



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé



# DECENT WORK

## ISSUE BRIEF

PART OF THE DETERMINING HEALTH SERIES

Illustrations can be powerful companions to written words. Our intention is for the illustrations to disrupt the idea that some jobs are inherently bad. There are no “bad” jobs. Rather, it is precarious employment, hazardous work, and power imbalances that produce “bad” conditions for those who occupy specific jobs. We challenge the status quo by depicting a decent work future where all workers are dignified, safe, and their rights protected at work. Being able to illustrate a vision for decent work that does not leave anyone behind advances our knowledge translation goal for health equity.

From left to right, this illustration includes a housekeeper cleaning in a hotel, a bike courier delivering food, a migrant agricultural worker picking fruit, a personal support worker providing care in a long-term care residence and a mail delivery person delivering packages and mail.



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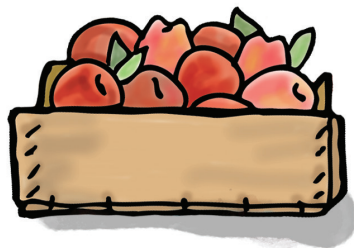
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# EXECUTIVE SUMMARY

**Employment and working conditions are powerful social determinants of health and health equity.** Although employment conditions and working conditions have distinct definitions and impacts, they are closely related.

Employment has the potential to promote health and improve quality of life, especially through standard employment conditions that include full-time, permanent jobs with adequate wages and benefits. In contrast, precarious employment conditions include low-wage temporary or casual jobs with uncertain hours and income, and with few or no medical benefits or paid sick leave. Precarious workers and their families experience significantly worse health outcomes.

Working conditions refer to exposures that workers face while on the job, such as physical, chemical, ergonomic, biological and psychosocial hazards. Employment precarity often is accompanied by hazardous working conditions and inadequate protections, leading to higher risk of work injuries and illness among workers who fear retaliation (e.g., job and income loss) if they speak out.

**Precarious employment has been rising in Canada in past decades.** Significantly more people are in temporary, low-wage and involuntary part-time work, as well as holding multiple jobs, while fewer are in unions. Precarious employment exists because of social norms, public policies and corporate behaviour that see workers as commodities and allow them to be exploited for profit (capitalism). In addition, systems of oppression (e.g., White supremacy, sexism, classism) determine who is affected —

and not affected — by precarious employment. Understanding and addressing the health impacts of precarious employment requires taking an intersectional approach that encompasses root structural factors, systems of oppression and multiple social identities including, but not limited to, immigration status, race, gender, ability, and sexual orientation and gender identity.

**If precarious employment is the problem, decent work — work that offers fair pay, adequate benefits and safe working conditions — is the solution.** Decent work is a common goal, an agenda for policy and legislative change, and a movement to confront precarious employment that is closely aligned with social determinants of health and Health in All Policies approaches. Decent work is being operationalized by grassroots movements, labour organizations and community groups across Canada that public health can learn from, work with and support through intersectoral action. There are several distinct public policy areas that present opportunities for public health and partners to act, including employment standards; occupational health and safety laws; accessibility, anti-discrimination in employment and employment equity laws; social safety net; and immigration law.

The COVID-19 pandemic has exposed deep systemic inequities in the labour market and the harms of precarious employment on the health of workers, families and communities. **Public health has a responsibility coming out of the pandemic to confront precarious employment more broadly as a rising source of health inequity in Canada and a key area for action.**

# INTRODUCTION

Work is a powerful aspect of everyday life that can promote or harm the health of workers in Canada.

Not all workers have access to decent work — the kind of work that offers fair pay, adequate benefits and safe working conditions. Structural conditions (e.g., public policies, systems of oppression) shape employment outcomes and experiences and contribute to health inequity experienced by people in Canada. The hazards of precarious employment were identified as a priority to improve health equity coming out of the COVID-19 pandemic.<sup>1</sup> Public health practitioners and organizations have a role in promoting decent work and denouncing harmful health impacts of employment conditions.

The *Determining Health: Decent work* issue brief is the first product in the National Collaborating Centre for Determinants of Health's **Determining Health series**. The intention of the *Determining Health* series is to support public health practitioners and decision-makers to address health inequities by providing:

- a comprehensive overview of key social and structural determinants of health; and
- recommendations for evidence-informed public health action on the key social and structural determinants of health.

This issue brief is part one of two products that will look at work and employment as determinants of health. The second part will be a practice brief that builds on this issue brief to delineate public health's role and key actionable steps towards addressing work and employment as key social determinants of health.

The purpose of this issue brief is to:

- Define and differentiate between employment conditions and working conditions, and summarize key evidence about their health impacts (**SECTION 1**).
- Explore the rise and impact of precarious employment in Canada, and during the COVID-19 pandemic in particular (**SECTION 2**).
- Unpack how systemic oppression and power shape the Canadian labour market, and how precarious employment disproportionately affects the health of specific populations (**SECTION 3**).
- Explore decent work as a common goal, an agenda for change and a movement in Canada that public health can engage in to address the harms of precarious employment (**SECTION 4**).
- Consider points of influence to address precarious employment and decent work including public policy (**SECTION 5**).

This issue brief focuses on adults working for paid wages. However, the National Collaborating Centre for Determinants of Health recognizes that other forms of work, such as unpaid or informal work, are equally as important.

To develop this issue brief, we searched Canadian and international peer-reviewed literature (EBSCO CINAHL database) looking for evidence about the health impacts of employment and working conditions and research on the concept of decent work.

We identified foundational global policy documents about decent work from the World Health Organization and International Labour Organization (a specialized agency of the United Nations). To describe the structural drivers of inequities in the Canadian labour market, we relied on peer-reviewed and grey literature and policy documents. The issue brief was assessed by internal and external reviewers.

# 1.0

## EMPLOYMENT AND WORKING CONDITIONS

Employment and working conditions are powerful social determinants of health and health equity.

The World Health Organization's social determinants of health framework describes employment and working conditions as intermediary social determinants of health.<sup>2</sup> Intermediary determinants influence an individual's ability to gain the material and financial resources needed for everyday living.<sup>2</sup> Structural conditions, such as public policies, systems of oppression and social norms, shape employment and working conditions to either prevent or enable health. Apart from the material and financial benefits that employment and work provide, they influence an individual's exposure to physical, environmental and psychosocial hazards that can influence health.<sup>3</sup> While there is significant evidence that demonstrates the harmful effects of unemployment on health, research also shows that poor working and employment conditions have a comparable negative effect on health.<sup>4</sup>

### DEFINITIONS

Employment conditions and working conditions are important concepts for understanding the ways that paid work impacts health.<sup>5</sup> Employment and working conditions have different yet interrelated definitions.



**EMPLOYMENT CONDITIONS** refer to the terms of a worker's contract.<sup>5</sup> Employment conditions include:

- wage rates;
- hours of work;
- length and type of contract (permanent or temporary);
- extended health benefits (pharmaceuticals, dental care, therapy, vision care, assistive devices);
- paid sick and emergency leave (emergency days, personal sick days or family caregiving days);
- job-protected extended parental, medical and caregiving leave;
- paid vacation;
- pensions and retirement savings plans; and
- access to workers' compensation and Employment Insurance.

Employment conditions exist across a continuum that ranges from the gold standard of permanent, full-time, year-round employment with an adequate living wage and benefits at one end to a high degree of employment precarity, such as unemployment or strictly on-call work, at the other end.<sup>6</sup> While the former most often leads to positive health outcomes, the latter has been associated with a variety of poor health outcomes.

Employment standards laws aim to regulate the terms and conditions of employment by setting minimum standards, including in many of the areas listed above.

**PRECARIOUS EMPLOYMENT** is a type of employment condition that includes components such as:

- job insecurity (i.e., threat of job and income loss and/or reduction of hours);
- income instability;
- schedule uncertainty;
- low wages;
- involuntary part-time, casual, flexible, temporary or gig employment;
- individual bargaining relations between workers and employers;
- limited workplace rights and social protection; and
- powerlessness to exercise workplace rights, including fear of retaliation for speaking up about conditions.<sup>5-7</sup>

Voluntary part-time, casual or flexible employment can be empowering and promote health. These employment conditions can accommodate workers' disability, caregiving, family or community needs. However, when these forms of employment are the only option, especially when paired with other components of precarious employment such as low wages, they contribute to ill health.<sup>6</sup>

**WORKING CONDITIONS** refer to exposures that workers face while on the job.<sup>6</sup> Working conditions include physical, chemical, ergonomic, biological and psychosocial hazards.

Occupational health and safety standards aim to eliminate or mitigate the harmful impacts of working conditions on a person's health.

## HEALTH IMPACTS

### Health impacts of employment conditions

Employment has the potential to promote health and improve quality of life. Employment provides a person with structure, meaning, identity and social integration within a community.<sup>3,8</sup> The main source of income for most people in Canada comes through employment, thus paid wages are one of the main ways that employment influences health. Wages grant workers and their families the ability to access food, medications and clothing as well as safe and secure housing.<sup>3,8</sup> Living on a low income means being unable to afford the bare minimum necessities that are important for health.<sup>9</sup> Extensive research has been done in this area, and income and poverty are well-established important determinants of population health.<sup>10</sup>

Standard employment refers to full-time and permanent arrangements between an employee and an employer with job-related benefits.<sup>6</sup> Workers who have permanent contracts have better health outcomes than workers without permanent contracts.<sup>5</sup> Standard employment conditions generally lead to positive outcomes, such as higher levels of job satisfaction, mental health and physical health.<sup>5</sup>

Paid sick days are essential to individual and familial health and a key component of standard employment. Paid sick days allow sick workers to stay home, curbing workplace infection, which is essential during outbreaks such as seasonal influenza and COVID-19.<sup>11</sup> They also allow working parents and caregivers to stay home with sick children or attend to necessary family or emergency needs.<sup>11</sup> In addition to containing the spread of infectious disease, paid sick days increase workers' access to primary care and reduce unnecessary emergency room visits, allow workers to attend clinic appointments such as cancer screenings and check-ups, increase immunization rates and promote mental health.<sup>11</sup>

Public health evidence shows that collective worker power and agency, such as unionization and labour union contracts, are related to improved health through higher wages and better benefits, working hour limits, workplace hazard protections, democratic participation and a sense of community among workers.<sup>12</sup>

## **Health impacts of precarious employment conditions**

In contrast, when workers have no choice but to work in precarious employment that is low-paying, temporary or casual, and have few or no medical benefits or paid sick leave, they experience significantly worse health outcomes than workers in standard employment.<sup>11</sup> Moving from temporary to permanent employment is associated with a lower risk of death.<sup>13</sup>

The stress of precarious employment impacts familial health and contributes to intergenerational transmission of ill health. This occurs when precarious employment reduces the time working parents spend with their family or on preparing healthy food, or if a job's wages or benefits are not enough to allow a parent to take care of dependents.<sup>3</sup>

Lack of collective representation (unionization) is a part of precarious employment. Workers who lack formal union representation are at greater risk of low job quality, unsafe working conditions and all the associated adverse impacts.

Job insecurity — a feature of precarious employment conditions — is the threat of job and income loss and/or reduction of hours.<sup>6</sup> Job insecurity negatively impacts the mental and physical health of workers in non-standard employment through the stress of uncertainty. Job insecurity is also related to worker disempowerment, going to work sick (sickness presenteeism) and chronic disease as a result of stress.<sup>9</sup> For example, workers with high levels of job insecurity, such as temporary

agency workers, will choose not to speak up against unsafe work or choose to go to work sick out of a fear of losing their job.

A lack or inadequate number of paid sick days is a common feature of precarious employment. It is related to sickness presenteeism; it negatively impacts individual, family and public health; and it increases unnecessary visits and costs to the health care system.<sup>10</sup> Going to work sick due to a lack of paid sick days results in higher risk of worker injury.<sup>11</sup>

Precarious, low-wage jobs also have more schedule uncertainty (where workers' schedules and total number of hours vary weekly), which impacts workers and their families. Emerging social norms including a 24/7 economy impact the timing and regularity of working hours, and schedules have also been linked to health problems.<sup>3</sup> In Ontario, precarious workers were two to four times more likely to report that schedule variation reduced their childcare options, prevented them from seeing family and negatively affected their family lives.<sup>7</sup>

Ultimately, paying attention to the quality of employment is as important to health as employment by itself.

## **Health impacts of working conditions**

Hazardous workplace exposures “get under the skin” and impact health in many ways, from the environmental inhalation of chemicals or dust to physical contact with toxins to the psychosocial impacts of stressful work. Workplace exposures also impact an individual through noise, heat and vibration.<sup>3</sup>

Working conditions also determine a person's risk of physical injury, which can result in death or disability. For example, repetitive work tasks are linked to strain injuries.<sup>3</sup> Migrant agricultural workers and temporary agency workers are at an especially high risk of physical and occupational injury due to hazardous working conditions and lack of occupational health and safety training.<sup>6,14</sup> Furthermore, workplace hazards for temporary workers are associated with increased incidence of poor mental health and mortality.<sup>6,13,15</sup>

Work injury and illness are preventable. The Occupational Health and Safety Vulnerability Measure and Framework, developed and validated by the Institute for Work & Health, identifies four underlying and modifiable factors that combined contribute to increased risk of work injury or illness. These factors are (1) exposure to occupational hazards, (2) inadequate workplace policies and procedures to respond to those hazards, (3) lack of worker awareness of hazards and their rights and responsibilities, and (4) workplace culture that discourages workers from speaking up about those hazards and participating in injury and illness prevention.<sup>16</sup> Paying attention to occupational health and safety vulnerability can help employers, governments, workers and public health understand, measure and take action on modifiable characteristics that increase risk of work injury and illness for workers. It moves beyond labelling individual workers as vulnerable and spotlights the workplace characteristics that contribute to worker vulnerability.

Psychosocial work hazards include job strain, bullying, harassment, discrimination and violence at work, as well as negative spillover effects of work into other life domains. Job strain refers to having little task control, little workplace social support and high levels of demand and responsibility. Job strain is dose-dependent, which means the longer a worker is under strain on the job, the higher the incidence of psychiatric morbidity.<sup>17</sup>

Accumulation of unhealthy work exposures across the life course leads to people needing to leave the workforce earlier than desired because of injury, illness or disability.<sup>3</sup> Poverty-related impacts of forced unemployment due to sickness or injury are compounded if an individual does not have access to employer-provided pension benefits, Employment Insurance, workers' compensation for occupational illness or injuries, and other income supports.<sup>3</sup>

## RELATIONSHIP BETWEEN EMPLOYMENT CONDITIONS AND WORKING CONDITIONS

Employment and working conditions are closely related. The higher the degree of employment precarity, the more likely a worker will be exposed to hazardous working conditions without adequate protections.<sup>5</sup> Workers who have permanent employment contracts have more information on occupational health and safety and experience less hazardous working conditions.<sup>5</sup>

There is growing Canadian evidence that harmful, precarious employment conditions are associated with increased occupational health and safety vulnerability and higher risk of work injuries and illness. For example, workers who are excluded from minimum employment standards protections in Alberta, British Columbia and Ontario (e.g., lack of regular pay, meal breaks, paid sick leave) and who have high occupational health and safety vulnerability have five times the risk of getting injured or sick as a result of work.<sup>18</sup>

In the same way that precarious employment conditions can create hazardous working conditions, hazardous working conditions can in turn generate precarious employment conditions. Hazardous working conditions contribute to involuntary job loss, shorter job tenures and stalled wage and job trajectories. These negative impacts are compounded if a worker does not have an adequate social safety net, such as disability or Employment Insurance benefits.<sup>6</sup>

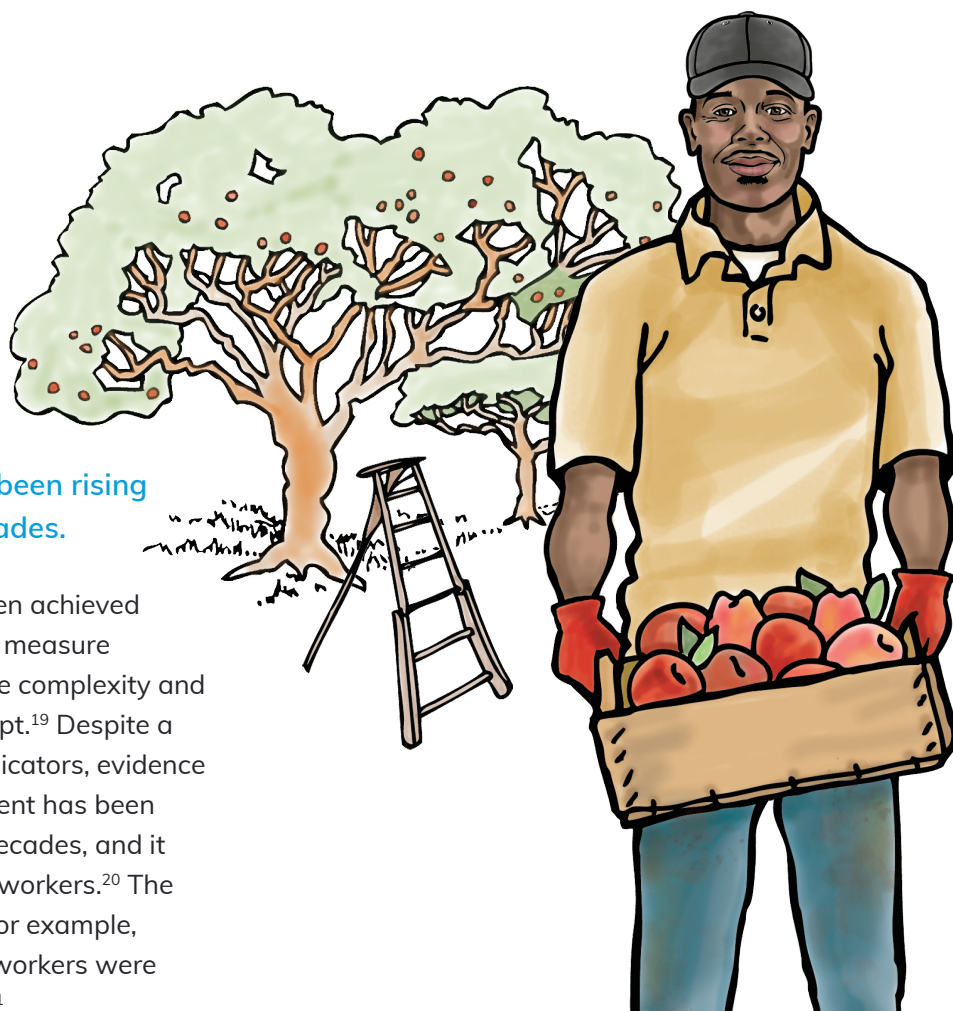
While the impacts of employment conditions and working conditions are distinct, employment precarity often is accompanied by hazardous working conditions. Consequently, the health impacts co-occur and compound one another, creating significant health inequities for those experiencing them. In other words, employment precarity and hazardous working conditions are reciprocal and mutually reinforcing.

## 2.0

# PRECARIOUS EMPLOYMENT IN CANADA

Precarious employment has been rising in Canada over the past decades.

Currently, consensus has not been achieved about which indicators to use to measure precarious employment given the complexity and multidimensionality of the concept.<sup>19</sup> Despite a lack of consensus on specific indicators, evidence shows that precarious employment has been rising in Canada over the past decades, and it impacts a significant number of workers.<sup>20</sup> The Changing Workplaces Review, for example, found that one in three Ontario workers were precariously employed in 2014.<sup>21</sup>



The number of people in temporary, low-wage and involuntary part-time work, as well as holding multiple jobs and in unions, are commonly used indicators of precarious employment:<sup>5</sup>

- **Temporary work:** The 2021 Labour Force Survey found that 2.1 million people were working in temporary jobs across Canada, up 34% from 1.4 million in 1998.<sup>22</sup>
- **Temporary work permits:** Temporary work permits for migrant workers have risen 700% since 2000, with the majority of permit holders coming to Canada from the Global South.<sup>23</sup>
- **Low-wage work:** Between 1998 and 2018, the proportion of those in the workforce earning minimum wage doubled, from 5.2% to 10.4%. More than one in three minimum-wage workers had post-secondary education or more.<sup>24</sup>
- **Involuntary part-time work and multiple jobs:** In 2017, one in five employed people in Canada, or 3.5 million people, were working part-time. One third of part-timers said they could not find suitable full-time work. Part-time workers also reported low income as the main reason for having to hold multiple jobs.<sup>25</sup>
- **Unionization rates:** The rate of unionization has fallen from 37.6% in 1981 to 30.9% currently.<sup>26</sup>

Precarious employment is a rising source of health inequity in Canada and a key action area for public health. Section 3 explores who is over-represented in precarious employment and unpacks why that is.

## THE RISE OF PRECARIOUS EMPLOYMENT AND IMPACTS ON WORKERS' POWER

Over the past decades, governments and employers have actively decreased collective worker power and job quality in pursuit of profits — this has led to the rise of precarious employment.<sup>9</sup> Current policy, social norms and business trends (such as those related to globalization and capitalism) embolden employers at large to demand “a readily available, cheap and flexible workforce,”<sup>27(p1)</sup> which disempowers workers and has serious implications for population health in Canada and abroad.

The denial and inaccessibility of full and permanent immigration status creates vulnerability for migrant and undocumented workers. Women, youth, and Black and other racialized migrant and undocumented workers are at high risk of being exploited by their employers.<sup>28</sup> Employers exploit migrant and undocumented workers by providing substandard wages and working conditions.<sup>28</sup> Increasingly, employers outsource labour by hiring workers indirectly through subcontractors and temporary employment agencies where precarious employment has contributed to devastating injury, infectious disease outbreaks, morbidity and mortality for workers.<sup>14</sup>

Financial incentives, policy failures and lack of enforcement of minimum safety standards allow employers to avoid basic responsibilities, including the provision of mandatory employment standards (minimum wages, adequate breaks, emergency days, etc.) and health-enhancing programs like workers' compensation.

When employers avoid their basic responsibilities, they devalue and commodify the people who work for them, which leads to precarious employment, dangerous work, ill health, worker disempowerment and health inequities.

Three concerning trends that contribute to the rise of precarious employment and reduce workers' power in Canada are described below: misclassifying workers as independent contractors, over-reliance on and mistreatment of temporary agency workers, and deskilling and devaluing.

### MISCLASSIFICATION OF WORKERS

A common practice that employers use to avoid their basic responsibilities is misclassifying their employees as independent contractors.<sup>28</sup> Independent contractors are excluded from minimum employment standards, which employers take advantage of by providing substandard wages below provincial or federal minimum wage, little to no occupational health and safety and training, and no benefits. Misclassification also allows employers to avoid their statutory obligations to contribute to Employment Insurance, the Canada Pension Plan and workers' compensation. Intentional misclassification is not legal but nonetheless is increasingly common, including in sectors such as trucking, app-based gig workers and janitorial/cleaning services.<sup>28</sup>

“It is critical to ensure [temporary] agency workers are provided with fundamental employment protections that are often taken for granted by everyone else. Such protections would also empower agency and other precariously employed workers to self-isolate, get tested when sick, and speak up if precautions aren’t being taken at their workplace.”

Dr. Lawrence Loh, Medical Officer of Health for the Regional Municipality of Peel, Dr. Amanpreet Brar, and Dr. Basak Yanar on impacts of COVID-19 on temporary agency workers<sup>29</sup>

### TEMPORARY AGENCY WORKERS

Temporary agency workers are hired by client companies through temporary employment agencies (temp agencies). While temporary agency workers work in the client company’s workplace alongside directly hired workers, the temp agency is their employer.

When a temporary agency worker gets hurt on the job, the client company is not fully responsible because the temp agency (as the employer) is financially liable and responsible for paying workers’ compensation premiums.<sup>30</sup> In addition, client companies do not need to pay indirectly hired temporary agency workers equal rates of pay as employees they hire directly (even if they are performing equal work).<sup>23</sup>

Consequently, client companies are incentivized to indirectly hire workers using temp agencies rather than directly hiring employees, and to indefinitely fill high-risk positions with temporary agency workers to avoid financial costs and to pay workers less.

For example, gaps in employment laws allow employers in Ontario to over-depend on and mistreat temporary agency workers.<sup>30</sup> Client companies can indirectly hire as many temporary agency workers as they want

for as long as they want, and there are no restrictions on the number of temp agencies in the province. This allows temp agencies to grow in number and client companies to rely on temporary agency workers as a permanent part of their workforce. New immigrants and racialized workers often rely on temp agency work because of discrimination and racism in the labour market. These trends are concerning because of the dangerous and precarious employment conditions that temporary agency workers experience.

Some temp agencies have broken the law by not paying their employees minimum wage, overtime and vacation pay.<sup>31</sup> Ontario Ministry of Labour inspectors found \$3.3 million in unpaid wages among temp agencies supplying workers to retirement homes, farms, food processing plants and warehouses in 2020–21.<sup>31</sup>

Temporary agency workers have little recourse for wage theft, unsafe working conditions and failure by client companies or temp agencies to meet their basic responsibilities. Because their employment and hours are so contingent, temporary agency workers risk not getting called for another shift (i.e., losing their job) when they assert their rights.

## DESKILLING AND DEVALUING WORK

Capitalism and globalization drive corporations to restructure or downsize, as is seen when corporations export their labour outside of Canada in pursuit of lowering labour expenses and thereby increasing profits.<sup>6</sup> Major organizational restructuring or downsizing in Canada has been linked to “fewer manufacturing jobs and more service sector jobs, which tend to be temporary, have lower wages and be characterized by ‘flexibilized employment.’”<sup>9(p4)</sup>

Breaking jobs down into simple, repetitive tasks completed by different workers (i.e., the assembly line) is known as deskilling.

Deskilling is related to precarious employment because it allows employers to replace workers more easily, thus increasing job insecurity. Over time, deskilling contributes to a worsening of working and employment conditions and a decrease in wages.<sup>33</sup>

The devaluing of certain occupations and workers is also used to justify lower wages, for example, for restaurant workers, student workers, youth workers, senior workers and female-dominated jobs such as care workers in long-term care facilities.<sup>34</sup>



### REMEMBERING AMINA DIABY

Temporary agency worker Amina Diaby was on the job at an industrial bakery (Fiera Foods) in Ontario when her headscarf got sucked into a machine leading to her death. She was with another worker who did not know how to use the machine's emergency stop button because they had not received the appropriate occupational health and safety training. Temporary agency workers are increasingly working in high-risk sectors such as factories, processing plants and warehouses. Temporary agency workers in non-clerical jobs are twice as likely to get hurt than their non-temporary counterparts.<sup>32</sup>

## REGAINING WORKERS' POWER TO REGAIN WORKERS' HEALTH

The power dynamic between employers and workers has shifted over the last few decades in Canada, exposing workers to increased health inequities. In Canada and elsewhere, the declining quality of work and employment conditions is also a direct consequence of sustained efforts on the part of employers to decrease collective power (unionization) and offload the responsibility of social and economic security (including occupational health and safety) onto individual workers and their families. As well, government has failed to appropriately regulate the labour market and protect workers from these harms.

Lack of access to full and permanent immigration status, employers' unregulated use of temporary agency workers, and a lack of unionization all limit worker power and agency. Worker-led groups are building power in their communities to address the rise of precarious employment and its health-related impacts (see Section 4). Building power among and with workers to be able to influence employment and workplace conditions, building relationships with worker-organizing groups, and building awareness of the impacts of current policies are strategies public health can use to address those health inequities.



## SPOTLIGHT: PRECARIOUS EMPLOYMENT AND COVID-19

**“Improving workplace protections, increasing the number of quality jobs (i.e., secure jobs with benefits), ensuring equitable access to quality jobs, and addressing the impacts of precarious work could support greater health among Canadians and strengthen our collective response to future waves or pandemics.”**

Dr. Theresa Tam, Chief Public Health Officer of Canada<sup>1(p40)</sup>

The COVID-19 pandemic has exposed deep systemic inequities in the labour market and has made clear the health consequences of precarious employment and working conditions, especially for workers deemed essential.<sup>11</sup>

Data from provincial workers' compensation boards give a snapshot of the scale of the direct impact of COVID-19 on workers. For example, the number of workers' compensation claims due to COVID-19 exposure (as April 2022) that have been deemed accepted include 42,143 cases (including 109 fatalities) in Ontario;<sup>35</sup> 16,533 cases in Alberta;<sup>36</sup> 9,114 cases in British Columbia;<sup>37</sup> and 2,263 cases in Manitoba.<sup>38</sup> These numbers are an undercount of true workplace transmission because not all workers are eligible for workers' compensation and there are various barriers to workers submitting claims even if they are eligible.

During the first waves of COVID-19, infection transmission data showed that workplaces that employed workers in precarious and hazardous working conditions were key hubs of outbreak and spread.<sup>11</sup> Workers in essential, low-wage precarious jobs were:

- disproportionately women, migrants, racialized and disabled workers;
- unable to work from home; and
- the most likely to encounter COVID-19 in the workplace during the first two waves.<sup>11</sup>

Public health was challenged to protect workers across Canada who were employed in precarious jobs, including those working in long-term care, agriculture, food processing, warehouses and grocery stores.

Migrant care workers whose immigration status is tied to their work permits, for example, faced long hours without pay, were trapped in their employers'

homes, and were laid off and unable to access federal income support because of expired social insurance numbers caused by COVID-19-related permit-processing delays.<sup>39</sup>

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**“I came to Canada for my future and my family's future, but my employer took advantage of me and underpaid me because of my tied work permit”** said Karen Savitra, a migrant care worker from the Philippines who has been in Canada since 2016 and is a member of the Caregivers' Action Centre. She worked 12 hours a day, 5 days a week during COVID-19, but was only paid \$1,440 per month until she was fired because her employer moved out of town to escape the pandemic. **“We should be given permanent residency upon arrival, along with our families, so that there is no complication for anything. They allowed us to come to Canada, we worked here, now we want fairness.”**<sup>40</sup>

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Characteristics of precarious employment that contribute to high risk of infection exposure include a lack of access to paid sick days; having to work multiple jobs due to inadequate wages; and inability to enforce rights or safety due to fear of reprisal, job loss and deportation.<sup>11</sup> The risk of infection or transmission of illness at work was compounded for those who had to work at multiple jobs because of low wages and unstable hours, such as long-term care workers and temporary agency workers.

The COVID-19 pandemic has exposed the harms of precarious employment on the health of workers, families and populations more broadly. To advance health equity, public health practitioners and organizations must recognize which components of precarious employment are impacting the populations they work with and serve.

## 3.0

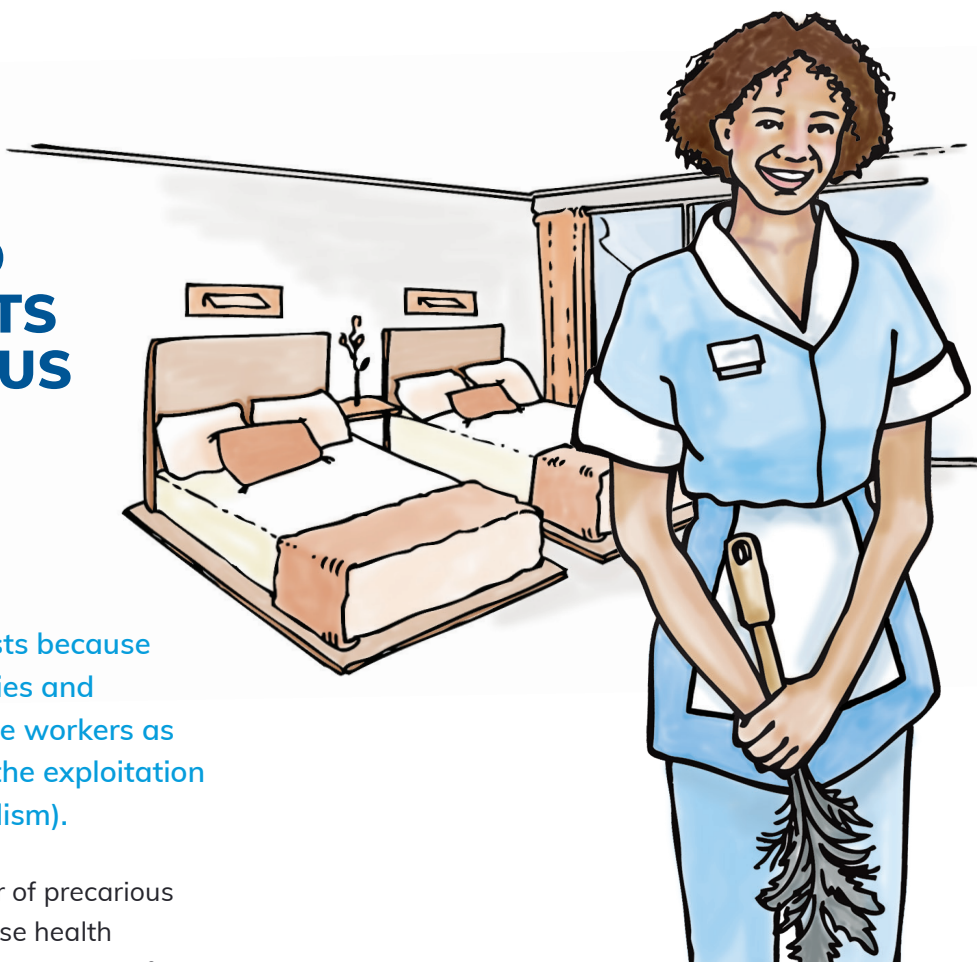
# STRUCTURAL DRIVERS AND DETERMINANTS OF PRECARIOUS EMPLOYMENT AND HEALTH INEQUITY

Precarious employment exists because of social norms, public policies and corporate behaviour that see workers as commodities and allow for the exploitation of workers for profit (capitalism).

Capitalism is a structural driver of precarious employment and causes adverse health impacts on workers. In addition, systems of oppression shape how precarious employment is distributed across a given population. White supremacy, patriarchy, xenophobia, ableism, classism, homophobia and transphobia are examples of systems of oppression that determine who is affected — and not affected — by precarious employment in Canada.

## USING AN INTERSECTIONAL APPROACH

To understand the health impacts of precarious employment, public health must take an intersectional approach. An intersectional approach requires that public health considers the impact of capitalism in the context of other systems of oppression. The unequal distribution of precarious employment based on capitalism and other systems of oppression is how health inequity is created. An intersectional approach also requires public health to understand how



the lived experience of people in precarious employment is impacted by multiple intersecting social identities.

## SOCIAL IDENTITIES AND SYSTEMS OF OPPRESSION

The opportunity to be employed on one's terms is differentially distributed across social identities, making work an important domain that can amplify health inequities throughout the life course.<sup>3,5,8</sup> Systems of oppression have different impacts on individuals based on their social identities, including but not limited to:

- immigration status;
- race;
- gender;
- ability; and
- sexual orientation and gender identity.

People who are negatively impacted by systems of oppression based on their social identities are over-represented in precarious employment. Examples of how these systems of oppression manifest in the Canadian labour market and impact workers are provided below, though these examples are not intended to be comprehensive. There is nothing inherent in an individual's social identity that makes them susceptible to precarious employment; rather, it is the systems of oppression that make people in specific social identities vulnerable to precarious employment.

#### IMMIGRATION STATUS

***Xenophobia and nationalism are examples of systems of oppression that intersect with racism to determine who has access to full and permanent immigration status in Canada.***

Workers without permanent residency or Canadian citizenship are over-represented in non-standard employment. Migrant and undocumented workers are employed in many sectors, including manufacturing, warehousing, delivery, cleaning, agriculture and restaurants. Many migrant workers are also international students here on study permits. The type of immigration status (e.g., student visa, open work permit, closed work permit) that an individual has will impact the work they can do legally and shape their ability to assert their rights and ensure safe and healthy working conditions.

Migrant workers on closed work permits are only allowed to work for the employer listed on the permit, which makes it very difficult

for workers to leave abusive and unsafe situations due to the threat of deportation.<sup>23</sup> Some employers exploit migrant workers or undocumented people by forcing them to work for substandard pay and in unsafe working conditions, under the constant threat of deportation. Many workers on open work or study permits are also restricted, for example, in terms of limits on the hours they are allowed to work, which do not provide enough income to survive.<sup>23</sup> Consequently, migrant workers with open permits can also face deportation for minor infractions such as working too many hours.<sup>23</sup>

Migrant workers disproportionately work in part-time or casual jobs, in temporary contracts or for temporary employment agencies. They earn lower wages, have fewer benefits, face worse working conditions and have higher rates of job insecurity and death on the job.<sup>3,6,11,14</sup> Workers with precarious immigration status are unable to enforce their rights or speak out due to fear of job loss and deportation, which can have catastrophic impacts on the potential earnings of workers and their family.<sup>14</sup> Migrant workers with precarious immigration status do not have full access to federal income supports, health care, pensions and Employment Insurance despite paying taxes and premiums.<sup>23</sup>

Recent immigrant workers (including permanent residents, refugees and temporary foreign workers) also experience increased risk of occupational health and safety vulnerability resulting from hazardous workplace exposures, inadequate training and protective equipment, and lack of knowledge about workplace rights.<sup>41,42</sup>

## RACE

**White supremacy and settler colonialism are examples of systems of oppression that intersect with xenophobia with the aim to exert power and dominance over people who are non-white.**

Black and other racialized workers are disproportionately represented in temporary and dangerous employment such as agricultural farm work, food processing factories and long-term care. Despite being more active in seeking employment, the unemployment rate among racialized people is 9.2%, compared to 7.3% for non-racialized people.<sup>43</sup> Racism and colonialism are structural barriers that negatively shape the experiences of First Nations, Inuit and Metis peoples' participation in work.<sup>44</sup> In fact, First Nations, Inuit and Metis peoples entered the pandemic with lower employment rates and higher unemployment rates than the non-Indigenous population.<sup>44</sup> Even among those who can obtain stable employment, Black and other racialized workers have unequal access to high-quality work offering adequate wages, benefits and sufficient hours. For example, Ontario men and women of colour earn 76 and 58 cents, respectively, for every dollar earned by white men.<sup>45</sup> As a consequence of employment and work hazards, racialized people experience increased incidence of poor mental health and increased risk of mortality.<sup>6,13,15</sup>

## GENDER

**Patriarchy and sexism are examples of systems of oppression that discriminate against people based on an assumption of and about their gender.**

Women are more likely to be underemployed than men, with higher representation in part-time and casual work.<sup>15</sup> Women are differently sorted into female-dominated jobs and sectors within the labour market, which leads to differential exposures at work and varying total exposure over the life course.<sup>3</sup> For example, hotel housekeepers, who are predominantly women, are exposed to chemical cleaners and heavy physical workloads (which can contribute to musculoskeletal injury).<sup>46</sup> Women earn less than men and occupy fewer of the highest positions within organizations and occupations,<sup>3</sup> and they are especially impacted by adverse health effects of precarious employment.<sup>47</sup> The distribution of women and men into different occupations and sectors that pay inequitably remains the largest contributor to the gender wage gap in Canada.<sup>48</sup>

Men and women experience differences in workplace hazard exposures whether they are in the same or different occupations.<sup>49</sup> Across occupations, men are more likely to be exposed to second-hand smoke, chemicals, asbestos, falls, noise, physically demanding work and solar radiation.<sup>49</sup> Across occupations, women are more likely to be exposed to workplace bullying, harassment, discrimination and wet-work exposure (work that requires frequent handwashing, waterproof glove-wearing and

contact with liquids).<sup>49,50</sup> Within the same occupation, men are more likely to experience work stress and physical and chemical hazard exposures while women are more likely to be exposed to harassment and overall challenging psychosocial work conditions.<sup>49</sup>

Gender intersects with race and immigration status, and the combination, for example, leads to the devaluing of care workers. Women who provide essential but low-wage care work in long-term care facilities across Canada are undervalued and face considerable financial penalty compared to their counterparts in other health care settings and the female workforce in general.<sup>34</sup> Care workers in long-term care are disproportionately immigrant and racialized women; Black and Filipina women are over-represented in particular and are more likely to have part-time jobs and report poorer self-rated health.<sup>34</sup>

#### ABILITY

***Ableism is a system of oppression that discriminates against people with disabilities.***

Ableism in the workplace leads to a lack of accessibility, such as the lack of universally inclusive workplace policies and built environment. Ableism also manifests itself through a lack of accommodation for individual disabled workers and through rigid disability accommodation policy and practices. Ableism impacts the workplace culture, resulting in the experience of prejudice, devaluing, stereotyping and stigma for disabled workers.

Disabled workers are more likely than non-disabled workers to be in precarious employment that is part-time and temporary.<sup>51</sup> Involuntary temporary or fixed-term employment is a source of stress among disabled workers because it forces workers to restart a job search in a labour market that devalues, excludes and discriminates against them. Having flexible work arrangements may be of value to disabled workers, but it must not come at the expense of job security and safety, though it generally does, and to the detriment of disabled workers.

Non-standard and precarious employment is increasingly common among disabled workers returning to work after injury and/or illness.<sup>52</sup> Disabled workers returning to work from injury and/or illness have low expectations for sustained re-entry into work, have unmet accommodation needs and frequently report wanting safer workplaces including adequate staffing and support.<sup>52</sup>

Prejudice and discrimination within the labour market, within workplace cultures and from employers impact disabled workers' ability to secure or keep standard employment.<sup>53</sup> Disabled workers have fewer opportunities for advancement and training when compared to non-disabled workers. Full-time disabled workers earn \$2,000–8,000 less in annual income than full-time non-disabled workers.<sup>54</sup> The disability pay gap is even greater for disabled workers in part-time work.<sup>53</sup>

## SEXUAL ORIENTATION AND GENDER IDENTITY

***Cis-heteronormativity and transphobia are systems of oppression that impact the experience of gender-diverse and queer workers.***

The first systematic review of employment outcomes and experiences of 2SLGBTQ+ populations in Canada found clear evidence that gay men and both bisexual women and men experience a wage penalty compared to heterosexual men.<sup>8</sup> Lesbian women experience a wage premium compared to heterosexual women but a wage penalty compared to heterosexual men.<sup>8</sup> 2SLGBTQ+ individuals experience discrimination, challenges and exclusion from the labour market. There are also significant research and data gaps about the employment outcomes and experiences of bisexual women and men, Two-Spirit individuals, and trans and non-binary individuals, as well as about intersections with race and immigration status.<sup>8</sup>

## IMPACTS ACROSS THE LIFE COURSE AND GENERATIONS

The examples of systems of oppression described above intersect with each other and impact individuals and families over the life course.

Health inequities caused by these structural factors compound over time and can have serious implications for health inequities throughout an individual's life course, for individuals, family units, communities and across generations. Negative turning points, such as involuntary job loss (unemployment), are made worse for people who are systematically oppressed by their immigration status, race, gender, ability and sexual orientation. For example, hiring bias on the basis of these social locations can also lead to stalled wage trajectories and decreased chances of re-employment.<sup>3</sup>

Too often, society blames individuals for their inability to find good employment and ignores the deeply embedded structural factors described here. Employment experiences and outcomes in Canada's labour market are not equal and fair, and neither are the resulting health inequities. Public health interventions in employment must address these root structural factors in order to advance equity.

Sections 1 to 3 defined and explored the harms of precarious employment and hazardous working conditions. Section 4 will explore the solution: decent work.

## 4.0

# DECENT WORK

“The COVID-19 pandemic has jolted our collective consciousness into recognizing that equity is vital for ensuring health security.... The bottom line: **no one is protected until everyone is protected.**”

Dr. Theresa Tam  
Chief Public Health Officer of Canada<sup>1(p2)</sup>

The COVID-19 pandemic has been a catalyst for increased public awareness, public health action and public policy change in response to the harms of precarious work and, in particular, the lack of paid sick days and income support for many low-income, racialized, migrant, women and disabled workers. The pandemic has sparked increased public consciousness — and new legislated paid sick days provincially and federally — and served as an opportunity for intersectoral action between public health and community organizations.

Public health has a responsibility coming out of the COVID-19 pandemic to continue to confront precarious employment more broadly. Public health practitioners and institutions can no longer ignore the mounting evidence about the health hazards of precarious employment for workers, families and communities.

The following sections introduce and define the concept of decent work<sup>55</sup> as a solution to precarious employment and explore its



relevance to public health. Decent work is a common goal, an agenda for change and a movement to confront precarious employment that is closely aligned with social determinants of health and Health in All Policies approaches. Decent work provides public health with an opportunity for intersectoral action.

## DECENT WORK IS A COMMON GOAL

Globally and locally, decent work is a concept used to articulate, and mobilize for, dignified and healthy working and employment conditions for all. If precarious employment is the problem, decent work is the answer. People's labour is not something to be bought at the lowest cost.<sup>56</sup> Rather, work is a central part of our lives, health and dignity. Consequently, in order to be sustainable and

inclusive, economic growth and development must provide decent work that improves, rather than harms, human lives. Governments have an important decision-making role in shaping decent labour standards and public policy.

The global goal and international human right of full employment and decent work for all has been championed by the International Labour Organization (ILO) — a specialized agency of the United Nations since 1946. Central to the ILO's goal of decent work is the principle that human labour is not a commodity.<sup>56</sup> Decent work is also central to the United Nation's 2030 Sustainable Development Goal 8 to “promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.”<sup>57</sup>(p21)

In its landmark 2008 report, *Closing the gap in a generation*, the World Health Organization's Commission on the Social Determinants of Health named full and fair employment and decent work as essential to achieve health equity.<sup>58</sup>

International legal scholars saw the Commission's call for fair employment and made the critical link to existing universal international human rights related to work.<sup>59</sup> This alignment is important to recognize because it acknowledges the role of universal workers' rights. This alignment between social determinants of health and human rights approaches is an essential opportunity for public health to work with labour and human rights organizations through intersectoral action.

Section 5 incorporates a social determinants of health and human rights approach to describe relevant policy spheres to advance the common goal of decent work in Canada.

## DECENT WORK IS AN AGENDA FOR CHANGE

Decent work has been broadly defined but the originators of the concept (ILO) were specific about its components.<sup>59,60</sup> These components make up the four concrete pillars of the ILO's Decent Work Agenda, which advances equity for all:

1. **Employment promotion:** Policies, goals, and strategies to achieve full employment with appropriate pay.
2. **Social protection:** Prevention of oppressive working conditions; policies for the prevention of work-related injuries and illnesses; social security for sickness, disability, pregnancy, old age, unemployment, or other conditions that prevent a person from working.
3. **Social dialogue:** Support for tripartite consultation and negotiations between workers and employers [and governments] from workplace to national levels.”
4. **Rights at work:** Incorporation of the 1998 Declaration on Fundamental Principles and Rights at Work and its four [Core Labour Standards].<sup>59</sup>(p46)

These four Core Labour Standards are (1) freedom of association and the right to collective bargaining; (2) elimination of all forms of forced or compulsory labor; (3) abolition of child labor; and (4) elimination of discrimination in employment.”<sup>59</sup>(p46)

The ILO defines forced labour as “work undertaken involuntarily under threat of a menace or penalty.”<sup>61</sup> Forced or compulsory labour includes human trafficking, indentured/ bonded labour and slavery. The ILO provides additional guidance to ensure

that prison labour and sex work do not include characteristics of forced labour (e.g., a lack of free consent, wages and working conditions below minimum employment standards).<sup>61</sup>

Each pillar of the ILO's Decent Work Agenda is relevant for public health since they all improve population health and advance health equity. The Decent Work Agenda has been adopted by different sectors and communities to mobilize against precarious employment.

The ILO's Decent Work Agenda applies to all workers, which means worker protections and rights must be universal and without exemptions.

## DECENT WORK FOR ALL IS A MOVEMENT IN CANADA

Decent work is an important global goal and agenda for change that is relevant and being operationalized — explicitly and implicitly — by grassroots movements, labour organizations and community groups across Canada that public health can learn from, work with and support through intersectoral action.

Organizations and movements — like the Decent Work & Health Network,<sup>62</sup> Ontario Non-Profit Network,<sup>63</sup> Justice for Workers movement,<sup>64</sup> Migrant Rights Network,<sup>65</sup> Maggie's Toronto<sup>66</sup> and the Canadian Alliance for Sex Work Law Reform,<sup>67</sup> Equal Pay Coalition,<sup>68</sup> Gig Workers United,<sup>69</sup> Workers' Action Centre<sup>70</sup> and labour unions across the country — are all advancing decent work and calling for specific public policy change and government action that respond to the needs of workers in Ontario and Canada. These worker-led groups are building power in their communities through capacity-building and

campaigning to address the rise of precarious employment and its health-related impacts. Some examples include:

- Migrant workers are self-organizing and calling for full and permanent immigration status for all to ensure access to healthy and safe working and living conditions.<sup>65</sup>
- Sex workers, who are often excluded and criminalized, are also self-organizing for decriminalization and workers' rights.<sup>66,67</sup>
- Gig workers are calling for an end to misclassification and for full employment rights.<sup>69</sup>

Workers who are systematically discriminated against based on race, faith, ability and/or sexuality are calling for an end to workplace racism, discrimination and bullying; and for just-cause protections for unjust dismissal so they can speak up about workplace issues without fear of retaliation, reprisals or terminations.<sup>23</sup>

Worker-led movements are calling for higher minimum wages, equal pay for equal work, access to unions and enforcement of employment standards in all jurisdictions.<sup>64,68,70</sup>

It is important for public health to learn from, work with and support worker-led groups. Advancing health equity requires that we centre the voices of those most impacted by inequity, and these groups offer a way for us to connect with those voices. In line with social determinants of health and Health in All Policies approaches, public health can play a role in supporting and advancing decent work public policy that promotes population health and health equity. Public health action has the potential to be more powerful when it is rooted in broader movements.

Working with municipal, provincial, territorial and federal governments, which all play an important role in shaping employment conditions through legislation and government programs, is one such opportunity.

The movement for paid sick days is a powerful example of workers organizing to improve employment conditions and of public health leadership, staff and organizations supporting these calls to action. The following case study explores the work of the Decent Work and Health Network.

## SPOTLIGHT: MOBILIZING FOR PAID SICK DAYS

“Many workers in lower-wage frontline jobs do not get paid if they call in sick. This is a significant barrier to our pandemic management efforts and reinforces the need for effective income supports for working people suffering from COVID-19 – in particular, paid sick days.... Any measure that makes it easier for people to remain safely in employment during the pandemic or to stay home and apart from others when sick benefits them and everyone else.”

Dr. Eileen de Villa, Medical Officer of Health for the City of Toronto<sup>71(p2-3)</sup>

The Decent Work and Health Network leads organizing efforts between health providers, public health and workers in precarious employment to advocate for paid sick days. They have been calling for 10 permanent paid sick days to be legislated through employment standards for all workers with an additional 14 paid sick days during public health emergencies, as a key measure to protect workers during COVID-19 and beyond. The Decent Work and Health Network liaised with health providers and workers to determine five key principles that would deliver effective paid sick days policy: permanent, accessible, universal, fully paid and adequate.

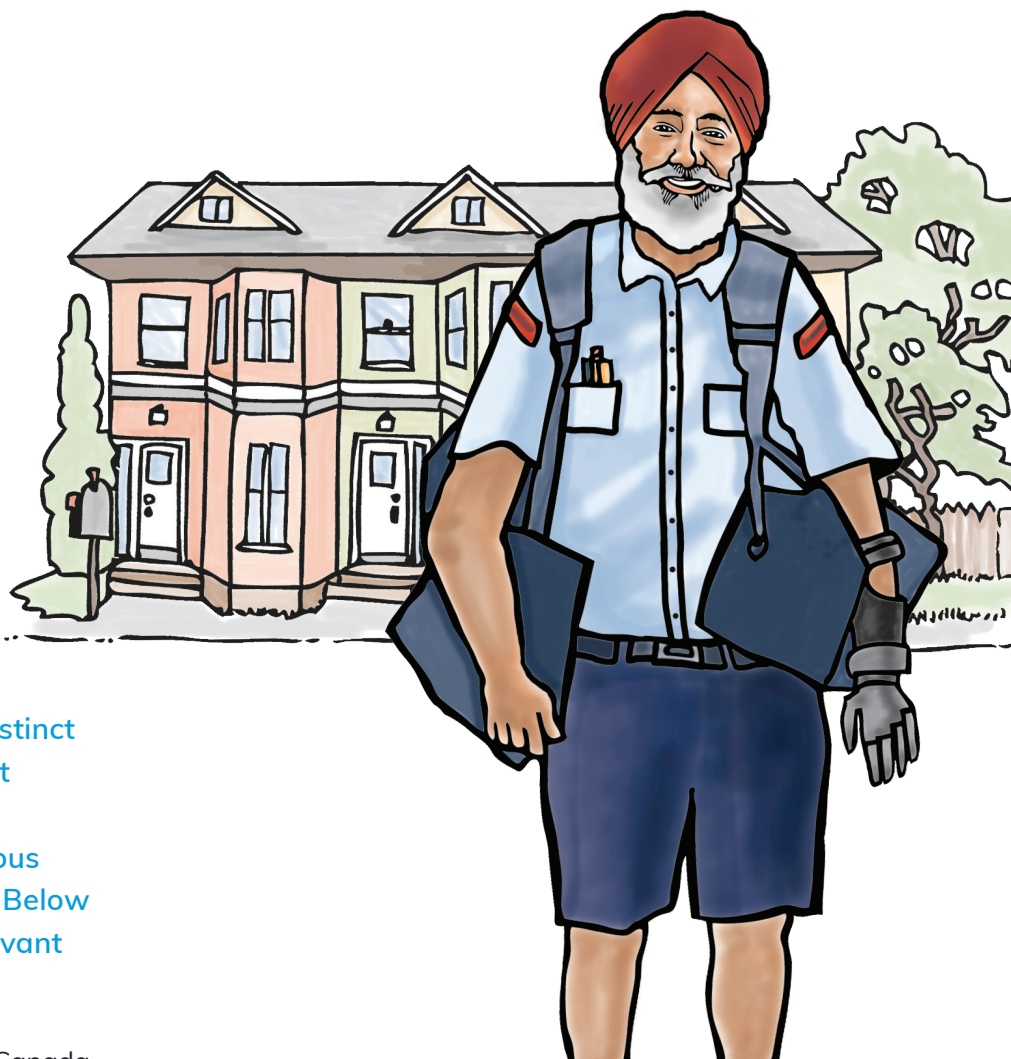
The Decent Work and Health Network was able to successfully build relationships with public health leaders to convey the need for effective paid sick days policy. As a result, public health leaders and organizations began to champion paid sick days

and worked through intersectoral collaboration with worker-led groups, which led to government action. As a testament to the power of intersectoral collaboration and partnership, paid sick days legislation has been passed by the British Columbia government and the federal government.

The Decent Work and Health Network's advocacy contributes to local and pan-Canadian decent work campaigns, leading to commitments to permanent paid sick days in the Yukon and to COVID-19-specific temporary paid sick days in Nova Scotia, Ontario, Manitoba and British Columbia. The Decent Work and Health Network continues to build awareness and campaign for decent work policies that will enhance the health of workers, especially for temporary agency, racialized and women workers, and workers without permanent residency or Canadian citizenship.

## 5.0

# PUBLIC POLICIES AND GOVERNMENT ACTION THAT SHAPE DECENT WORK IN CANADA



In Canada, there are several distinct public policy areas that present opportunities for public health and partners to act on precarious employment and decent work. Below is a high-level summary of relevant decent work policy areas:

- **Employment standards:** In Canada, minimum hourly wage, maximum hours of work per day and per week, job-protected paid and unpaid leaves (including paid sick days), and other key aspects of employment conditions are regulated through employment standards legislation at the provincial, territorial and federal levels. Strengthening and enforcing employment standards laws and regulations are the central way that governments can reduce or prohibit precarious employment conditions that are harmful for the health of workers and set minimum employment standards that support workers' health (e.g., an adequate number of paid sick days and higher minimum wages).
- **Occupational health and safety laws:** Federal, provincial and territorial governments determine occupational health and safety laws and regulations, which outline the rights and responsibilities of employers and employees and aim to identify and control occupational hazards.
- **Accessibility, anti-discrimination in employment and employment equity laws:** Federal, provincial and territorial human rights law protects against discrimination in employment. Federal employment equity laws require employers take additional proactive inclusion efforts.

- **Social safety net:** There are a number of social programs such as federal Employment Insurance that support workers throughout the life course, during periods of unemployment, sickness, caregiving and maternity and parental leave. While our universal Medicare programs mean that most workers are eligible for publicly funded health care services, they still must rely on employers for extended health benefits to cover the cost of, for example, vision care, dental care and prescription drugs.
- **Immigration law:** Federal immigration policy and provincial and territorial employment standards greatly impact the experience of migrant and undocumented workers in Canada. The threat of deportation impacts the ability of these workers to assert their rights, increasing the precarity of their employment situations.<sup>65</sup>

Key recommendations for evidence-informed public health action within these policy areas will be covered in more detail in a future National Collaborating Centre for Determinants of Health practice brief.

In Canada, governments have an important role in legislating and enforcing strong minimum protections and rights and responsibilities for all workers and employers. When governments exclude certain workers from these protections or social supports, employers can exploit workers and expose them to hazardous work and precarious employment. Structural drivers and systems of oppression determine who is left out of health-enhancing policy. People who are marginalized by structural determinants and systems of oppression are more likely to be exempted from these protections and experience health inequities as a result.

Public health should work with relevant organizing groups and across government to ensure that the health and well-being impacts of policy are being considered. In addition to improving employment standards (e.g., by increasing minimum wage or adding paid sick days), governments can take steps to ensure that employment standards are truly universal, that they apply to all workers and employers with no exemptions, and that they are enforced so that all workers have full employment rights that are realized in practice.

## CONCLUSION

Working conditions and employment conditions are separate yet interrelated concepts with public health and health equity consequences, particularly from hazardous work and precarious employment. Precarious employment has been rising in Canada for decades, and the ongoing COVID-19 pandemic has exposed deep systemic inequities in the labour market and disproportionate impacts on the health of precarious workers, their families and populations more broadly.

Public health practitioners and organizations have a responsibility to confront precarious employment as a key area for action. Public health can no longer ignore the mounting evidence about the harms of precarious employment on workers, families and communities, especially for those who are low-income, racialized, migrant, women and disabled.

If precarious employment is the problem, decent work is the solution. Decent work is a shared vision — it is a common goal, an agenda for policy and legislative change, and a movement to confront precarious employment that is aligned with a social determinants of health and Health in All Policies approach.

Collaboration through intersectoral action is essential to advance the decent work vision and build healthier communities after COVID-19.

Building on this issue brief, the National Collaborating Centre for Determinants of Health will develop a practice brief to explore the specific roles that public health practitioners and organizations must take to advance decent work at the individual, community, policy and legislation levels.



## REFERENCES

- Public Health Agency of Canada. From risk to resilience: an equity approach to COVID-19 [Internet]. Ottawa (ON): PHAC; 2020 Oct [cited 2022 Apr 11]. 83 p. (Chief Public Health Officer of Canada's report on the state of public health in Canada; 2020). Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/cpho-covid-report-eng.pdf>
- Solar O, Irwin A. A conceptual framework for action on the social determinants of health [Internet]. Geneva (Switzerland): World Health Organization; 2010 [cited 2022 Apr 11]. 75 p. Available from: <https://apps.who.int/iris/rest/bitstreams/52952/retrieve>
- Burgard SA, Lin KY. Bad jobs, bad health? How work and working conditions contribute to health disparities. *Am Behav Sci*. 2013 Aug;57(8):1105–27. doi: 10.1177/0002764213487347.
- Kim TJ, von dem Knesebeck O. Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment. *BMC Public Health*. 2015;15:Article 985 [9 p.]. doi: 10.1186/s12889-015-2313-1.
- Benach J, Solar O, Vergara M, Vanroelen C, Santana V, Castedo A, et al. Six employment conditions and health inequalities: a descriptive overview. *Int J Health Serv*. 2010;40(2):269–80. doi: 10.2190/HS.40.2.g.
- Benach J, Vives A, Amable M, Vanroelen C, Tarafa G, Muntaner C. Precarious employment: understanding an emerging social determinant of health. *Annu Rev Public Health*. 2014;35:229–53. doi: 10.1146/annurev-publhealth-032013-182500.
- Lewchuk W, Laflèche M, Procyk S, Cook C, Dyson D, Goldring L, et al. The precarity penalty: the impact of employment precarity on individuals, households and communities—and what to do about it [Internet]. Hamilton (ON): Poverty and Employment Precarity in Southern Ontario (PEPSO); 2015 May [cited 2022 Apr 11]. 196 p. Available from: <https://pepso.ca/documents/precarity-penalty.pdf>
- Waite S, Ecker J, Ross LE. A systematic review and thematic synthesis of Canada's LGBTQ2S+ employment, labour market and earnings literature. *PLOS ONE*. 2019 Oct 2;14(10):e0223372. [20 p.]. doi: 10.1371/journal.pone.0223372.
- Pinto AD, Bloch G, Raza D, O'Shea T. Improving legislation that governs employment and working conditions in Ontario can positively impact important social determinants of health [Internet]. Toronto (ON): St. Michael's Hospital, Department of Family and Community Medicine; 2015 Sep 18 [cited 2022 Apr 11]. 9 p. Available from: [https://cirhr.library.utoronto.ca/sites/default/public/ontario\\_workplace\\_review/Dept.of%20Family%20&Comm.Med.%20-St.%20Michael's%20\(2\).pdf](https://cirhr.library.utoronto.ca/sites/default/public/ontario_workplace_review/Dept.of%20Family%20&Comm.Med.%20-St.%20Michael's%20(2).pdf)
- Public Health Agency of Canada. Social determinants of health and health inequalities [Internet]. Ottawa (ON): PHAC; [modified 2020 Oct 7; cited 2022 Apr 11]. [about 6 screens]. Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>
- Decent Work and Health Network. Before it's too late: how to close the paid sick day gap during COVID-19 and beyond [Internet]. [place unknown]: DWHN; 2020 [cited 2022 Apr 11]. 46 p. Available from: [https://d3n8a8pro7vhmx.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN\\_BeforeItsTooLate.pdf?1604082294](https://d3n8a8pro7vhmx.cloudfront.net/dwhn/pages/135/attachments/original/1604082294/DWHN_BeforeItsTooLate.pdf?1604082294)
- Hagedorn J, Paras CA, Greenwich H, Hagopian A. The role of labor unions in creating working conditions that promote public health. *Am J Public Health*. 2016 Jun;106(6):989–95. doi: 10.2105/AJPH.2016.303138.

13. Kivimäki M, Vahtera J, Virtanen M, Elovainio M, Pentti J, Ferrie JE. Temporary employment and risk of overall and cause-specific mortality. *Am J Epidemiol*. 2003 Oct 1;158(7):663–8. doi: 10.1093/aje/kwg185.
14. Migrant Workers Alliance for Change. Unheeded warnings: COVID-19 & migrant workers in Canada [Internet]. Toronto (ON): MWAC; 2020 Jun [cited 2022 Apr 11]. 26 p. Available from: <https://migrantworkersalliance.org/wp-content/uploads/2020/06/Unheeded-Warnings-COVID19-and-Migrant-Workers.pdf>
15. Thompson MN, Dahling JJ. Employment and poverty: why work matters in understanding poverty. *Am Psychol*. 2019 Sep;74(6):673–84. doi: 10.1037/amp0000468.
16. Smith PM, Saunders R, Lifshen M, Black O, Lay M, Breslin FC, et al. The development of a conceptual model and self-reported measure of occupational health and safety vulnerability. *Accid Anal Prev*. 2015 Sep;82:234–43. doi: 10.1016/j.aap.2015.06.004.
17. Ferrie JE. Is job insecurity harmful to health? *J R Soc Med*. 2001 Feb;94(2):71–6. doi: 10.1177/014107680109400206.
18. Nadalin V, Mustard C, Smith PM. The impact of adverse employment and working conditions on the risk of workplace injury in Canada. *Saf Health Work*. 2021 Dec;12(4):471–8. doi: 10.1016/j.shaw.2021.07.002.
19. Canada, Parliament, House of Commons, Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities. Precarious work: understanding the changing nature of work in Canada [Internet]. 42nd Parl., 1st Sess. Rep. No. 19. Ottawa (ON): House of Commons; 2019 Jun [cited 2022 Apr 11]. 57 p. Available from: <http://www.ourcommons.ca/Content/Committee/421/HUMA/Reports/RP10553151/humarp19/humarp19-e.pdf>
20. Cranford CJ, Vosko LF, Zukewich N. Precarious employment in the Canadian labour market: a statistical portrait. *Just Labour*. 2003 Fall;3:6–22. doi: 10.25071/1705-1436.164.
21. Mitchell CM, Murray JC. The Changing Workplaces Review: an agenda for workplace rights – final report [Internet]. Toronto (ON): Ontario, Ministry of Labour, Training and Skills Development; 2017 May [cited 2022 Apr 11]. 419 p. Available from: [https://files.ontario.ca/books/mol\\_changing\\_workplace\\_report\\_eng\\_2\\_0.pdf](https://files.ontario.ca/books/mol_changing_workplace_report_eng_2_0.pdf)
22. Statistics Canada. Table 14-10-0072-01, Job permanency (permanent and temporary) by industry, annual [Internet]. Ottawa (ON): StatCan; 2022 Jan 7 [cited 2022 Apr 11]. [about 3 screens]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410007201>
23. Justice for Workers. Justice for workers means racial justice: 2022 primer [Internet]. Toronto (ON): Justice for Workers; 2022 [cited 2022 Apr 11]. 12 p. Available from: [https://assets.nationbuilder.com/decentworkknow/pages/2483/attachments/original/1647549992/J4W\\_Racial\\_Justice\\_Report.pdf?1647549992](https://assets.nationbuilder.com/decentworkknow/pages/2483/attachments/original/1647549992/J4W_Racial_Justice_Report.pdf?1647549992)
24. Dionne-Simard D, Miller J. Maximum insights on minimum wage workers: 20 years of data [Internet]. Ottawa (ON): Statistics Canada; 2019 Sep 11 [cited 2022 Apr 11]. 16 p. (Labour Statistics: Research Papers; no. 2019003). Available from: <https://www150.statcan.gc.ca/n1/pub/75-004-m/75-004-m2019003-eng.pdf>
25. Patterson M. Who works part time and why? [Internet]. Ottawa (ON): Statistics Canada; 2018 Nov 6 [cited 2022 Apr 11]. 6 p. (Labour Statistics at a Glance; no. 2018002). Available from: <https://www150.statcan.gc.ca/n1/pub/71-222-x/71-222-x2018002-eng.pdf>
26. Statistics Canada. Table 14-10-0132-01, Union status by industry [Internet]. Ottawa (ON): StatCan; 2022 Jan 7 [cited 2022 Apr 11]. [about 4 screens]. Available from: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410013201>
27. Gagnon M, Kansal N, Goel R, Gastaldo D. Immigration status as the foundational determinant of health for people without status in Canada: a scoping review. *J Immigr Minor Health*. 2021 Oct 3;[16 p.]. doi: 10.1007/s10903-021-01273-w. Epub ahead of print.

28. Workers' Action Centre. Working on the edge [Internet]. Toronto (ON): WAC; 2007 [cited 2022 Apr 11]. 82 p. Available from: [https://workersactioncentre.org/wp-content/uploads/2016/07/WorkingOnTheEdge\\_eng.pdf](https://workersactioncentre.org/wp-content/uploads/2016/07/WorkingOnTheEdge_eng.pdf)
29. Brar A, Loh L, Yanar B. Temp workers, the unsung pandemic heroes who make and deliver our goods, should not be losing sleep — or their lives — over \$14 an hour. Toronto Star [Internet]. 2020 Dec 28 [cited 2022 Apr 11];[about 7 screens]. Available from: <https://www.thestar.com/opinion/contributors/2020/12/28/temp-workers-the-unsung-pandemic-heroes-who-make-and-deliver-our-goods-should-not-be-losing-sleep-or-their-lives-over-14-an-hour.html>
30. Institute for Work & Health. Temp agency workers falling through cracks in OHS system. At Work [Internet]. 2012 Summer [cited 2022 Apr 11];(69):[about 7 screens]. Available from: <https://www.iwh.on.ca/newsletters/at-work/69/temp-agency-workers-falling-through-cracks-in-ohs-system>
31. Crawley M. Ontario to tighten rules for temp agencies, firms that recruit foreign workers [Internet]. Toronto (ON): CBC News; 2021 Oct 18 [cited 2022 Apr 11]. [about 10 screens]. Available from: <https://www.cbc.ca/news/canada/toronto/ontario-temp-foreign-workers-agencies-1.6213249>
32. Mojtehdzadeh S, Kennedy B. Undercover in temp nation [Internet]. Toronto (ON): Toronto Star; 2017 Sep 8 [cited 2022 Apr 11]. [about 54 screens]. Available from: <https://projects.thestar.com/temp-employment-agencies/>
33. Deskillling [Internet]. [place unknown]: ScienceDirect; [cited 2022 Apr 11]. [about 13 screens]. Available from: <https://www.sciencedirect.com/topics/social-sciences/deskillling>
34. Lightman N, Baay C. Will COVID-19 finally force us to address the devaluation of long-term care workers? Policy Options [Internet]. 2021 Mar 18 [cited 2022 Apr 11];[about 12 screens]. Available from: <https://policyoptions.irpp.org/magazines/march-2021/will-covid-19-finally-force-us-to-address-the-devaluation-of-long-term-care-workers/>
35. Workplace Safety Insurance Board. COVID-19 related claims statistics [Internet]. Toronto (ON): WSIB Ontario; [updated 2021 Dec 31; cited 2022 Apr 11]. [about 5 screens]. Available from: <https://www.wsib.ca/en/covid-19-related-claims-statistics>
36. Workers' Compensation Board – Alberta. COVID-19 claim data, January 1, 2020 – February 28, 2022 [Internet]. Edmonton (AB): WCB; 2022 Mar 7 [cited 2022 Apr 11]. 1 p. Available from: [https://www.wcb.ab.ca/assets/pdfs/public/Covid\\_claim\\_data.pdf](https://www.wcb.ab.ca/assets/pdfs/public/Covid_claim_data.pdf)
37. WorkSafeBC. COVID-19 claims data [Internet]. Richmond (BC): WorkSafeBC; [updated 2022 Mar 31; cited 2022 Apr 11]. [about 52 screens]. Available from: <https://www.worksafebc.com/en/covid-19/claims/covid-19-claims-by-industry-sector>
38. Workers Compensation Board of Manitoba. COVID-19 claims by adjudication status, March 15, 2020 – February 28, 2022 [Internet]. Winnipeg (MB): WCB; 2022 Mar 17 [cited 2022 Apr 11]. 1 p. Available from: [https://www.wcb.mb.ca/sites/default/files/resources/14356%20wcb%20covid%20stats%20infographic%202022\\_01.pdf](https://www.wcb.mb.ca/sites/default/files/resources/14356%20wcb%20covid%20stats%20infographic%202022_01.pdf)
39. Caregivers' Action Centre; Vancouver Committee for Domestic Workers and Caregivers Rights; Caregiver Connections, Education and Support Organization; Migrant Workers Alliance for Change. Behind closed doors: exposing migrant care worker exploitation during COVID-19 [Internet]. Toronto (ON): MWAC; 2020 Oct [cited 2022 Apr 11]. 38 p. Available from: [https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors\\_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf](https://migrantrights.ca/wp-content/uploads/2020/10/Behind-Closed-Doors_Exposing-Migrant-Care-Worker-Exploitation-During-COVID19.pdf)
40. Migrant Rights Network. RELEASE: Migrant care workers expose exploitation 'Behind Closed Doors' during COVID-19 in new report [Internet]. [place unknown]: The Network; 2020 Oct 28 [cited 2022 Apr 11]. [about 6 screens]. Available from: <https://migrantrights.ca/bcdrelease/>

41. Lay AM, Kosny A, Aery A, Flecker K, Smith PM. The occupational health and safety vulnerability of recent immigrants accessing settlement services. *Can J Public Health*. 2018 Jun;109(3):303–11. doi: 10.17269/s41997-018-0063-4.
42. Yanar B, Kosny A, Smith PM. Occupational health and safety vulnerability of recent immigrants and refugees. *Int J Environ Res Public Health*. 2018 Sep;15(9):Article 2004 [16 p.]. doi: 10.3390/ijerph15092004.
43. Block S, Galabuzi GE, Tranjan R. Canada's colour coded income inequality [Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2019 Dec [cited 2022 Apr 11]. 25 p. Available from: <https://policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2019/12/Canada%27s%20Colour%20Coded%20Income%20Inequality.pdf>
44. Alook A, Block S, Galabuzi GE. A disproportionate burden: COVID-19 labour market impacts on Indigenous and racialized workers in Canada [Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2021 Dec [cited 2022 Apr 11]. 30 p. Available from: [https://policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2021/12/A\\_Disproportionate\\_Burden\\_FINAL.pdf](https://policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2021/12/A_Disproportionate_Burden_FINAL.pdf)
45. Block S, Galabuzi GE. Persistent inequality: Ontario's colour-coded labour market [Internet]. Toronto (ON): Canadian Centre for Policy Alternatives, Ontario Office; 2018 Dec [cited 2022 Apr 11]. 22 p. Available from: <https://policyalternatives.ca/sites/default/files/uploads/publications/Ontario%20Office/2018/12/Persistent%20inequality.pdf>
46. Liladrie S. 'Do not disturb/please clean room': hotel housekeepers in Greater Toronto. *Race Cl*. 2010 Jul;52(1):57–69. doi: 10.1177/0306396809354177.
47. Haby MM, Chapman E, Clark R, Galvao LA. Interventions that facilitate sustainable jobs and have a positive impact on workers' health: an overview of systematic reviews. *Rev Panam Salud Publica* [Internet]. 2016 Nov [cited 2022 Apr 11];40(5):332–40. Available from: <https://iris.paho.org/handle/10665.2/31373>
48. Pelletier R, Patterson M, Moyser M. The gender wage gap in Canada: 1998 to 2018 [Internet]. Ottawa (ON): Statistics Canada; 2019 Oct 7 [corrected 2019 Oct 11; cited 2022 Apr 11]. 15 p. (Labour Statistics: Research Papers; no. 2019004) Available from: <https://www150.statcan.gc.ca/pub/75-004-m/75-004-m2019004-eng.pdf>
49. Biswas A, Harbin S, Irvin E, Johnston H, Begum M, Tiong M, et al. Sex and gender differences in occupational hazard exposures: a scoping review of the recent literature. *Curr Environ Health Rep*. 2021 Dec;8(4):267–80. doi: 10.1007/s40572-021-00330-8.
50. Behroozy A, Keegel TG. Wet-work exposure: a main risk factor for occupational hand dermatitis. *Saf Health Work*. 2014 Dec;5(4):175–80. doi: 10.1016/j.shaw.2014.08.001.
51. Jetha A, Martin Ginis KA, Ibrahim S, Gignac MAM. The working disadvantaged: the role of age, job tenure and disability in precarious work. *BMC Public Health*. 2020;20:Article 1900 [12 p.]. doi: 10.1186/s12889-020-09938-1.
52. Edmonds AT, Sears JM, O'Connor A, Peckham T. The role of nonstandard and precarious jobs in the well-being of disabled workers during workforce reintegration. *Am J Ind Med*. 2021 Aug;64(8):667–79. doi: 10.1002/ajim.23254.
53. Schur L, Kruse DL. Disability and precarious work. 2021 Dec [cited 2022 Apr 11]. In: *The Oxford handbook of the sociology of disability* [Internet]. Available from: <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780190093167.001.0001/oxfordhb-9780190093167-e-26> Subscription required to view full text.
54. Pettinicchio D, Maroto M. Canadians with disabilities face an uncertain financial future [Internet]. Toronto (ON): The Conversation – Canada; 2020 Mar 11 [cited 2022 Apr 11]. [about 7 screens]. Available from: <https://theconversation.com/canadians-with-disabilities-face-an-uncertain-financial-future-132942>
55. International Labour Organization. Decent work [Internet]. Geneva (Switzerland): ILO; [cited 2022 Apr 11]. [about 6 screens]. Available from: <https://www.ilo.org/global/topics/decent-work/lang--en/index.htm>

56. International Labour Organization. The benefits of international labour standards [Internet]. Geneva (Switzerland): ILO; [cited 2022 Apr 11]. [about 8 screens]. Available from: <https://www.ilo.org/global/standards/introduction-to-international-labour-standards/the-benefits-of-international-labour-standards/lang--en/index.htm>
57. United Nations. Transforming our world: the 2030 agenda for sustainable development [Internet]. New York (NY): UN; 2015 [cited 2022 Apr 11]. 41 p. Available from: <https://sdgs.un.org/sites/default/files/publications/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>
58. World Health Organization, Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health [Internet]. Geneva (Switzerland): WHO; 2008 [cited 2022 Apr 11]. 246 p. Available from: [http://whqlibdoc.who.int/publications/2008/9789241563703\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf)
59. Macnaughton G, Frey D. Challenging neoliberalism: ILO, human rights, and public health frameworks on decent work. *Health Hum Rights* [Internet]. 2018 Dec [cited 2022 Apr 11];20(2):43–55. Available from: [https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2469/2018/12/Macnaughton\\_SDH.pdf](https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2469/2018/12/Macnaughton_SDH.pdf)
60. International Labour Organization. Report of the Director-General: decent work [Internet]. Geneva (Switzerland): ILO; 1999 Jun [updated 2015 Aug 17; cited 2022 Apr 11]. [about 70 screens]. Available from: <https://www.ilo.org/public/english/standards/relm/ilc/ilc87/rep-i.htm>
61. International Labour Organization. Q&As on business and forced labour [Internet]. Geneva (Switzerland): ILO; [cited 2022 Apr 11]. [about 20 screens]. Available from: [http://www.ilo.org/empent/areas/business-helpdesk/faqs/WCMS\\_DOC\\_ENT\\_HLP\\_FL\\_FAQ\\_EN/lang--en/index.htm](http://www.ilo.org/empent/areas/business-helpdesk/faqs/WCMS_DOC_ENT_HLP_FL_FAQ_EN/lang--en/index.htm)
62. Decent Work & Health Network [Internet]. [place unknown]: DWHN; [cited 2022 Apr 11]. Available from: <https://www.decentworkandhealth.org/>
63. Migrant Rights Network. Platform [Internet]. [place unknown]: The Network; [cited 2022 April 11]. [about 1 screen]. Available from: <https://migrantrights.ca/about/platform/>
64. Justice for Workers [Internet]. Toronto (ON): Justice for Workers; [cited 2022 Apr 11]. Available from: <https://www.justice4workers.org/>
65. Ontario Nonprofit Network. Decent work for nonprofits [Internet]. Toronto (ON): ONN; [cited 2022 Apr 11]. [about 5 screens]. Available from: <https://theonnn.ca/our-work/our-people/decent-work/>
66. Maggie's Toronto. Guiding principles [Internet]. Toronto (ON): Maggie's Toronto; [cited 2022 Apr 11]. [about 25 screens]. Available from: <https://www.maggiesto.org/principles>
67. Canadian Alliance for Sex Work Law Reform. About us [Internet]. [place unknown]: The Alliance; [cited 2022 Apr 11]. [about 2 screens]. Available from: <https://sexworklawreform.com/about-us/>
68. Equal Pay Coalition. About us [Internet]. Toronto (ON): The Coalition; [cited 2022 Apr 11]. [about 5 screens]. Available from: <http://equalpaycoalition.org/about-us/>
69. Gig Workers Unite. Gig workers' bill of rights [Internet]. Toronto (ON): Gig Workers Unite; [cited 2022 Apr 11]. [about 4 screens]. Available from: [http://www.gigworkersunited.ca/gig\\_workers\\_bill\\_of\\_rights.html](http://www.gigworkersunited.ca/gig_workers_bill_of_rights.html)
70. Workers' Action Centre. About us [Internet]. Toronto (ON): WAC; [cited 2022 Apr 11]. [about 6 screens]. Available from: <https://workersactioncentre.org/about/>
71. de Villa E. Update on COVID-19 [Internet]. Toronto (ON): Toronto Public Health; 2021 Jan 21 [cited 2022 Apr 11]. 4 p. Available from: [https://www.toronto.ca/wp-content/uploads/2021/01/86d1-MOH-Statement\\_21January2021.pdf](https://www.toronto.ca/wp-content/uploads/2021/01/86d1-MOH-Statement_21January2021.pdf)