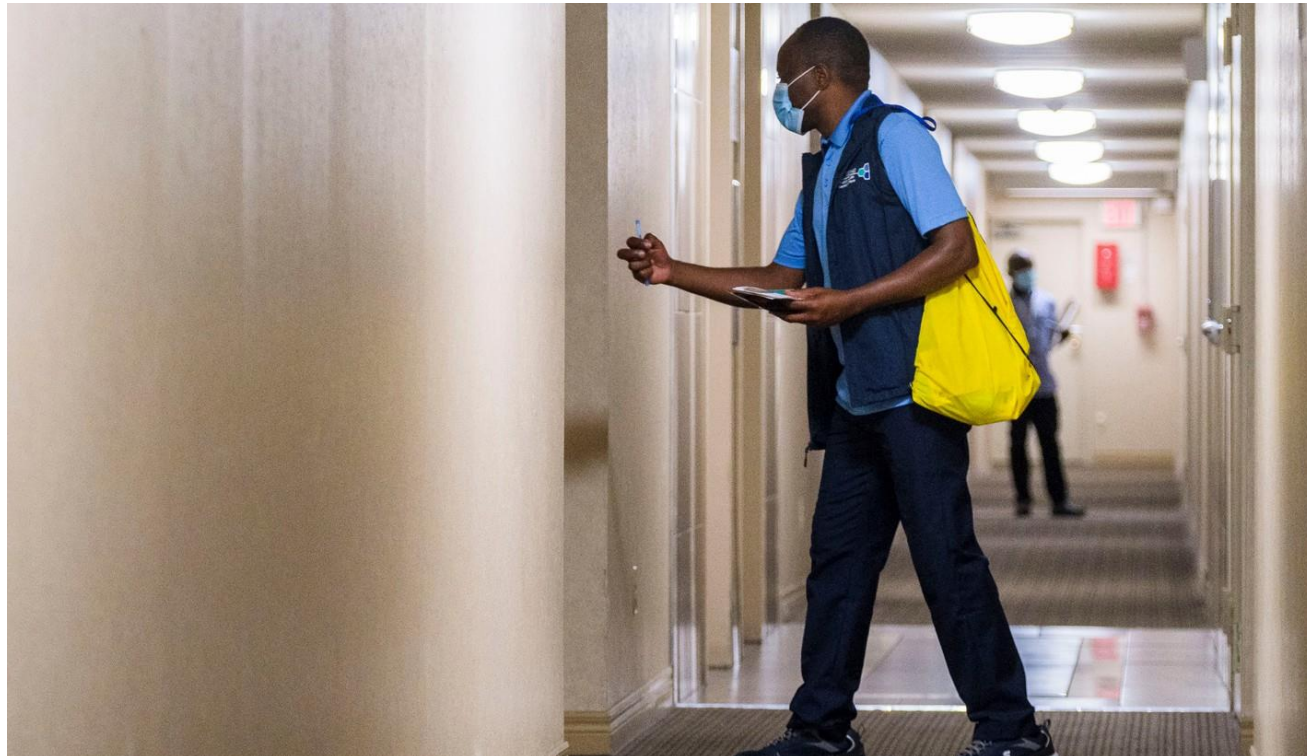# OTTAWA HEALTH TEAM-ÉQUIPE SANTÉ OTTAWA COVID-19 COMMUNITY RESPONSE

SHARING LEARNINGS FROM A CITY-WIDE RESPONSE
FEBRUARY 2024

Contents

Introduction

An overview of what this story is, how we created it, and what's inside!

Land acknowledgement

We acknowledge that what is now called Ottawa is on the unceded and unsurrendered Territory of the Anishinaabe Algonquin Nation whose presence here reaches back to time immemorial. We recognize the ongoing impact of colonialism on all aspects of First Nations, Inuit, and Métis lives and we extend our gratitude and respect to the First Nations, Inuit and Métis people who call Ottawa home. We strive to uphold and uplift First Nations, Inuit, and Métis voices and strive to be an ally in strengthening their health and well-being.

Welcome!

During the COVID-19 pandemic, the Ottawa Health Team-Équipe Santé Ottawa brought together partners from across the City of Ottawa to support communities who were most impacted by COVID-19. This report describes what we did, how we did it, and stories about what we learned and the impact we had along the way.

We hope this report can help inform how we move through these types of responses in the future, while creating a foundation to help us work through an equity lens in everything we do. That said, it is important to recognize that many of these lessons and stories have long been known and shared with us by communities and are not "new" to everyone. The pandemic reminded those of us who walk with privilege that the "solutions" or "innovations" we have seen during the COVID-19 response are not always new, and that the knowledge needed for a better system is, has always been, and will always be within the community.

Community Acknowledgements

It is important to acknowledge that we did not—and could not—do this work alone. This response has been made possible through an exceptional effort that brought together the entire City of Ottawa.
More than 100 organizations and community partners came together, with each group playing a role in working as efficiently and effectively as possible. We share our gratitude for each of you.

We also recognize that we have not all experienced the pandemic in the same way, and are grateful to the community leaders, friends, and neighbours who stepped into this space regardless of where they were at. We all came together—bringing what we could, when we could, and how we could—and started to take care of each other as a result. We started to understand some of the barriers and challenges that certain communities face and learned how this work needed to be rooted in health equity and collaboration for it to be successful.

This work was made possible in part through the financial support of Ontario Health through the High Priority Community Strategy. Local leaders in this work include many members of the Ottawa Health Team, such as Ottawa Public Health, Carlington, Centretown, Sandy Hill, Somerset West, South-East Ottawa Community Health Centres, and Ottawa Local Immigration Partnership. See the appendix for a full list of partners.

This report was written and designed by Marissa Hill, Suleman Sule, Suzanne Dugard, and Heidi Hay from Health Commons Solutions Lab with guidance and input from the Ottawa Health Team operations team, including Soraya Allibhai, Karim Mekki, Erinn Salewski, Cameron McDermaid, Michelle Maynard, and Kelli Tonner.

In summary

Only have a moment? Here are the key takeaways from this story.

Mobilize quickly

Early in the pandemic, it was becoming clear that COVID-19 was disproportionately impacting some people and communities more than others in Ottawa, especially low income, and racialized communities. In response, the Ottawa Health Team quickly brought together partners from across the City of Ottawa to support communities who were most impacted by COVID-19.

Bring together the recipe for success

Our strategy is rooted in these critical things which make it so effective:

- Tailored outreach using a community development approach that considers the specific needs of the communities we were trying to reach and support.
- Intentional and dynamic approaches that focus on actually listening to the community and removing barriers they tell you they are facing.
- Flexible and community-centric approaches to ensuring people have the wrap around supports they need to be well.
- A solid leadership team, with dedicated operational backbone support, and a robust network of partners and community member working together toward shared goals—sharing learning and resources with each other along the way.
- Dedicated and FLEXIBLE funds that can be allocated when, where, and how they need to be—and quickly!
- Relying on information and data from public health AND community members (they are experts too) to point us to the right thing at the right time, and to inform how we respond.

Community Ambassadors and Resident Leaders are critical. Their lived experience and deep connection with the community allows them to offer exceptional wisdom to inform strategy development and implementation while creating bridges with communities, who are often hardest to reach. Learn more here.

Flexible funding and service delivery models need to stay.
COVID-19 has shown us that we can be flexible in how we think about resource allocation and service delivery. We need to take this opportunity to truly rethink how we work. There is a reason why the High Priority Communities Strategy has been named across communities and organizations as potentially the most important and impactful COVID-response investment: it was rooted in the equity frameworks and hyperlocal approaches that we need and allowed ourselves to be flexible and thoughtful with when and where we allocate critical dollars.

Finally, we must emphasize that band aid solutions will never achieve health equity. We need intentional and well funded system-wide, multi-sectoral approaches that are highly collaborative, rooted in humility, and integrate community members as experts in their own right.
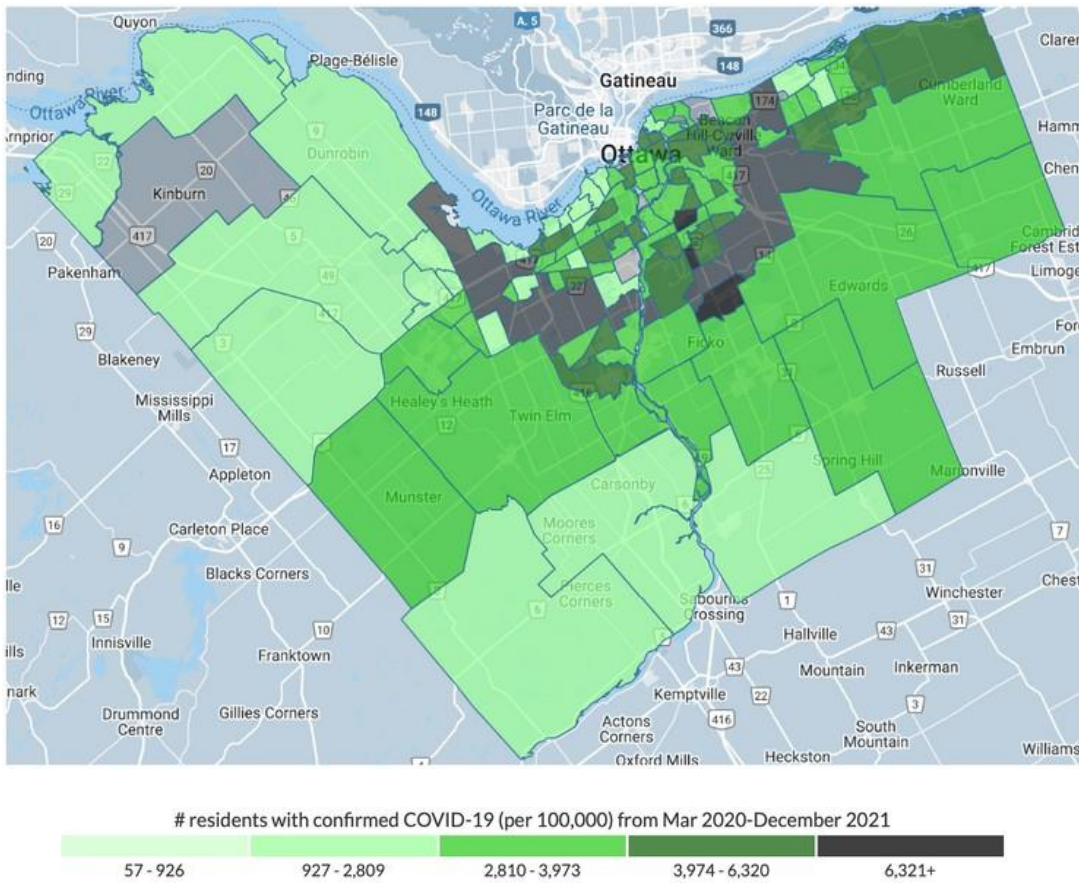
Why did we act?

What was happening within the City, and why we mobilized our efforts.

Communities sounded the alarm about neighbourhood-level disparities

The Ottawa Health Team was just a year old when the COVID-19 pandemic hit. Suddenly, in addition to the system transformation work and typical challenges facing any new initiative, we were faced with a pandemic that was new to us as a collaborative and for which we had no clear playbook to draw from for how to move forward.

Early in the pandemic, it was becoming clear that COVID-19 was disproportionately impacting some people and communities more than others in Ottawa, especially low income, and racialized communities. For example, the map below from the Ottawa Neighbourhood Study visualizes some of these differences (Ottawa Neighbourhood Study, 2022a).

residents with confirmed COVID-19 (per 100,000) from Mar 2020-December 2021

| 57 - 926 | 927 - 2,809 | 2,810 - 3,973 | 3,974 - 6,320 | 6,321+ |

This is supported by other information, for example this report by Ottawa Public Health which concluded that neighbourhoods with a high proportion of racialized communities and lower income levels had higher rates of COVID-19 (Ottawa Public Health, 2020). Despite communities knowing this reality for some time, this information encouraged a collective response to ensure people had access to what they needed—when and how they needed it, to reduce this disproportionate impact.

Later in the pandemic, this was also mirrored in and further supported by vaccine coverage rates, for example this data from the Ottawa Neighbourhood Study which shows lower vaccine rates in less sociodemographically advantaged communities (Ottawa Neighbourhood Study, 2022b).
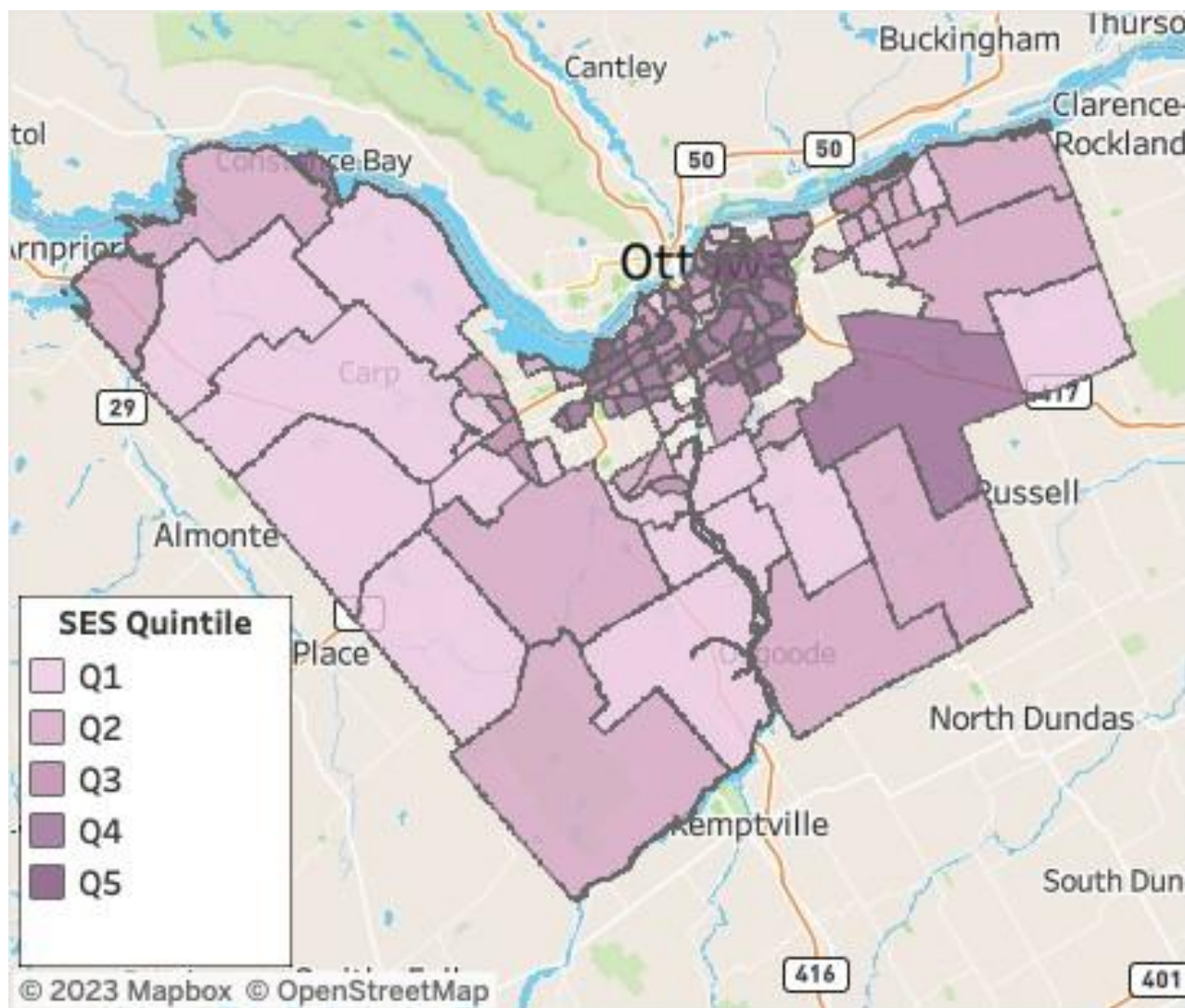
How did we respond?

What our mobilization efforts looked like.

We responded quickly to emerging trends

In response to emerging trends, the Ottawa Health Team quickly developed and implemented a strategy to address the impacts of COVID-19 on those disproportionately impacted and facing barriers to access. The primary goal for this strategy was to stop the spread of COVID-19 and ensure that people had their basic needs met during this time. We applied an equity lens to ensure communities could access information and support that was tailored to their context and offered options that were as low barriers as possible. Core to this included:

- Sharing information about what COVID-19 is, including how to prevent getting sick, where to get tested, where to get vaccinated, and how to access antivirals (see examples below).
- Practical support for people with COVID-19, for example food, supplies, personal protective equipment, test kits, etc.
- Making data-driven decisions about where to look, where to allocate resources, and what type of adaptive approach was best in different circumstances and contexts.

Here are two examples of educational materials about antivirals that were translated into local languages to better reach people. Click each one to open a larger version.

This strategy had four pillars: tailored outreach, intentional testing, vaccinations, and wrap-around supports. We explore each on the following pages.

Focus Area 1: Tailored Outreach

The first pillar was to quickly develop outreach plans that considered the specific needs of the communities we were trying to reach and support. We considered things like:

- Connecting with key partners in each community, for example, Community Health Centres, Ottawa Community Housing, and Community Development Framework Resident Leaders who worked and lived in these communities. This included supporting them with a mobilization toolkit that focused on designing and implementing their own neighbourhood-level strategies (see below for tools).
- Door-to-door outreach to speak with community members and disseminate information and resources, for example through door hangers with a map to the closest testing or vaccination site and an outreach team that spoke the languages in the community and understood community needs.
- Existing, trusted communication channels (e.g., WhatsApp and Telegram, multilingual radio channels and town halls, bus shelter billboards).
- Creating new resources or amplifying or modifying existing resources that were available in the languages people spoke and that wrapped around the needs and gaps of the communities we were seeking to support.
- Alignment of school-based COVID-19 testing and promotion with neighbourhood priorities (e.g., offering take-home test kits from schools).

Did you know? Sharing this toolkit is how we had our first Community of Practice meeting with 86 partners!

Here are materials from the mobilization toolkit that were translated into local languages to better reach people. Click each one to open a larger version.

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Connect with us on Whatsapp and get answers in English, French, Arabic or Somali.

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Soomaali

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Focus area 2: intentional testing

The second pillar was to have a testing strategy that focused on removing barriers that the distinct communities we were trying to reach were facing. An essential feature of this strategy is that it evolved and was adapted over time based on data, especially as vaccines became available. Here are some criteria and information we considered when creating these strategies:

- Using neighbourhood-level data to better understand what was happening on the ground across diverse neighbourhoods to inform decisions about how we responded and allocated resources (e.g., comparing levels of COVID-19 vs. testing rates).
- Sharing this neighbourhood-level data with system partners to inform planning more broadly
- Establishing partnerships with local assessment centres, paramedics, hospitals, etc. to offer testing, including transportation to get to these places, to ensure adequate coverage across neighbourhoods, through a web of partnerships.
- Working with communities to co-create and advocate for services and supports that are culturally safe and accessible.
- Mobile testing in congregate living environments (e.g., shelters, long-term care, corrections) or in-home testing to reach those who faced the greatest barriers to accessing testing.

Focus area 3: vaccinations

COVID-19 vaccinations were developed in a remarkable timeframe, and we were tasked with rolling them out quickly. At the time, little was known about the vaccines. In early January of 2021, Statistics Canada data showed that about 83% of Ottawa residents intended to get vaccinated, 7% did not intend to get vaccinated, and 7% were unsure (Statistics Canada, 2023). That said, we know this data does not tell the full story and from the stories shared with us we know that many people were hesitant to get vaccinated. For example, many people were already rooted in the mistrust of the health care system and others were informing or supplementing their decisions with information they received through their social circles in place of or in addition to public health messaging.

Additionally, from the stories shared with us, many people were not able to successfully compete for vaccine appointments due to little/no access to the internet/technology; little or no time to sit and refresh browsers; etc. For vaccine strategies to be successful, we needed to tailor approaches that considered the unique barriers that communities faced, including historical and ongoing trauma within the health care system, how people were making decisions, and the tools and

resources they had available to them to navigate vaccine infrastructure. Here are some of the things we considered when creating these strategies:

- Access to plain language, multilingual messaging that provided both key information on vaccines (to help build trust in vaccination as a positive health measure) and vaccine clinic information, to help communities that face barriers find their easiest path to a vaccine.
- Creating mechanisms that by-pass the highly competitive provincial booking system. This allowed people who face numerous barriers (digital, transportation, time off work) to book a vaccine appointment: we went door-to-door to deliver vaccine card appointments, and in certain neighbourhoods, we had appointment-free clinics that were meant to target people living in these communities.
- Ensuring access, which included space, schedule, and advertising were tailored to the diverse needs of our communities.
- Working with Resident Leaders, community champions (e.g., pastors, Imams, and leaders of other community groups) to both champion vaccine campaigns or host mobile vaccine clinics in their spaces.

Click this image to watch media coverage of our immunization efforts.

- Place-based access to vaccines, for example, setting them up within residential buildings to provide vaccines at the door with a mobile assessment, vaccination, and monitoring cart (an airplane model) or in common spaces where assessments, vaccinations, and monitoring was done in one spot (a hockey model).
- How to set up transportation for people to get to clinics in their area—having large public transportation buses in certain neighbourhoods to take clients to vaccination hubs.

Did you know?

Between May and August 2022, over 10,000 rapid antigen tests were distributed in high priority Ottawa neighbourhoods.

This was coupled with information (visual cues on how to do the test) on how to correctly complete the test and information on how to access antivirals in the community, all this was provided in multiple languages.

Click here to see some of the tools we used:

Focus area 4: wrap-around supports

It quickly became clear that not everyone was able to stay home and isolate or access food, medications, critical care, etc. if they had COVID-19 or were isolating themselves from COVID-19. The fourth pillar was to provide as much support as possible for people to reduce the risk of community transmission while also taking care of their holistic needs—especially if they or someone in their family had COVID-19.

Ottawa Public Health created a tool and trained their staff making contact tracing to identify when wraparound support was required for people with COVID-19 and their close contacts. Clients were referred by the Ottawa Public Health nurse and, through a network of Community Health Centres, clients were referred via Caredove and triaged accordingly. The wrap-around supports provided clients what they needed to isolate and stay home with essential supports to get well.

Caredove connects people with care that helps them remain healthy at home.

A plan to support people who needed to self-isolate was developed and could include things like:

- Referral to a safe space to isolate, including The City of Ottawa's Voluntary Isolation Centre, including transportation to the isolation centre.
- Emergency food supplies for 3–5 days
- Income replacement
- Counselling support
- Education support
- Cleaning supplies such as disinfectant wipes, laundry detergents, or dish soap
- Masks, gloves, or hand sanitizers.
- Home health support kits/thermometers
- Diapers.
- Cell phone chargers.
- Activity kits for children.
- Prescriptions (including paying for pharmacy delivery).
- Access to rapid antigen tests and antivirals through a "test and treat" model.

The turnaround time from referral to delivery was less than 48 hours. An evaluation revealed that, overall, providers were able to match people's needs with the support required to reduce hardships during isolation.

Resident Leaders/Community Ambassadors were critical to this response - click here to watch a video of them in action!

What was critical to success?

The most important things we did to make this strategy so successful.

The most important things we did

Success factor 1: a collaborative & coordinated response.

The success of this strategy was rooted in the coordinated, collaborative response made possible by regional system partners and hyperlocal community partners from across Ottawa working in tight relationships. These were not new relationships—but existing partners working together in a different way. New partnerships were nurtured over the course of the response. Here are some of the factors that promoted such positive outcomes:

Core leadership
A critical intention of this strategy was to create a new emergency response structure and to collaborate across sectors to ensure efforts were coordinated and effective. The following groups were critical to the success of this work and provided tremendous leadership:

Core leadership ("Emergency Response Team")	Planning Team	Operations Team
• Centretown Community Health Centre (CHC) • Sandy Hill CHC • Somerset West CHC • South-East Ottawa CHC • Ottawa Public Health • Ottawa Local Immigration partnership	• Somerset West CHC • Ottawa Local Immigration partnership • City of Ottawa	• Ottawa Public Health (co-lead) • South-East Ottawa CHC (co-lead) • Somerset West Community Health Centre

Backbone operational support
The centralized operations team was acting as a driver who allowed our approach to be collaborative and nimble. This team met twice a week in the early days of the pandemic to plan this response. As the pandemic progressed and this work evolved, providing backbone support to the large collective of partners who were supporting this work was a key success factor. Leadership met weekly to review data, trends, and the latest information and this set the course of what was shared with the community of practice (below). For example, because of the expansive number of communities being supported and the diversity of their needs and priorities, the Ottawa Public Health Community Engagement Team staff were paired with each partner agency to ensure complete coverage and support of all neighbourhoods.

Community of Practice
To effectively support planning, operations, and logistics, in November 2020, 86 partners came together through a Community of Practice. This group was co-chaired by Ottawa Public Health and the South-East Ottawa Community Health Centre. This group allowed partners to be nimble, share information and human resources, respond quickly, and pivot as needed. Each partner is listed here at the end of this story.

The Community of Practice was a space for frontline staff working in different neighbourhoods to come together with regional system partners to share best practices and expertise, discuss emerging community needs, collaborate on strategies, and inform strategy for community responses. This included space for Ottawa Public Health to share important public health updates, and for community voices to be shared through the hyperlocal partners. Considering this structure and approach, this group remains critical in the alignment of strategies and dissemination of information to and from the community and system partners.

Shared Goals
This collective of partners was not working in silos—something that often happens in a crisis or emergency response. Despite each member representing different people, needs, and priorities, this group was committed to a shared goal which was to: slow the spread and impact of COVID-19 in racialized populations, immigrant populations, and those living in low-income neighbourhoods by addressing people's social determinants of health.

Each member of the collective applied this goal within their distinct regional and hyperlocal contexts—they identified what they needed and how to bring it to life in a way that honoured that context, while still honouring the shared vision they were all trying to achieve together.

Community Ambassadors and Resident Leaders: Since 2008, the Community Development Framework has brought together residents, community organizations, and city services in priority neighbourhoods across Ottawa. Through the framework, together we:

- Identify local community issues and strengths.
- Decide on the changes the community wants to make and set goals.
- Build on neighbourhood strengths and develop skills and support to make the changes happen.

Some goals require change at a systems level, and the COVID-19 pandemic is no exception. Through many years of building local resident capacity through this framework we have established strong, collaborative, and place-based partnerships and have increased our reach into neighbourhoods. This has been foundational to an effective and rapid COVID-19 strategy in a constantly evolving landscape, which included a substantial leadership role for Community Ambassadors and Resident Leaders. (Community Development Framework, 2023.)

With the support of the Community Development Framework coordinator, a community health worker, the High Priority Neighbourhood Coordinator, and neighbourhood community developers, we contracted and worked alongside 22 engaged and trusted Resident Leaders who spoke 11 languages and who had strong relationships with neighbours and partner agencies. They were our eyes and ears on the ground and were critical in co-designing, supporting, and implementing this response. They have lived experience and a deep understanding of what the needs, norms, cultures, and expectations are within the communities we were trying to reach and are a bridge for us to understand what is needed to improve access to the supports, resources, and information people require to be well and to make informed decisions. Through this strategy, they contributed specialized knowledge of the neighbourhoods they serve, including who might be isolated or having special needs, where people of different socio-cultural groups were living and how best to reach them, and other important information.

As we move away from a COVID response, it is critical to remember the importance of Community Ambassadors and Resident Leaders to the success of these strategies and to learn from these models and how we can transform our approaches to the work we do more broadly. Read more about Community Ambassadors (Resident Leaders) here.

Dedicated funds when and where it mattered most

Because of the number of players, unique communities, and emergent roles required on the ground, this would not have happened without dedicated financial support. Through the South-East Ottawa Community Health Center, as a High Priority Community lead agency, Ontario Health has directed $1,675,790 in 2021 and 2022 and $976,659 in 2023 towards the hardest-hit neighbourhoods in Ottawa.

This dedicated funding, combined with the flexibility to determine the right service and service model required, allowed people to work together through dedicated resources and capacities that would not have otherwise been possible. These resources helped to minimize redundancies, allocating tasks to the entities that were best positioned to do a particular job. With everyone playing to their core strengths and expertise, the network was enabled to respond quickly and effectively. As we move away from a COVID response phase, it is critical to remember the importance of flexible and dedicated funds to the success of these strategies and to learn from these models and how we can transform our approaches to the work we do more broadly.

Up-to-date data

Reliable and accurate data was critical to help the team stay nimble and responsive as the pandemic progressed. Ottawa Public Health continued to assess postal code data from positive COVID-19 tests to identify and address clusters to reduce transmission, and the Epidemiology Team prepared monthly neighbourhood reports to help guide work.

Data was posted monthly to the Ottawa Neighbourhood Study website and included testing rates, % positivity, and cases per neighbourhood. This data was important to help remove barriers to health and social services, identify needed community support, and work toward longer-term health equity. These barriers became evident when comparing neighbourhood vaccine rates across sociodemographic geography, with neighbourhoods with more socioeconomic advantage facing fewer barriers to accessing testing and vaccines. In consultation with the community, the Ottawa Public Health Epidemiology Team and Community Engagement Team worked to address inequities by removing or reducing these barriers.

Success factor 2: culturally relevant communications

Outside the coordinated approach, communication was critical to success. A communications team was established to create innovative methods of communication that recognized cultural and language sensitivity and specificity to reach all members of the community. Community Ambassadors (including faith leaders, racialized physicians, etc.) and Resident Leaders were critical to community capacity building, social media engagement, and culturally appropriate and language-specific information dissemination.

Throughout the pandemic, public health information related to COVID-19 was characterized by rapid changes and significant volume, which was overwhelming for many people—regardless of where they lived and how they were experiencing the pandemic. Additionally, for people whose first language was not English or French, who were facing barriers, a lack of access to this critical information was exacerbated. Several key communication strategies and products were created to help bridge this gap:

- Learning from the community what their needs were (e.g., via Community Ambassadors Resident Leaders, community forums, hearing from community-serving partners, door-to-door outreach conversations).
- Large town halls and smaller audience presentations where professional health care workers of diverse ethnic and language backgrounds offered key COVID-19—related information and responded to community concerns.
- A series of multilingual vaccine ambassador videos were created in which community leaders and champions spoke about their perspective and experience with COVID-19 while advocating for the vaccine.
- Electronic and print resources and door hangers to be distributed across all high priority neighbourhoods.
- Multilingual portals on the Ottawa Public Health website in Arabic, Chinese, and Spanish
- A dedicated Ottawa Public Health WhatsApp channel for Arabic and Somali-speaking communities to receive timely information and ask questions.
- The pilot of an Arabic and Somali COVID-19 hotline to respond to community concerns and connect people to services or supports.
- Multilingual radio ads.
- Bus shelter ads promoting COVID-19 vaccine.
- Leveraging the communication strategies and products of partners (e.g., Refugee 613).
- Hiring a communication strategist devoted to the communication needs of people living in high priority neighbourhoods and racialized and immigrant populations.
- Earned media to:
  - Create awareness about the disproportionate impact of COVID-19 on many communities
  - Socialize COVID-19 protection and share resources and information.
  - Speak about the collaborative efforts of the Ottawa Health Team.

Need ideas?

Click here to see some of the tools we used:

Success factor 3: robust and tailored vaccine models

In general, we observed that people in high priority communities were more open to learning about and receiving the vaccine when removed from clinical environments, and when people saw their friends or family members receive the vaccine. Because of this, the Ottawa Health Team hosted intentional and strategic vaccination events across Ottawa, in hyperlocal spaces that were neutral and familiar to people. This included numerous community-based approaches:

- An airplane model (providing vaccines door to door in shared buildings)
- A hockey model (hosting clinics in common rooms in shared buildings)
- Door-to-door engagement by an integrated outreach team consisting of resident leaders, nurses, and staff from the respective communities.
- Mobile vaccine buses (requests were supported using a mobile clinic request form and we moved through a defined process to plan and implement each clinic).
- Hosting smaller events at larger spaces like Mosques, community centres, churches, Community Health Centres
- Mobile nurses went to the homes of clients with mobility, cognitive, and other barriers.
- Community-specific events. For example, in the summer of 2021, four major public events were held in partnership with Ottawa Public Health and faith and community leaders from Black, African, and Caribbean communities. These events created space for community members to get their first, second, and third doses.
- Over the course of the vaccine rollout, Neighbourhood Vaccination Hubs were incorporated into high priority neighbourhoods to increase accessibility, access, and reduce barriers). Some of these HUBs continue to operate.

To support operationalizing these efforts, Ottawa Public Health signed a Memorandum of Understanding with the four Community Health Centres listed earlier to provide leadership to this work.

As antivirals became available, these outreach and clinic offerings expanded to include information on who was eligible and how to access antivirals.

What did we learn along the way?

Our key learning and takeaways from this journey.

Nothing for the community without the community

Resident Leaders were critical to community outreach, including bridging gaps between mistrust in the health care system and people accessing information required to make decisions and making sure that communities had what they needed to meet their wrap-around needs.

The High Priority Communities Strategy is rooted in the role that Community Ambassadors and Resident Leaders inherently play within communities, and these roles have proven critical to the success and impact of this strategy. Without them, COVID-19 rates would have stayed high and the gap between marginalized communities and the health care system would have remained unbridged. The reality is that Community Ambassadors and Resident Leaders carry a lived experience and deep-rooted understanding of the history, culture, needs, and priorities of these communities that we—the system—will never have.

Be agile & able to respond & adapt quickly

Community needs and priorities and public health guidance were always changing. This created a constantly shifting landscape, and at times confusion. At every step of the way, it was critical that our structures and processes allowed teams to respond in real time to what was needed. In this instance, the longer organizations or leaders waited to make decisions or to act, the more people were getting sick and potentially dying.

The COVID-19 experience continues to reinforce how important it is for funders and policy-makers to be more flexible and have a hands-off approach, so leaders closest to the community can make decisions and allocate and reallocate resources in real time. As communities come out of the pandemic, this approach cannot change—we need to keep nimble and dynamic resources (i.e., investments in people and infrastructure) on the ground and continue to trust in communities to do this in the right way.

Public health leadership is essential

The Ottawa Medical Officer of Health was vocal and intentional when highlighting the social and structural inequities that resulted in the disproportionate impact of COVID-19. They met with the Ottawa Health Team leadership to highlight the seriousness of the matter and make a call to action, both serving as a catalyst and driving force behind this response.

Had this call to action not happened, it is unclear who would have taken charge or when—and how they would have responded. A key learning is that this public health leadership was essential in mobilizing the city and in helping to save the lives of people who otherwise were at serious risk. As we continue to think about the future, it is important to remain focused on these—and many other—disparities that exist across communities and cities and to maintain partnerships across public health and other aspects of the health system.

A solid & diverse network of partners is essential

As we discussed above, this type of response depends on a broad and diverse network of partners that includes institutions, grassroots organizations, businesses, and individual members of communities. We have learned that these networks need to include formal and informal ways of working, while making space for organic growth. We also learned that these networks need to promote equity, equality, and the sharing of power, while also highlighting and championing the great work of other partners and other networks. All of this is often prevented by bureaucratic structures.

Our overwhelming conclusion is that it is not only critical to partner with other organizations, but also to partner with—and truly listen to—the communities you serve. Many of the solutions that were needed for this response existed in some form or another in the community, and it was through open and ongoing communication and empowerment that they surfaced. It is now the job of the system to learn from this, taking these solutions and putting them into practice across all aspects of operations, not just pandemic response.

It is important to note one learning we had around partnerships. Sometimes it was difficult to have multiple agencies responding to communities through different levels of support. This was evident when the South-East Ottawa Community Health Centre started to triage people through Caredove, and notice that referrals to other organizations did not always net the same response to help connect them to the wraparound support they required in a more streamlined and equitable way. The decision was to centralize this task at the South-East Ottawa Community Health Centre and focus on centralizing other parts of the response in 3 other Community Health Centres downtown.

We need to advocate for & deliver using an equity framework

No matter who we were speaking to—at any level of the community or government or media—or what we were doing, we learned it was critical to do two things. Even with all the above, without a focus on equity, there is no real or lasting change.

First, we need to be vocal about the direct links between structural inequities and systemic racism and the impacts of COVID-19 on marginalized communities. These disparities are not new—COVID-19 just happened to hold a mirror to the realities that communities have been facing long before the pandemic—realities that are rooted in systemic harm and oppression that have created a space where not everyone can access health care and wellness in the same way. Communities are the experts in their own experiences, and it is critical to listen to what they share with us and to center and elevate their voices as essential evidence, and to meaningfully involve them in decision-making and solutions impacting their lives. We acknowledge that the collection of socio-demographic data is important to help advocate for systemic change and sustainable funding and create strategic responses to inequities, but we also need to understand the diverse needs of the communities we serve. To do this, we have to listen deeply to what has taken place for these communities, empower them to lead and what the path forward is. Only then can we have the context, relationships, and solutions required to address the root causes.

This brings us to the second essential learning, which is that we need to address short-term problems, while keeping our focus on resolving the systemic issues that are at the root of these problems. If we keep putting band aids on the issues, we will never solve the problems, we will never create a space where each person can achieve well-being, and we will never create an equitable health care system or equitable health outcomes. Above anything, this needs to be a priority for all health strategies as we move away from a COVID-19 response strategy.

Something we are still thinking about

One issue that was never resolved was how to support families with children when sick parents had to go to the hospital. There were several instances of parents refusing to go to the hospital for treatment because they did not have anyone to care for their children (who also likely had COVID-19). Despite numerous meetings with various partners, no clear process emerged for supporting people in this context. In severe instances, the Children's Hospital of Eastern Ontario agreed to care for children until other arrangements could be made.

Other limitations we experienced were around wrap-around supports. For example, if someone had COVID-19 and had to isolate but did not get paid time off, they would be out of work for 2+ weeks (10 days to isolate and then often family would get sick) and there were no financial supports in place in the early days. Even then, these financial supports were often difficult to access.

Lastly, because it was never clear when the pandemic was over, we never came together with the partners, front line staff, Resident Leaders, and community members post-pandemic to debrief on what we all experienced, how we felt, what still bothers us, and what planners and policymakers.

need to be aware of moving forward. We flew into action during the pandemic, we shifted and pivoted every day, and then suddenly, we were expected to transition back to pre-pandemic services while still addressing pandemic fallout and ongoing crisis with access to primary care, food security, access to housing, etc. While the threat of COVID-19 might have been reduced, the crisis in equity deserving communities continues. Due to the stress and impact of this collective experience, a debrief and healing process is required and important as part of the overall response strategy.

Where do we go from here?

What's next for us on this journey.

What we will keep doing

The Ottawa Health Team will continue to:

- Leverage the insightful and informative data we have gathered to date and the key and critical relationships and partnerships that were forged during the response to ensure that we are working together and focusing our core work and services in the places and spaces that need it most.
- Look for ways to strategize, plan, and respond together through neighbourhood-based hubs, co-located services, etc. and to ensure lessons learned continue to inform capital planning, new service models, etc.
- Engage Resident Leaders (Community Ambassadors) to assist in the co-design and delivery of key health and social service interventions that are focused on supporting marginalized communities in Ottawa.

Changes we are calling for

Sustained funding for Community Ambassadors & Resident Leaders

The role of the Resident Leaders has been critical to the success and impact of this strategy and, through the High Priority Communities Strategy, have been named one of—if not the—best investments the province made to address COVID-19.

We are calling on the Province of Ontario to embed and increase ongoing funding for Community Ambassadors (Resident Leaders)—into the system, making it a core funding stream, instead of one-time funding year over year. Learn more about the impact of Community Ambassadors here.

Improved system-level coordination & partnership

A key learning of this strategy was that system-level collaboration was critical to success. We are calling on diverse government departments and agencies in health, education, community and family services, public health, social services, housing, transportation, etc. to work together to address issues of affordable housing, food security, poverty, and other social determinants of health that marginalized communities in Ottawa are not able to access—all of which prevents them from being well, and risk widening the gap between them and the health care system.

Flexibility to do what we need to do

Throughout the pandemic, for us and other partners, it became abundantly clear that rigid funding agreements and key performance indicators/performance metrics impaired the ability of organizations across the board to do what they needed to do, when and how they needed to do it.

We are calling on the Province of Ontario to create flexibility in funding and funding agreements, and write them in a way that allows organizations to act quickly, pivot when they need to, be creative with how they use funds to address complex issues, and to measure success and performance in a way that is rooted in what is happening in real time on the ground, and based on the dynamic and fluid visions and priorities of the communities we are serving.

COVID-19 strategy toolkit

Some of the tools and resources we used that might help others on their journey.

Neighbourhood response pathway

Click the image to open it in a new window.

We made this pathway to support identifying the needs—and appropriate response—for the various communities we have been supporting through this strategy.
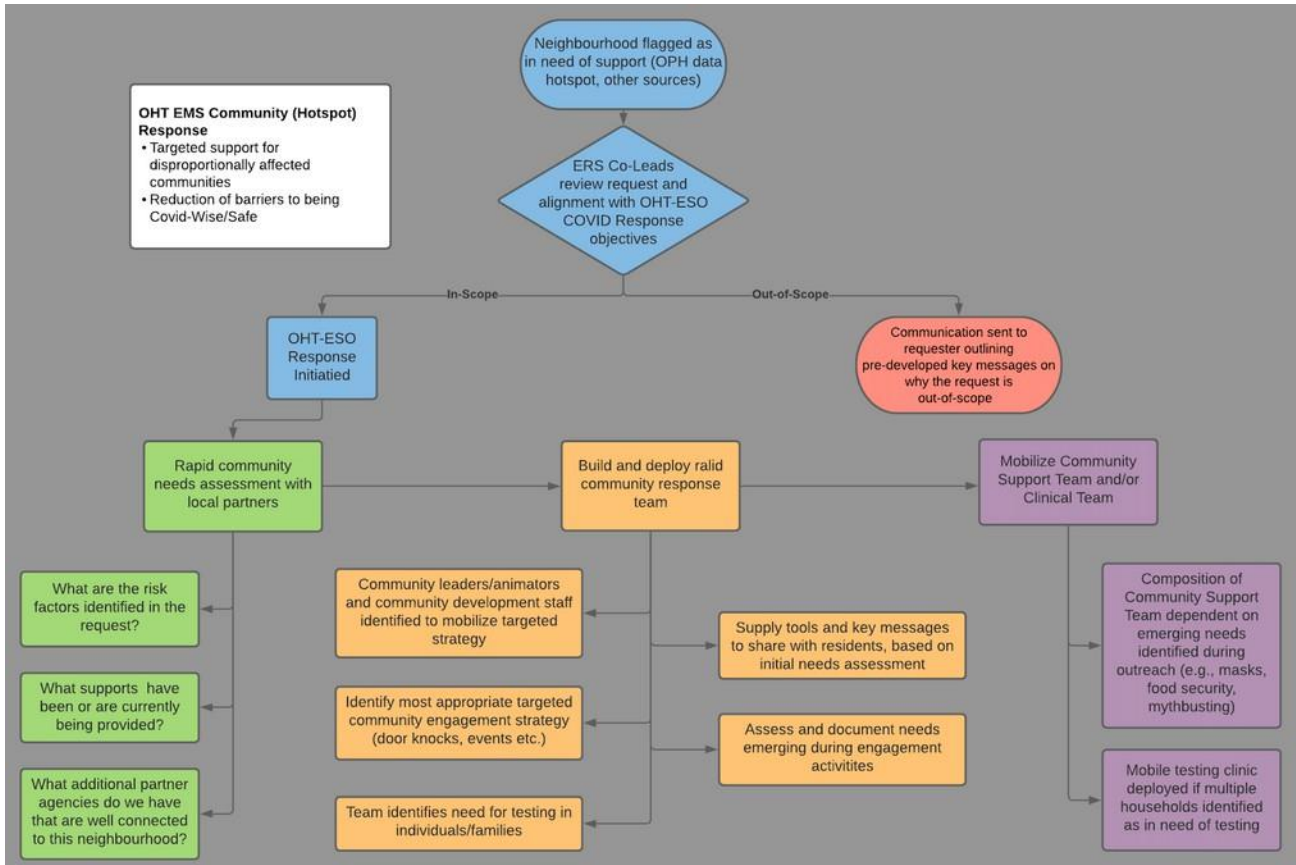
Tailored communication & outreach tools

Click each image to open it in a new window.

Click here to watch one of our information sessions.

Want to learn more about this work?

Here are some additional media articles that share different parts of our story.

Media articles

Click each image to open it in a new window.

When an Ottawa family of five all contracted COVID-19, emergency service sprang into action (Ottawa Citizen)

Read here

COVID-19 virus and vaccine myth-busting in Ottawa South (Ottawa Morning with Robyn Bresnahan)

Read here

Ottawa At Work with Leslie Roberts for Thursday, February 25, 2021 (580 CFRA News Talk Radio)

Read here

Community health centre aims to bust myths about COVID-19 (CBC)

Read here

Photo project turns lens on youth in neighbourhoods racked by COVID-19 (CBC)

Read here

Community & system partners

All the partners we worked with to make this strategy possible.

Many partnerships were formed in various capacities throughout the pandemic with other agencies along the way. The partners listed in this report were active members of the Community of Practice and participated actively in the neighbourhood outreach.

- ACB Wellness Centre
- AMA Community Centre
- BGC Ottawa (Provincial Youth Outreach Worker/Neighbourhood Ambassador Program)
- Carlington Community Health Centre
- Centretown Community Health Centre
- City of Ottawa (Parks and Recreation, Integrated Neighbourhood Services, Neighbourhood Ambassador)
- Community Development Framework—Resident Leaders
- Eastern Ottawa Resource Centre
- Lowertown Community Resource Centre
- Nepean, Rideau, and Osgoode Community Resource Centre
- Options Bytown
- Orléans-Cumberland Community Resource Centre
- Ottawa Community Housing
- Ottawa Food Bank
- Ottawa Public Health
- Ottawa Salus
- Pinecrest-Queensway Community Health Centre
- Rideau-Rockcliffe Community Resource Centre
- Sandy Hill Community Health Centre
- Somerset West Community Health Centre
- South-East Ottawa Community Health Centre
- Vanier Community Support Centre
- Western Ottawa Community Resource Centre

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