

Local Health Involvement Groups

Staying Healthy and Accessing Care: Public Perspectives of the Pandemic

Draft report prepared by Colleen Schneider, December 16, 2020

Background

- In spring 2020, the Winnipeg Regional Health Authority (WRHA) Board and Executive asked the Local Health Involvement Groups (LHIGs) to provide feedback on their experience during the COVID 19 Pandemic. Over 80 members of the public participated in this engagement process.
- They shared the challenges that they have been facing looking after themselves and their families, information that is valuable to them, what is helping them cope, their experiences accessing care, and recommendations. Across the six groups, the overall concerns and suggestions shared were consistent, recognizing that individual responses did vary for some questions. For example, the report indicates the average score for responses, but the members' answers are spread over a wide range of scores and some ranked very consistently low or high scores.
- This feedback will be used to inform the WRHA response to the pandemic as it continues and will identify how the region can improve its support for the public.
- A draft of the report was shared with the WRHA Board and Executive Council. It is being shared more broadly with tables including Regional Incident Command, the WRHA Communications Director, Primary Health Care, Public and Population Health, Director of Disaster Management at Shared Health, and others
- Over two meetings from early October to late November, the LHIGs received background information about the pandemic and the response, participated in an on-line poll, and provided their perspectives and suggestions virtually.

Summary of Report

This report provides a summary of what was said by the LHIG members sorted by theme with recommendations in each area. The themes addressed include:

1. Perspectives on the Pandemic – concerns, coping, and thoughts on COVID 19
2. Communication with the Public – information that is valuable to the public
3. Challenges for vulnerable, isolated populations at home, in personal care homes, assisted living, and hospital
4. Accessing health care – addressing fears and barriers
5. Barriers that many are experiencing when seeking care
6. Experience with virtual health care
7. COVID 19 Immunizations – perspectives and communicating with the public

1. LHIG members' perspectives about the pandemic – concerns, coping, and thoughts about COVID 19 response

- Information collected from the poll:
 - What are you concerned about now? On a scale of 1 (not at all concerned) to 5 (very concerned) please indicate how much of a concern the following are to you:
 - 4.4** Health care system becoming overloaded
 - 4.0** Impact on business
 - 3.9** Vulnerable family members
 - 3.6** Personal/family stress from confinement
 - 3.5** Uncertainty about the future
 - 3.2** Loss of routine/disruptions
 - 2.9** Your own health
 - 2.4** Financial stress
 - On a scale of 1 (not well at all) to 5 (very well) please indicate you are coping with reduced social interaction?
 - 3.5**
 - On a scale of 1 (not at all helpful) to 5 (very helpful) identify how the following helped you cope with the stresses of the pandemic in the early weeks
 - 4.0** Activity – walking, exercise, meeting virtually, etc.
 - 3.6** Supports – family, friends, counselling, services from organizations
 - 3.5** Information about the pandemic
 - 2.6** Resources – financial assistance, help with shopping, etc.

Concerns and perspectives shared during meetings

- Trust of the health care system is lost in terms of the direction that this is going
- Restrictions should have been put in place sooner
- (Decision-makers need to) understand that visitor restrictions create more harm than good, especially for those who are vulnerable.
- Need to address depression especially for those who are home bound, have lost their jobs, etc. The system will need to be ready for increasing mental health needs because of social isolation, family problems, etc.
- The level of care and accountability should be the same in all personal care homes. They should all be held to the same standard. A LHIG member shared that Riverview Health Centre has done an exemplary job of keeping the residents safe and connected to family.

2. Communication with the Public – information that is valuable to the public

- Dr. Brent Roussin is the only person I trust right now.
- Consistency of information to the public is very important. Sometimes there are differences in how things are reported – i.e. union perspectives versus WRHA perspectives.

- The public needs to be assured that the system is stable and is able to handle the volume of cases.
- There needs to be transparency about decision-making. When is the WRHA able to make a decision without the province and when isn't it?
- When is a decision about how to proceed political? When is it a public health decision?
- Would be interested in knowing what data, benchmarks, etc. are used to prompt a decision in visitor restrictions, elective surgery, public health orders, etc.
- Would like to know what the long-term plan is in responding to COVID 19
- LHIGs are interested in getting more information about where the cases are happening in terms of geography and the type of transmission and category. For example, cases by neighbourhood, by transmission in workplaces, schools, businesses, etc. Not just cases in personal care homes.

Suggestions from LHIGs to improve communication about COVID 19 with the public

1. Communication when you test positive for COVID 19 needs to happen more quickly.
2. Use social media to promote and share information and resources – there is very good information on the internet. It would be helpful to be told about it.
3. Share a breakdown of where transmissions are happening.
4. Make sure that information that people get from the testing sites is consistent with the information on the document that they give you.
5. Include the importance of wearing a face mask properly when advising the public to follow public health rules to reduce the transmission of COVID 19.
6. Information needs to be easy to understand and highly visual.
7. Provide data on the number of people who are in hospital that were at one-point positive for Covid 19 but who no longer test positive. That would make it more transparent – identifying the total number of people who are both COVID positive and who remain in hospital because they are recovering but not well enough to be discharged.

3. Challenges for vulnerable, isolated populations at home, in personal care homes, assisted living, and hospital

- This report does not include the additional burden and challenges faced by people who are experiencing homelessness during the pandemic.
- The populations that carry the burden of disease and are most impacted by COVID 19 face additional challenges as a result of the public health orders and visitor restrictions that impact the ability of family and others to help provide care, advocate on their behalf (when needed), and provide companionship.
- They could be living on their own, residing in a personal care home or assisted living, or receiving care in a hospital. They are isolated from their families and friends due to public health restrictions.
- Concern that some home care workers are helping out at personal care homes and then providing care to home care clients who are frail and have compromised immune systems.

- You can't provide physical contact. And now if you are not personal caregiver you cannot visit at all.
- Family makes such a difference when they are physically there to help with meals, etc. There is an overall positive impact on physical and mental well-being of a resident or patient.
- LHIG members provided feedback about restrictions on accompanying vulnerable family member to health care sites. At times, people are allowed to accompany but this is not consistent.
- Some individuals need a family member to accompany them because they are frail, there is a language/communication barrier, and/or they are unable to advocate for themselves.

My parents and in-laws were lonely and wanted us to continue visiting. It is hard to convince them it is for their safety.

I need help. I have reduced social interactions. My mobility continues to decrease, and my overall health is getting worse because I can't go to gym.

My mother-in-law resided at Middlechurch Home and didn't have COVID 19 but passed away because of it – loneliness. Is quantity of life more important than quality of life? It is difficult to understand the rationale for some of the restrictions.

My mother is in assisted living and there is some communication about rules, etc. but I want to know what they are doing to address loneliness.

Suggestions from LHIGs to address loneliness, increase communication, and enable virtual advocacy:

1. At least one person should be able to see family member at hospital or personal care home with personal protective equipment. There isn't a substitute for in person visits.
2. When someone has to seek care at an emergency department or urgent care centre and they need support, they should be allowed to have someone accompany them. (especially if they help with communication)
3. Encourage people to have a cell phone when they seek care at a hospital, etc. One LHIG member followed her husband through this emergency visit virtually (with a smart phone) and stayed connected and was able to provide support.
4. For those who are culturally isolated, experiencing language barriers, and family members are not visiting them, there should be someone on staff who can communicate with them.
5. Visitor restrictions (exceptions on compassionate grounds) – there needs to be a list of the residents/patients who are allowed a visitor. This needs to be somewhere central and available to staff at entrances.
6. Hospital or personal care home staff should provide family members with a phone number and name of staff to phone for updates.
7. Family members can send in information about what their family member's food preferences are and other information that they would want health care staff to know

8. Technology should be available (targeting those who can't afford to purchase) like iPads, iPhones, etc. and have staff or volunteers help if needed. Should consider that it could be too difficult and stressful for many residents or patients to use these devices without assistance.
9. The WRHA should look at what other jurisdictions are doing in terms of virtual visiting, virtual health care, etc.

4. Accessing Health Care – addressing fears and barriers

- Months ago, we were told by health officials not to delay seeing a doctor for care, and the negative ramifications of not getting care when needed. Have not heard anything on this recently.
- Information collected from the poll:
 - Have you ever decided not to seek care?
 - 55% Yes**
 - 45% No**
 - If you did not to seek care, identify all of the reasons why:
 - 44%** I want to preserve health care services for those who need care most
 - 64%** Because of fear – I am worried about getting Covid 19
 - 50%***for other reasons (concerns about timely access to diagnostics and other health services, navigating the system when you are blind, other barriers that people experience)

Many people are choosing not to access care right now when they need it and this can have negative impact on their overall health outcome.

I wouldn't go to emergency alone

Newcomers have a lot of fear of hospitals because of COVID right now. They feel that it's where people go to die.

The language being used now focuses on the overburden of the care system and this may cause fearfulness when people need to access care.

Suggestions from LHIGs to address the public's fear of accessing care:

1. Dr Roussin's daily briefings should include message to the public to seek care if they need to. That, yes there are challenges, but you should still seek care if you need to.
2. Messaging could be focused towards accessing safe health care or how accessing health care is safe. There are a lot of different options, etc. -- reach out if you need care.
3. People don't know what to expect. You should let people know what to expect in hospital situations, emergency departments, doctor appointments, surgery, etc.

4. Health care providers should be reaching out to their patients with chronic conditions to see how they are doing and connect with them, set up virtual appointments, etc.
5. Let the public know that Emergency wait times are short and provide information about the precautions sites are taking to keep things safe.
6. Settlement agencies should have written information in many languages to share with Newcomers and address fears of this community

5. Barriers that many are experiencing when seeking care:

- Having to navigate the system physically when you can't see. Physical distancing is almost impossible, and you can't hang around before and after appointments.
- What do you do when you can't wait in a car before an appointment or have to wait to be picked up after by Handi transit or a bus? You are not allowed to stay in the building. This will be a big problem in winter.
- Not everyone has a phone for health care staff to call you when you are waiting outside before your appointment.
- If I needed to get tested and I don't drive, I will have to stand and wait for hours outside. Many people can't do that.

Suggestions from LHIGs to address these barriers:

1. Encourage family doctors and other health care providers use Language Access if a patient has a language barrier. They have interpreters who are connecting virtually with patients and providers and their services are being requested more and more
2. There should be staff/volunteers to assist those who need support. They can be ambassadors who should also be able to provide emotional support.
3. Encourage patients to contact their health care provider directly to come up with a plan to address barriers for them.
4. Ensure that there is a plan to support those who are unable to stand for a long time who are accessing walk up testing because they do not drive or have access to a vehicle.

6. Experience with Virtual Health Care

- 65% of LHIG members had experience getting care virtually
- Almost all of these appointments were done over the phone*

*If you have received virtual care, please identify all of the different methods:

12%	On-line platforms like Zoom, Webex, or Microsoft Teams
93%	Phone
9%	Email
7%	Text
9%	Other

- Positives about virtual care experience
 - Very convenient
 - No exposure to COVID-19

- It was nice to not have to go into the doctor's office for something that could be dealt with over the phone.
- Negatives about virtual care experience
 - Inconsistencies with virtual doctor appointments – when it is booked for virtual versus in person appointment
 - I feel that you are not getting the same care or opportunity to discuss any symptoms
 - Doctor didn't get to listen to my lungs, seem to be more guessing
 - Not nearly as much human connection
 - Doctor couldn't physically see my area of concern so there was uncertainty about her assessment of it.

Equity issues

- I have chronic health problems and really have to fight for doctors to listen and take me seriously. I worry this will be more difficult over the phone.
- Can be difficult to understand if English isn't your first language – providers should speak clearly and accentuate.
- Virtual care can be very positive, but it needs to be accessible for all.
- There is still a segment of the population that do not have phones. Some primary care clinic sites are open/triage at the sites with a bank of phones so that people can speak to provider over the phone. They can also use iPads and computers.
- Thunderbird House testing site is not appointment based so that people can just walk up for an appointment.

Suggestions from LHIGs to improve virtual health care experience

1. There needs to be consistency so that there is trust in this process – like guidelines when to use virtual care versus in person
2. Provide opportunities to share information prior to the appointment – Manitoba Clinic has a form that you can fill out before an appointment (could also include photos/video to show issue of concern)
3. Provide information that appointment is private and confidential
4. Encourage health care providers use Zoom or other on-line platforms instead of just the phone.
5. Have information similar to what was shared in this CBC story --
https://www.cbc.ca/life/wellness/a-doctor-s-advice-for-how-to-get-the-most-out-of-your-virtual-health-appointment-1.5554641?cmp=newsletter_CBC%20Life%20Newsletter_1229_27365
6. Build on tele-health and virtual care for chronic disease like diabetes, in which you can share data (telemetry) about your blood pressure, blood sugar levels, etc. with your health care provider on-line
7. Must continue to work on enabling patients to have on-line access to their health care records. This would be helpful with virtual appointments as well

7. COVID 19 Immunizations – communication with the public

Perspectives and concerns

- How are we going to manage line-ups in -30C weather?
- Getting the immunized is about others too. It's for those around you.
- We cannot expect buy in on any level from a public who does not actually understand what is happening. Messaging needs to be clear, concise and out there in an accessible way for everyone.
- Concern that people might get too relaxed once there's a vaccine; which is scary. We still have to take precautions
- Since 65 to 70% of the public has to be successfully vaccinated to achieve herd immunity, education should start immediately in order to make the best use of the time available before effective vaccines become available.
- It important to keep in mind that there is opposition to mandating any health procedure, especially a novel vaccine who effects have not been fully tested in vulnerable populations.

Suggestions from LHIGs to educate the public and increase vaccine take up by the public

1. There should be clear messaging about who will be getting the vaccine COVID 19 first (as in vulnerable populations first, health care workers, etc.) and that we need to still be social distancing and using masks until enough people are vaccinated to make it safe to eliminate those fundamentals
2. Post on-line listing of where people can get the vaccine.
3. Information about the vaccines, including adverse effects, needs to be available to the public.