



# **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

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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

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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).

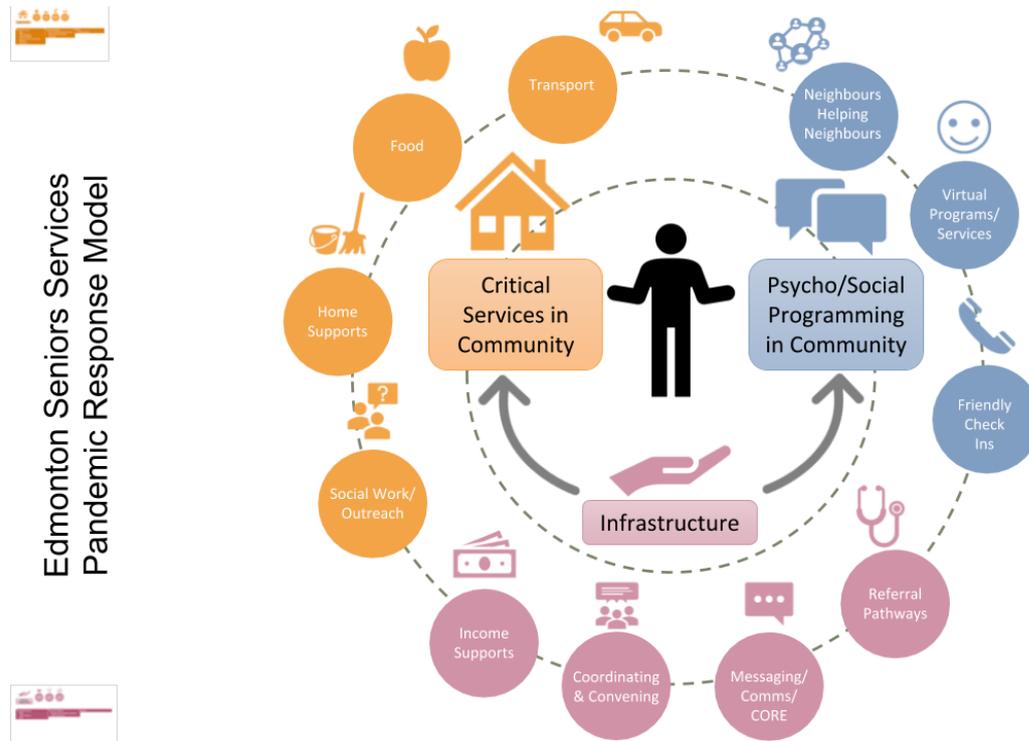


Figure 1. Coordinated Pandemic Response Model

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

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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

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### 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 don't want to or can't 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 disproportionately 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.

## Edmonton Outreach Pandemic Response Model

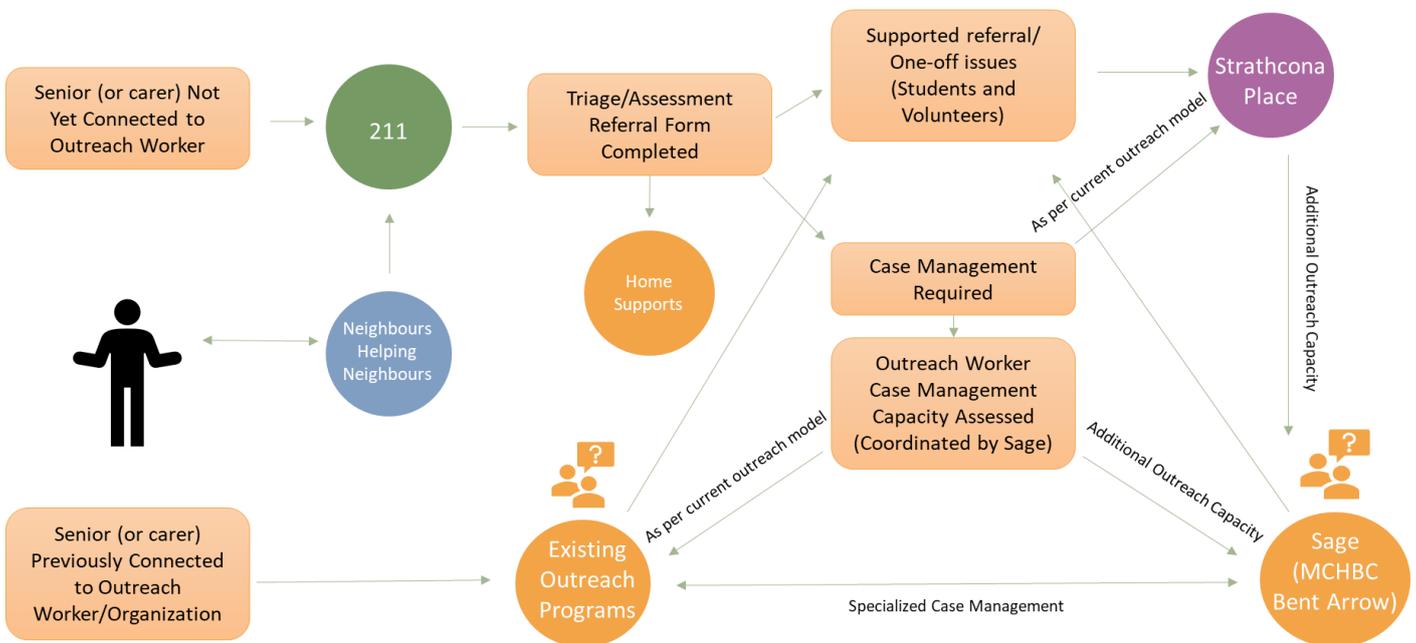


Figure 1: Edmonton Outreach Referral Pathways

# Food Pathways for Seniors During Pandemic

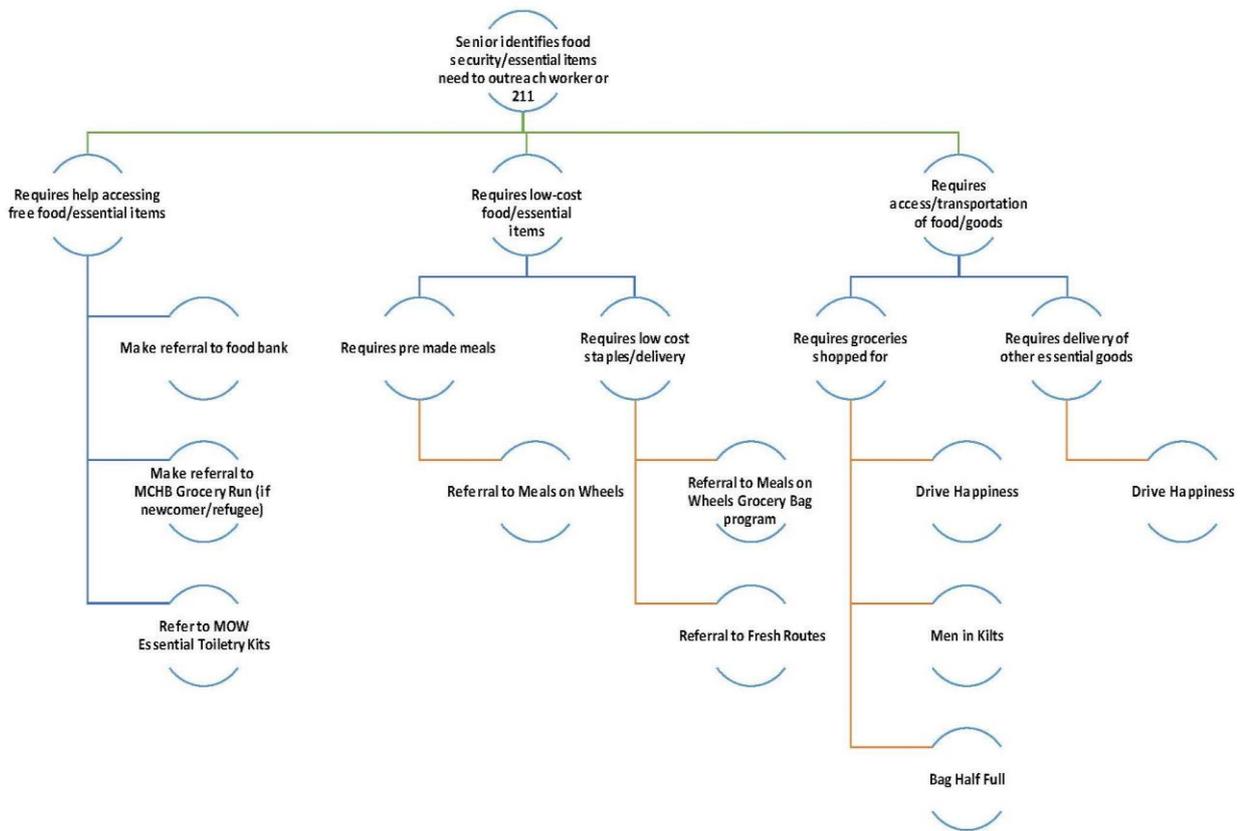


Figure 2: Food Pathways for Seniors at peak of first wave of Covid

## 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

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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

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## 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 psycho/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

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### 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

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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 organizations 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.

Food security

Transportation

Mental health, outreach, navigation

Programming

Home supports

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?

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