



# Timiskaming Health Unit COVID-19 First Wave Response Evaluation

Local Business, Organization, and Community Group Survey

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## Executive Summary

To support effective public health practice and in alignment with the 2019-2023 strategic plan, Timiskaming Health Unit (THU) is evaluating its response to the first wave of COVID-19 in order to better understand the response and to plan for ongoing improvements in subsequent waves and future emergency preparedness. To do this, THU sought feedback from various perspectives including business and community partners.

A survey was administered through SurveyMonkey in September 2020 to identify what worked well, what could be improved, and what should be continued in THU's COVID-19 response. The survey contained questions about types and level of support received from THU, negative impacts on businesses and organizations, THU's communication and the public's media usage, as well as broader questions about perceptions and trust in THU. Respondents were also asked open-ended questions about what actions should be continued or enhanced, what should be improved, and what THU should consider for informing future planning related to COVID-19.

In total, there were 245 respondents to the questionnaire (228 English and 17 French). Respondents identified being part of a private business (36%), "other" (30%), school or school board (24%), or childcare (10%). Those in the "other" category included health care, religious organizations, retail, government, retired, or unemployed.

### Findings include:

- **56%** and **68%** of respondents believed that their business's or organization's response was *directly* and *indirectly* supported by THU. **68%** of respondents indicated that their organization received support or resources from THU on how to prevent the spread of COVID-19 in their workplace.
- **50%** of respondents indicated that their business or organization received support to prepare for the various stages of re-opening (1,2, and 3) and **78%** of those who received support said they felt well-supported.
- **54%** of respondents believed that their business or organization did not receive support from THU for *non-COVID-19* related projects and programs.
- **72%** of respondents agreed or strongly agreed that THU's leadership guided the community's COVID-19 response.
- **81%** of respondents agreed or strongly agreed that THU played an important role in the community during the COVID-19 response.
- **80%** of respondents agreed or strongly agreed that THU is a trusted community agency for responding to COVID-19.
- **79%** of respondents agreed or strongly agreed that THU provided clear direction about how they can protect themselves and their family during the COVID-19 response.
- **69%** of respondents agreed that THU provided *clear* information and **71%** agreed that THU provided *timely* information during the COVID-19 response.
- **72%** of respondents agreed or strongly agreed that THU's use of social media, website, radio, and print media kept them well-informed about COVID-19 locally.
- **63%** of respondents agreed or strongly agreed that THU provided information that answered questions during the COVID-19 response.

Results of the survey indicate that the majority (90%) of respondents are satisfied with THU's overall response to the pandemic. However, comments from those surveyed identified areas where THU should continue to support businesses and organizations in the community. While many respondents indicated that they felt supported and were appreciative of THU's efforts, those who did not feel supported had difficulties reaching THU employees, identified a need for clear, timely, accurate, and easy-to-access information, and asked for enforcement and community visibility from THU.

These findings can be used to protect the health of district communities by building on aspects of the response that worked well and should be continued, enhanced, or changed as necessary during future pandemic waves and emergencies.

## Background

On March 17, 2020, the Government of Ontario declared an emergency under the Emergency Management and Civil Protection Act, to protect the health and safety of all Ontarians due to the COVID-19 pandemic. To limit and delay the epidemic spread of COVID-19, several public health measures were enacted by the Ontario government to keep people at home, including the closure of schools, childcare, restaurants, non-essential businesses, public spaces, and the prohibition of events and gatherings. Population-level public health measures also included, asking everyone to practise physical distancing (previously referred to as social distancing).

Since the beginning of 2020, and more specifically since March, THU has been leading the local public health response to the COVID-19 pandemic.

On May 19, 2020, Ontario entered Stage 1 of the Framework for Reopening the Province, with most of the province entering Stage 2 on June 12 and stage 3 on July 24, 2020. With reopening underway, THU began planning an evaluation to better understand the first wave response and to plan for ongoing improvements. This work supports effective public health emergency response and is in alignment with THU's 2019-2023 strategic plan. To accomplish this, THU sought feedback from various perspectives including a survey of local businesses, school, childcare, and community organizations in the THU area.

Overall, evaluation findings can be used to inform response efforts and protect district communities by building on aspects of the response that worked well and that should continue or be enhanced during resurgence and future waves. Furthermore, this data can help highlight experiences and lessons learned during the first wave to course correct where possible for effective and efficient response efforts during subsequent waves.

## Goal

Prompt reflection on THU's emergency response during the first wave of the COVID-19 pandemic (March to end of June 2020).

## Objectives

Help THU understand challenges and areas of improvement in collective systems, processes, and efforts in preparation for subsequent waves of COVID-19 and future emergencies.

## Methods

### Survey Design and Distribution

Survey questions were adapted from a Public Health Sudbury and Districts business and community survey. The bilingual online survey (available via SurveyMonkey) was open from September 24 to October 9, 2020. Promotional emails were sent to chamber of commerce members and other business and community contacts. The survey was also promoted through social media and THU's website.

### Analysis

The epidemiologist analyzed quantitative results and summarized findings. All quantitative findings summarized throughout the report incorporate both English and French responses jointly. There were no notable differences between responses in English and French surveys.

The qualitative analysis was conducted by two pairs of reviewers and summarized by the evaluation lead. English and French comments were combined. Discrepancies in analysis were resolved through consensus within pairs.

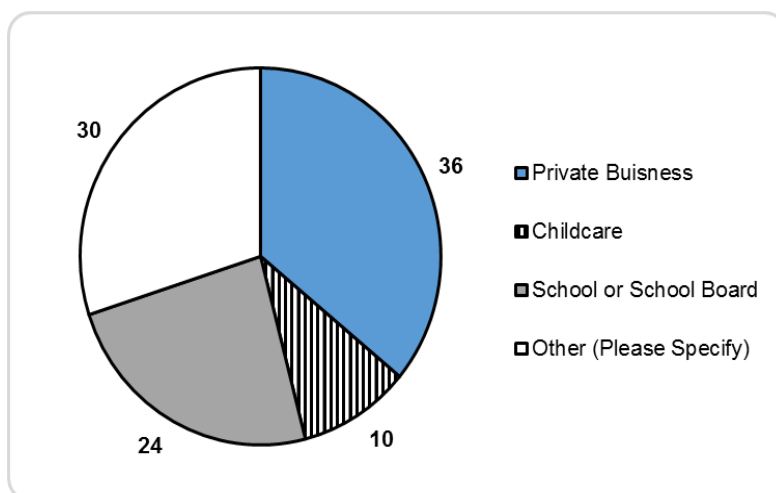
## Survey Audience

In total, there were **245** respondents to the questionnaire (228 English and 17 French). The greatest proportion of respondents identified as being part of a private business (**36%**), with "other" being identified 30% of the time (**Figure 1**).

The most common business or organization identified as "other" were:

- Health care including long-term care homes and retirement homes (**nine mentions**)
- Religious organization (**nine mentions**)
- Retail or store (**six mentions**)
- Government or municipality (**five mentions**)
- Retired or unemployed (**four mentions**)

**Figure 1.** Business or organization of respondents



# Findings

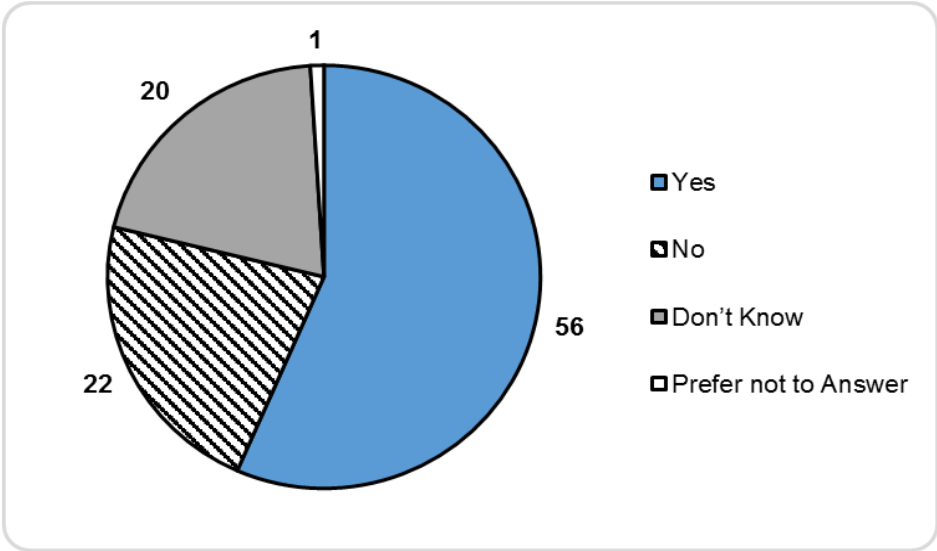
228 English survey responses and 17 French survey responses were included in the analysis. The design of the survey included several questions that were only answerable by a subset of respondents based on their response to the previous question. However, for the questions that applied to all respondents, there was an increasing number of skipped questions as the survey progressed. This indicates some question fatigue and/or loss of interest in the survey.

## COVID-19 Related Supports from the THU

### Direct Supports

Overall, **56%** of respondents believed that their business or organization was directly supported by THU (**Figure 2**). Potential direct supports from THU included direct contact with staff, phone calls, emails, or information packages.

**Figure 2.** My business or organization’s response to COVID-19 was *directly* supported by the Timiskaming Health Unit (THU)



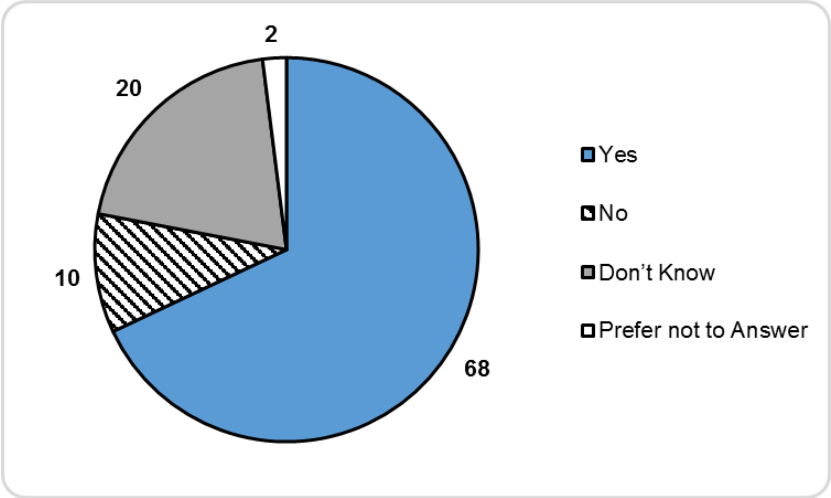
*Among respondents who said that they were directly supported by THU, **77%** indicated that the direct support received from THU was either “Excellent” or “Good.”*

Respondents provided 20 comments about what direct supports THU should continue or improve upon. Comments left by an individual may have covered more than one topic. Most comments (11 responses) were about communication. Communication concerns included a lack of consistency in information given by different THU employees (four mentions), concerns about a lack of clarity about public health exclusion criteria for children, and unclear public health requirements for businesses. Additionally, respondents indicated challenges in reaching and hearing back from THU employees, expressed frustration with wait times for COVID-19 test booking, and demonstrated concern that communications were not reaching all businesses. Some comments expressed appreciation for the support that THU has given (for example, coordinating Zoom calls, physical resources) or expressed a desire to continue the support THU is currently providing. Some comments expressed a need for more support (enforcement of rules or training for schools). Some general comments expressed distrust of THU due to disagreement with public health measures (two mentions).

**Indirect Supports**

Overall, **68%** of respondents believed that their business’s or organization’s response was indirectly supported by THU (**Figure 3**). Potential indirect supports from THU included: website, social media, or news releases.

**Figure 3.** My business or organization’s response to COVID-19 was indirectly supported by the Timiskaming Health Unit (THU).



Respondents were asked to describe indirect COVID-19 supports from THU, and this question received 15 comments. Respondents commonly identified media, such as radio, social media (Facebook), and THU’s websites as important indirect supports. They also identified practical supports such as news reports, which helped to inform workplace policies, printable signs, and information provided by or conveyed via THU.

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*Among respondents who said they were indirectly supported by THU, **78%** indicated that the indirect support received from THU was either “Excellent” or “Good.”*

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With respect to indirect supports, respondents provided 19 comments about what THU should continue or improve upon. Communication was brought up most frequently and was mentioned 14 times. Four comments were provided about clarity; these expressed a need for plain and unambiguous language and expressed difficulty finding information online. Three comments regarded timeliness: information was slow to reach home daycares, some respondents expressed frustration that it took too long to get responses from THU (phones and messages), and THU was slow to provide updates to the website. There were six general comments about communication. Of these, two indicated communications were good, one expressed a desire to continue to receive local updates, one noted that email communications needed improvement, one requested disclosure of more detailed case information (geographic), and the sixth noted that information was provided to the school board but not directly to staff.

Other comments related to guidance for implementing public health measures. Two comments expressed a desire for THU to continue to offer signage and provide guidance around PPE and reopening measures. Two comments noted a lack of local guidance, and similarly two respondents noted a lack of sector-specific guidance. Some indicated that they thought there were too many public health measures to implement.

### Non-COVID-19 Related Supports from THU

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**54%** of respondents believed that their business or organization did not receive support from THU for non-COVID-19 related projects and programs.

**91%** of respondents that received support indicated that they felt well supported by THU on non-COVID-19 related programs.

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Respondents were asked to provide examples of supports received from THU on non-COVID-19 related programs or initiatives, and this question yielded 10 responses. Some examples were general, for example emails from THU. Others provided program support examples, such as information related to whooping cough, Public Health Inspection support for food premises, or tobacco-related resources and support. Two respondents commented that they did not have support, or it was not applicable.



## Resources and Support from THU

### Support or Resources to Contain the Spread of COVID-19 in the Workplace

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**68%** of respondents indicated that their business or organization received support or resources (for example, signage, and information sheets) from THU about how to prevent the spread of COVID-19 in their workplace.

**80%** of respondents who received support said they felt well-supported with resources from THU about how to prevent the spread of COVID-19 in their workplace.

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With respect to supports and resources to contain the spread of COVID-19 in the workplace, seven responses were provided regarding how THU could improve. One respondent believed that the health unit overreacted to the pandemic and should consider social, mental, and economic effects of the public health measures. Some comments indicated a need for more information (one) or resources, such as signs (one) for businesses, as well as more enforcement of public health measures in businesses (one). Some comments expressed frustration of a lack of support from staff in a particular program and general difficulty reaching THU staff (two). Another commenter found it hard to find information online.

### Re-opening Support

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**50%** of respondents indicated that their business or organization received support to prepare for the various stages of re-opening (1, 2, and 3), for example consultation, policy support, and/or training.

**78%** of respondents who received support said they felt well-supported from THU to prepare for the various stages of re-opening (1, 2, and 3).

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With respect to re-opening support, seven responses discussed how THU can improve. The comments mostly regarded communication and public health measures. Communication issues noted were a disagreement with risk messaging, rapidly changing information, lack of clear and specific guidelines, lack of reach to all businesses, and unreturned calls from THU staff. Respondents indicated that they could use more enforcement of public health measures in restaurants and direct training of staff by THU.

## Impact of Availability of THU Support

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**72%** of all respondents indicated that their business or organization was not negatively impacted by lack of help from THU. **5%** of respondents said their business experienced negative impacts because THU was not available to help.

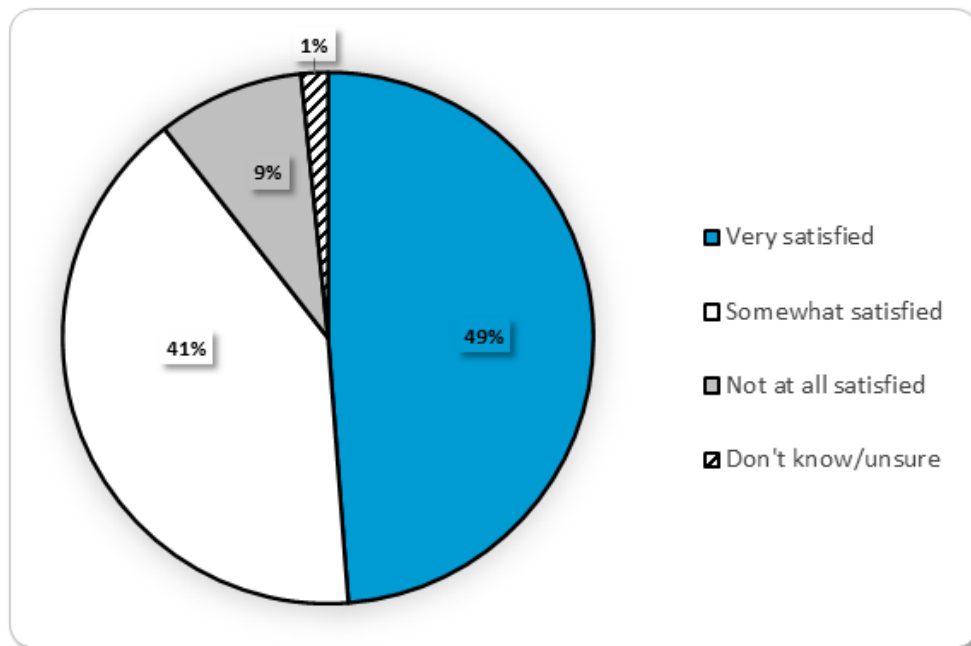
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Among these respondents, nine comments explained how the business was negatively impacted. One respondent noted an increased work burden due to needing to create policies, cleaning schedules, and signage that could have been provided universally by the health unit. Some expressed a lack of clarity around protocols, conflicting information, and general confusion about what to do. Other comments noted an impact on productivity or ability to provide service while waiting for information or test results. Two comments expressed a reduction of participation in business when risk was low or a frustration that THU was causing undue fear of the virus.

## THU's Response to COVID-19

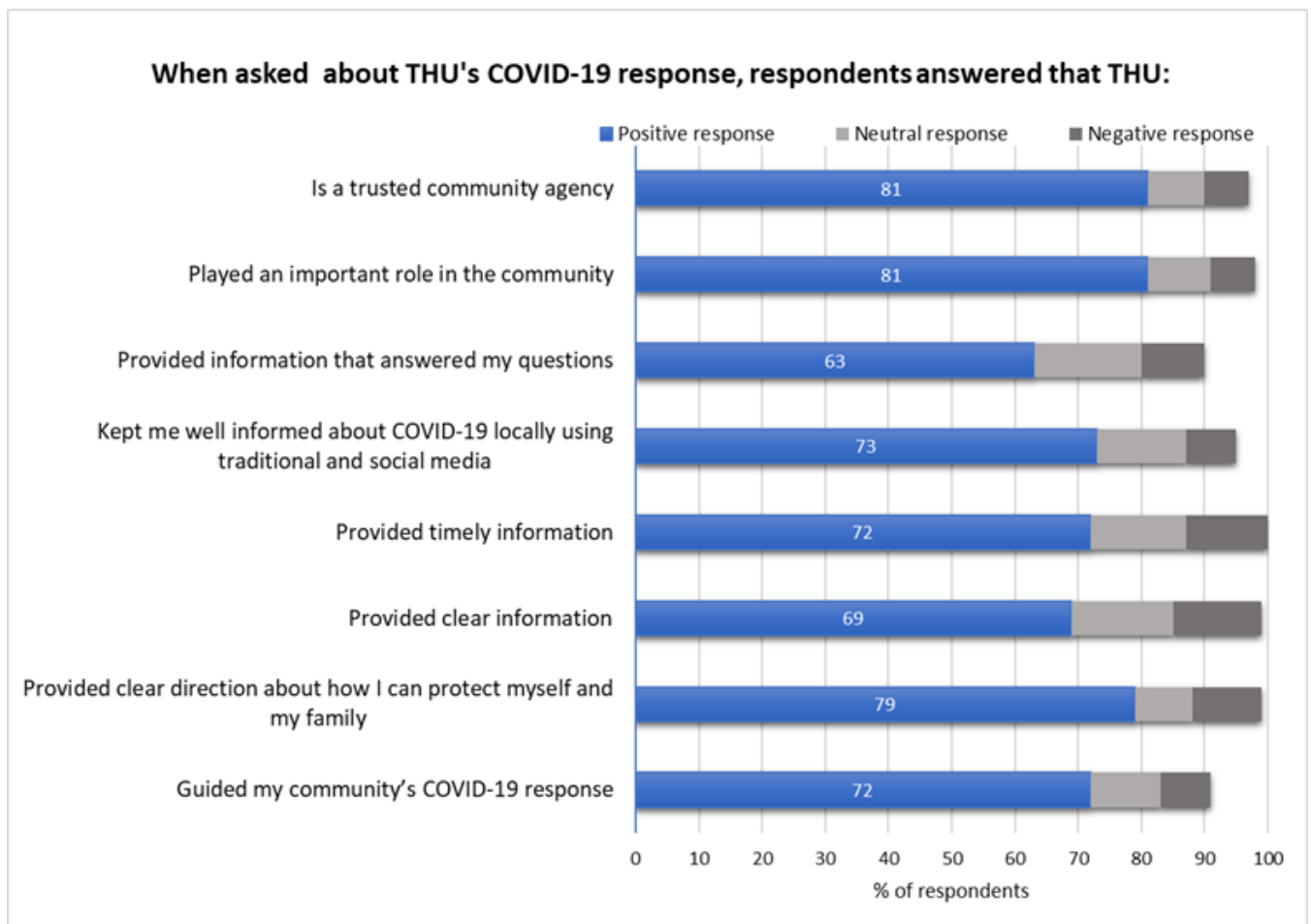
The majority of respondents (90%) were satisfied with THU's overall COVID-19 response, as seen in **Figure 4**.

**Figure 4.** Overall, are you satisfied with the way Timiskaming Health Unit has handled COVID-19 response to date?



Respondents were asked matrix-style questions with a strongly agree-strongly disagree scale about THU's response. In **Figure 5**, strongly agree and agree responses have been combined and are labelled "Positive response." Similarly, disagree and strongly disagree have been combined and labelled as "negative response." The response options of "not applicable," "prefer not to answer" and "don't know/unsure" are not shown in **Figure 5**.

**Figure 5.** Please select one response for each statement about Timiskaming Health Unit's response to COVID-19.



Respondents were also asked about information usage. **55%** of respondents said they relied on information provided by THU often, while **6%** said they never relied on information provided by THU. When asked to rate the services, resources, or information accessed or received from THU, **46%** of respondents found them "very helpful," **40%** "somewhat helpful," and **6%** responded "not at all helpful."

## Actions and Activities to Continue or Enhance

Respondents were asked to share what actions or activities THU should continue or enhance. The question had 24 responses that may have commented about more than one topic. Generally, comments regarded media usage, communication, schools, workplace supports, and an appreciation of the work THU is doing.

Commenters reported an appreciation of the information provided (eight mentions), including press releases, updates about public health measures, social media, radio, local case updates, and videos from Dr Corneil, Acting Medical Officer of Health. THU's website and Facebook page were listed as useful sources of information. One comment indicated that THU's website was difficult to navigate and one identified a need for plain language in outgoing communications.

Businesses suggested a business-specific Facebook page, continued email updates to businesses, and a continuation of resource support, for example, signage, checklists, and policies. Comments relating to schools expressed a concern about the health equity implications of exclusion requirements for children (one), expressed appreciation for French resources and nursing support (one), and expressed a need to clarify school employee exclusion criteria (one). Some respondents expressed difficulty getting through to THU staff or call lines (three), particularly for testing. A few comments were appreciative of THU's work through the pandemic, and the Timiskaming Connection line was mentioned specifically as a resource to keep.

## Actions and Activities to Improve

Respondents were asked to help THU understand how to improve its response. There were 48 responses to this question, and some responses may have covered more than one idea. Additionally, some responses left under other question headings will be discussed here due to better fit. There were five general comments that were appreciative of THU, one appreciation of a specific staff member, and one indication that responses have been helpful and timely. Two comments expressed a skepticism and loss of trust in THU about public health measures.

Communication came up as a frequent topic in need of improvement (22 mentions). Respondents wanted clearer communications (eight mentions), which included plain language or bullet points for communications, clear risk communication, clearer re-opening instructions for businesses, and specific website sections for businesses and employers. Similarly, requests for sector-specific guidance were made multiple times. Timely communications (reporting local cases, messaging) were commented on three times. Consistency was also mentioned three times. Respondents specified that there were conflicting exclusion criteria for schools and daycares, inconsistent information provided to families, and inconsistent general information. Several comments regarded the reach of communications. Respondents suggested that THU was not reaching all small businesses through the chamber of commerce, that THU could improve communications with direct emails to businesses, and that churches

would also benefit from direct email and more sector-specific guidance. Several general comments regarded the comprehensiveness of the information on THU's website (wanting more information, more details in case updates, or more complete information). Respondents expressed that phone lines and voicemails were often full, and several respondents who called the phone lines felt that staff were not communicating well (for example, were rushed). Other respondents mentioned that staff were not available to provide support (perhaps because they were working from home) and a suggestion was made that THU should have longer office hours for more availability. There was also a request for more French language communications.

Several comments were made about the public health measures. Five comments requested more enforcement of public health measures and increased health unit visibility in businesses and the broader community. Three respondents disagreed with risk communications and wanted THU to promote going out more, but safely, to promote hand washing over mask usage, or to be more realistic with messaging. Another respondent was concerned about the health equity impact that public health measures (particularly exclusion criteria) were having on vulnerable members of the school community and highlighted a need to take a regional approach to measures. Another respondent wanted to ensure that THU continued to encourage the public to follow public health measures. One business operator expressed frustration that they were unable to open for the season.

The remaining responses to this question were regarding challenges with COVID-19 testing. Six comments indicated that wait times were too long for booking, getting testing, and getting results. One respondent commented that the process to get tested was not clear and suggested a need for online booking. Another comment expressed frustration that the criteria for testing throughout the pandemic was too limited.

### Future Planning Related to COVID-19

Respondents were asked, "What should Timiskaming Health Unit consider for informing future planning related to COVID-19 in the coming months?" This question had 41 responses. Responses were similar to those given throughout the survey, covering themes of communication and media, direct support to partners, enforcement of rules, need for a regional response, and need for improved COVID-19 testing capacity.

Comments identified a need for THU to continue to provide timely updates through a variety of platforms (social media, print, radio, direct emails). Many comments identified a need to ensure that communications are simple, clear, and factual. Requests included making use of infographics, using clear language to explain what measures to follow by stage of the pandemic, and clearly explaining differences between local and provincial guidelines. More French language communications were also requested.

Businesses requested direct communication through email and up-to-date email contact lists (five comments). Sector-specific guidance (explaining how regulations apply to "all sectors in Timiskaming") was identified as a need by two respondents. Three respondents mentioned the need for continued or improved enforcement of public health measures. Respondents identified a need for direct consultation

with front-line workers and more presence in the community. Others expressed a need to receive updates to regulations and guidance before the changes come into effect. Seasonal operators have also requested planning support for re-opening for the 2021 season. Two respondents mentioned a need for taking a region-specific school exclusion criteria approach.

The final common theme of comments (six) was improving the COVID-19 testing process. Respondents wanted an increase in testing capacity, rapid testing (particularly for students), and a faster booking and testing process (including more phone lines). They also identified a need for clearer information about the testing process and about wait times. Some expressed concerns about hospital capacity for caseloads and a need for THU to support hospitals.

## Additional Comments

Respondents were given the opportunity to provide additional comments. Many took the opportunity to express appreciation for the work THU has done during the pandemic, noting that THU is a great community partner, that they feel well supported by THU with information and tools, and that they feel confident in THU. Two respondents expressed general displeasure with THU. Other commenters used this opportunity to re-iterate some of the comments mentioned above relating to public health messaging, a continued need for French language support, and comments about testing. One respondent indicated that they found the survey questions confusing. One respondent suggested that THU should do more education of the public to explain all the important work that the health unit does.

## Conclusion

Results from this survey indicate that THU is an important source of information, resources, and support for business and community members during this pandemic. The responses highlight a need for THU to continue to provide timely, clear, and accurate local updates and guidance through a variety of media formats.

Feedback from those surveyed indicated some suggestions for continued support of the community during this pandemic. Some suggestions included:

- Continue to provide direct support to businesses and organizations (contact with staff, signage, policies, stickers).
- Maintain and update business contact lists.
- Consider employer-specific website sections to host sector-specific guidance, links to specific resources.
- Need to clarify who is accountable for testing and to clarify testing process and exclusion criteria for the public using clear, unambiguous language.
- Continue offering support and communications in French.
- Evaluate how THU can increase its presence in district communities.

## Limitations

Due to time and practical limitations, survey creation and data analysis was done by internal employees of THU. This may result in confirmation bias, the tendency to search for, interpret, favor, and recall information that confirms or supports one's prior beliefs or value, which may impact result interpretations and recommendations. Recognition of bias in planning the evaluation and four reviewers were used to help offset this risk of bias.

Participants of the survey may also have suffered from recall bias, particularly due to the length of the pandemic response. This means that they may not have accurately or completely remembered events, successes, and challenges as they occurred. Similarly, participants may have a response bias, giving answers that they think are correct or most acceptable. The survey was designed to be anonymous, which may reduce the risk of response bias.

Additionally, participants of this survey were self-selected and may not represent all of the targeted survey population. Those who answered the survey may be particularly motivated to respond due to positive or negative experiences due to the pandemic and may not be representative of the overall business and community members. Additionally, there may be a subset of the target population that THU did not reach through email distribution lists. To reduce this risk, the survey was also advertised through traditional and social media.

## Appendix

*On behalf of Dr. Corneil, Acting Medical Officer of Health/CEO/ De la part de D<sup>r</sup> Corneil, médecin hygiéniste par intérim/Directeur exécutif*

**Attention to: local businesses, childcare centres, school boards, schools, religious settings, recreational camps and other community groups**

Hello,

I hope everyone is having a safe and healthy September and enjoying our fall weather. I am contacting you because we are conducting a review of our THU emergency response to COVID-19. Feedback from our childcare and school partners as well as local businesses will help identify opportunities for us to improve our ongoing COVID-19 response and also our response to future emergencies. You are receiving a request to complete this survey because we want to hear from local voices in our community.

The overall survey findings will be used internally at THU. The survey is voluntary and completely anonymous. It will take up to 15 minutes to complete. We ask that you complete the survey found [here](#) by **Friday October 9<sup>th</sup>**. Thank you to those who tested the survey for us, this is a friendly reminder for you to also complete this version of the survey. If you have any questions, please contact Adrienne Gullekson at [gulleksona@timiskaminghu.com](mailto:gulleksona@timiskaminghu.com).

Thank you for your time and feedback.

**À l'attention de: entreprises locales, garderies, conseils scolaires, écoles, ensemble religieux, camps récréatifs et autres groupes communautaires**

Bonjour,

J'espère que tout le monde passe un mois de septembre sain et sécuritaire tout en profitant de l'automne. Je communique avec vous car nous procédons à une revue de notre réponse d'urgence au COVID-19. Les commentaires de nos partenaires des centres de garde d'enfants et des écoles ainsi que des entreprises locales nous aideront à identifier les occasions pour nous d'améliorer notre réponse au COVID-19 en cours ainsi que nos plans d'interventions aux urgences futures. Vous recevez une demande pour répondre à ce sondage car nous désirons avoir la rétroaction locale.

Les réponses serviront de données de base internes aux SST. Le sondage est volontaire et complètement anonyme. Cela prendra environ 15 minutes à compléter. Nous vous demandons de répondre au sondage trouvé [ici](#) avant vendredi, **le 9 octobre**. Merci à ceux qui ont testé le sondage pour nous, nous vous demandons donc de bien vouloir remplir cette version également. Si vous avez des questions, veuillez contacter Adrienne Gullekson à [gulleksona@timiskaminghu.com](mailto:gulleksona@timiskaminghu.com).

Merci pour votre temps et vos commentaires.

Dr. Glenn Corneil  
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