CENTRE DE SANTÉ COMMUNAUTAIRE
PINECREST-QUEENSWAY
COMMUNITY HEALTH CENTRE

COVID-19 Pandemic: Community Needs Assessment Condensed Report

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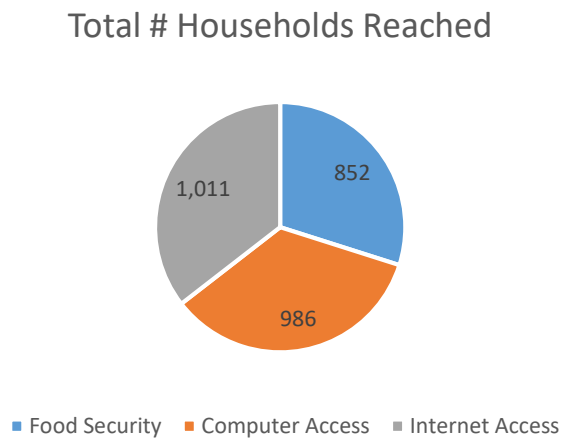
RATIONALE

Over March and April 2020, PQCHC's Community Health Services department conducted a series of wellness checks through its various services and programs. These wellness checks were initiated in response to the COVID-19 pandemic to identify the prevalence of various needs including: food security, computer access and internet access. In addition to the three areas we identified, residents also had the opportunity to speak to other needs they might have. The information gathered through this catchment-wide needs assessment helped inform our immediate response to the pandemic and will provide future direction to our programs and services so that we can continue to be responsive and accountable to the communities we serve.

SCOPE & LIMITATIONS

We collected 1,171 records of both successful and unsuccessful contacts through our department-wide wellness checks. For these purposes, a successful contact is defined as a communication achieved with an individual service user who provided the PQCHC employee with information on the needs within their household. Within this total approximately 10% we defined as "unsuccessful", meaning we tried to reach a household and didn't or the household chose not to communicate their needs with us.

Community Health Services is comprised of several programs, each with its own mandate and data collection requirements and practices. Our program staff have different levels of experience conducting formal wellness checks, especially performed remotely and in atypical circumstances. For these reasons, there were variations in how data was collected and organized across the department. These variations limited our ability to remove unsuccessful contacts and duplicate entries from our master list without significantly compromising our data in order to give an exact total of households reached. This technical limitation does not exist for each of the areas of need assessed. The following graph breaks down the total number of successful contacts by need.

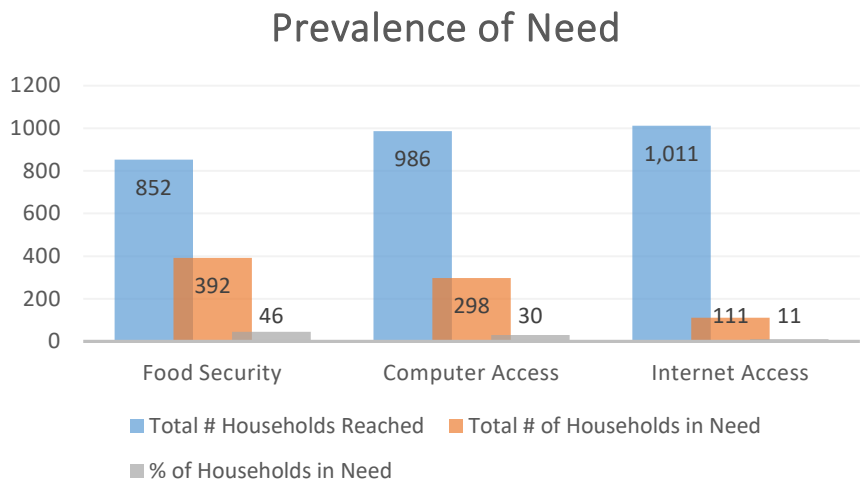


While our reach was extensive, it was not exhaustive. Our findings therefore provide a strong overview of current needs in our community, but not an absolute representation of our catchment. It should be noted that this needs assessment is just one component of a larger response, including the individual supports provided through our various programs and services. Also, as the pandemic continues, people's situations will change, so this report is only meant to provide a snapshot of needs, but will provide direction for our planned, second phase of pandemic needs assessment work.

As this summary only provides an overview of our findings and response efforts, please refer to the full report for more details. The full report is broken down into four main sections: overall need, need by community, need by program and Community Health Services' response efforts, learnings and recommendations for future needs assessment work.

OVERALL FINDINGS

The graph below depicts the level of need within each priority area.



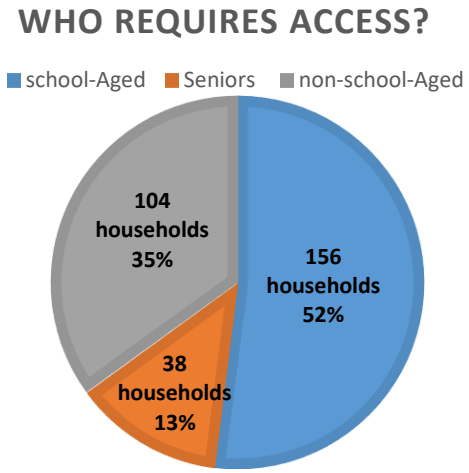
Food Security

Our data shows that food security became an urgent need for many in our communities due to the loss of employment, the reduction of work hours, and the closures of daycares, schools and recreational programming. Long-term food access was another recurring theme, as was the need for food delivery which was specifically identified by 18 separate households. The true need is considered much greater though given the number of comments regarding challenges associated with using public transit, concern over the food bank locations, childcare responsibilities complicating access to services outside the home and the overall anxiety related to leaving the house during this time. An additional challenge pertaining to food access communicated by a small number of families was the need for food items that accommodated a special diet for cultural and/or health-related reasons.

"Not enough food because difficulty going out (small kids; single mom). Used to go to food bank but doesn't feel safe going out. No Car. Food has been the main challenge."

Computer Access

A significant percentage of our service users require computer access. One limitation of our assessment is that we did not ask families to specify whether this need was for *more* devices within the home. Households that "require access" should therefore include any household where technology needs are currently not being met. By leveraging programs with age related eligibility criteria, we were able to see that the highest computer need is among households referred from school-aged programs. Scheduling challenges related to device sharing came up



several times in this needs assessment. Several staff reported that many families with multiple school-aged children in the home had overlapping class schedules and that some families had to use the parent's cell phone for their children's online learning.

Internet Access

Although the need for internet access was found to be less significant than the other areas of priority assessed, the 11 percent without those access are greatly disadvantaged with the large scale shift towards learning, working, consuming and accessing services online. A small number of households indicated that the low-cost internet connection provided by several telecommunications companies in response to COVID-19 has been slow. One individual in particular mentioned that this slow connection made online learning difficult for his children. Another challenge faced by some of our families is not having accepted forms of online payment which inhibits their ability to access food delivery services and online bill payment options. One person mentioned avoiding technology altogether and conducting financial transactions at the bank due to her fear that she could exploited because of her lack of practical technological knowledge.

Out of 1,011 Successful contacts, 111 households require internet access

Other Needs

During wellness checks, residents were given the opportunity to speak to any additional needs they might have. Some programs asked additional questions related to the mandates of their programs, while others left this question open. In answering this question, residents sometimes framed their additional needs as requests for support and other times as challenges faced by them or members of their household without a specific ask. For the purposes of this summary, I have only included needs with a significant number of mentions. Please refer to the report for a more extensive overview.

- 19 records requested support for **navigating services** or filling out paper work. The majority of these requests were for financial supports, such as government benefits and Employment Insurance applications, but there were other requests related to housing and immigration. Many of these requests came from individuals who lack access to technology or who have anxiety about "doing it wrong."
- There were 33 records which specifically mentioned **mental health and anxiet**y related concerns. Of these records, 8 were directly related to fear of contracting the virus. Several records mentioned physical distancing measures negatively impacting their mental well-being. For many, physical distancing created feelings of isolation and loneliness. For some, it had to do with the number of people confined within their household or building.

"Everyone is depressed in family. Lock down is tough, tensions between family members. Not sleeping well."

- There were 17 records that specifically mentioned a change in **employment** status due to the pandemic. Of these records, 6 were from individuals who were daycare providers, 2 mentioned childcare responsibilities now inhibited them from working, and 4 records referenced fear of the virus impacting employment. In addition to a change in employment status, several records indicated fear over being laid off due to the pandemic.

"Lost job, was a daycare provider and was the sole provider for the family."

COMMUNITY HEALTH SERVICES RESPONSE TO COVID-19

At the outset of the pandemic, PQCHC designated medical services and food security as essential and have continued to offer these supports and services in-person in modified ways that support employee and client safety. Community Health Team staff were redeployed to support these essential services where needed. Staff have acted as screeners and greeters for those entering our main location for medical appointments, and they have stepped in to support the community houses with organizing and distributing food to residents accessing the food banks. Additionally, all of our staff have actively outreached and conducted wellness checks with the participants of their programs and continue to connect them to our System Navigators, who then help community members understand and access the services they need, many of which are new or modified in light of COVID-19.

Food Security

Food distribution became the primary focus of PQCHC's five community houses. In three of these communities: Foster Farm, Morrison Gardens and Pinecrest Terrace, PQCHC runs community food banks which collectively serve approximately 500 individuals, or 112 families, per week. In all five of these communities we are distributing an additional 200 *Ontario Network for Education* (ONFE) breakfast boxes per week. Included in these boxes is information on how to connect with the community house and the Ottawa Food Bank should they require additional support.

Our food banks moved from a volunteer driven, drop-in model, to a staff-driven, appointment-based model (Kelly, 2020a). In addition to distributing food, the community houses distributed an additional $24,000 in gift cards through donations from the Ottawa Food Bank. The department was also able to secure $122,000 worth of funding from multiple sources to support our pandemic response. In an effort to supplement the work of our community houses, we purchased and distributed $58,000 dollars' worth of gift cards to families in our communities to support them with food and hygiene related needs. Additionally, we leveraged relationships with several local restaurants to deliver free, pre-packaged meals to families in our communities.

COVID-19 Information and Resources

We paired our food supports with information on COVID-19 and a list of available resources to support needs identified through this assessment. Our *Health Promotion* and *System Navigation* teams took the lead on creating and translating this resource into French, Arabic and Somali. This resource was distributed through our various programs and services through coordinated mail outs and was shared with our community partners to broaden its reach.

Technology and Internet Access

To support access to technology and internet, we were able to secure 35 cell phones with service from a variety of providers that were then distributed to families in need. Our System Navigators also supported families with renting devices and with setting up low-cost internet service offered by a variety of providers. Staff from our school-aged serving programs- *Pathways to Education*, *Together We Can*

Youth Mentorship Program, and the *Somali Youth Support Project*, supported their participants with receiving devices from their schools when challenges arose. Lastly, *Employment Services* was able to reallocate a small number of funds to purchase four Chrome Books for clients to participant in employment programming.

Move to Virtual Services & Programming

Since March, the following programs and services have moved online:

- System Navigation
- Together We Can Youth Mentorship Program
- Somali Youth Support Project
- Pathways to Education
- Employment Services
- The Healthy Aging of Multicultural Seniors Program
- Community development activities led by our Health Promotion team in both our PQCHC and South Nepean catchment.

LEARNINGS

Engagement in Virtual Programming & Services

Employment Services has reported that the majority of their clients are open and able to engage in virtual services and programs. Although adjusting to this new "normal" has been a learning process on both sides, staff have commented that this experience has reminded them of the resiliency, resourcefulness and adaptability of their clients, especially those facing multiple barriers. In some instances, staff have remarked that these virtual interactions have been more positive than would have been in person; meeting with clients virtually from home has added a more human element to the interaction and clients have expressed that they appreciate this connection (Kelly, 2020b).

Pathways to Education has reported lower levels of youth engagement in virtual programming than pre-COVID-19 when programming was offered in person. This decrease may in part be due to the switch from in-person to virtual programming, but it may also be due to the added pressures youth and their families are now facing in light of COVID-19. Youth have expressed that they are choosing to focus on schooling over online, engagement activities. Some youth have stated that they feel uncomfortable engaging online, have made a conscious choice not to use social media or have "no energy" to do so. Additionally, parents have expressed that they are trying to balance their children's active screen time now that schooling is online (Pathways to Education Ottawa, 2020). In some instances, Pathways staff have reported that the switch from in-person to virtual ways of communicating and connecting has required them to rebuild their rapport with youth (Kelly, 2020c).

Pathways to Education has employed several strategies that have proven to increase engagement, such as:

- having youth co-facilitate activities
- changing online platforms to ones that youth are using more broadly
- framing activities as contests with attached prizes
- reducing the frequency of activities offered per week
- partnering with local organizations to do outreach and promote activities.

(Pathways to Education Ottawa, 2020)

Pathways to Education was able to quickly transition to providing virtual programming and services because they already had a strong social media following prior to COVID-19 and the majority of participants were already accustomed to connecting with the program in this way. Furthermore, the program already had clearly established program policies and procedures related to the use of technology that could be further developed for operating virtually.

Internal & External Collaboration

Working remotely has presented some barriers to collaboration. Staff have reported playing "phone-tag" with other providers due to a change in availability or hours. Staff have commented that they have been unable to get a full and accurate assessment of a client's wellbeing due to restrictions with in-person meetings and home visits. Also, some external services require partner organizations to conduct home visits and complete assessments as part of their referral process, which is not possible during this time. Despite these challenges, staff have noted an increase in collaboration both internally and externally to meet client needs.

Externally, we have noted an increase in collaborative ways of working to support shared clients and an increase in the number of consultations regarding changes in services and the sharing of resources during this time. Staff have also noted that it has been easier to meet virtually with staff from external partner agencies across the city as commute times are no longer an inhibitor.

RECOMMENDATIONS FOR FUTURE NEEDS ASSESSMENT WORK

Standardized questions

In order to provide more than a "snapshot in time," we need to standardize the questions we ask during our wellness checks and how we document, collect and organize the responses across the department. Repeating this process and asking the same questions will allow us to compare moments in time to note changes.

Standardized template and script for frontline staff

In an effort to support the frontline staff conducting the wellness checks, a standard template and script will be essential. One challenge faced with this assessment was that our template and scripted questions were not aligned. Furthermore, not all programs used the same template. This required a circling back to staff to provide clarification and, in many cases, a manual re-entry of the data in order to make sure that it was organized in a standardized way.

Standard use of comments and interviews to better understand concerns, challenges and learnings

Comments provided by staff from their conversations with families provided invaluable insight into their situations and context to their 'yes' or 'no' entries on needs related food security, computer access and internet access (the three areas of focus for this assessment). However, not all records provided comments and, due to time constraints and the atypical circumstances in which this particular needs assessment was conducted, we were unable to interview all staff who contributed records to this assessment. This would be a goal for our next round of needs assessment work so that the concerns, challenges and learnings of all programs could be highlighted more fully.

Clear communications on the purpose of the wellness checks and use of information

Speaking to their experiences with this process, concerns were raised by some staff regarding why the information was being collected and how PQCHC was intending to use it. These concerns suggest a need for more communication at the outset with frontline staff regarding why we are collecting this information and the rationale for the areas of focus. Additionally, it reinforces the importance of reporting back to staff how this information has informed, and will continue to inform, our response as a Centre. To further support frontline staff, creating a shared script to frame conversations with residents when conducting wellness checks is recommended. This ensures that all participants are given the same message across the organization with respect to the purpose, use and limitations of use of the information provided.

Greater collaboration across the Centre and community

Our understanding of community needs extends only as far as our community connections. In order extend this reach, continuing our collaborative efforts internally across departments and externally with partners who have also been conducting wellness checks is worth exploring. Looking at how to coordinate these wellness checks is important so that they complement rather than overlap with our partner organizations and don't inundate our families with phone calls and requests for information. Furthermore, greater insight into how can we continue to do this work in a way that respects and protects the privacy and confidentiality of our clients is needed.

REFERENCES

Kelly, L. (2020a). *Community Houses Debrief Summary.* [Internal Report]. Pinecrest-Queensway Community Health Centre.

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