

COVID Challenges in Caring

Leadership Lessons Learned from Healthcare & Health Professions Education during the COVID-19 Pandemic

CASE STUDY



Dr. Simerpreet Sandhanwalia
Hons.BSc, MD, FRCPC,

One Size Does Not Fit All: How a COVID-19 Task Force Helped to Educate the South Asian Community

Telling the Story of: Dr. Simerpreet Sandhanwalia Hons.BSc, MD FRCPC; Assistant Clinical Professor, McMaster University Department of Medicine, Division of Emergency Medicine Emergency Physician Hamilton Health Sciences Co-Founder South Asian Community Health Task Force

The roads were ominously dark that late November 2020 evening as Dr. Simerpreet Sandhanwalia, an emergency physician at Hamilton Health Sciences Hospital, made her way home from a grueling shift. These days, she didn't mind the busy shifts because it kept her mind occupied from the frightening state of the world around her. The second wave of COVID-19 was well underway and Dr. Sandhanwalia was anxious to get home to review the latest infectivity rates. Simerpreet prided herself on being a worker and felt far more productive practicing front-line medicine than stewing over rising case counts, which, at the time, she felt helpless in mitigating. To cope with the pandemic, like so many other courageous healthcare workers, Simerpreet worked long hours and offered excellence in care. Until that evening, this was her best and only way to serve her community during the pandemic.

Dr. Sandhanwalia was about ten minutes from home when she received an incoming call from Dr. Raj Grewal, a fellow emergency physician and personal friend. Simerpreet and Raj had much in common, both being practicing doctors as well as identifying as South Asian and being active members in the South Asian Community. It was close to 11pm and she knew there must have been something serious

prompting such a late-night call. She decided she had better pull over, turn on her emergency lights and answer the call...

Peel's on Fire!

Without so much as a greeting, Dr. Grewal cut straight to the chase: "Peel's on fire! We have an infectivity rate of higher than 22 percent!" The fear in his voice was unforgettable. Simerpreet would repeat those words in her mind countless times for years to come. Peel's on fire. The details that followed were hazy, but Simerpreet remained on the line as her dear friend erupted with the latest COVID stats like a volcano. She tried to listen and participate in the conversation, but she was fixated on one statistic alone: 22%. How did the region of Peel get here?

Peel region is home to a large South Asian (SA) population, with Punjabi, Urdu, Hindi, Bengali and Gujarati being the primary languages spoken in many homes. Numerous members of the SA community worked essential jobs during the pandemic, having no choice but to be exposed to the novel coronavirus. With the region's close proximity to Pearson International Airport, many SA individuals worked jobs in the airport itself or shuttled travellers to and from the airport in taxis. These essential workers often lived in homes with

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their extended, multi-generational families and so they were not only exposing themselves to COVID-19, but, through no fault of their own, they were also unknowingly exposing the elderly and the very young children they lived with. In addition, individuals of SA descent are genetically predisposed to comorbidities such as diabetes and cardiovascular disease, making them particularly vulnerable to severe reactions to COVID-19. In fact, the COVID-19 mortality rate was particularly high for people of SA descent.

To further compound the predicament in Peel region, the official guidance and warnings about COVID-19 were mainly broadcasted and printed in English. Consequently, many members of the South Asian community, for whom English was unfamiliar, were left in the lurch. The climbing infectivity rates in Peel region were terrifying for residents and concerning and frustrating for healthcare workers. The SA community was being failed by the healthcare system as well as the powers that be and the high infectivity rate was stark evidence of this. only further stigmatize the SA community. The SA community was being failed by the healthcare system as well as the powers that be and the high infectivity rate was stark evidence of this.

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Responding to the Fire: Developing a COVID-19 Task Force to Better Serve the South Asian Community

When she got home that night, Simerpreet went straight upstairs to shower. In these early days of the pandemic, there was no such thing as being too careful about virus transmission and she exercised extreme caution to protect herself and her family. She usually used this after-work routine to decompress after a busy shift, but tonight she raced through the motions. When she was finished, Simerpreet initiated a three-way phone call with Dr. Grewal and another emergency room physician and personal friend, Dr. Dash Sehdev. They unanimously decided that they had to do something to better serve the SA community. Infectivity rates were growing at an alarming rate, but so too was the stigma around COVID-19 and its link to the SA community. Dr. Grewal shared that there were concerns being raised about the upcoming celebration of Diwali, the Hindu festival of lights, and the social gatherings that commonly took place around it.

If case numbers continued to climb, it would only further stigmatize the SA community.

They could not sit back idly and watch case numbers climb and the reputation of the SA community be tarnished. This late-night discussion inspired the doctors to action. They talked into the early morning hours, strategizing and brainstorming their best course of action and who they could reach out to for support. By the end of the call, they decided they were going to form a COVID-19 task force to generate a more targeted response to the crisis being experienced by the SA community.

The next morning, Doctors Sandhanwalia, Grewal, and Sehdev reached out to their friends and colleagues who worked in similar demographics and they reported similar challenges and expressed a willingness to join the task force. Within 10 days, they became an 11-person task force composed of one lawyer and ten physicians from various specialties. Two members of the newly formed task force had a website up and running within 24 hours. Each member of the team responded enthusiastically to this call to serve and they worked at a feverish pace to get the task force off the ground.

The first items on their agenda included tackling the alarming infectivity rates in SA communities as well as the negative stigma around the SA community and COVID-19 transmission. They agreed that education and community outreach was going to be instrumental in this process. In addition, a critical part of the education piece was going to involve addressing the language barrier and translating resources would be a fundamental part of closing the informational gaps. But where would they get the funding and support to create these resources? This was a group of medical doctors that was already being stretched thin by the demands of the pandemic. In addition to capturing the attention of the South Asian community, the task force members wondered how they



would go about garnering the support of policy makers and political stakeholders. How would they generate credibility so that their audiences would trust that they were providing evidence-based information?

The challenges continued to mount and by the end of the meeting, Dr. Sandhanwalia was feeling like they were in over their heads. This was uncharted territory for all of the committee members, but it certainly wasn't the time to back down. Diwali was just around the corner and with case numbers soaring and the fire in Peel roaring, the task force needed to develop ways to reach the SA audience and they needed to do this quickly.

DISCUSSION

- 1 Building a guiding coalition is key, per John Kotter's 8 steps of change management. Who would you have invited to join a COVID-19 task force to better serve a specific community? How would you have invited them?
- 2 This team leveraged volunteers to support their operations and work. What are the pros and cons of this type of approach?

Putting Out the Fire: The Use of Community Outreach and Education Through Social and Ethnic Media

At the end of their first meeting as a task force, the group decided they should create a name for themselves. Being preoccupied with the more pressing issues at the table, the team landed on, "The Sikh COVID Task Force" without much deliberation. Naive about its potential to have religious connotations and having no formal media training, the task force learned a harsh lesson. Within a day of posting resources and information on social media, they were bombarded with questions about why they were positioning themselves as a religious task force. It was blatantly obvious to the task force that their mission had nothing to do with religion and they were frustrated by this initial response to their good will. Being medical doctors without the funding and support of marketing consultants, they committed an amateur error in branding. But they decided not to dwell on this unfortunate mishap and chalked it up to a lesson learned. The urgency of their mandate propelled them forward and they very quickly turned the situation around. They renamed themselves, "The South Asian COVID Task Force", got right back on the horse, and charged forward at full tilt.

“They renamed themselves, “The South Asian COVID Task Force”



Social media was the primary avenue through which the task force engaged in community outreach. This was a true grassroots movement in that, without funding for translators and resource production, the task force called on their family members to support document translation. Members of the task force began posting on various social media platforms using the languages they had some proficiency in. At first, Dr. Sandhanwalia was nervous about communicating in the public sphere with her broken Punjabi. She worried about inadvertently disrespecting the community or coming across as incompetent. However, she knew they didn't have the time or the resources to explore other options and so she and other members of the task force took the plunge and put themselves out there.

Their inaugural media appearance was through an ethnic media station wherein they urged members of the SA community to engage in virtual celebrations for Diwali. Despite their lack of media training and their use of broken Punjabi, this message was well received. Members of the SA community both near and far lauded the task force's initiative. In fact, many were touched by the fact that these very busy medical doctors with limited Punjabi skills were putting themselves out there, risking their reputations, in order to get their important message across. And just like that, the task force caught the attention of the SA community of Peel (and beyond) and generated a positive presence on social media.

The task force invested time and effort addressing the misinformation being published on platforms such as Instagram, WhatsApp, Facebook and TikTok. They observed a great deal of content downgrading the severity of COVID-19 and cringed at the many suggestions that home remedies were enough to combat the deadly virus. The task force aimed to counter this misinformation by flooding social media platforms with evidence-based research. Rather than simply posting written guidance, the task force sought to capture its audience using creative means. For instance, the task force members created skits depicting everyday scenarios of how a person should effectively protect themselves from contracting the virus. In addition, they had two Instagram

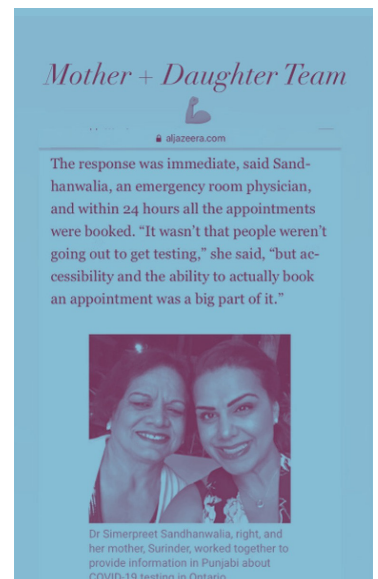
accounts, one multilingual and the other in Punjabi, wherein they would regularly post infographics as well as informational video clips. They successfully garnered the support of social media influencers who worked with them to both generate and disseminate content and their following continued to grow.

The task force engaged in a multipronged approach to community outreach. In addition to establishing a presence on social media, they worked with ethnic media sources as a means to target the older SA population. Ethnic media provided ample opportunity for the task force to disseminate guidance and address the stigma associated with the SA community and COVID-19 transmission. Across the globe, there was a growing tendency for people to attempt to hide their symptoms because of the stigma. To combat this thinking, particularly in the SA community, the task force used ethnic media to reach audiences and dispel the stigma and any of its cultural associations. They used ethnic media as a sounding board to bring stories of perseverance within the SA community to the forefront and encourage people to view and use testing centres as a resource to prevent further spread as opposed to a place they needed to avoid. They worked to address the cultural stigma associated with the virus and the SA community by justifying the prevalence of cases in the community. They told the stories of the essential workers in the community so that they were more accurately viewed as heroes who had succumbed to the virus as a result of their courage and hard work. To further dismantle the negative stereotypes around the SA community and COVID-19, the task force also disseminated information through Western media sources so that they could target English-speaking populations as well.

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Community outreach was the main focus of their mission; however, the SA COVID Task Force also sought the attention of public health and other stakeholders to garner support. There was a need to educate these agencies on the intricacies and nuances of SA culture so that they could better reach this group. There was also a need to provide translated resources so that people from the SA community could adhere to Provincial guidelines. For instance, the COVID-19 testing centres across Peel region provided information that was only written in English. As a result, following testing, many non-English speaking people immediately returned to work and interacted with others. Rather than following isolation instructions these folks often times inadvertently spread the virus. Similarly, when the testing centres made a shift from being “walk-in” to being “appointment-only” Public Health observed a significant decrease in testing. To address this, Dr. Sandhanwalia and her mother created a video in Punjabi demonstrating the process of going online to book an appointment. Two other innovative members of the task force also generated a video to demonstrate this process, but they created a whiteboard video to communicate their message. These two videos had a remarkable impact. Within 24 hours, all testing centres were booked a week out, demonstrating to Public Health that if you tailor your instructions, there will be increased uptake. Examples such as this wherein a relatively simple action could achieve tremendous positive outcomes caught the attention of Public Health and other stakeholders and motivated them to take heed of the SA COVID Task Force’s mandate.



This is Our Shot National Vaccine Campaign

When vaccines first became available in Canada, there was a great deal of uncertainty on a national scale, but particularly within the SA community. This hesitation grew out of misinformation being spread on social media as well as, again, a lack of resources and education being provided in languages other than English. To address vaccine hesitation, the task force

founded the, “This is Our Shot National Vaccine Campaign”. They reached out to other grassroots organizations such as the Canadian Muslim COVID-19 Task Force, the Latin America COVID-19 Task Force, the Black Physicians of Canada, and the Black North Initiative and invited them to come together to help all people learn about the COVID-19 vaccine and increase its uptake. They built the campaign on the notion that, “We’re all in this together” and translated their slogan, “Get your shot” into over 34 different languages.

To increase vaccination rates, it was important for people to see endorsement from members of their racial, cultural and ethnic communities. The campaign flooded social media with their message and became the largest National COVID-19 vaccine campaign. They raised 15 million dollars in proceeds from t-shirt sales and garnered the support of over 200 influencers including Canadian celebrities such as Ryan Reynolds, Clara Hughes and Hayley Wickenheiser. After being approached by large organizations including Facebook and Labatt, they joined forces and further extended their reach by garnering greater media exposure and funding. Driven by the principle that the vaccine provided “our shot to get back to normal and be together again”, the campaign truly resonated with people and was an incredible success. In fact, when the campaign was at its peak, Peel Region had one of the highest ratings of vaccine uptake in the country.

A Task Force Built Upon Collaborative Leadership

Collaboration was fundamental to the success of the SA Community Task Force. The national COVID-19 vaccine campaign had such a broad reach as a result of the collaborations the task force spearheaded across organizations. The collaboration within the group was also critical to its vitality. Doctor Sandhanwalia and the other members of the task force knew to leave their egos at the door and participated in the task force from a place of humility and good will. Members learned to identify their strengths and step up when there was a need and, just as importantly, to bow out when another member of the team was better suited to a task. Skills in medicine, language, marketing, technology, team management, and media relations were pivotal to the success of the team and each member brought forth a different combination of these skills and many more. Over time, the task force grew to include a number of student volun-



teers, but because of the culture of respect and collaborative leadership that they had so firmly established early on, as the team grew, it continued to thrive. Importantly, the core group of 11 that built the task force remained the anchor of the team and continued to drive its success throughout. It truly was a task force composed of a group of leaders who took turns and coordinated their efforts to serve the SA community.

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‘One Size Does Not Fit All’

After a day of administering COVID-19 boosters at the Nanaksar Gurudwara Brampton temple, Dr. Sandhanwalia and her friend and colleague realized that there were two shots left over. Truly exemplifying the principle, “meet people where they are at”, the task force had coordinated a weekend COVID-19 Vaccine Clinic at the temple to attract the many SA people who would be in attendance for worship. Deciding that they couldn’t let these last 2 booster shots go to waste, Simerpreet and her colleague decided that they would administer the remaining shots to one another. This was a momentous occasion for Simerpreet as not only would this be her third booster shot, but she was pregnant. Capturing this moment was essential as there was a great deal of vaccination hesitancy in pregnant women, especially those within the SA community. This was her opportunity to show the world that the booster shot was safe for pregnant women. She would later type the caption #thankful beneath this footage because she felt incredibly privileged to be able to provide antibodies and protection to her unborn child and to be able to use this as an opportunity to reach and reassure scared pregnant women all around the world.



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After posing for one final selfie to document the event, Simerpreet left the temple and proceeded to her car. She sat in the driver’s seat, looking down at her pregnant belly nearly touching the steering wheel, and smiled. The excitement that filled her compelled her to start composing an Instagram post about her momentous booster shot experience. As she reached for her phone, she caught a glimpse of the parking lot, still alive with the activity of people who had opted to get their booster shot following their time of worship. At that moment she felt a range of emotions. Above all, she felt proud of the task force and its triumphant success in serving the SA community. She thought back to the initial hurdles they encountered and how much they learned along the way. They were a team of doctors who lived and breathed medicine and much of what they set out to accomplish was well outside their wheelhouse.

CLOSING DISCUSSION

- 1 Justice, equity, diversity, and inclusion are key to healthcare. What are key principles of JEDI work that Dr. Sandhanwalia and colleagues used to engage in combating COVID-19?
- 2 Why was community collaboration and outreach so successful in this case? What did this team do to be most successful in raising awareness around the importance of the COVID-19 vaccine?

They were not marketing experts, social media influencers, savvy web designers, or fluent speakers of multiple languages. Nevertheless, with some strategic planning, a range of skills, effective collaboration, and a lot of passion and determination, they achieved more than they could have imagined.

As she prepared to upload the footage of her booster shot, Simerpreet contemplated how she would tailor the caption for each of her Instagram accounts to appeal to their respective audiences. At the end of the day, her greatest lesson learned from being a member of the SA COVID Task Force was that there is no such thing as a catch-all approach to effective community outreach. Instead, it’s about meeting people where they are at and tailoring messaging accordingly because “one size does not fit all”.

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To see **Dr. Sandhanwalia** tell her story, you can view it by clicking on the **QR Code** below. You may also access it by going to <https://www.youtube.com/watch?v=nXY4zp3cmK4>

