

An Equity Lens:  
Impacts of COVID-19 on Populations Facing Greatest Needs  
Ottawa, April 2020

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## Introduction

The COVID-19 pandemic and the ensuing response have had significant impacts on all population groups. In particular, residents who pre-pandemic were dealing with most barriers and inequities (such as precarious or no housing, precarious or no income, food insecurity, violence or abuse, trauma, addictions, mental health concerns, stereotyping, stigma and discrimination, cultural, social or physical isolation, and/or barriers to accessing services and care) have also been disproportionately impacted by the fallout from the systemic measures put in place to mitigate virus-related risks.

Therefore, it is essential that an equity lens be applied at all stages of pandemic response and recovery planning and implementation to address the needs of all population groups equitably. An equity lens is an analytical perspective that considers the differences in access to resources, experience of barriers and degrees of agency and power that people have based on their socio/cultural/economic reality and demographic identities and integrates mitigation strategies in policy development and resource distribution.

This document builds on the City of Ottawa's Equity and Inclusion (EI) Lens and related snapshots of groups facing most barriers and inequities, as well as other resources, to examine how these groups are being disproportionately affected by the COVID-19 pandemic and provide key recommendations. The groups are: Francophones, Indigenous population, newcomers and racialized people, older adults, person living in poverty, people living with disabilities, rural communities, women, gender diverse persons and LGBTQ2+, and youth.

A Summary section collates the impacts of COVID-19 and the key recommendations across all groups and is followed by group specific sections. The group sections must be considered holistically, as people have unique intersectional experiences across all the groups with which they identify and their socio/cultural/economic realities.

## Summary

### Impacts of COVID-19

The disproportionate impacts of COVID-19 on Indigenous peoples and equity-seeking groups cut across the following themes, often concurrently:

- **Income.** Loss of livelihood, reduced or lost income due to business closures and layoffs; lack of reserves/savings to fall back on; increased debt; inability to pay bills; risk of losing essential possessions like phones, cars, etc. if they are tied to employment or due to inability to keep up payments; increased risk of virus exposure associated with employment; higher expenses for food and other essential needs; lack of work benefits and flexibility.
- **Housing and homelessness.** Increased risk of virus exposure; increased risk of complications due to underlying medical conditions; reduced ability to self-isolate and limit exposure of

family members; increased housing precariousness, including risk of homelessness; reduced access to services including for hygiene; lack of shelter space; lack of culturally relevant supports; lack of privacy in the home.

- **Food security.** Reduced access to food in general, and healthy, nutritious food in particular; reduced social services and community food spaces; inability to stock up due to lack of money, storage or transportation, etc. meaning more frequent trips outside and increased risk of exposure; dietary requirements and restrictions compounding food insecurity.
- **Safety.** Increased exposure to violence due to forced proximity to abusers and reduced social scrutiny; increased generalized anxiety leading to increased violence in the home; violence in the homes particularly targeted to older adults, women, family members with disabilities, and children; being targeted for scams and fraud schemes; reduced access to community-based services and support; reduced access to previous supports because of the required isolation; risk of being over-policed; increased racism and discrimination, particularly for East Asians, but not only.
- **Health.** Increased risk of virus exposure, including as caregivers and essential service workers; underlying medical conditions increasing health risks; increased need for medical appointments or medication; increased costs associated with accessing healthcare; mistrust of healthcare providers as barrier to access; experiences of discrimination, racism and stigma from healthcare providers; lack of hygiene products and support.
- **Mental health.** Generalized, heightened anxiety and stress; increased isolation and loneliness; reduced human connection; compounding pre-existing mental health issues; stigma and reduced access to counselling and other community supports that would help mitigate these conditions; increased, new, or relapsed substance abuse and limited availability of and access to related supports.
- **Accessibility.** Lack of accessible information; lack of timely access to information; lack of technology and know-how for online access; lack of alternative formats; lack of transportation; physical barriers to service, mobility, or access to health care providers; reduction of services in accessible locations; closed facilities.
- **Communications and outreach.** Lack of IT equipment, reliable internet access, and/or technological know-how; language barriers; information overload; lack of culturally relevant messaging and message delivery channels.
- **Intersectional lens.** People from equity seeking groups can experience many of these impacts concurrently.

### Key Recommendations

Key recommendations on how to address the disproportionate impacts of COVID-19 on Indigenous and equity-seeking groups include:

- **Apply an intersectional equity lens.** Be consistent, persistent and explicit in serving Indigenous and equity-seeking groups in planning, response, and communications related to COVID-19. Ensure the question is always raised on who is not represented or

underrepresented. Use a checklist for Indigenous and equity-seeking groups to ensure messages are reaching all groups. Be mindful of how people will have unique needs and experience diverse barriers based on their varied identities and socio-economic locations.

- **Provide targeted housing and income supports.** Provide facilities, funding, and other supports needed for people with precarious housing, shelters, or homeless to be able to practice social isolation and distancing; increase availability of shelter space, including for families fleeing violence; support people with rent and utilities to reduce risk of losing housing; support community agencies that help people to find or keep housing.
- **Support food security for all residents.** Support access to food for isolated residents and residents with accessibility or mobility barriers; support coordination of community food services and food banks to ensure city-wide coverage; provide sufficient cleaning and safety equipment to community agencies providing food services.
- **Provide support for health and mental health.** Provide appropriate services in multiple languages; publicize hotlines and emergency services; ensure mental health awareness and supports are integrated in all COVID-19 response areas; support people to stay connected with family, friends, and community; prioritize COVID-19 testing for Indigenous and equity-seeking groups; provide sufficient cleaning and safety equipment to community agencies serving equity seeking populations.
- **Prioritize funding, including emergency COVID-19 funding, for agencies serving Indigenous and equity-seeking populations.** This includes but is not limited to food banks and food delivery agencies and groups; Indigenous organizations and communities; sexual assault centers and shelters for women at risk of violence; cultural associations and organizations; and service providers for persons with disabilities.
- **Commit to meaningful engagement and participation of persons from all equity seeking groups.** Work collaboratively with community organizations representing equity seeking groups; ensure community leaders are included in response planning and decision-making.
- **Maintain transparent and consistent communications and outreach.**
  - Translate communication into key languages spoken by Indigenous and equity-seeking populations and do targeted translation for specific communities as needed.
  - Think beyond traditional channels to ensure outreach to seniors, isolated residents, youth, rural residents, Indigenous population, people living with disabilities, Francophone, and low-income communities.
  - Use ‘youth by youth’ approaches to increase outreach to at-risk youth. Similarly, engage representative persons and organizations to reach out to equity seeking groups.
- **Collect, use, share and request disaggregate data.** Encourage the collection of disaggregate data (i.e. data disaggregated by gender, race, income, etc.) in surveys, feedback forms etc. so that the impacts of COVID-19 can be measured and reported with an equity lens. Use an EI lens in data collection and analysis, including applying a sex/gender and racial lens. Use

OCAP principles (Indigenous ownership, control, access and possession) to collect and share data on Indigenous people.<sup>1</sup>

## Francophones

The disperse distribution of Francophones across the city has increased the need for services in French and challenges in the delivery of services across Ottawa. The delivery of services in French remains a challenge, which impacts Francophone newcomers, women fleeing violence, and seniors, among others.<sup>2</sup>

### Impacts of COVID-19

Francophones face unique concerns regarding COVID-19 due to:

- **Access to services.** The lack of emergency or essential services delivered in French and organizations serving Francophone residents closing their doors or reducing services.

### Key Recommendations

- **Funding.** Prioritize funding for organizations that deliver services in French.
- **Communications and outreach.** Ensure communication strategies always include Francophone content as well as LSQ (Langue des signes québécoise or Quebec Sign Language) and other accessible services.
- **Intersectional lens.** Be mindful of how someone who is Francophone and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by the lack of information in French or lack of access to services in French.

## Indigenous Population

The barriers and inequities faced by Indigenous people in Ottawa are related to cultural assimilation, lack of culture-based services, employment and education, poverty, stereotypes and racism, violence against women, housing, health, inability to access services, and under-representation.<sup>3</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on First Nations, Inuit and Métis persons and communities include:

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<sup>1</sup> See The First Nations Information Governance Centre at <http://www.fnigc.ca/ocap.html>.

<sup>2</sup> CAWI & City of Ottawa. (2016). Equity & Inclusion Lens Snapshot: Francophones. Available at [https://documents.ottawa.ca/sites/documents/files/franco\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/franco_ss_en.pdf).

<sup>3</sup> CAWI & City of Ottawa. (2010). Equity & Inclusion Lens Snapshot: Aboriginal Peoples: First Nations, Inuit, Métis. Available at [https://documents.ottawa.ca/sites/documents/files/documents/aboriginal\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/documents/aboriginal_en.pdf).

- **Housing and homelessness.**
  - Indigenous people are disproportionately overrepresented in Ottawa’s homeless population. They may be at greater risk of contracting COVID-19, as they may have underlying medical conditions that make them susceptible to the virus. They also may not seek out help when symptoms present because of mental health issues or the legacy of colonization. Some Indigenous people may choose to avoid shelters due to experiences of discrimination, and instead may couch surf, moving between households or attempt to return to home community where overcrowding exists, both of which could increase the transmission risk. Indigenous individuals who are homeless have limited options for hand washing, toilets, and shower facilities while businesses and agencies are closed.
  - Indigenous people are overrepresented in child welfare (group homes), criminal justice (jails) and treatment centres where outbreaks may occur and distancing may not be possible. Indigenous families staying in hotel rooms or individuals in rooming houses may be overlooked for support.
- **Food security.** Indigenous people who have lost or low income are dealing with food insecurity. Some Indigenous families, living in poverty, have come to rely on food banks and meals at community centres, many of which are now closed. Many cannot afford to stock up, do not have a credit card to order food online, or do not have transportation to bring large quantities home. The number of working poor families that have had their income stopped or reduced has increased the demand for food banks.
- **Mental health.** Anxiety is heightened as past outbreaks (tuberculosis, SARS, H1N1<sup>4</sup>) have disproportionately impacted Indigenous people and historically the government response has been poor. The COVID-19 crisis has been a trigger for many people and brought back past traumas. There are limited mental health and substance abuse supports available, particularly culturally specific support which families have relied on. Both Akusivik and Wabano have kept their mental health services open including for walk-ins, but it is not sufficient compared to the need.
- **Cultural supports.** Past experiences of discrimination in mainstream care may prevent Indigenous individuals from reaching out for support. Indigenous organizations that are best positioned to reach the community directly to provide culturally relevant trauma informed support may be stretched thin as needs outweigh available resources.

### Key Recommendations

- **Housing.** Seek out innovative emergency housing solutions to meet the needs of Indigenous individuals and families who need to self-isolate, as well as shelter space for families fleeing violence against women.

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<sup>4</sup> National Collaborating Centre for Aboriginal Health (2016). The 2009 H1N1 influenza pandemic among First Nations, Inuit and Métis peoples in Canada: Epidemiology and gaps in knowledge. Prince George, BC: National Collaborating Centre for Aboriginal Health.

- **Engagement.** Work collaboratively with Indigenous organizations to support the Indigenous community in responding to the needs of the community. Ensure Indigenous service provider leaders are included in response planning, including First Nations, Inuit and Métis whenever possible.
- **Communication.** Share key messages with Indigenous communities using communication channels identified and utilized by Indigenous service organizations.
- **Data.** Collect and share data on Indigenous transmission rates using OCAP principles (Indigenous ownership, control, access and possession).<sup>5</sup>
- **Funding and support.** Prioritize funding for organizations that serve Indigenous populations. Provide personal protective equipment needed for Indigenous front-line service organizations.
- **Intersectional lens.** Be mindful of how someone who is Indigenous and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by the barriers and issues identified above.

## Newcomers

The barriers and inequities faced by immigrants in Ottawa relate to a lack of employment opportunities, a lack of access to public services and affordable housing, negative experiences, and systemic discrimination against racialized groups.<sup>6</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on newcomers include:

- **Employment.** Immigrant workers are on the frontlines of the COVID-19 response as care providers, cashiers, cleaners etc. Newcomers may be at greatest risk of loss of income, since they are overrepresented in temporary and unregulated jobs. These jobs lack benefits like paid sick days or flexibility to work from home. Recent newcomers may not qualify to some of the additional emergency assistance provided by different levels of government.
- **Isolation.** Newcomers tend to receive social and economic support from their communities. This make self-isolation more difficult for them to adhere to. Self-isolation and distancing may also be inadequate housing for larger families. Travel restrictions may also impact newcomers and lead to their isolation or homelessness.
- **Violence.** Immigrant and refugee women may experience further isolation with and from their abusers. Current hotline and chat services for violence victims are mostly provided in English, Arabic and French. Shelter spaces for women are limited.

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<sup>5</sup> See The First Nations Information Governance Centre at <http://www.fnigc.ca/ocap.html>.

<sup>6</sup> CAWI & City of Ottawa. (2016). Equity & Inclusion Lens Snapshot: Immigrants. Available at [https://documents.ottawa.ca/sites/documents/files/immigr\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/immigr_ss_en.pdf).

- **Food security.** There is a high number of immigrants and refugees of low-income. They may face a higher risk of food insecurity. This is aggravated by school closures and discontinued school feeding programs.
- **Transportation.** Low-income immigrants and refugees need support in food delivery and safe and urgent transportation.
- **Health and mental health.** There is high incidence of chronic diseases among refugee communities that make them more susceptible to complications of COVID-19 infection. Undocumented immigrants and refugees may refrain from seeking health services and COVID-19 testing in fear of penalties. Immigrants and newcomers may face greater mental health challenges as many of them come from countries of emergency and crisis and suffer from trauma.
- **Access to services.** Settlement and immigrant service providers have closed offices or limited their operations. These were the only locations where immigrant and refugee communities received translated and culturally sensitive information.
- **Fraud.** There is increased incidence of fraud targeting newcomers during times of crisis.
- **Connectivity.** Lack of internet access may limit the access of newcomer communities to messages on social distancing and access to information on available emergency assistance. Newcomer parents are hugely impacted by school closures, as digital learning may not be accessible.
- **Communications.** Information communicated online in English and French may not be accessed by newcomers who do not speak any of these languages.

### Key Recommendations

- **Support.** Support immigrant frontline workers with emergency childcare and mental health resources in the languages they speak. Prioritize their access to COVID-19 testing.
- **Housing.** Make emergency housing spaces available for newcomers living in crowded spaces so that they can adhere to social distancing guidelines.
- **Funding.** Expand municipal funding purview to include community organizations that continue to provide critical and targeted services for vulnerable refugee and immigrant communities during emergency.
- **Data.** Ensure when possible that data collection and reporting around COVID-19 crisis and response apply an EI Lens.
- **Communications and outreach**
  - Ensure that the realities of immigrant families are reflected in communication and policies around COVID-19.
  - Use a targeted approach in community outreach around COVID-19 to include use of multiple languages and use of culturally sensitive messaging through radio/TV, mail, street and bus ads.



- Use targeted awareness raising messaging for newcomer communities on importance of social distancing.
- **Safety.** Acknowledge the realities of racialized and immigrant communities so that these communities are not subjected to over-policing as part of COVID-19 response.
- **Intersectional lens.** Be mindful of how someone who is a newcomer to Ottawa and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by the barriers and issues identified above.

## Older adults

The barriers and inequities faced by older adults in Ottawa relate to ageism, racism, homophobia and other forms of discrimination, planning and provision of care, poverty, mobility and accessibility, isolation, housing, and abuse.<sup>7</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on older adults include:

- **Food insecurity.** Individuals may rely on food banks or community programs for food and meals. The dependency on food delivery is enhanced because of self-isolation. Some may have dietary requirements and have been challenged with obtaining or transporting supplies. For some older adults, they have never experienced food insecurity and may become unable to afford food or meal/grocery delivery services. The community may not be able to build capacity to bring food to all those at risk and/or immediate need.
- **Long Term Care facilities.** Transmission in long term facilities is a major concern that impacts residents, their family members as well as staff and volunteers. There is likely high anxiety about potential outbreaks, patient care and staff shortages. Other communal living, like retirement homes/communities, assisted and supportive housing like the OCH Aging in Place buildings also present concerns about older residents and tenants to self-isolate. Anxiety is high about outbreaks and their ability to access the supports and services they need for food and medical care. It will be essential to ensure staffing levels in residences as staff cannot work in more than one facility.
- **Health.** Older adults with underlying medical conditions like heart and lung disease, diabetes or cancer seem to be at higher risk for developing complications from COVID-19. Older adults may need to access more medical appointments requiring travel to health care facilities. Many older adults are caregivers of other vulnerable seniors and are concerned about contingencies and care plans if they or their family members become ill with COVID-19. There could be cost implications for some older adults due to dispensing fees while prescriptions are limited to monthly refills.

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<sup>7</sup> CAWI & City of Ottawa. (2016). Equity & Inclusion Lens Snapshot: Older Adults. Available at [https://documents.ottawa.ca/sites/documents/files/ol\\_adult\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/ol_adult_ss_en.pdf).

- **Isolation.** Socially isolated older adults are more vulnerable without live-in support to monitor health and other needs. Moreover, seniors are asked to self-isolate to prevent contagion and without a supportive network and reliable sources of information, they may end up having to deal with their daily needs (physical, medical, emotional, social) on their own. Older adults may be at higher risk for spousal abuse and elder abuse during self-isolation if in an abusive relationship. Language barriers and immigration status may also increase older adults' ability/willingness to access information and supports and services to assist them to self-isolate. In addition to being isolated from their families, older adults may also be isolated from cultural or faith community where they typically seek support. Many older adults who typically volunteer are limiting their activities.
- **Mental Health.** Isolation and loneliness will have an impact on individuals who depend on community programs for social support. Those with pre-existing mental health conditions and/or who are already isolated may be at a higher risk. As time progresses there will be a need for mental health support for older adults to cope with anxiety, depression, loss etc.
- **Communications.** Some older adults are not comfortable with or do not utilize online tools, and/or do not have the required technology or the income to acquire and use it. Others may not know how to do virtual appointments, which could be made available for some to reduce risk. Many seniors only bank in person or pay cash, which eliminates online purchase options.
- **Transportation.** Many seniors rely on public transportation, including ParaTranspo, in order to purchase groceries or go to appointments, exposing them to contagion and leaving them with reduced services. Family caregivers are the primary transportation option for older family members or adult children with mental illness who may need to quickly access other options to transport them to medical appointments. Some of them may have never accessed public transportation to reach community support programs. It is important to connect with older adults who live alone with service providers for telephone calls and to connect them to transportation services.
- **Fraud.** Older adults are often targeted for criminal fraud and the federal government has alerted Canadians that a variety of COVID-19 related scams have been reported, including sales of health products, disinfecting services and phishing scams. There could also be financial abuse from acquaintances who insert themselves as a 'helper' and reduced scrutiny from other support persons due to social distancing.

### Key Recommendations

- **Inclusion.** Support older adults to stay connected to family and friends virtually through electronic devices, telephone assurance calls or through programs such as 'The Friendly Voice' or 'Seniors' Centre without Walls'.
- **Support.** Support programs that can deliver food, medication and other supplies to self-isolated older adults. Support programs that assist older adults with accessing essential medical appointments.
- **Communications and outreach**

- Provide communication regarding potential financial scams and abuse using offline and online methods.
- Use alternate methods to communicate COVID-19 precautions and how to access the supports and services to help older adults self-isolate in multiple languages.
- Most older adults have a TV and a landline phone, so lower tech options need to be explored. Plain language and targeted information are key.
- **Funding.** Provide financial support to organizations that provide support to older adults.
- **Intersectional lens.** Be mindful of how older adults who also belong to other groups identified in this document will have unique needs and experience barriers accentuated by the barriers and issues identified above.

## Persons Living in Poverty

The barriers and inequities faced by persons living in poverty in Ottawa relate to assumptions and stereotypes, employment and income, health costs, education and training, housing, food security, access to information and services, and transportation.<sup>8</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on persons living in poverty include:

- **Income**
  - Many low-income residents who had previously low-wage or contract employment may now be laid off, unsure of what their next income source will be. Others may have to continue working in unsafe conditions, or be at higher risk of contracting the virus, because they cannot afford to stop working and/or are not able to work from home.
  - People who live in poverty do not have reserves to draw on from and as their income decreases, may be at risk of losing housing or other necessary possessions such as phones or cars. They may not be able to pay bills and can accrue debts that will deepen and extend the cycle of poverty post-pandemic.
- **Food security.** Because of bulk shopping and the inaccessibility of grocery stores, low-income people may have difficulty accessing stable sources of food. More families are becoming dependent on food banks and food services. Low income persons may be required to collect food assistance coupons and take other trips to buy food which may increase their health risks.
- **Mental health.** Low-income persons dealing with addiction or mental health issues may not have access to health and other necessary services, because services may no longer be available, such as day programs, or because they cannot afford the services.

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<sup>8</sup> CAWI & City of Ottawa. (2017). Equity & Inclusion Lens Snapshot: Persons living in poverty. Available at [https://documents.ottawa.ca/sites/documents/files/poverty\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/poverty_ss_en.pdf).

- **Accessibility.** Lack of transportation to access grocery stores and other necessary services. Lack of access to technology and other devices in order to access verified information regarding the pandemic. This disproportionately affects homeless populations.
- **Intersectional lens.** Racialized low-income people, those struggling with addiction or mental health challenges, may face heightened discrimination that take the form of over-policing of these communities. In addition, it may exacerbate negative health outcomes and housing instability.

### Key Recommendations

- **Data.** Increase the collection of race and income disaggregated data to understand better the impact of the pandemic and associated responses on these communities.
- **Communications and outreach**
  - Providing public wi-fi access and access to computers or other devices to ensure that communities can have up to date information on the COVID-19 crisis.
  - Provide active and accurate translation of public health information in languages common amongst Ottawa’s low-income communities.
  - Identifying creative communications methods to reach low-income communities, such as WhatsApp and the use of outreach workers for community monitoring.
- **Support.** Ensure that essential services are accessed by low income persons without being exposed to further risk. This includes easy access to food supply, transport and free mental health services.
- **Intersectional lens.** Be mindful of how someone who is living with poverty and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by the issues and barriers identified above.

### People Living with Disabilities

The barriers and inequities faced by people living with disabilities in Ottawa relate to attitudes, employment, income, housing and transportation, civic engagement, family responsibilities, and abuse and lack of autonomy.<sup>9</sup>

#### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on persons living with disabilities include:

- **Health**

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<sup>9</sup> CAWI & City of Ottawa. (2017). Equity & Inclusion Lens Snapshot: People Living with Disabilities. Available at [https://documents.ottawa.ca/sites/documents/files/disabil\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/disabil_ss_en.pdf).

- Persons with disabilities have a higher risk group of being infected by COVID-19. They face difficulty in enacting social distancing because of additional support needs or because they are in group settings; some individuals need to touch things to obtain information from the environment or for physical support.
- Persons with disabilities requiring attendant services or personal supports are also at higher risk because those providing service are serving a number of individuals, often in various locations, increasing the risk of transmission. For those individuals who opt to limit supports received during the pandemic, there are added stressors and potential short-term and long-term impacts on health and well-being.
- Persons with disabilities face barriers to accessing public health information that is not in accessible formats.
- COVID-19 exacerbates existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes.
- Lack of access to transportation and support means doctors' appointments, pharmacy trips, physiotherapy and other regular health maintenance may be interrupted or not available.
- Persons with disabilities also act as caregivers for others, and those they care for are also impacted by the issues shared here, creating a ripple effect.
- **Barriers**
  - Persons with disabilities are not necessarily mobile, and thus may face difficulty more than others to stockpile food and medicine or afford the extra cost of home deliveries.
  - Persons living with mental health conditions may experience heightened conditions with added stress, the invisibility of these conditions and limited supports, which may exacerbate isolation, anxiety and reactive incidents or regression in health.
  - Persons with disabilities often hold precarious employment.
  - COVID-19 response may impact the availability of accommodation measures for workers with disabilities.
- **Violence.** Persons with disabilities already have disproportionate experiences of violence especially from family and caregivers, group home attendant etc. Disabled women and children are at more risk of violence and abuse in the context of isolation.

## Key Recommendations

- **Communications and outreach**
  - Ensure public health information and communication on COVID-19 is accessible. This includes sign language, video captioning, the use of alternative text in images and graphics displayed digitally, and easy-to-read versions.

- Deliver information in understandable and diverse formats and do not rely solely on either verbal or written information. Adopt ways to communicate that are understandable to people with intellectual, cognitive and psychosocial impairments.
- **Service provision**
  - Increase attention given to people with disabilities living in high-risk situations. Ensure that community organizations continue providing services to people with disability in institutional settings. Identify people with disability in shelters, temporary housing and community housing to implement infection control measures and identify possible contingencies.
  - Ensure that disability caregivers are considered as essential workers and exempted from curfews and other lockdown measures that may affect the continued provision of support services. Caregivers must be given proper consideration and supports such as PPE to increase safety and lower risks of transmission.
  - Ensure that all health facilities providing testing and services related to COVID-19 are completely accessible. Address physical and attitudinal barriers (such as social stigma against disability and the denial of essential services) and financial as well as cost barriers to accessing COVID-19 testing and treatment.
- **Intersectional lens.** Be mindful of how someone who is living with disabilities and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by accessibility and stigma barriers and concerns.

## Racialized People

The barriers and inequities faced by racialized persons in Ottawa relate to racism, stereotyping, employment and education, workplace bullying and harassment, housing, and civic and political engagement.<sup>10</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on racialized persons include:

- **Employment.** Racialized workers are on the frontlines of the COVID-19 response as care providers, cashiers, cleaners etc. They are overrepresented in temporary and unregulated jobs and at risk of loss of income. These jobs lack benefits like paid sick days or flexibility to work from home. Racialized persons who are also recent newcomers may not qualify to some of the additional emergency assistance provided by different levels of government.
- **Food security.** There is a high number of racialized persons of low-income. They may face a higher risk of food insecurity. This is aggravated by school closures and discontinued school

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<sup>10</sup> CAWI & City of Ottawa. (2016). Equity & Inclusion Lens Snapshot: Racialized People. Available at [https://documents.ottawa.ca/sites/documents/files/racializd\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/racializd_ss_en.pdf).

feeding programs. Low-income racialized persons need support with food delivery and safe and urgent transportation.

- **Isolation.** Racialized persons tend to receive social and economic support from their communities. This make self-isolation more difficult for them to adhere to. Self-isolation and distancing may also be inadequate housing for larger families.
- **Violence.** Racialized women may experience further isolation with and from their abusers. Current hotline and chat services for violence victims are mostly provided in English, Arabic and French. Shelter spaces for women are limited.
- **Health and mental health.** Racialized persons may face greater mental health challenges.
- **Access to services.** Many service providers who support racialized residents have closed offices or limited their operations.
- **Connectivity.** Lack of internet access may limit access of racialized communities to messages on social distancing and access to information on available emergency assistance. Racialized parents are hugely impacted by school closures, as digital learning may not be accessible.

### Key Recommendations

- **Support.** Support racialized frontline workers with needed emergency childcare, mental health resources in the languages they speak. Prioritize their access to COVID-19 testing.
- **Housing.** Make emergency housing spaces available for racialized persons living in crowded spaces so that they can adhere to social distancing guidelines.
- **Funding.** Expand municipal funding purview to include community organizations that continue to provide critical and targeted services for racialized communities.
- **Data.** Ensure when possible that data collection and reporting around COVID-19 crisis and response apply an EI Lens.
- **Communications and outreach**
  - Ensure that the realities of racialized families are reflected in communication and policies around COVID-19.
  - Use a targeted approach in community outreach around COVID-19 to include use of multiple languages and use of culturally sensitive messaging through radio/TV, mail, street and bus ads.
  - Use targeted awareness raising messaging for racialized communities on importance of social distancing.
- **Safety.** Acknowledge the realities of racialized individuals, families and communities so that they are not subjected to over-policing as part of COVID-19 response.

- **Intersectional lens.** Be mindful of how someone who is racialized and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by the barriers and issues identified above.

## Rural Residents

The barriers and inequities faced by rural residents in Ottawa are related to access to information and services, transportation, infrastructure, land use, distances, and the changing character of rural areas.<sup>11</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on rural residents include:

- **Health.** Older adults in rural communities may have underlying medical conditions or disabilities putting them at increased risk. Rural communities often do not have full-service health centers or hospitals putting them at further risk during COVID-19 with a reliance on drivers, requiring transportation to and from.
- **Communications.** Many rural residents do not have access to reliable and affordable internet options. Some do not use electronic technology including social media messaging, online platforms and web-based communications. This poses a challenge to get messaging to the intended audience quickly and effectively and to social connection. Lack of reliable and affordable internet also poses a challenge with the shift to educational online learning and social online platform usage.
- **Food insecurity.** Rural residents requiring food assistance have limited resources available for food services. There are longer distances to travel to access limited resources.
- **Cottagers.** As weather improves, some urban area residents may be moving to cottages or secondary properties during the pandemic. This puts increased pressure on services, including rural hospitals or stores for replenishing essential supplies.
- **Isolation.** Being at a distance from grocery stores, hospitals and other medical services and pharmacies, means that residents are car or transportation dependent and may be delayed in reaching services or access is compounded because of distance, childcare and other conditions. When public transportation is lacking, violence victims cannot flee abusive environments.

### Key Recommendations

- **Communications and outreach.** Ensure communication strategies include offline content. Communicate to urban residents to stay home, away from cottage and secondary rural properties.

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<sup>11</sup> CAWI & City of Ottawa. (2017). Equity & Inclusion Lens Snapshot: Rural Residents. Available at [https://documents.ottawa.ca/sites/documents/files/rural\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/rural_ss_en.pdf).



- **Participation.** Include rural community leaders and organizations at planning tables, including the City’s Human Needs Task Force.
- **Funding.** Prioritize funding for organizations that serve rural residents. Provide funding and support to organizations checking in on vulnerable rural residents, particularly isolated seniors and disabled adults.
- **Technology.** Expand access to affordable internet for rural residents where available.
- **Intersectional lens.** Be mindful of how someone who is living in a rural area and also belongs to other groups identified in this document will have unique needs and experience barriers accentuated by distance, insolation, and limited availability of services or infrastructure.

## Women, gender diverse persons, LGBTQ2+

The barriers and inequities faced by women and gender diverse persons in Ottawa are related to discrimination, sexism, transphobia, homophobia, housing, poverty, violence, political voice, representation, childcare, education and employment, and health and transportation.<sup>12</sup>

The barriers and inequities faced by LGBTQ2+ persons in Ottawa are related to heterosexism, homophobia and cisgenderism, transphobia, discrimination, harassment, bullying and hate crimes, workplace barriers, invisibility, and lack of safe spaces, access to services, facilities and health care.<sup>13</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on women and gender diverse persons include:

- **Health.** A greater exposure to infection and increased health burden among women is due to women being overrepresented as caregivers in homes, health care and frontline staff in caregiving institutions and social services. Many essential workers who continue to provide essential services are women (cashiers, cleaners, caregivers).
- **Housing.** Women need emergency housing space adequate for social distancing and self-isolation. There is an increased risk of homelessness for women, gender diverse persons, and LGBTQ2+ persons. Gender diverse and LGBTQ2+ youth may not have family support due to their family's rejection of their identity and therefore may face increased risks of homeless, precarious housing or abuse while co-habiting in families and socially distant from safe community.

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<sup>12</sup> CAWI & City of Ottawa. (2017). Equity & Inclusion Lens Snapshot: Women. Available at [https://documents.ottawa.ca/sites/documents/files/women\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/women_ss_en.pdf).

<sup>13</sup> CAWI & City of Ottawa. (2016). Equity & Inclusion Lens Snapshot: LGBTQ (Lesbian, Gay, Bi-sexual, Trans, Two-Spirit and Queer). Available at [https://documents.ottawa.ca/sites/documents/files/lgbtq\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/lgbtq_ss_en.pdf).

- **Safety.** There is a high risk of violence against women, gender-based violence and higher protection needs and community support. There is evidence of increased domestic violence during epidemics, at the same time that reporting is more difficult (hotlines and online reporting are difficult when abuser is in the same house). Additionally, community organizations providing services are mostly led by women and these services are shrinking or suspended during the pandemic.
- **Income.** There is a high number of low-income women in Ottawa, at risk of food insecurity and loss of livelihood and income. Many of the frontline workers are in financially precarious situations that require them to work at and more than one location in a given period of time, thereby increasing the risk of exposure to the virus and potential community spread.
- **Intersectional lens.** Health and service information communicated through online messaging in English and French may not be accessed by Indigenous and equity-seeking women and girls, gender diverse persons or LGBTQ2+ persons.
- **Single led households.** Single women-led households are particularly at risk because the women have to be accompanied by children to do essential trips to grocery stores and pharmacies. Assistance in the form of gift cards or coupons for food and essential products require women to do multiple trips outside their homes accompanied by young kids.
- **LGBTQ2+ persons** already face increased risk of anxiety and suicide and disproportionate rates of unemployment and unstable housing. This may be exacerbated due to isolation. Some LGBTQ2+ young people will be facing long periods of confinement in unsupportive or abusive environments.

### Key Recommendations

- **Support**
  - Support female frontline workers with emergency childcare, mental health support and other resources. In addition, prioritize their access to COVID-19 testing.
  - Prioritize double and triple care burdened workers<sup>14</sup> from all gender groups with support, including personal protection equipment.
  - Low-income women, single women, women with disability, transwomen and senior women need support with food supply and delivery, and access to safe and urgent transit.
- **Funding.** Prioritize emergency funding for community organizations providing violence against women and LGBTQ2+ community services.
- **Data.** Ensure when possible that data collected around COVID-19 crisis and response are sex and gender disaggregated. Collect women and gender sensitive data on confirmed cases of

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<sup>14</sup> Double care burdened staff are those caring for clients as well as children at home. Triple burdened are those caring for clients, as well as children and elderly at home.

COVID-19 and conduct gender analysis of different patterns of adherence to prevention practices.

- **Communications.** Use a targeted gender approach in community outreach around COVID-19 to include use of multiple languages, intensive messaging through radio/TV, mail, street and bus ads. Ensure that images and language used in communications are diverse and gender sensitive.
- **Intersectional lens.** Members of these groups face additional barriers and heightened risk of isolation and abuse if they are disabled, racialized, Indigenous etc.

## Youth

The barriers and inequities faced by youth in Ottawa are related to having multiple responsibilities, housing and employment, access to information and services, support systems, civic engagement, and having safe spaces.<sup>15</sup>

### Impacts of COVID-19

The disproportionate impacts of the COVID-19 epidemic on youth include:

- **Safety**
  - The over-policing of low-income neighborhoods in the city in order to ensure that social distancing measures are followed may have negative impacts on racialized youth. Negative practices of carding and citizen policing can proliferate in the name of addressing the spread of COVID-19.
  - In some instances, young people are at heightened risk of abuse or domestic violence, as they are in self-isolation with their abusers and little ability to leave. Low-income youth, many of whom live in small homes with large families, may come in conflict with other family members as a result of new dynamics, thus exacerbating existing tensions or producing new ones.
- **Education.** For low-income and racialized youth, the transition to online schooling is difficult. Due to multiple students in the household and lack of internet access, youth may not be able to complete homework. Technology may not be available, affordable, or proficient enough for distance learning.
- **Housing / homelessness.** Indigenous and female youth are at increased risk of homelessness. They may opt to remain in abusive environments due to lack of shelter space. Homeless youth lose access to day programs and other community safe spaces as agencies reduce or close services, and communication becomes difficult due to lack of free internet connection.

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<sup>15</sup> CAWI & City of Ottawa. (2017). Equity & Inclusion Lens Snapshot: Youth. Available at [https://documents.ottawa.ca/sites/documents/files/youth\\_ss\\_en.pdf](https://documents.ottawa.ca/sites/documents/files/youth_ss_en.pdf).

- **Mental health.** Youth may find it difficult to use online mental health support and hotline services while their abusers or other family members are around.
- **Communications.** Young people may disregard the advice of public health officials as the notion that young people are at lower risk for COVID-19 has become prevalent.

### Key Recommendations

- **Communications and outreach**
  - Empower community health workers, youth workers, and other frontline staff to monitor neighborhoods, raise awareness about social distancing measures, and work with young people to ensure these measures are practiced.
  - Use innovative and creative methods to share information about social distancing measures amongst young people, including popular social media platforms.
  - Educate large families on how to engage in social distancing while participating in outdoor activities so that they have opportunities to leave the home for time outdoors.
  - Provide students in need with laptops and internet access and send information to parents about ongoing updates via their cellphones.
  - Reinforce messages that youth are susceptible to COVID-19 and can be carriers.
- **Safety.** Ensure training and education for police officers on how to engage with racialized communities, specifically de-escalation and trauma-informed care with racialized young people.
- **Income**
  - Provide honorariums for youth-led initiatives to encourage social distancing and curb the spread of the virus. Using social media platforms and other youth-friendly platforms.
  - Provide alternative employment to young people, especially considering the lack of access to sports, extra-curricular activities, and other social activities. This can also alleviate economic and emotional stress.
- **Intersectional lens.** Be mindful of how youth who also belong to other groups identified in this document will have unique needs and experiences based on their diverse socio-economic locations and identities.