

Community health care delivery and COVID-19: Lessons Learned

BURNABY—In Part Two of our feature on CUPE Community Health workers and COVID-19, our members from the Health Science Professionals Bargaining Association and Community Health Bargaining Association reflect on the personal challenges they have faced as workers since the pandemic began, what has inspired them during this period, and what lessons can be learned for health care delivery in the future. Here's what they told us:

Name and CUPE Local: Nadia White, CUPE 15

Position: Environmental Health Officer (EHO), Level II - Health Protection

Employer: Vancouver Coastal Health

Job entails: Enforcing sections of the BC Public Health Act and regulations/guidelines pertaining to public facilities, including inspections of food premises, personal service establishments, and publicly run facilities to ensure compliance with provincial public health standards.

One of the biggest challenges has been the STEEP learning curve. Although the COVID work I am doing is public health, it is vastly different from my day-to-day duties. I went from having to focus on my own work and progress to leading a team of six members. Teams, systems and workflows are being created quickly and are ever-changing, all while trying to keep up with the spread and characteristics of the virus. Although not frontline workers dealing with COVID cases, we are working extremely hard behind the scenes to prevent the spread and relieve the burden on our healthcare system. Testing and tracing the spread of this virus is going to be our best defense until a vaccine is made and I'm truly proud of all of my coworkers doing this work.

Despite some unsavoury behaviour during these times, many people are trying to do their part in preventing the spread. I have seen stores and banks be diligent with the physical distancing of customers and provide sanitizer. Groups have formed on social media to help those in need in their communities, from accessing food to finding toilet paper. At work we've had a few organizations support us by donating meals, and of course the discounts that companies are providing. The biggest support I feel is the 7 p.m. cheer for healthcare workers: it's quite emotional, looking out the office window and seeing restaurant workers banging their pots, people clapping on the street, and a convoy of first responders flashing their lights and blaring their sirens. It's a reminder that, although the days are long and tiring, we are doing great work and doing right by the public. COVID has provided an opportunity to see the strengths and weaknesses of healthcare delivery. Although we've had other outbreaks such as SARS and H1N1, none have been this paramount. Nor could we have predicted how it was going to manifest. This is not the time to find fault or blame but to learn and grow from the experience.

Name and CUPE Local: Dawn Moon, CUPE 1978

Position: Dental Hygienist

Employer: Vancouver Island Health

Job entails: Working in the community to support the oral health needs of adults with developmental disabilities.

The biggest challenge has been the constant changing of directives for when PPE is worn, the lack of information around mitigating the risks when providing oral care, and the unknown of what dentistry will look like in the future. Since the transmission route is from the mouth, the caregiver and client are both at high risk. My role includes developing protocols on how to provide safe oral care. Currently, there are no guidelines that state what PPE is required and what disinfecting is needed after oral care to ensure that any droplets or aerosols produced do

not put others at risk. Many caregivers have questions I am unable to answer around how to protect themselves when they do not have enough PPE or the correct PPE for the task.

I have seen the dedication of caregivers to provide a safe home for these clients during the pandemic. One group home supervisor told me that all the caregivers avoid interacting with other people outside of their family so they can reduce the risk of transmission to the clients when they come to work; they only have one person go to the grocery store from the group home, and that person only goes once a week. Seeing people put other's needs ahead of their own is inspiring. The pandemic has highlighted that privatized long-term care puts people at risk, as it is run by for-profit companies who are motivated to cut corners to save money. There is not enough oversight to ensure that these service providers follow proper standards of care. This may have contributed to outbreaks in these communities during the pandemic. The pandemic has also showcased the role of allied health professionals in the health care system. I am so proud of my fellow CUPE members that are integral to the fight against COVID-19.

Name and CUPE Local: karina czyzewski, CUPE 15

Position: Social worker and Concurrent Disorders Counsellor

Employer: Vancouver Coast Health, Downtown & Pender Community Health Centres

Job entails: Working through a primary care clinic in the Mental Health and Substance Use unit, navigating systems and identifying resources available to clients, and using one-on-one sessions to provide advocacy, support recovery and healing, and facilitate access to needed services.

First, I found it really hard to work remotely...I thought it would be easier, but I find it exhausting for my mental health not to be sitting right across from someone. (And remote counselling is only accessible to people who have phones, which is not the case for many of our people.) Also, PPE medicalizes my job more than I am comfortable with. More recently, I was redeployed into a more acute-care situation at Vancouver Detox Centre, so I had to put all of my work on hold for two weeks. It was largely discharge planning, which is different from what I do. I've also had to put on hold things like community-based research that involves patient engagement, where clients receive income for advising us on how to make changes to ensure more equity-oriented care approaches. So that's been really hard. Finally, people are really big on conspiracy theories down here, so there's been a lot of people coming up to me when I'm wearing my mask, or coming to the clinic, and accusing us of making stuff up or overdramatizing, or they're blaming the Chinese. So that's been very hard to take as well.

The first time I heard people cheering at seven was literally right outside one of the clinics I work at, in Gastown. People were walking past Pender clinic and clapping or driving by and blowing their horns. It made me tearful and was super helpful to my morale. We've had so many moms of colleagues sew us masks, or headbands with little buttons, so we don't hurt our ears with the PPE. That was really sweet. Some of the buildings have been able to provide honoraria to their residents to disinfect doorknobs and handles, so it's been kind of cool to see people get into doing that and be compensated for it. It's also been good to see the Health Authority be willing to show flexibility in prescribing, allowing people to isolate and follow the protocol when they have a substance use issue. One of the sweetest things I heard was when a client's mom told me, 'Thank you for working.' It was unnecessary, but sweet and comforting.

We struggled with having clarity in our workflow before COVID, and I don't think that's been made easier with COVID. Clarity with the public health messaging, for example. My colleagues and I have been frustrated when we go outside and see people just hanging out. It would also help to have some clarity around the benefits process. Unfortunately, benefits are not actually

accessible to people who are on disability or anyone who already receives provincial or federal money. Now it means that people in the community who *do* get that money could be audited and have to pay it back. So the process and criteria need to be clearer. And unfortunately that creates a health crisis in itself, because people who receive lump sums can end up OD'ing. One other thing is that all of us have pushed up our hand-cleaning and disinfecting skills in ways that weren't happening before. And I think COVID has also raised the bar in terms of people's understanding of food security in the Downtown Eastside.

Name and Local: Andy Healey, CUPE 1004

Position: Dayshift Coordinator/Mental Health Worker

Employer: Portland Hotel Society

Job entails: Providing homes to the homeless, supporting people through meals and programs such as gardening and artistic activities, and advocating for residents' health care, helping to connect them with clinics and other services.

The number one, biggest challenge has been staffing. We need extra bodies to help out with the required sanitizing and support, particularly with the Home Support aspect of the job, but we're constantly short staffed. Many employees left on medical leave at the beginning of the pandemic and they haven't been adequately replaced. As for inspiration: even though many of our residents may not grasp the importance of physical distancing and the other behavioural changes that we need to be making, they're really coming together as a community and looking out for each other. Our building has always felt a sense of community, but I feel like these days there's a bit extra there. [But] frontline workers have been undervalued for far too long. We need faster access to supplies and services.

Name and Local: Allison Bell, CUPE 15

Position: Program Assistant

Employer: Vancouver Coastal Health

Job entails: Working with a team of nurses and clerical assistants on a school-based immunization program, as well as running twice-weekly clinics for youth and other clinics for adults and youth.

The biggest challenge is keeping up with the ever-changing rules and procedures for staying safe during the pandemic. The second challenge is navigating non-health workers' opinions and reliance on misinformation about how I should be living and working during the pandemic. The most inspiring stories are of those people who are making the best of the situation while still keeping everyone safe. I applaud seniors' residences that have found a way for their residents to visit family while social distancing. I cheer for all those friends and families who have thought outside the box and organized neighbourhood dinners and tailgate meetups while still social distancing. What we've learned is that we can no longer assume someone is healthy and not infectious just because they show no symptoms of illness. From this we could see a complete change in how public health is delivered. We could see public health services only be provided with Personal Protective Equipment being donned by health care providers.

Name and Local: Lindsay Fumalle, CUPE 1978

Position: Social Work Case Manager

Employer: Vancouver Island Health

Job entails: Developing guidelines, practice standards, workflows, forms, and education curriculum as part of the Community Resource Team with Home Care Strategy, and delivering education to support roughly 1,200 Community Health Services Clinicians and Management across Vancouver Island.

The biggest challenge has been the constant changing of directives and needing to be on top of creating resources that are relevant to the clinicians that use our documents and processes. My team is the practice resource support, so we also get constant e-mail and phone requests for clarification of information. As a team, we have a huge sense of responsibility to be able to answer questions and create resources quickly so that clinicians can provide quality care to clients. Another big challenge is working from home. I have spent the past seven weeks working on the computer from my kitchen table [with] two elementary-age children at home. Trying to juggle their needs while working from home has its difficult moments. Then you add in that their teachers set up mandatory virtual meetings for them during the day, while I am attending meetings of my own. I have never had to multitask to this extreme before.

It has been refreshing to see how understanding most people are. I have been teaching education sessions where people could actually see my kids running around behind me, or I've been on a call with my manager and she can hear them asking for more snacks and it's been okay. For the most part, everyone understands that we don't always have the answers right away, that we are doing our best to get things out as quickly as we can. On a personal side, I love seeing how people are connecting. And there is an increasing sense of not taking the people in your life for granted, of really appreciating them and what they mean to you. I hope this continues once the restrictions are lifted. The pandemic has brought the issues of private, for-profit healthcare to light: tax dollars going to companies that are cutting corners and not providing adequate care for our seniors, just so they can increase profits...It has also brought to light what unions such as CUPE have been fighting so hard to get and protect. Things such as safe work environments for all workers and paid sick time.

Name and Local: Sandy Bains, CUPE 15

Job Title: Pediatric Speech-Language Pathologist

Work Place: Public Health – South Community Health Centre

Job entails: Working with families of children aged 0-5 to provide assessment, consultation, and therapy addressing a wide range of speech-language needs. (These include vocabulary development, improving understanding and response to directions and questions, as well as improving sentence length, understanding and use of appropriate grammatical structures, speech sound production, speech fluency, and social communication skills.)

The biggest challenge is being in a constant state of uncertainty. When the pandemic began, my team was directed that we would be redeployed to help support Public Health response to COVID-19. When my team's redeployment was placed on hold, it was difficult to plan my week knowing that the possibility of redeployment was imminent. Working during the pandemic has forced me to take things day by day and set achievable daily goals for myself. Having so many people from the community participate in the seven-p.m. cheer, leave hearts and rainbows in their windows, and write messages on the sidewalk for healthcare workers, has been so inspiring. As for what we've learned: telepractice/virtual health can be a good option for some families, especially in reducing the barriers of accessing services (e.g. a long commute for family to attend an in-person session) or in reducing clinician travel time for outreach visits.

Name and Local: Toby Rader, CUPE 3403-01

Job Title: Homeless Outreach Social Worker

Work Place: Canadian Mental Health Association (Port Alberni Branch)

Job entails: Providing services, funded by BC Housing, to people experiencing homelessness or are at risk of homelessness.

The biggest challenge has been limiting my face-to-face contact with people, and the lack of services available to the marginalized population, whom I service the most. The one inspiring thing I have seen the most is the community of homeless and marginalized people helping each other out with places to sleep inside, sharing food and showers. We had nearly 30 people sleeping outside before COVID, and now there are fewer than 15 people. This is due to the community around the people sleeping rough bringing them inside. What we can learn is that [COVID-19] is often not just affecting the people who have jobs or are middle class or upper class. Our marginalized are affected to a great extent. While they are not at a higher risk of contracting COVID, they are often left with limited access to health care services during normal times. With COVID-19, the limited and often over-stretched health care services are even more siloed and full of barriers for those who live on the margins and are vulnerable already.