



COMMUNICATION UPDATE

TO:	Mayor and Members Board of Health
DATE:	June 29, 2022
SUBJECT:	Lessons Learned from the Vaccine Readiness Network (City Wide)
WARD(S) AFFECTED:	City Wide
SUBMITTED BY:	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
SIGNATURE:	

The purpose of this communication update is to provide the Board of Health with a brief overview and copy of the report developed by the Vaccine Readiness Network, titled Community Impact on Equitable Vaccine Delivery in Hamilton: Lessons learned from the Vaccine Readiness Network.

Background

The Vaccine Readiness Network (VRN) was an open membership group of community organizations and representatives in Hamilton. The purpose of the VRN was two-fold:

1. To share information on the status of COVID-19 vaccine planning and distribution; and,
2. To discuss shared roles to enhance COVID-19 vaccine access and confidence, particularly among priority populations.

The VRN hosted many important and challenging conversations about health equity and made significant contributions to increase equitable access to information and vaccination through programs and services across Hamilton. The VRN has created a report to document the successes, challenges and lessons learned through the VRN. This report was co-developed by members of the VRN, including representatives from community organizations and Hamilton Public Health Services.

The goal of the report is to inform and strengthen ongoing and future relationships between community and health system partners and highlight the benefits of working collaboratively with both health experts and health and social service organizations. VRN members will share the report within their networks and health system planning tables. The VRN was formed December 2020 and had its last meeting May 2022.

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

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Should you have any questions related to the above information or the attached report, please contact:

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APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Communication Update

Vaccine Readiness Network Report:
Community Impact on Equitable
Vaccine Delivery in Hamilton – Lessons
Learned from the Vaccine Readiness
Network

Community Impact on Equitable Vaccine Delivery in Hamilton



Stories and lessons learned from
the Vaccine Readiness Network

June 2022

INTRODUCTION

On December 23, 2020, the first COVID-19 vaccine was administered in Hamilton, Ontario. COVID-19 vaccines were a sign of hope and cause for celebration for many after almost a year of uncertainty and loss. Over the next few months, the vaccine rollout would expand to include more eligible populations and clinic locations. However, this time was also marked by vaccine scarcity, changing eligibility for who could be immunized, competition for immunization appointments, and for some, a lack of trust in a newly developed vaccine. Within this context, a group of community organizations and health sector representatives met regularly to discuss the COVID-19 vaccine rollout. This group became known as the Vaccine Readiness Network (VRN) and served to provide community insight to Hamilton's Vaccine Task Force¹. This report provides a snapshot of some of the work completed through the VRN. The goal of the report is to inform and strengthen ongoing and future relationships between community and health system partners by highlighting the challenges, successes, and lessons learned at the VRN table.



¹ Hamilton's Vaccine Task Force was comprised of representation from Hamilton health care partners and responsible to lead and oversee the planning, implementation and operations of the City of Hamilton's Vaccine Distribution Plan in alignment with direction from the Ontario government.

VACCINE READINESS NETWORK

The Vaccine Readiness Network (VRN) is an open membership group of health, education, social service and community organizations and representatives in Hamilton, Ontario. The purpose of the VRN was to share information on the status of vaccine planning and distribution and to discuss shared roles to enhance vaccine access and confidence, particularly among priority populations. Priority populations include those who have been disproportionately impacted by COVID-19 and those who face greater systemic barriers to accessing COVID-19 vaccine information, appointments and clinic locations. A representative from Hamilton Public Health Services (HPS) and primary care co-chaired the virtual meetings, which were held monthly or bi-monthly December 2020 to May 2022. The large group meetings were useful for general information sharing, and small group meetings were added in between monthly meetings to address specific concerns from various sectors and communities.

Many sectors were represented at the VRN meetings, including:

- Addictions services
- Children's aid societies
- Community associations
- Community health organizations
- Developmental services organizations
- Family physicians
- Greater Hamilton Health Network
- Hospices
- Hospitals
- Indigenous service providers
- Long-term care homes
- Mental health providers
- Newcomer services
- Non-profit organizations
- Post-secondary institutions
- Public health
- School boards
- Shelter and housing services

VRN members consistently raised both concerns and solutions regarding equitable access to vaccine information and appointments, drawing on their lived experiences and their work with groups that have the least access to health care and other resources such as finances, social networks, information and digital assets. Members stressed the importance of ensuring people have access to information to make informed choices about COVID-19 vaccines. This includes: sharing simple, concise information in multiple languages at places where people already frequent (e.g. townhalls, community associations, faith services); distributing print resources to communities to help to address the 'digital divide' for those who do not have access to internet; and leveraging trusted community leaders and health care workers to provide information and answer questions in people's first language and with an understanding of the cultural nuances of specific communities. Members also highlighted the barriers to accessing vaccines, including competition for appointments, comfort and ability to attend mass immunization sites, transportation to vaccine clinics and culturally competent care and service. Members stressed the importance of sociodemographic data, particularly race-based data, to determine who has been disproportionately impacted by COVID-19 and to assess inequities in vaccine delivery.

PROVINCIAL CONTEXT

The conversations about vaccine rollout in Hamilton took place within the larger provincial and national context of vaccine supply and eligibility. In late December 2020, COVID-19 vaccines arrived in Canada and immunization began with those at greatest risk as determined by each province. At this time, Ontario was experiencing the second wave of COVID-19, with the highest case counts, hospitalizations and deaths experienced to date. The Ontario Ministry of Health determined the sequence of eligibility for immunization based on two main concerns: 1) risk of severe illness from COVID-19; and 2) protection of the health care system to continue to respond to COVID-19. The Province released a three-phase plan outlining the order in which populations would be eligible for immunization and estimated timeframes. The highest priority groups were residents and staff at long-term care homes, followed by the highest risk health care workers (e.g. those working in COVID-19 units). Local public health units were expected to apply the Province's eligibility guidance within their jurisdictions. The Provincial plan and timelines continued to be updated and revised due to vaccine scarcity and an evolving understanding of who was the most vulnerable to COVID-19 infection. The first five months of the vaccine rollout across Ontario can be characterized as a period of extremely high demand, variable supply, and rising confusion and tensions about who was eligible to be vaccinated.

LESSONS FROM THE VACCINE READINESS NETWORK

This report provides examples of how community engagement and involvement enhanced the equitable distribution of COVID-19 vaccines in Hamilton. Healthcare partners were tasked with the huge undertaking of launching the largest-ever mass immunization campaign while simultaneously responding to treat and contain COVID-19. Community members worked tirelessly to keep the spotlight on groups that have been disproportionately impacted by COVID-19 and face systemic barriers to accessing health care to ensure these groups were considered, and ideally centred, in vaccine planning efforts – specifically, Black, Indigenous, racialized, persons with disabilities and newcomers. There are multiple stories and perspectives that could be told about this period of the COVID-19 response. Four vignettes were selected to illuminate some of the stories and lessons learned from the VRN experience to inform and inspire other tables to include community voices at planning tables.

The lessons learned demonstrate that communities benefit when community and institutional partners work together to:



Co-develop programs with community and institutional partners to foster community uptake and strengthen community impact.



Commit to ongoing dialogue between community and institutions to reach a common understanding, even when conversations are difficult.



Embed and apply anti-racism as a guiding principle for the collaborative work of planning tables.



Increase transparency by sharing sociodemographic data and include impacted communities in determining actions to address the inequities demonstrated.



Increase public awareness and staff training about health inequities, including the impacts of historic and present-day racism, and the need for focused approaches to address these inequities.



Support community organizations to access funding or in-kind resources for work that is in addition to their core services.



Build trusting relationships between organizations and community partners over time to facilitate communication and problem-solving, particularly in times of uncertainty or urgency.

The lessons learned through the VRN reinforce community engagement principles that are well-documented in academic literature and have been advocated for by community organizations. The vignettes from the VRN provide tangible examples of these principles, including both the successes and challenges of applying them in practice.

VIGNETTE: DEVELOPMENT OF VACCINE AMBASSADOR PILOT PROGRAM

The VRN membership included health care professionals from community health organizations. Some these members are also members of the Hamilton Black Health Community Leaders Forum, a group of Black health professionals that work to increase access to health services and address the social determinants of health within their communities. The VRN representatives brokered a meeting between the VRN co-chairs and the Black Health Community Leaders Forum² to discuss their concerns and potential solutions related to vaccination in the Black community.

The Black Health Community Leaders Forum raised many concerns, including the need for cultural interpretation of some of the immunization processes (e.g. informed consent) and the lack of trust in the health care system due to historical and present-day mistreatment which has led to low confidence in being immunized. One of the solutions the group provided was enhancing community outreach and education through vaccine ambassadors who can attend community events, provide culturally relevant vaccine information, and answer questions in people's first language.



Vaccine Ambassadors Sunday Kong and Megha Saxena answer questions about COVID-19 vaccination at a clinic in Hamilton.

² Hamilton Black Health Communities Leaders members attending were Comfort Afari (Ghana Association of Hamilton); Ike Agbassi, Henry Onwuka, and Veronic Sanyaolu (Nigerian Canadian Association of Hamilton), Peter Gatluk and Gatwor Loch (South Sudanese Community of Hamilton), Rehuda Jackcaesar and Jude Nnamchi (Hamilton Urban Core Community Health Centre), Graham Mhlanga.

Building on this recommendation, HPHS and the Black Health Community Leaders Forum partnered to develop a job description for the vaccine ambassador role and a pilot program was approved by the City of Hamilton in February 2021. Members from the Black Health Community Leaders Forum provided feedback on inclusive recruitment and hiring processes, including helping to promote the job posting and recommending community members be involved in the hiring process. The posting was widely circulated through the VRN and other community organizations. The City provided an exception to the normal hiring processes, allowing community members to sit on the interview panel. Nine vaccine ambassadors representing different racialized communities in Hamilton were hired for a 6-month pilot program and were extended an additional nine months due to the ongoing need for vaccine outreach. Community members provided feedback on the program through a Vaccine Ambassadors Community Table to continuously improve the project.

At the time of writing, HPHS is completing an evaluation of the Vaccine Ambassador Program, and early analyses shows that the program achieved its intended purpose and outcomes. Early evidence indicates that the program shared information about COVID-19 vaccination, reduced vaccine access barriers, built vaccine confidence and trust, and strengthened relationships with community members and organizations. In particular, the evaluation highlighted that the extensive skills and experiences of vaccine ambassadors appears to have been important to design and implement tailored, translated, and creative vaccine promotion strategies. In addition, the program developed relationships between community partners and HPHS. Of 30 community groups surveyed in January 2022, two-thirds (67%) shared that their relationship with HPHS was formed through the program, and half (50%) had sustained engagement, where partners had been working with the ambassador program for at least six months.

“The vaccine ambassador who has been in contact with our organization is excellent. They have reached out to us from the very beginning to present the program and see how we could collaborate and support community uptake for vaccinations. Having ambassadors who speak diverse languages and can provide information to community in such languages is crucial.

Community partner survey respondent”

LESSONS LEARNED

Co-develop programs with community and institutional partners to foster community uptake and strengthen impact.

The Black Health Community Leaders Forum provided the vision for the Vaccine Ambassador Program and supported its development from the start, while HPHS provided funding and oversight for the program. Co-development involved developing the job description with community and adjusting policies and processes to ensure community members were able to participate in the hiring process. This enabled community members to help shape a program intended to work directly with and for their communities. The early evaluation results show community members participation in the program's development was critical to the program's success, since ambassadors provided highly effective vaccine promotion for their communities and strong community support strengthened program implementation.



VIGNETTE: PRIORITIZATION OF BLACK AND RACIALIZED PEOPLE FOR COVID-19 VACCINATION

From the first VRN meeting in December 2020, members stressed the need for an equitable COVID-19 vaccine rollout. Members highlighted data from the October 2020 [HPHS report to the Board of Health](#) on the disproportionate impact of COVID-19 on Black and racialized people and people living with low income in Hamilton. Black and racialized members of the VRN advocated for this data to inform the vaccine rollout to ensure Black and racialized people had both information about COVID-19 vaccines and access to vaccination appointments.

In January and February 2021, multiple meetings were held with health sector partners, Black and racialized VRN members and allies³ to discuss race-based data for COVID-19. Black and racialized VRN members reinforced the need to use the sociodemographic data available to inform the prioritization of people disproportionately impacted by COVID-19 and requested mapping to overlay COVID-19 incidence rates with neighbourhood demographics (e.g. percent of residents who are racialized). HPHS had been conducting this type of geographical analysis and was able to share it in these small group meetings. This group provided feedback on the language used to present the data so that it is not further stigmatizing, but instead drew attention to the systemic racism and marginalization that has resulted in poorer health outcomes. For example, some provincial and national statistical categories and measures may not align with how communities prefer to identify themselves and these were renamed when presenting the data.⁴

Nearly half (45%) of Hamilton's COVID-19 cases were racialized people, despite that fact that racialized people only make up 19% of Hamilton's population. The disproportionate impact of COVID-19 on Black and racialized people has been well-documented across many jurisdictions.

³ VRN members participating in these initial meetings included Kojo Dampthey (Hamilton Centre for Civic Inclusion), Bethany Elliott (HPHS), Sarah Jama (Disability Justice Network of Ontario), Ameil Joseph (McMaster University), Cathy Risdon (McMaster University), Madeleine Verhovsek (St. Joseph's Healthcare Hamilton), and Jennifer Vickers-Manzin (HPHS).

⁴ For example, analyses used the Ethnic Concentration Index developed by Public Health Ontario to estimate the proportion of racialized people living in a neighbourhood. The term "ethnic concentration" was replaced with "racialized".

In follow up to these discussions, at the February 2021 VRN meeting HPHS presented epidemiological data for COVID-19 in Hamilton, including the disproportionate impact of COVID-19 on Black and racialized people and people living with low-income. Although this data had been presented to the Board of Health, it had not been shared directly with VRN members. Further, HPHS shared the mapping exercise which demonstrated that neighbourhoods with a high proportion of Black and racialized people also often had higher incident rates for COVID-19 infection. Based on Hamilton's epidemiology of COVID-19, HPHS outlined five populations that have been disproportionately impacted by COVID-19 who would require focused approaches to increase vaccine confidence and access: residents of long-term care and retirement homes; health care workers; older adults; Indigenous Peoples; and Black and racialized individuals. At the time, the first four groups were included in Phase 1 of the Provincial plan.

In early April, as the Province was expanding eligibility to Phase 2 populations in the Provincial plan, VRN member Dr. Ameil Joseph emailed a letter to HPHS and the VRN urging that Black and racialized people be added to the list of priority groups for vaccination. The letter highlighted the work that had been done at the VRN to date, including discussions of systemic racism, the collection and mapping of COVID-19 incidence and demographic data, and the launch of the Vaccine Ambassador Program, and stated frustration that none of these had resulted in racialized people being added to the list of populations eligible to be vaccinated.

The next day, the Province announced its Hot Spot community strategy to address the disproportionate impact on specific neighbourhoods, stating that these areas are often home to a high proportion of Black and racialized people. However, Hamilton's Hot Spot communities selected by the Province did not align with local knowledge of neighbourhoods with a high proportion of systemically marginalized residents, including Black and racialized people, or the previously conducted mapping exercise. In response, HPHS identified three additional Hot Spot communities for local action and the Hamilton Vaccine Task Force expanded eligibility for vaccination in these communities. The communities selected had been most severely impacted by COVID-19 and had a high proportion of either Black and racialized, Indigenous, or low-income residents. These efforts to prioritize Black and racialized people were communicated to the VRN in an email response to Dr. Joseph's letter and further discussed at the April 2021 VRN meeting one week later.

At the April VRN meeting, it was made clear that the additional Hot Spots identified by HPHS did not fulfill the request for prioritization of Black and racialized people. VRN members stressed that Black and racialized people should be prioritized in and of themselves, not based on geography, because they are disproportionately impacted by COVID-19 due to persistent and pervasive health inequities embedded in Canada's systems and institutions. The frustrations expressed at the VRN meeting were palpable as people spoke out against Black and racialized people being excluded from the list of prioritized populations. Dr. Joseph [published the letter to the VRN publicly](#), collecting 520 signatures in support.

Members of the VRN⁵ continued to meet over the coming days and weeks. There were many difficult conversations during that time and yet people continued to show up, talk, and come to a common understanding of how to prioritize Black and racialized people in a meaningful way. As a result, Black and racialized people in Hamilton were prioritized for vaccination on April 23, 2021. Along with this prioritization and at the request of community partners, clinics for Black and racialized people at community-selected locations were opened to increase accessibility and cultural safety. Vaccine clinics were held in Hamilton mosques and Restoration House – a predominately Black church located downtown. To the best of the VRN's knowledge, Hamilton was one of two Canadian jurisdictions with clinics specifically for Black and racialized people at that time.⁶

Despite being eligible for vaccination, booking vaccine appointments was a major barrier to accessing immunization. Since Black and racialized people were not one of the provincially prioritized groups for vaccination, they could not book through the Provincial booking portal, which was the main mechanism for booking appointments in Hamilton at that time. HPHS had a local booking phone line to access appointments, but due to extremely high demand for all vaccine appointments it was very difficult to get through to local hotline staff. To mitigate this barrier to vaccination for Black and racialized residents, some VRN member organizations agreed to provide alternate options for booking. The organizations providing booking support were Centre de Santé Communautaire Hamilton/Niagara, Compass Health, Disability Justice Network of Ontario, Hamilton Centre for Civic Inclusion, Hamilton Urban Core Community Health Centre, REFUGE Hamilton Centre for Newcomer Health, and YWCA Hamilton.



Mom and daughter at community COVID-19 vaccination clinic run by REFUGE Hamilton Centre for Newcomer Health

⁵VRN members participating in these meetings included Comfort Afari (Hamilton Black Health Community Leaders Forum), Kojo Damptey (Hamilton Centre for Civic Inclusion), Bethany Elliott (HPHS), Lyndon George (health and patient advocate), Sarah Jama (Disability Justice Network of Ontario), Ameil Joseph (McMaster University), Evelyn Myrie (Afro-Caribbean Cultural Association), Nala Ndawana (Hamilton Urban Core Community Health Centre) and Jude Nnamchi (Hamilton Urban Core Community Health Centre), Cathy Risdon (McMaster University), Jennifer Vickers-Manzin (HPHS).

⁶ <https://www.ctvnews.ca/health/coronavirus/good-public-health-policy-the-success-of-vaccine-clinics-for-black-racialized-canadians-1.5416822>

This group continued to book people from equity-seeking groups for vaccination until the launch of a local booking solution to increase access to online booking and phone line volumes decreased.

The Restoration House clinic, after five weeks of operation by HPHS, transitioned to be community-run and operated to further enhance the community's ability to respond to community needs. Terri Bedminster, Executive Director of REFUGE Hamilton Centre for Newcomer Health, took over as lead organizer for the clinic, with initial operations critically supported by the McMaster Family Health Team, Hamilton Family Health Team, and HPHS. The clinic provided low-barrier access to COVID-19 vaccines and vaccine information to Black and racialized people, newcomers and persons with disabilities. Interpretation and transportation services were offered at the clinics, and the clinic accepted individuals with inadequate or no form of identification to further reduce barriers. The clinic moved out of Restoration House to more visible and accessible locations in public parks in neighbourhoods with low vaccination rates, and then eventually moved to the Barton Branch of Hamilton Public Library. Over the course of one year (April 25, 2021 – April 30, 2022), 84 priority clinics were held, vaccinating 5943 people.

Community organizations and institutional partners working closely together highlighted the gap between what was known from local epidemiology and what was being implemented in the Provincial plan. These community conversations resulted in local action to address the health inequities experienced by Black and racialized people, including prioritization for vaccination and creating clinics and booking options to ensure access to immunization. Many community organizations and institutions in Hamilton were part of these conversations at the VRN. As one member pointed out, the open conversation about health inequities and systemic racism was a learning opportunity for everyone in attendance. The conversations initiated through community engagement at the VRN represent one step in a long journey of learning that will continue for the individuals and organizations present.

At the beginning of the COVID-19 vaccine rollout, neighbourhoods with more racialized populations had lower vaccine rates. Over time, this gap closed and as of January 2022 the neighbourhoods with more racialized populations have a similar vaccination rate (83.5% with at least 1 dose) compared to the least racialized neighbourhoods (83.2% with at least 1 dose).

LESSONS LEARNED

Commit to ongoing dialogue between community and institutions to reach a common understanding, even when conversations are difficult.

Individuals, grassroots organizations, and large institutions interpret events and conversations through different lenses, and it takes time and continual conversation to build a common understanding. Many challenging conversations were held through the VRN. Topics such as institutional and systemic racism were addressed openly and honestly. Tackling these systemic and pervasive problems requires a commitment to ongoing conversations, learning and unlearning previous ways of working and thinking. Despite the challenging conversations and emotional expense, community representatives continued to advocate to ensure their requests were heard and understood and institutions continued to show up and listen, even under criticism.

Embed and apply anti-racism as a foundational principle to guide the collaborative work of planning tables.

Planning tables can adopt an equity, diversity and inclusion framework to ground their work in anti-racist principles and contribute to a shared understanding of how to translate these principles into action. Embedding these principles in the Terms of Reference, for example through inclusive membership and anti-racism as a guiding principle, would assist groups in developing policies and programs that have considered and applied these principles from the beginning.

Increase transparency by sharing sociodemographic data and include impacted communities in determining actions to address the inequities demonstrated.

Although sociodemographic data on COVID-19 had been previously shared with the Board of Health, it had not been shared with the VRN directly. Since the VRN was comprised of members who are directly affected by the disproportionate impact of COVID-19 on their communities and the communities they serve, this table provided valuable insight when reviewing and interpreting the data in context of their local knowledge and expertise. Through small group discussions with VRN members, the data presentation was updated to use language that more accurately and appropriately reflected community identities and then shared with the full VRN membership to discuss local priority populations. When HPHS presented the data used to inform the Hot Spot strategy, community members understood how the decisions had been made and were able to advocate for a different path forward. Transparency with the data provided a common understanding of the problem in order to facilitate discussions on how to address the health inequities presented. Today, sociodemographic data for COVID-19 is publicly available on the [City of Hamilton](#) along with other key indicators for COVID-19.

Data challenges remain related to who collects the data, how it is collected, and who owns it – these challenges apply across multiple settings and data sets and require ongoing engagement and relationship-building with community, institutions and all levels of government.

Increase public awareness and staff training about health inequities, including the impacts of historic and present-day racism, and the need for focused approaches to address these inequities.

The prioritization of Black and racialized people resulted in racist backlash from some members of the community through social media and other channels. This resulted in some Black and racialized people feeling less safe in accessing those appointments and clinics. Increased public education and awareness on health inequities and the need for focused approaches to address them could help to mitigate the negative response to these types of focused actions for priority groups. In addition, staff need training to confidently respond to public criticism and questions about actions to enhance health equity.



REFUGE Centre for Newcomer Health holds a COVID-19 vaccine clinic in a public park.

VIGNETTE: COMMUNITY GRANTS TO SUPPORT COVID-19 VACCINE BOOKING AND OUTREACH

HPHS distributed vaccine confidence information and materials for priority populations to VRN members who shared these resources through their networks. Vaccine confidence materials were provided in multiple languages, using both locally developed materials and information from other trusted sources. However, vaccine outreach became much more labour intensive for VRN member organizations who were supporting booking into the clinics. In response to calls from these organizations, the City of Hamilton offered a community booking grant to support booking activities in the summer of 2021. Organizations who were supporting booking could apply to have their booking-related expenses covered.

In August 2021, walk-ins became an option as vaccine supply increased and booking appointments was no longer a barrier to vaccination. In response, the grant program transitioned away from booking activities and in September 2021 a second round of funding was offered for vaccine outreach to priority populations. A wider group of community organizations participated in this round of funding, further extending the reach of vaccine outreach to new agencies that were not previously involved with the VRN. In total, there were three rounds of funding and 19 organizations⁷ participated in outreach activities to their clients and communities.



⁷ Afro-Canadian Caribbean Association, Amite Canado Congolaise, Association de la Communauté Ivoirienne de Hamilton, Asociación Fraternidad Hispania, Centre de Santé Communautaire Hamilton-Niagara, Circle of Friends for Newcomers, Communauté Congolaise de Hamilton, Corktown Neighbourhood Association, De dwa da dehs nye>s, Eva Rothwell Centre, Hamilton Centre for Civic Inclusion, Hamilton Public Libraries – Barton and Red Hill Branches, Hamilton Urban Core Community Health Centre, Helping Hands Street Mission, Niwasa Kendaaswin Teg, P&J Consulting Agency, REFUGE Centre for Newcomer Health holds a COVID-19 vaccine clinic in a public park, Seeds of Leadership, South Asian Heritage Association of Hamilton & Region, YWCA Hamilton.

Outreach activities through community organizations were effective in reaching communities and populations who may not otherwise access vaccine information through the City of Hamilton's channels. For example, the Afro-Canadian Caribbean Association of Hamilton developed a [vaccine information video](#) that incorporated known and respected community members as vaccine champions and used culturally-relevant language in messages to increase vaccine confidence. Niwasa Kendaaswin Teg, a multi-service Indigenous organization, developed a series of videos with Indigenous Peoples sharing their stories about COVID-19 vaccination. Similarly, many other community organizations hosted information sessions with local community leaders and health care professionals from their communities to share information and answer questions about COVID-19 immunization. Organizations also arranged flyer distribution in neighbourhoods with lower vaccine uptake to ensure those without internet access and those who are not connected to community organizations would still have access to information about COVID-19 vaccination and nearby clinics.

Community organizations provided feedback that the funding requirements, including legal paperwork and liability insurance, were overly onerous for smaller community groups. Organizational capacity should be considered in funding requirements and documentation, with adjustments to the standard processes when warranted and possible.

LESSONS LEARNED

Support community organizations to access funding or in-kind resources for work that is in addition to their core services.

Community organizations often are the most connected to priority populations through their ongoing work in the community. However, these organizations often rely on temporary and intermittent grant funding to do much of their work. When community partners are providing services above and beyond their core business, they will likely require additional resources to cover expenses and staff time for these activities. Broadly disseminating funding opportunities available through various levels of government, community foundations, or other sources and developing joint funding proposals can increase access to these opportunities. If local funding opportunities are developed, ensure processes are feasible for community organizations so that administrative requirements do not create an unnecessary barrier to participation, while still ensuring public funds are used responsibly and effectively.

VIGNETTE: ENGAGEMENT WITH INDIGENOUS PARTNERS

Prior to the COVID-19 pandemic, HPHS hired an Indigenous Health Strategy Specialist, Terry Ramirez, to develop an Indigenous Health Strategy for the organization. Indigenous community partners had participated in interviews to facilitate the co-development of this strategy. The Indigenous Health Strategy Specialist developed trusting relationships with community partners and asked how they would like to work with HPHS. Three themes related to community-HPHS partnership were identified through the community interviews:



The Indigenous Health Strategy Specialist led the Indigenous community engagement throughout the COVID-19 pandemic, applying the above themes. She regularly sent COVID-19 updates to Indigenous partners, providing the community with a direct link to an HPHS staff member to field questions or concerns. Because of this pre-existing relationship and trust, Indigenous partners did not need to engage through the VRN forum to the same extent as the other partners.

For example, at the time the VRN was initiated, a group of Indigenous partners was already working with HPHS to develop COVID-19 vaccine materials that were culturally-relevant for their communities. The materials included photos of Indigenous People and key messages that were co-created with community partners, with the final product being approved by both HPHS and community partners. The development of the materials took additional time and consultation but resulted in COVID-19 vaccine information that was widely shared throughout the region. Printed materials were displayed in common areas of buildings frequently accessed by Indigenous Peoples and added to food baskets and home delivery boxes distributed by Indigenous organizations. Electronic versions were shared with all Indigenous partners and promoted through their social media channels. In addition, an informational video about COVID-19 and vaccination was created featuring Terry Ramirez (HPHS), Dr. Amy Montour, and Anastasia Niro (De dwa da dehs nye>s) answering frequently asked questions from the Indigenous community. This video was widely circulated and received

636 views in January 2021 alone. Many of these resources were shared outside of Hamilton (e.g. Niagara region, Six Nations), further extending the reach and impact of the resources.

The examples above demonstrate the value of having established relationships between organizations and community. Due to pre-existing relationships, which were strengthened through the Indigenous Health Strategy, community partners were able to connect with a trusted staff member during times of uncertainty throughout the COVID-19 pandemic to collaboratively address community information needs and priorities.

**Nda aankesdoo nbwaakaawin
gdoo dshkapjiganing**
Adding to your bundle. Anishnabe translation provided by Bomgiizhik.

Onohnohnshera satakwarinahnon
Medicine you fill your bundle. Mohawk Translation provided by Thohahoken.

What are the side effects of the COVID-19 vaccine?

The most common side effects are pain in the arm where you got the shot, feeling tired, headache, body aches, chills, and fever. These side effects are normal and expected. Serious side effects and allergic reactions are uncommon.

Fun fact: Indigenous peoples discovered the first chewing gum, which was collected from spruce trees. In the 1800s, sugar was added, and chewing gum is now popular across the globe.

You can find out more information about the vaccine:

- Online: <https://www.hamilton.ca/COVIDvaccines>
- COVID-19 Vaccine Hotline (905) 974-9848, option 7

For those outside of Hamilton, please contact your local Public Health for more information.

hamilton.ca/coronavirus  **Hamilton**

Example of informational posters co-created by HPHS and Indigenous partners.

LESSONS LEARNED

Build trusting relationships between organizations and community partners over time to facilitate communication and problem-solving, particularly in times of uncertainty or urgency.

The pre-existing relationship and trust between the Indigenous Health Strategy Specialist and Indigenous community partners facilitated two-way sharing of information during the COVID-19 pandemic and vaccine rollout. Community partners received regular updates about public health measures, vaccination, and infection prevention and control. At the same time, they were able to reach out to a trusted staff member to ask questions and provide feedback. The co-development of vaccine informational materials led to widespread use of these resources. Having a dedicated staff member with lived experience in the community provided consistency in communication and helped to build trust and understanding with community partners.

SUMMARY OF LESSONS LEARNED FROM THE VACCINE READINESS NETWORK

The Vaccine Readiness Network in Hamilton, Ontario came together during the early stages of the Province's COVID-19 vaccine rollout to share information and increase vaccine confidence and access among priority populations. Through sharing and discussion of data, difficult conversations about health inequities and racism, and a commitment to work together, institutional partners and community groups came together to create tangible actions that improved the vaccine rollout in Hamilton. This report highlights the importance of working collaboratively with community health and social service organizations and health experts when developing projects and plans that impact community health. The lessons learned are not only meant to document previous learnings but should be considered and applied by community and institutional partners at planning tables in Hamilton and beyond, to inform a collaborative approach to community health planning and an equitable recovery from COVID-19.

LESSONS LEARNED:

The lessons learned demonstrate that community benefits when community and institutional partners work together to:



Co-develop programs with community and institutional partners to foster community uptake and strengthen community impact.



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Embed and apply anti-racism as a guiding principle for the collaborative work of planning tables.



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Increase public awareness and staff training about health inequities, including the impacts of historic and present-day racism, and the need for focused approaches to address these inequities.



Support community organizations to access funding or in-kind resources for work that is in addition to their core services.



Build trusting relationships between organizations and community partners over time to facilitate communication and problem-solving, particularly in times of uncertainty or urgency.

The VRN clearly demonstrated that community outcomes are improved when community and institutional partners work together to plan policies and programs to address health inequities at the local level. By applying the lessons learned through the VRN, planning tables will be better equipped to advance equitable health outcomes for all community members.

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Organizations participating in the Vaccine Readiness Network are listed below.

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- Canadian Mental Health Association Hamilton
- Catholic Children's Aid Society of Hamilton
- Centre de Santé Communautaire Hamilton/Niagara
- CityHousing Hamilton
- City of Hamilton Lodges
- City of Hamilton Public Health Services
- City of Hamilton Social Housing
- Communauté Congolaise de Hamilton
- Compass Community Health
- Disability Justice Network of Ontario
- Good Sheppard Centres
- Greater Hamilton Health Network
- Hamilton Anti-Racism Resource Centre
- Hamilton Black Health Community Leaders Forum
- Hamilton Centre for Civic Inclusion
- Hamilton Family Health Team
- Hamilton Health Sciences
- Hamilton Regional Indian Centre
- Hamilton Roundtable for Poverty Reduction
- Hamilton Urban Core Community Health Centre
- Hamilton Wentworth Catholic District School Board
- Hamilton Wentworth District School Board
- McMaster Family Health Team
- McMaster University
- Mohawk College
- Shalom Village
- Shelter Health Network
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- St. Joseph's Healthcare Hamilton – Youth Wellness Centre
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- LHIN Home and Community Care
- Lynwood Charlton Centre
- REFUGE Hamilton Centre for Newcomer Health
- Rygiel Supports for Community Living
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