The background of the slide features a large, semi-transparent watermark of the Rutgers University seal. The seal is circular with a sunburst design in the center and the words "RUTGERS UNIVERSITY" around the perimeter. The text "RUTGERS" is prominently displayed in a large, white, serif font at the top left of the slide.

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# **The Impact of COVID-19 on Inequality & Work**

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**Faculty Director, Center for Women and Work**

**Work Wellness Institute Webinar**  
**February 24, 2021**

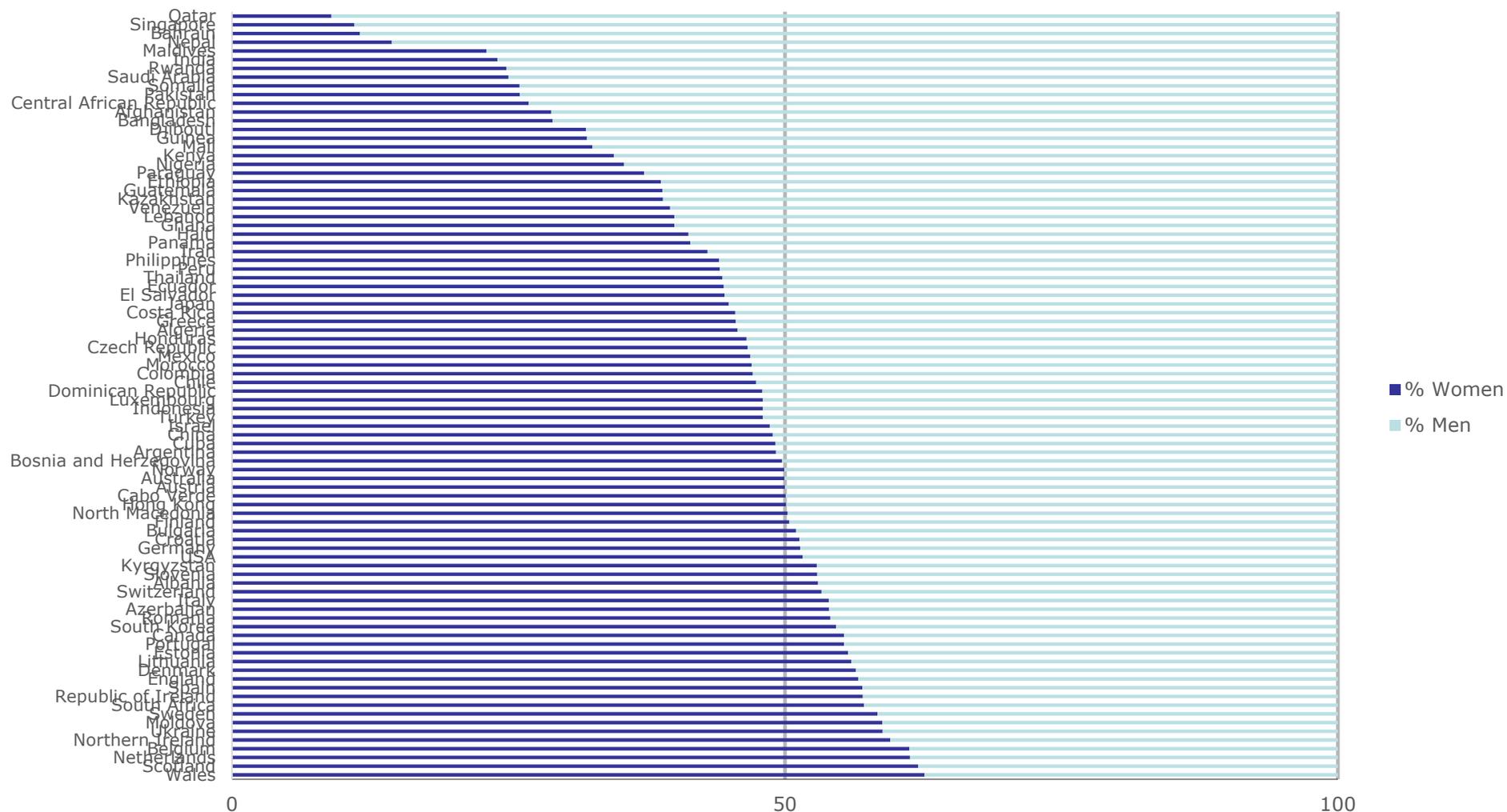
# Introduction

- Gendered dimensions of COVID-19
  - Men's disadvantage in morbidity and mortality
  - High representation of women in jobs on the front lines
    - Especially nurses, nursing assistants, home health aides, low-wage essential jobs
    - Many are women of minority race/ethnicity
  - More job losses for women
    - Women disproportionately represented in hardest hit industries
    - Women exiting LF for care reasons
  - Greater unpaid care work burden for women
  - Intimate partner violence; reproductive health care access

## Introduction

- Crisis points a spotlight on need for care
  - Medical care by paid healthcare workers
  - Care provided by paid care workers
  - Unpaid care in the home
- Care work often undervalued and invisible
- Women's disproportionate role in performing care work a key long-term issue in feminist economics
  - Valuable lessons for shaping policies as countries around the globe navigate the COVID-19 recovery period

# Relatively more men among COVID-19 reported cases in majority of countries



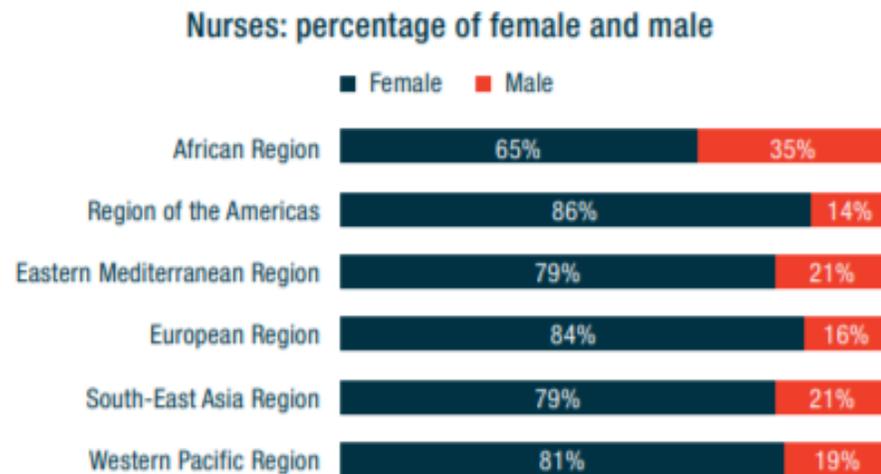
## Covid-19 cases and mortality

- In 112 countries that reported sex-disaggregated data on COVID-19:
  - men account for 51.3% of all reported cases, and women account for 48.7% of cases (weighted average)
  - men constitute 58.1% of COVID-19 deaths compared to 41.9% for women
- Some countries (including U.S.) also have higher rates for racial/ethnic minorities and low-income individuals
- Why higher for men?
  - greater risk behaviors (smoking, drinking)
  - more comorbidities (cardiovascular disease, hypertension, and diabetes)
  - lower prevalence of safe health practices
  - less effective immune systems

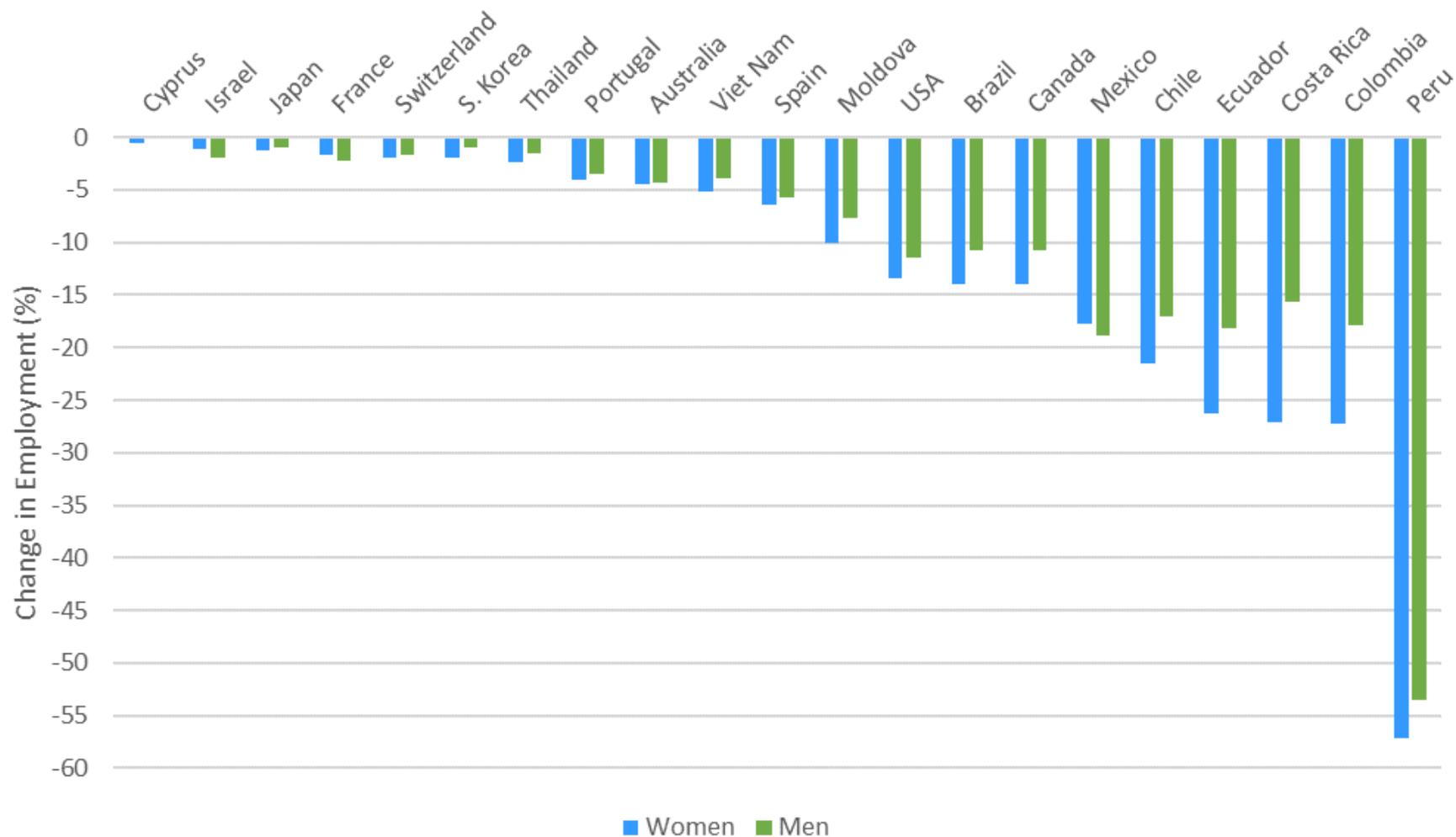
## Women and people of color disproportionately in frontline jobs

- Frontline industries: grocery stores, public transport, logistics, cleaning services, health care, childcare
- United States:
  - 64.4% of workers in frontline industries are women
  - People of color constitute 41.2% of frontline workers compared to 36.5% of overall work force
- Globally: no readily available data except for nurses, who face relatively greater risk of exposure to infection, job stress, and depression than most other occupations

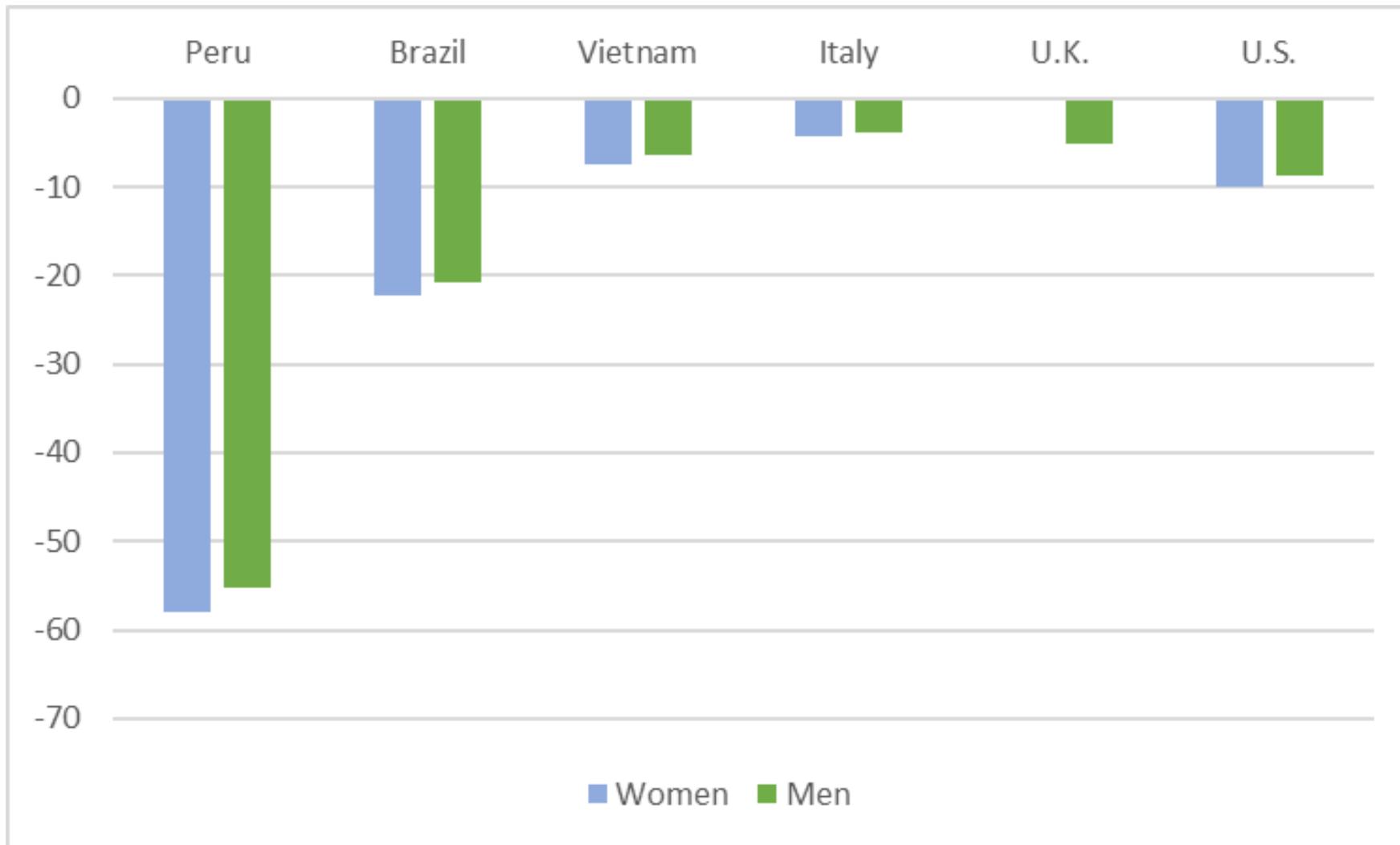
# Vast majority of nurses are women globally



# Employment losses bigger for women in most countries (April 2019-April 2020)



# Labor-income loss bigger for women in most countries (2<sup>nd</sup> quarter 2020)



## Reasons for employment losses

- Women and racial/ethnic minority people disproportionately employed in sectors with most business closures during lockdown
  - Entertainment, hotel, food service, social services, clerical, wholesale & retail trade, labor-intensive manufacturing
  - 40.0% of women workers and 36.6% of men workers globally were employed in industries hardest hit by lockdowns early in pandemic
- Women more likely than men to leave labor force to provide caring labor and home-schooling
  - Decomposition of employment losses supports this argument

# Decomposition of global employment losses, 2020



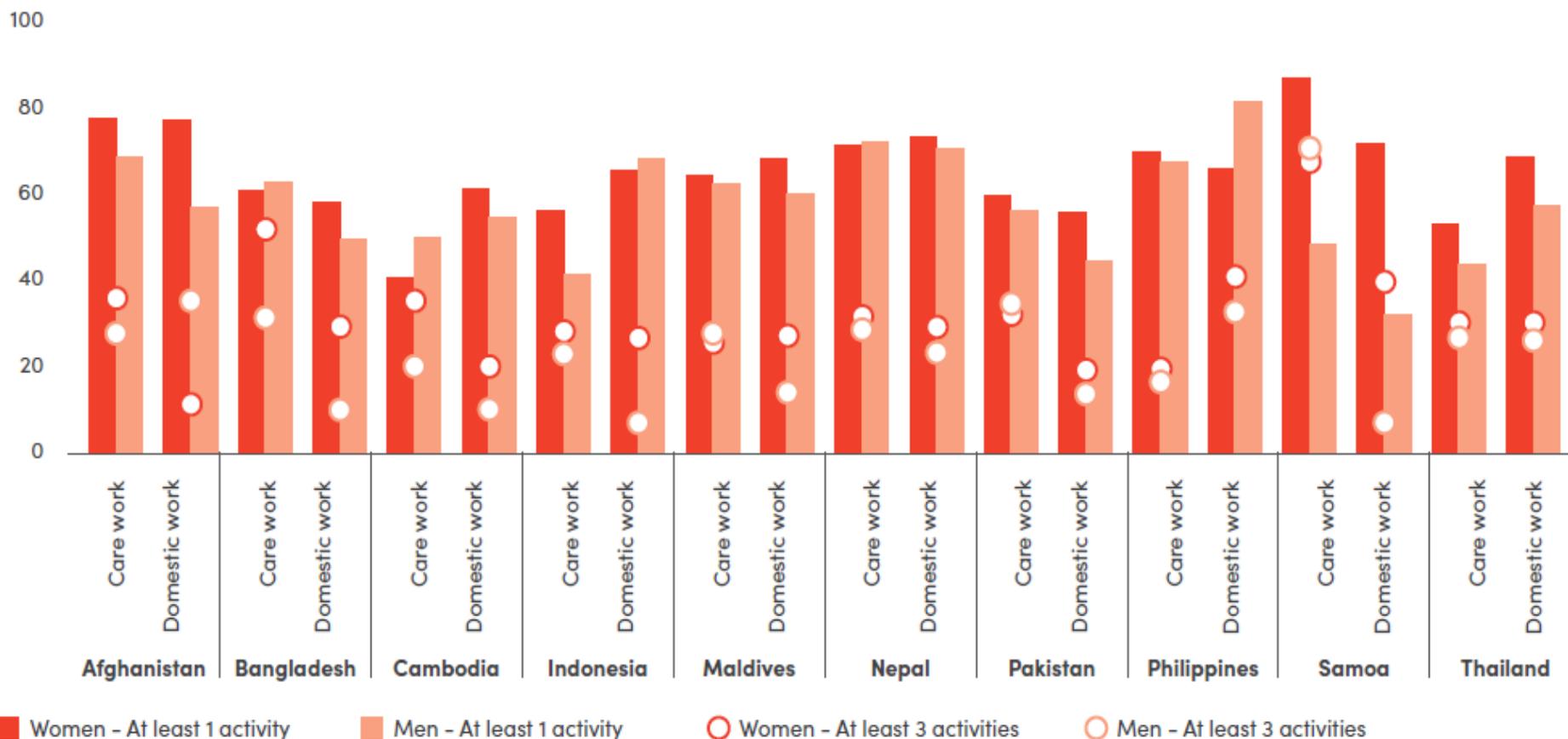
## Time use and unpaid care work at home

- Emerging evidence that women and men are doing more unpaid care work at home, but women doing relatively more.
- Evidence from UN Women & Women Count for Asia & the Pacific:
  - 60% of women and 54% of men reported more unpaid care work, and 63% of women and 59% of men reported more unpaid domestic work (at least one activity)
  - 30% of women and 20% of men reported increases in the intensity of unpaid domestic and care work (at least 3 activities)
  - See next chart

# Time use and unpaid care work at home

**FIGURE 8**

Proportion of people whose time allocated to unpaid domestic and care work increased since the spread of COVID-19, by sex and intensity (percentage)



Source: UN Women (2020) Rapid Assessment Surveys on the Consequences of COVID-19 in Asia and the Pacific.

## Time use and unpaid care work at home

- Motivated a Rutgers team to conduct our own survey during the early pandemic– May 2020
  - Representative sample of 920 in U.S.
  - Focused on people living together with opposite-sex partner
  - Survey instrument: based on instrument on time use developed by Donehower (2020) and amended with additional questions on paid and unpaid work
  - Sample questions next slide; let's do a poll

## Let's take a poll!

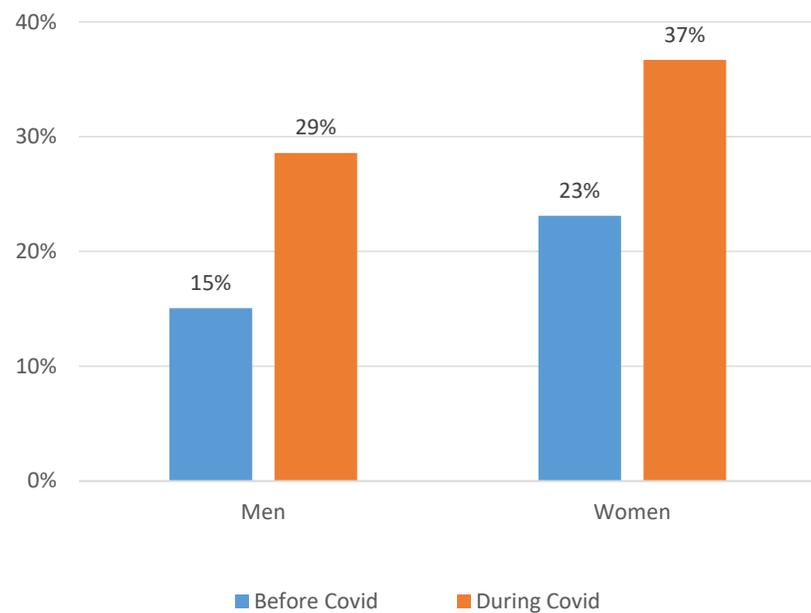
- How productive are you in your paid job during the pandemic compared to before the pandemic? (1) More productive, (2) Less productive, (3) About the same, (4) Not applicable
- How satisfied are you with your paid job during the pandemic compared to before the pandemic? (1) More satisfied, (2) Less satisfied, (3) About the same, (4) Not applicable
- Are you providing childcare and/or eldercare at least 5 hours per day during the pandemic? (1) Yes (2) No

## Findings

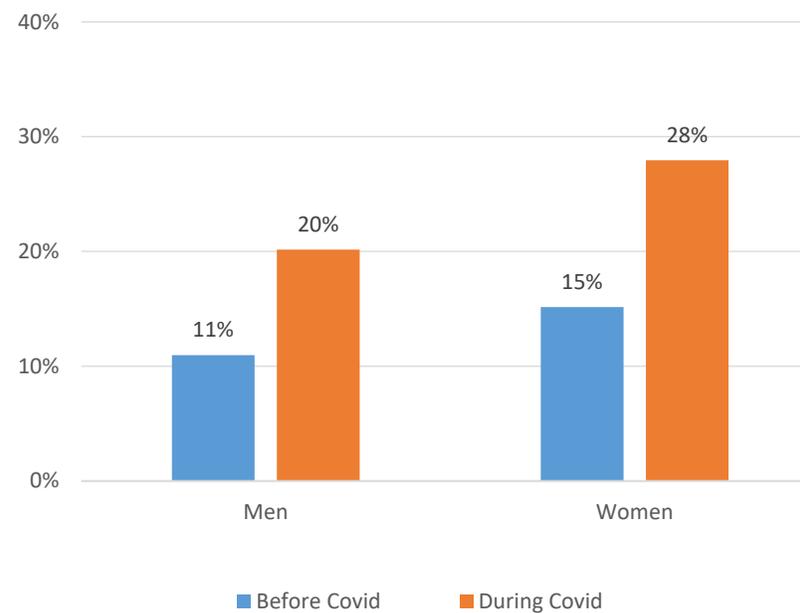
- While men increased the amount of time spent on childcare and housework, women were still performing more.
- Telework: 21% of sample reported working from home at least some days of the week before pandemic, compared to 57% during the pandemic.
  - Gender difference in the rate of telecommuting is not statistically significant.
- But some surprising findings:
  - Men provided more care for elderly and disabled than women and also relative to pre-pandemic
  - Men stepping up contributed to greater work satisfaction and productivity for women

# Time Use and Unpaid Care Work at Home

≥ 5 Hrs Active Childcare/Day (Unpaid)

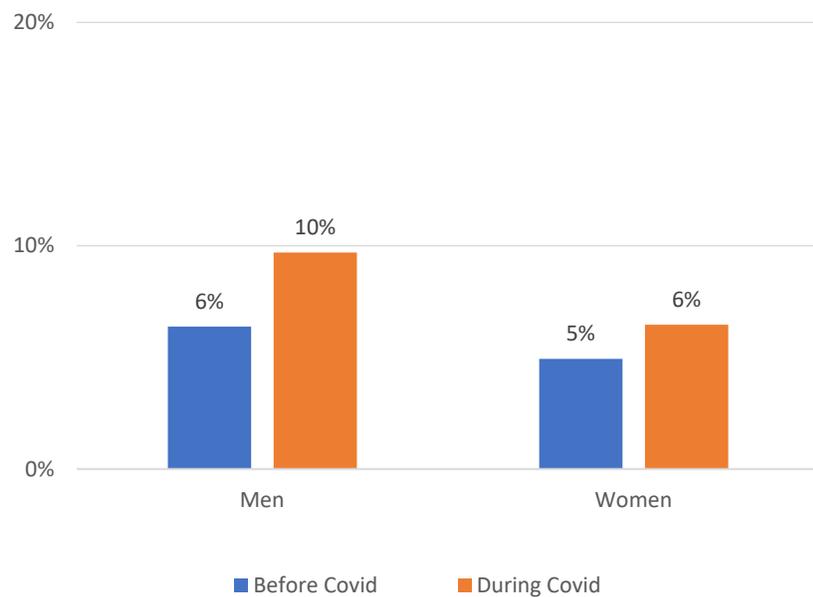


≥ 5 Hrs Housework/Day (Unpaid)

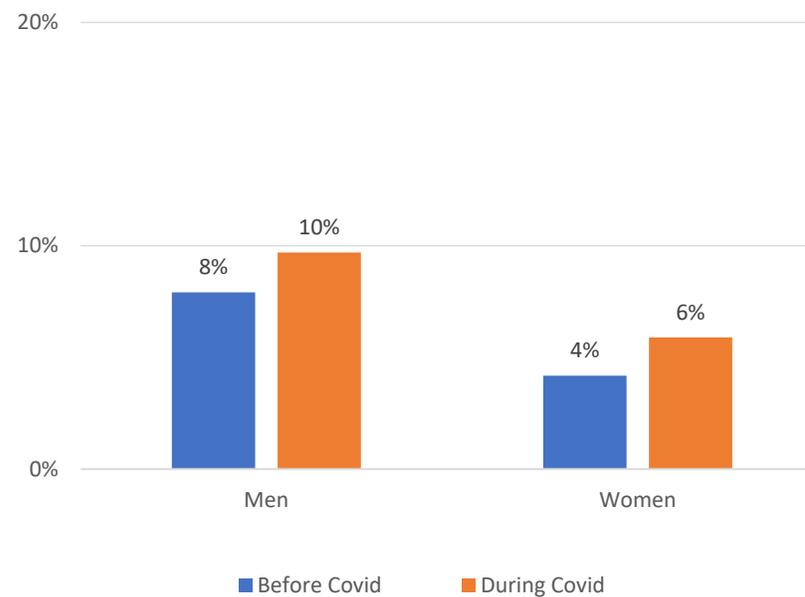


# Time Use and Unpaid Care Work at Home

≥ 5 Hrs Eldercare/Day (Unpaid)



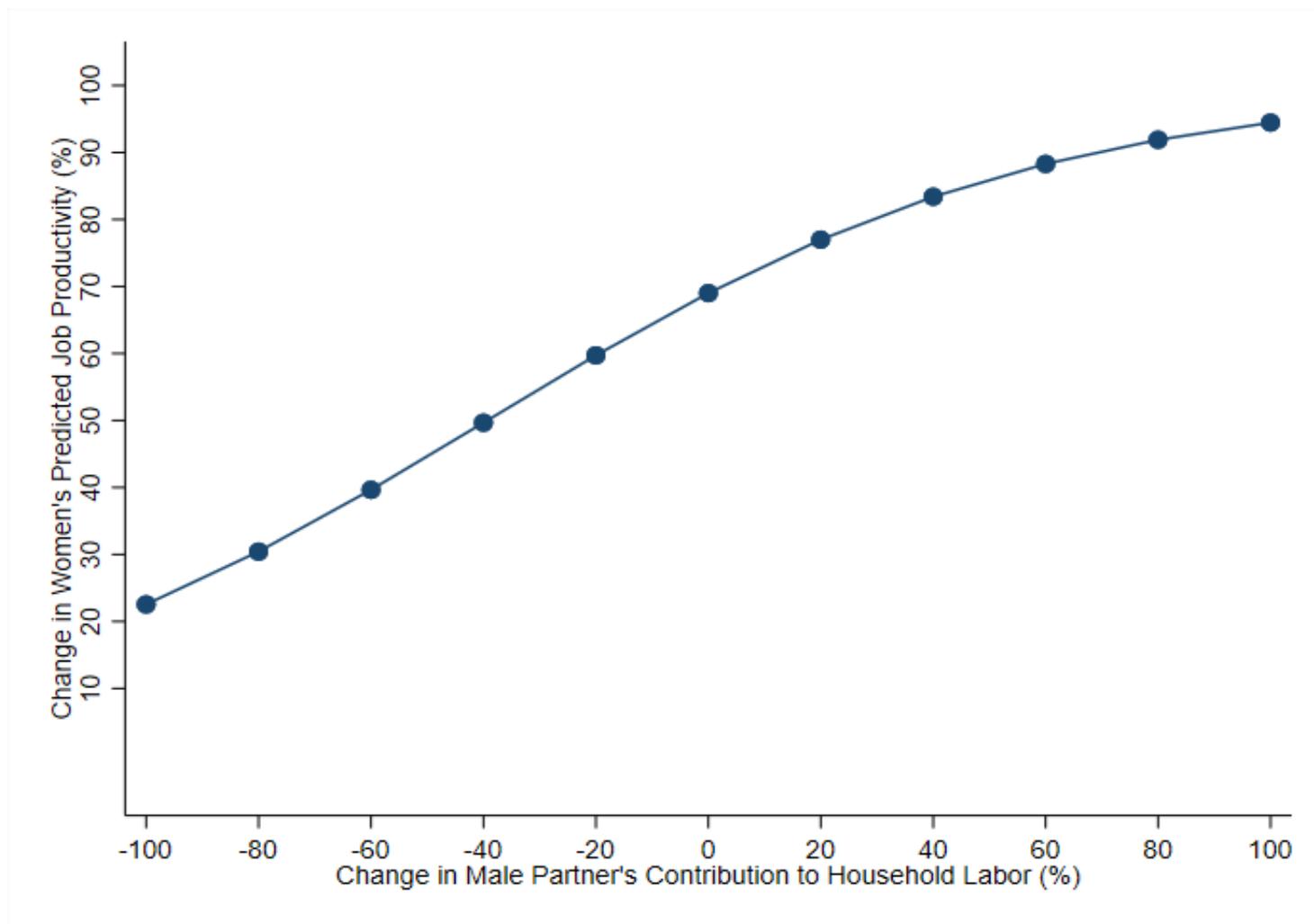
≥ 5 Hrs Disabled Care/Day (Unpaid)



## Findings

- Logistic regressions show that men's contribution to caring labor in the home has a positive and statistically significant association with women's work productivity and job satisfaction during the pandemic.
- As men take on a greater share of the unpaid work at home, women report a greater odds of being more productive in and satisfied with their paid work.
- This relationship between a partner's contributions at home and a respondent's work productivity and job satisfaction during the pandemic holds only for women respondents, not for men.

## Association between the Change in Male Partner's Household Contributions and Women's Predicted Job Productivity during the COVID-19 Pandemic



## Other gender and care-related dimensions to Covid-19: Emerging evidence

- Intimate partner violence and other forms of domestic violence are increasing
  - Shelter-in-place orders in U.S. caused domestic violence to increase by about 6% from mid-March to late-April, 2020 (Hsu and Henke 2021).
- Reduced access to reproductive healthcare
  - an additional 751,000 unintended pregnancies in 2020 due to reduced access to sexual and reproductive health services in the Philippines (UPPI & UNFPA 2020).
  - U.S.: 12 states deemed abortion “non-essential” early during pandemic
- Intersectionality by disability status
- Domestic workers: risks of job loss, abuse, exposure to Covid-19, legal limbo

## A care-led recovery plan

- Care-led plan recognizes the gendered division of paid and unpaid work as an integral part of an economic system that promotes human well-being
- Key component: care for children and elderly
  - Provide universally accessible, free childcare and long-term eldercare
  - Invest in more quality childcare and eldercare services
  - Strengthen paid parental leave, family leave, and sick leave benefits as needed
- Avoid austerity. Now is the time to support workers:
  - Boost unemployment insurance
  - Increase minimum wage so it is a living wage
  - Invest in employment and training programs (especially in healthcare sector)
  - Subsidies to small businesses

## A care-led recovery plan

- Not only the government's responsibility: Employers need to offer and destigmatize family-friendly workplace policies
  - Telework
  - Job sharing
  - Flextime
  - Leave policies
  - Extend clock for tenure/promotion
- They also need to recognize benefits of hiring and promoting a more diverse workforce, and implement inclusion policies
  - Not only by gender but also race, ethnicity, LGBTQ+ status, and disability

## Let's take a poll!

- Have you seriously considered leaving the workforce or have you left the workforce since the pandemic started? (1) Yes (2) No
- Have you been teleworking during most of the pandemic so far? (1) Yes (2) No (3) Some (4) Not applicable
- Has your employer changed your work expectations in a substantive way during the pandemic? (e.g. delayed tenure clock; greater flexibility; reduced workload) (1) Yes, (2) No, (3) Not applicable

## Sources

- Bahn, Kate, Jennifer Cohen, and Yana Rodgers. (2020). A Feminist Perspective on COVID-19 and the Value of Care Work Globally. *Gender, Work & Organization*, 2020, 1-5.
- Boniol, M., McIsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). Gender equity in the health workforce: analysis of 104 countries (No. WHO/HIS/HWF/Gender/WP1/2019.1). World Health Organization.
- Cohen, Jennifer, and Yana Rodgers. (2021). The Feminist Political Economy of Covid-19: Capitalism, Women, and Work. Working Paper.
- Cohen, Jennifer, and Yana Rodgers. (2020). Contributing Factors to Personal Protective Equipment Shortages during the COVID-19 Pandemic, *Preventive Medicine*, 141 (2020), December 2020, 1-7
- Durante, Kristina, Yana Rodgers, Lisa Kaplowitz, Elaine Zundl, and Sevincgul Ulu. (2020). COVID-19 and Changes in the Gendered Division of Unpaid Labor, Job Productivity, and Job Satisfaction. Working Paper.
- Hsu, Lin-Chi, and Alexander Henke. (2021). The Effect of Sheltering in Place on Police Reports of Domestic Violence in the US. *Feminist Economics* 27 (1/2), forthcoming.
- Kabeer, Naila, Shahra Razavi, and Yana Rodgers. (2021). Feminist Economic Perspectives on the COVID-19 Pandemic. *Feminist Economics*, 27 (1/2), forthcoming.

- International Labour Organization (ILO). (2021). *ILO Monitor: COVID-19 and the World of Work. Seventh Edition*. Report. Geneva: ILO. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_767028.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_767028.pdf)
- International Labour Organization (ILO). (2020b). *ILO Monitor: COVID-19 and the World of Work. Sixth Edition*. Report. Geneva: ILO. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_755910.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_755910.pdf)
- University of the Philippines Population Institute and United Nations Population Fund (UPPI and UNFPA). 2020. "The Potential Impact of the COVID-19 Pandemic on Sexual & Reproductive Health in the Philippines." <https://www.uppi.upd.edu.ph/news/PNM-on-world-population-day-2020>
- UN Women and Women Count. 2020. *Unlocking the lockdown: The gendered effects of COVID-19 on achieving the SDGS in Asia and the Pacific*. Report. Bangkok: UN Regional Office for Asia and the Pacific. <https://data.unwomen.org/publications/unlocking-lockdown-gendered-effects-covid-19-achieving-sdgs-asia-and-pacific>.
- Gender & Covid-19. Hawaii and Canada: Providing lessons for feminist economic recovery from COVID-19. <https://www.genderandcovid-19.org/wp-content/uploads/2020/10/Gender-and-COVID-19-feminist-recovery-plans.pdf>

# The Impact of COVID-19:

## Inclusion & Accessibility for People Living with Disabilities

**Melissa Egan**

National Lead, Episodic Disabilities

# Overview

- Introducing *Realize*
- About Episodic Disabilities
- How COVID-19 has Impacted People with Disabilities
- Barriers to Work
- Accommodation in a COVID-19 Context
- Making it Work
- Questions

# Who is *Realize*?

- *Realize* is a national non-profit with the aim of fostering positive change for people living with HIV and other episodic disabilities.
- Established in 1998, *Realize* (formerly known as the Canadian Working Group on HIV and Rehabilitation) emerged as an innovator in bridging the traditionally separate worlds of HIV, disability and rehabilitation
- Our goal is that through our work, the daily lives of people living with episodic disabilities are improved in direct and meaningful ways by research, education, and policy change.

# Our Work in Episodic Disability

- National Episodic Disability Forum(EDF)
- Development of reports, policy briefs, white papers, statements of common concern, and committee presentations
- Forum & Policy Dialogue on Workforce Participation by People Living with Episodic Disabilities in Canada
- SSHRC/CIHR Knowledge Mobilization Partner on numerous grants
- Active policy work with government representatives and advocacy groups
- Accredited training for HR Professionals

# Episodic Disabilities

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# What is an Episodic Disability?

*“Episodic disabilities are characterized by periods of good health interrupted by periods of illness or disability. These periods may vary in severity, length and predictability from one person to another.”*

- Episodic disabilities can be intermittent, invisible, and unpredictable
- Unpredictability has a negative impact on meaningful community participation, employment, income security, social inclusion and access to care
- Many employers struggle with accommodation in the context of intermittent work capacity.

# Episodic Disabilities

- Anxiety
- Chronic Pain
- Depression
- Diabetes
- Epilepsy
- Multiple Sclerosis
- Parkinson's Disease
- Arthritis
- Asthma
- Bi-polar disorder
- Cancer
- Chronic Obstructive Pulmonary Disease  
(including chronic bronchitis and emphysema)
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
- Crohn's Disease & Ulcerative Colitis
- Hepatitis C
- HIV/AIDS
- Meniere's Disease
- Migraines
- Substance use disorder

# Episodic Disabilities in Canada

An increasing number of Canadians are living with lifelong episodic disabilities.

The 2017 Canadian Survey on Disabilities found that of the 6.2 million (22% of Canadians) persons living with disabilities, 61% experienced some type of episodic disability.

Of the 6.2 million persons with disabilities aged 15 years and over, 3.8 million (61%) experienced some type of disability dynamic.

It is estimated that:

- 6 million Canadians are living with arthritis
- 20% of Canadians will experience an episode of mental illness in their lifetime
- 77,000 Canadians are living with MS
- 63,110 Canadians are living with HIV

# Impact on Employment

- 52.7% of people identified as living with an episodic disability who were working part-time said that it was their **disability/health condition that prevented them from working more hours**
- Almost half reported that they had changed jobs because of their health condition
- They were more likely to be engaged in remote work or flexible work or be self-employed
- People with episodic disabilities experience significant concerns associated with rejoining the workforce including worries about losing their access to drug plans and subsidized housing

# How COVID-19 has Impacted People with Disabilities

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# Overview

- High rates of unemployment within the disability community have increased
  - 36% of participants in a Statistics Canada survey reported job loss since March 2020
  - 56% report a decrease in household income by over \$1,000 per month
- Work routines have changed due to COVID-19 and employees may have disabilities that make changes in routine harder for them to manage.

# Overview

- Racialized people with long-term conditions or disabilities are experiencing a decline in health since the start of the pandemic
- Many people with disabilities who qualify for disability benefits do not qualify for the CERB, even though the pandemic has caused additional financial strains.
- Over one-third of people with disabilities who needed regular help relied solely on family, friends or organizations from *outside* their household

# Reasons for increased vulnerability of people with disabilities

- Barriers to implementing basic hygiene measures, such as hand-washing (sinks may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly);
- Difficulty social distancing because of support needs
- The need to obtain information from the environment or for physical support;
- Barriers to finding accessible and inclusive public health information;
- The pre-existing health condition underlying the disability.

# Barriers to Work

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“The pandemic can be seen as a massive test of employers’ ability and willingness to accommodate workers.”

## Accessibility when working from home

- Zoom captioning
- Longer days and more meetings
- Reliable wifi connection and access to a computer with accessibility software
- Mask wearing can affect communication

## Getting to work outside the home

- Risk of exposure on transit
- Increased cost of necessary PPE
- Snow impacts sidewalk access

# Other Challenges

- Multiple care providers can increase risk of COVID-19 in people living with disabilities due to greater exposure
- Loss of support services accessed through work or school can have a significant impact on both physical and mental health
- Assessment centres and vaccine clinics are not always accessible and/or do not have the accommodations to support people with disabilities

# Positive Developments

- COVID-19 Disability Advisory Group (CDAG) will advise the Minister Qualtrough on the real-time lived experiences of disability-specific issues, challenges and systemic gaps and will inform strategies, measures and next steps.
- Working from home has become the norm for jobs that can be done remotely leading to unprecedented, widespread adoption of some disability inclusion practices.

# Accommodation in a COVID-19 Context

# Accommodation is a Human Right

Accommodation is a fundamental and integral part of the right to equal treatment. This includes:

- **Dignity:** privacy, confidentiality, comfort and autonomy
- **Individualization:** everyone has unique needs, there are no one-size-fits-all accommodations
- **Inclusion:** removing barriers allows for full participation and integration

# Accommodations

- People living with episodic disabilities generally require different types of accommodations than people living with long-term physical disabilities

Types of accommodations may be:

- Time off to attend medical appointments or time to adjust to the side effects of medication
- Flexible work schedule or the ability to change shifts so that employees can adjust their workday or week to accommodate their health or treatment needs
- In general, most accommodations cost less than \$500

# What to keep in mind

- Unpredictability of symptoms
- Stigma
- Ongoing need to disclose
- Need for change, variability in accommodations
- Frequent and usually invisible symptoms
- Access to medications, and treatment is critical
  - Importance of maintaining health benefits and a regular income

# Accommodation during COVID-19

- Reassignment to work that is more aligned with accommodation needs  
ex. Continuing to work from home even if your workplace is open
- Opportunity to shift from full-time work to part-time work
- Using banked/lieu time or working compressed hours
- Scheduled breaks during the work day in order to combat fatigue or overstimulation from Zoom meetings
- Job sharing

# What Can You Do?

- **Demonstrate leadership:** publicly commit to creating human rights and anti-discrimination policies. Follow through on those plans.
- **Review your current practices:** consider what policies and practices need to be updated to reflect current work policies.
- **Provide accommodations:** these are necessary and flexibility extends beyond letting people continue working from home – it means acknowledging worker limitations and needs.
- **Require training:** make inclusion, diversity, equity & accessibility training expected of leadership, management, and employees. Attend those trainings.

## Examples of Accommodation Best Practices

- Create an accommodation plan with your employee
- Follow their lead
- Offer flex time
- Stay open to more frequent breaks
- Offer adaptive technologies
- Consider a peer support program where coworkers check-in
- art-time with full benefits
- Part-time with pro-rated benefits

# Be Proactive!

- Policies and practices that increase flexibility and accessibility help prevent barriers before they occur and keep business running smoothly, rather than waiting until an issue arises.
- Accommodation isn't just the law, it also makes good business sense, as it can increase employee productivity and reduce economic loss due to absences or turnover.
- Create an accessible and inclusive workplace culture: this helps reduce the need for individual accommodations and benefits all employees, not just those living with a disability.

# Making it Work

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# Return to Work: After COVID-19

## Increased demand for regular, ongoing work from home from employees

- The demand for flexibility in where and how people work has been building for decades. Before the crisis, surveys repeated showed 80% of employees want to work from home at least some of the time.

## Increased need for trust and consideration from their employers

- One of the biggest holdbacks of remote work is trust—managers simply don't trust their people to work untethered. They're used to managing by counting butts-in-seats, rather than by results.
- As employees prove their competence working remotely, they may grow less tolerant of workplaces that do not promote health, work-life balance and overall wellbeing.

# How can employers support employees with disabilities?

- Standard policies within HR processes that apply to all employees
- Formal HR meetings to establish accommodation plans for individual employees
- Informal discussions with managers and co-workers about accommodations

# Return to Work: Making it work

- Have a Plan
  - Documented and specific with a date for reassessment
  - Consider accommodations like:
    - job modifications, flex time, changes to home workspace, more frequent breaks
- Be Flexible
  - The plan may need to be revised as you all begin to adjust to new ways of working
- Communicate
  - Talk to managers and other employees to ensure easier adjustment for everyone
  - Check-in with the returning employee often (daily and/or weekly)

## What Workplace Accommodation Might Look Like

- Accommodation Plans are a trial and error process that require commitment and engagement from the employer and the employee (i.e. regular check-ins)
- Employees will need access to resources outside of the workplace: both emotional & community support
- Develop accommodation plans including processes that outline how to complete work during illness absences

### REMEMBER:

- Episodic disabilities vary over time
- There may be concurrent conditions
- Accommodations require long-term perspective, flexibility, re-assessment, and collaboration

# Resources

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# Resources

- Canadian Human Rights Commission has a template for developing a workplace accommodation plan: <https://www.chrc-ccdp.gc.ca/eng/content/template-developing-workplace-accommodation-policy>
- ACED has developed a tool called JDAPT (job demands and accommodation planning tool) <https://aced.iwh.on.ca/tools/aced-toolkit> (coming very soon!)
- Arthritis Canada has created resources for employers and employees that can be found here: <https://arthritis.ca/support-education/arthritis-and-work>
- MS Society has an Employers Guide: <https://mssociety.ca/en/pdf/EmployersGuide.pdf>
- **Realize** has produced a document called A Win-Win Proposition: The Business Case for Actively Recruiting and Retaining People with Episodic Disabilities: [https://www.realizecanada.org/wp-content/uploads/The-Business-Case-for-Actively-Recruiting-and-Retaining-People with Episodic Disabiliti.pdf](https://www.realizecanada.org/wp-content/uploads/The-Business-Case-for-Actively-Recruiting-and-Retaining-People-with-Episodic-Disabiliti.pdf)

# Questions?

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# Thank you!

Contact me at: [melissae@realizecanada.org](mailto:melissae@realizecanada.org)

[www.realizecanada.org](http://www.realizecanada.org)