

February 24th Vaccine CoP Video Call

10 am PST / 11 am Mountain and Saskatchewan / 12 pm Central / 1 pm EST / 2 pm Atlantic

Attendance: 32 people in attendance

Indigenous Welcome: Clint Barton

Opening: Courtney Pankratz

Presenters:

- **Danielle Szabo**, Senior Manager of Health Services, Calgary Drop-In
- **Kimberly Tateson**, Director of Health services, CUPS
- **Cheryl San Juan**, Director of Primary Care, Alex Community Health Centre
- **Shauna Fay**, Project Coordinator - Manitoba Vaccination Project, Manitoba Association of Community Health

Panel Discussion: COVID-19 Fatigue on the Front Lines

Q: What is the current COVID-19 landscape in your community? E.g., have there been any changes to your vaccine roll out strategy? Have there been any changes to provincial mandates?

A: There was a stakeholder meeting in May 2021 to see how to best support providing immunizations to our people in the community. Through funding we were able develop a four-person team consisting of a vaccine coordinator, a nurse and two peer support workers. The goal of the team was to provide information and support to clients looking for information about COVID vaccine and to provide support to clinics in the community. We received support through our community partners. We did outreach 2 days a week and held on site clinics two days a week as well.

At some point the government provided \$100 incentives which resulted in a boost in the number of people looking to be vaccinated. In the fall, with the vaccine mandate, a lot of our clients came in reluctantly to be vaccinated because they could not access most of the services they wanted to. There was a spike in vaccine uptake during the winter holidays. We could not do outreach January-February once Omicron hit and a bulk of our staff fell ill.

A: the experiences at the DI were similar to CUPS. The biggest difference is that CUPS and the Alex are both clinical settings while the DI is a 24/7 emergency shelter. With it being a low barrier emergency shelter, our population does almost a complete turnover every night. We have capacity for 500 and serve about 498 unique individuals every night. Our population was allowed to receive the vaccine by April 19, 2021. We did not need to do any outreach since folks were coming to us.

We had specialized funding to go ahead and set up our vaccine program. Because of the nature of our population and the work that we were doing and the fact that we had 24/7 support, we were able to go by with a much smaller team to accomplish quite a bit. Initially in April, when we first got the vaccines, we were running vaccine clinics on specific days. We provided incentives internally since we have our kitchen. We offered things like snacks, tea and coffee and that was enough incentive to bring people in. The appointment-based program failed, so we switched, empowering all our nurses to administer vaccines. This approach boosted vaccine uptake amongst our clients.

A: There will be new COVID updates this Saturday, so our team will be meeting early next week to think about how that will impact the restrictions that are still in place. The narrative out in the public is that the pandemic is over, making it hard to enforce any sort of screening, masking or distancing protocols within our health facility. We continue to follow Alberta Health Services which is the greater provincial healthcare system. We have taken a more cautious approach to opening and lifting restrictions. We recognize that the population we serve has a higher risk, so we take a cautious approach and follow all due protocols.

Q: Vaccine uptake is declining especially now that there are announcements of the government dropping the vaccine mandate, what else are people doing to try and encourage the community to get vaccinated, even if it costs money?

A: We had funding specifically for incentives, which have played a big part in getting people engaged. We did a variety of things with our incentives, offering \$25 gift cards from Walmart and some other grocery stores. We also provided food like donuts and coffee and packed sandwiches for people to take with them. We offered haircut services, and this was a hit. We also collaborated with the HEP C team to provide educational resources, testing, etc., collaborating with other programmes has been helpful. We did an advertisement offering to incentivize those who referred friends.

Q: Can you please talk a little bit more about meeting folks where they are at and when they are there already (at the DI)?

A: We have nurses and adult care workers (ACW) who have conversations with our clients. Our ACWs are trained to start these conversations and most staff wear a radio, so they can call up a nurse in case a client shows interest in the vaccine, even if it is simply to learn about it.

Q: Do you have any ideas or lessons to share as we move into this next phase of the pandemic?

A: The need to be proactive with education. In most regions there was a lot of counter-information which hindered people from getting the vaccine. It was not easy to combat this.

There should be an engaging campaign strategy to find out what information is relevant / needed. Vaccine hesitancy is context and location specific.

Presentation on VaxFactsMB.ca- Shauna Fay

Manitoba Association of Community Health, we work with 12 different community health centres in Manitoba and we needed to create something where they could find vaccination resources for the communities they serve.

VaxFactsMB.ca is updated weekly, with new information added each week.

There is a twitter account to advertise events, there's an email for monthly newsletters. You can find resources in numerous languages, lots of resources in video formats, articles, posters, etc

Evaluation: by Katherine and Amanda

Question: What is one thing that would make a difference in reducing COVID-19 fatigue for your organization or community?

Closing: Thanks to everyone for joining. Wishing you all a good rest of your day.