



THE WINDSOR ESSEX COMPASSION CARE COMMUNITY

2018-2020 HIGHLIGHTS AND RESULTS

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2020 HIGHLIGHTS AND RESULTS

OVERVIEW

The Windsor Essex Compassion Care Community (www.weccc.ca/) is a social movement. Its goal is to measurably and cost-effectively improve health, wellness and quality of life amongst populations; to mobilize community assets to address social isolation; and to reduce inequities amongst traditionally underserved groups. WECCC also provides a platform for cross community collaboration, sharing of talent and resources, and collective impact.

With the support of the Ontario Trillium Foundation and the Erie St Clair LHIN, between 2018 to 2020, WECCC improved social connections and quality of life of **2,514 individuals**. *Catalyzing Community Connection* is a volunteer-based care planning program that provides 1:1 support for quality-of-life self-assessment, person-directed goals and community navigation and connections (Target: people who are highly isolated, traditionally underserved, or are experiencing multiple health or quality of life challenges, including functional limitations, frailty and end of life). *Importance of Being Connected* is a public education program that educates people on social risks to health, and how to prevent/ reduce harm through setting goals and helping others (Target: healthy aging; people at risk of isolation due to life transitions or new health challenges). These programs work together to increase awareness, skills and prosocial behaviour of individuals and groups, and assist people who are isolated to set goals and reduce unmet needs by connecting with meaningful community activities, relationships and services. See appendix 1 for the full menu of programs, social innovations and tools WECCC provides.

RESULTS AND EVALUATION HIGHLIGHTS (2018 TO 2020)

Participants and community partners are highly satisfied with their experiences with WECCC, there is broad support for continuation, and both programs show evidence of effectiveness and impact. Even taking in account the widespread isolation exacerbated by the COVID pandemic over the last year, on average 8 out of 10 participants in the *Catalyzing Community Connection* program reported that their participation in the program improved their lives, helped them to receive more support in the community, and increased their ability to deal with challenges. Other results included reduced loneliness, improved symptom management, better mental health, and appropriate use of health system resources. Community partners felt people in the community are better served by families, neighbours and community.

“The Importance of Being Connected” program was found to increase awareness of the negative effects of social isolation and promote intentional and persistent reaching out to other community members in relational, emotional and practical support.

A research group involving the universities of Windsor, McMaster, Western, Toronto, Carleton, and the Ottawa Hospital Research Institute were involved in program evaluation. A series of academic papers and presentations are in development based on this research.

Program 1 (Catalyzing Community Connection)	
Reach	504 Clients (2/3 seniors; 1/3 disabled; 70% female; majority seriously ill or highly isolated) 15: Average new referrals (registrants) per month 90%: Program completion/ graduates (within 3-6 months) 418 Volunteers
Adoption	30 Organizations Based on 39 surveys in 2020: <ul style="list-style-type: none"> • 100% would recommend involvement with CCC to others in the community. • 95% felt their involvement met or exceeded their expectations. • 87% felt people in the community are being better served by families, neighbours and community groups as a result of the program. • 83% felt that people served by the program were better able to deal with challenges and get the help they need. • 85% felt people in the community have more opportunities to share their time and talents to help others. • 79% indicated that their involvement with the CCC program has caused them to think differently about how to serve people in the community.
Implementation	Implementation processes involve: (1) empowering participants to set and act on personal health goals and trade-offs (2) taking time to address needs, goals, preferences and follow-up (3) finding and creating experiences that fill the gaps in complex health and social care.
Effectiveness	<p>EXPERIENCE: Based on 175 surveys over 3 years, results indicate:</p> <ul style="list-style-type: none"> • 98% would recommend CCC to others • 96% felt their involvement met or exceeded their expectations (2020) • 93% were satisfied with their involvement with CCC • 76% felt their life was better than before (82% pre COVID) • 84% felt better able to deal with challenges (89% pre COVID) • 84% felt better supported by families, neighbours and community (95% pre COVID) • 88% feel confident they are getting the help they need (94% pre COVID) • 83% feel confident in plans for future care (93% pre COVID) • 100% would like to see the program continue <p>IMPACT – QUALITY OF LIFE OUTCOMES: We routinely collect data to demonstrate CCC pre and post impact on: self-rated health (including functional limitations); mental health; personal well-being; social isolation/ loneliness/ and social participation; and use of wellness supports/health system resources. Based on the average group outcomes for the 55 clients who completed both baseline surveys and post surveys at graduation, statistically significant positive impacts/ improvements were demonstrated in the following areas:</p> <ul style="list-style-type: none"> • Self-rated mental health • Ability to do usual activities • Perceived loneliness (decrease) • Size of Personal Network • Wellness support/ wellness seeking behaviour • Future security <p>NOTE: improvement trend in overall personal well-being score and in # of social contacts is approaching significance</p>

	QUALITATIVE: Participants perceived positive impacts in mental health, appropriate use of emergency medical services, housing support, and chronic disease management. Among high-risk populations, the program acts as a safety net to support members who are falling through the cracks of the formal care system because of vulnerabilities such as low income, physical and mental disability, and housing insecurity
Maintenance	We collect quality of life impact data annually to study the length of the effect, as well as new experience data through regular check-ins. Data should be available starting in 2021.

See appendix 4 for sample client stories that demonstrate how this program can help people who are struggling, and the important impacts this can have on their health, mental health, well-being and social connection outcomes.

Program 2 (Importance of being connected group education)	
Reach	2010 Clients (60% seniors; 85% female; 5% high risk) 15 Volunteers
Adoption	379 sessions – 147 locations - 45 Organizations – 800 hours of education
Implementation	Qualitative data: positive impacts on mental health and decreasing social isolation. Builds awareness of the negative health effects of social isolation. Promotes intentional and persistent reaching out to other community members in relational and practical support.
Effectiveness	Of 1000 feedback surveys completed at the end of each workshop: <ul style="list-style-type: none"> • 95% of participants indicated they gained new knowledge and skills • 87% of participants felt the information was relevant to their needs and circumstances
Maintenance	<p>671 check in calls completed with participants at 6 months</p> <ul style="list-style-type: none"> • 75% indicated that they had made changes in their personal lives • 79% have been more proactive in reaching out to others since attending the class, • 74% reported making progress in achieving goals. <p>In addition, after 6 months post workshop, we routinely collect data to demonstrate IBC pre and post impact on: self-rated health (including functional limitations); mental health; personal well-being; social isolation/ loneliness/ and social participation; and use of wellness supports/health system resources. Based on the average group outcomes for the 227 clients who completed both baseline surveys, statistically significant positive impacts/ improvements were demonstrated in the following areas:</p> <ul style="list-style-type: none"> • Health Today • Ability to do usual activities • Progress achieving goals • Perceived loneliness (decrease) • # of social contacts • Wellness support/ wellness seeking behaviour • Use of ER (decrease) • Stays in hospital (decrease) <p>Not surprisingly, since most post surveys were collected in 2020 during the COVID pandemic, this group reported decreased frequency of community participation – but without this affecting loneliness or number of social contacts.</p>

Student Interns/Volunteers

Function	Active - 2020	Trained - 2020	Previously Trained
Phone support – check in group	54	87	
Community Connectors	30	30	301
IBC	5	1	14
Communications	4	2	10
	93	120	325

Currently, as of February 2021, WECCC is supporting 67 students and volunteers. The WECCC student training program provides enhanced education across a variety of career pathways on a health promoting care, palliative approaches to care, personalized care, holistic health, and community-based approaches to address population vulnerabilities and social determinants of health. This has multiple benefits - it provides trained connectors for adopter agencies to run their own programs without requiring new resources or program restructuring; it integrates palliative, holistic and partnership models of care and understanding of social determinants of health as part of student learning curriculums; and it increases opportunities for quality community placements that are of benefit to our post-secondary institutional partners.

OTHER COMMUNITY BENEFITS

Proactively Identifying and reaching out to people who are isolated (population surveillance)

WECCC is promoting the use of a shared quality of life self-assessment tool (Neighbours survey) across the whole community. Each survey participant receives their own personalized report with suggestions as to how they might address their unique challenges and opportunities related to physical, mental health, social, and spiritual wellness. Community partners receive a quarterly report with group results. The community also has access in near real time to population health outcomes and progress over time. Approximately **1300 people** have now completed surveys with WECCC.

Compassion is a First Response

We are partnering with Emergency Medical Services, Police, other emergencies responders, and other safety net services to ensure people who may be isolated receive information about how they can get connected through WECCC. Similar information is becoming more available through shelters, food banks, drop-in centres, community centres, faith communities, other community programs, health fairs, etc. Over the summer 2020 WECCC participated as part of the United Way funded Seniors Assurance Telephone Hotline program, which was developed to make sure community seniors had the help and information they needed to cope with the pandemic.

Community-led Wellness Hubs/ Virtual Community Centre

In collaboration with other partners, **thousands of community residents** have participated in a wide range of community-led wellness experiences to improve their health and well-being, and

to support others. Community partners including faith, culture, community groups and provider agencies work together to reduce isolation and create new experiences to reach hardest to serve populations. As a result, community members have greater access and more choices in terms of meaningful social, educational, group support and virtual activities, using their talents to help others, and meeting others in the community who share their passions, interests or lived experiences. Examples of activities offered include:

- Compassionate community programs such as Advance Care Planning, caregiving for people with serious illness, grief support, and Death Cafés
- Social inclusion opportunities including the Importance of Being Connected workshops, Connection Café for group-based peer support, and virtual meetups
- A wide selection of intergenerational and peer led activities and groups for recreation, wellness, education and general interest (see appendix 2)





Work on the creation of a Virtual Community Centre as a platform for community sharing and collaboration has been initiated to better serve people isolated through the pandemic. This platform will be maintained to offer greater service and more support to people who are homebound through disability, choice, or lack of transportation.

Public Awareness

WECCC has built public awareness and engagement through public events such as:

- Sunshine in a Box: Community Support for the Homeless
- Compassion awards/ recognition events
- Art Competition
- Music Competition
- Book readings
- Compassion Week at the Mall
- Conference workshops
- Community dialogues
- Health Fairs
- Inspiring philanthropy and organizing support to those in need (see appendix 3)

WECCC has a growing web and social media presence.

PUBLIC AWARENESS		2018	2019	2020
	Facebook Likes	394	459	502
	Posts Authored	179	80	133
	Average Reach	258	157	172
	Twitter Followers	355	439	482
	Tweets Published	179	80	111
	IG Followers	130	487	528
	IG Photos Published	34	17	122
	IG Average Reach	96	156	116
	YouTube Views	656	1073	1183

TESTIMONIALS: COMMUNITY PARTNERS

“I would like to express my gratitude to WECCC for being an engaged partner in CARE for International Workers. With your amazing work, you helped to encourage migrant workers to self-rate their quality of life, you helped them to be part of this community during this difficult time. Thank you for training and support the volunteers that assist International Workers and help them to address their individual challenges. CARE and WECCC are excited to be developing and launching a series of videos for Migrant Workers called "Connecting with Community" about services and basic information they need to know when they arrive to the farms, on different aspects: housing, medical care, status, immigration law, how to connect with local churches, how to ask for things at the supermarket, etc. Your invaluable support is helping to change their lives and change our communities.” **Francy Munoz, CARE International**

“The WECCC Program, in my opinion, has been such an asset to the community. I am aware of the incredible impact for those who have had the opportunity to experience the WECCC Program. This service has made such a difference in people’s lives. I speak with hospice patients and caregivers quite often. I hear what they are saying, listening closely. This has given me the opportunity to be aware of their own personal individual thoughts, concerns, challenges and more. Having the opportunity to refer them to the WECCC Program, to continue with them on their journey, to assist them with the personal life challenges, is amazing. When the individuals I have referred to WECCC contact me with excitement and a sincere heartfelt “Thank You”, it warms my heart. It also confirms that this remarkable service has made a major impact to each person. This program is essential for those without family, who may feel lonely, defeated, struggling, have exhausted all options, and are unaware of next directions. For the person living with daily stress due to chronic pain. The person who does not want to die alone but has no one to offer comfort. For the gentleman that needed help to get rid of the bed bugs in his home, and the assistance to provide him with a walker and other aids for his home as his health failed. The continuous communication until the gentleman died. Many other referrals occurred and accomplished goals for these vulnerable people. The results of forwarding referrals and working together, gave these people the respect and dignity they deserve. Having the option available for the WECCC Program, for a feeling of encouragement and support, is incredible for

these people. Thank you for being available and for making a difference!" **Cindy Tayles, Coordinator of Transportation at The Hospice of Windsor and Essex County**

"WECCC is an important age-friendly asset in this community. For the last several years, the CARP Windsor Essex Chapter and WECCC have cooperated on a number of joint programs promoting seniors' well-being socially and mentally. In 2020, both organizations partnered successfully to alleviate challenges to seniors arising from the Covid19 pandemic. Specifically, the CARP WECCC partnership produced and delivered virtually on the internet five community sing-a-longs and five community food events promoting participation to relieve seniors' mental health and social isolation challenges aggravated by the pandemic. Going forward both organizations will continue to look for opportunities to partner on projects promoting seniors' quality of life, social inclusion, and addressing ageism." **Larry Duffield, CARP**

WHAT'S NEXT

With strong community, regional and provincial support and leadership, the WECCC model is preparing for further growth and spread in 2021 and beyond.

Strengthening Community. "The Windsor-Essex Compassion Care Community has been working tirelessly day-in and day-out to ensure that people in our community are not alone. Not only does WECCC ensure that isolated individuals have someone to rely upon for good company, but they also provide a lifeline for vital services and goods that isolated individuals may not be able to access otherwise, like filling out forms or providing medical supplies. WECCC has already done so much, and I look forward to their future initiatives that will only make our community stronger." *Office of MPP Percy Hatfield, Windsor-Tecumseh*

Sustaining Partnerships. "Congratulations to the Windsor Essex Compassion Care Community team for making a difference in our community through prevention, screening, intervention, community development, volunteerism and feedback. Since this project began, you have addressed isolation, implemented the Vulnerable Persons Program, built more resilient neighbourhoods, connected communities and normalized discussions around future wishes and advanced care planning. Our community is truly more compassionate as a result of your tireless efforts and mentorship, particularly during this incredibly challenging pandemic year. Like many community programs, Hospice of Windsor and Essex County has adopted these philosophies of care into our programs and we look forward to watching you grow at the regional and provincial level." – *Colleen Reaume, Executive Director, The Hospice of Windsor & Essex County.*

Regional Growth. The ESC LHIN has made additional funding available to restructure and retool the WECCC program for regional growth and spread. The Community Support Centre of Essex is pleased to become the Erie St Clair Tri-county lead as we move towards regional implementation. – *Tracey Bailey, CEO, Community Support Centre Essex*

Preparing for Provincial Scale. "Hospice Palliative Care Ontario is proud to be leading the Ontario provincial compassionate communities strategy. HPCO believes that every person and their family should be able to access the health, emotional, social and spiritual support that is

right for them in order to live well to their natural end of life. We have been inspired by the work underway in Windsor and Essex County, and consider it a model for the rest of the province. We are excited to be coming on board as a provincial champion in order to help grow and spread these efforts across Ontario to support the greatest number of people. We welcome the WECCC team and volunteers to our organization. We look forward to continuing to work with the Windsor Essex community as we come together to build some of Canada's most compassionate communities, and ensure communities are there for people when they need support. - *Rick Firth, CEO, Hospice Palliative Care Ontario*

APPENDIX 1: WECCC PUBLISHED RESEARCH

Howard, M., Pfaff, K., Sattler, D. *Achieving holistic, quality-of-life focused care: Description of a Compassion Care Community initiative in Canada* Health Promotion International (2021)

Howard, M., Pfaff, K., Sattler, D. *The Windsor Essex Compassion Care Community: 2020 Highlights and Results.* www.hpco.ca

Pfaff K, Krohn H, Crawley J, Howard M, Zadeh PM, Varacalli F, Ravi P, Sattler D. *The little things are big: Evaluation of a compassionate community approach for promoting the health of vulnerable persons.* BMC Public Health (2021).

Pfaff, K. A., Dolovich, L., Howard, M., Sattler, D., Zwarenstein, M., Marshall, D. *Unpacking 'the cloud': a framework for implementing public health approaches to palliative care.* Health Promotion International 35, 160-170, (2020).

Pfaff, Kathryn & Sattler, Deborah & Howard, Michelle & Dolovich, Lisa & Zwarenstein, Merrick & Zadeh, Pooya & Moradian Zadeh, Pooya & McMurphy, Suzanne. (2019). *Our Story: The Windsor-Essex Compassionate Care Community.* Poster

APPENDIX 2: WECCC PROGRAMS AND TOOLS

WECCC is purposefully designed as a living social innovation lab and learning health system. New programs and tools are created and updated through a continuous and iterative process of community co-design, development, testing, and quality improvement.

Programs

1. A suite of four **public health goals-oriented interventions** to improve quality of life, organize holistic support, and address inclusion and social determinants of health. Interventions are untethered in the sense that they are applicable and can be replicated within any care setting, community space or target population, but also interconnected to address different population needs and abilities across the life-course. This helps to optimize resources and create the greatest value return:
 - a) UPSTREAM: *“Importance of Being Connected”*: A public education program that educates people on social risks to health, and how to prevent/ reduce harm through setting goals and helping others (Target: healthy aging; people at risk of isolation due to life transitions or new health challenges)
 - b) MIDSTREAM: *“Connection Café”*: A group-based self management program that builds supportive peer networks, explores community resources, and helps participants to develop new skills, attitudes and behaviours (Target: people who are somewhat isolated and have unmet social or support needs; caregivers)
 - c) DOWNSTREAM – Part 1: *“Catalyzing Community Connection”*: A volunteer-based care planning program that provides 1:1 support for quality of life self-

- assessment, person-directed goals and life-long community connections (Target: people who are highly isolated, traditionally underserved, or are experiencing multiple health or quality of life challenges, including functional limitations, frailty and end of life)
- d) **DOWNSTREAM – Part 2: “Compassionate Community Helper”**: A volunteer-based program that provides navigation assistance and brief support to address specific person-directed challenges (Target: people who are highly isolated or traditionally underserved but are not ready to engage in the full CCC program until their immediate needs are met and some measure of trust and belonging has been established)
2. A **student training program** that provides enhanced education across a variety of career pathways on health promoting approaches to care across the life-course, personalized care, holistic health, and community partnerships to support vulnerable groups and social determinants of health.

Activities, Events and Social Innovations

3. Development of new **community wellness programs and experiences**, including local wellness hubs and a Virtual Community Centre
4. Activities that build **community capacity for kindness** and helping others
 - a) Pop up events, community dialogues, annual community celebrations and recognition events, informal philanthropy, neighbour to neighbour exchanges, support for volunteering
 - b) Random Acts of Kindness and age-friendly inclusion programs
 - c) Compassionate university, college and business designations

Tools

5. Exploration of a **predictive tool and feedback system** that detects social risks to health and highlights prevention and mitigation opportunities (*under development*)
6. A transparent, public and near real-time quality of life performance measurement system, and **community tracker** to report population level outcomes (*under development*)
7. A **community index** tool which can be used to assess the culture of a community in important domains associated with population level health and wellness promotion and change in community capital over time. (*under development*)

In future, additional WECCC programs and tools will be subject to comparable evaluations as they continue to develop.

Research

WECCC has been designed as a long-term population health research initiative and learning health system. In addition to on-going results tracking and program evaluation, we are currently participating in the following research studies:

1. Neighbours survey platform development (with Humber college)
2. Shared database and forms automation (with St Clair College)
3. AI-based Platform for Population-level Social Isolation Detection and Prediction (with University of Windsor)
4. RESPECT End of Life Calculator (with Ottawa Hospital Research Institute)

5. INSPIR to Pharmacy (with McMaster and U of T)

A study to explore the implications of programs like WECCC on health care costs and utilization is being planned.

APPENDIX 3: SPOTLIGHT ON COMPASSIONATE EFFORTS TO HELP THOSE IN NEED

Sunshine in a Box. February 27, 2020 the Windsor-Essex Compassion Care Community (WECCC) in partnership with the Kindness Cafe and Assumption Cares hosted Sunshine In A Box at Assumption Cares 711 McEwan location. Entertainment and food was provided during the event which encouraged guests to give back with non-perishable items, mittens, hats and other items for the Downtown Mission, Street Help and Welcome Centre. The Sunshine theme was meant to bring a little warmth to the community both inside and outside! Nearly 85 people stopped in to sing, dance, create art and at least a dozen others just dropped off items including non-perishable foods.

Windsor & Essex County is very well known for its philanthropy, kindness and generosity. Word of mouth has been able to get our members several various items brand new and used. One of our members who was badly hurt in a car accident had only an office style chair that was small and uncomfortable in his home. He slept on a mattress on the floor. We were able to find him a free gently used recliner. Another member mentioned to a volunteer that he needed a new mattress for his bed. The volunteer was able find a donor to donate him not just a mattress but also a brand new adjustable bed from Leon's with a bed in a bag to go along with it.

Compassionate Local Businesses. With the generous support of many local businesses, WECCC receives gift cards, gas cards, bus passes, Tim Hortons cards, Wal Mart, Shoppers Drug Mart cards which are used to help people who otherwise struggle to get to medical appointments, and to purchase groceries and other items a member might be desperate for.

The Forgotten Fight are two sisters who started this initiative for people who are living in poverty after the oldest sister did a placement with WECCC in summer 2019. The sisters put together care kits in a high-quality bag full of personal essentials such as hygiene supplies, cough drops, non-perishable snacks, water bottle with gift card inside, gloves, hats, socks anything that will help a person live more comfortably and take care of themselves every day. The sisters donated 25 bags to WECCC that we were able to distribute to our members.

Rapha Christian Center provided a drive through Grocery Distribution Center right after COVID hit our community. WECCC members in need received a free grocery basket delivered to their doorstep loaded with bread, dairy products, eggs, canned goods, meat and so many other perishable and non-perishable items. With the **Aspire Grocery Delivery Program**, many of our members are now receiving groceries. This initiative is part of the ASPIRE student-led non-profit organization.

Through our local **Miracle Food Drive**, people in need received bags of non-perishable groceries and toiletries.

Xperience Home Health Care has a program to donate refurbished medical supplies. Many WECCC members cannot afford the expense of medical equipment needed to live a better quality of life. WECCC staff and volunteers assist members with the application process and many have received hospital beds, mattresses, scooters, wheelchairs and many other supplies they would not have if it were not for these donations.

Hospice of Windsor & Essex County Inc. has generously provided meal replacement protein drinks, incontinence supplies, bed sheets, blankets, pillows, soup, chilli, baked goods and equipment to WECCC members in need.

Christmas with WECCC has been an ongoing celebration for the past few years for members who would have been alone on Christmas day. Each year the number of members that come out keeps growing. Last year we had 18 members attend the free Christmas dinner at New Song Church. Every member had a gift to open, a wonderful turkey dinner with all the trimmings. The best part was the conversations and interactions, singing of carols and the smiles and happy faces they brought back home with them. They exchanged phone numbers and became friends with one another. They call each other on every holiday. Every year they look forward to being together on Christmas day. This is family for these people.

Be a Santa to a Senior is a program facilitated by Home Instead Senior Care delivers beautifully wrapped gifts right at their door the week during Christmas to people who are very isolated, lonely and would not otherwise receive a gift from anyone for Christmas.

Every year WECCC is able to find either individuals or a business to sponsor a family at Christmas. They have provided the entire Christmas meal, gifts for each member of the family and some have even dropped off a Christmas tree. We also received donations of Swiss Chalet gift cards for those who are alone and cannot come out. They are able to order a Christmas dinner to have delivered to their home.

APPENDIX 4: COMMUNITY CONNECTION MEMBER STORIES AND IMPACT

CCC supports individuals and families to achieve their life goals, expand their circle of care and support, be connected, and access resources in the community in order to live their best quality of life possible. The CCC team offers individuals and families 1:1 practical and motivational support dependent on their needs and goals (typically 3 to 6 months). Support includes:

- Develop personal goals and action plans for living your best life possible,
- Signpost possible resources, and help make personal, community and system connections, building up and right sizing each person's personal network of care
- Share quality of life information with family and care providers to inform care planning

Community volunteers also provide regular check-ins to all members who no longer need active support to offer supportive contact and to identify new challenges that may be emerging to

prevent harm - membership is open for life. This connection lets people know the community is there for them over the long-term, which fuels community building, a sense of belonging and opportunities to give back. This life-long process of community care and connection helps to reduce unmet needs, address social determinants of health, manage identified social and health behaviour risks, and act on available opportunities for meaningful social participation and helping others.

The following stories demonstrate how this program can help people who are struggling, and the important impacts this can have on health, mental health, well-being and social connection.

Story #1

Circumstances: This is a 56-year-old male lives with his wife and three cats. He has COPD, Lymphedema, varicose veins and experiences muscle spasms that interfere with his ability to walk. He has issues with his stomach after having his gall bladder removed and struggles with eating. He also has Leukemia, which has been in remission for the past two years. He is struggling financially and needs help with applying to OW and ODSP. He experiences issues with food security and having enough foods that he can eat.

Goals/Help Requested:

1. Help with OW & ODSP applications
2. Help with food security
3. Being more social and participating in more activities

Connections Made: 6 in total

New areas of support that were not previously accessed within the personal, community or health sectors.

Personal:

- (1) Now making friends at programs and becoming more emotionally secure and getting out of the house.
- (2) Learning to play guitar and practicing at home with donated guitar. Stress levels greatly to reduced.

Community:

- (1) Connected to Wellness Programs, such as guitar and card club, and to Life After Fifty program.
- (2) Supported to select a food bank and is attending to get food for himself and for his cats. No longer worried about cats. He is gaining weight because of donation of energy drinks.
- (3) Provided with OW & ODSP application information and assisted with submitting the forms.

Health:

- (1) Mental and physical health connections and support through CMHA and Mental Health Connections programs. Received a medical prescription for alcohol.

Results Pre and Post WECCC Involvement:

Red = Problem | Orange = Emerging Concern | Green = Improvement

ALERTS TRIGGERED	BASELINE	AFTER WECCC
Quality of Life and Well-being		
Self-rated health	50/100 Fair self-rated health. Moderate problems noted in all activity areas.	75/100 General health good. Reduced problems in personal care and usual activities. Moderate pain continues.

ALERTS TRIGGERED	BASELINE	AFTER WECCC
Self-rated mental health	Fair self-rated mental health; moderate problems noted with anxiety/ depression	Mental health improved to good. Moderate anxiety continues.
Personal well-being	Low rated personal well-being Average 16/100	Improved personal well-being Average 52/100
Perceived availability of support	Hardly ever feels supported by family or friends	Sometimes feels supported by both family and friends
Perceived loneliness	Often or sometimes lonely on 3 dimensions	2 dimensions improved to sometimes lonely
Social contact	Limited social contacts, infrequently sees outside family, friends or neighbours, quality of social connections is poor	Increase in # of friendships and connections with neighbours; sees friends and neighbours weekly; some improvement in quality of social connections
Participation in meaningful activities	Never or rarely participates in any community and social activities	Regular participation in multiple types of community activities
Access to informal and wellness care	Never accesses wellness programs or informal care	Participates in monthly wellness programs and weekly access to informal care
WECCC Key Performance Indicators		
Life Satisfaction	Life satisfaction 30/100	Improved satisfaction 50/100
Progress achieving goals	Never	Often

Story #2

Circumstances: This is a 62-year-old female lost her sister, her primary care giver, to a horrific accident. After her sister's death, she became suicidal. She struggles with depression, bulimia, and hoarding. She suffered from a heart attack in 2014, spent 2 years in the hospital, gained a significant amount of weight and suffered a stroke after being discharged. She is currently struggling with living on her own. She requires assistance with personal care and has a nurse that comes to her house weekly to help her bathe. Due to her limited mobility, she needs help with doing errands and with doing chores around the house. She cannot bend, lift or squat and her knees must be raised up at a certain height.

Goals/Help Requested:

- 1) Become active
- 2) Lose weight and eat healthier meals
- 3) Clean house
- 4) Bereavement support

Connections Made: 9 in total

New areas of support that were not previously accessed within the personal, community or health sectors.

Community:

- (1) Working with a spiritual support coordinator to deal with emotional issues. She is motivated and wants to genuinely improve her wellbeing
- (2) Various wellness programs offered. Is attending fitness programs at Hospice even though she has to sit in a chair.

- (3) Encouraged her to participate in various exercise programs, such as Aquafit and community pools. Donation of a gas card enables participation.
- (4) Bereavement support being provided
- (5) Various cleaning services in the community.

Health:

- (1) Family Services Hoarding Program.
- (2-3) weCHC meal planning and chronic pain workshops

Helping Others:

- (1) Support those who have lost a loved one.

Results Pre and Post WECCC Involvement:

Red = Problem | Orange = Emerging Concern | Green = Improvement

ALERTS TRIGGERED	BASELINE	AFTER WECCC
Quality of Life and Well-being		
Self-rated health	50/ 100 Fair self-rated health; unable to walk, wash or dress or do usual activities; severe problems with pain	70/100 General health improved to good. Reduced severity of problems in all areas of daily activities noted.
Self-rated mental health	Fair self-rated mental health; severe problems with depression	No change
Personal well-being	Low rated personal well-being Average 33/100	Improved personal well-being Average 72/100
Perceived loneliness	Often lonely on 3 dimensions	2 dimensions improved to hardly ever, sometimes lack companions
Perceived availability of support	Hardly ever feels supported by family or friends	Improved feelings of support from both family and friends
Social contact (isolation)	See family and friends a few times a year only; Don't see family, friends or neighbours as often as would like; Quality of social contact is also negative	Increase in # of friendships and connected neighbours; see both family and friends more – as often as desired; quality of social contact has improved
Participation in meaningful activities	Limited community participation	Increase in both frequency and types of community and social participation
Access to informal and wellness care	Monthly wellness and infrequent informal care	Weekly wellness and weekly access to informal support
WECCC Key Performance Indicators		
Life Satisfaction	n/a omitted	50/100
Progress achieving goals	Never satisfied	Sometimes

IBC QUALITATIVE INTERVIEWS/ EVALUATION FINDINGS

Background Information

Interviews were conducted with 12 program participants. Of the 12, six had leadership/advisory roles in the community organizations/institutions who supported the IBC program. The remaining six were program recipients.

Community partners included 4 churches, 2 community centres, 1 seniors' club and the University of Windsor Faculty of Nursing.

A wide range of individuals were educated and connected through the IBC program. They included middle-aged adults, community-dwelling seniors, Canadian newcomers, and students. Common social isolation challenges reported by the participants were: retirement, relocation, death of a spouse, declining health, mental and physical disability, and social fears. All of the participants spoke about the challenges of social isolation related to COVID-19.

Successful Processes

The interviews revealed three processes that support IBC program implementation. Two processes involve education - volunteer training and community education. The third process is formal and informal communication.

Volunteer Training

All six of the interview participants who were in leadership/advisory roles spoke to the quality and relevance of the IBC program volunteer training. The training was described as “gold standard” and there were no recommendations for improvement expressed by participants. Volunteers most valued learning about the benefits of social connectedness, communication/listening skills and conflict resolution.

The training...was really informative because it gave me a better concept of what the program was all about and helping them get more connected, not to get them not connected to you, to other help within the community or other people who are similar and looking for connection... I want to make sure I focused on them and also the idea that that you shouldn't be jumping into to help fix things for them, that really the program is about helping them make connections to improve their lives...But you have to stand back and help them connect to themselves.

Community Education

All of the participants spoke about the importance of the community education sessions that were given by the IBC training facilitator. They expressed no needed changes to the content and format. Participants valued what they learned about the negative health effects of social isolation and previously unknown community resources to which they could get connected and/or refer others.

Some people just weren't aware of other things that were available in the community, for instance, lunches, seniors' lunches, or a visit to one laptop program that was available at a church, things like this that were available that they could suggest to people who felt isolated.

To promote involvement, the education sessions were often piggy-backed on a community organization's regular programming - community meal programs, group exercise, a card or game event. While all participants spoke of the quality and organization of the workshops, they emphasized the self-awareness that was generated by these presentations. The education sessions motivated many attendees to act on their own social isolation, to connecting others and/or to volunteer in the IBC program

I was very impressed with...the presentations that...really showed you the benefits of people being connected. The data that they showed on what makes people happy was so spot on that that you really felt this was definitely something that was a huge need for... I know that it's not not only seniors who are affected...it was interesting to see the young people that were drawn into the programs and wanted to volunteer and get people connected. And it was nice to see and hear a wide range of people drawn into helping.

Formal and Informal Communication

All 12 interview participants discussed organic and purposeful communication as the mechanism for program spread. The majority perceive that the connections occurred a result of the awareness generated by the community education. Spread largely occurred through informal communication mechanisms such as telephone calls, e-mails, written cards, and in-person conversations.

We do use our Facebook, we have a website, but I think word of mouth is more so. I think it's the witnessing basically, you know, like the experience of one person shared with another.

The main thing is just communication with the phones...and people just contacting each other for all our sakes...I talked quite a few people and it's not for a few minutes. It's an hour. If they need to talk, I let them go. That's the only way.

Personal invitations to attend activities where people could connect with others was noted to be the most effective strategy for connection.

Somebody alongside them has brought them in, you know, being aware of their need. 'Come with me to the community center and we'll do this.' It's just everybody just kind of just steps up to the plate to help when anybody hears anything, people just step up to the plate and that's just that just happens naturally.

These connections got people engaged in programs (exercise programs, cooking club, conversational English programs, Forgotten Harvest) where further relationships were made.

These international students that are new to the country didn't know anybody but themselves. They stepped up to the plate. And to be honest with you, this group of young adults...have been so dedicated and so committed. But they're also forming relationships...they've become a team themselves.... So sometimes there's like 15 of them show up and if it just brings them together to bag up some groceries or some vegetables and then they hang out and socialize together, it's really done wonders for this group of 15 young people that kind of got to know each other through volunteerism.

Participants with leadership roles in the partner community organizations have insider knowledge of the physical and social needs of many members within their organizations. Several discussed in detail how they work through the physical and social barriers to participation by communicating needs and expectations: *“A lot of people have medical problems and can't get around. We reach out to them. If they're good, we will make sure that they are there. We do not turn away anybody and we work with them. We've got people with Parkinson's, walkers and mobility [problems]. We make them feel just as welcome as anybody else.”*

During COVID-19, these leaders organized multiple formal communication strategies (telephone and e-mail trees, virtual “hubs”) for their members to maintain social connections. There are several stories of how these connections highlighted practical needs (shopping, transportation) that were addressed by IBC program volunteers or a neighbourhood connection.

Impacts

The data suggest that the IBC has increased awareness of social isolation among its participants, has encouraged the development of new social networks, and is supporting the mental health and social belongingness of those who are connected.

Individual Awareness

All 12 participants spoke about the program’s success in building personal awareness about the negative health effects of social isolation, awareness of the larger WECCC program, and supportive programs and resources in their communities. All participants indicated that this knowledge motivated them to connect with others.

It helped me because knowing what our community is all about and some of those resources that are available to heal and also just generally being more aware on a personal level that a disruption in location could do to your mental well-being. It's interesting to hear it on a more global level...how it definitely affects people and some of the things to offer them in order to help them to make those connections.

So when [the program] first started in the building, I just thought to myself, ‘I don't want to be part’, but then it got me thinking, ‘No people. We need each other. We need to get out there talking to other people.’

Social Engagement

The five community organizational leaders confirmed the increase in connections and growth in the size of their organization's member network. One leader commented, "Now, we have probably close to 17 ladies who come in on Tuesday mornings for the knitting group. And it just keeps growing."

Mental Health and Social Belongingness

Participants were invited to share specific stories about how the program had helped them and others. Themes of improvements in mental health, general wellbeing, social confidence, and belongingness emerged from the data.

One of our knitting ladies has brought her neighbor, and really she was such a depressed woman all by herself in her home...her husband has been gone. And she just felt terrible, like, really going downhill. And once this lady approached her and invited her to come, I can see your face right now the smile on her face and how happy she is...she's got that connected feeling now...I think she's even said to me something to the effect like, "oh, it just gives me a reason now to get up and get dressed. And I know I'm going out today" and that's two days a week, Tuesday morning and Thursday mornings.

Several participants spoke of the reciprocal health benefits that came from helping and connecting with others: "It's quite, quite amazing getting people to come together and come out of their house and get together in a little group how that strengthens everybody's wellbeing."

Opportunities

Potential for Growth

All participants recognized COVID-19 as a barrier. Opportunities for program growth were identified in three areas: (1) volunteer recruitment and training, (2) data collection, and (3) enhanced program awareness "we need to get some tangibles out there so that the people know that this is real".

One volunteer leader stated the need for support staff and volunteers, and that a paid full-time position be funded to generate commitment and consistency with recruitment and programming. Most felt that there was capacity in their own organizations to draw even more participants into the IBC program.

So here we get 40 to 60 people and they're regular people that show up on Monday night. And we talked about offering the Importance of Being Connected to my people that come to community meal...because these are environments set up for people that really do need these [connections]. They're coming together. They're struggling.

Collecting survey data was noted as a challenge but an area for growth. Timing and trust regarding confidentiality were noted by three participants as barriers, particularly for people who

are vulnerable. The same volunteer leader who provided the previous quote spoke about the importance of having member contact information, particularly during COVID-19:

Out of fear of creating distrust, we didn't collect any of that information for these people that are coming every Monday. Now, look where we are. We're in a situation where I know there's 40 to 60 people out there that are vulnerable, that are just getting by, that depend on community meals. And I have no way of reaching out to them.

Ideas for enhancing program awareness included use of virtual technologies and translating resources into other languages.