

RESEARCH UPDATE

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Research Update is a volunteer-driven publication that strives to provide stakeholders and community members with up-to-date reviews on recently published social research reports and publications.

HOMELESSNESS AND COVID-19: A LOOK INTO SYSTEM AND SHELTER IMPACTS AND RESPONSES IN 2020

A review by Jayme Wong

“System Impacts and Responses” and “Shelter Impacts and Responses” are both part of a three-part series called *A Brief Scan of COVID-19 Impacts on People Experiencing Homelessness* written by Jakob Koziel, Maria Savidov, and Andrea Frick. The series was published in 2020 by the Bissell Centre, an Edmonton-based non-profit organization that works with communities to empower people to move from poverty toward cultural, social, and economic prosperity. The first part of the series, “Health Impacts and Responses” can be found on the Homeless Hub’s website (see source link).

Research for part two, “System Impacts and Responses,” and part three, “Shelter Impacts and Responses,” was conducted between March and September, 2020. The authors state in part three that it “is not meant to be an academic paper or systematic review but rather a summary and snapshot of the emerging media reporting and academic investigations of the pandemic’s impact on [vulnerable] populations during a specific timeframe” (p. 4). They suggest that the series’ purpose is to spark further research interest into the links between homelessness and COVID-19.



Koziel et al. suggest that COVID-19 will cause a greater burden on the hospital care system and that individuals experiencing homelessness “will be twice as likely to be hospitalized and two to four times more likely to require critical care than the general population . . . in addition to a higher infection and fatality rate” (p. 4). In “Shelter Impacts and Responses,” the authors state that transmission rates are especially high among individuals experiencing homelessness due to transiency, challenges to physical distancing in crowded and communal spaces, and the lack of access to personal protective equipment (PPE).

The number of individuals experiencing homelessness is predicted to increase due to rising trends in unemployment and home evictions. Social service agencies are anticipating an increase in the need for housing support. Providing more options for permanent housing is the best solution to combat COVID-19 among homeless populations, the report suggests. This is due to the fact that permanent housing supports opportunities for isolation and reduces the strain on hospital and shelter space. However, a long-term solution is only possible if access to food, health education, and resources for addiction, mental health, and trauma are also available.

Temporary housing in hotels or motels is considered the second-best strategy to mitigating system impacts. Converting unused public space into temporary housing is a promising alternative to shelters, which may already be over-capacitated or forced to turn people away due to social distancing measures and limited bed space. However, using public spaces to house individuals experiencing homelessness is not a permanent solution. These public spaces lack the additional resources needed to provide food, hygiene, and testing, and are not staffed with people equipped to deal with trauma, homelessness, and drug use. In part two, Koziel et al. state that “sheltering those experiencing homelessness is the preferential strategy in mitigating the spread

of COVID-19 compared to doing nothing” (p. 6). The temporary housing strategy has been successfully utilized in several American and Canadian cities, including Edmonton.

Despite the significant system and shelter impacts, Koziel et al. note that innovative collaborations have developed as a result of the unique issues posed by COVID-19. These collaborations include partnerships between non-profit organizations and governments to provide more resources to homeless individuals, restaurants and food banks to provide meals to camps and medical services, and even health care providers and telecom companies to provide affordable phone services that help isolated individuals stay connected.

The reports fail to adequately address responses and strategies on mitigating shelter impacts. Koziel et al. suggest three responses: (1) enforcing protective measures in shelters (e.g., social distancing and PPE), (2) enforcing shelter closures and restrictions, and (3) finding alternatives to shelters. Given the already limited funds and resources accessible to shelters, protective measures are difficult—reduced staffing makes it difficult to consistently and constantly disinfect areas; social distancing in shelters is challenging due to the rising number of individuals facing homelessness. Even the authors admit in part three that, although protective measures are the most effective to prevent the spread of infection, “addiction and mental health challenges among residents, as well as a lack of medical care access, can make it difficult for residents to adhere to public health directives while costs and potential unavailability of PPE may make it difficult to implement PPE procedures” (p. 5–6). Similarly, shelter closures and restrictions may cause more problems for people seeking shelter and additional support, and alternatives to shelters, as discussed in part two, are only temporary solutions.

While the series was only published in 2020, we are now living the reality of the research predictions. Evidence of the disproportionate impact of COVID-19 on people experiencing homelessness is supported by emerging research. The trends observed within the three-part series will only increase and worsen if social action is not taken immediately.

PUBLICATION SOURCE:

Koziel, J., Savidov, M., & Frick, A. (2020). *A brief scan of COVID-19 impacts on people experiencing homelessness*. Bissell Centre. <https://www.homelesshub.ca/resource/brief-scan-covid-19-impacts-people-experiencing-homelessness>

GET TO KNOW OUR VOLUNTEER:

Jayne Wong graduated from the University of Lethbridge in 2014 with a BA in English and Philosophy, and more recently graduated from the University of Alberta in 2020 with an MA in English and Film Studies. She currently works at a local non-profit, the Learning Centre Literacy Association.

PRIVATIZATION PRESSURE IN ALBERTA HEALTH CARE

A review by Jessica Shannon

Authored by Alison H. McIntosh, an Edmonton-based academic researcher and organizer, *Privatization Pressures in Alberta Health Care* was published by Parkland Institute (2020), an Alberta research network that examines public policy issues.

McIntosh discusses the current pressures to expand privatization within three areas of Alberta's health care system: diagnostic laboratory services, home care, and telehealth. Revealing parallels between the United Conservative Party's (UCP) privatization effort and public sector budget cuts with Klein-era neo-liberal policies, McIntosh highlights a reoccurring pattern of adverse effects that impact working conditions, equitable access to care, and quality of care for Albertans.

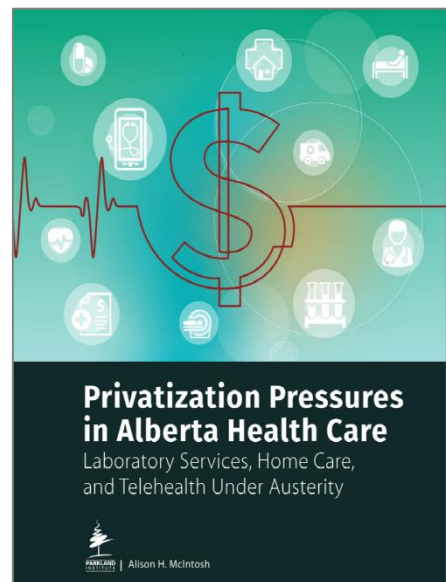
Diagnostic Laboratories

The Klein-era of the 90s saw massive cuts to diagnostic laboratories, leading to a restructure and ultimately a "brain drain" of experts from the province. The consequences resulted in a shortage of skilled workers who could run these labs. Diagnostic errors increased—which remains an issue. Even so, McIntosh reports that there has been some success in moving service delivery to private non-profit labs. However, it is difficult to compare costs between private non-profit and for-profit labs at this time. The author recommends greater government oversight of transparency and accountability within the for-profit private sector's health services, as well as provisions for standards of care and necessary skill level.

Home Care

The privatization of home care, McIntosh reports, is problematic because profit margins in this sector are low. Such margins underscore how home care workers and recipients—often already marginalized populations—are placed at further risk when this vital service is privately contracted out. McIntosh recommends the expansion of the Canada Health Act to accommodate formal care, insured under universal health care. Moreover, unions should increase capacity for bargaining power with governments. Both measures would ensure equal access to care for all patients and improve working conditions and living wages for workers.

Bolstering her argument, McIntosh points out that home care is a tool meant to promote independence within homes and communities. It is also preventative in measure, cost-wise and health-wise. For events related to long-term care, a "one-day stay in the hospital can cost up to \$1,000, while a day in a long-term care facility costs around \$130, and home care costs about \$55" (p.16). Furthermore, those receiving formal home care experience increased physical and mental health. There lies a balance between fiscal and qualitative measures, however, the current UCP budget does not reflect this balance. Rather, it fixates on the fiscal at the expense of the health outcomes and needs of Alberta's aging population.



McIntosh also reports that expanding public home care services could greatly improve the lives of not just recipients of this service but also the lives of informal caregivers, freeing them up to generate more income and pension contributions. A better quality of life for both parties—such are the benefits of a public form of home care.

Telehealth

Telehealth is a tool meant to expand access to care. However, McIntosh points out that the target populations of telehealth services (e.g., rural populations or seniors) have not been reached. Instead, younger urban populations are utilizing these services. Moreover, McIntosh reports that telehealth is often overused due to ease of accessibility, leading to a decrease in quality of care. The danger is that publicly funded health care sees an increased usage of these services, yet this rise in frequency and cost does not necessarily correlate to improvements in care or equitable access.

Discussion

McIntosh provides an informative overview of relevant issues regarding health care privatization in Alberta, related to three key areas that the UCP government wishes to capitalize on. She clearly discusses what these intentions mean for Albertans and their health, doing well to show that the debate to privatize needs go well beyond questions concerning “the bottom line.” A sharp reminder echoed through the report: cuts to public funds means costs are recuperated elsewhere, whether through working conditions, quality of care, or patient outcomes—all of which are ultimately cuts in quality of life for Albertans. The irony is that these three areas ought to be considered as the primary measures for a sound health care system—not only fiscal measures.

Fiscal considerations alone, the report shows, clearly fall short of providing adequate care for Albertans. Profit motives do not translate well into motives to improve outcomes for those involved with health care services—whether for staff members, patients, or informal caregivers. That said, McIntosh does well to show that fiscal concerns are important too, and that in some areas, such as home care, both may be possible.

McIntosh makes a clear case for the power of investing in a public service and how a healthy society is a prosperous society. Her report begs the question: if government support and oversight—as well as transparency, fair wages, expertise, and standards of care—are all related to health outcomes, can we afford to neglect them? Can we really afford the many and varied hidden costs of privatization?

PUBLICATION SOURCE:

McIntosh, A. H. (2020). *Privatization pressures in Alberta health care: Laboratory services, home care, and telehealth under austerity*. Parkland Institute.

https://d3n8a8pro7vhm.cloudfront.net/parklandinstitute/pages/1801/attachments/original/1599505978/privatization_pressures.pdf?1599505978

GET TO KNOW OUR VOLUNTEER:

Jessica has a background in Kinesiology and Physical Therapy from Dalhousie University (2016) and the University of Alberta (2019), respectively. A local to Edmonton, Jessica cares about her community and how health and wellness policy impacts the activity, mobility, and well-being of its citizens.

MOVING FORWARD AND BUILDING BACK BETTER: POLICY CONSIDERATIONS FOR A RESISTANT, RESILIENT, AND RESPONSIVE CANADA

A review by Harnoor Kochar

Renewing the Social Contract: Economic Recovery in Canada from COVID-19 is a report published by the Royal Society of Canada's Task Force on COVID-19. The Task Force, composed of academic and policy experts from across Canada, has provided recommendations to inform the decisions of policy-makers in the response to challenges of the pandemic.

The economic and health crisis caused by the COVID-19 pandemic has amplified socio-economic inequalities and inadequacies in Canada's social and crisis infrastructure and policies. In order to "build back" a better Canada from the devastation caused by the pandemic, the report's authors argue that the recovery needs to be guided by three principles: resistance to future crises, resilient societal structures and policies, and effective response plans. The recommendations made by the authors fall under four categories:

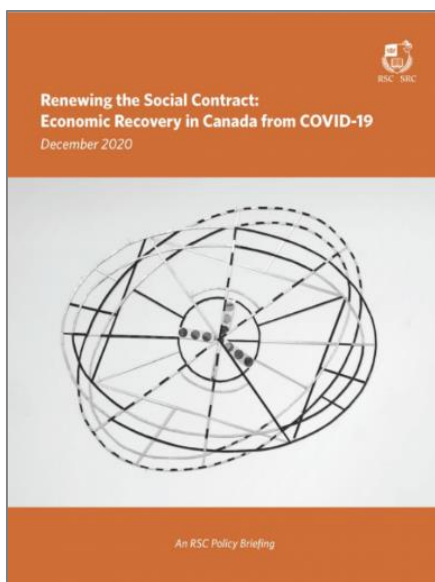
- renewing the social contract (policies that strengthen and enlarge the existing social safety net),
- reinvigorating the economy,
- enabling innovation, and
- improving crisis policy responses.

The authors focus on national-level policy innovations that will be essential to making Canada's economic and social infrastructure more resilient to large-scale upheavals created by the next crisis. The authors draw

attention to policies such as a guaranteed basic income and universal child care to protect the income and labour participation of vulnerable groups from large economic shocks. They also emphasize the need to improve crisis response, primarily by "establishing Standing Crisis Response Teams, made up of a broad range of experts" (p. 7), funding data collection, and increasing citizens' engagement within the policy-making process.

Although the report focuses on innovating policies that will help policy-makers weather the next crisis, it does not consider how federal, provincial, territorial, and nation-to-nation partnerships will be critical to the success of these initiatives. The authors argue that "federalism has failed us by impeding a national response" (p. 10), exacerbating pre-standing intergovernmental tensions, and obstructing collaboration and co-operation for urgent policy priorities. In presenting this argument the authors fail to acknowledge two significant lessons from the pandemic

response thus far: the critical role played by intergovernmental collaboration in addressing the challenges arising from the pandemic, and the importance of interprovincial, territorial, and nation-to-nation variation in response to crises. The way that federalism has allowed for collaboration and co-operation to address the



multifaceted crisis created by the pandemic has demonstrated that intergovernmental collaboration will be essential to successfully tackling complex policy issues such as health care and the climate crisis. If the report recommendations, such as guaranteed universal access to child care, are to be implemented, then cross governmental collaboration on policy issues will be critical.

More importantly, federalism also allows for variation in crisis response. Although the authors argue that this creates inefficient responses to urgent crises, even if this were true to some degree, variation is crucial to implementing policies that fit the unique needs of different communities. It is an advantage, not a detriment, of federalism that responses can accommodate local complexities. Instead of looking at other sub-jurisdictions as the problem, cross governmental collaboration must increase to ensure that policy-makers can close the gaps or address any oversight when creating and implementing solutions to multi-layered issues.

PUBLICATION SOURCE:

McCabe, C., Boadway, R., Lange, F., Gold, E. R., Cotton, C., Adamowicz, W., . . . Tedds, L. (2020). *Renewing the social contract: Economic recovery in Canada from COVID-19*. Royal Society of Canada. https://rsc-src.ca/sites/default/files/Econ%20PB_EN_3.pdf

GET TO KNOW OUR VOLUNTEER:

Harnoor Kochar (she/her) is a fourth-year political science student at the University of Alberta. Her research interests include representation, ethnicity, multiculturalism and the way in which they intersect with Canadian politics. She lives and learns on Treaty 6 in Edmonton.

YOUTH EMPOWERED: USING PARTICIPATORY ACTION RESEARCH TO UNDERSTAND AFRICAN, BLACK, AND CARIBBEAN YOUTH EXPERIENCES WITH MENTAL HEALTH

A review by Asheika Sood

African, Black, and Caribbean (ABC) youth in Alberta face “increased risk of poor mental health” (HIPP, p. 5), however, despite this knowledge, there is still minimal research on the unique barriers they face. A recent study, *A Participatory Action Research Project to Promote the Mental Health of African, Black and Caribbean Youth in Alberta* attempts to address this gap by exploring the experiences of these youth and the barriers they face to access mental health services in the province.

The study was conducted by a research team lead by Dr. Bukola Salami, an associate professor in the Faculty of Nursing, University of Alberta. The report was published by the Health and Immigration Policies and Practices Research Program (HIPP)—a policy research group housed in the Faculty of Nursing and focused on “the health of the most vulnerable groups of immigrants, including those with precarious migration status” (UofA, n.d.). Co-investigators for the study were cross-disciplinary from the Faculty of Nursing, the Department of Women’s and Gender Studies, and the Department of Pediatrics. The research team was also supported by an advisory committee that included ten ABC youth, seven of whom worked as “research assistants and participated in conducting interviews, analyzing data, and writing reports” (p. 9).

The study used both a participatory action research (PAR) approach—“a collaborative power equalizing approach that sees community members as equals, active in the research process, as well as experts on the issues being studied” (p. 9)—and a youth empowerment model that allowed youth to be “decision-makers and collaborators throughout the research process” (p. 9). By using these methods, the research team aimed to provide evidence that was grounded in the lived experiences and realities of ABC youth in Alberta.

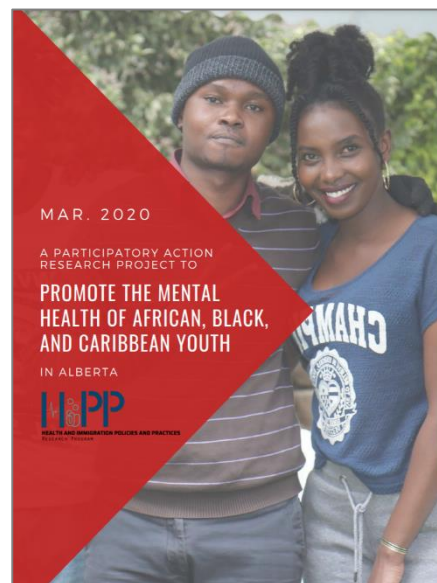
The key findings list four factors that impact mental health:

- cultural expectations,
- racism and discrimination,
- openness about mental health, and
- establishing a sense of community.

Cultural expectations and racism have a negative effect on ABC youth’s mental health, while openness about mental health and establishing a sense of community have a positive effect.

There were four formal barriers identified to accessing mental health supports, which included:

- the cost of mental health services,
- location of services, or “geographical barriers,” that are inaccessible either due to cultural comfort or lack of public transportation,



- lack of ABC representation in service provision, and
- lack of knowledge around mental health and services for ABC youth and families.

There were also three informal barriers identified to accessing mental health supports for ABC youth:

- stigma and judgementalism—that is, stigma from ABC communities about accessing mental health care,
- the intergenerational gap in understanding mental health—in which youth have increasing knowledge about mental health but older generations may feel less comfortable with or informed on the topic, and
- a culture of independence that emphasizes self-reliance and discourages financial or emotional reliance on others.

The report also highlights three “self-strategies” that ABC youth have been using to get support in the face of a lack of formal mental health supports, such as:

- peer support—relying on peers for emotional support,
- religious teachings and practices—turning to religious teachings during times of struggle, and
- self-imposed isolation—which many participants recognized was an unsustainable reaction to mental health concerns, but was often seen as the only option when other avenues were unavailable.

The report includes a series of recommendations for policy makers, service providers, and ABC communities to better support the mental health of ABC youth.

Some of the key recommendations for **policy-makers** include: “subsidize the cost of mental health services” (p. 34), “implement mental health into school curricula” (p. 35), and “fund safe spaces for youth” (p. 36).

Recommendations for **service providers** include: “hire more ABC service providers” (p. 37), “develop cultural competency training programs for mental health professionals with components in anti-Black racism” (p. 37), and “partner with ABC communities” (p. 38).

Finally, **ABC community** recommendations include: the “creation of mental health spaces within the community” (p. 40), and “strengthening intergenerational relationships” through educating ABC parents on ABC youth mental health (p. 41). Another recommendation is to “integrate intersectionality perspective” (p. 41) which involves looking at how different identities of ABC youth outside of their heritage—such as gender, class, and LGBTQ2S+ identity—shape their access to support in ABC communities.

For a complete and detailed list of all recommendations please see pages 33–41.

The reader gets a clear sense of the experiences and barriers faced by ABC youth in accessing mental health services, particularly in the sections on the four factors that impact mental health and the formal and informal barriers faced. In these sections, quotes paint a vivid image of lived experiences dealing with mental health. One weakness in this report is that ABC youth participant quotes are not used at all in the recommendations section. Given that this study was done using a PAR approach, it would have been beneficial to include youth quotes to see youth empowered not only to speak on the issues they face, but also their vision for a better future.

It is incredible to see collaborative research involving youth in an advisory capacity and as active research assistants to the project, but it would also be helpful to understand how the participant youth viewed the research and whether they felt it was collaborative. It is unclear if ABC youth participating in this research, particularly those who worked as research assistants, were provided financial compensation. Ideally, this should be disclosed to show whether there was remuneration for their labour.

Altogether, the report provides an interesting framework and example of how research can be conducted in collaboration with marginalized youth to ensure their voices and lived experiences are central to designing solutions to the issues they face. It also provides valuable insights into the unique barriers ABC youth face in accessing mental health services, and offers meaningful recommendations on how to ensure these services are more readily available for ABC youth.

PUBLICATION SOURCE:

Health and Immigration Policies and Practices. (2020). *Promote the mental health of African, Black, and Caribbean youth in Alberta*. https://policywise.com/wp-content/uploads/resources/2020/03/2020-03MAR-24-Final-Report-17SM-Salami_.pdf

ADDITIONAL SOURCE:

University of Alberta. (n.d.). *Health and Immigration Policies and Practices*. University of Alberta Faculty of Nursing. <https://www.ualberta.ca/nursing/research/research-units/health-and-immigration-policies-and-practices/index.html#:~:text=The%20Health%20and%20Immigration%20Policy,those%20with%20precarious%20migration%20status>

GET TO KNOW OUR VOLUNTEER:

Asheika Sood (she/her/they) is a settler born in Treaty 6 territory in amiskwaciy-wâskahikan or the lands currently known as Edmonton. Her family originates from Punjab, India. She is passionate about listening and doing work that aligns with the interests of community.

BASIC INCOME AS A PANDEMIC RECOVERY OPTION

A review by Mohamed Mohamed

In *A Federal Basic Income Within the Post COVID-19 Economic Recovery Plan*, the Royal Society of Canada (RSC) Task Force, led by the Honorable Hugh Segal, Evelyn Forget, and Keith Banting, examine the impact that COVID-19 has had on poverty in Canada. The report shines a light on how poverty has been a long-standing issue—that predates the current pandemic—due to changes in the labour market, alongside a reduction in social programming. It also suggests ideas on how to tackle poverty in a substantial manner.



COVID-19 has had a profound impact on the Canadian economy, both from a macro and micro standpoint. The pandemic has added extra strain on those who are unemployed or part of the working poor. It has also revealed ongoing issues with the country's income security system, which had to be propped up through emergency measures such as wage subsidies for businesses and the Canada Emergency Response Benefit (CERB)—the latter acting as a form of universal basic income. Without the addition of these economic programs, existing income supports would not have been adequate for the impending financial distress.

As the RSC Task Force notes, none of this should be a surprise. The longstanding problems with income insecurity in Canada can be traced back to two key factors: changes in the labour market and a decline in social programming. Canada's labour market has shifted from a

traditional form of employment to what has been termed the “gig economy”—that is, types of non-traditional work through self-employment and contract. Individuals who are part of the gig economy tend to live financially precarious lives. Furthermore, cost-cutting to social programs that are essential to low-income citizens, like unemployment benefits, has created a system full of gaps where protection against poverty is unequal and leads to an increase in the overall rates. These outcomes are clearly reflected when comparing Canada to other democratic nations within the OECD, where we rank poorly in total poverty rates, as well as poverty rates among children and seniors. Canada also ranks below average in total social expenditure as a percentage of gross domestic product.

One solution that has picked up steam during the pandemic has been that of a universal basic income, particularly given the success of CERB. The authors bring up examples such as Finland's basic income experiment and Canada's Mincome project, remarking on the great success that these programs had—even in the short term—to improve physical and mental well-being. The report reinforces the growing notion that having a sufficient basic income program will lead to better life outcomes for families and communities overall.

Of course, implementing basic income is easier said than done—particularly in Canada where there are federal and provincial jurisdictions. Roadblocks to implementation include public and government risk averseness and opposition from leaders focused on budget lines. To combat this, the RSC Task Force recommends a federal initiative for universal basic income that is paid monthly to citizens aged 18 through 64. Individuals with no income would receive the full benefit and those with sources of income would receive a proportional amount.

As well, the benefit would be delivered in a similar manner to CERB. The RSC Task Force frames this as offering universal basic income at the federal level as an investment against poverty, which should lead to an increase in the quality of life for Canadians. What COVID-19 has done is expose Canada's declining social safety net. A universal basic income initiative would be the federal government signalling that they've learned from previous mistakes.

PUBLICATION SOURCE:

Segal, H., Forget, E., Banting, K. (2020). *A federal basic income within the post COVID-19 economic recovery plan*. Royal Society of Canada. <https://rsc-src.ca/en/research-and-reports/covid-19-policy-briefing/federal-basic-income-within-post-covid-19-economic>

GET TO KNOW OUR VOLUNTEER:

Mohamed Mohamed is a recent graduate of MacEwan University with a Bachelor of Arts, majoring in Sociology. Mohamed has hopes of studying public health through the epidemiology stream, with an interest in health outcomes among ethnicity. In his spare time, Mohamed enjoys outdoor sports, gaming, and reading about health care.

END-OF-LIFE DECISION-MAKING—PROGRESS SINCE 2011

A review by Shawna Ladouceur

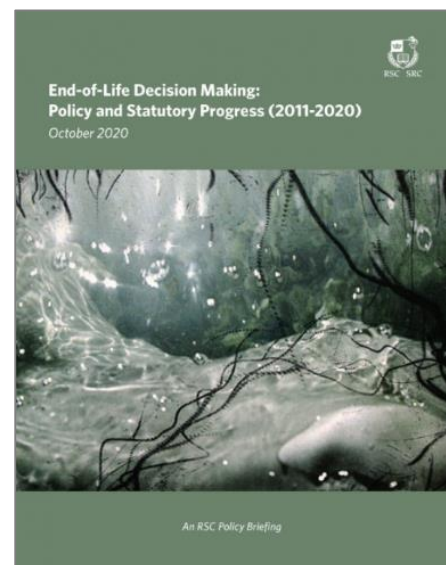
In 2011, the Royal Society of Canada (RSC) published *End-of-Life Decision Making*. This timely report framed the findings and recommendations of an expert panel convened by the RSC in response to questions of public policy around the legalization of medical assistance in dying (MAiD). A decade on, the RSC assembled a Policy Briefing Committee to assess the impact of the 2011 report to track policy and statutory progress and to identify ongoing challenges. Summarized here, the policy brief lauds success, but also looks ahead to next steps and work still to be done.

Recognizing the impossibility of addressing MAiD in isolation, in preparing the 2011 report the RSC conducted an extensive review of literature exploring the full continuum of end-of-life care, which includes:

- withholding and withdrawal of potentially life-sustaining treatment,
- advance directives,
- palliative care,
- potentially life-shortening symptom relief,
- terminal sedation, and
- assisted suicide and voluntary euthanasia (i.e., MAiD).

This in-depth examination of social attitudes, ethical issues, and legal statutes led the RSC to conclude that Canada should move forward with provisions for MAiD—for which they provided 30 recommendations to guide the process.

Proving fortuitous, the 2011 report coincided with arguments heard in the groundbreaking case, *Carter v. Canada* (2015). Heard by the British Columbia Supreme Court, the case challenged *Criminal Code* statutes forbidding euthanasia and physician assisted suicide. Admitted into evidence on the grounds of providing expert opinion on the matter, the report was quoted and later echoed in the judge’s decision to declare the statutes in violation of the Charter of Rights and Freedoms (the Charter). Insisting that inherent risks of legalization “could be very substantially mitigated through a carefully-designed system imposing stringent limits that are scrupulously monitored and enforced,” the Supreme Court of Canada affirmed findings in this case (p. 11). Given 12 months to amend the *Criminal Code*, the judgement required Parliament to move forward with legislation allowing legal access to MAiD in Canada. The resulting Bill C-14, however, departed from both the report and from recommendations of Parliament’s own commissioned experts on some key provisions.



This divergence left work to be done at all six points along the continuum of end-of-life care and the door open to ongoing policy and statutory challenges. Although the policy brief shows there has been good progress in facilitating advanced care planning and moderate progress in expanding access to palliative care, the

remaining areas have yet to be addressed—that is, clarifying legal status of withholding and withdrawal of potentially life-sustaining treatment, terminal sedation, and potentially life-shortening symptom relief. The policy brief outlines 31 remedial recommendations to address these deficiencies as well as those of current MAiD legislation. Ongoing challenges also hold promise in remedying several enduring expert concerns with current MAiD legislation. These concerns include the exclusion of persons not at the end of life or whose natural death is not reasonably foreseeable; lack of provision for advance requests; exclusion of mature minors; and a 10-day waiting period.

One challenge resulted in the important 2019 *Truchon and Gladu v. Canada and Québec* decision, in which the Québec Superior Court found MAiD eligibility criterion, including the requirement for death to be reasonably foreseeable, too restrictive and thus in violation the Charter. This provision therefore ceased to have any effect in Québec as of March 2020. The federal government chose not to appeal the decision. Québec has, however, “indicated its intention to address the issue of eligibility for MAiD where mental disorder is the sole underlying medical condition” (p. 29).

Currently before the House of Commons, the federal government’s own Bill C-7 would mitigate other outstanding expert concerns. This Bill would allow advanced requests for MAiD in cases of reasonably foreseeable death and would eliminate the associated waiting period. Bill C-7 also appears to concede some ground to *Truchon and Gladu* (2019), adding language regarding natural death that has not become reasonably foreseeable. The federal government has also agreed to further study the issues of advance requests and mature minors during the five-year review required by the 2016 MAiD law.

The retrospective provided by the policy brief indicates the 2011 report has been cited many times since its publication—most significantly in the landmark case heralding the advent of MAiD, but also in scholarly literature, policy documents, and the media—certainly exerting an effect on public opinion and events in intervening years. However, despite progress, concerns remain. The brief provides recommendations to redress deficiencies along the continuum of end-of-life care—including prevailing concerns with existing MAiD legislation—and leading options to address the issues that most certainly lie ahead.

PUBLICATION SOURCE:

Sumner, L. W., Downie, J., Gupta, M., & Wales, J. (2020). *End-of-life decision making: Policy and statutory progress (2011-2020)*. Royal Society of Canada https://rsc-src.ca/sites/default/files/EOL%20PB_EN.pdf

GET TO KNOW OUR VOLUNTEER:

Shawna Ladouceur is a Registered Nurse who sees the impacts of the social determinants of health in ways that demand action. She has extensive experience working directly with vulnerable populations in the inner city. Her personal interests include skiing, hiking, biking, running, reading, and travelling.

EDMONTON CHAMBER RECOMMENDS WAYS TO FORGE OUR FUTURE

A review by Akshya Boopalan



This report was written in response to the unavoidable changes that came from the COVID-19 pandemic in the Edmonton community. It highlights the challenges that people from many levels of the community have faced so far and puts forth recommendations based on these experiences and collaborative voices. The report aims to prepare businesses to be robust in the face of future economic collapse, since we now must actively transform to a more sustainable economy. The report also advocates for inclusive growth and calls for a closer look at economic policies that overlap with social issues due to intersections of race, ethnicity, gender identity, disability, etc., experienced within the community.

The recommendations are based on three months of collaboration (and a total of 200 participants) from the business community—through stakeholder round tables, policy committees, and speaking with leaders of various sectors including transportation and infrastructure, real estate, arts and culture, and the non-profit sectors, along with the collection of public opinion research.

The report emphasizes both the federal and provincial governments' responsibilities in continuing to provide financial security, clear communication, and ongoing collaborative support to businesses that include reducing barriers to growth, providing easier pathways to grants, and integrated work-training opportunities. Governments must also actively disincentivize potential employees choosing to not go back to work. However, the inclusion of policies for mandatory flexible sick leaves, breaks, access to medical resources, increased minimum wage, standards for work conditions (including pathways to conflict resolution), reports for harassment, etc., are ways to incentivize people to feel safe in their workplaces. Not mentioned, but of note, is that training within businesses must include diversity education—on working with people with disabilities as well as learning historical causes for marginalization—to encourage inclusive economic growth.

The report documents the need to focus on opportunities for economic growth for women, Indigenous communities, and people experiencing homelessness. This includes meeting basic needs such as safe drinking water, housing, and access to healthy food. The government must broaden this to include other groups that tend to fall through the cracks, including those who are LGBTQ2S+, people with medical conditions and disabilities, and caregivers.

A lot has changed since 1966, the last year the Canadian tax system was reviewed (p. 12). A new review is vital to the long-term health of the tax system.

The report shows why it is crucial to support post-secondary researchers to develop new technologies across various sectors, including telecommunication and green technology, and to be proactive in labour market research and training. These efforts can have a positive impact on people living with disabilities and their ability to access flexible employment through assisted technologies and to live empowered, financially well-

supported lives. This kind of inclusive growth will reduce the impact on caregivers and give an overall boost to the economy.

Expanding the Alberta Purchasing Connection would strengthen and maintain collaboration between firms and suppliers. Additionally, the governments should not lose sight of the importance of working with on-the-ground organizations such as Women Building Futures (p. 17).

The document addresses improvements to local trade—that is, buying local. This would likely have a positive impact on reducing transportation costs and carbon-emissions. What the report does not explicitly say, but is very important to note, is the role of appropriate consultation and co-operation with First Nations (with the inclusion of leadership roles and decision-making power) and acknowledgment of the disproportionate effect of infrastructure initiatives on marginalized communities, such as the development of a transportation and utility corridor (TUC) strategy.

Crucially, this report highlights the need for governments and businesses to work together to invest in arts, culture, public transit, and accessible infrastructure. Although it may not occur to governments to do this when balancing the budget, the report indicates that there would be profound positive long-term effects when these topics are taken into consideration.

Creating a holistic, robust economy depends on the leadership abilities between provincial and federal governments and the capacity to empower communities through education on issues such as the need to transition to renewable energy sectors and accessible training for new skills and industries.

PUBLICATION SOURCE:

Edmonton Chamber of Commerce. (2020). *Forging our future: Reimagining a collective future*. <https://www.edmontonchamber.com/2020/10/21/edmonton-chamber-recommends-ways-to-forge-our-future/>.

GET TO KNOW OUR VOLUNTEER:

Akshya Boopalan has a passion for helping people. She has a degree in psychology and anthropology, and works with people with autism, developmental disabilities, and brain injuries. Her hobbies include fitness activities, making artwork, and spending quality time with family and friends.

SUPPORTING INFORMAL CAREGIVERS IN CANADA

A review by Harman Khinda

Increasing the Capacity of Canada's Healthcare System by Supporting Informal Caregivers is a paper written by Alexandra De Rosa, a master's student at the Munk School of Global Affairs & Public Policy at the University of Toronto, and was published by the Institute for Research on Public Policy (IRPP).

Currently, informal caregivers provide a substantial amount of care for Canada's aging population, with 25% of Canadians providing care in 2018 (p. 4). It is a gendered issue, as women spend twice as much time in a caregiving role. The challenges of caregiving also result in higher rates of burnout when compared to the general population. Many caregivers report spending out-of-pocket to cover care needs, and, therefore, must rely on and navigate the patchwork systems provided at national, provincial, and local levels in order to receive compensation, tax credits, or paid leave from employment.

The author proposes the implementation of three policies that would achieve the desired outcome of supporting informal caregivers. Support would reduce financial and non-market costs, which would encourage caregiving and improve outcomes for those requiring care, reduce strain on the health care and formal caregiving systems, and provide higher quality of care for those in need. The policy recommendations aim to lower the cost of care by compensating caregivers for out-of-pocket expenses, minimizing lost wages, maintaining labour force attachment, and directly assisting caregivers.

The first policy suggests the creation of a tax-free benefit called the Canada Caregiver Subsidy (CCS). It would have a lower age of eligibility, exclude paid caregivers, and establish a list of assisted daily living activities—all of which address the variety of caregiver work. The second policy would introduce Informal Caregiver Leave into the *Canadian Labour Code*. This would provide job protection and stability and impact the culture and narrative around informal caregiving. The third policy proposes a dedicated and central program which would provide information, guidance, support, and connection via a designated caseworker. This type of service is currently provided in the formal care system, albeit through a fragmented delivery system.

Overall, the author suggests some well-researched and robust policies and makes a strong case for increasing support for informal caregivers in Canada. The report includes detailed justifications and case examples from local and international jurisdictions. These examples demonstrate that informal caregivers not only deserve more support, but that it can be done.



PUBLICATION SOURCE:

De Rosa, A. (2020). *Increasing the capacity of Canada's healthcare system by supporting informal caregivers*. Institute for Research on Public Policy. <https://irpp.org/wp-content/uploads/2020/11/Increasing-the-Capacity-of-Canada-Healthcare.pdf>

GET TO KNOW OUR VOLUNTEER:

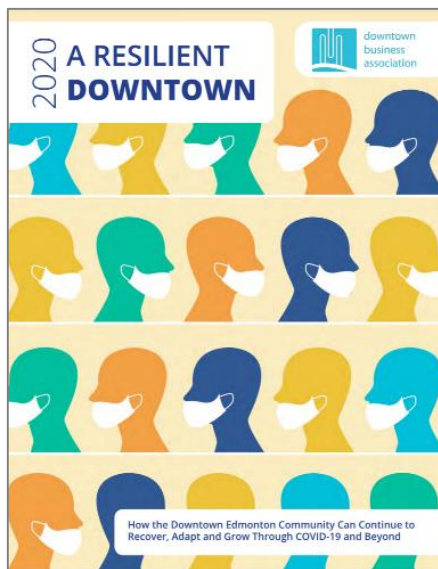
Harman Khinda is nearing completion of a Bachelor of Science in Biological Sciences and Business Studies from MacEwan University. She hopes to pursue a career in public health and nursing in order to provide clinical care while contributing to the improvement of health care policy. In her spare times she can be found gardening, reading, or listening to the latest podcast.

RECOVERING FROM COVID AND BEYOND—A REVIEW OF THE DOWNTOWN BUSINESS ASSOCIATION OF EDMONTON’S PLAN FOR ECONOMIC RECOVERY AND REVITALIZATION

A review by Hanna Nash

The Downtown Business Association of Edmonton’s recent report, *A Resilient Downtown*, by University of Alberta MBA student Kennedy Quigley, highlights the importance of focusing on new initiatives and working together during the ongoing COVID-19 pandemic.

Through research and interviews conducted with downtown Edmonton stakeholders between May and August 2020, Quigley explores four drivers that the Downtown Business Association (DBA) identified as key areas that businesses can focus on throughout specific economic challenges of COVID-19. The four drivers—fostering innovation, enhancing inclusivity, strengthening cultural vitality, and developing interconnectivity—are foundational areas where businesses owners can begin to care for their businesses individually and their community as a whole. By concentrating on these four drivers, the DBA hopes to successfully move downtown businesses through COVID-19 and continue downtown Edmonton’s growth beyond the pandemic. The report fosters the idea of creating a resilient downtown business community that is flexible and creative enough to withstand COVID-19, in addition to other unexpected stressors that may impact future development. Quigley encourages the downtown business community to develop areas that have been either neglected or not considered in previous years. Included in the report are stories and examples of businesses that have employed one or more of the drivers and the positive outcomes of having done so.



Fostering innovation is recognized as pushing beyond the immediate problem of COVID-19 and considering new ventures to diversify business models to seek out new market opportunities. As many downtown businesses relied on direct customer service pre-pandemic, a number of them successfully pivoted their business models to include new opportunities for business, such as online supports to maintain services in a safe manner. As Edmonton moves away from COVID-19 protocols towards reopening completely, many business approaches will need to continue these adaptations since customer approaches to receiving services and goods will be permanently altered by lifestyle changes caused by COVID-19.

Enhancing inclusivity takes into account how truly interconnected Edmontonians are. COVID-19 has demonstrated that all communities are, in fact, “in this together.” Without community support of all

members, regardless of age, race, income level, ability etc., conditions for growth and vitality simply cannot be fostered. Edmonton’s homeless population is among those that the DBA specifically mentions as a vulnerable group that must be supported in order for downtown to become resilient. By supporting local agencies and services that can help this most at-risk group, downtown businesses can aid in the physical and financial health

of people experiencing homelessness, while also decreasing the costs associated with emergency services—efforts that could collectively revitalize Edmonton’s downtown (p. 13).

While it is important for downtown businesses to consider their individual business models and help vulnerable sectors, Quigley’s third driver, strengthening cultural vitality, considers what the arts community can do to invest in Edmonton’s downtown. The approach would have arts and cultural groups collaborate and create opportunities for Edmontonians to enthusiastically participate with downtown activities and businesses. By building a creative atmosphere that sustains a wide range of interests and events, downtown Edmonton would become an area where locals would feel compelled to spend their time and money, even during stressful and difficult times. Embracing new ideas and building on circumstances unique to Edmonton would undoubtedly make a more resilient downtown culture (p. 25).

The three previously identified drivers form a basis for downtown businesses to strive for during, and after, the COVID-19 pandemic. However, these drivers cannot be implemented without developing interconnectivity to and from Edmonton’s core. To ensure the strength of downtown as a hub of excitement, rather than an exclusive community, downtown accessibility must also be considered. Implementing transportation networks, such as bike lanes and advanced public transportation, serve more Edmontonians and encourage more local residents to engage in downtown businesses and experiences (p. 30).

These four key areas will help downtown businesses make significant improvements in their business operations to sustain them through the uncertainty of the COVID-19 economy and propel them in future years. However, Quigley does not take into consideration the likeliness and/or willingness of downtown businesses to accept these four drivers as key areas of business development, nor the consequences of these suggestions for other neighbourhoods in Edmonton. For example, while enhanced public transportation to and from downtown would likely enhance the atmosphere and experience of downtown, if public transportation is not executed in a way that is amenable to surrounding Edmonton neighbourhoods then local residents may not be keen to support downtown as a hub of activity.

PUBLICATION SOURCE:

Quigley, K. (2020). *A resilient downtown*. Downtown Business Association of Edmonton.

[https://www.edmontondowntown.com/uploads/source/Business_Reports/2020/DBA_AnnualReport_2020_\(Web\).pdf](https://www.edmontondowntown.com/uploads/source/Business_Reports/2020/DBA_AnnualReport_2020_(Web).pdf)

GET TO KNOW OUR VOLUNTEER:

Hanna Nash enjoys ballet performances and other live theatre, as well as outdoor sports, and travelling to new countries. Hanna is interested in sharing information and knowledge to Edmonton’s diverse communities.

EXAMINING MENTAL HEALTH SUPPORTS DURING A PANDEMIC

A review by Aastha Tripathi

Published by the Royal Society of Canada (RSC), *Easing the Disruptions of COVID-19: Supporting the Mental Health of the People of Canada* is a Policy Briefing Report offering a thorough analysis of the mental health supports and systems available to Canadians during the COVID-19 pandemic. The report aims to provide evidence-informed perspectives on significant societal challenges in the response to and recovery from COVID-19. Furthermore, the authors offer a series of recommendations to support policy makers with evidence to inform their decisions. The report presents key topics such as: access to publicly funded and employment-based mental health care; Indigenous mental health and the positive impact of cultural practices; opportunities around virtual mental health care; the importance of primary prevention in mental health; and the psychological impact of the pandemic on parenting and home schooling, focused on vulnerable populations.

The impact of the COVID-19 pandemic on the mental health of Canadians has been profound, especially for those living in poverty or socially stratified groups facing significant economic and social disadvantages. Furthermore, historic and current evidence suggests pandemics cause a substantial increase in mental health problems. That is, mental health impacts can persist far beyond the pandemic's acute. Thus, COVID-19 is not just an illness, it also intensifies social ills and health inequities exacerbated by chronic underfunding within the mental health sector.

Canada spends about 7.2% of its total health spending (public and private) on mental health, which is well below what most developed nations spend (Mental Health Commission, 2017). Given this disparity, the RSC report urges the federal government to provide additional long-term funding to the Canadian Institutes of Health Research (CIHR), the Social Sciences and Humanities Research Council (SSHRC), and the Natural Sciences and Engineering Research Council (NSERC). This funding would help ensure that mental health research is proportionate to mental health's burden of disease and its impacts on specific communities, while paying close attention to directly improving care and meeting the needs of organizations that have not been served well. The report also calls for the federal government to work closely with Indigenous governance structures to fund and facilitate culture-based holistic approaches to mental health care, inclusive of child welfare, housing & social services, education, justice, and others. Additionally, the report highlights the importance of funding efforts to minimize viral transmission within schools to reduce strains placed on parents. These strains can result in increased psychological distress and substance use among parents who home school—mainly women who fulfill the dual roles of educator and parent—which can impede their ability to support their families.

The report focuses on the current situation and examines how the COVID-19 pandemic has exacerbated significant long-standing weaknesses in the mental health system, and makes 21 specific recommendations to meet these challenges to improve Canada's well-being. The pandemic continues to affect all people in Canada and the federal government needs to respond to the infection and its economic consequences. The government must also enact policies and fund programs and services that respond to current mental health data and ensure that Canadians survive and thrive in the years following the pandemic. Overall, the report accurately examines Canada's challenges to improve its mental health knowledge-base, learn from the pandemic, and provide everybody in Canada the support they need to fully participate in and contribute to Canada's recovery.



PUBLICATION SOURCE:

McGrath, P. J., Asmundson, G. J. G., Blackstock, C., Bourque, M. C., Brimacombe, G., Crawford, A., . . . Campbell-Yeo, M. (2020). *Easing the disruption of COVID-19: Supporting the mental health of the people of Canada*. Royal Society of Canada. <https://rsc-src.ca/en/research-and-reports/easing-disruption-covid-19-supporting-mental-health-people>

ADDITIONAL SOURCE:

Mental Health Commission of Canada. (2017). *Strengthening the case for investing in Canada's mental health system*. https://www.mentalhealthcommission.ca/sites/default/files/2017-03/case_for_investment_eng.pdf

GET TO KNOW OUR PRACTICUM STUDENT:

Aastha Tripathi is a Bachelor of Arts student at Concordia University of Edmonton and is currently working with ESPC as a practicum student. She is expected to graduate in May 2021 and hopes to pursue a Masters in Psychology in the following academic year.

CURRENT OBSTACLES TO THE IMPLEMENTATION OF UNDRIP IN CANADA

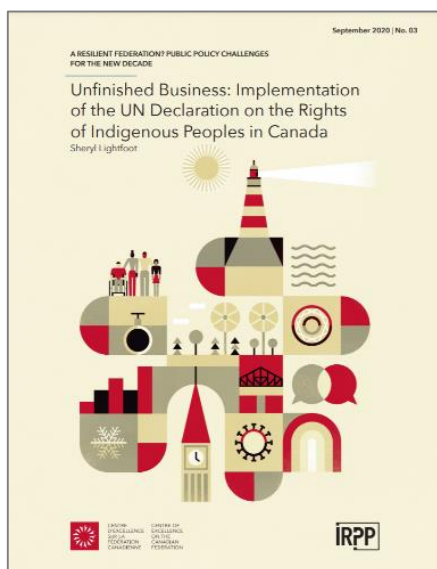
A review by Debyani Sarker

This review summarizes the essay *Unfinished Business: Implementation of the UN Declaration on the Rights of Indigenous Peoples in Canada*, authored by Sheryl Lightfoot, a Canada Research Chair of Global Indigenous Rights and Politics at the University of British Columbia, and published by the Institute for Research on Public Policy. The essay is based on the importance of true reconciliation between Canada and Indigenous peoples and their rights. In order to achieve this, the author considers and analyzes the need to implement the international *UN Declaration on the Rights of Indigenous Peoples* (UNDRIP) at a federal level.

The essay indicates that, as a global human rights standard, UNDRIP encourages states to collaborate with Indigenous peoples to eradicate the intergenerational harm and historic trauma that they've experienced and to prevent similar harms in the future. The protections outlined in UNDRIP touch on education, land management, social services, and economic development.

The author provides a recent example of British Columbia legislation that applies UNDRIP provincially. The legislation requires the province to establish a shared implementation plan with Indigenous peoples, including in the creation of new laws and reforms. The British Columbia law was based on a similar federal private bill that failed to pass the final legislative stage in mid 2019. The author discusses the role of politics in preventing the bill's legislation, driven primarily by an inclination to maintain the status quo and to calculatingly deny Indigenous peoples their rights (p. 3).

The author strongly advocates for UNDRIP to be implemented federally in order to achieve reconciliation across Canada. Three of her arguments stood out convincingly in this respect.



First, the Indigenous land rights protected by UNDRIP are explicitly collective, not individual. Such collective rights are exercised in the same manner through all levels of government and for all Canadians. Thus, the implementation of UNDRIP would not introduce a different set of rights for Indigenous peoples in comparison to other Canadians.

Second, Indigenous rights have been considered *sui generis*, or inherently distinct, from rights bestowed on other Canadians. Indigenous rights—be it treaty or title rights—differ in application from the rights of all Canadians, which ensures substantive equality in relieving historic discrimination. Thus, any possible differences between the rights of Indigenous peoples and other Canadians, resulting from UNDRIP's implementation, would not necessarily be unwarranted.

Third, Canadian courts frequently cite UNDRIP when interpreting domestic legal obligations. But at the same time, the author expresses concerns over relying primarily on courts to recognize Indigenous rights, which can often be burdensome for Indigenous individuals and Canada in general. This last point clearly addresses the issue of access to justice for Indigenous peoples, an additional hurdle communities experience to claim protections to which they are entitled within the international human

rights framework. However, the author could have further discussed how UNDRIP is treated in Canadian judicial interpretation.

UNDRIP does not create legally binding obligations to the Government of Canada, as it has not been ratified legislatively. Practically, this implies that when UNDRIP is used by Canadian courts to interpret domestic legal obligations, the UNDRIP framework can only be persuasive in an interpretation, not determination, exercise. As such, UNDRIP is given very limited weight compared to other international instruments that Canada has formally ratified. Thus, even if courts are the primary means through which UNDRIP is implemented, the extent of such implementation is contextually dependent on the nature of litigation and is usually not very far-reaching due to greater emphasis placed on other legally binding instruments. The author's position regarding the limited implementation of UNDRIP in Canada would have been more compelling if such points were addressed.

Without federal implementation of UNDRIP, modest provincial applications and judicial considerations will achieve little in terms of widespread reconciliation with Indigenous peoples—which many Canadians genuinely yearn for. The issue has been clearly and adequately encapsulated by the author in this essay. Federal implementation of UNDRIP will irrefutably protect Indigenous peoples' rights and help create more inclusivity in Canada.

PUBLICATION SOURCE:

Lightfoot, S. (2020). *Unfinished business: Implementation of the UN Declaration on the Rights of Indigenous Peoples in Canada*, Essay no. 3. Institute for Research on Public Policy. <https://centre.irpp.org/wp-content/uploads/sites/3/2020/09/Unfinished-Business-Implementation-of-the-UN-Declaration-on-the-Rights-of-Indigenous-Peoples-in-Canada.pdf>

GET TO KNOW OUR VOLUNTEER:

Debyani Sarker is a second-year law student in the Faculty of Law, University of Alberta. Debyani is specializing in criminal law, and currently works as a legal researcher for a Calgary criminal defence firm. When free, Debyani enjoys indoor exercise, cooking, and learning Indian classical music.

Through our research, analysis, and engagement, we hope to create a community in which all people are full and valued participants.

ABOUT

ESPC is an independent, non-profit, charitable organization. Our focus is social research, particularly in the areas of low-income and poverty.

We are dedicated to encouraging the adoption of equitable social policy, supporting the work of other organizations who are striving to improve the lives of Edmontonians, and educating the public regarding the social issues that impact them on a daily basis.

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