Alliance for Healthier Communities
Alliance pour des communautés en santé

Caring through the Crisis:

How did our members maintain continuous access to team-based primary health care during the COVID-19 Pandemic?

Keeping people and communities connected

Our members were concerned that people might become isolated because of the pandemic, so they made social "check-in" phone calls to clients they identified as being at risk.

98% made check-in social calls.

64% prioritized people at high risk of **isolation**.

72% prioritized **seniors.**

65% prioritized people with **complex or chronic health challenges**.

Sometimes a phone call isn't enough (or isn't possible), so many centres added in-person outreach.

54% visited people in their **homes**.

38% visited people in **shelters**.

Keeping primary care available to those who need it

Our members knew that losing access to comprehensive primary care could cause harm to people's health. By the end of May, all of our member centres were providing at least some primary care remotely – up from just half when the pandemic began.

65% offered virtual **prenatal or perinatal** care.

85% offered virtual appointments for **chronic disease management**.

Some things just can't be done over the phone. Certain high-touch services needed to keep happening onsite. Almost all of our members kept doors open at least some of the time, so they could keep providing these services while ensuring enough distance to keep clients and staff safe.

96% kept providing on-site **prenatal and perinatal care.**

96% kept providing in-person support for **chronic disease management**.

94% kept providing **childhood & infant immunizations**.

84% kept providing on-site **wound care**.

Maintaining health & resilience with interprofessional care

Supporting individual and community resilience is essential in a pandemic, so our members adapted their programs for virtual and remote delivery.

By the end of May, **79% of our members (and counting!) were offering group programs virtually**. In many cases, these reached community members who had no previous contact with the centre.

47% had virtual **exercise** groups.

51% had **health promotion and chronic disease management** groups.

One-on-one care from interprofessional providers is an essential part of comprehensive primary health care. **Dietitians and nutritionists, social workers and mental health workers, physiotherapists and kinesiologists** all found ways to provide one-on-one care for those who needed it, even if they were unable to connect in person.

In some cases, this could be done over the phone. But in many cases, it was enhanced by video calls – for example, allowing a physiotherapist to demonstrate proper form and check that clients were following it, or allowing a dietitian to to remotely "tour" a client's kitchen cupboards.

Responding to heightened needs for material supports

During a pandemic, loss of income, breakdown in domestic relationships, and disrupted supply chains can create or intensify **food and housing insecurity**. Many organizations that support these needs have to close to protect their staff, volunteers, and clients.

Alliance members have a long tradition of supporting the material determinants of health. During the COVID-19 pandemic, many increased this support, extending it beyond their own clients to others in their communities.

- When congregate dining programs had to shut down, some centres started **delivering hot meals** to people's homes.
- When staff at one centre noticed people sleeping in a nearby parking garage, they brought them **tents and sleeping bags**.
- Nearly **75%** of our members started, continued, or increased distribution of of **food hampers and grocery gift cards** to support food security.
- Many centres are supplementing their hampers with **diapers, toiletries, books, puzzles, and other need items**.

Lack of **access to devices and data** is a barrier to social connection, education, and employment. During the pandemic, digital inequity increased as libraries and coffee shops closed. At the same time, digital access became more important than ever. Our members responded by handing out phone cards and distributing devices andh data plans to community members who needed them.

- Lack of **digital literacy** is a source of digital inequity. One centre offered online computer classes and provided laptops for participants.
- One centre provided a **private space with a computer** for clients to connect online with providers who were working from home.