

COVID-19 Infections in Manitoba:

Race, Ethnicity, and Indigeneity

Public Brief

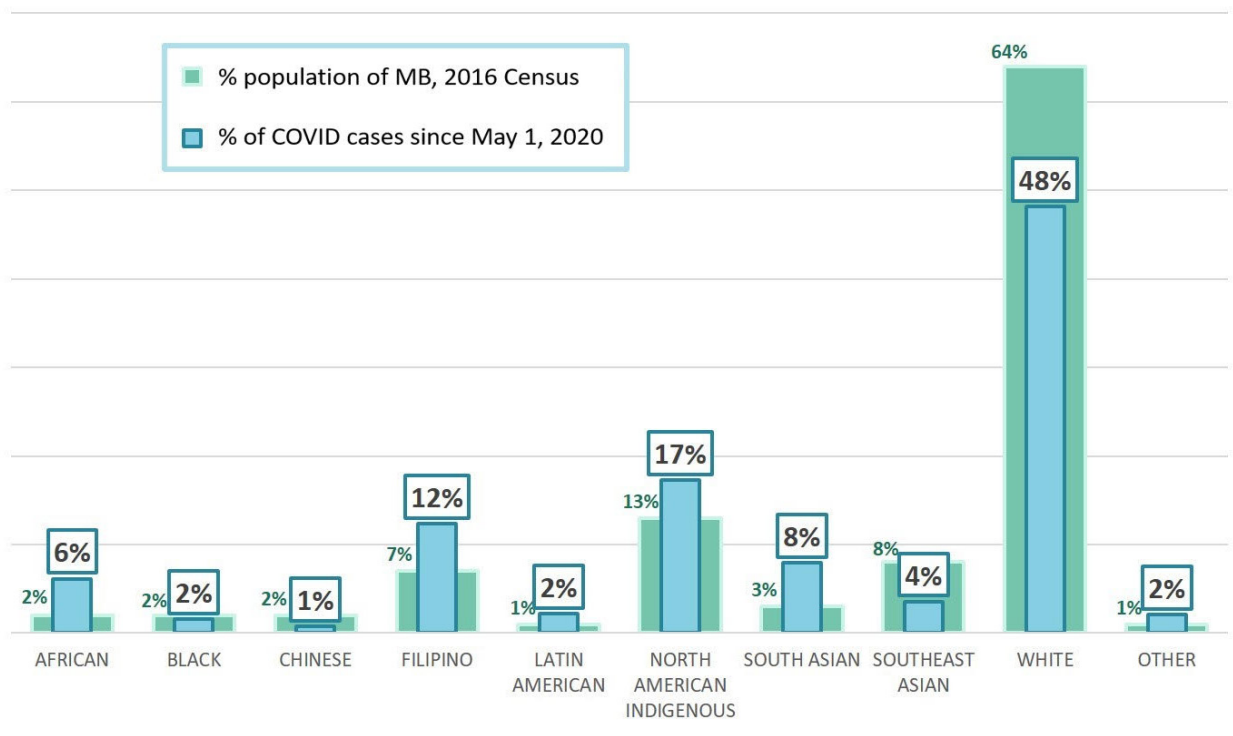
March 1, 2021

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

It is important to note that it is not race, ethnicity or Indigeneity that may increase the risk of COVID-19 infection. During challenging societal times, pre-existing inequities tend to be intensified, such as those in income, housing, education and employment opportunity. This creates an unequal playing field in terms of how people experience and are affected by the spread of COVID-19. Data from around the world has shown that Black, Indigenous and People of Colour (BIPOC) are overrepresented in COVID-19 infections.

The rate at which the REI question has been asked during case investigations varies by regional health authority, and since the regions also vary with respect to the demographics of who lives there, this does impact what the data shows. The data is more reliable when the question is asked at least 75 per cent of the time, and the goal is to have it asked more than 90 per cent of the time. **In Manitoba, the mandatory question was asked and the answer recorded in the Public Health Information Management System in 67 per cent of case investigations.**

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]¹



¹ 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, Metis 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.

Key Messages:

- In Manitoba, the data shows a similar pattern as other jurisdictions have reported in the distribution of cases with some BIPOC communities – with African, Filipino, Latin American, North American Indigenous and South Asian communities being disproportionately impacted.
- White people experience less COVID-19 than would be expected based on population size.
- This is not about race, people in these communities making bad choices or people not following public health guidance. People in BIPOC communities are more likely to live in low-income neighborhoods, to live in overcrowded and/or multigenerational households, to have low wage occupations, and to be employed in a higher-risk occupation (food manufacturing, service industry, transportation and accommodation/food services/retail). This is systematic and is seen in every jurisdiction, resulting in very similar patterns of disproportionate impacts of COVID-19.
- Public health officials need to work with the BIPOC communities to improve the information we have available. Within the health system, this means increasing the percentage of times this question is asked and recorded in the Public Health Information Management System.
- More work is needed to understand why these patterns are being seen in Manitoba. In addition, public health officials must develop strategies to take action in partnership with BIPOC networks and community organizations, and to introduce changes to health and social systems to strengthen protections and reduce risks.