

COVID SIGNPOST 100 DAYS



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sign-post

: a post, often at a crossroads, with signs on it to direct travellers

: something that acts as guidance or a clue to an unclear or complicated issue

CANADIAN URBAN INSTITUTE

CUI is Canada's Urban Institute. We are a national platform where policy makers, urban professionals, civic and business leaders, community activists, and academics can learn, share, and collaborate with one another from coast to coast to coast. Through research, engagement, and storytelling, our mission is to support vibrant, equitable, livable, and resilient cities in Canada.

LAND ACKNOWLEDGEMENT

CUI is committed to reconciliation with Indigenous Peoples. We acknowledge and respect that our programs are delivered on the territory of many Indigenous Peoples. CUI is headquartered in the City of Toronto, the traditional territory of many Nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. Toronto is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.

PARTNERS

CUI is grateful to the many partners who have contributed to this report, as listed in the final section. The survey data throughout was provided in-kind by Advanis, based on a survey of more than 40,000 Canadians during the COVID pandemic. CUI gratefully acknowledges this contribution and extends thanks to Advanis for collecting detailed urban-level, racial and ethnic data from the beginning, which is unfortunately not as common in Canada as it should be. Other research contributions are cited throughout the report.

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On March 11, 2020, the World Health Organization (WHO) declared COVID a pandemic. In the words of WHO Director-General Dr. Tedros Adhanom Ghebreyesus, "this is not just a public health crisis. It is a crisis that will touch every sector."¹

He was right.

Over the past 100 days, more than 100,000 Canadians have contracted COVID, and thousands have died. Most of these cases and deaths have been in Canada's cities. As a result, urban life has fundamentally changed. Emergency services including health care, transit, shelter and business support have been severely compromised or even curtailed. People have physically distanced from one another, staying home from work, school and play. Families and colleagues have stopped gathering, connecting instead by video and phone. Businesses have closed, or dramatically shifted operations. Public services have been altered or discontinued, and demand for new forms of public support has exploded. The way we move through our cities has experienced the most significant change since the introduction of the automobile.

Indeed, COVID is a global crisis that has introduced great uncertainty in Canada's cities. It is a particle accelerator for every pre-existing urban challenge.

At Day 100, there is much that we do not know. What we do know is that our experiences with COVID have depended largely on *who we are* and *where we live* — and that COVID is deepening existing inequities in our cities.

Since mid-March, CUI has worked with hundreds of partner organizations and volunteers across the country to create online platforms for Canadians living in cities to 'see' and learn from each other. [Citywatchcanada.ca](https://citywatchcanada.ca) continues to provide real-time information about the actions of 62 cities across the country, updated regularly by volunteer city watchers. [Citysharecanada.ca](https://citysharecanada.ca) is a companion site presenting hundreds of examples of local community groups, businesses, and institutions

¹ WHO. (2020, March 11). *WHO Director-General's opening remarks at the media briefing on COVID-19*. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

providing new solutions to the problems the pandemic — and the restrictions to public services it has provoked — have presented. And [Citytalkcanada.ca](https://citytalkcanada.ca) has brought more than ten thousand city builders from more than 400 cities together on-line for conversations about the current challenges of coping with COVID in our cities, and to begin to examine what needs to change to make our cities more livable, resilient and just.

This first **COVID Signpost** report summarizes observations about how Canada's cities have been impacted over the first 100 days of this pandemic. It is not a manifesto. It is not a prescription of ideas claiming to solve every urban problem. It is a point-in-time examination of the state of our cities in the COVID era. It is a look at how far we have come and where we must go.

Most importantly, it is a starting point — a key benchmark — of the potential impact the pandemic may have in ushering in fundamental changes to how we plan and design cities, and how we organize the delivery and financing of essential public services going forward. It highlights what we do know, but it also makes clear all that we do not know, and how that continues to inhibit good policy leadership and decision-making, and potentially imperils the future of Canada's economic drivers: its cities.

Living with COVID is proving to be more of a marathon than a sprint. With our many partners, CUI is committed to producing **COVID Signpost** reports every 100 days during this pandemic, until whatever time they are no longer relevant. These signposts offer important directions for urban Canada about the lingering challenges we must face as a nation.

COVID has sparked a remarkably candid re-examination of the realities of urban life in Canada. As we cross the 100 day mark, we are collectively beginning to see just how Herculean a task rebuilding — and rebuilding back better — will be. This will continue to be an 'all hands on deck moment' because our cities, to work for everyone, need the full engagement of everyone.



Mary W. Rowe (she/her)

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“I’ve been thinking about our capacity as a society to reflect. A lot of things get brushed under the rug because we’re busy humans. A lot of things get let go because the next thing comes up. Now, we have the time to think about them.”

– **Michael Hidetoshi Mori**

Artistic Director, Tapestry Opera
CUI CityTalk, June 4 2020

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Introduction

PANDEMICS: AN URBAN CHALLENGE

One hundred years ago, Canada and the world were battling a deadly pandemic: the 1918 Influenza Pandemic (Flu), which claimed the lives of between 2.5-5 per cent of the global population, including 55,000 Canadians. The Flu arrived in Canada in port cities such as Halifax, Québec City and Montréal, and then spread across the country. The first wave occurred in the spring of 1918, with a tragic second wave in the fall of 1918 that included 90 per cent of the deaths in Canada. Further waves occurred in 1919 and 1920. A vaccine was not developed until more than a decade later. The spread was contained through measures such as mandatory mask wearing, fines for public coughing and sneezing, and physical distancing. Over time, people who contracted the virus either died or developed immunity.¹

The impact of the Flu was highly uneven. The loss of life was concentrated in Canada's cities, and marginalized populations were disproportionately affected. Death counts were more than five times higher among Indigenous peoples than the rest of the population. Entire Haida settlements in British Columbia perished due to the disease.²

The Flu left a lasting legacy on Canada. At the time of the pandemic, there was no socialized medical care and few Canadians had access to a family doctor. Much of the response was led by large groups of volunteers, mostly made up of women already mobilized through years of hardship at home during World War I. Governments also responded to the pandemic, including by creating the first Federal Department of Health in 1919, responsible for "all matters and questions related to the promotion of health and social welfare of the people of Canada."³ Public health resources expanded in cities across the country, a critical infrastructure which remains largely in place today.

¹ Parks Canada Agency, & Government of Canada. (2020, March 30). *The Spanish Flu in Canada (1918-1920)*. <https://www.pc.gc.ca/en/culture/clmhc-hsmhc/res/doc/information-backgrounder/espagnole-spanish>

² For more information, see: Patricia G. Bailey (2020), "Pandemics in Canada," The Canadian Encyclopedia.

³ House of Commons Debates [Hansard] (1919, March 29), pg. 843.

Each pandemic has left a legacy in Canada's cities. The cholera outbreaks of 1832 and 1834, which killed 10 per cent of the population in Québec City and 15 per cent in Montreal, led to dramatic expansion of local authority into what were then undemocratic colonies. Newly established local authorities gained the power to stop and inspect ships, and to introduce mandatory public health measures to contain the spread of disease. Later outbreaks, such as typhoid and smallpox in the 1870s, led to major investments in water and sanitation infrastructure in cities across Canada.⁴ Most recently, the SARS outbreak in 2003 revealed inadequacies in our contemporary healthcare system.

This history account establishes a strong pattern: pandemics are predominantly urban issues, where the loss of life is concentrated in cities; the impact and devastation is uneven, often affecting already marginalized communities including those with less access to healthcare, sanitation and other supports, thus intensifying existing inequalities; and each pandemic leaves a legacy of innovation, a lasting mark on the places and people who experience its devastation.

The big questions for 2020 are, what will be the legacy of COVID? How is COVID impacting our communities and our cities, and how can we shape what the future impact will be? What will be reported about COVID in the history books of the future?

A 100 DAY SNAPSHOT: WHAT THE NUMBERS TELL US

In the 100 days since the World Health Organization (WHO) characterized the novel coronavirus SARS-CoV2, often called "COVID-19" (and referred to in this report as "COVID") as a pandemic (March 11, 2020), the total global death count exceeds 450,000, with more than 8.4 million confirmed cases worldwide.⁵ As with past pandemics, COVID has primarily affected urban areas. The United Nations reports

⁴ Christopher Rutt and Sue C. Sullivan (2010), "This is Public Health: A Canadian History," Canadian Public Health Association.

⁵ As of Thursday, June 18, 2020.

Table 1: COVID Cases & Deaths in Canada's 20 Largest Cities⁶

	Cases	Cases Per 100,000	Deaths	Deaths Per 100,000
Toronto	12,176	445.8	921	33.7
Montréal	26,122	1,264.6	3,062	148.2
Calgary	4,035	325.6	98	7.9
Ottawa	1,998	213.9	251	26.9
Edmonton	443	47.5	12	1.3
Mississauga	2,787	386.2	77	10.7
Winnipeg	217	30.8	5	0.7
Vancouver	540	85.5	59*	9.3
Brampton	2,494	420.1	206	34.7
Hamilton	674	125.5	30	5.6
Québec City	1,673	314.5	140	26.3
Surrey	350*	67.5	20*	3.8
Laval	5,569	1,316.6	635	150.1
Halifax	862*	213.9	53*	13.2
London	518	135.0	52	13.6
Markham	409	124.3	46	14.0
Vaughan	862	281.5	92	30.0
Gatineau	397*	143.8	19*	6.8
Saskatoon	122*	49.4	1*	0.6
Longueuil	1,281*	534.4	86*	35.7

⁶ List is based on Statistics Canada's census subdivisions, by population. See footnote 9 for details.

that 95 per cent of global cases are in urban areas around the world, affecting at least 1,430 cities in 210 countries.⁷ The United Nations projects that the overall impact of COVID will be the most devastating in poor and densely populated urban areas which lack access to safe housing, clean water and adequate sanitation.

In the first 100 days of COVID, there have been more than 100,000 confirmed cases and more than 8,250 deaths in Canada.⁸ The vast majority of these cases and deaths have been in cities. The largest 20 cities in Canada by population, per Table 1,⁹ account for 42 per cent of Canada's population and yet have a remarkable 67 per cent of total cases and 75 per cent of total deaths. The largest five cities (representing 23 per cent of Canada's population) account for 47 per cent of cases and 56 per cent of deaths.

Some of the most devastating impacts to date, in terms of confirmed cases and deaths, have occurred in Québec. More than half (54 per cent) of confirmed cases in Canada, and nearly two-thirds (64 per cent) of deaths, have been in Québec despite the province being home to under one quarter (23 per cent) of Canada's population.¹⁰

By contrast, the province which has fared the best to date, relative to population size, is British Columbia. The province is home to nearly one in seven Canadians (13.2 per cent), and yet has had only a marginal percentage of cases and deaths (2.1 per cent and 2.8 per cent, respectively). As of the 100th day, all three territories and one province, Prince Edward Island, are still reporting zero deaths.¹¹

COVID has predominantly affected older Canadians, and women. Per Chart 1, more than half (51.5 per cent) of total confirmed cases have been people over the age of

⁷ United Nations (2020), UN-Habitat COVID-19 Response Plan. Available online: https://unhabitat.org/sites/default/files/2020/04/final_un-habitat_covid-19_response_plan.pdf

⁸ Government of Canada (2020), Coronavirus disease (COVID-19): Outbreak update (data as of June 18, 2020).

⁹ List is based on Statistics Canada's census subdivisions, 2016 census, by population. Case and death data is based on locally reported public health and municipal reports, as of June 6, 2020. In provinces where city data is not reported directly (marked with an asterisk on the chart), and city cases and death counts are reported at a larger geography, the city's share has been calculated according to the city's share of the overall population of the larger unit. For example, Surrey is a part of the Fraser Health Authority.

¹⁰ Canada-wide epidemiological data, including cases and death by age group and gender, are based on the Public Health Agency of Canada (PHAC) Daily Epidemiology Update (data as of June 18, 2020).

¹¹ Ibid.

Chart 1: Canada's COVID cases, by age and gender

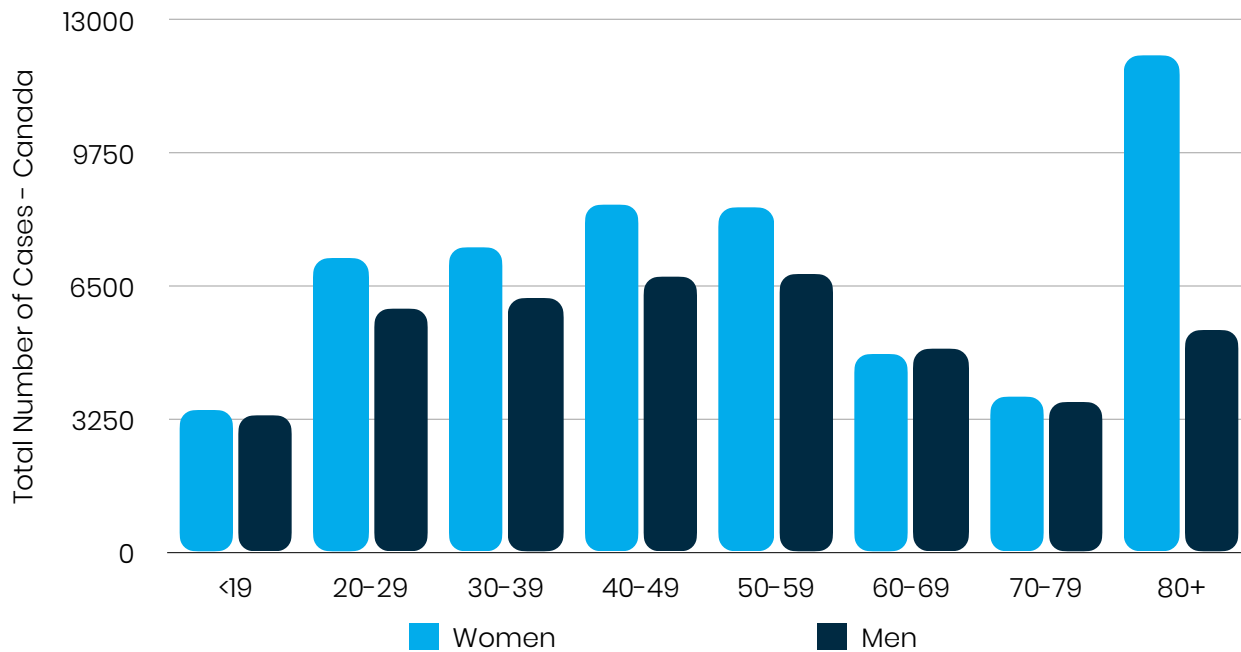
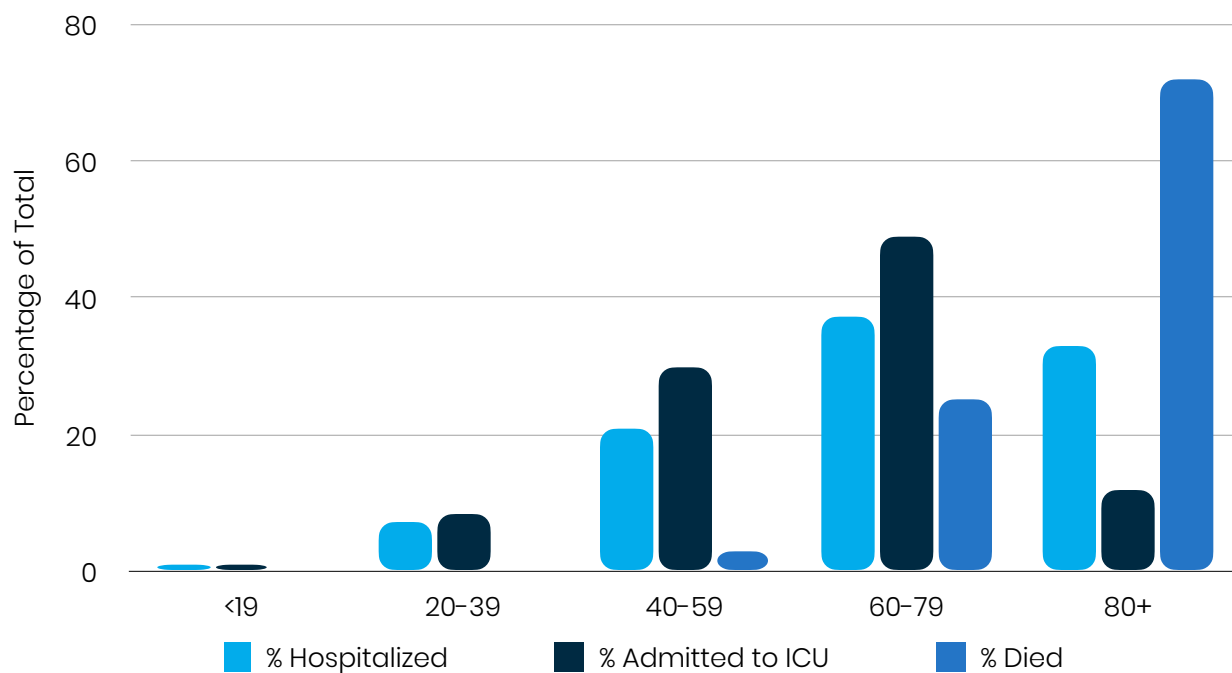


Chart 2: Severity of cases, by age group



50. Women account for more than half (56 per cent) of total cases, and have higher numbers in almost every age category – which may be a reflection of the number of women in precarious work and/or care professions which have a higher risk of exposure. The highest impacted age-gender group has been women over the age of 80.

This picture becomes more nuanced when the severity of the cases is examined. The most severely afflicted group, in terms of total deaths, has been older Canadians. Canadians over the age of 60 account for 71 per cent of hospitalizations, 61 per cent of cases admitted to the ICU, and 97 per cent of deaths. Women have accounted for 54 per cent of deaths.¹² Many deaths have occurred in long-term care and retirement facilities, where people live in close proximity to one another, and too often in inadequate conditions.

Unfortunately, many public and government data collection processes in Canada do not include racial and ethnic demographic breakdowns. We do not know reported case or death counts by racial or ethnic group.¹³ However, survey data asking Canadians whether they have contracted COVID finds that some ethnic groups self-report higher instances of COVID, specifically Indigenous (particularly Métis) and Southeast Asian.¹⁴

The first 100 days of COVID have involved action from governments at all levels in Canada to contain the spread of the virus and support impacted Canadians. The first state of emergency in Canada was declared by a mayor, not a premier or the prime minister. Mayor Naheed Nenshi declared the City of Calgary to be in a state of emergency on March 15, 2020, just four days after the WHO declaration (see timeline of municipal responses, including declaring local states of emergencies, at the end of this document under **Timeline of Municipal Responses**). Shortly after, most provinces and cities across Canada followed suit.

¹² Ibid.

¹³ There are exceptions. Both Toronto and Montréal now report racial and ethnic neighbourhood level data.

¹⁴ Unless otherwise cited, all survey data in this report is provided in-kind from Advanis, based on surveys of more than 40,000 Canadians during the COVID pandemic. Advanis collected this data via its TellCityHall and MaVilleÉcoute programs. CUI gratefully acknowledges this contribution and extends gratitude to Advanis for collecting detailed urban-level and racial/ethnic data from the beginning, which is unfortunately not as common as it should be in Canada.

The response in cities was swift. Municipalities immediately began adapting the delivery of public services. Many cities closed municipal and community facilities to promote physical distancing, reduced or discontinued public services, switched transit to rear-door boarding, knowing that it would mean losing fare revenue, and began offering financial supports including tax deferrals to residents and businesses. Daily municipal actions in more than 60 Canadian cities during the first 100 days are tracked on [CityWatchCanada.ca](https://citywatchcanada.ca) (for details, see the **Canadian Urban Institute COVID Resources** section at the end of this document, as well as the **Timeline of Municipal Responses** which visualizes the municipal response based on CityWatch data).

In sum, the first 100 days of COVID suggest that its direct impact has and will disproportionately affect cities, women, older adults and people in marginalized communities. To date the impact has been regionally concentrated in Québec and Ontario, with less direct impact relative to population size in the territories and in provinces such as British Columbia and Prince Edward Island.

But what about the 37.5 million Canadians who have not (or, not yet) contracted COVID? What have the first 100 days of COVID been like for Canadians, generally?

How has COVID changed how we live, how we move, how we work, how we care and how we prosper in Canada's cities?

And, how *should* it change over the next 100 days?

HOW WE LIVE

A photograph showing a group of people standing in a line outside a store. The store's entrance is blocked by a metal security gate. On the gate, there are several posters, including one featuring Brandon T. Jackson with the text "WON'T BE BEAT". Above the gate, a sign reads "EXIT ENTRANCE" and "STORE HOURS". A person in the foreground is wearing a backpack and a hat. A shopping cart is visible on the left. The scene is set in a well-lit area, possibly a parking garage or a covered walkway.

EXIT ENTRANCE

STORE HOURS

GIFT CARDS

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"Connectivity and schooling is a big issue. Families don't have the capacity or the space to homeschool their kids. It's just expected that they go online, but not every family has access to that. There's an assumption that everything can just move online and just keep moving forward, but there are things you can't do online. Land-based education and transmission of cultural knowledge and language are amongst them."



- Dr. Alexandria (Alex) Wilson, Academic Director of Aboriginal Education Research Centre, Professor, Educational Foundations, University of Saskatchewan

How We Live

COVID has changed how we live in Canada's cities. The crisis has given Canadians an opportunity to think critically about our relationship with the places and spaces where we live, and how we engage with the people to whom we are connected. The daily reality of how Canadians live differs from coast to coast, and from large cities to suburban and rural municipalities and First Nations communities.

Although Canadians differ in their experiences, the following emerge as some of the major impact areas of COVID on how we live:

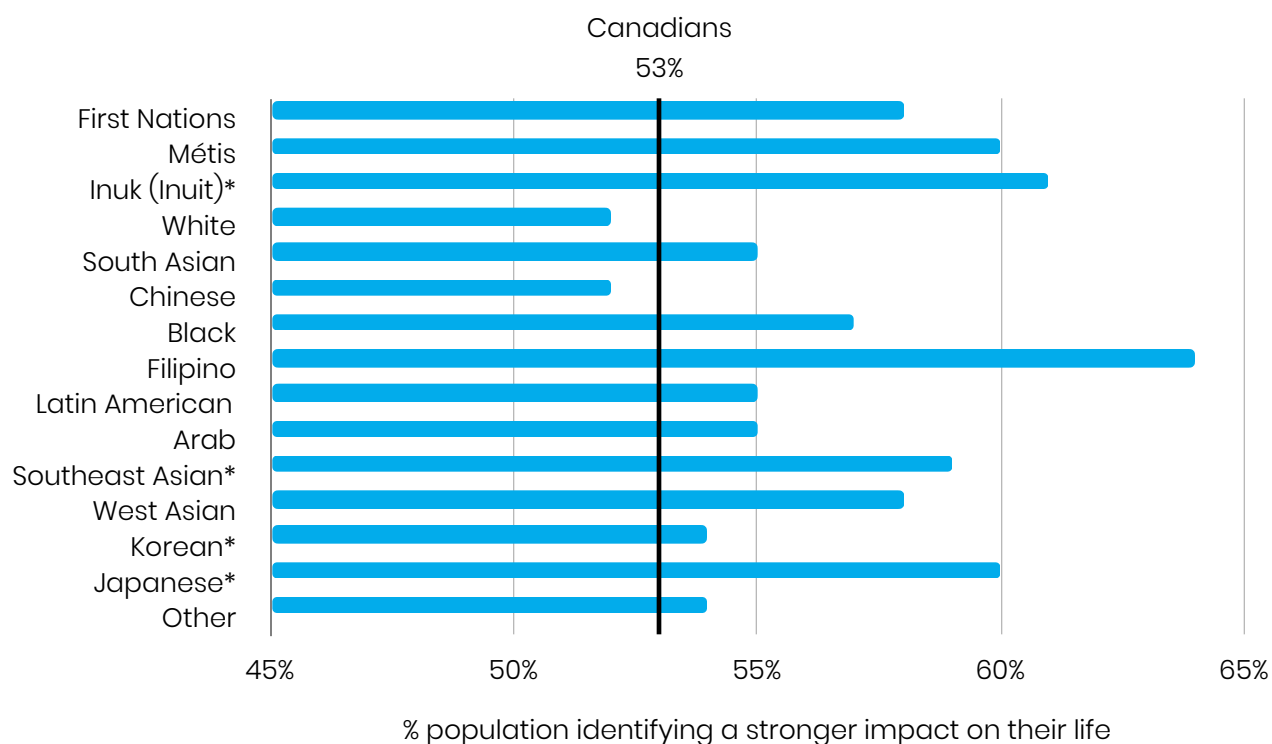
- Quality of life
- Connections to family and community
- Feelings of safety and security
- Housing
- Public space
- Food

QUALITY OF LIFE

For many Canadians, COVID has involved unusual levels of isolation and distance from others. With millions of children home from school and public officials urging physical distancing, many people have experienced major lifestyle changes. Eighty-one per cent of kids and teens feel like they are missing important life events or moments.¹⁵

More than half (53 per cent) of Canadians report a strong impact on their life, and this number is higher among people who live in cities (55 per cent), particularly in cities such as Hamilton (60 per cent), Toronto (59 per cent), and Calgary (57 per cent). Female-identifying Canadians report a higher impact (54 per cent) than male-identifying Canadians (51 per cent). Per Chart 3, Filipino, Inuk (Inuit)¹⁶, and Métis peoples report the highest impact among self-reported racial and ethnic groups.

Chart 3: Impact of COVID on life, by racial and ethnic group



¹⁵ Maximum City (2020), "COVID-19 Child and Youth Well-being Study: Toronto Phase One: Executive Report," *Maximum City*.

¹⁶ Interpret results for the following groups with caution as base sizes are below 300: Inuk (59), Japanese (60), Korean (78), and Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai) (159).

CONNECTIONS TO FAMILY & COMMUNITY

Although people have found innovative ways to stay connected, physical and social distancing has taken a toll on many Canadians' mental health (discussed further in **How We Care**) and has impacted feelings of connectedness to others.

For the four million Canadians who live alone (approximately 14 per cent of the population),¹⁷ physical distancing has meant spending the past 100 days largely by themselves with limited meaningful social contact. For other Canadians, including parents with children home from school and without access to childcare supports, it has meant more time with family. Not surprisingly, the impact of additional childcare duties has been disproportionately borne by women (24 per cent) compared to men (21 per cent). Almost half (42 per cent) of kids and teens found school less interesting,¹⁸ and lower-income households are disproportionately affected by online education access. One quarter of lower-income households rely on a smartphone as their primary internet access.¹⁹

Some (41 per cent) Canadians lean towards “appreciating what the crisis has given them” in terms of additional quiet time and time with family. This is particularly true for people in cities like St. John's (50 per cent), Victoria (48 per cent), Gatineau (46 per cent), and Vancouver (45 per cent); whereas, people in Québec City (35 per cent), Hamilton (37 per cent), and Montréal (38 per cent) are less inclined to feel this way.

FEELINGS OF SAFETY & SECURITY

COVID calls attention to the underlying inequities in our communities. Those who are the most vulnerable inhabit spaces with greater risk of contracting the virus, including seniors and ethnic minorities. How seniors are housed has a significant impact on their safety from the virus. A report by the National Institute of Aging found that more than four-fifths (82 per cent) of all COVID deaths in Canada were in long-term care

¹⁷ Tang, J., Galbraith, N., and Truong, J. (2019). Living alone in Canada *Statistics Canada*.

¹⁸ Schrumm, A. (2020). The future of Post-Secondary Education: On Campus, Online and On Demand *RBC Thought Leadership*.

¹⁹ Ibid.

homes.²⁰ More than 70 per cent of all COVID deaths in Alberta, Nova Scotia, Ontario, and Québec are in long-term care homes.

Some ethnic and racial groups have also experienced heightened risks of racism and violence. COVID revealed the legacy of anti-Asian racism from SARS²¹ with increasingly visible incidents of racial violence against Asians in Canadian cities. Vancouver, a city with 28 per cent of the national ethnically Chinese population, reported an increase in anti-Asian hate crimes in comparison to 2019 with several cultural and community hubs defaced with racial slurs.²²

COVID has highlighted the inequities of interpersonal dynamics, especially for women, in the perceived safety of the home. In a Statistics Canada study, 10 per cent of women and 6 per cent of men reported being concerned about the possibility of violence in their home, with young women aged 15 to 24 significantly more likely to feel very or extremely anxious about the possibility of violence in the home.²³ Vancouver's Battered Women Support Services (BWSS) observed that calls to their helpline have jumped by 400 per cent since early-March.²⁴ As 84 per cent of intimate partner violence occurs in private dwellings, physical distancing and stay-at-home orders have resulted in many victims being forced to quarantine with their abuser and unable to seek help.²⁵

Finally, COVID introduced heightened safety risks to certain types of workers (which will be discussed under **How We Work**) and to people living in inadequate, crowded or vulnerable housing situations as well as people experiencing poverty and homelessness (which will be discussed under **How We Care**). Given the acute effects for seniors and those living in long-term care homes, it is not surprising that 6 in 10 seniors report being very concerned about their health and safety.²⁶

²⁰ Doherty, R., McCleave, R., and Dunning, J. (2020). Long Term Care COVID-19 Tracker, *National Institute on Ageing, Ryerson University*.

²¹ Leach, J. (2020) From SARS to COVID-19: Putting the spotlight on anti-Asian racism, *Ryerson Today*.

²² Nair, R. (2020). "Hate has no place in British Columbia" says premier on rise in anti-Asian crimes, *CBC News*.

²³ Statistics Canada. (2020). Impacts of COVID-19 on Canadians: First Results from Crowdsourcing.

²⁴ Battered Women's Support Services. (2020). Ten cases of men killing women in Canada in the last 36 days.

²⁵ Ryan, D. (2020). COVID-19: Pandemic has led to an increase in domestic violence in B.C, *Vancouver Sun*.

²⁶ Statistics Canada. (2020, April 23). *Impacts of COVID-19 on Canadians: First results from crowdsourcing*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200423/dq200423a-eng.htm>

HOUSING

From the first day of the pandemic, where each of us lives has shaped our pandemic experience. The experiences of people who live in suburban single detached homes with private outdoor spaces have been dramatically different from people who live in urban high-rise settings. People housed in large, multi-generational homes have endured heightened challenges with physical distancing, while many post-secondary students housed on campus were asked to return home. People in precarious housing situations have faced a particularly difficult 100 days.

In its May 2020 outlook, the Canada Mortgage and Housing Corporation (CMHC) describes COVID as introducing “unprecedented uncertainty” into the housing market in Canada, with “significant declines in all housing indicators.”²⁷ This has included a national decline in housing starts, a 19 to 29 per cent reduction in demand for existing homes (due to the reduction in employment and household disposable incomes), and a decline in home values estimated between 9 to 18 per cent.²⁸ A reported half a million Canadians have taken advantage of mortgage deferrals offered by the big banks (Royal Bank, Toronto Dominion, CIBC, Scotiabank and National Bank of Canada) in March 2020.²⁹ CMHC predicts that housing starts will remain below pre-COVID levels throughout 2020 and 2021.³⁰

For renters, COVID has introduced new uncertainties as well as protections in most but not all Canadian provinces and territories. Several provinces including Ontario, British Columbia and Prince Edward Island introduced eviction moratoriums. Other provinces such as Alberta capped rent increases and deferred late payments. The Yukon provided renters with up to 50 per cent of median market rent, of up to \$800 per month for a three bedroom unit.³¹

²⁷ Canada Mortgage and Housing Corporation (2020), “2020 Housing Market Outlook – Special Edition.” May 27. Available online: <https://www.cmhc-schl.gc.ca/en/housing-observer-online/2020-housing-observer/2020-housing-market-outlook-special-edition>

²⁸ Ibid.

²⁹ Alini, Erica (2020). “Half a million Canadians getting COVID-19 mortgage referrals,” *Global News*, April 3.

³⁰ Canada Mortgage and Housing Corporation (2020), “2020 Housing Market Outlook – Special Edition.” May 27. Available online: <https://www.cmhc-schl.gc.ca/en/housing-observer-online/2020-housing-observer/2020-housing-market-outlook-special-edition>

³¹ For a comprehensive listing of provincial measures, see CMHC’s resource online: <https://www.cmhc-schl.gc.ca/en/rental-housing/covid-19-eviction-bans-and-suspensions-to-support-renters>

The short-term accommodation market also experienced unprecedented changes over the past 100 days. Airbnb and other providers discontinued short-term rentals in March 2020. A McGill researcher has tracked the simultaneous increase in furnished long-term rentals, as hosts transition their units.³² Important questions remain about how this will affect rent prices, vacancy rates and urban gentrification over the next 100 days and beyond.

PUBLIC SPACE

Social and physical distancing created a need for municipalities to change the use of many public spaces. One of the first responses was the decision to close amenities in parks, which disproportionately impacted lower-income Canadians.³³ CUI's CityWatchCanada.ca finds that 46 of the 65 municipalities tracked have closed their playgrounds, and 27 have closed their park amenities (see visualizations of these decisions in the **Timeline of Municipal Responses** at the end of this report). Notably, 11 municipalities have closed traffic lanes for pedestrians or cyclists, while the majority (43 municipalities) did not.

Over 110 kilometres of temporary bike lanes and pedestrian pathways will be coming to Montréal, linking green spaces and aimed to entice residents to support local businesses.³⁴ Adaptive reuse of municipal public spaces is indicative of the flexibility of spaces to serve communities' needs, such as Toronto libraries reopening to become redistribution centres for food banks.

FOOD

Many Canadians' access to food has also changed. For some, the pandemic has meant shifting to curb-side pick up or delivery services. For others, it has introduced or heightened food insecurity and shortages. Over the past 100 days, the use of food banks increased by 20 per cent across Canada.³⁵ Some food banks have closed.

³² Wachsmuth, David (2020).

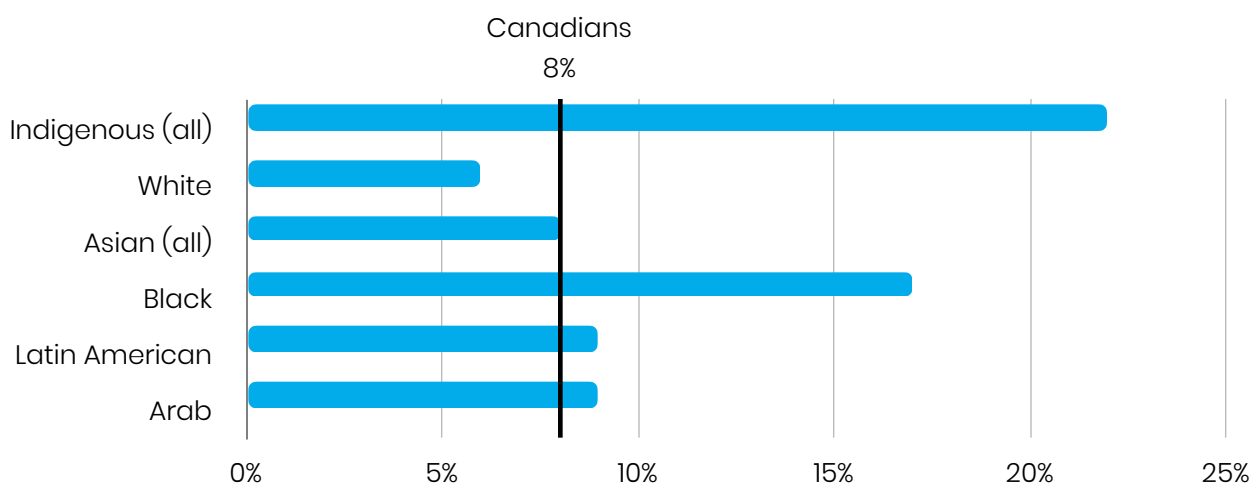
³³ Dewis, G. (2020). "Access and use of parks and green spaces: The potential impact of COVID-19 on Canadian households," *StatCan COVID-19: Data to insights for a better Canada*.

³⁴ Kovac, A. (2020). "Hundreds of kilometres of temporary bike and pedestrian paths coming to Montréal" *CTV News*.

³⁵ Britneff, B. (2020). "Food banks demand surges amid COVID-19. Now they worry about long-term pressures," *Global News*.

Before COVID, 4.4 million Canadians suffered from food insecurity.³⁶ Over the past 100 days, 8 per cent of Canadians self reported experiencing food shortages during the pandemic. The top reasons cited among those who have experienced food shortages are containment measures at grocery stores (57 per cent), lack of financial resources (42 per cent), physical isolation (39 per cent) and lack of ability to use cash (15 per cent). Black and Indigenous peoples have disproportionately experienced food shortages, per Chart 4.

Chart 4: Percentage of people experiencing food shortages, by racial and ethnic group



The Next 100 Days

For most Canadians, COVID has changed how we live — at least, for the past 100 days, if not for longer. The impact of COVID on how we live is uneven across communities, ethnicities, and individuals, bringing into light the vulnerabilities of people on the margins. The unevenness is a part of what Canadians know to be “normal.”

For others, COVID brought back memories of how we *lived*. Dr. Alex Wilson, Academic Director of the Aboriginal Education Research Centre noted, “the restrictions in

³⁶ Food Insecurity Policy Research. (2018). Household Food Insecurity in Canada.

mobility and long period of isolation brought back almost some kind of trauma, reminding First Nations elders of residential schools and the removal from their homes and communities by force.”³⁷

As Canadian cities move into recovery, we need to have an honest dialogue about the layered impact of COVID on people in various life circumstances. The heightened impact of isolation and distancing on people living alone, or in unsafe situations, or who are experiencing housing precocity, has been exposed over the past 100 days as a call to action. COVID has revealed the many ways in which our current social safety nets are not designed for this scale of crisis.

How we live has changed, and will likely continue to change over the 100 days ahead. We need to define recovery as more than simply a return to the old “normal.” We need to pay close attention to whose lives have been affected, and how, during the crisis; and appreciate the highly uneven starting point at which we entered this pandemic. We need to imagine a future ahead which involves a new normal for how we live which is better, more equitable and just, and allows for a higher quality of life for more people in Canada’s cities.

³⁷ Wilson, A. (2020). Telephone interview.

HOW WE LIVE

What's working?

- The use of hotel rooms, recreation buildings, etc. as temporary shelters or assisted self-isolation sites
- Eviction moratoriums, capped rent increases, and deferred late payments to protect renters
- Rapid responses to enhance and adapt public spaces for social distancing and recreation

What's not?

- Lack of race-based data
- Closure of food banks in response to the decrease in volunteers and donations
- Reported increase in domestic violence as victims are forced to quarantine with their abusers
- Continued lack of affordable housing in cities

What's next?

- Continued rethinking of publicly owned land to create more affordable housing, and enable new uses that allow for greater physical distancing
- A more comprehensive policy framework to address housing instability, recognizing the unique challenges faced by Black and Indigenous Canadians



HOW WE MOVE

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"I'm curious to see when we go back to our busy lives again. Will people retain and remember the beauty and the joy that they had with slowing down and living a slightly different way? Will people advocate for and want to maintain things like our open streets and permanently convert some of those spaces that we repurposed for biking and walking?"



– Howaida Hassan, General Supervisor of Urban Growth, City of Edmonton

How We Move

People have stopped moving in Canada. Google Mobility data describes the profound shift in Canadians' travel patterns: from retail and recreation (–32 per cent), to grocery and pharmacy (–3 per cent), parks (+101 per cent), transit stations (–50 per cent), workplaces (–42 per cent) and residential spaces (+15 per cent).³⁸ The first 100 days of COVID have also amplified some social and environmental inequalities that were present before the pandemic. Even though many are avoiding travel, many Canadians must continue to rely on public transit because they are essential workers who have no other means to get to work. Cities are scrambling to install suitable active transportation infrastructure to provide an alternative mode of appropriate and safe transportation. There is a growing fear that once cities begin to move again — particularly if people are more afraid to be in close proximity to one another — we may make choices with environmentally disastrous consequences. Indeed, COVID has dramatically impacted how we move in cities, spanning all modes of travel and requiring big thinking about the present and future of urban mobility in terms of:

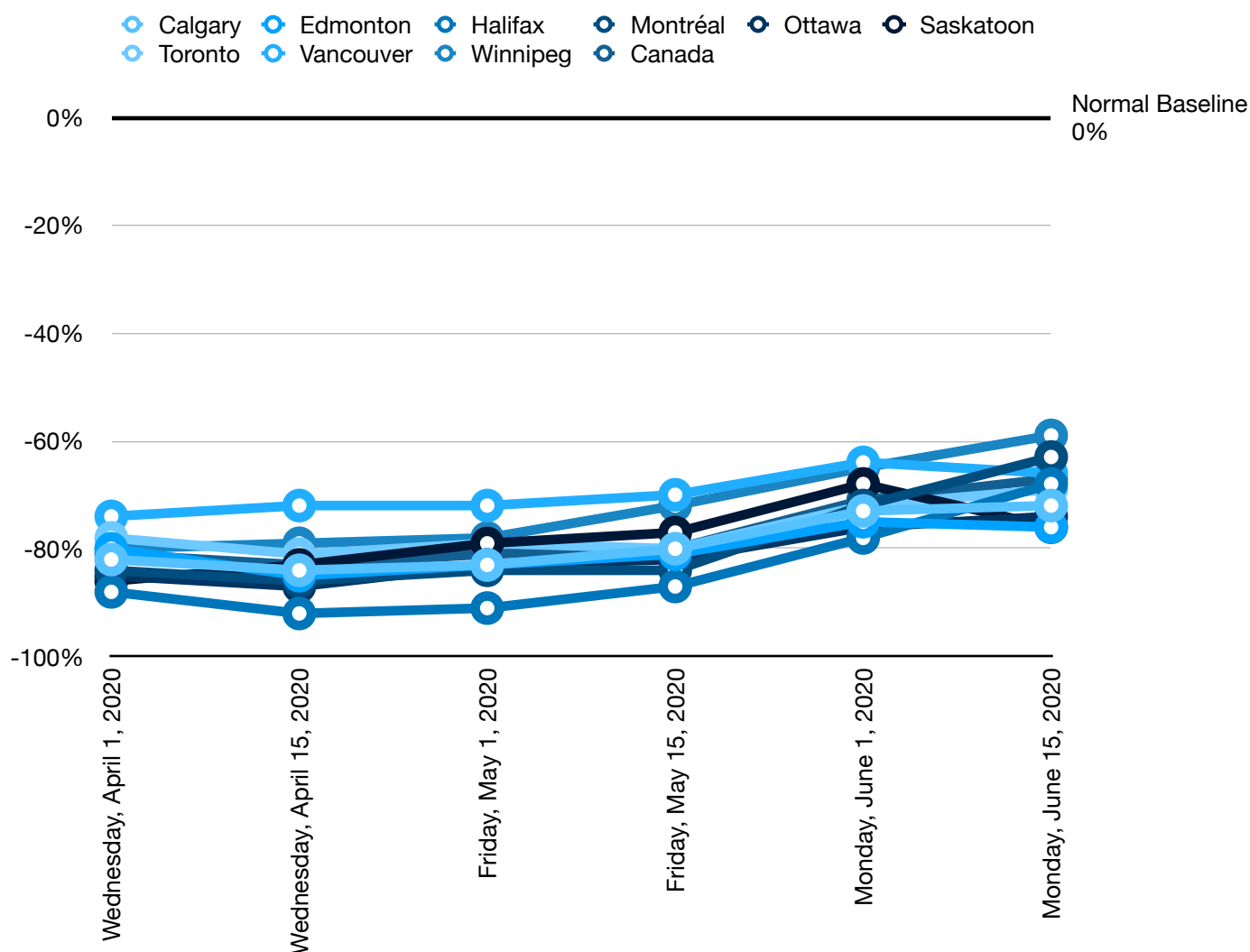
- Public transit
- Walking and cycling
- Car travel
- Inter-community travel

³⁸ Google (2020) COVID-19 Community Mobility Report: Canada.

PUBLIC TRANSIT

Public transit has been one of the most impacted modes of transportation during the first 100 days of COVID. All Canadian cities with public transit systems have experienced unprecedented drops in riderships, as illustrated in Chart 5.³⁹ Halifax witnessed the largest drop; at one point in April, the system experienced a 92 per cent decrease in ridership demand. Vancouver witnessed the smallest change with a cumulative 69 per cent decline compared to regular transit ridership demand.

Chart 5: Daily ridership demand, compared to normal baseline



³⁹ Transit App (2020). Change in demand: Calgary, Edmonton, Halifax, Montréal, Ottawa, Saskatoon, Toronto, Vancouver, Winnipeg [Data Set]. (Data Collected March 29th to June 16th).

The drop in public transit ridership, as well as the move to rear door boarding (limiting the ability to collect fare revenue in many cases), has resulted in a plummet of revenue with enormous impacts on municipal operating budgets. In February 2020, cities in the Maritime provinces collected \$4.6 million in total transit revenue; Québec and Ontario collected \$236.5 million; the Prairies, BC, and Territories collected \$90.8 million.⁴⁰ Vancouver's transit agency Translink has reported losing \$50 million per month, even after calculating for reduced expenditures.⁴¹ Heavy losses in transit fare revenue have pushed several municipalities to reduce services or have to make difficult decisions such as staff layoffs in other areas. Operating under state of emergency powers, the Mayor of Windsor, Ontario cancelled transit service for a month.⁴²

While transit levels dropped significantly, they did not hit zero. Data collected by Transit App found that women (56 per cent) were more likely to take transit during the COVID pandemic. Similarly, racialized people were more likely to rely on transit during the pandemic.⁴³ Patrick Condon, a Professor at the University of British Columbia, believes that although this data is from the United States, Canadian data would show similar results.⁴⁴ Without aid from the provincial and/or federal governments, municipalities have already and will need to make more difficult decisions with major equity, environmental and social consequences (see visualizations of transit and other decisions in the **Timeline of Municipal Responses** at the end of this report).

Cutting of services will only make it more difficult for Canadians who rely on transit to reach work, and who do not have the means for other modes of transportation, disproportionately impacting low-income and marginalized populations. For discretionary riders, it may lead to a migration towards less sustainable modes of travel: if transit services are reduced or unavailable post-COVID, self-reported data indicates that 6 per cent more Canadians who used transit pre-COVID expect to use

⁴⁰ Statistics Canada. 2020. Passenger bus and urban transit statistics, by the North American Industry Classification System (NAICS). Table: 23-10-0251-01. Ottawa. Version Updated March 2020.

⁴¹ Translink (2020, April 23) Public Meeting of the Mayor's Council [PowerPoint slides] https://www.translink.ca/-/media/Documents/about_translink/governance_and_board/council_minutes_and_reports/2020/April/presentation_slides_mayors_council_mtg_2020_04_23.pdf

⁴² Brian Cross (2020). "COVID-19 concerns force shutdowns of Transit Windsor, playgrounds." Windsor Star, April 27.

⁴³ Transit (2020). Who's left riding public transit? Hint: it's not white people. Medium.

⁴⁴ Condon, P. (2020, June 1). Phone Interview.

vehicles *alone* (whether private vehicles, ride-hailing, or rented vehicles), but the increase is higher for Black (+19 per cent) and Asian (+12 per cent) people.

Transit systems must continue to adapt to meet physical distancing requirements, so workers and riders do not risk exposure to COVID if transit is crowded or safety measures are not enforced. On a related note, more Canadians self-report that they feel a moral obligation to not use public transit so essential workers have better access to transportation services to get to work than do not (47 percent vs. 33 per cent, respectively; 19 per cent are not sure). Cities across Canada will need to address these inequities to ensure safe transportation for all residents.

WALKING & CYCLING

Physical distancing requirements have created pressure to open up more public space for active forms of mobility. Most sidewalks cannot support a 2-metre separation between pedestrians, nor do most cities have the cycling infrastructure to allow for safe, distanced travel between riders.

Cities across Canada have started to implement strategies to open more space for residents to move without compromising safety. Streetscapes are being repurposed for pedestrian and cycling use. CUI's [CityWatchCanada.ca](https://www.citywatchcanada.ca) recorded that at least 11 municipalities have already put this idea into action, with more cities likely to follow. Montréal alone has provided 112 km of new walking and biking paths for their residents to move around the city.⁴⁵

Cycling has emerged as a viable solution for many residents to get around as public transit use is limited, and will become more necessary as places of employment call their employees back to work. If transit services are reduced or unavailable post-COVID, self-reported data indicates that 7 per cent more Canadians who used transit pre-COVID expect to use bicycles or scooters. Cycling, or other forms of active transportation, provide a low-carbon, efficient and healthy alternative to residents as public transportation systems are recalibrated and adjusted. Cycling infrastructure also has a lower cost than other public transportation projects, which allows cities to initiate and implement plans faster. However, there are societal barriers that cities must address before implementing more active transportation.

⁴⁵ City of Montréal (2020). Safe active transportation circuits: A plan for summer travel.

CAR TRAVEL

Vehicle transit has been heavily affected as people physically isolate and avoid unnecessary travel. A study underway at the University of Toronto Transportation Research Institute (UTTRI) has found traffic congestion in the Greater Toronto and Hamilton Area to have significantly dropped during the first 100 days of COVID – and that without the typical congestion from pre-COVID travel, vehicles can maintain a consistent speed. However, this drivers' dream will not last, and there is concern that as provinces begin to reopen and Canadians move around again that congestion may become worse.⁴⁶

INTER-COMMUNITY TRAVEL

Regional travel across Canada has decreased significantly over the past 100 days. Transportation methods such as regional bus services have been heavily reduced with Greyhound temporarily suspending all services nationwide on May 13th, 2020⁴⁷. VIA Rail has reduced the frequency of many of its train routes, particularly those connecting provinces. The Toronto to Vancouver and Montréal to Halifax routes have both been cancelled until November 1st, while other routes have been reduced in frequency.

Canadian airline companies have witnessed a fight for survival as well. The demand for air travel has dropped significantly with the presence of 14-day isolation periods after travel. The National Airlines Council of Canada reported a 90 per cent decrease⁴⁸ as companies cut services to reduce their expenses. The Council also flags that with an increase in the amount of time that airplanes sit idle, it is more likely that repairs will need to be made once the demand for airline services recovers.

⁴⁶ Smart, A. (2020). Potential rise in post-crisis car use and loss of transit routes puts cities at a crossroads. Globe and Mail.

⁴⁷ Greyhound Canada News. (n.d.) <https://news.greyhound.ca/>

⁴⁸ National Airlines Council of Canada (2020). Immediate Government Action Required to Address Economic Challenges Facing Aviation.

The Next 100 Days

COVID has profoundly changed how Canadians move through cities, revealing a number of underlying inequities. Pre-COVID, urban mobility systems had many of the same equity, environmental, and economic issues that exist during COVID: urban forms built primarily for one mode of travel, the car; a lack of localized active transportation options; and a legacy of land use planning that requires individuals who live in one part of the city to travel further distances to get to areas of employment, primarily downtown cores. All of these weaknesses have important social, economic, racial and environmental implications. COVID, like any other disaster, does not create social rifts; it widens them. The pandemic has demonstrated how unprepared cities are to face disruptions. Cities across Canada must learn from this time to address systemic weaknesses and implement both short- and long-term strategies to fill in the gaps.

As more restrictions and regulations are lifted, Canadians are going to reassess their relationship with how they move around their community, city and region. Transit agencies will need to earn back the trust of many of their riders through sanitary measures and proving that health and safety remain top priorities. These measures are even more important for residents who do not have other transportation options available.

As many experts have advocated, cities across Canada need to continue to pursue plans that create local communities where residents can live, work, shop and socialize nearby. People enjoy spending time within their communities and supporting those around them socially and economically. Investing in areas that are outside of downtown cores is crucial for short-term and long-term urban development. In doing so, the dependence on larger scale transit would be minimized and communities can effectively operate with active and small-scale transit like bus and light rail. The hub and spoke approach to transit planning, that relies on larger infrastructure such as subway systems, is less adaptable than the network approach to transit planning. The network approach, that relies on bus and light-rail systems, can be adapted to fit the needs of the community, especially during periods of crisis, such as COVID.⁴⁹

Mobility is a vital aspect of a resilient, livable city. It provides access to services for residents, decreases the city's carbon footprint, and is the circulatory system for a

⁴⁹ Condon, P. (2020, June 1). Phone Interview.

local economy. Cities need to establish multi-modal systems for the circumstance in which one mode is made unavailable. Existing gaps need to be filled, and as soon as possible. For this reason, the expansion of local cycling and pedestrian infrastructure is particularly important to pursue. Cycling infrastructure allows most residents to use a cheaper and more environmentally friendly way of getting where they need to go. The benefit of added cycling infrastructure was paramount during the first 100 days of COVID, as it allowed residents to access services without crowding public transit.

COVID has proven that the mobility systems that we had in February were not good enough. We were already facing a global climate crisis. We already had weak or strained urban mobility systems. By March, it was clear that cities needed to adapt. We should not wait for another pandemic or disaster to happen to implement the necessary changes to build resilient, safe, equitable and effective mobility networks in all cities.

HOW WE MOVE

What's working?

- Re-allocation of public spaces to accommodate active modes of transportation
- New policies, such as rear door boarding and daily cleanings, which have helped to protect both operators and users of public transit during COVID

What's not?

- Increased risk of contracting COVID for Canadians who rely on public transit
- Loss of fare revenue, a vital source of funding for public transit services
- Uneven transportation service distribution and mobility options, particularly in low income areas
- Potentially a regression to greater car dependence

What's next?

- Keep climate change goals central to decision making
- Greater role for federal and provincial governments in funding vital transportation services within cities
- Transit agencies implementing health and safety measures to regain trust of riders and increase demand
- Widening of sidewalks and adaptations of public space to facilitate distancing and active forms of transportation
- Pilot projects to address gaps in urban mobility systems

HOW WE WORK



"More women are being impacted by job losses; more people from cultural minority communities are being impacted by job losses. So if you are building infrastructure that does not create jobs and opportunities for those groups, then you're not looking at the potential."

– Amarjeet Sohi, Senior Advisor, ALAR Strategy Group,
CUI CityTalk, May 12, 2020



How We Work

Before COVID, Canada's workforce was already confronting significant transformations in the nature of work. The fourth industrial revolution, largely characterized by advances in robotics and artificial intelligence, has been unfolding at a pace that has raised important questions about the current workforce's ability to adapt. While estimates vary, studies on the Canadian labour market predict that anywhere from 1 to 9 per cent of Canadian jobs are at a high risk of becoming fully automated and 35 to 42 per cent can expect to be affected by automation in the years to come.⁵⁰

Canadians understand this change is coming, as 28 per cent self-report expecting that their job may become automated post-COVID. Many are now cautioning that COVID will leave Canadians with less time to prepare for these changes. Historically, automation has accelerated during economic downturns as companies search for ways to increase productivity.

As a result, many of the millions of Canadians currently unemployed as a result of COVID may face additional barriers when trying to re-enter the workforce once

⁵⁰ Lamb, Creig. (2016). The Talented Mr. Robot. Brookfield Institute for Innovation + Entrepreneurship. https://brookfieldinstitute.ca/wp-content/uploads/TalentedMrRobot_BIIE-1.pdf; Arntz, M., Gregory, T., & Zierahn, U. (2016). The Risk of Automation for Jobs in OECD Countries: A Comparative Analysis. Organization for Economic Co-operation and Development. <https://www.oecd-ilibrary.org/docserver/5jlz9h56dvq7-en.pdf?expires=1591590392&id=id&accname=guest&checksum=5129D71F8DDC6A990E6E322C51C90BFA>; Oschinski, M. & Wyonch, R. (2017). Future Shock? The Impact of Automation on Canada's Labour Market. C. D. Howe Institute. https://www.cdhowe.org/sites/default/files/attachments/research_papers/mixed/Update_Commentary%20472%20web.pdf.

lockdown restrictions have been lifted. COVID has changed the way many Canadians work, and perhaps even the nature of work itself. This section will address:

- The right to work
- Impacts on Canadian youth
- Impacts on marginalized workers
- The privilege of working from home

THE RIGHT TO WORK

Canadians across all provinces and territories move to cities in search of jobs. As a result of economic lockdowns and social distancing restrictions imposed during COVID, Canadian cities are now struggling to provide this most basic commodity.

In the first 100 days of COVID, Canada lost more than three million jobs and our cities have paid the highest cost.⁵¹ Canada's unemployment rate rose to 13.5 per cent,⁵² the highest recorded unemployment rate since 1976 when the modern Labour Force Survey was created. Edmonton, Montréal and Windsor recorded yet higher unemployment rates at 13.6 per cent, 14.0 per cent, and 16.7 per cent respectively. Calgary stands close to the national average at 13.4 per cent. These high unemployment rates likely reflect the number of Canadians that have recently re-entered the labour force, searching for jobs as provinces slowly begin to reopen their economies and the academic year comes to an end for university students.

Self-reported survey data, per Chart 6, based on both personal and household job losses by city affirms the unevenness of job losses across cities.⁵³, with Canadians in Hamilton, Toronto, Calgary, and Edmonton reporting the highest numbers.

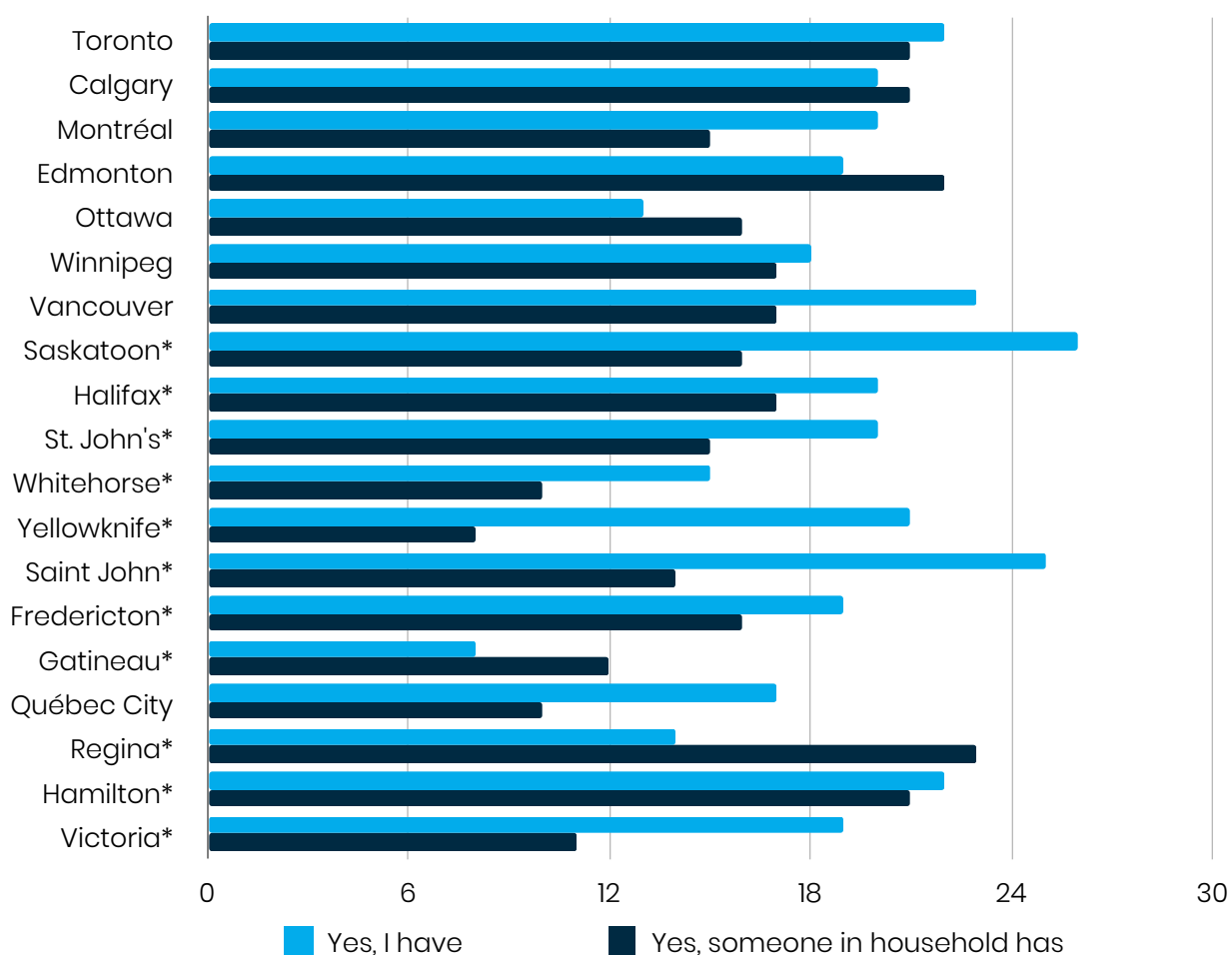
Canadian cities have been severely impacted by the economic fallout of COVID given that industries accounting for the largest portion of job losses are concentrated within cities. These include retail, accommodation and food services, and specific

⁵¹ Statistics Canada. (2020). *Labour Force Survey, March 2020*. (Catalogue number 11-001-X). Retrieved June 3.

⁵² Ibid.

⁵³ Interpret results for the following cities with caution as base sizes are below 400: Saint John (72), Yellowknife (80), Victoria (99), St. John's (103), Fredericton (110), Whitehorse (116), Gatineau (133), Saskatoon (161), Regina (169), Hamilton (308), Halifax (261).

Chart 6: Percent of people reporting job loss, by city



transportation and warehousing.⁵⁴ To further complicate matters, many of the occupations found within these industries are particularly vulnerable to automation, leading many to question their viability after COVID subsides.

The jobs found within these industries also overlap with the tourism economy, another major source of employment for urban Canadians that has been hard hit. Cities across Canada have been forced to cancel major summer events in response to COVID. This includes concerts, festivals, sporting events, and more. As we move into the summer months, the loss of seasonal jobs created by these events will hurt those who depend on this employment.

⁵⁴ Ibid.

IMPACTS ON CANADIAN YOUTH

The loss of seasonal work within Canadian cities stands to hurt younger workers, a group that has already experienced faster than average declines in employment during COVID. In May 2020, Canada's youth unemployment rate reached 29.4 per cent, setting yet another Canadian record.⁵⁵ Students, in particular, are struggling to find summer jobs. Across Canada, university students who had secured summer internships before the onset of COVID have experienced either the cancellation or postponement of those internships. Students often depend on summer internships and seasonal work in order to pay tuition throughout the coming school year.

High levels of youth unemployment can be extremely detrimental to both an individual's lifetime earnings and the economy as a whole. The 'Scarring Effect' refers to the phenomenon in which an individual who experiences unemployment early on in their career is subjected to lower prospective earnings throughout their entire working life as a result. A report by TD Economics estimated that the high youth unemployment rate experienced during the 2008/2009 recession would cost the Canadian economy \$23.1 billion in lost wages over the next 18 years.⁵⁶ This implies that Canadians are still paying the costs of high youth unemployment during the last recession in the midst of the current one.

MARGINALIZED WORKERS

Women, immigrants, and visible minority groups have also represented a higher than average portion of job losses, thereby threatening the diversity of cities throughout Canada.

Women were particularly hard hit during the first wave of job losses, when despite representing a little less than half of the labour force (47 per cent), they accounted for two-thirds (63 per cent) of total job losses.⁵⁷ Now, as provinces begin to slowly reopen their economies, men are picking up work twice as fast as women.⁵⁸

⁵⁵ Canada's jobless rate hits record high 13.7 per cent. (2020, June 5). CTV News. Retrieved June 5, 2020.

⁵⁶ TD Economics. (2013, January 29). Assessing the Long Term Cost of Youth Unemployment.

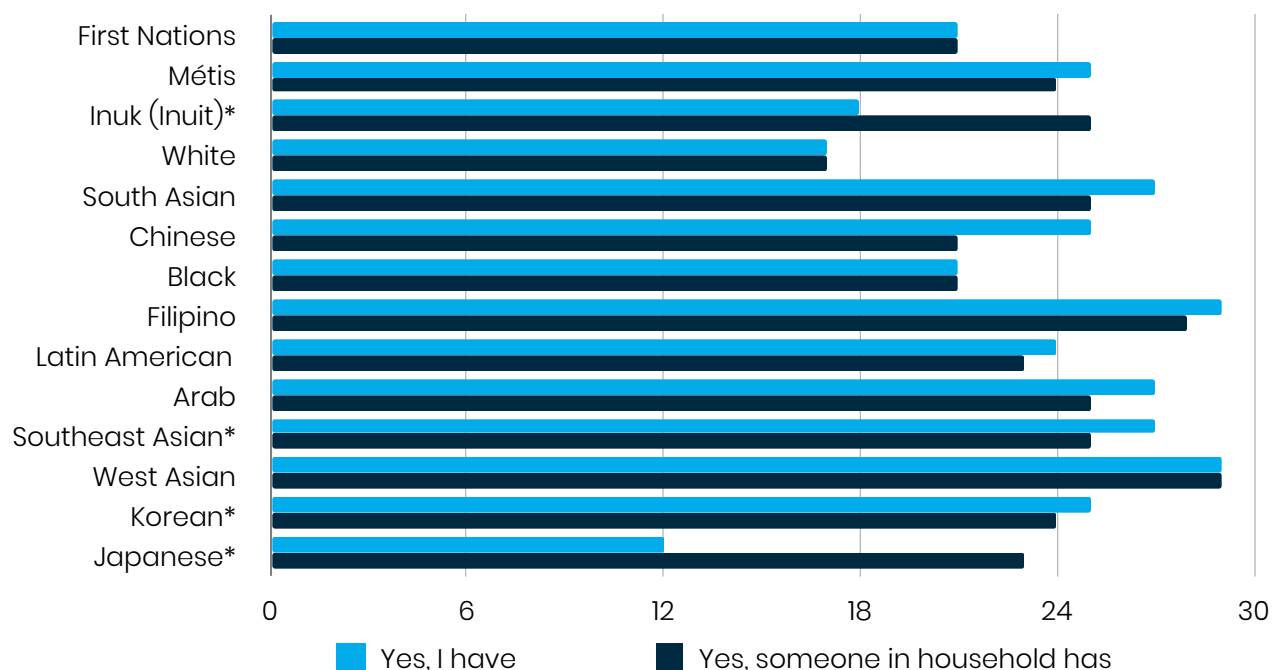
⁵⁷ Scott, Katherine. (2020, April 10). Women bearing the brunt of economic losses: One in five has been laid off or had hours cut. Behind the Numbers.

⁵⁸ Statistics Canada. (2020). *Labour Force Survey, May 2020*. (Catalogue number 11-001-X). Retrieved June 5, 2020.

Meanwhile, there have been no recent increases in employment for Canadian immigrants as the provinces begin to reopen their economies. During the last 100 days, employment among recent immigrants has fallen more sharply than that of those born in Canada. This is particularly concerning given that many recent immigrants remain ineligible to receive either Employment Insurance (EI) or the Canadian Emergency Response Benefit (CERB). It is also important to note that new immigrants are concentrated within cities. Toronto, which represents the highest concentration of new immigrants, welcomed 118,000 last year alone.⁵⁹

Regrettably, Statistics Canada's Labour Force Survey does not collect race-based data, making it difficult to determine exactly how many racialized Canadians have lost their jobs in the last 100 days. However, marginalized racial and ethnic groups are reporting job losses at higher rates than their white counterparts. Survey data finds that most non-White Canadians⁶⁰ were more likely to report that they themselves, or someone else in their household, had recently lost their job.

Chart 7: Percent of people reporting job loss, by racial group



⁵⁹ Kareem El-Assal. (2020, February 17). Which cities in Canada attract the most immigrants? CIBC News.

⁶⁰ Interpret results for the following groups with caution as base sizes are below 300: Inuk (59), Japanese (60), Korean (78), and Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai) (159).

THE PRIVILEGE OF WORKING FROM HOME

For those urban Canadians who have remained employed during COVID, the nature of their work has changed dramatically over the last 100 days. Approximately 40 per cent of employed Canadians have been working from home and many are questioning whether this will become the new normal.⁶¹ According to a survey conducted by Research CO., 73 per cent of Canadians believe that the working from home trend will continue after COVID.⁶² This has called into question the use of physical space, including how corporate office space is allocated within Canadian cities. It also highlights other inequities. Access to fast home internet, video-equipped technology, and other work-from-home requirements are more available to affluent Canadians. This produces inequalities in many settings, from workplace teams to university classes.

However, for many Canadians, working from home is simply not an option. This is the case for those who have been dubbed “essential” workers during COVID. These workers continue to face the greatest coronavirus risk. According to the Government of Canada, “essential workers are considered critical to preserving life, health and basic social functioning”⁶³ and yet, these occupations continue to go underpaid and under-appreciated. Younger workers, women, immigrants, and visible minority groups are similarly concentrated within these occupations, making these groups not only the most economically vulnerable during COVID, but also those most likely to contract the virus.

The Next 100 Days

The future of work is an equity issue. It is not a coincidence that women and visible minority groups have comprised a disproportionately high percentage of jobs losses in the first 100 days of COVID. These groups find themselves within many of the sectors hardest hit by COVID. Many of the jobs found within these sectors do not fall into the

⁶¹ Statistics Canada. (2020). *Labour Force Survey, May 2020*. (Catalogue number 11-001-X). Retrieved June 5, 2020.

⁶² Canseco, M. (2020, April 17). *Canadians Expect to Work from Home More After COVID-19*. Research Co. <https://researchco.ca/2020/04/17/covid-19-work/>

⁶³ Public Health Agency of Canada. (2020). *Preventing COVID-19 in the Workplace: Employers, Employees and Essential Service Workers*.

category of "essential services" nor can these jobs be performed remotely from home. Without this employment available, many Canadians will be forced to accept lower-paying positions, which are already disproportionately staffed by younger workers, women, immigrants, and visible minority groups.

COVID presents Canada with an opportunity to reassess the value we place on our essential workers. This includes both the personal support worker in a family member's nursing home and the teenager checking out our groceries. Neither of these workers are being paid a living wage, and this was true before COVID. In crisis, we seem more cognizant of the vital role that these individuals play within our society. On April 15, the Government of Canada announced that it would be providing all provinces with additional funding in order to provide salary top-ups to essential workers.⁶⁴ Prior to this announcement, Québec, Ontario, Saskatchewan, and Alberta had already begun to provide extra pay to many of these workers.⁶⁵ Some major companies have also offered increased pay, such as the \$2/hour "pandemic pay" premium paid by Loblaws and other major grocers (later revoked in June 2020).⁶⁶ However, these salary top-ups are all temporary solutions. No Canadian working full-time should be forced to live in poverty.

COVID has placed a spotlight on the inadequacies of Canada's social safety net, and EI in particular. EI no longer accurately reflects the characteristics of the Canadian workforce and, as a result, it has become largely inaccessible. While 82 per cent of unemployed Canadians regularly received EI benefits in 1978, only 39 per cent were receiving these benefits in 2016.⁶⁷ Importantly, younger workers, women, and recent immigrants are among those increasingly unlikely to receive EI benefits, given their overrepresentation in temporary and part-time work.⁶⁸ CERB was created in recognition of the weaknesses of modern EI, but the program will not be available indefinitely. Canadians need a more permanent solution and COVID has provided us

⁶⁴ Lim, Jolson. (2020, May 7). Trudeau says deal reached with premiers to fund wage top-ups for essential workers. *ipolitics*.

⁶⁵ Lim, Jolson. (2020, May 7). Trudeau says deal reached with premiers to fund wage top-ups for essential workers. *ipolitics*.

⁶⁶ Freeman, J. (2020, June 12). *Loblaws ending \$2 per hour pandemic pay for workers despite soaring profits*. CTV News. <https://toronto.ctvnews.ca/loblaw-ending-2-per-hour-pandemic-pay-for-workers-despite-soaring-profits-1.4980580>

⁶⁷ Johal, S. & Thirgood, J. (2016). *Working Without a Net: Rethinking Canada's social policy in the new age of work*. Mowat Centre.

⁶⁸ Johal, S. (2020). *The Future is Now: Creating Decent Work Post-Pandemic*. Public Policy Forum.

with a unique window of opportunity to have a conversation about how Canada's social safety net can better serve Canadians.

COVID may provide Canada with a unique opportunity to reverse 'brain drain.' This term refers to the frequency with which individuals who receive a Canadian education find work outside of Canada after graduation. More often than not, these workers are finding employment in the United States. However, as borders remain closed, Canadian firms should capitalize on the opportunity to employ high-skilled workers that had originally intended to pursue work outside of Canada. If Canada can connect these unemployed students with meaningful and engaging work, Canadian youth could be a driving force in our economic recovery.

With approximately 40 per cent of employed Canadians working from home, COVID has caused many to explore the possibilities of a more flexible workplace.⁶⁹ In particular, Canadians that have been working from home during the last 100 days have come to recognize the freedom that this provides. Moving forward, perhaps more workplaces will provide their employees with the option of working from home on a regular basis. However, conversations surrounding workplace flexibility should not be limited to white-collar workers. For shift workers, workplace flexibility could mean introducing paid sick leave, advanced schedule notification, and more flexible vacation policies. For all types of workers, increased workplace flexibility may also serve to create a more equitable workplace. This is especially true for women, who still bear a heavier burden when it comes to balancing work and family.

⁶⁹ Statistics Canada. (2020). *Labour Force Survey, May 2020*. (Catalogue number 11-001-X). Retrieved June 5, 2020.

HOW WE WORK

What's working?

- Canadian Emergency Response Benefit (CERB)
- Salary top-ups for essential workers
- For 4.9 million Canadians, the flexibility of working from home

What's not?

- The concentration of women, younger workers, immigrants, and visible minorities within those sectors hardest hit by COVID
- Underpaid essential workers continuing to face the greatest risk of contracting COVID

What's next?

- A modernized Employment Insurance (EI) system that reflects the characteristics of the modern economy
- Greater investment in Canada's "human infrastructure" particularly in the form of accessible skills-training programs that are divorced from EI eligibility
- Ensuring that Canada's essential workers are paid a living wage moving forward, which may require revisiting conversations around the minimum wage at both the provincial and federal level
- Connecting unemployed students and young Canadians with meaningful employment



HOW WE
CARE

“Black women have a history of caregiving in our communities, and outside of our communities. We know that labour like personal support workers is typically undertaken by Black women, Filipina women and Latina women, so if we know the history of Black women being at the front lines of care work, we have to know that COVID numbers would be disproportionately affecting Black women.”



– Dr. Fatimah Jackson-Best, Public Health Researcher, Black Health Alliance

How We Care

The extent to which we care about the people in our communities shapes every facet of our lives. It functions as a metric of city health. It is a direct representation of our cities' capacity to evolve towards equitable urbanism and our resolve to apprehend the wrongs of history. Systemic discrimination continues to disproportionately expose our most marginalized groups to homelessness, healthcare challenges, untreated mental illness and addictions, and over-criminalization. How we care and who we care for keep us connected to one another.

If COVID has revealed anything, it is the diverse and compounded suffering that is endured routinely by the vulnerable communities among us. Although care gaps in long-term care facilities have dominated the headlines recently, the truths revealed by COVID have been much deeper. This section will address:

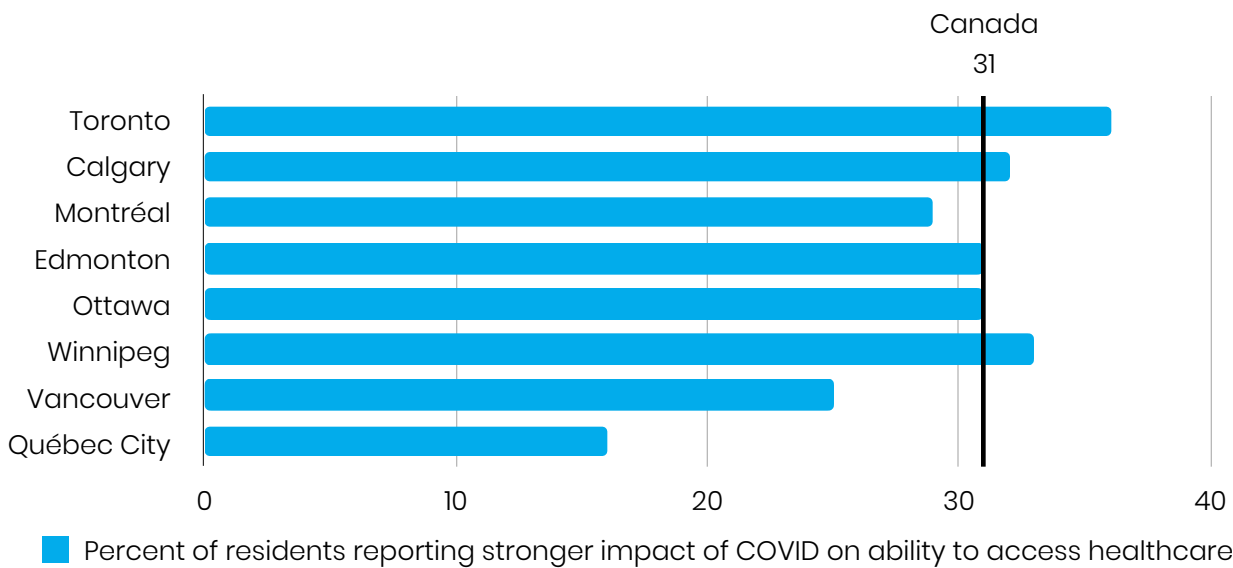
- Public health & healthcare providers
- Mental health
- Childcare
- Long-term care
- Supporting our most marginalized

PUBLIC HEALTH & HEALTHCARE PROVIDERS

It is hard to remember a time when public health officials have played such a visible and dominant role in the daily lives of Canadians. For 100 days, Canadians have had opportunities to hear directly from Canada’s leading public health officials about the nature of the COVID pandemic, response measures being put in place, and specific actions to take to avoid contracting or spreading the virus. It has surely been a time of great pressure and challenge for public health officials – but also a time when people are more aware of, and grateful for, the people serving in these roles.

Most Canadians report having access to the healthcare they need during the past 100 days. Survey data, however, finds that this experience has been highly uneven depending on where one is, and who one is.

Chart 8: Perceived impact on access to healthcare, by city

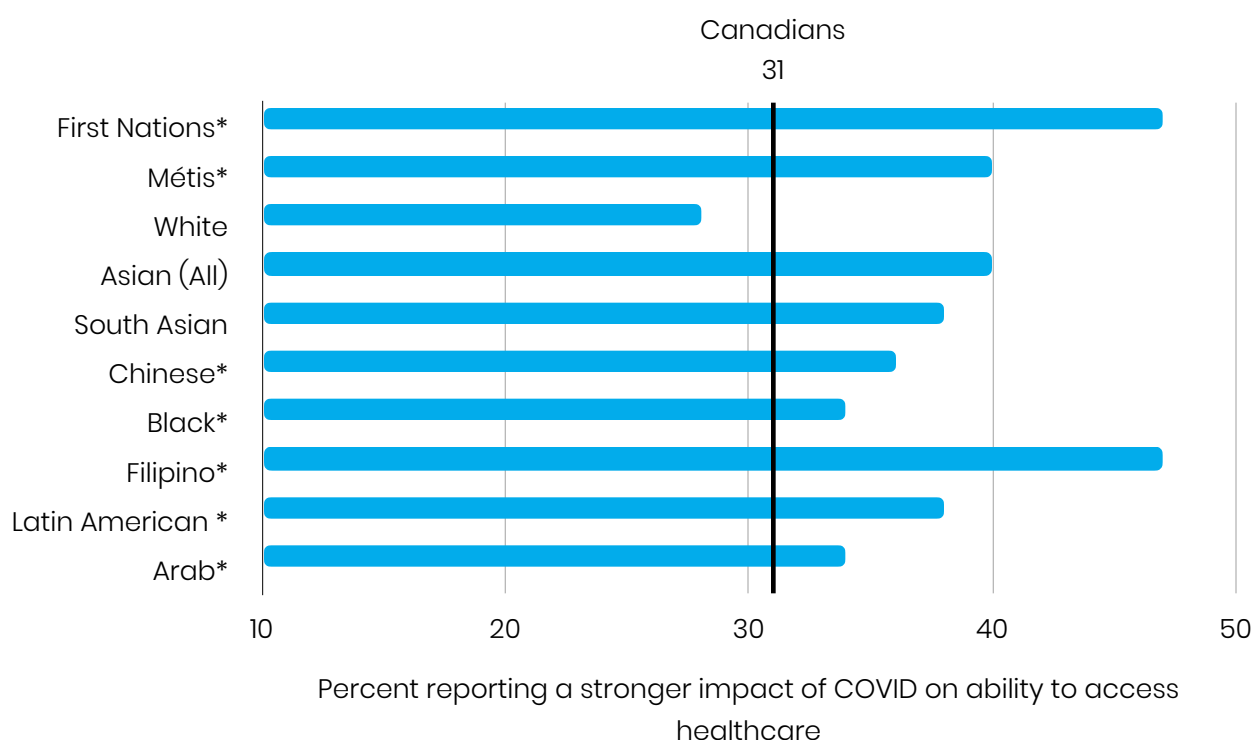


Per Chart 8, residents in Toronto have been more likely to report a strong impact of COVID on their ability to access healthcare, particularly when compared to lower frequencies from residents in Gatineau, St. John’s and Yellowknife. Importantly, the baseline of this data – the residents’ perception of and access to healthcare before

COVID — is unknown, so these varied experiences could reflect a number of possible realities.

This unevenness is also evident in race-based self reports of how healthcare access has been impacted, per Chart 9⁷⁰. Across groups, First Nations, Métis, Asian (All), South Asian, Filipino, and Latin American peoples report the most significant impacts on their access to healthcare.

Chart 9: Perceived impact of COVID on access to healthcare, by racial and ethnic group



MENTAL HEALTH

Before COVID, mental health had already reached a point of crisis in Canada. The Canadian Mental Health Association (CMHA) reports that one in five Canadians will experience mental health problems or illness within a given year. One in two

⁷⁰ Interpret results for the following groups with caution as base sizes are below 300: First Nations (139), Métis (123), Chinese (139), Black (248), Filipino (121), Latin American (186), Arab (120).

Canadians experience a mental health challenge before they turn 40 years old.⁷¹ Suicide is one of the leading causes of death among those who are adolescent to middle age, with a loss of life of approximately 4,000 Canadians per year.⁷²

Depression and anxiety may be the illnesses most likely impacted by the current pandemic as they are often brought on by stressful life situations. The financial strain, social isolation, loss of loved ones to COVID, and everyday changes Canadians have had to make recently are all stressful life events and any one of them may have an adverse effect on mental well-being. For many people these events have happened in conjunction with each other and thus had a compound effect on stress levels and mental health. Repeated studies⁷³ have found that Canadians' overall mental health is deteriorating as the pandemic progresses.

Chart 10 provides one picture, based on self-reporting of household mental health impacts of racial and ethnic groups. Overall, 76 per cent of Canadians report at least one mental health symptom in the current situation, with Arab and Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai) more often reporting symptoms.

The most commonly reported impacts include: feeling helpless towards the situation (47 per cent); changes to quality and duration of sleep (41 per cent), feeling irritable or having moments of anger (37 per cent), loss of interest and pleasure in daily activities (34 per cent), and moments of great anxiety and/or panic (30 per cent).

For those struggling with addictions, COVID has been described by some as the “perfect storm” of changes in access to support, financial strain, loneliness, isolation and an increase in stress and anxiety.⁷⁴ Even those without existing substance abuse problems may find themselves relying on alcohol, marijuana or other drugs as a mechanism to cope with the stress of the situation. One Nanos study conducted for the Canadian Centre on Substance Use and Addiction, relying on self-reporting, found that 18 per cent of Canadians have increased alcohol consumption during the COVID pandemic, citing frequent reasons including the lack of a regular schedule, boredom

⁷¹ CAMH. (n.d.). *Mental Illness and Addiction: Facts and Statistics*. <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>

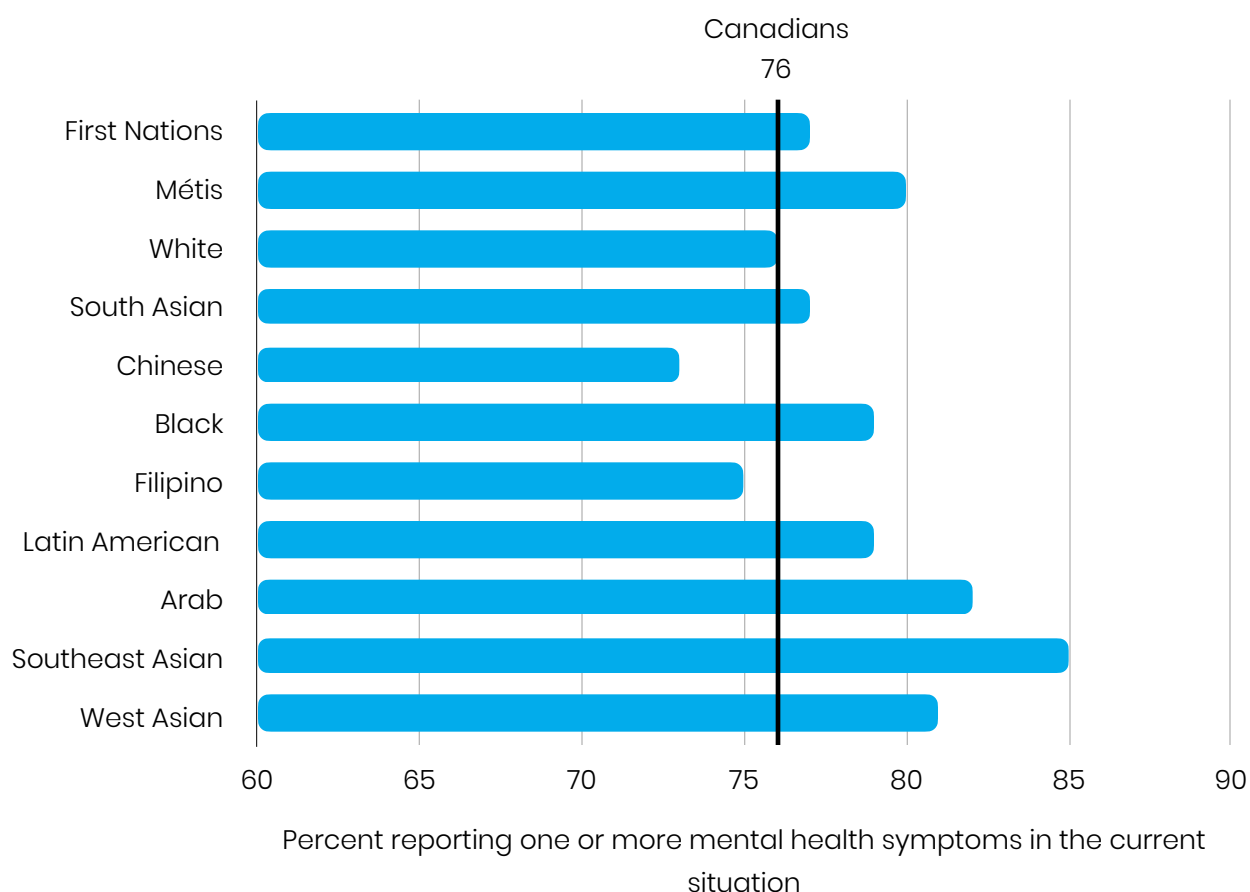
⁷² Ibid.

⁷³ List here — Angus Reid, Morneau Sheppel, et al.

⁷⁴ Samantha Arsenault (2020). “Why COVID is a Perfect Storm in the Addiction World,” *Shatterproof*.

and stress.⁷⁵ This same study found that the vast majority (90 per cent) of Canadians report their cannabis consumption has remained consistent with pre-COVID patterns of use. Advanis found that, of the 72 per cent of Canadians who drink alcohol, 6 per cent had “substantially increased” their consumption during the pandemic, while another 25 per cent had “slightly increased” consumption. These increases were offset by about 20 per cent reporting either a slight or substantial decrease. Of the 23 per cent of Canadians who use solid or liquid cannabis products, 13 per cent substantially increased and 24 per cent slightly increased consumption offset by a 15 per cent decrease.

Chart 10: Experience of mental health symptom(s), by racial and ethnic group⁷⁶



⁷⁵ Nanos (2020), “Summary Report,” Report for the Canadian Centre on Substance Use and Addiction.

⁷⁶ Reported one or more of the following symptoms in the current situation: feeling helpless towards the situation; changes to quality and duration of sleep, feeling irritable or having moments of anger, loss of interest and pleasure in daily activities, and moments of great anxiety and/or panic.

CHILDCARE

The changes to Canada's childcare support system over the past 100 days has been significant — just ask almost any parent with young children. Childcare centres were closed in eight Canadian provinces and territories, and mostly closed in others.⁷⁷ Child Care Canada reports that 72 per cent of child care centres in Canada were closed at some point during the past 100 days.⁷⁸ Approximately one third (36 per cent) of closed child care centres report uncertainty about whether they will open again once the pandemic subsides.⁷⁹

Jurisdictions which have already re-opened or are in progress to do so are experiencing the challenges of re-opening services which are difficult (and expensive) to deliver while also respecting physical distancing requirements. A full 98 per cent of child care operators report concerns about reopening, with the most frequently cited concerns being: health and safety related costs of operations (88 per cent), lower enrolment (85 per cent), staffing difficulties (65 per cent), and re-opening costs (59 per cent).

LONG-TERM CARE

COVID has disproportionately affected older Canadians (see page 5 of this report), particularly those living in long-term care. The National Institute on Ageing at Ryerson University has created an interactive [Long-term Care COVID Tracker](https://www.childcarecanada.org/resources/issue-files/child-care-and-covid-19-canada/current-status-reopening-canada-province-territory) which provides daily updates on cases (including residents and workers) in long-term care homes across Canada. Over the first 100 days of COVID, just over four-fifths (81 per cent) of all Canadian COVID-related deaths have occurred in long-term care homes.⁸⁰ This

⁷⁷ For a complete listing of childcare closures by province and territory, see Child Care Canada's resource, available online: <https://www.childcarecanada.org/resources/issue-files/child-care-and-covid-19-canada/current-status-reopening-canada-province-territory>

⁷⁸ Martha Friendly, Barry Forer and Rachel Vickerson (2020), "Highlights of a National Survey." Report for the Childcare Resource and Research Unit, Canadian Child Care Federation and Child Care Now.

⁷⁹ Ibid.

⁸⁰ National Institute on Ageing (2020), NIA Long-Term Care COVID-19 Tracker Open Data Portal. Available online: <https://ltc-covid19-tracker.ca>

varies widely by province, from just 15 per cent of total deaths in Saskatchewan to 100 per cent in New Brunswick. The provinces with the largest numbers of cases and deaths – Ontario and Québec – have had 78 per cent and 83 per cent respectively of deaths occur in long-term care homes. Nationwide, 19 per cent of long-term care homes have been affected.

Recent media coverage, and even military reports, have focused on the conditions and supports in long-term care homes, with many long-standing weaknesses in the system being raised once again. Crowded conditions, underpaid and precariously-employed staff, lack of access to personal protective equipment and more are existing issues which have received much needed attention over the past 100 days given the ageist nature of this pandemic.

SUPPORTING OUR MOST MARGINALIZED

"Care" is defined as responsibility for or attention to health, well-being, and safety. This means, we cannot talk about care without considering our collective health. The first 100 days of this pandemic have highlighted that systematically marginalized groups are disproportionately disadvantaged, such as Black people, people experiencing homelessness, Indigenous peoples, and seniors.

Indigenous peoples face distinct barriers. Those in remote locations live in the most dire conditions in Canada, including living without access to clean water in cases. A report by the College of Family Physicians of Canada reveals that displays of racism towards Indigenous patients in healthcare range in severity from being treated poorly or differentially from others to overt forms of violence.⁸¹

For Black communities, the presence of COVID has secured the outcomes of two pandemics – a global health crisis and heightened anti-Black racism. COVID has "shed light [that] the ongoing response to testing, treatment and recovery of COVID is critically connected to anti-Black racism."⁸² Montréal's public health department has released data demonstrating a correlation between race and income, particularly

⁸¹ College of Family Physicians of Canada. (2016). *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*. Indigenous Health Working Group. https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf

⁸² Dalla Lana School of Public Health. (2020, April 22). *Black Health Matters: Responding to COVID-19* [Video file]. Retrieved from <https://www.youtube.com/watch?v=CyKKzZGtfHw>.

within the Montréal-Nord borough – a “hotspot” in the province. Although there have not been any race-based data collection directives, this geographic region is known for its intersections of high multicultural and multiracial densities, low income levels, overcrowding of families and over-policing.⁸³

Finally, those experiencing homelessness have faced a particularly difficult 100 days. COVID has unfairly impacted those who are precariously housed, homeless, and/or lack access to hygiene and space for physical distancing. The municipal response to supporting those experiencing homelessness has been mixed. Dr. Naheed Donsani, a palliative care physician with extensive experience in caring for vulnerably housed people, aptly stated the following: “We have seen some communities respond with robust programming, even offering housing (eg. hotels) for people experiencing homelessness. But these programs, in some cases, have taken some time to get off the ground. So, one has to wonder, how many more people are on the streets and who’s really measuring this kind of information amidst a pandemic? What we’ve seen is an amazing capacity to respond to a pandemic.”

And one wonders how many more instances of homelessness might result from the pandemic: 16 per cent of Canadian renters indicate that their ability to make their payments has been impacted, and another 17 per cent expect to have difficulty if things continue poorly. Renters in Halifax, Toronto, Hamilton, and Vancouver are more likely than those in many other cities to cite these challenges.

The Next 100 Days

COVID has revealed and heightened many existing conditions of inequity in Canada’s cities. It has forced us to examine our standards and delivery of care and caretaking across Canada, and to acknowledge our multi-sectoral shortcomings and their role in reinforcing systemic barriers. However, this pandemic may also foster a greater understanding of the restrictions and traumas of illness and mental illness, sickness and health, and may function to increase our capacity for compassion.

If we aspire to realize more equitable systems in our cities, the topic of care must incorporate more inclusionary and intersectional perspectives. As Dr. Janice M. Keefe,

⁸³ CBC News. (2019, October 08). Why Montreal’s police chief shouldn’t be surprised to learn of systemic discrimination in his force. <https://www.cbc.ca/news/canada/montreal/montreal-police-report-discrimination-1.5313832>

Director at the Nova Scotia Centre on Aging insisted when asked about the inconsistencies between for-profit and not-for-profit delivery of care, there needs to be a more nuanced conversation about the complexities of health and the determinants behind it. The ownership of a facility cannot determine the holistic health of residents if there is a shortage and inconsistency of healthcare providers to support them, and other factors which impact the overall outcome in individual ways.

As we work to achieve a “new normal” in Canada’s cities, and potentially new standards of delivering care, we must emphasize the importance that group-specific data collection plays in exposing inconsistencies and the levels of inequity that are being tested and made indisputable.

Canadians are relying on their cities to be places where they can access the care supports they need: for elders, for children, for addressing all manners of illness. We must acknowledge the weaknesses that exist today, and use the heightened focus and awareness of this pandemic to make long needed changes.

HOW WE CARE

What's working?

- Public and mental health resources transitioning online
- Expedited virtual assessments and health care supports
- Policies that have disallowed healthcare workers from moving between multiple facilities
- Greater public consideration and appreciation for essential workers

What's not?

- Unequal access to healthcare during COVID, particularly among visible minority groups
- The deterioration of mental health as a result of COVID
- Lack of access to childcare for both essential and non-essential Canadian workers
- High volume of COVID cases and deaths in long-term care homes

What's next?

- Enhanced mental health supports within all Canadian workplaces and schools
- Enhanced access to affordable, high-quality childcare, with necessary changes to allow for physical distancing
- More work toward ensuring high standards of care within all long-term care facilities, including comprehensive pandemic plans to protect against future tragedies
- New protocols and methods for collecting data about marginalized groups
- Incentivize community-led programming and cross-sectoral partnerships



**HOW WE
PROSPER**

"We are addicted to skilled immigrants. Well, guess what, who are the essential immigrants we need? We need those seasonal agriculture workers to protect our food supply. We need those personal support workers. We need those doctors, who are not able to practice because of licensing barriers, to be able to have an opportunity in our long-term care homes so that there is a level and depth of support for our senior citizens. You can look at this as a challenge or you can look at this as an opportunity."



– Ratna Omidvar, Senator, Government of Canada, CUI CityTalk, May 7 2020

How We Prosper

COVID has introduced dramatic economic struggle into Canada's once thriving cities. The Conference Board of Canada's recent report, *Sharp. Deep. Unprecedented.* (April 2020) predicts a staggering decline of 25 per cent in Canada's GDP.⁸⁴ The Smart Prosperity Institute predicts "the deepest global recession since the 1930s."⁸⁵ The World Bank claims COVID is triggering "the deepest global recession in decades" as we transition out of COVID.⁸⁶ Without question, the economic impact in Canada's cities has been and will be significant – and the overall implications are yet unknown. Urban Canada is key to the nation's prosperity and recovery, so any post-pandemic recovery plans must position prospering cities in the centre. This section will address:

- Economic outlook
- Immigration
- Consumption
- Main streets

⁸⁴ Conference Board of Canada (2020). *Sharp. Deep. Unprecedented.*

⁸⁵ Smart Prosperity Institute (2020). "Resilient Recovery Framework." Available online: <https://institute.smartprosperity.ca/sites/default/files/resilient-recovery-framework-v2.pdf>

⁸⁶ World Bank (2020). "Pandemic, Recession! The Global Economy in Crisis." Available online: <https://www.worldbank.org/en/publication/global-economic-prospects>

ECONOMIC OUTLOOK

Canada's cities are the drivers of our national prosperity. Almost half of Canada's GDP is produced in our six largest CMAs alone — Toronto, Montréal, Vancouver, Edmonton, and Ottawa-Gatineau — each with a population of one million or more.⁸⁷ Importantly, the percentage of Canada's GDP from these large cities is increasing over time, meaning they are becoming more important to our national prosperity.⁸⁸

As noted in the **How We Work** section, every major economic indicator has shifted over the past 100 days, and some to post-Depression record levels: two million jobs were lost in April 2020 alone, pushing unemployment to the highest level in decades;⁸⁹ and, some industry sectors have experienced massive closures. Border closures have had a major impact on the already hard-hit travel and tourism sector. A typical weekend in March includes 40,000 Americans entering Canada by land, and this number dropped to 531 in March 2020.⁹⁰ Even for Canadians, planned domestic travel has dropped by almost half.⁹¹ The Conference Board reports that consumer confidence — a critical factor in the stock market and affecting consumer behaviours — fell by 41 points in April, a record decline and a record low.⁹²

All of this has a major impact on the economic outlook for Canada's cities. Perhaps even more pointedly, the people in cities — as residents, as business owners, as investors, as consumers, as the people who power urban economies — are facing major financial hardships.

⁸⁷ Statistics Canada. (2019, April 03). *Census in Brief: Municipalities in Canada with the largest and fastest-growing populations between 2011 and 2016*. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016001/98-200-x2016001-eng.cfm>

⁸⁸ Statistics Canada. (2015, November 27). *Metropolitan Gross Domestic Product: Experimental Estimates, 2001 to 2009*. <https://www150.statcan.gc.ca/n1/pub/11-626-x/11-626-x2014042-eng.htm>

⁸⁹ Lundy, M. (2020, May 08). *Two million Canadian jobs lost in April as unemployment rate reaches 13 per cent*. The Globe and Mail. <https://www.theglobeandmail.com/business/article-two-million-canadian-jobs-lost-in-april-as-unemployment-rate-reaches/>

⁹⁰ Conference Board of Canada (2020). *Should I stay or should I go?* May 5.

⁹¹ Ibid.

⁹² Conference Board of Canada (2020). *Consumer Confidence plummets to a record low*, April 20.

Chart 11: Personal financial hardships, by city

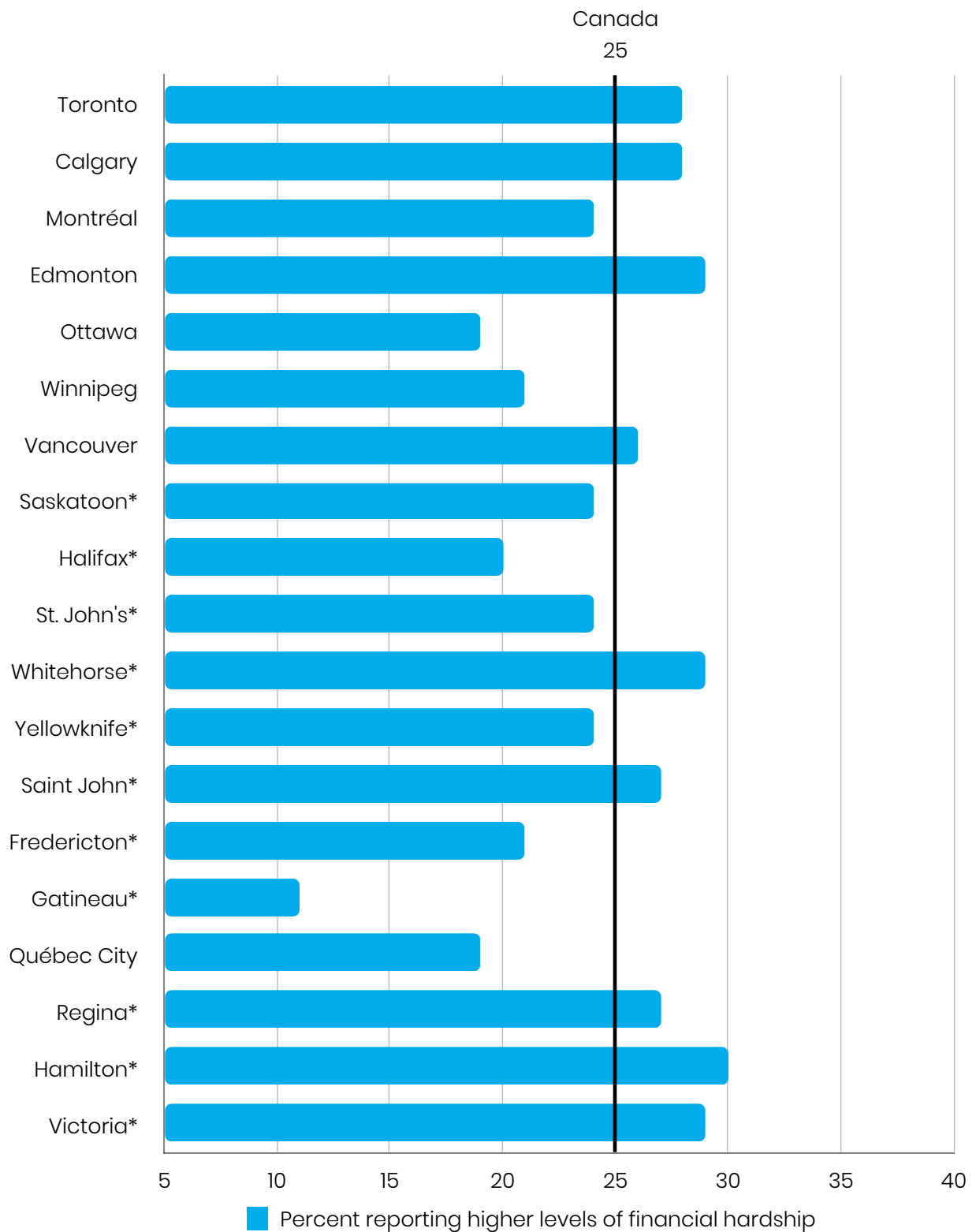
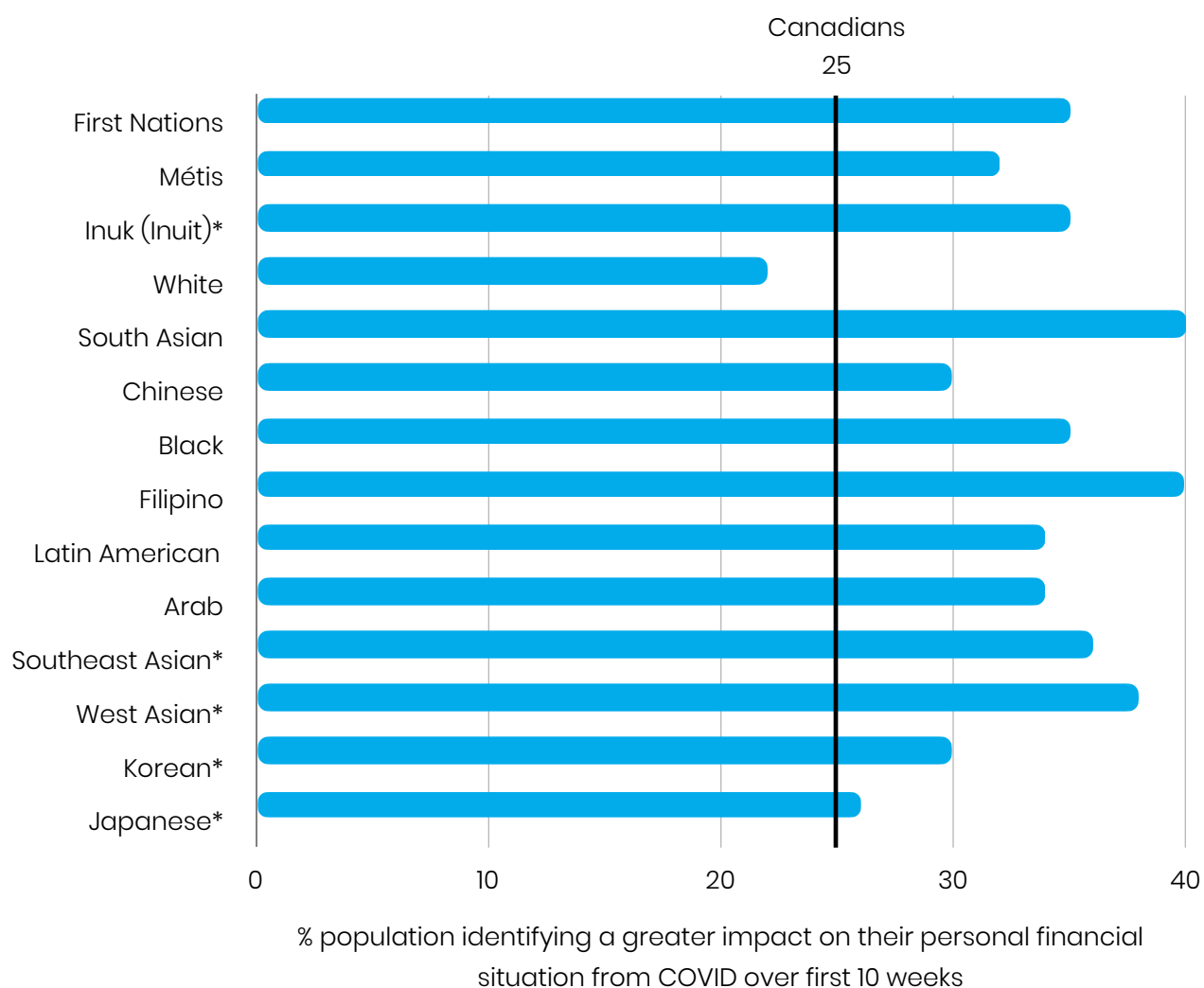


Chart 11 provides self-reported personal financial hardships, by city, expressed based on the percentage of residents who report a “major impact” or hardship on their personal financial situation over the past 100 days as a result of COVID.⁹³ The results are uneven, with residents of cities such as Toronto, Calgary, and Edmonton reporting the highest levels of financial hardship, whereas Gatineau, where the case counts and death counts are among the highest in Canada on a per capita basis – report lower frequencies of major financial impacts. Those in Ottawa, Québec City, and Winnipeg also report lower financial impacts.

Chart 12: Personal financial hardships, by racial and ethnic group



⁹³ Interpret results for the following cities with caution as base sizes are below 400: Saint John (70), Yellowknife (90), Victoria (107), St. John's (93), Fredericton (93), Whitehorse (178), Gatineau (131), Saskatoon (161), Regina (171), Hamilton (228), Halifax (262).

Chart 12 presents the same data, but for ethnic and race based groups.⁹⁴ Canadians from virtually all of the non-White groups report higher instances of major financial hardship. This suggests that the financial impact of COVID has more to do with who you are, and where you are, than it does with actual case counts. It also affirms the trend spanning every section of this report, that already marginalized communities have experienced a compounded effect in the various ways COVID has affected them.

For some Canadians, a dramatic reduction in expenses (travel, dining out, childcare, etc.) means people are saving more money than they have in years; for many others, COVID has brought a point of crisis. Once again this suggests the highly uneven impact of COVID, deepening existing inequities in Canada's cities.

IMMIGRATION

Canada has been admitting roughly 300,000 immigrants every year since 2015,⁹⁵ the majority of whom are economic class migrants.⁹⁶ The economic class is for people with occupational skills and experience that meet the needs of Canada's labor market and who will contribute to the Canadian economy.⁹⁷

Immigration is inherently an urban problem in Canada because most immigrants tend to settle in large CMAs.⁹⁸ In fact, international migration is the main driver of growth in Canadian cities. Without immigration, Toronto, Montréal and Vancouver would have experienced population declines, as Canadian-born millennials sought more affordable housing (outside the city centres) in 2019.⁹⁹

⁹⁴ Interpret results for the following groups with caution as base sizes are below 300: Inuk (57), Japanese (58), Korean (69), and Southeast Asian (e.g., Vietnamese, Cambodian, Laotian, Thai) (161).

⁹⁵ Duffin, E. (2019, October 30). Immigrants in Canada 2019.

⁹⁶ How Many Immigrants Come to Canada Each Year? (2019, August 22).

⁹⁷ Government of Canada. Immigration, Refugees and Citizenship Canada. Permanent Resident Program: Economic Class.

⁹⁸ Statistics Canada. (2017, November 1). Table 1 Geographic distribution of immigrants and recent immigrants and their proportion within the population of census metropolitan areas, Canada, 2016.

⁹⁹ Agopsowicz, A. (2020, May 29). COVID-19 Derails Canadian Immigration – RBC Economics.

COVID directly contributed to a decrease in the admission of permanent residents to Canada in March of 2020. The admission of permanent residents into Canada was 30 per cent lower in March 2020 compared to March 2019.¹⁰⁰ This includes a 45 per cent drop in temporary foreign workers and a 45 per cent drop in international students. If these trends continue Canada could see 170,000 fewer permanent residents entering the country in 2020 compared to 2019.¹⁰¹

The decline in Canada's immigration rate and the failure to properly integrate immigrants into Canadian society has led to a shortage of workers in essential industries. In some cases, migrant workers — notably including in the agricultural sector in Southwestern Ontario and Alberta — have faced particularly acute experiences with COVID, including major outbreaks due to their living or working conditions. A prolonged decline of immigration can have detrimental impacts on the economies of Canadian cities. A report by the conference board of Canada found that a no-immigration scenario would lead to an immediate decline in Canada's labor force by 0.1 per cent annually. Real GDP growth would average 1.2 per cent in their forecast compared to 1.8 per cent (with a 1 per cent immigration rate).¹⁰²

CONSUMPTION

COVID has already had a significant impact on our consumption patterns and purchasing decisions. On average, spending in 2020 remains 13 per cent lower than spending in 2019 particularly falling in March of 2020 when it was 37 per cent lower than March of 2019.¹⁰³ Cities have been exceptionally impacted by this with industries based in urban centres, such as entertainment and transit, suffering from a larger

¹⁰⁰ Government of Canada. Immigration, Refugees and Citizenship Canada. (2020). Permanent Residents – Monthly IRCC Updates.

¹⁰¹ Agopsowicz, A. (2020, May 29).

¹⁰² El-Assal, K., & Fields, D. (2018, May 15). Canada 2040: No Immigration Versus More Immigration. Retrieved from <https://www.conferenceboard.ca/e-library/abstract.aspx?did=9678>.

¹⁰³ RBC. (2020, June 1). COVID consumer spending tracker – Report 4. Retrieved from <https://royal-bank-of-canada-2124.docs.contently.com/v/covid-consumer-spending-tracker-report-4>.

than average decline in consumer spending.¹⁰⁴ The unemployment rate has suffered as a result of this, reaching as high as 13.7 per cent.¹⁰⁵

Unemployment and our consumption decisions are closely linked. In many sectors, the nature of job recoveries is going to be determined by our collective consumption choices. A permanent transition towards new technologies such as Zoom and Google Hangouts instead of in-person meetings, conferences and interactions will have a ripple effect. Personal risk tolerances will also be an important factor, as some people who used to travel internationally may be hesitant to do so when restrictions are lifted. Most significantly, incomes and personal financial positions have changed. Lower household income will lead to people buying less. Some people may find that their incomes have not decreased but may choose to restrict their spending due to fears that they will decline in the future.

A failure to properly address the decline in consumption will create a snowball effect. People who are worried about earning money will spend less, leading to a decrease in the demand for jobs, which will lead to an increase in the unemployment rate and culminate with more people worried about earning money. Furthermore, evidence from the National Bureau of Economic Research in the USA suggests that 42 per cent of the job losses that we will experience will be permanent.¹⁰⁶ The extent to which this may be the case in Canada's cities is an important question, but as of the 100 day mark, remains unknown.

MAIN STREETS

The decrease in consumer spending has particularly impacted main street businesses in Canadian cities. Main streets are the heart of urban life: they are drivers of the economy, as hubs for local businesses and employment; they are centres of social and cultural activity, housing heritage buildings, public art and restaurants; they support health and wellness, incentivizing residents to make healthy decisions such as walking and cycling; they make neighbourhoods more resilient by supporting local

¹⁰⁴ Ibid.

¹⁰⁵ Statistics Canada. (2020, May 8). Labour Force Survey, April 2020. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/200508/dq200508a-eng.htm>.

¹⁰⁶ Barrero, J., Bloom, N., Davis, S. (2020, May). COVID-19 Is Also A Reallocation Shock. Retrieved from <https://www.nber.org/papers/w27137.pdf>

businesses; and they provide value for investment, contributing up to 15 per cent towards the tax base of cities.¹⁰⁷

COVID has left main street businesses under threat. Only 38 per cent of independent businesses are fully open,¹⁰⁸ 12 per cent of independent businesses are worried about closure and 25 per cent of small businesses have less than 2 weeks of a cash buffer.¹⁰⁹

Governments across Canada are actively creating programs to support businesses. One survey has found that 67 per cent of businesses have applied or plan to apply for the support governments are providing.¹¹⁰ However, many of these programs are set to expire by September 2020 and the problems that main street businesses are facing could be long lived. Residents may be hesitant to return to main streets. As soon as main street stores are legally allowed to open by the provincial government, only 33 per cent of Canadians (of those who say they did these activities pre-COVID) said that they would go to personal care stores (such as hairdressers, barber shops and nail salons), 25 per cent to restaurants and 15 per cent to bars and nightclubs. Many Canadians would prefer to wait until there is an effective treatment or vaccine for COVID before they return to main streets.¹¹¹

The Next 100 Days

COVID has introduced record levels of economic and financial struggle for people in Canada's cities. Given the importance of cities to our national prosperity and competitiveness, an urban lens must be engaged in all plans for recovery. And in some cases, COVID has created an opportunity to address long-standing problems and inequities.

¹⁰⁷ Canadian Urban Institute. (2020, May 4). Memo #1: Why Main Streets Matter. Retrieved from <https://bringbackmainstreet.ca/memos-from-main-street/why-main-streets-matter>

¹⁰⁸ Canadian Federation of Independent Businesses (2020, May 25). COVID-19: State of Small Businesses.

¹⁰⁹ JP Morgan. (2016, September). Cash Flows, Balances, and Buffer Days: JPMorgan Chase Institute. Retrieved from <https://institute.jpmorganchase.com/institute/research/small-business/report-cash-flows-balances-and-buffer-days.htm#finding-3>.

¹¹⁰ Advanis survey data.

¹¹¹ Ibid.

COVID has created the opportunity to re-evaluate immigration principles in Canada and find solutions to better integrate immigrants. Canada's system is heavily skewed towards highly skilled migrants. COVID has shown the importance of essential workers and the high current demand for essential work. Over the next 100 days, immigrants can immediately contribute to the gap in the supply of essential workers. However, it will be important to ensure that improvements are made to better integrate immigrants into Canada and to maintain these changes in the long run. Currently, Canadian immigrants who have studied abroad are much less likely to work in a regulated profession than immigrants who have studied in Canada or those who are Canadian-born.¹¹² The number of immigrants working in fields requiring bachelor's degrees is lower than the number of Canadian-born working in fields requiring bachelor's degrees, despite more immigrants earning bachelor's degrees.¹¹³ Immigrants are likely to have a lower call-back rate when applying to a job (even after controlling for previous experience, years of schooling, and other factors).¹¹⁴

Improving the integration of immigrants would lead to ethical and significant economic gains for Canadian cities. While improving the integration of immigrants into Canada would increase government costs, research by the Institute for the Study of Labor (IZA) found that the gains in tax revenues that governments would experience from immigration are sufficient to meet this increase.¹¹⁵ Along with this, the improved participation rates of women, Indigenous peoples and people with disabilities will be beneficial to Canada. The Conference Board of Canada suggests that this could add up to 2.2 million people to Canada's workforce as well as \$40 billion towards Canada's economy.¹¹⁶

In terms of our consumption patterns, COVID has created the opportunity to expand into new industries. While some of the job losses will be permanent, many of them may be reallocated into other industries. Multiple Canadian firms have already repurposed to meet the changing needs of the economy, showing their flexibility and their ability to innovate. This includes at least 31 distilleries in Canadian cities

¹¹² Zietsma, D. (2015, November 27). Immigrants working in regulated occupations.

¹¹³ Agopsowicz, A., Billy-Ochieng, R. Untapped Potential: Canada needs to close its immigrant wage gap.

¹¹⁴ Oreopoulos, Philip. 2011. "Why Do Skilled Immigrants Struggle in the Labor Market? A Field Experiment with Thirteen Thousand Resumes." *American Economic Journal: Economic Policy*, 3 (4): 148-71.

¹¹⁵ Dungan, Peter and Fang, Tony and Gunderson, Morley, Macroeconomic Impacts of Canadian Immigration: Results from a Macro-Model. IZA Discussion Paper No. 6743

¹¹⁶ El-Assal, K., & Fields, D. (2018, May 15).

repurposing to produce hand sanitizer,¹¹⁷ and various manufacturing facilities in Canadian cities adapting to produce personal protective equipment.

The federal and provincial governments are contributing towards businesses repurposing and in general improving the consumption dilemma in Canada. This can be seen in various stimulus programs which they have implemented. Over the next 100 days, supports will be essential in order to smooth the transition of the workforce from working at home to going to an office. When work from home restrictions are lifted, urban mobility and transportation systems will come under pressure as people resume travel to work, school, childcare and other daily visit locations.

Economic recovery will take years, long past the expiry date of the Emergency Wage Subsidy program or the Canada Emergency Response Benefit. Keeping cities as a central focal point and the scale at which we pursue recovery will be paramount to our short-term recovery and long-term prosperity.

¹¹⁷ Eat North. (2020, March 19). A comprehensive list of Canadian distilleries producing sanitizer during COVID-19 crisis.

HOW WE PROSPER

What's working?

- Deferral of property tax payments
- Temporary patio programs to help restaurants re-open and abide by physical distancing requirements
- Temporary changes to alcohol regulations to permit businesses to sell alcohol for offsite drinking

What's not?

- High proportion of Canadians facing major financial hardships, particularly among those who identify with a visible minority group
- Shortage of workers caused by decline in Canadian immigration
- Permanent closure of many small, independent businesses along Canada's main streets

What's next?

- Ensure immigrants are better integrated into the Canadian labour market by improving credential recognition in regulated occupations
- Encouraging “hyperlocal” tourism and the “staycation” to spark economic activity and support job creation over the summer of 2020



“In the first 100 days, COVID became a particle accelerator for every pre-existing urban challenge. Will it now become the catalyst for change, ensuring we don’t simply revert to the cities we had, but develop the tools, policies, public support and political will to create the cities we need?”

- Mary W. Rowe

CUI President & CEO

Reading the Signs

Over the past 100 days, the Canadian Urban Institute (CUI) has worked with partner organizations and volunteers across the country to create online platforms for urban Canadians to connect with and learn from one another. This has included launching an interactive website to track municipal responses to COVID in more than 60 cities ([CityWatchCanada.ca](https://www.citywatchcanada.ca)), an online resource sharing hundreds of community-level innovations and creative solutions to the urban challenges created by COVID ([CityShareCanada.ca](https://www.citysharecanada.ca)), and a conversation series which has drawn more than 10,000 people from over 400 cities ([CityTalkCanada.ca](https://www.citytalkcanada.ca)). CUI has also connected with research partners across Canada to gain a sense of the collective work taking place to understand the impact of COVID.

What is the result of these efforts?

There is much about COVID, and how it will impact our cities, that we do not know.

Sitting at the 100 day mark, we cannot predict how long the pandemic will last or how many waves are ahead. Even the best of our public health officials and leaders cannot say with certainty what the trajectory of the virus looks like, nor can they predict what the total loss of life will be. Economists cannot tell us how long it will take for our economy to recover or for our nation to return to pre-COVID employment levels. We do not know how months of physical isolation may change our orientations towards the places where we live, or those around us, or the lingering impact it will have on our collective health and well-being. We do not know if a vaccine is near or far on the horizon (if on the horizon at all), or when the moment will occur when life once again feels “normal,” whatever that means.

But, there are signs all around us, pointing to things that we *do* know. There are new signs which direct our eyes to old problems and injustices that existed long before COVID, and may have been hidden in plain sight within our daily experiences. As devastating and difficult as COVID has been, and will be, for so many people, this unusual departure from “normal life” is forcing us to think long and hard about what kind of cities, and country, we want to build.

CANADA'S CITIES AT DAY 100

So what have we learned, 100 days in?

First, **we know that COVID has predominantly affected urban Canada (at least, so far)**. The loss of life, and the financial devastation, have been concentrated in our cities. The largest 20 cities in Canada account for 42 per cent of Canada's population and yet have a remarkable 67 per cent of total cases and 75 per cent of total deaths. People who live in cities report a more profound impact on their quality of life. As outlined in each section of this report, the impacts of COVID have been uneven across cities. Some cities have experienced significantly higher case and death rates. Some cities are experiencing more acute financial challenges. In many cases, it is too soon to firmly establish causation for the multiple factors which have likely produced this unevenness — but, we know it is there. COVID has targeted Canada's cities, and our cities are experiencing many hardships in the wake of this pandemic.

Second, **we know that COVID is disproportionately affecting already marginalized communities in Canada**. This is a clear, consistent theme of every section of this report. We have reason to suspect (based on self-reported survey data) that some ethnic groups self-report higher instances of COVID, specifically Indigenous (particularly Métis) and Southeast Asian. Indigenous and Black Canadians reported the highest levels of food instability over the past 100 days. Filipino, Inuk (Inuit), and Métis peoples report the highest impact on their lives. Female-identifying Canadians are experiencing higher case and death rates, and report a greater impact on their lives. Canadians from virtually every non-White group are reporting the highest levels of financial hardship.

We cannot ignore these signs, because they point to a devastating conclusion: **that our experiences with COVID have depended largely on *who we are*, and *where we live*. Even worse, they suggest that COVID is deepening existing inequities in Canada's cities.**

Third, we have also become acutely aware of how little we actually know about inequality in Canada. The lack of basic data, such as local-level and race-based case and death reporting, produces an institutional blindness to the varied ways in which Canadians are experiencing this crisis. The lack of consistent, comparable local-level

data about COVID — a virus with effects that are clearly, and acutely, localized — is a grave gap in our collective knowledge. This is about more than just good data; it's about good decision making. We measure what matters. **To make better decisions, we need better data about how COVID is impacting our cities, our communities, and our lives.** This must be a priority for the next 100 days and beyond.

Fourth, **we are seeing the weaknesses of Canadian federalism when it comes to addressing the unique needs of cities.** Canada's Constitution prioritizes two levels of government: federal and provincial. Local governments were not included in the Constitution, and as a result, municipal leaders have never been empowered to collectively make decisions about the issues that confront them — and certainly not in the way that premiers hold shared power over provincial and territorial matters. This has become particularly problematic during COVID, as key decisions about services and re-openings have been made at a provincial, rather than local, scale. City leaders continue to find themselves surprised when provincial health measures are announced without consultation (but with full expectation that local officials will enforce, and pay for the enforcement, of these rules). The subordinate relationship between municipalities and other governments in Canada is a 153-year-old legacy which is evident in how we collect and report data, how we make decisions, and how we allocate resources.

This model may have made sense in 1867, but today when many of our largest cities dwarf our smallest provinces. Today, the diversity between cities is as significant as the diversity within cities. A one-size-fits-all approach to urban governance and fiscal federalism no longer works, if it ever really did. **It is time to consider a new model: a governance arrangement where local leaders share decision making power on urban issues and have access to a fuller range of fiscal tools.**

Fifth, **local governments are facing impossible fiscal pressures that must be addressed to avoid dramatic cuts in public services.** With each week that passes during this pandemic, municipalities incur millions of dollars in expenses (including some new expenses, as highlighted throughout this report, such as purchasing hotels to support people experiencing homelessness and adapting public spaces), while also experiencing a profound decrease in revenues.

Cities entered the pandemic in very different fiscal circumstances. Municipalities rely on property tax as their main source of revenue, widely viewed to be an antiquated, regressive and ill-equipped tax source, particularly given the complexity of social

issues now addressed by municipal governments. Layer in the rapid escalation of costs such as emergency services (mostly driven by provincial legislation, standards, and arbitration systems), and the increase in demand for services such as infrastructure and transit, and municipalities were already facing a mounting fiscal crisis.

100 days into COVID, most municipalities have deferred the payment of property taxes. After the last economic downturn, it was years for many municipalities before tax arrears returned to normal levels. We can expect that municipal revenues will be decreased for some time. Urban municipalities have continued to run transit services, often without revenue, to protect the safety of operators and riders – and because it was the right thing to do. All of these factors have produced large operating deficits which municipalities cannot legally carry, and have already forced layoffs of thousands of municipal workers. Beyond the direct impacts on municipal workers, this also means that work on critical priorities like progress towards truth and reconciliation and climate action are under-resourced.

There are concrete proposals to address this fiscal crisis, including transfers from federal and provincial governments to address immediate shortfalls as well as longer-term requests to examine the larger fiscal reality for municipalities. Both measures will be absolutely required if we are to avoid seeing municipalities crumble financially as casualties of COVID – and the corresponding decline in municipal public services and public spaces.

Sixth, COVID has **revealed the opportunities and limitations of local democracy**. In Canada, legislation grants the federal, provincial, and municipal levels of government the power to declare jurisdictional states of emergency. Provincial and territorial legislation also provides for municipally-declared states of emergency. States of emergency declarations by both provinces and municipalities allow each level of government to act immediately and efficiently to address the specific concerns of their jurisdictions.

Provincial and territorial public health emergency legislation also grants emergency powers to government leaders and health officials for the purpose of preventing the spread of disease(s), and promoting and protecting the health of the public. In response to the COVID pandemic, all Canadian provinces and territories, and many municipalities – 58 of the 65 cities tracked through [Citywatchcanada.ca](https://citywatchcanada.ca) – declared a state of emergency or public health emergency (see visualization in the **Timeline of**

Municipal Responses at the end of this report). For many municipalities this was the first time that such a state of emergency had been declared.

Under “normal” conditions, municipal decisions are usually made by municipal council as a whole, in public meetings and with provisions for civic engagement such as deputations through which residents can voice their opinions and concerns. Standing committees and commissions, sometimes with a mixed membership of elected councillors and residents, consider issues and make recommendations to council. These meetings may also be open to the public and allow for deputations from residents. Public consultations provide another avenue for public participation in municipal decision-making. During this pandemic, municipalities have had to shift from established practices of governance and decision-making, rethinking the ways in which council meetings and civic engagement take place, if at all.

Governance during the COVID pandemic has revealed the breadth and inconsistency of emergency powers granted to municipalities. A municipal state of emergency declaration for cities across most provinces allows a mayor or head of council to make decisions without consulting municipal council or having council vote on a matter (an exception is British Columbia, where consultation is required). To mitigate the transmission of COVID, mayors have relied on their state of emergency powers to close down shopping centres, restaurants and public gathering spaces, cancel public events and alter transit services.

On a procedural level, practice has varied widely. In most municipalities, council meetings have switched to virtual platforms. Many councils, including Halifax, Winnipeg and Vancouver, switched to virtual meetings early on. Others, including Toronto, Windsor and Oshawa, cancelled council meetings altogether for several weeks or held only e-meetings and/or limited issue meetings before restarting with full online council meetings. In March, Ontario passed legislation permitting the holding of electronic council meetings. Québec issued a by-law on 26 April allowing municipal councils to meet in whatever way facilitated immediate interaction by all council members (Québec, 2020). Many virtual meetings are being live-streamed to allow the public to view proceedings. These innovations may present an opportunity to make local decision making more accessible even beyond the pandemic.

However, public participation in council meetings has been reduced through the suspension of “live” deputations/delegations by residents and community groups. In many cases written submissions prior to meetings have been encouraged in place of

live participation. Beyond council meetings, many standing committees and commissions have been cancelled, the number of meetings reduced, or meetings not broadcast. Public consultations, too, have in many cases been cancelled altogether, especially in the early weeks of the shutdown, even as the council decision-making they were meant to inform (not all related to COVID) has continued.

This has important equity and democratic implications. Councils that have switched to virtual meetings have altered their agendas and are sometimes meeting less frequently than usual. This has resulted in a delay in other key priority projects, such as climate change mitigation. It also means that meeting norms may be less personal, or establish barriers (technological or otherwise) for council members, staff and the public alike. The reduction in public input may also disproportionately impact traditionally marginalized groups including Black and Indigenous communities; since these groups tend to be under-represented among elected municipal officials, public consultations represent an important opportunity to solicit their views.

As we emerge from COVID, whenever that may be, these changes to local decision making as well as ways to ensure more opportunities for public engagement will need to be considered.

Finally, **we know that cities hold great promise for change and progress.** In a world more connected than ever before in history, the local scale becomes *more*, not less, important. It is the scale at which we experience life; it is the scale at which our economy is organized; it is the scale at which individuals have the greatest ability to affect change; and, importantly, it is the scale at which transformative change is possible.

Canada is among the most urban nations in the world. Our cities are our strength, and places where our nation is growing, innovating, and becoming more diverse. We need our cities to emerge from COVID in a position of strength. Over the past 100 days, we have seen an incredible uprising of leaders in every Canadian community. People have risen to the occasion by finding new ways to support the people around them in a time of crisis — and it's been nothing short of inspiring.

The promise of improving our collective well-being — in how we live, how we move, how we work, how we care, and how we prosper — is already in our cities. COVID has taught us that we can, and we will, rise up to support one another in all kinds of ways

in moments of need. It has also reminded us of how far we have to go, particularly when it comes to the highly unequal realities for many marginalized groups.

Although there is much we do not know about COVID or the path ahead, there are signs all around us. At Day 100, we are wise to pay close and thoughtful attention. This has been the purpose of this report. Where the signs lead our eyes to inequities, injustices and frailties, we must use this opportunity to boldly choose a different path forward. Our cities, our nation, and our well-being depend on it.

We can do better than returning to the pre-COVID “normal” and instead focus on building cities that are just, equitable, resilient, sustainable and offer a higher quality of life — for everyone.

This can be the legacy of COVID in Canada's cities.

THE NEXT 100

What We Know 100 Days In

Already, **COVID has disproportionately affected Canada's cities.** The loss of life and financial devastation is concentrated in cities — but the experience of each city varies.

The impact of COVID is highly uneven, and marginalized populations are disproportionately affected by the pandemic, as outlined in every section of this report. This is particularly true for racialized communities.

What We Should Do In The Next 100 Days

- Focus energies into **working with, and listening to, urban leaders** — particularly on major decisions such as re-openings and the introduction of public health measures which have local implications.
- **Collect and report local-level data**, to support decision makers at all levels in making informed choices which affect cities. This could be accomplished by establishing a Canadian Urban Policy Observatory (CUPO) with a mandate to collect and report city-scale data.
- Require federal, provincial and local public health authorities to **collect and report racial and ethnic data** during the COVID crisis and beyond. At bare minimum, this must include daily reports of cases, hospitalizations and deaths. A failure to collect this data is a form of willful institutional blindness to ways in which racialized communities are being disproportionately affected.
- **Intentionally examine decisions about services, public health measures, and resource allocations through an equity lens**, to ensure that these decisions are not further disadvantaging already marginalized populations.

Municipal governments are essential to Canada's recovery, and they are struggling.

Many large municipalities are facing massive layoffs and service cuts. Relationships between governments are imbalanced, and local democracy has been put to the test. We need strong municipalities to support people in times of need and create innovations that build community livability, vibrancy and resilience.

- Address the **immediate fiscal crisis facing municipalities**, which is worse in our largest cities, which if left unaddressed will result in further layoffs, and an erosion of public services such as transit and housing. Longer-term, broader solutions will also be needed to address fiscal imbalances.
 - Focus on **strengthening local decision making** which may require new ways of thinking about how to engage the public, and make public processes open and accessible during COVID and beyond.
 - **Support community-led recovery efforts**, which are present in every Canadian city. There are small scale efforts underway across the country to support people in times of need. These should be prioritized, celebrated, and supported at every opportunity.
 - Leverage the localized learnings from COVID to **create 'pilots' that address previous intractable challenges** but are now urgent (eg, housing, mobility, economic development and local decision making)
-

Conclusion

WHERE WE GO FROM HERE

On March 11, 2020, the World Health Organization (WHO) declared COVID a pandemic. The impact of COVID has been felt around the world in the 100 days since, but has also had acutely local implications for urban Canadians on how we live, how we move, how we work, how we care, and how we prosper. Life in Canada's cities has fundamentally changed.

Our experiences with COVID have depended largely on *who* we are, and *where* we live. COVID is deepening existing inequities in Canada's cities. It is also a moment that calls on us to consider new models of making decisions, empowering local leaders, and supporting people in our cities.

This first **COVID Signpost** report does not pretend to have all of the answers, or predict what is to come in the weeks and months ahead. Instead, our interest has been to read the signposts around us — the silent markers along the path which offer needed guidance while in uncharted and unclear conditions.

Over the past 100 days, the Canadian Urban Institute has stepped up to support cities during this crisis (see **CUI COVID Resources** section) because we know how important cities are if we want to see people, communities, and our nation thrive. This work will continue. We are also committed to producing **COVID Signpost** reports every 100 days during this pandemic, until whatever time they are no longer relevant. The next report release and related conversations will take place on September 27, 2020.

In crisis there is opportunity. Ours is to thoughtfully examine what is happening around us, identify where we have lost our way, and help Canada's cities to find a better, more equitable, and more resilient path ahead.

We are committed to doing so — and we hope you are, too.

**THANK YOU
FRONT LINE**

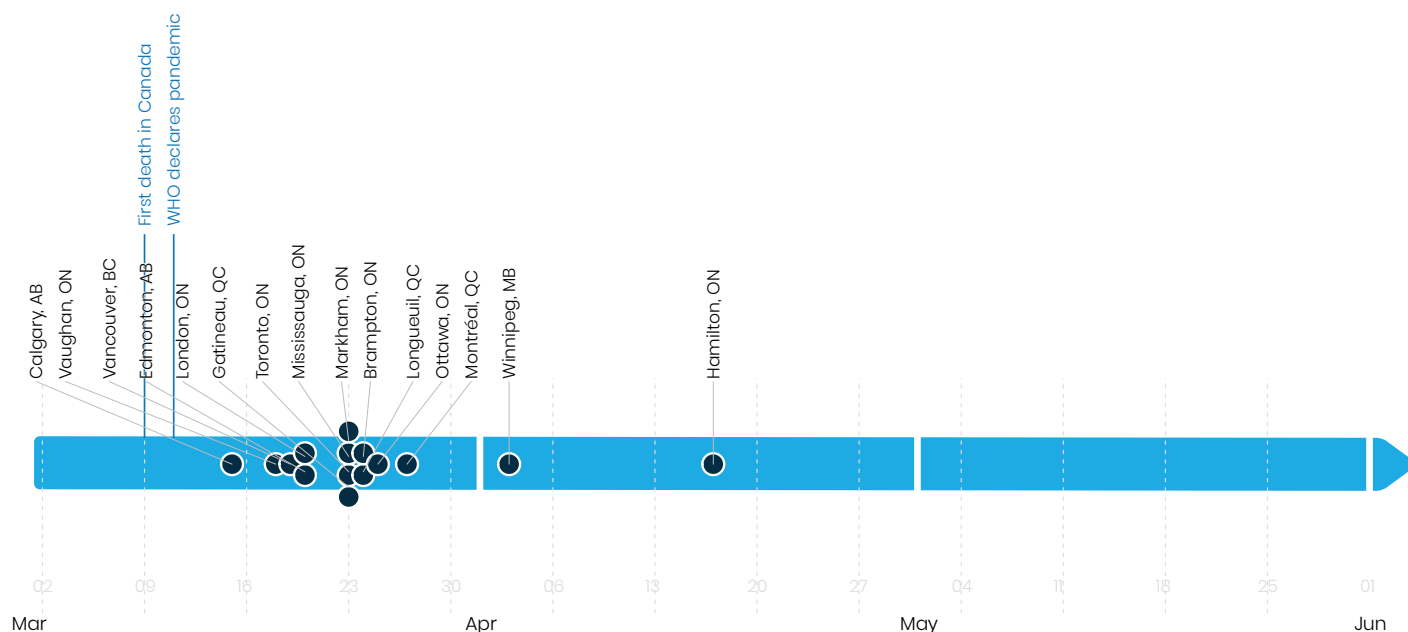


Timeline of Municipal Responses

The following timelines were generated with data from CUI's [Citywatchcanada.ca](https://citywatchcanada.ca), a volunteer crowd-sourced interactive website tracking the municipal responses to COVID. These visualizations provide a snapshot of the speed of municipal responses across a sample of Canadian cities.

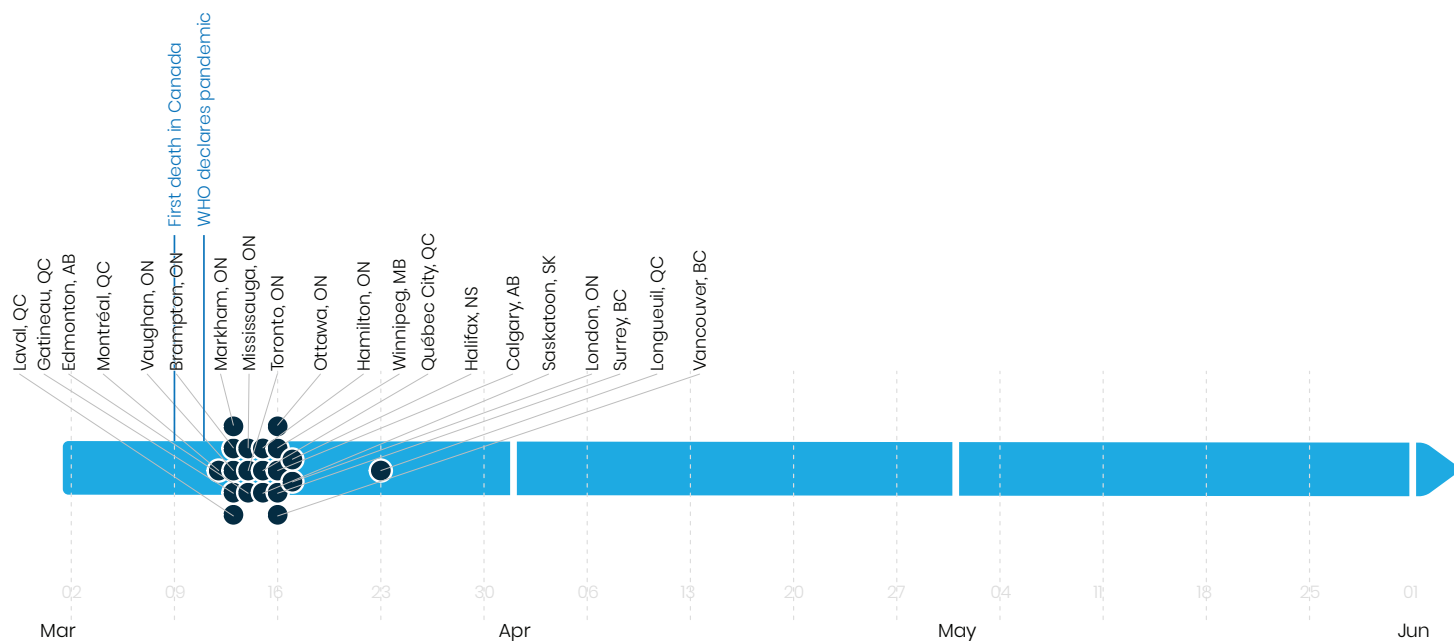
A state of emergency called by the municipality

Calling a state of emergency can be done at any level of government under a variety of different legislations and not every municipality chose to take that action. A state of emergency allows governments to take extraordinary powers in the midst of a crisis including suspending rights and controlling movements.



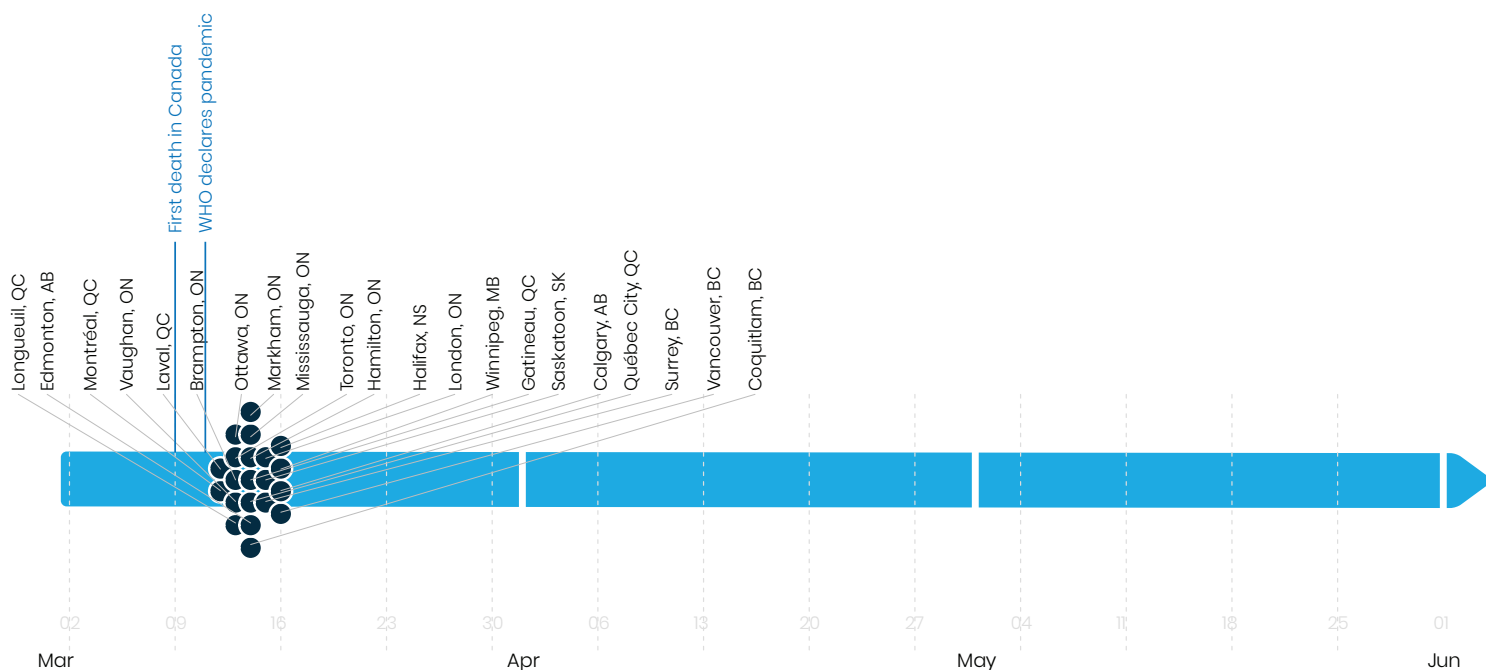
Recreation facility closures

In efforts to enforce physical distancing, municipalities were quick to close all recreational facilities early in the pandemic. As restrictions were slowly lifted, outdoor facilities including golf courses, tennis courts and skate parks were among the first to re-open with added safety measures .



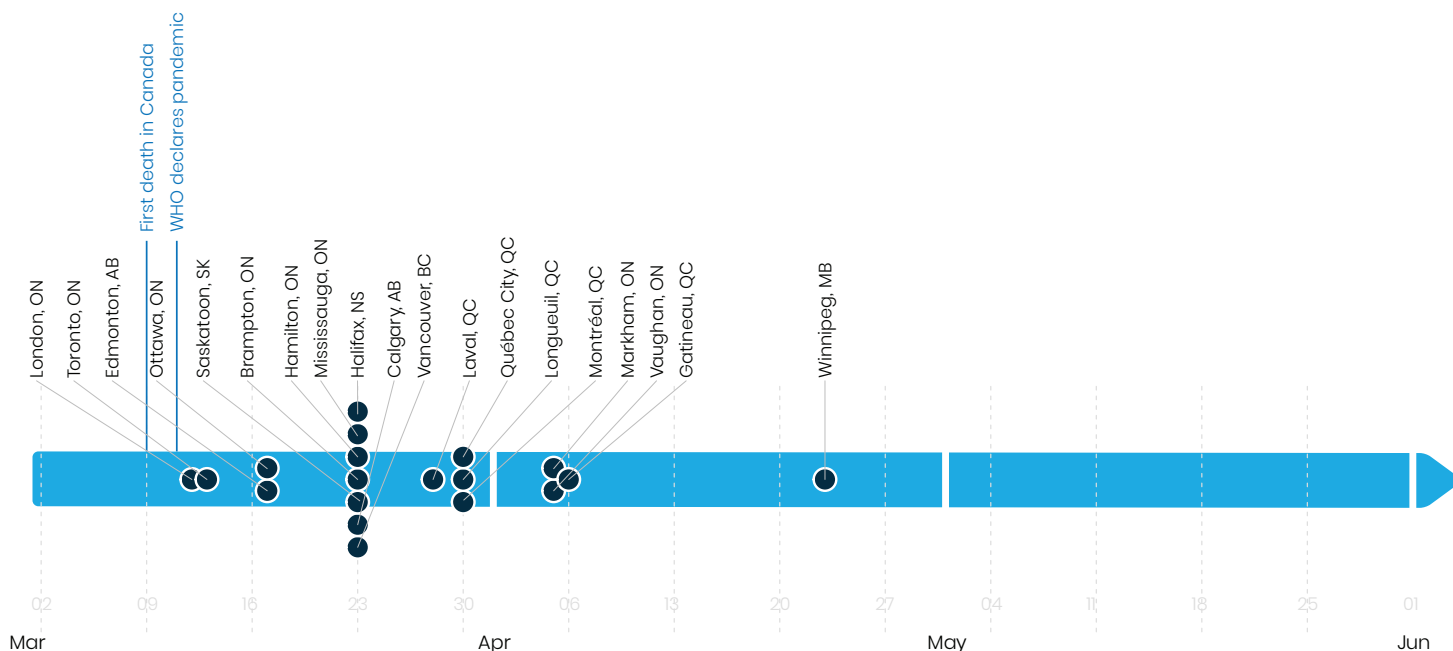
Library closures

Libraries were also among the first municipal facilities to close. In their absence, what became very clear was that libraries do much more than circulate books, also providing vital social connection and services to many of the community's most vulnerable. Many libraries showed remarkable innovation in providing different services virtually and online. Book lending first returned with curb side pick-ups.



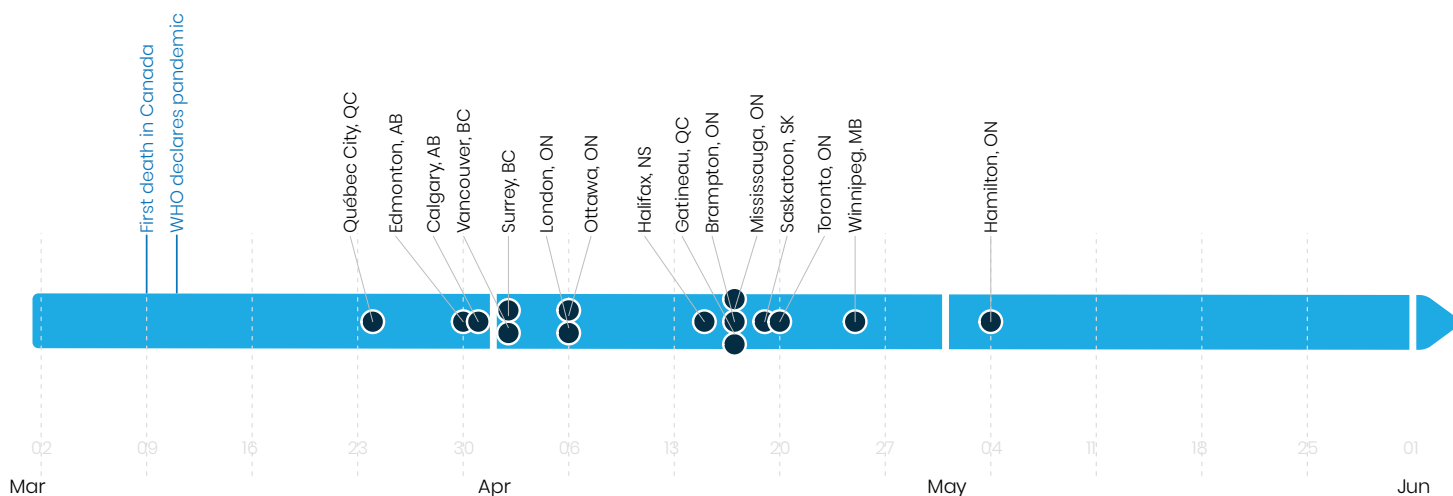
Reduced public transit

As pandemic lockdowns went into effect, public transit ridership plummeted but remained a critically important means of transport for many essential workers. Balances had to be struck between reducing service while at the same time supporting physical distancing of passengers on remaining vehicles. To protect drivers, rear door boarding was required on many surface vehicles, often meaning that fare collection was suspended.



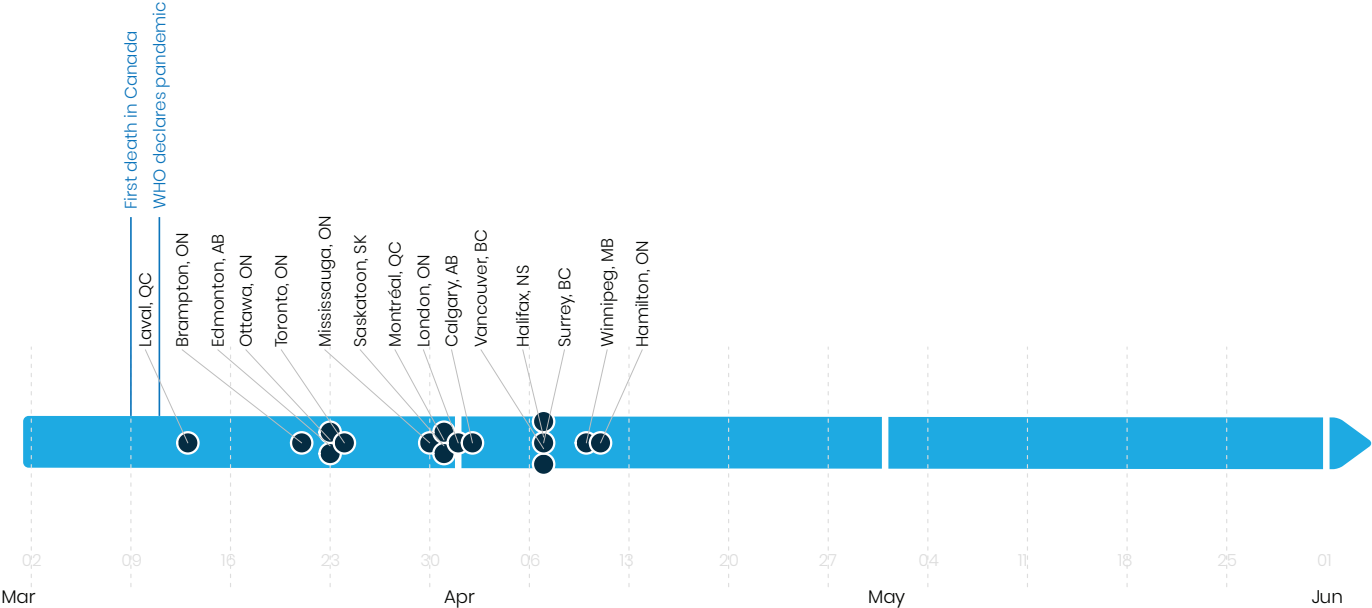
Layoff of municipal employees

Municipalities experienced significant losses of revenue almost right away in the form of absent user fees, deferred property taxes, waived fees and reduced transit fare collections. To control growing deficits, layoffs of city staff were widespread, starting with seasonal and part-time employees but often extending to permanent staff. In some cities unions negotiated options for staff to be redeployed to positions in support of COVID-19 responses.



Additional homeless shelters

The crowded conditions of emergency homeless shelters made the required physical distancing demanded by the pandemic impossible without additional spaces. Empty community centres and hotels were among the first spaces to be repurposed for additional shelter spaces and for isolation and recovery sites for the homeless experiencing COVID symptoms or infection.



Canadian Urban Institute – COVID Resources

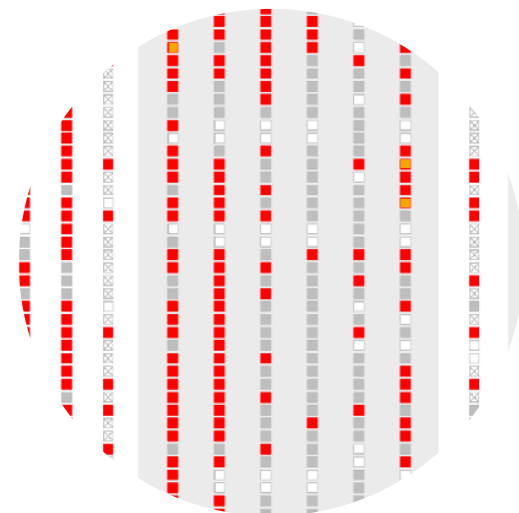
CITYWATCH

CityWatch is an interactive, crowd-sourced resource tracking how 60+ Canadian municipalities have responded to COVID, including changes to municipal services, governance processes, financial supports for residents and businesses and more.

[CityWatchCanada.ca](https://citywatchcanada.ca)

For more information, contact:

► **Daniel Liadsky (he/him)**, Data & GIS Specialist—
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CITYSHARE

CityShare is a collection of innovative, creative and resourceful solutions in communities across Canada in responding to COVID. To date, more than 500 ideas have been added to the site — as a key resource for sharing ideas between communities.

[CityShareCanada.ca](https://citysharecanada.ca)

For more information, contact:

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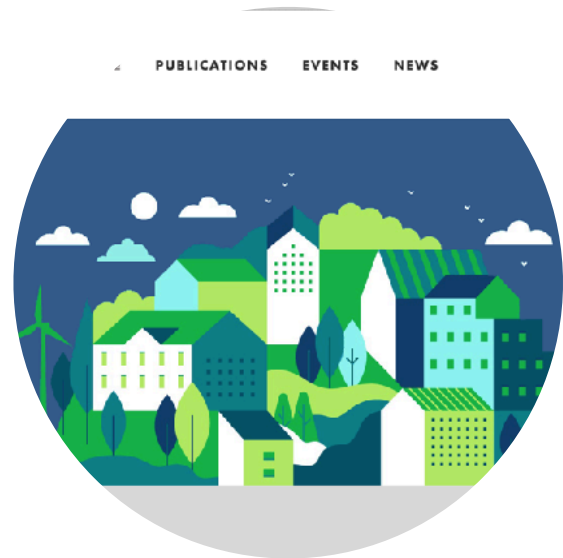
CITYTALK

CityTalk is a series for dialogue and discussion about COVID in cities. During the past 100 days, CityTalk has engaged more than 100 panelists in over 30 conversations, drawing an audience of more than 10,000 people spanning 400 cities.

[CityTalkCanada.ca](https://citytalkcanada.ca)

For more information, contact:

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BRING BACK MAIN STREET

Bring Back Main Street is a nationally-coordinated research and action campaign to ensure the people, business and organizations that call Canada's main streets home can recover and emerge from the crisis more resilient than ever.

[BringBackMainStreet.ca](https://bringbackmainstreet.ca)

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Kate Graham is the Director of Research at the Canadian Urban Institute. She holds a PhD in Political Science from Western University, and teaches part-time in the Political Science Departments at Western University and Huron University College. Before entering academia, she spent a decade working in municipal government, most recently as the Director, Community & Economic Innovation at the City of London.





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COVID Signpost Research Partners

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Advanis (advanis.ca) via its **TellCityHall / MaVilleÉcoute (tellcityhall.ca, mavilleecoute.ca)** program, contributed in-kind survey data based on surveys of more than 40,000 Canadians during the COVID pandemic. Advanis collected race and ethnic data as well as city-level data from the beginning of this crisis, providing rare, necessary, and needed insights. Appreciation is extended to **Gary Offenberger** and **Patrick Kyba**. For more information about the methodology followed in their surveys, please contact Advanis.

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- **Janet Ecker**, former Minister of Finance for Ontario and former President and CEO of the Toronto Financial Services Alliance
- **Irfhan Rawji**, Principal, Totem Capital Corporation

- **Jay Pitter**, International Placemaker, Author, and Senior Fellow, Equity-Based Placemaking, Canadian Urban Institute
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- **Jeff Fielding**, Former City Administrator & Manager (City of Toronto, City of Calgary, City of Burlington, City of London, City of Kitchener, City of Winnipeg)
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All of CUI's work is made possible by partners and funders across Canada. Together, we are building connective tissue across the country to connect and amplify the diverse ideas and voices across urban Canada. This paper does not necessarily reflect the views of our funders or partners.

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The growing list of program partner organizations that has been working with us since the start of COVID includes:

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