

COVID-19 Infections in Manitoba:

Race, Ethnicity, and Indigeneity

External Report

March 1, 2021

Data from around the world has shown COVID-19 infections are not evenly distributed by population groups. To understand the situation in Manitoba, data is collected on race, ethnicity and Indigeneity (REI) information from people who test positive for COVID-19. This began on May 1, 2020.

Collecting REI data helps us know which communities the pandemic is affecting the most and how to help them. This is a component of reaching health equity.¹ Health equity means “that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socio-economic status or other socially determined circumstance.”²

It is not race, ethnicity or Indigeneity that may increase the risk of COVID-19 infection. Rather, the structures of society place people at advantage or disadvantage. During challenging societal times such as the current pandemic, pre-existing inequities tend to be intensified, creating an unequal playing field in terms of how people experience and are affected by the spread of novel coronavirus. Data from around the world has shown that Black, Indigenous and People of Colour (BIPOC) are overrepresented in COVID-19 infections.

Systemic racism, that is the differential access to the goods, opportunities and services of society by race, determines where and how people are positioned to experience the pandemic.

The risk of being infected by COVID-19 may be increased through:

- exposures to COVID-19 through employment such as occupations that are direct service provision or considered essential work; part time work without paid sick time or benefits;
- some underlying health conditions;
- overcrowded or inadequate housing or experiencing houselessness;
- stress from racism, discrimination and economic and social disadvantage; and
- barriers to accessing health care and social services.

Other factors, such as cultural and family gatherings, strong community networks and identity, and/or communal living, have important positive health and well-being effects. With COVID-19, it has been observed that some of these factors increase close contacts, and in some circumstances that has contributed to the spread of the virus.

Collecting and analyzing data helps public health officials to figure out what needs to be done to address differences in COVID-19 infections. Data also helps officials understand if the actions they are taking are making a difference.

¹ Manitoba Health, Seniors and Active Living. (2018). Chief Provincial Public Health Officer Position Statement on Health Equity. https://www.gov.mb.ca/health/cppho/docs/ps/health_equity.pdf

² National Collaborating Centre for Determinants of Health. (2013). Let's Talk Health Equity <https://nccdh.ca/index.php?/resources/entry/health-equity>

About REI Data Collection

The data collection process and data sharing is supported by an Advisory Working Group. This group is primarily Black, Indigenous and People of Colour. They have knowledge of and experience with this type of work and established relationships with their communities.

How REI Identifier Data are Collected

When a person tests positive for COVID-19 in Manitoba, regional public health staff ask them a question about their race, ethnicity and Indigeneity. While this question is a mandatory part of the case investigation (i.e. the question must be asked, and asked according to the script provided) it is voluntary to self-identify which REI group they belong to. Staff enter the responses into the Public Health Information Management System (PHIMS) used by Manitoba to track reportable illness.

More information on the process for this is available in the training video and script available at this link: <https://sharedhealthmb.ca/covid19/providers/public-health-resources/>.

The current REI identifiers were based on census categories and population sizes within Manitoba. They include:

REI Identifiers	Examples of Possible Countries/ Regions of Origin
African	Algeria, Cameroon, Cote d'Ivoire, Democratic Republic of the Congo, Egypt, Eritrea, Ethiopia, Kenya, Morocco, Nigeria, Somalia, South Africa, Tunisia ³
Black	Canada, United States, Caribbean, Africa
Chinese	
Filipino	
South Asian	India, Pakistan, Bangladesh, Sri Lanka, Bhutan, Nepal, Maldives

³ Note: There are 50+ countries in Africa. These examples are based on census information on place of birth for immigrants to Manitoba and this list should not be considered exhaustive.

Southeast Asian	Vietnam, Cambodia, Laos, Thailand, Singapore, Malaysia, Indonesia, Timor-Leste, Myanmar (Burma), Brunei
Latin American	Mexico, Brazil, Colombia, El Salvador, Guyana, Peru, Argentina, Venezuela, Cuba, other countries in Central and South America
North American Indigenous	
White	Canada, United States, Britain, France, other European countries, Australia, New Zealand
Other ⁴	

REI Identifier Data Collection

Since the REI question was added on May 1, 2020, the collection of REI data has increased.

Table 1: Rate of REI question asked in Manitoba: May 1 to December 31, 2020

	Total Cases as of May 1	Total Asked ⁵	Ask Rate
Total	24,582	16,448	67%

Potential Limitations to Collecting REI Identifier Data

There is wide variability among regional health authorities (RHAs) in how often the question is being asked, from 47 per cent to 81 per cent of the time. Since the demographics of regions also varies widely, this may significantly affect the population breakdowns that follow. Although this is a mandatory question, a number of factors contribute to variability in how often it is being asked, including system factors, reluctance to ask because of discomfort with the topic, or in situations where the public health nurse is struggling to get any information. That being said, even with the current data, public health officials can see very concerning trends and reliable and accurate information is needed to inform the public health response.

There is not concurrent collection of language information, so it is unknown how the question is being received or interpreted for people whose primary language isn't English.

⁴ Examples of REI Indicators for Other include Nepalese, Mexican and Middle Eastern

⁵ This is the number of times the question has been asked and the response entered into PHIMS.

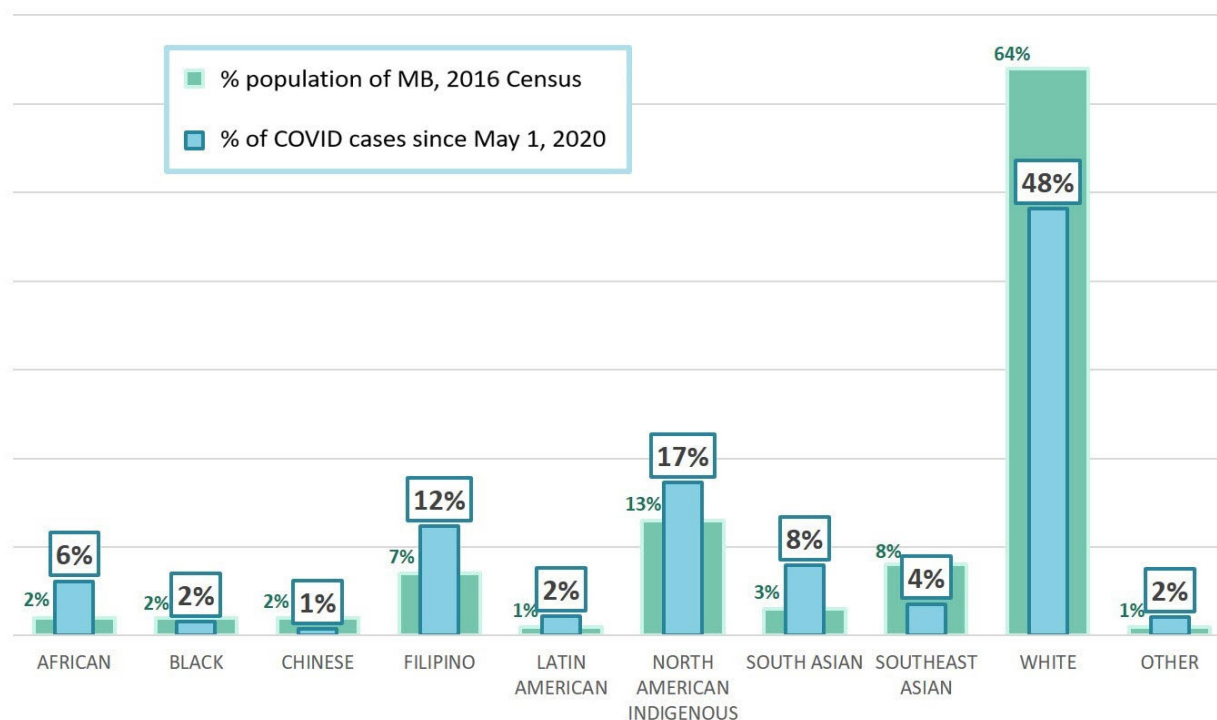
Findings

COVID-19 by Race, Ethnicity, and Indigeneity

Fifty-one per cent of people who have tested positive for COVID-19 in Manitoba from May 1 to December 31 self-identify as BIPOC. This is 1.5 fold higher than expected, as 35 per cent of people in Manitoba belong to a BIPOC group (Statistics Canada Census, 2016). This shows that COVID-19 is not equally distributed across population groups. Figure 1 shows this in more detail. This graph shows the share of COVID-19 cases by REI compared to the share of people in Manitoba who belong to each group.

These data tell us that some racialized groups, specifically African, Filipino, North American Indigenous, and South Asian, are over-represented in COVID-19 case counts. This also shows us that White people are under-represented by 16 percentage points.

Figure 1: Share of COVID-19 cases compared to the share of people living in Manitoba, by race, ethnicity, and Indigeneity (n=15,848: [May 1 to December 31, 2020])



Note: The information in Figure 1 about “North American Indigenous” comes from the question on REI Identity and not the more specific question on Indigenous Identity that includes First Nations, Métis Nation, and Inuit specific identifiers. For more specific information on the First Nations experience of COVID-19, refer to the daily and weekly bulletins released by the Manitoba First Nations Pandemic Response Coordination Team.

COVID-19 cases are evenly distributed by sex⁶ across REI groups. Data shows:

- Cases in Filipino people living in Manitoba show the greatest disparity in population size burden of COVID-19. Filipino women are slightly more affected by men.
- While South Asian people are overrepresented in cases, the burden of disease is higher in South Asian men.
- While people are underestimated in cases with the highest degree of differences (15 percentage points in women, 18 percentage points in men).
 - The burden of disease is lowest for White men.
- North American Indigenous people are overrepresented in cases, with a similar burden between sexes.

⁶The case investigation forms include the options of male, female, intersex and unknown. It is not clear how this information is collected and could be carried over from previous chart/ information or self-identification. This limits interpretation of the gendered impacts of COVID-19.

Table 2: Differences in race or ethnicity case proportionality between men and women

COVID-19: OVERREPRESENTED POPULATIONS				
	FEMALE		MALE	
	% of female population	% of female cases	% of male population	% of male cases
FILIPINO	7%	13% (up 1.9-fold)	7%	11% (up 1.6-fold)
SOUTH ASIAN	2%	7% (up 3.5-fold)	3%	9% (up 2.9-fold)
AFRICAN	2%	6% (up 2.9-fold)	2%	6% (up 3.1-fold)
LATIN AMERICAN	1%	2% (up 2.0-fold)	1%	2% (up 2.3-fold)
OTHER	1%	2% (up 1.8-fold)	1%	2% (up 2.3-fold)
NORTH AMERICAN INDIGENOUS	14%	17% (up 1.2-fold)	13%	17% (up 1.3-fold)
COVID-19: UNDERREPRESENTED POPULATIONS				
BLACK	1%	2% (down 1.3-fold)	2%	2% (down 1.2-fold)
WHITE	64%	49% (down 1.2-fold)	64%	46% (down 1.3-fold)
CHINESE	1%	2% (down 1.2-fold)	1%	2% (down 1.6-fold)
SOUTHEAST ASIAN	8%	3% (down 1.6-fold)	8%	4% (down 1.5-fold)

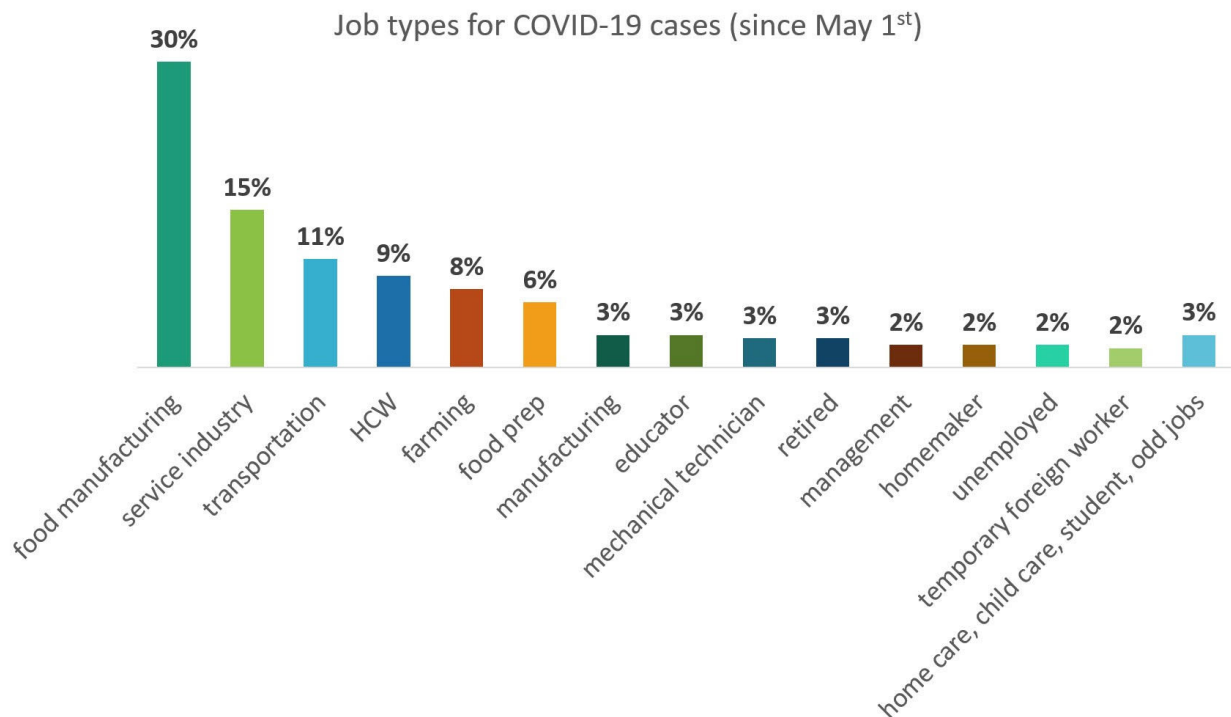
Contextualizing Disaggregated REI Data

In order to understand how race influences COVID-19 impacts, it is important that this disaggregated data be contextualized with other factors such as occupation, income and housing adequacy as examples of the way racialized experiences and opportunities impact this health outcome. We do not have all of this information at an individual level on the case investigation forms, but in the following sections we include what we can to highlight some patterns

COVID-19 by Occupation

At the time of data collection, 90% (710 people) of all cases were 15 years or older. Of those cases, 46% (324 people) provided their occupation. Among people who reported their employment status, 74% also reported their race/ethnicity (239 people). Figure 2 shows us that COVID-19 cases vary by type of occupation.

Figure 2: Employment of COVID cases 15 years and over (n=234): [May 1 – September 30, 2020]



This shows us that COVID-19 cases are over-represented in some occupations:

- food manufacturing;
- service industry; and
- transportation.

To better understand how COVID-19 rates by occupation affects different populations in Manitoba, we can look at how occupation varies by race, ethnicity and Indigeneity, as shown in Figure 3.

Figure 3: COVID-19 case occupations in BIPOC versus non-BIPOC communities compared to the same population in Manitoba (n=191 cases).⁷

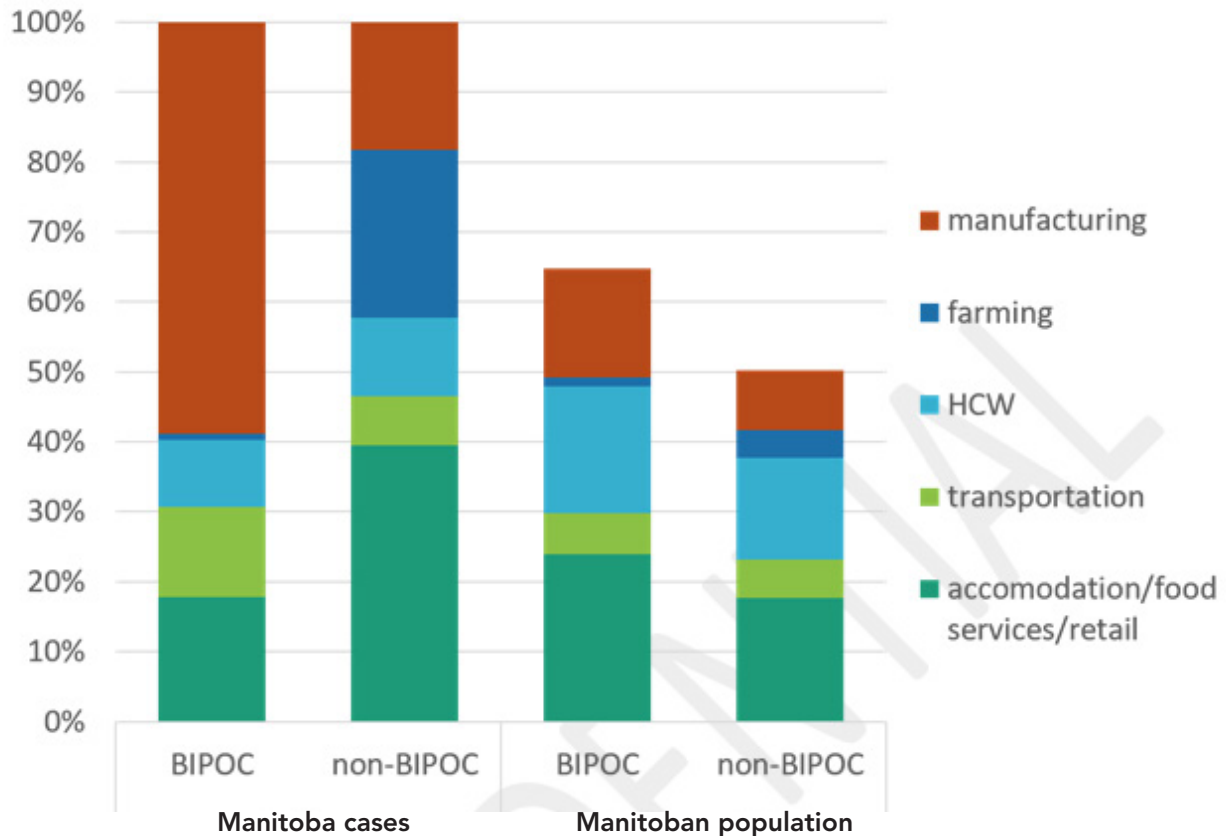


Figure 3 shows us that Black, Indigenous, and People of Colour are over-represented in the manufacturing labour sector, which has the highest rates of COVID-19 cases:

- 59 per cent of all COVID-19 cases in BIPOC communities report employment in manufacturing, a 3.3-fold increase over manufacturing among non-BIPOC community cases; and
- at 16 per cent of the Manitoban workforce, members of a BIPOC community working in manufacturing are overrepresented 3.7-fold.

There are significant limitations to the use of occupation data from the case investigation forms because of the lack of standardization and incomplete data available. Within the currently available data, it can be seen that BIPOC are more likely to be in the occupations that are most commonly reported by COVID-19 cases. This does not necessarily mean that the acquisition source was the occupational setting.

⁷ Note that the employment categories have been collapsed to better reflect the census categories. In doing so, only 80 per cent of cases (191 people) could be used in this figure. Also, the entirety of the Manitoban labour force are not represented in Figure 3, as only sectors reported by COVID-19 cases in Manitoba have been presented.



Updates: March 2, 2021 – Updated Table 2, updated dates for Figure 2