

# VACCINE COMMUNITY OF PRACTICE CALL MINUTES JUNE 1, 2021

## Topic:

COVID19 Response Strategies in Vancouver and Toronto

## Attendance:

49

## Presenters:

Miranda Compton, Vancouver Coastal Health: Inner City COVID Response Strategy  
Jason Altenberg & Bernadette Lettner, South Riverdale Community Health Centre

## Agenda:

### 1. Opening: Kevin Barlow

- Kevin Barlow led CoP participants through an Indigenous welcome

### 2. Welcome: Patrick McDougall

- A live transcription of the call is being led by Sophie Wertheimer
- Patrick posted the agenda into the chat box

### 3. Today's Speakers: Scott Elliott

- Everything we do we try to do with integrity and authenticity
- Today we are hosting the second call of the vaccine community of practice
- The first meeting focused on the role of incentives as a strategy for promoting vaccine uptake. We will not be going into the ethics of whether or not we should be offering incentives. What we would like to know is what are some of the needs, and issues that folks on the call are experiencing
- Today we are looking at an urgent health issue, how do we ensure that people who are marginalized who might not have the best connections to healthcare or online tools - how do we ensure they get their first and second dose of the vaccine, or on an ongoing basis as this may be something that we need to continue stay on top of
- The community of practice calls are happening in the present rather than waiting for research to come in
- We have invited speakers from two different communities to present on their vaccine roll out strategy. We have asked them to talk about three things – what

did you do, why did you do it that way, why was it successful. And also, why what wasn't it successful?

4. Miranda Compton, Vancouver Coastal Health: Inner City COVID Response Strategy

- Miranda began by acknowledging the land on which she is situated, and her depth of gratitude for all of the partners that she has worked with across these lands
- Miranda works in Vancouver and has been responsible for the roll out of the COVID response for vulnerable populations within our health region. Particularly the inner city, mostly the Downtown Eastside (DTES) and also includes the Granville corridor
- *See powerpoint slides for presentation notes*
- We do believe the vaccine strategy is making a difference. We were able to quickly address any new clusters. Our second dose campaign has begun in earnest – we plan to host weekly drop-in clinics until we feel like we're done. BC has moved into an 8-week interval for receiving the second vaccine dose. We anticipated that folks who received the first dose would feel one and done. A lot of the hesitancy that we were initially worried about regarding the second dose doesn't seem to be playing out
- *Question: You mentioned that five dollar incentives were offered as part of your vaccine roll out strategy. How did you come to that amount and how did it land for folks?*
  - We were very trepidatious about doing offering incentives – five dollars is meant to be a token of appreciation, it is not going to change anyone's life. Poverty is a factor, even five dollars is not really going to change the trajectory of your day – it puts some cash into your pocket – we didn't put a lot of thought to it. With this pandemic, we had to move quickly – we took the approach of trying and learning as we go. People were not seeking out of the five bucks, but appreciative of it. Some refused it, stating that they had come for the vaccine
  - Also in cases where we were entering into peoples' homes, wanted to demonstrate our appreciation. We also saw it as a campaign that we wanted to compensate folks for participating in
- *Question: Are you going to use a similar strategy in terms of trying to roll out the second dose?*
  - We are not planning to use incentives when rolling out the second dose. Trying to get \$1500 into \$5 dollar bills was challenging – from a financial tracking point of view, its hard for a health authority – we want to see how it goes – we haven't seen a lot of hesitancy for the second dose and want to try and not use incentives
  - We were using Tim Horton's cards for testing – gift cards are easier to purchase and manage administratively

- We are going to see how it goes, maybe for the housing-based sites, we will bring \$5 dollars in gift cards or cash

5. Jason Altenberg & Bernadette Lettner, South Riverdale Community Health Centre

- Bernadette is a nurse with the Toronto Public Health Unit, working with South Riverdale and Regent Park Community Health Centre, as well as local safe consumption sites including Moss Park
- Jason is CEO of South Riverdale Community Health Centre
- A lot of implementation success has been the result of local collaboration
- Early into the pandemic, received a call from Kate Mason who is also on the call today. Residents at a local shelter contracted COVID. The shelter reached out to Jason who reached out to a contact they had been working with at Michael Garron Hospital
- Kate and Bernadette has done the heavy lifting that was based in a long history of local partnerships
- We were well positioned to be able to respond, started working together with the public health units – how could South Riverdale support their mandate?
- A lot of work was completed before the vaccine was available. A lot of networking in East Toronto, convening on weekly zoom calls, those partnerships became a model for local response and foundation for the vaccine roll out strategy
- *See powerpoint slides for presentation notes*

6. Questions & Answers / Discussion: moderated by Scott Elliott

- *Question: How do we continue with the vaccine roll out for people who haven't had an opportunity yet? Have you started the second doses yet?*
  - It was just released this week to do second doses within the shelters only. Congregate living and group homes will likely happen the rest of the month
  - Comment: Fife House in Toronto (just down the road from South Riverdale CHC)
  - We have started providing second doses to staff and clients – working with local partners and family practice units – they come to all of our sites and are going through their list, the process has been quite seamless. In terms of incentives, we have been doing cash. The conversations we have been having within the HIV and community health sector when folks are really in need, do they feel compelled or bribed into the process? We have been navigating that very closely.
- Comment: DPC has Health Canada partners connected to the vaccine CoP. If you have questions for Health Canada – please share them in the chat box.
- Comment: Amazing work, really like how you framed this as an ending COVID celebration – the model is something that we should all be looking to moving forward, especially people who have been marginalized where there may be

distrust – what we should be trying emulate – thanks for all the great work you do!

- *Question: Thanks for doing all the work to pull everyone together – often wonder about smaller and medium sized communities – will we have time to talk about organizations that don't have medical staff that are responsible for all of the outreach for vulnerable communities?*
  - Part of my role is beyond Vancouver, including the Sunshine Coast - partnered with local providers to ensure they are doing clinics at shelters, different communities have done different things – there are people living in the woods or truly homeless – there are access points in the community and are often connecting with people in that way
  - Rural communities have a smaller population size – easier to do a clinic and reach quite a few people that you want to reach I think it's gone fairly well
  - When we are looking at doing vaccine roll out – some teams consist of 8 people at least – our team is myself and sometimes another person depending on how large the organization is – the only reason we can do that is because we have a hospital partner that trusts us to do things appropriately
  - It is helpful to have a smaller nimble team – cutting out what isn't necessary and keeping what is necessary, building on the relationships and connections that you already have
  - For some of the smaller communities there has been an all-community approach – right out of the gate it was all community members that could access the vaccine – same thing for Whistler and Squamish where we have such a mix in terms of economic status, that choice was really about managing COVID within the community
- *Question: How can organizations play a role to identify people who have not had a first or second dose and make sure they are connected? Miranda is doing a clinic – DPC makes sure that information gets out to all of our clients. That's the role that we are starting to play. How do we get to the outliers or the people who are harder to reach?*
  - All of our vaccinations were completed two weeks ago – we were able to accommodate because we have 6 harm reduction practitioners who work on the street and on our van – we held vaccination clinics at all of the shelters and all of the food service entities for people who live on the street. Vaccinations took place over the course of 7 days – no incentives - the nurses went into shelters and vaccinated staff and clients across a total of 10 shelters in the city and then held clinics – we also had nurses that went out on our van that delivers safe supplies as well as street walking two nights per week to vaccinate people on the street –I think we reached about 96% of the people that access our services
- *Question: The other four percent – are those folks that have stated they don't want the vaccine or they are MIA?*

- A little bit of both, some are MIA – we did run into folks that were listening to the wrong messaging and decided that they did not want to take or believe in the vaccine - a little bit of both
- *Question: How do community-based organizations take a bigger role in leading these efforts and what can we do to connect people and ensure that anybody who wants to be vaccinated can be?*
- *Comment: As we roll out the community of practice moving forward, it is great to have examples of how communities are working together. Really heartening to hear how communities are coming together on this*

#### 7. Wrapping up: Patrick McDougall

- Thank you to all speakers and everybody who participated in the call today
- We are finalizing date for next call and will send out the invitation
- We will have links to the registration page and resources that we are compiling
- Powerpoint slides will be circulated with the minutes



East Toronto  
**Health Partners**

# Vaccine Community of Practice

First dose roll out in East Toronto





# What did we do

- In March 2020, started work with the Infectious Disease team at Michael Garron Hospital
  - Provided COVID testing, outbreak management, and PPE supplies in shelters and congregate living homes in East Toronto
- Before vaccine was available, did outreach to shelters and homes, provided virtual and in person conversations, and did Q&A around COVID vaccination



# What did we do

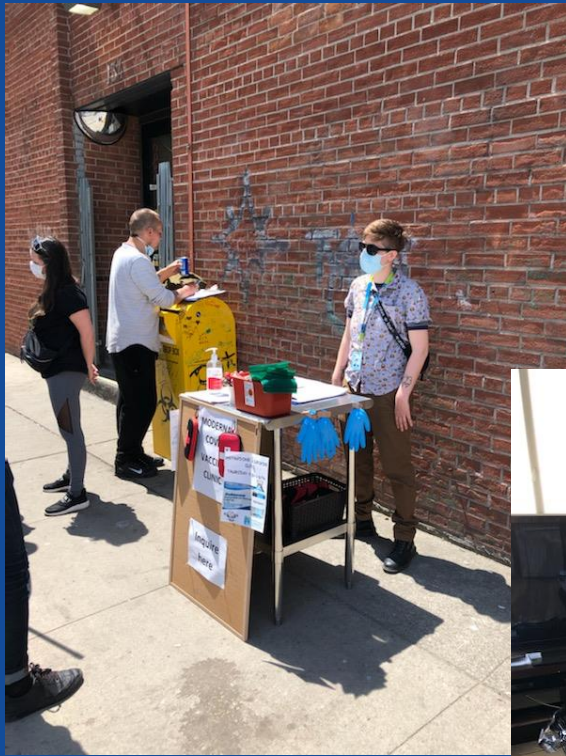
- When vaccine became available, provided on site vaccination to all shelters in East Toronto in just over 2 weeks
- Over the next month, engaged with 100+ congregate care buildings, offering on-site vaccination to residents and staff as part of the Phase 2 Provincial Vaccination Strategy
- Provided low pressure ongoing vaccine offerings at supervised injections sites
  - Keep6 – high uptake and vaccination of service users in community health centre location
  - Site at Moss Park - offered vaccine to service users and community members
    - Reached out to dealers to connect with people who use drugs in the area
    - Sign out front advertising the clinic
    - Unsolicited endorsement from Kim's Convenience; once the owner heard about the clinic, he sent people our way to be vaccinated!





**KIM'S CONVENIENCE**









# Why did we do it the way we did?

- Sense of urgency as COVID waves continue to disproportionately affect the priority populations we work with
- Through experience, we know the importance of:
  - meeting people where they are at
  - providing multiple low barrier access points
  - giving one-on-one opportunities to engage with trusted folks
- Pre-existing care relationships in buildings and shelters
- Able to quickly respond with small, nimble teams
- Knowledge of communities
- No one else was doing it; access as an ethical necessity



# Successes

- High levels of vaccine uptake among residents
  - up to 80% in some shelters and congregate buildings
  - ongoing commitment to return for first doses or connect people to vaccination in their neighbourhoods
- Offered first doses to all shelters months ahead of public health schedule
- Outbreaks in shelters and congregate living in the east have consistently been lower than GTA averages
- Engagement with local residents at Moss Park Supervised Consumption Site
  - First time many people had visited, opportunities for dialogue
  - Abstinence based substance use treatment centre sent people over
  - Local mosque, following Eid celebrations
- As a CHC, opportunity to link people to primary care and address other health issues during vaccination engagement
- Zero vaccine wastage



# But what about incentives?

- Outbreak testing – providing \$10 per test increased testing uptake, helped address testing fatigue (twice weekly testing until no new positives)
  - Average of \$30-\$60 depending on frequency of testing, length of outbreak
  - Decision to provide incentive when outbreak cleared by public health
- For vaccination, people given \$40 with second dose
  - Frustration with delayed second doses, more from a health perspective/feeling let down by government
  - Some people declined incentives
- Some shelters and congregate buildings provided residents with a gift package at vaccination; helped turn vaccination into a celebration

# COVID-19 Response in the Vancouver Inner City

June 1, 2021

Miranda Compton, Executive Director, Prevention

# Acknowledgement and Appreciation

We gratefully acknowledge that this work takes place on the unceded ancestral homelands of the  $x^w m \theta k^w \acute{a} y \acute{a} m$ , Skxwú7mesh and səlilwətaʔt peoples.

Our thanks go out to everyone working hard under difficult conditions right now to protect our communities.



# Inner City COVID-19 Response Strategy

## Prevent

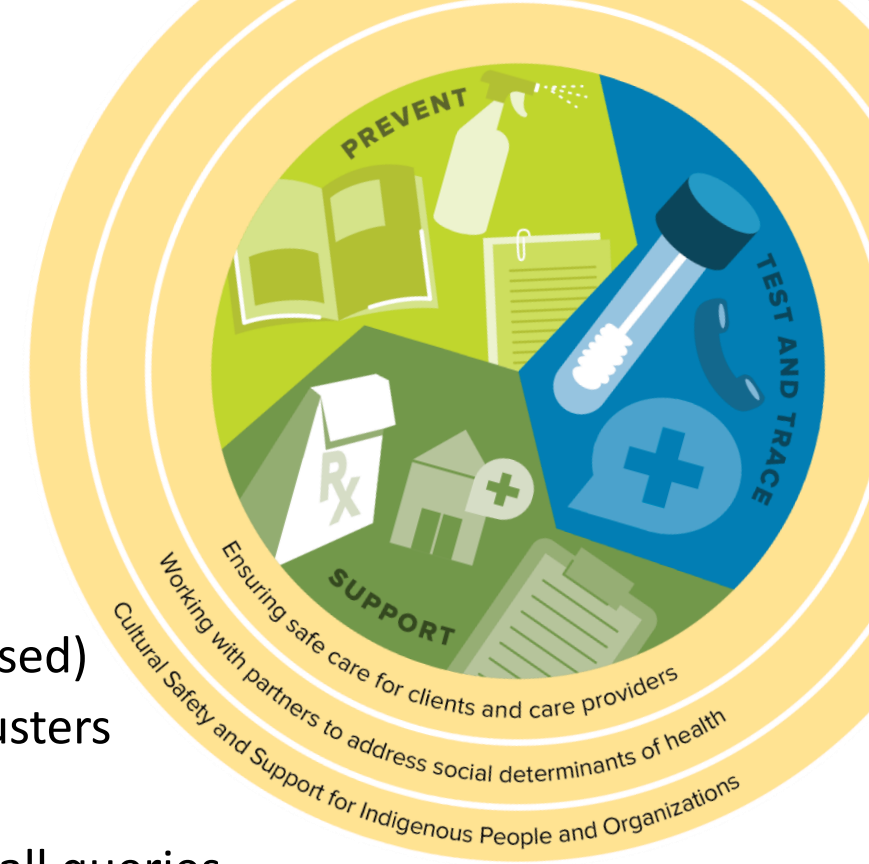
- Outreach community infection control to keep services open
- Centralized coordination of access to PPE and training
- Capacity building for social service providers

## Test + Trace

- Low barrier testing: 2 mobile teams (fixed site temporarily closed)
- Rapid tests utilized extensively in mobile testing to identify clusters
- Dedicated contact tracing team
- Dedicated outreach teams- one phone number to respond to all queries

## Support

- Isolation shelter for cases – supported by non-profit housing provider and clinical team
- Isolation hotel for cases and contacts – supported by non-profit housing provider and clinical team
- Clinical outreach isolation support with food, medication, and safe supply





# COVID-19 in the Vancouver Inner City

- September 2020 – January 2021: Average of 40 cases per week; Higher case hospitalization rate (~20%) than general population due to underlying health issues;
- Rapid response in partnership with all impacted housing providers helped prevent exponential growth of COVID cases, but we were unable to significantly reduce cases during the Sept-Jan period;
- Extensive support required to support individuals to isolate in their homes and/or facilitate transfers to isolation hotel or shelter (converted casino)
- Isolation supports (daily nursing assessments, food, safe supply, medications) provided throughout the isolation period.

# Vaccination Strategy

- Mix of site based and pop up clinics;
- Public health nurses, outreach workers, peers, non-profit housing formed the team;
- Focus groups to assess info. needed to assess vaccine hesitancy;
- Kick off event at Vancouver Area Network of Drug Users (VANDU) – featured on Crackdown podcast.



## EPISODE 22: WE'RE NOT AFRAID OF NEEDLES AROUND HERE

00:00 00:00  
[Download file](#) | [Play in new window](#) | Duration: 32:17



**COVID-19 vaccines. The facts.**

**It's healthy to ask questions.**

Here are some answers about the COVID-19 vaccine.

- ✓ The vaccine is free for everybody.
- ✓ The vaccine is not mandatory.

The more of us that are vaccinated, the more we can keep ourselves, each other and the community safe.

**Who can get the vaccine?**  
Soon, every adult who wants a vaccine will be able to get one. Currently the vaccine is being given in a priority order:

- ✦ Top priority is staff and residents in long-term care homes where most deaths have occurred.
- ✦ Those who cannot isolate or maintain physical distance due to events in their life and/or where they live are also a priority group.

**I already had COVID-19; should I still get the vaccine?**  
Yes, talk to a health-care provider about getting a vaccine.

**How long will the COVID-19 vaccine protect me?**  
We don't know yet; scientists are currently studying this.

**Can I get the vaccine if I have allergies?**  
Individuals with allergies NOT related to vaccines (such as food, animal, environmental or latex allergies) can get vaccinated. As always with any vaccine, after getting vaccinated you should wait 15 minutes in the clinic to monitor for a reaction.

**Side-effects are expected, but you don't have to be scared.**

- ✦ The vaccines CANNOT infect you with COVID-19.
- ✦ No one has died from the COVID-19 vaccine.

It is normal to experience minor reactions and it is a good thing! It means your immune system is responding to the vaccine and building the tools that are needed to protect you against the virus.

**What are the side-effects of COVID-19 vaccines (Pfizer and Moderna)?**  
Side-effects from both vaccines are similar to those from other vaccines. They may occur within 7 days of getting vaccinated, and should only last 1-2 days. They include:

- ✦ Soreness, swelling and redness where the vaccine was given

Less common side-effects include:

- ✦ Tiredness/fatigue
- ✦ Headaches
- ✦ Muscle aches/soreness
- ✦ Fever/chills
- ✦ Joint pain/aches

**Talk to a health-care provider if you:**

- ✦ Have a serious allergy to polyethylene glycol (PEG). For example, RestoraLAX is a common treatment for constipation and contains PEG.
- ✦ Have had a serious allergic reaction to the FIRST DOSE of the COVID-19 vaccine.

If your side-effects are severe or last longer than expected, please see a healthcare provider.

Vancouver CoastalHealth

## Vaccine Strategy cont'd

- Mid Jan – mid Feb: site- based drop in clinics as supply would allow, mix of residents and front-line housing workers;
- Special clinics to reach key priority populations:
  - ☐ women's shelters and drop-ins,
  - ☐ Indigenous clinics,
  - ☐ Drop ins for sex workers, undocumented residents, other marginalized groups
  - ☐ shelters with highly transient population, encampments;

# DTES COVID-19 VACCINATION CLINIC

**Where:**

THE CARNEGIE  
401 MAIN ST

**When:**

FRIDAY, FEBRUARY  
12, 2021  
10 - 4

**YOU ARE ELIGIBLE FOR THIS CLINIC IF:**  
**YOU ARE A RESIDENT OF THE DTES AND**  
- **YOU ARE HOMELESS OR**  
- **LIVING IN A SHELTER OR**  
- **LIVING IN AN SRO OR**  
- **LIVING IN SUPPORTIVE HOUSING**

Vancouver  
CoastalHealth

# Vaccine Strategy cont'd

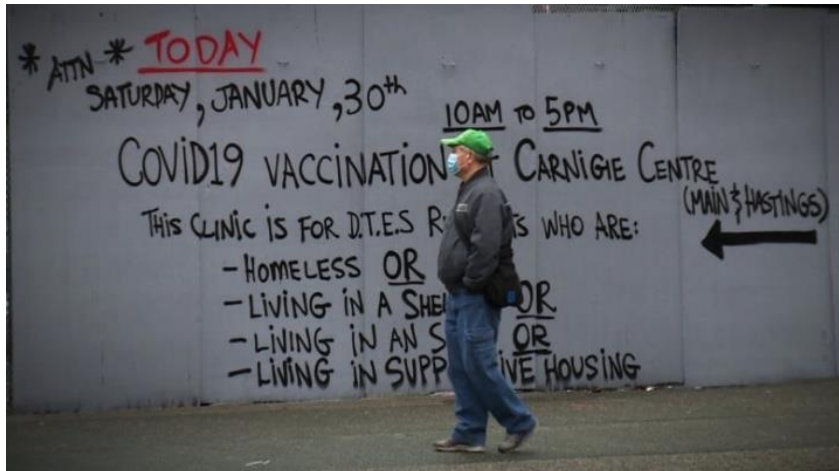
- Last week of February: **4 days, 4 zones, 4 teams, 5000 vaccines;**
- Effort to reach as many people as possible, each team visited 3-4 sites daily across 4 days;
- Goal met to reach minimum 6000 residents and 2000 staff by end of 1<sup>st</sup> phase of campaign;
- Housing partners and peers were crucial to this effort, to prepare housing communities for coming vaccine campaign, get the word out, lead by example;
- For housing-based clinics \$5 honorarium was offered as gratitude for participating in the campaign.



# Vaccine Strategy cont'd

Months of March and April:

- Mix of housing-based, street-based and drop-in centre clinics;
- Peer partners critical to getting the word out through informal communication mechanisms.



# Vaccine Strategy: The Results so far

## COVID-19 Lab-Confirmed/Lab-Probable & Probable Epi Linked Cases

Exposure Type (s): All

Exposure(s): DTES COMMUNITY CASES

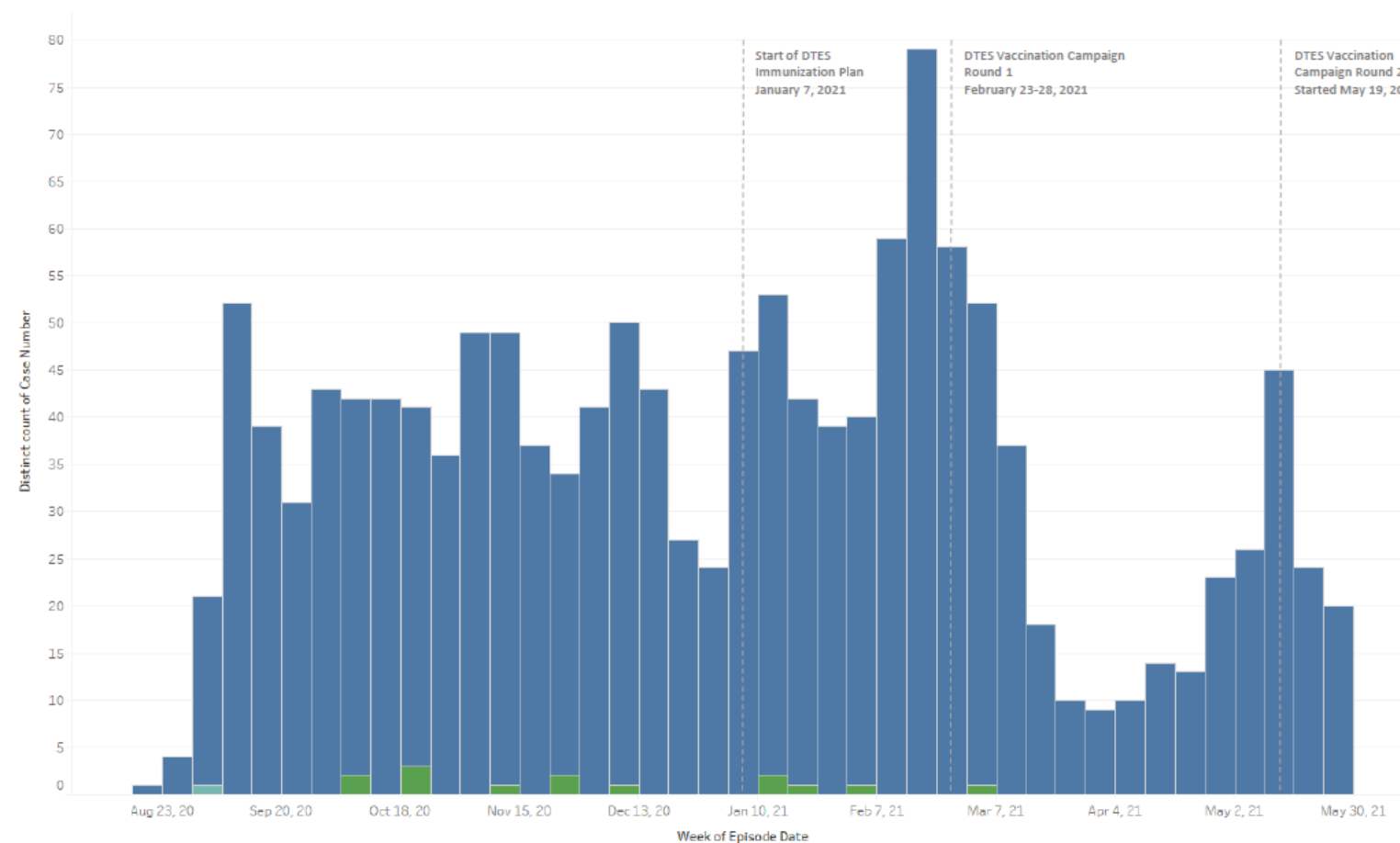
Episode Date  
From 8/16/2020

Exposure Type  
All

Exposure Type Other  
All

Exposure Name  
DTES COMMUNITY CASES (IDB58A)

Case Classification  
■ LAB CONFIRMED  
■ PROBABLE - EPI LINK  
■ PROBABLE - LAB



# The Road Ahead...

May/June onward...

- Weekly drop-in clinics for 1<sup>st</sup> and 2<sup>nd</sup> dose;
- Targeted outreach to high priority sites
- Street-based “pop=up clinics”
- On-going front-line staff and peer engagement

**WCS World News**

## How One of Canada's Poorest Neighbourhoods Avoided a COVID Crisis

From \$5 incentives to on-the-street vaccines, Vancouver's public health authority created a tailored approach to vaccinating the Downtown Eastside.

By Manisha Krishnan

**Global News**

## Vancouver's Downtown Eastside 'approaching herd immunity' as vaccine campaign enters 2nd phase

"Thanks to the hard work of Vancouver Coastal Health staff and the local community, immunization in the Downtown Eastside has gone so well ...



**The New York Times**

## A Pop-Up Vaccine Site in One of Canada's Most Impoverished Neighborhoods

In Vancouver's Downtown Eastside, health authorities have prioritized vaccinations for the homeless and other disadvantaged people to try to ...



**Vancouver CoastalHealth**



# Questions?

