

**A Health Equity Approach to Canada's Recovery from the
COVID-19 Pandemic**

**Submission to the House of Commons Standing Committee on
Health: Emergency Situation Facing Canadians in Light of the
Second Wave of the COVID-19 Pandemic**

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Good afternoon. I am a family doctor, a professor in the Faculty of Medicine at the University of Toronto and a Senior Fellow with the Wellesley Institute. I have experience in social policy development as a member of the Government of Ontario's Income Security Reform Working Group.

Over the past year I have spent most of my working hours on the medical front lines of the pandemic – in my clinics at St. Michael's Hospital and the Good Shepherd homeless shelter, in a COVID homeless recovery site, and recently at a COVID vaccination centre for Indigenous people in Toronto.

This infectious disease pandemic has been challenging, but every day I battle social pandemics. I work with communities that are disproportionately impacted by adverse social conditions, including poverty, homelessness, and systemic injustices caused by racist and colonial social structures and policies. The scientific evidence is powerful: these social pressures have a massive impact on health, including higher rates of chronic illness, acute illness, adverse childhood outcomes and death.

In COVID-19, the communities I work with have faced greater hardship than most. This infectious disease pandemic, placed on top of the longstanding social pandemic, has created what is termed a syndemic – a synergistic pandemic – in which the spark of COVID has ignited the tinderbox of social inequity built into the structures, policies and institutions of our society.

Risk of infection and public health restrictions are terrifying for those who live in the high risk, high prevalence, and under-resourced conditions faced by those in deprived communities and without economic and social supports to weather this crisis.

We have known since the first months of the COVID crisis that the people getting sick and dying live in poverty and without adequate housing, work in high-risk front-line jobs without adequate employment protections, and are racialized, disabled, women, Indigenous, and more often than not impacted by intersections of multiple identities.

I ask you to urgently call for health, public health and social resources to be redirected to neighbourhoods and communities with the highest burden of illness and with the least protections. This includes extending emergency income benefits, guaranteeing employment supports like paid sick days, and facilitating access to health supports such as a safe supply of opioids.

But deeper structural changes to our health and social systems will be required to prevent this situation from recurring. I have 3 recommendations for this committee:

- 1) **Strengthen social support programs to provide a foundation for health.** This week's promise of a national childcare program is an important step. I suggest this Committee examine income support programs to ensure all Canadians have access, through federal and provincial benefits, to an income adequate to attain and maintain good health. This could include extending basic income programs beyond those currently in place for seniors and children, with particular attention to the needs of people living with disabilities, Indigenous, and others who face historical and structural barriers to living above the poverty line. I also suggest this committee call for a commitment to end homelessness through increased funding for affordable and supportive housing and housing first programs.
- 2) **Collect data to make social pandemics visible.** We must improve social disease surveillance systems. To properly understand health and social outcomes we require access to disaggregated data on race, ethnicity, income, disability, housing status, and other key determinants of social inequity. Public institutions and community agencies should be directed and supported to gather, analyze and report on social data at a community and individual level. I suggest this committee demand specific health and social outcomes targets for those who have been socially marginalized, with regular reporting and accountability to those targets.
- 3) **Empower those who have been most impacted by adverse social conditions to lead these changes.** I have been giving vaccinations at the Auduzhe Mino Nesewinong clinic, a program created and governed by Indigenous people. Using their knowledge and community connections, they have provided extensive services to an urban Indigenous community that has long been hidden from view. I suggest this committee advocate for this approach, often called "nothing about us without us," to be replicated for other projects and other communities, putting those who are most impacted by inequitable social policies in the driver's seat of efforts to redress those inequities.

These changes will set the foundation for a recovery that aims to address the disastrous inequities that have characterized the COVID syndemic.

Select Resources:

Canadian Poverty Institute: “A Post-COVID Canada: Planning for a Social Recovery”: <https://www.povertyinstitute.ca/postcovid-recovery>

Chief Public Health Officer of Canada: “From risk to resilience: An equity approach to COVID-19”: <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html>

Employment and Social Development Canada: “Building Understanding: First Report of the National Advisory Council on Poverty”: <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/national-advisory-council/reports/2020-annual.html>

Institute of Health Equity, UK: “Build Back Fairer: The Marmot COVID Review”: <http://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review>

Royal Society of Canada: “Seeking Shelter: Homelessness & COVID-19”: https://rsc-src.ca/sites/default/files/Homelessness%20PB_EN.pdf

Statistics Canada: “COVID-19 in Canada: A One-year Update on Social and Economic Impacts: <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm>

Wellesley Institute: “An Uneven Recovery: COVID-19 Vaccine Equity in Ontario”: <https://www.wellesleyinstitute.com/wp-content/uploads/2021/04/An-uneven-recovery-Measuring-COVID-19-vaccine-equity-in-Ontario.pdf>

World Health Organization: “Health Inequity and the effects of COVID-19”: <https://www.euro.who.int/en/health-topics/health-determinants/social-determinants/publications/2020/health-inequity-and-the-effects-of-covid19-2020>