



CANADIAN PUBLIC HEALTH ASSOCIATION
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Health Equity Impact Assessment (HEIA) – A Review of Canada’s Initial Response to the COVID-19 Pandemic

Submitted November 16, 2020

Description of Initiative: [A Review of Canada’s Initial Response to the COVID-19 Pandemic](#) (Draft dated: September 30, 2020, expected finalization date December 2020.)

SCOPING		
<i>Does the initiative acknowledge that different individuals or groups are affected?</i>		
Population	Effect	Response
Low-income/SES groups; “those at the lower end of the social gradient”	<p>Loss of income and increased stress , poor mental health , increased stigmatization</p> <p>“...preliminary analysis by Toronto Public Health shows that low-income groups have the highest rate of COVID-19 cases... and hospitalizations... compared to higher-income groups”</p> <p>“...tools [for mental healthcare and primary care] are effective for much of the population, they may not be: accessible to those of lower SES...”</p> <p>“many of the benefits were targeted to those who were employed, with smaller amounts available to those at the lower end of the social gradient.”</p> <p>“...have been disproportionately affected by the pandemic.”</p>	No edits required.
Extremely low SES, those experiencing housing insecurity, the homeless populations and people with addictions	<p>Loss of resources, inability to follow public health guidelines and support</p> <p>“The current income security benefits help address the needs of the employed, but they will have limited effect for those at the lower end of the social gradient, particularly those experiencing housing insecurity and the homeless.”</p>	No edits required.

	<p>“Challenges among this group include difficulty isolating from others, lack of access to hygiene products, and difficulty applying public health guidelines...these factors exacerbate any existing physical and mental health issues experienced by the homeless population”</p> <p>Income security benefits have limited effect on those populations. They also face lack or limited access to hygiene products and difficulties in isolating from others. As such, the infection rates in these groups are high.</p> <p>Higher consumption of illicit and licit substances during public health measures shutting down</p>	
Indigenous populations	Inconsistent reporting of data and inconsistent messages resulting in risk of confusion and lack of proper information and supports.	No edits required.
Women	<p>Higher impact of loss of supports on women of low SES. Greater risk of GBV which disproportionately affects women and children. Also effect of changes in public health programming on pregnant and newly parenting women not accounted for in the discussion.</p> <p>“...were more likely than men to experience higher anxiety and worry” (on a public online questionnaire [active from April 24 to May 11, 2020])”</p> <p>Due to physical and social distancing measures, women are disproportionately overburdened and have reported high levels of anxiety and worry.</p>	No edits required.
Women vs Men (Mothers vs Fathers)	School closures and online education led to an increased workload of childcare on working women.	No edits required.

Victims of domestic violence	Self-isolation and quarantines put certain families at a high risk of experiencing family violence.	No edits required.
Teenagers; University students; Parents with children in school; Individuals in long-term care facilities; Individuals with pre-existing medical and mental health conditions; and Those who have lost loved-ones.	Mental health and well-being have been affected by public health measures of physical and social distancing.	No edits required.
Seniors	The impact on seniors in LTC is identified as the risk of morbidity and mortality is high. Little in this proposal to protect people in LTC as this is outside federal public health jurisdiction. No mention of seniors who are living along in their own homes. Impact of isolation broadly identified but not described for seniors alone. Were less likely to report poorer mental health compared to those between the ages of 15 and 24 “...have been disproportionately affected by the pandemic.”	No edits required.
Children	“...have suffered loss of connectedness with their friends and extended families, access to play and the outdoors, loss of educational opportunities, and now anxiety associated with returning to school”	No edits required.
Children of lower socio-economic status	“... the closure of schools has disproportionately affected...” them	No edits required.
Children with special needs	“... the closure of schools has disproportionately affected...” them	No edits required.
(Recent) immigrants/newcomers and refugees	This group was also at risk and often live in dense housing, have low incomes and work in LTC. Need to address lack of access to services and need for targeted contact tracing and educational initiatives that are culturally appropriate.	No edits required.

	<p>“...were found to have higher rates of COVID-19 cases and hospitalizations.”</p> <p>“...tools [for mental healthcare and primary care] are effective for much of the population, they may not be: accessible to...newcomers”</p>	
First Nations People living on-reserve and northern Indigenous communities	<p>“... appear to be successfully controlling the spread of COVID-19”</p>	No edits required.
First Nations/Indigenous People (general)	<p>“... many First Nations Peoples migrate easily from on-reserve to off-reserve status, which could result in inter-jurisdictional challenges that might delay effective contact tracing.”</p> <p>“...tools [for mental healthcare and primary care] are effective for much of the population, they may not be accessible to...Indigenous Peoples...”</p> <p>Difficulties and delays in contact tracing due to migration from on-reserve to off-reserve.</p>	No edits required.
Long Term Care residents	<p>“majority of COVID-19-related deaths were found to be among LTC residents”</p>	No edits required.
Ethnic minorities & racialized communities	<p>“...were found to have higher rates of COVID-19 cases and hospitalizations.”</p> <p>“...have been disproportionately affected by the pandemic.”</p>	No edits required.
Individuals with lower education	<p>“...were found to have higher rates of COVID-19 cases and hospitalizations.”</p>	No edits required.
Canadians between the ages of 15 and 24	<p>“...” were more likely to report poorer mental health...”</p> <p>Due to physical and social distancing measures, loss of social connectedness</p>	No edits required.
Lower SES groups Ethnic minorities Indigenous Peoples (especially those residing off reserves and Metis populations)	<p>The magnitude of the impact of the COVID-19 on minority groups is unknown at the provincial/territorial and federal levels because of the lack of national surveillance standards guiding data collection on</p>	No edits required.

	sociodemographic characteristics (e.g., ethnicity and SES) of those tested and infected. It compromises the development of target programs for those at risk and identification of health inequalities.	
Lower SES people Seniors Ethnic minorities	Limited access to the internet and necessary technology for downloading contact tracing apps; less likely to use social media.	No edits required.
Provinces and Territories	Substantial differences in the approaches to outbreak management among provincial and territorial governments (from testing and contact tracing to funding models). Differences in the availability of human and material resources among provinces and territories due to lack of a national approach.	No edits required.
Low SES populations People living in rural and remote areas	Videoconferencing tools in health care settings may address their needs, by lowering the costs associated with medical consultations.	No edits required.
School-aged children from low SES families First Nations children living on reserve Racialized children	Online education affected negatively these populations because of their limited access to the internet (due to costs or poor internet service); limited availability of digital devices.	No edits required.
Children with special needs	Because of school closures and online education, reduced support for learning and opportunities for child development in addition to barriers to afford internet and devices.	No edits required.
Asian populations	Victims of discrimination, racism and xenophobic violence.	No edits required.
Residing in small vs larger cities	Financial support (CERB) provided by the government may not cover the expenses of those from larger cities because of the elevated costs of living.	No edits required.

Workers vs low SES status and racialized communities	Benefits are higher for those workers who were affected by the economic downturn compared to those of lower SES status and racialized communities.	No edits required.
People living with functional limitations compared to the general population	Not explicitly mentioned.	Limited information is available for adult populations, while the effect on children with functional limitation was noted in the text.
Linguistic considerations	Not explicitly mentioned.	
Gender considerations	Sex differences were discussed (i.e. men and women mental health), but gender was not explicitly mentioned.	Discussion was included to address gender considerations.
Sexual orientation	Not explicitly mentioned.	There was limited information available to substantiate an informed discussion.
Non-Indigenous/First Nations people living in rural communities	Not explicitly mentioned.	Additional consideration was included to address the challenges for those living in rural and remote communities.
Non-Indigenous/First Nations people living in inner urban communities	Not explicitly mentioned.	Discussion is included in the text that address the effect of SES, but there is limited segregated information that address the differences between inner urban communities and suburban residents.

POTENTIAL IMPACT		
<i>Does the initiative acknowledge that inequities exist in the opportunities or outcomes that are presented to different individuals or groups?</i>		
Unintended Positive Effect	Unintended Negative Effect	More information needed
Potential for a stronger national mental wellness focus that has a broad population health approach.	Implementing federal legislation and funding accords may disenfranchise Indigenous governance and create obstacles to local approaches to managing pandemic response.	
Basic Income structure to reduce poverty is part of national conversation with potential for broad support	Increased bureaucracy for people in SES and organizations who support them, reducing real benefits to people in poverty.	The value of basic income needs thorough but timely investigation to ensure it meets the needs of economically vulnerable Canadians.
	Not addressing the need for LTC to be included under provincial health care systems (or the Canada Health	

	Act) leaves this population more vulnerable.	
		Response related to social determinants was broadly suggested but this requires a deeper analysis of the impact of specific issues like food security and housing beyond foodbanks and lack of access to sanitation.
	Inconsistent management approaches across provinces: majority of COVID-19 deaths were found to be among LTC residents	
	Data collected by provinces is not standardized; available data do not ID socio-economic characteristics of those being tested. “This limits the capacity to target programs to meet the needs of those most affected or at risk...”	A national standard for data collection/reporting is required.
	Low income groups have the highest rate of COVID-19 cases and hospitalizations compared to higher-income groups	
	Ethnic minorities/racialized communities have been disproportionately affected by the pandemic	PT governments should report data disaggregated according to race/ethnicity.
	First Nations Peoples who migrate easily from on-reserve to off-reserve status “... could result in inter-jurisdictional challenges that might delay contract tracing”	Established protocols for contact tracing training for this population.
	Students were able to apply for the CESB but there was “...a gap for those who have jobs but are unable to work”	
	US data shows that PH measures (physical distancing, access to hygiene products, applying PH guidelines) exacerbate existing physical and mental issues experienced by the homeless population.	
Public health directives to reduce the transmission of the virus might result in strengthening closeness among families	public health directives to reduce the transmission of the virus might result in exacerbating underlying tensions or family violence; also “reports of increased alcohol consumption and cannabis use, higher levels of anxiety and	Response plans that address all aspects of social determinants of health.

	loneliness, fear of domestic violence...”	
<p>National data collection methodologies that gather information on the sociodemographic characteristics (including race) of those tested or infected will support the development and assessment of target programs to address the needs of the minority groups who are at high risk to COVID-19 and its socioeconomic repercussions. That is, the use of such information may improve equitable services delivery and promote health equity.</p> <p>Collaboration with the communities that are most affected by COVID-19 may help address any concerns people may have regarding the data collection and analysis and ensure dignity and privacy are respected in the process. Implementation of mechanisms to protect individual’s privacy and development of culturally-safe methodologies may avoid stigmatization.</p>		<p>The success of developing procedures to collect and then use data on race and socioeconomic status will depend on how the collaboration with communities will look like. A participatory approach will increase the chances of success in designing appropriate procedures to collect and analyze sensitive information. Efforts should be made to ensure transformative participation of the key stakeholders in the process. More information on the nature of such contribution is needed to better assess if the data collection and analysis procedures will not result in stigmatization of the most vulnerable populations.</p> <p>It is unclear if any guidance on how to analyze and interpret data on race and ethnicity will be provided when the data is released to the general public and researchers. Without emphasizing the need to understand the complex interplay of social determinants shaping the issue of interest, minority groups may suffer stigmatization and feel their needs are not addressed.</p>
		<p>Although testing kits have not been approved yet, their costs are not considered in this document. Economic barriers to access such testing kits may increase the health inequalities between the low-income groups and middle to high-income groups. More information is needed for a better assessment of the potential impact of the affordability issues.</p>
<p>Developing protocols for contact tracing among First Nation Peoples may ensure they are consistent and address any interjurisdictional challenges associated with migratory movements from on-reserve to off-reserve, which</p>		<p>It is unclear how such protocols will be designed. Without ensuring a participatory approach in the development of specific protocols for contact tracing for First Nation Peoples, the procedure may be ineffective with low rates of adherence. It could also have an</p>

<p>would result in delays in the process.</p>		<p>unintended negative impact by stigmatizing First Nation populations, leading to harmful consequences to their health. On the other hand, one can expect that such protocols will provide clarity concerning guidelines and practices. That would help with mitigating any distress First Nations Peoples would feel because of the different protocols. It would also increase their probability of being contact traced in case of exposure and limiting the spread of the disease. Therefore, inequalities in infection rates between First Nations and non-First Nations would be reduced.</p>
	<p>Due to costs associated with internet and smartphones and less familiarity with digital technologies, low SES people, seniors, and ethnic minorities are less likely to use the contact-tracing app. That can lead to worsening of the health inequities. These groups are also less likely to use social media, and, therefore, the representativeness of data sets created by Global Public Health Intelligence Network is limited, compromising the development of health strategies that acknowledge and address their specific needs.</p>	
<p>Development of national framework for management of the pandemic response may provide guidance to provinces and territories and result in more effective public health interventions during this pandemic and future outbreaks or natural disasters. Particularly to the COVID-19, it will provide a quick, articulate response that may likely be more effective in reducing the spread of the virus. Another potential positive unintended impact (which is not discussed in the document) is to improve people’s knowledge and</p>		

<p>understanding on the actions taken to combat the spread of the coronavirus. That may contribute to reducing their anxiety and stress levels when comparing the adopted strategies between their jurisdiction and others.</p>		
<p>Development of a national approach for public health and implementation of funding accords will address inequalities seen among provinces and territories in terms of financial and human resources. That would be beneficial not only for dealing with this pandemic, but also with future public health emergencies.</p>		
<p>Videoconferencing tools may be used more in the future among workers, which could contribute with flexible work arrangements and better mental health outcomes. Virtual care may address the needs of people living in rural and remote areas and, therefore, may be more frequently used in the future. Virtual care also lowers the costs associated with medical appointments (e.g., travels) compared to the in-person consultations. These two aspects have the potential to improve health conditions of the people living in rural and remote areas, and, therefore, could lead to a reduction of health inequalities between urban and rural populations.</p>	<p>Higher prevalence of physical and mental problems among workers using videoconferencing tools has been recorded. In regard to videoconferencing technology, a consideration missing in the policy statement is that people with higher education are more likely to benefit from these tools as they may have white-collar jobs that allow them work remotely. That may exacerbate the health inequalities between more educated and less educated groups, as the latter will be more likely to be exposed to the virus.</p>	
	<p>Children in general have experienced social and mental health problems (e.g., high levels of anxiety and stress) and learning difficulties due to school closures and online education. Particularly, children from low SES families, racialized children, First Nation children residing on reserves, and children with special needs have been disproportionately impacted by online education because of their limited access to</p>	<p>Despite some studies showing positive or null effects of online education compared to in-person education on learning and academic performance, it remains to be known the real impact of using exclusively online resources in the present, unique context of lockdowns and physical and social distancing measures. Those must be factored in for a better evaluation of child social, mental, and academic development.</p>

	<p>online learning (due to costs, no available devices, or access to reliable internet connection) and reduced opportunities to foster child development.</p> <p>For those groups, online education has been reported to be associated with a deterioration of their mental and social health and quality of life, compromised learning, and an increased food insecurity. That may widen the socioeconomic and health gap between the children across the socioeconomic spectrum and between children from this generation and previous ones. Children with special needs may also be at a higher risk of poor health and development outcomes and academic performance. Low-income parents may be less likely involved in their children’s academic activities than their high-income counterparts due to their precarious employment conditions. That may increase the education gap in this generation and future ones.</p> <p>Online education has also negatively impacted the mental and social health among working women because they are the main responsible for childcare.</p>	
<p>Developing response plans to address all aspects of SDoH may mitigate the effects of poverty, financial strain, food insecurity, discrimination, violence, alcohol and substance use, and reduced educational opportunities among the vulnerable populations. Therefore, such plans may promote equity.</p>		<p>More information is needed if intersectionality approaches will inform the development of the response plans.</p>
<p>Conducting research to evaluate the success of the public health strategies on addressing aspects of SDoH may reveal what is working, provide solutions to what is not working, and inform the design of new interventions to promote health equity.</p>		
<p>Developing and implementing</p>		<p>It is not clear how the resources</p>

<p>plans addressing mental wellness during an infectious disease outbreak and recovery phase may offer an articulated response to those struggling with addictions, suffering from domestic violence and child abuse, dealing with burnout and behavioural and mental problems.</p> <p>These plans may help mitigate the negative impacts of physical and social distancing, such as exacerbated tensions, increased family violence, loss of social life opportunities (e.g., young people), deterioration of mental health and higher levels of stress (e.g., parents with school-aged children and people with pre-existing medical or mental health conditions), reduced quality of life (for example, children who have lost socialization opportunities with friends, access to play spaces, participation in extracurricular activities)</p>		<p>created by those plans and approaches will be delivered to the populations. Because of the digital divide, those plans and approaches may be not effective in reaching the population groups in need (e.g., Indigenous peoples and newcomers) if they are limited to online resources. That would lead to a wider health gap.</p>
<p>Funding mental health and wellness programs may address the needs of all population groups in need (e.g., victims of violence and abuse, homelessness, children with special needs), which will lead to better health outcomes and promote health equity.</p>		<p>It is not clear how those programs will reach the underserved and marginalized groups if restrictive measures of physical and social distancing are imposed again. The digital divide in Canada should be addressed by delivering alternative services and programs to those who are unable to access online resources.</p>
<p>Basic income based on a negative income tax model will provide the necessary support for those in need to live with dignity and have their human rights for shelter, clothing, and food respected.</p> <p>If successful in reducing socioeconomic and health inequalities, governments could investigate the long-term impacts of implementing the basic income to beyond these challenging times.</p>	<p>If the universal demogrant model is implemented (instead of a negative income tax model), the inequalities issues are likely to remain unaddressed.</p> <p>Another unintended negative effect is concerning the delivery of such program via social services. It may increase stigmatization and potential beneficiaries may feel ashamed to get the financial support.</p>	

MITIGATION	
<i>Are the cause(s) of the inequities recognized and are attempts made to address them?</i>	
Factor Considered	Proposed steps to reduce or eliminate barrier
Significant differences in the ways provinces and territories have acted during the pandemic.	A national response framework will provide a consistent roadmap for provincial and territorial governments to deal with this pandemic as well as future outbreaks and natural disasters. Similarly, a national legislation for public health accompanied by funding accords will ensure the delivery of public health services meet national standards. That would be critical to closing the health gaps among jurisdictions.
Data collection gaps	National data collection strategy that disaggregates data for stronger information on which populations are vulnerable and how best to target information.
Data collected by provinces is not standardized; available data do not ID socio-economic characteristics of those being tested. “This limits the capacity to target programs to meet the needs of those most affected or at risk...”	Develop national data collection methods that incorporate race and socio-economic data using culturally safe methodologies; strengthen capacity to collect race-based data
Need to gather information on race and SES to measure and understand the impact of the pandemic on minority groups.	Engage with communities most vulnerable to the COVID-19 to develop culturally-safe methodologies to gather information on SES and race. Create mechanisms to protect privacy of individuals. Such steps could address any concerns and mistrust those groups may have with the collection and analysis of this sensitive data and minimize stigmatization.
SES and loss of income	Basic income was recommended as an alternative to the CERB which has had inconsistent impact on some sectors of the population (ie the homeless who were on social services income support in their home provinces).
The financial and social effects of the pandemic have aggravated the living conditions and health status of specific population groups, such as low-income families, victims of substance abuse, and people experiencing homelessness.	Responses plans will aim to address different aspects of social determinants of health.
“...many of the benefits were targeted to those who were employed, with smaller amounts available to those at the lower end of the social gradient. However, it was those of lower socio-economic status and racialized communities, as well as seniors, who have been disproportionately affected by the pandemic.”	Consider alternatives to current social support funding such as basic income programs. Investigate and evaluate the development of a basic income model approach to social services supports.
First Nations Peoples who migrate easily from on-reserve to off-reserve status “... could result in inter-jurisdictional challenges that might delay contract tracing”	Develop protocols for contact tracing training among on-reserve and off-reserve First Nations populations
Contact tracing among First Nation Peoples moving from on to off reserves is needed to reduce infection rates in these groups.	Development of protocols to inform contact tracing for on-reserve and off-reserve First Nations.

<p>Low income groups have the highest rate of COVID-19 cases and hospitalizations compared to higher-income groups</p>	<p>Conduct research to determine the effect of public health response events on the social determinants of health and those of low SES.</p>
<p>People who have lost their jobs and have their working hours reduced due to the pandemic are in great need to financial resources to make ends meet.</p>	<p>Basic income may alleviate their financial strain and cover their expenses related to basic needs, such as shelter, food, and clothing.</p>
<p>Reduction of the mental wellness; some populations were disproportionately impacted. For example, women “...were more likely than men to experience higher anxiety and worry” (on a public online questionnaire [active from April 24 to May 11, 2020]).” School-age children have also been impacted.</p>	<p>Develop and implement a population-based approach to mental wellness for Canada</p> <p>Develop and implement population-based approaches for addressing mental wellness during an infectious disease outbreak.</p> <p>Develop and implement plans for improving mental health and mental wellness during the recovery phase of the outbreak.</p> <p>Developing, implementing, and funding programs that address and improve mental health and wellness may be more effective in reaching to those most vulnerable groups.</p> <p>Fund mental health and wellness programs so that they can provide coverage similar to that of the health sector.</p>