



# Understanding the Health and Well-being of Canadian Black Children and Youth during the COVID-19 pandemic: A Review

## Non-Research Paper

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### ABSTRACT

The COVID-19 pandemic has exacerbated health inequities and vulnerabilities in our society, with the Black population being disproportionately affected. As previous pandemics have resulted in an increase in adverse events to children and youth, we reviewed the literature to examine the impact of the COVID-19 pandemic on Black children and youth. We found Black children and youth experience psychosocial stressors related to uncertainties of the future. Differential gender effects related to COVID-19 are also apparent. Physical distancing related to the COVID-19 pandemic which resulted in differential impacts on physical activity levels in children. We also noted, increase levels of isolation may result in undetected child abuse. The review highlights the urgent need for multifaceted interventions that address disparities in social determinants of health and psychosocial needs of Black children and youth in Canada. Future research that addresses the effects of the COVID-19 pandemic on Black children and youth is needed to help create context-specific interventions.

### KEYWORDS

Black, Children, COVID-19, Healthcare Access, Youth, Intersectionality

### BACKGROUND

The COVID-19 pandemic resulted in dramatic disruptions of the global economy, resulted in massive loss of human life around the world, and exposed inequalities and vulnerabilities in our society. As of February 2022, globally, over 386 million people have been infected with COVID-19 and more than 5.7 million have died from the disease, with Canada reporting over three million cumulative cases and about 34,000 deaths, and United States of America reports over 75 million cumulative cases and about 880,000 deaths (WHO, 2022). Evidence across the globe suggests Black populations are at increased risk of contracting and dying from COVID-19 compared to non-Black people (Millet et al., 2020; Wadhera et al., 2020). Black or African Americans, who comprise 13.4% of the US population, are three times as likely to contract COVID-19 and two times as likely to die from the virus than whites (Soucheray, 2020).

Similarly, Black Canadians are disproportionately affected by COVID-19. For instance, local resources indicate COVID-19 rates are more than ten times higher in racialized communities (Public Health Ontario, 2020). In Toronto and Montreal, rates of COVID-19 infection are highly correlated with neighborhoods featuring a greater number of Black people (Bowden & Cain, 2020). Reports from Manitoba indicate newcomer populations from Southeast Asian, African, Filipino, and South Asian communities have the highest rates of COVID-19 infection, with Africans posting 8.7 times more infections than the white population (Bergen, 2021). Despite making up only 37% of the Manitoban population, the BIPOC (Black, Indigenous, and People of Color) population accounts for 61% of COVID-19 infections (Bergen, 2021).



There is an increase potential exposure to the COVID-19 virus to the Black people in Canada. For instance, Black Canadians account for a disproportionately large percentage (19.3%) of workers employed in the healthcare and social assistance industry (Morissette et al., 2021). Although in the 2016 census indicated that Black Canadians account for only 3.5% of the population (Statistics Canada, 2017), many members of this community work in frontline occupations such as healthcare, hospitality services, and are more likely (41%) to report a requirement to face to face interactions in the job compared to the national average (25%) (African Canadian Civic Engagement and Innovative Research Group, 2020). A Canadian analysis shows COVID-19 risks are disproportionately higher in communities with higher household density, a higher proportion of essential workers, lower educational attainment, lower income, and more racialized residents (Gallagher-Mackay et al., 2021).

While emerging literature points to impacts of COVID-19 on Black adults (Millet et al., 2020; Wadhera et al., 2020), there is minimal discussion on the differential impact of the COVID-19 pandemic on Black children and youth. Although children are less likely to be infected with COVID-19 than adults, the risk is higher for Black children than other children (Bandi et al., 2020). Hence, shedding light on the health needs of Black children related to the COVID-19 pandemic is an important consideration for post-pandemic recovery.

The purpose of this review is to examine the impact of the COVID-19 pandemic on Black children and youth and propose strategies towards a post-COVID-19 recovery. This is important because the population health containment strategies utilized to curtail the spread of COVID-19, including wearing a mask in public places, physical distancing, and quarantine, increase social risk, especially for children and youth faced with pre-existing inequities, such as Black populations. Due to unstable economic and social protective networks, experts predict an increase in child abuse cases concurrent with the COVID-19 pandemic, similar to what has been seen in previous pandemics (Peterman et al., 2020; Rothe et al., 2015). E.g., Ebola outbreaks have been linked to child maltreatment, including physical, sexual, and emotional abuse as well as neglect, prompting health

and mental health issues among the children (Kang & Jain, 2020; Peterman et al., 2020; Rothe et al., 2015). In fact, Sacks & Murphey (2018) warns that adverse childhood experiences such as abuse, neglect, and dramatic events within the households that occur before the age of 18 years can impact the mental health of children and youth. Thorough consideration of the impact of COVID-19 on Black children and youth enables understanding of the short- and long-term consequences of the COVID-19 pandemic on the Black population.

First, we will present the theoretical lens used in this review, which is intersectionality. Second, we will present the review of literature, and finally, the discussion and implications of the review.

### **THEORETICAL LENS: INTERSECTIONAL INSIGHT INTO BLACK CHILDREN AND YOUTH HEALTH**

We used an intersectionality framework in this critical review. Intersectionality highlights the diverse aspects of social locations, differences, and identities hidden due to structural processes, intersecting independently or simultaneously at different structural (macro, meso, and micro) levels in complex and independent ways (Crenshaw, 1989). Intersectionality considers that individuals can experience a phenomenon differently based on their unique identities, such as age, gender, race, and class (Crenshaw, 1989).

It is important to note that Canada has a diverse Black population, with several identities shaping their life experiences, such as age, gender, race, ability, and economic status. Hence, these identities intersect to determine the lives of Black children and youth in any given environment and could produce inequities in health and health outcomes. Thus, as indicated by Cho et al. (2013), society must consider these identities to enable an understanding of the social contexts of individuals.

Black Canadian children and youth are born into racialized and socially disadvantaged communities. E.g., Ottawa Citizen reporter Taylor Blewett (2020) explains how racism plays a significant role in the health outcomes of Black communities, especially access to employment. Inequalities in socioeconomic factors contribute to health inequities. There has been an over-representation of Black youth in the prison system. E.g., in Ontario, 7.2% of Black male



youth (18-24years) and 0.53% of Black female youth, compared to 1.4% of White male youth and 0.18% of White females, were incarcerated in provincial facilities (Owusu-Bempah et al., 2021). Black males are less likely to stream to academic programs, denying them the opportunity to attend college or university (Bernard & Smith, 2018; Robson et al., 2018). Similarly, they are less likely to access mental health services due to racism (Salami et al., 2020).

For instance, despite the structural interventions oriented towards containment of the COVID-19 virus spread and the wellbeing of all populations, the Black population was differentially affected. As seen, for example, in the increased risk of contracting and dying from COVID-19 in the predominantly Black neighborhood in Toronto Black neighborhoods in Toronto and Montreal (Bowden & Cain, 2020). Moreover, children and youth from Black communities had greater exposure to COVID-19 during the lockdown period.

Black children and youth in Canada already face significant challenges. Existing disparities between Black and non-Black populations in social determinants of health, including structural inequalities and discrimination, account for the disproportionate risk and differential outcomes on the wellbeing of Black people. Their experiences are complex and multilayered, prompting a more critically informed analysis of disparities while considering multiple axis thinking in consideration of power (Cho et al., 2013; Collins and Blige, 2016).

Thus, an analysis of the intersecting individual and structural inequalities through an intersectionality lens could offer a critical approach towards understanding intersecting forms of power and identities. This understanding will effectively address the 'multilayered and routinized forms of domination' (Crenshaw, 1991, p. 1245) that often converge to determine the wellbeing of Black children and youth. E.g., quarantine measures, lower education attainment, and reduced mental health resources during COVID-19 could intensify the magnitude of the existing disparities for Black children and youth. Hence, an intersectionality lens brings to light a better understanding of how COVID-19 has differentially impacted Black children and youth.

## REVIEW OF LITERATURE

This section discusses the direct and indirect effects of the COVID-19 pandemic that may exacerbate underlying vulnerabilities for Black children and youth in Canada, already living in socially disadvantaged contexts. We searched data from Medline (1946 - Present), and Cumulative Index for Nursing and Allied Health Literature (CINAHL) (1936 - Present) via EBSCOhost. We derived the search strategy from four main concepts: 1) COVID-19, including variants; 2) Black people or people of African descent or the African diaspora; 3) Canada, and 4) Youth or children. We did not apply publication date, study type, or language restrictions. Our search criteria did not yield specific articles about COVID-19 and Black children and youth in Canada. However, given the novelty of the COVID-19 disease and the disproportionate impact on Black people in Canada, we have critically appraised literature on COVID-19 and attempted to situate the Black children and youth in Canada.

### *Barriers to Healthcare Services*

Canadians reported difficulties in accessing healthcare services, including dental care, mental health care, and rehabilitative care, during the COVID-19 pandemic (Etowa et al., 2021). Although difficulties in accessing healthcare services in Canada are not new, the new models of care avoid face-to-face contact by the patients and clinicians during the COVID-19 pandemic (Bhatia et al., 2020; Greenhalgh et al., 2020) could have contributed to these barriers. For instance, a study indicated that Black children and youth in Canada experience many barriers to accessing healthcare, including mental healthcare, regardless of the universal health care system (Fante-Coleman & Jackson-Best, 2020). These barriers are encountered in different levels, including systemic barriers such as wait times and poor access to physicians; practitioner-related barriers such as racism and discrimination and poor access to culturally competent care; and personal and community barriers such as internalized stigma and stigma from the community (Fante-Coleman & Jackson-Best, 2020).

For instance, several reports document the disruption of services to students with disabilities, neurodiverse students, and students with specific health needs due to challenges with access to technology, adaptive equipment, and other learning



resources (Dove et al., 2020; Gallagher-Mackay et al., 2021). This could have detrimental effects to children and youth, given that many families rely on schools for structured activities, including access to some health services and psychosocial support (Dove et al., 2020). Furthermore, children and youth lost the social and emotional support and mental health resources provided by teachers, counsellors, and social workers (Lee, 2020). Finally, children with autism spectrum disorder were at risk due to disruption of their daily routine and limited access to face-to-face therapy sessions (Lee, 2020).

Therefore, given the exposures to constant discrimination, Black children and youth are exposed to more psychological stressors, which could also lead to barriers to accessing mental health services (Fante-Coleman & Jackson-Best, 2020).

### ***Mental Health: Psychosocial Stressors Related to Uncertainties of the Future***

In most countries, schools were closed for in-person attendance, recreation, and extracurricular activities for at least part of 2020 and 2021. Social isolation is when the individual lacks a sense of social belonging, lacks engagement with others, and is deficient in fulfilling and quality relationships (Nicholson, 2012). Social isolation is critical in post-traumatic stress disorders following disasters; it exacerbates psychotic experiences, including post-traumatic symptoms, confusion, anger, and mental health outcomes such as depression, anxiety, and even suicide (Brooks et al., 2020). In their study, Powel and colleagues found that African American children and youth who are isolated or quarantined are more likely to develop acute stress disorder, adjustment disorder, and grief (Powers et al., 2020). The closures contributed to social isolation among children and youth, leading to increased mental health conditions (Dove et al., 2020).

The COVID-19 pandemic has negatively impacted the mental health of Canadians, especially youth (Statistics Canada, 2020a). Crowdsourced data indicate about 57% of participants ages 15-17 years reported their mental health had somewhat worsened following the physical distancing measures. Visible minority groups were more likely to report poor mental health than white people (27.8 vs. 22.9%). Women reported lower levels of mental

health than men (52 vs. 58%) (Statistics Canada, 2020a). Job loss and inadequate financial resources heightened generalized anxiety disorders, with Black Canadians more likely than others to report a moderate or significant impact of the pandemic on their ability to meet their financial obligations (Statistics Canada, 2020a).

In addition, studies on the mental health of Black youth in Canada cite cultural expectations, racism, and discrimination as some of the factors impacting the mental health of Black youth (Salami et al., 2020). Similarly, during the pandemic, Black Canadians were at risk of job layoffs or reduced hours, increasing the negative financial impacts and food insecurity for the Black children and youth (African Canadian Civic Engagement Council & Innovative Research Group, 2020; Statistics Canada, 2020b). Hence, the Black children and youth who are already experiencing barriers to accessing mental healthcare could experience more adverse mental health (Lucente et al., 2021).

### ***Physical Activity in Children and Youth***

Physical activity help children with the development of active and health lifestyles. Experts speculate that social distancing measures and school closures contribute to social isolation and decreased physical activity (Cost et al., 2021; Moore et al., 2020). The closure of schools and community recreation centers and the transition of in-person schooling to virtual learning in most countries contributed to the disruption of physical activities of children and youth. Moore and colleagues analyzed secondary data that examined the immediate impacts of COVID-19 restrictions on Canadian child and youth movement and play behaviors (Moore et al., 2020). The study found the COVID-19 restrictions markedly affected the physical activity of children and youth, as only 4.8% of children and 0.6% of youth were meeting the recommended combined 24-hour movement behavior guidelines; girls were less active than boys and youth, engaged in more social media, and slept more than boys (Moore et al., 2020).

Another study that analyzed data collected in April 2020 by ParticipACTION in Canada indicated specific characteristics such as parent involvement in restricting screen time, high household income, and being a boy increased adherence to movement



behaviors (Guerrero et al., 2020). Similar to Moore et al. (2020), this study found girls were less active than boys, where boys were more likely to meet the physical activity recommendations than girls (45.0 vs. 26.3%) (Guerrero et al., 2020). These results align with those from a study on the impact of the COVID-19 pandemic on US children, which showed a decrease in physical activity and an increase in the stress level of children and adolescents (Tulchin-Francis et al., 2021).

Hence, documented benefits of movement and physical activity on children and youth include better cognitive and mental health and boosted immunity (Lasselain et al., 2016; Tremblay et al., 2016). As such, most Black children in Canada who live in crowded neighbourhoods could be greatly disadvantaged. A survey in Toronto concluded that due to racism in Canadian housing market, Black people in Canada mostly live in crowded neighbourhoods that don't have access to safe outer spaces, limiting the physical activity of the children and youth (Bowden & Cain, 2020). Thus, the loss of structured physical activities due to school closures could increase screen time among children and youth, which could be detrimental to their mental and physical health (Gallagher-Mackay, 2021; Oberle et al., 2020). Living in a detached house is more favorable with respect to healthy movement behaviors than living in an apartment due to greater access to front or back yards for outdoor physical activities.

### **Undetected Child Abuse**

Based on experience from previous pandemics, stay-at-home measures can increase the rate of undetected child abuse due to decreased access to support services or safe places (Gruber et al., 2021; Kang & Jain, 2020). An increase in economic uncertainties and limited access to family and friends support could increase the risk of child abuse. Further, Black children and youth in Canada are more likely to be investigated and placed in Child Welfare Systems than white children and youth (ACPHA, 2019). Canada's latest release on family violence indicates increasing police-reported family violence against children, youth, intimate partners, and seniors (Conroy, 2021). Two-thirds of all victims of family violence in 2019 were women and girls, and girls aged 17 years and younger experienced a higher

rate of sexual offenses, including sexual assault (Conroy, 2021).

However, child abuse reports decreased during the COVID-19 pandemic, yet healthcare providers saw increased fractures and brain trauma at the Children's Hospital of Eastern Ontario (CHEO) (Campbell, 2021). BC's Children's Hospital (BCCH) reported increasing nutritional neglect and starvation (Campbell, 2021). Schools are a safety net for children, as teachers usually assess signs of abuse (Sistovaris et al., 2020). A national survey on the well-being of parents and children during the COVID-19 pandemic in the USA (Patrick et al., 2020) revealed that restricted movement, including stay-at-home measures and virtual schooling, forces children and youth to live with abusers or potential abusers and increases their anxiety and depression. The abusers have power over their victims when citizens are forced to isolate themselves at home (Gerster, 2020). Children could undergo physical and emotional maltreatment due to reduced supervision, illness, caregivers' isolation, reduced family protection, and continued parental work requirements (Sistovaris et al., 2020). And mostly, girls were at greater risk of physical and sexual abuse (Sistovaris et al., 2020).

Further, the Alliance for Child Protection in Humanitarian Action (ACPHA) warns that the risk of increased abusive environments such as child labor is because of the loss of household income and the expectation for children to work due to school closures (ACPHA, 2019). Different genders could experience abuse differently. For instance, in an abusive environment, girl children may not have equal learning time as boy children as they may be expected to continue childcare and housework regardless (Sistovaris et al., 2020). As a result, girls are at greater risk of abuse, especially in homes where housework and other gender-imposed household responsibilities are designated to women and girls, such as caring for family members or doing chores (Sistovaris et al., 2020). In addition, children could also face maltreatment when placed under the care of others when parents become ill or die from COVID-19 (Sistovaris et al., 2020).

Similarly, a systematic review on temporal linkages between economic insecurity and child maltreatment found that economically insecure children experienced three to nine times more abuse than



their economically secure counterparts (Conrad-Hiebner & Byram, 2020). With more time spent online, it is not surprising that reports of online sexual exploitation increased during the COVID-19 pandemic. Specifically, the Canadian Centre for Child Protection (C3P) released a statement in February of 2021 noting an 81% increase in reports of child exploitation (C3P, 2021). In response, the organization launched a series of videos for youth to educate them about sextortion.

The examples above demonstrate why it is imperative to implement sustainable strategies to mitigate child maltreatment risks that involve communities, families, caregivers, and children (ACPHA, 2019; Sistovaris et al., 2020). The fact that there is no disaggregated data on child abuse among the Black population in Canada doesn't prove that the abuse has not occurred. Therefore, lack of race-based data in Canada on child and youth is worrying given that children and youth from the Black, Indigenous People of Color (BIPOC) are over-represented in the welfare system and tend to live in economically challenged communities, which some have equated to racism spanning from slavery (Ontario Human Rights Commission, 2018). Thus, collecting race-based data beyond binary 'white' and 'BIPOC' identities is necessary to address these inequalities.

### *Varying Educational Opportunities*

The COVID-19 pandemic has also exacerbated the academic gap in Canada. Although the proportion of women with post-secondary education has increased, Black men have experienced a decrease in completion of post-secondary education since 2011 (Statistics Canada, 2017). Similarly, Black youth are most likely to be streamed into special education and applied programs compared to White youth (Robson et al., 2018). Therefore, pandemic increased the vulnerability of Black children and youth in education inequities.

The shift to online learning disadvantaged Black children and youth already facing inadequate internet connections and access to technology (Auxier & Anderson, 2020). Children and youth who lack an internet connection or internet-enabled computer to access classes are significantly disadvantaged. According to a report published by Statistics Canada (2020b), most households in Canada with children

under 18 have internet access. However, lower-income families have fewer internet-enabled devices per household member (Frenette et al., 2020). The majority (63%) of households in the lowest income quartile had less than one device, whereas this value was 52% for the highest quartile. Lower-income families rely more on mobile devices to access the internet than higher-income households (Frenette et al., 2020). Reduced access to the internet means that children and youth may fall behind academically.

Similarly, the shift to virtual education also interfered with children's learning with special needs. In a survey completed by caregivers/parents of children with attention-deficit/hyperactivity disorder (ADHD), 59% reported their child's experience adjusting to online classes was 'very challenging' (Hai et al., 2021). Parents reported their children received less than the typical 5.5 hours of instruction from the teacher per day during the COVID-19 pandemic; specifically, 41% of students received less than 5 hours instruction hours per week and 36% received 5-10 hours per week, and over 60% of the parents reported finding it difficult to sustain the routine with their children (Hai et al., 2021). Further, the gaps in skill performance between low-income families and students from higher-income families widen during school holidays (Van Lacker & Parolin, 2020).

Black parents in Canada work in frontline jobs and are unable to work from home (Statistics Canada, 2017). Plus, significant proportion of Black people face multi-layered vulnerabilities, including risky employment (e.g., as essential, and frontline workers), making it difficult for them to stay at home as they must work for income (Gaynor & Wilson, 2020). Therefore, with school closures, children and youth learning would mostly be left unsupervised. For instance, a study that examined the understanding of COVID-19 risks and vulnerabilities among Black communities in America found that lack of parental academic supervision leaves children and youth less supported and exacerbates existing disparities in academic achievement caused by systemic racism (Poteat et al., 2020). The burden of education among low-income families who cannot afford a tutor falls on the parents or older siblings (if the parents are either illiterate or must work) (Poteat et al., 2020). Further, some Black parents reported they received little to no information about remote learning resources during



the pandemic and could not supervise their children academically (Poteat et al., 2020).

The pandemic has forced the education system to adapt to a new reality. Hence ensuring equitable access to education would minimize barriers to inclusion among the children and youth. Understanding and acting on the existence of anti-Black racism in classrooms or education platforms are integral in children and youth mental health. Given that education intersects with other social determinants of health such as race and environment, it is crucial to ensure activities geared to closing the gap on the loss of learning due to the pandemic, address these intersecting factors and provide safe spaces for Black children and youth.

### IMPLICATIONS FOR PRACTICE AND RESEARCH

For culturally appropriate care to be effectively provided to distinct populations such as Black children and youth, there is need for healthcare professionals to understand the different identities that position Black children and youth within society by evoking an intersectionality lens (Van Herk et al., 2011). To achieve this, healthcare professionals must consider how intersecting factors (individual, societal, and structural) such as gender, socio-economic status, geographical location, age, and race intersect to determine their own existence, as well as the existence of Black children and youth, in any given environment. Considering these intersecting issues will allow healthcare professionals to develop knowledge, skills, and attitudes towards identifying individual and structural context-specific opportunities that promote the health outcomes of children and youth through compassionate and competent care. Hence, the need for efforts from the organizations to train staff on racial equity to reduce bias in health organizations (Sukhera et al., 2020) and promote critical thinking beyond the binaries of gender (male/female), race (Black/white), socio-economic status, and geographical locations.

Healthcare professionals need to critically examine power structures that shape healthcare encounters and develop context-specific interventions within organizational and structural policies (Van Herk et al., 2011). Similarly, research that employs an intersectionality lens will provide a more critically informed analysis of disparities while responding to

issues of social injustices by examining dynamics of differences and sameness (Cho et al., 2013; Van Herk et al., 2011).

Thus, interdisciplinary collaborative research inquiries that engage Canadian Black children and youth would promote an integrated knowledge translation approach given the disparities exacerbated by the COVID-19 pandemic.

### CONCLUSION

This review highlights the existing disparities between Black and non-Black populations in social determinants of health, including structural inequalities and discrimination, that contribute to the disproportionate risk and differential outcomes on the well-being of the Black people during the COVID-19 pandemic (Chung et al., 2020). The COVID-19 pandemic has increased these inequities and exacerbated underlying vulnerabilities experienced by Black children and youth. School closures during the COVID-19 pandemic widened the inequality gap in education outcomes for those living in precarity. Black children and youth are significantly disadvantaged due to systemic racism, and living in high-density, predominantly Black communities made social distancing challenging and increased potential exposures to the virus. Race and racism are significant determinants of poor educational outcomes, emotional well-being, mental health, and overall trajectories in Black children and youth (Codjoe, 2001). Racism is also a barrier to good education and healthcare access to Black children and youth (Bernard & Smith, 2018; Salami et al., 2020).

Furthermore, disproportionate impacts of COVID-19 on communities, such as those with large Black populations, and the pandemic exposed weaknesses in the Canadian health system, such as a shortage of healthcare providers, essential intensive care equipment, and basic personal protective equipment. These are issues nurses can focus on, ensuring policies and processes are in place to prevent further adverse effects post-COVID-19.

As such, there is an urgent need for multifaceted interventions that address disparities in social determinants of health and psychosocial needs of Black children and youth. Primary research that addresses the effects of the COVID-19 pandemic on



Black children and youth is necessary to help create context-specific interventions, such as increasing school technological infrastructure to help with remote learning. It is also essential to build support systems for Black children and youth by including their voices, families, and expert stakeholders. Policies and programs geared toward building the capacity of Black children and youth may contribute to closing the intellectual gap and systematically reducing health inequities during and after the pandemic (Clawson et al., 2021). Of importance, there is greater need to engage the children and youth throughout the policy development, implementation, and evaluation.

## REFERENCES

- African Canadian Civic Engagement Council & Innovative Research Group (2020, September). *Impact of COVID-19. Black Canadian perspectives*. <https://innovativeresearch.ca/wp-content/uploads/2020/09/ACCECO1-Release-Deck.pdf>
- Alliance for Child Protection in Humanitarian Action (ACPHA). (2019). Technical Note: Protection of Children During the Coronavirus Pandemic, Version 1. (March). Pages 1-2. [https://alliancecpa.org/system/tdf/library/attachments/the\\_alliance\\_covid\\_19\\_brief\\_version\\_1.pdf?file=1&type=node&id=37184](https://alliancecpa.org/system/tdf/library/attachments/the_alliance_covid_19_brief_version_1.pdf?file=1&type=node&id=37184)
- Auxier, B., & Anderson, M. (2020, March 16). *As schools close due to the coronavirus, some U.S. students face a digital 'homework gap'*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/03/16/as-schools-close-due-to-the-coronavirus-some-u-s-students-face-a-digital-homework-gap/>
- Bandi, S., Nevid, M. Z., Mahdavinia, M., & Genuneit, J. (2020). African American children are at higher risk of COVID-19 infection. *Pediatric Allergy and Immunology*, 31(7), 861–864. <https://doi.org/10.1111/pai.13298>
- Bergen, R. (2021, July 5). *Manitoba must shift vaccine strategy to ensure BIPOC people protected*. CBC News. <https://www.cbc.ca/news/canada/manitoba/covid-19-vaccine-manitoba-bipoc-black-indigenous-people-of-colour-1.6090624>
- Bernard, W.T., and Smith, H. (2018). Injustice, justice, and Africentric practice in Canada. *Canadian Social Work Review*. 35 (1). <https://id.erudit.org/iderudit/1051108ar>.
- Bhatia, R.S., Falk, W., Jamieson, T., Piovesan, C., Shaw, J... (2020, April 7). *Virtual Health Care Is Having Its Moment – Rules Will Be Needed*. C.D. Howe Institute Intelligence Memo. <https://www.cdhowe.org/intelligence-memos/bhatia-falk-jamieson-piovesan-shaw-%E2%80%93-virtual-healthcare-having-its-moment-rules>.
- Bowden, O., & Cain, P. (2020, June 2). *Black neighbourhoods in Toronto are hit Hardest by COVID-19 and it's "anchored in racism": experts*. Global News. <https://globalnews.ca/news/7015522/Black-neighbourhoods-toronto-coronavirus-racism/>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet (London, England)*, 395(10227), 912–920. [https://doi.org/login.ezproxy.library.ualberta.ca/10.1016/S0140-6736\(20\)30460-8](https://doi.org/login.ezproxy.library.ualberta.ca/10.1016/S0140-6736(20)30460-8)
- Campbell, C. (2021, January 31). *'They're struggling behind closed doors': Doctors reveal disturbing stories of child maltreatment amid pandemic*. Global News. <https://globalnews.ca/news/7611195/doctors-reveal-stories-child-maltreatment-coronavirus-pandemic/>
- Canadian Centre for Child Protection (2021). *Child Protection Organizations Calls for Need to Modernize Safeguarding Structures in Education System; Government-Mandated Child Sexual Abuse Prevention Program Step in Right Direction*. Accessed from: <https://www.protectchildren.ca/en/press-and-media/news-releases/2021/>
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, 38(4), 785–810. <https://doi.org/10.1086/669608>
- Chung, R. Y.-N., Dong, D., & Li, M. M. (2020). Socioeconomic gradient in health and the covid-19 outbreak. *BMJ*, 369, m1329–m1329. <https://doi.org/10.1136/bmj.m1329>





- Clawson, A. H., Nwankwo, C. N., Blair, A. L., Pepper-Davis, M., Ruppe, N. M., & Cole, A. B. (2021). COVID-19 impacts on families of color and families of children with asthma. *Journal of Pediatric Psychology, 46*(4), 378-391. doi:10.1093/jpepsy/jsab021
- Codjoe, H. M. (2001). Fighting a “Public Enemy” of Black Academic Achievement—The persistence of racism and the schooling experiences of Black students in Canada. *Race Ethnicity and Education, 4*(4), 343-375. <https://doi.org/10.1080/13613320120096652>
- Collins, P. H., & Blige, S. (2016). Intersectionality. Malden, MA: Polity Press.
- Conrad-Hiebner, A. & Byram, E. (2020). The temporal impact of economic insecurity on child maltreatment: A systematic review. *Trauma, Violence & Abuse, 21*(1): 157-178.
- Conroy, S. (2021, March 2). *Family violence in Canada: A statistical profile, 2019*. Statistics Canada. <https://www150.statcan.gc.ca/n1/en/catalogue/85-002-X202100100001>
- Cost, K. T., Crosbie, J., Anagnostou, E., Birken, C. S., Charach, A., Monga, S., Kelley, E. et al. (2021). Mostly worse, occasionally better: impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *European Child & Adolescent Psychiatry*. <https://doi.org/10.1007/s00787-021-01744-3>
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: a Black feminist critique of anti-discrimination doctrine, feminist theory and anti-racist politics. *University of Chicago Legal Forum, 1*(1), 139-167.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*(6), 1241-1299. doi:10.2307/1229039
- Dove, J., Gage, A., Kriz, P., Tabaddor, R. R., & Owens, B. D. (2020). COVID-19 and Review of current recommendations for return to athletic play. *Rhode Island Medical Journal, 103*(7), 15-20.
- Etowa, J., Sano, Y., Hyman, I., Dabone, C., Mbagwu, I., Ghose, B., Osman, M., Mohamoud, H. (2021). Difficulties accessing health care services during the COVID-19 pandemic in Canada: examining the intersectionality between immigrant status and visible minority status. *International Journal of Equity Health, 20*, 255. <https://doi.org/10.1186/s12939-021-01593-1>
- Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review, 5*, 115-136. <https://doi.org/10.1007/s40894-020-00133-2>
- Frenette, M., Frank, K., & Deng, Z. (2020, April 15). *School Closures and the Online Preparedness of Children during the COVID-19 Pandemic*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/11-626-x/11-626-x2020001-eng.htm>
- Gallagher-Mackay, K., Srivastava, P., Underwood, K., Dhuey, E., McCreedy, L., Born, K., Maltsev, A. et al (2021). *COVID-19 and education disruption in Ontario: Emerging evidence on impacts*. Law and Society Faculty Publications. [https://scholars.wlu.ca/laso\\_faculty/1](https://scholars.wlu.ca/laso_faculty/1)
- Gaynor, T. S., & Wilson, M. E. (2020). Social vulnerability and equity: The disproportionate impact of COVID-19. *Public Administration Review, 80*(5), 832-838. <https://doi.org/10.1111/puar.13264>
- Gerster J. (2020, April 7). *When Home Isn't Safe: How Coronavirus Puts Neighbours on Front Lines of Abuse?* Global News. <https://globalnews.ca/news/6723582/coronavirus-domestic-abuse/>
- Greenhalgh, T., Wherton, J., Shaw, S., & Morrison, C. (2020). Video consultations for covid-19. *BMJ (Clinical research ed.), 368*, m998. <https://doi.org/10.1136/bmj.m998>
- Gruber, J., Prinstein, M., Clark, L., Rottenberg, J., Abramowitz, J., Albano, A., Aldao, A., Borelli, J. et al. (2021). Mental health and clinical psychological science in the time of COVID-19. *American Psychologist, 76* (3), 409-426. doi: 10.1037/amp0000707.
- Guerrero, M. D., Vanderloo, L. M., Rhodes, R. E., Faulkner, G., Moore, S. A., & Tremblay, M. S. (2020). Canadian children's and youth's adherence to the 24-h movement guidelines during the COVID-19 pandemic: A decision tree analysis. *Journal of Sport and Health Science, 9*(4), 313-321. doi:



- <https://doi.org/login.ezproxy.library.ualberta.ca/10.1016/j.jshs.2020.06.005>
- Hai, T., Swansburg, R., Macmaster, F., Lemay, J. (2021). Impact of COVID-19 on educational services in Canadian children with attention-deficit/hyperactive disorder. *Frontiers in Education*.  
<https://doi.org/10.3389/feduc.2021.614181>
- Kang, K. T., & Jaine, N. (2020). Child abuse and neglect in the COVID-19 era: A primer for front-line physicians in British Columbia. *BC Medical Journal* 62(7), 238-240.
- Lasselin, J., Alvarez-Salas, E., & Grigoleit, J. (2016). Well-being and immune response: A multi-system perspective. *Current Opinion in Pharmacology*, 29, 34-41. doi: 10.1016/j.coph.2016.05.003
- Lee, J. (2020). Mental health effects of school closures during COVID-19. *The Lancet. Child & Adolescent Health*, 4(6), 421. [https://doi.org/10.1016/S2352-4642\(20\)30109-7](https://doi.org/10.1016/S2352-4642(20)30109-7)
- Lucente, G., Kurzawa, J., & Danseco, E. (2021). Moving towards racial equity in the child and youth mental health sector in Ontario, Canada. *Administration and Policy in Mental Health and Mental Health Services Research*, 49(2), 153–156. <https://doi.org/10.1007/s10488-021-01153-3>
- Millett, G. A., Jones, A. T., Benkeser, D., Baral, S., Mercer, L., Beyrer, C., Honermann, B., Lankiewicz, E., Mena, L., Crowley, J. S., Sherwood, J., & Sullivan, P. S. (2020). Assessing differential impacts of COVID-19 on Black communities. *Annals of Epidemiology*, 47, 37–44. <https://doi.org.proxy.bib.uottawa.ca/10.1016/j.annepidem.2020.05.003>
- Moore, S. A., Faulkner, G., Rhodes, R. E., Brussoni, M., Chulak-Bozzer, T., Ferguson, L. J., Mitra, R., O'Reilly, N., Spence, J. C., Vanderloo, L. M., & Tremblay, M. S. (2020). Impact of the COVID-19 virus outbreak on movement and play behaviours of Canadian children and youth: a national survey. *The International Journal of Behavioral Nutrition and Physical Activity*, 17(1), 85–85. <https://doi.org/10.1186/s12966-020-00987-8>
- Morissette, R., Turcotte, M., Bernard A., Olson, E. (2021, June 2). *Workers receiving payments from the Canada emergency response benefit program in 2020*. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00021-eng.htm>
- Nicholson, N. R. (2012). A review of social isolation: an important but underassessed condition in older adults. *The Journal of Primary Prevention*, 33(2-3), 137–152. <https://doi.org/10.1007/s10935-012-0271-2>
- Oberle, E., Ji, X. R., Kerai, S., Guhn, M., Schonert-Reichl, K. A., Gadermann, A. M. (2020). Screen time and extracurricular activities as risk and protective factors for mental health in adolescence: A population-level study. *Preventive Medicine*, (141): 106291. <https://doi.org/10.1016/j.ypmed.2020.106291>
- Owusu-Bempah, A., Jung, M., Sbaï, F., Wilton, A. S., & Kouyoumdjian, F. (2021). Race and Incarceration: The Representation and Characteristics of Black People in Provincial Correctional Facilities in Ontario, Canada. *Race and Justice*. <https://doi.org/10.1177/21533687211006461>
- Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics (Evanston)*, 146(4), e2020016824–. <https://doi.org/10.1542/peds.2020-016824>
- Peterman, A., Potts, A., O'Donnell, M., et al. (2020). *Pandemics and violence against women and children*. CGD Working Paper 528. Washington, DC: Center for Global Development. [www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf](http://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf).
- Poteat, T., Millett, G. A., Nelson, L. E., & Beyrer, C. (2020). Understanding COVID-19 risks and vulnerabilities among Black communities in America: the lethal force of syndemics. *Annals of Epidemiology*, 47, 1–3. <https://doi.org/10.1016/j.annepidem.2020.05.004>
- Powers, A., Stevens, J. S., O'Banion, D., Stenson, A. F., Kaslow, N., Jovanovic, T., & Bradley, B. (2020). Intergenerational transmission of risk for PTSD symptoms in African American children: The roles of maternal and child



- emotion dysregulation. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi: <http://dx.doi.org.proxy.bib.uottawa.ca/10.1037/tra0000543>
- Public Health Ontario (2020). *Addressing health inequities within COVID-19 public health response*. <https://www.publichealthontario.ca/-/media/documents/ncov/he/2020/12/covid-19-environmental-scan-addressing-health-inequities.pdf?la=en>
- Robson, K., Anisef, P., Brown, R., George, R. (2018). Underrepresented students and the transition to postsecondary education: Comparing two Toronto cohorts. *Canadian Journal of Higher Education*, 48(1), 39-59. DOI: <https://doi.org/10.7202/1050841ar>
- Rothe, D., Gallinetti, J., Lagaay, M., & Campbell, L. (2015). *Ebola: beyond the health emergency*. Plan International; Monrovia, Liberia: 2015. <https://plan-international.org/publications/ebola-beyond-health%20emergency#download-options>
- Salami, B., Salman, J., Okeke-ihejirika, P., Jackson, M., Harvey-Blankeship, M. (2020). *A participatory action research project to 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](https://policywise.com/wp-content/uploads/resources/2020/03/2020-03MAR-24-Final-Report-17SM-Salami_.pdf)
- Sistovaris, M., Fallon, B., Miller, S., et al. (2020). *Child welfare and pandemics: Literature scan*. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto; 2020. [https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan\\_2020\\_0.pdf](https://cwrp.ca/sites/default/files/publications/Child%20Welfare%20and%20Pandemics%20Literature%20Scan_2020_0.pdf)
- Soucheray, S. (2020). *US Blacks 3 times more likely than whites to get COVID-19*. Center for Infectious Diseases Research and Policy. <https://www.cidrap.umn.edu/news-perspective/2020/08/us-Blacks-3-times-more-likely-whites-get-covid-19>
- Statistics Canada. (2020a). *Crowdsourcing: Impacts of COVID-19 on Canadians' Experiences of Discrimination Public Use Microdata File*. <https://www150.statcan.gc.ca/n1/en/catalogue/45250008?HPA=1>
- Statistics Canada. (2020b). *Food insecurity during the COVID-19 pandemic, May 2020*. Ottawa: Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00039-eng.htm>
- Tremblay, M. S., Carson, V., Chaput, J. P., Connor Gorber, S., Dinh, T., Duggan, M., Faulkner, G., Gray, C. E., Gruber, R., Janson, K., Janssen, I., Katzmarzyk, P. T., Kho, M. E., Latimer-Cheung, A. E., LeBlanc, C., Okely, A. D., Olds, T., Pate, R. R., Phillips, A., Poitras, V. J., ... Zehr, L. (2016). Canadian 24-hour movement guidelines for children and youth: An integration of physical activity, sedentary behaviour, and sleep. *Applied Physiology, Nutrition, and Metabolism = Physiologie Applique, Nutrition et Metabolisme*, 41(6 Suppl 3), S311–S327. <https://doi.org/10.1139/apnm-2016-0151>
- Tulchin-Francis, K., Stevens, W., Gu, X., Zhang, T., Roberts, H., Keller, J., Dempsey, D., Borchard, J., Jeans, K., & VanPelt, J. (2021). The impact of the coronavirus disease 2019 pandemic on physical activity in U.S. children. *Journal of Sport and Health Science*, 10(3), 323–332. <https://doi.org/10.1016/j.jshs.2021.02.005>
- Van Herk KA, Smith D, & Andrew C. (2011). Examining our privileges and oppressions: incorporating an intersectionality paradigm into nursing. *Nursing Inquiry*, 18(1), 29–39. <https://doi-org.login.ezproxy.library.ualberta.ca/10.1111/j.1440-1800.2011.00539.x>
- Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: a social crisis in the making. *The Lancet, Public Health*, 5(5), e243–e244. [https://doi.org/10.1016/S2468-2667\(20\)30084-0](https://doi.org/10.1016/S2468-2667(20)30084-0)
- Wadhera, R. K., Wadhera, P., Gaba, P., Figueroa, J. F., Joynt Maddox, K. E., Yeh, R. W., & Shen, C. (2020). Variation in COVID-19 hospitalizations and deaths across New York City boroughs. *JAMA*, 323(21), 2192–2195. <https://doi.org/10.1001/jama.2020.7197>
- World Health Organization (2022). *WHO Coronavirus (COVID-19) Dashboard*. Accessed from: <https://covid19.who.int/>