

Equity Issues During COVID-19: Prompt for Discussion

August, 2020

Purpose

The purpose of this document is to highlight some of the issues of equity and disparate outcomes that have been created or amplified by the COVID-19 pandemic. The sources cited in this document are from various publications that have reported on COVID-19 in recent months, and focus mainly on equity issues in Canadian communities. Some American sources have been included where they are relevant to equity issues present in Canada as well.

This document is intended to stimulate discussion about issues of equity in Waterloo Region which may become points of focus during the process of recovery and rebuilding. Different areas of disparate outcomes and inequities are introduced in this document, but this set of topics is by no means exhaustive. There are many issues of inequity that have been exacerbated by the COVID-19 pandemic, and this report is one means of opening dialogue.

The sources that inform this document are on the final page.

Main Themes

A general scan of recent publications relating to emerging inequities in Canada during the COVID-19 pandemic identify a loose set of themes. These themes are areas where inequities have newly developed or intensified due to the impacts of COVID-19 on the community.

The following terms are used to categorize the themes in this report:

- Racism
- Health outcomes
- Indigenous realities
- Labour and economy
- Immigration status
- Age group
- Addictions and mental health
- Violence

It should be noted that these themes are intersectional in nature. Many of these themes overlap and compound to form complex issues that do not conform to a “one size fits all” approach.

Racism

Race and health outcomes

Racism and compounding factors of poverty, disability, and many other variables have left racialized communities with significant disadvantages in terms of health outcomes. As with many historical and present-day health crises, the COVID-19 pandemic has been shown to affect racialized communities disproportionately. Black and Indigenous communities specifically have higher rates of COVID-19 cases.

Many risk factors are intersectional in nature, i.e. being unable to work from home, loss of income, underlying health issues, chronic stress are a few examples. Black and Indigenous communities also report a sense of fear and distrust of government and health institutions' advice and services based on personal and historical experiences. Research emphasizes the bottom line that racism is bad for your health.

A report in May found that The most ethno-culturally diverse neighbourhoods in Ontario, primarily those concentrated in large urban areas, are experiencing disproportionately higher rates of COVID-19 and related deaths compared to neighbourhoods that are the less diverse. After adjusting for differences in the age structure between neighbourhoods, the rate of COVID-19 infections in the most diverse neighbourhoods was three times higher than the rate in the least diverse neighbourhoods. People living in the most diverse neighbourhoods were also more likely to experience severe outcomes (hospitalizations, ICU admissions and deaths) than people living in the least diverse neighbourhoods: hospitalization rates were four times higher; ICU admission rates were four times higher; and death rates were twice as high.

In August 2020, the Waterloo Region Record found that there have been higher COVID-19 infection rates in neighbourhoods that have higher proportions of low-income and new immigrant households. Combinations of factors like close living quarters, jobs which cannot be done from home, and inability to stock up on supplies in advance have contributed to higher levels of virus transmission when compared to higher income neighbourhoods in Kitchener-Waterloo. Many residents in the lower-income core of Kitchener work in higher risk settings like long-term care homes or shelters, which contributes to higher risk of COVID-19 infections for the worker and members of their household, but also significant stress around whether they will contract the virus and pass it on. Additionally, many workers in high risk roles are Black, new immigrants, or both. These realities have converged in central Kitchener neighbourhoods to create and augment conditions where households are at a higher risk for contracting and transmitting COVID-19.

Anti-Asian racism

Racial labels attached to COVID-19 are correlated with a rise in anti-Asian discrimination and violent hate-crimes in Canada and the United States. Language like "the Chinese virus" and focus on Wuhan as the epicentre of the virus has led to harmful impacts in the lives of Asian

Canadians during the pandemic. People have been sworn at and spat on because of racist assumptions that they caused the pandemic. Both social media and news outlets have played roles in associating COVID-19 with Chinese communities.

Indigenous Realities

Health outcomes

Indigenous leaders' express concerns that their communities will be more vulnerable to COVID-19 even with federal aid. Indigenous leaders have expressed concern that supports (\$ 305 million) promised by the federal government to help First Nations, Inuit and Metis manage the fallout of COVID-19 might not be enough to protect the vulnerable communities.

Many reserves have issues of overcrowding, underlying health concerns, and lack of access to PPE and medical attention. A problem that arose for one community was that they did not have accommodations for someone to quarantine for 14 days away from the rest of the household. These factors are very limiting for communities while they try to practice physical distancing and limit the spread of COVID-19.

The loss of income for those unable to work during the pandemic and the disruption of supports and services is also a cause for concern for families living on reserves or in larger municipalities.

Racism and trauma

Many Indigenous communities have reported feelings of mistrust and unease about government and medical institutions and their guidance. Prior experiences of institutionalized racism, from the smallpox epidemics to as recent as H1N1, have left lasting impacts on Indigenous communities.

Labour and economy

PSWs in long-term care facilities

Personal support workers (PSWs) are at the forefront of caring for residents of long-term care facilities where some of the worst COVID-19 outbreaks are occurring. Since they provide care that requires close contact with residents, PSWs face some of the highest risk for contracting COVID-19. Many PSWs are working under stressful conditions with limited PPE supplies.

There is little regulation or labour protection for PSWs. Most PSWs are contract staff and depend on precarious work. Many PSWs are immigrants or refugees and women of colour, and most PSWs are women over 40. PSWs are over 600 times more likely to be injured at work than a police officer or firefighter. Injuries from lifting patients and repetitive motion are the most common.

Racial equity in the workforce

Many front-line and healthcare workers (i.e. PSWs, maintenance staff, childcare workers, etc.) who are at a higher risk for contracting COVID-19 are also racialized, which creates compounding risks factors for disparate health outcomes. Research has consistently shown that fair racial and cultural representation in upper management results in more equitable working conditions for healthcare workers.

Gender equity in the workforce

The economic recession followed by the COVID-19 pandemic has been dubbed a “she-cession” as it has affected women disproportionately. With schools, childcare centres, hotels, restaurants and shops are temporarily closed, women count for 62% of job losses. Additionally, while some workplaces begin to open, many women have been unable to return to work because of a lack of childcare. Longer-term absences from the workforce can make it more difficult to re-enter once women are able to transition back into working.

Data from the first few months of workplace closures and physical distancing measures have shown that hourly wage workers and women in non-unionized positions have lost the most hours of work. In lower-wage jobs that involve service or retail, the workforce is mainly women. Women with children under the age of six have seen greater losses of working hours as a result of schools and childcare centres being closed.

Some reports have found inequities in ability to work from home across the workforce. While some work requires being physically present in the workforce, other positions have been laid off completely due to closings. Early data has found that differing capacities for working from home across the workforce has resulted in mainly lower-educated and lower income individuals and families without work and accessing benefits.

Immigration Status

There has been severe criticism of Canada’s temporary immigration measures in response to COVID-19, which include temporarily closing borders to non-nationals and refusing asylum claims. Despite being praised for its inclusivity and welcoming attitude towards immigrants and refugees, closing its borders to all non-nationals reinforces a sense of “otherness” that has been the core of racism in Canada.

Recent publications discuss citizenship and residency in Canada as an issue of exclusion, especially since health coverage is often related to a person’s status in Canada and whether they are able to afford private insurance. During a pandemic, health coverage is particularly significant.

Migrant farm workers in Ontario have been disproportionately affected by COVID-19, with outbreaks of nearly 200 cases on farms in Leamington, Windsor, and Simcoe. Workers have anonymously stated that working and living conditions are such that it is impossible to physically distance and contain the virus. Extremely tight sleeping quarters and lack of paid sick time are among the factors that have contributed to outbreaks among workers. Ontario has pledged to inspect farms more frequently to ensure the safety of workers, but advocates are skeptical that this will help to mitigate outbreaks.

Many advocates are calling for full permanent residency for all essential workers during the pandemic. International students, migrant workers, refugee claimants, and undocumented persons have been working on the front lines as essential workers without the labour protections or entitlement to OHIP that citizens and residents have. Workers without residency have not been eligible for wage top ups and CERB payments despite taking on the personal risk of working during the pandemic.

Age group

Youth (including post-secondary students)

Educators have outlined some of the inequities that have emerged as students' transition to online schooling. Online education necessitates a level of technology that many families cannot afford. Students with special needs, learning difficulties, or who are learning a new language will not have access to the extra support provided by EAs and special ed. It is taking an extraordinary amount of effort for educators to pivot to an online setting while trying to build relationships and communication with students. The province has stated that discipline and commitment to education on the part of the students should be enough for success, but many students need more support.

Families

Many families with younger children are facing the strain of balancing work with parenting, especially with schools closed and childcare options limited. Families with children who have special needs have been struggling to provide the structure and support normally offered by classrooms and in-school programming.

As back-to-school season approaches, many families are struggling with feeling stuck between two difficult options. A majority of students will be returning to elementary and secondary schools in Waterloo region this Fall, but many parents are fearful of sending their children back to school with little information about how they will be kept safe with social distancing measures. For many families, home-schooling is not an option as caregivers are already stretched financially by reducing hours or taking leaves from work. The provincial government has not yet revealed comprehensive plans about how classrooms will operate to keep both staff and students from preventing transmission of COVID-19, and many parents are frustrated and anxious.

Long-term care and older adults

It has been apparent throughout the pandemic that older adults are being disproportionately affected by the virus. Preliminary data on COVID-19 fatalities show that 82% of deaths have been older adults living in long-term care facilities. This is largely due to close living quarters, staff shortages, shortages of space and equipment to practice safe physical distancing, and many other factors.

In addition, the Canadian military released a scathing report on the conditions of the long-term care facilities that were staffed by military personnel during COVID-19 outbreaks. The

report expands on shocking and upsetting details of life for long-term care residents, like neglect, improper care, and many other conditions. Interviews with staff in the report point to understaffed facilities and overworked PSWs and nursing staff.

Mental Health and Addictions

Addictions supports

There has been an increase in overdoses with many supports and services having closed due to the pandemic. One family describes the loss of their son who had been maintaining his sobriety by attending NA meetings, going to the gym, and seeing friends and family. They believe that the lack of access to the things that helped him caused him to relapse. NA and AA meetings, as well as other services and supports for addictions and mental health are severely impeded in their ability to serve people. As a result, there has been an increase in overdoses and fatalities in some communities.

Isolation and mental health

Physical distancing has taken a toll on older adults' mental health since many have lost the social occasions and support that they depend on. Older adults who live alone are especially isolated and explain that a phone call does not replace the effect of a hug or having another person around to talk to.

Many Ontario residents across age groups report feelings of burnout while working or doing schooling from home. Feelings of grief and loss over routines, projects, relationships, and pastimes as well as the ability to socialize or visit with loved ones is causing a sense of fatigue and burnout, even for those who have tried to remain positive about this situation.

Counsellors across the region say they have been struggling with the numbers of new clients seeking mental health supports. Anxiety, depression, and relationship issues are some of the most common concerns related to COVID-19 and lockdown measures, according to counselling agencies. For those who can afford it, counselling is an option, but for those who cannot, crisis phone lines are the only supports available for mental health and relationship concerns. Counsellors have suggested subsidized therapy for those who cannot afford private sessions.

Violence

The federal ombudsman for victims of crime has called for upstream family violence prevention measures in the wake of an uptick in femicides and reports of violence in the home. The stress factors created by the pandemic have contributed to a second "curve" of family violence that necessitates attention and prevention from public health officials. Rather than reacting once the issue of violence has gotten out of hand, experts are calling for a comprehensive violence prevention strategy with specific consideration for stressors caused by the COVID-19 pandemic, like unemployment, financial struggles, and families staying cooped in one place for months at a time.

Urban Infrastructure Systems Supporting Vulnerable Communities

In the research closely following the rapid period of COVID-19 response, there are areas of urban infrastructure and planning that have been identified as key supports in times of crisis. The complex web of non-profits, community organizations, and government services that support the most vulnerable community members is often overlooked until events like COVID-19 wherein these community supports serve as a lifeline for many. Proactive support and capacity development of these support structures are critical in ensuring their function during crises where they matter most. Infrastructure support can take the form of network stewards, feedback functions, leveraging convening power, co-designing recovery responses, and at the highest level, designating a region-wide ecosystem leader.

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