

IMPROVING UPTAKE OF VACCINES ACROSS CANADA

CVP-National Project Summary Report April 2023



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CVP-National Project Community Health Centres:

- The Alex Community Health Centre (Calgary, AB)
- Carea Community Health Centre (Oshawa, ON)
- Central Interior Native Society (Prince George, BC)
- Centretown Community Health Centre (Ottawa ON)
- CUPS Calgary (Calgary, AB)
- Flemingdon Health Centre (Toronto, ON)
- Gateway Community Health Centre (Tweed, ON)
- The Gathering Place (St. John's, NL)
- Jasper Place Wellness Centre (Edmonton, AB)
- Le Dispensaire CSC (Saint-Jérôme, QC)
- North End Community Health Centre (Halifax, NS)
- NorWest Co-op Community Health (Winnipeg, MB)
- Radius Community Health and Healing (Edmonton, AB)
- REACH Community Health Centre (Vancouver, BC)
- Regina Community Clinic (Regina, SK)
- Saskatoon Community Clinic (Saskatoon, SK)
- SWITCH Student-Wellness Initiative Toward Community Health (Saskatoon, SK)
- Umbrella Multicultural Health Co-op (New Westminster, BC)

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With respect and gratitude, the Canadian Association of Community Health Centres (CACHC) acknowledges that our work takes place on traditional and sacred Indigenous lands. CACHC's office is located on the ancestral territories of many nations including the Mississaugas of the Credit First Nation, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples, and is covered by Treaty 13 signed with the Mississaugas of the Credit, and the Williams Treaties signed with multiple Mississaugas and Chippewa bands.



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Access a wide range of COVID-19 focused resources and tools from CACHC and CHCs across Canada at:
www.cachc.ca/covid19



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EXECUTIVE SUMMARY

In 2021, The Canadian Association of Community Health Centres (CACHC) launched the Community Vaccination Promotion National (CVP-National) project, supported through funding under the Public Health Agency of Canada’s Immunization Partnership Fund (PHAC IPF).

The project was rolled out in two phases, the first from June 2021 to September 2022, and the second from October 2022 to March 2023. The goal of the CVP-National project was to improve COVID-19 vaccine confidence, access, and uptake among high-priority and equity-deserving populations across Canada. During phase 1, CACHC provided small grant funding to nine Community Health Centres (CHCs) in Alberta, Saskatchewan, Quebec, and Newfoundland & Labrador. In phase 2, the support was extended to 15 CHCs across Canada, with a focus on the promotion of COVID-19 booster shots.

Despite some barriers and challenges, the CVP-National Project has made a significant contribution to Canada's COVID-19 vaccination efforts. The establishment and increase in service delivery, knowledge exchange activities, partnerships, and collaborations among CHCs across the country has led to important increases in COVID-19 vaccine confidence, and uptake among diverse equity-deserving communities. Additionally, the establishment of a National Knowledge Hub for CHCs has created a sustainable and growing repository of multilingual resources and tools which extends well beyond the project.

Lessons learned from the CVP-National project will continue to inform and improve vaccine promotion and other healthcare efforts among high-priority and equity-deserving populations across Canada. These successes and insights can be leveraged for future initiatives to help ensure access to information, resources, and supports for diverse individuals and groups in communities across the country and beyond. The CVP-National Project has demonstrated the effectiveness of community-driven and collaborative approaches to address health disparities and to promote equitable access to healthcare and social services.

INTRODUCTION

Community Health Centres (CHCs) are non-profit organizations that provide primary healthcare and health promotion programs and services to individuals, families, and communities through a collaborative team-based approach. They provide services using a multi-sector approach that integrates primary care with various health and social programs and services, and focus to address social determinants of health, such as poverty, access to housing, education, language barriers, and other factors that have a direct impact on health, many of which were exacerbated by the COVID-19 pandemic.



CHCs have been crucial in the response to the COVID-19 pandemic since its onset. During the early stages of the pandemic, CHCs rapidly adapted their services and became key providers of COVID-19 information, resources, testing and eventually vaccines, particularly in vulnerable and marginalized communities. As trusted and accessible sources of healthcare, they have been on the front lines of the various national, provincial, and local vaccination efforts since COVID-19 vaccines were first approved for use.

In early 2021, the Public Health Agency of Canada (PHAC), through its Immunization Partnership Fund (IPF), funded the Canadian Association of Community Health Centres to implement the Community Vaccination Promotion National (CVP-National) project to improve COVID-19 vaccine education and delivery efforts across Canada. Working with CHCs across the country, the objective of the CVP-National project was to increase COVID-19 vaccine confidence and uptake among diverse vulnerable and marginalized communities. Project activities would address barriers to accessing vaccination, provide equitable support and care for those impacted by COVID-19 and various social determinants of health, and ultimately improve health outcomes.

PROJECT GOALS

Improve confidence, uptake, and access to COVID-19 vaccines, as well as to vaccines in general for Community Health Centre (CHC) clients and community members

Increase and improve the capacity of CHCs to deliver vaccination promotion activities that are tailored to the needs of their local communities, with emphasis on health equity and the needs of marginalized and vulnerable community members.

PROJECT OBJECTIVES

- Increase the capacity of CHCs to undertake vaccination promotion activities tailored to meet the unique needs of vulnerable populations in their local communities.
- Increase the capacity of CHCs to improve vaccination confidence, uptake and access for their clients and community members by collecting and disseminating equity-informed and evidence-based vaccination promotion resources, developed by and for CHCs across Canada.
- Reduce health disparities by identifying and disseminating best practices for promoting vaccination confidence, access, and uptake with vulnerable and disadvantaged populations to CHCs, policy makers and service providers.
- Enhance future vaccination/immunization and health promotion interventions for vulnerable and marginalized populations by curating and exchanging vaccination/immunization promotion communications, resources, and best practices, and by establishing processes, structures, and systems.

PROJECT ACTIVITIES

The CVP-National project was comprised of two phases. Phase 1 ran from June 2021 to September 2022, and Phase 2 ran from October 2022 to March 2023. The primary objective of Phase 2 was specifically to bolster uptake of COVID-19 booster vaccines. The CVP-National Project was one of five CVP projects, with the other four led by provincial Community Health Centre associations in [British Columbia](#), [Manitoba](#), [Ontario](#), and [Nova Scotia](#). The five CVP projects (CVP-National, CVP-BC, CVP-MB, CVP-NS, and CVP-ON) collaborated to implement diverse initiatives aimed at achieving the project's goals and objectives with coordination and knowledge exchange enabled through a National Coordination Table managed by CACHC.

CVP-National Project activities included:

Microgrant funding to Community Health Centres

Implementing research to document challenges and best practices

Knowledge translation and dissemination activities

Presentations and exhibitions to support knowledge dissemination

MICROGRANT FUNDING

18 CHCs from across the country were provided with small grants and direct support to engage in a diverse range of projects and activities aimed at achieving the goals and objectives of the CVP-National project in their communities.



Projects and activities undertaken by the CHCs included:

- Creation of outreach teams to provide vaccination education and support to community members
- Use of peer ambassadors, cultural health workers, and community connectors to establish relationships with community members and increase interest and awareness of COVID-19 and COVID-19 vaccination, connecting in languages that reflect the needs of the served communities
- Providing COVID-19 vaccines at trusted locations already being accessed by high priority populations seeking health, social, and housing support
- Developing COVID-19 vaccine resources and educational booklets in multiple languages to educate clients and healthcare providers
- Creating culturally and linguistically accessible COVID-19 vaccine information, tools, resources, and educational opportunities for community members
- Developing incentive programs to encourage conversations and discussions about vaccine hesitancy
- Engaging individuals and families in community events such as outdoor activities and fun fairs to foster an environment for discussions about vaccine safety and effectiveness, potentially leading to vaccine acceptance or uptake
- Testing and vaccinating clients at partner centers and providing COVID-19 vaccination and vaccine education at schools
- Setting up vaccine pop-up clinics to encourage COVID vaccine uptake throughout the community
- Facilitating low and no barrier opportunities for vaccination (e.g., providing transportation vouchers and direct vaccination access to homebound individuals
- Providing mobile outreach vaccination clinics to individuals who were unable to reach centers due to various reasons such as lack of funds, transportation, and individuals who are street involved or unhoused

Specific approaches and activities undertaken by project grant recipients:

Community Health Centre	Key Project Activities
<u>The Alex Community Health Centre</u> (Calgary, AB)	Provided client-facing COVID-19 vaccine resources and activities to engage the community and increase vaccine confidence.
<u>Carea Community Health Centre</u> (Oshawa, ON)	Increased access to COVID-19 booster vaccine information by producing and translating health resources into various languages for newcomer and racialized communities.
<u>Central Interior Native Health Society</u> (Prince George, BC)	Provided trauma-informed, culturally safe, and non-stigmatizing COVID-19 drop-in vaccine clinics and traditional wellness and healing supports.
<u>Centretown Community Health Centre</u> (Ottawa, ON)	Increased the uptake of COVID-19 primary and booster vaccines by running onsite and mobile vaccine clinics and vaccine outreach activities.
<u>CUPS Calgary</u> (Calgary, AB)	Provided low-barrier COVID-19 vaccination conversations and clinics, supported by education and honoraria. Delivered vaccines to the homeless and vulnerably housed Calgarians.
<u>Flemingdon Health Centre</u> (Toronto, ON)	Utilized their Community Health Ambassador (CHA) program to increase vaccine engagement and uptake among the high priority communities and neighbourhoods they serve.
<u>Gateway Community Health Centre</u> (Tweed, ON)	Increased vaccine uptake by running a series of community vaccine clinics and outreach events for targeted populations within their community.
<u>The Gathering Place</u> (St. John's, NL)	Utilized the services of a researcher and peer ambassador to determine and follow-up with those in the community that had not been fully vaccinated.
<u>Jasper Place Wellness Centre</u> (Edmonton, AB)	Hired an Indigenous Elder to engage with community members through culturally safe and non-judgmental conversations to promote vaccine acceptance, answer vaccine-related questions and support booking COVID-19 vaccine appointments.
<u>Le Dispensaire CSC</u> (Saint-Jérôme, QC)	Provided access to COVID-19 rapid tests, COVID-19 and seasonal flu vaccination. Engaged in educational, awareness building, vaccination campaigns and COVID-19 booster vaccine outreach.

Community Health Centre

Key Project Activities

North End Community Health Centre
(Halifax, NS)

Provided unvaccinated individuals with relationship-based education through outreach and mobile vaccine clinics.

NorWest Co-op Community Health
(Winnipeg, MB)

Increased access to COVID-19 booster vaccine information by producing and translating health resources into various languages for newcomer and racialized communities.

Radius Community Health and Healing
(Edmonton, AB)

Outreach staff connected with unvaccinated and eligible individuals to support vaccine confidence and uptake. Centre's clinic and mobile vaccine made the COVID-19 vaccine accessible to clients.

REACH Community Health Centre
(Vancouver, BC)

Launched their COVID-19 Vaccine Booster Awareness Program to build greater community awareness and confidence in accessing COVID-19 booster vaccine information and education.

Regina Community Clinic
(Regina, SK)

Developed and disseminated education and promotion resources and tools focused on COVID-19 vaccines and boosters. These resources and tools were made available in multiple languages.

Saskatoon Community Clinic
(Saskatoon, SK)

Developed vaccine promotion and education materials. Coordinated pop-up clinics to increase vaccine uptake and created an information and navigation kiosk to promote vaccination, including COVID-19 vaccines and boosters.

SWITCH- Student Wellness Initiative Toward Community Health
(Saskatoon, SK)

Developed and delivered vaccine hesitancy programs and hosted a series of events to meet the community needs and provide COVID-19 vaccine and booster education to address vaccine confidence and raise.

Umbrella Multicultural Health Co-op
(New Westminster, BC)

Increased access to community-based COVID-19 education, promotion, and outreach through a series of culturally and linguistically accessible vaccine workshops for newcomer communities.

Leveraging their established and trusted relationships with community members, CHCs played a vital role in promoting COVID-19 vaccine uptake through education and awareness campaigns. Collaborating with other organizations and community partners, CHCs strengthened their project capacities, created more comprehensive events, and facilitated the sharing of resources and information among community partners. These vaccination promotion activities also served as access points to other healthcare and social service resources and supports. Working both independently and collaboratively with other centres, groups, and organizations, CHCs were able to extend the reach of their programs and initiatives to better serve the unique needs of their communities.

RESEARCH ACTIVITIES

Research was carried out by CACHC and project partners to identify key considerations in improving the confidence and uptake of COVID-19 vaccination among equity-deserving populations. A mixed methods approach was used to collect research data. Research efforts began with identifying experiences and lessons from CHCs and from the broader research literature that could support promotion and delivery of COVID-19 vaccine by CHCs across Canada. Specific attention was also given to pediatric vaccine experiences. Research then evolved to focus on identifying the role of Community Health Centres in Canada's COVID-19 vaccine promotion and provision activities and to identify facilitators, best practices, challenges, and barriers to vaccine outreach, education, and delivery.

Sources of Data:

1. Academic and Grey Literature – A search of academic and grey literature was conducted to identify relevant literature published between 2016-2021 that captures experiences related to vaccine hesitancy across Canada, with emphasis on equity-deserving populations.

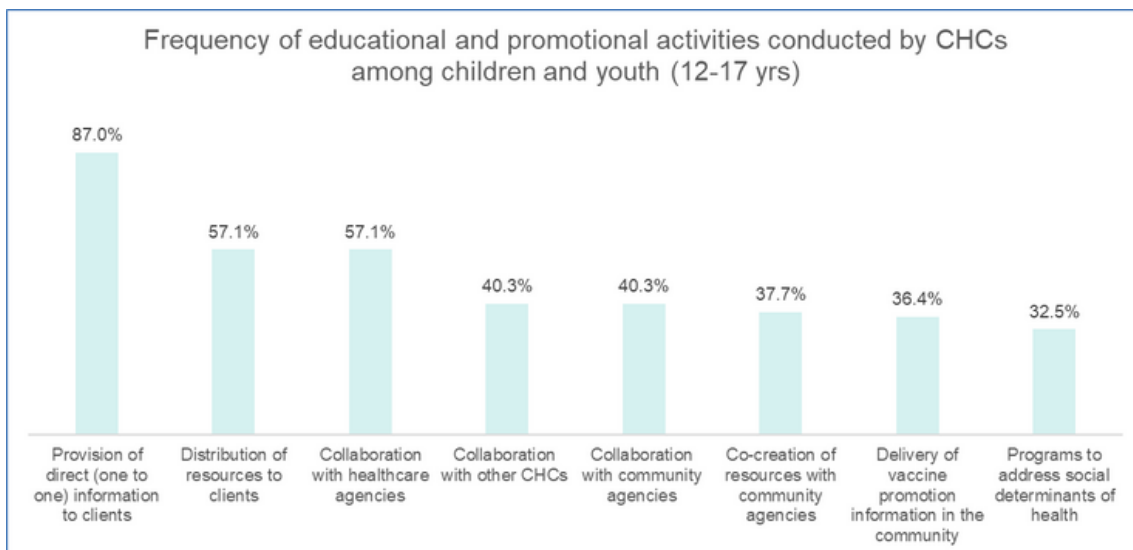
2. National CHC Survey – The survey was conducted in November 2021 with CHCs across Canada to determine the types of vaccine promotion and provision activities CHCs were involved with and to identify challenges, needs, and 'best practices'. 77 CHCs responded from across the country.

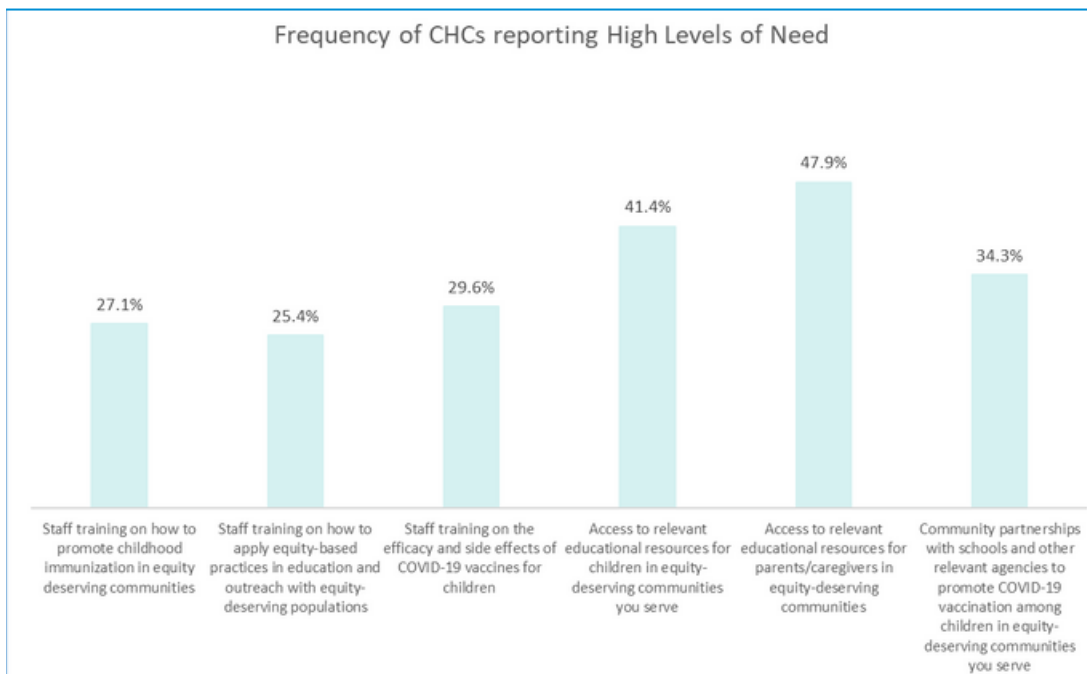
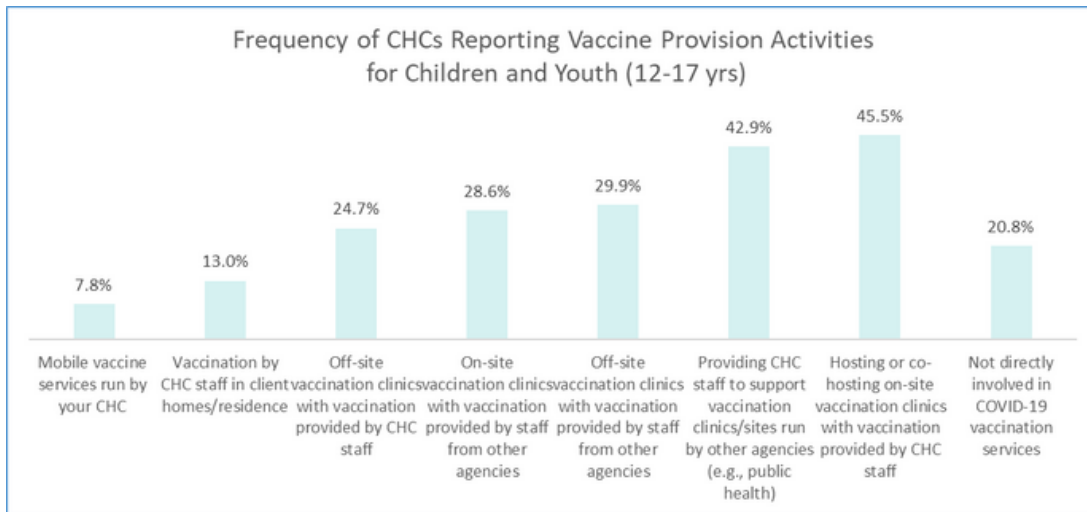
3. Key Informant Interviews and Case Studies – In depth interviews were conducted between March to June 2022 with 11 CHCs who identified promising practices which were then documented as case studies.



Case studies can be found here: <https://bit.ly/CHCCaseStudies>

Research findings identified multiple, intersecting barriers to improving COVID-19 vaccination rates among equity-deserving populations. Vaccine hesitancy and lack of confidence in the COVID-19 vaccines was identified in the survey as a significant barrier. The vast majority of CHCs participating in this research indicated that they provide direct (one-on-one) information to their clients. Targeted approaches included: one-on-one vaccination education and support for clients who historically lack trust in the mainstream health care system; individual home visits by CHC staff; phone calls by staff to high priority clients; and, creation of culturally accessible vaccine services. CHCs incorporated educational and promotional activities into on-site operations, for example, health education tables at testing clinics. Many CHCs implemented programs to address various social determinants of health impacting vaccines access and uptake.





Other CVP-National research activities and outputs included:

- **Webinar and townhall presentations**
 - CACHC presented project findings at a webinar hosted by the Association for Canadian Studies (ACS). This was an opportunity to share information from CHCs about the needs, concerns, and barriers to vaccination affecting equity deserving communities with researchers and policy makers.
 - CACHC hosted a townhall for CHCs across Canada to discuss the national survey findings and the needs and barriers related to pediatric COVID-19 vaccine rollout.
- **Research manuscript**
 - A research manuscript which highlights the identified needs, barriers, and facilitators to COVID-19 vaccination among equity-deserving populations and how primary care providers can increase their reach to connect with high priority populations in their communities.

KNOWLEDGE TRANSLATION & DISSEMINATION ACTIVITIES

To disseminate project information and resources effectively to the intended communities and stakeholders, several activities were implemented, including:

- Social media posts on Twitter, Facebook, Instagram, and LinkedIn promoted the work of CHCs under the CVP-National project, key messaging about COVID-19 vaccination, and promotion of the CACHC Knowledge Hub. A [social media and communications toolkit](#) (available in English and French) was developed for use by CHCs to promote and amplify the importance of COVID-19 vaccination.
- [Podcast episodes](#) with CVP-National CHC grantees to discuss their COVID-19 vaccine projects and impact on the communities they serve
- [Blog posts](#) with CVP-National CHC grantees to discuss their COVID-19 vaccine projects and impact on the communities they serve
- Newsletters featured regular updates on the CVP-National project and highlighted CHC activities including key resources developed and translated
- A community of practice for CVP-National CHC grantees was established to connect nationally, build community, discuss COVID-19 vaccine efforts and support ongoing advocacy to strengthen the support of CHCs across Canada
- National Coordination Table to coordinate and harmonize CVP project activities across Canada, and facilitate the dissemination of vaccination promotion communications and resources to CHCs
- A [COVID-19 Response Microsite](#) highlighting the work and impact of CHCs across the country throughout the past three years of the ongoing pandemic.
- Videos highlighting the work of CHCs and their COVID-19 vaccine promotion and provision activities, efforts, and impacts across Canada.



CVP-National Knowledge Translation activities

PROJECT FEEDBACK

During the project, CACHC received quite a bit of feedback from CHC staff, healthcare providers and clients from diverse communities regarding COVID-19, vaccine rollout, and care and support efforts.

I am thankful for the preventative shift with masks and vaccines. I feel more comfortable going out with a mask and feel that I am protecting myself and my community.

A big thank you to Health Canada for reminding me to take this 3rd booster shot [and] another to CINHS for setting up the booster clinic to make it comfortable.

Although faced with a sense of “vaccine fatigue” this funding did allow us to engage in the valuable work of vaccinating hundreds of often high-risk individuals (in terms of health status, living in congregate settings) and heard gratitude from a number of our community partners in mitigating some COVID-19 related risk.

As a community health centre, it’s a great collaboration and connection with other community health centres throughout the province and the country.

Thank you very much for the workshop, very good information, well done. Now I understand the need of [COVID-19] boosters.

Got all my boosters and flu shots. My daughter has terminal cancer and 3 young kids. I want her to live longer. Please get your vaccines for others.

PRESENTATIONS & EXHIBITIONS

- In June 2022, CACHC participated in the Alliance for Healthier Communities “Action Now!” conference and met with conference attendees to showcase the work of CHCs across Canada, the CACHC Knowledge Hub, and diverse CVP-National project activities. CACHC led a workshop session with CHC representatives from across the country to discuss the importance of national collaboration, with the CVP-National project as a case study of cross-provincial collaboration related to health services, social services, research and more.



CACHC Exhibition Booths

- In October 2022, CACHC participated in the 5th Metropolis *Identities Summit* in Winnipeg to meet with conference attendees and discuss the CVP-National project including the COVID-19 vaccine research project, the CACHC Knowledge Hub, and vaccine promotion and provision activities of CHCs across the country.
- In March 2023, CACHC participated in the 25th Metropolis Canada Conference in Ottawa and presented a research poster that showcased promising practices identified from COVID-19 vaccine strategies and outreach programs carried out through the CVP-National project by CHCs across Canada. These underscored increased confidence in, access to, and uptake of COVID-19 vaccines among vulnerable and marginalized populations. The event was also an opportunity to promote the National Knowledge hub and the role of CHCs. The academic poster can be found here: <https://bit.ly/CVP-National-Poster>

RESOURCES & REPORTS

Various COVID-19 vaccine promotion and education resources were created over the course of the CVP-National project that demonstrate the vast knowledge, impact, information, and needs identified during Canada's COVID-19 vaccine rollout, including the critical role of CHCs in supporting diverse groups and communities. All resources and reports can be accessed on CACHC's "[Addressing COVID-19](#)" webpage.

NATIONAL KNOWLEDGE HUB

In April 2022, in partnership with the Access Alliance Centre for Multicultural Health & Services, the National Knowledge Hub was launched. This is a centralized repository of resources for and from Community Health Centres with educational and health related tools and resources in multilingual languages in English and French interfaces. CHCs can access over 275 evidence-based health educational materials, resources, and tools in over 70 languages and 20 different formats. The Knowledge Hub, a sustainable resource, will continue to expand its library of multilingual health information to address all areas of health promotion, education, and provision.

The CACHC National Knowledge Hub can be accessed here: <https://riomix.ca/cachc/>

The screenshot displays the bilingual homepage of the National Knowledge Hub. At the top, logos for Access Alliance, ACCSC (Association canadienne des centres de santé communautaire), and CACHC (Canadian Association of Community Health Centres) are visible. The main heading reads "Welcome To riomix.ca/CACHC" in English and "Bienvenue à riomix.ca/CACHC" in French. Below this, a central banner states: "CACHC's resource hub for Community Health Centres across Canada" (English) and "Le centre de ressources de l'ACCSC pour les centres de santé communautaire du Canada." (French). A descriptive paragraph explains that it is a centralized hub of resources for and from Community Health Centres, hosted in partnership with Access Alliance's RIOMIX repository. Navigation buttons include "Log in as a CACHC Member" and "Search the library in your preferred language" (English), and "Se connecter comme membre de l'ACCSC" and "Recherchez la bibliothèque dans votre langue préférée" (French). The lower section features a grid of resource thumbnails, including:

- "COVID-19 Vaccine?" in English and Arabic.
- "Hard Immunity" and "Building your COVID-19 vaccine is as easy as 1, 2, 3..." in English.
- "VACCINE CONFIDENCE" in English.
- "PREPARATION (CARD)" in English.
- "COVID-19 Vaccine Booster FAQs" in English, detailing why boosters are needed, common side effects, and how to get a booster.

DOCUMENTING BEST PRACTICES

Through the efforts of the five CVP projects, CHCs and our associations identified emerging and promising practices with respect to COVID-19 vaccine service delivery.

CACHC developed a report describing best practices in vaccine promotion, provision, and outreach focused on improving confidence in, uptake of, and access to vaccines, as identified by CHCs, CACHC and provincial CHC associations. Findings can be used to inform health system planning and service delivery for vulnerable populations moving forward. These practices will help advance accessible vaccine provision and foster community knowledge and trust in vaccination. A series of recommendations were also developed as a result of the identified promising practices to support CHCs and strengthen delivery of health and social services to clients and communities. Some examples include:

- Decentralizing vaccination services and processes to increase vaccination coverage and reach under immunized and equity-deserving populations.
- Hosting COVID-19 vaccine clinics on site, as well as in locations known and trusted by clients, to support low-barrier access and increased confidence in vaccination.
- Developing and providing accessible and ongoing training for community health service providers to foster increased confidence in their abilities to utilize equity-informed approaches to engage clients about the importance of vaccination.
- Ensuring the availability and accessibility of linguistic and culturally appropriate staff and resources dedicated to community outreach and vaccine provision.
- Supporting the hiring, training, and embedding of cultural peer ambassadors, health navigators, and community connectors within CHCs.
- Collaborating with other CHCs to create provincial and national resource collections minimize duplication of efforts across the country and increase the scope of accessible education resources.



The full report can be accessed here: <https://bit.ly/CVP-National-Promising-Practices>

NEEDS ASSESSMENT REPORT

During the second year of the CVP-National Project, Community Health Centres (CHCs) were preparing for the rollout of COVID-19 booster vaccines. To support this effort, CACHC carried out a needs assessment to understand the needs, facilitators, and barriers to the promotion and uptake of COVID-19 booster vaccines. A national survey was conducted among the CHCs, and the data collected yielded valuable insights to help identify and address areas requiring improvement, develop new strategies, provide resources, and needed support to ensure access to the vaccines. The survey identified the need for the following:

- **Community Partnerships-** Collaboration with community, health, and social systems partners to deliver vaccine promotion and provision activities.
- **Financial & Personnel Resources-** Resources to support peer ambassador programs, vaccine clinics and engagement activities with diverse community groups.
- **Vaccine Education Materials-** Up-to-date, timely, and evidence based information, materials, and tools made available in multiple languages and formats for diverse literacy levels

The results of the needs assessment provided valuable insights into priority areas and guided the development and implementation of effective approaches and strategies for Phase 2 of the CVP-National project aimed at meeting the specific needs of communities to enhance COVID-19 booster vaccine uptake and improve health outcomes.

The full report can be accessed here: <https://bit.ly/CVP-National-Needs-Assessment-Report>

LEARNINGS REPORT

A report documenting the activities and learnings that took place during phase 2 of the CVP-National Project. This report provides insight into the key lessons identified and learned by CHCs and was focused on COVID-19 booster vaccines. Themes around inclusive, culturally, and linguistically accessible vaccine services, community partnerships, and trusted relationships with service providers were highlighted as important facilitators to vaccine uptake and confidence among equity-deserving and high priority populations. Common challenges to vaccine uptake and confidence included vaccine hesitancy, changes to vaccine guidelines, and the impacts of the social determinants of health. CHCs identified promising practices and sustainability goals to ensure that they can continue to engage clients in COVID-19 vaccine promotion and provision activities beyond the project.

The full report can be accessed here: <https://bit.ly/CVPNational-Learnings-Report>

KEY PARTNERSHIPS

CACHC established several partnerships/collaborations with these organizations:

- **Provincial Community Centre Associations:** CACHC collaborated with its provincial counterparts to ensure the coordination and harmonization of project activities across Canada.
- **The Metropolis Institute:** CACHC presented its research project findings and attended conferences to disseminate resources, promote the project as well as the National Knowledge hub.
- **Digital Public Square:** CACHC collaborated to share a COVID-19 gamification tool with CHCs to improve access to COVID-19 vaccine information and education for vulnerable populations.
- **Breastfeeding Buddies and Children's Healthcare Canada:** CACHC engaged in knowledge exchange activities and disseminated resources to promote equitable access to COVID-19 vaccinations among breastfeeding mothers and children.
- **U.S. National Association of Community Centres:** CACHC engaged in knowledge exchange and sharing experiences to understand the global experiences of CHCs concerning COVID-19 vaccination among equity-deserving populations.
- **International Federation of Community Health Centres (IFCHC):** CACHC also engaged in knowledge exchange and sharing at the global level with CHCs and CHC associations in other countries through the IFCHC
- **Public Health Agency of Canada (PHAC):** CACHC engaged in a number of knowledge exchange opportunities which were facilitated by PHAC.. This resulted in several new partnerships between CACHC and other social, health, and community agencies.

“

It would be naïve of us to think that we could do it without engaging with our partners. You need to reach out to those key individuals and organizations to help mobilize a response in the community.

”

These partnerships were important for several reasons:

- **To share expertise and resources:** The partnerships developed through the CVP-National project allowed organizations and centres to combine their expertise and resources to achieve common goals. This led to more effective and efficient use of time and resources.
- **To increase impact:** Project resources and tools were shared and disseminated; this led to a greater impact than what would be achieved individually.
- **To build and strengthen relationships:** By building and strengthening relationships, team members, CHCs, provincial organizations, and other partners fostered effective communication, collaboration, and trust.
- **To enhance sustainability:** The partnerships established through the CVP-National project will be sustained even after the project ends. Many CHCs have created new collaborations and reinforced existing partnerships with organizations.



PROJECT CHALLENGES

Throughout the course of the CVP-National project, several challenges were encountered that impacted the project's success. These challenges were identified and addressed were possible through proactive and collaborative approaches.

- CHCs were included in the vaccination rollout process late. Allocating funding to CHCs earlier during the pandemic could have made a significant impact, reaching people earlier and reducing COVID fatigue and apathy. Such timely engagement of CHCs would have facilitated faster and more efficient vaccination efforts.
- The COVID-19 vaccine rollout among the CHCs was significantly affected by staff shortages. Factors such as staff hesitancy, COVID-19 infections, and the short-term nature of the project posed significant challenges for CHC. As a result, there were delays and some backlog in the project.
- Collecting data among CHCs was a challenging process due to several factors. CHCs serve diverse populations with different cultural backgrounds and languages, making data collection more complex. Additionally, the lack of standardized data collection processes among CHCs -- largely resulting from chronic under-funding by provincial governments -- made it difficult to compare and analyze data across centres. CHCs also faced resource constraints resulting from under-funding, such as a shortage of trained staff and appropriate technology to effectively collect and manage data which led in some cases to incomplete data.
- The funding gap between Phases 1 and 2 posed a challenge for project and CHC staff, causing concern about their ability to sustain positions beyond phase 1. As a result, some CHCs were unable to proceed to phase 2. To avoid this issue in the future, it would be beneficial to provide all project funding immediately, enabling CHCs to plan and deliver programs and services effectively.
- The Delta and Omicron waves reduced CHC capacity to develop and deliver COVID-19 vaccine outreach and promotional activities such as peer ambassador programs and community-based vaccine clinics.
- The removal and relaxation of provincial COVID-19 mandates including vaccine passports and gathering restrictions contributed to a shift in national mood about COVID-19 vaccines, resulting in increased COVID-19 apathy and disinterest in staying up to date on COVID-19 primary series and booster doses.

As a result of these challenges, both the project staff and grantee CHCs had to make adaptations to their approaches. Mitigation strategies such as hiring additional staff and altering project approaches were implemented.

PROJECT SUCCESSES

The CVP-National Project achieved several successes, including the instrumental role of CHCs in reaching vulnerable communities to provide vaccine information and access. CHCs utilized various approaches, such as peer ambassadors, multilingual staff, mobile or pop-up clinics, and meeting clients at their point of need. These approaches prioritized equity and led to collaboration and partnerships among CHCs and other agencies. The successes below represent a significant achievement in the fight against COVID-19.

- There was increased access to COVID-19 vaccine supports to high priority and equity-deserving populations across the country which helped remove barriers to vaccination and improve access to vaccine education and information. Access to vaccines has had a positive impact on the lives of clients from equity-deserving populations by increasing their protection against COVID-19, as they face greater risks due to the compounded impact of disparities resulting from social determinants of health (SDoH) and health comorbidities.
- New and existing trusted relationships were fostered between CHC staff and clients served.
- CHC staff reported increased confidence, knowledge, and competence on vaccine promotion to equity-deserving communities.
- Along with the COVID-19 vaccine services, clients were able to engage with healthcare providers to address other health and well-being concerns, highlighting the benefits of providing integrated and comprehensive care.
- The CVP-National project was able to *directly reach over 28,800 people* with vaccine education and the 5 CVP projects combined had an even larger reach nationally.
- *Over 6000 COVID-19 vaccine doses* were administered, in addition to CHCs other vaccine delivery services.
- The creation of a National Knowledge health resource hub. The hub will be sustained beyond the CVP-National project.
- *Over 200 resources* created or disseminated. Resources were translated in several languages to meet the needs of Canada's culturally diverse population. Languages include French, Arabic, Somali, Pashto, Dari/Farsi, Tigrinya, Karen-Burmese, Urdu, Bengali, and Spanish.
- The project demonstrated the importance and necessity of CHCs as frontline responders to global public health crisis.

28,800+

PEOPLE REACHED



6,800+

CONVERSATIONS HELD



6,000+

VACCINES ADMINISTERED



200+

VACCINE RESOURCES CREATED OR DISSEMINATED



19,000+

SURVEYS COMPLETED



32,500+

ONLINE INTERACTIONS



140+

PARTNERSHIPS LEVERAGED



20+

DIASPORAS REACHED



12+

LANGUAGES SPOKEN



17,000+

COVID-19 TESTS ADMINISTERED



1000+

VACCINE APPOINTMENTS BOOKED



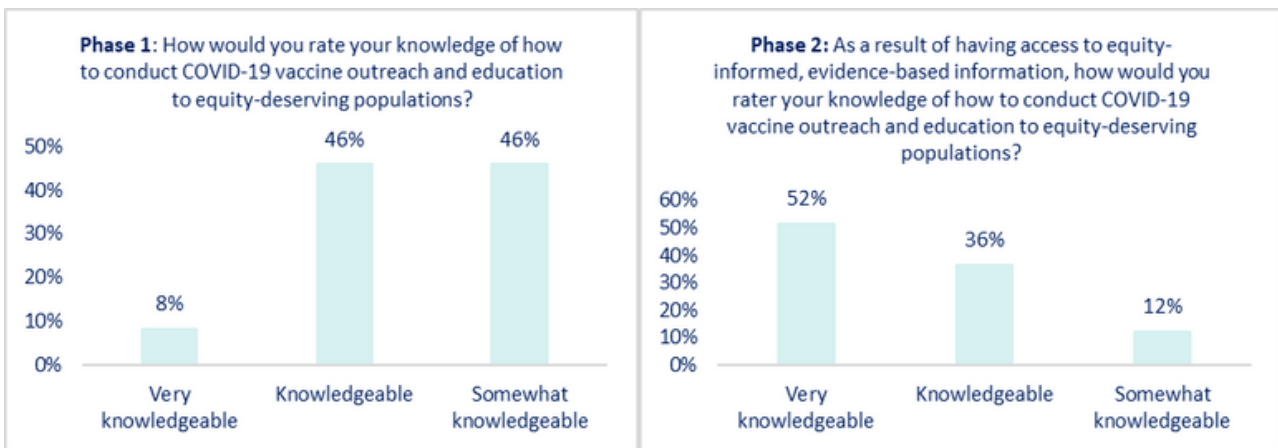
3000+

WALK-IN VACCINE APPOINTMENTS



PROJECT EVALUATION

An evaluation of the CVP-National project was conducted over the course of the project. The evaluation consisted of analysis of pre-project and post-project surveys, progress reports, as well as stakeholder process interviews. Findings from the evaluation demonstrated that as a result of the CVP-National project, CHC service providers reported increased in knowledge of, confidence and competence in best practices to vaccine outreach and education with equity-deserving populations. Project-wide promising practices include “meeting people where they are” and building and renewing trust with communities served. The evaluation did identify increased COVID-19 apathy and lack of continuous funding as challenges to the project.



Based on the evaluation report, the CVP-National project successfully achieved its two goals. It provided CHCs with the ability to implement locally-relevant and population-relevant strategies that are evidence-based, including tailored promotional material and direct supports. The evaluation also highlighted the effective use of targeted outreach methods by CHCs, including partnering with Indigenous Elders and leaders, using mobile units, pop-up clinics, peer workers, and community ambassadors. These community-oriented approaches yielded favourable outcomes and demonstrated promising practices for CHCs, and the project offered valuable insights that can be leveraged by other stakeholders across the Canadian healthcare system in the future.

Lessons learned, and promising practices identified during the project will be incorporated (where possible) into CHCs' daily operations, programs, and services with equity-deserving populations. This will further support and advance the CHC model of care across Canada.

KEY TAKEAWAYS

Upon completion of the CVP-National project, several key takeaways were identified that can inform future projects and improve health outcomes:

Canadian CHCs share a common goal of providing accessible, comprehensive, and patient-centered care but differ in their structure, services, and funding which can affect their ability to carry out projects such as the CVP-National project. Factors contributing to these differences include location, governance structure, funding sources, staffing and types and programs and services offered. Therefore, a one-size fits all solution cannot be applied because CHCs are tailored to meet the unique health care needs of the communities they serve. Each community has different health care needs, demographics, and social determinants of health that need to be considered when designing and implementing programs and services.

Trusted relationships play a vital role in the success of approaches used in CHCs. This trust is especially important in communities where there are barriers to accessing healthcare, such as language or cultural differences, lack of transportation, or fear of discrimination. This approach fosters a sense of trust and partnership between patients and healthcare providers which can lead to better health outcomes. This played a key role in the success of the CVP-National Project.

Partnerships established through the CVP-National project allowed organizations and centres to combine their expertise and resources to accomplish common objectives. This resulted in more efficient and effective use of time and resources. It also helped increase the impact of the project. Many CHCs and organizations have developed new collaborations and reinforced existing partnerships with organizations, and CACHC also strengthened its partnerships with provincial associations. These partnerships will continue to be leveraged beyond the CVP-National project.

CHCs must be included at provincial and local planning and decision-making tables regarding healthcare services. They have a unique understanding of the needs and challenges facing their communities and are well positioned to offer insights that may be overlooked by stakeholders. CHCs are embedded in their communities, have established relationships with community members, and can act as a bridge between different organizations and all levels of government, facilitating communication and collaboration among stakeholders. Their involvement will help ensure that the needs of equity-deserving populations are addressed when health and social service policy decisions are being made.

CONCLUSION

The impact of the CVP-National Project has been significant. The project helped to identify and implement effective approaches in supporting vulnerable and marginalized communities. Not only were project goals achieved, the project also further underscored the vital role of CHCs in communities across Canada. The project has resulted in powerful resources, supports, and care services while also shedding light on the systemic barriers and challenges that affect the provision of care for marginalized populations. These efforts have also yielded valuable insights into how to improve quality of care provided by CHCs and healthcare providers. Furthermore, the CVP-National project has further revealed many of the chronic funding shortages faced by CHCs across Canada and the urgent need for these gaps to be filled by provincial governments and the federal government.

The CVP-National project offered several key learnings, promising practices, and practice recommendations that can be applied to other areas of health and social service delivery. CHCs are leveraging the lessons learned from COVID-19 vaccine promotion and provision to embed these practices into primary care, health promotion programming, and outreach activities across a diverse range of health and social issues. CACHC will continue to engage in knowledge exchange, to share project learnings and policy recommendations with health system decision makers and advocate for increased support for CHCs and the clients they serve across the country. The project work will also be sustained through CACHC's Knowledge Hub, which will be scaled to house and share multilingual health promotion education, information, and tools for CHCs, service providers and the public, nationally.

Lessons and outcomes from the CVP-National project further underscore why policymakers across the country should commit to the following actions:

- **Acknowledge and endorse CHCs as primary responders to public health emergencies.**
- **Decentralize and decolonize access to vaccine education, promotion, and delivery.**
- **Ensure that CHCs receive sustainable, recurring funding and resources to deliver timely access to care and supports in their communities.**

It is important to acknowledge and support the role of CHCs as this will go a long way toward achieving health equity, decreasing health disparities, enhancing access to healthcare services, and making a substantial contribution to health outcomes across Canada.



**ASSOCIATION CANADIENNE DES
CENTRES DE SANTÉ COMMUNAUTAIRE**

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