

The Canadian Policy Response to COVID-19: What's in it for Health Equity?

Research Enabling Platform 4

University of Ottawa and York University

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LIST OF ACRONYMS

B.C.	British Columbia
BCEBW	B.C. Emergency Benefit for Workers
BDC	Business Development Bank of Canada
CBC	Canadian Broadcasting Corporation
CDAG	COVID-19 Disability Advisory Group
CEBA	Canada Emergency Business Account
CECRA	Canada Emergency Commercial Rent Assistance
CEO	Chief Executive Officer
CERB	Canada Emergency Response Benefit
CERS	Canada Emergency Rent Subsidy
CESB	Canada Emergency Student Benefit
CEWS	Canada Emergency Wage Subsidy
CMHC	Canada Mortgage and Housing Corporation
COVID-19	Coronavirus Disease 2019
CPHA	Canadian Public Health Association
CRB	Canada Recovery Benefit
CRCB	Canada Recovery Caregiving Benefit
CRSB	Canada Recovery Sickness Benefit
CSJ	Canada Summer Jobs
CSLP	Canada Student Loans Program
CTV	CTV Television Network
EDC	Export Development Canada
EI	Employment Insurance
GST	Goods and Services Tax
H1N1	Influenza A virus subtype H1N1
HEP-C	Hepatitis C
HIV	Human Immunodeficiency Virus
IMPP	Insured Mortgage Purchase Program
LEEFF	Large Employer Emergency Financing Facility
LGBTQ2S+	Lesbian, Gay, Bisexual, Transgender, Queer, Two Spirit + other identities
LTC	Long-term care

OAS	Old Age Security
OECD	Organization for Economic Co-operation and Development
PHAC	Public Health Agency of Canada
PPE	Personal protective equipment
RRRF	Regional Relief and Recovery Fund
SARS	Severe acute respiratory syndrome
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SDH	Social determinants of health
SME	Small and Medium-Sized Enterprises
TB	Tuberculosis
TRIPS	Trade-Related Aspects of Intellectual Property Rights
TWS	10% Temporary Wage Subsidy for Employers
WHO	World Health Organization

EXECUTIVE SUMMARY

The COVID-19 pandemic is worsening health inequities worldwide. Canada is no exception. Some population groups are disproportionately affected due to pre-existing vulnerabilities. These groups also face heightened risk through public health and governance interventions to control its spread (e.g. economic lockdowns, physical distancing). Governments in Canada responded to the pandemic with significant new funding and policy initiatives. How well do these initiatives address health inequities embedded in the social determinants of health?

To answer this question, we collected federal and provincial government policies and programs announced between March 15 and October 21, 2020. Provincial government analyses focused on Quebec, Ontario, Alberta, and British Columbia, which during this period had the highest rate of COVID-19 cases and deaths. We used multiple sources of program information (e.g. media releases, government websites, fiscal updates) to provide as accurate an assessment as possible. We assessed the health equity impacts of these measures using an accepted model of the social determinants of health (SDH), describing measures' their positive contributions while also noting limitations. We then infer what these measures might mean for long-term health equity as Canada moves into a post-pandemic period.

Summary of Findings

Income and social status: Federal programs provided direct income transfers to individuals that mitigated much of the income losses associated with the pandemic's direct and indirect economic disruptions. Both levels of government cooperated to top-up temporarily salaries of low-income essential workers. Going forward, provincial minimum wages should be adjusted upwards to reach what is considered a 'living wage'. Other federal tax or transfer policies reduced potential negative health impacts of the pandemic for seniors and low- and middle-income families. The economic impacts of the pandemic globally, however, implies a need for sustained high levels of income transfer, with implications for increased progressive tax measures at all government levels.

Employment and working conditions: The federal government provided wage subsidies to companies to retain their workforce, partnered with provinces to subsidize commercial rent costs, and provided lending and other financial assistance to businesses to retain their

workforces. Farmers were given financial aid to sustain their operations and national food security, while funding was provided to improve working conditions for food processing workers and housing conditions for temporary farmworkers. Unhealthy living conditions of temporary (migrant) farmworkers is a continuing issue needing greater policy and regulatory attention. A new federal initiative to support Black businesses to reduce employment inequity was created, and student summer employment programs were expanded. There are limitations to these initiatives but in the short-term they reduced temporary layoffs and kept unemployment rates low. Much of this support is extending through 2021 as Canada struggles with a second wave of infections. The post-pandemic recession, however, is likely to increase employment precarity, implying a need for new and sustained labour market protections.

Education, literacy and early childhood: These health determinants fall largely within provincial jurisdiction. Federal transfers to the provinces, with some provincial cost-sharing, is supporting safe returns to schools through purchases of hand sanitizers, personal protective equipment (PPE), and improved air ventilation. The federal and provincial governments are also increasing funding to the childcare sector to allow parents to return to work. Indigenous communities received separate financial assistance education and childcare at all levels. As the pandemic closed in-class education, failure to ensure online access for low-income families or alternatives to school-based food programs is likely to increase health inequities.

Food insecurity: To cope with evidence of rising food insecurity, the federal government financed Canadian food banks, redirection of food surpluses to those in need, and subsidized prices for nutritious foods in Northern communities. Provincial governments also contributed to food banks via community grants, and through emergency financial assistance measures. Low levels of social protection (welfare) benefits, however, have large numbers of low-income families facing chronic or intermittent food insecurity.

Housing: The high cost and lack of affordable quality housing exacerbates many health inequities. Federally, assistance was provided to shelters to improve physical distancing and reduce overcrowding. A new multi-year federal affordable housing program was initiated but is considered insufficient to meet housing needs. Its largest contribution was purchasing insured mortgages to assist lenders and ensure liquidity in the mortgage market and to prevent foreclosures, inadvertently helping to fuel a real estate bubble that is worsening the affordable housing crisis in Canada. Almost all provinces and territories implemented eviction bans or

provided subsidies to assist renters, although many of these short-term measures have been phased out with eviction rates in some provinces now rising.

Social protection: In addition to direct income transfers and higher and less restrictive unemployment benefits, the federal government provided sickness payments to self-isolating workers, and to households where people had to provide family care due to school closures. Several provinces did likewise. Federal transfers to the provinces with some provincial co-funding is intended to improve municipal level social services and public transit. Both government levels provided financial support for students including direct payments, suspended loan repayments, and increased educational grant funding. Access to highspeed internet is increasingly seen as an essential social protection measure. A new federal broadband fund was created to reduce the digital divide, although this is a long-standing policy commitment yet to be fulfilled. Two provinces (Quebec and British Columbia) subsidized improved broadband access in some rural and underserved areas.

Health services: Health falls under provincial jurisdiction, with federal co-funding. Federal pandemic measures related to health services included a COVID Alert smartphone program (largely ineffective), suspension of tariffs on medical goods, and a new contingency fund to stockpile PPE. A small fund provided for a mental health phone line for children who might otherwise lack access to online health services due to poor internet coverage. Provincial funding was understandably extensive, including large investments in mental health and addiction services, and in financial assistance to long-term care (LTC) and community-care residential facilities. Proportionately, Canada's infection and death rates amongst seniors in LTC residences is the highest amongst comparative high-income countries due to a long history of deregulation, lack of regulatory enforcement, and reliance on low-paid part-time care attendants. New LTC funding has not, as yet, prevented similarly high infection and mortality rates in such facilities following the second wave.

Indigenous Peoples: In addition to new federal educational and childcare funding for Indigenous communities, funding commitments were also made to assist Indigenous communities to mitigate a range of COVID-19 vulnerabilities, including primary health care strengthening, income transfers, and transition shelters for women and children escaping violence. Although unprecedented in scale, federal funding for Indigenous Peoples was still only one-fifth proportionate to population size, and chronic health risks associated with water

and housing quality persist. Some provinces provided loans or grants to assist Indigenous businesses that could demonstrate Indigenous community benefits.

Gender and sexuality: Women face disproportional care burdens and greater risk of domestic violence. New federal and some provincial funding was allocated to transition shelters and domestic violence centers. Gender equity concerns were prominent across most federal policy interventions, gaining Canada recognition for its pandemic-related gender-sensitivity. Federal policies, however, make no reference to pandemic risks facing the LGBTQ2S+ population.

Disability: One of the pronounced limitations in federal pandemic response is assistance to persons with disabilities (PWD). Although a new Disability Advisory Group was established to offer advice to the government on this population's unique pandemic-related needs, the only federal measure was a small, one-time income transfer. Systemic gaps in employment, social protection benefits, and housing needs will persist in the post-pandemic era.

Race/Racism: The only federal program specific to racialized inequities was the Black business initiative previously mentioned. This program present an opportunity to significantly benefit a historically marginalized group and consideration should be given to expanding the program to a wider array of people, including other people of colour.

Conclusion

To answer our study's opening question: Canada's federal and most provincial governments have done reasonably well in much of their response to the pandemic, intervening positively and in several cases improving equity in some of the social determinants pathways affecting health. This is most notable in income transfer and employment insurance programs, supports to businesses, shored up social protection measures, and health services (a logical necessity). Notable shortcomings, however, were found in supports to people with disabilities (apart from provincial program measures), digital access (with inequitable impacts on childhood education), and the substantial but still proportionately unequal funding to Indigenous Peoples. Despite positive funding increases, failures to reform or sufficiently regulate LTC in Canada persist with second wave fatal consequences. Ensuring affordable housing remains only minimally impacted.

There are also longer-term paradoxical impacts of Canada's pandemic policies. Policies to ensure liquidity in the mortgage market with sustained low interest rates have created a real

estate bubble, making it more difficult for low-income households and renters. Financial assistance to large business has had the same net effect in inflating stock and dividend values, even if providing such assistance did protect employment. The result is widening disparities in wealth, the phenomenon of billionaires (in Canada and globally) rapidly increasing their net worth and the political power that brings while the vast majority are losing ground, and especially in all but the world's wealthiest nations.

These paradoxes are the outcomes of how our current economy is structured and has been for most of the past four decades of neoliberal policy dominance. Our assessment of Canadian policy and program responses to the pandemic stayed largely with this existing policy frame. As Canada in a post-pandemic world confronts climate change and ecological overshoot, an under-regulated financialized capitalism, inequitable and unsustainable levels of consumption in high-income countries, and an unfair roll-out of SARS-CoV2 vaccines that will further economic disparities between rich and poor nations, it must of necessity confront the deeply flawed and inherently inequitable nature of our current economic system. The task is not to 'build back better' (the federal government's post-pandemic pledge) but to transform the very idea and practice of what 'building back' means.

RÉSUMÉ

La pandémie de COVID-19 aggrave les iniquités en matière de santé dans le monde entier. Le Canada ne fait pas exception à la règle. Certains groupes de population sont touchés de manière disproportionnée en raison de vulnérabilités préexistantes. Ces groupes sont également confrontés à un risque accru du fait des interventions de santé publique et de gouvernance visant à contrôler sa propagation (par exemple, fermetures économiques, éloignement physique). Au Canada, les gouvernements ont réagi à la pandémie par de nouvelles initiatives politiques et de nouveaux financements importants. Dans quelle mesure ces initiatives permettent-elles de lutter contre les iniquités en matière de santé liées aux déterminants sociaux de la santé ?

Pour répondre à cette question, nous avons recueilli les politiques et programmes des gouvernements fédéral et provinciaux, annoncés entre le 15 mars et le 21 octobre 2020. Les analyses des gouvernements provinciaux se sont concentrées sur le Québec, l'Ontario, l'Alberta et la Colombie-Britannique, qui, au cours de cette période, ont enregistré le taux le plus élevé de cas et de décès liés à la COVID-19. Nous avons utilisé de multiples sources d'information sur les programmes (par exemple, des communiqués de presse, des sites web gouvernementaux, des mises à jour fiscales) afin de fournir une évaluation aussi précise que possible. Nous avons évalué l'impact de ces mesures sur l'équité en matière de santé en utilisant un modèle accepté des déterminants sociaux de la santé (DSS), décrivant les contributions positives des mesures tout en notant leurs limites. Nous en déduisons ensuite ce que ces mesures pourraient signifier pour l'équité en santé à long terme alors que le Canada entre dans une période post-pandémique.

Synthèse des résultats

Revenu et statut social. Les programmes fédéraux ont fourni des transferts de revenus directs aux personnes, et ces transferts ont atténué une grande partie des pertes de revenus liées aux perturbations économiques directes et indirectes liées à la pandémie. Les deux niveaux de gouvernement ont coopéré pour compléter temporairement les salaires des travailleurs essentiels à faible revenu. À l'avenir, les salaires minimums provinciaux devraient être ajustés à la hausse pour atteindre ce qui est considéré comme un "salaire de subsistance". D'autres politiques fédérales de taxation ou de transfert ont réduit les effets négatifs potentiels de la

pandémie sur la santé des personnes âgées et des familles à faible et moyen revenu. Toutefois, les répercussions économiques de la pandémie à l'échelle mondiale impliquent la nécessité de maintenir des niveaux élevés de transfert de revenus, ce qui implique des mesures fiscales progressives accrues à tous les niveaux de gouvernement.

L'emploi et les conditions de travail. Le gouvernement fédéral a accordé des subventions salariales aux entreprises pour qu'elles conservent leur main-d'œuvre, s'est associé aux provinces pour subventionner les coûts des loyers commerciaux et a fourni des prêts et d'autres aides financières aux entreprises pour qu'elles conservent leur main-d'œuvre. Les agriculteurs ont reçu une aide financière pour maintenir leurs activités et la sécurité alimentaire nationale, tandis que des fonds ont été accordés pour améliorer les conditions de travail des travailleurs du secteur de la transformation des aliments, ainsi qu'au niveau du logement des travailleurs agricoles temporaires. Les conditions de vie insalubres des travailleurs agricoles temporaires (migrants) sont un problème permanent qui nécessite une plus grande attention politique et réglementaire. Une nouvelle initiative fédérale visant à soutenir les entreprises des communautés noires (*Black Business*) afin de réduire les iniquités en matière d'emploi a été créée. De plus, des programmes d'emploi d'été pour étudiants ont été étendus. Ces initiatives ont leurs limites, mais à court terme, elles ont permis de réduire les licenciements temporaires et de maintenir un taux de chômage bas. Une grande partie de ce soutien s'étend jusqu'en 2021, le Canada étant aux prises avec une deuxième vague d'infections. La récession post-pandémique, cependant, risque d'accroître la précarité d'emploi, ce qui implique la nécessité de nouvelles protections durables concernant le marché du travail.

Éducation, alphabétisation et petite enfance. Ces déterminants de la santé relèvent en grande partie de la compétence des provinces. Les transferts fédéraux aux provinces, avec un certain partage des coûts entre les provinces, soutiennent le retour à l'école en toute sécurité et ce, grâce à l'achat de désinfectants pour les mains, d'équipements de protection individuelle (EPI) et d'une meilleure ventilation. Les gouvernements fédéral et provinciaux augmentent également le financement du secteur de la garde d'enfants afin de permettre aux parents de retourner au travail. Les communautés autochtones reçoivent une aide financière distincte pour l'éducation et la garde d'enfants à tous les niveaux. Comme la pandémie a entraîné la fermeture de l'enseignement en classe, le fait de ne pas garantir l'accès en ligne aux familles à faible revenu ou des alternatives aux programmes alimentaires scolaires risque d'accroître les iniquités en matière de santé.

L'insécurité alimentaire. Considérant les données relatives à l'augmentation de l'insécurité alimentaire, le gouvernement fédéral a financé les banques alimentaires canadiennes, a redirigé les surplus alimentaires vers les personnes dans le besoin et a subventionné les prix des aliments nutritifs dans les communautés du Nord. Les gouvernements provinciaux ont également contribué aux banques alimentaires par le biais de subventions communautaires et de mesures d'aide financière d'urgence. Toutefois, en raison du faible niveau des prestations de protection sociale (du bien-être), un grand nombre de familles à faible revenu sont confrontées à une insécurité alimentaire chronique ou intermittente.

Le logement. Le coût élevé et le manque de logements abordables et de qualité exacerbent de nombreuses iniquités en matière de santé. Au niveau fédéral, une aide a été apportée aux refuges pour améliorer l'éloignement physique et réduire le surpeuplement. Un nouveau programme fédéral pluriannuel de logements abordables a été lancé, mais il est jugé insuffisant pour répondre aux besoins en matière de logement. Sa principale contribution a été l'achat de prêts hypothécaires assurés pour aider les prêteurs, et assurer la liquidité du marché hypothécaire et prévenir les saisies, contribuant ainsi par inadvertance à alimenter une bulle immobilière qui aggrave la crise du logement abordable au Canada. Presque toutes les provinces et tous les territoires ont mis en place des interdictions d'expulsion ou accordé des subventions pour aider les locataires, bien que nombre de ces mesures à court terme aient été progressivement supprimées, les taux d'expulsion étant maintenant en hausse dans certaines provinces.

Protection sociale. En plus des transferts directs de revenus et des allocations de chômage plus élevées et moins restrictives, le gouvernement fédéral a versé des indemnités de maladie aux travailleurs autonomes et aux membres de ménages qui ont dû s'occuper d'autres personnes de la famille en raison de la fermeture d'écoles. Plusieurs provinces ont fait de même. Les transferts fédéraux aux provinces, avec un certain cofinancement provincial, sont destinés à améliorer les services sociaux et les transports publics au niveau municipal. Les deux niveaux de gouvernement ont fourni un soutien financier aux étudiants, notamment par des paiements directs, la suspension des remboursements de prêts et l'augmentation du financement des bourses d'études. L'accès à l'internet à haut débit est de plus en plus considéré comme une mesure de protection sociale essentielle. Un nouveau fonds fédéral pour le haut débit a été créé pour réduire la fracture numérique, bien qu'il s'agisse d'un engagement politique de longue date qui n'a pas encore été tenu. Deux provinces (le Québec et la Colombie-

Britannique) ont subventionné l'amélioration de l'accès au haut débit dans certaines zones rurales et mal desservies.

Les services de santé. La santé est de compétence provinciale, avec un cofinancement fédéral. Les mesures fédérales de lutte contre la pandémie liées aux services de santé comprennent un programme de téléphones intelligents *COVID Alert* (largement inefficace), la suspension des tarifs sur les produits médicaux et un nouveau fonds d'urgence pour stocker les EPI. Un petit fonds a permis de mettre en place une ligne téléphonique de santé mentale pour les enfants qui, autrement, n'auraient pas accès aux services de santé en ligne en raison d'une mauvaise couverture Internet. Le financement provincial était naturellement important, avec des investissements considérables dans les services de santé mentale et de toxicomanie, et dans l'aide financière aux soins de longue durée (SLD) et aux établissements résidentiels de soins de proximité. Proportionnellement, les taux d'infection et de mortalité des personnes âgées dans les résidences de SDL au Canada sont les plus élevés parmi les pays à revenu élevé, en raison d'une longue histoire de déréglementation, d'un manque d'application de la réglementation et de la dépendance à l'égard de soignants à temps partiel et mal payés. Le nouveau financement des SLD n'a pas encore permis d'éviter des taux d'infection et de mortalité aussi élevés dans ces établissements après la deuxième vague.

Les peuples autochtones. En plus du nouveau financement fédéral pour l'éducation et la garde d'enfants pour les communautés autochtones, des engagements de financement ont également été pris pour aider les communautés autochtones à atténuer une série de vulnérabilités relatives à la COVID-19, y compris le renforcement des soins de santé primaires, les transferts de revenus et les refuges de transition pour les femmes et les enfants fuyant la violence. Bien que d'une ampleur sans précédent, le financement fédéral destiné aux populations autochtones n'était encore qu'un cinquième proportionnel à la taille de la population, et les risques chroniques pour la santé liés à la qualité de l'eau et du logement persistent. Certaines provinces ont accordé des prêts ou des subventions pour aider les entreprises des communautés autochtones qui pouvaient démontrer les avantages pour ces dernières.

Genre et sexualité. Les femmes sont confrontées à une charge de soins disproportionnée et à un risque accru de violence domestique. De nouveaux fonds fédéraux et certains fonds provinciaux ont été alloués aux foyers de transition et aux centres de lutte contre la violence

domestique. Les préoccupations en matière d'équité entre les sexes ont occupé une place prépondérante dans la plupart des interventions politiques fédérales, ce qui a permis au Canada d'être reconnu pour sa sensibilité aux questions de genre liées à la pandémie. Les politiques fédérales ne font toutefois aucune référence aux risques de pandémie auxquels est confrontée la population LGBTQ2S+.

Le handicap. L'assistance aux personnes en situation de handicap (PSH) est l'une des limites importantes de la réponse fédérale à la pandémie. Bien qu'un nouveau groupe consultatif sur le handicap ait été créé pour conseiller le gouvernement sur les besoins uniques de cette population en cas de pandémie, la seule mesure fédérale a été un petit transfert de revenu unique. Les lacunes systémiques en matière d'emploi, de prestations de protection sociale et de besoins de logement persisteront dans la période post-pandémique.

Race/Racisme. Le seul programme fédéral spécifique aux iniquités raciales est l'initiative *Black Business* mentionnée précédemment. Ce programme offre la possibilité de bénéficier de manière significative à un groupe historiquement marginalisé et il faudrait envisager de l'étendre à un plus grand nombre de personnes, y compris d'autres personnes de couleur.

Conclusion

Pour répondre à la question initiale de notre étude, le gouvernement fédéral et la plupart des gouvernements provinciaux du Canada ont raisonnablement bien réagi à la pandémie, en intervenant de manière positive et, dans plusieurs cas, en améliorant l'équité de certains des déterminants sociaux qui affectent la santé. C'est le cas notamment des programmes de transfert de revenus et d'assurance-emploi, des aides aux entreprises, des mesures de protection sociale renforcées et des services de santé (une nécessité logique). Des lacunes notables ont toutefois été constatées dans les mesures de soutien aux personnes en situation de handicap (en dehors des mesures des programmes provinciaux), l'accès numérique (avec des répercussions inévitables sur l'éducation des enfants) et le financement substantiel, mais toujours proportionnellement inégal envers des peuples autochtones. Malgré des augmentations de financement positives, l'incapacité à réformer ou à régler suffisamment les SLD au Canada persiste, avec des conséquences fatales durant la deuxième vague. La garantie d'un logement abordable n'est que très peu touchée.

Les politiques canadiennes en matière de pandémie ont également des effets paradoxaux à plus long terme. Les politiques visant à assurer la liquidité du marché hypothécaire avec des taux d'intérêt durablement bas ont créé une bulle immobilière, rendant la situation plus difficile pour les ménages et les locataires à faible revenu. L'aide financière aux grandes entreprises a eu le même effet net de gonfler la valeur des actions et des dividendes, même si cette aide a permis de protéger l'emploi. Il en résulte une aggravation des disparités de richesse, le phénomène des milliardaires (au Canada et dans le monde) augmentant rapidement leur valeur nette et le pouvoir politique qui en découle alors que la grande majorité perd du terrain, et ce, surtout dans toutes les nations du monde, sauf chez les plus riches.

Ces paradoxes sont le résultat de la manière dont notre économie actuelle est structurée et a été, pendant la majeure partie des quatre dernières décennies, dominée par les politiques néolibérales. Notre évaluation des réponses politiques et des programmes canadiens à la pandémie est restée en grande partie dans le cadre de cette politique existante. Alors que le Canada, dans un monde post-pandémique, est confronté au changement climatique et au dépassement écologique, à un capitalisme financiarisé et sous-réglementé, à des niveaux de consommation inéquitables et non durables dans les pays à haut revenu, et à un déploiement injuste des vaccins contre le SRAS-CoV2 qui accentuera les disparités économiques entre les nations riches et pauvres, il doit nécessairement faire face à la nature profondément défectueuse et intrinsèquement inéquitable de notre système économique actuel. La tâche n'est pas de "reconstruire en mieux" (l'engagement post-pandémique du gouvernement fédéral), mais de transformer l'idée et la pratique même de ce que signifie le mot "reconstruire".

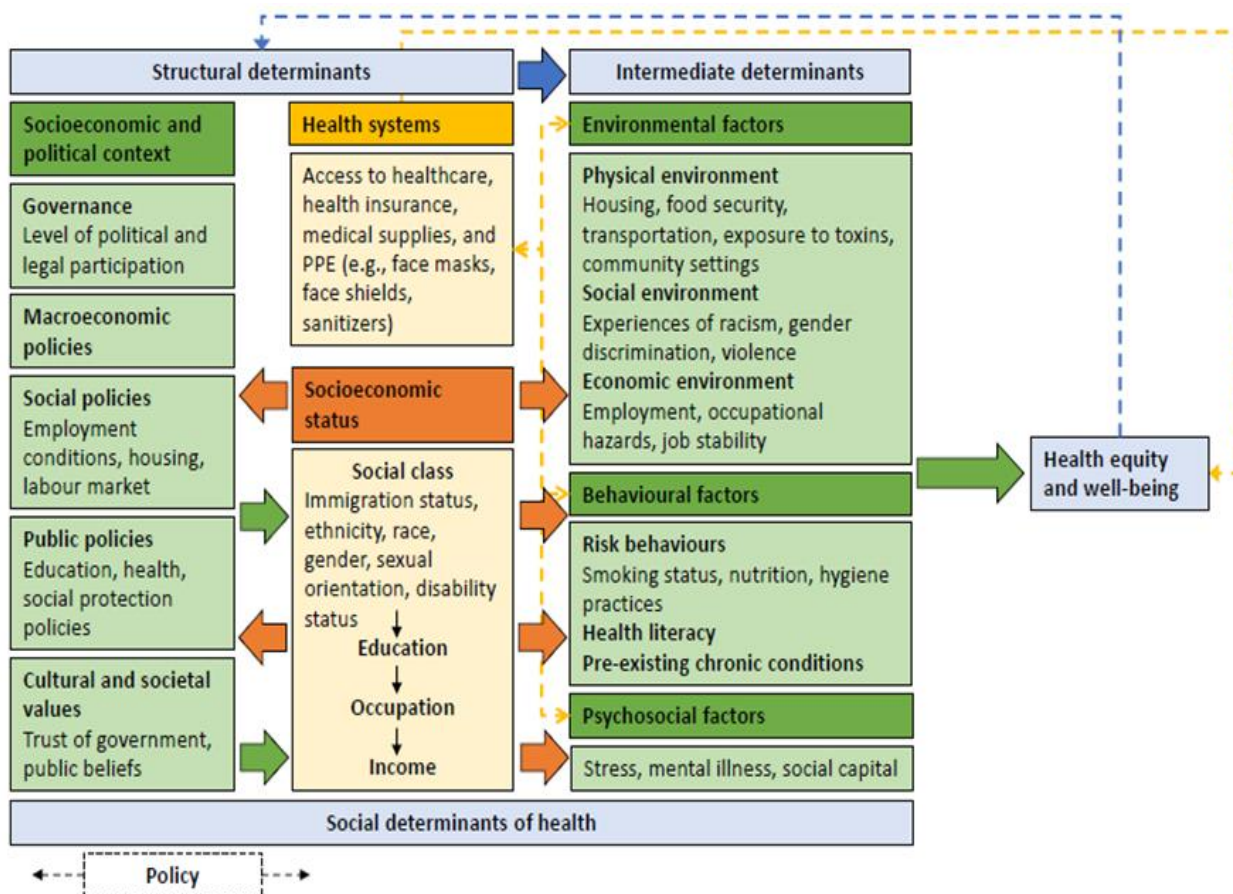
INTRODUCTION

The arrival of COVID-19 (SARS-CoV2) in Canada shines a spotlight on health inequities, raising questions about the future trajectory of such inequities during and after the Coronavirus pandemic. Defined by the World Health Organization (WHO) as the systematic differences in the health status of different population groups (2020a), health inequities are largely a function of the unequal distribution of the social determinants of health (SDH) in society (see Box 1) (Labonté & Ruckert, 2019). Already facing persistent health inequities, for example in life expectancy, non-communicable diseases, daily living conditions, early childhood development, the coronavirus pandemic has worsened some with the potential to deepen most others (Public Health Agency of Canada, 2020a). Importantly, the impact of COVID-19 on the wellbeing and health of Canadians is not limited to the morbidity and loss of life directly attributable to it but also to the public health and governance interventions implemented to control its spread, such as economic lockdowns and physical distancing, and their economic and psychological fallout (Chandola et al., 2020). Existing social inequities before the pandemic meant that some groups most at risk from COVID-19 were the same populations disproportionately impacted by these public health measures (Public Health Agency of Canada, 2020a).

To be able to distinguish better between the direct health impacts (from infection with SARS-CoV2) and the indirect SDH impacts (including from various public health measures), we developed a conceptual framework (Figure 1) adapting previous health equity models. This framework builds on a scoping review of health inequities in the COVID-19 pandemic, and allows us to:

1. Examine how SDH influence differential risk of COVID-19.
2. Explore differential impacts of public health measures implemented to protect Canadians during the pandemic.
3. Highlight policy areas of particular health equity concern in the government response from a SDH perspective.

Figure 1. COVID-19 and SDHs: Conceptual Framework



Source: Authors' creation

While public health measures created restrictions for all Canadians, the differential distribution of the SDH meant that some population groups could more easily adapt to the restrictions and protect their health. For others, whose choices for work and housing are significantly more limited, the restrictions meant even fewer opportunities to protect their physical and mental health while also meeting their basic needs (Public Health Agency of Canada, 2020a).

Pandemic impacts on income inequality and employment are likely to worsen health inequities (Figueiredo et al., 2020), while government programs and benefits responding to the pandemic may be inequitably distributed. A health equity analysis of government responses to the pandemic must attend to the large range of SDH (e.g. health care, education, social protection, employment, housing, food security) while taking account of how these responses differentially affect population groups (notably those who are most marginalized in society).

Box 1. The Social Determinants of Health

The social determinants of health (SDH), as defined by the Canadian Public Health Association (CPHA), are the social and economic factors shaping individual and group health. These are evident in the living and working conditions Canadian individuals experience each day. SDHs have the potential to influence health both positively and negatively, creating a variation among individuals and groups referred to as the “social gradient” (Canadian Public Health Association, n.d.), which maps how people who are less advantaged in socioeconomic position have worse health (and shorter lives) than those who are more advantaged. In affluent nations such as Canada this social gradient is often masked by attention given to the high levels of overall (average) population health. The social gradient not only represents the effects of income on health, but also the “importance of income as a means of gaining access to other social determinants of health such as education, food, housing, recreational activities, and other societal resources” (Canadian Public Health Association, n.d.). We used the CPHA list of social determinants of health for our assessment of the Canadian policy response in this report: Income and Social Status; Employment and Working Conditions; Education, Literacy, and Early Childhood; Food Insecurity; Housing; Social Safety Network; Health Services; Indigenous Status; Gender; Race/Racism, and Disability. Given the extent of COVID-19 risk associated with older populations, we have added a category, Aging, to this list.

The Canadian government, similar to many governments worldwide, has developed and introduced several policies and novel programs aimed at supporting Canadian individuals, businesses, sectors, organizations, and provinces and territories in mitigating the spread of the disease, and in stimulating the economic recovery during the pandemic and beyond. This report examines the relevance of these novel programs to the SDHs in Canada, detailing program size and duration, and how such programming might impact SDH pathways over time.

METHODS

We initially collected federal and provincial government policies and programs along with their specific measures announced in response to COVID-19 during the timeframe of March 15 until October 21, 2020. The provincial analysis focused on the four provinces (Ontario, Quebec, British Columbia, and Alberta) which, at the time of this study, had experienced the largest outbreaks and introduced numerous a flurry of policy measures related to COVID-19. Policy responses were identified using a structured search of federal and provincial government websites including COVID-19 response plan pages, media announcements, and department websites including agriculture, health, education, and employment sectors. Policy responses were also identified based on media coverage (e.g. CBC, CTV, Globe and Mail, etc.) and verified by checking pertinent government sites for details. We subsequently verified federal program data by analyzing the Fall Economic Statement 2020 (Government of Canada, 2020c). Provincial program data were verified by referencing their most recent budgetary/fiscal updates. We included policy measures across several different sectors that influence Canadian living conditions, building on our conceptual framework and the categories of SDH described in Box 1.

Many of the policy responses at both federal and provincial levels were announced as packages encompassing multiple policy measures. Where possible we separated these policy packages into their constituent measures to provide a more granular analysis of how they might impact SDH pathways. Within each social determinant, our analysis of policy measures at the federal and respective provincial levels were grouped together and assessed for potential risks to health inequity and opportunities to improve health equity outcomes. A limitation in our assessment is that governments may announce the same policy or funding more than once or combine funding from both government levels in the same announcement, leading to potential overestimation of spending. We address this limitation by triangulating program data from multiple sources (media, government sites, third-party lists, government fiscal updates). Although we cannot guarantee the accuracy of all the monetary data cited in our Appendix, the policy direction and amounts are sufficiently indicative for analytical purposes. Finally, our analysis is methodologically informed by a similar analysis conducted to understand SDH impacts of the COVID-19 policy response in Australia (Friel et al., 2020).

HEALTH EQUITY IMPLICATIONS OF CANADIAN COVID-19 POLICIES

The Canadian federal and provincial governments have implemented a range of economic, social, housing, infrastructure, and social security policies and programs addressing various SDH pathways, with the Appendix providing a list and summary of federal and provincial policy packages and measures discussed in this report.

Income and Social Status

COVID-19 has impacted the economic and social status of Canadians due to the significant slowdown of economic activities related to various public health measures, such as border closings, economic lockdowns, day care and school closures, restrictions on movement of people, and physical distancing. Nearly three out of five Canadians (57%) in a study by TransUnion revealed that their household income has been negatively affected by the pandemic, and an additional 10% of Canadian adults expect their household income to suffer in the future (TransUnion, 2020). Income impacts of population-wide public health measures are inequitable, with well-paid technology workers and public servants more easily migrating to online platforms with limited decline in pay (Melin & Grant, 2020), while already precariously employed workers in the hospitality, entertainment, and restaurant industries faced major job losses and/or cutbacks to working hours. A recent Public Health Agency of Canada (PHAC) analysis found that of the jobs lost in March and April, employees in lower-wage jobs (meaning lower than two-thirds of the 2019 annual median wage of \$24.04/hour) suffered the greatest losses (38%) compared to those in other jobs (13%). In addition, low-income workers were more likely to be working less than half of their usual hours for COVID-19-related reasons, compared with all other paid employees in the first two months of the pandemic (March to April) (PHAC, 2020a, p. 19).

Canada's income disparities were already large and had been rapidly growing going into the pandemic. For the past several decades, wealth in Canada increasingly accumulated at the top, while the median incomes of Canadian hardly kept pace with inflation (Veall, 2020). The net worth of the 87 richest families in Canada was almost 5,000 times higher than the average Canadian in 2016 (Macdonald, 2018). The gap between Canadian CEO's income and the average Canadian's income, a good indicator of income inequality, continued to grow. Between

2008 and 2018, the 100 highest-paid CEOs saw their salaries increase by 61%, compared to the average worker who saw only a 24% rise, with high-earning CEOs in 2018 earning 227 times more than the average Canadian (Macdonald 2018). At the same time, just-over one half of Canadian had such limited savings that they could only pay bills for three months after they lose their income (PHAC, 2020). This suggests that many Canadians would not be able to withstand a drop in income for an extended period, with serious consequences for the health of workers struggling to generate enough income. It quickly became apparent early in the pandemic that income-related measures were desperately needed.

To aid employees financially, indirectly protecting their health, the federal government provided several different income replacement measures in its COVID-19 Economic Response Plan. At the heart of this effort was a \$2000 monthly Canada Emergency Response Benefit (CERB), running from March until September 2020 (estimated to have paid out \$81.6 billion as of October 4, 2020 (Government of Canada, 2020c), and then replaced by a \$500 weekly Canada Recovery Benefit (CRB) scheduled to run until the summer of 2021 (currently estimated to disburse at least \$20 billion) (Government of Canada, 2020c). Both income measures, and those contributed by the provinces in our study, are explained in more detail in the social safety measures section as they form part of federal and provincial governments' comprehensive package of social assistance.

A more limited, but from a health equity perspective equally important, income-related measure included working with the provinces and territories to implement a \$3 billion investment for a temporary top up to the salaries of low-income workers that were deemed essential in the fight against COVID-19 (see Appendix for details). Ontario, Quebec, and British Columbia contributed substantially to this program; Alberta did not, apart from providing a top-up to care attendants working in private long-term care facilities only. The federal benefit ended in August 2020, with Ontario and Quebec both committing additional top-up funding (in Ontario at a reduced rate) from September 2020 through to March 31, 2021. It is yet to be seen whether provincial governments will consider a permanent higher minimum wage or living wage, including for those that continue to risk their lives working in essential areas of the economy. A healthy living wage in Toronto, for example, has been estimated to be around \$22 an hour whereas the Ontario provincial minimum wage is considerably lower at \$14 (Belmonte, 2019), with the province's Conservative government recently blocking a \$1 per hour increase to the minimum wage originally scheduled by the previous government to take effect in 2019.

Finally, the federal government budgeted \$2 billion in increasing GST rebates for low- and middle-income families, providing on average around \$500 for individuals and couples; however, this rebate has already grown to amount to \$5.67 billion according to CBC estimates (CBC 2020b). In addition, the government also issued one time payments for more than 6.6 million seniors who received a \$300 bonus payment from Old Age Security at the beginning of July. Those who qualified for the federal guaranteed income supplement received an additional \$200 while those with a spousal allowance received an additional \$500 (CBC News, 2020b).

Employment and Working Conditions

Employment status and working conditions are crucial determinants of health, especially during a pandemic when employment loss threatens income stability and can induce mental health challenges. On the one hand, employment is linked to differential risk exposure to SARS-CoV2, with certain types of essential workers more likely to be infected with the virus (Roberts et al., 2020). On the other hand, workers in precarious employment - meaning not full-time, permanent, and accompanied by benefits - are less likely to have substantial employment and economic protections, particularly among those who are low-income. The absence of these social protection benefits is challenging at any time but, during a pandemic, the consequences can be more severe and may increase risk of virus exposure and transmission, for example, when workers are unable to self-isolate due to loss of income (PHAC, 2020).

When the pandemic hit and lockdown measures were announced, many businesses were unable to continue to pay worker salaries due to severe income loss and had to furlough some of their employees. Statistics Canada reports that in March, during the initial surge of the virus, Canadians lost nearly 3 million jobs as the national unemployment rate soared to 13% (LeBlanc, Fife & Curry, 2020). The federal government responded with Canada's COVID-19 Economic Response Plan (referenced earlier) aimed at providing social safety programs, retaining jobs, and creating new work for the unemployed.

¹ Note for non-Canadian readers: Minimum wage laws are set provincially, GST (goods and services tax) is Canada's federal value-added tax. Provinces can levy their own sales taxes in addition to the GST. Old Age Security (OAS) is a federal non-contributory pension paid to all Canadians after age 65. Guaranteed income supplements are additional federal non-contributory payments to persons over age 65 with single or combined spousal incomes that fall below certain thresholds.

At the heart of the business and employment support measures, some of which involved matching by provincial governments, are:

- The Canada Emergency Wage Subsidy (CEWS), covering a portion of an employee's wages for eligible employers and allowing companies to re-hire employees and avoid layoffs until conditions allow for economic activities to safely reopen. The government has disbursed over \$50 billion as of November 22 through the CEWS and is expected to disburse a total of \$83.5 billion by March 31, 2021 (Government of Canada 2020c).
- The Canada Emergency Business Account (CEBA), providing interest-free loans of up to \$40,000 to small businesses and not-for-profits, to help cover their operating costs during a period where their revenues have been temporarily reduced. The government has disbursed over \$30 billion through CEBA (CBC 2020b).
- The Canada Emergency Commercial Rent Assistance (CECRA) program to reduce rent by as much as 75% for the months of April through August. However, it experienced little uptake and in October 2020 was reformed into the Canada Emergency Rent Subsidy (CERS) paid directly to business owners instead of to their landlords. The program is jointly funded with the provinces.
- Various lending programs for medium-sized and large enterprises, such as the Loan Guarantee and Co-Lending Program for Small and Medium-Sized Enterprises, which employ 70% of all working Canadian (Government of Canada, 2019).
- The Mid-Market Guarantee and Financing Program to aid companies with revenues of \$50 million to \$300 million to sustain operations.
- The Large Employer Emergency Financing Facility provides additional bridge financing for large-for-profit businesses (with certain exceptions, such as avoiding layoffs), ensuring that all types of businesses are supported during COVID-19.
- Additional sector-specific support such as agriculture and agri-food, aquaculture and fisheries, culture, heritage and sport, air transportation, tourism, energy, academic and research, although the actual amounts of specific support measures for these sectors are not specified on government websites (see Appendix).

Many of these programs were updated in the federal government's November 30 fiscal update (Government of Canada, 2020c). The CEWS maximum rate increased to 75% and would remain in place until March 31, 2021 and CERS was extended at a base subsidy of 65% but

with a 25% top-up if a business had to close due to lockdown measures. Financing guarantees and no-interest loans continue for severely affected sectors (e.g. tourism, hospitality, and arts and entertainment).

A sector specific support program was launched for agriculture to guarantee food security. By providing \$5 billion to Farm Credit Canada, increased credit availability will allow farmers to remain financially sound as they face several different cash flow issues. Acknowledging deep regional divides in the impact of COVID-19, the government further supplied \$962 million through the Regional Relief and Recovery Fund to help the businesses and organizations that are integral to their respective regional economies to mitigate their financial pressures caused by COVID-19. This amount was topped up with an additional \$500 million in the November fiscal update (Government of Canada, 2020c). For businesses in the territories, the federal government offered \$15 million in non-repayable support to help address their impacts of COVID-19.

The government further extended the maximum duration of the Work-Sharing program (an adjustment program created to help avoid layoffs when there is a temporary reduction in the level of business beyond the employer's control) from 38 weeks to 76 weeks, extending eligibility to more people. This allows for the protection of jobs of federally regulated private-sector employees facing economic hardship due to the pandemic. The government further implemented changes in the Canada Labour Standards Regulations to extend temporary layoff time periods by up to six months, allowing employers more time to recall laid-off employees. For students, a Canada Student Service Grant helped students gain work experience and aid their communities during COVID-19, with government also extending its existing federal employment, skills development, and youth programming, creating up to 116,000 jobs for students over the summer (Appendix). Students were also provided up to \$5000 to pay for their Fall 2020 tuition.

Work safety during the pandemic is a very real concern. For those in the agriculture and agri-food industry, the Canadian government provided \$50 million to ensure all food production and processing employees put in place the measures necessary to follow the mandatory 14-day isolation period due to COVID-19. Several of the provinces implemented complementary programs, focusing on income support during mandatory isolation, enhanced health and safety training, and purchase of additional PPE (Appendix). The federal government provided another \$50 million to ensure temporary foreign workers (or those working with them) can meet isolation

requirements (Appendix), although this did not prevent temporary farmworkers in Ontario suffering COVID-19 infection rates as much as 10-fold greater than the Canadian average (Kelley et al., 2020). Due to the pandemic, temporary foreign workers are in a more vulnerable position than ever. In addition to poor living conditions and chronically low wages, the circumstances surrounding the pandemic heightened tensions amongst workers, as well as between workers and the communities where they worked and lived. While the lack of basic hygiene and housing standards has been an issue well before the pandemic, overcrowding is a particular concern when attempting to physically distance during a pandemic (von Seidlein et al., 2020). In response, the federal government proposed a set of new measures for facilities where temporary agricultural workers are housed, including implementing a sleeping quarter limit; enhancing access to common living spaces; and establishing minimum standards for sharing of washroom, eating, and laundry facilities (Keung, 2020). How successful these measures were in stemming outbreaks amongst temporary foreign workers, who have experienced over 1600 COVID-19 cases, remains to be fully seen.

Apart from the CECRA program, provinces developed their own business support programs. Ontario's Action Plan committed \$467 million to businesses, including purchases of personal protective equipment (PPE), and support to offset fixed costs (Government of Ontario, 2020). Quebec committed \$407 million in a financial assistance package to retain essential workers, provided \$815 million through a number of programs to support small and medium-sized businesses, \$320 million in support of performing arts, and \$327 million through various sector-specific programs (Government of Quebec, 2020). British Columbia's business supports through to March 31, 2021 total \$2.5 billion, including tax relief, grants to cover revenue loss, and regional economic support programs (Appendix). Alberta's business support focused grants to small and medium-sized businesses (\$200 million), oil well clean-up (\$421 million), and directly related to COVID-19 is not known) (Government of Alberta, 2020).

Despite early criticism for not being generous enough, government employment support measures have been successful at arresting the economic collapse that Canada faced in the spring of 2020. A Statistics Canada updated report in August 2020 found that over 55% of the jobs lost early in the pandemic were recovered by July, while temporary layoffs declined by 45.5% (Statistics Canada, 2020c). By October, this figure had risen to almost 80% of lost jobs being recouped. Without direct government support measures, macro-economic modeling suggests that the unemployment rate could have reached almost 20% at the height of the

decline and would currently likely still be above 10% in Canada (Government of Canada, 2020c). How well these recovered jobs will be sustained given renewed lockdown measures amidst the pandemic's second wave is unknown, but the federal CRB and provincial business and emergency financial measures extending into 2021 will buffer some of the employment setbacks.

Despite the positive impact of government measures on reducing unemployment rates, some visible minority groups in Canada had rates of joblessness substantially above the national average (11.3%), including South Asian (17.8%), Arab (17.3%), and Black (16.8%) Canadians (Statistics Canada, 2020). The introduction of the federally funded Black Entrepreneurship Program represents a recent effort to address employment inequity (discussed in more detail in the section on race, below). As the pandemic draws on, it is important to learn from this example and to expand race based equity programs to other historically and contemporary marginalized groups to assist in their ability to sustain operations during and after the pandemic.

While the various programmatic and policy interventions to support business have clearly stemmed the loss of employment, there are concerns about the longer term employment impacts of COVID-19, in particular whether previous trends towards more precarious employment conditions that are part of the ever growing gig economy will be reinforced by the pandemic and the multiple waves of economic disruption it might entail. One example for this is the major loss of concert and 'clubbing' establishments in urban centers, such as Toronto and Montreal. Notwithstanding Quebec's unique support to its domestic entertainment industry the closing of many establishments will have a significant long term impact on musicians' gig economy (the actual origin of the term gig) as many are unlikely to return once the pandemic is over. But it also more broadly impacts a wide range of gig economy workers in the hospitality industry.

The shift away from labour to capital-intensive automation, for example, follows every recession, but is more likely with post COVID-19, given that episodic lockdowns affecting human labour will continue until global vaccine-initiated herd immunity occurs (Blit, 2020). The move towards remote or home-based work will have the potential to further impact health outcomes over the longer term as home-based work environments can be socially isolating and carry their own unique health challenges. There also remain questions about the ability of companies to retain workers once the wage subsidies are withdrawn, especially if economies

have not fully recovered to their pre-COVID-19 level. This suggests that state involvement in managing employment levels and conditions will likely be required for some time. This includes improving employment quality by creating better jobs for low-income workers that are more predictable in hours and scheduling, and growth in such labour-intensive sectors as social care work (e.g. health, education) and ecosystem restoration. Finally, there is a need to ensure affordable child-care (the focus of the next section) to support caregiver and parent employment.

Education, Literacy, and Early Childhood

Education is an important social determinant of health, and from the beginning of the pandemic public health experts raised concerns about the potential impact of school closings on the mental health of children (Lee, 2020). As school transitioned in Canada from in-class to online learning in March 2020, online platforms were not accessible equally to all students, and especially so in rural communities (Flanagan, 2020). Many low-income families either lack the electronic devices needed to connect with teachers, or the internet bandwidth to run multiple devices over a private network. While school boards attempted to support individual students, in the early months of the pandemic there were no specific support measures in place at federal or provincial levels to ensure online access for all, and there are ongoing challenges for many low-income families to ensure access to online education.

As it became increasingly clear that schools, especially at kindergarten and elementary grade levels, could be re-opened safely with limited transmission between pupils if proper public health safety measures are in place (World Health Organization, 2020b), the federal government announced a \$2 billion Safe Return to Class Fund. This fund is intended to aid the provinces and territories (which are responsible for public education) in creating learning spaces, increasing availability of hand sanitation and hygiene, providing and purchasing personal protective equipment (PPE) and cleaning supplies, and improving air ventilation (Appendix). In addition to federal support, Ontario's Back to School Plan is budgeted at \$388 million (excluding \$153 million in school board reserve funds) (Tranjan, 2020); Quebec's at \$20 million; British Columbia's at \$45.6 million; and Alberta's at \$13 million (Appendix).

To ensure accessibility to schooling for immune-compromised children and households, most Canadian schools have introduced parallel online learning platforms to mitigate the spread of the virus and allow for ease of access to all, including populations susceptible to the virus. For those who choose physical learning instead, a risk assessment and mitigation approach is used to ensure some students can do so with limited risk.

From a health equity perspective, the failure to ensure online access to schooling for low-income families must be seen as a crucial policy failure in Canada's initial COVID-19 response and should be a lesson going forward if school closures return during second or third waves of the pandemic. Governments should also ensure continuity of previously school-based food and social service provision (PHAC, 2020), an issue that has garnered world-wide attention by the social media advocacy of professional British soccer players (Sahloul, 2020). Finally, the pandemic provides an opening to address Canada's limited and inadequate funding of its childcare infrastructure. This represents a particular challenge for women who have had to make difficult choices during the pandemic as most of the child-rearing and home schooling responsibilities continue to be largely shouldered by women.

There have been multiple promises over the past decade by federal political leaders of various parties to invest in the childcare sector that never materialized. As part of the COVID-19-related Safe Restart Agreement with the provinces and territories, the federal government is allocating \$625 million to support the childcare sector, to ensure that enough safe and affordable childcare spaces are available to parents as they gradually return to work. Quebec and British Columbia both committed funding to ensure childcare for essential workers in the earlier months of the pandemic (\$82.4 and \$191 million respectively); Ontario did likewise but a precise funding amount was not found; Alberta contributed \$76 million in additional childcare funding for the Safe Restart Agreement (Appendix). While these measures will not go far enough to ensure a childcare spot is available and affordable to all Canadians, it will ease some of the additional strain placed on the childcare infrastructure by the pandemic, one that has disproportionately been borne by women and which represents a particular challenge for single parenting men and women.

² In total, the federal government is transferring \$19 billion to the provinces and territories to support health system capacities, social protection for vulnerable populations, securing PPE, childcare for returning workers, sick leave provisions, and improving public transit (<https://www.canada.ca/en/intergovernmental-affairs/services/safe-restart-agreement.html>).

Finally, there have been a number of educational investments targeted at Indigenous communities, including a \$25.9 million investment to provide immediate support to Indigenous post-secondary institutions in 2020-21. The investment will help these institutions address increased costs and financial uncertainty resulting from the pandemic, including putting in place supports to retain staff, automating services to process student applications and registrations, adapting courses for online learning, and implementing public health and safety measures for in-person services. An additional \$112 million is allocated to support the safe return to elementary and secondary schools on First Nations reserves, with an additional \$120.7 million investment to help Indigenous early learning and childcare facilities to safely operate during the pandemic. The last investment is expected to support over 35,000 First Nations, Inuit and Métis children who access culturally relevant Indigenous early learning and childcare programs (Mirage News, 2020). British Columbia is providing \$15 million in Indigenous student financial assistance, while Alberta is providing five First Nations colleges with \$500,000 each to improve on-line learning facilities (Appendix).

Food Insecurity

Food insecurity takes a serious toll on individual health and wellbeing and can place a significant burden on the health care system (Murthy, 2016). There has been rigorous measurement and monitoring of household food insecurity in Canada since 2005 with little indication that this problem is getting any better (Tarasuk and Mitchell, 2020). Food insecurity is defined by Health Canada as the “inability to acquire or consume an adequate diet or sufficient quality and quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (Government of Canada, 2020d). The COVID-19 pandemic has exacerbated this issue, as Stats Canada reports an increase from 1 in 8 (2018) to 1 in 7 Canadians experiencing food insecurity in their household due to COVID-19 (Emmanuel & Sharma, 2020). In response, the federal government took a number of initiatives to address growing food insecurity.

The Food Policy for Canada’s Local Food Infrastructure Fund represents a \$100 million investment into Canadian food banks and other national food rescue organizations to aid in purchasing food and equipment, hiring temporary help, distributing food, and implementing biosecurity measures (Appendix). \$25 million of this funding is going to Nutrition North Canada

to ensure nutritious food and hygiene products are made more affordable and accessible for remote/isolated Indigenous communities. Food prices in northern Canada are particularly elevated for healthy items with short shelf lives, such as fruits and vegetables, making them unaffordable or even inaccessible for many communities. The new federal investment is meant to ensure that prices of essential items and nutritious food, especially those needed in the wake of COVID-19, are more readily available and affordable for isolated communities. It is yet to be seen how governments across different government levels (federal, provincial, territorial, municipal) might respond to longer-term food needs related to the pandemic. Finally, the federal Surplus Food Rescue Program represents a \$50 million investment to help manage and redirect existing food surplus to organizations that address food insecurity, simultaneously avoiding food waste and reducing food inequities.

While these additional investments in enhancing food security are a welcome infusion of cash into local and Indigenous communities, at the heart of food insecurity are other markers of social and economic disadvantage. Food insecurity is most prevalent among Canadian households with low incomes, lone-parent families, those who rent rather than own their housing, and those who identify as Indigenous or Black (Tarasuk and Mitchell, 2020). Food deserts continue to be prevalent within lower-income communities across Canada, with many low income individuals and families relying on small convenience stores for their basic needs. In 2017-18, 65% of food-insecure households were reliant on employment incomes, indicative of the inability of minimum wages or low-income paying work to sustain healthy livelihoods. Among those outside the workforce, food insecurity affected 60% of households reliant on social assistance (Tarasuk and Mitchell, 2020). The persistently high prevalence of household food insecurity in Canada points to the need for concerted action by federal and provincial government to address this problem, beyond the immediate COVID-19 response measures. A crisis-driven response that focuses on additional funding for food banks, charitable meal programs, and other community food initiatives cannot be expected to solve this structural problem in the long term. Tackling the conditions that give rise to food insecurity means re-evaluating the income supports and protections that are currently provided to low-income, working-aged Canadians and their families. One indication of the importance of improving routine social support and income transfer programs is that the majority of social assistance recipients in Ontario are currently food insecure in Ontario (Morgan, 2019).

Provincial governments through a number of social safety initiatives (discussed further below) provided financial assistance to foodbanks and food insecure households via non-profit social agencies, with grants of up to \$250,000; precise allocations related to food insecurity are unavailable apart from Alberta's specified commitment of \$5 million to foodbanks (Appendix).

Housing

Many studies show that poor quality housing and homelessness are clear threats to the health of Canadians, and that having access to safe, affordable housing is an important aspect of wellbeing and health (Rolfe et al., 2020). This is particularly so for the most vulnerable communities (Larcombe et al., 2011). Many Canadians face housing inequities, since even before the pandemic housing prices and rents had climbed out of reach for many Canadians. The 2016 Census found that 12.7% of Canadians were in core housing need, defined as households spending more than 30% of their income on shelter costs (Government of Canada, 2016). The housing situation is particularly concerning in low-income neighborhoods in big cities where the pandemic is striking the hardest. In Toronto, 47% of renters are paying more than 30% of their income on housing and 23% are paying more than 50% (indicating imminent homelessness). For Vancouver, the figures are 44% and 23% respectively, and for Montreal, 36% and 18% respectively (Raphael et al., 2020). In addition, at least 235,000 Canadians experience homelessness each year, and 35,000 Canadians are estimated to be homeless on any given night (Gaetz, DeJ, Richter, Redman, 2016). As the pandemic has intensified the underlying social-structural inequalities underpinning this crisis, homelessness and housing affordability have further deteriorated (Women's National Housing Alliance & Community University Policy Alliance on Women's Complex Homelessness, 2020).

One particular concern is that with shelters cutting back the number of beds they offer to facilitate physical distancing, many cities have seen homeless encampments popping up in parks as people try to find a safe place to sleep (CBC Radio, 2020). In Toronto, even though the City of Toronto maintains that it has adequate shelter space to accommodate its homeless population, it has been found to be in continued violation of the COVID-19 safety protocols it developed for its shelter system (CBC News, 2020a), while not offering the necessary beds to safely house the entire homeless population during this pandemic (Herhalt, 2020). This means that many homeless people are scared to go into the shelter system due to fears of COVID-19

transmission risks and their high risk of serious complications from the disease. The situation for homeless people is expected to significantly worsen in the winter month and beyond, especially as additional income supports will be phased out in the summer of 2021. In this context, it is noteworthy that a community led program to build small makeshift sleeping areas for the homeless has been stopped by the City of Toronto with the community organizers threatened with by-law tickets if such temporary shelters end up on City property (Draaisma & King, 2020).

In response to these complex housing challenges, both federal and provincial government levels have ramped up funding for existing, and introduced novel, housing programs. The Government of Canada expanded its existing Reaching Home: Canada's Homelessness Strategy initiative with a \$157.5 million investment to purchase beds, create physical barriers for social distancing, and secure accommodation to reduce overcrowding in shelters (Appendix). Provinces also provided new funding to improve shelter conditions for the homeless as part of social protection programs targeting multiple housing and shelter needs; this makes it difficult to disaggregate funding for specific populations, but shelter funding would likely range between \$20 million to \$100 million (Appendix).

To ensure stability in Canada's mortgage market, the federal government instituted the Insured Mortgage Purchase Program. This program involves the government purchasing up to \$150 billion of the insured mortgage pool, in order to provide "long-term stable funding to banks and mortgage lenders, help facilitate continued lending to Canadian consumers and businesses, and add liquidity to Canada's mortgage market" (CMHC, 2020). An unintended side effect of this program, and the drop in interest rates that accompanied it, has been the rapid acceleration of housing prices across the country, with some markets seeing up to 30% price increases over a 12 month period. This will only serve to deepen the affordable housing crisis in Canada.

At the provincial level, most provinces have either implemented eviction bans to support renters or provided housing subsidies to low-income renters (Canadian Mortgage and Housing Corporation, 2020). Quebec, for example, budgeted \$86.2 million to subsidize rents for low-income tenants, while in British Columbia the amount was \$129 million (Appendix). Several provinces have frozen rents through to the end of 2021 and/or capped future rent increases. In total, 10 provinces and territories have at least implemented one support measure (See Table 1 for a detailed overview of all housing support measures by provinces and territories).

However, while such protections were in place during the first wave of the pandemic, in many provinces they have already been phased out, including in Ontario where evictions are now reaching all-time highs at the Landlord and Tenant Board (BlogTO, 2020). Such evictions can be expected to eventually lead to a new wave of homelessness in Canada, with thousands of Ontario's renters at risk of imminent eviction as winter looms and COVID-19 cases climb, and with rapid virtual hearings and new procedural rules speeding up evictions of the most vulnerable (Sharp, 2020). Finally, Canadian banks have offered homeowners facing financial hardship a mortgage payment deferral of up to six months, which has been taken up by around 10% of all mortgage holders in Canada (PHAC, 2020).

Table 1. Provincial Housing Support Measures

Province/Territory COVID-19 information	End of eviction ban	End of rent increase freeze	Details
Alberta <u>Changes due to COVID-19</u>	April 30, 2020	June 15, 2020	Rent increases were not permitted during the state of Public Health Emergency that was in effect until 15 June. Retroactive collections for that period are not allowed. Evictions were banned for the month of April.
British Columbia <u>Updates to residential tenancies that impact landlords and renters due to the COVID-19 pandemic</u>	August 18, 2020	July 10, 2021	An eviction ban was in place up to August 18, 2020. A freeze on rent increase has been extended to July 10, 2021.
Manitoba <u>COVID-19 information for tenants</u>	August 18, 2020	July 10, 2021	An eviction ban was in place up to August 18, 2020. A freeze on rent increase has been extended to July 10, 2021.
New Brunswick <u>Eviction protection ends May 31</u>	May 31, 2020	N/A	Evictions for non-payment of rent were prevented until May 31.
Newfoundland and Labrador <u>Extension of termination notice</u>	N/A	N/A	For tenants who have experienced a loss of employment or reduction in work hours as a result of COVID-19; and have received an eviction notice for non-payment of rent as of March 26, 2020, an Extension of Termination Notice is in place. This extension adds a minimum of 30 days to the original eviction notice.

Province/Territory COVID-19 information	End of eviction ban	End of rent increase freeze	Details
Nova Scotia Measures to help vulnerable Nova Scotians	June 30, 2020	N/A	No tenant could be evicted because their income was impacted by COVID-19; effective March 19 and lifted June 30.
Northwest Territory COVID-19 updates: NWT Housing Corporation	N/A	N/A	No rent increase freeze or eviction ban was in place, but there is a rent deferral regime in effect.
Nunavut	N/A	N/A	
Ontario COVID-19 updates on Tribunals Ontario Operations	August 4, 2020	December 31, 2021	Eviction ban enacted from April 1 to August 4, 2020. Rent has been frozen at 2020 levels, meaning most tenants will not experience a rent increase in 2021.
Prince Edward Island Regulatory and Appeals Commission	June 15, 2020	N/A	Evictions were suspended, and a rent subsidy was in place for tenants who could not pay rent as a result of COVID-19.
Quebec COVID-19 important notices	July 20, 2020	N/A	Evictions were suspended between March 17, 2020 and July 20, 2020.
Saskatchewan Evictions suspensions to be lifted	August 4, 2020	N/A	The Office of Residential Tenancies was not hearing eviction applications for failure to pay rent between March 26 and August 4, 2020.
Yukon New support will help tenants pay rent during COVID-19 Tenants continue to receive protection during COVID-19 pandemic	June 25, 2020	N/A	An eviction ban was in place, as well as a rent subsidy for tenants who could not pay rent as a result of COVID-19.

Source: Adapted from Canadian Mortgage and Housing Corporation 2020

Housing is a necessity for living a healthy life and living in unsafe, unaffordable, or insecure housing increases the risk of many health problems. Lack of income and other economic resources and an unregulated housing market creating price surges are the prime reasons many Canadians experience housing problems, coupled with a policy approach that has

reduced public spending on affordable housing and privileged market forces to build, distribute, and support the housing stock (Raphael et al 2020). This market-based approach rendered housing often out of reach for modest and low-income households, even before the pandemic. As part of a longer term post-COVID-19 housing strategy, Canada should prioritize safe, accessible, and affordable housing by implementing a social housing strategy that supports non-profit and co-operative housing sectors that have proved successful in providing mixed income and quality affordable housing in existing neighborhoods. The federal government in November announced a 10-year \$500 million Federal Community Housing Strategy, but most of the funds would go towards protecting the existing stock of such housing. Over 10 years only 50,000 new units are anticipated to be built (or 5,000/year), widely regarded as insufficient to need (Government of Canada, 2017). However, wider contributing factors to the housing crisis must also be addressed, particularly growth of part-time and precarious employment that are both low paying and insecure.

Social Safety Network

Social safety nets (social protection measures) play a vital role in relation to health inequities. Social services can further “engender a sense of belonging, social cohesion, and wellbeing” (Friel et al., 2020). Millions of Canadian individuals and businesses are suffering from the financial hardships brought upon by COVID-19, as well as the related social fallout. As the pandemic evolves, the number of those put in vulnerable circumstances will continue to grow, especially if the second and third waves of the pandemic are accompanied by additional economic lockdowns, as is already the case in Europe and some parts of Canada.

To aid employees and protect their health, the federal government provided several different means of social assistance through the COVID-19 Economic Response Plan. Perhaps the most significant, and receiving the most applications, the Canadian Emergency Response Benefit (CERB) was a limited recurring monthly payment of \$2000 aimed at replacing the lost market income of Canadians. CERB provided a taxable weekly benefit of \$500 for up to 28 weeks to eligible workers who stopped working or whose work hours were reduced due to COVID-19 between March 15 and September 21. One criticism of CERB relates to the fact that more than 400,000 Canadians applied and received the benefit, even though they may not have entitled

due to poor messaging. They now face the prospect of having to repay this money while already struggling to make ends meet.

When CERB expired in September 2020, and it was clear that additional income support was needed, the federal government budgeted an extra \$1.5 billion to create the Canadian Recovery Benefit (CRB), providing \$500 a week for 26 weeks, to further smooth the transition for life after the pandemic. Available until September 2021, the CRB will also include links to Job Bank, Canada's national employment service, with career planning tools for those seeking employment.

CERB turned out to be very popular with Canadians, as almost 9 million Canadians eventually applied for and received the benefit, with the total dollar value of CERB benefits reaching \$81 billion by October 2020 (Government of Canada, 2020e). This meant that the collective loss of market income by all Canadians due to the pandemic was fully compensated for through CERB. In fact, government transfers have led, on average, to an increase in total after-market income of Canadians despite the economic collapse, with households receiving more money (\$56 billion) from government aid programs such as CERB and other transfers in the second quarter than they were losing in wages and salaries due to the pandemic (\$23 billion) (Turner, 2020). This redistributive trend is continuing with the extension of CRB into 2021.

Access to broadband internet is increasingly considered an important component of a comprehensive social safety network, already acknowledged as a pandemic-related issue with respect to access to on-line education. In addition, many Canadians face the demand to work from home due to public health restrictions, in addition to supporting one or more children through on-line learning, placing considerable strain on home broadband connectivity. Canada's digital inequities must be addressed to prevent them from widening health inequities. There are approximately forty broadband subscriptions per one hundred Canadians (World Bank, 2020). Canada's rural areas have lower speed internet service than urban areas, and many locations in the Northwest Territory, Yukon, and Iqaluit do not have access to high-speed broadband networks (Government of Canada, 2020b). This lack of adequate broadband coverage led the Canadian Radio-television and Telecommunications Commission to introduce a Broadband Fund which is meant to allocate \$750 million over five years, with an immediate investment of \$72 million in northern Manitoba, Yukon, and Northwest Territory broadband infrastructure projects (Government of Canada, 2020b). It received an additional \$1 billion

infusion as part of the Fall Economic Statement 2020 (Government of Canada, 2020c). Two provinces in their COVID-19 interventions also included funds to improve internet access to underserved rural, remote, and Indigenous communities: \$150 million (Quebec) and \$50 million (British Columbia).

Although federal social protection funding had proved extremely important, provinces have the primary responsibility for delivery of social welfare benefits, and several included financial transfers to individuals and families affected by the pandemic through existing or novel programs. Ontario initially provided up to \$250/child for parents coping with school closures and \$52 million in emergency relief to families in financial distress, while committing over \$1 billion in reduced electricity costs which will likely have greatest impact on low-income households. As part of the federal Safe Restart Agreement, Ontario is also transferring \$1.4 billion to municipalities to support their social services and public transit which, although universal, tends to benefit primarily low-income individuals. Quebec topped up the federal CERB benefit to equal eligible individual's typical wage, up to \$1,600 over 16 weeks. Similar to Ontario, Quebec transferred \$400 million to its municipalities to support local transit. British Columbia topped up the CERB benefit with a one-time tax-free \$1,000 payment to all eligible individuals and allocated \$624 million to a \$300 monthly supplement for persons not eligible for CERB or other federal recovery funding. Its Safe Restart contribution committed \$1 billion to municipalities and public transit, while Alberta's Safe Restart contribution was \$326 million. Finally, most provinces substantially increased grant funding to not-for-profit community organizations and service providers, with an emphasis on those serving women, the elderly, persons with disabilities, and Indigenous groups (Appendix).

Further included in the COVID-19 response plan were revisions to the federal Employment Insurance (EI) program, allowing easier access to a minimum of \$400 weekly for eligible workers who lose their employment, and who are not receiving CERB or CRB. In addition, the Canada Recovery Sickness Benefit is a \$500 weekly payment for up to two weeks for self-isolating or sick workers to ensure their wellbeing and that of coworkers in their workplace; and the Canada Recovery Caregiving Benefit which provides a \$500 weekly payment per households for workers who must provide care to family members due to school closure and cannot work. These income support measures are meant to assist in alleviating the effects of the pandemic for up to one year. Several provinces provided additional funds or novel community grants both for self-isolating workers, and for caregiver relief (Appendix).

Recognizing that students are likely to face additional employment and financial struggles, and that outbreaks will only further these stresses and expand inequities, the government provided two temporary measures of aid. In March 2020, the federal government instituted the Canada Emergency Student Benefit, a limited recurring monthly benefit of \$1250 for eligible students. This benefit further provides \$2000 for eligible students with dependents or disability and are not eligible to CERB or EI. The Canada Student Loans Program was also implemented, allowing for more students to qualify for greater amounts of financial support. Existing grants have been doubled for the 2020-21 school year. This will help students with COVID-19-related financial hardships temporarily, and as grants do not have to be returned, will limit the rise of additional student debt for the 2020-21 academic year. Suspended repayment and interest on student loans temporarily eased financial hardships for students between March and September 2020 (Thurton, 2020). Most provinces followed suit with deferred loans payments. British Columbia and Alberta both provided small funding amounts specific to post-secondary education for Indigenous students (Appendix).

Health Services

Healthcare systems and services are both a determinant of health inequities and a valuable tool for reducing them. When a health system is appropriately configured and managed, it serves as a vehicle to improve people's lives by protecting from sickness, generating a sense of life security, and building a common purpose within society (Friel et al., 2020). Healthcare systems are most effective in improving health equity when structured surrounding provision of universal health coverage: a principle prevalent in Canadian health institutions and systems. Public health systems in Canada are co-funded federally and provincially but are and regulated and administered by the provinces and territories. The federal Canada Health Act, however, and as a requirement for federal health transfers to the provinces, mandates that every Canadian must be provided uniform access to health services in a way that is free of financial barriers (ensuring accessibility and affordability). No one should be discriminated against based on income, age, or health status (Health Canada, 2015). However, even before the pandemic, many Canadians were unable to access essential elements of health care, including prescription medications and important health services not covered by public health insurance (such as dental and vision care) (Raphael et al., 2020). 30% of Canadian doctors reported in a

recent survey that their patients often had difficulty paying for medications or out-of-pocket costs, a common problem for workers that lack additional health benefits through their employer (Raphael et al., 2020).

To aid the health sector in fighting the pandemic, the Canadian government established \$50 million to waive temporarily tariffs on several medical goods, such as PPE. Waived tariffs on certain medical goods nominally will reduce their cost for Canadians, which will help Canadians in the short term, and more importantly will aid in the protection of Canadian public health, workers, and allow supply chains to keep functioning. The Essential Services Contingency Reserve (Appendix) allows for the short-term problem of insufficient PPE to be resolved by creating a reserve of PPE and allowing those that urgently need these supplies to apply and purchase them at cost.

The federal government has also provided \$7.5 million in funding to the Kids Help Phone to provide young people with virtual mental health support. One of the biggest barriers to accessing mental health support during the pandemic is attending sessions in-person. Wider use of online health resources allows Canadians to access them from anywhere with the hopes of greater accessibility leading to more usage of these services when needed.

Healthcare services, however, are primarily a provincial responsibility (with exceptions for First Nations and Inuit, serving members of the Canadian Armed Forces, and federal inmates). Ontario, in two budgetary tranches, committed \$4.9 billion to its health systems, with an additional \$22 million for mental health programs. In Quebec, COVID-19 related health spending was \$3.3 billion, with a further \$31.5 million dedicated to mental health coverage. British Columbia will spend around \$2.6 billion, with \$35 million going to mental health and addiction services, while in Alberta health system spending totals \$1.7 billion, with \$53 million more targeting mental health and addiction services (Appendix). Considerable amounts in each province were spent on PPE, new staffing and recruitment, infection control measures and community care, in addition to increased hospital costs.

Coverage of long-term care (LTC) and community/home care and nursing costs similarly fall within the jurisdiction of provinces and territories, with no established standard of care across the country. Amounts dedicated to long-term care vary considerably. Ontario in its initial Action Plan provided \$313 million of its health systems funding to LTC and \$170 million to community

care, and an additional \$540 million in its September follow-up plan. We were unable to obtain detailed figures for similar spending in Quebec. British Columbia in September announced \$1.2 billion in LTC spending, while Alberta dedicated \$170 million in new funding for its LTC and community care sector (Appendix). Despite this level of new spending, previous decades of LTC privatization alongside limited pre-pandemic regulation and poor enforcement of existing regulations meant that standards of care were inappropriate during the first wave of the pandemic, especially so in the provinces of Ontario and Quebec. Compared to other high-income countries, a hugely disproportionate number of COVID-19 deaths in Canada occurred amongst those living in seniors' residences (Canadian Institutes of Health Information, 2020). Significant COVID-19 clusters in long-term care and nursing homes are again developing as part of the second pandemic wave in both provinces (Crawley, 2020; Stevenson, 2020). As was the case in the first wave, this is partly consequent to residences still relying upon a low-paid, part-time, and largely unregulated workforce (care attendants, personal support workers) that often is required to move between residences, thereby increasing the risk of infection. In many other wealthy nations health services related to long-term and nursing care are fully covered by the public health care system and/or are forcefully regulated.

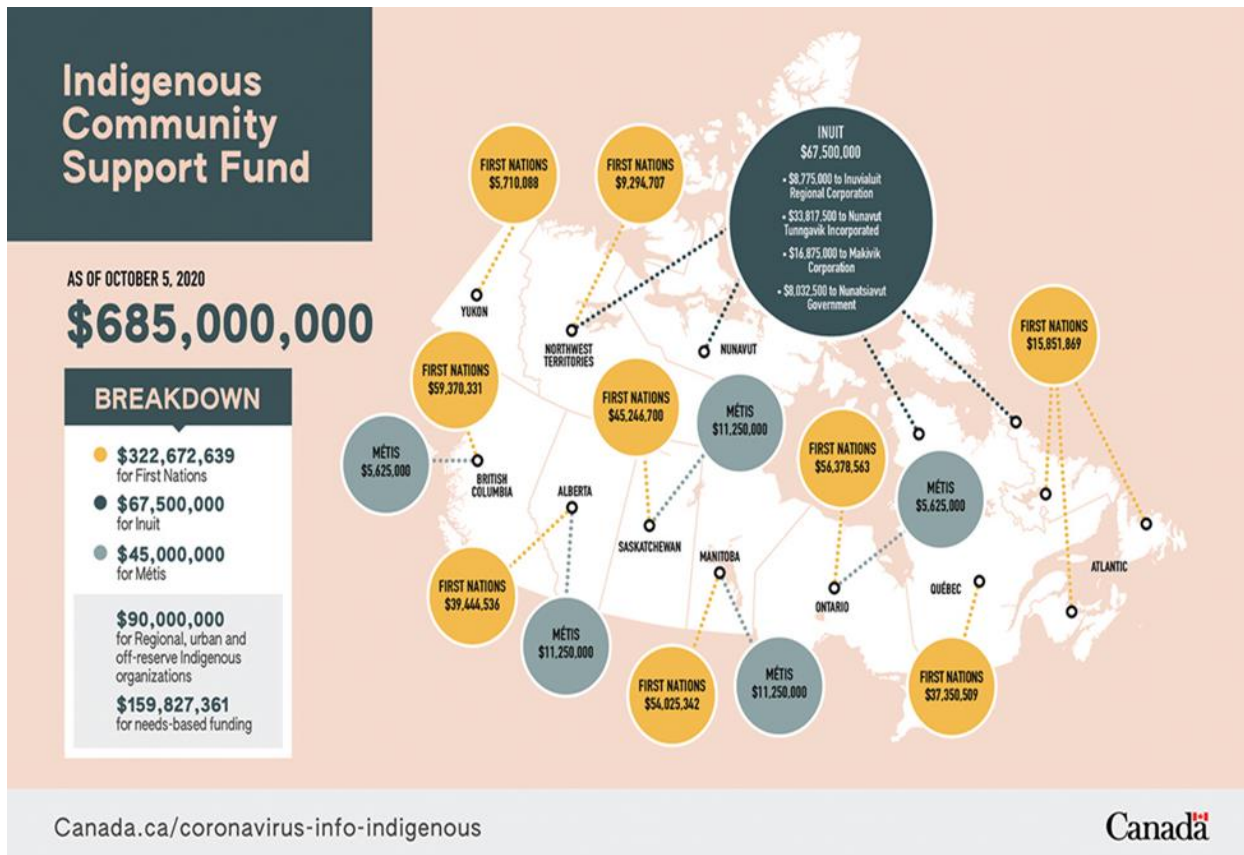
Indigenous Peoples

Indigenous Peoples make up 4.9% of the Canadian population yet face some the worst SDH challenges of any population group experiencing heightened COVID-19 vulnerabilities, including significantly lower average incomes and unemployment rates that are almost twice as that of non-Indigenous Canadians (Raphael et al., 2020). Poverty rates are also higher than for non-Indigenous Canadians: in 2016, 24% of Indigenous Canadians had incomes below the low-income after-tax cut-off (used to measure poverty in Canada) compared to 14% for non-Indigenous Canadians (Government of Canada, 2019). At 30%, the prevalence of food insecurity is more than twice that for the rest of Canadians (at 12%). Rates of infectious diseases (including HIV, TB, HEP-C, SARS and H1N1) are generally much higher amongst Indigenous communities linked to the problematic SDH to which Indigenous Peoples are exposed due to off- or on-reserve effects of poverty (Raphael et al., 2020). Indigenous communities continue to live in situations which place them at higher risk of COVID-19 transmission, including overcrowded housing, lack of clean drinking/potable water, lack of access to rapid COVID-19 testing and other healthcare services, and significantly higher rates

of morbidities and co-morbidities. As Indigenous Peoples have proven to be the disproportionately affected by previous pandemics, the Canadian government responded by implementing a suite of policy measures in an attempt to ensure their wellbeing, safety, and health (Appendix).

With a \$685 million investment, the federal government's Distinctions-Based Indigenous Community Support Fund was designed to address the immediate needs in First Nations, Métis, and Inuit communities (see Figure.2 for details of fund allocation). The fund is used to provide support for elders and people vulnerable to COVID-19 in the community, addressing food insecurity, educational improvements, mental health assistance, and pandemic preparedness measures to prevent the spread of COVID-19. As noted earlier, the federal government also provided an additional \$25 million directly to Nutrition North Canada to make hygiene products and nutritious food more accessible to, and affordable for isolated communities. Other previously noted pandemic programs include \$75.2 million to support First Nations, Inuit, and Métis post-secondary students all over Canada. This will improve education in these communities and, in the long term, increase employment possibilities. To what extent this will address Indigenous education challenges remains to be seen, given that Indigenous communities have the highest rate of schooling infrastructure needing major repairs or being closed due to safety concerns, and most remote/isolated communities have limited to no access to the internet.

Figure 2. Indigenous Community Support Fund



Source: Reprinted from Government of Canada

In supporting health care delivery and capacity, the federal government (which is directly responsible for providing healthcare to First Nations communities and Inuit) provided \$285.1 million to increase community-led responses to the pandemic, allowing for primary health care resources for First Nations communities to be set aside for surge capacity use. It also added \$270 million in additional funding to supplement the On-Reserve Income Assistance Program to address the increased demand on the program and to help individuals and families meet their essential living expenses. To aid Indigenous women and children, the federal government instituted \$44.8 million over five years to build twelve new shelters to help protect Indigenous women and girls facing and escaping violence. It further allocated \$40.8 million to support operational costs over the first five years and \$10.2 million annually ongoing, totaling an investment of \$95.8 million and providing both short- and longer-term protection for Indigenous women and children. Smaller scale amounts for Indigenous business or employment training were offered by some of the provinces (Appendix).

To date, the federal government has committed close to \$2.5 billion, in total, to support Indigenous communities and organizations during COVID-19 (Government of Canada, 2020a). Even though the scale of this support is unprecedented, some have suggested that the Canadian government was initially hesitant in its support and waited until Indigenous leaders expressed persistent and extreme concern for their people before providing dedicated funding (Hillier et al., 2020a). Such pleas by Indigenous communities eventually catalyzed long-awaited actions to improve housing, access to safe water, and healthcare services (Vogel, 2020). While the government's response evolved, the funding specified for Indigenous Peoples, who make up 4.9% of the population, still equaled only around 1% of the federal money allocated during the COVID-19 response (Hillier et al., 2020a).

Moreover, many of the longer-term SDH challenges remain and will require a longer-term commitment to investing in various SDH pathways at a similar funding rate as exhibited during the pandemic. One positive development throughout this period has been how Indigenous communities are asserting their authority in dealing with SARS-CoV2, including creating their own public health orders, restricting travel through Indigenous territories, adapting ceremonies, and intensifying public health campaigns. These actions must be recognized as an expression of Indigenous nationhood and a continued assertion of sovereignty, which in turn, is essential for effective healthcare delivery for Indigenous communities in Canada

Gender and Sexuality

Gender and sexuality issues continue to receive growing attention in global health discussions, and since the onset of the pandemic many academic articles on health inequities have focused on the gendered dimensions and outcomes of the pandemic (Ambrosino et al., 2020; Gebhard et al., 2020; Kopel et al., 2020). Even though the risks of contracting SARS-CoV2 are roughly the same for women and men, women have a slightly higher chance of dying from the virus in Canada (Public Health Agency of Canada, 2020b), attributed to sex-based age distribution, long-term care facility resident distribution, and frontline health workforce distribution. The indirect and longer-term SDH impacts of the pandemic are expected to be more pronounced for women who disproportionately:

- Bear the brunt of care responsibilities as schools close and family members fall ill.

- Are at greater risk of domestic violence.
- Are disproportionately disadvantaged by reduced access to sexual- and reproductive-health services.
- Are overrepresented in economic sectors that are hit particularly hard by the pandemic (Wenham, 2020; Wenham et al., 2020).

As Canadians have been quarantined for months due to the COVID-19 outbreak, the risk of sexual or domestic violence has risen significantly. A survey of agencies who worked with sexual assault and domestic violence survivors during the pandemic reveals that gender-based violence during the COVID-19 lockdown has intensified, with 82% of respondents stating that the violence “increased and got more frequent” (Dubinski & Margison, 2020). Responding to this increased risk, the federal government provided \$50 million to support women’s shelters and sexual assault and domestic violence centers across Canada. \$6.4 million of this funding was handed to the government of Quebec to support and aid in maintaining the women’s shelters and agencies for victims of sexual and domestic violence in Quebec.

What is also concerning is a growing gender gap in employment between parents of school-aged children as a result of the pandemic, which is greater for low-income women due to fewer economic resources and more vulnerable labour market positions (PHAC, 2020). Research on the labour market impact of COVID-19 in Canada demonstrated a substantial drop in employment or hours worked of parents with pre-school and school-aged children. What is more, changes in the labour force participation rate suggest that, as of August 2020, women were still engaging in non-employment-related activities, such as caregiving, at a higher rate than they were prior to the shutdown (PHAC, 2020). The Canadian government is aware of the gendered employment impact of the pandemic and has addressed such gendered dynamics better than most other high-income countries.

In an analysis of how gender-sensitive the pandemic policy response of 30 countries has been (CARE, 2020), Canada has come out on top, with the study noting that Canada is the only country that announced funding and policy commitments for gender based violence (GBV) prevention and response programs and sexual and reproductive health services, childcare support, and funding that specifically recognizes the economic effect of the pandemic on women. There remain concerns that to address gender inequities sustainably will require

further reflection on reforming social safety nets to allow women to remain active participants in the economy in a post-COVID-19 world, especially by ensuring that affordable child-care services are available to all Canadian women.

There are also a number of sexuality related health equity challenges inherent to the coronavirus pandemic, especially for members of LGBTQ2S+ community. It is well established that LGBTQ2S+ persons face social disadvantages and mental health disparities, which may be exacerbated as a result of COVID-19 public health and social isolation measures (Salerno et al., 2020). A particular challenge includes ensuring access to quality and unbiased health care in the context of heightened sex-based discrimination (Petruce, 2020). Researchers are also concerned that the LGBTQ2+ community might face deepened discrimination and stigma that leads to poor mental health, which can in turn lead to longer-term differential outcomes in terms of chronic health (Harmer, 2020). Gay men are already reporting significant issues with mental health and an increase in drug use, but also more limited access to sexual health services (Farrow, 2020). Yet no specific measures to support the LGBTQ2S+ community have been taken in either the initial COVID Economic Response Plan nor in the Fall Economic Update. However, the Fall Economic Update does provide a sex/gender based budget analysis and breaks down the specific funds received by members of the LGBTQ2S+ as part of the general COVID-19 response measures, and this additional data will provide useful in guiding future policy measures.

Disability

Even though disability is related to the physical and mental functioning of individuals, the key issue is whether society is willing to provide persons with disabilities with the supports and opportunities necessary to lead a healthy life and meaningfully participate in society. Compared to other wealthy members of the Organization for Economic Cooperation and Development (OECD), Canada's levels of benefits to persons with disabilities are very low, and its support for integration of persons with disabilities into society was limited even before the pandemic started, running below the OECD average (Raphael et al., 2020). At the same time, Canadians with disabilities are not only a marginalized minority group but may also be especially vulnerable to COVID-19, as can be seen in the overrepresentation of people with dementia in the global COVID-19 death count (Matias-Guiu et al., 2020). The federal government has

provided some policy measures and programs to ensure wellbeing and health of persons with disabilities.

The first measure taken by the federal government was the establishment of the COVID-19 Disability Advisory Group (CDAG). The purpose of the CDAG is to advise the Minister of Employment on the real-time lived experiences of people with disabilities during the COVID-19 pandemic on disability-specific issues, challenges and systemic gaps on strategies, and measures and steps to be taken. This advisory group will provide an important public face for Canadians with disabilities as they now have a 'representative' of sorts that will provide analysis to the government in the hopes of establishing effective responses. To aid Canadians with disabilities financially, a special one-time, tax-free, non-reportable payment of \$600 was provided to eligible applicants.

There have been criticisms, however, that Canadians with disabilities face inequities when it comes to federal COVID-19 programs. These Canadians are mostly unable to apply for CERB, CRB, EI, or any other plan under the COVID-19 Emergency Response Benefit; and were provided only the one-time support payment of \$600. People with disabilities already experience high levels of unemployment and low earnings, and are more likely to live in poverty, to incur extra costs associated with their disabilities, and to live from paycheck to paycheck (Maroto & Pettinicchio, 2020).

Provinces in their general social safety network COVID-19 spending also often identify persons with disabilities as amongst the population groups benefiting from funding to improve health and safety measures in residential care facilities, increase access to support workers and mental health services, and emergency financial assistance. We were unable to locate disaggregated spending levels. Nonetheless, and even with the relatively more generous economic and social supports to counter the negative effects of COVID-19 compared to other nations, people with disabilities are still being left behind in the Canadian policy response.

Race/Racism³

While race has always been an important SDH, partially because of how it intersects with other social determinants, COVID-19 has made the importance of this SDH more apparent than ever. In Canada, even though public health authorities are not collecting race-based data on morbidity and mortality of SARS-CoV2, Statistics Canada released a statistical analysis in October of 2020 (Statistics Canada, 2020), matching neighborhood based prevalence of COVID-19 based on public health data with the ethnic make-up of the same neighborhoods. The findings are startling: in British Columbia, a province where there are relatively few deaths compared to Ontario and Quebec thus far, the age-standardized mortality rate from COVID-19 was more than 10 times higher in communities with more ethnic diversity than in communities that were mostly all white. In Toronto, the South Asian community was the most impacted, with communities with a South Asian population of 25% or higher reaching a mortality rate of 35 per 100,000 population, compared to communities with 1% or fewer South Asians experiencing a death rate of 26.2 per 100,000. However, in Montreal the situation is even worse, where communities with a Black population of 25% or more had mortality rates of 149.3 per 100,000 compared to 88.1 per 100,000 in communities with a population that was less than 1% Black. Such broad health inequities based on racial or ethnic origin suggest a need for targeted interventions.

As far as we can tell, race has not factored in any of the response measures with the exceptions of the Indigenous and Black Entrepreneurship Programs mentioned earlier. The latter program includes up to:

- \$53 million to develop and implement a new National Ecosystem Fund to support Black-led business organizations across the country, to help Black business owners and entrepreneurs access funding and capital, mentorship, financial planning services.
- \$33.3 million in support through the new Black Entrepreneurship Loan Fund that will provide loans of between \$25,000 and \$250,000 for Black business owners and entrepreneurs.

³ We acknowledge the ongoing debates about the use of race as an analytical category, and efforts to replace it with concepts such as ethnicity, context specific reference to groups or communities, or processes of discrimination (i.e. racialized peoples). We use the term here to refer to peoples on the basis of their racial or ethnic origin, recognizing that race is a social, not a biological, construct.

- \$6.5 million to create and sustain a new Black Entrepreneurship Knowledge Hub that will collect data on the state of Black entrepreneurship in Canada and help identify Black entrepreneurs' barriers to success as well as opportunities for growth.

As COVID-19 has disproportionately affected Black people, this program is important in improving more equitable SDH outcomes for at least some of the Black population in Canada. These programs present an opportunity to significantly benefit one marginalized group and therefore consideration should be given to expanding such programs to a wider array of people, including other people of colour.

CONCLUSION

The extent to which health inequities exist in any country is largely a function of the distribution of SDH which, in turn, are shaped by public policy (Lucyk & McLaren, 2017). This means that government policies and investments can reverse negative SDH trends if employed effectively. As such, pre-pandemic deteriorating SDHs, must be considered conscious policy choices. Over the last four decades, Canada has been pursuing a market-driven socio-economic development model, generally referred to as neoliberalism (Labonté and Stuckler, 2016) which has put Canada on a path towards deteriorating SDHs through on-going cutbacks to social assistance programs and labour market reforms incentivizing precarious forms of employment (Bryant et al., 2011). The pandemic response interventions present a clear break with this trajectory and have created an opening for the possibility of systemic transformation, more so than its response to the earlier global financial crisis in 2008.

At first sight, the Canadian government must be commended for protecting the income of Canadians and, by extension, their health through various income replacement measures. Canada has established a broader support base than any other OECD country, with the average income of low-income Canadians higher than before the pandemic, and with most SDH pathways protected for now. However, while many of these support measures have been renewed until the summer of 2021, the key question is to what extent the Canadian government will reform its outdated social support system going forward? The pandemic unveiled the inadequacies of our existing social safety net, from limited coverage of workers under EI (only about 60% of all Canadian workers qualify for EI), to rapidly deteriorating housing affordability and growing food insecurity. If the exceptional COVID-19 support measures are terminated before the economy has fully recovered, and without reform of the existing social safety net, existing health inequities will only continue to worsen.

To avoid this, federal, provincial and territorial authorities need to work together to make social assistance programs more generous so as to actually cover basic needs and reflect ever growing housing and food costs. Social assistance programs, as noted above, are funded at the sub-national level, and several provinces have upped their financing for such programs in response to the pandemic. Federal transfer payments to provinces could provide additional resources to address SDHs. In the case of health spending, the provinces are currently seeking

an increase of the federal portion, so that Ottawa's share of health-care costs would increase to 35 per cent from the current 22 per cent. That would be an extra \$28 billion in the first year, which would rise by another \$4 billion annually. However, the federal government has not yet committed to any increases in health and other social transfer payments (Reynolds & Briden, 2020), apart from its \$19 billion one-time transfer commitment under its Safe Restart Agreement with the provinces and territories.

At the same time, provinces and territories should rethink claw-backs of provincial funding for CERB recipients, as this has the potential to undermine efforts at the federal level. Saskatchewan and the four Atlantic provinces, for example, clawed back payments dollar-for-dollar by the amount recipients got from CERB. Alberta, Manitoba, Ontario, and Quebec had instituted partial claw-backs (Tweddle & Stapleton, 2020). Only British Columbia, the Northwest Territories, and Yukon allowed people to keep both provincial/territorial and federal benefits. Thus, although federally support measures are improving people's lives, at most provincial and territorial levels the full or partial claw-backs are entirely counter-productive (Allen, 2020).

Improving government-mandated post-market distribution through better social assistance is only one aspect of future reforms that are needed. A recent analysis by PHAC further highlights the importance of intersectional action on SDH, pointing towards openings where the health actors can support policies outside of the health sector that contribute to improving health equity (Lucyk, 2020). Broader changes must address SDH dimensions such as precarious employment, for example by targeting low-income workers in precarious jobs to provide better opportunities for stable and gainful employment. Importantly, establishing more generous social support systems will require changes to the tax collection system, to make it more progressive and enhance state capacity to address SDH. Imposing a wealth tax in Canada is now widely popular with one suggestion being for a tax of 1% on all wealth exceeding \$20 million (Tencer, 2020). Canada is also an outlier in not having an inheritance tax which, at 45% on estate value over \$5 million, would add around \$2 billion in public revenue (Alini, 2020). Perhaps more importantly, such taxes would begin to reduce the still rising wealth inequalities in Canada, and so should play central roles in the effort to re-establish a more fair and equitable society.

Canada may well enter a post-COVID-19 era by late 2021. Its own 'vaccine nationalism' (procurement policies) and its failure to support an initiative to waive temporarily obligations

under the Agreement on Trade-Related Intellectual Property Rights (TRIPS) pertinent to COVID-19, however, may see low- and middle-income countries waiting until 2022 or longer before having sufficient vaccine access for their populations (Labonté et al., 2020; Labonté and Johri, 2020). These policies are likely to see wealthier countries like Canada recover faster than poorer ones, furthering global income and health inequities. Domestically, however, in going forward into post-pandemic recovery Canada's economic policies will need a forceful equity redirect beyond simply returning to the 1960s and 1970s era of more progressive tax measures. Climate change and critical overshoots in our global ecosystem will demand a move away from an economy that is still largely based on fossil-fuel use and unsustainable levels of production and consumption to one that is not only green but modeled for global equity in the distribution and use of natural and financial resources. The details of such a transformation are beyond the intent of this snapshot analysis of Canadian government responses to the immediacy of the pandemic.

Importantly, our analysis sits within accepted economic norms, including the extent to which Canada's economy, like that of almost all countries globally, has been 'financialized', wherein capital (profit, wealth) is increasingly generated through lightly or largely unregulated investment instruments in a context of liberalized global finance (Labonté & Ruckert, 2019). Thus, large cash transfers to companies to assist in the immediate COVID-19 lockdown measures, while keeping companies afloat, also allowed many of them to retain or even increase their share dividends (of greatest benefit to the 1%), or to enrich their CEOs through buy-backs inflating the value of stocks they held individually. Two LTC operators in Ontario received \$175 million in COVID-19 aid while paying out \$74 million in dividends to shareholders (Lancaster, 2020). An international trucking company received \$63 million in federal wage subsidies while laying off 1,600 of its workers, paying out \$45 million in dividends, and spending \$9 million buying back its shares (Montpetit et al., 2020). Both examples (there are others) are legal actions that speak to the need to fundamentally overhaul how our liberalized and financialized economy that now functions to the advantage of a small number of the world's wealthiest.

As such, and alongside concerns over the extent to which the post-pandemic economy returns to unsustainable patterns of ecological resource consumption and climate change, reform of our financialized economy remains central to a health equitable post-pandemic recovery. It is to that analysis that our health equity research will next attend.

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APPENDIX

The appendix can be retrieved at: https://global1hn.ca/wp-content/uploads/2021/01/Appendix_Canadas-Covid-Policy-Response-and-Health-Equity_final.pdf