Coordinated Pandemic Response for Edmonton Senior Serving Community

Summary Report of Model Reflections to Nov. 2020

Prepared by Members of Steering Committee

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Executive Summary

Prior to the first case of COVID-19 being reported in Alberta, the Edmonton Seniors Coordinating Council, City of Edmonton and SAGE Seniors began meeting to discuss and strategize ways to coordinate a community wide response to the pandemic to ensure the most effective and efficient allocation of dollars and seamless service provision. The Coordinated Pandemic Response was created and these organizations collaborated to form a Steering Committee.

The Coordinated Pandemic Response Model is centred around the senior. As such, three small programmatic task groups were formed in order to ensure that they were able to respond quickly and be agile. The task groups consisted of a lead agency, an ESCC representative and a government representative (municipal or provincial), and a limited number of content experts. The task group while " tight" could and needed to also engage service providers more broadly.

The task groups were provided with agreed upon guiding priorities, deliverables and clearly defined roles. Two were focused on critical services which included: Food/Transportation and Outreach Friendly Check Ins. The third was focused on Psychosocial Programming (including virtual programming). The Coordinated Pandemic Response (CPR) model consists of four guiding priorities and deliverables.

- Identify existing services and resources that must be created or expanded to respond to the pandemic
- Support the development and expansion of services required
- Create referral pathways within and between services
- Create tools and protocols to triage need and distribution of resources

Overall responses were favorable in terms of the coordinated model, and reaching the deliverables stated. Some specific recommendations for improvements include; increasing the diversity of who is part of the collaboration and closing the loop on who and how referrals take place. An area of growth for the coordinated model is around mental health services. Findings from this mid point check in and reflection will be used to inform future direction of the CPR.

This mid-point check in and reflection involved 12 interviews, a survey of senior sector organizations, and a review of 211 Seniors Information Phone Line data. Perceptions on the effectiveness of the model, and impacts of the model were shared. Analysis of referral data and survey results has provided areas for immediate action and attention. Sector and task group meetings will be avenues to coordinate actions.

This report presents a snapshot in time including mid-March to mid-November 2020.

Background

On March 5, 2020 Alberta reported its first case of COVID-19, a woman in her 50s from the Calgary area. On March 6 Alberta reported its second case, a man in his 40s in the Edmonton region. Both cases and all of the additional cases occurred due to travel or being in contact with someone who had recently travelled. On March 15, 2020 we heard about two community transmission cases of COVID and the provincial total of cases had risen to 56. March 19 Alberta learned about the first death of someone due to the virus, a man in his 60s with pre-existing health conditions. What became clear was that the transmission rate was growing and the impact of COVID-19 was greatest on those with pre-existing health issues and people over the age of 70. By November 9, there were a total of 34,160 cases of COVID-19, 25,826 recovered, 369 deaths (a large proportion of deaths continue to be seniors in long term care) and 7,965 active cases.

In order to try to slow the progression of COVID-19 and mitigate the risk of community spread, the Alberta Government shut down all non-essential businesses by the end of March, 2020. Social gatherings were limited, wearing of masks was encouraged and ensuring physical distancing of at least 2 meters/ 6 feet was recommended. All of these efforts resulted in managing the impact of the first wave of COVID-19.

Because of the identified risk to people over the age of 70 provincial wide efforts began with the Minister of Seniors and Housing hosting daily stakeholder calls, which eventually moved to weekly and bi-weekly. Concerns / issues were identified and impacts of many of the ministerial orders and acts were shared. The release of the Healthy Aging Collaborative Online Resources & Education (CORE) Alberta occurred which supported provincial wide communication, coordination and learning within the seniors serving sector.

Early on, the Edmonton Seniors Coordinating Council (ESCC), City of Edmonton (COE) and SAGE Seniors began meeting to discuss and strategize ways to coordinate a community wide response to the pandemic to ensure the most effective and efficient allocation of dollars and seamless service provision. The Coordinated Pandemic Response (CPR) was created (Figure 1).

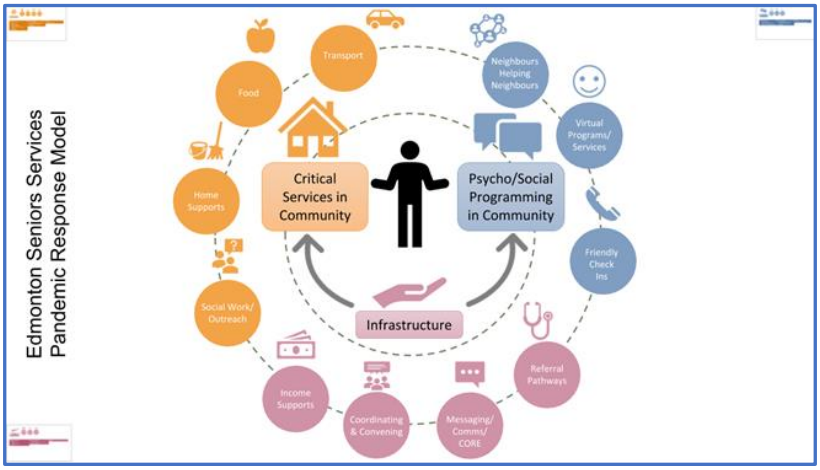


Figure 1. Coordinated Pandemic Response Model

A structure was created to support the work of the partners and to engage the various stakeholders who were critical to the success of this model. This Summary Report represents a check in to review and reflect on the efforts to date with the purpose of improving, maintaining and, if necessary, expanding efforts.

Introduction

The Coordinated Pandemic Response Model is centred around the senior. As such, three small programmatic task groups were formed in order to ensure that they were able to respond quickly and be agile. The task groups consisted of a lead agency, an ESCC representative and a government representative (municipal or provincial), and a limited number of content experts. The task group while " tight," could and needed to also engage service providers more broadly.

The task groups were provided with agreed upon guiding priorities, deliverables and clearly defined roles. Two were focused on critical services which included: Food/Transportation and Outreach /Friendly Check Ins. The third task group was focused on Psychosocial Programming (including virtual programming). ESCC was involved with all of these task groups and played a coordinating, convening and information sharing/communication role between the provincial systems and local community systems. While neighbours helping neighbours was identified as an important element for coordinated response, connections with community-led groups happened more informally, rather than through task groups. Additionally, the Seniors Home Supports Program is already coordinated by ESCC and therefore the Outreach task group used the coordinated home supports program as a referral pathway when seniors required help in this area.

The guiding priorities for the CPR model included:

- No Edmonton seniors are isolated,
- Seniors have their basic needs met,
- Seniors have access to health care, and
- Seniors have access to the information and resources needed to keep themselves safe.

In order to work towards achieving the priorities, four deliverables were also identified.

- Identify existing services and resources that must be created or expanded to respond to the pandemic,
- Support the development and expansion of services required,
- Create referral pathways within and between services, and
- Create tools and protocols to triage needs and distribution of resources.

Methods

Sources of data used to inform this check in included:

- 12 key informant interviews representing different seniors serving programs/services (Appendix 1 - Interview Guide; Appendix 2 - Final Revised CPR Report)
- 3 facilitated conversations, 1 with each task group (Appendix 3 Discussion Guide)
- Canadian Mental Health Association - 211 Seniors Information Phone Line data
- SAGE data regarding distribution of packages and referrals through their intake phone line
- Minutes from various task group meetings
- 12 survey responses from ESCC survey of senior sector organizations

Findings / Results

Additional Funding to the Seniors Serving Sector

Due to the significant impacts of COVID-19 on the senior population, the provincial and federal government infused additional dollars into the community. Within the city of Edmonton organizations received funds totaling approximately $1,859,609 for enhanced or expanded seniors services. The types of programs and services funded could be loosely categorized in the following way:

- Food Security and Transportation - $645,778
- Social and Emotional - $418,690
- Navigation and Outreach - $795,141

These funds were instrumental in meeting the needs of seniors during the first 8 months of the pandemic. As the pandemic progresses and we enter the second wave of COVID-19 most of the seniors serving survey respondents indicated that funding limitations will impact their ability to continue to serve seniors at the current levels and may need to reduce services and focus on the critical services of food/transportation and outreach.

Transportation

Drive Happiness was invaluable in meeting the need for rides during the pandemic. They delivered **7740 rides**, of which **2536** were for pickups and deliveries, running errands for seniors who dont want to or cant go out, delivery of CPR packages and food hampers. They also provided 371 rides for essential workers from Edmonton and Beaumont who could not safely get to work due to public transit restrictions or restrictions about driving with people outside their household.

211 Seniors Information Phone Line

Between March and September of 2020, the Seniors Information Phone Line, 211, had contact with 4,501 seniors or supports to seniors, of those 1,200 were specifically related to COVID-19. This represented a 61% increase in contacts when compared with 2019 data for the same period. Approximately two thirds of callers or 3,094 were female and one third or 1,336 were male. Two individuals were non-binary/gender non-conforming and 42 individuals did not report their gender. Eighty-two percent of callers were requesting information for themselves, 13% were family members/friends, 4% were clients/agency, and the remainder were private citizens or unknown. The top 3 reasons for calls to the 211 Seniors Information Phone Line were for: seniors outreach referrals, help with completion of their taxes and support accessing financial assistance. The top 3 unmet needs reported included medical equipment/supplies, tax preparation and residential housing options. Further analysis of data is expected and this includes looking a little closer at the survey results and referrals not only from 211 Seniors Information Phone Line, but other sources.

Table 1 below shows the most common referrals offered to Seniors Information Phone Line contacts. As expected, seniors outreach, tax programs and financial assistance programs were the most frequent referrals.

Referral	Count
Seniors Outreach	377
Community Volunteer Income Tax Program	338
Seniors Financial Assistance Program	282
Non-Medical Masks for Albertans	228
Seniors Home Supports Program	217
Alberta Works – Emergency Needs Allowance	214
Make Tax Time Pay	161
Health Link	150
Continuing Care Access	130
Old Age Security Pension	121

Table 1: Top 10 Referrals

The seniors outreach program that received the most referrals was SAGE, followed by Edmonton Seniors Centre and Westend Seniors Activity Centre. SCONA and North Edmonton Seniors Association were the next most frequent referral recipients. Because SAGE is a city wide outreach program it was expected that they may receive a higher number of referrals than some of the other smaller more geographically based outreach programs. Of interest to the CPR Steering committee was the lower than expected number of referrals to Strathcona Place, which was intended to be a key referral source in the model. This resulted in some questioning of the effectiveness and clarity of the communication between the CPR and 211 Seniors Information Phone Line staff. This was one identified problem that requires attention.

Another interesting observation made was how the nature of the presenting issue changed over time. In March - May, the top concern was related to tax preparation, which is not surprising due to the postponement/cancellation of community tax clinics. This was also noted as the top unmet need. It took time for community groups to shift from addressing basic needs to re-vamping the tax clinics to take safety considerations into account. In March requests for Emergency Food were higher and beginning in May there was an increase in the number of calls focused on public awareness/education.
The following diagram illustrates that it takes a village to support a senior! Support for seniors takes all of us - family members, neighbors in community and as their needs become more complex, professional assistance and resources.

CPR Packages & Masks Distributed

Part of the Coordinated Pandemic Response involved the collation and distribution of activity, hygiene and personal protective equipment packages. Between March and September 550 activity packages were distributed, 400 hygiene packages and 700 PPE kits. Close to 1,000 seniors received these kits. These kits were found to be well accessed by seniors who had not otherwise been connected to resources and provided a trust building opportunity. An early response to the pandemic was done with EMOW distributing 700 Hygiene Kits.

ESCC also received 90,000 masks from the province and to date have distributed 62,000 to senior serving organizations and centres, some of which also act as distribution points for individual seniors.

Survey Results

Survey results from 12 senior sector organizations (out of 60 organizations who were sent survey to complete) show some organizations will be affected more than others. One organization will lose a number of staff Dec. 31-20 if they do not receive additional emergency funding (4 FTE of permanent social work positions, and 4.5 FTE emergency support to multicultural community). This organization currently handles 40 % of outreach referrals in the coordinated pandemic response, as well as the coordination of pandemic response kits.

Survey responses raise the concern that organizations serving needs of Indigenous and multicultural communities are going to be disproportionally affected creating even more vulnerability at a time when Covid case numbers are increasing. One respondent indicated “We would predict harm resulting from this severe lack of capacity for the most vulnerable seniors in Edmonton.”

Without emergency response staff at multicultural organizations, the work falls on settlement teams which already have a 4-5 week wait time at some organizations.

One respondent indicated that seniors in multi-generational settings are anxious: "Our clients who are struggling to feed their family are often either living in poverty or at risk. The elimination of food security supports will undermine their ability to meet basic needs including food, clothing and shelter, just in time for winter with increased risk and anxiety. This is also a risk for family safety and mental health issues.”

The survey showed that other organizations indicated that they are facing staff layoffs which will result in reduced programming for seniors, closure of food services, reduction in food security assistance, reduction in low-cost transportation/delivery options and potentially closure of the organizations. Emergency funding has allowed some organizations to respond to vulnerable communities by providing technology and technical assistance in how to use it. This has opened doors for these seniors so that they can connect with resources to support their mental, physical and emotional health. “ Without the funds, we will be deeply short of human resources and the capacity to continue to help these seniors ride through a long period of hardship tied to Covid 19.”

Some respondents revealed that other grants are being applied for outside of emergency relief I.e. New Horizons for Seniors Program dollars or grants that support technology access and assistance.
There is concern that current efforts are 'putting out fires' which is not enough to mobilize the community resources and support clients who need more help to navigate and access help.

Successes of the CPR Model

Most of the interviewees expressed that they were aware and familiar with the identified CPR model deliverables before the interview, and thought they were reasonable and achievable. Many of the interviewees indicated that they felt that some of the deliverables were already partially achieved. Interviewees felt that the focus of the task groups on critical services and psychosocial programming made sense.

What became clear through most of the interviews was the CPR Model allowed service providers to:

- More effectively respond to and address the needs of seniors by articulating and clarifying the Outreach Referral Pathway (Figure 1) and Food Pathway for Seniors (Figure 2),
- See where they fit in the spectrum of services,
- Better understand the existing resources and services that were available to them as things were changing,
- Expand programming to reduce senior isolation,
- Increase networks for service provision, and
- Increase collaboration at an organization level.
- Agencies feel more connected to the other agencies through participating in the group.

- Formalizing the process was helpful.
- Need evaluation to articulate the impacts of working together for future funding applications. Need to focus more on the metrics and numbers.

Figure 1: Edmonton Outreach Referral Pathways

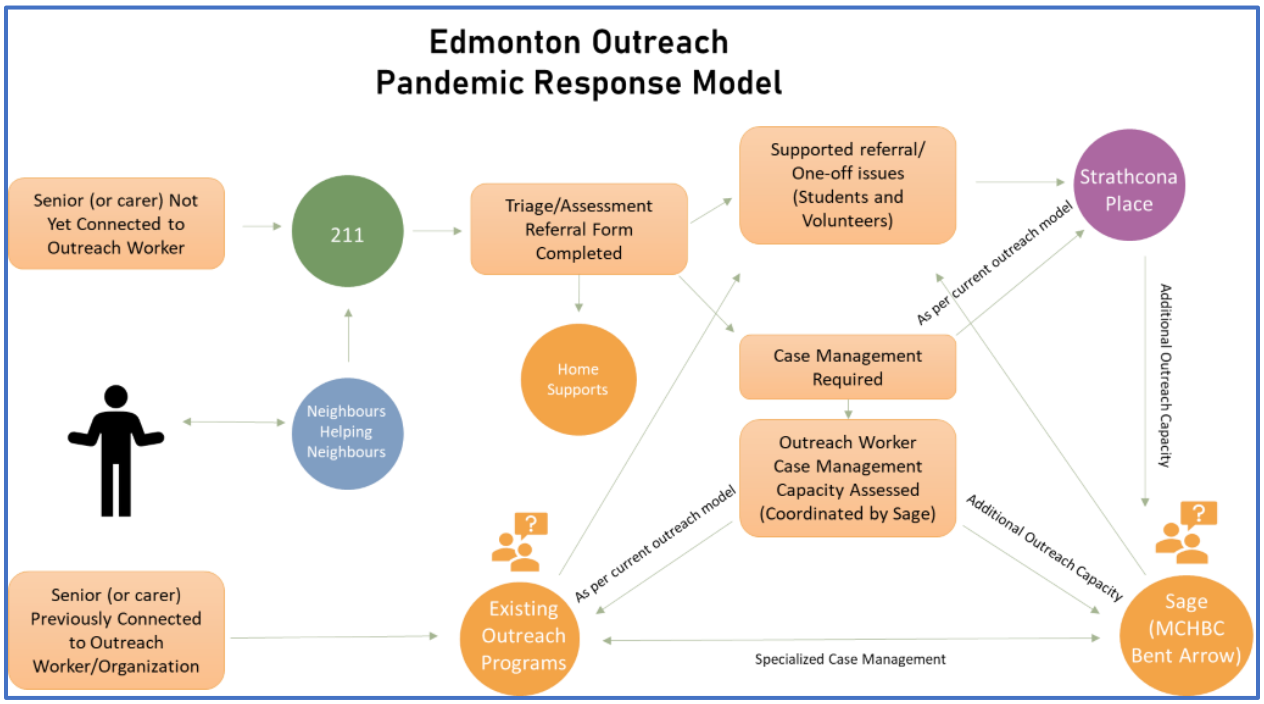
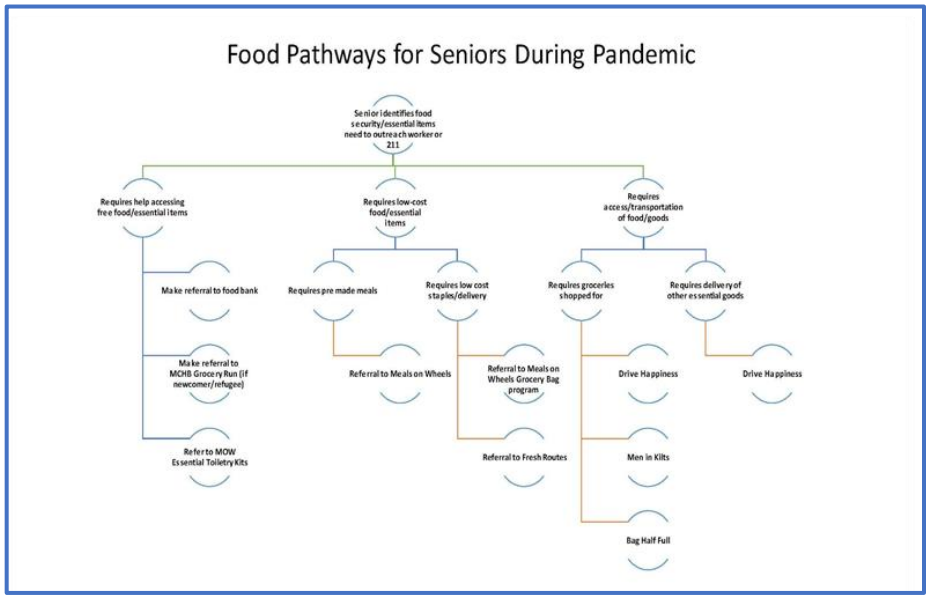


Figure 2: Food Pathways for Seniors at peak of first wave of Covid



Challenges/Risks to the CPR Model

While there were many successes identified, some challenges were also highlighted by interviewees. Some examples of the challenges identified include:

- Virtual meeting burnout resulting in reduced program/agency involvement at times,
- Lack of resources (staffing, time etc.) and funding to contribute to the coordinated efforts,
- A need for further clarification on the model and its purpose,
- Increased communication with smaller organizations,
- A need for flexibility in forming task groups (as COVID 19 continues, a need for coordination of mental health supports for seniors and emergency relief services may need to be considered),
- Identification and engagement of missing stakeholders (e.g., business representatives), and
- Incorporation and application of an equity and anti-oppressive lens.

Changing Seniors' Needs during the Pandemic

What became clear during the interviews was the ongoing impact of COVID-19 on many seniors. Reports of increased social isolation, loneliness, elder abuse, worsened mental health, and continued challenges in meeting basic needs (e.g., food security, transportation, and financial needs). Additionally, some seniors living in intergenerational households were at increased exposure risk to COVID-19. Finally, caregiver burnout and staff shortages were named as contributing and exasperating these risk factors. At the same time, most interviewees indicated that their organizations mandate included addressing these increasing needs/risk factors.

Increased Collaboration and Partnership in Response to the Pandemic

All interviewees stated that they have partnered/collaborated with other organizations during the pandemic. Some examples of successes shared by interviewees included:

- Acquiring the capacity to deliver virtual programs (e.g., technology equipment and technology support from partners),
- Mitigating seniors' financial stress (e.g., referring seniors to partnered tax clinics),
- Meeting seniors' basic needs (e.g., collaborating with residential and housing services, partnering with the Food Bank to improve seniors food security, and working with partner organizations to provide and deliver to seniors personal protective equipment),
- Providing seniors with technology support (e.g., engaging volunteers from other organizations), and
- Partnering with an information referral centre to better utilize existing resources.

Service Changes in Response to the Pandemic

Most interviewees reported that they were able to quickly adapt and move to virtual programs and services, some which were new and some were adapted from existing programs. This responsive adaptation was facilitated by board and management flexibility and support. Please note that this innovation did not come without challenges such as increased costs for IT and to respond to Public Health Requirements and staff shortages, however, in general the sector was able to respond.

An unexpected and somewhat surprising benefit of moving to virtual and online programming was an increased presence and reach of Edmonton based seniors serving organizations. Some of these organizations have reported that they are now serving not only Edmontonians but also seniors from across the province, country and in some cases the world. This increased profile and ability to reach new seniors has been positive. At the same time, not all seniors are able to connect virtually and it is important for service providers to continue to offer a continuum of virtual and face-to-face services.

Conclusion and Next Steps

What is clear from all of the data and efforts to date within the seniors serving sector in Edmonton is that our ability to adapt, innovate, and creatively work together to respond to the changing needs of seniors has been commendable. While we are moving on the right path, we have also heard that there are opportunities to strengthen our efforts. Moving forward, the Steering Committee (representatives from the City of Edmonton, ESCC and Sage Seniors Association) will highlight the recommendations provided and seek to respond to them.

Some interviewees also indicated that there were some areas of the model that could be further improved, which included but were not limited to:

- Increasing the diversity of participants (i.e., including smaller, newer organizations and business partners),
- Clarifying some of the components of the model (e.g., the outreach section),
- Adding some components to the model (e.g., mental health and emotional well-being component),
- Incorporating an evaluation section in the model,
- Consider service providers' capacity, for example, reducing the meeting frequency to avoid staff burnout,
- Establish clear processes and tools for communication both between task groups and across the sector,
- Moving forward: how can we move from coordination to collaboration?
- How can the work of this program be sustained?

Appendix 1– Interview Guide

Reflecting on the Coordinated Pandemic Response (CPR) (Scope)

Theory of Change: Responding to the pandemic public health emergency requires coordination and 'a model'.

Objective: To learn how the CPR model can be adapted/ improved as the sector continues to meet the needs of seniors during the ongoing pandemic.

CPR Deliverables (outputs):

- Identify existing services and resources that must be created or expanded to respond to the pandemic
- Support the development and expansion of services required
- Create referral pathways within and between services
- Create tools and protocols to triage need and distribution of resources

Indicators:

- Services and resources are developed/enhanced for meeting the needs of seniors in the community during the pandemic
- Services were supported (I.e. grants, donations)
- Seniors were supported (I.e. received resources such as kit)
- Seniors not attached to organizations previously were served (I.e. added onto existing programs such as friendly calling program)
- Organizations sent representatives to task groups and sector meetings
- Organizations partnered to deliver a service or program

Outcomes:

- No Edmonton seniors are isolated
- Seniors have their basic needs met
- Seniors have access to health care
- Seniors have access to the information and resources needed to keep themselves safe

Timeline: Our reflection is limited to the period following the declaration of the Pandemic (March 17, 2020) to date. Reflection highlights will be shared with stakeholders (at SRT meeting or other strategic meetings).

Methodology: Each CPR task group will use a set of guiding questions for reflection. 10-12 interviews/surveys with key stakeholders will be done in September and October. All notes will be analyzed for themes and learnings by the CPR infrastructure group. Output data from stakeholders (e.g. numbers of CPR kits and food hampers), referral data from 211, and more, will be gathered to help us understand referral pathways and distribution of resources.

Potential interviewees or survey responders:

Senior Citizens Opportunity Neighbourhood Association (SCONA); Westend Seniors Activity Centre; Strathcona Place Society; Edmonton Seniors Centre; Jewish Family Services; Shaama Centre; Edmonton Mennonite Centre for Newcomers; Edmonton Multicultural Health Brokers; Bent Arrow Traditional Healing Society; Caregivers Alberta; Canadian Mental Health Association (211 host); Operation Friendship Seniors Society.

Provide them with the illustration of the model and the list of deliverables that we outlined so they can reflect on it

1. We identified **several deliverables** for the model (see illustration). Do the deliverables seem reasonable and achievable? Have you seen any movement towards achieving any of the deliverables? Please provide examples.
2. Prior to this conversation, were you familiar with the deliverables identified? If yes, did this knowledge help you plan and respond to senior needs in the community?
3. What have **you accomplished** during the pandemic? Have you partnered/collaborated during the pandemic? (With whom?) What success did you have in those efforts?
4. What are **you learning** about seniors' basic needs during the pandemic and how those needs are met for at-risk seniors living in community?
5. What needs do you think your organization has an obligation to respond to?
6. How did you have to pivot from your normal services/programs to respond to those needs?
7. Did your organizational mission and/or governance structures and/or funding allow you to pivot to meet urgent needs?
8. **Given the model** (illustration), did the framing of critical services in community vs pyscho/social programming make sense?
9. We had 3 programmatic task groups (see illustration); did we have the right task group focus areas?
10. Where did the coordinated pandemic response model excel? Where could improvements have been made? What did we miss?
11. Did the organization of the CPR and task groups help or hinder your efforts? How?
12. Do you see a role for your organization in the CPR model going forward? Why or why not, and how can we help you become involved?
13. How can our work to date (on all fronts) inform future efforts? How can learnings be gleaned, and successes shared? What efforts do we want to build on?

Appendix 2 – Summary of Findings from Interviews

Methods

In order to better understand the effectiveness, areas for improvement, and implications of the CPR model, one-on-one interviews with key informants were conducted. Key informants were selected as a sampling of different sectors and the majority were not members of task groups of the model. This summary report summarized interview notes from 12 interviews and the major themes are included. This report does not include any identifying information to ensure the confidentiality of the interviewees. The interview questions are attached in the appendix section.

Findings

Interviewees' Opinions Regarding the CPR Model

Interviewees' Perceptions of the CPR Model Deliverables

Most of the interviewees expressed that they were aware and familiar with the identified CPR model deliverables before the interview, and thought they were reasonable and achievable. One did not directly respond to the question, and another interviewee stated the model did not apply to their organization because the population being served had stayed the same during the pandemic. Many interviewees reported that some deliverables were partially achieved. For example, many organizations have a better understanding of the existing resources and services in the community, which can lead to a timelier response to senior needs. Some other examples were: new referral pathways, expanded programming to reduce senior isolation, and increased collaboration on an organization-level.

Impacts of the CPR Model

Most interviewees were aware of the CPR model and this prior knowledge did help them to plan and respond to senior needs in the community. They expressed that the model was easy to understand and provided a structured approach for organizations to better respond to the pandemic. Some stated that the model promoted collaboration and improved referral pathways among different organizations, as well as updated information on the current services, support, and resources. One interviewee stated that the model helped them to better understand their organization's position in the services spectrum compared to other organizations. For interviewees who learned about the model during the interview, they stated that the model provided them with a clearer service delivery system structure and some guidance for their organizations.

One interviewee stated that the model did not help or hinder their efforts because the model was parallel with their organization's existing work, and they shared a common goal, which was improving seniors' well-being. Another interviewee said that they already knew how to plan and respond to senior needs without the model, and they only needed more resources in order to meet the public health requirements in their organization.

Difficulties Interviewees Experienced Regarding the Application of the CPR Model

Most interviewees stated there were barriers in applying the model, because of different reasons, including: the lack of resources and funding, difficulty to adapt the CPR model, and the need of further clarifications on the model (e.g., the meaning of"referral pathways").

Interviewees' Interest in Being Further Involved in the CPR Model

Most interviewees could see a role for their organization in the CPR model going forward and wanted to be involved in the future. Some indicated the reasons were, through the CPR model, they: developed a better understanding of existing resources, built network connections and collaborated with other organizations, gained access to the updated information on resources and services, as well as increased their knowledge of the sector. One interviewee stated that this model was not relevant to their organization, and due to their limited time and virtual meeting burnout, they would reach out to other organizations, if needed.

Interviewees' Positive Opinions Regarding the CPR Model Structure

More than half of the interviewees agreed that the framing of critical services in community versus psycho/social programming was reasonable. They stated that the model helped them to better understand the sector and improve the utilization of existing resources and services. Further, most interviewees thought the focus of the task groups was reasonable.

Areas for Improvement Regarding the CPR Model

The framing of critical services in community and psycho/social programming

Some interviewees suggested that there were some areas that needed to be considered, which included: raising the awareness of the model among smaller organizations, the relationship between psycho/social elements and other task groups, a more holistic and less linear structure of the model, delineating core essential needs from psycho/social programming. Other areas identified were: the potential illustration of an evaluation and review component, and the purpose of the " neighbours helping neighbours" piece.

Task Groups

While most interviewees thought that group focus areas were reasonable overall, they also suggested some areas for improvement. The identified potential areas for improvement were: including business partners and newer, smaller organizations in the task groups; adding or highlighting mental health and emergency relief services as a standalone section; illustrating the three task groups in a more connected and holistic way; and separating virtual programming from other areas.

Other Suggestions

Interviewees also suggested other areas for improvement, which included: adjusting the model priorities based on emerging needs, having mental health and emotional well-being as a separate section, adding a more comprehensive food security component to the model, clarifying the outreach section, focusing more on other components instead of the infrastructure component, incorporating a feedback component, and looking at the model from both an equity lens and an anti-oppression lens. In addition, to further engage different organizations in this initiative, one interviewee suggested there should be more check-ins with different organizations to keep them involved and help them with

challenges they might encounter. Another interviewee suggested keeping the CPR meetings online in the future, because it is more efficient and convenient.

Increased Collaboration and Partnership in Response to the Pandemic

All interviewees stated that they have partnered/collaborated with other organizations during the pandemic. Many interviewees said that they shifted the collaboration focus to better respond to the pandemic. Most of the successes mentioned by interviewees were related to responding to seniors' basic needs. Some successes the interviewees achieved through collaborations and partnerships with other organizations were: acquiring the capacity to deliver virtual programs (e.g., technology equipment and technology support from partners), mitigating seniors' financial stress (e.g., referring seniors to partnered tax clinics), meeting seniors' basic needs (e.g., collaborating with residential and housing services, partnering with the Food Bank to improve seniors food security, and working with partner organizations to provide and deliver to seniors personal protective equipment), providing seniors with technology support (e.g., engaging volunteers from other organizations), and partnering with an information referral centre to better utilize existing resources.

Two interviewees reported that they could better serve seniors by collaborating with not only other non-profit organizations but also business partners (e.g., homecare businesses, Internet providers, and grocery stores). One interviewee indicated that, when referring their clients to services and resources, they were struggling with the service scope of geographic specific seniors centres and those that were not.

Seniors' Needs During the Pandemic

Some identified that seniors' pandemic situations included: increased social isolation, loneliness, elder abuse, worsened mental health, and challenges in meeting basic needs (e.g., food security, transportation, and financial needs). One interviewee stated that the seniors they served were more likely to be exposed to the pandemic because they lived in intergenerational households. Notably, some interviewees mentioned staff shortage and caregiver burnout could negatively impact their response to seniors' needs.

Most interviewees expressed that their organizations had an obligation to respond to all of the needs of seniors, especially social isolation, basic needs (e.g., housing and food, especially food that meets different senior communities' needs), and mental health needs. Most of them also stated that their organizations provided direct support, or referral services, or both. A few interviewees indicated that their organizations provided a safe, comfortable, and supportive environment for the seniors in need of support.

Services Changes in Response to the Pandemic

Services Changes

Most interviewees reported that organizations started delivering online programs and services. The virtual programs included both existing physical programs (e.g., yoga programs) moved online and new online programs (e.g.,health-related talks/forums) based on emerging seniors' needs. They also stated the transition was seamless and had been a success. Many of them moved their physical programs online in a short period of time (e.g., from two days to two weeks).

However, one indicated that they encountered some challenges when launching virtual programs, including the IT cost and staff shortage. Some organizations launched friendly phone call programs, while others expanded calling programs that existed prior to the pandemic.

Two interviewees reported their organizations expanded their services (e.g., started a formal food program and expanded the population scope they served), while the other stated that the services provided at their organization had stayed the same, other than shutting down their drop-in centre and reducing their meal service.

Impacts of Service Changes

One interviewee expressed the virtual services delivery helped increase the organization's online presence and boosted their marketing. Another stated that their organization could connect with seniors in a more meaningful way and seniors were more engaged during the pandemic. However, one indicated that because of the nature of their clients, it had been difficult for them to provide their clients with support virtually.

Governance Structures and Funding

Most interviewees expressed that their organizational mission and/or governance structures allowed them to pivot to meet urgent needs. They stated that the organization board and management had been supportive and responsive to the urgent needs of seniors. While two interviewees reported that there was enough funding for their organization to respond to the pandemic, a few interviewees stated because of the limited funding, they had to reduce services and had difficulties meeting the public health requirements. One expressed concern of not being able to meet the objectives listed in the funding proposal approved before the pandemic because they had to prioritize the pandemic responses.

Practice Implications

Some reported that the virtual service delivery had been a success and could be continued after the pandemic because it improved the accessibility of services and support. One interviewee indicated that the CPR model could be used as a tool to allocate resources and funding. Another interviewee stated that organizations could utilize the collected data during the pandemic to inform their future work.

Conclusion

While many interviewees expressed they were facing a plethora of emerging challenges due to the pandemic, they also stated that they were striving to best meet senior needs by providing them with services and support. The CPR model has had many positive impacts for helping different organizations to respond to the pandemic. Some of the positive impacts are: promoting collaboration and partnerships among different senior-serving organizations, updating organizations with latest information, and providing a structure to help organizations respond to the pandemic. Most interviewees were comfortable with the model and were willing to continue being involved in the future, or become more involved.

Some interviewees also indicated that there were some areas of the model that could be further improved, which included but were not limited to: increasing the diversity of participants (i.e., including smaller, newer organizations and business partners), clarifying some of the components of the model (e.g., the outreach section), adding some components to the model (e.g., mental health and emotional well-being component), and incorporating an evaluation section in the model. It is also important to consider service providers' capacity, for example, reducing the meeting frequency to avoid staff burnout.

Although seniors are facing increased challenges and barriers in their daily lives due to the pandemic, all the interviewees stated that their organizations were adapting to meet seniors' needs. Notably, organizations may continue delivering some programs online after pandemic.

Appendix 3 – Discussion Guide for Task Group Reflections on the CPR Model

As Covid-19 began affecting Edmontonians, representatives of the City of Edmonton, Sage Seniors Association and ESCC worked to develop a Coordinated Pandemic Response Model to help frame services and supports that seniors may need. The model involved forming task groups for outreach (including friendly check-in calls), virtual programming (psycho/social programming) and food/transportation.

As Edmonton is currently in stage 2 of the relaunch and many senior serving organization are busy planning how to proceed, we wanted to reflect on the CPR model to inform what could be done better in the next few months (and potentially longer). The fact that Edmonton is now under a watch is concerning and makes this work even more relevant. Each task group will be asked to reflect and discuss learnings to date. We will also invite reflections from organizations who had limited involvement in the task groups but active in the Covid response.

The power point slides are included as a point of reference for the model and how it was organized and envisioned. Please discuss the following questions.

Slide 1: Was this organization of the model with its three components (critical services in community, infrastructure and psycho/social programming in community) a useful way of framing needs? What changes, if any, would you recommend?
Slide 2: What referral pathways seemed most effective during the peak of the first wave of Covid 19? Does the illustration reflect what actually happened/worked at the broad level? (we will explore referrals in more detail later in discussion)
Slide 3-4: Please discuss:

- Are the task groups working as set out initially in the CPR model?
- What changes were made?
- Where could additional enhancements be made to the task groups?

Slides (5, 7 and 8) that outline the composition and deliverables of the 3 task groups, please discuss:

- What worked well for your task group?
- What helped or hindered the work? (Task group to review their specific composition and deliverables for reflection on the model. Reflections of all 3 task groups will be collated).
- What organizations (outside of the task group) got involved?
- Who was missing from the task group(s) that should be part of future work in this area?
- Are these the right areas of focus for the CPR?

Slide 9 (on infrastructure) What worked well? What enhancement(s) to the infrastructure of support for the CPR model would you recommend?
Slides (10-11) outline the referral pathways and slide 6 is a visual representation of the types of support and where they are housed. Please discuss within your task group.

- How you think referrals actually happened for your organizations (did this match the illustrations)?

- Were our assumptions correct with regard to supports and where they were initiated (slide 6)?
- What differences did you observe in terms of seniors' needs being met during the first wave of the pandemic?

Overall, was this model the right structure for meeting the needs of seniors during the pandemic thus far? What could we enhance going forward? Are there underlying assumptions that were not stated or not met that inform our efforts going forward?

Appendix 4 – Survey of ESCC Members re. Coordinated Pandemic Response Emergency Funding Impacts

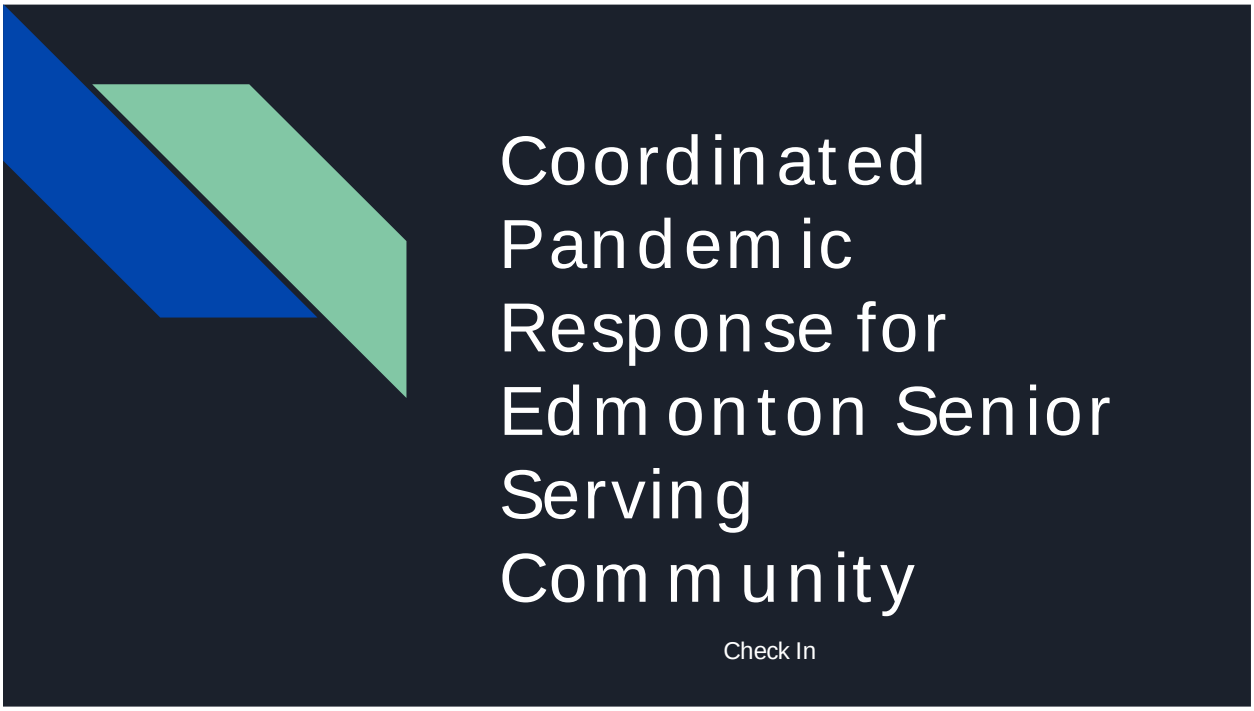
CPR Emergency Funding Impacts Survey administered in late October to mid-November 2020
PREAMBLE: Our work to establish a coordinated pandemic response (CPR) in Edmonton provides an opportunity to look ahead, at a system level, to the impact you are anticipating when emergency CoVid-19 funding for your organization ends. Funding has been used by community-based seniors serving (CBSS) organizations in Edmonton to scale up existing and new services to respond to emerging needs during the pandemic, as well as to address funding shortfalls resulting from the loss of discretionary revenues and donations that support existing services and operations.

It is estimated that $2.8 million of emergency funding has been received in the Edmonton area. Approximately $1.86 million of this is emergency FCSS and United Way grants with terms ending December 31st, 2020. By providing your perspective on the questions below, you can help us map out the potential implication of the loss of these funds to the provision of community-based services for seniors in our area. (Questions follow)

1. Name and role
2. Email address
3. Please select the support that this survey applies to. We understand that you may have received emergency CoVid-19 funding for multiple supports. Please select one support area when responding to the next questions. You may add support areas once you have completed these questions by clicking on [Submit another response] at the end.
    a. Food security
    b. Transportation
    c. Mental health, outreach, navigation
    d. Programming
    e. Home supports
    f. Other
4. What will be the impact to your organization and services if/when these funds end? Will it result in the termination of programs or services? A reduction in your capacity to deliver the program (e.g. fewer participants)? Impact to your operations (e.g. not front line services)?
5. In your estimation, how will this impact the population you serve (who and how)?
6. Do you intend to apply for additional emergency funding for the same services? New services (if so, what)?
7. Do you expect to secure other resources to replace the emergency funding?
8. Is there anything else we should know about the impact of emergency CoVid-19 funding to your organization or the people you are supporting

Appendix 5 – Coordinated Pandemic Response Data

The following pages contain slides and slide notes for the presentation, *Coordinated Pandemic Response for Edmonton Senior Serving Community*.



Slide 2

AGENDA

Welcome

Overview & Debriefing of Report;

- What did we do well?
- What were highlights? What jumped out at you?
- What's missing?

Opportunities

- What we know,
- What can we do differently

Next Steps

Slide 3


Transport
Food
Neighbours Helping Neighbours
Virtual Programs/ Services
Home Supports
Critical Services in Community
Psycho/Social Programming in Community
Friendly Check Ins
Social Work/ Outreach
Infrastructure
Income Supports
Coordinating & Convening
Messaging/ Comms/ CORE
Referral Pathways

Slide 4

What We Heard: With Regards To The Model

- Guiding priority made sense, seemed achievable.
- Increased communication between task groups and with organizations less connected would have been beneficial.
- The pandemic and CPR created opportunities for increased collaboration and partnerships - relationships formed and/or were strengthened.
- Risk to the sustainability of this approach due to changes in funding and other resources.
- Emergency funding was invaluable.

Slide 5

What We Heard: With Regards To Senior Serving Organizations

- Most organizations were able to pivot as it fit well with their existing Mission and Vision
- Emergency funding was invaluable.
- Flexibility of some funders to reallocate funds helpful.

Slide 6

What We Heard: With Regards To Older Adults

- The needs of older adults changed as the pandemic continued.
- Pandemic highlighted existing gaps in the support system (the marginalized gap grew larger).
- It takes a village to support a senior.

Slide 7

What did we do well

- Identified both food and transportation referral pathways and Outreach Referral Pathways.
- Clarified and highlighted 211 referral process. 211 saw a 61% increase in calls.
- Coordination and distribution of activity packages, hygiene packages and PPE kits to close to 1000 seniors. This was a low barriered way to connect to seniors who would not otherwise have accessed these programs/services.
- Program and service providers saw themselves in the model.
- Drive Happiness provided 7,740 rides which included delivery of food hampers, CPR packages, providing rides to work or to appointments etc.

Slide 8

What did we do well (cont'd)

- Expanded programming to reduce social isolation.
- Development of "how to" use Zoom and online programming toolkit.
- Increased collaboration between and within organizations.
  - Innovative programming/partnership; ESC, WSAC & ICAN partnership.
  - Eldercare and Alberta Caregivers partnership and many others.
- Expansion and enhancement of friendly phone call programs - sharing of toolkits, scripts for volunteers, new programs formed at some centres.

Slide 9

Your Turn

What's missing?

What surprised you?

What stood out for you in the report?

Hindsight is 20/20 - if we could do this over, what would you do differently?

Slide 10

What Would Help You To Better Understand The Impact of CPR?

- How many hampers have been distributed through CPR efforts?
- How many new / additional seniors have been served?
- Nuances to service delivery as a result of CoVid 19...
- How many new online programs or partnerships were developed and how many seniors served?
- Stats and data on friendly phone call
- Useful to see the data and where it was coming from.
- More specific mentions on which organizations were providing what.
- Add in comments/data from end users not just organizations
- Add in evaluation for second round.

Slide 11

What Surprised you?

- Respond to new issues as they arise - not that we missed them but need to add them in to future (watching 211 stats with domestic issues, people stop going to emergency)
- Moving forward, is the need to keep seniors in their homes due to the situation in long term care (can we discuss this in the task groups?)
- How aligned the response were
- Surprised how quickly, efficiently the response was implemented...wow!
- Learning about technology. Stereotypes broken. Training is needed but pandemic challenged ageist assumptions that exist about what it means to be an older adult.

Slide 12

What Stood Out For You?

- Individuals pre pandemic (mental, health), barriers were deepened and vulnerability was increased.
- The report captured a lot of alignment in terms of what people saw as needs and what we did.

Slide 13

Hindsight is 20-20 (no pun intended!)

- Having the ability to host virtual AGM, board meetings online
- Transition between an emergency response and a longer term response as the challenge is not going away. Emergency funding is different than the long term funding needs.
- Food/transportation group - lots happening with food security, who were food depots, who were supplementing, who was doing what at the system level. It would have been super helpful to understand the landscape. There was not just food hampers but also frozen meals.

Slide 14

Hindsight is 20-20 (no pun intended!)

- We (NESA) would have more volunteers wanting to help with food delivery or other items, but at the time had no mechanism to do that quickly, we are just about to move to online volunteer scheduling, etc. and in hindsight, the "activity kits" became almost as important as food
- Mental health!
- No way of knowing the financial impacts of an unanticipated pandemic, budgets were not prepared to absorb these extra costs.
- Data collection and evaluation are vital and have a cost-both in human and financial resources

Slide 15

Opportunities: What we Know Today?

- There are 30 outreach workers
- There are 10 volunteer coordinators
- There are 6 home support workers
- There are 11 programmers
- For 2021, resources will be limited

Slide 16

Opportunities: For Coordination & Collaboration

Programs and Services

- Tax time
- Online programming/platforms
- Mental health, increased isolation & loneliness
- Ongoing food security issues
- Ongoing financial needs
- Exposure to COVID due to intergenerational households
- Caregiver burnout

Slide 17

Opportunities: For Coordination & Collaboration

Structure

- Virtual meeting burnout
- Staff shortages
- Need for increased communication between tasks groups, with task groups and broader community, between organizations
- Application of anti-oppressive lens

Slide 18

Opportunities: For Coordination & Collaboration

Structure

- Are there supports for boards to understand liabilities related to COVID?
- Is there a way to manage risk with insurance provider when letting folks into your building who unknowingly have COVID (confusion around insurance coverage if an employee/volunteer/ clients gets COVID despite all precautions would it be covered by insurance?
- Would org be covered through insurance in the event of a wrongful dismissal suit related to COVID?
- At least two orgs indicated that in conversation with their insurance provider they were told it would not be covered. Recommend reaching out to insurance provider/broker.
- Also sending CBSS to support CORE
- Sending letter to Minister of Sr/Housing to bring legislation that will indemnify nfp orgs who are providing services through pandemic.

Opportunities: For Coordination & Collaboration: Others?

- With AHS around vaccine distribution to facilitate and help with that - has to happen and the initiative to collaborate with CBSS to make a stronger sector for the community nfp so we can engage with the sector-as it is time!
- Transportation to the vaccine
- AHS centralized who contracted for home care so room to apply for contracts for smaller providers
- Seniors sometimes feel overwhelmed by reports, leads to confusion and fear - key messages for seniors regarding COVID and ways to stay safe, other community resources such as 211 seniors line.

Opportunities: For Coordination & Collaboration: Others? Cont'd

- Social prescribing to create networks that will work. Need advocacy/champions
- Support around managing impacts of COVID on staffing and service delivery - (Eldercare did a presentation to other day programs and would be willing to share the slides (which were focused on what to do in the event that you have a staff confirmed positive case, managing system through contract tracing etc). Staff have had to isolate and volunteers too due to exposure. Eldercare, Drive Happiness, Greater Edmonton Foundation, Jewish Family Services have all had to navigate this.

Slide 21

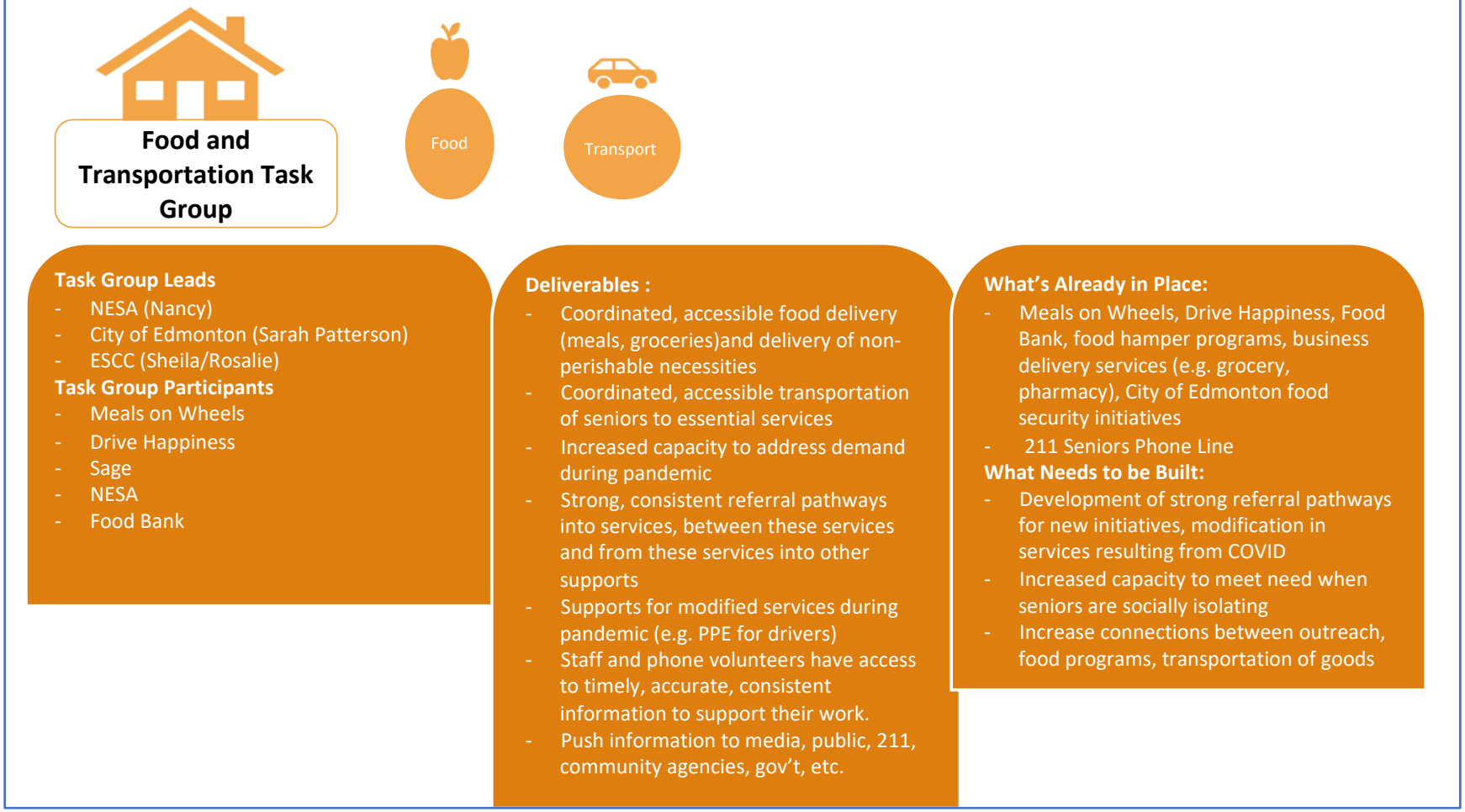
Opportunities: For Coordination & Collaboration: Others? Cont'd

- Mental health, increased isolation & loneliness - issue for providing services for free. Jewish Family Services is offering more groups as it was funded and has been offered to other organizations. Would love to share with others.
  - Senior Centre Without Walls partnered with CMHA/volunteers
  - Are people aware that they can access mental health supports via their primary care providers?
  - Individuals not always comfortable online and would like to go into the clinic - ask for options.
  - The increase in requests to be on our friendly phone call list shows they just want someone to talk to (over 1000 seniors served through 100+ volunteers)
  - Our Community Supports team is seeing an increasing group of isolation related mental health issues in a group that would not fall into the category previously.
  - Mapping for Mental health

Opportunities: For Coordination & Collaboration: Others? Cont'd

- # of losses - function, people in our lives, groups around grief and loss need to be increased
- A reminder that the free Single Session Drop In Counselling services, partnership between The Family Centre and a number of other orgs including SAGE. Available virtually to people of all ages, including seniors. This service would also be available for staff experiencing additional stress due to COVID. Momentum is another free service.
- Tax time - Map out who is offering the service, check in with who is doing what, NWESS (CVITP Canada Volunteer Income Tax Program),Sage, NESA, Drive Happiness (run forms for Sage & others), Strathcona Place, Shaama Ctr,
    - CRA will (I think - they did ESC's) accept DocuSign in lieu of physical signatures, so that can save time and cost with couriers assuming the senior has access to email.
- Map out food - Shaama Ctr, NESA, WSAC
- Liability mitigation

Slide 23

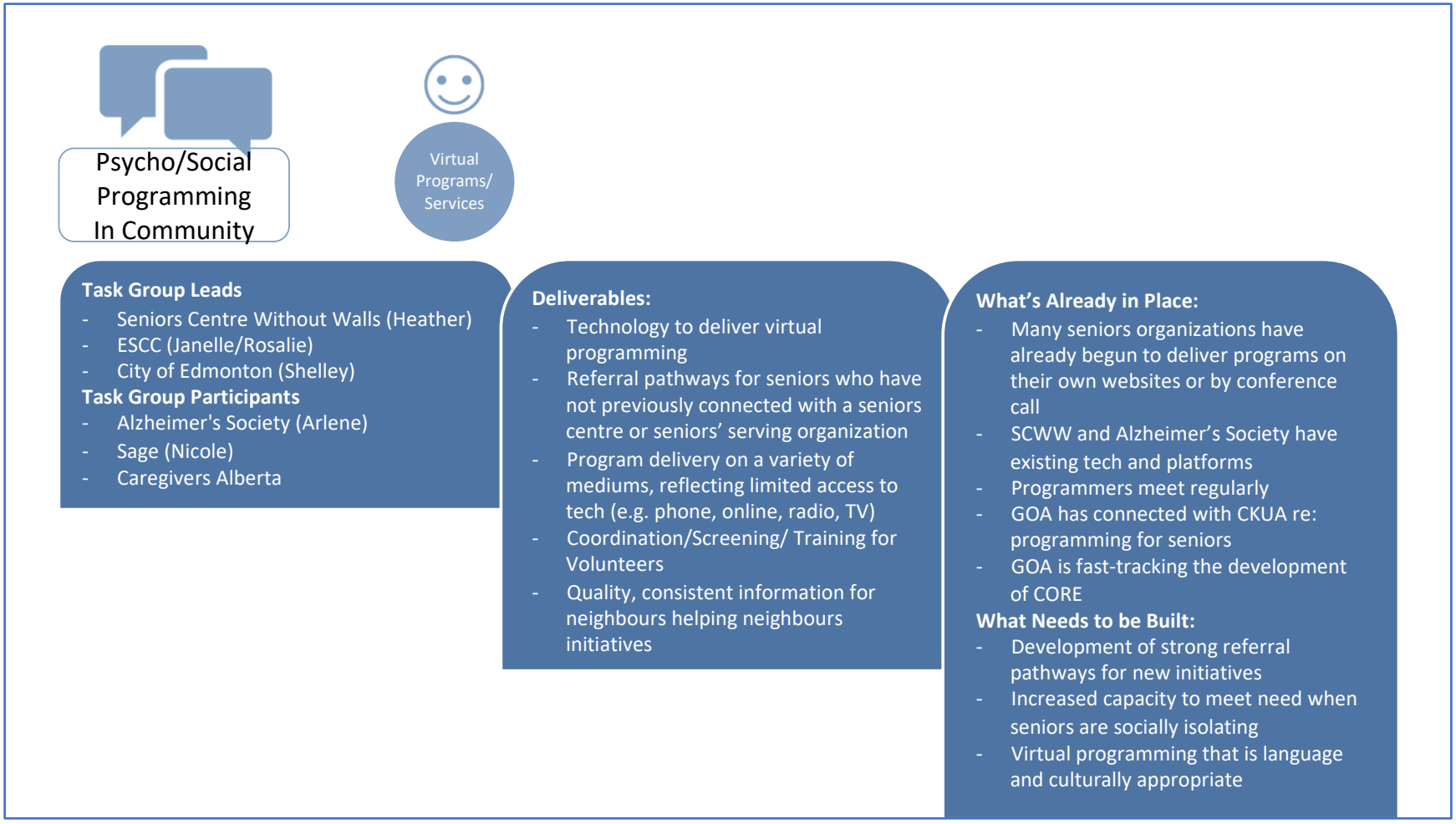

Food and Transportation Task Group
Food
Transport
Task Group Leads
- NESA (Nancy)
- City of Edmonton (Sarah Patterson)
- ESCC (Sheila/Rosalie)
Task Group Participants
- Meals on Wheels
- Drive Happiness
- Sage
- NESA
- Food Bank
Deliverables :
- Coordinated, accessible food delivery (meals, groceries)and delivery of non-perishable necessities
- Coordinated, accessible transportation of seniors to essential services
- Increased capacity to address demand during pandemic
- Strong, consistent referral pathways into services, between these services and from these services into other supports
- Supports for modified services during pandemic (e.g. PPE for drivers)
- Staff and phone volunteers have access to timely, accurate, consistent information to support their work.
- Push information to media, public, 211, community agencies, gov't, etc.
What's Already in Place:
- Meals on Wheels, Drive Happiness, Food Bank, food hamper programs, business delivery services (e.g. grocery, pharmacy), City of Edmonton food security initiatives
- 211 Seniors Phone Line
What Needs to be Built:
- Development of strong referral pathways for new initiatives, modification in services resulting from COVID
- Increased capacity to meet need when seniors are socially isolating
- Increase connections between outreach, food programs, transportation of goods

Slide 24

Food & Transportation

- Ongoing Food security issues
- Highlight hygiene and activity kits as well.
- Food security issues for seniors who have money but not able to order online purchases. Drive Happiness may have a resource to help with this.

Slide 25


Psycho/Social Programming In Community
Virtual Programs/ Services
Task Group Leads
- Seniors Centre Without Walls (Heather)
- ESCC (Janelle/Rosalie)
- City of Edmonton (Shelley)
Task Group Participants
- Alzheimer's Society (Arlene)
- Sage (Nicole)
- Caregivers Alberta
Deliverables:
- Technology to deliver virtual programming
- Referral pathways for seniors who have not previously connected with a seniors centre or seniors' serving organization
- Program delivery on a variety of mediums, reflecting limited access to tech (e.g. phone, online, radio, TV)
- Coordination/Screening/ Training for Volunteers
- Quality, consistent information for neighbours helping neighbours initiatives
What's Already in Place:
- Many seniors organizations have already begun to deliver programs on their own websites or by conference call
- SCWW and Alzheimer's Society have existing tech and platforms
- Programmers meet regularly
- GOA has connected with CKUA re: programming for seniors
- GOA is fast-tracking the development of CORE
What Needs to be Built:
- Development of strong referral pathways for new initiatives
- Increased capacity to meet need when seniors are socially isolating
- Virtual programming that is language and culturally appropriate

Slide 26

Social Programming

- Tech support for seniors
- Haven't done much related to neighbour helping neighbour
- Talking to EFCL regarding what is happening in the CL movement.
- Leverage the various platforms instead of everyone creating their own, need to ensure that we aren't competing with each other in terms of programs being offered
- ESCC has produced Recreation and Wellness Directory - is now online - shared staff opportunities? Sharing a programmer between organizations. Let's learn from WSAC, ESC and ICAN in terms of their collaboration for other corners of the city.

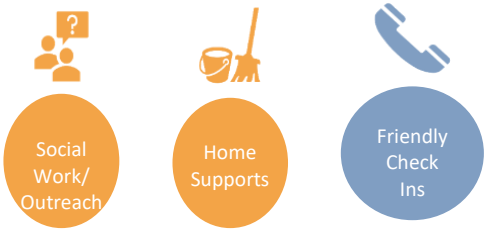
Slide 27

Social Programming

- Is online a sustainable cost? What is their usage? Who are being served? Who isn't being served as well? What are the gaps if people don't have technology or need help with technology? Language barrier? Who's doing what in the space in terms of troubleshooting issues with technology.
- Ensuring variety of options available and who is offering what to ensure appropriate connections made.
- Competing activities - seniors have own established communities and will not migrate from one centre to the other, choice is also good, ESC will not stop activities based on what others are doing. Sharing personnel no capacity to share resources.
- Hearing impairment barrier to inclusion in virtual programming including wellness calls.

Slide 28

Outreach/Home Support Task Group



Task Group Leads
- Sage (Bernice, Karen)
- FCSS (Kim)
- ESCC (Sheila, Rosalie)

Task Group Participants
- Strathcona Place
- Multicultural Health Brokers
- Bent Arrow
- Susan Kankkunen, COE
- ECVO

Deliverables :
- Coordinated, accessible outreach and home supports
- Increased capacity to address demand during pandemic
- Coordinated, accessible friendly check-ins (wellness checks) by phone for seniors during pandemic
- Strong, consistent referral pathways into services, between these services and from these services into other supports
- Supports for modified services during pandemic (e.g. Phone tech, PPE for outreach workers if required)
- Staff and phone volunteers have access to timely, accurate, consistent information to support their work.
- Push information to media, public, 211, community agencies, gov't, etc.

What's Already in Place:
- Seniors outreach services, outreach manual, interagency meeting, outcomes and service coordination tech being uses by some
- 211 Seniors Phone Line
- Friendly check in calls being done by community orgs with their program participants
- Home Supports program, leveraging for-profit providers that have modified services during pandemic

What Needs to be Built:
- Evaluate increased demand, and required capacity, due to COVID
- Create training/resources for friendly check in programs to ensure consistent, accurate information & referral pathways
- Increase connections between outreach, food programs,

Slide 29

Outreach, Home Supports, Friendly Phone calls

- Shared training for Friendly Phone Program volunteers
- Eldercare and Alberta Caregivers temporarily sharing staff (Volunteer Coordinator) win - win.
- Need broader representation on the task group. Front line outreach staff meeting regularly, but could benefit from greater involvement from organization leadership in terms of how outreach functions in the system.
- Positive feedback around delineating essential services, food security, safety, basic needs met and bringing people together to deal with this and to target limited resources t those that need it most.

Slide 30

Opportunities: Leveraging Resources

- Content Expert
- Passion & Interest
- Staff
- Bricks and mortar infrastructure
- Funding
- Volunteers
- Capacity - time
- Technology
- Communication
- Marketing
- Languages spoken

Slide 31

Next Steps

- Survey
- Level of involvement

SPEAKING NOTES FOR SLIDES

The following document contains speaking notes for the slides outlines in appendix A of this document. Please reference the slide number to see which notes correspond to which slide. The slide number is visible on the bottom right hand side of each slide.

SLIDE #3

CPR Model was created in an attempt to coordinate programs and services for seniors during the global pandemic crisis, when there was an influx of funding and an increased demand for services. The model identified "critical services " (food, transportation, outreach and friendly visitor, and home supports) in community", "psychosocial programming" (virtual programming, and neighbour helping neighbour) and "Infrastructure" (income supports, coordinating and convening, communications, referral pathways). The vision was to work in a coordinated way through the seniors serving sector so that limited dollars could be allocated and used where most needed.

4 GUIDING PRIORITIES AND 4 DELIVERABLES WERE IDENTIFIED:

Priorities:
No Edmonton seniors are isolated.
Seniors have their basic needs met.
Seniors have access to health care, and
Seniors have access to the information and resources needed to keep themselves safe.

Deliverables:
Identify existing services and resources that must be created or expanded to respond to the pandemic,
Support the development and expansion of services required.
Create referral pathways within and between services an
Create tools and protocols to triage needs and distribute resources.

SLIDE #4

Impacts of the pandemic on other service providers - e.g. increase in number of seniors using the SCWW, increase in active participant count. Started in Emergency response, switched to accommodate sudden influx in short term, supported other groups, looked at processes to work to address the increased numbers and long term planning. Changes in how register in programs. Increased capacity to handle more.

SLIDE #7-8

- Created opportunity to reach older adults who were not currently supported.

SLIDE #10

What is the purpose of the report? Mid point on where we have done well and where we need to make changes and scale up what we need to.

Did you receive data from all the groups? Yes

Why wasn't there any mention of WESA sharing an outreach as it was a good model. Food pathways - Why wasn't food program from WESA wasn't mentioned as part of page 10.Thoughts on adding in evaluation piece right at the beginning.

Things like evaluation was very labour intensive and part of the challenge was there was no additional resources and need to advocate for appropriate support.

SLIDE #16

The conditions are perfect for collaboration! From the report, here's some opportunities for coordination and collaboration that may have occurred or need to occur:

Online programming/platforms - ESC, WSAC and ICAN; online programming at Mill Woods, Shaama, NESA. Is there room for further coordination?

SLIDE #17

This is what we pulled from the report.

SLIDE #21

Mental Health - social isolation is on increase –

Encourage people to access the supports.

Broadly defined - continuum of supports depending on what is needed / severity / etc. Manage mental well-being early before things spiral into more critical incidents.

SLIDE #22

Shaama Centre is providing food hampers (over 170 in last 6 months) and cooked food for isolated seniors (2,580 meals)

NESA - providing food hampers in her area

We cannot provide food to staff during an outbreak as per the MOH

SLIDE #23

For the Food and Transportation task group, here's who the task group members were and some examples of deliverables.

SLIDE #25

For the Psycho/social Programming task group, here's who the task group members were and some examples of deliverables.

SLIDE #28

Sheila and Rosalie

For the Outreach/Home Support task task group, here's who the task group members were and some examples of deliverables.

SLIDE #30

When thinking about resources to share here are some examples.

SLIDE #31

What is happening over the holiday season? Would be helpful to share this type of information with 211 and with ESCC for sharing more broadly.

Appendix 6 – Other Important Data

While this information is available, it is limited in that a full and comprehensive process for data collection at this level and across the sector has not been developed. Some information may be available through various sources not yet explored.

Food Hampers

We know that there are a number of seniors serving organizations that pivoted and began to deliver food hampers and meals to seniors.

Outputs known to CPR:

- Shaama Centre (170 Food Hampers, 2,580 meals)
- WSAC
- ESC
- Scona
- EMOW has seen a significant increase in food requests
- NESA

New Seniors Served?

Anecdotally we have learned that through the coordinated efforts related to the PPE, hygiene and activity kit distribution, that we are reaching seniors who are not already connected. We do not currently have specific numbers related to this, nor do we believe this number will be available.

Online and Virtual Program Data

Within weeks of the shutdown, a number of seniors servings organizations were able to quickly pivot and began offering online virtual programs (including: ESC, WSAC, Shaama Centre, MWSA, Strathcona Place). Senior Centre Without Walls continued to provide virtual programming and increased their offerings / availability to allow other service providers the opportunity to leverage the programming approach.

ESC and WSAC offered to provide information and support to other Centres who were interested in moving online but lacked the knowledge. They have reported that none had accepted this offer.

Outputs that are known to Coordinated Pandemic Response

Over 50 online programs delivered to over 500 seniors at one centre alone.

Over 6,548 programming opportunities at other
centres

Friendly Phone Call program

During the March 2020 shutdown, all seniors centres reached out to their members with phone calls / wellness checks. Seniors were asked if this was a service that they desired on a regular basis and for those who indicated interest, ongoing volunteer contingents delivered calls on a weekly, bi-monthly or monthly basis. The Friendly Phone call program was a part of the Outreach continuum of services and the volunteer callers were connected to an outreach worker for referrals / support, as needed.

Friendly Phone Call Outputs that are known to Coordinated Pandemic Response

- Offered at 9 seniors serving organizations
- Primarily delivered by volunteers (over 100+) and at times staff
- Over 1,250 seniors served on an ongoing basis
- Volunteer Training Manual shared amongst providers
- Number of calls to seniors well over 7,000

Program Delivery Nuances

- Outreach program staff have reported an increase in the complexity of seniors needs. Further, because of the new approach to service delivery (remote/virtual), the time required to serve each senior regardless of the issues presented has increased.
- All centres who are delivering online programs / services have reported an increase in the number of people accessing the programs and in some cases provincial, national and international attendance.
- At the same time, program providers have indicated that while there is an increased capacity to serve more people through online programming, ensuring seniors' safety is paramount therefore, they do limit the number of participants able to attend online physical activity programs.
- Early on, a provincial wide effort was coordinated for seniors with no access to phones. This was coordinated by the Province and included distribution of phones made available through Telus.
- Ongoing access to computer technology and understanding of how to use it continues. This includes donations of laptops being refurbished and distributed through SCONA.
- Impacts on intergenerational households, where caregivers have lost employment and financial stability or seniors are at greater risk of contracting COVID-19. Increasing levels of stress on families.

Partnerships

In response to the Pandemic, a number of partnerships formed including:

- Coordinated Pandemic Response Collaborative - 4 task groups reaching out to entire seniors serving sector
- WSAC, ESC, and ICAN Collaborative
- Alberta Caregivers and Eldercare partnership
- ESC, WSAC, SCONA, and Jewish Seniors Citizens Centre

- Drive Happiness partnered with many seniors serving organizations and others for service delivery including: tax preparation, food delivery, hygiene and activity kit delivery, transportation of seniors to appointments.
- WSAC and ESC shared outreach worker (began prior to the pandemic)
- SCONA and Food Bank

Data Sources
As noted in the Methodology section of the report, a number of data sources were used for the compilation of this report including:

- 211 Data
- Interviews with key stakeholders
- Minutes from various task group meetings
- Survey data
- Statistics from organizations such as Sage, Drive Happiness, etc.

Program and Service Changes
More specific details related to which organizations were providing what services can be found through: **https://www.seniorscouncil.net/covid-19** for information as reported to ESCC and 211 Seniors Information Phone Line.

Evaluation
Feedback provided regarding the Coordinated Pandemic Response included a need to include feedback directly from seniors and a need to incorporate an evaluation plan into the next phase from the beginning.

This coordinated response check in report was meant to be an opportunity to pause and reflect on how we are doing collectively so that we can pivot, adapt and increase our efforts as appropriate during the second wave of the pandemic and beyond.

Certain data will be available but at this time the steering committee did not collate the data from all data sources because of the time this would require. The data that is required should be balanced against the time it takes to gather it considering the resources available. A coordinated approach to collecting specific data, involving multiple organizations, would enable a more strategic analysis and agile responsiveness.

Appendix 7 – Glossary of Terms

Acronyms are commonly employed within Edmonton's seniors serving sector. Please reference this glossary for any acronyms that may be confusing.

AHS: Alberta Health Services
AGM: Annual General Meeting
CBSS: Community-Based Seniors Sector
CKUA: Canada K University of Alberta
CL: Community League
CMHA: Canadian Mental Health Association
CORE Alberta: Collaborative Online Resources & Education
CPR: Coordinated Pandemic Response
EFCL: Edmonton Federation of Community Leagues
ESC: Edmonton Seniors Centre
ESCC: Edmonton Seniors Coordinating Council
FCSS: Family & Community Support Services
GoA: Government of Alberta
ICAN: ICAN Seniors Association
NESA: North Edmonton Seniors Association
PPE: Personal Protective Equipment
SCWW: Seniors Centre Without Walls
WSAC: Westend Seniors Activity Centre