

COVID SIGNPOST 300 DAYS



A Snapshot of COVID in Canada's Cities at Day 300



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.

LETTER FROM PRESIDENT & CEO MARY W. ROWE

January 6, 2021



Dear Reader,

Like many, I was relieved to see 2020 come to an end. Facing a global pandemic and the myriad challenges it inflicted — sickness and loss of life, months of isolation, struggles with mental health, business closures and job losses, major changes to everyday life — made for a long, hard year.

But, it was also a year that put the resilience of urban Canada in the spotlight. We saw frontline and health care workers face heightened risks to provide the services we need most. We saw retailers and business owners adapt to provide goods and services in different, safer ways. We saw communities rise up, neighbourhoods come together, and local public servants step up to address unprecedented circumstances.

Indeed, cities have risen to the occasion. At CUI, we have spent the past 300 days supporting cities in these efforts: launching new platforms to showcase urban innovations, like [CityWatch](#) and [CityShare](#); convening hundreds of conversations and connecting thousands of urban leaders through [CityTalk](#) to learn from one another; and, taking moment in time snapshots of how COVID is impacting our cities every 100 days. [Signpost 100](#) was released in June 2020 and [Signpost 200](#) was released in September 2020. This **Signpost 300** report offers a snapshot as we pass the 300-day mark, with plans for a more comprehensive **COVID 365** examination in March 2021.

As we begin the new year, a severe second wave continues to cause tragic losses of life and major, potentially long-lasting disruptions to our ways of living — but hope continues to emerge, not only with the introduction of new vaccines, but in the ways people living in urban environments are finding more effective ways to make their cities more equitable, resilient and livable once again.

Bring on 2021.

A handwritten signature in blue ink that reads "Mary W. Rowe".

Mary W. Rowe (she/her)

President & CEO | Canadian Urban Institute | @rowemw

Canada's 20 Largest Cities

Day 300 Snapshot

42%

of Canada's
population

65%

of Canada's
COVID cases

10,725

COVID related
deaths

69%

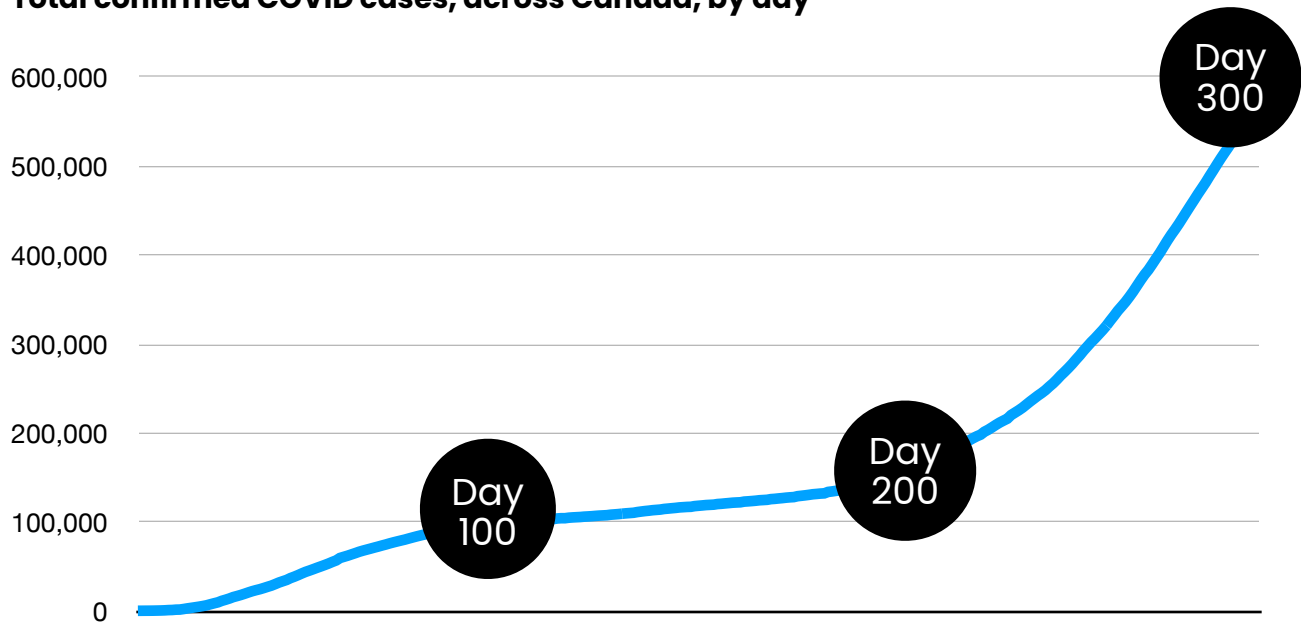
of Canada's
COVID deaths

WHERE WE ARE

On March 11, 2020, the World Health Organization (WHO) characterized the novel coronavirus SARS-CoV2 (“COVID”) as a global pandemic. As with past pandemics, COVID has primarily affected urban areas. The United Nations reports that 95% of global cases are in urban areas.¹ Canada’s 573,000 cases and 15,500 deaths to date² have been disproportionately in our cities.³ As of January 3, 2021, Canada’s 20 largest cities (representing 42% of Canada’s population) have experienced 373,319 confirmed COVID cases (65%) and 10,725 deaths (69%).⁴

What the COVID experience has looked like has been different in each city. As outlined in Table 1,⁵ some cities – Halifax, London and Vancouver – have experienced modest increases in the number of deaths per 100,000 people as the pandemic has progressed. In other cities, the second wave has been far more severe.

Total confirmed COVID cases, across Canada, by day



¹ United Nations, “UN-Habitat COVID-19 Response Plan” (June 2020).

² 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 December 30, 2020).

³ Canadian Urban Institute, *Signpost 100* (June 2020) and *Signpost 200* (September 2020).

⁴ These percentages have fluctuated slightly (from 64% of cases and 75% of deaths at Day 100) over the course of the pandemic – but the disproportionate impact of COVID on cities has been present from the beginning.

⁵ Based on local public health reporting in each city, as of January 3, 2021.

Table 1: Cases and deaths per 100,000 population, in Canada's largest cities

	CASES			DEATHS		
	Day 100	Day 200	Day 300	Day 100	Day 200	Day 300
Toronto	445.8	648.4	2306.5	33.7	43.1	71.8
Montréal	1264.6	1533.2	3585.4	148.2	168.3	188.1
Calgary	325.6	572.8	3115.7	7.9	8.8	26.5
Ottawa	213.9	360.9	1109.8	26.9	29.9	42.0
Edmonton	47.5	433.7	4647.6	1.3	7.2	59.2
Mississauga	386.2	483.8	1984.2	10.7	31.7	41.6
Winnipeg	30.8	100.4	2150.3	0.7	0.7	67.5
Vancouver	85.5	288.1	951.7	9.3	12.2	25.8
Brampton	420.1	876.0	4385.5	14.7	15.8	28.3
Hamilton	125.5	202.8	1207.8	5.6	8.6	33.0
Québec City	314.5	592.8	3464.2	26.3	38.7	132.0
Surrey	67.6	245.2	2023.4	3.8	5.0	31.1
Laval	1316.6	1592.9	4109.5	150.1	161.0	181.3
Halifax	213.9	214.6	292.0	13.2	14.1	14.1
London	135.0	195.9	840.2	13.5	14.9	25.1
Markham	124.3	274.2	1540.0	14.0	15.8	24.6
Vaughan	281.5	551.5	2263.6	30.0	37.6	52.9
Gatineau	143.7	306.8	1285.7	6.9	8.9	31.1
Saskatoon	45.5	104.8	1797.3	0.6	0.6	12.2
Longueuil	534.4	749.6	2192.4	35.9	45.6	74.4

WHAT HAS CHANGED

Between Day 200 and Day 300, a second COVID wave has dramatically increased the cases and deaths across Canada, including in many of Canada's largest cities. At the Day 200 mark, Edmonton had just over 4,000 cases and 67 deaths. By Day 300, its case count exceeded 43,000 with more than 550 deaths. As we reach Day 300, many cities find themselves in lockdowns or under other significant restrictions on everyday life. The impacts of the pandemic's escalation are profound. Even for the fortunate Canadians who never contract COVID, many aspects of life have changed.

The other major development between Day 200 and Day 300 was the approval of two vaccines: Moderna (mRNA-1273) and Pfizer-BioNTech (Tozinameran or BNT162b2). Vaccination programs have begun to roll out in each province and territory, focused first on the most vulnerable populations and the healthcare workers who support them. However, even with widespread vaccinations on the horizon, uncertainty remains about at what point life will return to "normal" and the pandemic will be "over." This uncertainty poses challenges for people and businesses alike.

Our knowledge about the pandemic and how it is affecting urban Canada has also continued to advance over the past 100 days with a few particularly noteworthy developments.

First, it is now widely acknowledged that COVID is deepening existing inequities in our cities. Months into the pandemic, data reports began to repeatedly confirm what experts feared: COVID was disproportionately affecting racialized communities. Toronto Public Health data found that racialized populations made up over 80% of the city's COVID cases.⁶ A strong correlation was found between neighbourhoods in Montréal with high COVID cases and those with high percentages of Black residents.⁷ Other groups have also been found to be particularly vulnerable to COVID including seniors, women, and people living with disabilities.⁸

⁶ City of Toronto, "COVID-19: Status of Cases in Toronto - Ethno-Racial Group, Income and COVID-19," City of Toronto (October 2020).

⁷ Ibid.

⁸ Dr. Teresa Tam, *From risk to resilience: An equality approach to COVID-19* (October 2020).

Why is this? In her October 2020 report,⁹ Canada's Chief Public Health Officer Dr. Theresa Tam acknowledges that *the health and well-being of Canadians was not equal before COVID*. In other words, some populations, including racialized communities and people living in poverty, were already experiencing inequities in terms of their health outcomes. Layer on the COVID pandemic, and we see these inequities being intensified. Dr. Tam adopts a model of public health disparity (which was initially developed for influenza) as a way to use an equity lens to explore how COVID has affected various populations. The model understands that there are multiple and intersecting factors involved, grouped into three key areas:

- **differential exposure**, meaning the “material circumstances of life” including inability to work from home, job security, access to paid sick leave, living conditions (number of people in the household, number of household units in residence), reliance on services such as public transit and childcare;
- **differential susceptibility**, referring to biological factors such as age, exposure to disease, underlying health issues including mental health, and behaviours such as smoking or nutrition; and
- **differential treatment**, in terms of access to and experiences with the health care system, including obstacles to accessing care such as inability to access care in one's own language, financial or logistical barriers, and access to services based on location.

These differential impacts can be intertwined. For example, people living in long-term care may face both differential susceptibility (due to age or health) as well as differential exposure (due to living in close proximity to larger numbers of other people). Other factors such as income, education and age can also create different kinds of risk for different groups of people.

In other words, there is no single predictor of how a group of people will be affected by COVID; rather, there are multiple intersecting factors to be considered. And, the data overwhelmingly suggests that there are strong patterns emerging where these *combined factors* lead to racialized communities being disproportionately affected.

⁹ Ibid.

Second, deepening inequalities are being experienced at the neighbourhood level – and although progress has been made, we continue to lack sufficient data to understand what this will mean for cities.

At the beginning of the pandemic, COVID data was reported only at the provincial and territorial level, with the lowest level being a health region or area. Despite clear evidence that the spread of COVID is disproportionately affecting cities, there was no nationally reported city-specific data about COVID cases or deaths. This has evolved in the past 300 days. Now most provinces report city or regional-level COVID data on a daily basis, and many cities have their own COVID dashboards or equivalent. Some cities are now providing more localized data and analysis at a neighbourhood level. The City of Toronto provides daily neighbourhood-level data which can be explored through a [geospatial mapping tool](#). Santé Montréal has a [portal providing data](#) by borough and neighbourhood, and has started to add some vaccination information as well.

As this data and analysis becomes more available, the emerging findings are concerning. Public Health Ontario reported that 65% of Ontario's COVID cases were people living in neighbourhoods with the highest levels of diversity.¹⁰ Individuals from low-income households in Toronto (with household income of under \$50,000) made up half of the city's COVID cases, but represent only one-third of the population.¹¹ Montréal's public health data found 2.5 times more people with COVID in the city's most disadvantaged neighbourhoods.¹²

Despite these examples, our understanding of the neighbourhood-level impacts of COVID is not complete. For most cities in Canada, neighbourhood-level data related to COVID is not available. Advocates have been asking for this kind of information in cities across Canada. More than twenty service providers in Vancouver, for example, signed a letter in November 2020 asking the provincial government to provide data for the Downtown East Side neighbourhood to better understand COVID impacts at that scale.¹³ Examining the COVID risks and vulnerabilities related to the characteristics of the population in each neighbourhood is a needed exercise to understand the relationship between places and cases.

¹⁰ Public Health Ontario, "COVID-19 in Ontario - A Focus on Diversity," (May 2020).

¹¹ Ibid.

¹² Santé Montréal, "Unequal Toll of the Pandemic," Gouvernement du Québec (2020).

¹³ Justin McElroy, "Downtown Eastside organizations pushed for COVID-19 data transparency – and then cases surged," *CBC News* (November 17, 2020).

Third, COVID has had a devastating effect on main streets and downtowns. Main street small businesses have been asked to help curb the impact of COVID by meeting a range of new safety protocols, and in many areas of the country closing their doors to in-person sales for extended periods, shutting down indoor or outdoor dining. The lack of social and cultural events, tourism, office workers, students, and low overall consumer confidence has led to drastically lower foot traffic. The resulting reduced revenues have crippled many main street businesses, who are struggling to maintain staff and pay ongoing commercial real estate costs.

The impacts on downtowns and central business districts (CBDs) in Canada's big cities have been the most severe. Overnight, downtowns went from hives of activity and foot traffic to eerie ghost towns. Millions of office workers have moved to work-from-home arrangements, with devastating consequences for retailers, restaurants and other establishments that support CBDs. Downtowns have seen drastic increases in vandalism, crime and street activity. Many services and facilities serving those experiencing homelessness, mental health or addiction challenges, which are often located on main streets, have had their service delivery disrupted, limited, or closed due to COVID restrictions, and have not had the resources to keep up with growing community need.

This has a critical impact on our communities. Main streets and the small businesses found there are critical to our economy – almost 98% of businesses in Canada are small businesses that generate almost half of the country's GDP and employ 70% of Canada's private labour force. They are also hubs of social, cultural, and civic activity and critical to quality of life and prosperity of communities. They support community inclusion, safety, and health, by, for example, enabling new immigrants, and minority or vulnerable populations facing barriers to employment to open businesses. The informal interactions that take place between different types of people on main streets is crucial to fostering acceptance of diversity and building social cohesion.

LOOKING AHEAD

Our experiences with COVID depend on *who we are* and *where we live*. This has been a consistent learning through much of the Canadian Urban Institute's work over the past 300 days to support Canada's cities through the COVID pandemic. Both of our [Signpost reports](#) (at Day 100, in June 2020 and at Day 200, in September 2020) point to the disproportionate impact of COVID on cities. [Bring Back Main Street](#) brings

partners together to support the much needed revival of urban main streets as keys to the health of our cities and neighbourhoods. As the economic toll of COVID lockdowns has intensified, we have added a parallel campaign, [Restore the Core](#) to address the dire consequences being seen in Canada's downtowns, with the collapse of the commercial, culture and hospitality sectors.

Now in our 10th month, the jury is in: city life will never be as it was, and we are continuing to connect with partners across Canada to emerge with solutions that systemically address the need for housing first solutions, addressing poverty and homelessness in urban cores, and coping with the heightened expectations facing municipal public servants towards modernizing services.

COVID is a predominantly urban crisis — and it will require urban solutions. We must ensure that local leaders are empowered to drive the solutions their communities need, and have the resources that will be required to respond to COVID and the myriad problems which will linger in its wake.

While there is much we do not yet know about the long-term impacts of COVID, we do know that the implications for Canada's cities are profound. We must continue to read the signposts around us — the markers along the path which offer needed guidance while in uncharted territory.