

August 10th Vaccine CoP Video Call

8 am PST / 9 am Mountain and Saskatchewan / 10 am Central / 11 am EST / 12 pm Atlantic

Attendance: 36 people in attendance

Indigenous Welcome: Kevin Barlow

Opening: Patrick McDougall, Director of Knowledge Translation and Evaluation

Context for today's meeting:

- Began by taking a moment to re-contextualize the Vaccine Community of Practice.
 - The goal of this group is talk about strategies to improve equitable access to the vaccine among people we serve.
 - We know that the traditional health care system can be the source of discrimination and we want these calls to be a place where we can come together and learn from each other, and what worked in some of the contexts where we live and work.
 - A second pillar of our project is that we're putting together resources on a website. That's an opportunity to spotlight the incredible work that is happening across the country, and for organizations to learn from each other: <https://www.drpeter.org/community-of-practice-programs/>
 - A third pillar of the project is a microgrant program. This includes the distribution of 12 x \$15,000 grants across front line agencies who are trialing solutions, strategies, and approaches in their communities to improve vaccine uptake
- We have invited Jude here today to share with you what they have been doing to address gaps in their community. They are also one of the recipients of the COVID19 microgrant and will share a little bit about how this small pocket of funds will be used to enhance the critical work they are doing.

Presentation: Hamilton Urban Core Community Health Centre, Jude Nnamchi

- See PowerPoint slides.

Discussion:

Thank you for walking us through the experience that you have been having in Hamilton. Very important and illustrative. A common theme – vaccine confidence and uptake is the product of relationships. On the face of it may not seem to have anything to do with a vaccine, but that engagement is so important (e.g., food, and transport)

How have the relationships that HUCHC developed with clients over time influence vaccine uptake strategies?

- I think it has helped to build vaccine confidence, they are able to support (CHC) new comers and marginalized communities come to us and knock on our door, with impact of COVID, we have

built relationships and trust when they are facing those social barriers we are always there to support them, they trust, they are listening to us, we are reaching out to them not just appointment based approach

- Also seen similar change in terms of the groups. If one client says they are vaccinated, other groups are more likely to be vaccinated as well. Group morale as well. What are the ingredients of the vaccine? It's enough for people if their friend got the vaccine. They think, 'I guess I could get it too'. This is the best motivator for our clients.
- Word of mouth and trusting relationships and referrals

One thing we try to address what are the barriers organizationally that we put in place, by accident – from a policy or procedures perspective, what do you have to do to change the mindset of the organization to address this type of hesitancy? Have you had to look at things organizationally?

- Policy is very crucial and where things start changing. The clients and organization face marginalization. It's about equity for all and if everyone understands the need of health equity and follow that framework, we will be able to address some social barriers. Representation of identity in health care workers makes people feel like their welfare is protected.
- The important thing here for folks and policy makers to understand if we don't share these ideas, we don't get informed, when focusing on Black health and I see a Black person or person of colour, makes me believe that my interest and welfare is well protected
- Inclusion of all stakeholders is very crucial in implementing any goals and very important to ensure diversity in the planning stage or need based challenges that the community is facing
- The communities that we serve weren't involved at the beginning, that communication wasn't there – can't communicate to the rest of their community members
- Hearing as well from recent presentations when folks come into a vaccine clinic and see members that share their own lived experience, that's vital
- All Nations Hope in Regina secured some funding to put together a warming place in the winter months for when shelters close. In the summer we have to offer the option of a cooling space. Missed opportunity if we don't bring in the right services when people are congregating to offer vaccines.

The cost to keep that running 24/7 is phenomenal. We did apply for federal and provincial support, but that funding didn't come through. How did you manage this?

- 24 hour service or extended service could help to address some of these issues. For people in the pre-contemplation and contemplation stage of change, if we met their needs during the day, they may be more likely to engage in other services (like vaccination) at night.

Would it be possible to rent a space such as a small hotel for a week? That would resolve a lot of the issues. Maybe we can rent spaces so people can rest after getting the vaccine.

- It's a good idea to have a place for folks to rest after getting vaccinated, but the fearful part of it is that people don't understand the differences between side effects and adverse effects. A lot of people want to know what will happen to them in the next 2 years, but we don't know. We can increase the clinic space for one week, the population you are targeting might not utilize it during that one week. We do hope to have a clinic that is running 24/7.
- If we have the resources, we can always transport them at that point and help them to get vaccinated

Speaking from your experience in Hamilton, more broadly, if you could change policy nationally, what policy changes would you make to try to address some of the challenges that you experienced?

- Culturally appropriate services are crucial. People are not as involved in terms of how the services are delivered. There is a need for greater consultation in the planning stage. We want the clients who use substances to inform us about how best to deliver CTS services. We have a program called Community Truth Hearing. People on social assistance program can come and give their own definition of what it means to live in poverty. If we can conduct more truth hearings, it will help us to make recommendations to solve challenges. We also need diverse teams involved in addressing any population-based health needs. People will be more likely to buy in if they were a part of the planning of a service.

Have you tried showing videos to people? Some YouTube videos of doctors can be convincing. Are there any videos that have been more well-received by folks? Also, I saw some people being more willing to get the vaccine if someone booked the appointment for them. Have you tried that approach?

- We had a video clip on vaccines and COVID-19. Our trauma health care physician was interviewed by folks. We had our cultural interpreters translate it into 5 different languages. We distributed among community members. We had a laptop at the centre on which people could watch it.

Meeting close:

- Thank you to today's presenters.
- We are still confirming dates for our next community of practice video call
- If you have resources that have been helpful in your communities, please send them to Courtney (cpankratz@drpeter.org) or Patrick (pmcdougall@drpeter.org). For follow-up questions on this presentation, please email Jude Nnamchi jnnamchi@hucchc.com.

Hamilton Urban Core Community Health Centre



Strong Core, Healthier Lives.

About Us

- ✓ Inner city Community Health Centre
- ✓ Access to health services and programs
- ✓ Services are free
- ✓ Publicly funded first in 1996
- ✓ Focus on changing lives and building a healthy community
- ✓ Located at 71 Rebecca St between Catherine and John



Primary Health Care Team

- ✓ Primary Health Care Manager
- ✓ Physicians
- ✓ Physician Assistant
- ✓ Nurse Practitioners
- ✓ Primary Health Care Nurses
- ✓ Pharmacist
- ✓ Dietician



Community Health Programs Team

- ✓ Community Health Programs Manager
- ✓ Community Health Workers
- ✓ Oral Health Coordinator
- ✓ Dental Community Health Worker
- ✓ Chiroprpodists
- ✓ Health and Wellness Counselor
- ✓ Settlement Counselors
- ✓ Refugee Counselor
- ✓ Early Child Development Specialist
- ✓ Youth Wellness Counselor
- ✓ Access Facilitator
- ✓ Social Worker



Consumption and Treatment Services

- ✓ CTS Manager/Lead
- ✓ Registered Nurses
- ✓ Harm Reduction Counselors
- ✓ Peer Support Workers
- ✓ Safety Support Worker
- ✓ Relief Staff



Primary Health Care Services

- ✓ Access to Physicians, Physician Assistant, Nurse Practitioners
- ✓ Health examinations
- ✓ Illnesses or injuries
- ✓ Counseling
- ✓ Investigation of physical complaints
- ✓ Infections
- ✓ Maternal care
- ✓ Mental health related issues
- ✓ Management of chronic diseases
- ✓ Walk-in Clinic - sudden onset of illness or injury
- ✓ Smoking cessation



Health & Wellness Programs

- ✓ Taking Charge! Diabetes Education Program
- ✓ Taking Charge! Diabetes Support Group
- ✓ Health Promotion and Education for Seniors
- ✓ Blood Pressure Clinic
- ✓ STOP Program
- ✓ ACCUDETTOX Program



Community Health Programs

- ✓ Men's Circle
- ✓ Anger Management for Men
- ✓ Cooking At The Core
- ✓ Food share at the Core
- ✓ Life After Fifty Five (L.A.F.F.er's)
- ✓ Streetwise
- ✓ Bed Program
- ✓ Happy Hearts



Community Health Programs

- ✓ Community Oral Health Program
- ✓ Life Lessons Parenting Program
- ✓ Early Steps
- ✓ Girl Talk
- ✓ Art From The Heart
- ✓ Women's Approach to Anger
- ✓ Serenity N' Motion
- ✓ Inner City Women's Wellness



Consumption and Treatment Services Program

- ✓ Lifeguard stations for drug use
- ✓ Implementing drug overdose prevention and intervention measures
- ✓ Reducing the spread of infectious diseases, such as HIV and Hepatitis C, among the priority populations that we serve by providing harm reduction education and supplies
- ✓ Connecting priority populations we serve to resources, such as primary healthcare services, addictions services, mental health services, housing services, employment services, clothing services and food services



Covid-19 Related Activities & Achievements

- ✓ Conducting wellness checks for clients and families
- ✓ Participation in CHC's vaccine pilot pop-up clinic, Restoration House vaccine clinic and Large Scale vaccination clinic
- ✓ Leading Vaccine Confidence Presentations (address vaccine hesitancy in marginalized Communities in Hamilton)
- ✓ Vaccine Ambassadors Program
- ✓ Providing education on vaccine consent form and COVID-19 safety measures
- ✓ Providers are scheduled to work onsite or virtual
- ✓ In-person or virtual client appointment
- ✓ Prescreening of Covid-19 symptoms by phone
- ✓ Door screening and temperature check for any in-person appointments
- ✓ Providing Face mask/PPE to client
- ✓ Infection Control: PPE, Plexiglas, sanitation
- ✓ Cultural translation by phone
- ✓ Added Cleaning time in Providers' grid



Covid-19 Related Gaps

- ✓ Limited and no access to vital services i.e. Food programs, Health and Wellness Support, Basic Necessities of Life
- ✓ Increased cost of living
- ✓ Digital divide
- ✓ Requirements for social services (Check-in)
- ✓ Reduced in-person service in the clinic
- ✓ Lack of digital equipment for the Children
- ✓ Shortage of Caregivers for Seniors



HUCCHC Vaccine Approach

▪ Engagement

- ✓ Staff calling eligible clients
- ✓ Presentation/education sessions to client/community groups
- ✓ Conduct wellness Checks/Covidcare@Home program

▪ Individualized Support

- ✓ Vaccine Confidence Team-address vaccine hesitancy
- ✓ Transportation & Language supports

▪ Implementation

- ✓ Staff Participation at Community Vaccine Clinics (large scale, mobile mini pop clinics, Restoration House)
- ✓ Use of CHC equity approach (familiar faces, language and time, building on establish relationship)



Covid-19 impacts on Black and other racialized Communities

- **Social Demographic**

- ✓ Mostly frontline workers
- ✓ Low-income/Job loss
- ✓ Inadequate housing: Multigenerational homes
- ✓ Flexible hours of operation

- **Lack of Cultural appropriate resources**

- ✓ Access to the testing or vaccine clinic
- ✓ Lack of internet access/digital divide
- ✓ Distribution of recourses beyond websites or social media platforms

- **Inadequate Representation**

- ✓ Effects of systemic racism
- ✓ Planning or operational stage



Vaccine Confidence

- **Long history of distrust with health care**
 - ✓ Vaccine adverse effects
 - ✓ Ineffective communication channel
 - ✓ Inadequate representation: lacks diverse staffing
- **Outreach strategies/Community engagement: Apply vaccine hesitancy micro-grants**
 - ✓ Facilitate Knowledge exchange and information sharing
 - ✓ Virtual town hall, website, focus groups
 - ✓ Address social determinants of health (food insecurity , transportation, interpretation)
 - ✓ Increase access to vaccine clinic and reduce social barriers
 - ✓ Support targeted vaccine clinic for marginalized communities



Q&A

