National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

SUPPORTING COVID-19 VACCINE UPTAKE AMONG PEOPLE EXPERIENCING HOMELESSNESS OR PRECARIOUS HOUSING IN CANADA

Introduction

Adults experiencing homelessness or who are precariously housed in Canada have experienced disproportionately high rates and poorer health outcomes related to COVID-19 and, as such, have been identified as a priority population for COVID-19 immunizations.

The purpose of this report is to share findings from key informant interviews conducted by the National Collaborating Centre for Determinants of Health (NCCDH) to better understand vaccine uptake among adults experiencing homelessness or who are precariously housed in Canada. It identifies the current and contextual factors that contribute to COVID-19 vaccine acceptance as well as the facilitators and barriers to COVID-19 vaccine uptake within this population.

Key informant interviews were conducted with health care providers, mostly registered nurses, who are implementing COVID-19 vaccination clinics targeted towards individuals experiencing precarious housing or homelessness. Discussion analysis was conducted to extract themes in terms of facilitators and barriers to vaccine uptake, and suggestions for improving vaccine acceptance among this priority population. Additionally, a national COVID vaccine community of practice discussion among service providers served as validation of findings from the key informant interviews.

Although individuals who are experiencing precarious housing or homelessness are among populations with lower vaccination rates generally, key informants noted that many of the individuals they had interacted with were willing, excited and grateful to receive their COVID-19 vaccine. In addition, there was often a high level of vaccine confidence in settings that considered and addressed barriers to vaccine access.

Challenges and barriers

Barriers to vaccine access for this population were noted in the planning and execution of vaccine clinics, in individuals' ability to prioritize getting the vaccine, and in difficulties communicating and sharing information. All key informants spoke at length about the interplay of trust, stigma and discrimination within these barriers, which can be a significant challenge to overcome.

INACCESSIBLE CLINICS

Mass vaccination clinics that are open to the general public were noted as inaccessible to people who are experiencing precarious housing or homelessness. Key informants specifically identified appointments, long line-ups, geographical distance and requiring internet or phone access (such as for booking or pre-screening questionnaires) as significant barriers that are difficult to overcome. Some communities have addressed these barriers by offering mass vaccination days within shelter settings. However, one-off opportunities were noted to miss a number of people and fail to provide choice for individuals within that setting.

The ability to provide adaptive outreach-based services varies between jurisdictions. Community of practice participants especially noted that the support required to overcome barriers, such as incentives, funding for community ambassadors or willingness to deviate from standardized operations, was not always available from their health authority or public health unit.

COMPETING PRIORITIES

Without housing, individuals in this population have ongoing and competing health and safety concerns. Key informants noted that it is often difficult for individuals to prioritize accessing health services within their day, especially services that are proactive or future oriented (such as getting vaccinated) versus addressing an immediate need (such as finding a place to sleep). Spending time waiting in line or accessing health services was noted to have an opportunity cost for many people in that it's time that individuals may lose out on earning money. There may also be difficulties with waiting in line due to mental health challenges or substance use-related needs.

A perception of invincibility among some people experiencing precarious housing or homelessness, in that "they've survived so much up until this point that COVID doesn't worry them," may lead to not being vaccinated. Individuals have shared with key informants that they're concerned about vaccine side effects and how to manage them without access to daytime shelters or somewhere safe to "sleep it off."

> *"He said, 'I just can't afford to feel shitty.... I'm already functioning on no sleep, I have no safe place to go, I already have so much pain, I can't afford to take something that could potentially make me feel worse.'"*
>
> KEY INFORMANT, JUNE 2021

DIFFICULTY ACCESSING AND PROCESSING INFORMATION

Key informants shared the frequent need to provide information and dispel myths or misinformation that individuals they are vaccinating may have heard or read. Many of their clients have gathered information about vaccines through word of mouth and social media, namely Facebook. Patient handouts, brochures and online resources were not perceived to be useful tools for information-sharing with this population.

Key informants described the ongoing changes to vaccine availability, regulations and protocols as contributing factors to confusion, misinformation or mistrust of information from health care or government sources. They noted that some specific information that individuals may be seeking, such as if and how the vaccine might interact with methadone, is not readily available. In some settings where anti-mask rallies are prominent, these rallies often take place in public spaces that people experiencing homelessness frequent, and it was therefore thought that this may increase exposure to misinformation about COVID-19 generally.

Additionally, difficulties with processing information within this priority population were attributed to mental health and substance use-related challenges (including paranoia, cognitive delay, poor mental wellness and intoxication) that may be exacerbated by poorer access to shelter, services or housing.

MISTRUST, STIGMA AND DISCRIMINATION

All key informants, and many of the community of practice participants, spoke at length about the interplay and significance of stigma and discrimination faced by people experiencing precarious housing and homelessness, and the subsequent erosion of trust with health services and government interventions. Poor experiences with medical services and health care providers, including being turned away from services, mocked, judged or discriminated against, were described by key informants as a universal experience for individuals within this population.

"Individuals often feel quite stigmatized or judged [by health care providers] because of their mental health challenges or their substance abuse challenges."

KEY INFORMANT, JUNE 2021

These poor experiences are thought to contribute to skepticism about COVID-19 and vaccines, as well as the vaccination roll-out. For example, one key informant noted that a few of the people she worked with were mistrustful as to why the government was offering the vaccine to them first, and another had a client say that their community was once again "lab rats" for the general public.

"People are thinking, [the health care system] has never been there for me or my family in the past, so why would they be there now?"

KEY INFORMANT, JUNE 2021

Strategies for improving vaccine uptake

Effective vaccination strategies for people experiencing precarious housing or homelessness were described as low barrier, nimble, responsive and trauma-informed. Key informants shared how they implement client- and community-centred care and specific logistical strategies to overcome barriers, including leveraging trusted relationships, planning alongside community and improving the accessibility of information.

LEVERAGE TRUSTED RELATIONSHIPS

Key informants unanimously described trusted relationships and trauma-informed care as the most important aspect of an effective vaccination strategy for people experiencing precarious housing or homelessness.

Training providers who are already working with this community to give COVID-19 immunizations was thought to be more effective than deploying immunization teams to a community they may be unfamiliar with or where the community may not know or trust that team. Specifically, street-based or outreach nurses were thought to be best situated to plan and implement vaccination roll-out with this population. These nurses are described as being appropriately trained (i.e., to provide trauma-informed care and support people with mental health and substance-use related needs); having comfort and familiarity with outreach-based settings; and having already built trust with the people they're looking to connect with. Vaccination roll-out also serves as an opportunity to connect clients to ongoing care and build relationships.

"Someone coming up that's a stranger, that's, you know, maybe in more of an authority-type looking position that's trying to give you a medication or do a procedure on you that would be maybe invasive, is not something you're necessarily going to be open and okay about right away."

KEY INFORMANT, JUNE 2021

Partnering nurses with people in a community ambassador role, such as peer support workers or other service providers, further builds trust with both the vaccine providers and the COVID-19 vaccine. One strategy was to involve (and pay) individuals from the community to support clinics by talking with their peers and sharing their experiences. Another key informant worked closely with shelter staff to ensure they were provided with the information and resources to "hype up" the vaccine in the days leading up to the vaccination clinics.

"You need boots on the ground, literally walking the streets, building trust, and you need those boots to be filled with people who have that trust and who have those relationships."

KEY INFORMANT, JUNE 2021

Being trauma-informed in how individuals are greeted, given information, assessed, vaccinated and supported was described as critical for building and maintaining trust. This includes offering the choice to decline or defer the vaccine, conscious awareness of space and environment, and allowing for adequate time with each person to communicate information, answer questions and provide support for other health needs that may arise.

"How can I provide information that's informative but not too much, in that you can do in just a few minutes with them. And while you're also being conscious of your environment and space. So, you know, like am I standing too close to them? Am I keeping a good space with them? Am I, like, offering opportunity for them to speak? Or, you know, am I going too quickly with the information that I'm giving? I think you're always thinking about those things in … every single interaction."

KEY INFORMANT, JUNE 2021

COMMUNITY-LED PLANNING FOR LOW-BARRIER CLINICS

The importance of low-barrier, outreach-based clinics to reach this population was noted by all key informants and community of practice participants, with emphasis on the importance of customizing the location, format and timing to the community's needs and assets. Partnerships, especially with community-based organizations or shelters, were described as critical for effective implementation of and communication about vaccination clinics. Nimble and responsive teams of immunizers who are partnered with community ambassadors (such as peer support workers or shelter staff) are thought to be a highly effective strategy to reach this population.

Logistical considerations for low-barrier access for people experiencing precarious housing or homelessness include:

- no requirement for identification or unique lifetime-identifying number or care card number;
- community-based outreach services (e.g., van or mobile based, "pop-up" tents, within shelters or lunch programs, walking outreach) or support for transportation;
- walk-in availability with minimal wait times;
- ongoing, consistent opportunities for vaccination (rather than one-off mass vaccination clinics); and
- acknowledgment of time through incentives, preferably cash.

"One of the biggest things I think is so important around building relationship and trust and healing trauma is giving people choice and that this isn't something that they have to do and … it's okay to not want it or to need time to think about it, that the opportunity will still be there in the future for them."

KEY INFORMANT, JUNE 2021

Especially within the community of practice, participants spoke to the importance of advocacy within their health authorities or with public health decision-makers in order to implement responsive and consistent community-based clinics. Overcoming resistance to deviating from a standardized approach was a common experience. Community advocates and health care providers both need to play a role in stressing the importance of community-led and adaptive vaccination roll-out in order to secure resources and support for effective implementation.

ACCESSIBLE INFORMATION

Information from trusted sources, including service providers, peers and family, was described as more effective than information that was perceived to be "coming from government" or other institutions such as the health authority. Effective strategies include ensuring that social service staff, such as staff at shelters or community-based agencies, had access to myth-busting information and information about clinic availability that they could share with individuals within this priority population, as well as "low-tech" ways of promoting vaccination clinics such as posters on lamp posts and notice boards.

Consistent messaging with repetition, reminders and multiple opportunities to discuss vaccine information was also noted as important for ensuring people experiencing precarious housing or homelessness had access to vaccine information.

Conclusion

Key informant interviews with service providers who support individuals experiencing precarious housing or homelessness identified structural, logistical and individual barriers to vaccine uptake. These barriers include inaccessibility of clinics, the individual's competing priorities, challenges with accessing and processing information, and experiences of stigma and discrimination contributing to mistrust of health care providers and health services.

In order to overcome these barriers, vaccination programs can leverage trusted relationships within the community through partnerships with community-based organizations and peer support workers or community ambassadors. Ensuring that immunizers use a trauma-informed approach to care helps to maintain and further build trust with this population. Although people experiencing precarious housing and homelessness have been identified as a priority population, key informants reinforced that more resources, flexibility and support are needed from their health authorities or public health organizations to provide nimble, responsive services that meet the needs of this community.

APPENDIX A: KEY INFORMANTS

Name	Organization	Email
Leigh Chapman	Inner City Health Associates, Toronto	champmanle@smh.ca
Macy Popovitch	Alberta Health Services, Calgary	macy.popovitch@ahs.ca
Candice Schwartz	Vancouver Coastal Health, Vancouver	candice.swartz@gmail.com
Christie Reeve	Hastings Prince Edward Public Health, Belleville	creeve@hpeph.ca
Patrick McDougall	Dr. Peter AIDS Foundation, Vancouver	pmcdougall@drpeter.org

Contact Information
National Collaborating Centre for Determinants of Health
St. Francis Xavier University
Antigonish, NS B2G 2W5
tel: (902) 867-6133
fax: (902) 867-6130
nccdh@stfx.ca
www.nccdh.ca
Twitter: @NCCDH_CCNDS

Written by Claire O'Gorman, National Collaborating Centre for Determinants of Health (NCCDH).

Reviewed internally by Claire Betker (NCCDH). We would also like to thank our key informants for their insight and expertise: Leigh Chapman, Macy Popovitch, Candice Schwartz, Christie Reeve, Patrick McDougall.

The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2021). *Supporting COVID-19 vaccine uptake among people experiencing homelessness or precarious housing in Canada*. Antigonish (NS): NCCDH, St. Francis Xavier University.

ISBN: 978-1-989241-68-4

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the NCCDH. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This document is available electronically at www.nccdh.ca.

La version française est également disponible au www.ccnds.ca sous le titre *Faciliter l'acceptation des vaccins contre la COVID-19 chez les personnes en situation d'itinérance ou vivant dans un logement précaire au Canada*.