

# COVID-19 Impacts on RaY Street Outreach Activity

*A research report by*



Resource Assistance for Youth, Inc.

[www.rayinc.ca](http://www.rayinc.ca)

# Acknowledgements

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The authors would like to begin by acknowledging that this research and the associated activity of RaY's street outreach program takes place on Treaty 1 territory, on the original lands of the Ojibway, Saukteaux, Cree and Oji-Cree peoples, and the homeland of the Métis Nation. RaY is committed to honouring the United Nations Declaration on the Rights of Indigenous Peoples, and the findings of the Truth and Reconciliation Commission of Canada and the National Inquiry into Missing and Murdered Indigenous Women and Girls. RaY dedicated to learning, healing, and collaboration whilst we strive to provide culturally appropriate programming for all youth in a safe environment.

This research would not have been possible without the trust and engagement of the street outreach participants who share immensely important information about the challenges they encounter with the street outreach team. The authors would also like to thank the street outreach team and all of the staff at RaY for their hard work and dedication to serving these participants.

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Resource Assistance for Youth, Inc.

## About Resource Assistance for Youth, Inc.

Resource Assistance for Youth Inc. (RaY) is a multi-dimensional street level frontline service organization providing services that meet the emergent and long-term needs of marginalized, street-entrenched, and/or homeless youth. RaY is a non-partisan, non-judgmental, harm reduction-focused organization that utilizes the determinants of health and best practices to support marginalized youth in a participant driven way. RaY provides frontline services in conjugation with providing system-based advocacy, education, employment and training/readiness. Using an innovative service delivery model called the Hub Model, RaY connects youth with basic needs, housing programs, employment and training programs, access to mental health, primary health ,and substance use supports, as well as cultural programming. RaY's mission is to provide youth with what they need, on their terms, to better their lives.

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## Abstract

This report has been designed, researched, and written by staff at Resource Assistance for Youth, Inc. (RaY), a community-based organization in Winnipeg dedicated to providing wrap-around supports to marginalized youth in need. Specifically, this research focuses on RaY's street outreach program that works to meet people where they are at to provide them with the essential items to meet their basic needs. This includes supplies they require for survival, for harm reduction, and for a wide variety of support services regardless of their age. The street outreach team often work with the homeless or otherwise marginalized populations in Winnipeg. According to numerous studies and confirmed by many years of RaY's experience working with this particular population, these participants face some of the most significant barriers to services and supports in the entire city. Since the onset of the COVID-19 pandemic there have been several reports from across Canada stating that marginalized populations have been disproportionately affected by the pandemic; however, none of these have specifically focused on street-entrenched individuals in Winnipeg. This study seeks to explore the impact the pandemic has had so far on barriers that are encountered by the street-entrenched individuals who access RaY supports. The data analysis is followed by a discussion of some things that can potentially be done by governments, social systems and service providers to reduce homelessness and to reduce the risks associated with being homeless.

# Introduction

The COVID-19 pandemic has created additional layers of challenge for marginalized individuals who were already facing systemic barriers before the COVID-19 crisis began in March 2020. The risk of homelessness has increased profoundly among those who are precariously housed or those who are below the poverty line as they often cannot afford rent (Health Commons, 2020). Moreover, community organizations had to restrict their spaces to follow the new COVID-19 public health guidelines. These restrictions created yet another layer of barriers for those who utilize community services for basic needs including food, clothing, and harm reduction supplies. Despite many community organizations having no choice but to discontinue their outreach services during the pandemic (Buchnea, McKitterick, & French, 2020), RaY continued to provide outreach services while following the public health guidelines (i.e., wearing PPE). Thus, the researchers were able to gather data to explore the pattern of how COVID-19 impacts individuals who are at risk of homelessness and those who are experiencing homelessness. This research paper aims to explore some of the impacts of the COVID-19 pandemic on the street-entrenched people in Winnipeg served by RaY's street outreach services in an effort to identify gaps, trends and recommendations that may help to better address the needs of street entrenched individuals in Winnipeg. Some of the key findings include: an increase in new individuals served—especially new Indigenous individuals from 557 to 1,154, a jump of 107.18%—a decrease in the number of individuals using shelters; a corresponding increase of individuals who were unsheltered; and a shift in substance use trends away from meth and towards opioids.

## Research Questions and Hypotheses

This research intends to explore the potential changes

that had occurred so far during the COVID-19 pandemic, as it disrupted the services provided for marginalized populations, including individuals who are experiencing homelessness. It is expected that the COVID-19 pandemic will demonstrably exacerbate the living conditions of those who are marginalized due to service disruptions and systemic barriers (Pixley et al., 2021). To explore this theory, the following research questions were posed:

1. How has the onset of the COVID-19 pandemic impacted the numbers of street outreach contacts and participants RaY's street outreach team has interacted with?
2. In what ways have outdoor shelter patterns of street-entrenched youth shifted since the onset of COVID-19?
3. In what ways has COVID-19 impacted the substance use patterns of street-entrenched individuals served by RaY's street outreach team?

It is expected there would be an overall increase in the number of services provided and contacts made with individuals by RaY's street outreach team through 2020/21 compared to 2019/20. Nonetheless, the research is mostly exploratory in nature, focused on examining the trends of how the COVID-19 pandemic affected street outreach activity from one year to the next.

## Research Methods

Data for this study was collected by RaY's street outreach team consisting of two full-time employees: a Street Outreach Coordinator and a Street Outreach Worker. Cumulatively, they have 14 years of experience with RaY, working street outreach in Winnipeg's inner city. Occasionally other RaY staff accompanied one of these two employees for an outreach shift but the tools for data collection and the approach to data collection remained consistent. The data collected by the outreach team included participant name or pseudonym, participants'

age range, Indigenous/non-Indigenous identity, gender, sex trade involvement, housing situation, services the outreach team provided (e.g., brief intervention, harm reduction supplies), supplies provided, and the location where the interaction occurred. To preserve anonymity of the street outreach participants, no names or other identifying information were used in this report. Data was recorded on paper by the street outreach workers during their shifts and then was captured in a Google Form for collection. The demographic information collected was based on either participant information disclosure or, in some cases such as age range, best estimates by the data collectors. The majority of participants, even when their names were unknown, were familiar to staff based on their long history of engaging with the population. It was noted that there was potential for human error in some of the data. The quantitative data was analyzed by the primary researchers using both Microsoft Excel and the Statistical Package for Social Sciences (SPSS) program.

Qualitative data was also collected through key informant interviews with the Street Outreach Coordinator and the Street Outreach Worker who led the data collection and all activity of the street outreach team. Interviews with these key informants took place following the quantitative data analysis to help identify factors that may have led to some of the shifts and trends discovered. Interviews were conducted either in person or through an email questionnaire.

To examine how the COVID-19 pandemic impacted RaY's outreach services, data collected by the street outreach team from April 1, 2019 to March 31, 2020 was compiled and compared to data collected from April 1, 2020 to March 31, 2021. These data sets were used to conduct a comparative analysis. As the COVID-19 pandemic lockdown measures were implemented in March 2020, data included from April 2019 to March 2020 was defined as the "pre-COVID-19" data and the data from April 2020 to March 2021 as the "COVID-19" data. The numbers included in the data analysis were not unique numbers

of participants, rather it was the numbers of contacts that the outreach team made with the participants that were unique. These numbers still allowed for trends with the street outreach participants to be identified based on examining shifts in contact numbers and services provided. While it was not possible to determine shifts in the number of unique individuals, the data captured through this study provides a good reflection of the needs of Winnipeg's street-entrenched populations.

## Limitations

The data and analysis in this report are limited to associative relationships rather than the causative relationships between factors, therefore one must take caution when interpreting the data. The data reflects the contacts the street outreach team made with individuals who reached out to RaY for services rather than the numbers of unique participants served. Hence, there were some repetitions within the data that could potentially skew the data. However, the data is still effective at reflecting the demands and trends of individuals on the street during the COVID-19 pandemic.

Another limitation is the amount of information requested by the data collectors (the street outreach team) from participants. Data collectors worked from a trauma-informed lens and therefore did not ask for any information that was not necessary for service provision or for meeting reporting requirements. Data collected was limited to age range, gender, geographic area of contact, Indigenous/non-Indigenous identity, involvement in sex trade, confirmation of substance use, and services provided. The study does not include interviews or qualitative feedback from participants due to the brief, service-oriented nature of the interactions that occur between street outreach workers and participants.

The data collection of the street outreach team was also limited by their hours of operation, which were either 1pm-4pm or 5pm-9pm. Presumably, additional hours

would have yielded higher numbers of contacts; however, it is expected that those results would have followed the same patterns identified within the hours of data collection on which this study is based.

It should also be noted that RaY's street outreach team does not operate services throughout the entire city. Therefore, data collection was limited to the inner city of Winnipeg. Since this is the area of Winnipeg with the highest concentration of both social services and individuals experiencing homelessness, it likely provides the best indication of needs of the homeless population, thus providing a good case study for the research questions.

## Significance of Project

This study seeks to identify trends that arose in street-entrenched populations of Winnipeg throughout the COVID-19 pandemic as compared to the previous year prior to the onset of COVID-19. The study will highlight gaps in services aimed to support street-entrenched individuals and will provide recommendations to address these gaps moving forward. This research is significant because the impacts of a pandemic on homeless individuals in Winnipeg has never been studied before, making this study the first of its kind. The findings presented here will help inform Winnipeg's social service community, policy makers, and community organizations about the areas where supports should focus for street-entrenched individuals both for the duration of the ongoing pandemic and possible future public health emergencies. Identifying gaps in services that support homeless individuals and risk factors associated with homelessness will contribute to improvements in services for homeless individuals in the future.

## Background Information and Local Context

On March 12th, 2020, Manitoba health officials con-

firmed the first positive case of the Coronavirus Disease (COVID-19) had reached the province (Government of Manitoba News, 2020b). The Coronavirus disease – caused by a coronavirus named SARS-CoV-2 – is an infectious virus that spreads primarily through the transmission of emerging pathogens which can impact the body's respiratory system from mild to fatal outcomes (World Health Organization [WHO], 2020). While the COVID-19 outbreak puts all individuals at risk of becoming infected, individuals experiencing homelessness are disproportionately at higher risk of contracting or developing complications related to COVID-19 (Chief Public Health Officer of Canada, 2020). Local agencies, including the United Way Winnipeg and the International Institute of Sustainable Development support these findings in their publication, 2020 Our City: A Peg Report on COVID-19 and Well-Being Indicators to Watch. The publication listed homelessness in their '14 Peg Indicators' along with food bank usage, substance use and addiction. These indicators are areas of public domain in Winnipeg that need to be monitored and more importantly addressed due to the impacts of COVID-19. While the report measured homelessness by how it was experienced (unsheltered/emergency shelter, provisionally accommodated, and absolute homelessness), it did not provide a specific demographic breakdown of who comprised this population. Understanding the specific demographic of who is being impacted by COVID-19 is a critical element in determining best practices and approaches to address the situation and to highlight groups of individuals who may need increased supports. Therefore, it was determined that it was important for a segment of this research to focus on demographic features of the populations RaY serves.

***“The impacts of a pandemic on homeless individuals in Winnipeg has never been studied before, making this study the first of its kind.”***

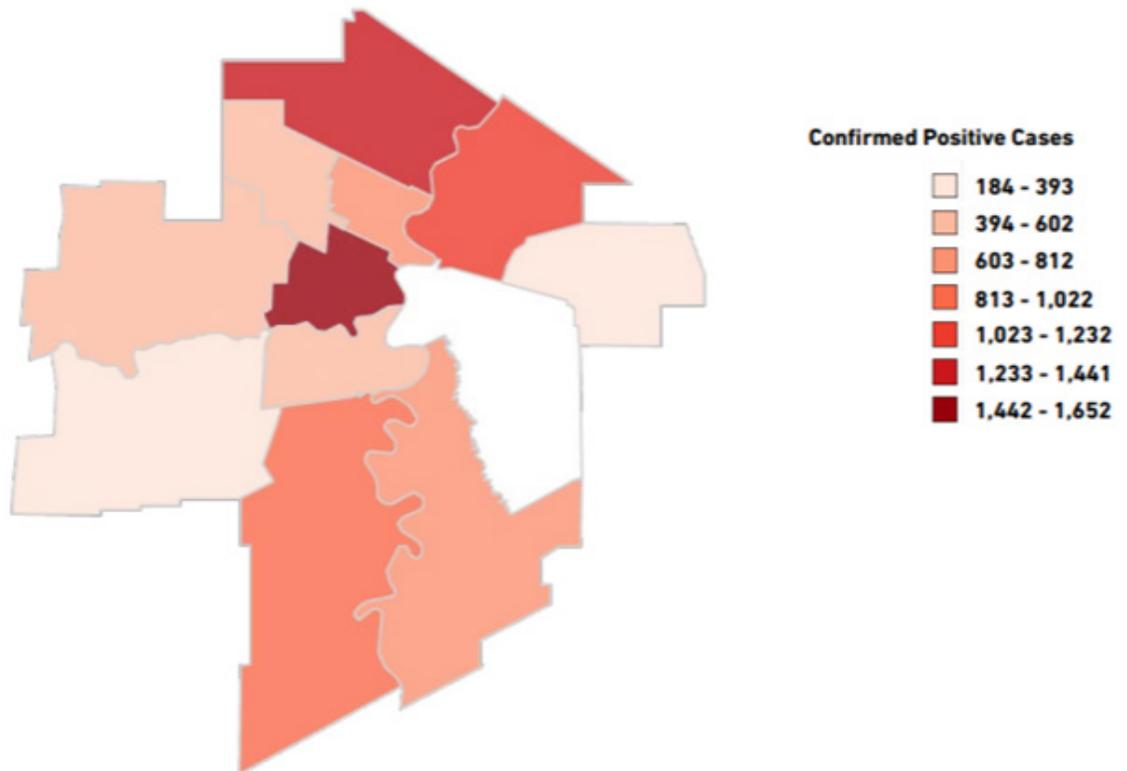
For persons experiencing poverty, community services and support agencies are often used to gain low barrier access to food, basic needs items, hygiene and sanitation items, in addition to temporary housing or safe reprieve from the streets. However, as COVID-19 continues to put a strain on all of these services, the demand for services has never been higher. Winnipeg Harvest—a local food bank—has claimed that since the pandemic hit, the organization has experienced an 80% decrease in food donations and an increase in roughly 20,000 individuals seeking food per month (Samson, 2020). Additionally, Main Street Project—a local safe space and shelter for vulnerable people in Winnipeg—claimed that their provision of services had to be altered in order to accommodate the new social distancing restrictions. The organization adjusted from sleeping “75 people per night on mats to sleeping 200 per night on physically distanced cots” (International Institute for Sustainable Development [IISD] & United Way Winnipeg, 2020). That report also

provided a map of Winnipeg showing the highly disproportionate spread of COVID-19 around different areas of Winnipeg, seen in Figure 1.

According to this data, the areas with the largest majority of community support and social service organizations, Downtown Winnipeg and the North End, reported the highest numbers of COVID-19 cases in the city. As restrictions and safety precautions continue to be released by the Provincial Government, the requirement for physical distancing of persons at a minimum distance of six (6) feet apart is among the most challenging for service providers to meet, forcing many drop-in centers and overnight shelters to reduce their hours or close their doors to the public. Challenges have also been felt by RaY’s staff and participants in terms of navigating and delivering services for persons experiencing homelessness amidst the COVID-19 pandemic.

One of the main challenges service providers, includ-

**Positive COVID-19 Cases in Winnipeg Regional Health Authority as of November 26, 2020**



Source: Government of Manitoba. (2020). [Manitoba COVID-19 Dashboard](#).

Figure 1. Distribution of positive COVID-19 cases in Winnipeg

ing RaY, faced prior to the arrival of COVID-19 was that of substance use and overdose risk for many street entrenched, marginalized and/or homeless individuals. As the COVID-19 pandemic continues, the Government of Canada states on their website that “the COVID-19 outbreak is worsening the already deadly and ongoing public health crisis of opioid overdoses and death” (Special Advisory Committee on the Epidemic of Opioid Overdoses, 2021). Since 2016 when national surveillance of opioid related deaths began, the Government of Canada recorded an astonishing number of 1,628 opioid-related deaths between April and June 2020 – the highest number yet to be recorded in a single quarter in Canada’s history (Krugel, 2020). An overdose surge occurred in Manitoba last year as well with 372 overdose deaths throughout 2020, 254 of which were due to opioids. The 372 overdose deaths represent an 87% increase compared to 2019 (Coubrough, 2021); however, due to the pandemic, response measures taken by the healthcare system and support services decreased accessibility and there continues to be a significant disruption to service delivery. National data gathered by the Government of Canada also identified that individuals who report low levels of mental health are “up to four times more likely to report increasing their use of substances during the pandemic” (IISD, 2020 p. 14). Supplementary to the Government of Canada’s narrative regarding substance use, risks and harms amidst a pandemic are reflected in the Homeless Hub’s research. They contend that young people who identify within an oppressed group – such as Indigenous, racialized communities, women and girls, and 2SLGBTQ+ – experience additional barriers and oppression if they also identify as a substance user (Thulien et al., 2020). While all of this information helps the community understand how individuals at the intersection of substance use and oppression are increasingly vulnerable amidst a pandemic, there has been a lack of further information or policy specifically designed to help these individuals.

Thorough research has already been conducted regarding

the negative impacts of COVID-19, but a prominent gap exists regarding the impacts the pandemic has had on persons experiencing marginalization and/or homelessness, especially in Winnipeg. The homeless community in Winnipeg has been acknowledged as a community at increased risk for infection of COVID-19, however, there is a severe lack of information outlining the goals and steps necessary to help minimize the risks for this community moving forward. Additionally, the opioid crisis that exists in Manitoba (Gibson, 2021) amplifies barriers to services for marginalized individuals and increases the negative impacts COVID-19 has on their personal health and wellbeing. Using RaY as a case study, this research study was developed to help determine the best approach for working with populations of individuals experiencing marginalization and/or homelessness with specific attention to the additional barriers that have arisen or become exacerbated due to the COVID-19 pandemic.

RaY is a multi-dimensional street-level frontline service organization that strives to provide services and meet the emergent and long-term needs of marginalized, street entrenched, and/or homeless youth. As the pandemic continues to impact the communities RaY serves daily, the agency identified the need to undertake a research study to help inform best practice in street outreach services for RaY’s target populations. The next section of this report will review the findings of the research.

## Research Analysis and Findings

RaY’s street outreach team provided 8,391 services between April 2019 and March 2020 (M = 699.25; Median = 671; SD = 211.66) as compared to 8,452 services (M = 704.33; Median = 969; SD = 195.94) from April 2020 to March 2021, indicating a slight increase throughout the COVID-19 pandemic. Table 1 shows the monthly breakdown of the contacts made by the outreach team in

2019/20 and 2020/21.

## Changes in Numbers of Contacts

As can be seen in Table 1, contacts were higher in both the datasets during the warmer summer months. A probable reason for this is that when it is warm outside fewer people seek shelter such as couch surfing or staying in homeless shelters and instead choose to stay on the streets or in encampments. Overall numbers of contacts increased slightly from 2019/20 to 2020/21, with contacts for each month remaining similar from year to year. The exceptions to this were the steep increases in contacts from October 2019 to October 2020 and from December 2019 to December 2020. There were also a few instances where contacts decreased from 2019 to 2020, most significantly in May and July.

There were numerous factors that may have contributed to the changes in number of contacts per month including variations in street outreach routes and work shift hours. With the onset of COVID-19, there may have been fewer people out on the streets for fear of contracting

the virus. However, the slight increase in overall contacts from 2019/20 to 2020/21 is likely representative of either an increase in service needs by existing street outreach participants or an increase in the number of unique individuals seeking services. The more likely theory, based on the statistical analysis, is that there were more individuals seeking services in 2020 than 2019, potentially due to the onset of COVID-19. The quantitative findings for the number of first-time interactions in 2019/20 and 2020/21 corroborate this theory.

In the 2019/20 data collection period, the street outreach team recorded 2,324 first-time interactions whereas in the 2020/21 data collection period, they recorded a total of 3,091 first-time contacts. This data demonstrates there were nearly 800 more first-time interactions in 2020/21 as compared to 2019/20. It was nearly impossible to determine the exact number of unique individuals interacted with in the street outreach program due to there being so many individuals who chose not to provide their names. However, first time contacts were a good secondary indicator for determining whether there was an increase in overall numbers of unique individuals. This is because if new individuals are seeking services, it is also likely that they are new to being street entrenched

<b>Months</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
January	--	443	529
February	--	591	438
March	--	652	547
April	587	668	--
May	923	784	--
June	860	938	--
July	978	724	--
August	918	860	--
September	867	972	--
October	690	961	--
November	578	507	--
December	304	524	--

Table 1. *Monthly breakdown of services provided from April 2019 to March 2021*

or unsheltered. The Street Outreach Coordinator has been working consistently with the street entrenched populations in Winnipeg for ten years making them a very good judge of whether somebody is new to the streets or not. When asked about why they thought the increase in first-time contacts had occurred, the Street Outreach Coordinator stated that it was likely due to both a general increase in street-entrenched individuals and the encampments where homeless and street-entrench people reside becoming larger. The larger encampments led to an increase in first-time interactions because it means the street outreach team “can hit a large number of people all at once, instead of all scattered” saving the Coordinator and team a lot of time (RaY Street Outreach Coordinator, March 3, 2021).

Further to their statements, the data showed that there was a 48% reduction in the number of contacts who were accessing shelters, down to 464 in 2020/21 compared to 893 in 2019/20 (Table 2). There was a 42.4% reduction in the number of contacts who were experiencing hidden homelessness (i.e. couch surfing), and a 41.6% reduction in the number of contacts who were in long term housing. Data also showed a 15.2% increase in the number of contacts made with people who were on the streets or unsheltered, meaning they did not have access to housing at all.

One possible reason for the increase in individuals who were unsheltered from 2019/20 to 2020/21 is that there were not only capacity challenges at shelters due to the

pandemic, but also that the rules in shelters were too stringent thus forcing people to seek shelter elsewhere, including on the streets. One such rule is that substance use is either prohibited or restricted in many shelters and even if it is somewhat accepted, sharing rooms is not so substance users are forced to use alone.

“Well, from word of mouth, from [participants] telling me, a huge thing is they don’t like the rules at the shelters, they don’t feel safe at the shelters. If they do get a single room, they’re not allowed to have anyone in them, and they’re using alone. So that’s a big thing. It’s safety and family, in these encampments, and they’re all using together. Which, I can totally see why they’re doing that. I mean, it just makes sense. They’re also not even allowed to use [substances] in their rooms at the shelters; like, telling a steady drug addict that they can’t use, or be under the influence.... You have to be there by a certain time. Yeah, it just doesn’t make sense for that lifestyle.” (RaY Street Outreach Coordinator, March 3, 2021).

Street entrenched people who are substance users are not allowed to have guests in their rooms. This can cause those who use substances to use alone, greatly increasing their risk of overdose. Shelter rules are in place for good reason, however they can also deny access to safe shelter spaces and safer substance use practices such as using in pairs, for people who are substance users. This, in turn, leads to the only remaining option of the street and street encampments. When asked about increasing numbers of individuals on the streets, the Street Outreach Worker also added what they were hearing on the streets:

“dwindling shelter capacity, [banning people] at shelters,

Housing Situation	2019/2020	2020/2021	Change	Percent change
Emergency Shelter	893	464	-429	-48%
Hidden Homeless	177	102	-75	-42.4%
Long Term Housing	1,775	1,037	-738	-41.6%
Single Room	4	7	+3	+75%
Streets/Unsheltered	4,145	4,774	+629	+15.17%
Transitional Housing	69	94	+25	+36.2%
Unknown	1,328	1,974	+646	+48.6%

Table 2. Count of total street outreach contacts by housing type.

Salvation Army became a “dry” space, Siloam stopped taking intakes at one point, and the shelters can be dirty and dangerous.” (RaY Street Outreach Worker, June 20, 2021)

The increase in new contacts with individuals on the streets is a concerning statistic. The numbers of individuals seeking services supports the evidence of need for increased resources to be provided. The data from this research demonstrates that emergency homeless shelters are dealing with an unprecedented demand for services due to the global pandemic. The existing challenges that they faced prior have been exacerbated by the pandemic; however, temporary shelter is an insufficient solution to problems of long-term housing.

Among unsheltered individuals, there was a slight increase in the contacts who identified as Indigenous, with Indigenous individuals composing of 47.98% of the total contacts in 2019/20 compared to 48.23% of the total contacts in 2020/21. The data also revealed that there was a 15.79% increase from 2019/20 to 2020/21 in the number of contacts the street outreach team had with Indigenous women, a 17.73% increase in number of contacts with Indigenous men and an overall increase in contacts of 16.51% among all Indigenous people (from 2,695 to 3,139). Overall, first-time contacts with unsheltered Indigenous individuals increased even more drastically, from 557 to 1,154, a jump of 107.18%. Further to this finding, first-time contacts with unsheltered Indigenous women more than doubled from 202 in the year before the pandemic to 435 in the year during the pandemic, a jump of 115.35%.

By contrast, the numbers of first-time contacts with all non-Indigenous individuals increased by only 170 in the same time period. This data shows how disproportionately unsheltered Indigenous individuals in Winnipeg have been affected by the pandemic by demonstrating

**“First-time contacts with unsheltered Indigenous women more than doubled”**

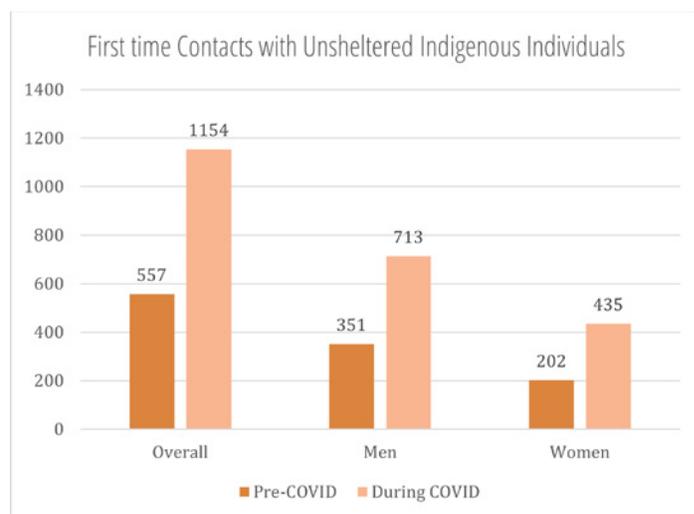


Figure 2. *First-time contacts with unsheltered Indigenous individuals pre-COVID vs. COVID*

either a massive increase in demand for services, an increase in the number of unique individuals from these populations who are unsheltered, or a combination of the two factors.

The same two workers of the outreach team tracked and recorded first-time contacts throughout both of the data collection periods of 2019/20 and 2020/21. This is important to note because first-time interactions are based on whether or not the street outreach team has met the person before so it is largely based on memory. There is also a slight margin of error in this data set due to the possibility that the street outreach team misidentified participants as “new” when in fact they may have provided a service to them before. While this is likely to have occurred several times, the collective knowledge and experience of 14 years as members of RaY’s street outreach team helps to control for these human errors having a significant impact on the data used in this study.

## Changes in Contact Areas

Another trend that stood out in the data analysis was that the areas with the highest numbers of contacts are changing. While some shifts in areas of the city where contacts

Area	Pre COVID-19 Pandemic	During COVID-19 Pandemic
North End	1,408	1,508
West End	5,527	4,193
Central	1,053	2,086
Osborne	385	633
St. Boniface	18	32
Total	8,391	8,452

Table 3. *Count of street outreach contacts by area of the city*

occurred were to be expected because people do not have stable roots in one particular physical location (i.e. a home), this data demonstrated notable shifts of street-entrenched people leaving some of the areas that were most equipped to meet their needs. For example, there was a very large increase in the number of contacts the street outreach team had in the Central area from 2019/20 to 2020/21. When asked about this shift, the Street Outreach Worker said:

“Many more folks [are] on the street and in encampments in the central areas. For example, there are currently 4 large encampments along Higgins avenue alone. Also, the significant increase in folks staying in bus shelters all down main and Portage Avenue throughout the winter.” (RaY Street Outreach Worker, June 20, 2021)

There was also a reduction in the percentage of contacts the outreach team made in the West End area of Winnipeg from 2019/20 to 2020/21. The West End is an area of Winnipeg with a high concentration of social services and agencies serving marginalized populations. It is also a natural place for people who access those services to congregate. There were several forces that may have impacted the shift away from the West End and towards the Central area for many of the contacts but in discussion with the street outreach team, one of the most likely causes was displacement by city officials. Conversely, there was an increase in the proportion of contacts street outreach had in the Central Area (see Table 3).

One caveat to this data was that the street outreach

team’s routes were not consistent from one day to the next, let alone from one year to the next. However, the way the routes are determined is based on discussions staff have with participants to determine where individuals were congregating. When asked about the routes they select and how they shift, RaY’s Street Outreach Worker stated:

“Our route is based off what the people tell us. They tell us the trends, where people can be found and where they are migrating. We have a general route we follow, but it is adjusted based off the need and what people tell us they need.” (RaY Street Outreach Worker, June 20, 2021)

Based on this approach, the street outreach team at RaY selected routes depending on the way the participants moved which shows the data they collected accurately reflected movement of the street entrenched population of Winnipeg. The Street Outreach Coordinator added:

“The number one reason for shifting routes would be talking to the participants. They give me the best information. Like, for example, yesterday, I was asking - it was slow - I was asking where everyone’s moved on to. And, we have trust: [it] just takes a couple people to be like “Scotty, they’ve all moved to here, or there” - and it’s on again until they get moved. So right now it’s slow, for example, around Tim Hortons, and McDonald’s. There were camps all around there - Nine Circles - and the cops recently kicked them out. And now I’m trying to find everyone again and they’re all in different spots. [The cops] made them throw out their supplies - took some of it. So now I’m seeing a lot more in bus shacks along Portage. And it’s moving way down Portage, where I didn’t do outreach before. Like, quite a bit further than Polo Park.” (RaY Street Outreach Coordinator, March 3, 2021)

An important insight revealed in this statement that was not clear from the quantitative study alone, is the reason why people move from one area to the next even when it is further away from the resources they require. That reason is that police forcibly remove people from the locations they established to take shelter. Instead of referring to resources or offering support, police most often take or throw out tents, sleeping bags and other forms of temporary shelter that homeless individuals utilize to stay safe. There are some valid reasons for asking people to relocate if they are at risk or putting others at risk, but this does not seem to be the case in most scenarios observed by RaY's street outreach team. The Street Outreach Coordinator has heard from participants that they were "threatened", "fined or arrested" if they returned to the locations from which police removed them. In response to being displaced, individuals moved further away from the areas police frequently surveilled, distanced themselves from the inner city, and moved into other structures in which they could be protected from the weather such as bus shacks. Previously, individuals would also have sought shelter under the many bridges in Winnipeg's city center, however the City has placed noise makers to deter them from doing so.

Regarding outdoor shelter patterns, former UN Special Rapporteur on the right to adequate housing, Leilani Farha, and Lead Researcher, Kaitlin Schwan, released a National Protocol for Homeless Encampments in Canada as a resource to support community members and social service agencies in responding to homeless encampments utilizing a rights-based approach. The report stated, "relocations must be grounded in the principle that 'the right to remain in one's home and community is central to the right to housing.' If relocation is consistent with the human rights of residents, it will almost always be achievable without the use of force" (Farha & Schwan, 2020 p. 21). Additionally, under International Human Rights Law, "forced evictions constitute a gross violation of human rights and are prohibited in all circumstances, including the context of encampments" (ibid, p. 19). Furthermore,

Farha and Schwan (ibid) use the example of British Columbia's local authorities spreading chicken manure and fish fertilizer throughout a homeless encampment as a strategy for its dismantlement. Under the International Human Rights Law, this strategy is considered "strictly prohibited and constitute instances of forced eviction" (ibid, p. 20), Manitoba's strategy of installing noise makers under the bridges may be considered unconstitutional under the same law. Moving forward it is recommended that all deterrents from utilizing public spaces as shelter be removed and replaced with active efforts to ensure safer use of public spaces.

These relocations remove individuals from the places they feel comfortable and safe, therefore creating barriers between street entrenched people and the services that are in place to meet their needs. It displaces people and it perpetuates a cycle of removing individuals from the places they choose to set their roots rather than meeting them where they are at and supporting them in meeting their needs. Further research needs to be done to explore best practices for supporting individuals who choose to reside on the streets or in encampments rather than in shelters in order to minimize displacement, mistreatment and further marginalization of homeless individuals.

## Substance Use Patterns

The COVID-19 pandemic has disproportionately affected marginalized people (e.g., individuals who are experiencing homelessness). A recent survey (Thulien et al., 2020) showed that due to the COVID-19 pandemic, the mental health pattern of youth (16-24 years) drastically shifted with a significant increase in feeling isolation (91%), anxiety (85%), and depression (75%). Moreover, it has been observed that youth used substances more frequently (69% increased), and overdose incidents increased by 37% since the pandemic started. The risk factors of increased substance use in the survey included marginalized identities (e.g., LGBT2SQ+), refugees and

Indigenous statuses, and the public health measures that unintentionally put marginalized youth more at risk. Therefore, this research only explored which risk factors might have contributed to the pattern of substance use during the COVID-19 pandemic in those who received services from the RaY outreach team.

The data on participants' substance use history came from direct disclosures from the participants and the outreach workers' knowledge about the participants. Variables included in the analysis were gender, age, Indigenous/non-Indigenous identity, involvement in the sex trade, housing situations, and substance use, most commonly methamphetamine (meth). To answer this question, a Chi-Square Interaction Automatic Detection Model (CHAID) analysis was used to explore the association between risk factors and the substance use variable—a yes or no question on whether participants used substances or not. Appendix A and Table 4 demonstrate the findings from the CHAID analysis with the “Subgroup” as the data points collected by the street outreach team and the “Probability” as the likelihood a participant in the identified subgroups will use substances.

These findings showed that the strongest predictor of substance use is housing situation, mainly unsheltered/streets, followed by hidden homelessness. Within the

***“These findings showed that the strongest predictor of substance use is housing situation.”***

“streets” group, Indigenous adults between 18 and 29 are the most vulnerable to using substances (97.9% probability within the contacts). The data points to long-term housing/transitional housing as a protective factor for the potential of substance use, whereas the risk of substance use seems to increase when the individual is involved in the sex trade. It should also be highlighted that for Indigenous individuals involved in the sex trade, long-term housing did not seem to be protective factor against substance use. This exception may be due to the linkage between involvement in the sex trade and higher rates of physical or sexual assault (Jeal et al, 2018), and higher rates of depression, anxiety, PTSD, and psychological distress than is experienced in other populations (Beattie et al, 2020). Each of these factors are strongly correlated to substance use, evidently regardless of housing status. See table 4 and Appendix A for the overall effects of all the variables studied.

Through these findings, it is also clear that Indigenous participants between 18 and 29 years of age experiencing homelessness are the most vulnerable with regard

<b>Subgroup</b>	<b>Characteristics</b>	<b>Probability (%)</b>
1	Streets, 18-29 of age, Indigenous	97.9
2	Long term housing, sex trade, Indigenous	96.2
3	Hidden homeless, sex trade	95.5
4	Streets, 18-29 of age, non-Indigenous	95.0
5	Streets	93.4
6	Hidden homeless	86.3
7	Emergency shelter	67.0
8	Long term housing	53.0
9	Long term housing, not in sex trade	39.8
10	Long term housing, not in sex trade, >18 & 30+	28.5

Table 4. *Summarization of Subgroups and Substance Use based on CHAID Model.*

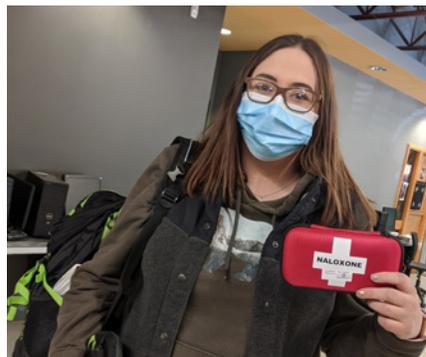
to substance use, and therefore the most vulnerable to the harms of substance use. Long-term housing appears to be the most important protective factor in determining whether or not a participant will use substances (particularly meth), especially when compared to folks experiencing homelessness with a probability of 53% that housed participants will use substances versus a probability of 93.4% that unsheltered participants will use substances. The COVID-19 pandemic has impacted the supply chain of meth, leaving individuals who used meth vulnerable because when meth was in low supply, they turned to using other substances, particularly opioids, to cope with meth withdrawal. As RaY's Street Outreach Coordinator mentioned in their interview:

“meth became harder to get so a lot of people switched to back to crack and for those that could get meth, it was too expensive...and a lot of people did actually end up staying with pipe stems because now it's back in the city. But unfortunately, a lot of people switched opioid, too. And that's when you see an increase in opioid overdoses” (RaY Street Outreach Coordinator, March 3, 2021)

This analysis found that individuals who are experiencing street homelessness are the most vulnerable to substance use compared to any other subgroup. Further marginalized individuals, such as those who are Indigenous and those involved in sex trade, were noted to be at the highest risk of being substance users that also puts them at risk of overdose due to the fact that opioids have been much more accessible than crystal meth throughout the pandemic. When asked about substance use patterns among street outreach participants, RaY's Street Outreach Worker stated:

“[There has been] a SIGNIFICANT change. That being that meth at one point was very difficult to find so again, people started using other drugs. Fast forward to now... OPIOID CRISIS. This was bound to happen (following Vancouver's trends), but the pandemic has sped up and exacerbated this time line.” (RaY Street Outreach Worker, June 20, 2021)

RaY's outreach team has been distributing Narcan, a medication that can rapidly reverse the effects of an



RaY Street Outreach Worker Tammie Kolbuck shows off a Naloxone (Narcan) kit.

opioid overdose, to participants (between April 2020 and December 2020, they handed out more than 345 Narcan kits to participants). RaY only started to collect data on Narcan in 2020; therefore, this study cannot compare the Narcan distribution pre and during the COVID-19 pandemic. However, RaY has been continuing to collect data on Narcan distribution for future research.

## Revisiting the Research Questions

1. How has the onset of the COVID-19 pandemic impacted the numbers of street outreach contacts and participants RaY's street outreach team has interacted with?

The number of contacts the RaY street outreach team had throughout the COVID-19 pandemic as compared to the year prior to the COVID-19 pandemic increased. The number of individuals the RaY street outreach team interacted with likely increased when comparing the COVID-19 pandemic year to the year prior to COVID-19. Based on these findings, the COVID-19 pandemic likely increased both the number of homeless individuals seeking support and the level of support homeless individuals required. There are many reasons for this, including a general upward trend in the known numbers of homeless individuals from year to year prior to the onset of COVID-19. For example, the most recent Winnipeg Street Census findings found that there were 225 homeless youth in 2015 and 455 homeless youth in 2018 (Maes Nino et

al., 2016; Brandon et al. 2018). Based on the findings of this research, the pandemic has almost certainly led to an increasing number of individuals, especially newly homeless individuals, experiencing street homelessness and requiring services in Winnipeg.

2. In what ways have outdoor shelter patterns of street-entrenched youth shifted since the onset of COVID-19?

The outdoor shelter patterns observed by RaY's street outreach team shifted significantly throughout the COVID-19 pandemic compared to the previous year. Areas with the highest number of contacts shifted from the West End to the Central Area from 2019/2020 to 2020/2021. According to interviews with the street outreach team at RaY, shelter patterns also shifted more towards encampments as opposed to designated homeless shelters. Evidently, this was a result of increasingly stringent regulations and rules at shelters and decreased capacity due to COVID-19 related distancing restrictions.

Additionally, this research found that individuals who sought to build temporary homes in encampments or other outdoor spaces were often removed from those spaces by police. This removal takes place despite the fact that Canada has signed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) which explicitly states in Article 11 that:

"Indigenous peoples shall not be forcibly removed from their lands or territories. No relocation shall take place without the free, prior and informed consent of the indigenous peoples concerned and after agreement on just and fair compensation and, where possible, with the option of return." (The United Nations General Assembly 2007, p.11)

Based on this article and the 2016 signing of UNDRIP by the Canadian Government Indigenous peoples, who constitute the majority of RaY's street outreach participants, should be protected from being forcibly removed from their land. Given that Winnipeg is located on Treaty 1 Territory, Indigenous peoples should not be allowed to be removed from the land by the City of Winnipeg Police.

While there may be some safety concerns with allowing people to congregate or establish semi-permanent residences in uncontrolled spaces, there may also be far more humane ways of controlling these spaces than outright displacement or disposal of the supplies street-entrenched individuals use to support their survival. This especially applies when shelters are operating at extremely limited capacities, as they have been throughout the COVID-19 pandemic. It is clear that displacement and redistribution of street entrenched individuals is not an effective method of addressing their needs or solving the safety issues associated with homelessness. Instead, displacement appears to lead to increased difficulty for homeless individuals to access services, possible increased safety risks because of movement to less visible locations and could be a violation of the Rights of Indigenous Peoples.

3. In what ways has COVID-19 impacted the substance use patterns of street entrenched individuals served by RaY's street outreach team?

Substance use patterns of RaY's street outreach participants have shifted slightly when comparing data collected prior to the COVID-19 pandemic in 2019/2020 to data collected in 2020/2021 during the COVID-19 pandemic; however, the collected data points towards a greater need for research into risk factors related to the probability of an individual to use substances.

This research has found that housing is the most important factor in reducing the likelihood a person is using substances. These findings have been highlighted through ample research into the success of programs such as Housing First which make this protective factor of housing available for vulnerable individuals. It was stated recently by an Indigenous Elder at the Edmonton City Hall "that housing is the best medicine for homeless people"

***"Housing is also the best medicine against potential substance use."***

(Iveson, 2021). According to the findings presented in this research report, housing is also the best medicine against potential substance use.

## Discussion and Recommendations

During the COVID-19 pandemic a Manitoba Housing apartment building located at 777 Sargent Avenue was quickly renovated from a vacant building into a self-isolation site for persons experiencing homelessness and COVID-19. The Manitoba Government announced a \$1.2-million commitment to transform the space into safe isolation units equipped with the appropriate services, supplies and staffing. These spaces are important in helping to maintain the safety of at-risk populations who may have tested positive for COVID-19 or are waiting for test results, and perhaps we should ask why this apartment building was not already being utilized to house individuals experiencing homelessness or at significant risk of becoming homeless. Why did it take a pandemic to create housing and safe shelter spaces for the most vulnerable individuals in our city? Prevention is a significant component of care and requires an understanding of the factors that lead and contribute to homelessness versus late intervention strategies which typically only begin when individuals are already in crisis. Our society should be more proactive in reducing homelessness and providing shelter spaces rather than waiting for a pandemic to incentivize action.

On April 7th 2021, the Manitoba Provincial Government launched their 2021 financial and economic plan to protect Manitobans and recover the economy, Budget 2021: Protecting Manitobans, Advancing Manitoba. With the ongoing financial and economic challenges that the pandemic has created for Manitobans, it was stated that “the first priority of Budget 2021 is to continue to protect Manitobans through the ongoing pandemic”

(Government of Manitoba News, 2021), that includes investing an additional \$1.18-billion for COVID-19 related costs, such as personal protective equipment (PPE) and vaccine deployment over the course of 2021-22. Within this budget, the Manitoba Department of Families, which includes funding allocation for poverty reduction strategies, will see nearly \$34 million increase over 2021, with \$2.56 million of those funds dedicated to supporting Manitoban’s experiencing homelessness (ibid.). The 2021 Budget also dedicated an additional \$3.9-million toward supporting isolation units for persons experiencing homelessness (Government of Manitoba Finance, 2021, p. 56). Both these dedications amount to \$6.46 million for supporting homeless individuals involved with the Department of Families and in need of isolation units. This dedication of funds is very promising and could be hugely impactful for people who require government support through the pandemic. There appears to be a much greater need for funding specifically to support homeless individuals. One recommended approach is to provide more funding specifically to address prevention of homelessness and to address the needs of individuals who are already homeless.

Spaces such as encampments and shelters may increase the risk of contracting COVID-19 due to limited opportunity for social distancing as well as requiring individuals to use shared facilities. Encampments do not have any proper sanitation facilities that allow for healthy hand hygiene or bathroom use – both of which are significant factors in helping to mitigate the risk of contracting or spreading COVID-19. The recommendation to address displacement of homeless individuals is to find a more appropriate way to accommodate them rather than removing them from public land and encampments, especially when shelter spaces are so limited that there is nowhere else for them to go other than on public land. This is especially applicable to Indigenous peoples who have a legal right to reside on their land and legal protection against being forcibly removed from their land. A potential alternative would be to utilize city services to

## ***“Housing is a major protective factor against the harms of substance use and other negative factors associated with homelessness.”***

clean and monitor encampments rather than to police and clear them. Populations of homeless individuals and the communities most impacted by homelessness should also be consulted to determine the best ways of managing or ensuring the safety of outdoor shelter or encampment sites.

Given that there have been rapid shifts in substance use patterns which correlates with the highest numbers of overdose deaths on record, something also has to be done to combat the risks associated with substance use. The risk of overdose for substance users seems to have been increased by the COVID-19 pandemic due to disruptions in drug supply, leading individuals to use substances they are not accustomed to. Disruptions in supply and reduced access to certain substances can also lead individuals to either purchase or sell substances that have been cut with other substances, a process which frequently leads to accidental overdose. A recommendation to address this issue is to provide safe using spaces and safe drug supply, both of which could significantly reduce the risk of overdose when using substances.

## **Final Thoughts**

The COVID-19 pandemic has exacerbated the current housing and homelessness crisis and substance use among marginalized individuals. Based on this research analysis, secure housing serves as a protective factor against substance use; therefore, securing housing should be a priority for individuals who are experiencing homelessness. Service providers and governments need to increase education for communities around harm

reduction, and increase distribution of harm reduction supplies, particularly Narcan, to decrease the risk of overdosing as the rates of opioid misuse increase. Challenges among individuals experiencing homelessness are exacerbated when intersecting with the long-lasting effects of colonization, structural violence, and intergenerational trauma that Indigenous people are still experiencing today. One such action would be to provide more support and funding for culturally competent support services to accurately reflect the reality and challenges Indigenous people experience. Finally, given that housing is a major protective factor against the harms of substance use and other negative factors associated with homelessness, it is imperative that all levels of government increase their efforts to ensure safe, affordable housing for everyone. Housing is a fundamental human right and as long as individuals in our communities are experiencing homelessness, we are failing to be a just and equitable society.

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# Appendix A. CHAID analysis

