

# “We work in crisis all day long”: Rethinking Emergency Planning in Winnipeg’s Inner City

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MANY OF WINNIPEG’S inner city neighbourhoods live on the brink of crisis. Emergencies can come in many forms: illness, fire, violence, homelessness. With mandates to serve marginalized populations in the inner city and working in difficult circumstances with precarious funding, emergencies are nothing new for community-based organizations (CBOs). However, the COVID-19 pandemic is a new kind of emergency. It is a global crisis, requiring unprecedented individual and collective changes to everyday life to protect all members of society. As such, the pandemic is certain to disproportionately affect communities that are already under stress.

CBOs have responded to the pandemic with agility and adaptability. They have changed their drop-ins, programming and staffing to accommodate health regulations, including physical distancing and requirements for personal protective equipment. They have found new ways to communicate with community members and other CBOs, working together to get through the difficult days.

While the pandemic has provided opportunities for some CBOs to develop new ways to connect with participants and to become more flexible and adaptable, it has also presented challenges, especially related to gaps in provincial and federal emergency responses to the pandemic. Examining these challenges and opportunities, as well as the gaps in governments' emergency response, provides a clearer picture of how preparedness can be improved for current and future emergencies. It shows that a consistent lack of government attention to the social determinants of health has resulted in greater social and economic marginalization in the inner city, and thus an increased vulnerability to COVID-19.

For this year's *State of the Inner City Report*, 30 staff from 21 community-based organizations in Winnipeg's inner city were interviewed in September and October 2020 to learn how they have been affected by the unfolding of the COVID-19 pandemic. They were asked about the support they've received from governments, and whether they had any pre-existing emergency plans. The organizations interviewed included women's centres, community health clinics, neighbourhood renewal organizations and those serving youth, people experiencing homelessness and people who have been involved in the criminal justice system. Keeping in mind that the COVID-19 pandemic is ongoing, this chapter highlights the importance of considering the social determinants of health in emergency management and response. It concludes with recommendations to ensure that CBOs and government are equipped to respond to future emergencies.

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## Responding to Emergencies

Emergencies are sudden, unexpected events that evolve quickly and can cause lasting damage. They vary in nature and severity: some may be natural disasters like floods and tornadoes, some are due to human accidents like chemical spills, and others may be unexpected public health events. To respond efficiently to emergencies, coordination of resources, roles and responsibilities is imperative. This coordination is referred to as emergency management.

Emergency management plans and policies exist at multiple levels of government, including within the public health sector. Emergency plans describe the roles, responsibilities and precautions needed to respond to immediate hazards and crises. They are usually formulated by emergency specialists, policymakers or public health experts to help prevent emergencies from happening, to reduce the risk of disaster, to alleviate the risks and

extent of injuries and damage and to provide a path for recovery (Kapucu, 2008; Public Safety Canada, 2017). Governments are responsible for efficient and rapid communication to make sure all are aware of the unfolding of an emergency and the necessary precautions that are needed to respond effectively (Blumenshine et al., 2008).

## **Emergencies, Vulnerabilities, and the Social Determinants of Health**

Vulnerability to emergencies is not shared equally. It is not a static concept, but one that changes depending on a variety of factors (Hilhorst and Bankoff, 2013). Those who experience social or economic marginalization in everyday life are more likely to be vulnerable in an emergency (Morrow, 1999).

Health-related factors that influence the vulnerability of a community and capacity to respond to emergencies can be referred to as the social determinants of health (Biedrzycki & Koltun, 2012). These determinants describe the influence of social factors on the health and wellbeing of a population (Braveman & Gottlieb, 2014). Social determinants of health include social exclusion, social status, employment, gender identity, (dis)ability, race, housing and access to education or health services, among others. Income is a key determinant, as it shapes access to housing, food and other basic necessities of life. Household makeup, social capital and networks of reciprocity as well as access to information and power also shape vulnerability (Joakim and Doberstein, 2013; Morrow, 1999).

In Winnipeg, neighbourhoods with lower average incomes have higher rates of many significant health issues than neighbourhoods with higher average incomes (Silver, 2018). Although the public healthcare system is important, especially in a pandemic, so too is attention to these social factors which shape health much more than individual lifestyles and genetics (Fernandez et al. 2015). Yet these social determinants of health have not been adequately included in emergency management.

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## **COVID-19 Emergency Management in Manitoba**

The COVID-19 pandemic caught many off guard. Governments usually have emergency plans in place to respond to public health crises. However, this virus has exceeded expectations, surpassing in numbers of cases and deaths any influenza pandemic in recent decades, both locally and globally (Peeri et al., 2020). The World Health Organization has been a leader in responding

to the COVID-19 pandemic, and advocates for policies that address vulnerable and marginalized groups, because the “most vulnerable people suffer disproportionately” (World Health Organization, 2013, p.9).

At the federal level, emergency responses are led by the National Emergency Response System, which is responsible for emergency planning under Public Safety Canada. The federal government has addressed the pandemic through travel restrictions and border closures, and financial supports through the Canada COVID-19 Economic Response Plan, including the creation of the Canada Emergency Response Benefit. Significant federal investments have funded shelters for those experiencing homelessness and for women and children experiencing domestic violence, as well as mental health supports, the Canadian Red Cross and community organizations (Government of Canada, 2020).

At the provincial level, the response to the pandemic was led by the Province of Manitoba and Shared Health. On March 20, 2020, the Province of Manitoba declared a state of emergency; it also set out health directives, including physical distancing, limits on gatherings, and reduced capacities for shops, offices and other indoor spaces. Recognizing housing as a critical concern, it postponed non-urgent eviction hearings, temporarily froze rents, and provided funding to homeless shelters to enable physical distancing (Cooper and Hajer, 2020). It also supported an isolation centre and a testing centre in Winnipeg for those without shelter, and contributed 25 per cent of a federal-provincial program to provide workers in certain essential jobs with a one-time payment (Cooper and Hajer, 2020; Mulvale, 2020).

At the City of Winnipeg, emergency task forces are led by the Office of Emergency Management. In June 2020, the City of Winnipeg established a new emergency management by-law (By-Law No.59/2020), which includes a Community Emergency Advisory Committee to advise the Office of Emergency Management. The City partnered with homeless-serving organizations to establish a daytime drop-in space called Weetamah Day Drop-in, and City staff were redeployed to work at Weetamah and Winnipeg Harvest during the first several months of the pandemic. Library staff also worked with CBOs to prepare activity and programming kits for families, seniors, and youth experiencing homelessness.

Despite the substantial federal, provincial and municipal investments in the pandemic response, there were still gaps identified by CBO staff. At a basic level, the pandemic exposed how unprepared Winnipeg’s inner city was to deal with a large-scale emergency, primarily as a result of decades of underfunding and policies that increased social and economic marginalization by governments.

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## Bringing Equity into Emergency Planning and Response

In Winnipeg’s inner city, individuals, community-based organizations and governments leapt into action in early 2020 to prevent, mitigate and address the impacts of the COVID-19 pandemic. CBOs revised their operating procedures, creating new ways to meet the needs of their participants and the populations they serve. At the same time, the federal and provincial governments were rolling out pandemic response plans and policies. However, these plans often did not consider the distinct needs and concerns of the communities in Winnipeg’s inner city and failed to recognize that vulnerability to the COVID-19 is complicated by the social determinants of health and inequitable access to basic necessities.

### CBOs’ Responses to the Pandemic

CBOs in the inner city deal with emergencies on a regular basis. Community members may come into offices and resource centres in crisis, needing support with eviction, domestic violence, child apprehension, and other urgent issues that require both emotional support and practical strategies and resources. No CBO, however, was prepared for an emergency like the COVID-19 pandemic—only one CBO, IRCOM, a CBO that provides wrap-around housing and services for refugee families, mentioned having a pandemic plan prior to the COVID-19 pandemic. Dorota at IRCOM noted, “I had a pandemic plan in my computer for a decade now. It’s like, be aware of the pandemic and follow Public Health protocols.” Although Dorota admitted, “the best laid plan doesn’t actually prepare you for the moment,” the organization was able to mobilize its staff into teams, including a High Needs Support Team, which is an interdepartmental team to share information quickly through a phone tree, and an Interpreter and First Language Team, which was critical in providing up-to-date public health information to families. IRCOM also established a team called the Pandemic Busters, which has been tasked with staying informed about public health directives and ensuring that IRCOM follows pandemic protocols.

The majority of the emergency plans at CBOs were unrelated to influenza pandemics. “You’d know what to do if there was a big incident in the building, if there was a fire, or different things like that, but you weren’t predicting pandemics or anything like that” said Phil Chiappetta at Rossbrook House, a youth drop-in centre. At the same time, because of their previous experience dealing with a variety of emergencies, many CBOs were able to mobilize

and make on-the-spot decisions to address the changing context of the pandemic. A member of the management at a different youth-serving agency said, “No, we did not have an emergency health plan, but I say ‘no’ with a caveat because we are an emergency response organization, so we know how to handle emergencies. We work in crisis all day long.” This flexibility and adaptability would prove essential as the pandemic evolved.

### **New Ways of Reaching Out**

In the early days of the pandemic, health directives changed frequently. Organizations adapted their workplaces and programming to address physical distancing, limited capacities for offices and other restrictions. Many expressed that at the onset, workdays were long and spent pivoting from their normal in-person services to new formats. Most of these changes were developed and implemented as the pandemic was unfolding.

The implementation of new approaches didn’t always go smoothly. Some interviewees noted that because they had to close their drop-in services and some of their programs were cancelled, participants had no place to be and became upset. “Folks are clearly frustrated and at times the frustration is taken out on staff,” said Darlene at West Central Women’s Resource Centre. Given the important and often urgent gaps in meeting basic needs for many people during the pandemic, it is no surprise that the reduction and changes in CBO-provided services were confusing and frustrating for many.

Different organizations responded in different ways to the pandemic and accompanying health directives. In the early weeks of the pandemic, Accueil Francophone—a CBO that assists newcomers, refugees and immigrants—quickly distinguished between essential and non-essential services. The organization offered its essential services through a cellule de crises (crisis unit), where a small group of staff rotated through the office each week. Some CBOs were able to keep their doors open and offer limited services, for example, by limiting the number of visitors, offering appointments only or restricting participants to 15-minute visits. Many of the health-based CBOs offered services by phone appointments instead of in person, while other CBOs opted to offer drop-ins, lunch bags and food baskets outdoors with physical distancing in place.

The COVID-19 pandemic also pushed several CBOs, including West Central Women’s Resource Centre and Resource Assistance for Youth, to do more outreach and go out into the community to provide services, as explored in Shayna Plaut’s chapter. Holding drop-ins outside and replacing drop-ins with outreach services allowed for relationships to continue to be

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fostered and strengthened, a critical part of CBOs' work. This was especially important when buildings were closed to visits, because as one interviewee stated, "the bread and butter of community agencies has been building those relationships, you can't do that remotely." Increasing outreach permitted organizations to reach out directly to community members and to provide information about public health measures. Management at a youth-serving organization where outreach has doubled said it "serves as a point of access," making it easier for participants to connect with the programs and staff. At West Central Women's Resource Centre, staff noted that the outreach enabled new kinds of relationships which they hope to keep after the pandemic.

As well, many CBOs switched to online platforms to provide services to and communicate with participants and staff. Staff had to learn new programs and software to be able to work with colleagues and community members; in some cases CBOs did not have laptops and other technology required for remote work. Staff at many CBOs are hopeful that these new practices and experience with technology will continue beyond the pandemic. Quinn at Elizabeth Fry Society of Manitoba said, "this has shifted people's perspectives on using technology and learning how to use those different types of platforms." As with the newly developed outreach programs, the need to use social media and other online platforms presents a new opportunity for some CBOs in building relationships with the populations they serve.

### **Mutual Support**

While CBOs in the inner city have long worked together, the pandemic resulted in an incredible support within the sector. "We were walking through the pandemic as a group" said the management of a youth-serving organization. While pre-existing relationships made it possible for CBOs to work together, new connections also emerged as a result of the pandemic. Several interviewees mentioned the work of staff at End Homelessness Winnipeg, who facilitated regular virtual meetings with CBOs, funders and representatives from different levels of government to share information and provide advice. These meetings not only enabled the sharing of information but also helped foster relationships among different sectors. "We came together more than we ever did before. We've had food security meetings and all kinds of meetings," said the management of a women's centre. Lorie English of West Central Women's Resource Centre stated:

This is probably the most coordinated our sector has been, out of necessity.

But I think, again, it's shown us what's possible and I'm really hopeful now

that we've seen what's possible, that people will stay committed to working in this coordinated fashion moving forward.

The high level of collaboration shows that in precarious times, the established relationships between CBOs make possible the exchange of information, advice and stories. This, along with how CBOs are used to working “in crisis all day long,” has made it possible for CBOs to respond to the pandemic and continue to support the communities they serve.

### **Gaps in Federal and Provincial Emergency Responses to the Pandemic**

Emergency plans focus on avoiding and mitigating the impacts of emergencies. However, planning for emergencies is usually ‘one size fits all’ and created to be applicable anywhere (Biedrzycki & Koltun, 2012). As such, emergency plans usually do not consider the implications of vulnerability resulting from socio-economic marginalization. Homelessness, substance use, poverty and other socio-economic forms of marginalization result in increased vulnerability to emergencies. In the case of COVID-19, health directives to wash hands and stay home, for example, are difficult or impossible to implement without access to clean water and housing. CBOs identified a lack of awareness of the needs of marginalized communities, inadequate communication, and a lack of funding for the work of CBOs in responding to emergencies as key gaps in the governments’ emergency response to the pandemic.

### **Emergency Planning and Marginalized Communities**

Whether in healthcare, education, income assistance or housing, current and historical systemic injustices like racism, discrimination and colonialism result in marginalized groups often feeling and being inadequately supported by and disconnected from governments. As a result, Lorie English at West Central Women’s Resource Centre pointed out, “people who are on the margins and have been disrespected and discriminated against in systems, don’t trust systems.” The executive director of Klinik expressed frustration about the focus of Canada and Manitoba’s plans, saying:

We need a plan that is not about managing the pandemic just for the middle-class... [We] rarely plan our interventions for the segment of the population that is most barriered and most marginalized by society. And because we don't do that, then we're consistently surprised when they struggle to interact in the health care system or in a way that society would deem as successful.

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Perhaps the most obvious gap in emergency planning for the COVID-19 pandemic is housing. Although housing has long been acknowledged as an important social determinant of both individual and public health, thousands of people in Winnipeg don’t have housing at all (Social Planning Council of Winnipeg, 2018). The pandemic and related health directives made housing a necessity. When asked who was most vulnerable before and during COVID-19, over two-thirds of the interviewees identified those who were unhoused. “Housing is fundamental and being unhoused or in housing insecurity exacerbates vulnerability. The most vulnerable folks in our community are those who are unhoused. It is very difficult to live a secure life without a secure place to live,” stated a housing worker for a community organization. A frontline worker at a community health organization added that without a home, people are exposed to violence, lack access to hygiene facilities, are more likely to experience mental health difficulties and are usually food insecure. While many commended the Province and City of Winnipeg for providing funding and resources to expand emergency shelters, others pointed out that no amount of shelter provision addresses the larger demand for safe, good quality, low-cost housing.

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Another social determinant of health that intensified during the COVID-19 pandemic was social exclusion. To protect staff and follow health directives, CBOs had to close their doors and turn away participants from what a member of the management at a women’s centre described as a “place to rest, a place to stay warm, a place to stay dry, a place to connect, a place to just be safe.” Due to ongoing physical distancing restrictions and the reduction and closure of drop-in services, CBOs have had difficulty connecting with participants. “I think it affected mental health. They became more isolated,” said a frontline staff person from Wolseley Family Place. The increase in mental health challenges also led to related issues in the inner city, including increasing drug use. The executive director of Klinik explained:

It increases the amount of people that struggle. They’re losing their social connection, they’re more isolated, in crisis. I mean, it’s [a] fact, everybody knows there’s a rising use of [drugs]... [W]e’ve got our co-occurring epidemic of overdoses, right? There’s definitely evidence people are struggling.

This is another example of an unanticipated gap in the emergency response to the pandemic: the toll of social isolation and its impact on community resilience.

Emergency management relies on resilience in communities for success. Resilience is fostered through ongoing relationships, connections, trust and

community capacity-building before the event of an emergency. Past *State of the Inner City Reports* have detailed how CBOs provide on-the-ground basic needs and supports on a daily basis and they are frequently the go-to place in the community for information and resources (CCPA-MB, 2009; CCPA-2010; CCPA-MB, 2016; CCPA-MB, 2017). Community members often trust CBOs in a way that they may not trust governments, and therefore often rely on the CBOs in times of crisis. The director of a women’s centre said, “we are connected to our communities in a different way than any government is ever going to be... [L]istening to those in the community is important in knowing which solutions work.” Throughout the pandemic, CBOs have bridged the gap between their participants and government.

The COVID-19 pandemic has highlighted the lack of prior government investment in the social determinants of health. Programs and resources to address determinants such as housing, poverty, education, social exclusion and others have been systematically underfunded for years (Fernandez et al., 2015; Bernas, 2015), increasing vulnerability for thousands of people. As the management of a youth-serving agency pointed out, “the pandemic shone a light on what was wrong within the system” as everything CBOs have been advocating for “became visible and ‘real’ to a larger population.” While the billions of dollars made available by governments to maintain Canada’s economy and to protect Canadian citizens from the impacts of the COVID-19 pandemic are important, much of the vulnerability of Canadians could have been reduced through proactive investment in the social determinants of health.

### **Emergency Planning and Communication**

Effective communication is a critical component of emergency management. Especially during the early days of the COVID-19 pandemic, policies, protocols and regulations changed frequently as health officials and medical professionals learned more about the virus and how to prevent community spread. Figuring out how individuals should respond to the pandemic requires clear messaging from governments.

However, many people living in the inner city were not able to access the information shared by public health officials because of the methods used to share it. Most public COVID-19 communications, led by the provincial and federal governments, are broadcast through televised briefings, news media and social media. Not all households have televisions, radio or internet access. For example, “access to the internet and phones isn’t consistent” among the participants that visit Central Neighbourhoods Winnipeg, nor do

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the youth at a youth-serving organization “typically have access to media or social media.” Lin from Spence Neighbourhood Association spoke about the awareness of health directives and the changing pandemic being “really divided because of the differing levels of access to internet.” Several CBOs, primarily those serving youth and street-involved individuals, noted that participants were not fully aware of the unfolding nature of the pandemic and public health regulations.

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As well, public health communications and terminology are not always easy to understand. Many CBOs translate and act as messengers for their participants. In many cases, CBOs became intermediaries in the sharing of information as participants would visit to learn about emerging public health restrictions and procedures. “We were explaining it, we were giving them a number to Health Links and telling them what the symptoms were and when they should call,” explained the manager at a women’s centre. The manager of a program involved with women engaged in survival/sex work elaborated: “our community health facilitator had typed up an information sheet in language that was really direct and basic for folks to be able to understand and we would hand that out.” The pre-existing relationships of trust that participants have with staff at CBOs made it possible to share information in ways that were relevant and understandable.

The lack of clarity in information was not exclusive to individuals. CBOs also felt inadequately informed by governments. Especially at the onset of the pandemic, some CBOs were unsure how to proceed with their work. “We were hungry for information and for direction, and there really wasn’t a lot,” said the director of a neighbourhood community organization. The director of a women’s centre stated: “a lot of the time what we got [was] ‘we don’t know’ ‘that’s still unclear’ and ‘nothing we can share at this time’” from the Province. The initial health messages disseminated by the Province targeted individuals or businesses but failed to recognize the unique nature of CBOs and the ways they engage with community. Instead, the majority of CBOs relied on information-sharing with each other to gather ideas of best practices and how to respond to public health directives in their work.

Despite these challenges, there have been times when communication between the public health sector and CBOs worked effectively. Community organizations that offer clinical services commended Shared Health and the WRHA for providing information, personal protective equipment and, in some cases, on-site public health nurses. These organizations have pre-established relationships with public health organizations, which helped them adjust accordingly and follow appropriate measures. One organization also had

the opportunity to join a call with Manitoba's Chief Public Health Officer, during which he gave direct advice for best practices moving forward. These pre-existing relationships and the information-sharing that resulted made it easier for organizations to access knowledge and resources to address their participants' needs during the pandemic.

### **Emergency Planning and Funding**

Adequate funding is an essential piece for community organizations to be able to respond to the pandemic, but CBOs in the inner city are precariously funded at the best of times. Funding levels are inadequate, often short-term, and focused on project funding rather than sustainable core funding. Investing in CBOs is particularly important in unpredictable times, like during a pandemic, to enable them to respond effectively.

Interviewees expressed a mix of sentiments about the allocation and types of funding during the pandemic. Several were pleasantly surprised by the support they've received from funders, including the federal government, private donors and foundations, and at times the provincial government; the pandemic has provided for more rapid issuing of funding. At the same time, precarious funding has also resulted in increased stress for CBO staff. "There have been a lot of times when we have been afraid that our funding was going to be cut during the pandemic," said a frontline staff person from Wolseley Family Place. With the fiscal year ending in March, one-third of the CBOs interviewed for this report expressed concerns about provincial support expiring. "There is a possibility that [the provincial government] will not renew our contract. And so, that's a bit unnerving when you're dealing with the pandemic and uncertainty of your programs," said the director of a neighbourhood community organization. Ensuring stable streams of funding is especially important during an emergency to allow for long-term planning and responsiveness.

Over half of the interviewees spoke of the importance of having flexibility with finances, especially in times of emergencies. One director said, "all our funders have been really good at allowing us to do things differently with the money they sent." A member of the management of a youth-serving organization said, "There was an understanding that we know to spend the money in the best way. The relationship was not top down. Rather, they provided unspecified funding without larger reporting requirements." Lin from Spence Neighbourhood Association said that, "flexible, unrestricted funding" would be helpful during difficult times like the pandemic.

In addition to stable and flexible funding, over 20 interviewees reported that they could use more funding to hire and maintain staff, allow for more adaptability in their work, help facilitate programs, and provide services to their participants. The manager of a program involved with women engaged in survival/sex work said,

[F]inancial support is number one, that contributes to a lot of things... Being able to fund for the positions we need to support the amount of community we support, to feed the amount of community we support, to be able to grow our programming and bring in new programming.

The challenges presented by the COVID-19 pandemic underlined that during public health emergencies, funding for CBOs should remain sustained and flexible—and that it is a time to expand programming and resources, not to reduce them.

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## Conclusion and Recommendations

The *State of the Inner City Report* is an opportunity to shine a light on the strengths of CBOs in Winnipeg's inner city. There is no doubt that these organizations are accustomed to responding to emergencies. Even within the unprecedented context of the COVID-19 pandemic, CBOs have been able to address the pressing needs of their participants. The pandemic, however, has highlighted challenges and gaps in emergency management that have affected CBOs and their ability to serve inner city communities.

Current responses to the COVID-19 pandemic appear to have the sole objective of reducing the virus' casualties (Rangel et al., 2020). As of this writing, the second wave of COVID-19 raises many of the same issues as the first, and some new issues as well. Many healthcare workers and medical doctors have publicly expressed concern that the Province took action too slowly and failed to respond appropriately during the summer to the threat of a second wave, resulting in incredible stress on the healthcare system (Tsicos, 2020). The lack of consideration of the social determinants of health in the response to COVID-19 has in many ways contributed to the ongoing marginalization and vulnerability of the populations in the inner city. The following recommendations for governments and CBOs would improve emergency planning and responses to better benefit the populations that reside in Winnipeg's inner city.

### **1. Include the social determinants of health in emergency plans.**

The social determinants of health should be integrated into federal, provincial and municipal emergency plans. Considering the social determinants of health will help to identify vulnerability due to pre-existing social and economic factors during an emergency. One way to address the social determinants of health in emergency management would be to establish a team of policy advisors, including representatives of CBOs, for emergency planning and response. The new Community Emergency Advisory Committee, part of the City of Winnipeg's emergency by-law, offers a first step in this direction.

### **2. Address the social determinants of health before emergencies.**

A large component of emergency management is preparedness, that is, the measures or precautions taken before an emergency occurs (Kapucu, 2008; Waugh, 1994). As part of preparedness, all levels of government should address the social determinants of health and the needs of marginalized groups. This will improve population health, reduce vulnerability caused by marginalization, and prevent negative impacts in future emergencies. For instance, providing a Liveable Basic Needs Benefit would ensure that all Manitoba households have adequate financial resources to meet their basic needs (CCPA-MB, 2020). Other ways governments can invest in the social determinants of health to benefit all populations in the next emergency include adequate housing for all, universal accessible and affordable childcare, access to harm reduction supplies and equitable access to health care. As Theresa Tam, Canada's Chief Public Health Officer stated: "No one is protected from the risk of COVID-19 until everyone is protected" (Tam, 2020, 38).

### **3. Continue to foster relationship among CBOs and governments.**

The partnerships created and sustained between CBOs during the pandemic should be maintained. The mutual support of CBOs, which predates the COVID-19 pandemic, has again proven to be a valuable asset. The sharing of information, advice and equipment has helped many organizations respond to the pandemic. Creating a means for a coordinated response is critical in creating a resilient team among CBOs. This pandemic has shown that the entire CBO sector can be resilient as a team and it should be celebrated and sustained for the long term.

### **4. Adequately fund and resource CBOs.**

Beyond including the CBO sector in emergency plans, governments need to provide the resources necessary to enable CBOs to be better prepared to

respond to emergencies. This research identified three needed resources. First, CBOs work best when they have stable, flexible and predictable funding. This is especially true during emergencies when so much else may be unpredictable. Funding should be provided as block grants to CBOs so that they can allocate the funds as needed. Second, governments should provide CBOs with expertise and resources to create their own emergency plans. Documenting how CBOs have adapted to the current context and providing organizations with specialists who can analyze, record and support the creation of emergency plans would lead to better emergency responses in the future. Third, governments and CBOs should invest in information technology, including laptops and training. These resources would increase CBOs' capacity to adapt to changing circumstances, including working remotely and developing new modes of communication among staff and participants.

In conclusion, emergency management has long been used by governments to prepare and respond to emergencies. These plans often take a 'one size fits all' approach, intending to return society to normalcy as quickly as possible. However, without addressing the factors, including the social determinants of health, that create vulnerability for marginalized populations, emergency management risks a return to the status quo once the pandemic is over—a constant state, for many, of marginalization and vulnerability to day-to-day emergencies. Through their ongoing perseverance and continued relationships, CBOs in Winnipeg's inner city have once again proven their immense value by responding to an emergency and picking up the pieces that were left behind. Rather than returning to 'business as usual' once the pandemic is over, Manitoba should respond to the opportunity and the necessity of addressing social and economic marginalization through the social determinants of health.

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