

**COVID-19
IMPACTS ON POPULATIONS AS REPORTED
BY COMMUNITY ORGANIZATIONS - PART 2**




Loss of Access to Information and Resources

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Community organizations are deeply rooted in the communities they serve, giving them first-hand insight into the impacts of the COVID-19 crisis on the population. The different autonomous community action (ACA) sectors have published several studies illustrating the impacts of the pandemic on their target populations, advocating for their needs and rights.

The Observatoire de l'ACA has studied the **impacts of the COVID-19 crisis on populations as reported by community organizations**. Three main issues have been identified through the analyses:

-  Increase in isolation and distress
-  **Loss of access to information and resources**
-  Increase in financial precarity

This report presents our results on the loss of access to information and resources. A defining characteristic of the COVID-19 crisis is that it has set up multiple barriers to the population's access to information, resources and public services, as well as to democratic institutions.

Using data from a review of existing reports and studies, and from focus groups with community organizations in the winter of 2021, this report presents the impacts of the COVID-19 crisis on populations' loss of access to information and resources.



ACCESS TO INFORMATION COMPROMISED

From understanding the health risks relating to COVID-19 and how to protect ourselves from it, to knowing how to navigate available relief programs and how to benefit from them, the COVID-19 crisis has made it difficult to access information. **Accessing reliable and credible information has also been challenging** at a time when social media and interest groups have been releasing a lot of disinformation.

According to the community organizations reached by the Observatoire de l'ACA, government efforts to ensure the population's access to relevant and crucial information **have fallen short**, namely in terms of **translation and interpretation**. It took time for this information to be provided in a language other than French, while for many people, it's more difficult to fully grasp the issues at hand in French, especially during a crisis.

Issues around information access have been even more prominent for **people with a low level of literacy**. Government information wasn't presented in simple language. The loss of oral communication, or its being routed through digital means has impacted people's access to the help they need.



We have constantly tried to remind the public that adults with low literacy who are marginalized have been further marginalized when everything went online.

Group from Montérégie



THE POPULATION'S DIGITAL DIVIDE

According to community organizations, the **digital divide** has made it even more difficult for people to get support and stay connected to the world outside of their family bubble.

There are multiple barriers to accessing communications technology:

- ➔ Equipment (phone and computer) and network **affordability**;
- ➔ Access limited due to **network availability and stability** (areas without service, network quality, bandwidth);
- ➔ Access depending on **literacy and digital literacy** issues;
- ➔ **Physical access** for people with motor impairments or medical contraindications, such as the risk of triggering epileptic seizures.



Having an Internet connection was a big issue. If you had a job, you were able to pay for it and use it during both waves. But there are people who still don't have it to this day, a year later. There are people who live in intermediate resources, family-type resources, or other similar living arrangements, and some of them are completely isolated.*

Group from the Laurentides



In addition to the issue of affordability, the lack of equipment in sufficient quantities has also contributed to the digital divide. For example, the limited number of computers in a family meant that children's schooling has been extremely uneven, or completely absent during the lockdowns. Parents who worked remotely had priority over the family computer.

BARRIERS TO OCCUPYING PUBLIC AND COMMERCIAL SPACE

Business and public space closures have completely transformed people's daily lives, affecting people experiencing difficult housing conditions in particular.

When a home isn't safe or adapted, being able to leave and access other safe locations is crucial. Being able to freely use these spaces is even more essential for people experiencing housing instability.

According to community organizations, throughout the crisis, the government has consistently ignored the importance of these locations for **people who are underhoused or experiencing homelessness**. When it was announced that a vaccination passport would be required to access spaces deemed non-essential, the *Réseau SOLIDARITÉ Itinérance du Québec* (RSIQ) issued a press release stating that

*"restaurants, cafés, mall lobbies, gym locker rooms and libraries are places of respite, providing heat, access to food, bathrooms, and the possibility of maintaining physical hygiene or sleeping safely" **.



Having a phone is good and all, but if you don't have Internet... People experiencing housing instability often went to libraries or cafés. No free Wi-Fi, no bathrooms—it has changed a lot.*

Group from the Capitale-Nationale region



INACCESSIBLE GOVERNMENT SERVICES AND INSTITUTIONS

According to the community organizations reached by the Observatoire de l'ACA, the crisis has destabilized public institutions. Public service office closures, such as in Services Québec and Service Canada centres, have left already marginalized individuals in precarious situations. Cuts to options for human support (whether in person or by phone) have accelerated the process of **digitalizing public services** that was already underway.

These new barriers have made it more difficult for some populations (such as immigrants, people without legal status, and others) to access services made specifically for them. Many public services have become practically inaccessible for people who have a harder time understanding government instructions and letters.



People are on hold for four hours to talk to the government, only to get hung up on! There's a problem at the government level, it's been there for a long time, and there really are cuts. In the community sector, we have taken care of each other. We all took measures, we took from our budget to make things happen, we adapted our services! Service Canada, which is there one day a week—for the past year, they've been gone. Listen, organize yourselves. On our end, we organized!*

Group from the Capitale-Nationale region



Moreover, the **health and social services network** (RSSS) has been incredibly destabilized, resulting in the population **losing access** to their services. Many follow-up appointments and procedures such as surgeries have been cancelled throughout the crisis. Cuts on specialized transit in certain regions have also contributed to people not being able to make it to their appointments. Considering these factors, deaths unrelated to COVID-19 account for a portion of the excess mortality during the crisis, and their collateral repercussions could be observed in the long-term. In an effort to limit the spread of the virus, the RSSS has turned inward, further isolating people receiving care.



We quickly saw a wave of human distress appear among the population, and a health care system that wasn't working anymore. It's as though we were caught between the population's distress and the health care system, and that was a pretty big shock, pretty intense. Without access to the health care system, the population turned to community groups, and groups turned to umbrella organizations and larger representation bodies to try to push the social issues higher up. Groups were telling us about this distress, asking us to do something to save people.*

Montréal-wide umbrella organization



Communities who experience systemic oppression (homophobia, racism, ableism, etc.) were already distrustful of health care services before the pandemic. The crisis shook the health care system, exacerbating pre-existing access difficulties and increasing people's risk of experiencing violence within the system. The death of Joyce Echaquan is a sad example of this phenomenon. A lack of support and culturally adapted services has resulted in people not getting the treatments and urgent care they need, leading them to neglect their health.

According to the community organizations reached by the Observatoire de l'ACA, access to **reproductive, prenatal and women's health care** has become more difficult, including, among others, OB-GYN, abortion, and lactation support services. For example, when the crisis began, many pregnant women gave birth alone because they weren't allowed to be accompanied.

People with precarious immigration status including asylum seekers, temporary workers, international students and people without legal status also faced major issues when trying to access health care services during the crisis. When the crisis began, the *Table de concertation des organismes au service des personnes réfugiées et immigrantes* (TCRI) immediately advocated for permanent initiatives that would allow everyone, regardless of immigration status, to have access to government services and relief programs, including medical coverage under the *Régie de l'assurance maladie du Québec* (RAMQ).

Specialized services for **people living with a disability** were also heavily affected by the crisis. Offloading practices imposed onto staff threatened home care support services, contributing to a deterioration of their quality of life. Many individuals and families had their services cut and were left to fend for themselves. The staff shortages were due in part to issues relating to the service employment paycheque (salaries varying from region to region, competition with the RSSS, etc.). In addition to these factors, the crisis and the interest in the Canada Emergency Response Benefit (CERB) exposed minimum wage's inadequacy in relieving poverty.





It would happen, but it was even more common during COVID for people who are severely disabled and living at home. For example, there's a person who needs home care support services to get up in the morning and go to bed at night. With COVID, it happened several times, almost weekly, that this man didn't get called and was stuck in bed all day. He laid in bed all day because there wasn't anyone. They would say: "Yes, but Sir, you have a family caregiver." He says: "Sure, but I'm in a red zone. He's in another zone, so he can't come see me." It became really complicated.*

Group from Lanaudière



People living with a disability also fought against the first iteration of the **triage protocol** that had been put in place to determine who could access intensive care in the case of extreme resource shortage. It had been decided upon by the health care system without any consultation and had criteria for exclusion that could be discriminatory. Many people reported traumatic experiences when they were automatically placed in palliative care without a valid reason. This had a huge impact on the amount of **stress, anxiety and fear** felt when navigating the health care system.

During the **vaccination campaign**, people with disabilities and those living with mental health issues also pled their case to the government, insisting that they be prioritized given that they're at a higher risk of contracting the virus and of getting severely ill from COVID-19.

The crisis further highlighted the lack of accessible **mental health** services for people at a time when needs around these services were increasing (see report [Impacts on Populations - Part 1](#)).



In the month of April, I was hospitalized for COVID and I was placed in palliative care. They wouldn't tell us, but it showed in the way we were treated. The first [triage] protocol was kept secret until we uncovered it by chance, and that's what led to changes.*

Quebec-wide umbrella organization



For people living in the margins, there's already a lack of services. It was really distressing, it was like: "Look, they should call 1-866-APPELLE four times a day for all I care—it's the only thing we can offer". We already knew about these issues, but it became exponential. We were often able to provide solutions. If someone was really at a loss, we could refer them to places. But now, it was like: "We'll keep you alive".*

Group from Laval





For more information, see the [Report from the Observatoire de l'ACA on the impacts of the crisis on community organizations' accessibility](#).



COMMUNITY ORGANIZATIONS GETTING CREATIVE TO STAY IN TOUCH

The pandemic has affected access to community resources. While community organizations play a significant role in reaching marginalized populations, **access to their spaces and activities** has also been **heavily impacted**, especially during the first months of the crisis (first lockdown).

In-person activities weren't as accessible during the lockdowns, seeing how they had to be organized to include protective gear, social distancing requirements, mask-wearing and handwashing. People **lost their bearings** in terms of the **spaces they were used to accessing** for information and support.

In this context, community organizations had to be extremely **creative to stay in touch** with the populations they serve. While it took some time to reorganize activities, it was especially tedious to familiarize people with **new communication tools**.

Community groups have developed and integrated different external communications platforms using the Internet (websites, social media, etc.), media outlets (community newspapers, radio shows, etc.) and public spaces (pamphlets, kiosks in parks, speaker trucks, etc.). To keep in touch with members and individuals who participate in their activities on a regular basis, community groups have been using phones and text messaging, online media, mailing services and delivery systems. They also don't hesitate to meet with people in their living environment to better identify their needs and provide support.

Many community groups have had to respond to an **influx of requests that fall outside of their area of expertise**. In addition to this shift, several services created during the crisis have not taken into account the need to be adaptable, making them difficult to access for some populations (people living with a disability, those without legal status, immigrants, etc.).



A THREAT TO DEMOCRATIC PARTICIPATION

Last but not least, the COVID-19 crisis has had direct impacts on **the accessibility of democratic spaces**. 18 months into the crisis, François Legault's government has continued ruling by ministerial decree, taking away any democratic counterweight from opposition parties and any possibility for debate with civil society.

There was a total **absence of democratic debate** about the implementation of a curfew from January to May 2021 and the vaccination passport (proof of vaccine required to access services deemed non-essential) in September 2021. These two measures have however had significant impacts on people's fundamental rights, especially on people living in the margins of society.

Throughout the crisis, the Quebec government has chosen to focus on **repression** rather than traditional public health approaches, practices for collective protection, and popular education. **The expertise of ACA organizations**, rooted in their communities, **was discounted**. These groups have, however, publicly denounced the impacts of the pandemic on different populations, advocating for their needs and defending their rights. Many people's voices have been excluded from democratic dialogue on different issues, from seniors' rights to intimate partner violence, to name a few.

In general, ACA groups and their members have highlighted the deterioration of democratic processes and **problems in mobilizing collective and individual participation**, for example through truncated public online consultations and virtual consultation platforms that don't allow for clear answers to the questions posed.



These new online practices are cause for concern in my opinion. We can blame COVID for a lot of things, including the reason why we're online so much, but I think there's a bit of a lack of imagination when it comes to the creative ways that we can use to include everyone in collective and individual consultations.*

Montréal-wide umbrella organization



At a political level, the COVID-19 crisis has also pushed other social issues and collective struggles to the back burner. Many statements confirm that constituents have found it harder to contact their elected officials about these social issues during the crisis. Despite the accumulation of natural disasters all over the planet, the environmental crisis and the fight against climate change are issues that have been particularly neglected by governments, garnering little attention since the pandemic began.

GUARANTEEING ACCESS TO RESOURCES DURING A CRISIS

Accessibility to information, resources and democratic institutions was hit hard during the COVID-19 crisis. The population needed a wealth of information and support to face the public health risks and measures that left many in difficult financial and social situations.

The austerity policies of the last decades have jeopardized public services, which were unable to adapt to the crisis and fulfil their mission. The COVID-19 crisis has highlighted the importance of having **high-quality public services that receive adequate funding and are accessible** to the population as a whole. Offering adequate working conditions to staff is one of the most important ways of guaranteeing stable and robust public services and ensuring their resilience in the face of future crises.

Weakened public services have led to the offloading of their responsibilities onto the population (such as family caregivers) and ACA organizations, to the detriment of community organizations' **autonomy** and their mission of social transformation.

Lastly, with lockdowns and with many parts of our daily lives moving online, **the right to be connected** takes on a whole new meaning. Not only is a connection necessary to stay informed, contact institutions and support resources, participate in democratic life, work and learn, but also to socialize and break isolation.



The pandemic has highlighted this ever-growing need, because even people who weren't interested in it before now wanted tablets. It was a pressing need, as much as needing to have access to food. The need to have a digital device crystallizes all other needs. All other needs went through physical access to a digital device, whether we're talking about the need to vent, stay in touch with people, or fill out a government form.*

Group from Montréal



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DATA SOURCES

The Observatoire de l'ACA is a large-scale **action research project** that seeks to document the impacts of the COVID-19 crisis on Quebec's autonomous community action (ACA) organizations.

The data used in this report are drawn from **analyses** conducted in summer 2021 from:

Qualitative component

15 focus groups conducted from November 3, 2020 to February 24, 2021 (97 participants)

Quantitative component

Online survey carried out by IRIS from October 23 to December 14, 2020 (740 organizational respondents)

Documentary component

Consultation of reports and analyses produced by governmental sources, the ACA movement and the research community during the COVID-19 pandemic, up until July 2021

Translator's note: Citations that are followed by an asterisk were translated into English from French. The original citations can be found in the [French version of this report](#).

To learn more:



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