
CONFERENCE ABSTRACT

Improving Access to Primary Care in Toronto's Community Housing Buildings for Seniors during the COVID 19 Pandemic

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Introduction

Toronto Community Housing (City of Toronto owned), provides housing for 60,000 low-income households in over 100 neighbourhoods. There are more than 14,000 senior tenants in 83 seniors-designated buildings. A process to build an integrated service model to support seniors in these buildings is underway, however the COVID 19 pandemic exposed their increased vulnerability, isolation and limited access to primary care. Recognizing the need to respond quickly, the North Toronto Ontario Health Team (organizations including primary care, hospital, community and home-care) partnered with the Seniors Housing Unit in North Toronto to provide onsite primary care services to 1800 tenants.

Aims Objectives Theory or Methods

Aim: To improve access to primary care in Toronto Community Housing through an on-site clinic, outreach and virtual connections to primary care.

Methods: Participating primary care providers were assigned 1-4 buildings. An onsite clinic was established in each building. A registered health care professional worked with onsite community agencies to identify those at risk or in need of primary care services, provide advice/counselling, and connect seniors virtually to their family physician. A family physician dedicated to the building completed home-visits in the building for those unattached to primary care. All residents were offered both influenza and covid vaccinations on site.

Highlights or Results or Key Findings

A diverse group of health and social service providers joined together in March 2020 to develop a process for connecting with nine seniors' buildings to identify and provide needed supplies and services. Key support and leadership was provided by Baycrest Health Sciences Centre. On-site clinics were established, a communication strategy and manual and toolkit were created. Building huddles and cross-building huddles occurred weekly to share and problem solve. Both influenza and COVID 19 vaccines were administered to the residents at their doorstep, addressing vaccine hesitancy.

COVID-19 case incidence curve was significantly less than the overall City of Toronto. Rate of hospitalization from COVID-19 decreased by 30% in the 9 buildings by April 30, 2020 compared to the overall City of Toronto. Two of the nine buildings have continued to provide on-site and in-home primary care post COVID 19 vaccination. Key success factors will be discussed.

Conclusions

Cross sector collaboration is an efficient and effective way to address urgent needs in low-income seniors housing. Strong leadership as well as co-developed processes, frequent building meetings and cross-building huddles were effective ways of sharing innovative ways of meeting needs with limited resources.

Implications for applicability/transferability sustainability and limitations

While building an integrated service model to support seniors in Toronto's low-income housing buildings is underway, the COVID 19 pandemic response in North Toronto allowed for quick collaboration and strategy testing to ensure vulnerable seniors have timely access to primary care. Lessons learned are transferrable to other communities of seniors.