

Inaugural Vaccine Community of Practice Video Call

May 17th, 2021 at 10am PST / 11am Saskatchewan & MST / 12 pm Central / 1pm EST / 2pm Atlantic

Attendance: 93 people in attendance

Opening: Scott Elliott, Executive Director, Dr. Peter Centre

Indigenous Welcome: Kevin Barlow

Project Launch: Scott Elliott

- Over the course of the pandemic, we have had zero COVID outbreaks at the DPC
- Many of our participants weren't sure about the vaccine or didn't know how to get it
- We were in discussion with PHAC around vaccines and vaccine confidence last December, to ensure that the communities we serve are not left behind
- Many of us know the healthcare system across the country is not equal for everybody
- Here in Vancouver, it was on the news that the Downtown Eastside was nearing herd immunity, but that is far from the truth. 60-70% is long ways off from 100% in terms of equal access
- We want to work together to identify the barriers and solutions for our communities to get vaccinations

The Bigger Picture: Kirsten Goodnough, Executive Director, Vaccine Confidence, Centre for Immunization Readiness, Public Health Agency of Canada

- With respect to the vaccine confidence strategy, PHAC developed a partnership with provinces and community partners to close the gap and lead important and targeted interventions with Canadians (e.g. working with healthcare providers, information tools, etc.)
- We've been working with communities to micro-target hotspots

Open Discussion: moderated by Scott Elliott

- i. What are you seeing in your communities and microcommunities?
 - ii. What's getting in the way of you providing support to people around the COVID vaccine?
- In Nova Scotia, we just had an outbreak in our homeless and drug-using community. People who were doing outreach were not being regularly tested, which has caused so much chaos. Vaccines have been so far away from the discussion.
 - People who are in prisons should have access to vaccines if they want them
 - How do you do contact tracing for clients and outreach workers? One of the employees at the Mainline Needle Exchange got COVID. The provincial government's will to direct resources and funding is not there

- Barrier: Knowledge isn't targeted to PWUD. COVID vaccine messaging is confusing and causing hesitancy
- Some were demanding proof of status from people with HIV/AIDS to get access to the vaccine. Centres are surrounded by police. They've hired security firms to monitor these places and those people are not well-trained to deal with street-involved, homeless, drug users, etc.
- In Toronto, we've been doing vaccine micro-clinics, by taking shots to sex workers, people who don't have ID, PWUD. What's made it easy is that we have a good partnership with the hospital where the vaccine is being stored. Everybody should have access to high quality care and we allow communities that people say are difficult to reach to be offered less than communities that are seen as the priority or easy-to-access communities. With J&J and AstraZeneca, they were saving these vaccines for the marginalized populations, instead of giving the "first-line" mRNA vaccines (Pfizer and Moderna)
- We need continual engagement, instead of saying "this is your last chance" [to get vaccine]. Low-pressure approaches within communities where those personal relationships already exist are most effective
- Shelter in Barrie Ontario – biggest barrier with homeless and transient population is education on the value of vaccine and we haven't had the healthcare workers on site to do that; we've only had the shelter workers to educate. We asked for a vaccine clinic here that is open to the general public, but they haven't taken us up on it
- Edmonton Inner City: Vancouver DTES has had success with \$5 incentives. We have been instructed not to offer incentives. What are others doing and how is it being funded? Are you requiring ethical review? Trying to establish the true denominator of number of people who are staying in shelters and accessing services and we know people are getting vaccines, but we don't know what proportions so we don't know how close we are to herd immunity
- Ontario: Mistrust of vaccines and the healthcare system by Indigenous peoples. "Vaccine hesitancy" vs well-founded historical mistrust. Indigenous people feeling like guinea pigs instead of priority populations.
- People are going to the reserves to try to buy the vaccine. We need to go where people are regardless of where that is. Just getting tested can be a whole day thing and if we don't take a harm-reduction approach, it's going to be really hard to reach people. Homeless shelters is a great place to start.
- As a frontline organization, we really struggled with significant outbreaks in corrections and amongst our vulnerably housed and homeless and wanted to hear public health loud and clear say this is why we are strategizing and prioritizing this way. We missed an opportunity to educate the population around the equity lens. The real issue around supply made it difficult to offer the vaccine to those in isolation shelters.
- We'll be giving Pfizer to prevent paranoia (people don't trust AstraZeneca)

- How do we manage how we treat those who are vaccinated vs. those who are not (masking etc.)?
- [Vaccine Hunters](#) will help you get connected to a vaccine
- How are we convincing people that the efforts are in the interest of their own health?
- People are subscribed to the microchip idea. I will sit on the ground with an alley with people to describe what the vaccine is, what it does, etc.
- Indigenous people have the perspective that if you talk about something, it's like you're inviting it into your life. That's why we need to create targeted messages to different populations to meet people where they're at. We need to emphasize the health benefits of getting the vaccine. Some of our communities don't trust health authorities, so we need to find different ways of targeting the messaging to them

Other comments from chat box

- We are definitely not all in this TOGETHER...We should make a slogan and get it out there through shirts, graffiti. Putting them in safe using supplies kits, have a key person that's sole job is to engage and talk to people about vaccines.
- Barrier: Knowledge isn't targeted to PWUD
- Barrier 2: COVID vaccine messaging confusing and causing hesitancy
- i think someone already might have said this but, trust in health authorities is a HUGE barrier to getting more people vaccinated.
- People with access and ability to the web and social media or people in their life actively navigating for them are the ones that have been successful in accessing to vaccines.
- its important to get Nurse practitioners on board with prescribing medicine to pwud who isolate and having those medicines delivered especially safe(r) supply and having staff on board at the isolating center willing to help them use those medications
- medicines and substances as folks here were leaving isolation in order to get what they needed to avoid withdrawal
- I agree Leah, one of the issues is most prescribers won't continue after isolation
- In tight communities like the DTES, one piece of wrong information gets around, that's what people start subscribing to. I had to promise people that I haven't started glowing green since i got my vaccine.
- Having someone from the DTES community like Guy or myself assuring people that we've had ours and that we're ok was VERY helpful in encouraging people to get their vaccines.
- The clinics are difficult to reach, not the people
- I find carries have been easier to get here in Ottawa. People have been pleased.

- CHCs are doing vaccine, but some people don't get in to the CHCs. We have been bringing vaccine to people directly in the community instead of having them come in to the centre, and also not having the need for appointment times.
- I work with the Aboriginal Housing Management Association in BC. Provincial agency that supports 42 off-nation Indigenous housing providers, ranging from shelters to long term housing. We have created a landlord/tenant and employer handbook on vaccinations. Including work to be done with staff on how to talk about vaccines.
- We have also been instructed not to use incentives in Calgary, though can provide services that our programs already offer (ie. HR supplies, food, socks, etc.)
- It's the same for OAT in NS too @Leah, carries have been fast tracked. I was referring to prescribing safe supply for people in isolation/quarantine COVID shelters and prescribers not having the capacity to continue after isolation period...
- Would be great, right now the government in subsidizing rides but its not coordinated well.
- Incentives will always work but not \$5. That's kind of insulting. Like what can you get for \$5?
- Some people really dislike the incentive program. A client told me they were offered Marijuana for the vaccine. offended them greatly as they are living in sobriety
- Incentives - getting the vaccine and waiting for the 15 minutes afterwards would mean it might take an hour so why not pay \$20?
- when we're out doing the pop-up clinics, we're also in the alleys, SCS's doing vaccines for people who want them. like lots of people have said, it's about meeting people where they're at. We also give \$\$ incentives. :)
- What I found about incentives: Incentives in the (Ontario) Best Practices guide are about testing, vaccines, treatment enrollment, and treatment retention. Incentives seem to help, especially where follow-up is needed. However, it's one factor among others, and work in combination with convenient timing, convenient locations, and relationship to NSP staff and peers.
- Ethical decision making around incentives can be compared to other incentive-based programs such as for POC HIV testing that STOP did back in 2011, which was found to be ethically sound. The amount of money/gift card provided was low enough to not be coercive but rather just an acknowledgement of people's time
- This may be obvious for most of us, but just in case. Often, gift card incentives instead of money is a judgmental choice. It is not ok to pick gift cards as a method because you do not want people to buy drugs with them
- In Saint John NB, we used the living wage as a way to decide how much to give- we looked at it like pay people for their time
- There should be pre/post counselling like HCV testing

- There needs to be education targeted towards our community and developed by our community.
- Keep it simple and keep it real, is my comment, too many false truths as is being said
- That's why it's extremely important that educational info comes from a trusted source
- What we have heard from some communities is the threshold or disclosure needed to get vaccinated. So more information about not having to disclose what chronic illness you have is the easiest path for many and should be highlighted more efficiently
- Repetition helps a lot as many folks have memory issues
- Knowledge Mobilization & Translation is ESSENTIAL and the products should be coming from their populations such as PWUD for PWUD, Indigenous for Indigenous, MSM for MSM, and People in Prison for People in Prison!
- I think at the end of day is that a lot of communities will need to use different methods. So, at the end of the day what we will need is to get access to the vaccine (or vaccinators) to work with the CBOs
- Good point Scott. It would be good to have targeted outreach with linkage to care beyond vaccines
- the vaccine can also pack a punch and folks go through flu like symptoms and worse than usual for a few days, a there places where people can go to rest. Changing shelter rules to allow folks to lie down for the day...not part of the flexibility here in Yukon
- We must also recognize the Provincial and Territorial governance model and their responsibilities
- [No Cure without Care — Soothing Science Skepticism](#)
- We at the Ontario HIV Treatment Network (OHTN) are currently finalizing 2 literature reviews on incentives - one about using incentives among people who use drugs for HCV treatment, and the other one about HIV treatment adherence. We will be happy to share these 2 documents as soon as they are available (in 1-2 weeks).
- [Escaping Catch-22 — Overcoming Covid Vaccine Hesitancy](#)

Synthesis and summing up: Scott Elliott, Patrick McDougall, Dr. Peter Centre

- We'll be putting into a website as a resource repository, so please share your resources and projects with us. Email Patrick at pmcdougall@drpeter.org
- We will be facilitating small, targeted grants with organizations throughout the country
- Ongoing registration for the community of practice
- Our next call will be on Tuesday, June 1st at 1:30pm EST / 10:30am PST