

# COVID-19 Pediatric Vaccines Townhall

December 15, 2021

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**ASSOCIATION CANADIENNE DES  
CENTRES DE SANTÉ COMMUNAUTAIRE**

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**CANADIAN ASSOCIATION OF  
COMMUNITY HEALTH CENTRES**



## **CVP NATIONAL PROJECT GOALS**

**To 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.**

**To 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.**



# 5-11 Vaccine Rollout Initiative

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## Objectives

1. Identify experiences and lessons from CHCs and broader literature that can support promotion and delivery of pediatric COVID-19 vaccine by CHCs across Canada.
2. Support knowledge exchange and support among CACHC and CHCs to enhance confidence and uptake of COVID-19 pediatric vaccine among vulnerable and equity-deserving groups.

## Methodology

1. Literature Review and Environmental Scan
2. CHCs Survey and Key Informant Interviews



## SURVEY: COVID-19 Vaccine Promotion and Distribution by CHCs Across Canada

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## Preliminary Findings

N=77

AB: 3

BC: 15

MB: 5

NB: 1

NS: 8

ON: 42

QC: 1

SK: 2

- Educational and promotional activities implemented for children
- Vaccine activities/services implemented for children
- Significant barriers identified among equity deserving populations
- Support needs and concerns identified by CHCs re: children



Educational and promotional activities implemented to improve COVID-19 vaccination rates among children (12-17 years)

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Activity	% of CHCs
Provision of direct (one to one) information to clients by staff	87.0
Co-creation of educational resources / materials with community agencies	37.7
Distribution of educational resources / materials to clients	57.1
Delivery of vaccine promotion information sessions/workshops/events in the community	36.4
Collaboration with other CHCs for the provision of information	40.3
Collaboration with healthcare agencies (e.g., public health, hospitals, long-term care) for the provision of educational materials or information	57.1
Collaboration with community agencies (e.g., faith-based, schools, social service partners) for the provision of educational materials or information	40.3
Implementation of programs to address social determinants impacting on access/uptake of vaccines	32.5
Other: working with Elders, social media messaging, Youth Ambassadors	6.0



Vaccination activities  
& services implemented  
to improve COVID-19  
vaccination rates among  
children (12-17 years)

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Activity	% of CHCs
Hosting or co-hosting on-site vaccination clinics with vaccination provided by CHC staff	45.5
Hosting or co-hosting on-site vaccination clinics with vaccination provided by staff from other agencies	28.6
Hosting or co-hosting off-site vaccination clinics (e.g., pop up clinics, clinics at partner organizations) with vaccination provided by CHC staff	24.7
Hosting or co-hosting <b>off-site</b> vaccination clinics (e.g., pop up clinics, clinics at partner organizations) with vaccination provided by staff from other agencies	29.9
Mobile vaccine services run by your CHC (e.g., mobile unit for homeless clients)	7.8
Vaccination by CHC staff of clients in their homes/residence	13.0
Providing CHC staff to support vaccination clinics/sites run by other agencies (e.g., public health)	42.9
We have not been directly involved in any COVID-19 vaccination activities/services	20.8



Significance of barriers to improving COVID-19 vaccination rates among the equity-deserving populations

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Barrier	Significance		
	Not very	Somewhat	Very
Lack of culturally and community-appropriate educational resources	26.1%	31.9%	42.0%
Lack of educational resources in multiple languages	35.7%	25.7%	38.6%
Lack of partnerships with other agencies working with populations served	65.3%	13.3%	21.3%
Lack of partnerships with agencies from/representing communities served	52.8%	23.6%	23.6%
Insufficient staff resources at your CHC to conduct vaccine promotion activities	18.7%	24.0%	57.3%
Systemic barriers in how/when/where immunization services are delivered	23.9%	26.8%	49.3%
Vaccine hesitancy/lack of confidence in the COVID-19 vaccines	14.3%	24.3%	61.4%



# Other Barriers!

(N=41)

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## Individual

- Lack of perceived susceptibility
- Religious beliefs
- Misinformation
- Distrust
- Confusion

## Health Service-Related

- Control over delivery
- Staffing
- Scheduling

## SDOH-related

- Digital divide
- Transportation
- Need for ID

## Systemic

- Lack of primary care engagement
- Changing government guidance

*"Lack of trust community members have towards public health agencies due to historically underfunding and under-resourced services, and multilayered barriers in the public system. Fear of contact with public agencies due to precarious status."*

*"Control over vaccine delivery is the single most important negative factor. We KNOW that, had we had vaccines in our CHC, our patients would have accessed them to a much larger extent. Patients trust their primary care givers much more so than government agencies. So many missed opportunities because public health have not involved primary care physicians - as soon as we can get vaccines, we will see an uptake in use."*



CHCs need for  
supports in roll-out  
of COVID-19  
vaccine among  
children 5 – 11 yrs

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Need	Level of Need		
	Low	Med	High
Staff training on how to promote childhood immunization in equity deserving communities	37.1%	35.7%	27.1%
Staff training on how to apply equity-based practices in education and outreach with equity-deserving populations	50.7%	23.9%	25.4%
Staff training on the efficacy and side effects of COVID-19 vaccines for children 5 – 11 years	42.3%	28.2%	29.6%
Access to relevant educational resources tailored for children in equity-deserving communities you serve	30.0%	28.6%	41.4%
Access to relevant educational resources for parents/caregivers in equity-deserving communities	28.2%	23.9%	47.9%
Community partnerships with schools and other relevant agencies to promote COVID-19 vaccination among children 5-11 years in equity-deserving communities you serve	42.9%	22.9%	34.3%



Other  
Needs/Priorities!  
(N=43)

Other Concerns  
(N=34)

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### Vaccination Services

- Funding / Resources / Supply / Space / Flexibility / Time constraints
- Child-Related
  - Identification procedures
  - Staff training/comfort
  - Incentives
  - Ensuring child safety

### Education/Promotion

- Key messages/strategies to counter vaccine hesitancy
- Addressing vaccine fatigue
- Clear messaging in multiple languages

### Systemic

- PH coordination - CHC pops not a priority
- Working with youth partners
- Working with pharmacies

*"Additional strain on already stretched human resources to support vaccination efforts"*

*"Having vaccinators that are comfortable giving vaccines to children"*

*"Vaccine hesitancy for children within an already vaccine hesitant population"*

*"Public Health is prioritizing vaccines in schools based on the completion rate of consent forms which means leaving the most vulnerable groups and neighborhoods until last"*



# Takeaway Messages

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## Key Considerations

1. **Widespread misinformation**
2. **Historical mistrust and injustice in the healthcare system**
3. **Social inequities**

## Recommendations

1. **Use targeted approaches tailored to different communities**
2. **Disseminate consistent plain-language vaccine information**
3. **Ensure clients receive consistent support during vaccination process**
4. **Ensure that children are educated on the benefits, risks, and reasons for vaccination**
5. **Ensure barrier-free access to vaccination**



# Next Steps

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