise and apathy towards social distancing, further putting ourselves at risk. This is a phenomenon common to St. James Town. With neither indoor nor outdoor spaces, how does a community continue to ward off a pandemic when compromises exist in the very system that seems to promote its care and intentions to protect the public from the pandemic? As a resident, I have often encountered the dilemma of facing the stress of staying indoors as well as lacking the confidence to exercise in public spaces in St. James Town, leaving me, and many others like me, in a precarious position."

St. James Town resident of 5 years

Since March of 2020, the COVID-19 pandemic has disrupted and threatened communities across the globe, taking the lives of over a million people. It has been well documented that COVID-19, caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), does not affect all populations equally; the pandemic disproportionately impacts racialized, ethnic minority, low-income, and underserved communities.¹⁻⁵ In the United States, where racial and socioeconomic demographics are reported with COVID-19 positivity nation-wide, much work has been dedicated to assessing the health disparities exacerbated by the pandemic.⁶⁻¹⁰ In Canada, on the other hand, racial and socioeconomic data are not collected by provincial and territorial health authorities at COVID-19 testing facilities, making such assessments across the country more challenging. However, data collected at a local level by the City of Toronto demonstrates that the 52% of visible minorities in the city account for 79% of the COVID-19 cases, as of September 30th, with Black individuals bearing 24% of overall cases at only 9% of the city population.¹¹ Community- and neighbourhood-based reporting further reinforces the reality that demographic trends across Canada are in line with those in the United States and elsewhere, that is, with the burden of disease disproportionately placed on racialized, immigrant, low-income, and under-educated populations.¹²⁻¹⁵

To further this conversation on the overlapping social determinants of health and health inequalities in COVID-19 cases, this paper examines three adjacent, yet very distinct, neighbourhoods in the downtown core of Toronto, Ontario: St. James Town, Rosedale, and Cabbagetown. The socioeconomic positions of the population of each neighborhood vary dramatically, as do their respective reported COVID-19 cases. After laying out the COVID-19 case data for each region, we examine the demographic and socioeconomic statuses of these neighborhoods. Finally, we frame this information through the lens of the social determinants of health to identify gaps as well as steps toward meaningful solutions.

Social determinants of health

The social determinants of health (SDOH) include factors that contribute to an individual's health outcomes, but which are not directly in the health sector. The SDOH include living conditions, experiences, behaviours, and practices, and are influenced by individual and structural forces.² This framework recognizes that the health of individuals is complex and intersects with many different sectors.¹⁶ The term "social determinants" evokes factors such as health-related features of neighborhoods (e.g., walkability, recreational areas, and accessibility of healthy foods), which can

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influence health-related behaviors, as well as socioeconomic factors such as income, wealth, and education as the fundamental causes of a wide range of health outcomes.¹⁷

COVID-19 in three Toronto neighbourhoods

North St. James Town is a small, highly populated neighborhood located in downtown Toronto. It is comprised of 21 high-rise buildings nestled between the neighborhoods of Rosedale-Moore Park and Cabbagetown-South St. James Town.ⁱ According to 2016 Census data on St. James Town, the 0.42 km² area houses over 18,000 people in a density of 44,000 people per square kilometer – the highest population density in Canada.¹⁸ It is likely, however, that the true population is even higher, due to the projected high rate of undocumented residents living in the area.¹⁹ Toronto is one of the most diverse cities in the world and St. James Town is assumed to be one, if not the most diverse neighborhoods, with an estimated 160 languages spoken in the small community.¹⁹⁻²¹ First generation Canadians comprise 60% of the population, and visible minorities make up 67% of the neighborhood occupants.¹⁸ The density and diversity are not the only prominent features of St. James Town demographics: St. James Town has a poverty rate that doubles that of the city average, with 40% of St. James Town residents living below the poverty line.¹⁸

Unfortunately, but unsurprisingly, the COVID-19 case numbers in St. James Town have followed the low socio-economic trends similarly recorded elsewhere. According to publicly available COVID-19 data from the City of Toronto and Toronto Public Health, St. James Town had a cumulative 1,230 COVID-19 positive cases per 100,000 people as of September 30th, 2020, and 26 deaths caused by COVID-19.²² The positivity rate for COVID-19 tests in St. James Town was 7.2% In the week of September 20th, the eighth highest of Toronto's 140 neighbourhoods. These numbers are bleak when studied in isolation, but become particularly stark when contrasted with the case numbers from neighborhoods directly bordering St. James Town, seen in Figure 1.

Rosedale lies just to the north of St. James Town, and has a cumulative 220 COVID-19 cases per 100,000 people, over 5 times lower than that of its southern neighbor.²² There has been one COVID-19 related death in the Rosedale neighborhood, which has a similar population to St. James Town of 20,000 people. Directly south-east of St. James Town lies Cabbagetown, has a cumulative case count of 523 positive cases per 100,000 residents, and one fatality as of September 30th, 2020.²² These numbers are not random, but instead follow patterns based on the socioeconomic statuses of the individual neighborhoods.

The median household income of St. James Town is \$40,000, with nearly half the population making less than \$20,000;²³ an income that

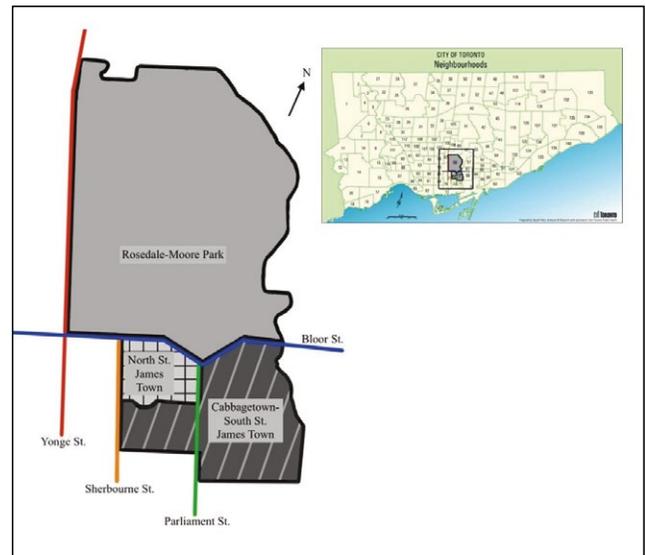


Figure 1. Three adjacent downtown Toronto neighborhoods: Rosedale-Moore Park, North St. James Town, and Cabbagetown-South St. James Town.

Table 1. Demographics by neighborhood, including, population, population density, percentage of first-generation Canadians, visible minority population, median household income, and poverty level, as well as COVID-19 data, including, COVID-19 positive cases per 100,000 and COVID-19 deaths.

Neighborhood	North St. James Town	Rosedale-Moore Park	Cabbagetown-South St. James Town
Population	18,615	20,923	11,669
Population density (people/km²)	44,321	4,500	8,335
First generation Canadians (%)	60	32	38
Visible minority population (%)	66.9	18.1	28.9
Median household income (\$)	41,016	106,740	61,184
Poverty (MBM)* (%)	40.1	11.6	24.3
COVID-19 positive cases (per 100,000)	1,230	220	523
COVID-19 deaths	26	1	1

is disconcertingly low. In contrast, Rosedale economic status is one of the highest in the city of Toronto, only one block north of St. James Town. Cabbagetown has a median household income of \$61,000, with 25% of the residents making a total individual income above \$80,000 a year.

These brief demographics, summarized in Table 1, are only part of the factors contributing to the disproportionate spread of COVID-19 cases in this region of Toronto. With the context of each neighborhood in mind, we will further examine the social determinants of health that define the COVID-19 health disparities, specifically, the inequities in exposure, information access, and disease progression within the St. James Town, Rosedale, and Cabbagetown residents.

i. The City of Toronto recognizes the neighbourhoods officially as: North St. James Town, Cabbagetown-South St. James Town, and Rosedale-Moore Park. The boundaries between these neighbourhoods can be seen in Figure 1. For simplicity and consistency, this paper will refer to North St. James Town as “St. James Town,” Rosedale-Moore Park as “Rosedale,” and Cabbagetown-South St. James Town as “Cabbagetown.”

It is important to note that the merging of Cabbagetown and South St. James Town into one neighborhood category renders analysis more complicated as South St. James Town is thought to follow similar demographic trends as its northern counterpart. The combination of the two bordering neighborhoods creates what appears as a moderate income, low-priority region.

Inequities in exposure

Residents from the three neighborhoods face highly differential risks to COVID-19 exposure for reasons that can be extrapolated, in part, based on their socioeconomic states. High density living, such as that in St. James Town, results in heightened difficulty to practice social distancing measures, as does multi-generational households, which are more common in immigrant and ethnic minority families, a high population of which live in St. James Town.^{5,8-10} Public health guidelines encourage citizens to practice social distancing, staying 2 meters apart from others, both indoors in outdoors. This is complicated in an area characterized by the high quantity of high-rise buildings, constraining the ability for residents to maintain physical distance from others. In particular, concerns including residents' reliance on crowded elevators as well as the lack of yard, porch, and park space have been raised by several traditional and non-traditional media sources.^{24,25} According to a CBC News Analysis, St James Town has the lowest amount of park space per capita of any neighborhood in Toronto, with less than one square meter per person.²⁶ Cabbagetown residents have 5 times more space per person than those in St. James Town, and Rosedale residents have nearly double that, allowing significantly more space to be outside and socially distanced.^{18,23,27}

Furthermore, anonymous cell phone mobilization data obtained by Toronto Public Health revealed that residents living in low-income neighborhoods were more likely to move around at the onset of the pandemic and lockdown orders, while members of affluent neighborhoods were more likely to remain at home.²⁸ This, in part, is due to the types of jobs worked by low-income individuals. Low-wage jobs in the service sector are less likely to have work-from-home options, and economic pressures and job insecurity experienced by many low-income families increase their likelihood of participating in high-risk environments. Fixed- and low-income families also have fewer means to stock-up on groceries and other necessities, requiring increased trips into public spaces to buy essential items. Additionally, low-income and racialized individuals are more likely to work in the service sector, qualifying as essential workers and increasing their occupational exposure to the novel coronavirus.^{9,10} This trend is likely true for the three neighborhoods under examination, whereby Rosedale and Cabbagetown residents are able to work from home while St. James Town residents face more constraints to doing so. To compound these inequities in exposure, only 39% of Cabbagetown residents and 33% of Rosedale residents reported using public transit to commute in the 2016 Census, while over half of St. James Town residents relied on this means of transportation,¹⁸ further increasing their risk of exposure in to public, confined spaces through the pandemic.

Inequities in information access

At the onset of the pandemic, public health guidelines changed rapidly and were often overly complicated, poorly communicated, or contradicted previous recommendations. In St. James Town, a community for which over half the population has a first language other than English or French, language barriers and pre-existing inequities in health literacy work to further complicate public health directive comprehension and interpretation.^{8,10,18} In both Rosedale and Cabbagetown, 75% of the population has English or French as a first language, and their collective socioeconomic status suggests higher health literacy, the combination of which allows these residents to overcome the information barriers faced by many in St. James Town.

Furthermore, affluent families are more likely to have access to important online resources including a computer, smartphone, and high-speed internet.²⁹ Vulnerable populations face financial barriers to these forms of communication, further hindering access to up-to-date information for this community. Public spaces for information access have remained closed, such as the St. James Town Library, which acted as a significant hub of information and online access for neighborhood residents. Seniors without access to these tools at home especially relied on this service and its accompanying community to reduce social isolation, and many seniors have been severed from their lifeline of community engagement and information access after the closures.

Compounding the physical means to access health information are the social determinants of an individual's health seeking behavior. Findings indicate that a tendency to seek health information through digital means is positively associated with socioeconomic status, suggesting that low socioeconomic status residents from St. James Town would tend to have lower health seeking activity than their higher socioeconomic neighbours.³⁰ This can lead to lower contact with health screening and health messaging, and ultimately, worse health outcomes.

Inequities in disease progression

Disparities in internet and telecommunications also impact individuals suffering with co-morbidities for COVID-19 or with COVID-19 symptoms seeking care. Primary care systems have largely transitioned to online models to avoid unnecessary exposures, requiring patients to acquire the tools and knowledge to participate in online appointments. This transition thus widens gaps in access to care for individuals with pre-existing or new onset conditions, increasing their susceptibility to COVID-19.^{9,29}

Furthermore, low socio-economic status is associated with an increased risk of some underlying chronic conditions including hypertension, diabetes, respiratory illnesses such as COPD, or obesity,³¹ all of which are risk factors for COVID-19 progression.^{8,10,32,33} Food insecurity and malnourishment derived from lack of access to healthy foods further complicate chronic disease management and the maintenance of a healthy immune system.^{9,10} Psychological stress and stressful living conditions have also been associated with COVID-19 infection, which have been the reported experience of some St. James Town residents.^{3,8,9,21} Individuals living in St. James Town who are already at a greater risk of being exposed to the disease and who suffer with co-morbidities or stressful living conditions are at an increased risk of disease progression and even mortality. These social determinants of health contribute to the explanation of the 26 reported COVID-19 fatalities in St. James Town, as compared to the one fatality in both Rosedale and Cabbagetown. While morbidity rates associated with COVID-19 neighborhood data are not available, it is likely that these factors impact the infection and disease progression of St. James Town residents at a much higher rate than Rosedale and Cabbagetown residents.

Consequences and action

The social and health disparities that already existed in St. James Town have been exacerbated by the COVID-19 pandemic, straining the weak security nets and taking a toll on the community. St. James Town is among the neighbourhoods being hardest hit by the novel coronavirus in Toronto's downtown core, and it, and similarly

racialized and underserved neighbourhoods, are also facing emerging challenges that accompany the current public health measures.³⁴ Social isolation, unemployment, substance abuse, and violence are among the increasing unintended challenges documented by a City of Toronto report in traditionally marginalized communities.¹²

To avoid further morbidity and mortality in St. James Town, it is essential that the above inequities be addressed, including the inequities in exposure, information access, and disease progression. Providing free and adequate PPE to residents is a short-term method of attending to the inequities of exposure, in lieu of public space to social distance. Adapting public health messaging to the particular social, cultural, and linguistic groups in St. James Town is an important step in addressing the inequities in information access. This requires translating COVID-19 guidelines into applicable languages in St. James Town and posting English and translated COVID-19 posters visibly in buildings for those without internet access at home. Additionally, providing reliable internet access, computers, and digital literacy education to residents where needed would remove a significant barrier many residents face in accessing health-based information. Accessible, nutritious, and culturally appropriate foods to assist immune function and chronic disease management is an important step in aiding the inequities in disease progression. Some community non-profit organization, including St. James Town Community Corner, Community Matters, Lourdes Food Bank, and the St. James Town Community Cooperative have provided food hampers and other resources, but much more support is needed to curb the spread of disease in the neighborhood.

To better understand the changing health needs of the 20,000 people living in St. James Town, it is critical that racial and socioeconomic demographics continue being documented and examined. Despite overwhelming evidence of health disparities in the pandemic, racialized, immigrant, and low-income populations remain at the center of the disease, slipping through the cracks of the health care and social support network. High risk populations and neighborhoods, like St. James Town, must be identified as priority, and subsequently treated as so. This is the first step to overcoming the social determinants of health and health inequities in our country, city, and neighborhood.

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