

**Network Minutes**

**Thursday July 9, 2020 5:45 pm Mellor Hall – Cowichan Exhibition Grounds**

**Present:** Denise Williams Chair, Sheila Service, Cindy Lise, Maeve Maguire, Alistair MacGregor, Mary Beth Small, Leslie Welin, Denise McKinlay, Debra Toporowski, Sue Kurucz, Elizabeth Croft, Ina Kennedy, Gretchen Hartley, Rhoda Taylor, Carla Bortoletto, Chris Hall, Lynn Smith, Valorie Masuda, John Horn, Rosalie Sawrie, Chris Rafuse, Linda Roseneck, Robin Routledge, Carol Newington, Jane Osborne, Tracy Parow, Michelle Staples, Mary Lionas, Stephanie Eschak, Anne Brunet, Noelle Philp, Amanda Marchand, Dave Gutscher, Rosalyn Graham, Barry O’Riordan

**Regrets:** Colleen Fuller, Kathy Easton, Carolyn Austin, Rob Hutchins, Arlene Robinson, Douglas Hardie, Anita McLeod, Debbie Berg, Kate Rossetto, Sara Ferrario, Jane Hope, Gus Williams, Tara McCaffrey, Kristine Sandhu,

**NEW Members:** (also included in attendance above). OCCHN grows and welcomes to the team; Anne Brunet Canadian Mental Health Association Cowichan Branch, Barry O’Riordan Economic Development Cowichan, Mary Lionas COVID Rehousing Project Lead, Noelle Philp Providence Farm, Dave Gutscher the Hamlets. New Member Judy Stafford from Cowichan Green Community sends regrets.

**Guests:** Stephanie Eschak

1. **Call to order** at 5:45 by Denise Williams who welcomed guests and members and initiated round table introductions.
2. **The agenda was approved** by general consent.
3. **The Financial statement** was accepted as presented by general consent.
4. **Correspondence** – No correspondence
5. **United Nations Rights of the Child-** Article 2 – You have the right to protection against discrimination. This means that nobody can treat you badly because of your colour, sex or religion, if you speak another language, have a disability, or are rich or poor.

### **Update on OCCHN Activities**

* Planning and developing the Cowichan Communities Health Profile is ongoing and is currently at the vetting stage.

**COVID**

* Participated in Island Health/ Cowichan Division of Family Practice and Health Care Emergency Response and Planning Committee as community liaison. Daily meetings moved to 3 times per week to weekly. Now meeting monthly
* Created weekly Task Leaders call to connect community leads involved key community initiatives responding to the COVID Crisis. This call ensured timely communications, identifying gaps and responding quickly as needed.
* EPIC meetings moved to weekly meetings to meet the demands of the changes
* Supported Child Care Task Force to get child care to front line staff and plan for expanding services as needed
* Provided daily support for dissemination of information on service delivery changes and program closures via OCCHN Website. Initially supported by the United Way who were able to provide administrative support.
* Supported COVID Rehousing Initiative and Task Force for underserved and homeless community members
* Assisted with dissemination and planning for COVID Emergency granting opportunities.
* Facilitated Community Action Team Collective Impact meetings
* Participated in steering committee for Regional Child Care Plan- final project now completed in July

## **OCCHN Checks in With Members Regarding Members Responding, Adapting, Thriving and Supporting Each Other During COVID**

### **Challenges in Responding to the COVID Crisis as reported by members:**

* It wasn’t just Cowichan facing the crisis it was the whole world. The unknown and the possibility of wiping out huge segments of the population soon became a reality.
* The pace of change was overwhelming
* There was NO play book and responses were required for things that had not been considered before
* The volume of information to be processed and disseminated changed by the hour
* Services that are relied on by most vulnerable community members were being closed down
* Communications systems were inadequate at first. Many could not use zoom or WebX and other platforms were overwhelmed by the volume of users.
* The analogy of, “It was like a giant fire hose was turned on and exploding water everywhere. People were treading water and trying not to drown because of the magnitude and the volume of the spray”.
* Staff were overwhelmed
* Staff who remained on the job were overworked because of the sharp decline in staffing due to vulnerabilities to the virus, fear of the virus or family responsibilities.
* Front line staff were trying to find out how to survive and care for families that they needed to isolate from
* The logistics of acquiring PPE was impossible. Budgets were depleted attempting to access what they could was not successful and many were under protected. Some board members paid for highly priced PPE with their own credit cards
* The underlying wave of worry and waves of information markedly increased stress and anxiety
* Isolation was a new adjustment for so many
* It took time to get volunteers registered and vetted while the explosion of need grew
* People were frightened. They were scared of COVID and what it meant
* 8000 children went from attending school in person to learning on line and from home via virtual learning
* Adult day programs for vulnerable seniors closed. Caregivers were now 100% responsible for loved ones 24 hours a day without breaks or support
* Many lost jobs
* People reacted with emotions because everything took longer
* Strategic plans were thrown out the window
* Many were aware of community members who required support but due to physical distance and changing of operations were not able to help in the same way.
* Many had to learn to work from home where not every environment was conducive to working.
* A number of patients who required health care were immediately released into the community to decant the hospital in preparation for COVID. Community services were not able to provide the support where it was needed.
* Bad press regarding care homes impacted the staff who worked tirelessly to care for seniors on their own now that families could not be safely involved or access loved ones
* Mortality increased as some gave up the will to live while in lockdown and without loved ones
* Fear about what would happen when CERB ends for those who are not working
* Meetings took on a whole new light
* It was challenging to determine what was an essential service and what was not.
* Communicating with clients and the community
* Worries about sustainability threatened organizations as they wondered where the funding would come from
* How to explain the immediate closing and why to those with developmental disabilities or frail seniors

### **Thriving the COVID Crisis Reported by Members:**

* Began by taking a step back, social isolating and figuring out imminent needs
* We isolated – but together
* It is the simple things that helped us thrive- look at what we have done right
	+ We have gratitude
	+ Connections
	+ Walks
	+ Getting back to nature
	+ No longer take things for granted
* 8000 children were able to transition to virtual learning. Teachers got to know families so much better as they were now working with them directly in their homes. Technology needs were supported
* Hungry people were fed all over the region
* Homeless people were housed in safe and respectful ways with wrap around support
* A new faith in people developed and deeper connections were made
* Strategic plans that were thrown out the window resulted in innovations in how to support community members
* People got connected
	+ Teachers contacted every family
	+ Clements Centre contacted every family
	+ Seniors were reached out to
	+ Communications systems changed
	+ People learned how to use zoom and WebX
	+ Now more people could participate in conversations and planning
* Chaos turned to collaboration
* Community partners met to collaborate on funding opportunities to ensure there was no duplication or overlap and the that funds that were available were directed to those programs that were best suited to provide the services
* New safety plans were designed
* We followed the calm lead of Dr Bonnie Henry
* We learned about how the disease spreads, social distancing, masks and washing hands
* New program service delivery was designed
* Communication systems and meetings were quickly put into place
* The value of relationships was immediately evident – between agencies and colleagues
* There were no fights and competition were set aside
* Community resilience was built and NOT working is silos was enhanced because the foundation was already in place.
* Cowichan is now more self reliant on each other than ever before
* Our partners would work on one project for the better of someone else
* Shared communications through the network and established initiatives was seamless
* People pooled together to meet the needs of what was essential
	+ Food
	+ Housing
	+ Access to services and supports
	+ Shopping for seniors
	+ Child care
	+ Safety within the hospital and health care services
	+ Virtual Health care, counselling and supports
	+ C.O.A.T. (COVID Outreach and Assessment Team) team for mental health and addictions

### **Being Successful and Moving Forward Reported by Members:**

* Members stressed the importance of continuing to work together as a collective
* Spread the word of the Our Cowichan Communities Network to organizations who are not here and who are missing at the table. Share with them the impact of having a network and invite them to join us. Grow the Network
* Work together for Succession Planning
* Get Volunteers involved
* The world needs to see what we do in this community! Where would we be without the network and our connections? Others can learn from us.
* Make a list of 10 of the top things we do and expose these to the community so that they will pay special attention
* Continue to pool together around what is essential and make every effort to meet the needs placed before us
* Continue in our direction – It works! Continue to build our resources together
* Continue to stay focussed on the Social Determinants of Health
* Don’t let a crisis go to waste- keep going in this direction
* Practice compassion for those who are not in the same place- invite them to the table and share our pride and the strengths that we offer
* Continue to advocate for each other and those we work for
* Our Priority should be harmonious relationships
* Articulate the gaps in our communities and advocate for filling those gaps
* We don’t know what is coming so staying vigilant and connected
* Share our compassion for others
* Collect the success stories and those shared tonight as a means of evaluation and recovery planning

**It should be noted that members applauded and acknowledged each other throughout the evening.**

* The collaboration and efforts to house the underhoused and homeless
* The collaboration and efforts to feed the community
* Getting 8000 students learning on line
* Uniting Task leaders
* Providing safe health services via hospital, virtual care outreach
* Reaching out to those with developmental disabilities
* Supporting seniors
* Working together!
1. **New Business**:
	* **Right Care- Right Place- Right Time** Posters were distributed to all members
	* **Black Lives Matter** In the midst of the pandemic our world also faced the Black Lives Matter Movement. Although OCCHN was not able to provide the time required for such a critical conversation at this meeting we would like to acknowledge systemic racism that exists within systems, organizations and communities and would like to address this topic at an upcoming OCCHN meeting in the fall.
	* **Update on Our Cowichan Communities Health Profile.** COVID resulted in a delay of the completion of the project. Community partners are now back working on the profile and it is anticipated that it will be completed by the end of the summer.
	* **Year End Report** OCCHN members were provided with a copy of the 2019 Year End Report in their agenda package. The report will also be located on the OCCHN Website [www.ourcchn.ca](http://www.ourcchn.ca)
	* **Meeting in September** Members in attendance were asked about their comfort level for the way this in meeting session was held and the set up provided for this to occur. Members reported that they were very comfortable and appreciated coming together in person. A second question was posed in that would they like to meet this way in September depending on the state of the pandemic. All members voted to meet in person in September. Cindy to follow through on making similar arrangements for the September meeting. Planning for November will take place closer to the date.

**Adjournment**: at 8:00 pm. Minutes taken by Cindy Lise

Next meeting September 10 at 5:45 pm Dinner to begin at 5:15. Location to be determined