

RESPONDING TO COVID-19 TRANSPORTATION CHALLENGES

Videoconferences with ATS Service Providers

Medically At-Risk Driver Centre

Department of Family Medicine, University of Alberta

Bonnie M Dobbs, PhD
Emily Hussey, BSc



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Family Medicine



MARD
Medically At-Risk
Driver Centre

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Executive Summary

In April 2020, the MARD Centre hosted 23 videoconferences with Alternate Transportation for Seniors (ATS) service providers and Family and Community Support Services (FCSS) organizations throughout Alberta to gain an understanding of how these organizations were impacted by and responding to the COVID-19 pandemic. The purpose of these videoconferences was to:

1. Identify the ATS services for seniors and people with mobility issues during COVID-19, and
2. Strengthen coordination among ATS providers, FCSS, and other community resources during the COVID-19 pandemic.

Twenty-one videoconferences were held in the five Alberta Health Services Zones with not-for-profit ATS service providers and FCSS organizations. Two videoconferences were held with for-profit ATS service providers in the northern and southern regions of the province.

In all videoconferences, three key areas were the focus for discussion:

1. Responding to demand for ATS services,
2. Managing the health and safety of clients and drivers, and
3. Strengthening coordination with other ATS service providers, FCSS, and other senior-serving organizations.

All videoconferences were recorded and transcribed to enable analyses of major themes.

Key Area #1: Responding to Demand

We heard that there was a significant decrease in demand for ATS services. Participants shared how they had suspended their service, continued their service with health and safety modifications, and/or adapted their service to provide delivery of essentials. For those that continued to provide transportation services, the focus was on providing medical and essential transportation. Participants also shared their concerns about an influx of demand for transportation once restrictions were lifted.

Key Area #2: Health and Safety

For health and safety, there was variability in the health and safety protocols that the ATS service providers had in place. There also was variability in service providers' ability to access personal protective equipment. Participants also shared concerns about the health and safety of their clients and of their drivers as both groups were often in higher risk categories due to age or health conditions. We also heard of increasing concerns about the impact of the pandemic on clients' mental health.

Key Area #3: Strengthening Coordination

An important piece of coordination was the level of communication between ATS service providers, FCSS organizations, and other senior-serving organizations. There was variability in both the quality and quantity of communication, which led to variability in the quality and quantity of coordination. While some participants shared how there was a lack of communication and coordination, other participants shared how there was good coordination underway. Irrespective of the type of communication, there was a consistent understanding and appreciation of the importance of coordination.

Post-Videoconference Survey

Following the 23 videoconferences, follow up surveys were sent to participants to gather feedback on the content and the opportunity to share information on the three key discussion areas. The majority of participants found the opportunities to share information helpful, and a majority of participants also learned new information as a result. We also heard that, because of the videoconferences, some participants formed new connections that enabled the enhancement of their service delivery.

Conclusion

While the COVID-19 pandemic and the subsequent restrictions have presented unprecedented changes and challenges, the feedback from our videoconferences served to highlight the various ways in which participants were adapting their services and developing solutions to meet the needs of their seniors. The MARD Centre wishes to acknowledge the great work that all the ATS service providers, FCSS organizations, and other senior-serving organizations are doing to support seniors throughout Alberta.

Acknowledgements

The MARD Centre wishes to thank the Ministry of Seniors and Housing, Government of Alberta for all of their support in this project. The MARD Centre also wishes to thank Anne Smith of J. A. Smith Research and Consulting Services Inc. for facilitating these videoconferences and for her support throughout this project.

Background

Medically At-Risk Driver Centre

The Medically At-Risk Driver (MARD) Centre is a research and knowledge translation centre at the University of Alberta. Much of MARD's research focuses on enabling the transportation safety and mobility of older adults and those with mobility challenges. Over the years, MARD also has supported the important work of Alternate Transportation for Seniors (ATS) service providers throughout urban and rural Alberta.

COVID-19 in Alberta

The arrival of COVID-19 in Alberta resulted in unprecedented changes in the everyday lives of all Albertans. The first case of COVID-19 in Alberta was announced on March 5, 2020. On March 12, 2020, the Chief Medical Officer of Health, Dr. Deena Hinshaw, issued the first of many public health orders restricting gathering sizes and on March 17, 2020, the Government of Alberta declared a public health state of emergency. In the following weeks, several restrictions were put in place further limiting gathering sizes and requiring the temporary closures of non-essential businesses and services. While the restrictions were necessary to slow the spread of the novel coronavirus, they undoubtedly had negative impacts on individuals, businesses and organizations, and communities. Of particular concern was the impact of the COVID-19 pandemic on ATS service providers as they continued to provide access to essential services such as grocery shopping and medical appointments for older adults in Alberta.

Timeline of COVID-19 in Alberta Leading Up to, During, and Immediately Post-Videoconferences

Date	Details
March 5, 2020	Alberta announces the first case of COVID-19 in Alberta. Note: Retroactive tests determined the first case to be February 24, 2020.
March 12, 2020	Government of Alberta prohibits gatherings of more than 250 people.
March 16, 2020	Government of Alberta announces the closure of all daycares, out-of-school care, schools, and post-secondary institutions.
March 17, 2020	Government of Alberta declares a public health state of emergency and announces the closure of public recreational facilities, private entertainment facilities, bars and nightclubs. Gatherings are now restricted to 50 people.
March 19, 2020	Alberta announces the first COVID-19 death in the province.
March 25, 2020	Government of Alberta passes a health order requiring any confirmed case of COVID-19 to isolate for a minimum of 10 days and any person entering Alberta from international travel and/or is a close contact of a confirmed case to quarantine for a 14-day period.
March 27, 2020	Government of Alberta announces additional restrictions requiring all non-essential businesses to close. Gatherings are now restricted to 15 people.

Date	Details
April 6, 2020	Dr. Hinshaw recommends the use of non-medical face masks in situations that pose difficulty to physical distancing.
April 14, 2020	Government of Alberta announces it is working to source and distribute personal protective equipment to non-AHS groups and organizations in need.
April 30, 2020	Government of Alberta announces details of its relaunch strategy.
May 3, 2020	Government announces the resumption of non-essential health services.
May 14, 2020	Stage 1 of Alberta's relaunch strategy begins with certain businesses and services permitted to reopen. Gatherings are now restricted to 50 people.

Current Project

This report details the findings from videoconferences conducted in April of 2020. This project was undertaken to gain an understanding on how ATS service providers were responding to the changes and challenges brought on by the COVID-19 pandemic and if there were ways to strengthen coordination amongst ATS service providers, Family and Community Support Services (FCSS), and other senior-serving organizations to better support vulnerable Albertans' access to essential services.

Project Methodology

Purpose

The purpose of these videoconferences was to:

1. Identify the demand for alternate transportation services (ATS) for seniors and people with mobility issues during COVID-19, and
2. Strengthen coordination among ATS providers, FCSS, and other community resources during the COVID-19 pandemic.

Methods

Participants

Videoconferences were held in April 2020 with identified not-for-profit and for-profit ATS service providers and FCSS organizations throughout Alberta. Not-for-profit and for-profit ATS service providers were identified using MARD’s existing database of service providers in Alberta. FCSS organizations were identified using existing contact lists and were included in the project if they had an ATS service provider within their jurisdiction.

In anticipation of differences in challenges experienced, participants were divided into not-for-profit and for-profit groups. Participants from not-for-profit organizations (e.g., ATS service providers and FCSS) were first divided into the five Alberta Health Services zones (e.g., North, Edmonton, Central, Calgary, and South) and then into smaller regional groups. For-profit participants were divided into two regional groups (e.g., North/Edmonton and Central/Calgary/South). In total, 23 videoconferences were held.

Not-for-Profit Groups					For-Profit Groups	
North Zone	Edmonton Zone	Central Zone	Calgary Zone	South Zone	North/Edmonton Zones	Central/Calgary/South Zones
5 groups	3 groups	6 groups	3 groups	4 groups	1 group	1 group

A total of 142 individuals participated in the videoconferences: 125 of these individuals were from not-for-profit organizations and 17 were from for-profit ATS organizations. While ATS service providers and FCSS organizations were our target participants, individuals from other organizations (i.e., seniors centres and municipal staff) that were identified by our participants also participated in our videoconferences.

Videoconference Content and Format

All videoconferences followed the same structure. A workbook was provided to all participants prior to participating in the videoconferences. This workbook served as the discussion guide to the videoconferences and contained important background information (e.g., purpose of the videoconferences and assumptions) and three key areas for discussion.

ASSUMPTIONS

- All directives issued by the Chief Medical Officer of Health related to COVID-19 will be consistently followed.
- Maintaining the health of seniors and of service providers requires keeping pace with and following best practices related to health and safety protocols.
- Transportation related to essential medical services and access to basic needs is the priority for ATS service providers.
- ATS service providers are open to working with others and to providing services such as the delivery of essential goods to support seniors and others with mobility challenges during the COVID-19 pandemic.
- Delivering critical community supports during the COVID-19 pandemic will help seniors and people with mobility challenges maintain their health and prevent illness and hospitalizations.

During the videoconferences, the facilitator began by welcoming participants and reviewing the important background information. For the key discussion areas, the facilitator would ask each question and then call upon each participant individually to share their response. While all videoconferences contained the three key discussion areas, some additional questions and probing occurred depending on the nature of participant responses. This allowed for clarification and the identification of additional concerns. At the conclusion of the videoconferences, participants were also asked whether there was anything more that could be done to help their organization address the needs that were identified in the videoconferences.

THREE KEY AREAS FOR DISCUSSION

1. Responding to demand for ATS services,
2. Managing the health and safety of clients and drivers, and
3. Strengthening coordination with other ATS service providers, FCSS, and other senior-serving organizations.

Data Analyses

All videoconferences were recorded and transcribed for analyses. The transcripts were then analyzed using a thematic analysis approach described by Braun and Clarke (2006)¹ in which transcripts are analyzed first for smaller units of meaning (codes) and then organized into broader themes. Using this approach, three coders reviewed the transcripts and generated codes independently. Codes were then compared and revised as needed to ensure congruency. Following this, broader themes were developed through an iterative process of organizing and categorizing the codes. Following the identification of major themes, the transcripts were also analyzed for changes in responses as a function of time.


Following the 23 videoconferences, a follow up survey was sent to participants to gather feedback on the value of the content and opportunities to share information.

This research project was reviewed and approved by a Research Ethics Board at the University of Alberta (Pro#0009935).

¹ Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. doi:10.1191/1478088706qp063oa

Key Area #1: Responding to Demand

For the first key area on responding to demand for ATS services, we asked participants:



What demands are you experiencing for ATS services for seniors and other vulnerable Albertans during the outbreak of COVID-19? Are you able to meet this demand?

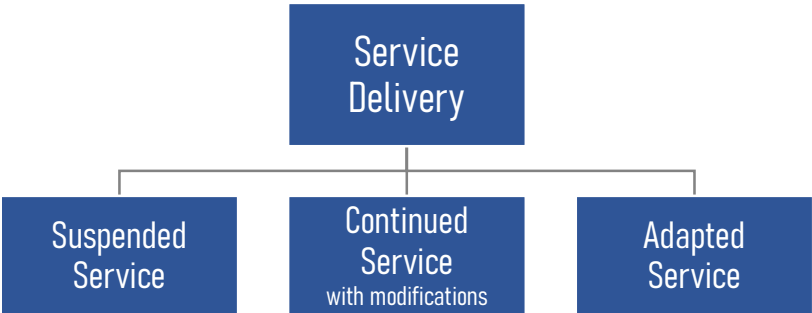
- If yes: Why is this the case?
- If no: What concerns/issues/challenges are you experiencing?

For the majority of participants, demand for ATS services decreased significantly as a result of the COVID-19 pandemic due to the subsequent restrictions requiring the temporary closures of programs and services. A small number of participants reported consistent demand for transportation, primarily for essential medical transportation (e.g., chemotherapy, dialysis).

While the first key area focused on identifying the demands for ATS services, participants' responses focused on the ways in which their service had changed because of the decreased demand due to restrictions and protocols. As such, the major theme identified through the thematic analysis for this key area was Service Delivery.

Service Delivery

Three categories of changes in service delivery were identified through the thematic analysis: Service providers either 1) suspended their service, 2) continued their service with health and safety modifications, or 3) adapted their service to provide delivery of essentials such as groceries and prescriptions.



Suspended Service

For ATS providers who suspended their service, we heard that it was primarily due to a lack of demand or due to health and safety concerns.

The lack of demand for transportation services was due to the closures of programs and services such as the cancellation or postponement of medical appointments, closures of non-essential businesses, lockdowns of continuing care facilities, and restrictions on recreational and social activities. Some ATS providers were forced to suspend their service due to the nature of the transportation service being provided (e.g., group social outings).

Health and safety concerns included concerns for the health and safety of clients and drivers, an inability to adhere to health and safety protocols, and/or an inability to secure cleaning supplies or personal protective equipment. As such, participants made difficult risk management decisions and chose to suspend their service.

Unfortunately, for some ATS providers, the suspension of their service proved to be permanent. As the pandemic progressed, a few not-for-profit and for-profit ATS service providers throughout the province shut down.

Continued Service

For ATS providers who continued to provide service, we heard there was a significant decrease in demand due to closures of programs and services. ATS providers primarily focused on providing essential (e.g., grocery shopping, prescriptions) and medical transportation. For some ATS providers, this meant reducing the scope of their service.

While continuing to provide service, ATS providers shared the ways in which they had modified their service to adhere to health and safety protocols. For example, ATS providers were limiting occupancy in larger vehicles to allow for social distancing. Other ATS providers, with smaller vehicles, were only transporting one client at a time. Some ATS providers also changed their service from a door-through-door to door-to-door service. A small number of ATS providers modified their service by expanding their operating hours, service areas, or eligibility criteria. This was primarily due to decreased demand allowing ATS providers the capacity to serve additional clients. ATS providers also modified their operating hours to ensure their clients were able to take advantage of businesses' early morning senior shopping hours.

“We temporarily shut down because we were not able to be safe. We didn’t have any masks or any of that.”

“The driver wasn’t comfortable with some of the passengers he was taking and there was no way of protecting him, and so we suspended services.”

“The only way to manage risk 100% is to suspend the service.”

Adapted Service

Some participants adapted their ATS service by transitioning from transporting clients to delivering essentials such as groceries, prepared meals, and prescriptions. Participants shared how they had partnered with the local grocery stores or food banks to ensure groceries and hampers were delivered to those in need. Participants also shared the safety precautions that were taken when providing deliveries such as ensuring no-contact by leaving the deliveries on the doorstep.

Ability to Adapt

While exploring the potential for participants to adapt their services, it became clear that there was variability in participants' willingness and ability to adapt their service. Some ATS providers were unable to adapt their service due to limited capacity (e.g., financial and manpower). As such, these providers focused on their ability to fulfil their mission of providing safe transportation for their clients. For other ATS providers, while there was a willingness to adapt and a desire to help, there were challenges to resolve and barriers to overcome. For example, for some ATS providers, there simply was no demand for them to adapt to a delivery model due to pharmacies and grocery stores in many communities already providing delivery. Grassroots volunteer groups were also stepping up to provide delivery of essentials. For other ATS providers, there were significant logistical, financial, and viability concerns to be addressed. Participants expressed concern about whether their adapted service would be used and how they would get the word out to the community that the service was available.

“At every corner [...] you come up with a great idea and then you kind of are faced with a small little hurdle that you just have to overcome. So that's what we're faced with right now.”

“[We have] a second shuttle bus at our disposal, but we haven't gone through the insurance purposes and the legalities if we were to do a shuttle service, trying to drive people through to their appointments. The cost benefit, the logistics, could we do it...”

COMMUNITY RESPONSE

Several participants shared the ways in which the businesses, organizations, and individuals in their communities were stepping up to take care of each other. We heard of many grassroots volunteer groups stepping up to provide transportation or delivery of essentials. We heard of other businesses, such as tow-truck companies, adapting to deliver groceries. Neighbours, family members, and faith groups also stepped up to take care of the community. For some communities, there were more volunteers than the demand for their assistance and so volunteers were shared across organizations or programs. Many participants shared how their volunteers were recruited to do check-in phone calls with clients.

“We’re so very fortunate that all our businesses in town have really stepped up to the plate. And we’re really, not just FCSS, not just the town employees, but our whole community is really looking after each other, so that in itself has just been amazing.”

Adapting Other Services

Service adaptations were not limited to ATS service providers. With FCSS and other community organizations participating in the videoconferences, we heard about the various ways in which their programs and services also were adapted to adhere to health and safety protocols. For example, medical clinics, counselling services, as well as fitness and recreational programming transitioned to being delivered over the phone or online through videoconferencing platforms.

Barriers to Adapted Services

Service adaptations, such as delivery services and online programming, provide additional safety by reducing and eliminating in-person interactions. However, they are not without their limitations and participants highlighted the barriers to these adaptations. For example, online programming requires not only computer and internet access, but also requires a level of technological literacy to use the videoconferencing platforms. Computer and internet access were of particular concern in rural and remote areas of the province and for those with limited incomes. In areas where online grocery shopping and delivery were available, it was not only the computer and internet access that presented barriers, but the requirement of using a credit card for payment as some older adults do not have credit cards.

BARRIERS

Computer and Internet Access

Technological Literacy

Credit Card or Debit Card Payments

While not all barriers were able to be addressed, some participants shared the ways in which they were working towards solutions in their communities. For example, some participants had their drivers doing the grocery shopping and delivery. As such, clients would leave the payment in their mailbox. Other participants were working with grocery stores to enable clients to call in their grocery orders over the phone. One participant shared how they were working with a business to use their portable terminals so clients could pay by debit.

Influx of Demand for Transportation

Regardless of how the participants had changed their service delivery in response to the COVID-19 pandemic, we heard ongoing concerns about a potential influx of demand for transportation once restrictions were lifted. For some ATS service providers, they felt prepared to handle the surge in demand. For others, there was considerable concern.

“When this gets back to whatever the new normal is, I think we’re going to see a real surge because people have put off these medical appointments that they need.”

Key Area #2: Managing Health and Safety

For the second key area on managing health and safety, we asked participants:



How are you managing the health and safety of drivers as well as the people being driven?

Four major themes were identified through the thematic analysis:

- Health and Safety Protocols
- Supplies and Personal Protective Equipment (PPE)
- Concerns for Client and Driver Health and Safety
- Mental Health

Health and Safety Protocols

In our videoconferences, we heard that there was variation in the health and safety protocols that ATS service providers had in place from no protocols, to informal protocols, to formal protocols.



For participants who did not have protocols in place, this was often the reason behind the decision to suspend their service. For some participants, they felt they were unprepared and were unable to implement and adhere to the protocols required to keep both clients and drivers safe. For participants with protocols in place, the protocols varied in terms of detail and extensiveness. Some participants had informal protocols that had not been formalized and documented into a manual. Participants felt they had confidence in their drivers' ability to follow provincial and federal recommendations. For participants with formal protocols, these were often documented in a manual. For example, some participants had been involved in pandemic response preparedness workshops and had developed differing levels of protocols to address varying levels of pandemic severity.

Examples of Protocols

- Enhanced Cleaning and Disinfecting
- Social Distancing
- Limiting Occupancy in Vehicles
- Screening Clients, Drivers, and Staff
- No Contact Deliveries
- Eliminating Cash Fares
- No Physical Assistance from Drivers
- Requiring Approval to Transport Clients

Despite having enhanced health and safety protocols in place, we heard that there were some circumstances in which ATS providers were unable to adhere to those protocols. For example, drivers were unable to adhere to social distancing when assisting clients with mobility issues (e.g., using the wheelchair lift and securing the client’s wheelchair). For volunteer driver programs that rely on personal vehicles, there were significant concerns about the lack of social distancing. Difficult risk management decisions were made with some service providers choosing to suspend their services. Other participants continued to provide transportation for essential medical trips (e.g., dialysis, chemotherapy) while ensuring drivers had appropriate PPE.

“It’s really difficult for [drivers] to keep that social distancing when you’re working with people with mobility issues and pushing wheelchairs. So, you do need the protection for your drivers and teach them how to use it properly because they are pushing wheelchairs and you can’t stand six feet from somebody a little wobbly, going up some stairs or walking into a Handibus.”

When asked about where ATS providers were finding information for their health and safety protocols, we heard that ATS providers were relying on government sources and the expertise of their staff (e.g., Occupational Health and Safety officers, registered nurses, etc.).

SOURCES OF INFORMATION

- Alberta Health/Alberta Health Services
- Government of Canada/Health Canada
- Staff Expertise

Supplies and Personal Protective Equipment

Accessing supplies and personal protective equipment (PPE) was a significant issue raised by a number of participants during the videoconferences. There was wide variability in what supplies and PPE the participants had available to them from not having any supplies or PPE to having all the necessary supplies and PPE for the safe operation of their service.



Due to shortages and disruptions in the supply chain, we heard from some participants that they were unable to or had significant difficulty accessing disposable masks and gloves, hand sanitizer, and disinfectant solution and wipes. As mentioned, for some ATS providers, the lack of supplies and PPE resulted in decisions to suspend services. Other ATS providers began relying on alternatives, such as cloth masks. This became increasingly common as the recommendations surrounding the use of non-medical masks changed, with Dr. Hinshaw officially recommending their use on April 6, 2020.

“Every time we all go to the grocery store, we’re always looking [for supplies/PPE] but there’s nothing on the shelves.”

For participants who had some or all the supplies and PPE required, we heard that this was due to having supplies on hand prior to the pandemic, being able to source supplies prior to the major shortages, and/or donations from the community or from personal connections. Some participants were sharing and redistributing supplies across their many programs. For example, with some home care programs being suspended, supplies were being redistributed to the transportation program. However, regardless of whether participants had supplies and PPE, there were ongoing concerns about running out and being able to access more supplies.

“For our area, we’re just getting sanitizer into our area right now. We actually had to become very creative because the rubbing alcohol and the aloe vera was also off the shelves. So, we went as far as getting the Everclear alcohol and making our own sanitizer because we have not had any [sanitizer] in our area. We were lucky to have had gloves on hand from previous programming, but we started running low on those and we don’t have access to masks unless they are handmade. So, we are not in a position where we feel comfortable enough to say we’re okay with safety supplies.”

Concerns for Client and Driver Health and Safety

Client Health and Safety

The health and safety of clients was a significant concern for videoconference participants. Clients were often older adults who had health conditions which put them at higher risk. As one participant stated, “A lot of our clients are already at risk [...] I mean, we don’t take anybody that’s healthy to start with.”

“Clientele is largely at-risk, and so we just don’t want to increase that risk.”

As such, risk management decisions led to both voluntary and mandatory “stay-at-home” orders. For example, some clients made the voluntary decision to stay at home out of concern for their own health and safety. Continuing care facilities enacted mandatory lockdown orders to reduce the risk of outbreaks. For some participants, they also were not willing to increase the risk to their clients by providing transportation services. As such, some providers limited or suspended their services and encouraged clients to stay home. However, we heard from participants that there was an important balance between managing risk by staying home and maintaining mental health. The trip to the grocery store or pharmacy often are not only essential trips for older adults, but also are means of socialization. As such, for some participants, it was important to continue to provide transportation to allow clients time out of the house. Participants also shared concerns over not only the physical, but the psychological effects of delayed medical appointments and treatments.

“I’ve had quite a few concerned seniors calling, regarding medical appointments that have been cancelled, surgeries that have been cancelled, fearing that they’re going blind because they’re not getting the surgery they need. So, it’s definitely taken its toll on many of the seniors...”

Participants also shared the importance of providing education to their clients on health and safety protocols and PPE. For protocols, some providers shared how they had challenges explaining the difference between essential and non-essential services particularly when it meant the ATS provider was reducing their scope of transportation from all trip types to essential only. For PPE, providers shared the importance of providing current and accurate information with regards to mask use and hand hygiene.

Driver Health and Safety

Participants also shared significant concerns for their driver’s health and safety. Similar to clients, drivers tended to be older adults, some with health conditions, putting them into the higher risk category. As such, there was variability in a driver’s willingness to continue transporting clients during the pandemic. Participants shared how some of their drivers were no longer comfortable driving and had made the decision not to drive out of concern for their own or their family member’s health.

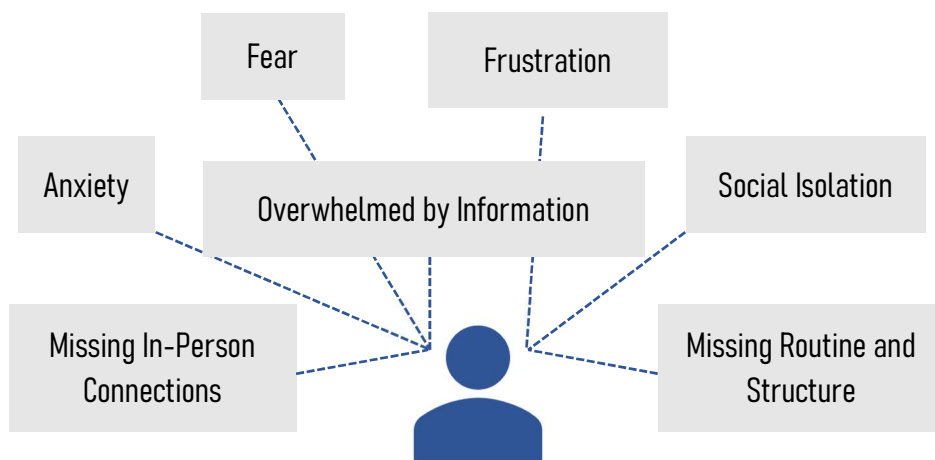
“The driver wasn’t comfortable with some of the passengers that he was taking and there was no way of protecting him, and so we suspended services.”

Other participants shared how it was their own concerns for their drivers that led them to ask their drivers to stay home and/or suspend the service altogether. Participant concerns also included their ability to prepare and protect their drivers by providing training and PPE.

“I guess it was probably a lack of being prepared, and even to provide any training to our drivers in the area of COVID-19. I mean, we do have sanitizing practices and things like that, but probably not to the degree that we should have. But it's also having the drivers trained on their protection. And we were unable to secure any masks or anything like that for our drivers.”

Mental Health

As the weeks progressed, we heard growing concerns about the impact of the pandemic on people’s mental health. Participants voiced concerns about the increasing number and severity of mental health issues either due to the pandemic or exacerbated by the pandemic.



Participants shared how their clients were experiencing anxiety, fear, and uncertainty about COVID-19 and its impacts on daily and future life. Particularly in the early days of the pandemic, the information and recommendations around COVID-19 were changing almost daily, leading some participants and clients to feel overwhelmed. For some clients, they expressed frustration with ongoing restrictions and protocols. Not surprisingly, we also heard significant concerns about the increasing social isolation of clients and how they were missing those in-person connections. For many people, their usual routines and structure were significantly disrupted by the COVID-19 pandemic.

“I think there’s a lot of fear because there’s so much information going around. People are a little bit overwhelmed with what they should and shouldn’t do. Some people think they shouldn’t even leave their house.”

Participants shared how their clients were no longer able to attend their usual programs, and the lack of daily schedule and structure left them feeling lost. This was of particular concern for clients who were normally active and engaged in their communities.

“These people who are normally active and quite engaged in their community, they're going to their senior centres, they're driving to their appointments, they're going to the grocery store, they're seeing friends, they're the ones now [that I'm concerned about] because they're not used to being by themselves.”

In addition to mental health issues, we also heard concerns about caregiver, staff, and volunteer burnout. As a result, a number of participants had implemented regular staff check-ins and contingency plans for service delivery if burnout became an issue.

TRANSPORTATION AND SHELTER FOR VULNERABLE INDIVIDUALS

Participants also raised concerns about increases in domestic violence and elder abuse, as well as the need to provide safe transportation and shelter for those fleeing abusive situations or those experiencing homelessness or housing insecurity. For some communities, they opened alternate shelters as none were available locally or developed contingency plans to transport individuals to larger urban centres. For other communities, transportation and shelter for vulnerable individuals was an ongoing concern with solutions yet to be developed.

Checking in with Clients

In response to the concerns for clients' mental health, many participants shared how they had implemented regular check-ins with clients to assess their mental health and need for supports, resources, or referrals. Due to the restrictions, we heard how participants were using a variety of ways to connect with clients through phone calls, written materials, and online programming. For example, participants were using phone trees or program lists to check in on clients. Participants also transitioned their programming to online platforms. We heard of virtual fitness classes and counselling services. We also heard of participants relying on print materials on coping strategies and resources that were distributed through the mail or with meal deliveries. Some participants had also put together wellness kits for individuals and families that contained activities, coping strategies, as well as contact information for additional resources and assistance. Other participants had initiated socially-distanced outdoor visits.

Key Area #3: Strengthening Coordination

For the third key area on strengthening coordination, we asked participants:



Are there ways to coordinate efforts and resources among ATS providers, FCSS, and other organizations in the community to support seniors and people with mobility challenges to access essential supports and services and/or use collective resources to support these groups in other ways during the pandemic?

For strengthening coordination, two major themes were identified in the thematic analysis:

- Information and Communication
- Coordination

Information and Communication

While conducting the thematic analysis, it became apparent how important information sharing and communication was to our participants, particularly so during the COVID-19 pandemic. We heard of the importance of sharing accurate and up-to-date information, particularly when communicating with clients. We also heard of the importance of communication across service providers.

Communication to Clients

Communicating to clients was a theme that appeared throughout our videoconferences and overlaps with other themes identified in our analysis. For example, the importance of communication to clients was identified when participants were modifying their service or exploring the potential and viability of adapting their services. ATS service providers spoke of the potential challenges in getting the word out to their clients that they were offering delivery services. Communication to clients was also identified when participants were speaking on the topic of health and safety. For example, participants shared how they were taking on an education role as they shared information on protocols and restrictions with clients. As mentioned in the previous section on mental health, participants also shared how they were checking in with clients to assess their mental health and need for supports. In an effort to reach as many clients as possible despite the restrictions, participants were using several different methods to communicate with their clients:

- Phone Calls
- Social Media/Websites
- Written Materials
- Online Programming
- Emails
- Posters & Signs

Barriers to Communicating with Clients

Participants recognized the potential barriers with some of the methods they were using to connect with clients. Similar to the barriers to adapted services, technology barriers were a primary concern. For organizations relying on online means of communication, computer and internet access as well as technological literacy were identified as barriers. We also heard of unique scenarios in which language barriers prevented certain populations from receiving important information on the pandemic.

BARRIERS

Computer and Internet Access

Technological Literacy

Language

To address some of these barriers, many participants shared how they were relying on several different means of communication in hopes of addressing some of the barriers and reaching as many clients as possible. It was clear that participants were very aware and proactive in their efforts. As mentioned, clients were using phone calls, emails, social media, and written materials. We also heard that some participants had put up posters and signs or taken ads out in the newspaper as a means of reaching their clients. Participants were also connecting with their partner organizations and community groups to reach more clients. However, there were still ongoing concerns about clients falling through the cracks, primarily those who relied on walk-in services.

"I'm worried really about the people that I used to see that just walked into our office. And I don't know where those people are going and I'm so worried about them falling through the cracks. And some of them are seniors who don't have cell phones and they don't have technology because they just don't have the income to support that."

ACCURACY AND CLARITY OF INFORMATION

Particularly in the early days of the pandemic, there was a lot of uncertainty about COVID-19. Recommendations were changing daily as new information was discovered. Some participants and their clients felt overwhelmed by the amount of information, resulting in some confusion about protocols and restrictions. For example, the recommendations on the use of non-medical masks changed significantly as the pandemic progressed. As such, there were ongoing concerns about the accuracy and clarity of the information being shared and whether the information was the most up to date.

Communication Across Service Providers

When asked about how participants were coordinating with other ATS providers, FCSS, and other senior-serving organizations, we heard about the importance of good communication. It became apparent that there was significant variability in the quantity and quality of communication across organizations. Some participants expressed concerns about a lack of communication, while others shared that there was some communication but that it could be improved. A few participants shared how it was a work in progress. For other participants, they shared how they were engaged in regular communication with others through phone calls, emails, and virtual meetings.



For some participants, we heard they were relying on existing relationships and mechanisms to communicate with other organizations such as their interagency groups or their municipal Emergency Operations Centres.

VALUE OF CONNECTING AND SHARING INFORMATION

One theme we heard consistently throughout our videoconferences was the value of connecting and sharing information across agencies and organizations. We heard from participants that through their communications with others and through our videoconferences, they were able to see how other participants were responding to challenges and developing solutions. For example, one participant shared with others about how they were able to form a partnership with the local grocery store to provide delivery to their clients. Others shared the ways in which they were addressing some of the barriers to online shopping and online programming. This information sharing was important to participants as it not only allowed them to learn about solutions and best practices, but it also provided them with an opportunity to share their struggles and feel supported.

"I think just that communication piece is really key to make sure everyone's coordinating their services and their efforts and keeping the message out there that there's supports available for people."

"I really appreciate this call because it's - I'm not feeling alone. I feel that everybody is in the same situation as I am and there is going to be an end to this and we're going to be busier than ever [...]. So, if I do need some help, I know that I can lean on the rest of the transportation companies."

Coordination

Akin to the communication across service providers, coordination amongst service providers also varied in terms of quality and quantity from no coordination to a high degree of coordination.



For some participants, there was a lack of coordination in their communities which sometimes resulted in a duplication of efforts or services. For other participants, there was some coordination underway with it either being in its early stages or a work in progress with some challenges to be overcome. Some participants felt that while there was some coordination, there was always room for improvement. We also heard from some participants that there was a high degree of coordination already in place in their communities and regions. For example, some communities had municipal or regional task forces met on a regular basis with the goal of bringing together various agencies and organizations to address specific issues such as food, shelter, transportation, and mental health.

"Well, not only during this crisis but you know overall I find that unfortunately even our interagency is not working well right now trying to coordinate with different groups. I know I've been on the board for 25 years and slowly it's evolving, but it just seems like we're really noticing the cracks in all of the supports right now."

"We've been working as a region for a couple of weeks now. We have all been broken down into our task forces and are looking at all the issues and will continue to do so until this is over. So that's been working really well and we are interested in sharing the information we glean as a region with our extended areas."

Again, we heard participants were relying on those existing relationships and mechanisms to coordinate with other organizations such as their interagency groups or their municipal Emergency Operations Centres. Throughout our videoconferences, it also became apparent how important the local FCSS was in coordinating with the various agencies and organizations. The FCSS organizations were often the key connectors and facilitators.

“[Our local FCSS] does a great job in working with all the different non-profit and different agencies within the city. There’s a monthly meeting that is held and [...] it’s all a great cross section of the community.”

Benefits to Coordination

Throughout our videoconferences, several participants shared the various benefits and the value of coordination particularly for enhancing service delivery for clients. We heard from several participants the importance of coordination to avoid duplication in services or in efforts. Some participants shared how coordination was allowing them to reach more clients and offer additional supports. For example, with participants partnering with local food banks, they were able to provide resources to clients who may not have accessed their services previously. Coordination also provided an opportunity for service providers to increase their efficiency and potentially provide some cost-savings. We heard that some participants were using coordination to maximize or share their resources. For example, participants were sharing protocols and redistributing volunteers to other programs.

BENEFITS TO COORDINATION

- Avoid duplication in services or efforts
- Reach more clients
- Offer additional supports
- Increase efficiency and cost-savings
- Maximize and/or share resources

“There was some duplication, you could really see the agencies that work siloed and the ones that really expand and partner. And I think this is really a time to be innovative and partner as we can to share resources to reach vulnerable people.”

Other Themes

Throughout our videoconferences and our thematic analysis, several other important themes emerged that were not necessarily tied to any one of the three key discussion areas. These include financial concerns, preparedness for the pandemic, and themes unique to Rural Alberta.

Financial Concerns

Financial concerns were a significant issue raised by many participants, both from not-for-profit and for-profit organizations. Participants from not-profit ATS services spoke of the ongoing financial challenges they experienced prior to the pandemic, particularly regarding the lack of sustainable funding. These challenges were exacerbated by the COVID-19 pandemic as both not-for-profit and for-profit ATS providers faced decreased revenue but ongoing operating expenses and financial obligations. Decreased demand resulted in decreased revenue from user fees. Ongoing expenses included driver wages and salaries, as well as insurance costs. For not-for-profit providers, restrictions resulted in the cancellation of many fundraising activities that were an important source of revenue.

NOT-FOR-PROFIT FINANCIAL CONCERNS

“When things return to normal, if that’s possible, hopefully sooner than later, from a financial point of view, the sustainability of our Handi-Van situation, it’s always been a struggle and I expect that it will continue to be a struggle in the future.”

“We get very little funding from the City and so, you know, we have concerns further down the road on the funding side that we might have to utilize some of the, you know, try to get some municipal funds or some other government funds, because we do have a limited bank account and once we kick back up again, we just won’t have the resources to carry on.”

“I don’t think we’re going to be doing any fundraisers here over the next number of weeks. So yeah, it’s just a little pressure on the financial side of things when you’re an independent society.”

For for-profit providers, additional ongoing expenses included business licenses, franchise fees, and insurance costs. Many were ineligible for government financial aid (e.g., grants and/or loans) due to the structure of their businesses and, as such, were relying on personal resources to cover costs. For some, the decreased revenue but ongoing operating costs forced them to temporarily suspend their service.

FOR-PROFIT FINANCIAL CONCERNS

“It’s just a very difficult time. It’s a struggle, a financial struggle to meet the fixed costs. The only thing that’s going through my mind is ‘OK, there’s going to be a lot of pent-up demand when things start opening up.’ And it’s almost how do we come through and how do we deal with that?”

“We are falling between the cracks because we don’t qualify for any of the loans.”

“We have a lot of fixed costs and franchise fees, you know, and cost of our vehicles and everything. So, it is a huge, huge concern. For example, to play off what [Participant] was saying, quite often it’s our own financial resources that are covering costs. And of course, the thing is, how long is this going to go on for? There’s no revenue coming in.”

“For me, because every single client has cancelled, I’m pretty much out of business. I can’t afford the insurance cost for mine, so I’ve ended up temporarily closing. Like I had to cancel my commercial insurance and basically close the doors to my business.”

Given these significant financial concerns, we heard several ways in which participants were exploring ways to reduce costs. As mentioned, for some participants, the financial concerns were too significant to overcome and resulted in the suspension of their services. Insurance was a major expense, and some participants chose to park their vehicles to eliminate some of the insurance costs. Participants also shared how, due to decreased demand and financial pressures, they were forced to lay staff off and/or rely on volunteers to provide their services.

Preparedness

Another theme that emerged in our thematic analysis was our participants’ level of preparedness for the pandemic. While the COVID-19 pandemic has come with unprecedented changes and challenges, we saw significant variability in how participants felt about their readiness to manage through the pandemic. For some participants, they felt unprepared and caught off guard by the severity of the pandemic. For other participants, they felt significantly more prepared. As mentioned in the Health and Safety discussion area, some participants had partaken in pandemic response workshops and had developed extensive protocols.

“We actually weren’t prepared as a society for something like this. And I think putting out protocols for organizations worldwide now for this kind of a situation is going to improve our preparedness next time. I feel like everybody was just kind of shocked by this and we’re being reactive versus proactive and all of this. And maybe we can learn from this and put those measures into place and procedures in place beforehand.”

Despite the varying levels of preparedness and significant uncertainty about the future, participants recognized the necessity of being adaptable in responding to challenges and in meeting the needs of their clients.

“I just want to add that you know every day is different. Every day it changes and the needs today are definitely not going to be what the needs are tomorrow and there's never going to be a one size fits all. [...] So just relearning what we need every day is I think our biggest challenge.”

Rural Alberta

In our videoconferences with participants from rural and remote Alberta, we heard of the unique challenges as well as the unique strengths of these communities.

Challenges

Many participants in our rural and remote videoconferences shared concerns about the challenges of meeting the needs of their rural residents. Small but spread-out populations and long distances to essential and medical services in larger urban centres presented challenges not only for transportation but for delivery services as well. In many areas, no transportation or delivery services exist. These challenges were exacerbated by the COVID-19 pandemic as communities throughout Alberta had to adapt and abide to new and ever-changing protocols and restrictions. For example, rural residents who previously relied on friends or neighbours for transportation were unable to rely on those supports due to restrictions on close contact with individuals outside of one's own household.

“Transportation is an issue that in our rural communities we've struggled with in terms of how to offer and how to coordinate and how to work with other organizations in order to meet the needs of, you know, a small population and a spread out population.”

“Because we're in rural Alberta, these seniors specifically are going to need some transportation to Edmonton which is 2 1/2 hours away [and] they won't have access because they can't rely on that person that did take them like [their] neighbour.”

“We are a 100% rural, remote municipality. So, when I'm talking about these people doing pick-up and delivery, I'm talking about them driving 20 miles out into nowhere.”

Other challenges that were particularly salient in rural and remote Alberta were the challenges and barriers to adapted services. For example, providing delivery of essentials using volunteers was challenging in that long distances and time were required. For other programs and services that transitioned to being online, the computer and internet access required to use these services often were not available to all rural residents.

“I think that rurally, we've always been so very resilient and unique in how we meet our challenges that as they come up, we've been addressing them.”

Strengths

Despite the unique challenges, we heard that rural and remote communities throughout Alberta also had strengths that allowed them to respond to those challenges. For example, we heard participants share how resilient and adaptable their small communities are. We heard of the rural ethos in which everybody takes care of one another. Due the nature of living rurally, residents were relying on these existing support networks to help each other through the pandemic.

“We're in kind of a unique situation as most of our residents are rural, or a lot of them are, so they kind of already have a lot of support networks going. So, they've been using their neighbours and their family to get different items, because for lots of them it's 40 minutes or half an hour to the grocery store to get services anyway, and a lot of them who don't drive in the winter have those kinds of reserve space already set up so they've been using that.”

“We're very fortunate to live in a small community where we are. You know everybody helps each other. It's three, four generations of families here looking after their family's needs, friend's needs, neighbourhood. Everybody, so I think that's the advantage of living in a small community versus the city where people don't know each other. So, it seems that the seniors are quite looked after and if they struggle with something, somebody, they're well known, somebody will look after them.”

Change Over Time

In the beginning of 2020, the situation around COVID-19 was evolving rapidly. There was significant uncertainty and a lot of changes occurring as new information emerged. Given the rapidly changing situation, it is important to understand the context in which our videoconferences were held and explore the change in participants' responses over time.

MARD began hosting videoconferences on April 2, 2020 – a month after the first COVID-19 case was announced in Alberta and a couple of weeks after the Government of Alberta announced restrictions requiring the closure of non-essential businesses. MARD's last videoconference was held on April 23, 2020.

Date	Details
March 5, 2020	Alberta announces the first case of COVID-19 in Alberta. Note: Retroactive tests determined the first case to be February 24, 2020.
March 12, 2020	Government of Alberta prohibits gatherings of more than 250 people.
March 16, 2020	Government of Alberta announces the closure of all daycares, out-of-school care, schools, and post-secondary institutions.
March 17, 2020	Government of Alberta declares a public health state of emergency and announces the closure of public recreational facilities, private entertainment facilities, bars and nightclubs. Gatherings are now restricted to 50 people.
March 19, 2020	Alberta announces the first COVID-19 death in the province.
March 25, 2020	Government of Alberta passes a health order requiring any confirmed case of COVID-19 to isolate for a minimum of 10 days and any person entering Alberta from international travel and/or is a close contact of a confirmed case to quarantine for a 14-day period.
March 27, 2020	Government of Alberta announces additional restrictions requiring all non-essential businesses to close. Gatherings are now restricted to 15 people.
April 2 – 3, 2020	MARD conducts videoconferences with not-for-profit organizations in the Central and South Zones.
April 6, 2020	Dr. Hinshaw recommends the use of non-medical face masks in situations that pose difficulty to physical distancing.
April 7 – 9, 2020	MARD conducts videoconferences with not-for-profit organizations in Central and Calgary Zones.
April 14, 2020	Government of Alberta announces it is working to source and distribute personal protective equipment to non-AHS groups and organizations in need.
April 16 – 17, 2020	MARD conducts videoconferences with not-for-profit organizations in the Edmonton and North Zones.
April 21, 2020	MARD conducts videoconferences with not-for-profit organizations in the North Zone.
April 23, 2020	MARD conducts videoconferences with for-profit organizations in the North, Edmonton, Central, Calgary, and South Zones.
April 30, 2020	Government of Alberta announces details of its relaunch strategy.
May 3, 2020	Government announces the resumption of non-essential health services.
May 14, 2020	Stage 1 of Alberta's relaunch strategy begins with certain businesses and services permitted to reopen. Gatherings are now restricted to 50 people.

Cases of COVID-19 in Alberta

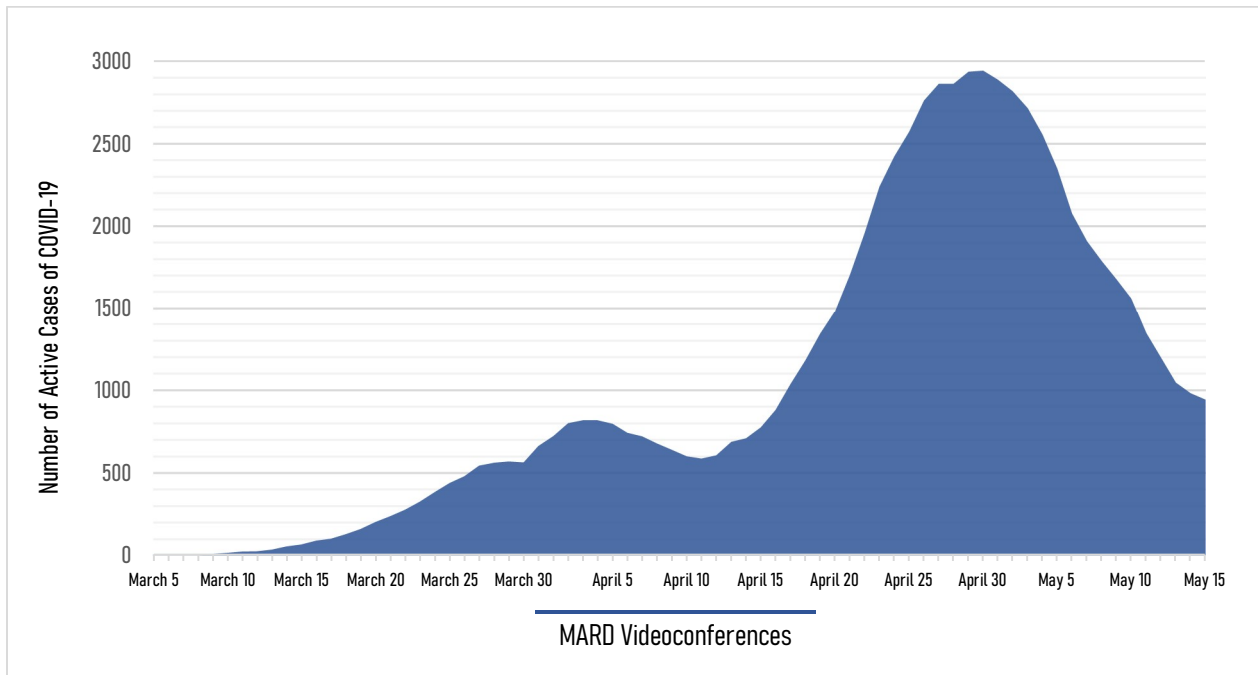


Figure 1. Number of active COVID-19 cases in Alberta from March 5, 2020 to May 15, 2020.

During the weeks that the videoconferences were held, the number of COVID-19 cases fluctuated from 799 on April 2, 2020 to 2237 on April 23, 2020.

The following tables highlight the consistencies and the changes in themes across the four weeks that the videoconferences were held.

Key Area #1: Responding to Demand

In terms of the changes in how participants were responding to demand, there was consistency across time in that the overwhelming majority shared how there was a significant decrease in demand for transportation. There was variability in that participants had either suspended, continued, or adapted their services. However, we consistently heard of concerns about an influx of demand following the lifting of restrictions.

	Week 1 (NFP) April 2 - 3, 2020	Week 2 (NFP) April 7 - 9, 2020	Week 3 (NFP) April 16 - 17, 2020	Week 4 (NFP) April 21, 2020	Week 4 (FP) April 23, 2020
Change in Demand	Significant decrease in demand. Some consistent demand for essential medical transportation.	Significant decrease in demand. Focus on essential and medical transportation.	Majority experiencing significant decrease in demand. Continuing to focus on essential and medical transportation. Some consistent demand as some ATS providers are stepping in to cover for other ATS providers who have suspended service.	Significant decrease in demand. Continuing to focus on essential and medical transportation.	Significant decrease in demand. Some are continuing to provide essential medical transportation.
Change in Service Delivery	Majority of providers reduced or suspended their services. Some have adapted their service but concerns about barriers, logistics, and viability identified.	All providers have suspended or adapted their service to provide delivery of essentials. Insurance and liability concerns for adapting services.	Variable changes; some have suspended, some have continued service, and some have adapted their service to provide delivery. Variable community response with some organizations and groups providing delivery.	Majority of providers have adapted their service to provide delivery. Minority have suspended or continued their service. Variable community response with some organizations and groups providing delivery. Barriers to adapted services identified.	Variability in service delivery. Some are continuing to provide essential transportation. Others have adapted but low demand for delivery of essentials. Some have suspended their service.
Other	Anticipating influx of demand when restrictions are lifted.	Anticipating influx of demand for medical transportation.	Anticipating influx of demand when restrictions are lifted. Non-urgent medical transportation identified as a concern in rural and remote areas. Concerns about transportation not always seen as essential or frontline.	Anticipating influx of demand when restrictions are lifted. Transportation and delivery of essentials identified as a major challenge in rural and remote areas.	Decrease in demand is resulting in significant financial challenges due to ongoing operating expenses. Concerns about the affordability of ATS services due to increased costs. Anticipating influx of demand when restrictions are lifted.

Note: NFP = Not-for-Profit. FP = For-Profit

Key Area #2: Managing Health and Safety

In terms of managing health and safety, there was variability in the formality and source of protocols with increasing formality and increasing reference to Alberta Health Services (AHS) as the weeks went on. As supply chains caught up with demand, smaller numbers of participants reported concerns over the ability to access PPE. For client and driver health and safety, we consistently heard concerns about both groups being at higher risk. There was also increasing concerns about the impact of the pandemic on clients' mental health. Over time, more and more participants reported doing check-ins with clients. However, barriers continued to be identified as concerns.

	Week 1 (NFP) April 2 - 3, 2020	Week 2 (NFP) April 7 - 9, 2020	Week 3 (NFP) April 16 - 17, 2020	Week 4 (NFP) April 21, 2020	Week 4 (FP) April 23, 2020
Protocols	Variability in protocols; some providers have protocols in place, others do not.	Variability in formality and source of protocols.	Increasing formality of protocols in place. Increasing reference to AHS as source of information.	Increasing formality of protocols in place. Increasing reference to AHS as source of information. Increasing formality of protocols for no-contact deliveries.	Less formality of protocols in place. Less reference to AHS as source of information. Participants are developing their own protocols.
PPE	PPE in short supply or unavailable for some providers.	Variable access to PPE. Some shortages. Starting to rely on alternatives (e.g., cloth masks). Majority cite ongoing access to PPE as a concern.	Minority report concerns about accessing PPE.	Access to PPE was identified as a critical concern in one videoconference. Reliance on alternatives such as cloth masks.	Access to PPE was identified as a critical issue. Many participants were relying on alternatives.
Client & Driver Health & Safety	Concerns about clients and drivers being higher risk. Drivers' willingness to drive.	Concerns about drivers being higher risk. Some are opting not to drive.	Concerns about drivers being higher risk. Some are opting not to drive, some ATS providers are choosing to suspend services.	Concerns about drivers being higher risk. Concerns about lockdown of clients' continuing care facilities.	Challenge in balancing desire to stay safe but be available and provide assistance to clients.
Mental Health	Mental health and social isolation of clients emerging as a concern.	Increasing concerns about mental health and social isolation of clients. Doing check-ins with clients but concerns about barriers. Burnout of staff.	Increasing concerns about mental health and social isolation. Increasing number of participants are doing check-ins with clients but concerns about technology barriers.	Mental health and social isolation continue to be concerns. Majority of participants are doing check-ins with clients but still concerned about barriers. Client frustration with restrictions and isolation.	Mental health and social isolation of clients in continuing care identified as a concern. Some providers are doing check-ins with clients.
Other	Seeking information and training on protocols and PPE.	Concerns about vulnerable populations (rural, low-income, homeless, at-risk for abuse).	Concerns raised about screening of volunteers and client confidentiality.	Concerns about running out of resources to provide supports to clients. Limited access to some mental health resources in rural and remote areas.	Desire to have companion care recognized as part of the health system that clients can access when in continuing care.

Note: NFP = Not-for-Profit. FP = For-Profit

Key Area #3: Strengthening Coordination

There was significant variability in the levels of communication and coordination amongst ATS service providers, FCSS organizations, and other senior-serving organizations. As time went on, the majority of participants had some level of coordination underway in their areas. Participants shared how they were relying on their existing relationships and mechanisms. However, for a minority of communities, coordination continued to be a challenge. However, despite the variability, there was a common understanding of the importance and value of good communication and coordination to enhance service delivery.

	Week 1 (NFP) April 2 – 3, 2020	Week 2 (NFP) April 7 – 9, 2020	Week 3 (NFP) April 16 – 17, 2020	Week 4 (NFP) April 21, 2020	Week 4 (FP) April 23, 2020
Information & Communication	Variable levels of communication across service providers. Gaps identified. Relying on existing relationships. Concerns about accuracy and clarity of information.	Variable levels of communication. Relying on existing relationships. Concerns about barriers and having up-to-date information. Some concerns about lack of communication but understanding and appreciation for value of good communication.	Majority have good communication in place. Relying on existing relationships while also exploring and building new connections.	Majority have good communication in place but challenges due to limited staff identified as concerns in rural and remote areas. Appreciation for the value of sharing information and feeling supported.	Less communication amongst participants due to being independent businesses but awareness of existing community supports for clients. Desire to act as a connector to resources and supports for clients.
Coordination	Variable levels of coordination. Using existing relationships and mechanisms. Some partnerships developed.	Majority have some level of coordination under way (community-led or formal). Using existing relationships and mechanisms. FCSS identified as a facilitator. Minority cite lack of coordination.	Majority have coordinated efforts underway with some areas engaged in regional planning. Using existing mechanisms. Small minority cite a lack of coordination.	Majority have good coordination underway. Relying on existing relationships and forming new partnerships. Coordination cited as a necessity due to limited resources.	Potential for coordination amongst providers to access PPE or handle demand when restrictions are lifted. Desire for increased guidance and coordination with AHS.
Other		Repurposing volunteers (i.e., drivers calling clients to check in).	Appreciation and valuing of coordination.	Limited staff resources and funding identified as a challenge in rural and remote areas. Often taking on multiple roles (e.g., providing client supports, transportation, food bank). Appreciation and valuing of coordination.	

Note: NFP = Not-for-Profit. FP = For-Profit

Post Videoconference Surveys

Following the completion of all 23 videoconferences, a follow up survey was sent to participants to gather feedback on the value of the content and opportunities to share information. A total of 57 videoconference participants completed the online survey, with the majority of respondents being ATS service providers (42.1%) or from FCSS (49.1%).

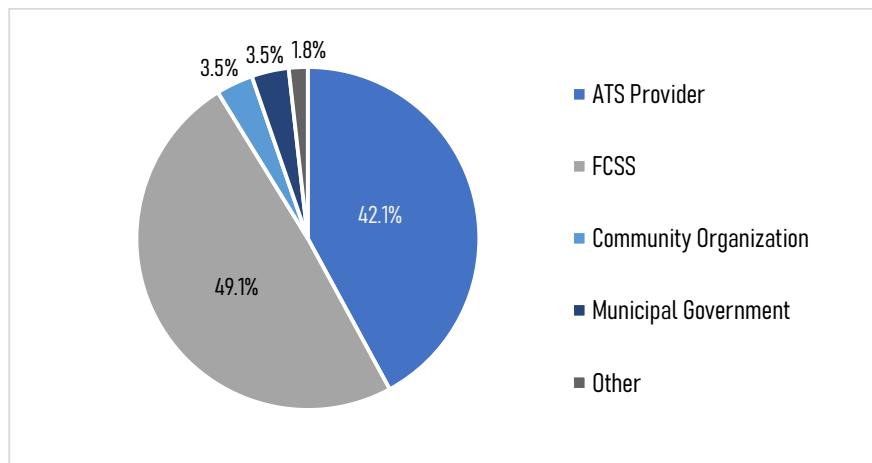


Figure 2. Survey participants' affiliations.

The survey included questions asking respondents how helpful it was to share insights on the three key discussion areas: 1) responding to demand, 2) managing health and safety, and 3) strengthening coordination.

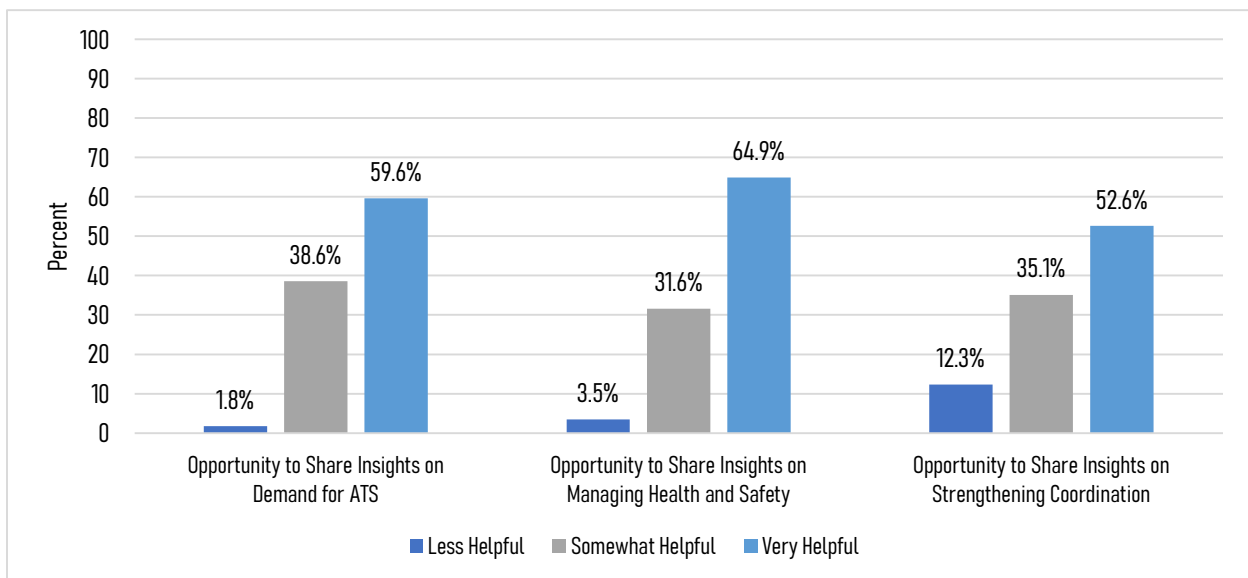


Figure 3. Survey participants' responses on how helpful it was to share insights on the three key areas.

As seen in Figure 3, the vast majority of respondents said it was somewhat or very helpful for them to share their insights. This is congruent with the comments heard during the videoconferences and in the survey in which participants shared how valuable it was for them to connect

with other organizations to share information, learn how other organizations are managing, share their concerns and challenges, and feel supported in knowing that they are not alone. Overall, 90.2% of respondents said the videoconferences were helpful to them.

“With so many things rapidly changing, it is good to be able to reach out to likeminded agencies and share information rather than reinventing ideas.”

70.2% of respondents learned new information from the videoconference

Respondents shared that they learned new information about best practices, health and safety protocols, funding streams, ways to stay connected with clients, and how other organizations were managing through the pandemic. A number of respondents shared that they became aware of existing ATS providers within their own geographic areas. For some respondents, this was the first opportunity they had to meet other ATS service providers.

New Connections

The survey also asked whether participants formed any new connections due to the videoconferences and whether those connections would assist them in the delivery of their ATS service. About half of respondents (49.1%) indicated they did form new connections, and of those, 85.7% said that those new connections would help them enhance their service provision.

“As an ‘ATS Provider’, it was the first time I met other service providers. [They] have the same concerns – maybe one day when this is over, we can work together to make things better. Also, very important to us to work very close with MARD to improve our services for our communities at large.”

Conclusion

While the COVID-19 pandemic and the subsequent restrictions have presented unprecedented changes and challenges, the feedback from our videoconferences served to highlight the various ways in which participants were adapting their services and developing solutions to meet the needs of their seniors. The MARD Centre wishes to acknowledge the great work that all the ATS service providers, FCSS organizations, and other senior-serving organizations are doing to support seniors throughout Alberta.

Medically At-Risk Driver Centre

Department of Family Medicine, University of Alberta

Email: mard@ualberta.ca | Phone: 780-492-6273

