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Report on COVID-19 Vulnerable Sector Response in Saskatoon March-May 2020: Q&A with Jacob Alhassan

By [Division of Social Accountability](#)

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In his interview, the Division of Social Accountability's Community Engagement Specialist Erin Wolfson talks with Jacob Alhassan, PhD Candidate and one of the co-authors of the newly released [Report on COVID-19 Vulnerable Sector Response in Saskatoon March-May 2020](#).

Can you speak about the purpose of the report?

The Report on COVID-19 Vulnerable Sector Response in Saskatoon March-May 2020 is an interim report on the work by the COVID-19 Vulnerable Sector Response in Saskatoon (hereafter Interagency response). It primarily provides an update on the work completed by the Interagency response in the last three months and some of the insights from this work. The purpose of the report is to provide information to various stakeholders within and outside the ICS (Incident Command Structure) on some of the main issues that have been raised by community based organizations through the 401 system and to provide some direction moving forward now that the dynamics of the COVID-19 situation locally are changing.

What is the COVID-19 Vulnerable Sector Response? What did it hope to achieve?

I think the best description of the Interagency response can be found in the report so I will read for you verbatim: "The Saskatoon Inter-Agency Response to COVID-19 (Inter-Agency Response) is a newly formed group of 50+ organizations including community-based organizations (CBOs) providing front-line services and representatives of government agencies. [It] grew out of initial sector conversations hosted by the coordinators of the [Safe Community Action Alliance](#) the week of March 16th, 2020. Those meetings were called recognizing that the coronavirus pandemic would present unique challenges for agencies serving vulnerable residents and that collaboration would be required to navigate this unprecedented crisis safely. As the response to the pandemic became formalized locally through public health orders, the community's coordination responded in kind. Incident Command Structure (ICS), an emergency response structure, was adopted with support from the City of Saskatoon's Emergency Management



UNIVERSITY OF SASKATCHEWAN

College of Medicine

DIVISION OF SOCIAL ACCOUNTABILITY

Organization (EMO).” So basically, the response emerged to help respond to the COVID-19 pandemic locally in a safe manner and has evolved over time to provide various supports to several organizations in Saskatoon during COVID-19 primarily through promoting collaboration and access to resources.

The report outlines the process of need identification and information sharing through the use of 401 forms submitted by partner organizations. First of all, what is a 401 form? Can you tell us more about this process and its objectives? How did this process evolve throughout the response?

401 forms are emergency preparedness and response forms used by the City of Saskatoon’s Emergency Management Organization (EMO) to enhance collaboration during emergencies. At the beginning of the crisis members of the data team (myself included) met with people from the EMO to learn more about the 401 forms and how they are used. The forms are fairly straightforward and help provide situational updates. As researchers and community advocates, we decided that it would be useful to adapt the 401 form to reflect the realities of the pandemic (please see the appendix of the report for the contents of the 401 forms). After adapting the 401 form a member of the ICS team regularly sent out the link to the 401 forms to organizations who would then fill them out to provide us with informational updates, resource requests and report critical incidents. In terms of process, one of the members of the data team would extract the information filled by the community organizations on a daily basis and forward this to the planning and allocation team lead who would clarify with organizations on requests where necessary and secure funds to purchase the resources requested by organizations. The daily data would then be analysed and prepared into weekly reports on issues emerging through 401 forms which would be forwarded to members in the ICS structure. The reports would complement information from meetings and other sources to help inform the direction and priorities of the Interagency response. The process remained largely the same over time except that in some cases depending on how much data was coming in, the preparation of reports varied in frequency.

What was your role in the Saskatoon Inter-Agency Response?

The data team was an excellent group to work with and we collaborated with different people in the ICS. We worked closely with Dr Lori Hanson, Director of the DSA, Colleen Christopherson-Cote the ICS Head, Hillary Gough the head of Planning, Connor Morrison who worked as a Knowledge mobilization Assistant and Deb Davis originally from the EMO. I was in charge of data extraction and analysis and prepared several reports to summarize and analyze what data was coming through the 401 system.



UNIVERSITY OF SASKATCHEWAN

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Why was it important to monitor and evaluate the Saskatoon Inter-Agency Response to COVID-19?

Monitoring and evaluating efforts such as the Interagency response is always important for accountability and for ensuring that lessons learnt in the process of creating an effective and safe response are not lost. How much money came through the response? How many people and organizations benefitted from the response? What did the response do well and what did it not do well and more importantly how can things be done better in the future? These questions are not answered by this report and an evaluation is currently underway to help learn more about the answers to these questions. In preparing the report, the total amount allocated through the response was very impressive – over \$200 000 or (20% of a million dollars!). All of this was done by an organization that did not exist pre-COVID-19 but emerged and was successful by relying on existing organizations and previous relationships and undertakings to create a largely effective collaborative effort.

What are some of the ongoing concerns, policy gaps, and resource challenges outlined in the report? What are some recommendations for a way forward?

There are several ongoing concerns and issues. Immediately after reopening plans were announced, there was a loud silence on how various community-based organizations were to proceed and so in many cases people filled out 401 forms to express concerns on this. Additionally, many organizations continue to need PPE and the many resources they were requesting through the 401 system and may not have enough money to buy these. As the Interagency response becomes smaller and members of the ICS return to their regular jobs, procurement of supplies is also a major area of concern. Finally, there is a lot of fear that the government will soon be pursuing austerity policies (budget cuts) and this would have negative effects on organizations and staff who played such an important role in the heat of the crisis. Indeed, a number of cuts have already started to roll out in the province.

The report describes the Saskatoon Inter-Agency Response to COVID-19 as exemplary in applying a social determinants of health approach. Can you say more about this? Why is this approach so significant to serving vulnerable populations?

The social determinants of health refer to the conditions in which people are born, live, work and age. Popularized by the [WHO CSDH 2008](#) report it emphasizes that people's health is determined not only by biological factors but social factors such as income, employment, transportation, food access etc. which affect who is vulnerable to ill health in society. In general, when epidemics hit communities, most of the discussions are usually around making tests available, finding vaccines and cures and very clinical



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College of Medicine

DIVISION OF SOCIAL ACCOUNTABILITY

aspects of disease without necessarily centering the social determinants of health. Obviously concerns over vaccines and testing are very important but the social context of disease also plays a very significant role and can render testing and medications less useful if people cannot access basic necessities. By working with several community-based organizations in Saskatoon to ensure that vulnerable populations would continue to access various services related to food, mental health supports, housing etc. a social determinants approach was centered and prioritized. You would likely have read of several millions of dollars awarded to various researchers and while such awards will go to vaccine development, several challenges would be faced by vulnerable communities until vaccines are developed (and access to such vaccines is a whole other topic). Therefore, prioritizing access to these supports forces us to think differently about health by recognizing how important housing, food, transportation etc. are in determining population health.

Jacob Alhassan is a Data Analyst for the Saskatoon Interagency Response to COVID-19. He is a PhD candidate in the department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan. Jacob holds an MSc in Public Policy and Global Health from Durham University, England and is currently finishing up his doctoral research on the health, health system and health equity impacts of the closure of the Saskatchewan Transportation Company.

Take your Learning Further:

- Learn more about the [Saskatoon Inter-Agency Response to COVID-19](#)
- Read the [Report on COVID-19 Vulnerable Sector Response in Saskatoon March-May 2020](#).
- Learn more about the social determinants of health in the [World Health Organization Commission on Social Determinants of Health 2008 Final Report: Closing the gap in a generation: health equity through action on the social determinants of health](#)