

## **Municipality Of Chatham-Kent**

### **Community Human Services**

#### **Public Health**

#### **Information Report**

**To:** Mayor and Members of Council

**From:** Laura Fay, Public Health Nurse  
Allyson Gillespie, Public Health Educator

**Date:** August 28, 2020

**Subject:** Human and Social Impacts of COVID-19

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This report is for the information of Council.

#### **Background**

On March 11, 2020, the World Health Organization declared the Coronavirus (COVID-19) a global pandemic. Governments at all levels, public health, and nonprofit organizations quickly began working towards 'flattening the curve' of COVID-19. Many large-scale public health measures and interventions were implemented by governments and public health officials to protect the public's health and ensure the health care system did not get overwhelmed. These interventions included, but were not limited to: physical and social distancing measures, cancellation of mass gatherings, closure of non-essential businesses, cancellation of elective surgeries, and travel restrictions. While these measures are effective in slowing the spread of COVID-19, they also have created unintended consequences for individuals and communities.

On a local level, Chatham-Kent declared a state of emergency on March 13, 2020 in response to the COVID-19 pandemic. In order to facilitate a local COVID-19 response, the United Way of Chatham-Kent established a COVID-19 Community Response and Recovery Strategy (see Appendix A). The strategy involves three tiers:

1. Emergency response
2. Social distancing support
3. Rebuilding community and social capital.

To accomplish this, situational tables were formed from volunteers from over sixty nonprofit organizations and organized according to the vulnerable population they serve (e.g. Indigenous, youth, seniors, people experiencing homelessness, people experiencing child/partner violence, etc.). The situational tables continue to meet weekly or bi-weekly to discuss, identify, and respond to the needs, gaps, and opportunities within the community that have been created due to the coronavirus pandemic. The

tables have been able to access funding to implement strategies to help deal with some of the immediate challenges their clients are facing as a result of the pandemic. Decision-making around funding at these tables is done through an equity lens so as to not exacerbate current issues and to endeavour to use resources available to support those who are most vulnerable in our community.

Recognizing that the impacts of COVID-19 will be long-standing and require a strategic long-term approach, on June 29, 2020 the Municipality of Chatham-Kent's Council passed a motion requesting recommendations for mitigating the human, social, and community impacts of COVID-19. The motion is as follows:

Whereas COVID-19 has changed the everyday lives of people in communities all across Chatham-Kent And Whereas there is a need to understand the human, social, and community impacts of COVID-19, and how we can move forward as individuals, households, and communities And Whereas there is an opportunity for Council to take a leadership in role in the recovery and adaptation to the 'new normal' due to COVID-19, from a human, social, and community standpoint. And Whereas "Resiliency" is identified as a critical success factor for the CK2035 plan. Therefore, be it resolved that;

#1. Staff at the Municipality of Chatham-Kent work with the United Way of Chatham-Kent, alongside local partners, and stakeholders, engaging community members to identify key recommendations to mitigate the negative human, social, and community impacts of COVID-19. And that these recommendations be presented in a report to Council. This report may consider elements such as: The impact closures and isolation has had on missed health care visits, (for example, missed childhood immunizations, seniors with multiple chronic diseases); The mental and emotional toll COVID-19 has had on everyone and every community in Chatham-Kent, including ongoing support for individuals, families and communities as we navigate the future "new normal" due to COVID-19; The impact of COVID-19 for the homeless, and those in precarious housing; Helping people be emotionally ready to return to work, school, regular daily activities, and ensuring access to child care and eldercare as needed; Financial stability during the recovery from COVID-19.

#2. That the above report consider any gendered, socio-economic, and racial disparity of the impact of COVID-19 within Chatham-Kent in its recommendations.

#3. That Municipal staff, in partnership with United Way organize, plan and schedule a strategic planning session with Council to discuss the human impacts of COVID-19. This session will take place before the end of September of this year. The session may be held in tandem with other strategic sessions discussing COVID-19. The results will be reported back to Council.

In response to this motion, CK Public Health has prepared this information report for Council. In the process, staff were able to learn and understand how this pandemic has

affected residents of CK and amplified long-standing social and health inequities in the community. Certainly, COVID-19 has touched all of our lives; but, it cannot be denied that it is impacting some groups disproportionately. Ongoing inequities have created social conditions that put some individuals at more risk of negative impacts – from isolation, to the inability to access much needed services, to poor health outcomes. In fact, staff are finding that it is impacting the same groups who are also at a higher risk for chronic disease – reflecting the existing unequal experiences of chronic disease and the social determinants of health on certain populations (Appendix B). This finding was also evidenced through the Health Equity Data Analysis project CK Public Health undertook (Appendix C).

As staff listened to, gathered, and analyzed the information that informed this report, the knowledge of what impacts health and social well-being became even more clear – deepening the understanding that some people are more likely to have poor health and social outcomes, not only because they don't have access to the services they need, but because they have limited access and opportunity to obtain education, housing, employment, and income (also known as the social determinants of health). Furthermore, discrimination (e.g., racism, sexism, and homophobia) and stigma can prevent certain groups from accessing these opportunities and resources.

Throughout this report, staff strive to provide a concise snapshot of the human and social impacts of COVID-19 in CK. A follow-up report containing recommendations for mitigation strategies in response to these impacts will come before Council later this fall.

### **Comments**

In response to the motion, CK Public Health staff gathered information from a variety of sources to learn about the human, social, and health impacts of the COVID-19 pandemic. Staff completed a scan of the literature to understand the impacts of COVID-19 at the provincial and national levels. To understand how the pandemic has affected residents on a local level, staff also consulted with the United Way of Chatham-Kent and the community partners involved in the COVID-19 Community Response and Recovery Strategy, and a number of Community Human Service departments of the Municipality of Chatham-Kent.

Staff identified ten main themes from the literature review and consultations. CK Public Health's main findings are discussed below. A summary is also provided in Appendix D.

The impacts of COVID-19 public health measures have been categorized into two categories: areas where an increase or exacerbation of existing challenges has been identified, and areas where new concerns have been identified (Figure 1).

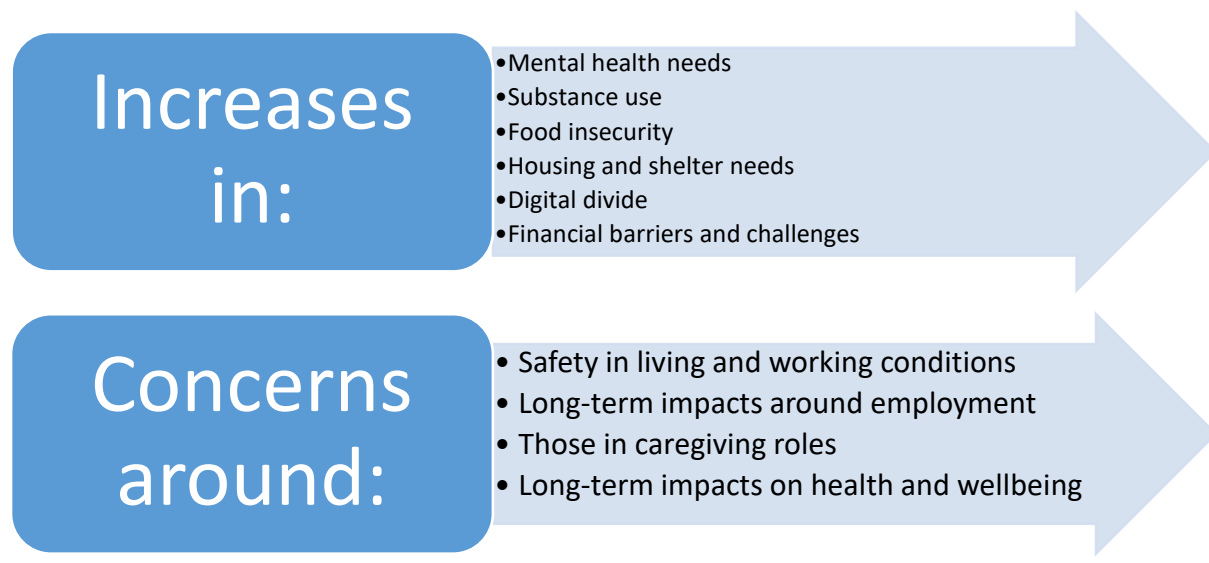


Figure 1. Impacts of COVID-19.

### **Increases In:**

#### **Mental Health Needs**

Since the start of the pandemic, there have been increases in the mental health needs of individuals due to increased feelings of isolation, social exclusion, and loneliness. In addition to physical distancing, COVID-19 has forced people to face new or worsening challenges which are negatively impacting their mental health, such as financial stress, change in routine, and fears around getting infected. Anxieties are growing related to returning to work and school with, for example, the loss of ability to control social bubbles and anticipated difficulties in balancing childcare and work. The mental health impacts of COVID-19 has not affected everyone the same. As found in the literature, females, gender diverse individuals, and Indigenous peoples report experiencing higher rates of poor mental health<sup>2,3</sup>.

There is increasing need for mental health services, but the capacity of services is limited. Many mental health services transferred to online delivery methods, limiting the ability for some people and families to now access these services. Waitlists are long and fee-for-service options, where the wait time is less, are not an option for many. While overall use of emergency departments during the pandemic has dropped, people with mental health issues are attending local emergency rooms in greater numbers.

#### **Substance Use**

COVID-19 is negatively impacting substance use across Canada. Since the start of the pandemic, substance use is increasing. The literature and consultations indicate substance use has increased as a result of stress, anxiety, loneliness, and change in routine with the pandemic. Clients accessing substance use services, such as tobacco quit clinics, harm reduction supplies, and rehabilitation programs are experiencing

barriers in accessing services, for reasons such as interruption in services and reduced hours of operation. Further, there are major challenges in providing basic needs for those experiencing heightened vulnerability (due to exacerbated issues around housing, income security, and transportation). This has increased drug poisonings and unsupported withdrawals. The COVID-19 pandemic has disrupted the street supply of substances, which has also contributed to increased poisonings, as drugs are getting cut with more potent substances to make the supply that is available go further<sup>11</sup>. These drug shortages are also thought to be leading to consumption of other harmful substances or more harmful patterns of drug use<sup>13</sup>. The use of emergency health services (emergency department visits/EMS calls) related to suspected opioid poisonings and substance use, have been elevated for the last several months in CK. Between January and June of 2020, there were nearly double the number of suspected opioid-related EMS calls compared to the same time in 2019. In fact, Chatham-Kent is one of three health unit areas facing the highest rates of emergency department (ED) visits in the province for suspected opioid overdose since the start of the pandemic. While opioid overdose-related ED visits have decreased for the province overall since the state of emergency was declared, the number of opioid-related deaths are increasing. In the first half of 2020, Chatham-Kent has already realized more opioid-related deaths than would typically occur in a year.

Since the start of the pandemic, CK Public Health has seen an increase in the number of cigarettes smoked daily by clients enrolled in the quit clinic program. Those who stated they have increased cigarette consumption cited the pandemic and social isolation as reasons.

### **Food Insecurity**

Since the pandemic struck in March, more people and families are experiencing food insecurity, both across Canada and here locally in Chatham-Kent. A recent Statistics Canada study reports that Canadians living in households with children and Canadians who were absent from work due to COVID-19 were more likely to be food insecure than households without children and in households who did not experience job loss due to COVID-19<sup>14</sup>. We heard from partners locally who provide emergency food assistance that they are seeing an increase in the number of individuals and families accessing emergency food support and people who have never had to access emergency food assistance before. Factors responsible for this increase in food insecurity include interruptions in transportation and food charity operations, the closure of schools – which have impacted accessibility of food – as well as increases in financial insecurity – which has impacted affordability of food. In Chatham-Kent, all schools and childcare settings offer breakfast, snack, or meal programs. With school and childcare closures, children, youth, and families who rely on these food programs for food supplement are not able to access the nutritious food they would typically have available to them.

The COVID-19 pandemic not only increased food insecurity currently, but will likely lead to an increase in the number of people experiencing food insecurity in the future, as people continue to experience challenges around income and employment while trying to recover from any impacts they experienced through the height of the pandemic.

## **Housing and Shelter**

With physical distancing measures, many people have been displaced from their transient housing options (e.g. couch-sleeping, room-sharing). As a result of these measures, more people are forced to sleep outdoors. Services that offer support to people experiencing homelessness were required to close or change business models for example the temporary closure of Chatham Hope Haven – a men’s shelter, or their ability to provide supportive services was severely impacted, for example the Chatham-Kent Women’s Centre was required to spread shelter accommodations over multiple sites, which prevented clients off-site from receiving on-site supports. The establishment of the municipal temporary shelter provided good learnings and new partnerships that will help shape CK’s homelessness strategy going forward.

Based on staff consultations, there is concern among front-line homelessness workers about the increase in stigma towards people experiencing homelessness, particularly since the pandemic began, as homelessness has become more visible in CK. Identified areas for improvement include better language when speaking about people who experience homelessness and education around causes of homelessness and harm reduction.

In addition, CK has seen the effects of COVID-19 within congregate settings (where people live, stay, or use shared spaces). People living in these setting have been disproportionately impacted by COVID-19 with higher infection rates, as has been seen in the Low German and migrant worker populations.

## **Digital Divide**

A digital divide in CK has become strikingly apparent as a result of COVID-19. The move to online platforms for programs, services, and education requires access to reliable internet service, hardware such as laptops and computers, digital literacy, and opportunities to develop digital skills. Many individuals in CK lack one or more of these required resources and depend on social settings such as libraries and cafés for connection and technology. The closures of libraries and cafés essentially eliminated many people’s ability to participate in any form of online program, service, or education.

Digital divides disproportionately impact rural and Indigenous communities. As indicated in the literature and the consultations, these areas experience vastly slower service or no service at all.

## **Financial Barriers and Concerns**

The pandemic is producing many financial barriers and challenges for individuals. We know that income is the most important social determinant of health, and the impact of financial insecurity is massive, affecting all aspects of life including housing, food, education, service acquisition, and transportation. COVID-19 has created a shift and increase in financial demands for individuals and families – increasing grocery and utility bills, while potentially decreasing transportation costs.

As people's financial situations have changed due to COVID-19, there have been increases in the need for free or subsidized services. Free social and health service wait lists (i.e. for mental health counselling, respite services) and need for supplies (i.e. basic need supplies for people experiencing homelessness, food bank donations) have increased. Due to public health measures and their impact on people's and families' financial situations, there is an increase need for subsidized services, especially child care, and free services/programs (i.e. Early Learning Programs and counselling services).

Uncertainty around the long-term impacts of the Canada Emergency Response Benefit (CERB) are of a concern as well. Many community partners recognize CERB may increase the demands of social services in the future as payments will impact housing and child care subsidy rates, as well as income tax returns. For individuals receiving CERB who may not have actually been eligible to receive it, the consequences of that remains unknown at this time.

### **Concerns around:**

#### **Safety (living and working conditions)**

COVID-19 has exposed many concerns around the safety of living and working conditions of individuals. There are concerns around increasing events of child/partner violence at home due to the closures of non-essential businesses and schools. These closures eliminate the only 'out' from an unsafe home some people may have and decrease the monitoring and reporting of child safety. Local referrals for domestic violence services have increased, however, the number of people receiving services has decreased (people not accessing services despite referral). Local services have had to spread their resources out and change business models in ways that may have increased risk to clients (e.g., Chatham-Kent Women's Centre using multiple sites to accommodate physical distancing but being unable to provide on-site supervision, resulting in lack of counselling supports).

A lack of personal protective equipment (PPE) for clients and service providers is creating worry around the safety of providing and receiving face-to-face services. This is an even graver concern for low-income individuals and families as it may inhibit those most in need of services from accessing them. Nonprofit organizations that are already concerned about funding fear that the extra costs of physical barriers, PPE, including the inflated costs in procuring PPE, and challenges related to securing COVID-related liability insurance may cause them to close their doors. Nonprofits play large roles in communities, and CK is no exception. Nonprofits serve our most vulnerable and contribute greatly to job markets and the economy. They are a critical component in the re-opening and recovery of the economy<sup>51</sup>.

In addition, certain occupations have working conditions that put people at higher risk of contracting COVID-19. These occupations are often found in the low-wage, precarious employment sectors where the workforce consists of migrant workers, women, students, and racialized people.

Locally, COVID-19 has disproportionately impacted Low German speaking communities and temporary foreign workers. The living and working conditions and language barriers experienced by these populations have limited their ability to follow public health measures. Individuals need to have the ability to understand what is required of them and the physical structures and environments to enable them to follow the requirements.

### **Employment**

The effects of COVID-19 on employment are undeniable. Many individuals have experienced some form of job loss or modification that has created or amplified financial challenges and overall stress. Currently, the long-term consequences of COVID-19 on employment are unknown. It is unclear how the demands in employment will shift or how many individuals will receive a permanent layoff or will not be able to return to work, due to child care issues or deteriorated mental/physical health, for instance. Community partners recognize that there will be many challenges with the reintegration into employment post-COVID-19 and believe that this will require a shift in the current employment training/hiring system.

The literature found those that have been disproportionately impacted are recently hired workers, young workers, less educated and racialized workers who have experienced higher rates of lay-offs and reduction in work hours. In addition, more females than males also report being more concerned that they will lose their main source of income. A report from RBC Economics states that women's participation in the workforce is the lowest it has been in over 30 years<sup>49</sup>. Women tend to work in industries that were most affected by closures, layoffs, and earning losses and they tend to carry a greater burden as it relates to child care. Experts have emphasized that women returning to the labour market at similar pre-pandemic levels is critical to the ability of our economy to recover<sup>49</sup>.

### **Caregivers**

Chatham-Kent is also seeing the impact of the pandemic on community members who are in a caregiving role. Service providers, parents, grandparents, and health care workers are experiencing burnout. Interruptions in childcare has impacted respite services, as well as parental income. Interruptions in services for preventative care for caregivers necessary for occupational health (such as physiotherapy, massage, chiropractic) have impacted caregivers physical ability to continue their work – exacerbating mental health and financial effects.

Locally, community partners identified that there has been a significant increase in need for subsidized childcare spots and trained Early Childhood Educators (ECEs). There are huge concerns around the long-term impacts on women if childcare shortages continue.

### **Health and Well-being**

It is irrefutable that the public health measures implemented to control the COVID-19 pandemic are impacting the health of individuals and communities. The stress and



negative impacts the public health measures are having on the social determinants of health (Appendix B) are in turn impacting individual health behaviour. Some behaviours that have been impacted are discussed below. It is important to remember that individual health behaviours are reactions (or coping mechanisms) to an individual's life circumstance (or their social determinants of health). The individual behaviour does not change unless their circumstance does – people cannot eat healthy food if they can't afford rent.

Literature indicates changes in health behaviours as a result of COVID-19 (to-date) include, but are not limited to: not adhering to the vaccination guidelines and staying up to date with childhood vaccinations, increases in screen time (not related to school), decreases in physical activity levels, increases in the consumption of junk food and overeating, and not attending the hospital to receive medical attention for conditions like heart attacks, strokes, and appendicitis. All of these behaviours are risk factors for the development of poor health, including the development of chronic diseases.

Closure of public and private spaces, including recreation facilities, pools, playgrounds, day camps, schools, fitness centres, and all related programming severely limited access to physical activity and recreation opportunities. Although unintentional, emergency response measures predominantly restricted physical activity to the home environment and indirectly increased the likelihood of sedentary behaviour. A recent Report Card on Physical Activity in Children and Youth reported an 80% drop in the number of children meeting the physical activity guidelines during COVID emergency orders, with only 4.8% of children (ages 5-11 years) and 0.8% of youth (ages 12-17 years) meeting the 24-hour movement behaviour guidelines during COVID-19 restrictions. This is a fairly dramatic decrease compared to approximately 15% of children and youth (ages 5-17 years) who met the 24-hour movement guidelines prior to the pandemic<sup>46</sup>. Further, reports show that 79% of kids are spending more time in front of screens<sup>47</sup>.

Cancellation and reduced health care services that have occurred throughout the pandemic may negatively impact long-term health. For example, the cancellation of elective surgeries may lead to worse health outcomes for an individual, and the decrease in routine preventative screening (i.e. cancer screening) may lead to worse outcomes in the future if early detection of these cancers is missed. In addition, people may be unable to access care such as physiotherapy, massage therapy, and chiropractic services to prevent, manage, or treat chronic diseases or conditions which may be necessary to enable them to work. People with existing chronic conditions may be at a greater risk for complications or severe illness from COVID-19<sup>48</sup>.

These findings are disturbing and important to note. Chatham-Kent already has significantly higher rates of hospitalizations and mortality when compared to Ontario for a number of chronic diseases<sup>50</sup>. Worsening trends are observed as socioeconomic status decreases.

Community partners concerns include the impact of physical and social distancing measures on developmental growth – both in early childhood, through interruption of

quality early childhood programming (early childhood programs provide early screening and referrals for developmental supports), and in youth, through interruption of key social developmental opportunities (interaction with peers and celebration of 'rights of passage' such as graduation). As well, there are concerns around long-term impacts of missed identification and delayed intervention for people experiencing child/partner violence.

In addition, there has been a disproportionate impact on non-English speaking immigrant communities in CK due to an intersection of a number of social determinants of health – language, ethnicity, immigration status, housing, education, and income. This has tested organizations ability to provide culturally-appropriate care. It is also unclear at this time if/how stigma and discrimination has been perpetuated for these groups and what that may do for those communities moving forward (i.e. reinforce or produce discriminatory employment practices, sustain or perpetuate white-settler norms).

### **Where do we go from here?**

The impacts outlined in this report are not unique to the coronavirus pandemic, but instead have been exacerbated and amplified by COVID-19. Many of these issues already existed in the community and each of these issues cross many sectors. Those most impacted by the coronavirus pandemic, both by the disease itself and the public health measures put in place, are the most vulnerable. Compound this on top of this population already experiencing higher rates of chronic disease and the urgency to address this issue from a social determinants of health perspective is undeniable. Truly responding to and mitigating the negative impacts of the coronavirus pandemic in the community will require an all hands on deck response. These are large system level issues that require a coordinated and collaborative response across sectors. There is a need to shift community attitudes, knowledge, and awareness around the factors that determine population health and well-being, and a need to consider equity and inclusion in decisions around resource allocation, planning, implementation, and evaluation of programs and services.

### **Consultation**

In order to understand the magnitude of the human and social impacts of COVID-19, CK Public Health led a number of consultations.

CK Public Health partnered with the United Way of Chatham-Kent to review information that has been previously collected at the situational tables (consisting of 14 weeks of discussions across 7 tables) and conducted a survey of community partners at those tables. To do this, CK Public Health developed and sent a survey consisting of five questions to the facilitators of each situational table. Responses were reported back in a summary conversation with United Way partners and CK Public Health (Appendix E). All seven situational tables provided responses.

The survey was also adapted and sent out by the United Way of Chatham-Kent to the Chatham-Kent Non-profit Network. Results from all surveys were analyzed by CK Public Health (Appendix F). The survey yielded a total of 20 completed surveys.

CK Public Health also consulted with departments from the Community Human Service division of the Municipality of Chatham-Kent (Appendix G). Municipal stakeholders confirmed many of the findings from the literature and surveys, as well as contributed further insights.

### **Financial Implications**

There are no financial implications resulting from this report.

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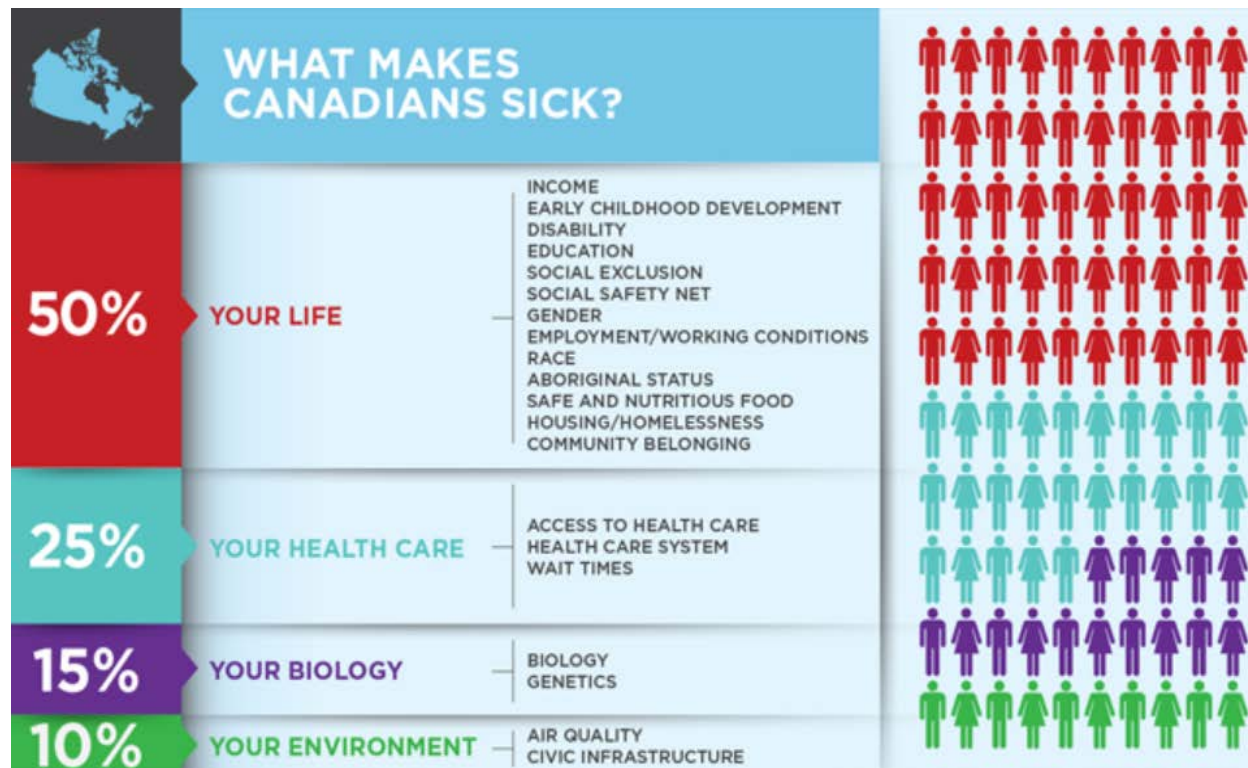
Attachments:

- Appendix A – United Way of Chatham-Kent Response and Recovery Strategy
- Appendix B – Social Determinants of Health Infographic
- Appendix C – Health Equity Data Analysis Infographic
- Appendix D - Findings of social impacts from the literature and the local context
- Appendix E – Survey questions for United Way of Chatham-Kent Situational Tables
- Appendix F – Survey questions for Chatham-Kent Nonprofit Network
- Appendix G – Community Human Services Division Consultation

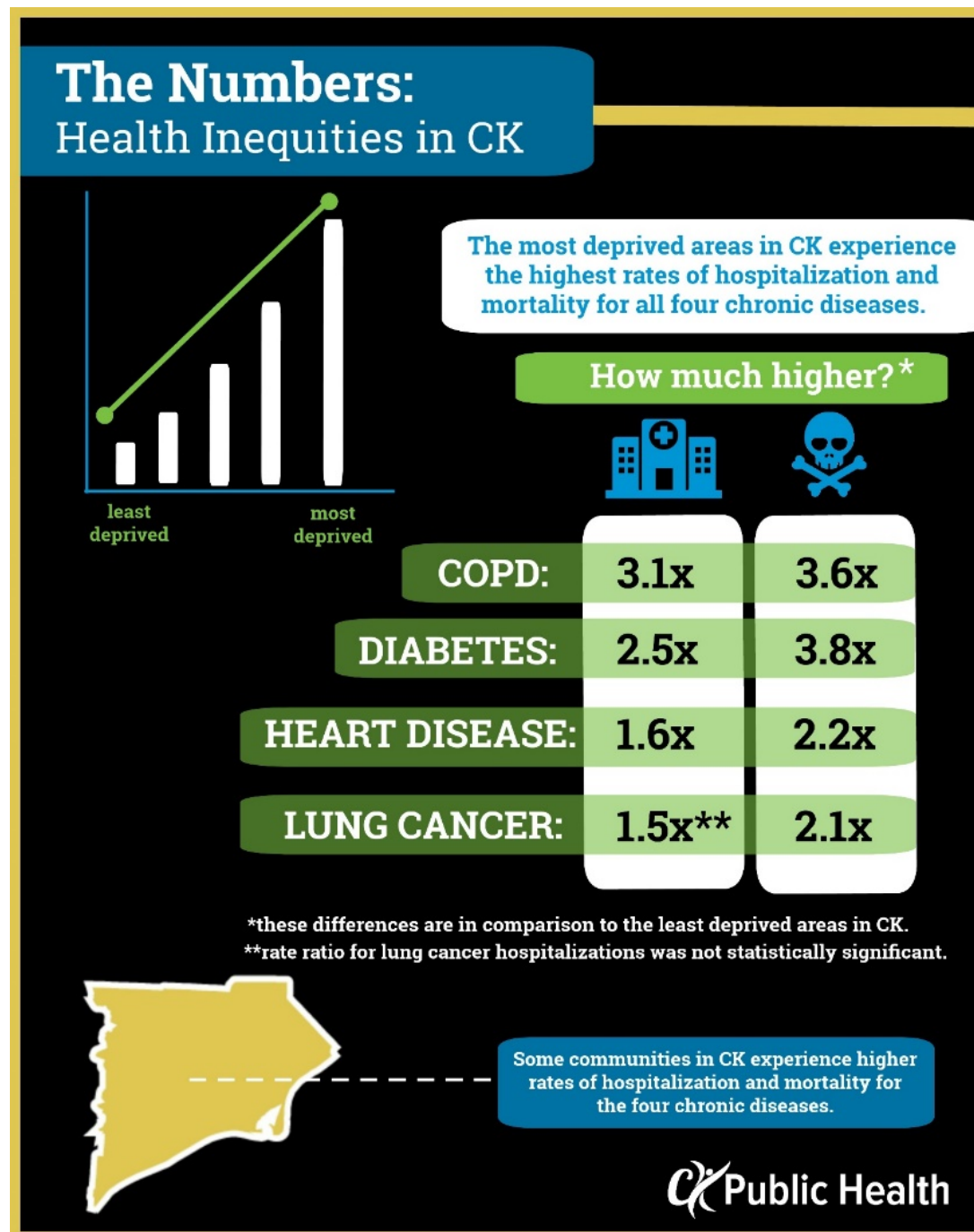
**Appendix A** – United Way of Chatham-Kent COVID-19 Response and Recovery Strategy



**Appendix B – Social Determinants of Health Infographic**



Appendix C - Health Equity Data Analysis Infographic



**Appendix D** – Findings from the literature and the local impact (United Way of Chatham-Kent situational tables, Chatham-Kent Community Nonprofit Network survey and Community Human Service Departments Consultation)

Mental Health

Literature	Local impact
<ul style="list-style-type: none"> <li>• Canada: higher levels of anxiety and depression are being reported.<sup>1</sup> Females report worse mental health outcomes than males. Gender diverse individuals report poorer mental health than both males and females.<sup>2</sup> Indigenous peoples report mental health is 'somewhat worse' or 'much worse'.<sup>3</sup></li> <li>• For Canadians, factors that have contributed to poorer mental health include: social isolation, worrying about job security/job loss and being able to pay bills, receiving news or inadequate information about the pandemic, fear of infection, concern for loved ones, boredom, frustration, inadequate supplies and stigma.<sup>4,1,5,6</sup></li> <li>• Ontario residents feel mental health impacts from the COVID-19 pandemic will be serious and long lasting.<sup>7</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Increase in isolation, social exclusion, anxiety, and loneliness. This is reflective across all ages and life stages (i.e. working families, seniors, youth, immigrants, etc.)</li> <li>• Increases in mental health challenges for caregivers, parents, grandparents and decision-makers.</li> <li>• Anxiety around returning to work and school, loss of routines, reduced social contact and how employers can support this</li> <li>• Concerns that parental anxiety around return to school may lead to parents keeping their children home.</li> <li>• Service providers report burn out due to increase workload demands to accommodate COVID-19 restrictions (ex. cleaning, screening protocols) with less staff and new service delivery models (ex. online, wellness checks, etc.)</li> </ul>

Substance use

Literature	Local Impact
<ul style="list-style-type: none"> <li>• Alcohol consumption has increased<sup>8,9</sup> due to stress, anxiety, loneliness and change in routine.<sup>10</sup></li> <li>• Decreases in the availability of services for people who use substances including access to harm reduction and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in substance use and substance poisonings among residents.</li> <li>• It is currently unclear what substances have increased.</li> <li>• Challenges around obtaining harm reduction supplies, providing</li> </ul>



<p>services.<sup>11,12</sup> is thought to have increased the number of drug poisonings and individuals going through unsupported withdraws.<sup>11</sup></p> <ul style="list-style-type: none"> <li>• COVID has also disrupted the street supply of substances, also contributing to increased poisonings (e.g., drugs are getting cut with more potent drugs to make the supply that is available go further).<sup>11</sup></li> <li>• Drug shortages have been created which is thought it lead to the consumption of other harmful substances or more harmful patterns of drug use for people with drug use disorders.<sup>13</sup></li> </ul>	<p>rehabilitation support and providing basic needs for those experiencing heightened vulnerability (due to lack of housing, income, transportation).</p> <ul style="list-style-type: none"> <li>• CK Public Health quit clinic, has seen an increase in the number of cigarettes smoked daily, or relapse by those who had quit, citing COVID and social isolation as reasons for this.</li> </ul>
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Food & Food Access

Literature	Local Impact
<ul style="list-style-type: none"> <li>• Food insecurity significantly increased, with around one in seven individuals reporting they live in a household that has experienced food insecurity in the past 30 days. Racialized communities and those who are renting are also more likely to be food insecure. <sup>14</sup></li> <li>• Factors that contribute to being food insecure including living in households with children, being on social assistance, being absent from work due to COVID-19, school closures which prevent access to school meals and nutrition, and rising food costs.<sup>14,15,16</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Increase in food insecurity due to inability to purchase food due to financial barriers (cost of food, transportation, school closures).</li> <li>• Increase in food bank usage.</li> <li>• Local emergency food providers had to change the way they provide food to try to meet demands while abiding by safety measures.</li> </ul>

## Safety - Living &amp; Work Conditions

Literature	Local Impact
<ul style="list-style-type: none"> <li>• Canadian women are more likely than men to report concerns around the chance of violence in the home, at the beginning of the pandemic.<sup>19</sup> There is also an increase chance of child abuse and neglect due to the pandemic.<sup>15</sup></li> <li>• Since the start of the COVID-19 pandemic, racialized individuals are more likely to experience race-base harassments/attacks and believe the occurrences have increased.<sup>20</sup></li> <li>• Schools moving to online platforms, put children an increase risk for cyberbullying, online risk-taking behaviour and online sexual exploitation.<sup>15</sup></li> <li>• Majority of Canadians report health and safety measures of retailers the most important factor when deciding to patronize. Over half of all Canadians are stating they will temporarily stop shopping at a place if health and safety is not taken seriously.<sup>21</sup></li> <li>• Individuals with work deemed essential are at an increase risk of COVID-19 infection, especially if it does not allow for physical distancing and there is a lack of access to PPE.<sup>22</sup></li> <li>• Recent immigrants, refugees and temporary foreign workers are identified as some of the most vulnerable in the COVID-19 pandemic, as they work in essential workplaces, have crowded living conditions, and lack supportive networks.<sup>23</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Increase in referrals to programs and services related to domestic violence, however, a decrease in the number of people accessing those services and programs despite referral (increase in cancellations, no shows).</li> <li>• Increase in demand for domestic violence shelter spots. Lack of spots and use of alternative shelter arrangements (i.e. motels) have resulted in lack of on-site supports for clients therefore impacting client's ability to cope (i.e. increase in substance use)</li> <li>• Difficulty obtaining PPE for service providers and clients.</li> <li>• Concerns from service providers about reintegration of services and reopening, including funding to be able to provide services safely.</li> <li>• COVID-19 in CK has disproportionately impacted Low German speaking communities and Temporary Foreign Workers, largely related to living and working conditions and capacity to adhere to public health measures.</li> <li>• Concerns around reintegration of group services/programs (i.e. childcare, class sizes) in ability to meet public health measures.</li> </ul>

## Employment

Literature	Local Impact
<ul style="list-style-type: none"> <li>• It is too early to know how many Canadians will lose their jobs permanently due to COVID-19.<sup>24</sup> In April around 2 million Canadians lost their jobs.<sup>25</sup></li> <li>• Since the start of the pandemic, lay off rates have been higher for recently hired workers, young workers, and less educated workers.<sup>24</sup> Females were more likely than males to report that they may lose their main source of income or experience reduced hours.<sup>2, 26</sup> Around 1/3 of racialized individuals in Canada experienced reduced work hours or a job loss due to the COVID-19 pandemic.<sup>27</sup></li> <li>• Volunteer sector has been impacted as many organizations had to suspend volunteering, while others lost volunteers due to their heightened risk for COVID-19 (due to their age).<sup>28</sup></li> </ul>	<ul style="list-style-type: none"> <li>• The COVID-19 pandemic has created a need to work in new ways in Chatham-Kent such as change in business models.</li> <li>• People need support to reintegrate into the job market post COVID-19.</li> <li>• Lack of childcare spot is creating barriers towards employment and there are concerns around it disproportionately affecting women.</li> <li>• Exacerbation of human resource shortages (i.e. Early Childhood Educators, etc.).</li> <li>• Unsure of the future employment landscape (i.e. the demands- shifts in sectors, jobs that will not come back, etc.).</li> </ul>

## Housing &amp; Shelter

Literature	Local Impact
<ul style="list-style-type: none"> <li>• During COVID-19 individuals may lose their stable housing, impacting their ability to physical distance.<sup>29</sup></li> <li>• Indigenous populations are living in unsuitable, crowded housing which creates an increased risk of infection.<sup>22</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Increase in the number of individuals that are sleeping 'rough'.</li> <li>• Challenges identified within the municipal shelter including food, theft, privacy, banning for extended periods of time and insufficient staff training.</li> <li>• Concerns around the impact of reinstatement of evictions.</li> </ul>

## Caregiving Role

Literature	Local Impact
<ul style="list-style-type: none"> <li>• Parents having to stay home to provide care for their children since schools closed has resulted in a loss of parental income from lost work hours.<sup>15,26</sup></li> <li>• Caregivers that have a job which require them to be in close contact with others, may decide to stop providing care to an elder over concerns of potentially passing the virus to that person.<sup>30</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Caregivers are experiencing burnout. Parents and grandparents are in need for respite from child care. Increase challenges in care givers around acquiring necessary PPE to provide care.</li> <li>• Identified increased shortage in subsidized childcare spots.</li> </ul>

## Digital Divide &amp; Communication

Literature	Local Impact
<ul style="list-style-type: none"> <li>• Closures of schools and non-essential workplaces, has led to individuals completing work and school online. Moving to online platforms, requires access to reliable internet service, hardware such as laptops and computers, digital literacy and opportunities to develop digital skills, which not all individuals have.<sup>15,31,32,33</sup></li> <li>• Households do not have access to internet because of the cost of internet/equipment and unavailability of internet services, especially in rural and Indigenous communities.<sup>34,35</sup></li> <li>• There are major differences between rural and urban internet speeds in Canada, with urban areas having speeds nearly 12 times as fast as rural areas.<sup>36</sup></li> </ul>	<ul style="list-style-type: none"> <li>• The digital divide is a major concern. It has had a major impact on many individuals across all social service areas.</li> <li>• There is a lack of access to internet and technology/computer access among Chatham-Kent residents (ex. Individuals accessing library Wi-Fi in parking lots and at the entrance).</li> <li>• The first places to close were the places people go to connect via technology (ex. libraries and cafes).</li> <li>• Increase concerns around individual's dropping out of school with online platforms due to not having access to internet and technology.</li> </ul>

## Health &amp; Well-being

Literature	Local Impact
<ul style="list-style-type: none"> <li>• School closures have led to a decrease in access to school-based health services and immunizations.<sup>15</sup></li> <li>• Vaccination coverage in the US declined after the COVID-19 pandemic was declared.<sup>15</sup></li> <li>• Since the start of the pandemic, there has been a decrease in Emergency Room visits for things such as heart attacks, strokes and appendicitis.<sup>37,38,39</sup> It is believed people are not attending out of fear of coming into contact with the virus and not wanting to fill up hospital beds.<sup>37</sup></li> <li>• At the start of the pandemic, elective surgeries were cancelled to free up hospital beds.<sup>40</sup> This may result in the deterioration of individuals conditions, leading to worse outcomes after the pandemic.<sup>41</sup></li> <li>• The COVID-19 pandemic has not impacted all individuals in Ontario equally.<sup>42</sup> The most diverse neighbourhoods in Ontario have experienced an infection rate higher than the least diverse neighbourhoods and a higher rate of hospitalization.<sup>42,43,22</sup></li> <li>• Individuals aged 60 years and older have accounted for the highest portion of hospitalizations.<sup>44</sup></li> <li>• An 80% drop in the number of children meeting the physical activity guidelines during COVID-19 emergency orders.<sup>46</sup></li> <li>• Only 4.8% of children (ages 5-11) and 0.8% of youth (ages 12-17) were meeting the 24-hour</li> </ul>	<ul style="list-style-type: none"> <li>• Physical and social distancing guidelines have increased the risk for developmental restrictions (early childhood development, youth development) as there is a lack of interaction with peers and acknowledgement of 'coming-of-age' events (i.e. graduations).</li> <li>• Identified the need to re-consider what services are essential (ex. foot care for isolated seniors).</li> <li>• Increased challenges around basic needs: housing, transportation, employment, etc.</li> <li>• Threat of closure for social service organizations due to increases in insurance costs, challenges in funding and meeting service targets.</li> <li>• Increased concern in identifying/referring individuals who may be experience child/partner violence.</li> <li>• People with pre-existing chronic conditions may be at greater risk for complications or severe illness from COVID-19<sup>48</sup> and we have higher rates of chronic disease in CK.</li> <li>• COVID-19 in CK has disproportionately impacted Low German speaking communities and Temporary Foreign Workers, largely related to living and working conditions and capacity to adhere to public health measures.</li> <li>• Increased demand for social services (i.e. mental health and addiction support, income security, etc.).</li> <li>• Inability for health care workers to access preventative care (i.e.</li> </ul>

<p>movement behaviour guidelines during COVID-19 restrictions, compared to the 15% of kids (ages 5-17 years) prior to the pandemic.<sup>47</sup></p> <ul style="list-style-type: none"> <li>• 79% of kids and teens spending more time in front of screens.<sup>47</sup></li> <li>• More people are increasing their consumption of junk food and overeating.<sup>8,17,18</sup></li> </ul>	<p>physiotherapy, massage therapy, chiropractic services, etc.) in order to work.</p>
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Finances

Literature	Local Impact
<ul style="list-style-type: none"> <li>• Half of Canadians believe the COVID-19 pandemic will impact their ability to meet financial obligations or essential needs such as rent/mortgage payments, utilities and groceries.<sup>19,2,27</sup></li> <li>• There have been changes in costs incurred with increases in household supplies, groceries, utility bills from spending more time at home/working from home. However, there were also decreases in transportation since there was less travel.<sup>45</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Increase in demand on resources that were already stressed such as staff, capacity of programs and services, spots for respite, subsidized child care, and obtaining/providing basic needs for people experiencing homelessness.</li> <li>• Increased wait times for free services. People cannot afford fee-for-service options with lesser/no wait times.</li> <li>• Decrease in subsidized childcare spots and discontinuation of Early Learning Programs increases financial strain on parents.</li> <li>• Concerns around consequences for CERB recipients who received payments but were not eligible (ex. OW/ODSP clients).</li> <li>• Concerns around long-term impacts of CERB (i.e. having to pay taxes later on CERB amounts and the impact it will have on income-based housing and childcare subsidies).</li> <li>• Increased barriers and challenges around fees and availability of public transportation.</li> </ul>

	<ul style="list-style-type: none"><li>• Financial concerns around ability to obtain PPE for non-essential services and low-income families.</li></ul>
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**Appendix E – Survey questions for United Way of Chatham-Kent Situational Tables**

The United Way of Chatham-Kent has 7 situational tables with volunteers from nonprofits around them. Each table participated in completing the survey during their weekly/biweekly meeting. These tables include:

- Indigenous
- People experiencing child/partner violence
- People experiencing homelessness
- Youth
- Poverty/Asset Limited Income Constrained Employed (ALICE)
- Seniors
- Mental Health

**Survey questions sent out to United Way of Chatham-Kent situational tables:**

We understand that there have been many impacts from COVID-19 on your clients and your services. We are looking to learn more about how public health measures taken to contain COVID-19 have contributed to those impacts. (For example, closure or limited access to services, limited close contact, layoffs, job losses, etc.)

Considering the public health measures used to help contain COVID-19:

1. What existing problems have you seen exacerbated?
2. What new problems or challenges are you or your clients facing?

We know the impacts on your clients and your services will last longer than the COVID-19 pandemic. We would like to hear what you would like to see happen next to support your clients to mitigate (or lessen) the impact of COVID-19. Consider both the role of the Municipality and the Community when answering the following questions.

1. What would you like to see happen next to support your clients to deal with the impacts of COVID-19?
2. What is needed longer-term for your clients and your services?
3. What strategies have already work well, that should be sustained moving forward?



## Appendix F – Survey questions for Chatham-Kent Nonprofit Network

The Chatham-Kent Nonprofit Network survey respondents represented multiple social sectors. See below (Table 1) for a full description of who completed the survey.

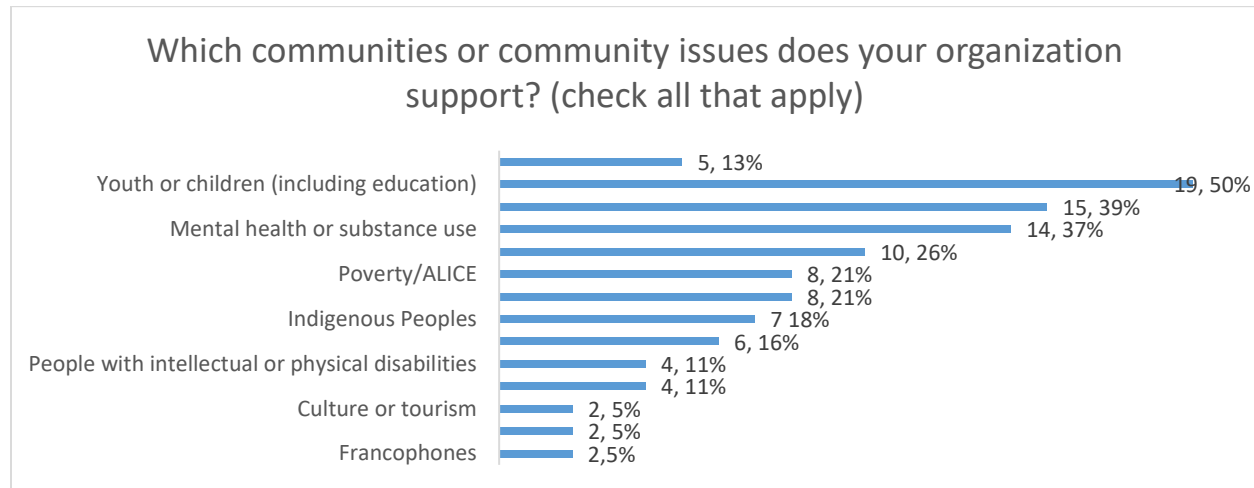


Figure 1. Respondents from the Chatham-Kent Nonprofit Network survey.

### Survey questions sent out by United Way of Chatham-Kent to the Chatham-Kent Nonprofit Network:

1. What existing problems have you seen exacerbated?
2. What new problems or challenges are you or your clients facing?
3. What would you like to see happen next or immediately to support your clients to deal with the impacts of COVID-19?
4. What is needed longer-term for your clients and your services?
5. What strategies have already worked well that should be sustained moving forward?
6. Is there anything else that is important for us or Municipal Council to know about the impacts of COVID-19 on your clients or organization?

## **Appendix G – Community Human Services Division Consultation**

CK Public Health organized and facilitated a meeting with departments from the Community Human Service division of the Municipality of Chatham-Kent.

At the meeting, there was representation from:

- Chatham-Kent Public Library
- Child Care and Early Years
- Employment and Social Services
- Housing Services
- Senior Services
- Community Attraction and Promotion
- Chatham-Kent Public Health

### **Questions that were discussed at the meeting include:**

1. What impacts have your departments seen related to the public health measures put in place to manage COVID-19?
2. What Possible mitigation strategies are required in your department for managing long-term impacts of COVID-19 on your clients and services?
3. What, if any, plans does your department have to engage the community or certain population groups?

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