

Coronavirus

COVID-19

UPDATES AND RESOURCES



PARKDALE
QUEEN WEST
Community
Health Centre

STAFF BULLETIN - JULY 20, 2020

COVID-19, DEMOGRAPHICS AND HEALTH EQUITY

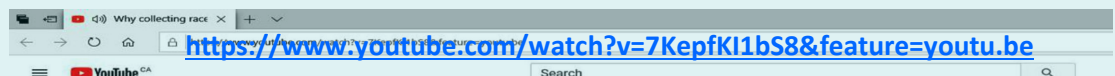
- Weeks after the World Health Organization declared the global outbreak of COVID-19 a pandemic and media outlets begin to report on incidents around the world, highlighting celebrities and political leaders affected by the virus, COVID-19 was termed a “great equalizer”, necessitating physical distancing measures across the globe. We are all at risk. It soon became clear, that was not the case.
- As the numbers of incidents increased worldwide, data reports focused on regions, highlighting differences between age and sex. Of the COVID-19 cases reported in Canada as of June 14, 2020, 56% are women and 35% of cases are 60 years old and over. Of the total deaths, 53% are women and 47% are men. One possible reason, according to a Canadian epidemiologist, is that there are more women residing in long-term care homes, where the brunt of the cases in deaths in Canada concentrate.
- The Public Health Agency of Canada expanded its list of risk factors to include social and economic conditions that increase risk for COVID-19 infection and severe outcomes. Reasons for exposure and infection may relate to crowded living conditions and the need to continue to work in certain essential occupations, both of which make physical distancing more challenging. And pre-existing social inequities in health may increase risk of severe outcomes such as hospitalization and death. Below is the document's link.

What We Know So Far About...Social Determinants of Health:

<https://www.publichealthontario.ca/-/media/documents/ncov/covid-wwksf/2020/05/what-we-know-social-determinants-health.pdf?la=en>

Watch a seven-minute video on why it is important to collect race-based data during COVID-19. Speakers are Dr. Onye Nnomo, University of Toronto; Dr. Marcia Anderson, University of Manitoba, and Kate Mulligan of the Alliance for Healthier Communities.

WHY COLLECTING RACE-BASED DATA DURING THE COVID-19 PANDEMIC IS A MATTER OF LIFE AND DEATH



Provinces that have committed to collecting race-based data As of May 27, 2020



What's Inside

2. [COVID-19 Briefings](#)
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WANT TO SHARE A RESOURCE, REPORT MISINFORMATION OR A BROKEN LINK?

Please contact Nancy nsteckley@pqwchc.ca

THANK YOU to all who provided resources!

NEXT BULLETIN:
October/November 2020



THE CURIOUS CASE OF PANDEMIC NAMING

- Despite the name ‘Spanish flu’, the 1918 H1N1 influenza likely did not start in Spain. The first reported case was at a military base in Kansas, U.S. As the flu spread through the United States and European countries during World War I, fighting nations actively censored coverage of the outbreak. Spain, which was neutral, stood out because it reported uncensored early accounts of the outbreak, leading to the perception that the flu concentrated there, and the name “Spanish flu” remained. To date, scientists are still unsure of its source.
- During the 2009 H1N1 influenza, meat exporters around the world started to refer to the pandemic as “Mexican flu”. Pork producers questioned the term “swine flu” given that the new virus had not yet been isolated in samples taken from pigs in Mexico or elsewhere. The *World Organization for Animal Health* suggested to label the new disease the “North American influenza” in keeping with a long medical tradition of naming influenza pandemics for the regions where they were first identified (e.g. “Asian flu”, “Hong Kong flu”).
- Early media coverage of COVID-19 referred to the novel coronavirus as the “Chinese virus” despite the *World Health Organization* making a point of not naming the disease after the place where the outbreak began, and despite advocates arguing that such terminology fuels the risk of hate crimes against people of Asian descent, who already reported a surge in discrimination.

SOURCES: HISTORY.COM; CENTERS FOR DISEASE CONTROL AND PREVENTION. GOV; THE CANADIAN ENCYCLOPEDIA.CA

SOCIAL AND STRUCTURAL INEQUALITIES NOT NEW TO GLOBAL PANDEMICS

History shows that global pandemics have the unique ability to amplify the social and political inequalities that already exist in society. Here are some examples:

1918 H1N1 INFLUENZA (1918-1919)

During the 1918 H1N1 influenza, the so-called “Spanish flu”, racial minorities had both higher all-cause mortality and influenza mortality rates compared with Caucasians. The flu infected an estimated 500 million people worldwide, about a third of the world’s population at the time and killed an estimated 40-50 million, with some Indigenous communities pushed to the brink of extinction. The cramped conditions of soldiers and poor wartime nutrition that many people were experiencing during World War I intensified the flu’s spread and lethality.

2009 H1N1 INFLUENZA (2009-2010)

In the second H1N1 influenza pandemic, also called the “Swine flu”, racial minority groups had higher rates of serious infection requiring hospitalizations compared with non-minority groups, worldwide. Wealthy countries secured large advanced orders for vaccines, while crowd-out poor countries received vaccines more slowly and were unable to cover as many of their citizens. In Canada, Indigenous people were disproportionately affected by the pandemic: While they made up around 4% of the population, they represented at least 16% of those hospitalized during the first wave of the pandemic and 6.1% during the second.

HIV (1981-PRESENT)

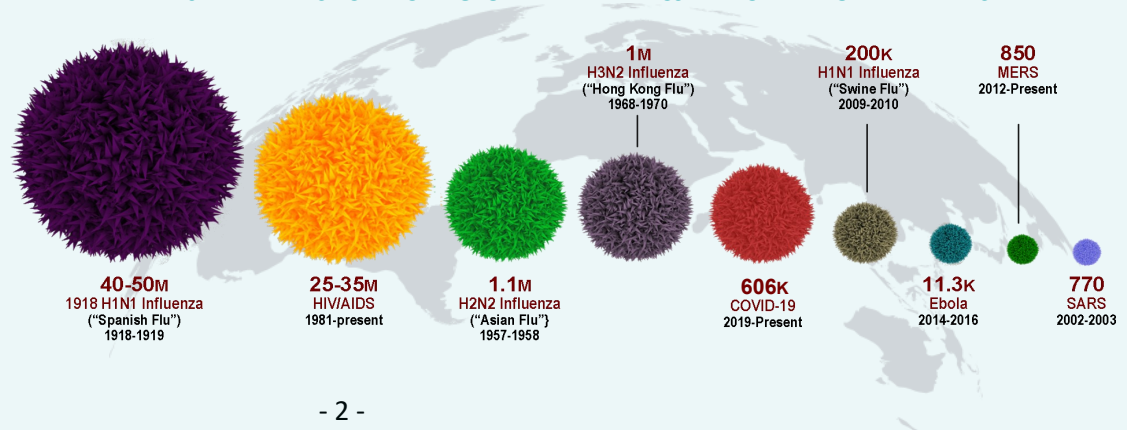
Thanks to antiviral treatments capable of transforming HIV infection into a chronic but manageable health condition, mortality rates due to AIDS have fallen throughout industrialized countries. Yet, an estimated 19.7 million people living with HIV worldwide do not have access to antiretroviral treatment, and in some developing countries, HIV/AIDS is the leading cause of death.

In Canada, current available data (2014) of HIV incidence rates among specific populations show that:

- Indigenous people have incidence rates 2.7 times higher than people of other ethnicities.
- People from HIV-endemic countries, living in Canada, have incidence rates 6.4 times higher than people of other ethnicities, living in Canada.
- People who inject drugs have incidence rates 59 times higher than people who do not inject drugs.

SOURCES: THE CANADIAN ENCYCLOPEDIA.CA ; CATIE.CA

20TH AND 21ST CENTURY GLOBAL PANDEMICS BY NUMBER OF FATALITIES



'OPPORTUNITY' TO LOOK AT THE SOCIAL AND POLITICAL STRUCTURES THAT PERPETUATE INEQUALITIES

The COVID-19 pandemic as a global public health issue highlights the social, economic and political inequalities already present in society. And the measures to counteract it particularly impact communities that are already disadvantaged.

- Migrants, temporary and undocumented workers who have worked throughout the pandemic as “essential workers” are among populations that are hit the hardest. These workers often work on short contracts, sometimes with weak or no social protections, with limited options for working remotely, and with risks of job loss and forgone earnings if they have to stay away from their place of work due to illness, quarantine, or government-mandated closures of specific activities.
- The protests against systemic racism and police violence in Canada and around the world show how structural inequalities become more prominent when combined with a global health threat such as COVID-19.

TOWARDS TAKING SUSTAINED ACTION

More than ever in a globalized world, we need to deepen our understanding of our interdependence and interconnectedness so that we can respond and rise to the challenges of the COVID-19 pandemic. Here are a few anchoring strategies that can help us understand and respond to the moment and for the long haul.

Grounding in Analysis

- Examining the ‘systems within systems’ that create and sustain the social, political and economic inequalities that disproportionately affect disadvantaged communities, whether in a global pandemic or not.

Learning on Intersectionality

- Understanding that many communities experience multiple sources of oppression such as race, ability, class, gender identity, sexual orientation, religion and other identity markers which overlap and combine to create unique modes of discrimination and disadvantage.

Building Public and Political Discourse

- Interrupting and transforming existing policies and practices that blame and criminalize communities before looking for solutions that don't perpetuate harm, e.g. taking into consideration generational trauma, and building on collective care and safety strategies, both nationally and globally.

Stepping into the Policy Change Arena

- Taking active action to shape and influence policy solutions that put people first, during the pandemic and onwards, and supporting grassroots organizations that work directly with impacted communities.

SOURCES: CRUNK FEMINIST COLLECTIVE.COM; ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT.ORG

ANTI-BLACK RACISM IN THE MIDST OF COVID-19

- Through years of research, advocacy, and organizing, Black communities in Toronto have highlighted the impact of direct and systemic anti-Black racism on Black Torontonians and have called on policy-makers and community groups to adopt an Anti-Black Racism Analysis in developing and implementing policies, programs and practices to address the needs of Black communities.
- Because of the lack of specific race-based data on the impact of COVID-19 on Black populations in Canada, it is difficult to understand the full scope of the challenges Black communities are facing during the pandemic. Recent reporting on data from cities in the United States and the UK, show that members of Black communities are dramatically over-represented in rates of infection and death from COVID-19.
- Pervasive anti-Black racism not only exacerbates long-standing issues people of African descent face in society, it also makes responding to the needs of the Black community during the pandemic more difficult.
- Anti-Black racism manifested in various ways such as frequent mistrust, overt acts of hostility, increased surveillance and other micro-aggressions, negatively impacts the mental health of members of Black communities in Canada.
- Mental health stressors due to anti-Black racism can also increase the risk and severity of chronic illnesses like hypertension, diabetes, stroke and heart disease faced by members of Black communities.
- The lack of mental health services tailored to Black communities creates greater levels of vulnerability for Black residents seeking needed support during the COVID-19 pandemic.

EXCERPTS FROM: ANTI-BLACK RACISM ANALYSIS TOOL FOR A RADICALLY EQUITABLE COVID-19 RESPONSE, CITY OF TORONTO 2020 (ADAPTED)

For the full document:

https://settlementatwork.org/sites/settlementatwork.org/files/ABR%20COVID-19%20Analysis%20Toolkit_Final.pdf

See Ontario's Anti-Black Racism Strategy 2020:

https://files.ontario.ca/ar-2002_anti-black_racism_strategy_en.pdf

MENTAL HEALTH SUPPORT FOR BLACK TORONTONIANS

- The City of Toronto developed a mental health support strategy to support the mental health needs of residents during COVID-19. The following organizations are identified as community partners able to provide support the mental wellbeing of Black residents during this time.

Caribbean African Canadian Social Services focuses on building and strengthening the service framework for African Canadian children, youth and families through culturally safe individual and group counselling supports, case management services, employment services, youth mentorship, and youth outreach programs. **Phone: 416-740-1056**

Across Boundaries provides a range of mental health support and services and works within Anti-Racism/Anti-Black racism and Anti-Oppression frameworks. These frameworks address the negative impact of racism and discrimination on mental health and well-being. **Phone: 416-787-300**

COVID-19 RESOURCES FOR INDIGENOUS COMMUNITIES AND INDIVIDUALS

- This webpage lists helpful resources, including mental wellness and social support resources for Indigenous Peoples, with a focus on First Nations, Metis, and Inuit communities in Canada.

<https://www.mcgill.ca/circ/covid-19-resources-indigenous-communities-and-individuals>

HARM REDUCTION AND COVID-19 GUIDANCE FOR COMMUNITY SERVICE PROVIDERS

By the Canadian Drug Policy Coalition

- This document covers information on how community services may alter harm reduction practices during the COVID-19 pandemic with the goal of reducing the spread of COVID-19. This information can also be used by service providers to communicate information and education on reducing spread of COVID-19 while maintaining health and wellness along the spectrum of substance use.

<https://www.drugpolicy.ca/harm-reduction-and-covid-19-guidance-for-community-service-providers/>

Reducing COVID-19 Spread in Recovery Programs and Treatment Services

- This document includes information on: Supporting People Who Use Substances in Shelter Settings during the COVID-19 Pandemic • Telemedicine Support for Addiction Services • Harm Reduction Worker Safety, among others.

<https://www.drugpolicy.ca/reducing-covid-19-transmission-in-recovery-programs-residential-treatment-services/>

CRISIS PREVENTION RESOURCES

- **De-escalation Tips in Light of Coronavirus Anxiety**

https://www.crisisprevention.com/CPI/media/Media/download/PDF_De-escalation-Tips-Coronavirus.PDF?code=EBIT01DTCA&src=Resources&med=Website

- **CPI Top 10 De-escalation Tips**

https://www.crisisprevention.com/CPI/media/Media/download/PDF_DT.pdf?code=EBIT01DT&src=Resources

- **Seven Principles for Effective Verbal Intervention**

https://www.crisisprevention.com/CPI/media/Media/download/PDF_SPVI.pdf?code=EBIT01SPVI&src=Resources

- **10 Ways to Defuse Incidents**

Knowing just how to respond and de-escalate challenging behaviors from spinning out of control is an essential skill set for anyone working in healthcare today. In this article, the Crisis Prevention Institute shares 10 ways to defuse incidents, three pitfalls to avoid when training staff, and guidance on how to reduce the risks of restraints.

<https://www.crisisprevention.com/en-CA/Blog/Abusive-Patient-Behavior>



JUST BREATHE: A MESSAGE FROM CHILDREN ON THE POWER OF MINDFULNESS

Just breathe. Such simple advice, and yet it can be so tough to remember when we feel caught up in our emotions.

In this 3.5-minute video, watch and hear from elementary school students learning to use mindfulness to navigate complex feelings.

https://www.youtube.com/watch?time_continue=1&v=RVA2N6tX2cg&feature=emb_logo



UPCOMING WEBINARS, PROGRAMS

COMMUNITY-DRIVEN HARM REDUCTION PROGRAMS IN CANADA

SUMMARY: Harm reduction programs across the country, both in urban and rural settings, are taking approaches that are informed and delivered by people who use drugs and other community members.

- This webinar highlights novel, low-barrier approaches to harm reduction programs, how these programs are being delivered, and the lessons that have been learned.
- Guest speakers will discuss opportunities and challenges for harm reduction practice, including during the pandemic and into the future.

Event Date: JULY 28, 2020, 12:30 PM

To register:

<https://register.gotowebinar.com/register/6719052193942961166>

CANADA PENSION PLAN DISABILITY BENEFIT

Service Canada is offering webinars to provide information about federal government programs and services, focusing on the Canada Pension Plan Disability benefit.

The webinar will also provide useful resources and tools that are available to persons with disabilities.

Learn about the CPP Disability Benefit:

- How to qualify
- The adjudication process
- How to apply
- What to expect once you receive benefit

Join from anywhere! The presentations will be delivered by a Citizen Services Specialist from Service Canada via WebEx.

For more information or to register, contact elina.udhin@servicecanada.gc.ca no later than **July 24, 2020**. Joining instructions for the session will be emailed once registration confirmed.

Session 1: JULY 27, 2020 10:00-11:00 AM

Session 2: JULY 30, 2020 10:00-11:00 AM

ADAPTING TO COVID-19: DELIVERING COMMUNITY PROGRAMS REMOTELY

SUMMARY: This interactive webinar provided a forum for service providers from across Canada to share how they have adapted to the current climate by providing remote services to their clients.

Speakers shared how programs were adapted and implemented, as well as challenges and solutions related to virtual and remote programming.

To watch this webinar:

<https://www.catie.ca/en/webinars/adapting-covid-19-delivering-community-programs-remotely>

TECH-SAVVY EMPOWERED OLDER WOMEN PROJECT

SUMMARY: The North York Women's Centre (NYWC) is launching the *Tech-Savvy Empowered Older Women* project to help low-income, vulnerable senior women use mobile technology to get their needs met during the COVID-19 pandemic.

- Participants will receive free data-enabled computer tablets and in-home instruction on how to use them.
- Staff and volunteers will initially provide in-home support to ensure that participants are able to use the devices independently.
- They will then switch to remote tutorials and video calls.
- They will build digital literacy skills so that older women can independently access resources and services, communicate with healthcare and other professionals, and reach out to loved ones and community members from their homes.

NYWC is asking service providers to help identify senior women in the local community who are most in need of this support. Priority will go to women living in and around York South-Weston.

If you have any questions, please contact Ana Maria Sanches at ana@nywc.org or **647-574-3911**.

HOW WILL LIFE CHANGE AFTER COVID-19

The Medical Futurist

VIDEO: 9:42 minutes

SUMMARY: Life will never be the same after COVID-19. Even after the billions of people under lockdown will be able to resume their life, we will not be able to travel that freely or enjoy the supply chains of the world so easily. Sustainability, solidarity, and healthcare will finally take center stage. There will be changes at every level of our lives. In this video:

- The future of the doctor-patient relationship
- How artificial intelligence will take a larger role in healthcare
- Will online meetings, classes, and remote work will become the new default?
- The concept of immunity passport and new ways of travelling
- The importance of portable, point-of-care devices

<https://www.youtube.com/watch?v=8ImRXXZ5dGA>

DOCTORS LEARN TO TREAT COVID-19 PATIENTS IN VIRTUAL REALITY IN TAIWAN

VIDEO: 1:44 minutes

- Doctors in Taiwan are learning to treat coronavirus patients using VR headsets.
- A mobile phone brand has developed a system which can teach the basic procedures before medical staff face the dangers of the real wards.

<https://www.youtube.com/watch?v=m2U2l8AlfZs>

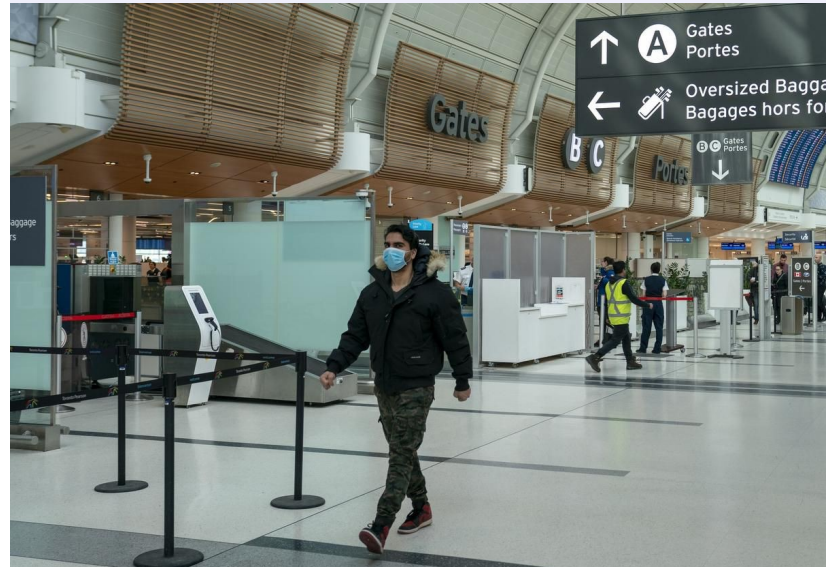
IS A 'MENTAL HEALTH PANDEMIC' COMING AFTER COVID-19?

VIDEO: 4.45 minutes

SUMMARY: While countries around the world continue to mobilize to contain the spread of COVID-19, experts say we can't lose sight of an equally alarming issue: The long-term mental health impact the coronavirus pandemic is going to leave on society.

Emanuela Campanella, multimedia video journalist, dives into why we should be paying attention to mental health and the impact it may have long after the pandemic is over.

<https://www.youtube.com/watch?v=WY6xtlRAVAY>



HEADING TO TORONTO'S PEARSON AIRPORT?

If you are planning on travelling through the airport in the near future, here is what you need to know. As of June 1, 2020, the following applies:

MASKS NOW MANDATORY

All passengers must wear masks in public spaces, with the following exceptions:

- Person is unable to remove face covering without assistance
- Person has trouble breathing
- Passengers dining at food and beverage locations
- Children under 2 years are exempt

TERMINAL ACCESS ONLY FOR:

- Passengers who are travelling on the same day
- Friends or family members of someone who requires mobility assistance, or those accompanying a minor travelling alone

TERMINAL ACCESS RESTRICTED TO:

- "Meeters and greeters" or those dropping friends and loved ones off at the airport

For more information about health and safety measures at Pearson in light of COVID-19:

<https://www.torontopearson.com/en/healthy-airport>