

COVID-19 Vaccine Community of Practice Video Call Minutes

Date and Time: November 8, 2022, 10am PST // 11am MST // 12pm CST // 1pm EST // 2pm AST

Attendance: 21 attendees

Welcome and opening: Cassandra Smith and Clint Barton

Presenter: Sane Dube, University Health Network (UHN), Toronto ON

Presentation:

UHN is a network of hospitals in downtown Toronto. The Gattuso Centre for Social Medicine is a relatively new team. Most of our team came on during 2020, during the pandemic. We aim to approach health disparities by looking at upstream factors.

Even though we have universal health care, many people fall through the cracks. Community health centre models can reach folks having the hardest time accessing the health care system. There is strength in working alongside the community and ensuring our work is community-led.

We take a social medicine approach: homelessness, food insecurity, access to healthcare, employment, social isolation, poverty, COVID-19 equity, and harm reduction.

If you address housing, you can address many other health concerns. COVID-19 equity work focused on getting vaccines and testing to the most marginalized communities in Toronto.

Income and health disparities. Sane showed a diagram representing data on what health and access looks like in Toronto. Blue parts are areas that have higher income, brown parts are lower income. Toronto is a divided city with lots of inequity. The same disparities you see in income are the ones in health care access, as well as COVID-19. You will likely have seen similar patterns in the cities you are living in.

The vaccine rollout strategy is leaving Toronto's hardest-hit postal codes behind. The wealthiest parts of the city were the ones who had vaccines first, followed by those in the hardest-hit communities. The darkest colour represented on the map is where people have been dying (the outer edges of the city), whereas the downtown core experienced less harm from COVID-19. The Social Medicine team did an analysis of who lives in those areas.

Primarily racialized neighbourhoods, primarily Black folks, South Asian folks, and working-class folks – essential workers – people who worked throughout the pandemic. The ones that didn't have the option to work from home, but the ones that kept many of us well during COVID-19. Multi-generational families also often lived in those areas. The fact that we were not prioritizing vaccines in those areas was quite alarming.

COVID19 Community Playbook. The Social Medicine team partnered with a group of CHCs and social service organizations, and developed the COVID19 community playbook. The goal was to get vaccines out into the community quickly. If you wanted to run a vaccine clinic, this was a model that you could use. This is how to set up your clinic, these are the types of roles that you need in a vaccine clinic, this is how to find your hospital partner in the region and collaborate with them. The community playbook was immediately available in April 2021.

Images from early vaccine rollout. Our role was to support pop-up clinics and people working in CHCs. We went in on the weekend and provided vaccines to the staff. Our role as a hospital partner was to bring in the vaccines – that was the early work to ensure people were getting the care that they needed.

An image was shown of some phenomenal Black women, the Black women in Ontario did the thing. We found out that we were able to have vaccines on a Thursday. On the Saturday, we were able to stand at the first vaccine clinic in this area. First day, vaccinated over 3000 people. The picture features the folks who led the clinic which became the model for community vaccine clinics. There was a tent – people would come in to vaccinate. There was a DJ playing music. We were going into communities, we wanted to have a community feel. We provided food. Everyone was able to get food that they were able to take with them. Goodie bags. At that time, it was hard to get masks – folks received masks and hand sanitizer that they could walk away with.

There was a belief that people in hard-hit parts of the city didn't want to get vaccinated and that's why vaccine clinics were not being set up there. That was not in fact true. As shown in the picture, people lined up as early as 5 am indicating that people were invested in getting the vaccine.

Other images show phenomenal people who worked throughout the pandemic. Retired nurse, our grandmothers at the clinic, who were there to talk to people and support the vaccine efforts. All of the work that we did would not have been possible without community members. They were at every clinic that we held, and we are really grateful. Without them I don't think we would have gotten as many folks into the clinic as we did.

Jamaican Canadian Association ran clinics specifically for Black communities, working with Black physicians, tried to build a team that was really a culturally safe place where folks could ask the hard questions. Wanted them to be able to talk to a physician who understood the context that they were coming from. Teams that reflected the communities that we were trying to vaccinate.

Black Health initiative has built upon the models of these vaccine clinics – they are now calling them wellness clinics. Folks can get their blood pressure and glucose levels checked, and a range of other services. The community vaccine clinics provided a model to offer other clinics that are culturally accessible and that get people through the door.

Discussion:

Q: There's a lot of complexity in how information is being disseminated to communities, people may think they are fully protected with 2 doses even if those 2 doses were a year ago, a lot of the messaging hasn't shifted to focus on boosters. Are you working on things now to disseminate information about boosters?

A: You're absolutely right, my sense is that people are very much – been there, done that. Less push for the third and fourth dose. Toronto data – there is a drop from dose 2 to dose 3 and 4. My team is not as involved in vaccine work currently, we do try to promote the work of our colleagues and collaborators.

- Black Health Alliance has created some culturally specific messaging <https://blackhealthalliance.ca/covid-19/>
- Call Aunty: an Indigenous led resource – they continue to do work around supporting community to get vaccinated. <https://www.callauntieclinic.com/our-story>
- The south Asian vaccine team continues to work with messaging in the community. <https://southasianhealthnetwork.ca/>

People continue to produce resources and materials, we are in a different place with the pandemic, but people continue to do that work.

Q: Access remains a challenge, now there is a changing landscape with influenza and other viruses. In Saskatchewan, there was very little media attention, we are hearing very little about it these days. We aren't hearing about it anywhere. We are looking forward to rolling out access to our vulnerable populations. Even as a nurse, not clear where to get immunized. Leadership is not doing a good job at leading anymore. A lot of health care providers are left holding the bag.

A: We are in a really hard place. Its very hard to talk about COVID19 being an issue. I work in a hospital where frequently we are getting notices about beds, we have increasing numbers from this illness. But when out in community – people don't want to still be thinking about this or it's not getting enough coverage. People have checked out – so how do we urge our communities to get the protections that they need? Especially going into the season where we are expecting to get a rise in cases. It's a real issue, not something that we have answers for but something that we are wrestling with.

Q: We want to put the last two years behind us, but it's not the time to put away those practices. How do we keep COVID-19 on top of mind for service providers and the people they serve?

A: Something that we have been thinking a lot about – long or post COVID – what we have been looking at is the supports that more marginalized communities receive around navigating long-COVID. In some ways, people have moved on, and others that have really been impacted and will need long-term support. That has been an entry point to discuss how we support communities in this way.

Another entry point is the data on vaccine equity. Who is accessing treatments? If we have the data, is it getting to the communities that it needs to? Data on where booster shots are - how does that inform what public health does? Looking at that from a systems level, if someone is coming in for a wellness check, it's an opportunity to check in with folks – hey have you had your booster shot?

Q: There has been an uptick in flu cases and flu vaccines – are there any creative messaging around partnering vaccines? Not sure if dual vaccines are the best idea. Are there creative ways of engaging people?

A: The thing that I would recommend the most is community health workers or community ambassadors. People who live in the community who are spreading the word that these clinics are coming up.

One example: funded a team of youth who were spending time with seniors. Youth and seniors would go on activities together (e.g., orchestra) and doing health promotion and intergenerational learning. The ambassadors could do some work supporting seniors, getting to vaccine clinics. Its always smart to leverage the work of community health folks who have deep ties in the community. They can have conversations in a way that an outsider health care worker cannot. I will keep going back to the wellness clinic or some kind of clinic where folks can have multiple health concerns dealt with at one time, and really targeted health care appropriate messaging.

Q: Can you tell us more about the COVID Archives Project?

A: For folks on the line, there is a project that we did call the COVID Archives Project – we wanted to make sure we recognized all of the work led by our phenomenal community members. There are some writers who work in population health – the thing with pandemics is if you respond really well, you forget about what happened. We have a tendency to forget things. We wanted to honour the work of community members who did a phenomenal job of responding. We want to have a way of writing about the innovation coming from community models. A DJ where food was provided. That was something that started in the community, but became a standard. Community can create programs that can mirror what community wants or what people need.

We hired a photographer who took pictures of people whose work was really phenomenal. We are planning to have an exhibit and bring the project back to communities. We are going to do some more remembering.

Cassandra and harm reduction response at Black Cap among folks who use drugs. The opioid crisis can start to fall along racialized lines. Cassandra was one of the folks that we had photographed. People who worked at farms throughout the pandemic to ensure people had access to food. Bus drivers – those types of essential workers. Our hope is to remember all the ways that people stepped up during the pandemic and ensure that we don't forget the contribution of community throughout all of this.

Mentimetre Exercise: What key learnings from the past 2 years of the pandemic are you going to apply in this 3rd year, with the vaccine booster strategy?

- See link [HERE](#) for responses.

Evaluation: A quick survey will be circulated following the meeting to help evaluate the value and relevance of the community of practice calls.

Meeting Close: Thank you! We will follow soon with minutes and details for the next vaccine community of practice session.