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CONFERENCE ABSTRACT

Leveraging Volunteers to Develop and Maintain Directory of Health and Social Care Resources During the COVID-19 Pandemic

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Introduction

With each month of the COVID-19 pandemic, unmet health and social needs increased. Unfortunately, maintaining up-to-date information on available resources to meet those needs was a challenge. As public health guidance evolved weekly, existing resources, such as food pantries and pharmacies, experienced reduced capacity, shifts to virtual service delivery, and frequent changes in their hours of operations. New resources, such as emergency financial assistance programs, also emerged to mitigate the consequences of the pandemic. In Durham, North Carolina, there was a need for a centralized platform to access accurate resource information.

Aims Objectives Theory or Methods

Our team of university student volunteers partnered with a social services non-profit to create, maintain, and disseminate an online directory of health and social care resources in Durham County between May 2020 and October 2020 during the COVID-19 pandemic. Our goals were to ensure the resource directory was (1) publicly accessible, (2) available in English and Spanish, (3) up-to-date, (4) amenable to community feedback, and (5) tailored to community needs. For included resources, we captured the name, target recipients, purpose, description, website links, contact info, language access, status during COVID-19, and the date resource information was last updated.

Highlights or Results or Key Findings

We sourced and consolidated existing county-level resource directories to centralize information on 370+ resources across 12 health and social care domains (e.g., transportation, housing, medical care). 51+ students across our two organizations worked in small teams by resource domain to update information every few days in spreadsheet format in a Google Sheets platform. The public also contributed updates through a comments feature.

Our directory was hosted online by the county public health department and distributed widely via social media, email, and other trusted websites. Our partner non-profit operated a hotline to provide directory navigation support. Targeted dissemination efforts further included (1) integrating the directory into the local health system's intranet, (2) synthesizing resources for paper handouts for in-person distribution at health centers and food pantries, and (3) curating a population-focused

directory serving the needs of older adults. Our directory served as the local foundation for a statewide platform now available.

Conclusions

Promoting integrated health and social care through cross-sector referrals requires providers to access accurate resource information. Student volunteers mobilized quickly and efficiently to support the information needs of the community when needs were high and resources were constrained. Volunteers are a low-cost, high-value resource to support integrated care efforts.

Implications for applicability/transferability sustainability and limitations

Our community resource directory model, facilitated by student volunteers, can be replicated to serve emerging health and social care integration efforts. Essential components included strong relationships with community partners, faculty oversight and guidance, and a defined student leadership structure. Students invested in public and population health make this model sustainable.