



THE IMPACT OF COVID-19 ON IMMIGRANTS & RACIALIZED COMMUNITIES IN OTTAWA:

A COMMUNITY DIALOGUE OCTOBER 2020

HOSTED BY

THE OTTAWA LOCAL IMMIGRATION PARTNERSHIP
with contribution by:



Ottawa Health Team – Équipe Santé Ottawa



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada

ACKNOWLEDGEMENTS

The Ottawa Local Immigration Partnership (OLIP) acknowledges the contributions of all OLIP partners in collective efforts to mitigate the health risks facing immigrants and racialized communities. Special gratitude goes to following individuals and organizations that play key roles in mobilizing collaborative leadership and action, and in co-designing and implementing targeted protection measures.

- Rawlson King, City Councillor, Rideau-Rockcliffe Ward and Council Liaison for Anti-Racism and Ethnocultural Relations
- Donna Gray, General Manager, Community and Social Services Department, City of Ottawa
- Dr. Vera Etches, Medical Officer of Health, Ottawa Public Health
- Amira Ali, Manager, Epidemiology and Surveillance Program, Ottawa Public Health
- Aideen Reynolds, Supervisor, Population Health Approach, Ottawa Public Health
- Marino Francispillai, Program Manager, School & Community, Ottawa Public Health
- Erinn Salewski, Manager, Community Operations, Ottawa Public Health
- Karim Mekki, Supervisor, Neighborhood Engagement Team, Ottawa Public Health
- Sophia Jacob, Multicultural and Diversity Liaison, Councillor King's Office, City of Ottawa
- Naini Cloutier, Executive Director, Somerset West Community Health Centre and Co-chair of OLIP Health & Wellbeing Sector Table
- Andrea Gardner, Associate Director, Jewish Family Services & Co-chair of OLIP H&W Sector Table
- Simone Thibault, Executive Director, Centretown Community Health Centre and Convener of Ottawa Health Team – Équipe Santé Ottawa

CONTRIBUTING ORGANIZATIONS

The community dialogue on COVID-19 and its report were made possible by the financial contribution of Ottawa Community Foundation and Immigration, Refugees and Citizenship Canada. The report is available on the OLIP website: www.olip-plio.ca



Ottawa Health Team – Équipe Santé Ottawa



EXECUTIVE SUMMARY

Since the beginning of the COVID-19 pandemic, the Ottawa Local Immigration Partnership (OLIP) has served as a citywide platform to understand and address the pandemic's disproportionate impact on Ottawa's immigrants and racialized communities. In line with this strategic role, OLIP partners organized and hosted the Community Dialogue on the COVID-19 Pandemic on Thursday October 22, 2020.

The aim of the COVID-19 Community Dialogue was to gain the insights and contribution of communities most affected by the COVID-19 pandemic on: i) what is behind the high rate of COVID-19 infection among immigrants and racialized populations; and ii) what considerations ought to be brought to OLIP partners' efforts to design targeted prevention and protection measures.

This virtual event brought together more than 70 participants including community leaders and connectors, Ottawa Public Health officials, Ottawa Health Team – Équipe Santé Ottawa representatives, settlement service providers, school board representatives, and community-based organizations. This dialogue was a unique opportunity to bring the voices of affected communities to on-going community-wide efforts to respond to the COVID-19 pandemic.

The objectives of the COVID Community Dialogue were:

1. To leverage the insights and knowledge of immigrant and racialized community members to understand what is behind the disproportionate impact of COVID-19 on immigrants and racialized populations; and
2. To develop ideas on how to best protect the disproportionately affected communities, through both immediate protection measures and through long-term planning for health equity.

The dialogue included presentations from OLIP partners and facilitated discussions about experiences of communities with COVID-19. Ottawa Public Health presented an analysis of disaggregated sociodemographic data on Ottawa residents who tested positive for COVID-19. OLIP provided a preliminary census data analysis of the key factors that may be contributing to the disproportionate impact of the pandemic on immigrants and racialized population. And, the Ottawa Health Team – Équipe Santé Ottawa shared information on targeted prevention and protection measures that are currently underway. These presentations were followed by rich and lively discussions as OLIP partners listened to insights of members of affected communities.

This report summarizes the content of the COVID-19 Community Dialogue for the purpose of reflecting back key content and information to community leaders and connectors who shared their time and knowledge so generously. The report also serves as a resource for OLIP partners to build on as we continue planning – in collaboration with affected – for ways to mitigate the health risks facing immigrants and racialized populations in Ottawa.

BACKGROUND AND CONTEXT

From the onset of the COVID-19 pandemic and upon the introduction of public health response measures in Ottawa in mid-March 2020, OLIP partners have recognized that immigrant and racialized populations were facing disproportionately higher risks of exposure to contracting the novel coronavirus. This recognition was based on 10 years of community-based planning for the health and wellbeing of immigrants.

In June, preliminary analysis of sociodemographic data was showing over-representation of racialized population groups among those who had tested positive for COVID-19 in Ottawa.

This high proportion of racialized populations among the infected people reflects major inequities resulting from how affected communities experience key social determinants of health. These include employment, housing, transportation, access to healthcare, and everyday racism and discrimination that impact people’s health and wellbeing. These inequities expose immigrants and racialized populations to a disproportionately higher risk of getting infected with the virus.

To address these disproportionate effects, OLIP responded quickly by convening frequent meetings of its partner organizations across multiple sectors within the framework of its Health and Wellbeing Sector Table (H&W ST) with the aim of mobilizing collaborative leadership and actions to mitigate the health risks facing immigrants and racialized populations in Ottawa.

“Pre-existing conditions of [life of] racialized populations and systemic issues – such as racism and discrimination – have to be identified. These conditions – like housing, employment, food - affect everything we do. We already knew of these challenges; COVID just exposed them.”

Community Dialogue participant

Attended on average by 35-40 participants per meeting, these frequent gatherings provided partners with information, knowledge and research on our target populations’ experiences with the pandemic and enabled us to connect and collaborate as we collectively identified priority action areas. **The OLIP Health & Wellbeing Sector Table thus emerged as a platform for building an equity lens in Ottawa’s response to the COVID-19 pandemic.**

In addition to creating a framework for collaborative planning and a program and service coordination platform in the COVID-19 context, Health and Wellbeing Sector Table partners identified a need to hear directly from immigrant and racialized communities through a community dialogue. This will help center the experiences of the communities most affected by COVID-19 in on-going planning for the health and wellbeing of immigrants during the pandemic.

Thus the COVID Community Dialogue is part of OLIP’s effort to facilitate collaborative and knowledge-based data-driven planning to protect affected communities from any further spread of the virus and to improve how we plan for health equity going forward.



OLIP Health & Wellbeing Sector Table: A Platform for Building an Equity Lens in Ottawa’s Pandemic Response



Convening partners frequently to create a platform for equitable response to the COVID pandemic



Knowledge mobilization: research, data, dialogues and practice experiences to identify gaps and clarify challenges and



Identifying and coordinating actions to address collectively identified challenges



Strengthening capacity to collect and use disaggregated data to improve how we plan to address disparities in health and wellbeing

COVID-19 COMMUNITY DIALOGUE

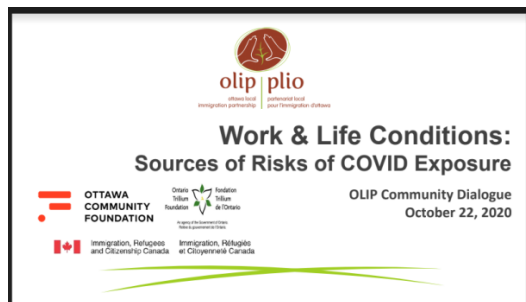
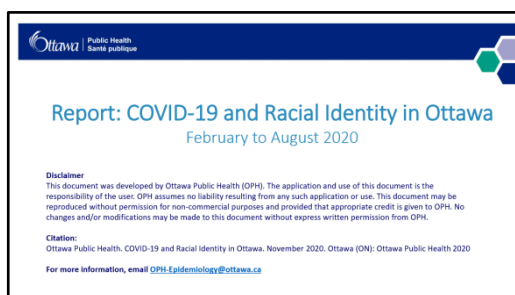
I. INPUT BY OLIP PARTNERS

The [agenda of the Community Dialogue](#) included two sets of short presentations and two facilitated discussions in small groups.

The event started with remarks Rawlson King, City Councillor for Rideau-Rockcliffe Ward and the City Council's Liaison for Anti-Racism and Ethnocultural Relations. Councillor King conveyed his appreciation for OLIP partners' work and stressed the importance of listening to the voices of members of the communities most affected by the COVID-19 pandemic. He drew particular attention to the fact that health equity is one of the pillars of the scope of the City's Anti-racism Secretariat's planning.

The first speaker was Amira Ali, Epidemiology and Surveillance Program Manager at Ottawa Public Health, who [presented OPH's analysis](#) on disaggregated socio-demographic data and neighborhood clusters of COVID-19 based on surveillance approaches. The presentation provided a granular view of the population infected with COVID-19 and how Ottawa Public Health is addressing clusters of infections across the city.

Building on Amira's analysis, Michel Frojmovic, lead of the **OLIP COVID-19 Equity Data Initiative**, [presented disaggregated census data](#) on the work and life conditions of immigrants and racialized people in Ottawa that make them more exposed to contracting COVID-19. He explored disparities in risks to COVID-19 exposure in the context of occupations, transportation, and housing, which may, at least in part, explain the disproportionate impact revealed by the data.

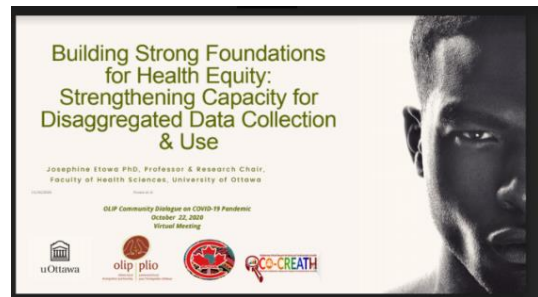


The second set of short presentations focused on what is being done to address the COVID-19 impact on racialized communities. Karim Mekki, Supervisor of the Neighbourhood Engagement Team at Ottawa Public Health, provided an overview of the work of [OPH's COVID-19 Neighborhood Engagement Team](#).



Suzanne Obiorah, Director of Primary Care and Regional Programs at Somerset West Community Health Centre spoke about [targeted community protection plans and the importance of adopting a health equity lens when designing these plans](#).

Finally, Dr. Josephine Etowa, professor at the University of Ottawa and lead researcher on OLIP's COVID-19 Equity Data Initiative, spoke about the [research plans to conceptualize health inequity and the role of social determinants of health](#). This work aims to contribute to improvement in how we plan for health equity.



Following the presentations, event participants came together in small groups to discuss the three questions posed as topics of dialogue.

1. *Based on your knowledge of immigrants and racialized communities, what is behind the disproportionate impact of COVID-19 and how is this being experienced?*
2. *As disaggregated data is shared publicly, how do we avoid stigmatizing the affected population groups?*
3. *How can we best protect the community from the spread of COVID-19? And how can we leverage the help of community members?*

Community members conveyed many experiences. A unifying theme of this dialogue was the consistency between the quantitative data presented by the speakers and the qualitative narratives that participants brought from their knowledge of the communities most affected by COVID-19.

II. SUMMARY OF GROUP DISCUSSIONS

a. *Based on your knowledge of immigrants and racialized communities, what do you think is behind the disproportionate impact of COVID-19? And how is this being experienced?*

- **Precarious employment:** Opportunities of good employment are not afforded to immigrants and racialized populations due to systemic racism and discrimination. Prevalence of immigrants and racialized populations in front-line jobs put them at higher risk of COVID-19 infection. Specific jobs mentioned as major sources of infection are personal support workers (PSW), caregivers, childcare workers, cleaners and ride-share drivers. Absence of paid sick leave might mean that people would fear losing their jobs if they stay home despite feeling sick, or if they need to go for testing.
- **Transportation:** participants described limited ability to afford personal transportation and over-reliance on public transit, which increases the risk of exposure to COVID-19. Transportation was also mentioned as a barrier to accessing testing, as a factor in increased isolation and as linked to experiences of food insecurity.
- **Housing conditions:** many live in over-crowded houses that make it difficult for people to physically distance if one member of the household contracts the virus.
- **Access to information:** although Ottawa Public Health and other organizations are putting much effort into information transmission, **information is not reaching affected communities adequately.** Many barriers are mentioned in this area, including not knowing where to go for help, low proficiency in official languages, and limited access to technology. Participants emphasized the need for funding to resource channels through which affected communities tend to get

“We have a lot of folks in frontline industries including caregiving and child care [and] that puts us at higher risk. Our people are not afforded opportunities for good jobs because of racism and discrimination”

Community Dialogue participant

“When the lockdown happened the government people started working from home. Our people, we do not have that luxury. We have to work in frontline jobs otherwise we do not eat. We are driving Uber, working in a hospital as PSWs or as cleaners. That exposes you and you get COVID. The data presented is not surprising”

Community Dialogue participant

“In every community, people are connected with each other through families, relatives, neighborhoods, networks, etc. Even if you provide information, there is a gap because community members are not accessing information, due to language barriers, cultural barriers or other factors. As front-line community workers, we have responsibility to engage and educate people on how to prevent the spread of the virus. We have to work with grass-roots communities and [use] places, which bring community members together, such as mosques and churches.”

Community Dialogue participant

their information. These include churches and mosques, which are said to be “the backbone of the black community”. Participants urged using relevant channels of communications for the information to reach affected communities. It was particularly made clear that using community networks are indispensable. Equipping key services with language interpretation lines and informing immigrants and racialized communities that they can ask for interpretation is necessary as many among the affected communities have varying levels of language barriers.

- **Financial and food insecurity** resulting from loss of jobs is reported to be among the biggest challenges, leading to worries among many of not having money for rent, food and other basic needs.

“We check off every box in the list of risk factors leading to COVID-19 infection [presented by speakers].”

Community Dialogue participant

- **Immigration status challenges:** many among the affected communities are in Ottawa on a temporary immigration status. Among these are international students, temporary foreign workers and refugee claimants. The COVID-19 experience of temporary residents is made more difficult by uncertainties about their status. Participants talked about temporary foreign workers being worried about losing their jobs if they complain about unsafe working conditions. This fear is said to limit individuals from seeking testing. Many are live-in home workers. Many do not know their rights to ask for safe workplaces.

“Our communities are shut out of COVID-19 funding. [...] we need to look at how community accesses information and what is the proper way to get [information] to them, not the way that we think it should be. Money tends to be invested in social media approaches only, but this is not the way many Black community members receive information”.

Community Dialogue participant

- **Digital divide due to low-income:** many are dealing with no or very limited access to computers and internet. This posed major challenges for families with school-aged children. Furthermore, the digital divide, which is part of economic inequities, means that people may not be receiving critical public health information and information on available government support during the pandemic.

“People used to go to in-person services to get advice. Now, getting to know where the services are available and who offers them is a big challenge. People are trying to find the names of real people online who do real work.”

Community Dialogue participant

- **Mental health challenges,** which are exacerbated by a range of factors, including worries about financial instability, isolation, over-policing and many other challenges. There is a reduction in available counselling services, with many services being offered on-line, where lack of access to technology becomes a major barrier.

- **Difficulties in accessing health care services:** Some healthcare providers are not accepting the Interim Federal Health Program, which is insurance for newcomers who do not have the Ontario Health Insurance Program (OHIP) for reasons related to immigration status. Over-reliance on walk-in clinics, not having a family doctor and not knowing about available health care supports are among top concerns mentioned by participants.

“The system is not fair. It is created for white people and disadvantages everybody else. We need to dismantle the system and recreate it if we want it to work for all people.”

Community Dialogue participant

“We have a food bank here, and 80% of the people coming to the food bank are Black. We have the data.”

Community Dialogue participant

- **Difficulties in children’s education during lockdown:** online learning during the lockdown poses serious challenges for families without access to computers and the internet. Large families sharing one computer at home cannot support the education of their children. As schools open, parents are worried about how children will be transported to school while avoiding the risk of exposing them to infection. Parents are also worried that children manifesting mild flu-like symptoms are put at risk of contracting the virus when they are sent to wait in-line for testing with other children who may actually have COVID-19. Newcomer families who arrived recently find it difficult to express their choices regarding online or in-location education and tend to be put in difficult situations.

“Communities are resilient and they can come-up with solutions. Sometimes the best that can be done is to provide resources and let them come-up with the answers. Often groups that do not know how to address challenges are given money and then they call on community members for help. This can be exploitative”

Community Dialogue participant

“Ottawa Public Health needs to partner with the community to address COVID-19.”

Community Dialogue participant

- **Disadvantages facing specific population sub-groups:** participants spoke about specific challenges facing sub groups of immigrants and racialized populations. These include seniors (language and cultural barriers, isolation and food insecurity), international students (loneliness with no or limited family support and immigration status challenges, and food security) and immigrant and racialized children and youth currently in detention centers.

“Service access points should not be used to verify immigration status documentation, especially during a pandemic. People are being asked to produce documentation and they are risking their lives as they search for a free photocopier.”

Community Dialogue participant

- **Access to space:** Reinforcement of lockdown measures is seen to have disproportionately impacted immigrants and racialized populations due to disparity in access to space and disparity in how lock-down bylaws are enforced.

Figure 1: Word-cloud with reflecting the themes from the first dialogue session – the size reflects frequency of word repetition in participants’ discussions.



b. As disaggregated data is shared publicly, how do we avoid stigmatizing the affected population groups?

Stigmatization was discussed by participants in two ways: 1) as a risk that people may associate specific groups with the virus, which might make specific population groups victims of racist stereotyping; and 2) as a sense of shame felt by those who test positive for COVID-19.

Participants recommended that as we share the disaggregated data, we also:

- Articulate the root causes of the high COVID-19 impact among immigrants and racialized communities.
- **Educate the public** on inequities and the structural roots of the disproportionate impact of COVID-19. It is not about race, it is about racism. Build the capacity of the general public to understand racism, including through awareness-raising and public education campaigns (e.g. commercials, TV and other ads).

“The focus in reporting [on disaggregated data] should be about on increasing awareness of root causes and addressing inequities. It should be more about how come this group is living in such conditions? What are the things that systemically can be done to improve that and build the capacity and awareness of the general public to support that?”

Community Dialogue participant

- **Involve affected communities** in the narrative explaining the causes behind the high impact of COVID-19 in immigrant communities.
- **Create trust and common cause** with communities by organizing more dialogue events such as this one, not only in official languages but also in other languages widely spoken among Ottawa’s immigrant and racialized communities;
- **Work with affected families and individuals** to articulate complexities, demystify realities and destigmatize COVID-19. People are dealing with a lot courageously and creatively. It is important that we protect people’s dignities in the process of helping them.
- **Use strength-based approaches** when designing and implementing protection measures and avoid language that can be demeaning. Avoid talking only about problems.
- **Protect people’s privacy:** dialogue attendees stressed the importance of protecting people’s privacy. They suggest that we engage communities on why data collection is important, what data are collected and how privacy is being protected.

“Avoid saying this community, this neighborhood, or this group is having this challenge, and this challenge, and this challenge ... without also talking about what is good and working. People are hardworking, we have professionals, we have university students, and we are engaged. No one is sitting at home crying about COVID-19. We are connected and active. Our group convenes Zoom meetings like this with over 60 attending, regularly. Stigma comes from talking only about negatives”

Community Dialogue participant

c) What do you think of the targeted protection plans being developed? What should be considered to ensure effectiveness? How can we best leverage the contribution of affected communities?

- **Engage the targeted communities** by sharing knowledge and information on the COVID-19 response. For example, explain the prevention and protection plans and ask for input. Consider compensating those doing important community work in the community. Civic groups and community leaders in affected communities are doing a lot and are being asked to do more without compensation.
- **Expand mobile testing**, but it is more than testing. Participants said that testing is needed in places people can access them. Access to healthcare is also a big challenge. The testing plans can be used to connect individuals and families to health care. Many in low-income families may not have a family doctor.

“Majority of the families in our neighborhood do not have family doctors. There were some attempts to set up pop-up testing facilities in the community without any community engagement... and nobody showed up. Community engagement is important.”

Community Dialogue participant

- **Location of testing is important.** Explore using the schools to offer testing facilities within communities and engage school boards to create linkages with the communities.
- **Diverse staff** in mobile testing will significantly improve access and usage. Consider having nurses and doctors from affected communities as part of the mobile testing staff teams.
- **Ensure the confidentiality** of information collected through testing facilities and protect the privacy of individuals and families.
- **Focus on positive things in the community** as the pandemic discourse may further marginalize the affected communities and undermine their dignity.
- **Ensure that religious organizations receive COVID-19 emergency support funding:** these organizations (including, churches, mosques, synagogues, etc.) are the backbone of information sharing and information support within communities and community members rely on their support.

“The more information we have out there, the more lives can be saved and protected.”

Community Dialogue participant

“People fear what they don’t know. The more we share in terms of explanation of what is being done the more we engage everyone in the [COVID-19 response] process, the more we understand if there is going to be a place for stigma.”

Community Dialogue participant

CONCLUSION

The COVID-19 Community Dialogue event was successful in fulfilling OLIP’s objectives of gaining the insights of affected communities to inform plans underway to protect the community from COVID-19. The exchange was rich and insightful and our collective resolve to do more and better was further strengthened.

OLIP committed to doing more engagements and learning events to continue sharpening Ottawa’s equity lens in collective COVID-19 pandemic response.

The COVID-19 Community Dialogue closed at 8:30 p.m.

Figure 2: Word-cloud with key themes from the second group discussion on strengthening the immediate protection measures

