



Navigating COVID-19

Lessons Learned from Community Organizations Working with Older Adults in Winnipeg



TARGETING ISOLATION

Targeting Isolation is led by Drs. Verena Menec and Nancy Newall as part of the **AGING WELL TOGETHER** coalition of organizations working together to facilitate the social engagement of adults aged 55+ in Winnipeg, Manitoba.

Targeting Isolation seeks to:

- Help people identify and better understand social isolation
- Train Community Connectors to connect socially isolated older individuals to community resources; and
- Work with organizations that help reduce older people's social isolation

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AGING WELL TOGETHER COALITION

The coalition brings five organizations together as a collective to promote and facilitate social engagement among adults aged 55+ living in Manitoba. The coalition is led by A & O: Support Services for Older Adults Inc. The coalition also works with other community organizations in Manitoba. The Coalition is funded through the Government of Canada's New Horizons for Seniors Program.

A & O: Support Services for Older Adults Inc. is a not-for-profit organization that provides specialized services for older Manitobans. The goal of these programs is to empower and support older adults in the community. A & O: Support Services for Older Adults also offers a variety of specialized services for newcomers and caregivers, as well as assistance for lower-income adults.

<https://www.aosupportservices.ca/>

Active Aging in Manitoba (AAIM) is a not-for-profit organization, dedicated to the promotion of active aging opportunities for all older Manitobans to enhance their health, mobility and continuing participation in their community. AAIM promotes and provides credible information resources, programs and services that encourage older Manitoban participation through peer volunteer leadership development, awareness and education on healthy active aging topics, and management of the annual Manitoba 55+ Games sport for life program.

<https://activeagingmb.ca/>

Manitoba Association of Senior Centres (MASC) is a provincial focal point to facilitate communication, networking and planning among senior centres and raise their profiles. The Association also assists in the development of senior centres and collaborates with other senior serving organizations. <https://www.manitobaseniorcentres.com/>

Targeting Isolation (University of Manitoba) brings together researchers from the University of Manitoba and Brandon University to: Help people identify and better understand social isolation; Train Community Connectors to connect socially isolated older individuals to community resources; and work with organizations that help reduce older people's social isolation. <https://targetingisolation.com>

Transportation Options Network for Seniors (TONS) is a not-for-profit organization focused on educating and informing community organizations and service providers on the transportation options available to Manitobans, with the goal of enhancing quality of life and promoting age friendly communities. TONS works to provide tools, presentations, resources and educational opportunities to service providers, health care professionals, policy makers and older adults.

<https://tonsmb.org/>

EXECUTIVE SUMMARY

The COVID-19 pandemic has impacted the way that organizations serving older adults have been able to function. How have community organizations been able to navigate COVID-19 and continue to offer programs and services to their clients? This report addresses this question by providing a summary of interviews with program coordinators from three organizations serving older adults in Winnipeg, Manitoba. This report was prepared by Targeting Isolation as part of the Aging Well Together Coalition, a coalition of five partner organizations including A & O: Support Services for Older Adults (A & O); Active Aging in Manitoba (AAIM); Manitoba Association of Senior Centres (MASC); Transportation Options Network for Seniors (TONS); and University of Manitoba (Targeting Isolation).

Interviews were conducted with 13 coordinators from A & O, MASC, and AAIM via telephone or Zoom over the Summer-Fall 2021. Coordinators were asked about perceived benefits of programming to older adults, challenges of offering programs, and lessons learned. Respondents were also asked whether there were aspects of program delivery during COVID-19 that they might potentially keep.

Coordinators discussed the challenges, but also the benefits, of shifting to online, and noted that on-line programming and services is here to stay. Coordinators emphasized the need to ensure that older people therefore have the means and skills to participate on-line. Many coordinators discussed the importance of incorporating social, mental, and physical activities into all programs, and especially when on-line or over the telephone. Lastly, coordinators spoke about the future challenges of maintaining volunteers and funding; but highlighted that, in looking back, they see how they adapted well and learned and achieved a lot.

LESSONS LEARNED (SO FAR) AND FUTURE DIRECTIONS

- ❖ **Shift to On-Line is Here to Stay**
- ❖ **Future Focus on Ensuring People have Skills and Access to On-Line Technologies**
- ❖ **Importance of Social Connection, Physical and Mental Well-Being... even from Home**
- ❖ **Challenges: COVID-19 continues**
- ❖ **Adaptability and Innovation of Organizations**

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WHAT IS THE PURPOSE OF THIS REPORT?

The COVID-19 pandemic has impacted the way that organizations serving older adults have been able to function. Providing services and assistance to older adults in our community is as important as ever. This report provides a summary of interviews we held with coordinators from three organizations serving older adults in Winnipeg, Manitoba. In this report we describe how organizations have navigated COVID-19 in continuing to provide programs and services to their members or clients, both challenges and lessons learned.

CONTEXT OF REPORT

The interviews for this report were done via zoom or telephone in the Summer and Fall of 2021. At that time, Manitoba had just ended a third lockdown as of June 2021 and, during the rest of the Summer 2021, restrictions were lessened due to promising vaccination rates and lower COVID-19 cases within the Province (Table 1). Indoor facemask mandates were mostly kept in place over the summer; and some spaces or events were open only for people with vaccination cards. Going into the Fall, in-person gatherings and events were continuing to open up, particularly for those with vaccination cards. To provide context for this Report, we highlight how Manitoba has been characterized by four waves since the pandemic began (Table 1).

At the writing of this report (November 2021), outbreaks are happening in several locations in Manitoba and increasing 'break-through' COVID-19 cases (i.e., COVID-19 in vaccinated individuals) are being reported. As of November 11, there were 1268 deaths due to COVID-19 in Manitoba. Increases in hospitalizations have spurred the Manitoba Government to introduce some new restrictions. The current situation is being described as the *'fourth'* wave.

HOW THIS REPORT WAS DONE

This Report was created in partnership with the AGING WELL TOGETHER coalition partners that deliver programming: Manitoba Association of Senior Centres (MASC), A & O: Support Services for Older Adults, and Active Aging in Manitoba (AAIM). Ethical approval was obtained for interviews through the University of Manitoba Health Research Ethics Board.

Over the course of the Summer/Fall 2021 we sent out email invitations to each partner organization to be distributed to potential respondents (i.e., program coordinators). Those interested in being interviewed were able to contact the Research Coordinator, Alexandra Rose, via email or telephone to learn more about the interview process and formal consent procedure and schedule a telephone meeting. Interviews took approximately 1 hour and were completed via Zoom or telephone and were recorded for transcription. Respondents' names were kept anonymous and, where possible, specific organization names were omitted. Responses were then summarized for the purposes of this report.

COVID-19 IN MANITOBA

Table 1 Timeline of COVID-19 in Manitoba

1 st wave	Spring-Summer 2020
	<ul style="list-style-type: none"> • March 11, 2021: World Health Organization (WHO) declares coronavirus outbreaks a pandemic • March 12: first presumptive case of coronavirus (COVID-19) in Manitoba • March 30: Province of Manitoba launches a State of Emergency • End of March: first “<i>lockdown</i>” begins: messages of ‘stay at home,’ physical distancing and limited gathering sizes, closing of non-essential businesses, restrictions in travel, and shifting to remote learning for schools • May: Phase 1-4 re-opening begins: easing of lockdown restrictions over Summer
2 nd wave	Fall-Winter 2020-21
	<ul style="list-style-type: none"> • September 2020: facemasks become mandatory in indoor public areas • Mid-October: due to high case counts, new restrictions announced including limited gathering sizes and reduced capacities for businesses • November 2020-Jan 2021: Manitoba in its second ‘<i>lockdown</i>’ initiating a Provincial “Code Red” response that restricts in-store purchasing of non-essential items and prohibits in-home visitors • January: Lockdown restrictions eased
3 rd wave	Spring-Summer 2021
	<ul style="list-style-type: none"> • March 1, 2021: members of public begin receiving first doses of vaccine • May: as COVID-19 variants spread, Manitoba in its <i>third</i> ‘<i>lockdown</i>,’ shifting Winnipeg/Brandon schools to remote and sending several intensive care patients to other Provinces for care • June: Manitoba Government introduces vaccination (immunization) cards, available for people who have received their second dose of the vaccine • Mid-July: re-openings of non-essential businesses and easing of restrictions; access to non-essential events and places is given to people with vaccination cards • August: indoor facemask mandates are lifted, but re-instated in September
4 th wave	Fall 2021 (Current)
	<ul style="list-style-type: none"> • October 21, 2021: Manitoba’s State of Emergency officially ended • October 31: Manitoba Government mandates provincial employees working with vulnerable populations (e.g., health care; education) to be vaccinated or show regular proof of negative COVID-19 test • For the general public, proof of vaccination is required to participate in select places and events, including eating at a restaurant, going to the gym, or going to the theatre • November: Boosters (third vaccinations) made available to all Manitobans aged 18+

Sources: CBC news timeline: <https://www.cbc.ca/news/canada/manitoba/timeline-covid-19-manitoba-1.5515193>; CTV news timeline: <https://winnipeg.ctvnews.ca/a-timeline-of-covid-19-in-manitoba-1.4866501>; Manitoba Government news: <https://news.gov.mb.ca/news/index.html>; WHO: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

WHO DID WE TALK TO?

We conducted telephone or Zoom interviews with 13 coordinators of Active Living Centres (through MASC), the CONNECT program (A & O), and AAIM Peer Leaders.

WHAT QUESTIONS WERE ASKED?

Respondents were asked a number of open-ended questions about the role they played in their organization and how programming was kept the same or adapted over the course of the past year throughout the pandemic. More specifically, respondents were asked about perceived benefits of programming to older adults (including stories that highlight these benefits), challenges of offering programs, and lessons learned. Respondents were also asked whether there were aspects of program delivery during COVID-19 that they might potentially keep.

COMMUNITY ORGANIZATIONS: BRIEF DESCRIPTION OF PROGRAMS

We interviewed program coordinators from the following three organizations. A brief description of programming is provided here.

A & O: Support Services to Older Adults

A & O runs a variety of programs and services for older adults aged 55+ in Manitoba that focus on: Safety and Security; Social Engagement; and Counselling. An example of a social engagement program is A & O's CONNECT program (see box).

What is A & O's CONNECT program?

The CONNECT program is run by A & O social workers and provides one-on-one assessment and support to help older adults aged 55+ become more engaged with their community. Anyone aged 55+ in Manitoba is eligible to take part in CONNECT. People can self-refer to the program or be referred by professionals or family. A main focus of CONNECT is to link older adults to volunteers that provide weekly conversation and connection. Depending on the individualized situation, for some CONNECT participants, social workers will assist with aspects like transportation or connecting to social activities within their neighbourhood or community. Others will be referred to services such as counseling.

Active Aging in Manitoba

We interviewed Peer Leaders who had taken the Active Aging in Manitoba (AAIM) Steppin' Up With Confidence Program (see box). All Peer Leader respondents offer exercise classes in connection with different community organizations (e.g., Active Living Centres; churches).

What is Steppin' Up with Confidence?

Steppin' up With Confidence is a free exercise program offered by AAIM that trains volunteers aged 55+ to be Peer Leaders that lead exercise classes for their older adult peers. The program was developed in partnership with Manitoba Fitness Council. The training involves a 2-day workshop on: the importance of physical activity, exercises that can help the functional ability of older adults, and how to lead exercise programs. Peer Leaders

Manitoba Association of Senior Centres

MASC is the provincial network of Active Living Centres (or Senior Centres). We interviewed Active Living Centre Coordinators who facilitate Centre activities, often with community volunteers.

What do Active Living Centres do?

Active Living Centres offer a variety of educational, recreational, and social programs that suit the needs of their membership. Activities may include fitness classes (e.g., yoga, zumba, pickleball), educational programs (e.g., health presentations, book clubs), social groups (e.g., lunch and coffee groups), entertainment (e.g., festivals, celebrations), arts (e.g., painting, dancing, singing) and the list goes on. Many Centres also act as information hubs that send out newsletters or emails to membership about local events and resources.

NAVIGATING COVID-19: WHAT COORDINATORS HAD TO SAY

This section is based interviews with program coordinators over the Summer/Fall 2021. Respondents were asked how their programs changed at the start and during the COVID-19 pandemic, what they learned, and whether they plan to keep any of the changes they made to programs even when restrictions to in-person contact and gatherings may be eased or lifted.

We used the following themes to summarize responses:

- Doing things differently: Shifting to on-line
- Losses and gains in volunteers

- Navigating re-openings and changing protocols
- Changing mandates and roles
- Changes here to stay?
- Challenges
- Lessons learned

Doing Things Differently: Shifting to On-Line

“When the first case of COVID-19 came, we stopped all in-person classes. Then we switched all the classes to on-line.” P03

In March 2020, when the first COVID-19 case was announced in Manitoba and the first “lockdown” occurred (Table 1), this meant that some programs were completely shut down for a period of time and then slowly (and selectively) started up again. Buildings were closed completely or at reduced capacity even for staff and volunteers, meaning that activities needed to be coordinated remotely. For those programs that could be resumed, most needed to be modified based on

pandemic safety restrictions. For example, one organization that offered an in-person congregate meal program pre-COVID started doing pick-up and delivery (see **Case Study 1**).

Other programs that could be offered remotely were **shifted to on-line**. Although most people had likely never even heard of Zoom before the pandemic, this was soon to change.

Coordinators spoke about their foray into this on-line platform: *“So we started teaching some of our members how to use Zoom, which was an interesting event. We started doing some of our exercise programs online, so we had functional fitness, line dancing (which was a little bit weird trying to visualize line dancing online), chair yoga. Basically, we tried to take some of the common programs and put them on Zoom.” R2*

Several respondents noted that they found the shift to on-line relatively seamless once they learned the appropriate on-line platforms or video technologies. Several communicated what surprised them was the degree to which this on-line shift opened up programs to **new participants** who had not necessarily participated before. In addition, some mentioned that they were able to offer **more programs** per week with virtual options.

“We even implemented eye exercises because we are spending so much time on the screen.” R9/10

“It has been very positive shifting to online...The on-line zooming programming worked very well for us. With all our other programs we also went on-line onto zoom. It has opened up a lot of people... Our membership [increased]. Friends of friends of friends. R9/10

“...our numbers have actually increased that were participating regularly and when we asked how many of them wanted to keep that option, pretty much everybody said they wanted to keep the option

of being able to do it at home if they needed...The main advantage was that we were reaching more frail clients who were not typically coming to the class and we were just seeing more participation in people who had a variety of barriers.” R11

“So, I guess, in a way with zoom you can reach out to a lot more people and it is good. ...now I do [exercise programming] 6 days a week...and I have been doing it since last March 2020.” R12

Although there were noted benefits of being on-line and using Zoom (discussed more below); respondents talked about the difficulty, especially at the start of COVID-19, in providing members with the skills to use it. As described in a later section, this caused several organization to focus on ensuring their clients and members had some training in communication technology. Also, of note, there was also an eagerness to resume the in-person activities that had worked *less well* on-line.

Losses and Gains in Volunteers

Beyond needing to get up-to-speed with on-line technologies at the start of the pandemic, several respondents noted that the **loss of volunteers** with COVID-19 and throughout the past year caused strain: *There is lots more administrative work in my job, a great deal more worry, and a lot less volunteers. The loss of volunteers is really sad because they want to volunteer and they are lonely and anxious to get back.” R1.* This same respondent noted that their volunteer driver programs suffered, as many volunteers were older adults and few could volunteer as before. On the other hand, it was noted that, people generally had less medical appointments to go to and that *“doctors weren’t seeing people either. So it kind of ended up working out OK.” R1*

Another respondent talked about how the loss of volunteers over the past year exacerbated an already existing problem: *“... there’s never enough volunteers. The volunteers are stretched to capacity—beyond capacity, to be honest.” R4*

“We are planning on continuing to keep online programming and will continue forever, it is a new way of life. People retire and become peer leaders.” R9/10

“I will still continue on-line classes if it is available because it is definitely convenient for everybody and because our winter is so long you don’t have to drive and get dressed and all of that.” R12

“We have heard from various people that now: we are doing exercises at home and we love it, way more active than we were pre-COVID.” R11

On the other hand, one coordinator, who talked about how their volunteers’ role had shifted to being in-person to over the telephone, said that they had **gained volunteers** over the past year.

It was speculated that this may be due to people becoming more aware of the need for regular social contact during pandemic social restrictions or because of the convenience of telephone calls: *“We have had an increase in the people who are willing to volunteer. I think that is partly because they realize the need and the struggles that older adult face and something that they can do from their home. It is a little bit easier to volunteer doing it this way [over the telephone] because you don’t need a vehicle, you don’t need to get a bus pass.” R13*

Navigating Re-Openings and Changing Protocols

Eventually, after the first lockdown and during the Summer 2020, many buildings were able to be re-opened (although some continued to be closed to the public) and in-person gatherings (with restrictions) allowed.

“The good news was that when we first reopened, our members, or some of them, were super anxious to get back together because they had come together like little ants on honey.” P02

However, other lockdowns would follow (Table 1). For those who had in-person programs, respondents talked about the work involved with developing and following **protocols** and

dealing with the **changing public health mandates**: *“The protocol for both the meal programs and for the driver program has been quite extensive and worrying. The same thing with the yoga... the instructor and I went into the club and marked off where each mat could be placed so we were able to socially distance. We had all the protocols in place with the sanitizer and signing in. Everything has to be so carefully documented.” R1*

The ability to ‘roll with’ protocols was echoed by another respondent: *“By the Fall [2020] we thought we could go back in person and I planned a whole bunch of classes for in person but then it was we are open, we are shut, we are open, we are shut, and it did not work because no one can function that way. Then what we did was we went strictly online. By January [2021] we were 100% online.” R6*

Shifts in Mandates and Roles

Several respondents talked about how their organization had **shifted their goals** and mandates as a result of COVID-19. For example, one talked about shifting focus to their meal program [see Case Study #1]: *“We are going to focus more on the meal delivery program, keeping that in place. That really serves a whole other population who can’t get out...” R1*

Another coordinator talked about a shift in mandate in offering *less* programming than they had been before, reflecting a desire to try not to do everything for everyone: *“So less, but better.” P06*

Several respondents discussed how their **referral role** in the community broadened over the past year and a half: *Probably before COVID the priority was the in-person so the fitness classes, the cards, so more in-person as opposed to the outreach, so that's what's changed... I guess we've always been available to do that but people have not always availed themselves and we*

probably weren't as available but now [we are] seen as a source of support. It's a really important place for people to get support and I think going forward we'll see more people involved because they realize the importance of that support they have received.” R5

Notably, almost all coordinators talked about how their role also expanded in teaching and training their membership and clients in using technology (discussed later).

Changes here to Stay?

Although there were numerous *forced* changes that needed to be made to programs and services throughout the past year and a half due to COVID-19, including reducing programs, shifting to on-line, moving outdoors, and following extensive protocols, we also heard over the course of the interviews a lot of discussion, speculation, and excitement around what aspects might be here to stay. Here we focus on: keeping things on-line and teaching technology skills.

“What I see in my yoga class and some of my other exercise classes is that it won't just be an in-person, it can also be an in-person and Zoom. That will be an improvement. It's obvious if you can get out and be there with your friends, then you are going to want to do that because there is something special about that, but if you can't be mobile or you don't have transportation or whatever, being able to Zoom is a really good alternative.” R1

Keeping Things On-line: All the coordinators talked about keeping at least some of their activities on-line or over the telephone even when COVID-19 restrictions to in-person contact end. There were different reasons for this. Although there was a general sense of needing to keep on-line options open in the ever-changing context of COVID-19, some talked about keeping on-line features because of **convenience to coordinators, volunteers and/or participants** and also due to **lack of space**: *“After COVID-19 we will move some classes to in person and we will keep some online. Like [our on-line] fitness classes—that is really convenient for people. We can have it in early mornings or evenings. No location required, and people don't need to dress up. It is really flexible.” R3*

“We have on-line book clubs. We have never stopped those but those switched in 2020 from in person to on-line. That has worked quite well, and we are discussing if we keep doing that because space is somewhat of an issue.” R5

Several participants mentioned that, now that they had the infrastructure in place, there were little drawbacks to keeping both in-person and on-line options, and that it could **help eliminate barriers** for participation due to such factors as mobility issues, transportation, or inclement weather.

One respondent noted how the pandemic had forced them to try on-line which they might never have done otherwise: *“It doesn't mean that everything has to be on-line but certainly now that we know how to do it and we have a system on line we can use that for Provincial and*

"The biggest success has been that outreach and that support to people that has grown immensely... R5

maybe Canada wide outreach as well. We never would have done that without COVID-19 [restrictions]." R6

"I don't think we can quit this online. If it is cold outside, [participants] get up at 8:30 and roll out

of bed onto the screen. I don't think it will stop even if we can have in-person programming. It will be in-person once a week. With all the other programming, we are limited to once a week. So, people are terrified, asking: "like are you going to stop?" We said, no, we are going to still do [exercise programming] 6 times a week, we are still here. Luckily we have another [program leader], and we will need to get more and more. Eventually we might want to go on a holiday." R9/10

Teaching technology skills: Many respondents mentioned how they recognized the importance of supporting technology skills development in their membership: *"When we think about people who won't become technologically competent, that's a fallacy. People just need that support and the help to do it. And so we're seeing more and more people using it, being comfortable with it, people who never thought they could do it. That's been huge... [There has been] a shift since COVID to really focus on hands on, one-on-one support, for technology development... Helping people get more proficient and more comfortable and more confident I think is really important for the future because we have to be able to manage technology." R5*

Similarly, another respondent noted they shifted to technology skills development to help people connect with their friends and families: *"[Our focus is] on getting people onto their IT [information technology] equipment, whatever it is, and really focusing primarily on Zoom and helping them if they want to be involved on Facebook. So they can connect with their families and see all the pictures that go along with that kind of thing." R1*

Challenges ahead

Respondents spoke about particular challenges ahead including: decrease and growth of membership; reaching people with technologies, including those with hearing impairments; lost social connections; and financial support.

Decrease and growth of membership: Respondents noted varying participation, depending on the activity. For example, in-person activities like pickleball saw reductions in players as public health restrictions and spacing requirements limited contact. Similarly, some respondents

"Fall is typically a busy season. We didn't offer nearly as many programs as we would have otherwise." R4

"Some people were not comfortable coming out period and other people were like, yeah, we got to get back into this." R2

indicated that their **membership** has decreased, though they were hopeful that people would come back: *"We anticipate [our numbers will] come back up in the Fall because of the feedback of our members, because they didn't want to renew until they could come back in person. There are some that are avid,*

*that even doing it electronically, they are keen to do it.” R2 Programming was generally reduced, though again some coordinators began adding new on-line programs. And, notably, some experienced an *increase* in membership, seemingly reflecting interest and up-take in certain on-line groups.*

Reaching People using On-Line Technologies: Interestingly, there was an acknowledgment that using technologies could potential reach new participants on the one hand, but also mean a loss of participants on the other. Although coordinators generally indicated that the shift to on-line due to the pandemic was positive, some mentioned challenges such as:

- **Internet problems**
- Not being able to **reach people** who did not have appropriate communication technologies
- Difficulties reaching people who have **hearing impairment** which can make on-line or telephone more difficult

“[A main challenge is the] internet. We get knocked out of the internet a lot. It took us a while to get our music lined up and it would screech at you. But other than that I don’t know of any barriers.” R9/10

“There are still a lot of people who are not tech evolved [and may] never will be.” R9/10

One coordinator noted that they needed to supplement their new e-newsletters with telephone calls for those without computers or internet access. And one respondent highlighted the difficulties for people with **hearing impairment**: *“[In-person, I find people who are hard of hearing can read your lips a little bit or read your body language or understand what you are saying a little bit better than over the phone. For some people that has been a real challenge. [Over the telephone]...they just can’t hear enough to have a conversation.” R13*

Another challenge that was raised by a respondent was not being in-person to be able to watch out for **participant safety** during exercise classes: *“[A challenge was] safety at home. We were a little nervous about not being able to watch out for participants for things like shortness of breath, or a fall, or, you know... So that felt a little more risky. [Also], as an instructor...it is hard to pace a class that isn’t in front of you.” R3*

Lost social connection: Many respondents talked about trying to replace the lost social and mental component of in-person programs that seemed to be key for motivation. To compensate, one respondent described how they do ‘brain exercise’ with trivia. Others mentioned having time to **chat and socialize** for mental well-being, even just ‘opening’ the on-line session early, *“We start 15 minutes early to get everybody going and also that is our chat time and we get to know people which is really important.” R9/10*

Financial Support: Several respondents mentioned being thankful to be able to receive some **financial support** during COVID-19 for things like cleaning and cleaning supplies, purchasing things like Zoom accounts, providing free programming, providing honorariums to instructors

and speakers, and expanding programming in certain areas like technological skills development. However, fundraising was also mentioned as an on-going challenge: *[A] huge change has been our fundraising ability.*” R5. Another talked about starting to think about the cost of things like renewing their multiple Zoom accounts for the upcoming year. In addition, one respondent noted that offering *free* courses on-line has been a positive for members; however, going forward, if everything is kept on-line, this might make it difficult to compensate their speakers or help with funds. As noted by a respondent: *“...because once we have offered something for free, I don’t know how we now charge for it and get people to come back... In the future, now that everyone knows how to access on-line courses, they know how to do it, they like it, they know it works well and it is free.”* R6

OVERALL SUMMARY: LESSONS LEARNED & FUTURE DIRECTIONS

At the time of the interviews with coordinators, nearly all the mandated in-person restrictions to social contact were being removed and/or lessened (Table 1). Therefore, the interviews, in many ways, reflect a ‘looking back’ on the past year of major upheaval and restrictions. Throughout the interviews there was an overall sense that everyone had managed to overcome a steep (albeit on-going) learning curve and had successfully tried **new ways** to meet the needs of their participants and membership within the context of resources and space.

Shift to On-Line is Here to Stay

We have seen in this report that although the shift to on-line has its challenges, it is certainly here to stay. Having to try new ways of doing things was seen as a positive for many of the program coordinators. And the convenience of doing things from home (for both coordinator and participant) was seen as a benefit for those with barriers in participating in-person.

Future Focus on Ensuring People have Skills and Access to On-Line Technologies

With the shift to on-line, there was a recognition that this means a major future focus needs to be ensuring that people have the means and skills to participate on-line. Several organizations discussed this shift in mandate in technology training, recognizing some of the (cost, access) barriers that may prevent everyone to be connected in this way.

Importance of Social Connection, Physical and Mental Well-Being... even from Home

All coordinators emphasized the need for incorporating social, mental, and physical activities into all programs, especially when on-line or over the telephone.

Challenges: COVID-19 continues...

Many coordinators spoke of the challenges in losing their volunteers and membership and of on-going financial uncertainty.

Adaptability and Innovation of Organizations

There was a general sense of having learned and achieved a lot, through offering new or modified programs, in different ways, and in working hard to meet needs of participants.

As summed up nicely by this respondent, *“You just have to be really nimble and flexible and ready to adapt and make changes where they are needed. I can honestly say looking back, we were exceptionally responsive, and [though] it was stressful for everybody, I think having done it already once it’s like “OK, we already know.” I think that we were well equipped to handle the change, all things considered...”* R4

CASE STUDIES

Here we provide 4 case studies which highlight some of the benefits of community programs.

CASE STUDY 1: BENEFITS OF MEAL DELIVERY/PICK UP DURING COVID-19

One program coordinator spoke about their congregate meal program and how it evolved over the year during COVID-19 pandemic into a delivery/pick-up program. They noted that before COVID-19 the meal program was in-person, and they only sometimes delivered meals to people who needed it. But during COVID-19 they needed to shift everything to pick-up and delivery and they noticed how families really started to be involved. In particular, the coordinator has seen how younger people are picking up meals for their grandparents. *“Ultimately what I’ve noticed from a result of COVID is that families have stepped up a lot... There is now a larger number of younger people in the community coming and picking up a meal for their families. That is a really great thing.”*

This coordinator also talked about how sometimes it is hard to know what impact they are having in the community, but recently she was told by a volunteer just how much their own mother, who is in the congregate meal program, appreciated them coming once a week to give her a meal. *“That was a really important insight for me because so often I feel we are not doing enough. We are just so shut down [with COVID-19 restrictions]. So just to know, yes, those few brief words at the door means something. Sometimes in the work we do we need to know that it is actually working, and we need some encouragement.”*

CASE STUDY 2: BENEFITS OF COMMUNITY-BASED PROGRAMS

When asked about benefits to participants of community programs, one theme that came out was simply the importance of providing people with choice to engage when and how they want to, to keep healthy and well.

In one case, the respondent discussed a person in their 90s who had been participating with their organization for years. They noted how, although they cannot take credit for the participant's stamina and energy, they are happy that the person has taken advantage of what they offer: *"I'm not at all saying that her stamina and capacity is because of [our programs] as it is because of her and her choices, but the opportunities are there because [we] provide them for people that want to continue to stay active and want to be involved and engaged and keep challenging themselves and keep getting out and connecting with people. On the whole, is it just about being available so people have those opportunities to fulfill their own potential."* P04

CASE STUDY 3: BENEFITS OF PEER-LED EXERCISE

AAIM Peer Leaders described several stories of how their exercise classes benefitted older adults, including themselves!

To begin, Peer Leaders described how they enjoyed leading the classes and how it benefits others and themselves. *"We do this because it benefits us and helps others."*

In one case, they described the progress they saw in one of their exercise class participants. *"We have a [participant] who is recovering from an [illness] and her physiotherapist is so impressed with her progress... When she first came in with us she was still in her hospital bed, but she wanted to see what the program was like. All the nurses were there hanging around at first but we are a goofy bunch so they were laughing at us."* The Peer Leaders especially noted the impact that social aspects and humour can have on overall health and well-being.

In another story, Peer Leaders talked about how the classes helped someone recover from an injury: "We had one [person] who had [an injury] and they were very down... So she started [the classes] and she started very low key. She says, 'Now I am... doing all these things! It is all because of you guys.' The stories have been like that throughout. It has affected everybody in a very beneficial way."

CASE STUDY 4: NEW WAYS OF DOING THINGS

All respondents talked about doing new things and in different ways and learning more about resources. This box highlights some ways that coordinators filled gaps or offered something new.

In one case, a coordinator filled a gap by offering programs 'live' and recorded via residents' building entrance video camera. There was a realization that everyone in the residence could access the entrance video on a TV channel. This allowed them to offer program via this technology. *"Our maintenance department was able to find a way...so that we could do programming live stream with our entrance camera. So we decided that because people were coming in and getting screened at the door that it wasn't a safety issue [to do this]. We decided that the biggest issue is quality of life. We decided to start running all of our programs virtually using that TV Channel...so everybody in the entire building could participate. Then we started reaching people. [We offered exercise classes] and we were actually able to tap into a lot of local groups like the symphony and...provide all kinds of programming likes movies, concerts. We have done enormous amounts of great programming, all that they could watch from their own apartment."*

In another case, an organization started offering weekly group telephone conversations to allow everyone a social time. These conversations were facilitated, if needed, but, for the most part, participants led the way with their own conversations. *"With people connecting every week, they are starting to feel like these are their friends or family, huge support to each other and so that has been something that is a new addition to connect since COVID."*

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PHOTO CREDITS

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