



Media Lines

The Chief Public Health Officer's Report on the State of Public Health in Canada 2020

From Risk to Resilience: An Equity Approach to COVID-19

Last update: October 2, 2020 – 3pm ET

Issue Statement:

The Chief Public Health Officer of Canada is expected to publicly release her annual report in late October 2020 (TBC) after it is tabled in Parliament.

This year's annual report describes the heavy toll that the COVID-19 pandemic has had on Canadian society, both directly and through the steps taken to mitigate its effect. The aim of this report is to suggest opportunities to build on this collaboration to strengthen Canada's pandemic preparedness and response planning to better protect people in Canada impacts of resurgences and from future public health emergencies.

While the pandemic affects everyone, it has not affected everyone equally. People in Canada do not all have access to the same resources and opportunities before or during the pandemic, leading to different COVID-19 risks, as well as different health, social and economic impacts. The report examines why some groups face greater risk of contracting COVID-19 and greater risk of experiencing the social and economic impacts of the pandemic. This lays the foundation for a way forward, and the report summarizes key areas where we can continue to work together to protect and support all Canadians.

Due to the current and evolving state of the pandemic, this year's report is expected to garner considerable media interest.

Minister's Speaking Points:

- I applaud Dr. Theresa Tam, Canada's Chief Public Health Officer, on the release of her annual report on the state of public health in Canada and on her efforts to address health equity during the COVID-19 pandemic.
- This year's report is particularly important as it reflects the profound impacts COVID-19 is having on higher risk populations, such as seniors, racialized populations, essential workers and those living with disabilities. It encourages us to continue our work across sectors to make societal changes that can better protect everyone in Canada.
- I look forward to continuing to work collaboratively with Dr. Tam as we pursue our efforts to limit the spread of COVID-19 and protect the health of Canadians.



CPHO's Speaking Points:

Focus of 2020 Report: COVID-19 in Canada

- The COVID-19 pandemic has jolted our collective consciousness into recognizing that equity is vital for ensuring health security.
- While the COVID-19 pandemic affects us all, the health impacts have been worse for seniors, essential workers, racialized populations, people living in crowded housing and women.
- Early in the crisis, with limited data and research on the virus, governments at all levels across the country put in place broad public health measures and were successful at flattening the curve together.
- But our work together is not over given the low level of immunity in the population. At the time of finalizing this report, cases of COVID-19 are once again beginning to rise across the country after a period of increasing social interactions.
- We have more knowledge now on how to reduce virus spread, more tools to detect cases, trace contacts and support isolation and quarantine. We know more about the clinical manifestations of COVID-19 and are better able to manage those who are seriously ill.
- We know we must continue to follow public health advice and protect those at high risk while, at the same time, attend to the human, social and economic impacts our communities are experiencing.
- This requires a health equity approach in our pandemic planning, preparedness and response.
- A health equity approach involves leadership across all sectors of society to make lasting change in areas such as economic security and employment conditions, housing and healthy built environment, health, social services, education systems and environmental sustainability.
- To be truly successful it also requires the commitment of everyone in Canada and a strong public health system.
- **No one is protected until everyone is protected.**



COVID-19 in Canada: January – August 2020

- This report briefly reviews the epidemiology from the early part of the pandemic – from January to August 2020.
- Canada's first presumptive case of COVID-19 was reported on January 25th. Although initial cases were linked to international travel, community transmission quickly became the main driver of the epidemic in Canada, marked by several outbreaks among in high-risk populations and settings. By mid-April and into the summer, the impact of public health measures, including closure of schools and businesses, began to have the desired effect of dampening the infection rate across the population to flatten the epidemic curve.
- Long-term care facilities have been hit the hardest, accounting for approximately 80% of COVID-19 related deaths by end of August. This clearly demonstrated that pandemic preparedness did not extend in to these settings leaving residents vulnerable to the introduction, spread, and impact of a novel virus.
- Healthcare workers and other essential employees were at greater risk. Healthcare workers are estimated to account for 19% of all reported cases by end of August.
- During this period of time, the epidemic varied across the country with outbreaks in congregate living and working situations. As of mid-August, 2020, for example, there were 23 COVID-19 outbreaks across Canada in agricultural workplace settings, representing close to 1,800 linked cases and 4 deaths, and involving over 600 temporary foreign workers.
- Data emerged to uncover that racialized communities experienced higher rates of COVID-19 infections than the general population.
- Lastly from early July to August 2020, the highest incidence of COVID-19 shifted from people over 80 years of age to most cases being reported among 20 to 39 year olds.

The Way Forward: Key Examples from the Report

***note to CPAB: this section is meant to provide some tangible examples for all of us to pull out in various documents and for Dr. Tam to describe some concrete ways to go forward. Still needs a bit of refining but gives you something to sink your teeth into.**

To move forward we need: 1) cross-sectoral leadership to implement social policy into pandemic preparedness and response planning, 2) enhance social cohesion so that rally together as a country (following public health advice and supporting structural change) and 3) strengthen the public health system to protect the health of the populations



Examples from Report: Issues and Way Forward

A. To Protect Essential Workers

The Issue:

- The people in Canada who are providing essential work (in healthcare, LTC, food services and on farms) are often racialized women in low paying jobs also needing to take care of children and travel to work in crowded public transportation
- This work is risky because workers work in close contact with others and do not have the employment protections (e.g. IDP training, PPE, sick benefits or option to complain/improve work without fear of being fired)
- For example:
 - a. approximately 41% of meat processing workers are members of racialized groups, compared to 21% of the workforce in general
 - b. the vast majority of staff in nursing and residential care facilities, as well as home care, are women, including the majority of nurses' aides, orderlies and client service associates. Of all Canadian workers in these positions in 2016, 31% were immigrant women and the proportions were higher in larger metropolitan areas such as Toronto, Vancouver and Calgary where over 70% of these positions were filled by immigrants, the majority of these immigrant women
- What do we do?
 - a. Leadership:
 - **Now**, during the COVID-19 pandemic
 1. Employment: employees are paid enough to work in one place of employment, they have enough sick benefits to stay home when ill, they can raise issues or complain about conditions of their work without the fear of losing their job and they have access to safe physically distanced public transport
 2. Health: IDP training, PPE, mental health support information
 3. Housing: if they contract COVID-19, they have a safe place to self-isolate and financial support for childcare
 - **In the Future**: employment, housing and social service leaders are on the local, provincial/territorial or federal pandemic preparedness and response planning committee to review the data from their area to know where low income workers live and work. Assessments are reviewed that confirms that populations have adequate income, housing as well as health and social services. These plans are reviewed regularly
 - b. Social Cohesion (this is for all issues):
 - Communication: share public health messages that are tailored to various populations, align messages across the country and share success stories and be open with evidence sharing with the population



- Launch a mental health promotion campaign that raises awareness of impacts of stress, anxiety and what various populations can do to stay mentally well.
 - Decision makers: commitment to debate issues and not attack integrity of others, Prioritize the perspectives and leadership of individuals with lived experience
- c. Public Health System (same for each issue): Public health leaders have
- stratified data that identifies risks and strengths in their communities. They can compare this health data to housing stability, income and education levels for their areas responsibility
 - Inform research that needs to be undertaken as well as have access to the suite of evaluated program and policy information so they know what works and in what context
 - Enough trained staff who can work with the community, evaluate programs and be able to provide colleagues working in housing and employment and social services with the health data of shared clients

For Seniors in LTC Facilities

The Issue

- Physical proximity between residents, close interactions with staff; age and frailty, complicating health conditions
- Challenges in LTC including low staffing levels pre-dated COVID-19 but were exacerbated
- Risk increases when other intersecting vulnerabilities are present, such as disability, underlying medical conditions, and living in congregate settings
- Low staffing and visiting restrictions increased experiences of loneliness and isolation

Way Forward

- Safe and supportive long-term care incl: minimum staffing levels, minimum education standards and continuing education for staff, full-time quality jobs with benefits such as paid sick leave, improve infection control and prevention strategies, enforce LTC regulations, integrate healthcare in LTC
- support leadership and inter-professional teams,
- improve the built environment of LTC facilities

On Substance Use Harms

The Issue



- 14% of Canadians reported increasing their use of alcohol
- Opioid overdose deaths are similar to rates experienced in 2018. This is due in part to the increase in toxicity of the illegal drug supply since the start of the pandemic.
 - a. Cite change in BC and AB

Way Forward

- Ensure access to overdose prevention services such as opioid agonist therapy, needle and syringe programs, naloxone, and supervised consumption sites
- Consider decriminalization of simple possession of illegal drugs
- Increase awareness of mental health, mental illness and the pathways to care
- Screen for mental health issues, using a trauma-informed approach
- Decrease stigma for those seeking help
- Target services to underserved populations and neighbourhoods
- Provide technological innovations in service delivery, online outreach and psychosocial support, and continuity for essential in-person mental health services

Conclusion

- COVID-19 is a wake up call for all of us.
- It is a powerful example of the serious threat that emerging infectious diseases pose to Canadians. It is also a stark reminder of deeply entrenched health and social inequities that continue to exist in Canada, and how these inequities increase risk during a pandemic.
- Equity matters—not only to those who are unjustly excluded—but to all of us.
- Together we can move from risk to resilience.

Standard Messages

- Finally, my report should serve as a reminder to all Canadians to continue to practice the critical measures to limit transmission: physical distancing, frequent hand-washing, and staying home if you're sick.
- If you suspect you have illness due to COVID, get tested. This will help us identify any outbreaks in the community and put in place measures to prevent further spread.
- People with chronic disease, people over the age of 60 and anyone at higher risk of severe health outcomes should maintain a high-level of vigilance. We need to support these most-vulnerable members of the community to continue to stay home as much as possible, avoid situations where non-home contacts might be and/or where adequate physical distancing is not possible.



- Remember that each of us can still infect others, even if we have no symptoms. It will be critical to continue practicing fundamental infection prevention measures, and reinforce that anyone with symptoms contacts their local health authority and takes their advice on quarantine and/or testing right away.
- We know many Canadians want to mark important ceremonies, holidays, funerals and other important rites and rituals. It will be important to follow your local guidance on number of participants and all infection prevention measures.