

CONNEXION TIMISKAMING CONNECTIONS VOLUNTEER LINE

Evaluation Report

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Services de santé du

TIMISKAMING
Health Unit

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Connexions Timiskaming Connections

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Key Messages

The results of this evaluation demonstrate that the CTC volunteer line provided an essential service during the COVID-19 pandemic. This report can assist in the Identification of community needs and, where applicable, be used to engage community partners in addressing these needs.

Over a two-year period, 77 volunteers were recruited from across the district of Timiskaming and 155 requests for services/supports were received from 99 unique callers. Most requests for services originated in the south end of the district and were for food delivery either from a grocery store (n=57) or food bank (n=42) followed by social supports (n=12).

The number of requests for services were highest during the initial waves of the pandemic, but during subsequent waves, the number of service requests was significantly related to the number of active COVID-19 cases across the district. In April 2022, the number of requests for services declined despite a sharp spike in the number of cases, possibly due to pandemic fatigue, the easing of public health measures, and the underreporting of cases which were occurring at this time.

Key facilitators to the success of the initiative included the flexibility of public health promoters to adapt, their experience in applying a health equity lens to their work, and their skill set in creating promotional materials. The closing of non-essential businesses and schools gave people time and the opportunity to volunteer while a collaboration of community partners from across the district ensured the services were well-known and promoted. Having funding agencies at the planning table expedited the funding application process.

Challenges were experienced as restrictions eased and volunteers returned to paid work leading to a reduction in volunteers. Maintaining an up-to-date list of volunteers became difficult and a lack of volunteers with Vulnerable Sector Screening Checks led to the overutilization of some volunteers and underutilization of others.

Each request for support was a reflection of a more deeply rooted set of problems. Social isolation, inadequate social support networks, lack of broadband access, transportation barriers, pre-existing medical and mental health conditions, inadequate income and insufficient sick leave policies created the need for supports. While solutions to most of these problems require high level policies, work to offset some of these inequities can be undertaken at the local level. Knowing that social network size tends to decrease as people age, and given an aging population in Timiskaming, communities must focus on creating more services to permit aging adults to maximize their independence in their communities. This could include ensuring the provision of dependable, accessible, and affordable public transportation, volunteer grocery delivery services, and increasing opportunities for social interactions for individuals with mobility or sensory limitations. Priority must be given to the collection of sociodemographic information in Timiskaming to identify at-risk populations and tailor initiatives for specific groups. Collaborative work on upstream approaches to address the health inequities that existed pre-pandemic, but were exacerbated during the pandemic, is required. Action should be taken to engage communities to identify, prioritize, and address the social determinants of health in Timiskaming.

Connexions Timiskaming Connections

Executive Summary

Background

In response to a rapid increase in COVID-19 cases, the Government of Ontario implemented emergency orders under the Emergency Management and Civil Protection Act on March 17, 2020. Ensuing public health measures included physical distancing, limiting trips to indoor public spaces, and restricting social contact to immediate households. Being assessed as high risk, older adults and individuals with pre-existing health conditions or compromised immune systems were advised to self-isolate. Without a medical exemption, masks or other face coverings would become mandatory in indoor public settings, including on public transit.

The Canadian federal and provincial governments supported businesses and individuals through various financial initiatives, but these supports did not go far enough. Different populations would require different types of support in varying degrees to fulfill their obligations under the public health mandates. Acknowledging the existence of health disparities and the pandemic's potential to exacerbate health inequities, the Timiskaming Health Unit (THU) spearheaded a group of community agencies tasked with identifying populations within the district of Timiskaming disproportionately impacted by the COVID-19 pandemic and, together, developed initiatives to mitigate its impacts on these populations. Several local and district-wide initiatives were born from this community collaborative including the Connexions Timiskaming Connections volunteer line. The primary goal of this bilingual, district-wide initiative was to match community members needing additional supports during the COVID-19 pandemic with willing volunteers capable of providing those supports.

Using several methods, the initial recruitment of volunteers and promotion of the CTC services occurred from April 24, 2020, to May 7, 2020. Although not limited in scope, the types of supports that were promoted included grocery delivery, medication pick-up, telephone social support, and assistance with digital technology. A toll-free telephone number and email linked community members in need of supports and volunteers to a system monitored by THU staff who facilitated matching volunteers to community members. After nearly two years, the services of the CTC volunteer line were paused in April 2022, pending future needs, and further evaluation was deemed warranted.

This evaluation aims to assess the CTC volunteer line's process and outcome objectives (See Appendix A) and identify barriers and facilitators to implementing the CTC volunteer line. The information will help inform decision-making, clarify future roles and processes, determine the adequacy of resources, and help identify service gaps and potential barriers to accessing services in our communities. The evaluation also provides accountability and transparency to the use of publicly funded resources and the respective funding agencies.

Key Findings

From April 27, 2020, to April 20, 2022, the CTC volunteer line recruited 77 volunteers from across the district of Timiskaming and received 155 requests for services/supports from 99 unique callers. The types of services and supports most requested were for the delivery of food (n=99) either from the

grocery store (n=57) or food bank (n=42), followed by social support (n=12), transportation (n=11), and medication delivery (n=10) (See Appendix G - for a complete breakdown for the type of requests by the community). The number of requests for supports to access food from grocery stores suggests that a lack of financial means is not the only barrier to accessing food. Based on the proportion of residents over the age of 60 (33.7%) and Timiskaming's population density (2.4/km²),⁶ other drivers influencing the number of requests for food delivery may have included lack of transportation, physical mobility issues, pre-existing medical conditions, or the desire to avoid public spaces due to the high-risk status attached to being an older adult.

Most of the service requests were from the Temiskaming Shores area of the district (75%), followed by Kirkland Lake and the surrounding area (21%). Three requests for services were received from the Englehart/Earlton region, and three were from an unknown area. The number of service requests was highest during the initial waves of the pandemic, which could be attributed to the extensive public health measures implemented initially and a heightened level of vigilance due to the uncertainty surrounding the transmissibility of COVID-19 and the severity of the outcomes. During subsequent waves, the number of service requests was significantly related to the number of cases across the district. This pattern continued until April 2022, when service requests declined despite a sharp increase in COVID-19 cases in the district. In addition to pandemic fatigue, this paradox may have resulted from the underreporting of cases and the accompanying easing of public health measures, leading to a decreased perceived threat and fewer precautions taken by community members. Additionally, a reduction in the promotion of the CTC volunteer line may have also contributed to a decline in service requests. Between January 1, 2022, and April 1, 2022, the CTC volunteer line received 24 requests, but only half of these callers (12) were unique, with the other half having received services in the past.

Based on the information documented in the CTC Volunteer Line Tracking Tool and gathered through emails and discussions with THU staff, the CTC's outcome and process objectives were fulfilled. Of the 154 eligible service requests received by the CTC volunteer line, only eight were unfilled, mainly due to staff not being able to contact the caller or the caller finding alternative means of meeting their needs. One request for isolation accommodations went unmet for reasons unknown.

Facilitators/Barriers

The flexibility of public health promoters to adapt to changing circumstances, their experience applying a health equity lens to their work, and the skill set to create promotional materials and information tracking tools facilitated the rapid establishment of the CTC volunteer line. In addition, the closure of non-essential businesses and schools and social distancing measures gave people time and the opportunity to volunteer.

A collaboration of community partners ensured that service providers across the district were aware of the CTC volunteer line services. Funding agencies were part of this community collaboration, and their presence at the planning table expedited funding approval for various initiatives, including isolation accommodations. Direct contact between THU staff and members of the public via the COVID-19 information line and the Case and Contact Management functions facilitated the promotion of CTC volunteer line services to those most in need.

A return to both paid work and school obligations were reasons cited by volunteers for a decline in their availability and an overall decrease in active volunteers. Challenges were experienced in maintaining an

up-to-date list of volunteers, and a lack of volunteers with current Vulnerable Sector Screening Checks coupled with a high number of “high-risk” requests led to the overutilization of some volunteers and underutilization of others.

Requests for social support posed some challenges for staff when trying to discern who would benefit from a social connection from those who needed more in-depth health services and whether the service recipient’s health needs might exceed the capacity of a volunteer. The provision of isolation accommodations and the types of requests from individuals using these supports posed some challenges for staff. Still, it provided opportunities for staff to practice non-judgemental and harm-reducing approaches to supporting individuals. Finally, a lack of sociodemographic information made it impossible to identify at-risk populations and determine additional interventions that may have assisted in decreasing harms to specific populations during the COVID-19 pandemic and future pandemics.

Impact

The CTC volunteer line served a valuable role during the COVID-19 pandemic. While it is impossible to calculate the number of COVID-19 cases that were prevented through the facilitation of adherence to public health measures, it can reasonably be concluded that some of the unintended harms of the public health measures were offset through this initiative. Even when community members had no intention of using the services, in interacting with staff, they often expressed relief knowing the services were available if needed. By providing the necessary supports to assist community members in fulfilling their mandatory public health requirements, THU was able to address its ethical obligation of reciprocity.

Recommendations/Next Steps

The following list of recommendations is based on the above information and is not intended to be exhaustive, nor are the recommendations in any order of priority. As such, it is recommended that:

1. This report be shared with service providers and funding agencies and made accessible to other volunteer organizations and the public.
2. THU supports community partners in using the information in this report to identify community needs and, where applicable, engage in addressing them.
3. The volunteer recruitment strategies used by THU are shared with volunteer organizations that may also face challenges in recruiting volunteers.
4. THU increases the collection of sociodemographic data (SDD) to identify at-risk populations and create or modify interventions to address specific population needs.
5. THU takes steps to ensure staff are trained in and comfortable with collecting SDD.
6. Communities focus on creating more services to permit aging adults to maximize their independence in their communities (e.g., accessible transportation).
7. Public health continues to assume an ethical responsibility to provide support to assist community members in fulfilling their obligations where public health measures are mandated by law.
8. Public health and community partners continue to work collaboratively on upstream approaches to address the social determinants of health and resulting health inequities.

Connexions Timiskaming Connections

Evaluation Report

Background

On January 30, 2020, there were 7,818 confirmed cases of Coronavirus Disease 2019 (COVID-19) worldwide, prompting the World Health Organization (WHO) Director-General to declare the novel coronavirus outbreak a Public Health Emergency of International Concern (PHEIC).^{1,2,3} By March 7, 2020, the number of confirmed COVID-19 cases worldwide had reached 100,000, and concerned by the rapid spread and severity, the WHO declared COVID-19 a global pandemic on March 11, 2020.¹ By March 15, 2020, 317 cases, including one death from COVID-19 had been recorded in Canada.³ In response to an anticipated increase in cases, the Government of Ontario implemented emergency orders under the Emergency Management and Civil Protection Act on March 17, 2020.

In Canada, several federal and provincial measures were implemented to mitigate the impacts and transmission of COVID-19, including U.S.-Canada border restrictions, mandatory isolation for travelers, and the closure of schools and non-essential businesses. Public health measures included physical distancing and limiting trips to indoor public spaces. People were asked to limit social contact to members of their immediate households. Older adults and individuals with pre-existing health conditions or compromised immune systems were assessed to be at the highest risk and advised to self-isolate. Besides those with medical exemptions, masks or other face coverings would become mandatory in indoor public settings, including on public transit. By April 23, 2020, Canada had recorded 42,110 COVID-19 cases and 2,147 related deaths despite the measures.³ Public health instructed individuals believed to have had high-risk contact with a known case or experiencing COVID-19 symptoms to self-monitor for symptoms, isolate, and get tested. Those who tested positive for COVID-19 and their household members were required to isolate for up to 14 days. For some populations, a lack of appropriate resources and support would make adherence to these public health measures difficult, if not impossible.

The ethical principle of reciprocity acknowledges that compliance with public health measures can be burdensome. Accordingly, there is an ethical obligation to provide support and resources to facilitate adherence to those measures.⁴ In Canada, the federal and provincial governments supported businesses and individuals through various financial initiatives, including sickness benefits, wage subsidies, grants, and loans. These financial supports, however, were insufficient to address the measures' unintended social and psychological consequences. As expected, these burdens were not equally distributed across all populations, and different populations would require different types of support in varying degrees.

The Timiskaming Health Unit (THU) serves a population of approximately 32,394 and has a population density of 2.4 people per square kilometer. Its greatest proportion of residents (33.7%) is over the age of 60 years.⁶ Approximately 15% of households live with low income, with 1 in 5 experiencing food insecurity.⁷ Prior to the pandemic, the district's sparse population density and low income rates had already posed challenges in terms of transportation, accessing food, digital communications, and social isolation. The COVID-19 pandemic highlighted and exacerbated these pre-existing inequities.

A health disparity is "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have

systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”⁵ Acknowledging the existence of health disparities and the pandemic’s potential to exacerbate health inequities, THU spearheaded a group of community agencies tasked with identifying populations within the district of Timiskaming disproportionately impacted by the COVID-19 pandemic and, together, developed initiatives to mitigate the impacts on these populations. Several local and district-wide initiatives were born from the community collaborative efforts and made possible through funding administered by Centraide United Way, Temiskaming Community Foundation, South Temiskaming Community Futures, and the District of Timiskaming Social Services Administration Board. These funding agencies were often present at collaborative meetings along with service providers.

Examples of these initiatives include the Closing the Digital Divide in Timiskaming project developed by THU and the Cochrane-Timiskaming branch of the Canadian Mental Health Association (CMHA-CT) in conjunction with other community service agencies. The program addressed inequities by providing digital devices and Internet/cellular connectivity to families experiencing low income and older adults experiencing barriers to accessing digital technology. To offset the financial burdens of mandatory face coverings, mask depots were strategically located across the district, permitting free access to cloth and disposable masks to anyone in need. Funds were made available to assist with the installation of plexiglass, which served as a physical barrier between drivers and passengers on public transportation and in privately owned taxis. To address the needs of community members experiencing homelessness or who were under-housed and tested positive for COVID-19, isolation accommodations were arranged. In these instances, THU housed individuals in hotel rooms with the provision of groceries and other necessities for the duration of their isolation period. Where appropriate, support was provided to assist individuals in finding more permanent living arrangements following their isolation period. The Connexions Timiskaming Connections (CTC) volunteer line grew from recognizing that some populations (e.g., older adults, those with limited support networks, etc.) would require additional support to adhere to the recommended public health measures and mandatory isolation requirements.

Program Description

In consultation with the community collaborative, THU established the Connexions Timiskaming Connections (CTC) volunteer line in April 2020 (See Appendix A – Logic Model). The primary goal of this bilingual, district-wide initiative was to match community members needing additional supports during the COVID-19 pandemic with volunteers capable of providing those supports and wanting to help. The initial recruitment of volunteers and promotion of the CTC services occurred from April 24, 2020, to May 7, 2020, via social media posts, a media release, SPARK Ontario, community collaborative partners, and one-time print and radio ads. In addition, 13,594 bilingual flyers (one to each household) were distributed across the district via Canada Post (See Appendix B – Promotional Flyer), and an email blitz describing the initiative informed community partners. THU staff performing COVID-19 case and contact management (CCM) made clients aware of the CTC line services, as did staff receiving public inquiries via the COVID-19 information line. Although not limited in scope, the types of supports that were promoted included grocery delivery, medication pick-up, telephone social support, and assistance with digital technology. A toll-free telephone number linked community members in need of supports and volunteers to a voicemail system monitored by THU staff. Assigned THU staff, two of whom were bilingual, monitored the CTC volunteer line and emails during regular business hours (Monday to Friday,

8:30 a.m. to 4:30 p.m.). Starting in December 2021, on-call managers were responsive to any needs identified through the after-hours case and contact management team and provided emergency isolation supports as needed. THU staff facilitated matching volunteers to community members based on location, language spoken, level of risk, and type of service requested. Volunteers with current Vulnerable Sector Record Checks were utilized when services required an exchange of money or involved vulnerable populations. Once appropriately matched, volunteers and service recipients were encouraged to remain connected to address future needs. A process evaluation of the CTC volunteer line was undertaken in September 2020. Some suggestions stemming from that evaluation included minor changes to documentation and follow-up and further elaborating on acceptable levels of risk.

With the advancement of vaccinations and the province pivoting from prevention to mitigation, most public health measures were gradually lifted. After five waves of the pandemic, the number of requests for COVID-19-related supports from the CTC volunteer line significantly declined. In April 2022, after two years in existence, the services of the CTC volunteer line were paused pending future need, and further evaluation was deemed warranted.

Purpose

This evaluation aims to assess the CTC volunteer line's process and outcome objectives and identify barriers and facilitators to implementing the CTC volunteer line. The information provided in this document is intended to help inform decision-making, clarify future roles and processes, determine the adequacy of resources, and help identify gaps in services and potential barriers to accessing services in our communities. The evaluation also provides accountability and transparency to the use of publicly funded resources and the respective funding agencies.

Evaluation Questions

The following evaluation questions were used to guide the evaluation objectives:

1. a. Were any unmet needs identified in our communities through the CTC volunteer line?
b. Were the unmet needs related to the pandemic?
c. How might these needs be addressed in the future?
2. What human and financial resources are required to operate the CTC line, and are they sufficient?
3. Were the process and outcome objectives outlined in the CTC Volunteer Line logic model satisfied?
4. What factors facilitated the implementation of the CTC line?
5. What barriers were encountered in implementing the CTC line, and how might they be addressed in the future?

Method

A mixed method involving quantitative and qualitative data captured in the CTC Volunteer Line Tracking Tool was utilized for this evaluation. Information contained in the tracking tool was captured by assigned THU staff after initial contact with service recipients and volunteers and at follow-up after providing support. Information collected from recipients and volunteers at follow-up included whether the supports were provided as agreed upon, if any difficulties were encountered in providing the supports, and if required, whether ongoing support would be provided to the recipient by the assigned

volunteer. Feedback was also collected from THU staff assigned to the CTC volunteer line and the program manager through regularly scheduled meetings and informal discussions. In addition, three questions were posed to assigned THU staff via email (See Appendix C – Staff Evaluation Questions).

To facilitate the identification of areas across the district with specific needs and for the purpose of reporting, the THU catchment area was divided into three regions consisting of the North (Kirkland Lake and surrounding area), Central (Englehart, Earlton, and surrounding area), and South (Temiskaming Shores and surrounding area (See Appendix D – District of Timiskaming Map by Region).

Evaluation Findings

Volunteers

Staff assigned to the CTC volunteer line worked to establish processes for mitigating risks for volunteers and service recipients. Each volunteer received an information package outlining the responsibilities of volunteers and THU, instructions on reducing the risk of transmitting or acquiring COVID-19, and kindness postcards (See Appendix E – Volunteer Information Package). Factors such as the sensitivity of the request (e.g., risk of stigmatization) and the transfer of money were considered in evaluating the level of risk to service recipients. THU staff linked volunteers possessing current Vulnerable Sector Screening Checks to service recipients when the level of risk was considered high. Because Vulnerable Sector Screening Checks are often performed free of charge for volunteer positions, a letter on THU letterhead verifying their voluntarism was made available for volunteers willing to have a Vulnerable Sector Screening Check performed (See Appendix F – Volunteer Verification). While steps were taken to mitigate risks, volunteers inevitably incurred some risks when agreeing to be reimbursed by service recipients after making purchases on their behalf. The decision to engage in this practice was ultimately left to the volunteer.

Between April 27, 2020, and April 20, 2022, THU recruited 77 volunteers from across the district of Timiskaming, with 61% (n=47) residing in the south end of the district, 22% (n=17) living in the north, 12% (n=9) in the central region and 5% (n=4) were unknown. Most volunteers spoke English (66%, n=51), while 33% (n=25) identified as bilingual. One volunteer identified as speaking only French. The number of volunteers decreased as restrictions were lifted and people began to return to paid work and post-secondary studies. As of April 21, 2022, the number of active volunteers had decreased to approximately 20 for the entire THU area.

Most Volunteers Spoke English and Resided in the South End of the District

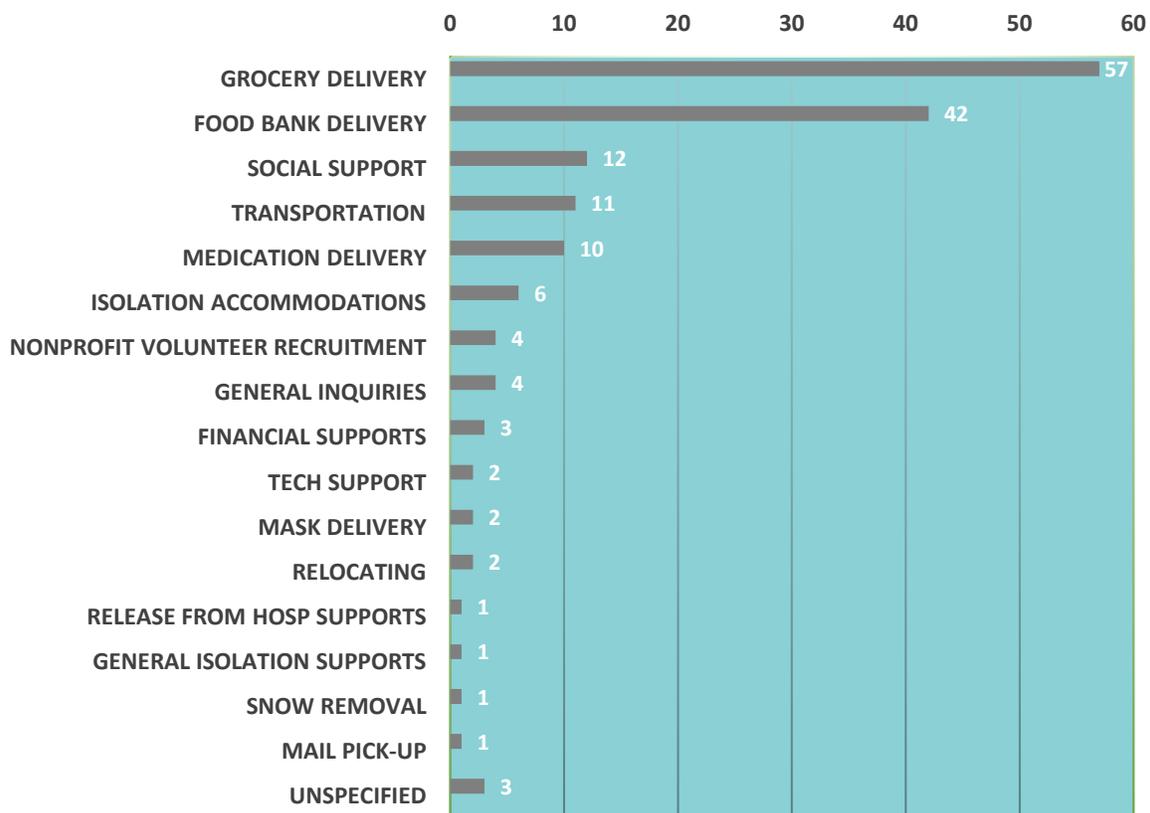
Region of District	Preferred Languages			Total
	French Only	English Only	Bilingual	
North	1	8	8	17
Central	0	7	2	9
South	0	32	15	47
Unknown	0	4	0	4
Total	1	51	25	77

Requests for Services

From April 27, 2020, to April 20, 2022, the CTC volunteer line received 155 documented requests for services/supports from 99 unique callers. Most callers (n=80) contacted the service only once; ten used it twice, and seven used it three to five times. Two individuals utilized the CTC volunteer line 15 times each.

The types of services and supports most requested through the CTC volunteer line were the delivery of food (n=99) either from the grocery store (n=57) or food bank (n=42), followed by social support (n=12), transportation (n=11), and medication delivery (n=10) (See Appendix G – for a complete breakdown for the type of requests by the community). The number of requests for supports to access food from grocery stores suggests that a lack of financial means is not the only barrier to accessing food. Transportation may have been a problem, as illustrated by the number of requests received for delivery from grocery stores versus food banks. Still, other barriers to accessing food may have included physical mobility issues, pre-existing medical or mental health conditions, or the presence of an aging population who were advised to avoid public spaces due to their high-risk status. It is also important to note two individuals in the south end accounted for 30 of the 42 (71%) requests for food bank deliveries.

Most Requests Involved Accessing Food



Note: A single call could involve a request for more than one service; therefore, the number of services requested (n=162) exceeded the number of calls (n=155).

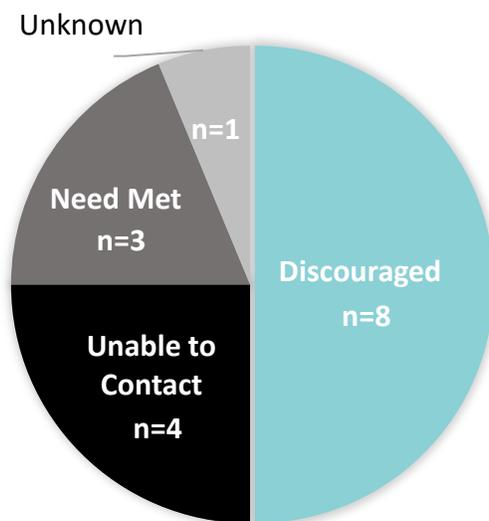
Requests by Non-Profit Organizations

Retirees and older adults constitute a large part of the volunteer base of many charitable and non-profit organizations. Due to public health measures and the high risk to older adults posed by COVID-19, many organizations experienced volunteer shortages. In extending its services to community organizations, the CTC received four service requests for volunteers from community programs/organizations (i.e., Cobalt/Coleman Lions Club, Northern Fruit & Vegetables Program, Town of Kirkland Lake, and the City of Temiskaming Shores). In assisting the City of Temiskaming Shores with the Seniors Nutrition Support Program, older adults residing within city limits were directed to contact the CTC volunteer line and leave their name and contact information. The CTC volunteer line received 539 calls, whereby staff screened callers for eligibility and forwarded the names and addresses to the City of Temiskaming Shores. Eligible applicants received a \$50.00 food card. Despite a substantial amount of time and resources devoted to this request, this service was recorded as a single request.

Unfilled Service Requests

Due to the transmissibility of the SARS-CoV-2 virus and the need to maintain physical distancing, THU discouraged volunteers from providing transportation. Of the 162 services requested, only eight were discouraged. Six requests for transportation were received, and alternative arrangements were suggested (e.g., having volunteers complete tasks in the community instead of providing transportation to the caller to complete those tasks). In two other instances where requests were unfilled, the level of support required by a service recipient was deemed to exceed the skill set of volunteers, and the callers were redirected to community agencies whose mandate aligned with providing those services. One request for isolation accommodations appears to have gone unfilled, but no explanation was documented.

Discouraged Service was the Most Common Reason for Not Filling a Request

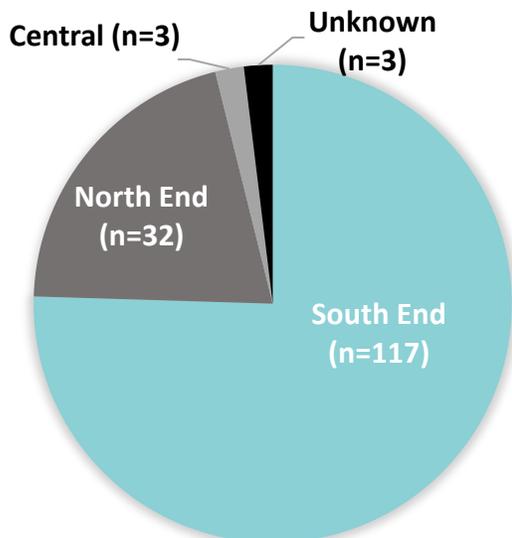


Of the 162 services requested, only 16 were not filled. The reasons for not satisfying the requests included the caller was no longer in need of assistance (3/16), staff were not able to contact the caller (4/16), requested services were discouraged (8/16), and one was unknown.

THU staff and volunteers filled all other service requests. Staff completed 11% (n=17) of the documented requests without the assistance of volunteers. The sensitive nature of the request (e.g., substance use involved) and the ease of fulfilling the request versus finding a volunteer were identified as reasons for THU staff filling requests. When both the volunteer and service recipient agreed, the staff

encouraged service recipients to communicate directly with the assigned volunteer for future needs. As a result, the amount of contact between the service recipient and the volunteer outside the CTC volunteer line is unknown, and the recorded number of service requests may not accurately reflect the level of support required by each recipient.

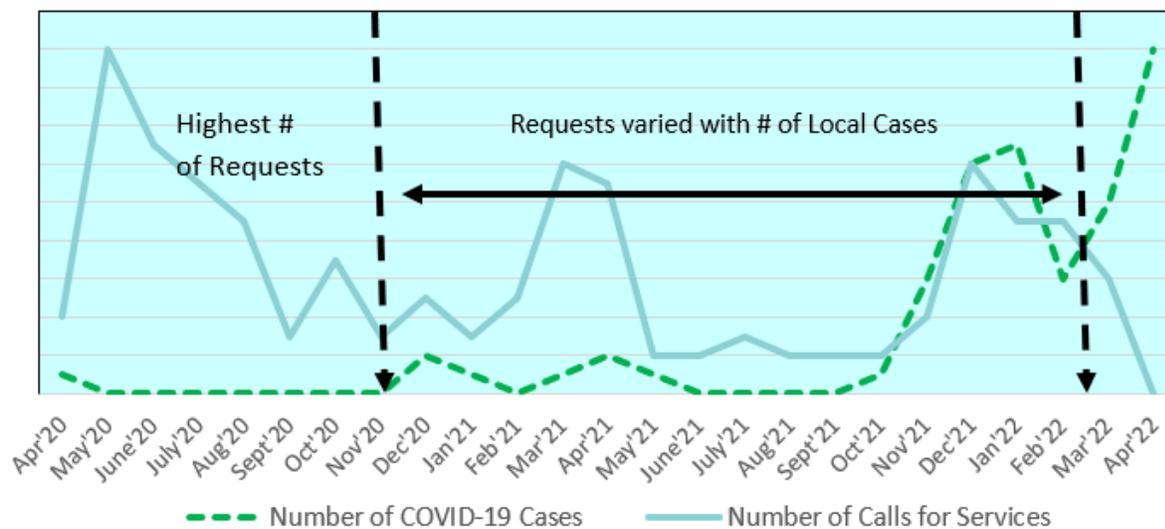
Most of the Requests for Services were in the South End



Approximately 75% (n=117) of the requests for services were received from the south end of the district and 21% (n=32) from the north end. Only three requests for supports were received from the district’s central region, and the origin of three requests is unknown (see Appendix G for a complete breakdown of requests by the community).

Where the language spoken by the service recipient was recorded, 79% (n=123) spoke English, 4% (n=6) spoke French, 4% (n=6) identified as bilingual, and 13% (n=20) were not specified.

Requests for CTC Services Were Highest During the Initial Waves and Aligned with the Number of Local Cases During Subsequent Waves



The number of service requests was highest during the initial waves of the pandemic despite a low number of reported cases within the THU catchment area during that period. This pattern could be attributed to the extensive public health measures implemented initially and a heightened level of vigilance due to the uncertainty surrounding the transmissibility of COVID-19 and the severity of the outcomes. The CTC volunteer line was also heavily promoted during this time.

Following the initial pandemic waves, the number of service requests was significantly related to the number of cases across the district. As the number of cases increased, service requests increased and vice versa - as one decreased, so did the other [$r(15)=-.59, p=.006$]. This pattern continued until April 2022, when the number of service requests declined despite a sharp increase in COVID-19 cases in the district. In addition to pandemic fatigue, this paradox may have resulted from various influences. In Ontario, the easing of public health measures, restrictions on eligibility for Polymerase Chain Reaction (PCR) testing, and the resulting underreporting of cases may have led to a lessening in perceived threat and community members taking a less cautious approach than in the earlier waves.

Additionally, until January 2022, THU staff had been performing the bulk of contact and case management (CCM) tasks, which permitted regular communication with those required to isolate and opportunities to inform these individuals about the availability of CTC volunteer line services. Due to the rising number of COVID-19 cases across the district, in December 2021, CCM duties began transitioning to a provincial workforce. By January 2022, the provincial workforce assumed the bulk of these duties. Whereas THU staff continued to perform the related responsibilities for high-risk settings (e.g., long-term care homes, hospitals, some First Nations communities, etc.), the provincial workforce assumed CCM for the general population. Although the services of the CTC volunteer line were outlined in the application to receive services from the provincial workforce, it is unknown whether the provincial workforce was actively promoting the CTC volunteer line services. From January 1, 2022, to April 1, 2022, the CTC volunteer line received 24 requests, but only half of these callers (12) were unique, with the other half having received services in the past.

Human & Financial Resources

THU electronic time tracker reports show that approximately 357 staff hours were dedicated to the CTC volunteer line. Staff did not perceive any issues with workload capacities regarding monitoring the CTC volunteer line and carrying out their regularly assigned duties. Not including staff salaries, expenses associated with the CTC volunteer line totaled \$10,775.49, with the provision of isolation accommodations being the largest at \$6,497.25. Printing and distributing the promotional flyers were the subsequent highest expenses, followed by groceries and other necessities provided to those utilizing isolation accommodations. Occasionally, THU provided taxis to access the regional assessment centres, vaccination clinics, and isolation accommodations.

The Largest Expense was for the Provision of Isolation Accommodations

Service	Cost
Isolation Accommodations	\$6,497.25
Groceries/Necessities Related to Isolation Accommodations	\$892.52
Printing & Distribution of Promotional Flyer	\$3,280.80
Taxis	\$104.92
Total	\$10,775.49

Note: The above expenses do not include HST

Objectives & Outcomes

The objectives and outcomes outlined in the program logic model (see Appendix A) were assessed using the information documented in the CTC Volunteer Line Tracking Tool and gathered through emails and discussions with THU staff. The CTC volunteer line's outcome objective was to ensure that all community

members requesting access to eligible supports and services via the CTC volunteer line would receive assistance within the timeframe agreed upon by the service recipient and volunteer. For the most part, the CTC volunteer line fulfilled its objective. After accounting for the requests that were discouraged, of the 154 eligible service requests received by the CTC volunteer line, only eight were unfilled. As noted previously, in four instances, staff were unable to contact the caller, while in three other instances, the caller had been able to find alternative means of having their needs met. One request for isolation accommodations went unmet for reasons unknown.

Most Process Objectives were Satisfied

<p>Process Objective #1: Staff Training All assigned staff will receive proper procedures and documentation training before being assigned to monitor the CTC volunteer line.</p>
<p>All assigned staff received training on the proper procedures and documentation before being assigned to monitor the CTC volunteer line.</p>
<p>Process Objective #2: Telephone Monitoring THU staff will monitor telephone and email five (5) days per week.</p>
<p>The telephone and email were monitored during regular business hours (Monday to Friday, 8:30 a.m. to 4:30 p.m.). On-call managers were also responsive to any needs identified through the after-hours case and contact management work and provided emergency isolation supports as needed.</p>
<p>Process Objective #3: Promotional Activities Each household in the district of Timiskaming will receive a promotional flyer by May 10, 2020.</p>
<p>There were 13,594 bilingual promotional flyers (one to each household) distributed across the district via Canada Post by May 7, 2020.</p>
<p>Process Objective #4: Volunteers Each volunteer will be screened and vetted within two business days from the date of application.</p>
<p>This objective could not be assessed due to an absence of data. No data was captured to determine the length of time between the date of receiving a volunteer’s application and the date vetting or screening was completed.</p>

Process Objective #5: Follow-Up

After services are provided, follow-up with each party will occur by the end of the next business day.

Follow-up with volunteers and service recipients was documented for 59% (93/155) of the requests following the provision of services. “No need for follow-up” was recorded for 18% (28/155) of the requests received. For 22% (34/155) of the calls, there was no documentation as to whether follow-up occurred. The inconsistencies in documentation were corrected following the initial process evaluation.

Process Objective #6: Recording

All information required for program and evaluation purposes will be captured in electronic format.

Most of the information required for program and evaluation purposes was documented. In some instances, dates were missing, and in other instances, some requests (e.g., requests for ineligible services or where callers were referred to other agencies) were not recorded. Again, missing data were noted during the initial process evaluation, and steps were taken to correct the situation.

Process Objective #7: Meetings

The team will have a minimum of one (1) weekly check-in for the initiative’s duration.

Although not always formal meetings, regular check-ins occurred regularly and as needed throughout the initiative. Team members reported feeling well-supported by management.

Limitations

There are some limitations associated with this evaluation. Missing data and inadequate documentation made it difficult to assess some process objectives, specifically whether follow-up had occurred and whether expectations for timeframes were satisfied. Furthermore, once connected via the CTC volunteer line, service recipients and volunteers were encouraged to communicate directly for future needs. Therefore, the recorded number of service requests may not accurately reflect the level of support provided to each recipient nor the level of support required in our communities.

As noted above, in January 2022, the CCM duties shifted from local THU staff to a provincial workforce. As a result, the consistency and frequency at which isolating individuals were informed of the services of the CTC volunteer line by the provincial workforce are unknown. As a result, it is difficult to ascertain whether the decrease in the CTC volunteer line usage resulted from a lack of need for CTC volunteer line services, a lack of awareness of their existence, or a combination of the two.

While staff monitoring the CTC volunteer line received feedback regarding the services, no formal feedback was solicited from volunteers, service recipients, or community partners. This information could have assisted in assessing the quality or effectiveness of the services provided by the CTC volunteer line.

Discussion

During the initial waves of COVID-19, the Canadian federal and provincial governments provided a variety of financial initiatives and supports to businesses and individuals. However, the provision of financial supports alone was insufficient to address the needs of households required to isolate for extended periods or individuals instructed to avoid high-risk situations. As noted earlier, different populations require different types of supports to varying degrees. The CTC volunteer line was founded on this premise and assisted community members in adhering to public health measures during the COVID-19 pandemic by offering an array of supports. Overall, unsolicited feedback from community members received via the COVID-19 information line, CCM team, and community collaboration supports the notion that the CTC volunteer line was well received and appreciated by members of the public and community partners.

In the district of Timiskaming, transportation barriers, inadequate support networks, social isolation, food insecurity, lack of access to digital technology, and homelessness existed before the COVID-19 pandemic. The pandemic did not create these health inequities; it merely served to exacerbate and elucidate existing inequities. These inequities were exemplified by the types of supports requested through the CTC volunteer line. With over 30% of Timiskaming residents over the age of 60,⁶ a decrease in income, a shrinking support network, transportation barriers, and mobility issues are possible hindrances to accessing food. Food delivery was the most common request for service. However, failing to collect sociodemographic data made identifying the populations requesting these services impossible. Its collection may have assisted in identifying targeted solutions to mitigate the problem.

Facilitators & Barriers

At the onset of the COVID-19 pandemic and the implementation of the agency's Incident Management System (IMS) protocols, many THU staff were deployed to different roles and tasked with new responsibilities. The flexibility of public health promoters to adapt to changing circumstances, their experience applying a health equity lens to their work, and the skill set to create promotional materials and information tracking tools facilitated the rapid establishment of the CTC volunteer line. Within a month of the Government of Ontario implementing emergency orders under the Emergency Management and Civil Protection Act, promotional material for the CTC volunteer line had been created, and processes and procedures had been established. The broad base of community knowledge, willingness to work collaboratively, health communications skillset, and ingenuity of THU public health promoters permitted the development of an array of resources. A volunteer information package outlining the volunteer and THU responsibilities (See Appendix F) and protocols for reducing the risk of infection was developed by THU staff, and kindness postcards were utilized to introduce and assist neighbours (See Appendix G – Wellness Postcard). THU staff also created volunteer verification forms on THU letterhead, allowing CTC volunteers to access free Vulnerable Sector Screening Checks via the Ontario Provincial Police (See Appendix H – Volunteer Verification). Access to resources located in a tab of the CTC Volunteer Line Tracking Tool was invaluable in assuring all staff had access to an inventory of volunteer and non-profit organizations when redirecting callers to external agencies. The public also had access to a list of local, provincial, and federal supports and resources via the THU website, which staff updated regularly.

The closure of non-essential businesses and schools and social distancing measures gave people time and the opportunity to volunteer. The CTC volunteer line allowed many to remain active and productive

through volunteerism. The line could not have existed without community-minded individuals willing to assist and support others in need.

A collaboration of community partners ensured that service providers across the district were aware of the services the CTC volunteer line provided. Funding agencies were part of this community collaborative, and their presence expedited funding approval for various initiatives, including isolation accommodations and the Closing the Digital Divide in Timiskaming project. Direct contact between THU staff and members of the public via the COVID-19 information line and the CCM functions facilitated the promotion of CTC volunteer line services to those most in need.

As public health measures began to relax, people returned to paid work and post-secondary studies. Determined by provincial COVID-19 case counts, elementary and secondary education alternated between in-person and virtual delivery. Online schooling placed a greater demand on parents' time, especially for parents with younger children. Both paid work and school obligations were reasons cited by volunteers for a decline in their availability. As a result, the CTC volunteer line experienced a decrease in active volunteers, and over time, staff began to experience challenges maintaining an up-to-date list of volunteers. Sometimes, staff had to make several phone calls to find an available volunteer or resorted to repeatedly calling upon the same individuals. Occasionally, staff found it easier to provide the support themselves. A lack of volunteers with current Vulnerable Sector Screening Checks and a high number of "high-risk" requests led to the overutilization of some volunteers and underutilization of others. An attempt to recruit more volunteers in February 2022 did not yield a single applicant.

When receiving requests for social support, staff had difficulty discerning who would benefit from making a mere social connection from those who needed more in-depth mental health services. There was a concern that the service recipient's mental health needs might exceed the capacity of a volunteer. A lack of experience and training in mental health was a concern for some staff when asked to fill requests for social support.

The provision of isolation accommodations provided opportunities for THU staff accustomed to population-level work to practice non-judgemental and harm-reducing approaches to supporting individuals. Initially, concerned about contradicting public health's mandate, when people who were being supported with isolation requested tobacco, nicotine replacement therapy options were offered instead. With reflection on their intent to support clients without judgement and in a way that preserved dignity, the team adjusted their approach, later providing tobacco as well as harm reduction support.

Finally, the CTC Volunteer Line Tracking Tool format was not conducive to facilitating data analysis. As a result, much of the data had to be reformatted, and some calculations had to be performed manually. The extra tasks were time-consuming and resulted in delays in data analysis.

Impact

The results of this evaluation lend credence to the notion that the CTC volunteer line served a valuable role during the COVID-19 pandemic. While it is impossible to calculate the number of COVID-19 cases that were prevented through the provision of supports, it can, with reasonable confidence, be assumed that some of the unintended harms of the public health measures were offset through this initiative. As pointed out by staff monitoring the COVID-19 information line or performing CCM, those required to isolate or avoid high-risk environments often expressed a sense of relief upon hearing about the

availability of the CTC volunteer line services. Even if community members had no intention of using the services, the fact that they were available provided comfort to those required to isolate. By providing the necessary supports to assist community members in fulfilling their mandatory public health requirements, THU was able to address ethical aspects aligned with the principle of reciprocity.

Recommendations/Next Steps

The following list of recommendations is based on the above information and feedback received from THU staff. It is not intended to be exhaustive, nor are the recommendations in any particular order of priority. As such, it is recommended that:

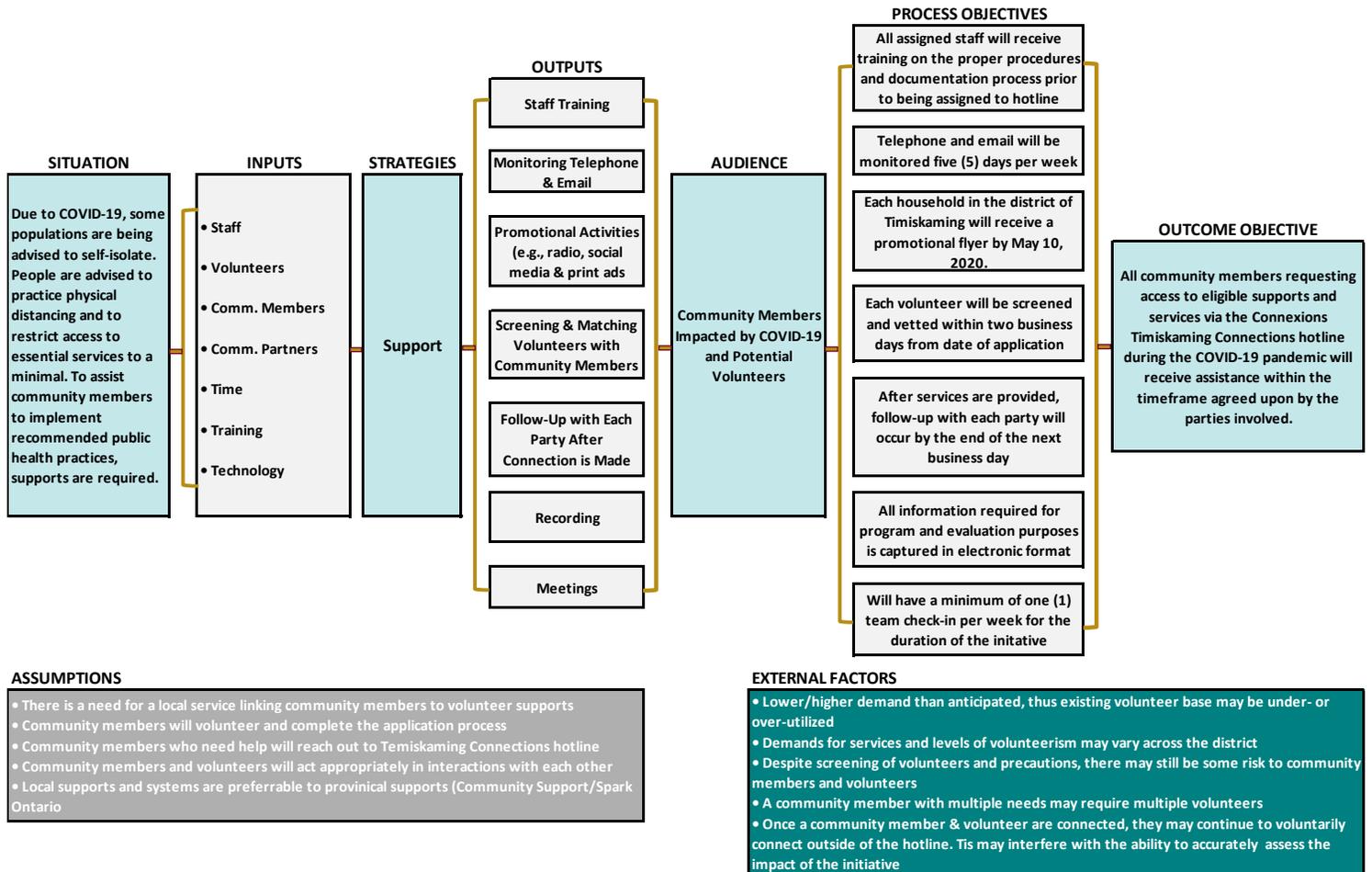
1. This report is shared with service providers (including Spark Ontario) and funding agencies through various platforms and made accessible to other volunteer organizations and the public via the THU website.
2. THU supports community partners in utilizing the information in this report to identify gaps in services and, where applicable, engage in developing supports to address these needs.
3. The volunteer recruitment strategies used by THU are shared with volunteer organizations, such as Timiskaming Home Support (THS), which offer various services (e.g., meal delivery, friendly visits/calls, and rides) and may experience challenges recruiting volunteers.
4. THU collects sociodemographic information from service recipients in the future to assist in identifying at-risk populations and creating or modifying interventions to address those specific populations' needs.
5. Collecting sociodemographic data during the provision of public health services should be prioritized, and its importance in mitigating health inequities be reinforced among THU staff upon their initial orientation to THU and at regular intervals throughout their employment with THU to increase their comfort levels in its collection.
6. Communities focus on creating more services to permit aging adults to maximize their independence in their communities, including providing dependable, accessible, and affordable public transportation. Other supports could include ensuring available volunteer food delivery services and increasing opportunities for social interactions for individuals with mobility or sensory limitations.
7. Public health continues to assume the ethical responsibility to provide supports to assist community members to fulfill their obligation where public health measures are mandated by law. Consideration should be given to the types of supports required and by whom.
8. Public health and community partners continue to work collaboratively on upstream approaches to address the social determinants of health that gave rise to the health inequities exacerbated during the pandemic. Priority should be given to engaging communities to identify, prioritize, and address the social determinants of health in Timiskaming.

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Connexions Timiskaming Connections Volunteer Line Logic Model

Program Goal: To ensure everyone within the district of Timiskaming receives the necessary supports to reduce the risks associated with COVID-19



CTC Promotional Flyer



during **COVID-19**
pendant le

The **COVID-19 volunteer line** is a partnership between Timiskaming Health Unit and local organizations. Together, we can support those in need and help slow the spread of COVID-19 in our community.

NEED HELP? Do you need help to get your groceries, run errands, or just need someone to chat? If so, please contact us, and we can match you to a volunteer who can help! Organizations can also make requests for volunteers (i.e. pharmacies, food banks, etc.)

WANT TO HELP? Are you able to get groceries, run errands, or make phone calls to check in with those in need and who may be lonely? If so, please contact us to be added to a volunteer list.



La **ligne de bénévoles COVID-19** est un partenariat regroupant les Services de santé du Timiskaming et divers organismes locaux. Ensemble, nous pouvons aider les gens qui en ont besoin et contribuer à ralentir la propagation de la COVID-19 dans notre communauté.

VOUS AVEZ BESOIN D'AIDE? Est-ce que vous aimeriez avoir quelqu'un qui pourrait aller à l'épicerie pour vous, faire vos courses ou simplement jaser avec vous? Si oui, communiquez avec nous et nous vous trouverons un bénévole qui pourra vous aider! Les organismes aussi peuvent demander des bénévoles (p. ex. pharmacies et banques alimentaires).

VOUS VOULEZ AIDER? Vous pouvez aller à l'épicerie, faire des courses ou téléphoner aux personnes qui ont besoin d'aide ou qui se sentent seules? Si oui, communiquez avec nous pour qu'on ajoute votre nom à la liste de bénévoles.

Reach out today! On est là pour vous!

1-866-747-4305, Ext./poste 2278 connect@timiskaminghu.com

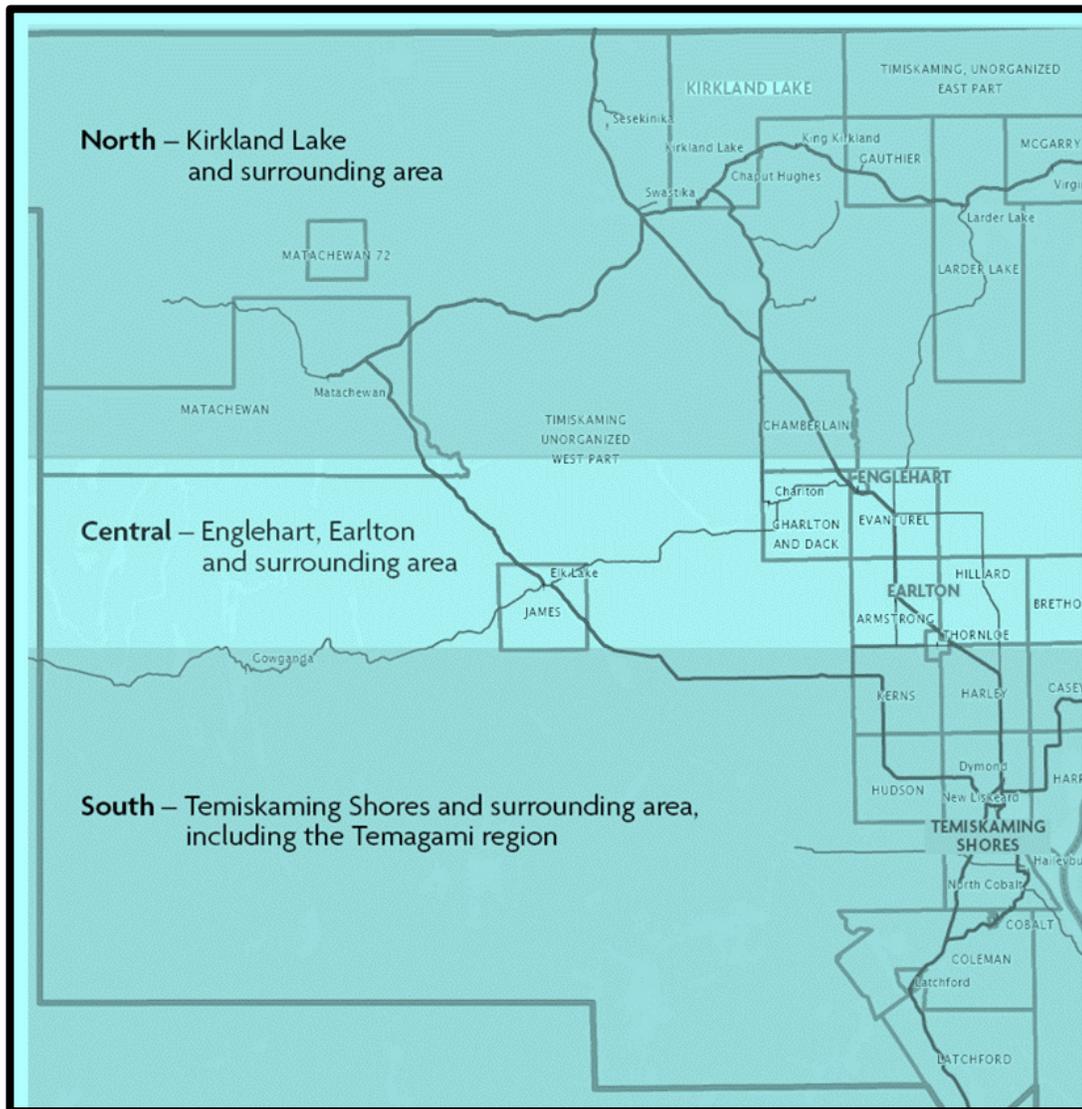
Forms available at | Les formulaires sont disponibles à
www.timiskaminghu.com

Staff Evaluation Questions

The following questions were posed to THU Staff monitoring the CTC volunteer line

1. What issues related to delivering services (e.g., connecting volunteers to clients, volunteer recruitment, meeting the needs of hard-to-serve clients, collecting payments for goods, etc.) did you encounter throughout your work with the CTC volunteer line?
2. What gaps in services or need patterns did you identify during your work with the CTC volunteer line (e.g., need for particular services, additional supports for specific populations, promotion of the services, etc.)?
3. What recommendation would you suggest to improve the CTC volunteer line?

District of Timiskaming Map



Volunteer Information Package



VOLUNTEER INFORMATION PACKAGE

Volunteer Guidelines:

Thank you for volunteering to help others during this difficult time. Please review this information to help make your experience a safe and positive one. Also included in this package are kindness postcards. Feel free to fill them out and let a neighbour know that you are able to help them out if needed.

Once you have registered as a volunteer with Timiskaming Connections and provided your reference check if required, you will be added to the database of volunteers. When a request for help comes in, you may be contacted and connected to the person requiring support.

Things to remember when volunteering:

- ✓ [Self-monitor](#) for symptoms and if you begin to show COVID-19 related symptoms after registering, do not volunteer.
- ✓ Be sure to practice physical distancing (6 feet / 2 metres) between yourself and others.
- ✓ Avoid direct physical contact with others as much as possible. Leave packages, food or any other provisions at doorsteps, and payments should be made electronically if possible.
- ✓ Do not offer or provide transportation to others.
- ✓ If you are an older adult and/or suffer from underlying illnesses, avoid volunteering that involves personal interaction and consider registering for phone calls.

Responsibilities:

Timiskaming Health Unit is responsible for:

- Organizing requests for help and volunteers
- Connecting those requesting help to resources, supports and volunteers
- Following up with both parties to ensure the transaction was successful

Volunteers are responsible for:

- Coordinating payments between themselves and the “client” when running errands (e-transfer, cash). Payment can be made prior to the purchases, via e-transfer, or repayment upon delivery.
- Acting in a responsible manner following all public health [guidelines](#).
- Maintaining their own vehicle insurance; volunteers with Timiskaming Connections are not affiliated with Timiskaming Health Unit, and therefore, will not be covered by the organization’s insurance.
- Being confidential and trustworthy including not asking personal details or banking information from those being helped, and keeping things you learn about the person you are helping private.
- Provide vulnerable sector check.
- If at any time, you are uncomfortable with the request, or issues arise, please contact us.

If you have any questions or concerns, contact us at 1-866-747-4305, Ext. 2278 or connect@timiskaminghu.com



TROUSSE D'INFORMATION POUR LES BÉNÉVOLES

Lignes directrices pour les bénévoles

Merci de faire du bénévolat afin d'aider les autres en cette période difficile. Passez en revue les renseignements ci-dessous pour faire de votre bénévolat une expérience sécuritaire et positive. Vous trouverez aussi dans cette trousse des cartes postales de gentillesse. N'hésitez pas à les remplir et à faire savoir à un voisin que vous pouvez lui donner un coup de main s'il a besoin d'aide.

Une fois que vous serez inscrit comme bénévole à Connexions Timiskaming et qu'on aura procédé à la vérification de vos références, s'il y a lieu, nous ajouterons votre nom à la base de données des bénévoles. Lorsque nous recevrons une demande d'aide, nous pourrions communiquer avec vous et vous jumeler à la personne qui a besoin de soutien.

Rappels aux bénévoles

- ✓ [Faites une autoévaluation](#) pour la COVID-19. Si vous commencez à manifester des symptômes après vous être inscrit comme bénévole, ne faites pas de bénévolat.
- ✓ Assurez-vous de toujours garder une distance de deux mètres (six pieds) entre vous et les autres.
- ✓ Évitez le plus possible le contact direct avec les autres. Laissez les colis, la nourriture ou tout autre article à la porte. Le paiement devrait se faire de façon électronique si possible.
- ✓ N'offrez pas et ne fournissez pas de services de transport aux autres.
- ✓ Si vous êtes une personne âgée ou si vous êtes atteint d'une maladie sous-jacente, évitez les activités bénévoles qui nécessitent des interactions en personne. Songez plutôt à vous engager à vous occuper des appels téléphoniques.
- Mettre les gens qui demandent de l'aide en rapport avec des ressources, des services de soutien et des bénévoles.
- Faire un suivi auprès des deux parties pour s'assurer que la transaction a été une réussite.

Les bénévoles ont les responsabilités suivantes :

- Coordonner les paiements entre eux et le « client » lorsqu'ils font des courses (virement électronique ou argent comptant). Le paiement peut se faire par virement électronique avant l'achat, ou le bénévole peut se faire rembourser au moment de la livraison.
- Agir de façon responsable en suivant toutes les [lignes directrices](#) en matière de santé publique.
- Avoir une assurance automobile. Les bénévoles de Connexions Timiskaming ne sont pas associés aux Services de santé du Timiskaming. Par conséquent, ils ne sont pas couverts par l'assurance de cet organisme.
- Respecter la confidentialité et être digne de confiance, y compris éviter de demander aux personnes qu'ils aident de leur fournir des renseignements personnels ou bancaires, et ne pas révéler les renseignements dont ils prennent connaissance au sujet des personnes qu'ils aident.
- Fournir une preuve de vérification des antécédents en vue d'un travail auprès de personnes vulnérables.
- Si jamais ils ne sont pas à l'aise de répondre à une demande donnée ou si des problèmes surviennent, ils doivent nous en informer.

Si vous avez des questions ou des préoccupations, vous pouvez nous joindre au 1 866 747-4305, poste 2278, ou à connect@timiskaminghu.com.

How to Avoid Transmission

Coronavirus Disease 2019 (COVID-19)

When and How to Wear a Mask Recommendations for the General Public

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. If you need to wear a mask, you should also be sure to clean your hands frequently with soap and water or alcohol-based hand sanitizer.

Wear a mask if:

- You have symptoms of COVID-19 (i.e., fever, cough, difficulty breathing, sore throat, runny nose or sneezing) and are around other people.
- You are caring for someone who has COVID-19.
- Unless you have symptoms of COVID-19, there is no clear evidence that wearing a mask will protect you from the virus, however wearing a mask may help protect others around you if you are sick.



How to wear a mask:

- Before putting on your mask, wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer.
- Secure the elastic loops of the mask around your ears. If your mask has strings, tie them securely behind your head.
- Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
- Do not touch the front of the mask while you wear it. Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer if you accidentally touch your mask.

- Mettre les gens qui demandent de l'aide en rapport avec des ressources, des services de soutien et des bénévoles.
- Faire un suivi auprès des deux parties pour s'assurer que la transaction a été une réussite.

Les bénévoles ont les responsabilités suivantes :

- Coordonner les paiements entre eux et le « client » lorsqu'ils font des courses (virement électronique ou argent comptant). Le paiement peut se faire par virement électronique avant l'achat, ou le bénévole peut se faire rembourser au moment de la livraison.
- Agir de façon responsable en suivant toutes les [lignes directrices](#) en matière de santé publique.
- Avoir une assurance automobile. Les bénévoles de Connexions Timiskaming ne sont pas associés aux Services de santé du Timiskaming. Par conséquent, ils ne sont pas couverts par l'assurance de cet organisme.
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- Fournir une preuve de vérification des antécédents en vue d'un travail auprès de personnes vulnérables.
- Si jamais ils ne sont pas à l'aise de répondre à une demande donnée ou si des problèmes surviennent, ils doivent nous en informer.

Si vous avez des questions ou des préoccupations, vous pouvez nous joindre au 1 866 747-4305, poste 2278, ou à connect@timiskaminghu.com.

How to handrub

Rub hands for 15 seconds



1
Apply 1 to 2 pumps of product to palms of dry hands.



2
Rub hands together, palm to palm.



3
Rub in between and around fingers.



4
Rub back of each hand with palm of other hand.

Rub hands for 15 seconds



5
Rub fingertips of each hand in opposite palm.



6
Rub each thumb clasped in opposite hand.



7
Rub hands until product is dry. Do not use paper towels.



8
Once dry, your hands are safe.



JUST CLEAN YOUR HANDS

distributed by:



Timiskaming
366-4611 (95-10)



Ontario

How to handwash

Lather hands for 15 seconds



1
Wet hands with warm water.



2
Apply soap.



3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for 15 seconds



5
Rub back of each hand with palm of other hand.



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.



11
Your hands are now safe.



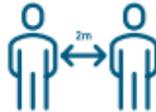
JUST CLEAN YOUR HANDS



PHYSICAL DISTANCING

Together, we can slow the spread of COVID-19 by making a conscious effort to keep a physical distance between each other. Physical distancing is proven to be one of the most effective ways to reduce the spread of illness during an outbreak. With patience and cooperation, we can all do our part.

What does physical distancing mean?



This means making changes in your everyday routines in order to minimize close contact with others, including:

- ▶ avoiding crowded places and non-essential gatherings
- ▶ avoiding common greetings, such as handshakes
- ▶ limiting contact with people at higher risk (e.g. older adults and those in poor health)
- ▶ keeping a distance of at least 2 arms lengths (approximately 2 metres) from others, as much as possible

Here's how you can practice physical distancing:



- ▶ greet with a wave instead of a handshake, a kiss or a hug
- ▶ stay home as much as possible, including for meals and entertainment
- ▶ shop or take public transportation during off-peak hours
- ▶ conduct virtual meetings
- ▶ host virtual playdates for your kids
- ▶ use technology to keep in touch with friends and family



If possible,

- ▶ use food delivery services or online shopping
- ▶ exercise at home or outside
- ▶ work from home

Remember to:



- ▶ wash your hands often for at least 20 seconds and avoid touching your face
- ▶ cough or sneeze into the bend of your arm
- ▶ avoid touching surfaces people touch often

If you're concerned you may have COVID-19:



- ▶ separate yourself from others as soon as you have symptoms
- ▶ if you are outside the home when a symptom develops, go home immediately and avoid taking public transit
- ▶ stay home and follow the advice of your Public Health Authority, who may recommend isolation
- ▶ call ahead to a health care provider if you are ill and seeking medical attention

FOR MORE INFORMATION:

@ canada.ca/coronavirus

1-833-784-4397



Public Health
Agence de la santé
publique du Canada

Canada

Maladie à coronavirus 2019 (COVID-19)

Quand et comment porter un masque

Recommandations pour le grand public

Le port d'un masque peut aider à prévenir la propagation de certaines maladies respiratoires, mais il peut aussi devenir une source d'infection s'il n'est pas porté ou jeté correctement. Si vous devez porter un masque, vous devez également veiller à vous laver fréquemment les mains avec de l'eau et du savon ou avec un désinfectant pour les mains à base d'alcool.

Vous devriez porter un masque si :

- vous avez des symptômes de la COVID-19 (c.-à-d., fièvre, toux, difficulté à respirer, irritation de la gorge, écoulement du nez ou éternuements) et si vous êtes en présence d'autres personnes;
- vous vous occupez d'une personne atteinte de la COVID-19;
- vous avez des symptômes de la COVID-19. Sinon, il n'existe aucune preuve évidente que le port d'un masque vous protégera du virus. Toutefois, si vous êtes malade, le fait de porter un masque peut contribuer à protéger les personnes autour de vous.



Comment porter un masque

- Avant de mettre votre masque, lavez-vous les mains avec de l'eau et du savon pendant au moins 15 secondes ou utilisez un désinfectant pour les mains à base d'alcool.
- Fixez les boucles élastiques du masque autour de vos oreilles. Si votre masque a des ficelles, attachez-les solidement à l'arrière de votre tête.
- Couvrez votre bouche et votre nez avec le masque et assurez-vous qu'il n'y a pas d'espace entre votre visage et le masque.
- Ne touchez pas l'avant du masque lorsque vous le portez. Lavez-vous les mains avec de l'eau et du savon pendant au moins 15 secondes ou utilisez un désinfectant pour les mains à base d'alcool si vous touchez accidentellement à votre masque.

Comment jeter votre masque

- Ne touchez pas à l'avant de votre masque lorsque vous devez l'enlever.
- Retirez les boucles élastiques du masque autour de vos oreilles. Si votre masque a des ficelles, détachez-les de l'arrière votre tête.
- Ne tenez que les boucles ou les ficelles et placez le masque dans une poubelle avec un couvercle.
- Lavez-vous les mains avec de l'eau et du savon pendant au moins 15 secondes ou utilisez un désinfectant pour les mains à base d'alcool après avoir jeté votre masque.

Plus de renseignements sur les masques

- Lorsqu'un masque devient humide ou mouillé, remplacez-le par un nouveau masque.
- Ne réutilisez pas un masque à usage unique. Jetez votre masque lorsque vous avez fini de l'utiliser.

Les renseignements présentés dans ce document sont à jour en date du 10 avril 2020.

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Ontario

Comment se désinfecter les mains

Frottez-vous les mains durant 15 secondes

-  Appliquez le produit sur les paumes de vos mains sèches en appuyant une ou deux fois sur la pompe.
-  Frottez-vous les mains, paume contre paume.
-  Frottez entre les doigts et autour des doigts.
-  Frottez le revers de chaque main avec la paume de l'autre main.

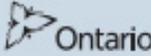
Frottez-vous les mains durant 15 secondes

-  Frottez l'extrémité des doigts de chaque main dans la paume de l'autre main.
-  Frottez chaque pouce en refermant l'autre main autour de celui-ci.
-  Continuez à frotter jusqu'à ce que le produit se soit évaporé. N'utilisez pas de serviette en papier.
-  Une fois sèches, vos mains ne présentent plus de risque.

LAVEZ-VOUS LES MAINS

contributeur par  TIMISKAMING

R-35b-MN (05.10)



Comment se laver les mains

Frottez-vous les mains durant 15 secondes

-  Mouillez-vous les mains avec de l'eau chaude.
-  Appliquez du savon.
-  Faites mousser le savon et frottez-vous les mains paume contre paume.
-  Frottez entre les doigts et autour des doigts.

Frottez-vous les mains durant 15 secondes

-  Frottez le revers de chaque main avec la paume de l'autre main.
-  Frottez l'extrémité des doigts de chaque main dans la paume de l'autre main.
-  Frottez chaque pouce en refermant l'autre main autour de celui-ci.
-  Rincez complètement sous l'eau courante.

-  Séchez vos mains en les tapotant avec une serviette en papier.
-  Fermez le robinet en utilisant une serviette en papier.
-  Vos mains ne présentent maintenant plus de risque.

LAVEZ-VOUS LES MAINS

contributeur par  TIMISKAMING

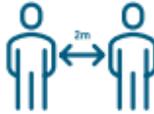
R-35b-MN (05.10)



ÉLOIGNEMENT PHYSIQUE

Ensemble, nous pouvons ralentir la propagation de la COVID-19 en faisant un effort réfléchi pour maintenir une certaine distance physique entre nous et les autres. Il est prouvé que l'éloignement physique est l'un des moyens les plus efficaces de réduire la propagation de la maladie pendant une épidémie. Par la patience et la coopération, nous pouvons tous contribuer à cet effort.

L'éloignement physique, qu'est-ce que c'est?



Pratiquer l'éloignement physique, c'est modifier ses habitudes quotidiennes afin de réduire au minimum les contacts étroits avec d'autres personnes, notamment par les moyens suivants :

- éviter les endroits très fréquentés et les rassemblements non essentiels;
- éviter les salutations d'usage, comme les poignées de main;
- limiter les contacts avec les personnes présentant un risque plus élevé (aînés, personnes en mauvaise santé, etc.);
- maintenir autant que possible une distance d'au moins deux longueurs de bras (environ deux mètres) entre soi-même et les autres personnes.

Voici comment vous pouvez pratiquer l'éloignement physique :



- Saluez les autres d'un signe de la main plutôt qu'avec une poignée de main, un baiser ou une accolade;
- Restez à la maison autant que vous le pouvez, y compris pour les repas et les loisirs;
- Faites votre magasinage et utilisez le transport en commun en dehors des heures de pointe;
- Tenez des réunions virtuelles;
- Organisez des séances de jeu virtuelles pour vos enfants;
- Utilisez les moyens technologiques pour rester en contact avec vos amis et votre famille.



Dans la mesure du possible :

- Faites-vous livrer de la nourriture ou faites vos achats en ligne;
- Pratiquez vos activités physiques à la maison ou à l'extérieur;
- Travaillez de la maison.

Quelques rappels :



- Lavez-vous les mains souvent pendant au moins 20 secondes et évitez de vous toucher le visage;
- Toussez ou éternuez dans le creux de votre coude;
- Évitez de toucher les surfaces que les gens touchent couramment.

Si vous craignez avoir contracté la COVID-19 :



- Isolez vous des autres dès que vous présentez des symptômes;
- Si vous n'êtes pas à la maison lorsqu'un symptôme apparaît, retournez chez vous immédiatement en évitant le transport en commun;
- Restez à la maison et suivez les conseils de votre autorité de santé publique, qui pourrait recommander l'auto-isolement;
- Si vous êtes malade et que vous avez besoin de soins médicaux, appelez au préalable un fournisseur de soins de santé.

POUR EN SAVOIR PLUS :

@ canada.ca/le-coronavirus

1-833-784-4397



Agence de la santé
publique du Canada

Public Health
Agency of Canada

Canada

Kindness Postcards

HELLO! If you are self-isolating, I can help.

My name is
.....

I live locally at
.....

My phone number is
.....

If you are self-isolating due to COVID-19 I can help with:

Picking up shopping Posting mail

A friendly phone call Urgent supplies

Just call or text me and I'll do my best to help you (for free!)

Coronavirus is contagious. Please take every precaution to ensure you are spreading only kindness. Avoid physical contact (2m distance). Wash your hands regularly. Items should be left on your doorstep. **#ViralKindness**

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Bonjour! Si vous vous isolez, je peux vous aider.

Mon nom est

.....

J'habite à

.....

Mon numéro de téléphone est

.....

Si vous vous auto-isolez à cause du COVID-19, je peux vous aider :

- | | |
|---|---|
| <input type="checkbox"/> faire ses courses | <input type="checkbox"/> l'envoi de courrier |
| <input type="checkbox"/> un appel téléphonique amical | <input type="checkbox"/> fournitures urgentes |

Appelez-moi ou testez-moi et je ferai de mon mieux pour vous aider (gratuitement !)

COVID-19 est contagieux. Veuillez prendre toutes les précautions nécessaires pour vous assurer que vous ne faites que propager la bonté. Évitez tout contact physique (distance de 2 m). Lavez-vous les mains régulièrement. Les objets doivent être laissés sur le pas de votre porte.

Bonjour! Si vous vous isolez, je peux vous aider.

Mon nom est

.....

J'habite à

.....

Mon numéro de téléphone est

.....

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Volunteer Verification Letter



Services de santé du
TIMISKAMING
 Health Unit
Enhancing your health in so many ways.

Head Office:
 247 Whitewood Avenue, Unit 43
 PO Box 1090
 New Liskeard, ON P0J 1P0
 Tel.: 705-647-4305 Fax: 705-647-5779

Branch Offices:
 Englehart Tel.: 705-544-2221 Fax: 705-544-8698
 Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476
www.timiskaminghu.com

Date: _____

Ontario Provincial Police

Attention: Records Department

Re: **Vulnerable Sector Screening Check**
Name: Volunteer Name

The Timiskaming Health Unit requires a Vulnerable Sector Screening Check for the above named individual.

This applicant will be working with vulnerable populations that may include older adults, families or/with children, and/or individuals with disabilities that limit their ability to access services as part of their volunteer duties.

If you have any questions, please do not hesitate to contact _____ at

Sincerely,

Signature

Type of Request by Community

Grocery Delivery

Town	Number of Requests
Temiskaming Shores	36
Kirkland Lake	8
Cobalt	6
Larder Lake	2
Virginiatown	1
Elk Lake	1
Thornloe	1
Unknown	2
Total	57

Foodbank Delivery

Town	Number of Requests
Temiskaming Shores	38
Kirkland Lake	1
Cobalt	1
Englehart	1
Kenabeek	1
Total	42

Social Supports

Town	Number of Requests
Temiskaming Shores	3
Kirkland Lake	6
Cobalt	1
Unknown	2
Total	12

Transportation

Town	Number of Requests
Temiskaming Shores	3
Kirkland Lake	1
Cobalt	4
Virginiatown	2
Sesikinika	1
Total	11

Medication Delivery

Town	Number of Requests
Temiskaming Shores	4
Kirkland Lake	3
Larder Lake	2
Unknown	1
Total	10

Accommodations

Town	Number of Requests
Temiskaming Shores	6
Total	6

General Inquiries

Town	Number of Requests
Temiskaming Shores	2
Kirkland Lake	1
Cobalt	1
Total	4

Financial Support

Town	Number of Requests
Temiskaming Shores	1
Cobalt	1
Unknown	1
Total	3

Unspecified Supports

Town	Number of Requests
Temiskaming Shores	1
Kirkland Lake	1
Unknown	1
Total	3

Tech Support

Town	Number of Requests
Temiskaming Shores	1
Cobalt	1
Total	2

Masks

Town	Number of Requests
Temiskaming Shores	1
Cobalt	1
Total	2

Relocating

Town	Number of Requests
Kirkland Lake	1
Virginiatown	1
Total	2

Unique Requests

Town	Request
Kirkland Lake	Snow Removal
Kirkland Lake	General Isolation Supports
Cobalt	Mail Pick-Up
Temiskaming Shores	Supports Following Release from Hospital
Total	4