



PRESS RELEASE

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Despite similar socioeconomic marginalization, what protected Chinese Torontonians from COVID-19 infection?

Project PRTOECH advocates for more in-depth analysis and dialogue.

Toronto, Ontario, Aug 4th, 2020 — On July 30, Toronto Public Health (TPH) released a statistical [report](#) on COVID-19 cases based on ethno-racial identity and income. The report highlights an overall picture that racialized and low-income Torontonians have disproportionately higher risk to the infection. Possible reasons identified by TPH are: existing health disparities linked to social and economic factors; challenges in taking part in public health responses such as working conditions and practice physical distancing; dealing with stress caused by racism and discrimination, and inequitable access to health care and social services.

PROTECH: Pandemic Rapid-response Optimization To Enhance Community-Resilience and Health is a community-engaged action research project that aims to reduce the negative psychosocial impact of the COVID-19 pandemic on Chinese Canadians and other affected groups while promoting community resilience. Previous pandemics have shown devastating effects not only on our physical health but also our psychological and social wellbeing. As the first racialized groups hit by the COVID-19 pandemic, the Chinese Canadians and diasporic communities have experienced increased stigma and racism, further intensifying the overall mental health, economic and social impact shared by broader Canadian communities.

“We applaud Toronto Public Health, at the urge of communities, started to collect ethno-racial identity and income based data to provide a fuller picture of the risk pattern of COVID19. The strong association between social inequities and the risks of COVID-19 infection show that urgent actions are needed and we must take action. We need to engage policymakers and mobilize our communities to advocate for equitable resources to ensure better health outcomes for all”, said Professor Josephine Wong, Nominated Principal Investigator of Project Protech.

Systemic racism as a determinant of health disparities is not new. There is strong evidence on the racialization of poverty in Canada. The COVID-19 data from TPH confirmed this disturbing and unacceptable reality. Anti-Indigenous and anti-Black racism, and racism against other people of colour produce and reinforce social, economic and political marginalization, resulting in health disparities. One

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Pandemic Rapid-response Optimization
To Enhance Community-Resilience and Health

thing noteworthy from the TPH data is the relatively lower than average COVID-19 cases among East Asians.

Based on the latest Canadian census data, the Colour of Poverty Coalition [reported](#) that Chinese population in Ontario accounted for the highest poverty rate (23%) among the overall racialized population (11%). Further, townhall consultation by PROTECH indicated great concerns among many East Asian Torontonians who are precariously employed and are faced with higher exposure to COVID19 and mental health stress. The lower COVID-19 cases among East Asian Torontonians are possibly related to insights Asian Torontonians gained from previous harsh experiences during the SARS pandemic, and their heightened awareness of the need to take the extra precautionary measures in the early phase of the pandemics when many lost friends and families in Asia. Mask wearing has become a committed practice among East Asian Torontonians even though this practice has been met with COVID-19 racism.

PROTECH builds on lessons learned from the HIV and SARS pandemics. Many of our team members and community collaborators were at the forefront of the community response to address racism, stigma, and mental health challenges. Guided by the principles of meaningful engagement, community empowerment and social justice, we are constantly developing culturally appropriate community responses to the COVID 19 pandemics.

“We believe that both individual factors (awareness, attitudes and actions) and systemic factors (income, racism, access to services, stigma and discrimination) work in tandem to shape our health outcomes. Public health agencies must work with the affected communities to engage in meaningful and rigorous data analysis and interpretation on the social determinants of COVID-19 disparities and outcomes,” said Josephine Wong. “It is important to use a strength-based approach to identify both the threats and protective strategies used by affected communities during a pandemic. Most importantly, we must work in solidarity to dismantle systemic inequities. Knowing the COVID-19 pattern is not enough. Tangible and accountable actions are needed from all levels of government and communities to end COVID-19 and prevent future pandemics.” □

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