



THU COVID-19 First Wave Response Evaluation

Community Collaborative Partner Survey Results -Summary

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Background

On March 17, 2020 the Government of Ontario declared an emergency under the Emergency Management and Civil Protection Act, to protect the health and safety of all Ontarians as a result of the COVID-19 pandemic. To limit and delay the epidemic spread of COVID-19, several public health measures were enacted by the Ontario government to keep people at home including the closure of schools, childcare, restaurants, all nonessential businesses, public spaces, and the prohibition of events and gatherings.¹ Population-level public health measures also included asking everyone to practice physical distancing (previously referred to as social distancing).

Since the beginning of 2020, and more specifically since March, Timiskaming Health Unit (THU) has been leading the local public health response to the COVID-19 pandemic.

On May 19, 2020 Ontario entered Stage 1 of the Framework for Reopening the Province, with most of the province entering Stage 2 on June 12 and stage 3 on July 24, 2020. With reopening underway THU began planning an evaluation to better understand the first wave response and to plan for ongoing improvements. This work would support effective public health emergency response and is in alignment with THU's 2019-2023 strategic plan. To do this, THU sought feedback from various perspectives including a survey of partners participating in community collaborative meetings initiated in March 2020.

Evaluation findings can be used to inform response efforts and protect our communities by building on aspects of the response that worked well and that should continue or be enhanced during resurgence and future waves. Furthermore, this data can help illuminate experiences and lessons learned during the first wave to course correct where possible for effective and efficient response efforts during subsequent waves.

Methods

Survey Design, Distribution and Audience

Survey questions were adapted from a previous THU survey and other Ontario Public Health Units to reflect the context of the collaborative. The online survey (available via Survey Monkey) was sent via email to approximately 85 partners who receive invitations and correspondence for a local COVID-19 Community Collaborative (see [Appendix](#)). The survey was open from September 10, 2020 to September 28, 2020. Community stakeholders include representatives from community and primary care, shared living (congregate) homes, local government, school board or education services, child and youth serving agencies, social services and other community partners.

Findings

Ten out of eleven (91%) of survey respondents agreed or strongly agreed that the community partnership meetings have been helpful in:

- the timely identification of **potential health disparities and harms** resulting from COVID-19 public health measures.
- the timely identification of **priority population groups** impacted by COVID-19 public health measures in our communities.

- identifying **actions to address potential health disparities and harms** resulting from COVID-19 public health measures.
- identifying **supports** (funding, agencies to collaborate with, continuing programs and services) to address potential health disparities and harms resulting from public health measures.

Eight out of eleven (73%) agreed or strongly agreed that

- **Duplication of effort was prevented** as a result of the community partnership meetings. Three respondents were neutral.

When asked questions about **meeting functionality**:

- Eleven out of eleven (100%) of respondents agreed that the ‘right amount of information was shared at the meetings’.
- Nine respondents (82%) answered ‘Yes’ to the question “Was the information provided through the community partnership meetings culturally and linguistically accessible?” One responded ‘somewhat’ and one respondent skipped the question.
- Nine respondents (82%) answered ‘Yes’ to the statement “The frequency of the community partnership meetings was appropriate.” One answered ‘No’, and one answered ‘Don’t know’.
- Eleven respondents (100%) agreed that the timing of the first meeting was adequate, however two respondents indicated they missed the first one or were invited later.
- Ten respondents (91%) answered ‘Yes’ to the question “Were the community partnership meetings conducted in a format that met your needs?” One participant answered ‘Somewhat’.

Qualitative feedback

Feedback from respondents indicate these meetings have been helpful to identify priority topic such as transportation, food security, isolation, e-equity/digital divide. Comments expressed pride and satisfaction at the work that has been done by this group and its ability to identify projects and move them forward.

The overall feedback indicated that this collaborative has been useful for participants to help:

- Identify new funding streams
- Strengthen partnerships
- Identify priority population and needs
- Build capacity
- Avoid or reduce duplication of efforts

A specific suggestion for improvement was to make better use of facilitator functions to mute all (both on zoom and teleconference). Another respondent expressed that it was difficult to keep up with the meetings due to the volume of material covered in each meeting and the frequency of meetings.

Conclusion

This evaluation summary report describes perspectives from partners participating in a regular community collaborative call hosted by THU related to the COVID-19 pandemic. Overall, the results indicate that partners agree that the collaborative is meeting objectives articulated upon the forming of the collaborative and that the calls are adequate and effective. Additionally, stakeholders offered valuable insight regarding opportunities to improve and sustain the COVID-19 community collaborative calls. The Timiskaming Health Unit will continue to invite feedback prompting reflection on meeting appropriateness, effectiveness and supports, as well as the frequency and timing of the meetings.

THU is grateful that partners generously provided feedback. These findings will be helpful when building on aspects of our COVID-19 response as well as help us plan and prepare for future waves and future emergencies.

Limitations

The goal of this survey was to quickly collect feedback from partners related to the first wave of the COVID-19 pandemic. Due to the need to produce rapid results and recommendations the results face limitations.

The survey was voluntary and anonymous. The responses collected only represent the opinions of those who responded, and therefore results may not be generalizable to all partners. Participants may have a response bias, giving answers they think are correct, or 'most acceptable'. The survey was designed to be anonymous, which may reduce the risk of response bias.

References

1. Nielsen, K. (2020). A timeline of the novel coronavirus in Ontario. Global News.
<https://globalnews.ca/news/6859636/ontario-coronavirus-timeline/>

Appendix

Email sent to partners September 10th, 2020

Hello,

I hope everyone is doing well during this back to school 'season'. THU is conducting an emergency response to COVID-19 review. Feedback from community partners will help identify opportunities for us to improve for subsequent waves and also for future emergencies. You are receiving a request to complete a short survey because you were on the distribution list for the COVID-19 Community Support Collaborative that convened on March 31 2020 and continues to meet (currently every 2 weeks on Tuesdays) facilitated and coordinated by THU.

The survey findings will be used internally at THU. The survey is voluntary and completely anonymous. It will take up to 10 minutes to complete. We ask that you complete the survey found here <https://www.surveymonkey.com/r/98FFTK8> **by Monday September 28**. If you have any questions, please contact Adrienne Gullekson gulleksona@timiskaminghu.com.

Thank you for your time and feedback.

Stay well,

Kerry Schubert-Mackey