



**HEALTH
COMMONS**
SOLUTIONS
LAB

LESSONS FROM TORONTO'S HARDEST HIT COMMUNITIES

Experiences of the COVID-19 pandemic in North Etobicoke

ACKNOWLEDGEMENTS

This report was written by Heidi Hay, Kandace Ryckman, Sonia Gaudry, and Sophia Ikura. Hannah Carriere, Gideon Quaison, Alexandra Piatkowski and Zulf Kassam also contributed to the community engagement process.

Health Commons would like to thank the North Etobicoke Cluster Table and partnering organizations for their expertise, guidance, and input on this work. In particular, we would like to recognize the contributions and support of the following partners throughout the community engagement process:

Residents of North Etobicoke who shared their stories with us

Albion Neighbourhood Services

City of Toronto

Delta Family Resource Centre

Etobicoke Services for Seniors

Humber College

Rexdale Community Health Centre

Rexdale Community Hub

Rexdale Legal Clinic

Rexdale Women's Centre

Somali Women's & Children Support Network

United Way of Greater Toronto

Youth Without Shelter

Suggested citation: Health Commons Solutions Lab. "Lessons from Toronto's Hardest Hit Communities: Experiences of the COVID-19 pandemic in North Etobicoke". August 2020. Available online: <https://www.healthcommons.ca/community-insights-from-covid19-experience>

The majority of Torontonians with COVID-19 live in racially diverse and low-income communities, with 83% identifying as racialized and 51% living in low-income households.

Without strategies that directly respond to the needs and experiences of these communities, recovery plans will be insufficient to manage the spread of the virus in potential future waves.

OBJECTIVES:

- **To understand and elevate the stories of residents and organizations in communities hardest hit by COVID-19**
- **To immerse ourselves in the operationalization of community-driven approaches to COVID-19 so we can distill and spread learnings**

COMMUNITY ENGAGEMENT PROCESS

We undertook a rapid engagement process to support development of community driven response to COVID-19 in the hardest hit communities

THE GOALS OF THIS PROCESS

- To generate and spread recommendations on how to best prepare for potential future waves
- To facilitate multi-directional conversations between the different levels of government and communities about how to best address the high rates of COVID-19 in certain communities through:
 - Returning and confirming these insights with North Etobicoke community partners
 - Sharing and validating these insights with other communities with higher rates of COVID-19 in Toronto and beyond
 - Sharing these findings with municipal stakeholders (Toronto Public Health and the Board of Health; City of Toronto's Social Development, Finance and Administration Division, and the Toronto Office of Recovery and Rebuild)
 - Sharing recommendations with Ontario Health and its Regional Offices on the integration of efforts across sectors to inform development of a community-based testing program for high-risk communities

WHO WE TALKED TO

In order to more deeply understand local factors shaping experiences of the pandemic, we partnered with community organizations representing the North Etobicoke Cluster Table and their clients on this engagement process. This included...

- **121 individuals from 33 organizations** at regular meetings
- **12 key informant interviews** with individuals from 8 organizations
- **30 residents** during a focus group
- **6 one-on-one interviews with residents** and clients (*ongoing*)
- **40+ frontline staff in an open information session** and Q&A forum
- **25 pop-up COVID-19 testing site staff** (clinicians, greeters, health promoters, etc.)

While we recognize that there are important differences across the Toronto communities that have experienced higher rates of COVID-19, we expect that many of the core themes emerging from this through engagement will be broadly applicable. We aim to share our findings and replicate this process in other communities to further refine these insights.

Executive Summary

SUMMARY - *Opportunities for recovery planning*

1. **The higher burden of COVID-19 is about more than just the illness itself** - housing and income security are what is top of mind for most people

- **Economic impact will be deeper, and the recovery slower** for many whose employment or housing is more at risk; food security is a primary focus.
- **CERB and eviction protections were an essential part of the COVID-19 response**, winding them down will be disruptive and harmful for many people in these communities.

2. **Communities are resilient and resourceful** - people are alive to the effort that is required to reduce the spread of COVID-19

- **Informal support systems are mobilizing to fill the gaps**, creating a conduit to reach ‘communities within communities’.
- **Local agencies are working at capacity to support the COVID-19 response**, they are responding to emerging needs; they can be the ‘eyes and ears’ as the pandemic evolves.

SUMMARY - *Opportunities for recovery planning*

3. **Prevention efforts need to go beyond ‘one-size-fits-all’** - more customized public health messages, carried through local channels, are needed for greater reach and impact
 - **Experiences in the first wave of COVID-19 have led to mistrust, stigma and fear** - making targeted outreach critical.
 - **Public health messaging should reflect people’s experience** - guidance needs to be actionable and adapted to reflect diverse needs and experiences.

4. **Where COVID-19 risks are highest, communities need locally-driven solutions** - existing community networks can be the backbone of local response strategies
 - **Community-led strategies can be more powerful than provincial or city-wide plans** - by supporting people and families to stay safe, facilitating access to services, responding to emerging ‘hot spots’.
 - **Target supports for those most at risk in their communities** - by leveraging existing relationships to provide wrap-around support for those who need it most.

SUMMARY - *Opportunities for recovery planning*

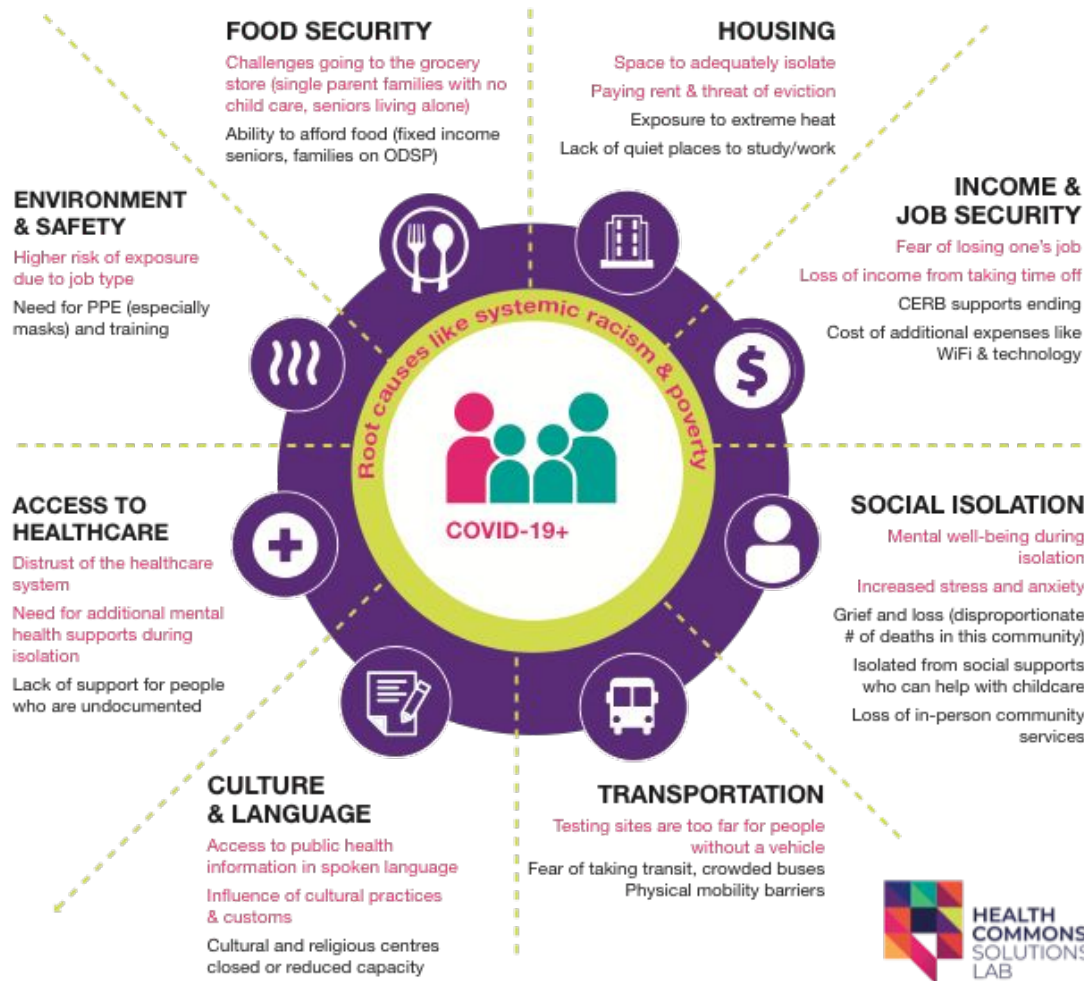
5. **Integration between public health, municipal, health and social services will be essential in Wave 2** - effective examples are emerging, but partnerships are a patchwork across the city and largely untested
 - **Strengthen and spread emerging models that provide wrap-around support** - we will need coordination of services and supports for individuals who test positive or are at risk of 'falling through the cracks'.
 - **Roles, processes and governance of new integrated models are not yet well defined** - more consistent, more structured approaches and clearly defined roles and information flows are needed.

I. An unequal burden of COVID-19

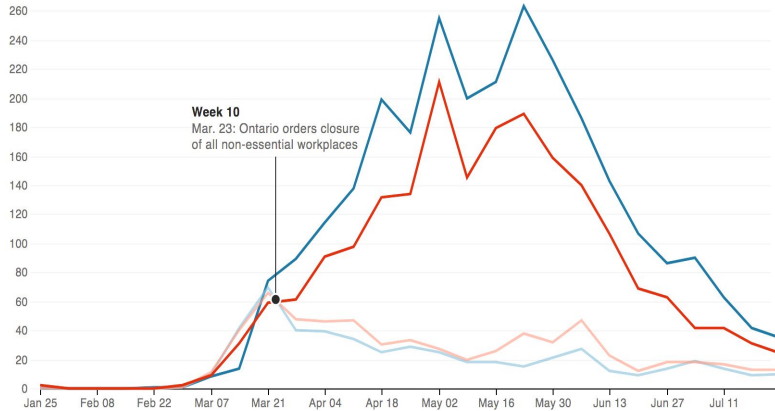
People shared stories of illness and grieving, but also of fear, stigma, and concerns for basic needs.

The pandemic has exposed the structural forces that marginalize residents in many communities

Provincial and City-wide public health strategies did not adequately account for the impact of social determinants in the first six months of the pandemic



The impact of this inequality and systemic racism cannot be understated...the cost to these communities has been enormous



Toronto Star, August 2020

“Lockdown protected Toronto's richest, whitest neighbourhoods, but not the poorest and most racialized ones.”

“In Toronto's 20 whitest, richest neighbourhoods ... the widespread closures had an immediate and sustained effect. Almost instantly, their curve flattened.

But for the 20 poorest, most racialized neighbourhoods — with the highest percentages of visible minority residents and people in low-income households — **lockdown made little or no difference. Cases kept rising, and didn't begin to trend downwards for two months.**”

- 20 neighbourhoods with **highest** % visible minority
- 20 **lowest**-income neighbourhoods*
- 20 neighbourhoods with **lowest** % visible minority
- 20 **highest**-income neighbourhoods*

Fears about housing and a food security crisis emerge as economic impacts worsen

Greater dependence on food supports and a growing number of under-housed people are likely to be the most visible signs of growing economic hardship

The threat of eviction and lack of affordable housing options are having a profound impact on communities.

"In a house 7 people share 2-3 bedrooms - they can't afford 1,800 rent to pay"

"Many rooming housing tenants are not protected by tenants' rights. Have challenges with landlord relationships. Eviction is one thing, crowding. How to make sure safe during COVID. Housing is so hard to find. Can we change policies?"

"That's a big problem with me, the rent... I wanted to work part time to afford my rent and bills, but then I stopped [due to the pandemic] and Ontario Works doesn't help me more, only covers the rent, not the hydro...Only \$900"

There are concerns about what will happen to people when the provincial restrictions on evictions is lifted.

"Recovery is not great for some. It also means the end of CERB, the end of eviction limitations. It will be tough for people without a replacement for CERB, no job, being evicted from their home"

"Tenants need information about their rights during this time e.g. during quarantine, dealing with landlords, side agreements about late rent. They are really vulnerable"

Fears about housing and a food security crisis emerge as economic impacts worsen

Greater dependence on food supports and a growing number of under-housed people are likely to be the most visible signs of growing economic hardship

"If someone who can help with money, we don't have money to pay mortgage. [It would be good if] someone who can help with that EI. That was really hard. I need help. That quarantine was really bad for me."

The pandemic is exacerbating food insecurity

"Even before pandemic there were challenges with food (and housing). The pandemic has put more people at risk because of loss of income."

"The amount of food needed to feed a household has increased, as family members are home all day."

"We are already delivering 400+ food hampers, 3 times a week"

"We have turned a lot of our transportation services into food delivery, take them what they need on Friday, we pick it up and pay for it."

Economic supports put in place during the first wave of the pandemic helped to mitigate spread

Ending protections may derail recovery if people return to unsafe work environments, are unable to find employment, or find it harder to access affordable housing

Income insecurity, and the subsequent financial decisions that are required to live in an expensive city puts people in a position of having to choose between staying safe and paying for essentials

"Some people don't want to go back to work, employers leave everything to them. Just leave 2 meters. People don't feel protected at work. Especially at agencies, it's all on your own. No mask, gloves, sanitizer. Bottles are empty."

"People don't have sick time, time off to go get tested. What are the supports in place if individuals test positive?"

"[people] don't have the luxury of not going to work and they need to secure their income."

"Many of our clients are in multi-generational housing. [what's the] strategy for people who are underhoused [and need to isolate]."

Many undocumented workers who were unable to work during the pandemic did not have access to CERB. Extending social services coverage to undocumented workers would allow them to benefit from this support, as has been the case with extending health care services to all uninsured people in Ontario.

Opportunities

PUTTING RECOVERY IN THE CONTEXT OF BROADER DETERMINANTS OF HEALTH

Short-term strategies offset the impact of economic uncertainty - This was top of mind for many community members and partners we spoke to

Demonstrating action on long-standing inequities and barriers can rebuild trust - *“if we aren’t expressing a deep interest in sticking around after COVID, it gives a sense that after the infectious disease threat is over, we stop caring”*

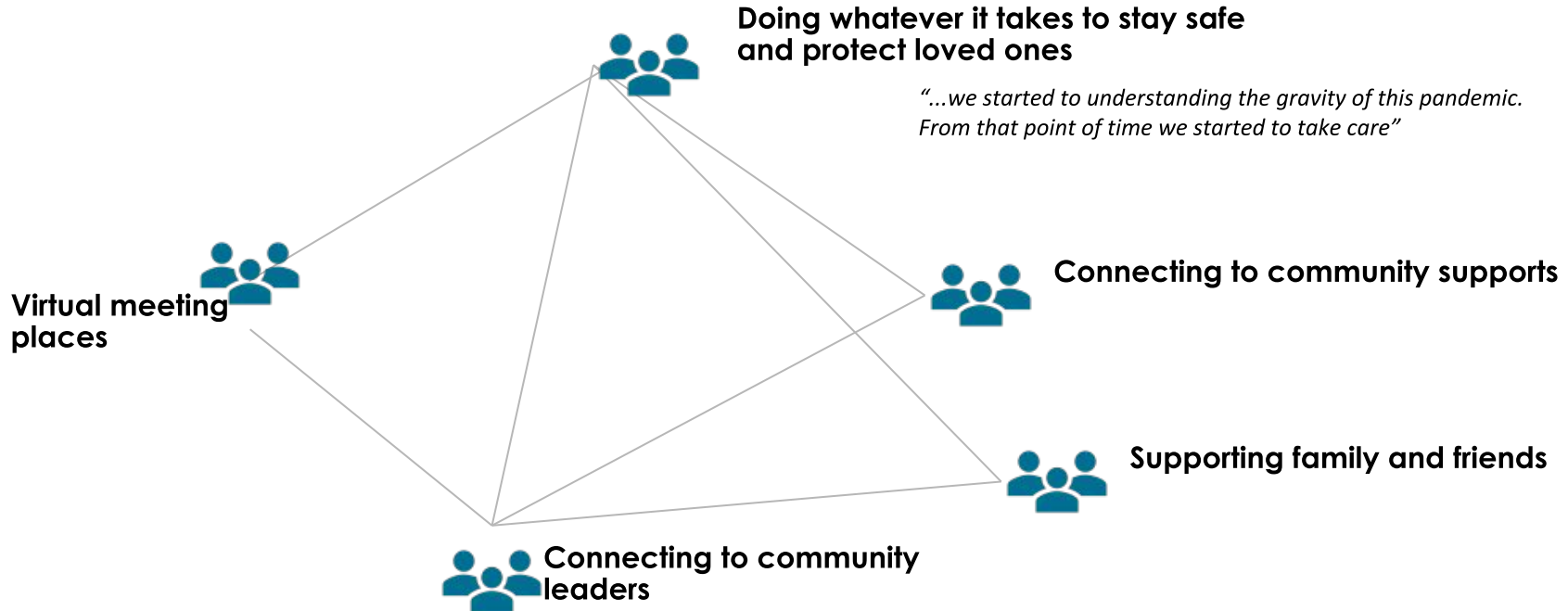
Greater safeguards for those in potentially unsafe work environments, including informal or precarious work and those without immigration status provide protections for when staying home is necessary

Opportunity for innovation and new partnerships can address systemic challenges in housing and other social determinants - the emerging partnerships offer a chance to pivot to longer-term sustainable change

II. Strength and resilience in communities

People are adapting their own strategies to stay safe and relying on informal networks for information and supports

North Etobicoke residents are finding new ways to stay connected and support one another



Local agencies are fully mobilized around COVID-19 response, even while their doors are still closed

Adapting new services to meet community needs, often drawing on local volunteers

Donation drives and mobilizing volunteers

“We have discovered that connectivity is a major issue in the community. Have partnered to provide people smart phone, laptop.. unfortunately the need is huge.”

“We had churches come forward offering volunteers, had to be nimble in terms of virtual policies.”

“As a management team we’re out there too on Fridays making deliveries.”

Virtual meeting places

“Recovery for us is how do we work differently because we will no longer have 26 people in the room... We need to be more educated in what tools and programs we deliver remotely.”

One-on-one outreach to those who need it most

“We’ve called every single one of our clients. WE know clients that are vulnerable. Quick check-ins and we found at first they didn’t need much help, as time went on the calls got longer and more serious. Doing case management. Been critical for them.”

Many residents are highly networked and are sharing information and helping to meet daily needs

Trusted networks are strong and fill in the gaps that are left by the formal system.

In the absence of policies and supports that work for them, communities are finding their own way – together.

“We don’t get enough resources from outside the community, so we have learned how to support each other”

“We didn’t do groceries, some family members in Brampton, they were dropping dinner and lunch for us. They come with wearing masks, they put the food outside our home and we could grab from there...Almost 3 weeks people were helping us.”

Residents rely on their trusted networks for help and for information. Interrupting patterns of misinformation will require tapping into the ways that information travel.

“Everything that matters, spreads by word of mouth in our community. If you want information out, you need to go to the people who are tapped in, the people that everyone trusts”

Leveraging the role of community ambassadors is necessary because insularity can sometimes make it hard to reach communities.

“[We] tried volunteers, give them food and still didn’t work”

Opportunities

THERE IS MUCH TO BUILD ON, BUT EACH COMMUNITY IS DIFFERENT

Communities are finding their own paths, and generating their own solutions - although they have limited outside resources to address gaps, community networks are a vital part of the response.

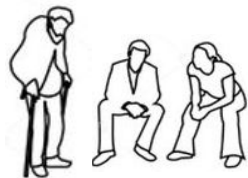
Strongest networks may be through informal channels - working with these networks to adapt and promote public health measures can be powerful to counter the misinformation and myths that often spread about COVID-19.

Many communities find the most successful outreach is carried out by “ambassadors” - members of the community who are paid to share back with their own communities. Successful outreach requires time and people-power to create and sustain conversations; this is best done by local leaders.

III. Meeting people where they're at

Public health messaging tailored to people's experience, delivered over familiar channels

The feeling of being left behind has earned a **sense of neglect and mistrust** of government



“If I test positive, how will I pay my rent, how will I feed my family. No good can come from it. There is no one coming to help me.”

“One person in the factory was positive. There were 500 of us workers there... Why did they wait 5 weeks?”

“They go into hiding. They don’t want anyone to know that they are sick.”

“It’s been 40 days since we got better and still not one is coming to see us. The funeral is done, and no one is coming.”

“I have to ask myself, why did they do 65,000 tests in Brampton and now they are just thinking about coming here? What is behind that? What is a that about?”

Trust is the key to successful knowledge translation

**Informal communication
channels are powerful at
spreading information - both
the 'good' and 'bad'**

Community members have different levels of trust

"If you said "I got tested for COVID" they would move away from you. In my building they said someone was suspect for COVID and people avoided going in elevators. People were calling from home to home, "do you know who it is? do you know who it is?"

"For me, I have a mindset that we have to trust and I have trusted those guidelines and follow them properly. It wasn't hard for me. I guess the initial situation was hard, but gradually we are reducing the dangerous things."

For those who are harder to reach, take advantage of naturally occurring communication networks where information flows from trusted source

"When the TDSB closed, they kept calling and emailing families, but nobody replied. All you need to do is find a family, get them onboard, they will pass the message along."

"[We have] very strong informal networks for information sharing. Community ambassadors work well for spreading messages. WhatsApp and phone calls are the preferred communications channels."

Core public health messaging doesn't reflect many people's experiences

People are trying to make sense of policies that are not designed for them like 'work from home' or 'stay off transit' but not everyone can do these things

The strategies that worked for the majority of communities did not work in the hardest hit communities.

"Isolation is challenging for immigrants who live in poor neighbourhoods. I think if people had to go to hotel spaces for 2 weeks at a time they would go."

"I have a friend who had it [COVID-19] earlier, no one has followed up with her or anything like that...awful. She lives with husband and kids. There should have been supports in place for when people test positive – what's the next step? She tried to call and get a test, still couldn't get a test."

Generic public health messages can lead to confusion and misinformation when they don't match people's realities

"The drive-thru testing is not accessible for people in this neighbourhood (who don't have cars). More importantly – (we) had a senior who took a cab...ended up with a significant bill."

"If you are a single mom and you test positive what will be there to make sure that your family will be taken care of (while you self-isolate)?"

"Not every community has access to the same outdoor/green spaces (to physically distance)."

Recovery efforts
are moving quickly
but some people
may be falling
through the cracks

**The typical barriers people
experience are compounded
reinforcing the glaring
system-level gaps**

Newcomers and people who do not speak English

"During the pandemic most [services] provided online or virtually. Even starting from a consent form, [there's] a lot of docs to sign, [it's] hard to understand what they are signing."

"How are clients who don't speak English getting their information?"

People without an OHIP card cannot access their test results via the online portal. They need to wait for the physician to call. Many of these patients may need translation services to community with physicians. This is extremely resource-intensive for the system.

Older adults and people who rely on informal care supports

"For people... seniors that (getting groceries) would be hard. You might not have that support in your house"

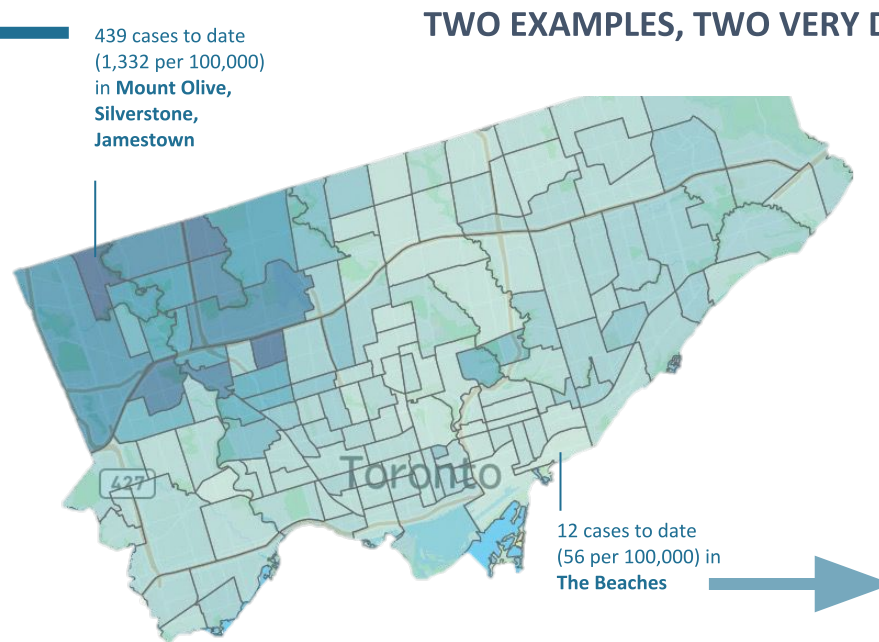
"Their caregivers are alone with them every day. They don't want our staff coming in. It's been 10 weeks on them doing it alone."

"I think seniors will be avoiding it (going to mosque)... It shouldn't be too big a deal because they have precautions. It does depend on who you are and your situation. Like people might avoid bringing kids or bringing grandparents or seniors."

The need for more nimble, differentiated, and responsive public health strategies

TAILORED AND TARGETED TACTICS

- Messages that speak to people's experiences with COVID-19
- Strategies that reflect their realities
- Supportive approaches to safety at home, safety at work, etc.
- Leveraging local communication channels to convey tailored messages
- Community involvement in planning, sustained support, outbreak management
- Community influencers and volunteers



PROVINCIAL & CITY-WIDE TACTICS

- Mainstream channels for information and education
- Physical distancing and self-isolation measures in place
- Public education tailored to key segments (e.g. youth, seniors)
- Ongoing monitoring and outbreak management

Opportunities

CUSTOM FIT SOLUTIONS FOR THOSE WHO NEED THEM

Directly addressing fear and stigma will make it safer for people to acknowledge symptoms and take action - Outbreaks will be identified earlier and curbed.

Amplify messages through trusted communication channels like community leaders and members - Using typical channels will not effectively reach those who are already distrustful of the system.

Adapt messaging in ways that work for people - Consider a harm reduction approach that is relevant in communities where people must continue to travel to work and who live in crowded housing. Support informed decisions on how to best minimize risks given existing conditions.

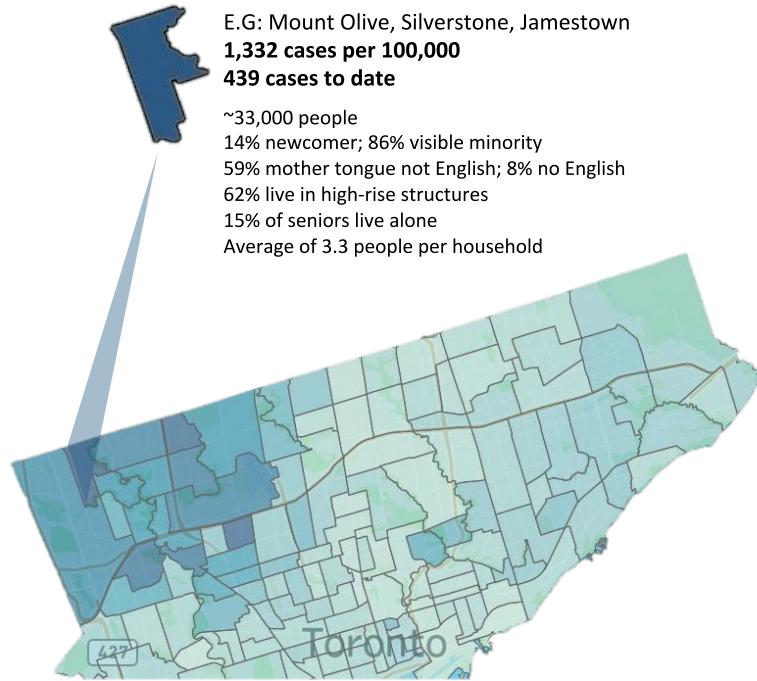
Recognize that communities are not homogenous - there are many communities within even a small, discreet neighbourhood; stratifying and target efforts for each group is necessary for impact.

IV. Community partners are the backbone of local recovery plans

Tapping into the wealth of knowledge and experience

Mobilizing community leadership is critical to respond to a potential second wave

Targeted resources where they are needed most...



...and mobilizing local assets and relationships for greatest impact

- **Community activation** to build trust, foster shared commitment, mobilize volunteers and ambassadors
- **Adapting public health messages** to reflect local experiences, and sharing through existing channels
- **Coordinated community services** to support those in need, pivoting programs and services as need
- **Facilitate targeted testing** through local partnerships i.e. pop up, door-to-door/ congregate settings, etc.
- Local partners act as an early warning system to **identify potential outbreaks**

Strengthening and reinforcing local support systems

Resourcing local community partners as part of the recovery effort is good value for money

They have the relationships, expertise, and an existing infrastructure of supports

Community partners know the residents best.

"We have 19 different service workers speaking 19 different languages."

"If someone asks me to consult with people about what their needs are...we're not reinventing wheel. Residents have lots of ideas. Let's act."

They can build on existing relationships and services...

"I'm hearing from clients coming to us and saying, 'I've been tested, and I need help'.

"When it comes to individualized service for each client, we have those processes in place"

...and quickly pivot to respond to changing needs.

"Normally, we have a back-to-school event where we give out backpacks, books. [How can we also offer information on] testing and how to prepare for school during COVID?"

The community sector is also impacted as overall revenues fell due to cancellation of fundraising events and dwindling donations. Smaller agencies need interim support to continue offering these integral services.

Where can community partners be most effective?



EDUCATION & OUTREACH



SURVEILLANCE & TESTING



WRAP-AROUND CARE FOR THOSE IN NEED

EXPERTISE

- To tailor messages, customized to nuances of different communities, cultures, languages

- To advise on local patterns, high traffic locations, potential hot spots or ‘invisible boundaries’

- Existing knowledge and relationships with residents and clients

UNIQUE CAPACITY

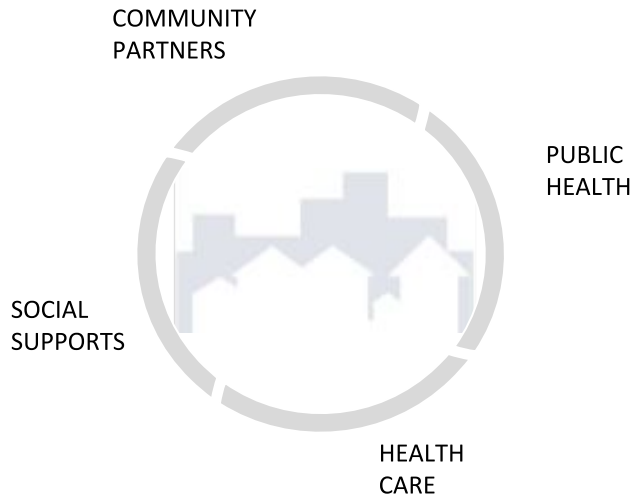
- Carrying messages over existing channels - respond to questions and dispel myths
- Tapping into trusted messengers and influencers
- Mobilizing volunteer supports and ambassadors

- Monitoring community response as the pandemic evolves, flagging emerging issues and potential hot spots
- Supporting local testing strategies

- Leveraging existing infrastructure to support diverse needs (food delivery, childcare, psycho-social support, etc.)
- Coordinating supports for those who test positive or need to self isolate

AN EXAMPLE:

North Etobicoke Community Cluster Table



- One of 10 cluster tables launched in partnership with United Way and the City of Toronto
- All the major players at the table (except some health care partners like hospitals and most primary care)
- Tackling issues from testing to food security
- Coordinating resources and responses across partners
- Piloting case management role

Opportunities

ENABLING LEADERSHIP AMONG THOSE WHO KNOW THE COMMUNITY BEST

Recognizing and empowering community leadership and expertise is the solution for now and it is the model for the future - local organizations have mobilized to respond.

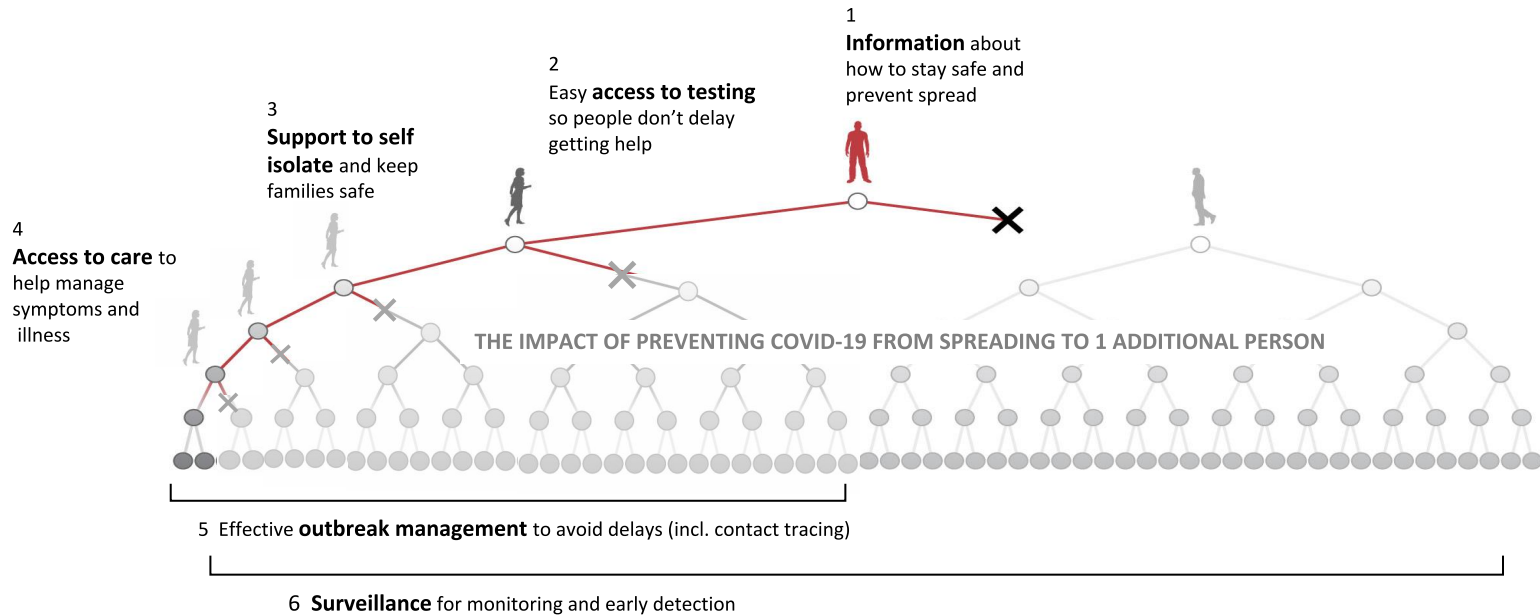
Joining up municipal and healthcare efforts to those of the community agencies - will bring together all the necessary expertise to address emerging needs as the pandemic changes.

Community-led strategies, if sustainably resourced, can be more cost effective than City-wide or provincial endeavours -this will be the only sustainable way to achieve a long term recovery effort.

V. Collaboration is improving, but there is much work to be done

Cross-sector partnerships need clear roles, processes and protocols

Slowing the spread of the virus requires multiple systems working together



For participating organizations, it has been a welcome opportunity to work together differently

Organizations are leveraging new relationships to problem solve in near real-time

Collaborations are paying off, successfully addressing gaps and improving information flows

Community partners talked about the new ways of working brought on by the pandemic response.

“This sense of integration. I think we are seeing people really show up and work together, COVID is impacting everyone – we are all speaking the same language, it was a moving train and we all had to jump on it.”

“We are working together as a unit which translates to the youth also feeling that sense of safety.”

“I think it’s all about being resilient in the face of adversity – it won’t go away, we put system in place to adapt and adjust. We have a new normal now...It’s being able to adapt, adjust move on to the next phase. We are approaching a new normal, that will make us better people.”

Pandemic is an incentive to work together because agencies can’t respond to all the needs of their clients on their own.

“We each have our own agenda, and we have our own money and for the first time ever we have a huge chance to collaborate but will that continue? We intend, but it’s hard.”

“I think the frontline piece is crucial in moving forward. The fact that were at the [cluster] table during this process is crucial.”

However, roles and processes are often poorly defined, and approaches vary in different parts of the city

Emerging models have not yet been tested in response to escalating COVID-19 cases (e.g. outbreaks) or changing environments (e.g. back to school)

The structure, leadership, and roles of community partnerships have evolved in response to local needs - partners are playing very different roles in the City's two most well established community initiatives.

In East Toronto, there is a primary care and hospital-led initiative that incorporates outreach, testing, and community supports - initiated to improve access to COVID-19 testing in east end communities.

In North Etobicoke, it is a community-driven response (via Cluster Table), tackling a range of issues from food security to pop up testing.

Some of the city's most vulnerable communities lie outside the Toronto healthcare boundaries, adding to the complexity of ensuring a timely response as the pandemic evolves.

North Etobicoke and the neighbouring communities participate regularly in Peel Region planning meetings, and depend on Peel hospital assessment centres.

While there is a commitment to ongoing monitoring and outbreak response, community-level roles and structures have not yet been defined.

Emergency management models offer a possible approach (e.g. escalation protocols, command centre structures, etc.) but current tables may not be well suited to play those roles.

Opportunities

INTEGRATION IS IMPROVING, BUT MODELS ARE NOT WELL ESTABLISHED OR FORMALIZED

There are many new collaboration tables, but governance structures and roles are loosely defined - key roles need to be formalized to ensure sustainability.

New models of integration across public health, healthcare and other partners have not yet been tested - complexities of back-to-school preparations will be the first real test.

A sustained recovery period will rely on all communities having a consistent and steady level of response as the pandemic evolves.

Modeling the a community approach on the *Emergency Oversight Committee* approach will allow for local monitoring and outbreak management - these are established methods for enabling clear escalation pathways, information flows and leadership structures (e.g. command centre).