

THE COVID-19 REPORT



PART TWO: FALL 2020 – EARLY 2022



WOODGREEN

CHANGING LIVES.
MAKING A DIFFERENCE.

This report is the second part of the COVID-19 Report. It adds to the original report by presenting updated and new data since October 2020. The data collected in this report spans the time period of November 2020– early 2022.



A Message From Our President and CEO

When COVID-19 first spread to our city, we did not know how long it would impact us. Today, two years later, the pandemic may still be present but we are in a whole different situation. Our understanding of the virus and how to best protect ourselves has expanded globally, we have fought through several different variants (each posing a new challenge), and we finally have effective and disseminated vaccinations.

This has been a long journey for our staff and clients at WoodGreen. However, our community managed to pivot from the rapidly changing, emergency situation of the first year of the pandemic to a more sustainable and longer term approach of moving in and out of various priorities. The gained experience from the first wave allowed our staff to become even more flexible and resilient, and to know how to pull the right levers and utilize the correct tools when needed.

Our clients have been so strong and cooperative, doing the best they can to protect themselves and others including participating in our many vaccination clinics. The critical need for community support for seniors, newcomers, and other vulnerable groups was more present than ever, and our amazing staff stepped up to ensure these groups were protected.

We are honoured to share this report to all of our stakeholders, which offers our set of findings beginning from the second wave (Fall 2020) up to early 2022.



Anne Babcock
President and CEO
WoodGreen Community Services





Contents

- 5 Executive Summary
- 7 The Next Waves
- 8 Timeline *Post First Wave*
- 10 COVID Assessment App *Updated*
- 11 Personal Protective Equipment (PPE) *Updated*
- 12 Staff Testing & Vaccinations
- 14 Client Testing & Vaccination *Seniors & Newcomers*
- 18 Growth & Other Projects
- 19 Future of Work
- 20 Looking Forward *Updated*
- 21 Conclusion

Executive Summary



This COVID-19 Report Part 2 searched for the true story of how WoodGreen tackled the subsequent waves of the virus. The data shows how lessons learned and community networks built during the first wave allowed for quick and effective dissemination of information, support, and vaccines.

WoodGreen's Top Areas of Focus, Post-First Wave:

1

VACCINATIONS

The moment vaccines were ready for dissemination, getting as many doses to as many people as possible was a number one priority for WoodGreen. Starting with vulnerable clients (like seniors and newcomers) and vulnerable staff (like PSWs), we were able to help safely vaccinate and protect thousands of Torontonians against COVID-19.

2

REOPENINGS

Starting in late 2020 up until early 2022, the province was constantly shifting its recommendations and guidelines for how we should be operating. This led to varying mixes of lockdowns, re-openings, restrictions, and partial re-openings. Keeping the organization in tune with these dynamics was key to WoodGreen's pandemic response plans.

3

COMPLEX IMPACTS

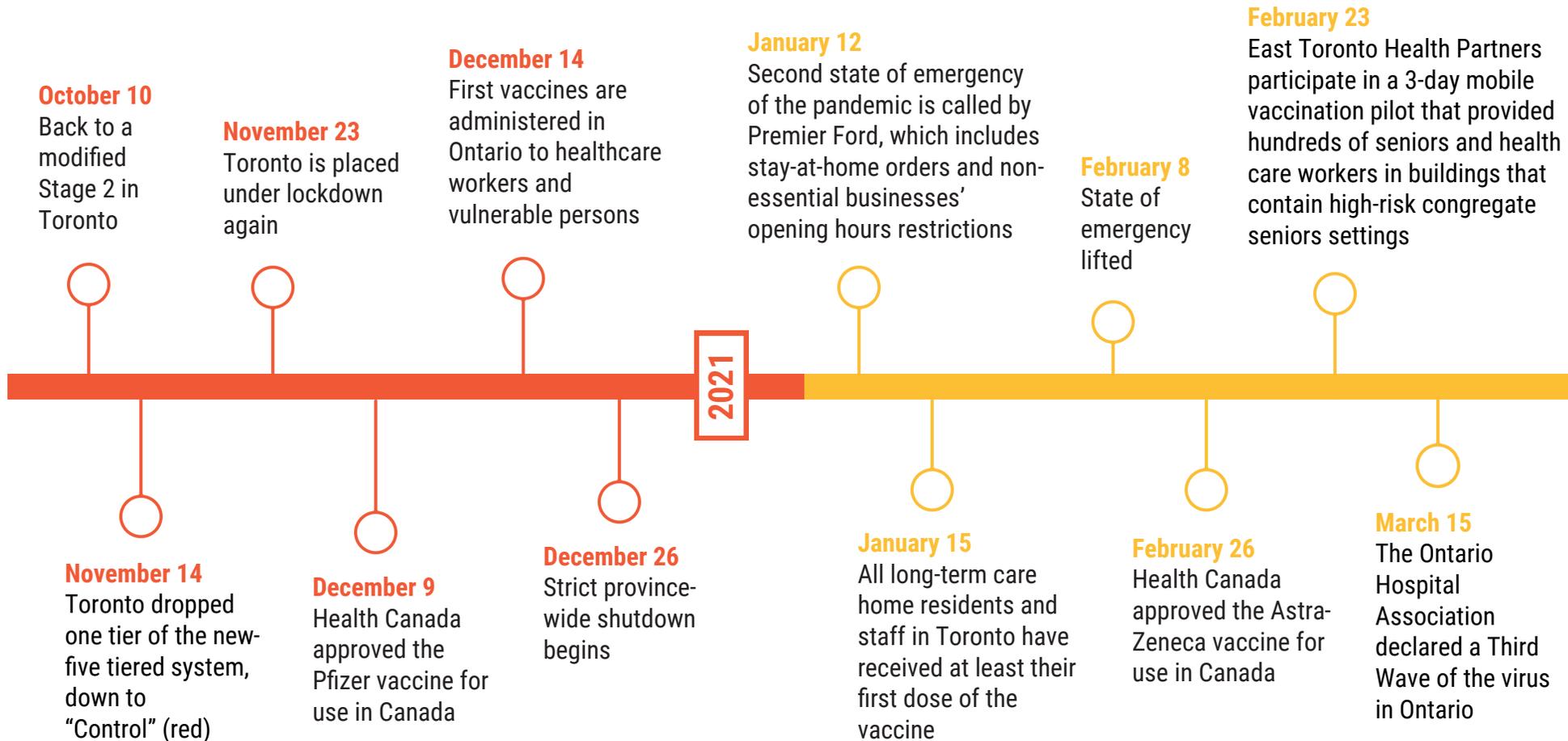
As the pandemic lengthened, its impacts became more long-term and complex. Clients still continued to face emergency situations, but now also battled longer social and economic effects of living through a multi-year pandemic. WoodGreen's supports needed to be holistic more now so than ever, resulting in referrals and case management becoming top tools.

THE NEXT WAVES

The COVID-19 pandemic affected our city, our country, and our world in many ways over a long period of time. A common global pattern was that multiple waves of the coronavirus washed over communities, and from the second wave up until early 2022 (about the sixth wave) will be the focus of this COVID-19 Report Part 2. We will cover updated information since the first wave and some additional data from the entire pandemic.

Timeline

The subsequent waves of the COVID-19 pandemic in Toronto spanned years and impacted WoodGreen's programs in different ways at different times. This timeline reminds us of this and of key dates, as well as shows the ever-changing restrictions and guidelines.



April 3

Another province-wide shutdown comes into effect

Early April

Vaccines began being more generally available

July 1

JobStart and WoodGreen integration

August 17

Paused reopening indefinitely as the Delta Variant spread

September 22

Proof of vaccination requirement to access non-essential businesses begins

November 28

Omicron Variant reaches Canada

January 3–15

Kindergarten and School-Age programs impacted by school closures

March 1

Vaccine passports no longer mandatory

March 21

Mask mandate is dropped

April 7

A third state of emergency and a second stay-at-home order is declared by Premier Ford

June 8-24

East Toronto Health Partners administer second doses to seniors in high-risk congregate seniors settings

July 16

Ontario enters Step 3 of the Roadmap To Reopen plan ahead of schedule

September 7

Mandatory vaccination policy for all WoodGreen staff takes effect

**October 28–
December 3**

East Toronto Health Partners administer third doses to seniors in high-risk congregate

December 30

PCR tests restricted to only high risk individuals who are symptomatic and/or at risk of severe illness

January 5

Return to a modified Stage 2 for 21 days

March 14

Required vaccinations or testing lifted in long-term care facilities

April 27

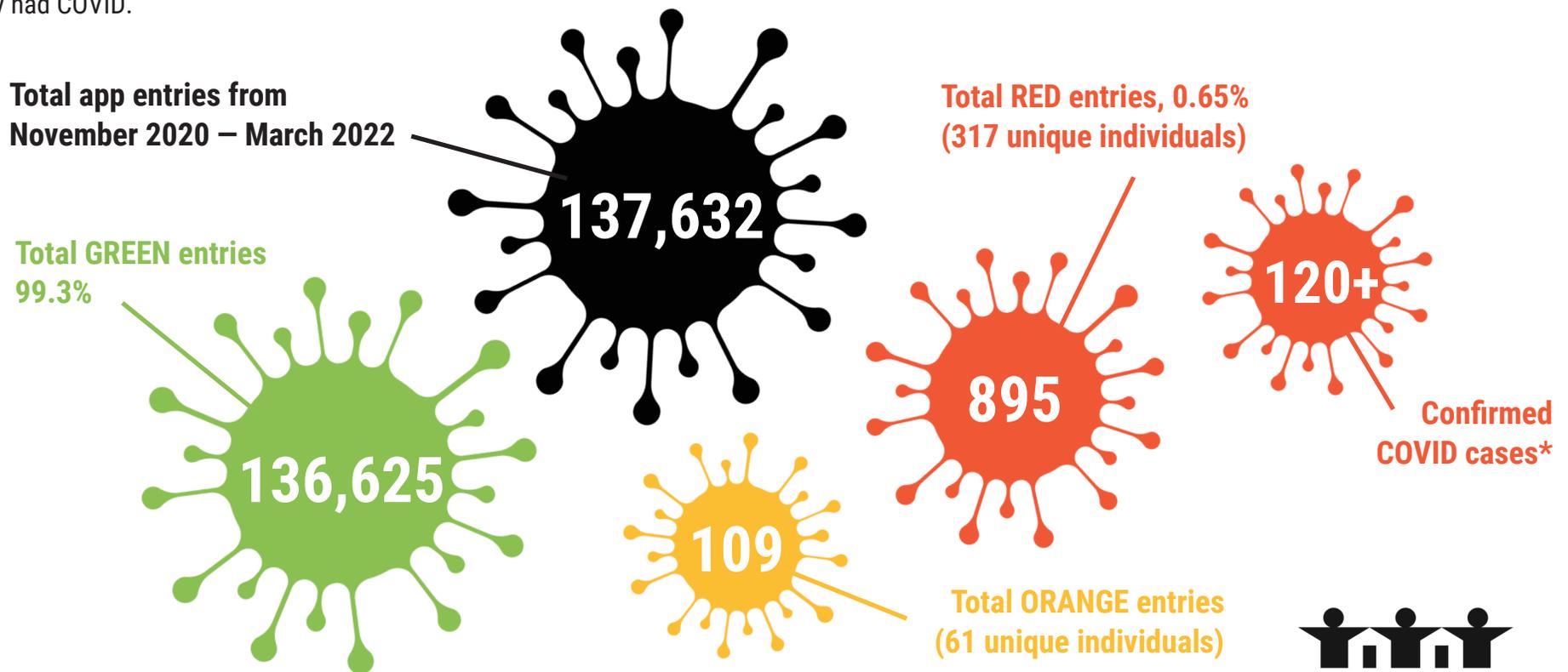
Most restrictions no longer in effect

2022



COVID Assessment App

WoodGreen has about 750 staff, many of which work in the community. The COVID Assessment App was developed to screen staff before they begin their shifts and automatically submit their result to their manager and to People and Culture, if needed. Results were either **Green (clear to report to work)**, **Orange (self isolation and monitoring recommended, often due to recent travelling)**, or **Red (stay home and self-isolate, likely also a COVID test recommended based on symptoms and proximity to COVID positive individuals)** based on the combination of their responses to questions about symptoms they are currently experiencing (that are not explained by other causes), if they have been in close physical contact with a person with symptoms or a positive COVID-19 test result, and if they have travelled outside of Canada in the last 14 days. After cases spiked in December 2021 due to the omicron variant, the app was tweaked to more accurately and efficiently contact trace. Due to the sheer number of cases, we needed to decipher between staff with Orange/Red results who were in the community (who posed a risk to clients and staff and needed to be tracked) versus those who were working remotely (who did not pose a risk to clients and staff and did not need to be heavily tracked). Therefore, in the numbers below, cases are underreported (*) as they may be excluding those who were not in the community but had/likely had COVID.



Data is from November 1, 2020 to March 21, 2022. Daily COVID assessment screening stopped organization-wide after March 21, 2022.

Personal Protective Equipment (PPE)



PPE use – including procurement, dissemination, and tracking – was a key piece of work for WoodGreen during the entire pandemic. There were two major hubs for our PPE: one that was decentralized for the Community Care Unit (our largest user of PPE comprising of 27 sites) and one that was centralized for the remaining units and operated through our Housing unit. Two apps were created, one for each hub, which helped manage inventory in real time.

In Part 1 of this report, we reported similar numbers to those above. However, those numbers were covering only about an 8-month period and these numbers cover about a 16-month period, meaning that PPE spending was nearly double during the first wave compared to the subsequent waves. There are a few factors that explain this difference.

Firstly, there were a lot of unknowns at the beginning of the pandemic, including what type of PPE was required and how often it needed to be changed. Plenty of PPE of varying kinds were purchased, creating quite an initial inventory. This had two impacts; 1) money was spent on PPE that likely ended up being a higher level of protection than needed and 2) reserves were built that the organization could then pull from for the subsequent waves (and therefore spend less later on PPE). Secondly, PPE was in extremely high demand when the pandemic started which was reflected in its high cost. The market then adjusted as time passed, with more suppliers entering the PPE space and prices eventually becoming less inflated. And lastly, donations of PPE increased after the first wave. Some of WoodGreen's sponsors and funders were able to support the organization with very helpful, in-kind contributions of PPE.



Data is from November 1, 2020 to February 28, 2022.

Staff Testing & Vaccinations

TESTING

Noted in a previous section, the COVID Assessment App helped guide staff on when they should go get tested for many of the virus's waves. WoodGreen also supported staff with actual testing kits when possible.

Ensuring staff were tested (to confirm if any symptoms that could be attributable to COVID were due an infection or due to another condition) was extremely important in ensuring staff were only reporting to work when it was safe to do so. In partnership with Michael Garron Hospital (MGH), our Child Care, PSW and other health care staff were provided access to PCR testing kits to facilitate quickly obtaining information on their COVID status. Staff who were experiencing symptoms or who worked at a site that had a declared outbreak, had the opportunity to use these kits and submit samples to MGH for processing and analysis. The self-administered kits also allowed asymptomatic staff, who had been exposed to COVID, to be tested onsite, rather than having to book an appointment and stand in line to have their specimen collected. This was much more convenient for the staff, it removed the need to stand in line with others who likely were COVID positive, and it allowed us to obtain results more quickly, resulting in a reduction in the amount of time staff needed to be absent from the workplace. By offering these self-administered test in high risk situations, we were often able to identify cases before an individual was symptomatic, allowing that individual to take precautions and self-isolate to prevent further exposures.



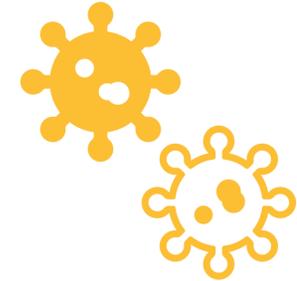
In January of 2022, testing was restricted because of the high number of cases and the strain on the PCR testing system. WoodGreen introduced rapid testing based on MGH's infectious strategy and were able to provide staff with some take-home rapid antigen test kits as they became more easily available. Quarantine periods also dropped based on recommendations, to 5 days for low risk settings and 10 days for high risk settings, of which PSWs fell under high risk and most other staff falling under low risk.

VACCINATIONS



WoodGreen's People & Culture team kept staff apprised of the latest information regarding vaccinations. Emails were sent out very frequently with updated criteria of who was eligible for what vaccines, where they could get vaccinated in our communities, and when the clinics would be open. Also, in partnership with doctors and Michael Garron Hospital, staff were invited to question and answer sessions where they could get reliable information about the safety and efficacy of COVID-19 vaccinations.

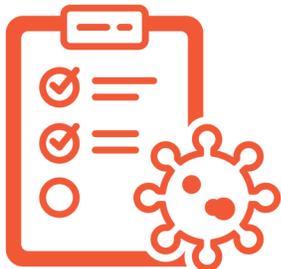
For the safety of our staff and clients, WoodGreen implemented a mandatory vaccination policy for all staff in Fall 2021. This process began with voluntary disclosure of one's vaccination status around March/April of 2021. Due to the nature of many of our programs' work, some staff were eligible under early criteria to get vaccinated. WoodGreen coordinated this through Michael Garron Hospital including creating a list of staff who would be interested in being vaccinated if appointments became available to them. Our top priority staff group, PSWs, began getting vaccinated in February 2021 and slowly the rest of the organization became eligible for appointments. By the end of June 2021, all staff had access to getting a first dose.



In August, Premier Doug Ford announced that agencies in the Home and Community and Child Care sectors would need a vaccination policy for staff by September and after multiple considerations, the organization decided on mandatory vaccination for all staff.

Enforcing this policy had several steps. First, staff were informed of the policy and the official ask for proof of vaccination was sent out. Although the provincial guidelines were vague, WoodGreen asked for proof from all staff to be sent to a designated, secure email address. Second, if staff did not provide vaccine receipts by September 15, 2021, they would have to go through an education process about the vaccine and be tested twice a week by rapid tests (this increased to three times a week when cases soared). And if staff did not have their second dose by the end of December, then that staff member would be placed on unpaid leave and their position would be re-filled until the end of June 2022, at which point the requirements and policy would be reviewed and next steps would be determined.

It is important to note that privacy, sensitivity, and individual circumstances were taken seriously throughout this process. Anyone who was uncomfortable sending in their vaccination receipts via email were able to show them in person to our Director of People & Culture. The vast majority of staff got vaccinated and provided receipts. A small number of staff had not submitted documentation to support compliance with the vaccination policy. WoodGreen met with these staff to understand the reasons and made efforts to provide them with information and resources to address their concerns. Requests for accommodations for grounds protected under the Ontario Human Rights Act, were reviewed and assessed. WoodGreen extended the initial timeline to be fully vaccinated in an effort to allow the staff to reconsider their decision.

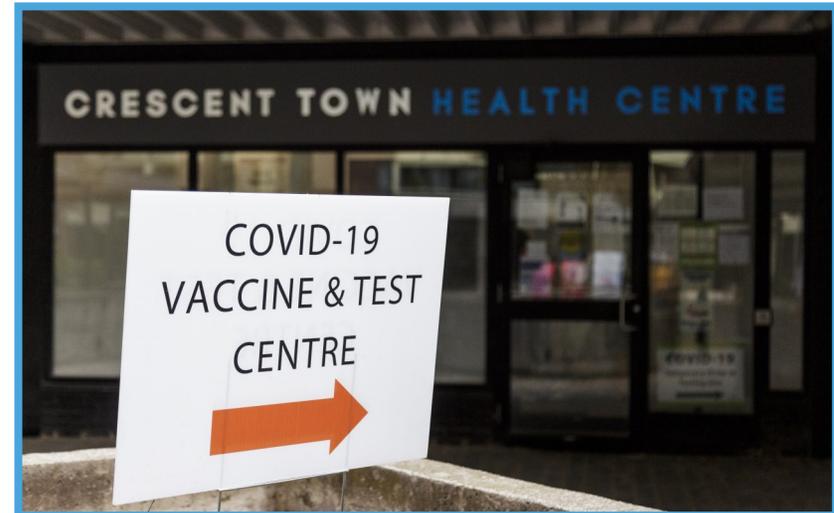


As time progressed and the provincial direction on health and safety measures changed, WoodGreen ultimately lifted the mandatory requirement for staff to be vaccinated as of March 21st, with the exception of some staff who work in the Home & Community sector.



Client Testing & Vaccinations

Two client groups were the target of our vaccination efforts—seniors and newcomers. Their particular vulnerability and susceptibility (due to age, comorbidities, by living in high risk settings for COVID-19, etc.) fueled these concentrated efforts.



SENIORS | 10 SITES

12 Thorncliffe Park Dr | 1420 Victoria Park |
490 Sherbourne | 444 Logan | 266 Donlands |
25/45 Sunrise | 9 Haldon | 570 O'Connor |
1070 Queen | 53/63 Pape

DOSES / DOSE



SENIORS

Testing support for seniors was mentioned in the previous section as it was closely connected to senior support staff's testing. This section will focus more on vaccinating seniors as they were one of the first vaccine priority groups determined by public health officials.

Ontario's COVID-19 Science Advisory Table published a document in March 2021 showing how best to target seniors in retirement communities in Toronto. The medical experts comprising this advisory board noted that 256 out of 489 homes (or 40,955 out of 70,013 seniors) were in neighbourhoods that had elevated cases of COVID-19.

The document went on to describe how to target seniors, specifically saying that "mobile on-site vaccination could be an efficient and equitable approach to protecting those at highest risk of COVID-19 hospitalization, morbidity and mortality". They added that a mobile approach "is also age-friendly as it is less complicated and physically taxing for frail or homebound older adults who might otherwise face challenges with booking appointments, travelling to and from mass vaccination clinics, and have difficulty waiting in lines".

East Toronto Health Partners (which includes WoodGreen) participated in a mobile vaccination pilot that provided hundreds of seniors and health care workers in buildings that contain high-risk congregate seniors settings. This was very low barrier as healthcare workers provided advance notice to residents, went door to door so seniors did not need to leave their homes if they could not, administered shots in the lobby and hallways of the buildings, and followed-up with residents who were not home so they were not missed. Some residents' caregivers who were present were also able to receive the vaccine if supplies allowed. At minimum, caregivers were always contacted by our team, involved in the conversation about getting their loved ones vaccinated, and educated themselves on the vaccine.

One of the clients who received a mobile vaccination through East Toronto Health Partners' clinic is Margot Fleming, a 92-year old woman with diminished vision who lives in an assisted-living facility. She notes that this was an easy solution to her getting safely vaccinated. "They took the needle and gave it to us here, so that was good. We didn't have a problem that way".



Client Testing & Vaccinations

NEWCOMERS

Testing was a focus during the first wave of the pandemic and was mentioned in Part 1 of this report, but as vaccinations became available, the efforts in our communities with high rates of newcomers were concentrated on vaccinations. However, a holistic approach continued to be taken and all pandemic related support (including information and support with getting tested) was included in that care for our clients.

There were three prongs to the COVID-19 response for our vulnerable newcomer clients. Firstly was forming committees that comprised of multiple stakeholders and agencies, plus local residents. Second was vaccine engagement, including information dissemination, education, and local access to three doses of the vaccine. And third was providing pandemic response assistance. This began as a COVID-19 assessment centre and then expanded to supporting two Community Outreach Centres in the Taylor Massey neighbourhood with services such as symptom screening, isolation support, medication support referrals to other WoodGreen services (financial empowerment, seniors services, mental health services, etc.). These efforts focused on local mobilization, demand generation (including responding to many questions and dispel myths about COVID-19), and acceptance (including connecting people to all services they may require).

COMMUNITY OUTREACH CENTRES

2 CENTRES | 12 LANGUAGES

IN TAYLOR MASSEY

850

RESIDENTS
(244 FAMILIES)



520

FAMILIES
ACCESSING
FINANCIAL
SUPPORT



200+

REFERRALS TO
OTHER SERVICES



PANDEMIC RESPONSE

HOLLISTIC SUPPORT FOR FA

APR/1/21 – FEB/

2,131

PANDEMIC RESPONSE
RELATED CALLS



1,294

PANDEMIC
RESPONSE CASE
MANAGEMENT



\$45,000

IN FOOD INSECURITY
SUPPORTS (GROCERY
GIFT CARDS)



FAMILIES

FOOD SECURITY PROJECT

2 WEEKLY FOOD BANKS | 2 BUILDINGS

4/22

8 WEEKS

5
FOOD SECURITY WORKSHOPS



41
WORKSHOP ATTENDEES



794
PEOPLE SUPPORTED

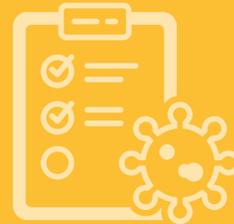


VACCINE INFORMATION

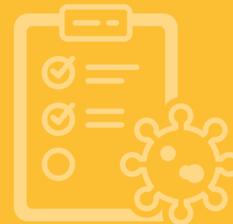
22 BUILDINGS | 6,018 UNITS

MAY & JUNE 2021

28,932
DOOR KNOCKS



19,700
FLYERS DISTRIBUTED



4,200
NEWCOMERS REACHED



VACCINATIONS

IN PARTNERSHIP WITH
EAST TORONTO HEALTH PARTNERS

IN EAST TORONTO

33,000+
DOSES ADMINISTERED
(1st, 2nd, 3rd DOSES)



4,000
NEWCOMERS VACCINATED



75+
VACCINE CLINICS SUPPORTED



Growth & Other Projects

In addition to COVID-19 specific initiatives, WoodGreen continued to progress forward in other areas and projects. The organization was still able to expand and grow, as well as plan and strategize, despite battling the immediate pandemic's challenges. Below are a few pieces of work to highlight.

JOBSTART INTEGRATION: WoodGreen has now been able to integrate with two organizations over the course the pandemic. In 2021, it was with the employment and settlement agency JobStart (now called WoodGreen West). This involved integrating the staff, buildings, and services with the rest of WoodGreen and ultimately expands the organization's reach into western Toronto.

HB EXPANSION: Homeward Bound is a four-year economic empowerment program for mother-led families involving life skills training, academic upgrading, housing, childcare, fully funded two-year college degrees, internships, and case management. This program had 76 housing units, meaning that the number of participants had to be fixed at 76. However, the program was able to secure a third site, bringing the new total to almost 100 units. This will allow the program to grow and support even more mothers and children in our communities. Additionally, Homeward Bound partnered with Daniels to specifically allot units in their new developments to recent Homeward Bound graduates. This is a great step towards increasing housing support for those exiting the program, which has been identified as an increasing issue given the current Toronto housing market.

SENIORS HOUSING AT GERARD & JONES: WoodGreen is building 35 affordable units for seniors through the National Housing Co-Investment Fund (NHCF) and other partnerships and investments (including the City of Toronto). This new building will also focus on being environmentally friendly, including achieving energy savings of 28.3% and a 30% reduction in greenhouse gas emissions compared to the 2015 national energy code of Canada for buildings.

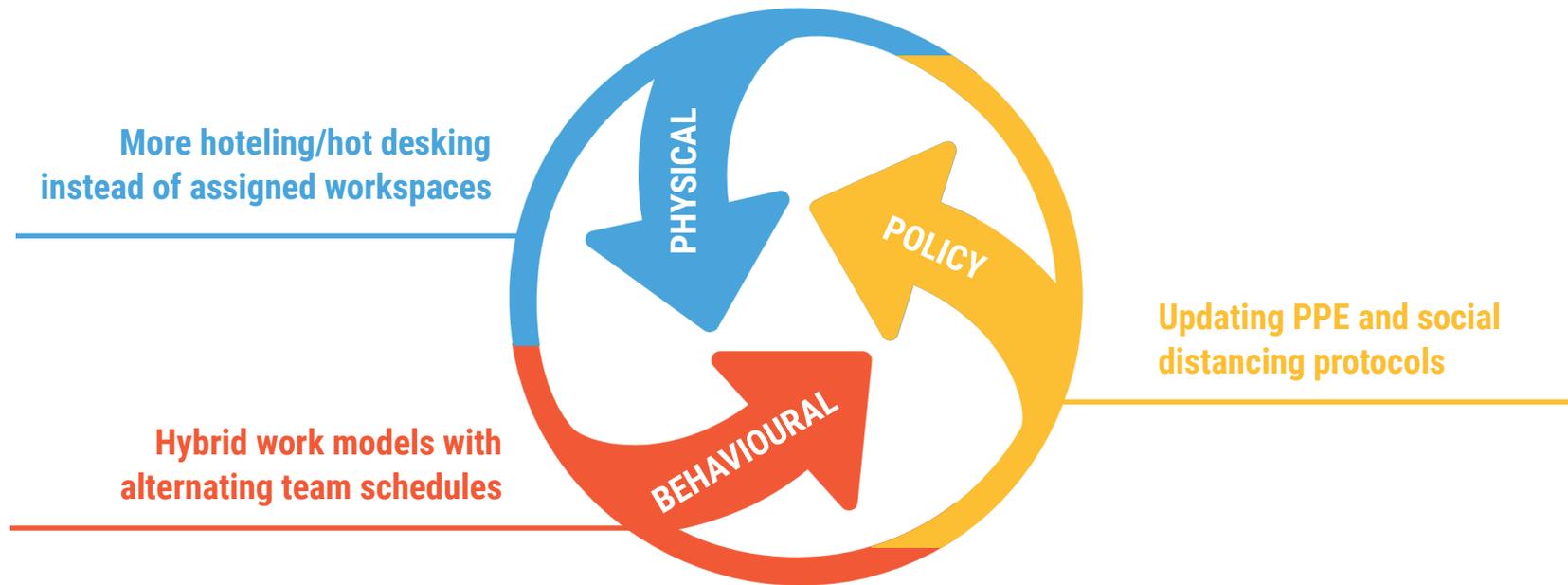
OPERATING PLANS: Starting in Q4 of the 2021-2022 fiscal year, WoodGreen has begun implementing the Objectives and Key Results (OKR) framework. The goal is to set organizational objectives that are all in alignment with each other and to better organize and prioritize the various dependencies that units have on each other. This involves quarterly reporting and annual operating plans for every team at the organization, which is shared and tracked centrally and transparently.

DATA STRATEGY: Becoming a more data-centric organization is one of the strategic pillars of WoodGreen. In executing that work, WoodGreen is a part of the Practitioner Data Initiative (PDI) through a partnership between the Future Skills Centre and Blueprint. This is a pan-Canadian project that helps community service organizations use their own data better by improving their decision making and enhancing their service delivery through consultation and funding. This project is well underway and Blueprint and Ajah are currently supporting us in vital data strategy planning and execution.

EQUITY WORK: WoodGreen's Diversity, Inclusion, Belonging, and Equity (DIBE) committee has been continuing their work on making WoodGreen a more equitable space for all. Two thorough surveys for staff and for volunteers allowed the committee to make evidence-informed workplans. Monthly learning circles have also been in full swing, engaging hundreds of staff on various inclusive topics.



Future of Work for WoodGreen Employees



Following in the framework of Project Onstream (which was our post-first wave return to work plan), WoodGreen is determining what the future of our work will look like for the organization. Behaviourally, the organization will be deploying remote and alternating work schedules wherever possible. Due to the nature of WoodGreen's services, this is not possible for roles that must operate in the community. However for roles that can be performed remotely and for which this arrangement works, a hybrid work schedule of partial in-office and partial remote work will be utilized. Additionally, teams who use the same workspaces will alternate their hybrid schedules to minimize the amount of people in the office at one time and therefore maximize social distancing.

Physically, the use of many workspaces will function more in a hoteling/hot desking set-up than as assigned desks and offices. This system will work best with the partial and alternating in-office work scheduling outlined above. And from a policy perspective, the PPE and social distancing protocols will be updated in real time as the guidelines change. This includes official recommendations on masking, types and suggested use of PPE, and limitations on large gatherings.

Looking Forward

At the time of writing, COVID-19 continues to affect our communities and uncertainties still exist. However, WoodGreen is still trying to forecast as best we can so that we can support our clients effectively in the future. This section outlines some of the things that have changed the way the organization looks towards the future.

Emergency Preparedness

As many would agree, the pandemic has drastically increased our awareness and preparedness for future emergencies. After going through all what we did during these last two years, we have all learned a lot and WoodGreen is no exception. We are in the best position we have ever been in to handle emergencies and we are continuing to prep for future challenges.

Permanent Changes in Work

Remote work was not a significant part of WoodGreen's operations pre-pandemic. Now, with the correct infrastructure and trainings in place, it is able to be a real part of the organization's productivity for the foreseeable future. Expanded use of PPE, requiring staff to stay home when sick, and minimizing crowdedness in the office are other examples of how the way we work has changed. These sorts of permanent shifts in how WoodGreen used to operate create the "new normal" of community services.

Community Ambassadors

During the pandemic, utilizing community networks has been a vital mechanism in effectively disseminating information and support to our clients. Our community ambassadors have been outstanding and developing these local partnerships has been great for our communities. This is a very tried and tested tool for community involvement that WoodGreen would like to continue to use and encourage others to capitalize on as well.

Wraparound Supports for Clients

COVID-19 deepened our knowledge and understanding of our clients' needs as it exposed the potential vulnerabilities of our key client groups. For example, our housing clients are not just tenants, but are intersectional individuals who can benefit from additional supports. For examples, the pandemic increased rates of hoarding and other mental health challenges among our housing tenants. In our Homeward Bound program for mother-led families, we realized how helpful supports for the children of the participants were after schools were shutdown under lockdowns. Increasing our knowledge of our clients needs has prioritized the importance of providing holistic support to every WoodGreen client.



CONCLUSION

All the information presented in this report showcases how different the subsequent waves of COVID-19 have been. Constant re-openings and closings, plus ever-changing guidelines, made it challenging to keep up with how to best protect our staff and clients. However, vaccinations were vital in keeping our communities safe and WoodGreen worked tirelessly to provide information on vaccinations and actual doses to all staff and clients whenever possible. We also recognized and responded effectively to the complex and longer-term issues that our clients faced after surviving years of a global pandemic.



WoodGreen Community Services

VISION:

A Toronto where everyone has the opportunity to thrive.

MISSION:

WoodGreen Community Services enhances self-sufficiency, promotes well-being and reduces poverty through innovative solutions to critical social needs.

A United Way Anchor Agency, WoodGreen combines significant scale and a proven track record with an entrepreneurial mindset.

With a rich history spanning more than 80 years, WoodGreen is one of the largest social service agencies in Toronto and the largest, non-municipal provider of affordable and supportive housing.

In partnership with a generous corporate and philanthropic community – and through the efforts of a staff of 750 and the dedication of 1,00 volunteers – WoodGreen serves approximately 40,000 people each year from 40 locations, with more than 75 programs.

WoodGreen helps seniors, with issues of frailty, isolation and dementia, remain living safely and with dignity in their own community; homeless and marginalized individuals get off the streets; individuals and families find safe, affordable housing; newcomers settle in to Canadian life and internationally-trained professionals enter the job market; people living on low incomes improve their financial well-being; struggling, mother-led families gain economic stability; parents access childcare; children and youth access after-school programs and youth find meaningful training and employment; youth leaving the care of the child welfare system transition into healthy futures; and people with development concerns, and mental health and addictions issues gain support.



CHANGING LIVES.
MAKING A DIFFERENCE.