

Sector Pandemic Planning Initiative Evaluation

November 2021

About the MARCO Study

The MARCO project is evaluating how local efforts responding to the COVID-19 pandemic serve people experiencing marginalization, and how these interventions can be improved. Changes in society to control the pandemic have affected everyone, but they place a particularly heavy burden on people who are marginalized.

We evaluated programs that support many communities who may be experiencing marginalization during COVID-19, including people experiencing homelessness, people with developmental disabilities, people who use drugs, and women who are experiencing violence. The MARCO Community Committee and Steering Committee chose the programs. The programs include:

- COVID-19 Isolation and Recovery Sites (CIRS)
- Encampment Outreach
- Substance Use Service (SUS) at the COVID-19 Isolation and Recovery Site
- Toronto Developmental Service Alliance's Sector Pandemic Planning Initiative (SPPI)
- Violence Against Women (VAW) Services

About this Report

This report is a brief summary of one of the MARCO Evaluations. This report highlights the key findings of the Sector Pandemic Planning Initiative (SPPI) evaluation. The final, full length report will be released in December 2021.

The views contained in this report do not necessarily express the views of any MARCO community partner, funding agencies, MAP, St. Michael's Hospital, Unity Health Toronto, the University of Toronto, or any other organization with which MARCO authors or project team members may be affiliated.

Suggested Citation

Durbin A, Isaacs B, and Holness L (Co-lead Authors), Ahmed U, Ren P, Conrad-Ferguson C, Warsame K, Nisenbaum R, Lunskey Y, Firestone M, Bayoumi AM. MARCO Sector Pandemic Planning Initiative (SPPI) Evaluation Brief Report. Toronto, Ontario: MAP Centre for Urban Health Solutions, St. Michael's Hospital. November, 2021. Available from https://maphealth.ca/wp-content/uploads/Sector-Pandemic-Planning_MARCO-Nov-2021.pdf

Acknowledgements

MARCO gratefully acknowledges funding from: the Temerty Foundation and the University of Toronto through the Toronto COVID-19 Action Initiative; the University of Toronto's Faculty of Medicine Equity, Diversity, and Inclusion fund; and the St. Michael's Hospital Foundation.

We would like to acknowledge the following people for their support: Don Walker and Ursula Rehdner for their overall guidance and input into all aspects of this project including but not limited to, development of the SPPI logic model that is guiding this work, development of the survey, recruitment of participants and editing of this report. We would also like to thank Mia Tremblay, Malcolm Bernstein and Martha McGrath for their input in developing the SPPI logic model and Veronica Pepper and Cassandra Fitzgibbon for input into shaping the overall project.

Land Acknowledgement

We wish to acknowledge the sacred land on which MAP and Unity Health Toronto operate. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. Today, the meeting place of Toronto is still the home of many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We are also mindful of broken covenants and the need to strive to make right with all our relations.

Website: maphealth.ca/marco Email: marco@unityhealth.to

What we did and what we learned

What was evaluated?

The COVID-19 pandemic has had large effects on people living with developmental disabilities, who get COVID-19 more often than adults who do not experience developmental disabilities. After a COVID-19 diagnosis, people living with developmental disabilities are hospitalized more often and have a higher rate of death. They also faced major disruptions in services due to the pandemic. These services support people with developmental disabilities in their daily lives in important ways. Some examples of services include:

- Residential programs
- Day programs
- Clinical services and supports
- Case management and service coordination
- Respite services
- Adult protection services.

In March 2020, developmental service (DS) agencies in Toronto created the Sector Pandemic Planning Initiative (SPPI). The SPPI is made up of staff from 28 agencies that provide services to people with developmental disabilities in Toronto, as well as Professor James Sikkema, McMaster University, and Cheryl Wiles Pooran and Brendon Pooran of PooranLaw. Its purpose is to address pandemic safety, labour guidelines, policies, training needs, and legal and ethical issues in developmental services arising from the pandemic. The resources developed by the SPPI are made available to agency management, staff, adults experiencing developmental disabilities and their families.

We evaluated the SPPI and also looked at how DS agencies were impacted by the pandemic. We created an online survey and interviewed managers and staff from the agencies involved in the SPPI. In this report we will share findings from the survey. We will share our interview results in future reports and presentations.

Our survey focused on these questions:

- How were DS agencies impacted by the pandemic?
- How did DS agency pandemic preparedness change from before the pandemic in March 2020 and during each of the three waves during the first year of the pandemic?
- How were the SPPI resources perceived?

We created 2 surveys, 1 for management and another for staff. We sent these to executive directors from 28 agencies participating in the SPPI, and asked that they distribute both version within their organization. Between April and June 2021, 53 staff completed the survey. Staff were support workers or they worked in case management, service coordination or allied health professionals. Staff worked with clients with developmental disabilities, including autism, Down Syndrome, high medical complexity, co-occurring mental illness and fetal alcohol spectrum disorder. Thirty-five people responded to the management survey, 12 were vice presidents, CEOs, or executive directors, 4 were directors, 13 were managers, and 6 were supervisors.

80% of staff rated pandemic response in the sector as “very good,” or “good,” during wave 3 of the pandemic. Staff and management reported that using more PPE helped them feel more prepared. The SPPI played an important role in making sure there was more PPE during the different waves of the pandemic.

What were the key findings?

Among the 35 people who worked in management, 63% worked at agencies where a COVID-19 outbreak had occurred.

80% of people who worked in management reported that staff had left or taken a leave from their agency since March 2020. 82% of management also explained that staff had left or had taken a leave of absence because they were working at two or more agencies at the same time. Working at multiple agencies at the same time was not allowed by the provincial government during the pandemic to limit the spread of disease across agencies. Other reasons for staff leaves of absence were high anxiety, stress or other mental health challenges, fears of exposure to COVID-19 while travelling to work, and more personal family and childcare duties.

Over time, both people who worked in management and direct support staff felt their agency was better able to address the pandemic:

- 54% of management reported that before March 2020 their agency had a pandemic plan, 29% responded that their agency had no plan, and 17% did not know if their agency had a plan.
- 14% of management described pandemic preparedness before March 2020 as "very good." 80% rated it as “very good” during wave three of the pandemic (February to April 2021).

- 23% of staff rated pandemic preparedness before March 2020 as “very good.” During wave three of the pandemic, 70% of staff rated preparedness as “very good,” and 19% rated it as “good.”

An example of improved preparedness was using more personal protective equipment, such as masks, face shields, goggles, and gloves.

Most people who work in management (77%) thought SPPI resources were helpful or very helpful. These resources likely helped staff and management feel more prepared for the pandemic.

Initial Recommendations & Future explorations

Establishing agency networks in specialized sectors seems like an effective approach to pandemic responses and preparedness. We recommend other sectors working with communities who experience marginalization consider a similar approach for emergency preparedness.

We will make more recommendations when we finish our qualitative analyses. Future analyses of the survey will break down responses by the management group to show different responses by management at DS agencies with unions. We will also look at differences among management who are supervisors or managers versus people who are higher-ranking decision makers in agencies.

The interviews will also tell us more details about how agencies responded to the pandemic, their operations, staff and client wellness supports, and how the pandemic exacerbated pre-existing issues related to marginalization for staff and clients.

Affiliations

Centre for Addiction and Mental Health: Yona Lunsky

Pegasus Toronto: Chelsea Conrad-Ferguson

Surrey Place: Barry Isaacs

Unity Health Toronto: Anna Durbin, Linn Holness, Uzma Ahmed, Rosane Nisenbaum, Kahiye Warsame, Ahmed Bayoumi, Michelle Firestone

University of Toronto: Ahmed Bayoumi, Anna Durbin, Michelle Firestone, Linn Holness, Yona Lunsky, Peri Ren, Rosane Nisenbaum