# An Equity and Inclusion Lens for COVID-19 Recovery
## Ottawa, June 2020

The COVID-19 pandemic has had tremendous impact on neighborhoods, businesses, and workers. Municipalities including City of Ottawa are now in the process of planning for recovery, the relaxation of quarantine measures and reopening of services and businesses. Equity and inclusion were a crucial aspect of COVID-19 emergency response and need to be equally crucial to these recovery planning and efforts.

To ensure inclusive access to opportunities after this crisis, we need to put equity in action in the recovery. The following aspects need to be addressed to ensure equity and inclusion in COVID-19 recovery planning and implementation:

1. Address the disproportionate health risks faced by Indigenous community and equity-seeking groups;

2. Build equity and resilience in decision-making frameworks for social service recovery;

3. Address the needs of social service work force using gender and equity lens;

4. Apply an equity lens to employment, re-employment and economic recovery;

5. Ensure equitable public engagement and innovative outreach.

## 1. Address the disproportionate health risks faced by Indigenous community and equity-seeking groups[1]

- Evidence is now available that there are **gendered[2] and racial[3] differences in** the risks of COVID-19. The socioeconomic realities of Indigenous community and equity-seeking groups impact their access to care, influence the chances of underlying health conditions and impact self-care or care seeking behaviors. These realities will continue during recovery.

- The COVID-19 pandemic will continue to have far-reaching impacts on First Nations, Métis and Inuit people. Evidence[4] shows that health and social characteristics associated with a higher risk of contracting or spreading COVID-19 are present among **Indigenous people**.

- **Women** are over-represented in the frontline workforce. Over half of all female workers (56%)[5] are employed in occupations involving the **"5 Cs"**: caring (e.g., health care, childcare, long-term care), clerical, catering, cashiering and cleaning. These are also the types of jobs

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[1] These groups, as identified in City's EI lens, include: Women, Aboriginal Persons, Francophones, Immigrants, Lesbian, Gay, Bi-sexual, Trans, Two-Spirit and Queer, Older Adults, People Living in Poverty People Living with Disabilities, Racialized People, Rural Residents, Youth

[2] https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

[3] http://www.cdc.gov/h1n1flu/race_ethnicity_qa.htm

[4] https://www150.statcan.gc.ca/n1/daily-quotidien/200417/dq200417b-eng.htm

[5] https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14694-eng.htm

that present higher risks of exposure to the virus and will continue to need personal protective equipment (PPEs).

- Some **immigrants and newcomers** who may not be fluent in English and French may have limited access to information on safe return to work and public spaces.

- Depletion of PPEs and lack of renewable resources for accessing masks and other protective items such as hand sanitizers, combined with the probable lapse of physical distancing practices puts these vulnerable groups at further risk.

### Recommendations

- **Prioritize the "5 Cs" frontline workers** for steady and reliable access to PPEs and vaccines when made available. Also prioritize community organizations that work with vulnerable communities.

- **Develop equity-based risk assessment frameworks and tools** that can assess the recovery needs of members from Indigenous community and equity-seeking groups, with special attention to those living with homelessness, persons with disabilities, persons living with mental health diseases and addictions, rural women and seniors who may not have equitable access to health services.

- **Establish an effective monitoring system** to accompany lifting restrictions to services and ensure that cases in communities are eliminated and not simply left with ongoing illness when most of the community spread is contained.

- Overall, evidence shows that race, gender, ethnicity and socioeconomic status are closely related to rates of infection, hospitalization, and death.[6] **Collected/used COVID-19 data needs to be disaggregated** along these lines to ensure equitable recovery efforts.


### 2. Build equity and resilience in decision-making frameworks for social service recovery

- Lifting COVID-19 related constraints may reveal complex and intersectional vulnerabilities that had not been identified before. This may cause pressure on current service providers.

    a. Families and persons who may not have experienced **food insecurity** in the past months may need support during COVID-19 recovery.

    b. Persons experiencing under-housing and/or precarious housing or those staying in possibly unsupportive family environments (such as 2SLGBTQ+ youth) may be forced into **homelessness** once quarantine is lifted. A second wave of homelessness would pressure shelters while social distancing measure continue to be needed.

    c. Numbers of **violence against women and gender diverse persons victims** seeking help by phone or online are low compared to pre-COVID-19 levels. The

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[6] https://policyoptions.irpp.org/magazines/june-2020/a-gba-case-for-understanding-the-impact-of-covid-19/

data may not change in the early months of recovery and may not increase even after restrictions are relaxed.

- Families living in poverty, Indigenous and immigrant families have little access to open spaces in their residents and neighborhoods. Options for summer activities will be needed. Allowing families to gather and have their own activities in open spaces such as parks is essential.

- Homeless persons and families living in poverty need access to areas where cooling spaces are available safely.

- A surge of **mental health issues** is expected after quarantine is lifted, particularly among women, Indigenous, 2SLGBTQ+ and newcomer populations. Current mental health workforce may not be able to meet that demand. Online mental health services and counselling are not preferred by newcomers who may not be fluent in English or French. Persons living with addictions prefer face-to-face group meetings.

## Recommendations

- **Establish resilient[7] and equity-based service systems[8]** that can adapt to changing needs of equity seeking groups, using lessons from successfully recovering in Canada and the world. Recovery plans and protocols that are flexible and based on transformative strategies can help absorb second and third wave COVID-19 pressures.

- **Factor COVID-19 equity impact and data** in City's mid-term and long-term plans and strategies and put mechanisms in place to continue monitoring this impact.

- **Use gender and equity-based analysis** when developing criteria for relaxing stay-at-home orders. This includes being aware of the complex needs of vulnerable parents and workers, especially women.

- Design measures that will **prioritize Indigenous and equity-seeking families to access green and open spaces**, including cooling areas, summer camps and activities, with no cost for families facing economic hardships.

- Build-in support measures to allow sustainability of "soft" service providing organizations[9], and explore means to support joint partnerships with the City and sharing of operational costs with bigger organizations to secure funding.

- **Establish equity-based funding programs that support grassroots groups** (targeted to Indigenous, racialized, and disabled girls and youth) to allow initiatives and non-formal groups to access financial support.

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[7] Resilient systems have been defined as: "those that rapidly acquire information about their environments, quickly adapt their behaviors and structures to changing circumstances, communicate easily and thoroughly with others, and broadly mobilize networks of expertise and material support"

[8] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6250-7

[9] These are organizations that rely fully on community-based and membership-based fundraising and donations to provide community services.

- **Embed Indigenous and diverse cultural strategies in the design of the recovery phase** and open the door to Indigenous, racialized and immigrant youth and women to lead local initiatives.

- **Equity data** generated from diverse sources (municipality, community partners and service providers) is essential to in order to yield a real-time picture of lived experiences, health needs and resources of Indigenous community and equity-seeking communities.  Equity-sensitive indicators such as gender, race, immigration status are indispensable for **monitoring signals of COVID-19 social and economic rebound.**

- **Be conscious of subtle forms of racism, gender stereotyping and stigma** that may become more apparent after quarantine measures are relaxed. Build the capacity of staff to identify these as early as possible, as well as identify discrimination or stigma which cause exclusion of Indigenous and equity-seeking communities.


## 3.  Address the needs of social service work force using gender and equity lens

- Social service staff may be suffering burnout and compassion fatigue and start to drop out due to mental health concerns, illness or increased care burden.

- Many people who work in the social services sector may be asked to do different jobs than they are accustomed to, which may come with **additional pressures and risks**.

- Quarantine measures pose significant risks for women and children experiencing domestic abuse. Reports show increased rates of sexual violence and abuse against children, adolescents and women in these conditions. Others note the potential for increased abuse against people with disabilities and elderly people as **care workers become stressed and overworked**.

- **Seniors** who volunteer as a way to contribute and feel socially connected, find it difficult to contribute to online services.

### Recommendations

- **Build in flexibility in offering services** such as childcare and work from home options. Many vulnerable parents and workers may show reluctance to resume use of services because of illness, fear of contracting illness or because they are caring for their own families that become ill.

- Integrate **mental health supports for social service providers** when planning and implementing recovery efforts. Build in ways for staff to provide input regarding their needs and concerns.

- **Cross-train staff and create tools** with easy explanations of the tasks of essential jobs, to build team and agency resilience.

- **Reshaping of volunteerism** in the recovery phase is essential. Examples include neighbor-to-neighbor programs and Indigenous culture education campaigns. Build in supports for older adults to resume volunteering activities.

## 4. Apply an equity lens to employment, re-employment and economic recovery

- **Rise in unemployment and underemployment:** Historically,[10] equity seeking groups are bearing the brunt of unemployment, including youth, older workers, women, migrants, persons with disability and members of 2SLGBTQ+ communities.

- Women hold low paying jobs in small business sectors such as cafés, restaurants, bars and retail businesses, all of which have been heavily affected by COVID-19. Many businesses have cut hours, laid off staff temporarily or shuttered entirely. Women, racialized persons and immigrants are over-represented in these sectors.

- **Equity data** may not exist or be readily accessible to drive COVID-19 recovery planning and implementation. Many organizations including StatsCan and Ottawa Public Health and starting to collect disaggregated data, but there will likely be a lag between the start of recovery efforts and the data becoming available.

- Small business and home-based businesses owned by immigrants, newcomers, and other equity seeking groups may not **fully access information** on available supports to re-open their businesses and/or information on safe re-opening.

### Recommendations

- **Base business resumption plans and protocols on equity and gender analysis** to ensure that the disproportionate impact of COVID-19 is recognized and addressed. When and where data is not available, seek best practices from other jurisdictions and implement ways to maintain a gender and equity lens throughout recovery efforts.

- Engage small **businesses owned by women, members of racialized and Indigenous communities, and immigrants** to identify unique challenges to safe and prompt re-opening and impact of maintaining/relaxing quarantine measures. This can take place through surveys and group discussions.

- Assess **impact of layoffs and legal leave on Indigenous and equity-seeking members of City staff**. Use these findings of these assessments when planning for staff deployment/redeployment during recovery.

- Develop risk assessments to measure workers/businesses most impacted by COVID-19 emergency measures and assess representation of equity seeking groups in businesses and jobs most impacted economically.

- Use Neighborhood Equity Index and other related databases to **develop proxy indicators to which neighborhoods have been impacted more severely** economically by COVID-19. Prioritize small businesses and workers in neighborhoods with a preponderance of equity seeking populations.

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[10] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3489368/#bib4

### 5. Ensure equitable public engagement and innovative outreach

- While online communication and services prevailed during COVID-19 quarantine, many community members were **marginalized from online conversations and supports** due to technology and digital inequities (the lack of comfort with, experience navigating and digital literacy of virtual world) in addition to possible lack of privacy or time.

- **Rural areas** continue to face challenges accessing services, especially those now offered online. Low number of service providers, combined with poor internet and phone coverage, continue marginalizing members form rural communities.

### Recommendations

- **Enhance resource-based collaboration and networking** that moves away from need-based support towards resilience and agency-based partnerships of equity seeking populations.

- **Sustain virtual stakeholder tables and partner taskforce groups formed during emergency phase to enable long-term representation of equity issues in the recovery phase.** Engage community partners and allies in dialogue on the most effective ways to engage members of equity seeking populations in City plans and strategies safely during the recovery phase. This will set the foundation for sustained collaboration long after the pandemic is over.

- **Examine how technology can be leveraged** to better orchestrate intersectional engagement of communities, distribution of resources, and collaborations with trusted community organizations.

- Use **equity and culturally sensitive approaches** as education campaigns continue around COVID-19. Make public computers available to allow increased access to online based information and engagement.

- If face-to-face engagement activities and events with members of equity seeking groups are to resume in the future, **address issues concerning trust, transportation, mobility, and distance** to ensure participation of diverse local communities. This includes use of fully accessible sites and safe space set-up where masks, sanitizers, physical distancing seating are available.

- Develop clear, consistent, and accessible protocols on face-to-face meetings and public meetings and engagement until all restrictions are lifted etc.