

Comparative Case Study of the COVID-19 Response for Urban Underserved Patients Experiencing Care Transitions in Three Canadian Cities

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Context

Urban underserved groups (e.g., with low income, unstable housing, mental health problems, addictions) experience disproportionate morbidity and premature mortality, yet poor care integration.¹ They may face additional healthcare barriers and disruption to their usual continuum of care during COVID-19.^{2,3}

Research Questions

We are analyzing COVID-19 policies impacting continuity of care for urban underserved groups (e.g., during care transitions).

1. How was continuity of care addressed in COVID-19 response policies?
2. What contextual factors influenced policy development and rollout?
3. Which policy actors were involved and how did they interact?
4. How can responses be improved to support continuity of care?

Setting and Methods

- Comparative case study of 3 Canadian cities (Toronto, Edmonton, Winnipeg)
- Policy and media analysis (e.g., guidelines, news articles) Jan-Dec 2020
- Walt & Gibson's Policy Triangle Framework⁴
 - **Content:** key policy components
 - **Context:** socio-political, economic, health system setting
 - **Actors:** individuals, groups involved in response and their interactions
 - **Process:** how policies are formulated, implemented

Emerging Findings

Documents examined to date (N=125)

- Toronto n=55
- Edmonton n=38
- Winnipeg n=9
- National n=23

CONTENT

- Service restrictions, adaptations to prevent COVID-19
- Service expansions via hotels, conference centers, and integrated multidisciplinary isolation teams
- Temporary initiatives with some long-term housing plans
- Primary focus *within* services, not between

ACTORS

- Community organizations, service providers
- Municipal, provincial, federal governments
- Community members, advocacy groups
- Corporate, non-health affiliated groups

PROCESS

- Provincial, national top down policy
- Multilateral collaboration locally
- Little collaboration with community members
- Advocacy, community initiatives to policy gaps

"[W]e have cancelled visitation and in-person outpatient services . . . transitioning all group meetings to online platforms."
Aurora Recovery Centre (Winnipeg)

The hotel will act as short-term, bridge housing . . . while Housing First teams arrange safe, secure permanent housing[.]
Homeward Trust (Edmonton)

"A coalition of homelessness advocacy groups is suing the City of Toronto over its response to the COVID-19 crisis."
Global News Toronto

CONTEXT

- Prior system capacity, resource challenges
- Protecting population health
- Avoiding health system overload
- Future emergency planning

Implications

Our findings suggest that there has been little focus on care continuity for urban underserved Canadians during the pandemic, despite public health measures having disproportionately negative impacts on their care. Policy responses have been largely reactive and temporary, and community members have rarely been involved. However, analyses highlight power in community-based initiatives in response to policy gaps.

Next Steps

Comparative analyses by site are underway. We will triangulate our findings via key informant focus groups (frontline providers, patient advisors, etc.). Overall, our study will provide pragmatic, timely evidence to improve care for urban underserved Canadians.

TIMELINE OF KEY POLICY EVENTS



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Acknowledgements



We thank our patient advisors from Alberta Addicts Who Educate and Advocate Responsibly for their input & support!

Funding



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