



May 14, 2021

Bill 283, Advancing Oversight and Planning in Ontario's Health System Act, 2021

Submitted by Meghan Perrin, Francophone and Policy Lead at Alliance for Healthier Communities

The Alliance for Healthier Communities is Ontario's voice for health equity through comprehensive primary health care. The Alliance's 109 Community Health Centres, Aboriginal Health Access Centres, Nurse Practitioner-Led Clinics and Community Family Health Teams are actively involved in various aspects of the COVID-19 pandemic response and have seen how COVID-19 has exacerbated and exposed existing inequities resulting from systemic racism, poverty and inequitable access to health care.

While Bill 283 is an Act to amend and enact various Acts with respect to the health system; the Alliance's submission focuses on Schedule 1. COVID-19 Vaccination Reporting Act, 2021.

This schedule notes that Persons and entities that administer COVID-19 vaccines are required to provide certain information to the Ministry of Health. The use that the Ministry may make of the information is provided for.

We support that this bill stipulates that *"every vaccinator shall ensure that the following information is disclosed to the Ministry in respect of every individual to whom the vaccinator administers a vaccine and every individual to whom the vaccinator declines to administer a vaccine, unless the individual has not supplied the information to the vaccinator"* (see *Providing information re individual*).

The fulsome collection of race-based and socio-demographic data is an essential component towards eliminating inequities in healthcare¹. Is it fair to say that The collection of the individual's name/and or alias, contact information, date of birth, sex and OHIP number (if provided) is not sufficient to understand disparities in vaccine provision and we are calling on the Ontario government to mandate the collection of race based and sociodemographic data including:

1. Ensuring mandatory data collection of Race, Income, Household Size, and Preferred Language data collection².
 - a. This remains the choice of the individual to provide the information but all vaccinators / vaccine clinics should be asking for this information. The gaps in the current data collection varies between public health units despite now being able to collect it through the integrated Public Health Information System (iPHIS). As long as this data collection remains voluntary, various jurisdictions will not be best able to adjust their vaccination efforts and pandemic response based on inequitable population health outcomes.
2. Ensuring a health equity lens is applied to data governance in consultation with diverse and racialized communities and experts.
 - a. This includes aligning with recommendations of frameworks such as EGAP: ENGAGEMENT, GOVERNANCE, ACCESS, AND PROTECTION: A Data Governance Framework for Health Data Collected from Black Communities in Ontario³

Thank you for your consideration.

1. <https://www.allianceon.org/news/Letter-Premier-Ford-Deputy-Premier-Elliott-and-Dr-Williams-regarding-need-collect-and-use-socio>
2. <https://www.publichealthontario.ca/-/media/documents/ncov/main/2020/06/introducing-race-income-household-size-language-data-collection.pdf?la=en>
3. https://blackhealthequity.ca/wp-content/uploads/2021/03/Report_EGAP_framework.pdf