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MITIGATING NEGATIVE EFFECTS OF COVID-19 PUBLIC HEALTH MEASURES - ENVIRONMENTAL SCAN: KEY INFORMANT INTERVIEWS

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Mitigating Negative Effects of COVID-19 Public Health Measures: Environmental Scan

HIGHLIGHTS

Select local community partners, representing a variety of sectors and sub-populations across Simcoe Muskoka, were invited to participate in key informant interviews to understand what negative effects of COVID-19 community-based public health measures they have observed in the community and within their organizations. Key informants were also asked to describe what mitigation strategies are currently being implemented to offset the negative effects, the successes and barriers of these strategies, as well as additional mitigation strategies that may be helpful for the community in the future. In total, 21 local community partners were invited to participate in the interviews. In total 11 local community partners participated in the 30 to 45 minute interviews.

Observations of the Negative Effects of COVID-19 Public Health Measures

- Across all COVID-19 community-based public health measures, there were common negative effects observed by participants. These can be broken down into health impacts, social and economic impacts, impacts on service delivery, and impacts on understanding the public health measure messaging:

Table 1 Negative Effects of COVID-19 Community-Based Public Health Measures Overall

Negative Effects of Public Health Measures Combined	
Health Impacts	<ul style="list-style-type: none"> • Increased feelings of social isolation across all populations, with not being able to socialize with friends and family, or not having access to support systems that provided social connection in the past • Negative impacts on mental health, such as increased anxiety and stress, and not being able to do things that supported mental health in the past • Negative impacts on physical health, such as less physical activity for children, and those with pre-existing conditions • Increase in abuse/neglect of a household member, such as children and women who are living in unsafe situations, and families with the added stress of the pandemic adding to potential violence and safety issues in the home • Concerns around the long-term impacts on people’s health, such as people not seeking preventative health care or services for health concerns • Concerns around the impact on child development • Impacts on family relationships, such as parent-child relationships, and between families with following the public health measures

Social and Economic Impacts	<ul style="list-style-type: none"> Enhanced socioeconomic concerns for vulnerable populations who were struggling prior to the pandemic Financial impacts on those who are unable to work Impact on regular life, such as parents and families having to work from home while looking after children, and/or provide educational support for their children Increased food insecurity, such as people in the community not having access to services or programs that provided them with food
Impacts on Service Delivery	<ul style="list-style-type: none"> With organizations switching to virtual service delivery, there are people in the community who are no longer able to access the services they require, due to these services not being able to be offered in a virtual format Concerns around the continuation of the public health measures, reopening of the province, and the long-term impacts of the public health measures on the community Lack of access to technology for some people in the community, such as limited or no internet access, not having access to electronic devices with data plans, or having limited knowledge of how to use the internet or electronic devices
Impacts on Understanding the Public Health Measure Messaging	<ul style="list-style-type: none"> Mixed messaging and understanding regarding the public health measures, confusion around the changes taking place during reopening, and differences in messaging on expectations of the public health measures provided to the public between local communities and the province

- Of the sub-populations identified as being at greater risk of the negative effects of the COVID-19 public health measures, as identified by participants, below is a breakdown of the main negative effects for each sub-population:

Table 2 Summary of the Sub-Populations Identified and Accompanying Main Negative Effects of COVID-19 Community-Based Public Health Measures

Sub-populations Identified by Participants	Negative Effects of Public Health Measures Combined
Staff	<ul style="list-style-type: none"> Increased feelings of social isolation, with not connecting with colleagues, or not having that connection with clients
Families and parents	<ul style="list-style-type: none"> Negative impact on mental health, such as increased anxiety and stress regarding the loss of childcare, around reopening of schools/childcare, and the other public health measures
Young children (0 to 12)	<ul style="list-style-type: none"> Increase in abuse/neglect of a household member, such as children who are living in unsafe situations
Working adults	<ul style="list-style-type: none"> Negative impact on mental health, anxiety and stress from loss of childcare, and anticipatory anxiety that they may lose employment

Seniors	<ul style="list-style-type: none"> Increased feelings of social isolation, with not being able to socialize with family and friends, or not having access to support systems that provided social connection in the past
Individuals and families living in low income	<ul style="list-style-type: none"> Enhanced socioeconomic concerns for vulnerable populations who were struggling prior to the pandemic, more specifically around finances
Youth (13 to 24)	<ul style="list-style-type: none"> Increased feelings of social isolation
People experiencing homelessness or living in inadequate housing	<ul style="list-style-type: none"> Impacts on service delivery such that people experiencing homelessness, initially, were not able to access services usually provided within shelters Increased household food insecurity, with limited access to food both for people experiencing homelessness, and those living in social housing
People with mental health or addiction concerns	<ul style="list-style-type: none"> Negative impact on mental health
Indigenous	<ul style="list-style-type: none"> Increased feelings of social isolation from family and friends, both with the urban Indigenous population and on-reserve First Nation population. Some First Nation populations on-reserve are limited due to the public health measures when it comes to visiting family, for example children, who are located off-reserve. There is disruption to personal and family connection and supports which would have been in place prior to the pandemic.
People with pre-existing health issues	<ul style="list-style-type: none"> Concerns about the future impacts for those who have pre-existing conditions and are not seeking the care they require
Rural	<ul style="list-style-type: none"> Increased feelings of social isolation, where people are separated by acres, and not seeing neighbours Negative impact on mental health Lack of access to technology, such as limited internet access due to poor bandwidth
Newcomers	<ul style="list-style-type: none"> Newcomers dealing with living in a new country, struggling with language, feeling socially isolated, being further impacted by the pandemic
Women	<ul style="list-style-type: none"> Increased feelings of social isolation Increase in abuse/neglect of a household member, such as women living in unsafe situations and not having a safe space to go to
Post-secondary and international students	<ul style="list-style-type: none"> Financial impacts on students who had internships or summer jobs prior to the pandemic, and are paying for their education Lack of access to technology, with some students not having access to the internet to complete their course work

- For each of the COVID-19 community-based public health measures participants were asked about, the top three negative effects identified by participants included:

Table 3 Summary of the Negative Effects Identified for Each COVID-19 Community-Based Public Health Measure

COVID-19 Community-Based Public Health Measure	Main Negative Effect Identified
Public health recommendation to stay home	<ul style="list-style-type: none"> • Increased social isolation, being separated from family and friends, and not having regular social interactions or check-ins • Impacts on mental health, such as increased anxiety, stress and loneliness, which is increased due to social isolation from family and friends • Many people are fearful of the unknown of COVID-19, of getting sick or someone in their family getting sick
Physical distancing guidance/orders	<ul style="list-style-type: none"> • Impact on mental health, such as increased stress, anxiety, and frustration both in the office and in the community, especially when trying to maintain physical distance at all times • People are missing the in-person social connections with family and friends
Childcare and school closures	<ul style="list-style-type: none"> • Increased stress and anxiety for both parents and children. This may be attributed to socioeconomic concerns, child’s development, and securing safe childcare for those who are continuing to work • Impact on parents who are struggling with acting in multiple roles, such as being a parent, teacher and/or working from home • Children are missing the socialization with their friends and teachers
Decreased access to health/community/social services	<ul style="list-style-type: none"> • Impact on mental health, such as increased anxiety and stress in accessing these services • Many people are fearful of accessing these services. They are afraid of seeking assistance when they need it because they do not want to get sick, or be alone if going to the hospital • Concerns around individuals and families not seeking the critical care or preventive care they need, then the impact this will have on their health, or chronic condition in the future
Non-essential workplace closures	<ul style="list-style-type: none"> • Financial [in]security, and the effects of being laid off and future employment • People are unclear of what is open and what is not • Increase stress and anxiety around where to get essentials items they may need such as medications or specific products, or anticipatory anxiety that something is going to happen
Closure of outdoor/community spaces	<ul style="list-style-type: none"> • Parents are finding it challenging keeping their children occupied or entertained because of the closure of outdoor spaces, and are finding it hard to cope • Increased social isolation, because people cannot access places they would normally attend to socialize with others • Impact on mental health, such as increased anxiety and stress of being confined to one place, especially if there is limited space or no access to outdoor space

Mitigation Strategies Being Implemented in the Community

- Mitigation strategies being implemented in the community and within participant’s organizations can be categorized into five groups, as they relate to technology, service delivery to clients, communication, and staff from different organizations. The chart below depicts the main mitigation strategies, successes and barriers identified by participants in each of these categories:

Table 4 Summary of Mitigation Strategies Being Implemented in the Community, Successes, and Barriers

	Mitigation Strategies	Success	Barriers
Technology	<ul style="list-style-type: none"> Organizations are adapting quickly in shifting their service delivery model to more virtual formats to continue to provide services to the community and to clients 	<ul style="list-style-type: none"> There has been greater access to the community because services are being offered virtually, for example more people are viewing videos online, or people are accessing the services more because it is more comfortable for them 	<ul style="list-style-type: none"> Some people in the community are unable to access technology. This includes access to Wi-Fi services due to location, having access to electronics such as a computer or cellphone with data package, or they do not know how to use the internet or electronic devices, are uncomfortable or prefer not to use the virtual services
Service Delivery to Clients	<ul style="list-style-type: none"> Providing more financial, food and basic needs supports to the community. Adjusting service delivery that cannot be moved to a virtual model to follow public health measures. Contacting clients on a regular basis 	<ul style="list-style-type: none"> There are more connections between staff and clients, because staff have more time to connect with their clients individually, and there is more intentional communication and engagement with clients because they are not seeing their clients face to face 	<ul style="list-style-type: none"> Clients are missing the face to face services, there is no physical contact or connection that clients require over providing services virtually With the virtual model, organizations may not be able to achieve the services clients require, as some services cannot be provided in this format
Communication	<ul style="list-style-type: none"> Providing updated resources and information to clients and the community, such as updated messaging and resources from public health, share information on services that are available through social media, distance learning resources, etc. Continued communication and collaboration between organizations to share information, reduce duplication of services, identify funding opportunities, and identify concerns 	<ul style="list-style-type: none"> Clients are appreciative of the ongoing support and communication. Organizations are receiving compliments for staying connected with clients 	<ul style="list-style-type: none"> Some clients are not getting the message that services they need are being provided Unclear messaging around the public health measures, and reinforcing those recommendations

Staff from Different Organizations	<ul style="list-style-type: none"> Providing supports for staff such as emergency funds, mental health supports, or secured pay regardless of impact on work time 	<ul style="list-style-type: none"> There is more connection between staff because of ongoing and open communication virtually Shows the quality of staff, because they are willing and able to continue to provide services to their clients 	<ul style="list-style-type: none"> Concerns around funding and the impacts it will have once it runs out, for example, when Canadian Emergency Response Benefit (CERB) runs out, more people may apply for social assistance programs, or having to stop providing services because there is no more funding
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- Mitigation strategies were also identified for specific sub-populations by some participants. Below are the top mitigation strategies mentioned in relation to a specific sub-population. Please refer to [Mitigation Strategies by Population Group](#) for a full list.

Table 5 Summary of Mitigation Strategies Being Implemented in the Community for Each Identified Sub-Population

Sub-populations Identified by Participants	Mitigation Strategies Identified by Participants
Indigenous	<ul style="list-style-type: none"> Providing food supports Shifting service delivery model to virtual format
Staff from Different Organizations	<ul style="list-style-type: none"> Internal ongoing communication with staff virtually Providing supports to staff, such as emergency funds for staff, or ensuring staff are paid regardless of impact on work time
Seniors	<ul style="list-style-type: none"> Shifting service delivery model to virtual format Providing current information Providing access to technology, such as providing electronic devices or providing training Obtaining funding to support seniors Regular committee meetings to discuss how to support seniors, and prevent duplication of these services
Families	<ul style="list-style-type: none"> Shifting service delivery model to virtual format Continued contact with families and connecting them with the services they require
People experiencing homelessness	<ul style="list-style-type: none"> Moving emergency homeless shelters to a motel model system, as well as provide additional services and supports, such as mental health supports, within this model Redistributing funds to individuals in shelters, and increase public health measures, as well as funds to other organizations for harm reduction and outreach work
Young children (0 to 12 years)	<ul style="list-style-type: none"> Adjusting service delivery to ensure the safety of children Assessing how to reopen childcare and schools to follow the public health measures Committees meeting monthly to work more efficiently and better together to provide services to young children

People with mental health concerns	<ul style="list-style-type: none"> • Redistributing funds to support services provided to people with mental health concerns • Shifting service delivery model to virtual format, using various platforms such as Zoom, video conferencing
Working adults	<ul style="list-style-type: none"> • Providing emergency childcare for essential workers • Assessing how to reopen childcare, and continue to provide support to essential workers
Individuals and families living in low income	<ul style="list-style-type: none"> • Continued daily contact with people on assistance, and those living in low income, and connecting them with the services they require

Additional Mitigation Strategies That Would be Helpful for the Community

- Lastly, a variety of mitigation strategies were suggested by participants which they believed would be helpful for the local community, if implemented at the local, and/or provincial and federal levels. These included:

Table 6 Summary of Suggested Mitigation Strategies for Local, Provincial and Federal Implementation

Suggested Mitigation Strategies	
Local Recommendations	<ul style="list-style-type: none"> • Clear messaging across municipalities and services as it relates to public health messaging, standardized implementation of the public health measures across services, using clear language that the public can understand, and what organizations are providing • Figure out how to reach more of the community to provide services, such as getting people access to the services they need • Develop hubs for service and access to technology which the community can use safely • More organization partnership on hosting events, so the community knows what services are available • Continue cross sector collaboration
Provincial and Federal Recommendations	<ul style="list-style-type: none"> • More communication to create clear messaging, including transparency of information • Provide more funding for mental health • Funding increases for support programs, such as housing subsidy, food subsidy, food supports, and social assistance • Common set of guidelines and safety standards across for both provincial and federal • Better coordination between Ministries

INTRODUCTION

For the last several months, communities throughout Ontario, and across the globe, have been responding to the COVID-19 pandemic. In Simcoe Muskoka, a number of COVID-19 community-based public health measures have been introduced to help control and limit the spread of the virus. While they have been necessary, these measures have drastically changed the day-to-day lives of those in the community.

To better understand and address these concerns, the Simcoe Muskoka District Health Unit (SMDHU) conducted a situational assessment on mitigating the negative effects of community-based public health measures to prevent the spread of COVID-19, including:

- public health recommendation to stay home,
- physical distancing guidance/orders,
- childcare and school closures,
- decreased access to health/community/social services
- non-essential workplace closures, and
- closure of outdoor/community spaces

The purpose of the situational assessment will help determine if these COVID-19 community-based public health measures are negatively influencing health and well-being of the general population and specific sub-populations, and identify mitigation strategies to reduce these negative effects. As part of the situational assessment, an environmental scan was conducted which included two components:

- Key informant interviews with select local partners to gain their observations of the negative effects and mitigation strategies within the community and within their organizations, and
- Internal SMDHU online survey of Agency Management, Executive, and the Office of the Medical Officer of Health to gain an understanding about what they have heard and/or observed, through their current work at SMDHU, regarding negative effects and mitigation strategies.

METHODS

As part of the environmental scan, select local community partners, representing a variety of sectors and priority populations across Simcoe Muskoka, were invited to participate in key informant interviews which were held from May 26, 2020 to June 3, 2020. The purpose of these interviews was to understand what negative effects of COVID-19 community-based public health measures the participants have observed in the community and within their organization, what mitigation strategies are currently being implemented, successes and barriers of these strategies, as well as additional mitigation strategies that may be helpful in the future. Interview questions were reviewed by local Indigenous health leaders, and changes were made accordingly. In total, 21 key external partners were sent an email invitation to participate in key

informant interviews via teleconference. Due to short timelines of this project, if necessary, a reminder email was also sent to partners if a response was not received within two days.

The key informant interviews were conducted by three SMDHU Health Promotion and Communications staff, and a Research Analyst was present to take notes of the conversation. The interviews were approximately 30 to 45 minutes long and were structured so that the interviewers followed a pre-determined script with appropriate prompts to ensure consistency across all interviews. Interviews took place over Bell Teleconference to allow for recording of the conversation. As noted, the Research Analyst typed responses in Microsoft Word, and audio-recorded the conversations (with the participants' informed consent). Qualitative analysis was conducted using NVivo 12.4. All data files were stored on a secure SMDHU electronic drive, with access provided only to the Mitigating Harms Working Group and Research Analyst. Audio recordings are stored on the Bell Teleconference system, and were deleted one month after recording. In accordance with best practices when involving the Indigenous populations in research, Indigenous participants were provided the opportunity to review the summary related to the Indigenous population, to ensure their sentiments were captured correctly and the proper terminology was used.

In total, 11 external partners participated in the interviews, representing a variety of populations of focus for the Mitigating Harms Situational Assessment, including:

- General well population (25 to 64 years) and community dwelling older adults (65 years and older) (n=3)
- Young children (0 to 12 years) (n=2)
- Youth (13 to 24 years) (n=1)
- Individuals and families living in low income (n=1)
- Indigenous populations (n=4)

LIMITATIONS

- The scope of the environmental scan was limited with respect to the sub-populations that may be at greater risk of negative effects of the COVID-19 community-based public health measures, therefore, there may be additional sub-populations that are also at greater risk of negative effects that are not mentioned in this report.
- Although select local community partners were asked to participate in the key informant interviews, their observations of the negative effects of COVID-19 community-based public health measures, and mitigation strategies may not be the shared perspective of other local organizations who did not participate in the interviews.
- While the interviews were structured using an interview guide to maintain the reliability of the information collected between interviewers, there was some variation between interviewers on the amount of prompts asked which could have prompted the participant to provide different information.

- Although the interviews were structured, there were a few instances where the participant responses did not follow the script format, therefore, participants may not have answered some questions completely, or may have skipped questions.
- It is important to note that findings related to the sub-populations are only those heard and/or observed by participants, and may not capture the entire picture of what these sub-populations may be experiencing in relation to the negative effects of the COVID-19 community-based public health measures. This report also does not discuss in depth the historical and current context that may lead to greater risk in certain sub-populations.
- Due to the short timelines of this project, not all participants were given the opportunity to review the notes taken from their interview, nor were they able to review the findings from the interviews to ensure their sentiments were captured appropriately.
- Due to the short timelines of the project, there was not enough time to conduct a more formal and appropriate Indigenous-driven environmental scan, following the First Nations Principles of Ownership, Control, Access and Possession (OCAP®), in parallel. OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC).¹

¹ The First Nations Information Governance Centre. OCAP®. [Last accessed 2020 July 17]. Available from: <https://fnigc.ca/ocap>

RESULTS: KEY INFORMANT INTERVIEWS

Observations of the Negative Effects of COVID-19 Public Health Measures

Participants were initially asked about their observations, both within their organization and within the community, regarding the negative effects of the following COVID-19 community-based public health measures:

- Public health recommendation to stay home
- Physical distancing guidance/orders
- Childcare and school closures
- Decreased access to health/community/social services
- Non-essential workplace closures
- Closure of outdoor/community spaces

It is important to note that the majority of participants identified that some of the negative effects that they have observed relate to all of the above public health measures combined, and are not specific to any one measure. Therefore, there is overlap in the negative effects described in relation to each public health measure. See [Overall Negative Effects of COVID-19 Public Health Measures](#).

Public Health Recommendation to Stay Home

When asked about their observations within their own organization and within the community of the negative effects of the *public health recommendation to stay home*, participants observed a variety of negative effects. Although people in general understand the importance of the public health measures, the negative effects observed by participants included:

- Increased social isolation, being separated from family and friends, and not having regular social interactions or check-ins (n=6)
- Impacts on mental health, such as increased anxiety, stress and loneliness, which is increased due to social isolation from family and friends (n=5)
- Many people are fearful of the unknown of COVID-19, of getting sick or someone in their family getting sick (n=3)
- Impact on not being able to access food (n=3)
- Impacts on those who were struggling prior to COVID-19, in terms of the social determinants of health, such as those with financial insecurity, are marginalized, those with mental health and addictions, living in inadequate housing, the recommendation to stay home has increased these issues they have already been experiencing (n=3)
- Impacts on finances and household income, with people unable to work and having to stay home (n=2)
- Impacts on the safety of women and children living in situations where their health and safety is at risk in their current living situation, and not having anywhere to go (n=1)

Some participants mentioned that they are just starting to see negative impacts on the community, and expect that as the public health measures continue these impacts are going to become more apparent (n=4).

There are a variety of different sub-populations that participants observed were at greater risk of these negative effects of the *public health recommendation to stay home*. The groups mentioned included:

- People living in inadequate housing or experiencing homelessness, who are already facing other issues in their life such as access to food (n=3)
- Seniors, not having access to family, friends or support networks (n=2)
- Indigenous populations, not being able to have that connectedness with family and friends which is very important to their culture. With those living on-reserve, some are unable to have visitation with family living off-reserve (n=2)
- Youth, some are not taking the public health measure seriously, and may be putting others at risk, while others are feeling a sense of isolation (n=2)
- Individuals with diagnosed or apparent mental health concerns or addictions, having increased anxiety due to social isolation (n=2)
- Individuals or families living in low income (n=2)
- Soon-to-be, new, and single mothers having a lot of anxiety, and some are struggling (n=1)
- Part-time working families, families with one income, or single-parent families, are experiencing financial issues (n=1)
- Women and children living in situations where their health and safety is at risk in their current living situation (n=1)
- Those living in rural communities feeling socially isolated (n=1)

Physical Distancing Guidance/Orders

Participants observed similar negative effects within their organization and community in relation to *physical distancing guidance/orders*, such as:

- Impact on mental health, such as increased stress, anxiety, and frustration both in the office and in the community, especially when trying to maintain physical distance at all times (n=3)
- People are missing the in-person social connections with family and friends (n=2)
- Increased family tensions due to disagreements on following physical distancing guidance and visiting families (n=1)
- Loss of routine caused by physical distancing guidance/orders (n=1)

In terms of sub-populations at greater risk to the physical distancing guidance and orders, participants identified similar groups as those at higher risk for public recommendations to stay home. These included:

- Families with children, children do not understand the order and wanting to visit and play with their friends (n=1)

- People experiencing homelessness who do not have the environment to maintain physical distancing (n=1)
- Low income, seniors, and youth having increased stress and anxiety (n=1)

Childcare and School Closures

Participants identified a number of negative effects observed both within their organization and within the community as they relate to *childcare and school closures*. These included impacts that are occurring now in terms of closures, and impacts of what is to come with reopening of childcare and schools, such as:

- Increased stress and anxiety for both parents and children. This may be attributed to socioeconomic concerns, child's development, securing safe childcare for those who are continuing to work, and anxiety about childcare and schools reopening (n=7)
- Impact on parents who are struggling with acting in multiple roles, such as being a parent, teacher and/or working from home (n=6)
- Children are missing the socialization with their friends and teachers (n=5)
- Concerns about children who are at risk of abuse, and not having a safe place to go (n=4)
- Worried about the impact of these closures on children in the future, since they are not getting the socialization, or proper teaching that they require for their development (n=3)
- Parents are missing the break of having their children at school/childcare, there is no opportunity for a break (n=3)
- Impact on food insecurity, since some parents and children rely on food programs within childcare and schools to get food (n=2)
- Not all children within Simcoe and Muskoka have access to technology, so they may be unable to access the online learning (n=2)
- Impact on finances for those who are unable to work and have young children at home (n=1)
- Disruption of daily routine (n=1)
- Concerns around the impact on Early Development Instrument (EDI) data since there are several factors that have to do with socialization, impulse control and communication (n=1)
- Concerns around providing childcare for those who are returning to work (n=1)

The sub-populations mentioned that may be a higher risk of the negative effects of childcare and school closures included:

- Families, including those living in low income and single parent families, struggling with having children at home and lack of finances and entertainment (n=4)
- Essential workers, both those using emergency childcare and being fearful of bringing COVID-19 home to families, and those who were unable to access emergency childcare and continue to work (n=2)
- Youth, women, and children who are fearful due to increased stresses at home due to the childcare and school closures and a potential for violence in the home during this time, and do not have the connection with childcare or school staff or that as a safe space (n=1)

Decreased Access to Health/Community/Social Services

In terms of *decreased access to health/community/social services*, the negative effects observed by participants within their organization and community can be grouped into three major categories: health impacts, challenges of accessing services, and impacts faced by service providers.

The health impacts observed by participants within their organization and community include:

- Impact on mental health, such as increased anxiety and stress in accessing these services (n=6)
- Concerns around individuals and families not seeking the critical care or preventive care they need, then the impact this will have on their health, or chronic condition in the future (n=5)
- Increased isolation for those who both provide these services and those who require these services (n=2)
- Increase in abuse, because some clients may deal with their unsafe situation rather than leave and face COVID-19, or due to the mental health impacts of not being able to receive preventative care (n=2)

The challenges of accessing these services:

- People not being able to access services that have switched to a virtual model because they do not have access to technology, or do not know how to use technology (n=3)
- People are confused about what services are available, and that there is not enough communication of what is available (n=2)

The impacts faced by service providers:

- Some organizations have found it difficult to provide their services because they have had to switch to a virtual service delivery model which may not be best for some of their clients, for example, no access to technology, or clients who would prefer face to face (n=3)
- Some closures of services have put a strain on other services, since they are receiving new clientele they normally would not receive (n=2)

The sub-populations mentioned that may be a higher risk of the negative effects of decreased access to health/community/social services included:

- Seniors, who are not accessing services out of fear of getting sick or being alone in the ER, experiencing increased feelings of social isolation, or not accessing services because technology is foreign to them (n=4)
- Individuals with mental health concerns and addictions, not being able to access the services they need (n=2)
- First time moms having increased anxiety about their child's development and milestones (n=1)
- Urban Indigenous population, accessing community services is difficult. Some services are offered on-reserve which they cannot access due to COVID restrictions (n=1)

- Newcomers, being unable to access services due to language or lack of social supports (n=1)
- Individuals living in low income, having increased anxiety and stress because of the challenges and isolation they are facing (n=1)
- People in shelters not being able to access the services that were normally available in shelters (n=1)

Non-Essential Workplace Closures

With *non-essential workplace closures*, the negative effects observed by participants within their organization and in the community include:

- Financial [in]security, and the effects of being laid off and future employment (n=5)
- People are unclear of what is open and what is not (n=3)
- Increase stress and anxiety around where to get essential items they may need such as medications or specific products, or anticipatory anxiety that something is going to happen (n=3)
- Some people are unable to access the amenities that some non-essential workplaces provided, such as free Wi-Fi or public facilities (n=2)
- Not being able to go to places for social interactions (n=1)
- Difficulty accessing essential items either due to people hoarding products they would not normally need, making it unavailable for those who need it most, or having to find new places to access certain items (n=1)

The sub-populations mentioned by participants that may be a higher risk of the negative effects of non-essential workplace closures include:

- Seniors, not being able to access certain services (n=1)
- Mental health clients, not being able to access certain services (n=1)
- Those who have lost their employment, and the financial impacts (n=1)
- Students who are out of work or summer internships and are funding either all or part of their education (n=1)
- International students living off campus, not having the supports readily available to them as those who are living on campus (n=1)

Closure of Outdoor/Community Spaces

In terms of the *closure of outdoor/community spaces*, the negative effects observed within their organization or within the community include:

- Parents are finding it challenging keeping their children occupied or entertained because of the closure of outdoor spaces, and are finding it hard to cope (n=5)
- Increased social isolation, because people cannot access places they would normally attend to socialize with others (n=4)
- Impact on mental health, such as increased anxiety and stress of being confined to one place, especially if there is limited space or no access to outdoor space (n=3)
- Some organizations are unable to provide the appropriate services for their clients, since they used these spaces to provide services (n=2)

- Less physical activity (n=2)
- Not having access to being outside has an impact on overall well-being (n=1)

The sub-populations mentioned by participants that may be a higher risk of the negative effects of closure of outdoor/community spaces include:

- Children not having access to playgrounds, therefore having less physical activity (n=1)
- Seniors unable to access community centers for socialization (n=1)
- Those with mental health concerns, not being able to access spaces where they chose to spend their time (n=1)
- Indigenous communities having to cancel ceremonies and events, less social interactions which can contribute to poor mental health (n=1)
- People who do not have private access to outdoor/green space, increased anxiety from being in a confined space (n=1)

Overall Negative Effects of COVID-19 Public Health Measures

Across all community-based public health measures, there are common negative effects observed by participants in the community or within their organization. These include:

Health Impacts

- Increased feelings of social isolation across all population, with not being able to socialize with family and friends, or not having access to support systems that provided social connection in the past (n=10)
- Negative impacts on mental health, such as increased anxiety and stress related to each of these public health measures, and not being able to do things that supported mental health in the past (n=9)
- Negative impact on physical health, such as less physical activity for children, and those with pre-existing conditions (n=6)
- Increase in abuse/neglect of a household member, such as children and women who are living in unsafe situations, and families with the added stress of the pandemic adding to potential violence and safety issues in the home (n=5)
- Concerns around the long-term impacts of the public health measures on people's health, such as people not seeking out preventative health care or service for health concerns, and the negative impacts that will have on their health (n=5)
- Concerns around the impact on child development during this time, and impact on child learning now and when childcare and schools reopen (n=3)
- Impacts on family relationships, such as parent-child relationship, and between families with following the public health measures (n=2)
- Increased substance use and addictions, such as increase incidents of overdose that may be attributed to all public health measures, except childcare and school closures (n=1)

Social and Economic Impacts

- Enhanced economic concerns for vulnerable populations who were struggling prior to the pandemic. This includes those who were struggling financially, newcomers, those with mental health and addiction concerns, etc. (n=7)
- Financial impacts on those who are unable to work (n=6)
- Impact on regular life, such as parents and families having to work from home while looking after children, and/or provide educational support for their children, or people missing their daily routines (n=6)
- Increased food insecurity, such as people in the community not having access to services or programs that provided them with food (n=4)

Impacts on Service Delivery

- Impacts on service delivery, with organizations switching to virtual service delivery, there are people in the community who are no longer able to access the services they require, because these services require face-to-face causing some organizations to close, or not provide these services, for example, food programs, in-person mental health supports, services for people experiencing homelessness (n=7)
- Concerns around the continuation of the public health measures, as well as reopening of the province, such as reopening of childcare and schools, parents returning to work, and concerns of what the long-term impacts of the public health measures will be on the community (n=6)
- Some people in the community lack access to technology, such as limited or no access to internet, no access to electronic devices with data plans, or have limited knowledge to use the internet or electronic devices (n=5)
- Difficulty accessing essential items either due to people hoarding products they would not normally need, making it unavailable for those who need it most, or having to find new places to access certain items (n=1)

Impacts on Understanding the Public Health Measures Messaging

- Mixed messaging and understanding regarding the public health measures, confusion around the changes taking place during reopening, and differences in messaging on expectations of the public health measures provided to the public between local communities and the province (n=8)

Overall Negative Effects of COVID-19 Public Health Measures by Sub-Populations

It is important to note that not all participants identified sub-populations at greater risk of the negative effects of the public health measures. Of those who did specify sub-populations, the following table shows the negative effects for each sub-population as indicated by participants. Please note that these are negative effects identified in relation to a specific sub-population, therefore some negative effects mentioned above may also apply to these groups.

Table 7 Overall Negative Effects of COVID-19 Community-Based Public Health Measures by Sub-Populations

Sub-populations Identified by Participants	Negative Effects of Public Health Measures Combined
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<p>Staff (n=9)</p>	<ul style="list-style-type: none"> • Increased feelings of social isolation, with not connecting with colleagues, or having that connection with clients (n=4) • Mixed messaging and understanding regarding the public health measures, especially non-essential workplaces, and confusion around the changes taking place during reopening (n=3) • Negative impact on mental health, such as increased stress and anxiety with working from home with children at home, or trying to balance serving clients and taking care of staff (n=2) • Impact on service delivery in trying to determine how to continue to provide services to clients when face-to-face is no longer available or clinics have closed (n=2) • Impact on child learning when reopening happens, trying to certain learning principles while following the public health measures, or the impacts the public health measures will have on the Early Development Index (EDI) (n=1) • Concerns regarding reopening and not having staff returning to work due to lack of their own childcare, public health measures not being in place in the workplace, or low wages (n=1) • Staff who are teachers, child care staff, or day camp counsellors unable to provide support to children who may be at risk of abuse (n=1) • Some of the work that organizations need to be completed has to be done in office for deliver efficiently and cannot be done working from home (n=1)
<p>Families and parents (n=9)</p>	<ul style="list-style-type: none"> • Negative impact on mental health, such as increased anxiety and stress regarding the loss of childcare, around reopening of schools/childcare, and the other public health measures (n=6) • Impact on regular life, such as parents and families having to work from home while looking after children, and/or provide educational support for their children, or people missing their daily routines (n=4) • Concerns around reopening, specifically the reopening of childcare/schools (n=4) • Increased feelings of social isolation (n=3) • Financial insecurity, for families being unable to work or need to return to work (n=2) • Increase in abuse/neglect of a household member due to families not getting the respite from taking care of children, or having access to schools or other community resources (n=2) • Negative impact on physical health with not being able to go to outdoor spaces such as parks (n=2) • Increased household food insecurity, such has having limited access to food and basic needs (n=2) • Mixed messaging and understanding regarding the public health measures, especially what will be required to have children return to childcare or school (n=1) • Lack of access to technology, including limited internet access or no access to electronic devices with data plans (n=1) • Future concerns regarding the long-term impacts of the pandemic on preventive health care (n=1) • Impacts on relationships, such as family tensions from families having differing views and adherence to the public health measures (n=1)

Young children (0 to 12) (n=8)	<ul style="list-style-type: none"> • Increase in abuse/neglect of a household member, such as children who are living in unsafe situations (n=4) • Increased feelings of social isolation (n=3) • Negative impact on mental health (n=2) • Impacts on service delivery, as some children are unable to access services that were provided through childcare or school (n=2) • Negative impact on physical health (n=2) • Future concerns regarding the long-term impacts of the pandemic on child development or on children in general (n=2) • Increased household food insecurity, as some children received food through school and childcare programs (n=2) • Impact on child development with not being able to go to childcare (n=1) • Lack of access to technology, including limited internet access or no access to electronic devices with data plans, especially for school age children (n=1)
Working adults (n=7)	<ul style="list-style-type: none"> • Negative impact on mental health, anxiety and stress from loss of childcare, and anticipatory anxiety that something is going to happen with their employment in the future which will cause them to struggle financially(n=4) • Financial impact, for those who have been laid off due to non-essential workplace closures (n=2) • Increase feelings of social isolation (n=1) • Future concerns around obtaining childcare once they are able to return to work, since not everybody will get childcare right away (n=1)
Seniors (n=6)	<ul style="list-style-type: none"> • Increased feelings of social isolation across all population, with not being able to socialize with family and friends, or not having access to support systems that provided social connection in the past (n=5) • Negative impact on mental health (n=2) • Negative impact on physical health for those who are not seeking health care they need (n=1)
Individuals and families living in low income (n=6)	<ul style="list-style-type: none"> • Enhanced socioeconomic concerns for vulnerable populations who were struggling prior to the pandemic, more specifically around finances (n=4) • Increased feelings of social isolation (n=3) • Negative impact on mental health (n=3) • Financial impacts around securing income during the pandemic, such as applying for multiple supports available (n=2) • Increased number of those in low income seeking assistance (n=1) • Increase in abuse/neglect of a household member due to added stresses from financial issues or job loss (n=1)
Youth (13 to 24) (n=5)	<ul style="list-style-type: none"> • Increased feelings of social isolation (n=3) • Negative impact on mental health (n=1) • Youth are not understanding the purpose behind the public health measures, and are not following them strictly or at all (n=1) • Impacts on service delivery, as some youth are unable to access services that were provided by certain organizations (n=1) • Future concerns of the long-term impacts of the public health measures on youth (n=1) • Increase in abuse/neglect of a household member

	<ul style="list-style-type: none"> • Lack of access to technology, including limited internet access or no access to electronic devices with data plans (n=1)
People with mental health or addiction concerns (n=4)	<ul style="list-style-type: none"> • Negative impact on mental health (n=2) • Increased feelings of social isolation (n=1) • Impact on service delivery, for those who require face-to-face counselling which cannot be done virtually (n=1) • Enhanced concerns for those struggling with mental health concerns prior to the pandemic (n=1) • Lack of access to technology, including limited internet access or no access to electronic devices with data plans (n=1) • Increase substance use and addictions, such as increase incidents of overdose that may be attributed to all public health measures, except childcare and school closures (n=1)
Indigenous (n=4)	<ul style="list-style-type: none"> • Increased feelings of social isolation from family and friends, both with the urban Indigenous population and on-reserve First Nation population. Some First Nation populations on-reserve are limited due to the public health measures when it comes to visiting family, for example children, who are located off-reserve. There is disruption to personal and family connection and supports which would have been in place prior to the pandemic (n=4) • For those living off-reserve, accessing services is difficult, because they cannot reach those services offered on-reserve, as well as some services cannot be offered virtually (n=3) • Mixed messaging and understanding regarding the public health measures, confusion around the changes taking place during reopening, and confusion on what services are available (n=3) • Negative impact on mental health, such as the public health measures limited Indigenous natural systems of help (i.e. extended family and friends) that would have been in place, creating additional stresses (n=2) • Indigenous communities, more so First Nations, face historical challenges with being told to physically distance from others, bringing up historical trauma of grief and loss. Losing the ability to connect with extended family and community in cultural and ceremonial events further exacerbated fear and poor mental health (n=2) • Enhanced socioeconomic concerns for vulnerable populations who were struggling prior to the pandemic, such as those with lower income, in crowded housing, or substandard housing (n=2) • Financial stress of those who have lost a job, or have had to choose between multiple jobs (n=2) • Having to adjust to less options for essential items, either due to closures, or people in the community excessively purchasing items they do not need (n=1) • Lack of access to technology, such as limited or no Internet, or no access to electronic devices with data plans (n=1) • Increased family tension for families who have differing opinions on following and understanding of the public health measures (n=1)
People with pre-existing health issues (n=4)	<ul style="list-style-type: none"> • Concerns about the future impacts for those who have pre-existing conditions and are not seeking the care they require (n=3)

	<ul style="list-style-type: none"> • Impacts on service delivery, for those who require services that cannot be done virtually being unable to access them (n=2) • Negative impact on mental health (n=1) • Negative impact on physical health (n=1)
People experiencing homelessness (n=3)	<ul style="list-style-type: none"> • Impacts on service delivery such that people experiencing homelessness, initially, were not able to access services usually provided within shelters (n=2) • Increased household food insecurity, with limited access too food both for people experiencing homelessness (n=1) • Lack of access to facilities for those experiencing homelessness, such as facilities with washrooms (n=1)
Those living in inadequate housing (n=2)	<ul style="list-style-type: none"> • Increased feelings of social isolation (n=1) • Negative impact on mental health (n=1) • Enhanced socioeconomic concerns for vulnerable populations who were struggling prior to the pandemic (n=1) • Increased household food insecurity, with limited access too food both for people experiencing homelessness (n=1)
Rural (n=2)	<ul style="list-style-type: none"> • Increased feelings of social isolation, where people are separated by acres, and not seeing neighbours (n=1) • Negative impact on mental health (n=1) • Lack of access to technology, such as limited internet access due to poor bandwidth (n=1)
Newcomers (n=2)	<ul style="list-style-type: none"> • Newcomers dealing with living in a new country, struggling with language, feeling socially isolated, being further impacted by the pandemic (n=2) • Increased feelings of social isolation due to lack of social supports (n=1)
Women (n=2)	<ul style="list-style-type: none"> • Increased feelings of social isolation (n=2) • Increase in abuse/neglect of a household member, such as women living in unsafe situations and not having a safe space to go to (n=2) • Future concerns around securing childcare when returning to work, especially women in lower paying jobs (n=1) • Negative impact on mental health, especially for new, soon to be, and single moms (n=1)
Post-secondary and International Students (n=1)	<ul style="list-style-type: none"> • Financial impacts on students who had internships or summer jobs prior to the pandemic, and are paying for their education (n=1) • Lack of access to technology, with some students not having access to the Internet to complete their course work (n=1)

Mitigation Strategies Being Implemented in the Community

According to participants, there are many mitigation strategies being implemented in the community and within their organizations to reduce the negative effects of the community-based public health measures mentioned previously. These mitigation strategies can be split into three categories: those being implemented for clients and the community, those being implemented within the organization, and those being implemented with other community organizations.

All participants provided *mitigation strategies that are being implemented for their organizations' clients and for the community*. These include:

Mitigation strategies that relate to technology:

- Adapting quickly in shifting their service delivery model from face to face to more virtual formats to continue to provide services to the community and to clients. This can include video conferencing, online meeting platforms such as Zoom, GoToMeeting, etc., or providing services over the phone (n=9)
- Releasing webinars, videos, and interactive products to the community, such as activities for children, parents, webinars for the entire community and not just clients (n=5)
- Providing supports for technology and transportation, such as purchasing phones with SIM cards and data plans for individuals who do not have these items, paying cellphone bills for those unable to pay them, or providing transportation for clients to access services (n=4)

Mitigation strategies that relate to service delivery to clients:

- Providing more financial, food and basic needs supports to the community, such as food hampers, providing grocery gift cards, and basic needs items such as diapers, or pet food. Some organizations would also purchase groceries or other basic needs items and deliver them to people in the community in need, such as families and seniors (n=7)
- Adjusting service delivery that cannot be moved to a virtual model to follow public health measures, such as clinics still seeing clients but following physical distancing guidance, use of Personal Protective Equipment (PPE), providing face to face services in an open outdoor space to maintain physical distancing, moving shelters into motel/hotels to support physical distancing, organizations opening up for a specific number of hours per week to provide support to those who did not have access to internet (n=6)
- Contacting clients on a regular basis through wellness checks to check in and provide service, make them aware of supports that are available, and connecting them to the supports they require (n=6)
- Providing supports to new sub-populations that are not usually served. For example, expanding parameters of a program so that more people in the community could access that program (n=4)
- There have been informal supports within the community, such as people making masks, checking in on neighbors, or community clean-ups (n=2)
- Waiving certain requirements for clients to receiving the supports they need, such as signatures, verification of documentation, etc. (n=1)

Mitigation strategies that relate to communication:

- Providing updated resources and information to clients and the community, such as updated messaging and resources from public health, share information on services that are available through social media, distance learning resources, etc. (n=9)
- Adapting public health messaging to better suit their clients, for example some Indigenous organizations have adapted the public health messaging to what makes sense through an Indigenous lens and for the Indigenous communities, and this

information may be shared by someone in the Indigenous community who is locally recognized, such as a Traditional Healer, or Elders or Leaders (n=1)

Eight participants mentioned *mitigation strategies being implemented within their organization*, such as:

Mitigation strategies that relate to service delivery to clients:

- Assessing how to reopen or restart services, including providing in person services while following public health measures, reopening of childcare, how to transition services back to normal, and operational funding in the future. Some organizations mentioned the creation of committees to determine how to reopen or restart services (n=5)
- Redistributing funds where needed to better support the community, such as to provide additional staffing, increase food supports, funding programs not usually funded, and funding people's internet (n=5)
- Accessing provincial and federal funding to support vulnerable populations (n=3)

Mitigation strategies that relate to communication:

- Having frequent and ongoing communication with staff through virtual meetings or open forums (n=4)

Mitigation strategies that relate to staff:

- Providing supports for staff such as emergency funds, mental health supports, or secured pay regardless of impact on work time (n=3)

Five participants mentioned *mitigation strategies being implemented with other organizations*, such as:

Mitigation strategies that relate to communication:

- Continued communication and collaboration between organizations to share information, reduce duplication of services, identify funding opportunities, and identify concerns (n=5)

Mitigation strategies that relate to service delivery to clients:

- Making services more accessible, such as having provincial phone lines opened through other services (n=1)

Mitigation Strategies by Population Group

The following table shows the mitigation strategies being implemented in the community for each sub-population as identified by participants. Please note that these are mitigation strategies identified in relation to a specific sub-population, therefore some mitigation strategies mentioned above may also apply to these groups.

Table 8 Mitigation Strategies Identified by Participants for Each Sub-Population

Sub-populations Identified by Participants	Mitigation Strategies Identified by Participants
Indigenous (n=4)	<ul style="list-style-type: none"> • Providing food supports, such as food hampers and basic supplies, as well as purchase groceries or provide grocery gift cards (n=4) • Shifting service delivery model to virtual format, using various platforms such as Zoom, video conferencing (n=3) • Providing updated information and resource with some information being adapted towards the Indigenous community. These were provided virtually through social media, or video messaging (n=2) • Offering programs online, such as sound therapy, yoga, webinars featuring members from the Indigenous community (n=2) • Regular communications with clients and patients, via Wellness checks (n=2) • Adjusting services to allow staff to start face-to-face meetings in an outdoor format(n=2) • Internal ongoing communication between staff (n=2) • Assessing how to reopen or restart services for clients while following public health measures (n=2) • Providing electronic devices with data plans to clients (n=1) • Redistributing funds to offer services to the wider Indigenous community, not just existing clients (n=1)
Staff (n=3)	<ul style="list-style-type: none"> • Internal ongoing communication with staff virtually, daily meetings, or providing an online forum for staff to stay connected throughout the day (n=2) • Providing supports to staff, such as emergency funds for staff, or ensuring staff are paid regardless of impact on work time (n=2) • Adjusting services to allow staff to start face-to-face meetings (n=1)
Seniors (n=3)	<ul style="list-style-type: none"> • Shifting service delivery model to virtual format, using various platforms such as Zoom, video conferencing (n=1) • Providing current information, so seniors understand where to go for information, or shouldn't go for information (n=1) • Providing access to technology, such as providing electronic devices or providing training (n=1) • Obtaining funding to support seniors (n=1) • Regular committee meetings to discuss how to support seniors, and prevent duplication of these services (n=1)
Families (n=3)	<ul style="list-style-type: none"> • Shifting service delivery model to virtual format, using various platforms such as zoom, video conferencing (n=2) • Continued contact with families through wellness calls, and connecting them with the services they require (n=2) • Providing updated information and resources, such as health and wellness resources, distance learning resources (n=1) • Providing food supports, such as gift cards to grocery stores, or obtaining donations of healthy foods to give to families (n=1) • Providing access to electronic devices (n=1)

	<ul style="list-style-type: none"> • Redistributing funds to provide additional supports to families (n=1)
People experiencing homelessness (n=2)	<ul style="list-style-type: none"> • Moving emergency homeless shelters to a motel model system to help support the physical distancing and protecting of the homeless population, as well as provide additional services and supports, such as mental health supports, within this model (n=2) • Redistributing funds to individuals in shelters, and increase public health measures, as well as funds to other organizations for harm reduction and outreach work (n=2) • Supporting other organizations to provide support to other individuals who have nowhere to go (n=1)
Young children (0 to 12) (n=2)	<ul style="list-style-type: none"> • Adjusting service delivery to ensure the safety of children (n=1) • Assessing how to reopen childcare and schools to follow the public health measures (n=1) • Committees meeting monthly to work more efficiently and better together to provide services to young children (n=1)
People with mental health concerns (n=1)	<ul style="list-style-type: none"> • Redistributing funds to support services provided to people with mental health concerns (n=1) • Shifting service delivery model to virtual format, using various platforms such as zoom, video conferencing (n=1)
Working adults (n=1)	<ul style="list-style-type: none"> • Providing emergency childcare for essential workers (n=1) • Assessing how to reopen childcare, and continue to provide support to essential workers (n=1)
Individuals and families living in low income (n=1)	<ul style="list-style-type: none"> • Continued daily contact with people on assistance, and those in low income, and connecting them with the services they require (n=1)

Successes of Mitigation Strategies Being Implemented in the Community

The successes that have been observed by participants in implementing these mitigation strategies within the community can be broken into three groups: successes observed with clients or community members, successes observed with staff, and those observed with other organizations.

All participants identified success to the *mitigation strategies being implemented in the community for clients and community members*, such as:

Mitigation strategies that relate to technology:

- There has been greater access to the community because services are being offered virtually, for example more people are viewing videos online, or people are accessing the services more because it is more comfortable for them (n=3)
- Some clients are embracing the virtual format (n=1)
- Staff are utilizing existing tools in a more purposeful way to interact with clients (n=1)

Mitigation strategies that relate to service delivery to clients:

- There are more connections between staff and clients, because staff have more time to connect with their clients individually, and there is more intentional communication and engagement with clients because they are not seeing their clients face to face (n=3)
- Have been able to provide people with that social connection who otherwise do not have a strong support system (n=2)
- People are following the public health measures, especially if they want access to services (n=2)
- Staff are finding creative ways to reach and interact with their clients (n=2)
- There is a quicker response between staff to provide supports for clients (n=1)
- Some clients are able to talk to someone to support their mental health (n=1)
- Some clients are reciprocating by donating to organizations (n=1)
- For services that are still provided in-person there have been no positive COVID cases (n=1)

Mitigation strategies that relate to communication:

- Clients are appreciative of the ongoing support and communication. Organizations are receiving compliments for staying connected with clients, and provides them with something to look forward to (n=3)
- Clients are aware of the supports that are available to them (n=1)
- The supports have helped reduce some of the stressors that people are experiencing, such as financial and food related stress (n=1)

Four participants identified successes to the *mitigation strategies being implemented in the community for staff*, such as:

Mitigation strategies that relate to staff:

- There is more connection between staff because of ongoing and open communication virtually (n=1)
- Shows the quality of staff, because they are willing and able to continue to provide services to their clients (n=1)

Two organizations identified successes to *mitigation strategies being implementing in the community with other organizations*, such as:

Mitigation strategies that relate to service delivery to clients:

- Success in organization partnerships to adapt services quickly for vulnerable populations (n=1)
- Some organizations will provide a combination of both virtual and face to face services (n=1)
- There is better coordination of services (n=1)

Mitigation strategies that relate to organizations:

- Opportunities to partner with new organizations (n=1)
- There is an opportunity to advocate for change in service provision (n=1)

Barriers of Mitigation Strategies Being Implemented in the Community

Participants mentioned a number of barriers of the mitigations strategies being implemented in the community, which relate to technology, service delivery, communication and organizational concerns.

Nine participants identified barriers of mitigation strategies being implemented in the community as they relate to **technology**, such as:

- Some people in the community are unable to access technology. This include access to Wi-Fi services due to location, having access to electronics such as a computer or cellphone with data package, or they do not know how to use the internet or electronic devices (n=8)
- Some people in the community are not comfortable, or prefer not to use the internet or electronic devices (n=3)

Eight participants identified barriers as they relate to **service delivery** to clients, such as:

- Clients are missing the face to face services, there is no physical contact or connection that clients require over providing services virtually (n=7)
- With the virtual model, organizations may not be able to achieve the services clients require, as some services cannot be provided in this format (n=3)
- Virtual services do not address those with mental health concerns, which is a challenge for those who are in distress with the mental health issue they are experiencing (n=2)
- Clients are getting tired of video conferences and Zoom (n=2)

Four participants identified barriers as they relate to **communication**, such as:

- Some clients are not getting the message that services they need are being provided, this can be due to not having access to technology or devices, or because they have been practicing physical distancing and have isolated from others (n=2)
- Unclear messaging around the public health measures, and reinforcing those recommendations (n=2)
- Lack of communication regarding measures put in place to offer services (n=1)
- People in the community are taking their information from social media which may not always be accurate (n=1)

Three participants identified barriers as they relate to **organizational concerns**, such as:

- Concerns around funding and the impacts it will have once it runs out, for example, when Canada Emergency Response Benefit (CERB) runs out, more people may apply for social assistance programs, or having to stop providing services because there is no more funding (n=2)
- Concerns around increase supply demand for some services, such as the food banks (n=1)
- Concerns around operational funding in the future, especially for smaller organizations who receive revenue from events held during the warmer months (n=1)
- Concerns around clients continuing to not access services which will continue to make them vulnerable (n=1).

Additional Mitigation Strategies That Would Be Helpful for the Community

Participants mentioned a wide variety of additional mitigation strategies that would be helpful for the community locally, such as:

- Need clear messaging across municipalities and services as it relates to public health messaging, standardized public health measures across services, using clear language that the public can understand, and what organizations are providing (n=4)
- Need to figure out how to reach more of the community to provide services, such as getting people access to the services they need, or utilizing door-to-door advertising for areas of low income of the services that are available (n=4)
- Need to develop hubs for service and access to technology which the community can use safely (n=2)
- More organization partnerships, such as for hosting events, so the community knows what services are available (n=2)
- Continue cross sector collaboration, including collaboration between Indigenous and non-Indigenous organizations (n=2)
- Organizations facilitating assistance to the community to access other organizations' services (n=1)
- Supply PPE for clients (n=1)
- Continue with proper health and safety measures to provide services (n=1)
- Determine long term strategy on how to provide services over the next 12 months (n=1)

In terms of provincial and federal recommendations, three participants indicated that they were not sure of what could be provided provincially or federally, while seven participants provided the following recommendations:

- More communication to create clear messaging both provincially and federally, including transparency of information (n=3)
- Provide more funding for mental health (n=3)
- Funding increases for support programs, for example housing subsidy, food subsidy, income supports, social assistance, etc. (n=2)
- Common set of guidelines and safety standards across the board, instead of having differences on what is to be done provincially and federally (n=2)
- Better coordination between Ministries (n=2)
- Creation of a provincial work group for Early On Centres, in order to be provincially driven and have clear guidelines and messaging (n=1)
- Supply PPE to other essential services, such as developmental social services (n=1)
- Regional approach to reopening (n=1)
- Once a strategy is developed by Simcoe Muskoka, the strategy should be adapted at the provincial level (n=1)

ADDITIONAL INFORMATION WHICH MAY BE RELEVANT

Through the key informant interviews, an abundance of information was obtained from participants. Although the following are out of scope for this project, as they do not answer the

research questions, this information is still relevant to COVID-19 community-based public health measures and their effect on the local community.

Overall, participants' responses suggested that people in the community do understand the importance and need of the community-based public health measures to prevent the spread of COVID-19 (n=6), but there are people in the community who are not adhering to the public health measures (n=4), and as time goes on people are finding the public health measures harder to follow, and may begin to question them.(n=4)

- Several participants described having observed increased fear of catching COVID-19 among individuals when out in public, working, or when seeking essential services such as health care, and fear of getting family members sick, in particular seniors and those with pre-existing conditions. This fear was also associated with reopening of the province (n=9)
- The sub-populations participants specifically identified as having increased fear due to the public health measures, as indicated previously, included: staff, families and parents, working adults, seniors, Indigenous population, and people with pre-existing conditions.
- When speaking about the various COVID-19 community-based public health measures, some participants identified additional concerns, such as:

Table 9 Summary of Additional Information

COVID-19 Community-Based Public Health Measure	Concerns Identified
Public health recommendation to stay home	<ul style="list-style-type: none"> • People are fearful of COVID-19, including getting sick, and fearful of others not following the public health recommendations when out shopping (n=3) • People are beginning to question the recommendation to stay home, and are not following it strictly (n=2) • Some people in the community are not understanding what the public health measures mean, and may be putting others at risk (n=2)
Physical distancing guidance/orders	<ul style="list-style-type: none"> • It is getting more difficult for people to follow the physical distancing measures as time goes on, and some people are disregarding it (n=3) • There is mixed messaging regarding physical distancing guidelines between provincial and local expectations, including wearing personal protective equipment (PPE) (n=3)
Childcare and school closures	<ul style="list-style-type: none"> • Some youth not following public health recommendations (n=1) • Parents are fearful of their children returning to childcare/school and them getting sick, or getting their family sick (n=6)
Decreased access to health/community/social services	<ul style="list-style-type: none"> • Many people are fearful of accessing these services. They are afraid of seeking assistance when they need it because they do not want to get sick, or be alone if going to the hospital (n=6)
Non-essential workplace closures	<ul style="list-style-type: none"> • Concerns around those who go to work and may put the family at risk (n=1)

	<ul style="list-style-type: none">• Essential workers who are coming home and putting their family at risk (n=1)
Closure of outdoor/ community spaces	<ul style="list-style-type: none">• Concerns around the opening of these spaces and public health measures being followed (n=1)

APPENDIX A: RECRUITMENT EMAIL

Good Afternoon,

For the last several months, our province and communities have been dealing with COVID-19 and doing our best to prevent the spread of the virus. A number of public health measures have been introduced to help control and limit the spread of the virus. These measures have drastically changed our day-to-day lives and the lives of our clients.

Simcoe Muskoka District Health Unit (SMDHU) is conducting a situational assessment to help determine if these community-based public health measures are negatively influencing the health and well-being of the general population and sub-populations, and to identify mitigation strategies to reduce these negative impacts.

As part of the situational assessment, an environmental scan is being conducted to understand the impacts occurring in Simcoe and Muskoka. We are inviting a small number of external partners in Simcoe and Muskoka, as well as a small number of internal SMDHU staff to participate in telephone interviews. The interviews will be conducted within a short timeline from May 25 to June 3, and will take about 30-45 minutes.

The following questions provide a framework for the interview:

1. What is being observed/reported in our communities related to the negative effects of community-based public health measures (i.e. public health recommendation to stay home, childcare and school closures, decreased access to health/community/social services, non-essential workplace closures, closure of outdoor/community spaces, etc.)?
2. What are the observed/reported mitigation strategies being implemented in communities to reduce these negative effects? By whom, and how?
3. What are the observed/reported outcomes/success of these mitigation strategies?
4. Are there additional mitigation strategies that would be helpful at the local/regional/provincial/national level?

The interviews will be conducted by SMDHU staff in the Health Promotion and Communications team along with a Research Analyst from the Population Health Assessment, Surveillance and Evaluation team. Your participation is voluntary and greatly appreciated. Your responses are confidential, and no personal information will be collected. The SMDHU follows all laws protecting privacy and the collection, use, and disclosure of personal information and personal health information.

Note-taking and audio recording of these discussions will take place. The audio recording will be used to validate and clarify notes taken during the discussion. You may refuse to answer any question or to remove your participation at any time. Other than the time required to complete the interview, we do not anticipate any harm or cost to you or your organization.

Your responses will be summarized and grouped together with responses from others and provided to SMDHU's Mitigating Harms Working Group and leadership to support the development of recommendations and next steps to inform an SMDHU mitigation strategy. If of interest, the final report will be made available to you and other community partners, for consideration in informing mitigation strategies in your sectors.

Your contact information will be stored separately and used only to contact you. The recordings will be deleted once the final project report is complete. Audio recording and notes will be stored on an encrypted and protected drive on SMDHU's electronic system, with access limited to the HP&C team and the Research Analyst.

If you agree to participate please complete the following doodle poll to select an interview date and time between May 26 and June 3. Once completed, you will receive a confirmation email with the informed consent and interview questions in preparation for the scheduled interview.

Link: <https://doodle.com/poll/5hwedttpy2mtvrzq>

If you are unable to participate in an interview, we invite you to forward this email to a designate within your organization.

If you have any questions, please contact Megan Williams, Manager of Health Promotion and Communications at 705-721-7520, ext. 7328 or 705-321-9143, megan.williams@smdhu.org or Stephanie Ross, Acting Program Manager of Healthy Growth and Development at 705-721-7520 ext. 7337, stephanie.ross@smdhu.org.

A reply by **May 26, 2020** would be most appreciated. Thank you.

APPENDIX B: INFORMED CONSENT



Mitigating Negative Effects of COVID-19 Community-Based Public Health Measures: Consent

Simcoe Muskoka District Health Unit (SMDHU) is conducting a situational assessment to help determine if COVID-19 community-based public health measures are negatively influencing the health and well-being of the general population and sub-populations, and to identify mitigation strategies to reduce these negative impacts for the remainder of the pandemic. Some of these public health measures include:

- Public health recommendation to stay home
- Physical distancing guidance/orders
- Childcare and school closures
- Decreased access to health/community/social services
- Non-essential workplace closures
- Closure of outdoor/community spaces

As part of the situational assessment, an environmental scan is being conducted to understand the impacts occurring in Simcoe and Muskoka. We are inviting a small number of external partners in Simcoe and Muskoka, as well as a small number of internal SMDHU staff to participate in telephone interviews. The interviews will be conducted within a short timeline from May 25 to June 3, and will take about 30-45 minutes.

The following questions provide a framework for the interview:

1. What is being observed/reported in our communities related to the negative effects of community-based public health measures (i.e. public health recommendation to stay home, childcare and school closures, decreased access to health/community/social services, non-essential workplace closures, closure of outdoor/community spaces, etc.)?
2. What are the observed/reported mitigation strategies being implemented in communities to reduce these negative effects? By whom, and how?
3. What are the observed/reported outcomes/success of these mitigation strategies?
4. Are there additional mitigation strategies that would be helpful at the local/regional/provincial/national level?

The interviews will be conducted by SMDHU staff in the Health Promotion and Communications team along with a Research Analyst from the Population Health Assessment, Surveillance and Evaluation team. Your participation is voluntary and greatly appreciated. Your responses are confidential, and no personal information will be collected. The SMDHU follows all laws protecting privacy and the collection, use, and disclosure of personal information and personal health information.

Note-taking and audio recording of these discussions will take place. The audio recording will be used to validate and clarify notes taken during the discussion. You may refuse to answer any question or to remove your participation at any time. Other than the time required to complete the interview, we do not anticipate any harm or cost to you or your organization.

Your responses will be summarized and grouped together with responses from others and provided to SMDHU's Mitigating Harms Working Group and leadership to support the development of recommendations and next steps to inform an SMDHU mitigation strategy. If of

Date Created: May-26-20

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interest, the final report will be made available to you and other community partners, for consideration in informing mitigation strategies in your sectors.

Your contact information will be stored separately and used only to contact you. The recordings will be deleted once the final project report is complete. Audio recording and notes will be stored on an encrypted and protected drive on SMDHU's electronic system, with access limited to the HP&C team and the Research Analyst.

If you have any questions, please contact Megan Williams, Manager of Health Promotion and Communications at 705-721-7520, ext. 7328 or 705-321-9143, megan.williams@smdhu.org or Stephanie Ross, Acting Program Manager of Healthy Growth and Development at 705-721-7520 ext. 7337, stephanie.ross@smdhu.org.

APPENDIX C: KEY INFORMANT INTERVIEW QUESTIONS



Mitigating Negative Effects of COVID-19 Community-Based Public Health Measures: Interview Questions

About 30-45 minutes will be devoted to discussing the following questions. To maximize your participation in the time allotted, it would be helpful if you review the questions and consider your responses in advance.

Questions

1. What have you observed in the community or within your organization related to any negative effects of the following community-based public health measures?
 - Public health recommendation to stay home
 - Physical distancing guidance/orders
 - Childcare and school closures
 - Decreased access to health/community/social services
 - Non-essential workplace closures
 - Closure of outdoor/community spaces
 - a. What are the specific groups or sub-populations, if any, that are at a greater risk of negative effects of these community-based public health measures?
 - b. What does the negative effects for that specific group look like?
2. What are the mitigation strategies you have observed being implemented in the community or within your organization to reduce the negative effects you just mentioned?
 - a. How are they being implemented and by who?
3. Based on the mitigation strategies you mentioned previously, what are the successes, if any, you have observed from these being implemented?
4. Based on the mitigation strategies you mentioned previously, what are the barriers, if any, you have observed from these being implemented?
5. Are there additional mitigation strategies that would be helpful for the community?
 - a. Are there additional mitigation strategies that would be helpful for your clients?
 - a. Are there additional mitigation strategies that should be implemented by other local organizations?
 - b. In addition, what about at the provincial level? National level?
6. Do you have any additional comments you would like to add?

Revised Date: May 28, 2020