



IMPACT OF THE COVID-19 CRISIS ON MONTREAL “CULTURAL COMMUNITIES”

SUMMARY

Summary of the report : “Impact of the COVID-19 crisis on Montreal “cultural communities”. Study on the sociocultural and structural factors affecting vulnerable groups.”
[Full report available here >>](#)

QUESTION

What factors influence the impact of the crisis associated with COVID-19 on Montreal cultural communities?

IN BRIEF

Our study indicates that certain groups in cultural communities are made vulnerable by the intersection of multiple economic and social factors, in particular :

- Precarious financial situation;
- Employment in a position at high risk of exposure to COVID ;
- Precarious migration status or lack of status;
- Lack of medical insurance;
- Being allophone;
- Low literacy;
- Being targeted by racism.

These factors may contribute to high levels of infection and psychosocial distress in certain multiethnic, low-income neighbourhoods in Montreal.

Public health policies must take into account the combined impact of these economic, linguistic, sociocultural and migratory factors.

OBJECTIVES

This exploratory study aims to better understand the challenges experienced by members of cultural communities in Montreal, particularly the most disadvantaged groups, during the COVID-19 pandemic in the Spring of 2020.

METHOD

Semi-structured interviews were conducted between April 13 and May 20, 2020 with 50 key informants, including:

- Front-line workers from community groups involved in settlement of immigrants and refugee claimants;
- Representatives of ethnocultural associations;
- Representatives of religious groups;
- Members of informal mutual aid groups in multiethnic neighbourhoods;
- Professionals working with these populations.

The interviews focused on awareness and application of health guidelines, access to health services, psychosocial needs, economic challenges, employment, family well-being and community initiatives.

LIMITS OF THE NOTION OF “CULTURAL COMMUNITIES”

“Cultural communities” are far from homogeneous. The differences within each community, linked in particular to socioeconomic factors, are globally more important than the difference between these minority communities and the majority community.

STUDIES ON RISKS FOR ETHNOCULTURAL MINORITIES

Studies in the United States and Great Britain indicate that the COVID-related risk of infection and mortality rate are higher among racialized minorities than among the white majority, and suggest that this may be linked to structural factors such as poverty and unequal access to services.

In Québec, according to the latest census data, immigrants and visible minorities are overrepresented in jobs at high risk of COVID exposure, including personal care attendants, cleaning staff, childcare workers and workers in food processing plants.

A report by the Montreal Regional Public Health Directorate (DRSP) found that, as of 16 May 2020, there were 2.5 times more individuals infected with COVID-19 in the very disadvantaged neighbourhoods of Montreal compared to the most well-off neighbourhoods.

There are strong indications that many of these 'very disadvantaged' neighbourhoods are multiethnic, but Public Health publications do not contain any data on ethnicity, migratory status, language or other elements that would be essential to better identify the factors contributing to the spread of COVID and its impact.

IMPORTANCE OF COMMUNITY INITIATIVES

Community groups involved in settlement of recent immigrants, ethnocultural associations, religious groups and informal mutual aid groups have all played an important role, complementary to the public sector, since the beginning of the pandemic.

Their services (variable depending on the group) included the translation, dissemination and explanation of Public Health guidelines; food banks; and support for vulnerable individuals. Many groups offer services in community members' native language.

HEALTH GUIDELINES : AWARENESS AND APPLICATION

Members of Montreal's cultural communities generally complied with Public Health and government guidelines concerning the pandemic.

However, their ability to respect these guidelines was impeded by a number of obstacles, notably:

- Socioeconomic deprivation, particularly working in high exposure jobs without adequate personal protective equipment, using public transit and living in small, overcrowded apartments.
- Language-related obstacles for people who speak neither French nor English. This is particularly frequent among certain recently-arrived

migrants and among seniors in certain communities.

- After lockdown started, it took two months before the Montreal Public Health directorate first published official multilingual fact sheets (in 16 languages other than French) on COVID health guidelines.
- The Info-Santé phone line and the special COVID information line operate only in French and English. Many allophones have been unable to access advice or to be referred for testing due to language barriers.

ACCESS TO HEALTHCARE

About 50,000 people living in Québec have no health insurance. This includes some foreign workers and international students as well as non-status people.

On 31 March 2020, the Ministry of Health and Social Services issued a guideline stating that testing and treatment linked to COVID-19 must be provided free of charge to all persons living in Québec, regardless of their migratory status.

However, there were problems implementing the guideline. Several precarious status migrants were told, either over the Info-Santé line or in COVID testing clinics, that they had to present a RAMQ card to access testing. Some hospitals asked uninsured individuals to pay for care. Healthcare facilities do not explicitly undertake to protect the confidentiality of non-status patients. These obstacles may block access to testing and care for precarious status individuals.

Additionally, a number of allophone individuals experienced difficulty communicating with healthcare personnel, as the family or friends who normally translate for them were not allowed to accompany them to medical visits. This may have led to inadequate care.

ACCESS TO PSYCHOSOCIAL SERVICES

The COVID crisis has generated considerable distress, particularly among people with certain vulnerability factors (e.g., precarious status, low-income single mothers).

While needs increased significantly during the lockdown, availability of psychosocial and home care services decreased, due in part to the fact that many professionals were redeployed to the fight against COVID-19. Therefore, many vulnerable people experienced interruption or reduction of services.

FINANCIAL SECURITY

In general, eligible individuals were able to access government financial support measures, although there were some difficulties.

However, non-status individuals suffered severe financial deprivation during lockdown, as they were not entitled to any form of financial support.

OCCUPATIONAL HEALTH AND SAFETY

Our data confirms that immigrants are overrepresented in jobs with a high risk of COVID infection, notably as personal care attendants in CHSLD (Residential and long-term care centres). Female asylum seekers, most often from Haiti or sub-Saharan Africa, are particularly numerous in these positions.

The lack of personal protective equipment and other inadequate working conditions, combined with the inability of workers living in small apartments to isolate from their families, have led to the spread of the virus in a number of multiethnic neighbourhoods.

Many precarious status migrants are employed by temp agencies, which may expose them to additional risks, such as being moved from one facility to another, not being adequately informed about outbreaks at their workplace or being transported to their workplace in overcrowded buses.

Precarious status migrants are often reluctant to file a complaint if their employer fails to apply health and safety guidelines, or to stop working if they become ill, out of fear that this might detrimentally affect their migration status or their ability to find another job.

FOOD SECURITY

In many multiethnic and disadvantaged neighbourhoods, the number of people who rely on food banks has tripled. Several food banks had difficulty responding to demand, particularly in the early stages of lockdown.

HOUSING

First-generation immigrants, especially those with precarious status, are more likely to have low income and to live in small, often overcrowded apartments where it is difficult to minimize contacts or to isolate a sick person in order to avoid transmission of the virus.

Multigenerational households, which are common in some cultural communities, may increase the risk that individuals exposed to COVID in their workplace may infect elderly parents living under the same roof.

FAMILY WELL-BEING

School closures had a disproportionately negative impact on families where parents were unable to help their children with their schoolwork, either because they speak little or no French or because of low literacy levels, or both. This is more common among asylum seekers, refugees and certain categories of migrant workers.

Recent immigrants and precarious status migrants often have low incomes, so many of them cannot afford computers (or tablets) for their children or may not have an internet connection.

There is a serious risk that the academic progress of these children may be compromised, especially as many of them already face major challenges associated with learning French and integrating into the Québec school system.

During lockdown, preschoolers in disadvantaged families, particularly single-parent families, were at higher risk of being deprived of the stimulation needed for optimal development, due to confinement in small apartments, without access to a back yard and few toys.

ROLE OF RELIGIOUS GROUPS

Within days after lockdown was announced, the vast majority of religious groups closed places of worship. However, there were a number of denunciations (some of them unfounded) claiming that health guidelines had been infringed, in particular by the Hassidic community.

At the request of the Montreal Public Health Directorate (DRSP), a cultural mediation team from the SHERPA University Institute undertook to facilitate dialogue between representatives of the Hassidic community, the DRSP and the SPVM. A similar intervention took place with representatives of Muslim groups. Following discussions, the religious groups confirmed their commitment to respecting Public Health guidelines and the SPVM modified certain practices in order to avoid potentially stigmatizing interventions.

INTERCOMMUNITY RELATIONS AND RACIST ACTS

In Québec, two groups were the target of racist comments and acts linked to the COVID crisis.

- First, members of the Chinese community, and also people perceived as 'Asian', were the targets of acts of aggression and vandalism, as well as hate speech and insults, both on social media and in person.
- The second group is the Hassidic community, which was subjected to a number of unfounded denunciations regarding social distancing, as

well as hate speech (graffiti, social networks).

CONCLUSION

Our study indicates that certain groups in cultural communities are made vulnerable by the intersection of multiple economic and social factors, in particular :

- Precarious financial situation;
- Employment in a position at high risk of exposure to COVID ;
- Precarious migration status or lack of status;
- Lack of medical insurance;
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- Low literacy;
- Being targeted by racism.

Public health policies must take into account the combined impact of these economic, linguistic, sociocultural and migratory factors.

RECOMMENDATIONS :



COLLECT DATA ON COVID'S SOCIAL DETERMINANTS



FACILITATE COMMUNITY COLLABORATION AND CONSULTATION



IMPROVE ACCESS TO HEALTH INFORMATION AND GUIDELINES THROUGH A MULTILINGUAL COMMUNICATION



PROMOTE ACCESS TO HEALTH AND PSYCHOSOCIAL SERVICES



PROVIDE UNIVERSAL ACCESS TO FINANCIAL SUPPORT MEASURES



ENSURE THAT COVID-RELATED WORKPLACE HEALTH AND SAFETY MEASURES ARE RESPECTED



GUARANTEE FOOD SECURITY



PREVENT EVICTIONS LINKED TO THE PANDEMIC



PROMOTE FAMILY WELL-BEING



STRENGTHEN INTERCOMMUNITY RELATIONS AND ACT AGAINST RACISM

[More informations about recommendations >>](#)

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Summary of report : Impacts de la crise de la COVID-19 sur les « communautés culturelles » montréalaises. Enquête sur les facteurs socioculturels et structurels affectant les groupes vulnérables

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