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University

MAY 2021
EXPERIENCES OF RACIALIZED COMMUNITIES DURING COVID-19
REFLECTIONS AND A WAY FORWARD

CONTENTS

Land Acknowledgment

The Canadian Arab Institute acknowledges that we live and work on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples.

Brock University acknowledges the land on which we gather is the traditional territory of the Haudenosaunee and Anishinaabe peoples, many of whom continue to live and work here today. This territory is covered by the Upper Canada Treaties and is within the land protected by the Dish with One Spoon Wampum Agreement.

Today this gathering place is home to many First Nations, Métis and Inuit peoples and acknowledging reminds us that our great standard of living is directly related to the resources and friendship of Indigenous people.

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Executive Summary

> ❝ ***The Covid-19 pandemic has jolted our collective consciousness into recognizing that equity is vital of ensuring health security. This means incorporating a health equity approach to pandemic preparedness, response, and recovery. It relies on leadership at all levels, commitment of all Canadians and support by a strong public health system.*** ❞
>
> *- Dr. Theresa Tam. Chief Public Health Officer Government of Canada, October 2020*

This report presents the results of a community survey on behalf of the Canadian Arab Institute (CAI) through a partnership with Brock University. It captures the views of racialized groups in Canada during the first wave of the COVID-19 pandemic, during September – December 2020.

The purpose of the study was to examine the impact of the COVID-19 pandemic on racialized communities in Canada to better understand community specific views on challenges such as information sharing, access to supports and trust in government. It sought to identify specific challenges faced by racialized Canadians, relative to the pandemic, and aimed to capture their perspectives and lived experiences at the height of the pandemic in 2020. To accomplish this aim, the study involved both a survey and in-depth interviews with racialized Canadians across several cities and provinces. The research team consisted of researchers from racialized groups to ensure that the research was for and by these communities yet structured in such a way to maintain research best practices and objectivity. The survey was undertaken over a four-month period (September-December 2020). The findings reported are based on the responses of the 215 individuals who agreed to participate in the study. The study utilized both empirically based and qualitative methods, to garner rich data. Following the survey, 66 one-hour long telephone interviews were conducted with survey participants, with the objective to gather in-depth insights on the lived experiences of the diverse individuals involved in the study.

Over the past year, many Canadians have faced significant challenges due to food security, loss of income, illness and social restrictions. Our "new normal" consists of socially distanced engagements, infrequent personal contact and a reliance on technologies to keep us connected. COVID-19 will leave a legacy in how we connect with each other and an awareness of how quickly an illness can spread due to our high level of interconnectivity in our global village.

Over the course of the pandemic, we have seen immense acts of kindness and resilience amongst neighbours and communities. We find joy in reconnecting with a grandparent and celebrate front line workers with the clanging of pots, or a violin solo from a balcony. We found ways to celebrate. The announcement of vaccines and now, vaccination schedules, help us foresee better days ahead. Our sense of humanity, of kindness and compassion, perhaps was our greatest asset as Canadians. The findings of the study reveal

the social, experiential narrative of the impact of the COVID-19 pandemic of racialized communities within the context of the broader Canadian mosaic.   The story of racialized communities is important in being told in order to fully record and represent the impact of COVID-19 on Canadian society.

Along with the imminent medical concerns, the pandemic also brought to light the inequities across our country. Challenges related to food security, access to medical and mental health resources, and employment were heightened during the pandemic, particularly in racialized communities. The Public Health Agency of Canada (2021) noted the challenges of the social determinants of health that contribute to these inequities for racialized communities. These social and economic factors include: lower income, education limited access to health and social services, high-risk employment (care providers, front line workers, food production), experiences of discrimination, racism, and historical trauma.

> **It's all started hitting me, in terms of how life is never going to be the same again... like before it started.**

The Public Health Agency of Canada (October 2020[1], February 2021[2]) highlights these inequities, both currently and prior to the pandemic, noting that the health and well-being of Canadians are not equal. Race matters.

It is evident that the pandemic hit certain communities harder than others across Canada, including racialized communities. A key challenge noted by the federal government is the lack of centralized, consistent race-based data to better meet the needs of all Canadians. It is CAI's intention with this research to add to this data, with a specific focus on the Canadian Arab community. The Canadian Arab Institute answered the government's call to address these challenges of insufficient data and research at the community level to ensure equity and effective support our racialized populations.

Aligned with the Public Health Agency of Canada (PHAC), this community-based research aims to identify the socio-economic inequities and resource capacity gaps faced by racialized communities. In Canada, facing the COVID-19 pandemic and using culturally responsive research, the research captures the lived experiences of these communities through the framework of the social determinants of health. Researchers also considered the components of Emergency Management[3], namely: prevention and mitigation, preparedness, response and recovery through this racial lens. The study focused primarily on the preparedness and response to the pandemic with implications for prevention, mitigation and recovery. Finally, given the community based nature of this work, the research explored the role of social capital (e.g., the strength of families and communities) to understand how participants utilized their social capital during the different stages of the pandemic and how it may be used to enhance individual or community development in events such as a pandemic or as part of the way forward, considering both the immediacy of the next stage vaccination response plan or even to address future challenges. This research spanned a variety of racialized communities. While racially diverse, the participants were interestingly quite similar

in their responses as they share common stories and challenges in terms of attaining a stable sense of wellbeing during the pandemic.

The following key findings highlight these similarities and some differences that emerged from this study:

• Slightly less Arab respondents (18%) answered "Yes" to the question "Are you an essential worker?" compared to 20% of Non-Arab respondents.

• Over one third of both Arab and Non-Arab respondents reported working outside the home (34%). Although more Arab respondents (67%) continued working after the outbreak compared to Non-Arab respondents (61%), a significantly larger percentage of Arab respondents worked from home (70% Arab respondents compared to 57% Non-Arab respondents). Similarly, less Arab respondents used public transportation (8%) compared to Non-Arab (14%).

• Whereas there is notably differentiation in respondents' sense of trust for provincial response to COVID, there is a higher level of trust for Federal Government related to the COVID-19 response across all respondents.

• In terms of overall ranking, Non-Arab and Arab respondents have the highest level of trust in the municipal and federal response measures (over 62% of Non-Arabs and over 73% Arabs Strongly agree and Agree), compared to the provincial response measures (54% of Non-Arabs and 61% of Arabs Strongly agree and Agree).

• In terms of satisfaction with the community preventative measures, over half (53%) of Non-Arab respondents were very satisfied or somewhat satisfied, compared to slightly less than half (47%) among Arab respondents.

• Most Non-Arab respondents (75%) identified that their community has responded with measures to address the coronavirus pandemic. The percentage of Arab respondents who were aware of their community taking steps to respond to the coronavirus pandemic was lower, at 61%.

• Almost four times more Arab respondents identified as performing a COVID-19 test in response to these symptoms (13% Arab respondents listed COVID-19 test as a response to symptoms, compared to only 3% among Non-Arab respondents).

• One third of Non-Arab respondents and one quarter of Arab respondents have experienced reduced hours or job losses because of the COVID-19 pandemic. However, the financial impact goes well beyond this aspect. More than half of the Non-Arab respondents (52%) have been financially affected by the COVID-19 crisis. A high percentage of Arab respondents (45%) have also felt an overall impact to their financial situation.

• When it comes to mitigating the financial impact, a larger percentage of Non-Arab respondents requested payment deferral from banks or service companies (20%) compared to the Arab category of respondents (14%).

• An equal percentage of Arab and Non-Arab respondents (68%) indicated religious institutions are either very important or somewhat important in providing support. A slightly higher percentage of Arab respondents (34%) felt strongly about this importance compared to Non-Arab respondents (32%).

• The self-declared level of stress significantly or somewhat increased for 81% of Non-Arab respondents compared to 77% of Arab respondents.

• Outside of their immediate household, a higher percentage of Arab respondents reported regular contact with 10 people or more (17%) compared to Non-Arab respondents (9%)

• In addition to seemingly larger social circles outside of their household, Arab respondents seem to rely on a primary technology solution, whether that is phone calls, video chatting or social media (11%) versus Non-Arab respondents (6%). Non-Arab respondents are more inclined to use two or more technology solutions (34%) compared to the Arab counterparts (27%)

• For younger participants, great emphasis is placed on exchanges within their social network and how losing the in-person contact affected them.

• For newcomers, a lack of social networks impacted their wellbeing.

• Maintaining social connections—either through socially distanced outings in a park or online via group chats in social media networks—created a sense of connection.

The pandemic has been traumatic at a global level. Our racialized communities have been hit hard, as echoed by the voices in this study. Yet, amidst this distress, there were moments of hope and strength as their communities came together to support each other, virtually and safely. These connections, this sense of trust, care and connection within and across communities, are foundational to creating change we seek to ensure equitable safety, health and prosperity for racialized communities in Canada. These bonding social capital characteristics also hold the scope of providing a key pillar for building bridges between racialized communities and broader societal institution to aid the effectiveness of efforts aimed at addressing the pandemic or major health, socio-economic, or environmental challenges.

Yes, the CERB of course because many of my friends applied to it, many of my working friends applied to it. My son applied to it because he was working at the university and his work stopped.

By capturing their insights and experiences, this research positions CAI to advocate more effectively for improved standards of wellbeing for all Canadians and further enhances Brock University role as a community engaged university. Perhaps future generations may view this COVID-19 pandemic as a clear call to action too - an unprecedented time that caused us to reflect, react and reset collectively or, to draw on the words from our community:

I think how we have come together collectively...
I will say it was a weird time, but weirdly it was ...maybe...
what humanity needed.

Recommendations: The Path to Recovery

Along with continued collection and analysis of race-based data across Canada, we identify four key recommendations to address the noted inequities which help mitigate the many challenges these communities face. We cite a call to action for both governments and communities to build on the social capital evidenced in our research as a catalyst for building trust and resiliency. These include:

1. Build Trust Between Government and Racialized Communities

Trust with Government

• Stronger, direct communication, grounded in trust, is essential for connection with racialized communities to support them, provide culturally appropriate messaging and counter misinformation.

• Government building stronger relationships with community leaders and influencers to build trust can be anticipated to support greater effectiveness in address the COVID-19 pandemic at a community level. This must be done through authentic engagement to create a continuous feedback loop.

• Work with trusted community members including medical professionals, faith leaders, elders, and community leaders as key partners to create safe, trusted access points to link and bridge social capital, particularly related to vaccine hesitancy.

Trust within the Community

• Build on the shared norms and bonds to organize and implement effective responses to prepare for, respond to and recover from COVID-19 pandemic and other crises. Trusted community agencies and networks can facilitate collective action, decision making and greater factual information sharing within communities, using the informal, established networks for outreach.

• Communities and community leaders are core to linking all members to resources and support including financial, medical, and emotional support. Strategic efforts need to be made to seek out those that are hesitant to come forward.

• Build on the bonds that have been created to ensure resiliency to cope with stressors.

The Way Forward

❝ *In my First Nations community, we really saw how limited access to the Internet was for a lot of my family. When trying to communicate and talk to them, their data plans aren't unlimited, or their internet caps out at a certain point… so I think that we need to get cracking on how to get to get the internet up in those communities.* ❞

❝ *I felt like it was accessible because I had financial means to do those sorts of things. But for other people in the community, I'm just wondering, how are they going to access these sorts of things when it isn't readily available? When they can't make use of these resources to stay well, stay fit, and stay healthy.* ❞

2. Enhance Communication Through Existing and New Channels

• Governments should engage with the community frequently to ensure consistent and appropriate communication, recognizing that community organizations and social networks serve an important role in forging trust and connection that are needed for successful emergency management.

• Communities should ensure factual information is shared amongst trusted networks and draw on their awareness of cultural nuances to develop multiple modes of communication and access points.

• Social media and online connection played a key role in the dissemination of information utilized in responding to the pandemic suggesting this will also be important as part of the recovery.

• Use a variety of culturally appropriate strategies across a variety of media. Include trusted members of racialized communities to speak directly to the community in different languages.

• Redundancies in information and resources should be used as support and not considered duplications. Every effort and action matters, opening channels for appropriate, timely communication and support.

3. Increase Overall Wellbeing of Racialized Canadian Communities

• Access and knowledge of financial, physical, and emotional wellbeing resources is linked to how communities and people garner information and respond to the challenges of the COVID-19 pandemic.

• Develop ongoing engagement with racialized communities to address the underlying social and economic inequities, using community race-based data. Participants strongly identify the need for ongoing support to aid in the recovery and a way forward, including easier access to social supports, mental health resources, and economic assistance (small business development and recovery, employment opportunities).

• Build on the social capital apparent within these racialized communities to engage with and address newcomer challenges.

4. Recovery - Building Back Better and Positioning for Future Mitigation and Preparedness

• The study emphasizes the important role of racialized community social network plays in supporting the capacity of individuals in responding to the COVID-19 pandemic as well as the impact on their wellbeing. The wellbeing dimensions spans physical, financial, spiritual, emotional, and social components.

• The response of racialized communities to COVID-19 suggest that the engagement of communities in the recovery process, including building back better community health facilities, will be important in the pending recovery as well as potential future mitigation and preparedness.

• Businesses and employment have adversely affected for racialized community level which may not have some of the social networks to easily access programs without the establishment of bridges between racialized communities and government initiatives.

• A community engaged emergency management strategy would support the effectiveness of government and societal institutions in supporting and working with racialized communities.

The scope for further study extends across and within racialized communities for the expansion of the sample size to facilitate further analysis the potential differential impact of COVID-19 pandemic as well as

other challenges (e.g., economics or environmental issues). We offer a call to action for future research to address differences between racialized communities so as to understand and strengthen their capabilities to prepare for, respond to, and recover from emergencies, through the lens of social capital. The lessons learned from this study provide the impetus for further segmentation analysis, including intersectionality, gender, employment status, newcomers and multi-generational insights.

Introduction

To achieve mutual goals of working toward a more inclusive Canada, academics and community leaders are partnering to leverage data about their communities in a way that advocates for more targeted, appropriate support to help them mitigate the challenges that have arisen during such a difficult time in Canada. To contribute to this effort, The Canadian Arab Institute (CAI) is collaborating with Brock University in a study that addresses gaps in knowledge about the lived experiences of racialized communities. Without this kind of research, Canada risks having an uneven recovery that puts racialized Canadians in a worse situation than before the pandemic.

This study has been designed to cultivate dialogue across several groups of racialized Canadians. This is especially relevant to newcomers both within and across communities, who do not have the same amount of social capital as other, more-established groups of racialized Canadians.

Since inequities faced by these communities vary considerably, it is therefore important to capture the experiences of multiple marginalized groups, and to conduct research in a way that is inclusive during the process.

As such, this study evaluates the impact of COVID-19 on Arab, Black, Hispanic, Indigenous, South Asian, and other racialized groups across Canada. The aim is to identify and articulate the challenges faced, with the mission of facilitating and informing government policy, program development, and civil society interventions.

The CAI—together with two principal co-investigators – Dr. Gervan Fearon, President of Brock University and Dr. Walid Hejazi, Professor at the Rotman School of Management, University of Toronto – have overseen the design and implementation of the research. The lead operational researchers were Dr. Andrea Ciologariu, Dr. Susan Murray, Rania Younes, Shireen Salti and Raja Abdo.

The contribution of this study should be viewed as complementary, additive, and mutually reinforcing to those many ongoing efforts within Canada to address racial inequities, particularly through community-based research that provides race-based data.

Methodology

This research has been conducted in partnership with the Canadian Arab Institute (CAI). It is a community-based research project to study the impact on well-being of COVID-19 on racialized groups across Canada along five dimensions of well-being: Physical, Financial, Emotional, Spiritual and Social, which align with the social determinants of health. The research leverages the lens of the emergency management framework of the Government of Canada, using the four interdependent components (mitigation/prevention, preparedness, response, and recovery) to constitute the backdrop for the study.

This research utilized both a structured questionnaire and individual interviews. The questionnaire (see Appendix A) is divided into nine major sections and was administered using both self-completion (online) or via a telephone interview.

A draft version of the questionnaire was reviewed by the research committee of CAI in the summer of 2020. The survey instrument, and interview questions, were administered to the research committee and a group of 25 volunteers recruited by the CAI in July 2020 to participate in the research effort. During this pretest, attention was paid to the wording and interpretation of the questions, the length of time for completion and any challenges posed. Both the survey and interview questions were then refined.

The draft survey instruments and detailed description of the research design were approved by the Brock University Ethics Review Board.

The 25 volunteer research assistants were recruited and trained to conduct the telephone surveys and interviews. are graduate or post-graduate students from several universities. Over 5 half day sessions, they were provided a background of the study and its objectives, introduced to the questionnaire, the interview questions and interview guide. They were provided with interview techniques training for both the questionnaire and interview, including several opportunities to roleplay with each instrument.

Field work was completed over a 4-month period (September – December 2020). A total of 215 participants across participated in the survey and 66 completed the interviews. The sample size of the study was partially affected by the availability and willingness of individuals to complete a survey during the social and personal concerns caused by the pandemic. Participants were recruited using a variety of community outreach groups as well as social media networks. Frequent monitoring of respondent demographics identified gaps in different racial groups so as to increase targeted efforts. All participants were provided with contact information and support service links, such as 211, at the conclusion of each interview. Data from the 215 surveys and interviews were consolidated and validated during the period December 2020 – January 2021 by researchers not involved in the field work. The data collected were analyzed using both qualitative (MAXQDA) and quantitative software, including frequency analysis and thematic analysis. A draft report was submitted to CAI in January 2021, where feedback was provided, which has been incorporated into this final report.

1. Demographic Profile

In this section of the report the demographic profile of respondents to the survey is presented. Data was collected on a range of characteristics such as gender, age, race, education and income. Data were also collected on respondents' employment status, native language, language most frequently spoken at home and preferred language to receive information. These characteristics are found to be important drivers on how individuals responded to, and were impacted by, the COVID-19 pandemic. Figure 1.1 depicts a word cloud of the country of birth among the 215 individuals who responded to the structured questionnaire. This word cloud highlights the diversity of the respondents in terms of country of birth with the most dominant places being Canada, Middle Eastern/Arab and South East Asian countries.

Figure 1.1: Country of Birth

Distribution by Race

The race profile of the sample is instructive (Figure 1.2). Arabs represent 34% of the sample, followed by 17% South Asian and 14% Black. For West Asian, Indigenous and Jewish respondents, the numbers were individually under 5 so these numbers were not show in this table. In aggregate, these respondents represented 3.8%.

Figure 1.2: Distribution of Sample by Race

Category	Frequency	Percentage	Category	Frequency	Percentage
Arabic	72	33.5	East Asian	10	4.7
South Asian	37	17.2	South-East Asian	10	4.7
Black	29	13.5	Latin American	8	3.7
Biracial	21	9.8	Other*	8	3.8
Caucasian	20	9.3	**TOTAL**	**215**	**100**

The asterisk indicates a too small number of other racialized groups respondents to maintain privacy

Gender Distribution

As seen in Figure 1.3, respondents who self-identified as "Female" constituted 66% for all respondents as well as Arab respondents only. Only 2% of all respondents described themselves as "gender non-binary" across all respondents and Arab respondents.

Figure 1.3: Gender Distribution

Gender Distribution - All respondents

Category	Frequency	Percentage
Female	142	66.1
Male	69	32.1
Non-binary	4	1.9
TOTAL	**215**	**100**

Gender Distribution - Arab respondents

Category	Frequency	Percentage
Female	55	66.3
Male	26	31.3
Non-binary	2	2.4
TOTAL	**83**	**100**

Age Distribution

Individuals between the ages of 25 and 34 years represent the largest cohort in the sample (Figure 1.4). Of the total number of respondents, 27.9% were between the ages of 35 and 54. As shown in the Table 1.3, 24.2% of respondents were 24 years and younger. At just 8.8%, individuals 55 and older do not constitute a significantly large category in the sample of respondents.

The age distribution of responded who identified as Arab was very similar to that of the overall sample. The Arab population had a slightly smaller share of respondents under the age of 24 at 21.7% and a larger share of respondents who were over age 55 at 12.1%.

Figure 1.4: Age Distribution

Age Distribution - All respondents

Category	Frequency	Percentage
Under 24	52	24.2
25-34	84	39.1
35-54	60	27.9
Over 55	19	8.8
TOTAL	**215**	**100**

Age Distribution - Arab respondents

Category	Frequency	Percentage
Under 24	18	21.7
25-34	29	34.9
35-54	26	31.3
Over 55	10	12.2
TOTAL	**83**	**100**

Distribution by Employment Status

The vast majority of all respondents (66%) and of Arab respondents (77%) are employed outside the home. Almost half of all respondents (46%) and over half of Arab respondents (51%) are engaged in full-time employment (Figure 1.5). The Arab respondents registered a lower percentage of unemployment (4.8% compared to 11.2% for all respondents).

Figure 1.5: Distribution by Employment Status

**Distribution by Employment Status -
All respondents**

Category	Frequency	Percentage
Full-time	98	45.6
Self-employed	22	10.2
Part-time	21	9.8
Student	38	17.7
Unemployed	24	11.2
Working at home	5	2.3
Retired	3	1.4
Other	4	1.9
TOTAL	**215**	**100**

**Distribution by Employment Status -
Arab respondents**

Category	Frequency	Percentage
Full-time	42	50.6
Self-employed	10	12.1
Part-time	12	14.5
Student	10	12.1
Unemployed	4	4.8
Working at home	1	1.2
Retired	1	1.2
Other	3	3.6
TOTAL	**83**	**100**

Slightly less Arab respondents (18%) answered "Yes" to the question "Are you an essential worker?" compared to 20% of Non-Arab respondents. Over one third of both Arab and Non-Arab respondents reported working outside the home (34%). Although more Arab respondents (67%) continued working after the outbreak compared to Non-Arab respondents (61%), a significantly larger percentage of Arab respondents worked from home (70% Arab respondents compared to 57% Non-Arab respondents). Similarly, less Arab respondents used public transportation (8%) compared to Non-Arab (14%).

Distribution by Income

Almost 10.7% of all respondents and 4.8% of Arab respondents earn less than $20,000 (Figure 1.6). As may be expected, about one third of respondents reported incomes in excess of 90,000 (29% for Arab respondents). Also with respect to income, it should be pointed out that a significant percentage of the sample (around 15%) opted not to provide an estimate of the household income. Respondents either could not remember or preferred not to answer this question.

Figure 1.6: Distribution by Income

Distribution by Income - All respondents

Category	Frequency	Percentage
Under 20,000	23	10.7
20-50,000	36	16.7
50-90,000	58	27.0
90-120,000	26	12.1
120-140,000	16	7.4
Over 140,000	25	11.6
Don't remember/ Prefer not to answer	3	1.4
TOTAL	**215**	**100**

Distribution by Income - Arab respondents

Category	Frequency	Percentage
Under 20,000	4	4.8
20-50,000	16	19.3
50-90,000	26	31.3
90-120,000	8	9.6
120-140,000	8	9.6
Over 140,000	8	9.6
Don't remember/ Prefer not to answer	13	15.7
TOTAL	**83**	**100**

Distribution by Highest Level of Education

In terms of education, over 11% of all respondents completed up to and including a college diploma, while an additional 34% have a university undergraduate degree (Figure 1.7). Among Arabs in particular, there is a lower percentage of college educated respondents (7%), but a higher percentage of respondents with undergraduate degrees (36%).

The largest percentage difference among the two groups relates to university graduate degrees. Over half (53%) of Arab respondents completed a university graduate degree, compared to under half (44%) of all respondents. Overall, therefore, the educational attainment of respondents is quite high, including relative to the overall Canadian population distribution.

Figure 1.6: Distribution by Highest Level of Education

Distribution by Highest Level of Education - All respondents

Category	Frequency	Percentage
High School	23	10.7
College	24	11.2
University Undergraduate	73	34.0
University Graduate	95	44.2
TOTAL	**215**	**100**

Distribution by Highest Level of Education - Arab respondents

Category	Frequency	Percentage
High School	3	3.6
College	6	7.2
University Undergraduate	30	36.1
University Graduate	44	53.0
TOTAL	**83**	**100**

2. Community Perceptions

Trust in Government and Community

Government

Survey participants were asked to indicate whether they trust the response measures of the municipal, provincial and federal governments. In this survey, Arab respondents displayed a stronger sense of trust in their municipality and COVID measures compared to non-Arabs.

Whereas there is notably differentiation in respondents' sense of trust for provincial response to COVID, there is a higher level of trust for Federal Government related to the COVID-19 response across all respondents.

> *[Chief Public Health Officer] Dr. Tam – I liked her. She tried as much as possible to be objective, but she was blunt about everything. The truth was there and I could believe whatever she's saying is really true. It's not a bluff.*

In terms of overall ranking, Non-Arab and Arab respondents have the highest level of trust in the municipal and federal response measures (over 62% of Non-Arabs and over 73% Arabs Strongly agree and Agree), compared to the provincial response measures (54% of Non-Arabs and 61% of Arabs Strongly agree and Agree).

When it comes to leadership, both Non-Arab and Arab respondents indicated an improvement in the perception of leadership primarily at the federal level: 56% of Non-Arabs and 60% of Arabs reported an improvement in the leadership of the Prime Minister in terms of his handling of the pandemic. The provincial perception of leadership followed with a 54% of Non-Arabs and 59% of Arabs declaring an increase in their perception of the premier's leadership during the pandemic. Lastly, 35% of Non-Arabs and 43% of Arabs indicated an increase in perception of leadership of their local mayor.

Across the interviews, a sense of trust was evident, yet many became tired of the daily updates from these leaders, focusing solely on the numbers.

Several research studies have suggested that vaccine hesitancy is directly influenced trust in societal institutions.

> *Our Band Council set up a COVID-19 task force with representatives from Band Council from the hospital here on the Reserve. [The Canadian Government] basically set up an emergency situation on the Reserve that allowed them to create rules and bypass certain protocols...Quebec and Ontario did the same...they produced a bunch of rules and regulations and they've also been releasing YouTube videos.*

Community Response

Respondents were asked to give their opinion on whether, to their knowledge, that their community has taken steps to respond to the coronavirus pandemic.

Figure 2.1, a word cloud, provides insights into the most common responses with respect to the steps taken by the community to respond to the coronavirus pandemic, as captured in the open-ended questions of the survey.

Figure 2.1: Community response to the pandemic

In terms of community response, most Non-Arab respondents (75%) identified that their community has responded with measures to respond to the coronavirus pandemic. The percentage of Arab respondents who were aware of their community taking steps to respond to the coronavirus pandemic was lower, at 61%. (Figure 2.2).

Figure 2.2: Community response
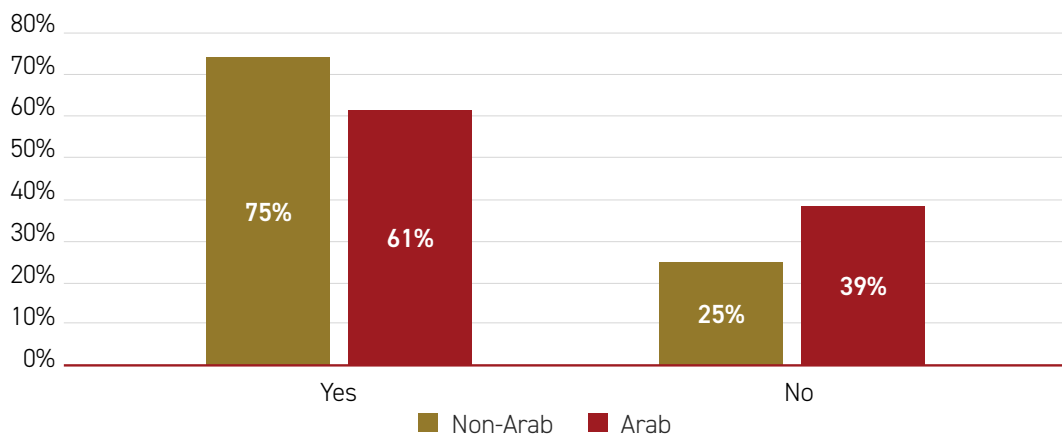
In terms of satisfaction with the community preventative measures, over half (53%) of Non-Arab respondents were very satisfied or somewhat satisfied, compared to slightly less than half (47%) among Arab respondents. Overall, Arab respondents felt more neutral with respect to the steps taken by the community they belong to, with 42% of Arab respondents feeling neither satisfied not dissatisfied, compared to 33% of Non-Arab respondents (Figure 2.3).

Figure 2.3: Satisfaction with the community response
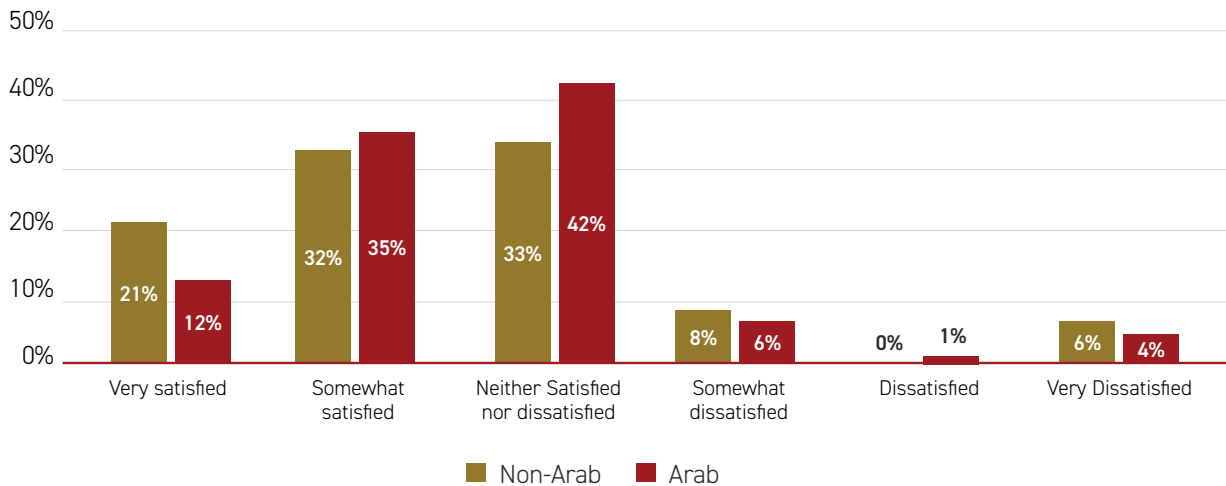
> **In my community there were not a lot of resources. Actually there were no resources in terms of being able to talk to somebody. Even religious institutions were closed. So the only people that I really did talk to were just like my friends, family, specifically my parents, some of my co-workers. Yeah, but in terms of my community there was honestly nobody to reach out to.**

The results of this survey indicate that approximately one fifth (19%) of Non-Arab respondents consider the municipality they live in as their community, compared to just over one seventh (14%) of Arab respondents.

In terms of the perception of municipality response compared to the response of the community, over one third (34%) of Arab respondents ranked the response of the municipality as better than that of their community. Among these 33% of Arab respondents consider that the response of their municipality was far better than the response of the community.

Comparatively, less than one third of Non-Arab respondents ranked the municipality response far better (15%) or slightly better (14%) than that of the community, as noted in Figure 2.4.

Figure 2.4: Community response vs. Municipality response
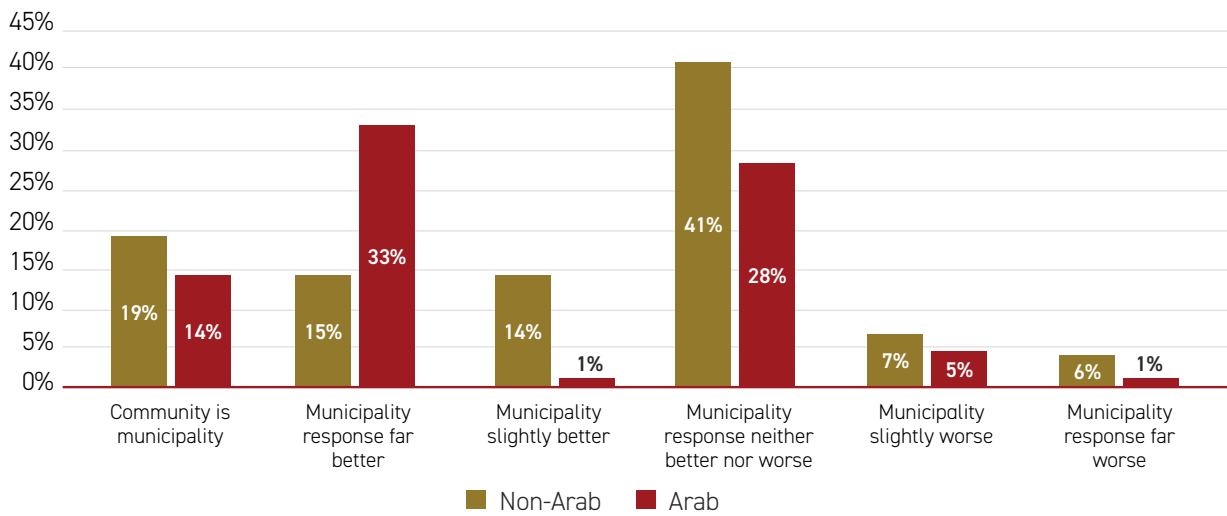
Throughout the interviews, definitions of community varied as well. Some defined community as a municipality, region, or neighbourhood. Others identified their community by ethnicity (e.g., Latin, South Asian, Chinese, Senegalese), or religion (Muslim, Christian) while some strongly identified with their university or school community. More commonly, participants identified their family and friends as a community, highlighting social networks online, community collectives related to social causes or fitness, or simply Facebook groups as a means of community connections, as shown in Figure 2.5.

Figure 2.5: Defining your community

There is this Senegalese listserve from when the pandemic started … asking if we are doing well, if we need things or yeah and me personally I did participate in the couple of voluntary event to go bring food or things for elders in our community.	I would have to say definitely I guess like my community, not necessarily my geographic community, but my network of friends, family, colleagues	The community offered emotional support and listened to my struggles. The community also helped me understand how to follow the public health guidelines… some community collectives had virtual sessions and it was good to talk to people and know they experience the same things.
Iranian community, East European community (At work) --- Ryerson University, Toronto, LGBTQ2S+, Filipino --- Markham, Indo-Caribbean, West Indian --- Black international students		My ethnic community is Taiwanese. My racial community is Asian (East). But, I live in a predominantly white neighbourhood. I live in Ward 12, St. Paul's. --- What kind of community? I live in Parkdale, I'm a lesbian - so the queer community. I'm euro-settler white. ---

3. Wellbeing Dimensions

Survey participants were asked to respond to questions that sought to address the impact of COVID-19 across five dimensions of wellbeing: physical, financial, spiritual, emotional, and social, linking to the social determinants of health. While these are explored separately, the interrelationships and impacts are quite evident, particularly in the stories shared by the interview participants. It is evident that negative impacts on one dimension, such as financial or spiritual wellbeing, has a resultant impact on others, such as emotional wellbeing.

Physical Wellbeing

Physical wellbeing refers to the ability of individuals to maintain a healthy quality of life, enabling people to carry out daily activities without fatigue or physical stress. In the COVID-19 pandemic, this means maintaining one's health by avoiding infection from this dangerous illness.

Less Arab respondents (32%) compared to Non-Arab respondents (40%) consider themselves at risk of becoming infected with coronavirus. At the same time, a larger percentage of Arab respondents (29%) are unsure of their risk compared to Non-Arab respondents (23%). In terms of other risk factors, the same amount of Arab and Non-Arab respondents identified as a person with disability (10%) or as part of an at-risk group (17%).

A similar percentage of Arab and Non-Arab respondents identified having had coronavirus-like symptoms (36% and 35% respectively). The respondents who answered positively to one or more of the listed symptoms were also asked about the actions taken in response to the symptoms they were experiencing. Almost four times more Arab respondents identified as performing a COVID-19 test in response to these symptoms (13% Arab respondents listed COVID-19 test as a response to symptoms, compared to only 3% among Non-Arab respondents).

> *My family is still struggling mentally and financially, and they put so much pressure on me as the eldest son. Too much pressure, really. I have recently started placing boundaries because I need to take care of myself first before others. I still have an income and a food supply store next to me, and that is how I live. Getting my groceries and basic life needs was never a problem.*

Financial Wellbeing

Financial wellbeing refers to the process of managing resources to maintain operations within a household. This involves making informed financial decisions, including setting realistic goals and preparing for both long-term needs and short-term emergencies. Financial wellbeing is drastically affected by one's ability to find an appropriately well-paid job, which is particularly difficult in higher-cost urban locations, such as the Greater Toronto Area (GTA).

One third of Non-Arab respondents and one quarter of Arab respondents have experienced reduced hours or job losses as a result of the COVID-19 pandemic. However, the financial impact goes well beyond this aspect. More than half of the Non-Arab respondents (52%) have been financially affected by the COVID-19 crisis. A high percentage of Arab respondents (45%) have also felt an overall impact to their financial situation.

> *Opportunities that were lined up suddenly disappeared. I was working at the university and I had applied to jobs for second interviews, and then got an email that these positions were suspended. I felt hanging about what to do with my future and what's going to happen.*

When it comes to mitigating the financial impact, a larger percentage of Non-Arab respondents requested payment deferral from banks or service companies (20%) compared to the Arab category of respondents (14%). One third of Non-Arab respondents accessed at least one of the financial relief program designed to help individuals and businesses mitigate the impact of the COVID-19 crisis, compared to less than 29% among Arab respondents.

> *Yes, the CERB of course because many of my friends applied to it, many of my working friends applied to it. My son applied to it because he was working at the university and his work stopped....*

While many of the people interviewed transitioned to working from home, quite a large number noted financial challenges, either personally or within their family. Family businesses and parents who were entrepreneurs experienced financial challenges. Students acknowledged some financial assistance, including the government student benefits and scholarships. Government financial support, particularly the Canada Emergency Response Benefit (CERB), was used by many interviewees, as shown in Figure 3.1.

Figure 3.1: Government Financial Support

Spiritual Wellbeing

Spiritual wellbeing refers to belief in, and ongoing search for, meaning in human existence. This category of wellbeing encompasses faith and hope, and often involves participation in organized religion, which is a major part of community-building for Canadians and newcomers alike.

A higher percentage of Arab respondents reported no change in their spiritual practices. There is a higher propensity to maintain religious practices. Even though the places of worship were closed, Arabs continued to practice their religion. The level of importance attached to spiritual practice was equal for both groups (68% of all respondents).

The sample consists of a higher percentage of respondents who self-identified their religion as Islam, followed by just over one quarter who identified as Christian. Note that over 12% of respondents indicated no religious affiliation whatsoever and just over 2% identify as spiritual non-denominational. Other religions were Hinduism (6.1%), Sikhism (2.3%), Buddhism (1.9%). The category "All other" (5.0%) includes Druze, Judaism, Mohawk, and Rastafari, among others.

An equal percentage of Arab and Non-Arab respondents (68%) indicated religious institutions are either very important or somewhat important in providing support. A slightly higher percentage of Arab respondents (34%) felt strongly about this importance compared to Non-Arab respondents (32%).

When asked about the level of engagement with spiritual practices during the coronavirus pandemic, a higher percentage of Arab respondents (63%) reported no change in their religious practices compared to Non-Arab respondents (56%). A larger percentage of Non-Arab respondents declared either an increase (24%) or a decrease (20%) in spiritual practices compared to Arab respondents (19% reported an increase and 18% reported a decrease).

A lesser change in their religious practices of Arab respondents may be linked to their belonging to a congregation. Only 36% of Arab respondents consider themselves as being part of a religious or spiritual congregation, compared to 40% of Non-Arab respondents. Therefore, a reduction in congregational activities is less likely to affect Arab respondents.

For some, the absence of rituals associated with religious celebrations—such as going to the Mosque, Eid or a death in the family—created emotional burdens, as shown in Figure 3.2.

Figure 3.2: Celebrations and family events

|	
When we were in full lockdown, the most I missed was church… not being able to see someone and have that little discussion in the hallways, that made me the most sad.	I am not aware of the Muslim community because they shut the mosque, as it was mandatory. I did feel my community was shattered.
My grandma passed away in Sri Lanka… and my dad couldn't go to do the ritual. There are certain things from a religious aspect that he had to commit to, but he couldn't, and that was a huge burden on him emotionally.	What I missed the most was sitting in circles of women. We would have a pipe ceremony every two weeks for a woman's pipe ceremony, and for other reasons before the pandemic… So I really missed that part, because I'm usually smoking the pipe in a sharing circle.

Emotional Wellbeing

Emotional wellbeing refers to the awareness and expression of feelings, including happiness, sadness, fear, stress, and anger. Wellbeing in this category includes the capacity to manage behaviours related to strong feelings, e.g., the ability to cope with high levels of stress effectively.

> *It had an emotional impact: instability. Suddenly, everything shut down. Before COVID, I was working two jobs, and I was graduating and getting interviews for jobs and suddenly all these jobs were on hold. The economy was on hold. These changes impacted my mental health and gave me anxiety.*

In this research, Arabs declared an increase in stress level. While significant efforts have been focused on dealing with the physical health related to COVID-19, moving forward there needs to be an ongoing focus on and access to mental health resources, even for those who are not diagnosed with COVID-19. Again, the interrelationships between the dimensions of wellbeing are evidenced.

Figure 3.3 presents the level of stress felt by respondents. The self-declared level of stress significantly or somewhat increased for 81% of Non-Arab respondents compared to 77% of Arab respondents. (Figure 3.3)

Figure 3.3: Self-declared levels of stress
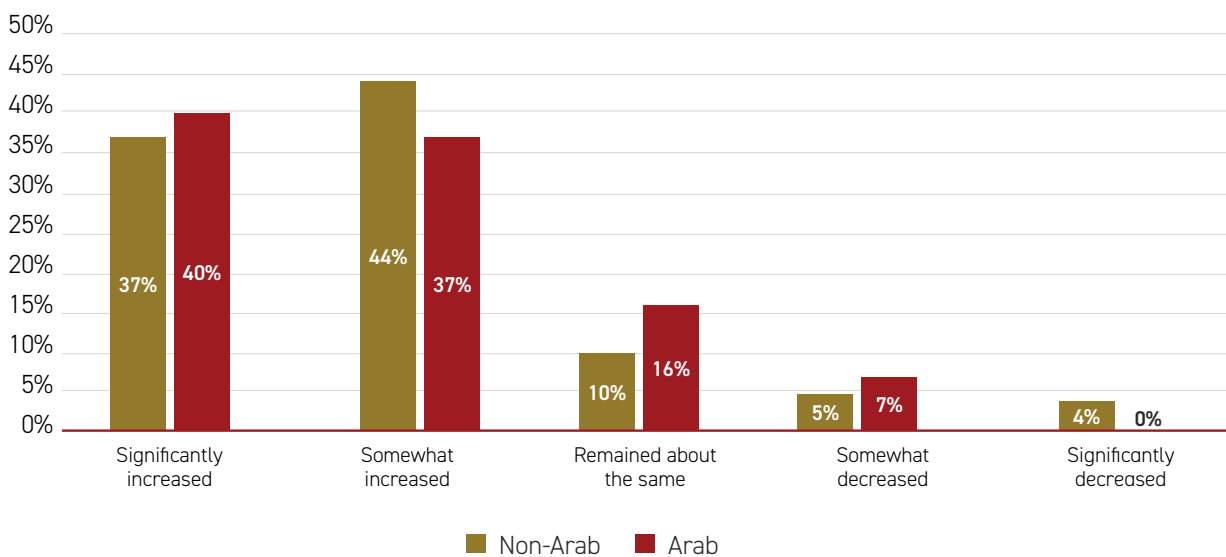
Many participants noted that being alone and isolated contributed to their stress. Others suggested that the availability and frequency of information became a source of fear, negativity, and anxiety. Newcomers felt quite alone, using terms like "confined" and "imprisoned" to describe both their physical and emotional state. Many newcomers do not have family or close friends nearby, and were unable to engage in their workplace or academic setting remotely.

*" **Not yet [belong to a community], I'm a newcomer.** "*

*" **So just kind of coming out of that bubble. It's good to talk to your friends; it's very cathartic to release those sorts of emotions...without feeling like you're putting baggage on them. Because everybody's kind of going through the same thing, just in different ways.** "*
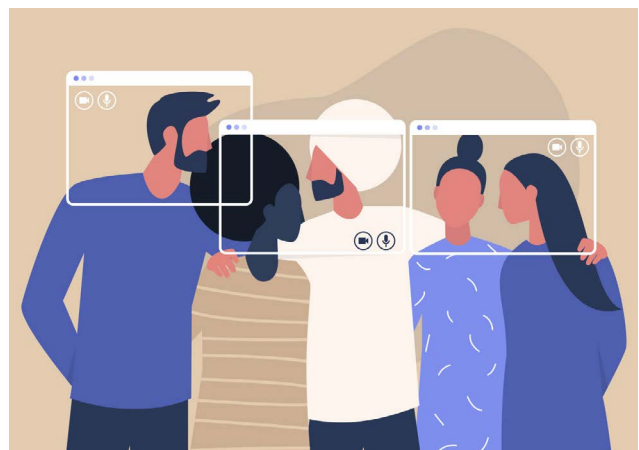
Maintaining social connections—either through socially distanced outings in a park or online via group chats in social media networks—created a sense of connection. In fact, it appears stronger support systems have been created as a result. Recognizing that socializing online is not the same as physical presence, many suggest they had to quickly adapt and accept these connections.

Several participants found the lack of access to medical support, due to pandemic restrictions, increased their anxiety and stress. For those receiving mental health supports prior to the pandemic, the fear of the virus exacerbated their illness.
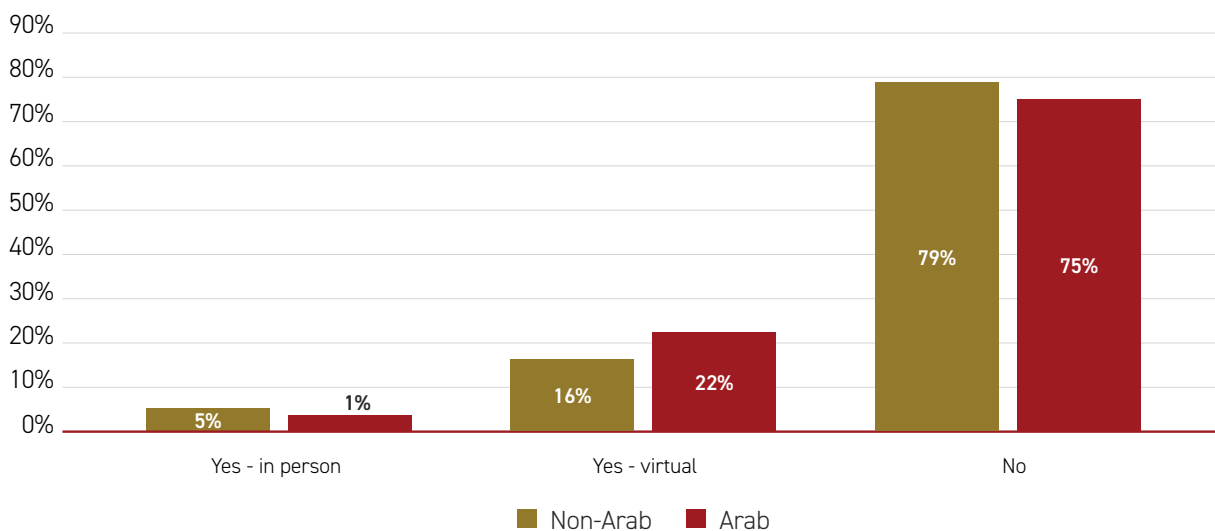

> *In the beginning it was very frightening, even getting turned down in hospitals... when you feel like you're sick, but you know your mental health in those type of situations always comes second. So you can't even be complaining about your mental health, because people are dying.*

Others sought and used professional help online, with a mental health professional, such as therapists, counsellors, or psychiatrists. At times, these were difficult to access, but virtual connections were made.

Survey participants were also asked if they accessed mental health services for any reason. One quarter of Arab respondents and over one fifth of Non-Arab respondents accessed mental health services since the start of the pandemic, whether virtually or in person (Figure 3.4).

Figure 3.4: Accessed mental health services

Figure 3.4 bar chart data:

Category	Non-Arab	Arab
Yes - in person	5%	1%
Yes - virtual	16%	22%
No	79%	75%

Legend: Non-Arab, Arab

It is quite evident across both the surveys and interviews that emotional wellbeing and mental health, both for Arab and non-Arab participants, was paramount during the pandemic (Figure 3.5). Whether it was a simple as going outdoors for a walk, the ability to connect with friends virtually, or access to professional services, all the participants were open and cognizant of their emotional wellbeing and that of others, acting as supports or advocates.

Figure 3.5: Pandemic Challenges to Mental Health

" We have had to advocate. I am like the noisy, squeaky wheel... To be the advocates right now, you've got to have video conferences. That is kind of what has changed: a lot of running around for people and virtual support. "

Social Wellbeing

Social wellbeing refers to the ability to connect meaningfully with other people in one's community. This includes establishing positive relationships with friends, family, co-workers, and other community members.

This category of wellbeing is unique, in the sense that it encompasses the amount of social capital at one's disposal. In other words, the extent of a person's social network has a direct correlation to the resources that are accessible, contributing significantly to overall wellbeing. This is particularly important for individuals who are less prosperous, as social capital can connect people to opportunities and resources that cannot be gained without direct assistance.
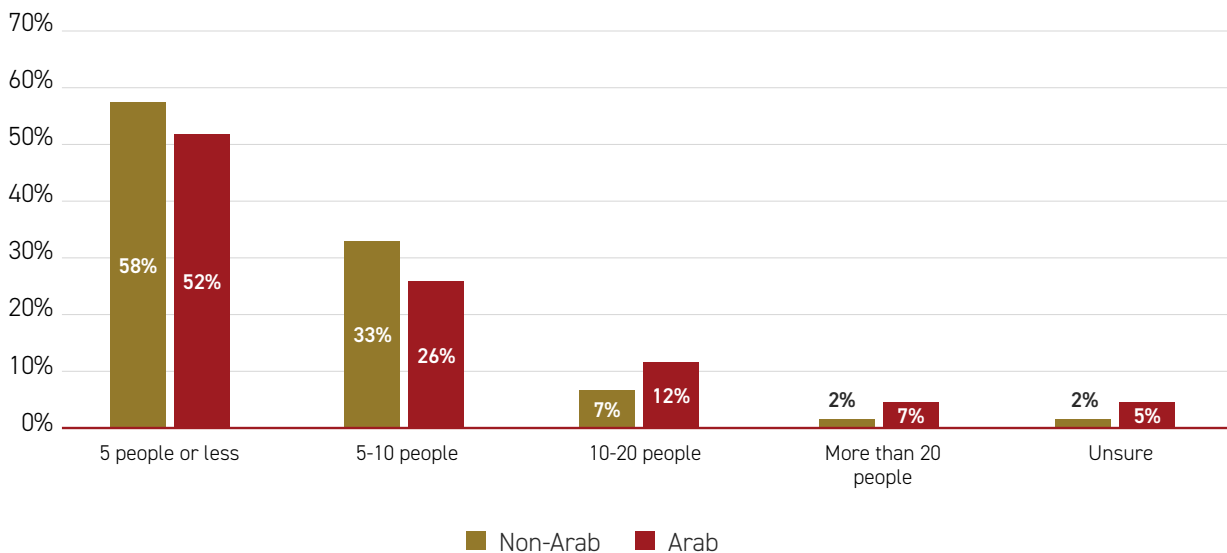
In this study, it was shown that people tend to rely on close networks for information sharing and support, rather than solely relying on external media. It is evident that close social networks of family and friends were of critical importance in information sharing, emotional support, and overall wellbeing during the pandemic. Stronger bonding within social networks, including family, was evidenced during the pandemic (Figure 3.6).

Figure 3.6: Bonding

The plus is like being able to be home with your family, getting to spend more time just at home, catching up on things that you never got to do.	it kind of forced me to adjust to a simpler life, a simpler routine and something that was more mandated to like my home and just you know, just being indoors and spending more time with my family.
Pandemic taught us good lessons: we can have quality time with family and socialize with people we care about. We've learned time management...having quality time with loved ones and working at the same time is possible.	Because I am so busy, I don't get to spend much time with my family ... I live with that, but I feel like I don't see them as often as I should because we all have different schedules and we all have our own life pretty much. So that was definitely the best part like I got to play board games, which I haven't played in like forever and stuff like that with my family.

Outside of their immediate household, a higher percentage of Arab respondents reported regular contact with 10 people or more (17%) compared to Non-Arab respondents (9%) (Figure 3.7).

Figure 3.7: Social circle – regular contact outside household

Legend: ■ Non-Arab   ■ Arab

	5 people or less	5-10 people	10-20 people	More than 20 people	Unsure
Non-Arab	58%	33%	7%	2%	2%
Arab	52%	26%	12%	7%	5%

In addition to seemingly larger social circles outside of their household, Arab respondents seem to rely on a primary technology solution, whether that is phone calls, video chatting or social media (11%) versus Non-Arab respondents (6%). Non-Arab respondents are more inclined to use two or more technology solutions (34%) compared to the Arab counterparts (27%) (Figure 3.8).

Figure 3.8: Contact methods outside the household
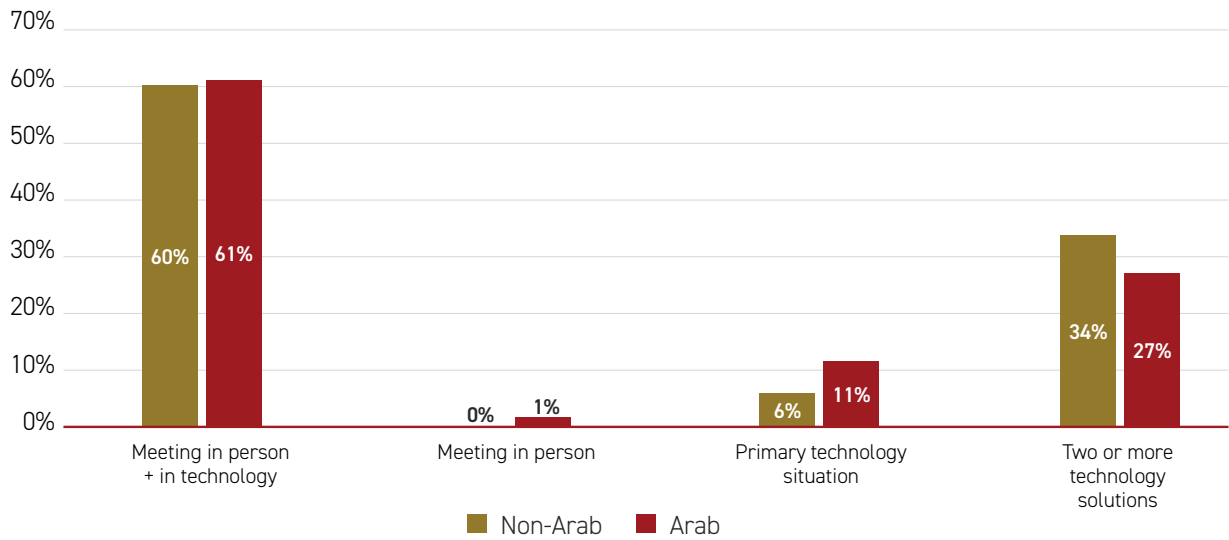
4. The Power of Social Capital

Social capital is one of the most effective forces in supporting the wellbeing of racialized communities. Durable, responsive social networks are incredibly important in facilitating access to key resources, including healthcare and employment. Social capital is also linked to trust relationships that are key to linking others to supports and bridging gaps that may be barriers in the broader community (Figure 4.1).

Figure 4.1: Bonding, bridging and linking social capital[4]
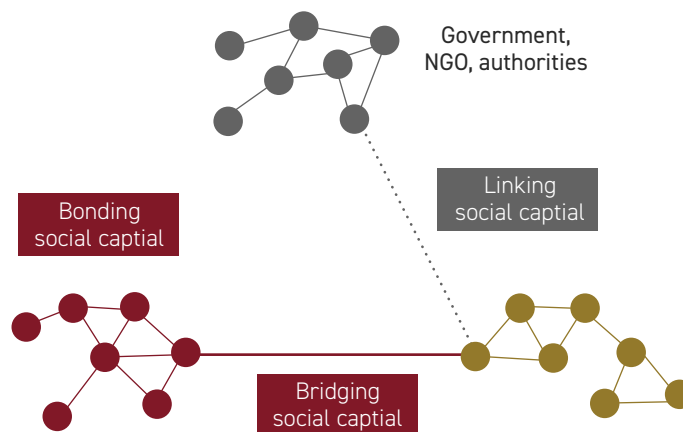
Close relationships, denoting bonding social capital, were essential for support and sustenance—whether helping a local family member, or in a Zoom call with close friends. Support to maintain these connections will be critical to recovery.
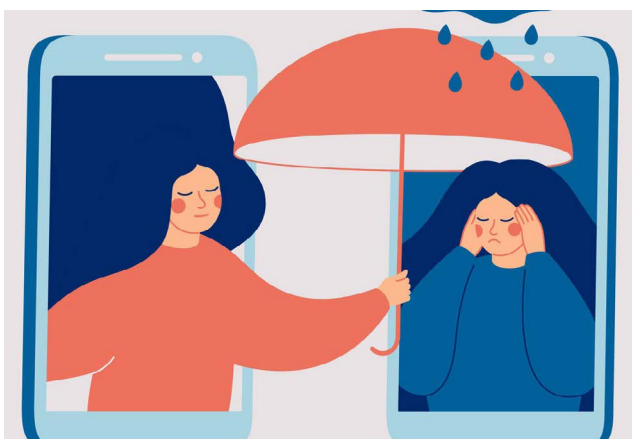
" Mostly friends. Like I feel like they were my safe zone, because a lot of them are going through the same thing. I found that talking to someone that is dealing with some of the same factors, whether it's school or work... really helped us get by. "

Participants drew upon these close ties to make connections to information and support, for emotional wellbeing. For younger participants, in particular, great emphasis is placed on exchanges within their social network and how losing the in-person contact affected them.

For newcomers, a lack of social networks impacted their wellbeing. This suggests that opportunities may be created and communicated across multiple challenges for newcomers to Canada, by academic institutions, to connect them with a community and establish stronger bonds. It may also speak to how institutions establish communication channels for support.

While definitions of community differ across the study participants, all described various systems of bridging and linking social capital exchanges for information sharing and resources (Figure 4.2).

Figure 4.2: Respondent bonding, bridging and linking social capital systems

> I was able to discover new programs for immigrants facing mental problems and that helps them receive therapy for free.

> Mostly from my community: some community collectives had virtual sessions and it was good to talk to people and know they experience the same things.

> Let's say engage more on a community level right now. It's going on to my interactive standpoint, but maybe creating more forums, more opportunities from a public health standpoint, whether they do this like let's say community centers or through other support networks so it has available resources and to kind of stay assured and have faith that you know, not to say this would be over but like, you know, kind of look more to the future.

Participants indicated that the strength of bonding social capital helped them cope with emotional and mental health challenges and, perhaps, even develop stronger resiliency.

The findings of this study suggest that their racialized communities could capitalize on some of these social networks for communication, information sharing and directed responses.

Participants suggest it is integral to acknowledge the intricacies of different communities, including preferred media and modes of communication, including translations. Stronger, direct communication, grounded in trust, is essential for connection with racialized communities to support them, provide culturally appropriate messaging and counter misinformation. There is an evident role for community-based organizations and leaders to engage with governments to make this a priority.

" *My friends from the community brought me food and asked about me consistently when I was sick.* "

Conclusion

The road to recovery from this pandemic includes a focus on equity and humanity, on community and care. It requires us, as Canadians, to acknowledge the inherent biases and inequities in our societal institutions and social systems that have had a disproportionate impact on our racialized communities. The intention of this study is to be part of the way forward as it aims to highlight the voices of these communities, and offer findings drawn from their experiences to set new directions and opportunities for policy development and community engagement. As one participant wisely suggests,

Every life matters. People should have access to information and services and support to stay healthy. It's important to keep in mind that some people are more vulnerable, to focus on them and try to put resources in place.

Despite the challenges of the pandemic, our participants visualize a clear road to recovery. They convey hope for a return to normal that includes socializing with friends and family, a return to work, a good sense of well-being and feeling safe again. They approach the "new normal" cautiously, recognizing that mask wearing, and social distancing may become a norm, until the vaccines take effect at a significantly broad population health level.

Outside of these immediate health safety concerns, many suggest that it will be a slow road to recovery for many businesses, families, and individuals whose struggles were heightened during the pandemic, whether it was a loss of employment or access to medical services.

Participants were asked how they would address these challenges, if they were the Prime Minister, to help their communities recover. Many spoke highly of the work and communication of the current Prime Minister and his Team, suggesting that he continue with constant communication and support, cognizant that the role of leader is not an easy one:

I think I would try my best to continue the duties to the best of my abilities and try to be as forthcoming as possible in terms of results and information and accessibility to various communities and ensuring that everyone is fully aware of the circumstances.

> **I would like to be more proactive and not fear to intervene in daily life: yes, there are consequences on the economy, but I would have less hesitancy to make the right decisions. I would tailor my support services and not just give out general funding like CERB.**

Participants were eager to share their action plans to help Canadians in the future. Many referenced health initiatives, such as research for vaccines and ongoing medical supports. They suggest that financial aid and mental health services should be inclusive and accessible, including counselling and mental health supports, a focus on community-based care and public health. Others noted a focus on youth, ensuring that children's well-being and vitality is maintained and encouraged, including their education. While some were quite specific, a few addressed broader strategies that would facilitate the "design of a social fabric that is resilient and flexible".

> **I feel like I would take more of our tax dollars and implement them in resource-based organizations that actually take care of their citizens.**

> **Continue supporting small business and people who have lost their job with financial aid. Stop paying rents and increasing rents for people until this pandemic is over and people have their jobs back.**

> **I believe that job outreach and recruitment programs would be a great help to those who are looking to hire, and those who need to find work.**

Many referred to specific government support to boost economic recovery, often with a specific focus on lower income individuals, access to affordable housing and guaranteed income support:

> **Guaranteed income plan for Canadians, with a universal minimum wage.**

> **Access to money for food, transportation, and debts.**

> **Business grants and supports to start small businesses, for school and employment.**

> *Lower student debt loan repayment.*

> *The current housing market is making it impossible to afford homes which is important to future success and growth, and a higher quality of life. Poor people need safe housing, not shelters.*

Specific actions were noted for racialized communities as well, such as specific research and funding. These align with other findings and include focused community development, employment opportunities and economic support.
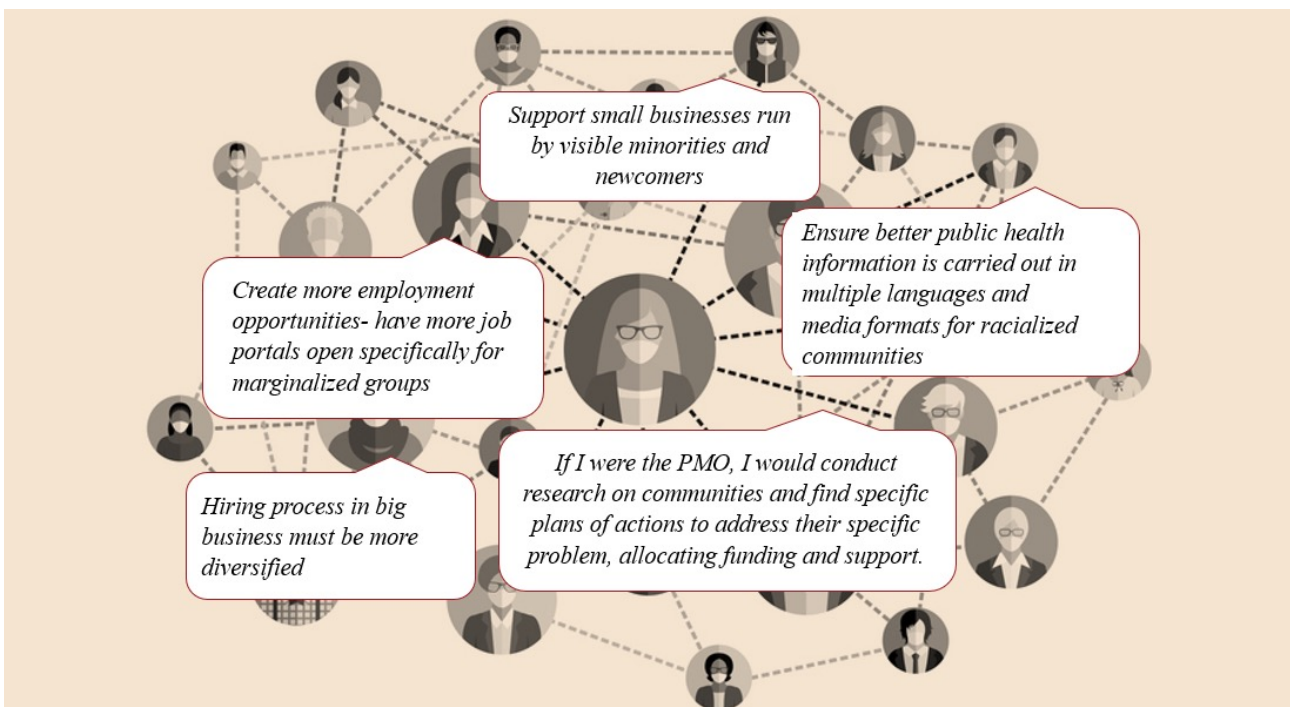
Across the nation, our collective response to the pandemic demonstrates our willingness for quick action in the face of risk, our desire to take care of each other, and our wisdom to reflect on what changes are needed to move forward. Communities, businesses, provinces and the country rallied and adopted a more equitable lens to ensure the safety of its citizens. Collectively as Canadians, the mandate is now to continue to ensure that we build on this capacity to care, by addressing the inequities present in our system. We need to continue to adopt this sense of urgency so that all Canadians have equitable access to health and social systems. As noted in this report, this includes focused research to generate meaningful race-based data, addressing communication barriers and community engagement that is collaborative across governments and contextually appropriate.

We asked our participants "How will you explain this pandemic to future generations?" Words like "Crazy" "wow" and "scary" were frequently used to describe the moments, the feelings. There was also an emphasis on care and concern.

" I would say we lived a crazy era. We definitely had a historical moment where we just didn't know when it was going to end. It went from a 2-week lockdown to what it's been eight months now, and if you tell them that it would sound unbelievable and something that is just, you know, made up and in a fairy-tale. To be honest if I was them, I would probably not believe that something like that took place, but you know, it's crazy to think how time has gone by. I would explain to them that it was a challenging time and it really made you realize what organizations were there for their employees, what institutions were there for help and what weren't. A lot of these leaders that we look up for example, whether it's government politicians or what not, really took the time to take care of their citizens and those who they loved and cared for versus organizations that laid off so many people and provided no financial aid, clarity of transparency. "

" What I'll take from this pandemic is that some people really cared about others and did the right thing and other people didn't care at all and made it worse. Moral of the story, look out for your neighbours, treat them as you want to be treated. "

The expression, "unprecedented time" is often used to describe the COVID-19 pandemic. Indeed, we have seen unique and unprecedented events and actions during the time of this pandemic-empty airports and skies, closed borders and vacant offices in the heart of busy cities. We also witnessed calls to action to address racial injustices across the globe and in Canada.

Perhaps future generations may view this COVID-19 pandemic as a clear call to action too - an unprecedented time that caused us to reflect, react and reset collectively or, as one of our participants eloquently suggests:

*" I think how we have come together collectively...
I will say it was a weird time, but weirdly it was ...maybe... what humanity needed.* "

TOGETHER
WE'LL GET THROUGH THIS

Researcher Biographies

Research Operational Leads

Dr. Gervan Fearon

Gervan Fearon is the President and Vice-Chancellor at Brock University joining the University in 2017 after serving as President and Vice-Chancellor as well as Provost and Vice-President Academic at Brandon University. He has also previously served in various roles at several universities. Besides academic achievements, his career includes several years in the Ontario government in roles as a senior analyst at Treasury Board Division, Ontario Ministry of Finance, and as an executive assistant to the Deputy Minister and Policy Advisor at the Ministry of Agriculture, Food and Rural Affairs.

Fearon received his Ph.D. in Economics from the University of Western Ontario; holds a Chartered Professional Accountant (CPA, CGA) designation and an ICD.D designation. He is also the recipient of the Queen Elizabeth II Diamond Jubilee Medal and several other awards.

He currently serves on the Governance Committee of Universities Canada, the Executive Committee of the Council of Ontario Universities (COU), the Board of United Way Niagara, the Chinese Cultural Centre of Greater Toronto, and as Chair of the Education Committee of the BlackNorth Initiative. Previous activities include serving as Chair of COU's Budget and Audit Committee, President of Tropicana Community Services and as a member of Brandon Urban Aboriginal Peoples' Council.

Dr. Walid Hejazi

Walid Hejazi is an Associate Professor of Economic Analysis and Policy, and Academic Director, at the Rotman School of Management, University of Toronto. He has researched, advised, and testified extensively on global competitiveness, and is currently working on a series of studies which shed light on the competitiveness and productivity of Canadian firms. He teaches in Rotman's MBA, EMBA, and custom executive program, and introduced Canada's first MBA course in Islamic Finance. Walid is also on the Advisory Board of the Canada Arab Institute.

Dr. Susan Murray

Dr. Susan Murray is an Adjunct Professor at Memorial University, Newfoundland and senior consultant with Clearpath Leadership. She teaches in Rotman School of Management's custom executive programs. In her consultancy, she researches and advises extensively in the field of leadership, leadership development, organizational strategy, and human capital across the globe, in both the public and private sector. She is the team lead for government excellence program assessments in the United Arab Emirates, with a focus on leadership, human capital, and innovation. In the non-profit sector, Susan is the chair of the Kids Eat Smart Foundation, a charity that serves over 35,000 meals every day. She is a mentor and coach with several national organizations, including G(irls)20, Women in Leadership (WIL), and UNTOLD. Susan has worked with CAI to provide an Emerging Leaders program.

Dr. Andreea Ciologariu

Dr. Andreea Ciologariu is a Research Lead for the study The Impact of COVID-19 on the Arab Community and Other Racialized Communities in Canada. She holds a DBA (Doctorate in Business Administration) from University of Reading, Henley Business School (U.K.). She received a M.Sc degree from the same institution, a MBA degree from University of Toronto Rotman School of Management (Canada) and a EMBA degree from the University of St. Gallen (Switzerland). She is currently a Research Fellow at the Institute for International Business at Rotman School of Management. Prior to academia, Dr. Ciologariu had a distinguished 15-year global career in Marketing, Sales and Operations in the technology, healthcare, trade, education and not-for-profit sectors. Entrepreneurship and innovation are Andreea Ciologariu's passion, and she is the co-founder and director for Active Patterns Inc., a consulting and advisory firm in applied innovation and transformation.

Rania Younes

In the last 8 years, social justice, inclusion and economic empowerment became a focus for Rania after being involved with various NGOs, mostly due to her role as National Project Manager for Immigrant Employment Councils of Canada, Impact Evaluation Project Manager at TREIC, and previous role as Programs Director at the Canadian-Arab Institute. Rania was the President and Chair of the Board of Directors of the Arab Community Centre of Toronto until early 2020 and is a Co-founder and vice chair of PCAN, a professional network with a mission to empower newcomers through professional development, civic action, mentorship and networking opportunities.

Shireen Salti

Shireen Salti is a fluently bilingual, first-generation Palestinian woman, and the Executive Director of the Canadian Arab Institute (CAI), where her strategic leadership is amplifying the voices and policy priorities of Arab-Canadian youth.

Shireen's own lived experience is complimented by a Masters in Public Policy, Administration and Law and a Graduate Diploma in Judicial Administration from York University. These academic pursuits have fueled her passion for meaningful reform of the systems and policies meant to support the "Arab" experience in Canada—including newcomer resettlement, social capital, education, and labour market access. Some past successes include: managing Ontario Public Service programs that reduced systematic barriers to education for marginalized students; leading advocacy strategies on Indigenous, mental health, cannabis, and accessibility policies for the Council of Ontario Universities; and working across party lines to write private members' bills and learn about governance at the Legislative Assembly of Ontario's non-partisan Internship Programme (OLIP).

In partnership with Brock University, Shireen is currently leading a first-of-its-kind, race-based national study on COVID-19. She is also consulting with the Together Project, tracking how government-assisted refugees build social capital during the pandemic and resettlement period.

When not knee-deep in research and policy, Shireen can be found reading, writing spoken-word poetry, meditating, listening to Drake, or in her kitchen, experimenting with authentic Palestinian "Qudsi" recipes from her birthplace — Jerusalem.

Raja Abdo

Raja Abdo is the Director of Operations at the Canadian Arab Institute, supporting the development of long-term organizational strategy, planning and implementation of operational and partnership projects.

Raja is passionate about learner supports in higher education and has previously worked for the Indigenous Advanced Education and Skills Council, the Ontario Ministry of Training, Colleges and Universities, and the University of Toronto. He has also supported Arab newcomers to Canada through volunteering for Lifeline Syria and the Near and Middle Eastern Civilizations Cultural Exchange and Support Initiative. He holds a BA degree in Political Science and Ethics, Society & Law from the University of Toronto.

Research Associates

Bashir Chalabi

Bashir Chalabi is an MBA student at the University of Toronto and an LLM student at the University of Victoria. Before this, Bashir was a government relations consultant at the leading firms in Moscow, specializing in sustainability-related projects.

Before starting his business career, Bashir carried out legal history research and was a university lecturer, teaching courses in humanities. Bashir holds a philosophy degree from the Lomonosov Moscow State University, a law degree from the Higher School of Economics, and a doctorate from the Russian Academy of Sciences.

Georgette Morris

Georgette Morris is pursuing graduate studies in Ethics and Public Affairs at Carleton University. She holds an Honours BA in Human Rights and Equity Studies, BA in Social Science and an MA in Public Policy Administration and Law. Her primary research interests have been in the area of labour, policy, equity, human rights (im)-migration, citizenship, government, political debate, public reason, and agenda setting. Georgette has experience working at all levels of government, within a range of departments and ministries. Her aspirations include making political debate more accessible and understandable to citizens.

Jad El Tal

Jad El Tal is a Lebanese-Canadian dual Master's of Public Policy and Global Affairs candidate at SciencesPo-Paris and the Munk School of Global Affairs at the University of Toronto.

His specialty is in management, innovation and governance in public affairs, and his passion lies in education policy. Before moving to Paris, Jad was a Legislative Intern as part of the Ontario Legislature Internship

Programme (OLIP), where he worked with both government and opposition Members of Provincial Parliament at Queen's Park. He completed his Bachelor of Arts-Honours at McGill University in Political Science and Middle Eastern Studies in 2018. He recently received a grant from the Social Sciences and Humanities Research Council (SSHRC) to conduct sensitive research on reforming the history and civic education curricula in Lebanon. Jad enjoys networking and speaking new people in English, Arabic or French.

Noura Hamade

Noura Hamade is a researcher at the University of Toronto at the Dalla Lana School of Public Health conducting research focused on women and women's health in countries in conflict. She is also currently the Equity, Diversity and Inclusion Lead at Epilepsy Toronto where she works to ensure that services and information provided by Epilepsy Toronto continue to be equitable and representative of the needs of the diverse Toronto communities.

Dr. Jad Jaber

Jad Jaber is a published author of the book "Queer Arab Martyr" as well as the peer-reviewed publication "Queer Arab Language". Jad has implemented a series of workshops through the 519, ASAAP, and Glad Day Toronto for marginalized queer immigrants focused on "Sensationalizing Queerness" and "Queer Immigrant Re-Generation". Jad had guest lectured at UTM and UofT in the fields of queer theory, gender dynamics, and immigration studies. Jad is the Founder of "Marginalized Majority", a Non-Profit LGBTQIA2S+ community-led organization that focuses on social research for Marginalized queer people and creating culturally-nuanced workshops and trainings on equity, diversity and inclusion.

Jad is a Post doctorate researcher on Feminist Economics and has a Ph. D. in Gender dynamics and queer behavior. Jad is currently a member of Pride's Board of Directors and has been on the board since January 2020. Jad is also a member of the LGBTQ2S+ Advisory Board for Toronto's City Council.

Mutaz Qamhieh

Mutaz Qamhieh is a 2020 graduate from the Rotman School of Management M.B.A program. He is currently heading the Business Development corporate team for a chain of dental clinics based in Ontario. Mutaz has been involved with a number of social impact projects where he held positions at local and international NGOs including UNHCR, Polycultural and Windmill with a particular focus on helping new Canadians integrate socially and economically.

Yara Ismail

Yara has worked with the Foundations and Major Gifts Team with Diabetes Canada as Fundraising Coordinator for Ontario for the past year. As a first-generation Canadian and an immigrant – she was born abroad to Canadian parents – Yara was able to employ her multicultural and bilingual skills in helping refugees, and immigrants settle in Canada. Working closely with the Settlement and the Crisis counselors she developed and delivered workshops and intensive programs focusing on: women's issues, troubled

youth programs, Integration into Ontario Teens Program. etc. While interning with a law firm in the Middle East, Yara developed a keen interest in Commercial and Intellectual Property Laws. Yara graduated with a Bachelor of Law from the University of Reading in England.

Research Associates

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Janine Alhadidi

Karim Saad

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Lujaine El Baker

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Shukri Islow

Khadeja Elsibai

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Dema Talib

Aaliya Stoman

Anas Asalah

Ayaat Hassan

Aitak Sorahitalab

Jathorsan Lingarajan

Jashnoor Chhina

Dania Shehada

Muhammad Abdullah

Community Organizations

Arab Community Organizations

Lebanese & Arab Social Services Agency

Arab Community Centre Toronto

Professional Canadian Arab Network

Arab Canadian Vote

Syrian Canadain Foundation

Egyptian Canadian Community Council

Iraqi Canadian society of Ontario

Egyptian Canadian Cultural Assosciation of Ottowa

Association of Palestinian Arab Canadian

Egyptian Canadian Coalition of Democracy

MESA UTSG

Canadian Arab Business Council

Black Community Organizations

Afri-Can FoodBasket Africans in Partnership Against AIDS (APAA (L'organisme Africaine enPartenariat avec d'autres Organismes Africaine pour la lutte contre leSIDA)

Africville Museum

All-African People's Revolutionary Party Toronto Circle

Black Business and Professional Association

Black Moms Connect

Black Creek Health Centre

Black Cultural Society of Nova Scotia

Black Daddies Club

Black Female Accountants Network

Black Health Alliance

Black Legal Action Centre

Black Lives Matter - Toronto

Black Solidarity Fund (via CanadaHelps)

Black Women in Motion

Black Youth Helpline

Blackcap

Black Toronto-Facebook

CAFCAN

Canadian Anti-Racism Network

CEE Centre for Young Black Professionals

Centre Canadien de L'unite de la famille

Centre for Young Black Professionals

Dream Legacy Foundation

Dua Kro Family Services

East Mall Steering Committee

Federation of Black Canadians

FrancoQueer

Generation Chosen

Harriet Tubman Community Organization

Hogan's Alley Society

Jaku Konbit

Jamaican Canadian Association

Jamaica Ottawa Canadian Association

Jane and Finch Family Centre - highest population of retail workers and PSWs

Jean Augustine Centre for Young Women's Empowerment

Lifelong Leadership Institute

Malton Black Development Association

Markham African Caribbean Canadian Association (MACCA)

Mommy monitor

Morningside Community Changers

NAIFA Toronto

Network for the Advancement of Black Communities

New Brunswick African Association

Nia - Centre For the Arts

North Preston's future

Ontario Black History Society

Ontario Black Vote – Velma

Operation Black Vote Canada

Ontario Council of Agencies Serving Immigrants

ResQ Youth International Incorporated

RISE – Edutainment

Roots Community Services Inc.

Rwandan Canadian Healing Centre – RCHC

Sankofa Mentoring Program

SoundCheck Youth Arts Inc.

Stolen From Africa

TAIBU Community Health Centre

Tropicana community services organization

Uzima Women Relief Group International

Vaughan African Canadian Association

WFG

Women's Health in Women's Hands

Young and Potential Fathers

Youth LEAPS

Asian (South/East) Community Organizations

Alliance for South Asian Aids Prevention

Afghan Women Organization

Noor Cultural Centre

Council for South Asians

Canadian Cambodian Association

Nepalese Canadian Community Services: NCCS

TNO (The Neighbourhood Organization - in Flemingdon & Thorncliffe)

VAT (Vietnamese Association, Toronto)

The Fillipino Centre Toronto

Bangladeshi-Canadian Community Services (BCS)

Lao Association of Ontario

Afghan Women's Center of Montreal

Asian (West/East) Community Organizations

Chinese Cultural Centre - Toronto

Syrian Canadian Foundation

Japanese Candian Cultural Center

The Japan Society

National Association of Japanese Canadians

The Japan Foundation Toronto

Turkish Society of Canada

Canadian Turkish Friendship Community

Turkish Community Heritage Centre of Canada

Aisian Law Student Associate (UofT)

Canada-Japan Society of Toronto

Japan Canada Student Association

East Asian Studies and Activities

Greater Vancouver Japanese Canadian Citizens' Association

Kita No Taiko - Japanese Canadian Drummers

Toronto Asian Community AIDS Services

KCSA - Korean Canadian Students Association (UofT)

KCF - Korean Christian Fellowship (UofT)

Korean Engineering Students Association (UofT)

Chinese Cultural Centre - Vancouver

Chinese Cultural Centre - Toronto

Parya Trillium Foundation

Indigenous Community Organizations

Anishnawbe Health Toronto

Aboriginal Housing Support Centre

Anduhyaun

Ontario Aboriginal HIV/AIDS Strategy

Native Child & Family Services

First Nation School of Toronto

Native Women's Resource Centre

George Brown College Native Student Services

New Frontiers Aboriginal Residential Corp.

Ryerson Aboriginal Student Services

Toronto Aboriginal Care Team

Toronto District School Board – Aboriginal Education

Wigwamen

York University Aboriginal Student Services

Deepening Knowledge Project – OISE

The National Association of Friendship Centres (NAFC)

Native Women's Association of Canada (NWAC)

McMaster University Indigenous Student Services

Six Nations Social Services Department

Indspire

Indigenous Innovation Initiative

Latin American Community Organizations

The Federation of Canadian-Brazilian Businesses

Brazil-Canada Chamber of Commerce

CALACS

Latino Canadian Cultural Association

Casa Cultural Mexicana, Toronto

The Latino Canadian Chamber of Commerce

Latin American Students' Association

Mexican Society Edmonton

Edmonton Hispanic Bilingual Association

Sombrilla

Canadian-Peruvian Association

Friends of Aniquem

Alma Children's Education Foundation

Peruvian Canadian Cultural Association

Purevian Cultural House

Folklore Inka Peru

Sentir Venezuela Cultural Group

The Latino Canadian Chamber of Commerce

The Canada Venzuela Democracy Forum

Canadian Venezuelan Engagement Foundation

Rotman Latin American Business Club

Justicia for Migrant Workers

United Food and Commercial Workers

Mexican consulate in Leamington

PODER

Toronto Hispanic Chamber of Commerce

Hispanic Canadian Heritage Council

Asociación de Ecuatorianos en Ontario

Canadian Hispanic Bar Association

Center for Spanish Speaking People

Association of Spanish Speaking Seniors of Toronto

Dominican Canadian Pro Culture

Fundarte Latinoamerica

Latino Canadian Community FB Group

Andean Council of First Nations

OLAS Ryerson

Jaime Orlando Martinez Trejos (individual from London)

Association of Colombian Canadian Professionals of Alberta

Emmanuel Baptist Church North, Toronto

Boon Avenue Baptist Church, Toronto

Duffetin St Baptist Church, Toronto

Sagrada Familia Parish, Ottawa

Business Latin Network

Hispanic Women's Network (FB group)

Chilean Canadian Cultural Society Edmonton

Latino! Magazine

Hispanic Canadian Arts and Cultural Association

Club Argentina de Toronto

Canadian-Cuban Friendship Association Toronto

Canadian Hispanic Congreess + Canadian Bolivian Chamber of Commerce

Hispanotech

Colombian Refugees Association

Colombianos En Montréal (FB group)

Caucasian and General Community Organizations

YMCA Toronto

YMCA Montreal

YMCA Windsor (South Western Ontario)

YMCA of Northern Alberta (Edmonton)

Heart and Stroke Canada

YMCA Corporate Office (Ottawa)

Meals on Wheels Ontario

Canadian Red Cross

Toronto Recreation/Community Centres

Windsor Recreation/Community Centres

Montreal Community Directory

Ottawa Recreation/Community Centres

Greek Community Toronto

Canadian Women's Council

Volunteer Toronto

Diabetes Canada

Villa Charities (Columbus Centre) - Italian Community Hub

Irish Cultural Society of Toronto

St. Andrews Society of Toronto (Scottish Community)

Russian House Toronto

JDRF Canada

Windmill Microlending

Access Employment

Halton Catholic District School Board

Halton District School Board

Peel Distirict School Board

Dufferin-Peel Catholic District School Board

Toronto District School Board

Toronto Catholic District School Board

Polycultural Immigrant and Community Services

COSTI

Brampton Multicultural Centre

Catholic Cross Cultural Services

Peel Multicultural Centre

Tekeyan Armenian Cultural Asoociation (Montreal)

Support Centre for the Immigrant Community of Bordeauxcartierville (Montreal)

Italian-Canadian Community Services of Québec

Spanish-Speaking Association of LAVAL (Greater Montreal Area)

English Montreal School Board

Canadian Lung Association (National Office)

Lung Association of Alberta & NWT

Ontario Lung Association

The Quebec Lung Association/L'Association pulmonaire du Québec

Ontario Public Health Association

The Multicultural Council of Windsor and Essex County (settlement and integration program)

Giovanni Caboto Club of Windsor

New Canadians' Centre of Excellence Inc. Windsor

Polonia Centre Windsor Inc, Windsor - South

National St. Polish Cultural Centre

Verein Teutonia Club: German Cultural Centre, Windsor

Welcome Centre Shelter for Women and Families, Windsor

CommUnity Partnership, Windsor

OCISO - Ottawa Community Immigrant Services Organization

Upstream Ottawa

Rural Ottawa South Support Services (ROSSS)

Western Ottawa Community Resource Centre

South-East Ottawa Community Health Centre

Edmonton Intercultural Centre

Place du Partage - Settlement Services (windsor)

Windsor Women Working With Immigrant Women - Settlement Services - Information and Orientation

YWCA Canada

Special Mention

Thank you to these organizations for translating the survery in 10 languages.

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References

1. https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html

2. https://www.canada.ca/en/public-health/news/2021/02/cpho-sunday-edition-the-impact-of-covid-19-on-racialized-communities.html

3. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/mrgncy-mngmnt-strtgy/index-en.aspx

4. Adapted from: https://link.springer.com/chapter/10.1007/978-981-10-6138-7_5