

Bringing organisations together during a pandemic: the case of an intersectoral community support group

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Abstract. In early 2020, the COVID-19 pandemic emerged, posing multiple challenges to healthcare organisations and communities. The Darling Downs region in Queensland, Australia had its first positive case of COVID-19 confirmed in March 2020, which created understandable anxiety in the community. The Vulnerable Communities Group (VCG) was established to address this anxiety through open lines of communication to strengthen community resilience. This case study reports the evaluation of the VCG, plus lessons learned while establishing and running an intersectoral group, with stakeholders from more than 40 organisations, in response to the COVID-19 pandemic. An anonymous online survey with closed and open-ended questions was administered to participants. Data were subject to descriptive statistical tests and content analysis. Four categories were developed from the free text data for reporting: ‘Knowledge is power’, ‘Beating isolation through partnerships and linkages’, ‘Sharing is caring’, and ‘Ripple effects’. Whilst open communication and collaboration are always essential, they can be critically important during times of crisis. The VCG initiative is one example of tackling the challenges of the COVID-19 pandemic through bringing the community together.

What is known about the topic? The COVID-19 pandemic has caused immense strain on the global community. It has thrust healthcare professionals and community leaders into an unforeseen situation, with little information being available on how to effectively deal with the pandemic to negate its effects.

What does this paper add? This paper reports on the establishment and evaluation of the Vulnerable Communities Group (VCG) in the Toowoomba, Darling Downs region of Queensland, Australia in response to the COVID-19 pandemic, using a community of practice framework. It provides insight into how to establish and retain an intersectoral community of practice group during rapidly changing and challenging times, such as during the COVID-19 pandemic.

What are the implications for practitioners? Practitioners can use a community of practice framework to establish and evaluate an intersectoral group, as described in our paper, to enhance community connectedness to reduce isolation and share information and resources to help negate the challenges caused by the COVID-19 pandemic.

Keywords: COVID-19, health services management, information management, pandemic challenges, community of practice framework, community collaboration, connectedness.

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Introduction

It appears to be a myth that ‘everyone is in it together’ through the COVID-19 pandemic. Bambra *et al.*¹ have clearly outlined the inequalities in COVID-19 morbidity and mortality rates, which reflect the existing unequal experiences of chronic diseases and social determinants of health. It has been stipulated that measures such as COVID-19 lockdowns will have

longer-term consequences, especially for those who were already facing a social, financial or health disadvantage.¹

The COVID-19 pandemic appears to have affected the mental health of both healthcare workers and the general population in the community. In a survey of 668 health professionals in Australia by Holton *et al.*,² a quarter of respondents reported symptoms of psychological distress. Between 11% of

allied health staff and 29% of nurses and midwives had anxiety scores in the mild to extremely severe ranges, which is a cause for concern.² A UK study reported a disproportionate increase in death among those with severe mental illness during the pandemic.³ A Portuguese study that compared a group of people ($n = 120$) diagnosed with COVID-19 with a contemporaneous control group ($n = 120$) not diagnosed with COVID-19 found a significant increase in the levels of anxiety and depressive symptoms in the COVID-19 group.⁴ It is noteworthy that the mental health effects of COVID-19 will compound the effects on people living in rural and farming communities who have already been affected by natural disasters such as bushfires, causing ongoing distress and disability.⁵

Darling Downs is a farming region in Queensland, Australia, approximately 127 km west of Brisbane, Queensland's capital city. Darling Downs Health is the public health provider that services approximately 300 000 people from 26 locations, through more than 20 hospitals, multipurpose centres and community care units.⁶ The Darling Downs region, where Toowoomba is the main city, covers six local government areas with differing levels of health needs. For example, compared with Queensland overall at 20%, the Index of Relative Socioeconomic Disadvantage shows that the Darling Downs region has 32.1% of people in the most disadvantaged quintile (Toowoomba is the least disadvantaged but still has 23.8% of the population in the lowest socioeconomic quintile).⁷ In 2020 the Australian Heart Foundation released statistics showing that the Darling Downs region is the fourth highest in Australia for physical inactivity and Toowoomba is in the top 10 cities for high blood pressure.⁸ Compared with Queensland overall, Darling Down's obesity rates are 31% higher.⁷ Darling Downs also has one of the highest rates of obesity in children.⁹ To date (as of 15 February 2021), Darling Downs has recorded 49 positive COVID-19 cases, with 47 patients making a recovery.¹⁰

Onset of the COVID-19 pandemic caused significant anxiety in the already disadvantaged Darling Downs community. As a result of the pandemic being declared a public health emergency, local hospitals and health services were prohibited from providing localised information, with media interactions kept at a central (state-wide) level. This created significant anxiety locally, with many false reports circulating in the community. With the continually evolving information, many community groups were seeking clarity regarding personal protective equipment supplies, social distancing requirements as well as hand hygiene information. Delgado *et al.*¹¹ have proposed communities of practice (CoPs) as one way to build collective moral resilience in the community during and following the COVID-19 pandemic. Wenger *et al.*¹² defined CoPs as groups of people who share a concern, a set of problems or a passion for a topic, and who deepen their knowledge and experience in this area by interacting with others.

Setting

To address the problem at hand, on 24 March 2020, the Vulnerable Communities Group (VCG) was established with nine organisations, using a CoP framework. The main aim of this forum was to share timely information about the number of active

cases in the Darling Downs region and provide reassurance to the community. A daily COVID-19 Toowoomba hospital update was also developed by the VCG chair (first author, SAG) and sent to VCG members (including weekends). By 3 June 2020, there were 42 stakeholders participating in the Vulnerable Communities meetings, representing more than 40 organisations. Weekly meetings were facilitated by the Executive Director of the Toowoomba Hospital (SAG) using Microsoft Teams (Microsoft Corporation). Participating members used this forum to seek and provide reassurance to their counterparts, but also to share donations and gift cards across organisations to meet the needs of the most vulnerable members of the community. These hourly meetings were initially held three times per week, moving to once a week in mid-April 2020. Since the conclusion of the second wave of COVID-19 in August 2020, the meetings have been facilitated every fortnight.

Participants

The VCG has 42 members from various government, non-government and charitable organisations operating in the Toowoomba region. These include representation from:

- not-for-profit organisations working with culturally and linguistically diverse communities, clients experiencing domestic violence, homelessness, addiction, trauma, mental health and disability;
- government agencies involved with health provision and Aboriginal and Torres Strait Islander health;
- Local and State Government;
- community centres and faith groups; and
- academic institutions.

Methods

Using program evaluation principles, a cross-sectional survey was designed and distributed to the VCG group ($n = 42$) in August 2020, to evaluate the functioning of this group over a 5-month period from March to August 2020. The purpose of this online, de-identified survey was to elicit participants' experiences in this group and to identify what is working well and what needs to be changed to enhance group efficacy. All group members were emailed the link to an anonymous SurveyMonkey (Momentive Inc.) survey, which is the platform routinely used within the organisation. Participants were provided information about the privacy and confidentiality aspects of SurveyMonkey prior to their decision to participate in the survey. No identifying information was collected. A total of three emails (one initial and two reminders), a week apart, were sent over a period of 3 weeks to boost the response rate. Data were cleaned and analysed by the second author (PM), who is not involved in the VCG. Descriptive statistics were used to analyse the numerical data and free text comments were subject to content analysis.¹³ Using the content analysis approach, the data is read and re-read multiple times to form categories of information, which are organised in a meaningful way for reporting.¹³ The survey has been provided in [Table 1](#). Ethics exemption for this evaluation was obtained from the Darling Downs Health Human Research Ethics Committee (Ref: LNR/2020/QTDD/67434).

Table 1. Survey questions

Questions	Response options
1 What type of organisation do you represent in the group?	Government Private NGO Council University Small business Other (please specify)
2 How long have you been participating in this group?	Since March 2020 Since April 2020 Since May 2020 Since June 2020 Since July 2020
3 How many group meetings have you attended so far?	Free text
4 How satisfied are you with this group overall?	1 Least satisfied 2 3 Somewhat satisfied 4 5 Very satisfied
5 How satisfied are you with the group processes?	1 Least satisfied 2 3 Somewhat satisfied 4 5 Very satisfied
6 Do you have any suggestions to improve the group processes?	Free text
7 How satisfied are you with the group content?	1 Least satisfied 2 3 Somewhat satisfied 4 5 Very satisfied
8 Do you have any suggestions to improve the content of these group meetings?	Free text
9 This group meets via teleconference. How satisfied are you with this format?	1 Least satisfied 2 3 Somewhat satisfied 4 5 Very satisfied
10 If you indicated you were unsatisfied with the group format, what other format/s do you prefer?	Free text
11 How valuable have these group meetings been to you/your organisation during this pandemic?	1 Least valuable 2 3 Somewhat valuable 4 5 Very valuable
12 If this group has been valuable, can you provide three best examples of how this group has added value to your organisation during this pandemic?	Free text
13 How has this group enabled your organisation to meet the needs of the community during this pandemic? Give three of the best examples.	Free text
14 What impact, if any, has this group had on the Toowoomba community?	Free text
15 What further recommendations do you have to enhance the workings of this group?	Free text
16 Do you have any other comments?	Free text

Findings

The survey yielded a 60% ($n = 25$) response rate, with three-quarters of responses received from not-for-profit and non-governmental organisations, followed by government organisations and an academic institution. Results indicated that all respondents were satisfied with the group, with 71% rating the group as 'very satisfactory'. 92% of the group members were satisfied with the meeting platform. 100% of the respondents were satisfied with the group processes and 96% were satisfied or very satisfied with the content of the group discussions. Content analysis of the free text responses yielded four categories of information: 'Knowledge is power', 'Beating isolation through partnerships and linkages', 'Sharing is caring', and 'Ripple effects'.

Knowledge is power

Participants highly valued the information they received about COVID-19, which was described as 'immediate' and 'accurate'. This prompt information sharing via daily email updates was said to alleviate any unwanted fears and anxiety about the pandemic within the participating organisations and provided reassurance that the local health service was well equipped to tackle a challenging situation, should it arise. Respondents said:

...the information sharing was so valuable at that time with Covid-19 information, I felt like we had our fingers on the pulse and it worked tremendously.

...it [VCG] has been wonderful in distributing information and being aware of what other agencies, organisations and groups are doing to support the community during the pandemic and also great to brainstorm ideas with other like-minded individuals.

This information availability not only benefitted group members but was also valuable to the staff in their organisations, plus the clients they service. Participants said:

Accurate local information was able to help staff (within my organisations) cope as many were very anxious.

Being able to keep my team aware of the most up to date COVID information and local COVID details to ensure they are feeling confident going into the community to do their jobs.

[VCG] provided information to be passed onto foster carers and families as needed.

Information sharing improved access to services our clients needed during the pandemic and the data we shared with them helped reduce some of their anxiety (we work in mental health).

Beating isolation through partnerships and linkages

Participants acknowledged the isolation they felt because of the COVID-19 pandemic and were thankful for the partnerships and linkages that the VCG orchestrated. Participants said:

I have really appreciated being part of this group and whilst there have been benefits for the organisation, personally it

was also of benefit, as [it provided] connection during some isolated and difficult days.

The information from the hospital has been very reassuring and great to have an accurate picture. Also, the sharing of information and experience makes the experience of COVID management and response feel less isolated...

...it has provided an opportunity for the community to further build on our network relationships and provided opportunity to connect with services, organisations I would not previously have connected with.

Sharing is caring

Sharing of information, resources and networking resulted in better care of those in the community who are vulnerable. When asked about the impact of the VCG on the member organisations and their work, one respondent said:

I think homeless people, and women experiencing domestic violence, and refugees will have benefitted the most from the resource sharing of blankets, food, clothing, translating/multicultural services.

Another respondent shared a case example that demonstrated how sharing of information and resources benefitted clients who needed the most help:

A homeless woman very vulnerable was able to move off the streets and away from the Emergency Department where she was presenting frequently due to homelessness and vulnerability. Knowing where to refer people for quick access due to up to date information.

Ripple effects

Whilst the intention of the VCG was to disseminate timely and accurate local information about the COVID-19 pandemic, and to promote partnerships and networking, it seems to have produced ripple effects that have penetrated member organisations and the clients they serve. Participants provided examples of how they partnered with other organisations, and their staff, to address some needs in the larger community:

It [VCG] enabled us to develop a well-informed Pandemic Risk Action. It [VCG] helped us to ensure we had the most up-to-date information that could be translated...

It has been helpful to connect with other agencies to determine what is happening within the community, to help understand the needs and how we can adapt services to community need.

Information sharing improved access to services for our clients...and helped reduce some of their anxiety...being able to keep my team aware of the most up-to-date COVID information and local COVID details to ensure they are feeling confident going into the community to do their jobs.

Participants also provided some recommendations to enhance the efficacy of the group. This included: celebrating the successes of group members and their organisations; regularly circulating updated membership details as new members join; and for the group to continue to meet post-pandemic.

Discussion

Research shows that the social determinants of health account for 80% of health outcomes and only 20% of health is affected by clinical care.^{14,15} The remainder is linked to health behaviours and socioeconomic factors, which have been adversely affected by the COVID-19 pandemic. The VCG was set up to provide a forum to bring organisations together to tackle this mammoth challenge. The VCG evaluation results are a testament to the beneficial impacts of an intersectoral CoP initiative. The VCG meets all three criteria for a CoP as proposed by Wenger *et al.*,¹² namely *domain* (e.g. core members with shared interests); *community* (e.g. regular meetings and partnerships); and *practice* (e.g. follow up from meetings). Given the global nature and widespread effect of the COVID-19 pandemic, and the need to build collective resilience in the community, CoPs are well placed to connect organisations and empower the community.¹¹

Lessons learned

As found in a scoping review of 19 articles,¹⁶ evaluating CoPs can be challenging and it helps to have a flexible approach and to evaluate the processes and/or outcomes of the CoP at one point in time. In line with the resources available, we used an online survey to evaluate the VCG. Acting on the evaluation findings, the VCG has continued past the peak pandemic period, with updated membership lists distributed fortnightly to members, and a key achievements summary developed every month to remind group members of the group's achievements and to celebrate success. Meetings were also stretched to fortnightly, after the initial peak pandemic period, following member feedback.

Providing regular updates to the VCG members was instrumental in building group members' trust. Some organisations that were unable to be a part of the VCG were sent meeting notes regularly upon their request. The meeting notes detailed local activities undertaken by the VCG members, plus links to grant funding, employment opportunities and web links to the latest COVID-19 information. This approach enabled organisations unable to participate with the option to still receive information that could be shared with their teams. Some members found the online platform used (Microsoft Teams) hard to navigate and indicated a preference for face-to-face meetings. However, given the physical distancing requirements, the VCG continues to meet via Microsoft Teams, with members reporting increased confidence with its use. It has been important for the VCG to be agile to focus on different things as the pandemic continues to evolve.

Whilst open communication and collaboration are always essential, they can be of further importance during times of crisis. The VCG is a prime example of tackling the challenges caused by the COVID-19 pandemic through community connectedness, to address the social determinants of health from multiple angles and with a shared vision. The influence of the VCG has infiltrated past the group membership, positively affecting broader organisations and the clients they serve, thus making a difference to the entire community.

Data availability

Data is protected by ethics and any reasonable request to access the data can be made in writing to the corresponding author.

Competing interests

The authors have no competing interests to declare.

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