

Agenda - Special Meeting

Thursday, December 09, 2021

Electronic Participation at 4:30 p.m.

As part of the City's commitment to safety during the COVID-19 pandemic, this meeting will be held electronically.

This Meeting may be viewed online at www.stcatharines.ca/youtube

Public Comments: The public may submit comments regarding agenda matters by contacting lkurek@stcatharines.ca by Wednesday, December 8th, 2021 before 3:00 p.m. Comments submitted will be considered as public information and entered into public record.

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1. **Call meeting to order (Chair, Bill Phillips)**
 2. **Recognition of Traditional Territories**
 3. **Additions / Deletions to the Agenda**
 4. **Motion to approve the agenda**
 5. **Motion to adopt the minutes of the previous meeting – November 4, 2021.**
 6. **Declarations of Interest**
 7. **Presentations (invited guests)**
 8. **Business arising from the minutes**
 9. **Business**

Pass a motion to go In-Camera for: *Personal matters about an identifiable individuals, including municipal or local board employees*

- a) **9.1 Review of applications for vacancy on Equity and Inclusion Advisory Committee and recommend for the vacancy**

Pass a motion to go back to public session

Pass a motion arising from the in-camera session: *To recommend appointing the person identified in-camera.*

b) 9.2 Recovery Plan from the Equitable Recovery Subcommittee

i. Recovery Plan – attached

10. Date of next meeting

Thursday, February 3, 2022 at 4:30 p.m.

11. Motion to Adjourn

**An Equitable Recovery Plan for the City of St. Catharines
Recommendations from the City's Equity-Deserving Advisory Committees**

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Summary

In spring 2021 the Equity and Inclusion Advisory Committee formed a subcommittee with members of the City's equity-deserving advisory committees to review the City's reopening and recovery plans and provide feedback on how the City of St. Catharines could support equity and inclusion through reopening from the pandemic. This is the final plan that provides recommendations for City Council's consideration in both direct action and advocacy and to guide City staff in the implementation of the COVID recovery and re-opening, it contains a total of 18 recommendations as it relates to the social, economic, environmental, and cultural strategic pillars in relation to the City's 2019-2028 Strategic Plan. It should be noted that this document was prepared in good faith with the best information available to the Subcommittee at the time; however, as the Covid-19 situation is constantly in flux, some of the information and data included herein may have changed and should be confirmed for applicability of implementation.

Relationship to Strategic Plan

Many of the recommendations relate directly to Council's strategic plan through implementation, program design and delivery. It is hoped that these recommendations provide a lens for Council and staff to consider when making policy decisions and implementing City programs, policies, procedures, and service delivery. And where possible, to advocate with upper levels of government, funders, and partners for equity considerations in their programs and services as well.

Background

In fall 2020, City staff reached out to several of the City's advisory committees to ask for feedback on the City's COVID recovery framework. Through the Equity and Inclusion Advisory Committee (E&I committee), members came together to thoroughly review the plan and provide broader recommendations for the City to consider in its re-opening and recovery plans, and for future plans, programs, policies, and services past the pandemic. Through spring and summer, a Subcommittee with members from each of the City's equity-deserving advisory committees reviewed the draft recovery strategy, sought feedback, conducted research and a literature review, looked at what other cities are doing and prepared this final report on specific ways that the City could directly (through action) and indirectly (through advocacy) pursue more equitable outcomes from the COVID pandemic.

For the context of this work, equity deserving groups include people who live in the community and identify as women, newcomers, Black, Indigenous People of Colour (BIPOC), members of the Lesbian Gay Bisexual, Transgender, Queer or Questioning, Two-Spirit + (LGBTQ2S+) community, individuals living in marginalized conditions, persons with physical, developmental, cognitive, and intellectual disabilities and those who are neurodiverse and older adults.

Recommendations

Recommendations are categorized under the pillars of the City's strategic plan: social, economic, environmental, and cultural - although some of these recommendations fall under multiple categories.

Recommendations are either:

- **Recommendations for Action:** to activities the City can take directly in implementation of policies, programs, and service delivery to improve equity and outcomes for equity-deserving communities in St. Catharines; or
- **Recommendations for Advocacy:** areas where the City may not have direct control or influence and can take a leadership role through advocacy with upper levels of government.

RECOMMENDATION 1 –INCORPORATING AN EQUITY LENS

Overall, the Subcommittee is recommending that the City add an equity lens and analysis to all staff reports, policies, and decision-making to improve equitable outcomes for equity-deserving groups and members of the community.

Action:

- Build equity and resilience into decision-making frameworks for social service recovery by:
 - o using local data to inform decision making, funding programs, grants, needs-based data planning.ⁱ
- Factor COVID-19 equity impacts and data in the City's mid-term and long-term plans and strategies and put mechanisms in place to continue monitoring this impact through:
 - o the city budget – both operating and capital
 - o grants and funding programs
 - o transit and transportation planning
- Consider triple bottom-line reporting that considers financial, environmental, social impacts
- Provide Gender Based Analysis+ (GBA+) training for City staff to inform the reopening and recovery, and all City programs and policies to improve equitable outcomes for the future.
- As outlined above, add an equity lens to all Council reports to ensure that equity impacts are considered in all the City's decision-making and policies. This could follow the example of environmental sustainability or financial impacts section in staff reports as a standard analysis for presenting recommendations and reports to Council.
- Embed Indigenous and diverse cultural strategies in the design of the recovery phase and open the door to Indigenous, racialized and immigrant youth and women, LGBTQ2S+ communities to lead local initiatives.

Advocacy:

- Advocate that Niagara Region Public Health, Medical Officer of Health and the provincial government uses GBA+ and an equity lens analysis in criteria for setting or lifting stay-at-home-orders. This includes being aware of the complex needs of for, example, older adults, vulnerable parents, and workers – especially women.ⁱⁱ
- Advocate that Niagara Region, Public Health and all public services in Niagara provide training for staff on GBA+ to improve equitable outcomes in policy and decision-making.
 - a. Equity data generated from diverse sources (municipality, community partners and service providers) is essential to yield a real-time picture of lived experiences, physical and mental health needs, and resources of Indigenous and equity-deserving communities. Equity sensitive indicators such as age, gender, race, immigration status, ability, sexuality, gender identity are indispensable for monitoring signals of COVID-19 social and economic rebound.

SOCIAL PILLAR

RECOMMENDATION 2 – ACCESSIBLE AND AFFORDABLE HOUSING:

Affordable housing has been a major issue for equity deserving communities for decades. It is both a social and an economic concern. Housing is a key contributor towards Social and Economic well-being, and is closely connected to issues of employment, transit, liveable and vibrant communities. Niagara was facing a housing crisis pre-Covid. The lack of accessible and affordable housing previously impacted the same equity deserving groups who now find themselves disproportionately negatively affected by the pandemic. The City should use all its tools and resources to pursue non-discriminatory housing practices, promote equitable access to affordable housing for all St. Catharines residents.

Action:

- The City should view housing as a human right and assess all related policy through this lens to identify discriminatory practices
- Ensure that the Planning Act is being followed. This includes looking at policy and by-laws from a human rights perspective
- Follow Stop the Loss initiatives that have been successful in other provinces to help stop the loss of affordable housing:
 - o track vulnerable properties
 - o pursue right of first refusal on vulnerable properties (the city buys the property and sells to a non-profit organization to develop housing)
- Improve housing quality through landlord / rental licensing and regulations (ex. ACORN Canada)
- Implement by-laws to protect tenants, such as renoviction by-laws, vacancy tax, relocation by-laws
- Build new: use tools, strategies to incentivize new affordable housing development:
 - o Continue to support and prioritize affordable housing with financial incentives, grants and in-kind through the CIP and other city programs
 - o Implement a sec. 37 of the *Planning Act* Community Benefits policy to support affordable housing needs
- Update the zoning by-law to be more accessible with clear, plain language and create a Citizen's Guide
 - o reduce the number of zones, overlays, and uses
 - o conduct the zoning by-law review with clear purpose on land use impacts and how it will affect affordable housing
 - o apply human rights and equity tests to the zoning by-law
- Implement development charges – for new developments to pay for the costs of development, saving funds for affordable housing incentives, neighbourhood projects etc.
- Diversify the consultation process for the planning development approval process to include more diverse voices and perspectives
- Review and update the City's Housing Action Plan with all these items
- Create a land development corporation, arms-length agency that has power and autonomy to pursue development for affordable housing.

Advocacy

- The City to advocate with the Niagara Regional Housing to allocate 10% of all resources allocated through NRH be earmarked specifically to support each individual equity deserving group as identified being on a housing waitlist.ⁱⁱⁱ

- Continue to advocate for St. Catharines / Niagara's fair share of affordable housing funding with upper levels of government – and for more tools, resources, grants, and subsidies^{iv}
- Work with Niagara Region to streamline the 2-tier planning process including grants, incentives, zoning by-law updates, and development charges

RECOMMENDATION 3 – HOMELESSNESS

While the City is not directly responsible for homelessness services, St. Catharines has partnered with Niagara Region and service providers to support outreach and help people find emergency shelter and housing. This collaboration should continue as the pressures in housing and rental markets continue to put pressure on the shelters and providers.

Action

- The City should continue supporting and investing in outreach services with Niagara Region and emergency shelter providers to help people find emergency shelter and housing and connect with support services.
- The City should share insights and lessons learned through the outreach pilot project with Niagara Region and partners to improve outreach and homelessness support services.
- The City should continue to work with Niagara Region Public Health and community partners like the REACH mobile clinic to provide vaccine clinics and public health outreach to homeless and vulnerable populations. The City could provide space, PPE, financial support.
- The City should continue to support pilot projects and initiatives that will address the social and economic factors that lead to homelessness and prevent it in the first place. Support programs that address employment, income, food security such as basic income.

Advocacy

- Niagara Region Community Services has reported to Regional Council how it has adjusted its homelessness services and outreach strategies throughout the pandemic and some of these changes have shown positive impacts to support people to find emergency shelter and housing. The City should continue to work with the Region and its funded agencies to learn from the lessons of the pandemic to improve health and safety and support services in emergency shelters, ultimately, to help shelter residents find housing, income security and health and well-being.
- City work with the Region to share information, lessons learned from pandemic, impacts on homelessness
- That all levels of government and funders of housing and homelessness services consider GBA+ in homeless and housing support programs.

RECOMMENDATION 4 – ACCESS TO RECREATION, SOCIAL INTERACTION

Access to community spaces and recreational centres is important for mental and physical health and well-being. However, people from equity deserving groups were typically struggling with social isolation before the pandemic due to higher rates of poverty, inadequate social and physical activity programming lack of access to public transportation, employment, health, recreation, etc. Research indicates that social isolation has been compounded by fear of the virus and anxiety about personal safety. In addition to this, lack of access to public washrooms became a real concern throughout the pandemic closures. There are lessons about access to outdoor and recreation spaces that the pandemic can offer to improve equitable outcomes for access to recreation and outdoor space in the recovery and into the future.

Action:

- The City of St. Catharines publish a list of outdoor activities and locations that are accessible to all to promote safe, outdoor social interactions and mental health and well-being.
- Use online mapping and apps (i.e., Ping St.) to publish lists of outdoor activities, locations, and public washrooms. Work with the Accessibility Advisory Committee to support this work – as per the committee’s workplan item around digital way finding and accessible experiences. It should also be remembered that not everyone has access to web-based information and printed information should be considered as well.
- Ensure that public washrooms remain open and accessible throughout future shutdowns / closures and are open to all, including transgender/gender non-conforming individuals to have safe access.
- Ensure that public signage is visible, clear, plain language to improve access to public spaces and washrooms.
- Work with the Accessibility Advisory Committee to improve way-finding and signage following principles of universal design.
- Ensure that public spaces are safe spaces: environments that are free of discrimination, criticism, harassment, or any other forms of emotional or physical harm.
- The City to work collaboratively with other community organizations, recreation providers to ensure access to indoor and outdoor public spaces for the public.
- The City to consider optimizing / prioritizing use of outdoor spaces for equity- deserving groups, programs, and services for equity- deserving groups for social, recreational groups that support the overall health and well-being of marginalized people.
- Design measures that will prioritize Indigenous and equity- deserving groups to access green and open spaces, cooling and warming centres, summer camps and activities, with no cost for families facing economic hardships.
- Establish equity-based funding programs to support grassroots groups that support equity deserving communities. Allow ad hoc initiatives and non-formal groups to access financial support. This could be done through SCCIP and other grants.
- Support organizations that provide human services and social interaction to improve the health and well-being of residents.
- The City to continue exploring partnerships and sharing resources with community organizations, non-profits to support outreach and secure funding (i.e., YMCA partnership opportunity)

Advocacy:

- Work collaboratively with Niagara Region and funders to provide programming for equity-deserving groups in City facilities and shared spaces (i.e., EarlyON centre model as example).

RECOMMENDATION 5 — EQUITY TRAINING**Action:**

- Ensure that all City staff and transit staff are trained to better recognize those in crisis to be able to support these individuals should an issue arise in all city facilities and city property.
- Ensure that GBA+ training is provided to all policymakers and decision-makers, including Council and staff.
- Be conscious of representation in the City’s media campaigns, public communications and events. Ensure that members of equity deserving groups are represented in everything that the City does and provides – online, in print and in-person.

- Show that the community and workforce of St. Catharines is diverse and inclusive
- Provide training and awareness campaigns for city staff
- Be conscious of subtle forms of ageism, racism, gender stereotyping, ableism, homophobia, transphobia, Anti-Semitism, Anti-Islamophobia, anti-Asian Racism, and stigma that may become more apparent through the pandemic. Build the capacity of staff to identify these as early as possible, as well as identify discrimination or stigma which cause exclusion of equity deserving communities.

RECOMMENDATION 6 – PUBLIC ACCESS TO INTERNET AND TECHNOLOGY

While the pandemic highlighted the importance of computers and internet for work and school during lockdowns, not everyone in St. Catharines or Niagara has access to computers and internet. This is both a social and economic imperative.

Before the pandemic a number of solutions were implemented to increase digital literacy and digital access including Cyber Seniors, Tech Connect, United Way/Bell Canada partnership providing 850 Niagara residents with a phone and cell service, the federal Connecting Families program, Bell Smart Kiosks and St. Catharines Public Library Hotspot loans. However, a number of these programs are limited in duration and/or scope or have been discontinued, such as the Bell Smart Kiosk pilot and the Connecting Families program which targets only families so excludes seniors and other adults living on their own. Digital access and literacy are key to supporting social well-being and economic prosperity for the citizens of St. Catharines.

Action:

- The City to provide free public space(s) to access the internet and technology to use the internet (i.e., computers and tablets) to improve access to essential public services
- Provide training and support to use the technology and internet for members of equity deserving groups
- Look at the Smart City initiative for guidance on how to implement free public Wi-Fi and improve internet access across the city.
- Consider fee-for-service agreement model with local agencies to improve public access to Wi-Fi through their networks and technology
- Review the successes and limitations of these programs to optimize success of future programs

Advocacy:

- The City should advocate for and seek out additional opportunities for innovative and collaborative solutions for equity in digital access and digital literacy. Seek new partners, collaborators and grants for Wi-Fi and technology pilots to improve connectivity.
- Work with the federal and provincial governments to access funding to improve free, public access to Wi-Fi networks across the city – outside of the downtown core too.
- Advocate for improved Wi-Fi access and broadband quality in rural areas
- Advocate for more affordable phone and data plans and work with service providers to improve access for equity- deserving groups (i.e., Quest Community Health Centre affordable phone program with support from Telus and the United Way as well as the repurposing old phones)

RECOMMENDATION 7: CLEAR, PLAIN LANGUAGE COMMUNICATIONS

Often the City is the first point of contact for news about what is happening in the city and region. This was proven throughout the pandemic as all levels of government worked together to share critical information. The City is well-trusted and well-positioned to reach many groups and demographics with clear, plain language that is accessible to everyone.

For members of equity-deserving communities who do not have access to internet, media and social media, many individuals received information about COVID-19 and safety measures from neighbours and community members. Others access news and internet when Wi-Fi is available. Oftentimes information is not in accessible language and only in English. As a result, sometimes people experience information overload in languages that they cannot understand.

Action:

- Ensure that COVID-19 information (and all information from the City) is in plain, accessible language to reduce barriers and increase awareness
- Work with community partners such as Folk Arts, community health centres, InCommunities (211), the YMCA and other partners to provide translation services
- Work with community partners to provide American Sign Language translation
- Provide City information in multiple languages and formats – not only digital or online
- Ensure that all public engagement and feedback opportunities include more languages and translation, building on existing framework and lessons learned from the pandemic.
- Alternative and augmented communication devices should also be provided so that individuals can access services with independence and dignity and reduce barriers to service.

RECOMMENDATION 8: VOLUNTEERS

Reshaping of volunteerism in the re-opening and recovery phase is essential to re-engage residents in the community and appreciate the value that volunteers bring. Examples include neighbour to-neighbour programs and Indigenous culture education campaigns.

Action:

- Build supports for older adults to feel safe and comfortable to resume volunteering activities including providing training, PPE, and modified schedules to follow public health protocols, while still maintaining opportunities for meaningful engagement.
- Work with advisory committees to recognize equity-focused volunteer work and volunteer activities that support and enhance the quality of life for equity-deserving groups, as outlined by the Equity and Inclusion Advisory Committee's workplan

RECOMMENDATION 9: HEALTH EQUITY

Research has shown the disproportionate mental and physical health impacts of COVID on marginalized people. The fear and anxiety have been compounded for older adults with approximately 90% of those dying of COVID 19 being 60 years of age and older. While the City is not directly responsible for health care services, it can support improved equity by working with partners and upper levels of government to improve health equity outcomes for the residents of St. Catharines.

Action:

- Continue working with community partners to make vaccines widely available and accessible - especially for marginalized groups (i.e., Folk Arts clinic, Public Health pop up clinics, Quest)
- Continue providing City facilities, staff support, technology, and vehicle access to support mobile vaccination and testing sites (i.e., Seymour Hannah vaccination clinic)
- Participate in education, anti-stigma campaigns on vaccines and public health measures to help reach more people in the community
- Act as a champion and help deliver public health services
- As an employer and public service provider, support access to rapid COVID testing to ensure it is easily accessible

Advocacy:

- The City of should advocate to upper levels of government to address the disproportionate physical and mental health risks faced by the Indigenous community and equity deserving groups, as this affects the health and well-being of residents of St. Catharines.
- Prioritize frontline workers and the 5 C sectors (caring, cleaning, clinical, cashiering, catering) for access to personal protective equipment and vaccines.
- Advocate to prioritize community organizations that work with vulnerable communities
- Advocate for the implementation of the recommendations in the Truth and Reconciliation Commission in the delivery of mental and physical health services to improve health outcomes for Indigenous communities
- Develop equity-based risk assessment frameworks to assess the recovery needs of equity-deserving groups, who may not have equitable access to health services.
- Establish a monitoring system to monitor lifting of restrictions
- Overall, evidence shows that age, race, gender, ethnicity, and socioeconomic status are closely related to rates of infection, hospitalization, and death. Data collected by any health providers should be disaggregated to ensure equitable recovery efforts.^v

RECOMMENDATION 10 – PUBLIC ENGAGEMENT AND OUTREACH**Action:**

- Enhance collaboration and networking with equity deserving groups. Nothing about us without us.
- Continue virtual public engagement and forums formed during the emergency phase to enable long-term representation of equity issues through reopening and recovery
- Engage community partners and allies to find the most effective ways to engage equity deserving populations in City plans and strategies. This will set the foundation for sustainable relationships in the long-term.
- Examine how technology can be leveraged to reach more diverse voices in the community
- Use a GBA+ lens and culturally sensitive approaches to sharing information as education campaigns continue around COVID-19.
- Make public computers available at City facilities to increase access to information and engagement for city and other public services
- Address concerns about safety when planning in-person, face-to-face engagement activities to ensure diverse participation. This includes use of fully accessible sites and safe space set-up where masks, sanitizers, physical distancing seating are available.
- Develop clear, consistent, and accessible protocols on face-to-face meetings until all public health restrictions are lifted including Council meetings and delegations to ensure public participation is still accessible and safe.

- Consider the benefits of improved access to Council meetings for the public through virtual meetings, delegations in setting future and on-going protocols for public participation, city by-laws, council procedures, as considered in the updated Procedural by-law including hybrid models.
- Consider extending advisory committee terms of office that were interrupted due to the pandemic, closures, to ensure workplans are completed, consistency and input through recovery phase.

ECONOMIC PILLAR

RECOMMENDATION 11 – FOOD SECURITY

Household food insecurity refers to the inadequate or insecure access to food due to financial constraints. Food insecurity is not simply a food problem though. By the time people are struggling to eat or provide food for their family, they are often having trouble meeting other basic expenses (ex. housing, prescription medications, etc). This problem was heightened during the pandemic. It was reported in May 2021 that Community Care St. Catharines and Thorold had experienced a 37% increase in users over the previous 14 months.^{vi}

Several innovative and modified services arose during the pandemic to fill this need. Hot meal programs transitioned to take-out service, hours of operations were modified, anonymous donors funded grocery giveaways, and local businesses also contributed (e.g., Small Scale Farms Food Fed Forward program.) The City also worked closely with Community Care to organize food give-aways providing city facilities and staff to support and help ensure that people in need had access to food.

Action:

- The City should continue to work with food banks and other service providers to ensure that residents have access to food in the event of future shutdowns/closures and/or as various income support programs and grants are discontinued.
- Support food banks to remain opened during potential future closures / shutdowns, including extended hours and additional supports to allow for a safe experience with proper personal protective equipment (PPE) for staff and clients.

Advocacy:

- Work with United Way and food banks to improve food security so that residents do not have to rely on food banks and food give-aways to access healthy food.
- Advocate for the implementation of the Niagara Food Security Network Lived Experience Engagement, November 2021 (Report on Findings February 2021) which address the root cause of food insecurity, income.

RECOMMENDATION 12 – CHILDCARE

The pandemic has highlighted the importance of access to affordable childcare for social and economic well-being and equity and is critical for the long-term economic recovery. The City is commended for the leadership role it has already taken in implementing a childcare policy for all city advisory committees and removing barriers for parents with young children to participate in civic responsibilities. We continue to ask that the City advocates for affordable, accessible, quality childcare - not only through the pandemic, but through the recovery and re-building stages. As has been studied and reported widely, access to quality, affordable childcare has compounding impacts

on an individual's ability to participate in society, in work and school, especially women's ability to be meaningfully engage in their communities.

Action:

- The City considers ways to use its facilities and outdoor spaces for childcare providers to expand services and access to childcare - both through emergency phases of lockdowns (for essential workers) and through recovery
- That the City includes childcare policy, funding, support in all its recovery planning and economic development strategies to support women, entrepreneurs, and equity-deserving groups
- That childcare strategies that the City is involved in goes beyond the traditional Mon-Fri, 9-5 model to support and respond to Niagara's specific economic needs and sectors (i.e., service sector that works nights and weekends)
- Continue to provide childcare options for volunteers and members of committees to continue to participate in meetings and civic life as part of the City's operating budget and procedures.

Advocacy:

- The City of St. Catharines continues to advocate for a national, coordinated, affordable childcare strategy.
- The City uses its relationships and networks (like AMO) to advocate for and call on the provincial government to sign a childcare agreement with the federal government to secure Ontario and Niagara's share of funding to create more spaces and affordability.

RECOMMENDATION 13 – WORKFORCE SUPPORT

As a large employer, there are ways that the City can have a direct, positive impact on the quality of life and wellbeing of its employees and families. The City can also play a leadership role in designing policies and return to work options that work for everyone and improve equity.

Action:

- Address the needs of the City's workforce using GBA+ and an equity lens when designing return to work policies (i.e., flexible work hours, work from home options and schedules) for City staff. Many vulnerable parents and workers may show reluctance to resume use of services because of illness, fear of contracting illness or because they are caring for their own families that become ill.
- Create ways for staff to provide input regarding their needs and concerns.
- Integrate mental health support for staff when planning and implementing recovery efforts.
- Cross-train staff and create tools with easy explanations of the tasks of essential jobs, to build team and agency resilience.
- Work with and provide support to community partners and social service providers in developing their return to work and reopening plans.

Advocacy:

- Work with economic development, chambers of commerce, business sector to advocate for policy and resources that support the needs of municipal service sector to improve services, return to work

RECOMMENDATION 14 – TRANSPORTATION AND ACCESS TO TRANSIT

Action:

- ensure that residents can access transit, including accessible transit, to get to food, shelter, work, services, school (essential services) throughout any future closures, shutdowns, stay-at-home orders
- consider the transit fee structure to ensure it is affordable for all, including students, unemployed individuals, single-people, and older adults
- support the integration of local transit services so that people can access school, work, social services, healthcare which are often regionalized services, across Niagara – not only in St. Catharines – and is critical to the most vulnerable populations.

RECOMMENDATION 15 – ACTIVE TRANSPORTATION

Like parks, recreation and outdoor spaces, access to active transportation became more important through the pandemic, as people looked for places to get outside, be active, and limit their social interactions. There are lessons from the pandemic to continue to improve active transportation networks in the City.

Action:

- Use GBA+ in transit and transportation planning to consider how all ages, genders and different abilities use active transportation to be sure that roads, sidewalks, bike lanes are safe and accessible for everyone (i.e., safe access to bike lanes)

Advocacy:

- Continue to seek funding opportunities from the provincial and federal governments (ex. Investing in Communities Infrastructure Program) for active transportation projects that improve access and equity throughout the city.

RECOMMENDATION 16 – PROCUREMENT

Through its operating and capital budgets, the purchase of goods and services, the City can support small, local business, entrepreneurs from equity-deserving groups through a social procurement policy that will demonstrate immediate, local impacts in the economic recovery.

Action:

- The City should create a procurement policy where businesses from equity-deserving groups are fairly included in the bidding process for City contracts (Note that this is an item from the Anti-Racism Committee's workplan).
- The City should implement the Niagara-based Living Wage requirement for all contracts, vendors, and service providers.

Advocacy:

- Advocate that Niagara Region implement a social procurement policy to support businesses from equity-deserving groups and maximize immediate, local impacts and economic recovery.

RECOMMENDATION 17 – EMPLOYMENT EQUITY

Paid and volunteer work was affected across all sectors. For equity- deserving groups who are often in precarious work or volunteer positions, this not only helps with their employment prospects, but also improves their sense of self-worth, experience, and feelings of belonging. The sense of purpose that individuals gained from these roles played a large part in their success, and without it many feel increased levels of low self-esteem, boredom, and isolation. People are eager to return to their roles and the City can play a role by supporting local businesses, organizations, and social enterprises to employ members of equity deserving groups so that they feel more supported in their return to work and community.

Action:

- Use GBA+ in developing business reopening plans to ensure that the disproportionate impacts of COVID-19 are recognized and addressed in the City's workforce. When and where data is not available, seek best practices from other jurisdictions and implement ways to maintain a GBA+ and equity lens throughout recovery efforts.
- Seek employment equity for municipal employment and indirectly through city-delivered programs such as through the Small Business Enterprise Centre
- be conscious of the "promotion penalty" and potential for two-tier meetings through hybrid work models and return to work plans for both City staff, and volunteers and in public engagement
- Engage small businesses, non-profits, community organizations run by/ owned by members of equity- deserving groups to identify challenges to re-opening and the impacts of relaxing public health restrictions through surveys and group discussions.
- Assess impact of layoffs and legal leave on Indigenous and equity- deserving employees. Consider these impacts when planning for staff deployment/redeployment
- Develop risk assessments to measure workers/businesses most impacted by COVID-19 emergency measures and assess representation of equity deserving groups in businesses and jobs most impacted. Use this data to develop and refine the City's economic development strategies, programs and services provided directly by the City (the St. Catharines Enterprise Centre) and advocacy with other levels of government for economic development and investment programs.^{vii}

ENVIRONMENTAL AND CULTURAL PILLARS

RECOMMENDATION 18 – SUPPORT HEALTHY, INCLUSIVE NEIGHBOURHOODS

St. Catharines has an excellent foundation in a neighbourhood, asset-based community development approach (Fitz, Queenston, Haig Neighbours, etc.) which can be leveraged for a strengths-based rebuilding from the disproportionate impacts of the pandemic.

Action:

- Use the Neighbourhood Equity Index, based on the World Health Organization Urban Health Equity Assessment and Response Tool as a framework for better understanding neighbourhoods.
- The City reviews and implements recommendations from the "Niagara Community Observatory July 2021 Working Paper: Neighbourhood Associations and the Municipality: Supporting citizen engagement in the city" to support and leverage the Neighbourhood Associations.

- Resume planning for the Neighbourhood Forum and look to opportunities as to “how to better support them [Neighbourhood Associations] through clear communication channels, funding, and access to facilities and amenities” – from NCO report
- Develop a Neighborhood Equity Index to develop indicators for which neighborhoods have been impacted more severely economically by COVID-19.
- Prioritize small businesses and workers in neighborhoods with a majority of equity deserving populations.

Advocacy:

- Advocate that Niagara Region also follow a Neighbourhood Equity-based approach in its regional planning as it impacts neighbourhoods in St. Catharines and across the region.
- Advocate that Niagara Region update the Niagara Prosperity Initiative, following the review by the Social Justice Research Institute at Brock University, to improve neighbourhood outcomes and equity.

Financial and Environmental Implications

It is understood that each of these recommendations will have financial, environmental, and human resource implications for the City, especially the “Action” recommendations. However, it is also important to note that the cost of doing nothing to improve the health and well-being of equity deserving communities also has financial, environmental, and human resource implications for the City – as Council knows.

The Subcommittee is requesting that Council and City Staff consider the equity implications and the disproportionate ways that equity-deserving groups and members of the community may have been impacted by the pandemic in designing and re-designing programs, services, and policies for the future – not only to consider the financial implications, but the equitable outcomes of these decisions too. Essentially, when making a decision, not only to think about the financial or environmental sustainability impacts, but the equity impacts on community members as well.

Conclusion

As we know, marginalized people and members of equity deserving groups have been disproportionately impacted by the COVID-19 pandemic and will continue to experience these effects even after the pandemic is over. Hearing from the leadership of those who are directly impacted along with evidence-based action plans will help our governments and community leaders respond effectively and plan for rebuilding a city that is inclusive of everyone.

We would like to thank the City of St. Catharines for the opportunity for equity deserving groups to contribute to the report by sharing their experiences and providing recommendations. The Committees supporting the work of the Subcommittee would be pleased to continue this conversation as a partner in rebuilding and recovery efforts.

APPENDIX A: Background Research and Statistics

Affordable Housing

The waiting list for provincially funded affordable housing is decades long and we know it is not new. In Niagara alone, over 3500 individuals are waiting for a roof over their head and the wait lists range from 5-18 years for housing. The lack of supportive housing options and the disproportionate poverty rate among this population has contributed to significant overrepresentation of equity seeking people in the violence against women and shelter system, hospitals, jails, judicial system, and recovery centres. What was a housing issue has now mutated into a public-health crisis due to the well-documented dangers of housing insecurity during the COVID-19 pandemic.

According to the Niagara Community Observatory:

"The housing crisis affects everyone in Niagara but hits some harder than others. The most vulnerable bear the brunt of the shortage of affordable housing, including Indigenous Peoples, women and children, older adults, newcomers, veterans, at-risk youth, the LGBTQ2S community and people facing mental health or addiction issues" (Source: [Niagara Community Observatory October 2020.](#))

Current housing costs are beyond the reach of many, for example *"rental prices have increased 10-15% since 2019, and 56% of renters cannot afford an average two-bedroom apartment"* (ibid). Furthermore, the relocation of GTA residents to Niagara - largely due to the attractiveness of the area and the increase in remote working opportunities - has resulted in Niagara seeing some of the highest house price changes in the country (Source: [Housing Affordability Plummets in Niagara in 2021](#). Niagara Regional Housing report disturbingly long wait times, as indicated in the [Wait Times 2020](#)

Neighbourhoods

The most ethno-culturally diverse neighbourhoods in Ontario are experiencing rates of COVID-19 3x higher and death rates are twice as high compared to neighbourhoods that are the less diverse (Source: Public Health Ontario, COVID-19 in Ontario – A Focus on Diversity: January 15, 2020 to May 14, 2020). Further, neighbourhoods experiencing the highest levels of material deprivation are also experiencing disproportionately higher rates of COVID-19, hospitalizations and deaths compared to neighbourhoods that experience lower levels of material deprivation (Public Health Ontario, COVID-19 in Ontario - A Focus on Material Deprivation: January 15, 2020 to June 3, 2020). Therefore, it's important for the City of St. Catharines to consider the importance of neighbourhoods and existing inequities between neighbourhoods in the pandemic recovery plan. This clearly aligns with the City's Strategic Goal to build and support strong, inclusive neighbourhoods that provide a high quality of life for residents of all ages.

Digital Inequity

6% of Canadians and 4.9% of Ontario residents report not having home internet access and 26% of these individuals reported that cost was the primary barrier. Further, 13% reported that the cost of equipment was the primary barrier. The impacts of this digital inequity were amplified during the pandemic as services moved away from in-person to online. These services include health care, education and even applying for pandemic related benefits. During initial lock downs, book borrowing was limited to electronic books and many socialized with friends and family solely online. In addition, usually free access to telephones, internet and computers were eliminated during some parts of the pandemic (ex. computer use at the library, free wireless at dine in establishments such as Starbucks, etc.).

1.5 % of Canadians without home internet access did have some type of mobile data plan. Although this picture does not appear overly bleak, the percentage of those over 65 years of age without home internet access is substantially higher at 17% (Statistics Canada, May 31, 2021). Further, only 59% of Canada's lowest income homes have internet access, compared to 98% of Canada's highest income households ([Source: What is Technology Poverty](#)). These statistics do not reflect additional issues related to limited download speed and data plans, or text only plans. Digital inequality reinforces existing social inequalities.

In addition, the digital divide amongst Canadians and citizens of St. Catharines also includes issues of education and internet security. Only 57% of Canadians consider themselves "digitally literate". 42% of Canadians reported experiencing a cyber security incident during the pandemic. ([Source: What is Technology Poverty](#))

Food Security

It was reported in May 2021 that Community Care St. Catharines and Thorold had experienced a 37% increase in those using the food bank over the previous 14 months (Joint Release: Niagara Food Banks Raise Concerns, May 6, 2021). Food banks were some of the first agencies to see the immediate impact of COVID-19. With widespread closure of thousands of businesses and employers across the province, food banks saw a rapid surge in demand as hundreds of thousands of people were now without sufficient income for their basic needs. Access to food and meal support grew from the ninth most common reason that people contacted 211 Ontario to the number one reason in the first two months of the pandemic (Hunger Report 2020: The Impact of COVID-19 on Food Bank Use in Ontario). Further, it was reported that Community Care St. Catharines and Thorold was anticipating a \$500,000 shortfall with the cancellation of fundraising events (Niagara Falls Review, August 20, 2020).

Rates of food insecurity are especially high for recent immigrants to Canada, racialized communities, single female parents, and Indigenous persons (Building Ontario's First Food Security Strategy, July 2019). The impacts of food insecurity are well documented. Individuals in food insecure households are shown to be at increased risk for poorer mental and physical health, greater stress and chronic diseases. (Eating in Ontario: What Do We Know, March 2021). The importance of addressing food insecurity links clearly with the City's Strategic Goal of building and supporting strong, inclusive neighbourhoods that provide high quality of life for residents of all ages and supports the STC Framework for Recovery of "How do we improve the health and safety of our residents?"

Health Equity

The Alliance for Healthier Communities (www.allianceonorg) has released a 'Health Equity Charter', a living document that reflects a commitment to action to confront barriers to equitable health. Some important aspects from the Charter are helpful here:

Today in Ontario, not all populations have this fair opportunity. People in certain population groups live shorter than expected lives, face discrimination in accessing health services and the social determinants of health, or deal with preventable health conditions. This is not due to any factors inherent in the communities most affected by them. Rather, major gaps in population health outcomes have deep roots in historical and current systems of power. Some populations have been treated as expendable, are marginalized and excluded from decision-making; have inadequate access to resources in our society from food and housing to transportation to literacy to social inclusion; and face a life of discrimination and racism. The results are health disparities that are avoidable and

unjust. The goal of health equity is to remove unjust and remediable differences among groups of people. (Source: <https://www.allianceon.org/sites/default/files/documents/Alliance%20Charter%202021-Full-English-Revised.pdf>)

Mental health: A study examining the impacts of COVID-19 on families with children under the age of 18 found that there are significant and widespread negative impacts upon the family's mental health. 44.3% of parents with children under 18 reported worse mental health as a result of COVID-19. (Source: Examining the impacts of the COVID-19 pandemic on family mental health in Canada: findings from a national cross-sectional study)

Racialized people impacted: Public Health Ontario has indicated that COVID-19 rates are three times higher in areas where there are more racialized people; hospitalization and ICU rates are four times higher, and mortality rates are doubled

- Toronto Public Health notes that ACB (African, Caribbean, & Black) people comprise only 9% of the city's population, but they make up 21% of reported COVID-19 cases.
- In 2016 Approx. 1/3 of the ACB populations were engaged in precarious work & these proportions were higher among racialized women (43.1%) and newcomer women ([Unpacking the health and social consequences of COVID-19 through a race, migration and gender lens](#), Canadian Journal of Public Health.)

Older adults and elderly: International evidence has shown that ethnic minorities, the socio-economically disadvantaged, and the elderly have all disproportionately suffered the health burden of the COVID-19.

- People who reside in Long Term Care (LTC) homes make up almost HALF of all COVID-19 deaths: Source: [COVID-19 and inequality: are we all in this together?](#) Canadian Journal of Public Health. 2021.

Mental and physical disabilities: A study which examined the COVID-19 pandemic's impact on people living with disabilities found that this population reported heightened concerns & less readily available community supports in relation to their healthcare, finances, employment, and organizational support. This directly translates to inequitable health and financial outcomes for folks living with disabilities during the COVID-19 pandemic, regardless of if they become infected with the virus or not.

- Those living with both a physical and mental health condition faced the greatest vulnerability to inequitable outcomes. ([Impacts of the COVID-19 pandemic on health, financial worries, and perceived organizational support among people living with disabilities in Canada](#), Disability and Health Journal, 2021)

Indigenous communities health impacts

According to experts, "A successful adaptation or integration of Western approaches for Indigenous public health must be anchored in the principles of self-determination for Indigenous Peoples as articulated in the 2007 United Nations Declaration on the Rights of Indigenous People to determine their own paths to healing and to health for their communities." It is important to note that Public Health has historically been a tool of colonization. However, several key concepts in contemporary

public health practice resonate with approaches to health and well-being that exist in diverse First Nations, Inuit and Métis communities:

- “During COVID-19 many Indigenous communities have shown self-determination by articulating and enforcing rules on who can enter their communities, often implementing far stricter measures than those enacted by local municipalities, such as closures and checkpoints. [...] Indigenous leaders have advocated for the collection of Indigenous-specific COVID data with clear data sovereignty agreements related to access, control, ownership and possession of the data.”
- “First Nations, Inuit and Métis communities in Canada have had lower rates of COVID-19 overall and a lower case fatality rate than non-Indigenous Peoples despite structural inequities and social determinants that are generally related to poorer health outcomes. 12 First Nations on-reserve have had a COVID-19 case rate 4 times lower than that of the general Canadian population, with 3 times fewer fatalities and a 30% higher recovery rate.” Source: [COVID-19 and the decolonization of Indigenous public health](#)

LGBTQ2S+ community health impacts

According to a Position Statement released by the Registered Nurses Association of Ontario (RNAO) about respecting sexually and gender diverse communities, ‘prejudice, stereotyping, and discrimination threaten health through violence and social exclusion’. The RNAO strongly recommends the following practices, among others: inclusive communication, safer space and group-based interventions. (Source: https://rnao.ca/sites/rnao-ca/files/bpg/2SLGBTQI_BPG_June_2021.pdf)

LGBTQ2S+

2SLGBTQ+ Youth are a vulnerable population in relation to the COVID-19 pandemic in terms of the impact on mental health. The economic fallout, job precarity, and isolation experienced during the pandemic has created negative mental health impacts among the trans & gender diverse (TGD) youth population. TGD youth have experienced significant challenges in their family environments, due to self-isolating within their family-homes, which has led to an increase in homelessness amongst this population.

- 71% of TGD youth reported that they were using mental health and substance use services which had been disrupted by COVID-19 (compared to 26.2% of cisgender youth.)
- The mental health impact of the pandemic will likely stretch much further into the future for this group of people than it will for the general population. ([Mental Health Among Transgender and Gender Diverse Youth: An Exploration of Effects During the COVID-19 Pandemic](#), American Psychological Association.(8,2: 180-187), 2021)

The effects of Covid-19 is taking a bigger toll on the physical and mental well-being of the LGBTQ2S+community. The LGBTQ2S= community report greater current and expected impacts of Covid-19 on their physical, mental, and overall quality of life. This finding is particularly acute among LGBTQ2S+ communities living with chronic illness. (Source: <https://egale.ca/wp-content/uploads/2020/04/Impact-of-COVID-19-Canada%E2%80%99s-LGBTQI2S-Community-in-Focus-2020-04-06.pdf>)

Canada's LGBTQ2S+ community has also been disproportionately impacted financially by Covid-19. The LGBTQ2S+ community is less confident in their households' current financial situation as well as their ability to bounce back if they were to lose their jobs. 53% of LGBTQ2S+ households have been affected by layoffs and reduced hours – which compares to 39% of overall Canadian households. (Source: <https://egale.ca/wp-content/uploads/2020/04/Impact-of-COVID-19-Canada%E2%80%99s-LGBTQ2S-Community-in-Focus-2020-04-06.pdf>)

According to a Canadian study, sexual and gender minority (SGM) people, which collectively includes Lesbian, Gay, Transgender, Two-Spirit, Queer, Intersex and Asexual people, “faced significant structural (eg, access to employment, housing, health care) and interpersonal (eg, violent transphobic attacks) discrimination prior to COVID-19. Pandemic conditions magnify these inequities, exposing and worsening health disparities and producing new ones”. (Source: https://www.schoolofcities.utoronto.ca/sites/www.schoolofcities.utoronto.ca/files/Gibbetal_AJHB_2020.pdf)

ⁱ It was noted by a reviewer of the draft of this document that local data is notoriously difficult to disaggregate in a way that would help City decision-making; but nonetheless, the Subcommittee recommends using local data where possible

ⁱⁱ It was noted by a reviewer of the draft of this document that stay-at-home orders should only be lifted based on health; there is a potential to hurt equity deserving populations at health risk by lifting stay-at-home orders too early because, for example, financial needs are not met

ⁱⁱⁱ There were differing opinions as between some of the drafters and reviewers of this document around this advocacy suggestion given that there are already priority statuses, such as those fleeing domestic violence, which may pose a conflict, that housing is divided by type and geography such that the 10% allocation may be impractical, and that the housing waitlist might not have self-identification components for equity-deserving groups, so it is not clear whether the demographics would make sense for a 10% target.

^{iv} It was noted by a reviewer of the draft of this document that around this issue, the City could consider advocacy with upper levels of government to raise social assistance benefits amounts, at the very least by indexing them to inflation

^v It was noted by a reviewer of the draft of this document that it might be useful to incorporate the Health Equity Impact Assessment tool created by the Ministry of Health: <https://www.health.gov.on.ca/en/pro/programs/heia/>

^{vi} It was noted by a reviewer of the draft of this document that while many food banks were able to adapt and set up pickup and deliver services, for example, as a solution to shutdowns, some food banks and social services were closed

^{vii} It was noted by a reviewer of the draft of this document that such data might not be available, and while the Subcommittee in Appendix A provided some research referencing ‘neighbourhoods’, it may be that this is information about ‘dissemination areas’ instead