

# COVID-19 Priority Population Vaccine Implementation Toolkit (Version 2.0)

Last Updated: July 12, 2022

# Purpose

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- The purpose of this toolkit is to offer a one-stop-shop of information to guide partners to coordinate with vaccine administrators for priority populations.
- For these purposes, priority populations groups that are eligible for the COVID-19 vaccine and/or booster but where the uptake, based on COVaxON data, is low, the risk of infection is high, and are more likely to have adverse outcomes.
- Although the resources are grouped by population, partners are encouraged to consider the intersectionality of those they work with and leverage all toolkit resources that may apply.

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**Background**



# Provincial Overview: Coverage by Characteristic

Coverage As of May 8, 2022

			Total Population (5+, non-LTCH)	# with no doses	# With 1 <sup>st</sup> dose only	# With 1 <sup>st</sup> and 2 <sup>nd</sup> doses only	# with 1 <sup>st</sup> , 2 <sup>nd</sup> and 3 <sup>rd</sup> doses	
Severe mental illness	84.8%	80.5%	40.6%	64,894	9,849	2,796	25,885	26,364
Currently pregnant	84.6%	82.2%	38.8%	85,968	13,234	2,056	37,316	33,362
Recent refugees (i.e. landing date after January 2010)	80.8%	76.4%	23.9%	99,040	19,061	4,324	51,989	23,666
Recent registrant of OHIP	79.9%	74.2%	31.8%	299,013	60,093	17,028	126,706	95,186
Intellectual or developmental disability	77.9%	72.6%	38.2%	160,699	35,591	8,393	55,264	61,451
Substance use disorder	75.5%	68.5%	31.3%	99,908	24,479	7,029	37,109	31,291
Recent experience with homelessness	69.8%	59.7%	26.6%	16,303	4,919	1,654	5,390	4,340

■ At least 1 dose coverage ■ At least 2 doses coverage ■ At least 3 doses coverage

Note: See updated definition for Recent registrants of OHIP (Newcomers) on slide 39.

# Context for Action: People Experiencing Homelessness

- One study<sup>1</sup> suggests that people experiencing homelessness (PEH) are:
  - More likely to become infected with COVID-19;
  - 20x more likely to be hospitalized;
  - 10x more likely to require intensive care; and
  - 5x more likely to die within 21 days of positive test.
- The fact that this population is transient, underserved, ever-shifting and growing contributes to these outcomes.
- Hesitancy factors for vaccination among PEH include fear and mistrust, misinformation in the media and barriers to accessing to healthcare structures<sup>2</sup>. Online booking or limited access to travel makes it difficult for PEH to get vaccinated<sup>2</sup>.
- Community health centres and outreach teams and targeted interventions, e.g., mobile vax clinics at encampments, opioid replacement therapy/safe injection locations, may be best suited to support PEH vaccination efforts.

## Current Status

- As of May 8, 2022, roughly **69.8%** of people experiencing homelessness in Ontario had at least one dose, with **59.7%** having at least 2 doses and **26.6%** boosted<sup>3</sup>

# Context for Action: People with Substance Use Disorder

- “Compared to the general population, they are more vulnerable to the health impacts of COVID-19 and the hardships of physical distancing.” – [Canadian Centre on Substance Use and Addiction](#)
- “People who use substances may be more likely to contract or develop complications from COVID-19 compared to people who do not because of ...compromised immunity or other underlying health problems.” [Canadian Centre on Substance Use and Addiction](#)
- “If they do contract the COVID-19 virus, they may be vulnerable to more severe complications due to suppressed immune function or respiratory issues brought on by using substances such as alcohol, cannabis or methamphetamine (Canadian Centre on Substance Use and Addiction, 2020a; 2020b).
- “The lungs and cardiovascular system are often compromised in people with SUD, which may partially explain their heightened susceptibility to COVID-19,” Volkow noted in a [statement](#). “Another contributing factor is the marginalization of people with addiction, which makes it harder for them to access health care services.”
- There is an increased risk among individuals who use substances to get COVID-19, despite being vaccinated, due to compromised immune systems and increased exposure. (See study [here](#))

## Current Status

- As of May 8, 2022, roughly **75.5%** of individuals with substance use disorder in Ontario had at least one dose, with **68.5%** having at least 2 doses and **31.3%** boosted<sup>3</sup>

# Context for Action: Corrections

- COVID-19 vaccine rates are low. Corrections has a dedicated supply of vaccines that clinicians at all institutions are offering and administering to clients.
- Despite ongoing vaccination efforts, **inmate coverage rates are low** across the province and outbreaks continue to occur.
- Vaccine uptake is not exclusively an access issue, as many individuals are refusing vaccination when offered. Contributing factors include:
  - **Transient nature of the population** – some inmates on remand are in custody for less than 30 days;
  - **Culture of vaccine hesitancy** (strong peer influence on behaviours, low vaccine attestation rates among staff); and
  - **Lack of trust** with corrections system, government, and law enforcement.

## Current Status

- **50% of the current population of inmates** in Ontario Correctional institutions have received at least one dose of the COVID-19 Vaccine, compared with **90.2% of Ontarians 12 years and older the current population of inmates**<sup>3</sup>.



# Context for Action: Newcomers and recent refugees

- COVID-19 vaccination rates among newcomers and recent refugees vary widely across Ontario, with rates in some PHUs as low as 69% among newcomers and 50% among recent refugees.
- Studies suggests that some migrant communities may be more susceptible to COVID-19 vaccine misinformation, particularly where language barriers and social exclusion are barriers to accessing information<sup>4</sup>.
- A qualitative study out of the UK found a range of misbeliefs on the COVID-19 vaccine (e.g., referring to COVID-19 as a hoax, considering it a “western disease”, not willing to be a “guinea pig” for the vaccines, or that it contains a microchip)<sup>5</sup>.

## Current Status

- As of May 8, 2022, **79.9%** of **newcomers** in Ontario had at least one dose, with **74.2%** having at least 2 doses and **31.8%** boosted<sup>3</sup>.
- As of May 8, 2022, **80.8%** of **recent refugees** in Ontario had at least one dose, with **76.4%** having at least 2 doses and **23.9%** boosted<sup>3</sup>.

- Other risk factors for lower uptake of the COVID-19 vaccine for newcomers or migrants may include<sup>6</sup>:
  - Lack of trust in public health, and public health systems;
  - Religion and beliefs influence vaccine decision-making;
  - Being excluded from health and vaccination system due to lack of legal entitlement; and
  - Problems accessing primary care or the delivery point for the vaccine.

# Context for Action: Pregnant Individuals

- COVID-19 vaccine rates are moderate, however, due the vaccination rate among this population is a priority because COVID-19 infection in pregnancy increases the risk of medical complications and death.
  - Pregnant individuals who contract COVID-19 are five times more likely to be hospitalized and ten times more likely to be admitted to the ICU<sup>2</sup>.
  - COVID-19 infection in pregnant individuals significantly increases the risk of stillbirth, premature birth, and that the baby will need to be admitted to neonatal intensive care<sup>7</sup>.
- Literature identifies a many factors that contribute to vaccine hesitancy in this population, including perceived safety concerns for the pregnant individual and the child, the perceived risk of contracting the virus relative to the risks associated with the vaccine, and lack of trust<sup>8</sup>.
- Outreach strategies for this population in many PHUs is focused on providing resources to care providers (PCPs, OB/GYNs, midwives) to facilitate conversations with their patients about the benefits to vaccination and risks of not being vaccinated.

## Current Status

- Vaccination numbers in this population is a moving target.
- As of May 8, 2022, **84.6%** of currently pregnant individuals had at least one dose with **82.2%** having at least 2 doses, and **38.8%** boosted<sup>3</sup>.

# Context for Action: Persons with Developmental Disabilities

- This population is considered high-risk as part of Ontario's vaccine roll-out strategy. Although approaching the provincial averages, the vaccination rates for first, second and booster doses still lags.
- A retrospective cohort study regarding Ontarians with intellectual and developmental disabilities study found that this population is twice as likely to be hospitalized when infected with COVID-19<sup>9</sup>.
- Factors increasing the risks of COVID-19 infection for this population may include living in congregate settings, using residential service or exposure to support workers.
- Simple and clear communication is particularly important with this population as some individuals may have difficulty accessing information, trouble understanding information.
  - See [resources for supporting wellness and mental health for people with developmental disabilities](#).

## Current Status

- As of May 8, 2022, **77.9%** of Ontarians with a developmental disability had at least one dose with **72.6%** having at least 2 doses, and **38.2%** boosted<sup>3</sup>.
- Classifications were identified using diagnosis and procedure codes and may therefore not capture all individuals.

# Context for Action: Persons with Severe Mental Illness

- This population is considered high-risk as part of Ontario's vaccine roll-out strategy. Although approaching the provincial averages, the vaccination rates for first, second and booster doses still lags.
- Studies suggest that adverse medical outcomes arising from COVID-19 infection are more substantial in people with severe mental illness compared to those with less severe mental illness<sup>1</sup>.
- A study (pre-print, currently under peer review) assessing vaccine readiness in a sample of 2,528 Ontarians suggested that it is not reasonable to ascribe vaccine hesitancy to mental health or substance use issues. The only exception was depression which was associated with greater vaccine readiness<sup>10</sup>.
- It's worth noting this only one study and a small sample size. The findings could suggest that any vaccine hesitancy or lower-than-average vaccination rates may be attributable to other hesitancy factors (e.g., mistrust in healthcare or misinformation, fear of vaccines) or access barriers (e.g., transport, challenges in managing appointments).

## Current Status

- As of May 8, 2022, **84.8%** of Ontarians with severe mental illness had at least one dose with **80.5%** having at least 2 doses and **40.6%** boosted<sup>3</sup>.

# Barriers and Challenges: Illustrative Examples from PHUs

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A woman walking by ambivalently stops, she has questions about the vaccine and is quite tearful stating she fears that the vaccine may make her underlying medical condition worse. After several minutes of discussion, she thanks us for answering her questions asks if we administer her vaccine.

Two young construction workers pull up in a van park on the side of the road in front of our set up hopeful that they can get their second shots because it's been hard for them to get time off of work to do so.

A woman hangs around the tent for a while, we strike up a discussion she seems hesitant although continues to indicate that she wants a dose. We continue chatting for some time until she finally says very quietly that she has “no status” in Canada. She goes on to explain how she walked by the hospital-based vaccine clinic multiple times but was too frightened to come in because of her lack of status. We were able to vaccinate her that day. She was so relieved after describing many nights lying in bed worrying about getting Covid.


# Strategy Spotlight



# 1. Incentives

Monetary or non-monetary items (gift cards, food items, lotteries, community discounts)

- **Evidence** to support [ethical](#) and effective approach to individual behaviour change, treatment adherence, and increased testing rates among youth and hard-to-reach populations
- **Empowers clients, strengthens clinical autonomy** by underlining their role as partner and decision-maker in health service interaction
- **Promotes relationship repair** between disenfranchised clients and services, institutions (health, community, corrections)
- Most **effective** when embedded in wrap-around client-centered services with justice orientation, not paternalistic or condescending

Example	Related Resources
<p><b>Toronto Public Health</b></p> <p>Incentive program for people experiencing homelessness to access testing and/or vaccine.</p> <ul style="list-style-type: none"><li>• \$5 gift card given to client for testing</li><li>• \$25 gift card(s) given to client for each vaccine</li><li>• \$10 available to shelter operator to provide additional onsite incentives (food, drinks)</li><li>• Indigenous Affairs Office (IAO) to purchase gift cards for vaccine clinic</li></ul>	<ul style="list-style-type: none"><li>• <a href="#">Incentives Guidance Memo</a> from Toronto Public Health to shelter settings service providers (June 2021) includes evidence to support practice</li><li>• <a href="#">Incentive Order Form</a> can be used by shelter agency to request gift cards from Shelter Support and Housing Administration, Homelessness Initiatives</li><li>• <a href="#">Summary of Considerations</a> Briefing Note summarizing considerations for the use of incentives to increase vaccine uptake in Toronto. Includes scan of Vaccine Incentives and Policies</li></ul> <div data-bbox="1592 1278 1651 1339"></div> <p data-bbox="1396 1349 1847 1378">21-07-14BN_VaccineIncentivesUpdated_v5.pdf</p>

## 2. Peer Programming Overview

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Organizations may use [peer outreach workers](#) or other designates to connect with local communities. Their roles are to connect with communities and communicate with key understanding of local needs, such as shared experiences, language, and culture. Their goal is to overcome barriers to receive appropriate care and services.

### Peer Support Principles

- Peer support is voluntary
- Establishing trust. This may take several encounters with the individual / community.
- Connect through use of language and cultural context
- Utilizing lay terms to relay complex messages
- Offer services that are beneficial to the individual
- Depending on the need, apply an illness-centred approach or a person-centred approach
- Mental Health Commission of Canada - Guidelines for the Practice and Training of Peer Support



# Peer Programming Resources

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Resource Name & Link	Information
<a href="#">Peer Ambassador and Champion Summary</a>	The City of Toronto document related to the importance of recruiting peers who have on-the-ground relationships and networks with people experiencing homelessness to decrease barriers.
<a href="#">Inner City Health Associates Peer Program</a>	Resource to educate and train Community Health Ambassadors on their role in supporting vaccine outreach and engagement
<a href="#">Health Ambassador Training</a>	Resource to educate and train Community Health Ambassadors on their role in supporting vaccine outreach and engagement
<a href="#">Haldimand Norfolk Vulnerable Population Postcard</a>	Post Card with info on COVID-19 vaccine
<a href="#">Peer Engagement Principles and Best Practices: A guide for BC Health Authorities – Ontario Harm Reduction Network</a>	Report on peer engagement best practices.
<a href="#">Peer Manual</a>	A Guide and a Resource – For engaging with clients beyond service provision in a harm reduction setting – South Riverdale Community Health Centre, Regent Park Community Health Centre, Sherbourne Health [Toronto Community Hepatitis C Program]
<a href="#">Research Snapshot: COVID-19 impacts among 2SLGBTQ+ youth experiencing homelessness</a>	Study on the impacts of the COVID-19 pandemic on 2SLGBTQ+ youth at risk of, and experiencing, homelessness in the GTA

### 3. Mobile Clinics

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- The **mobile clinic model can be an effective tool for overcoming barriers to accessing vaccines**. Access barriers can look like:
  - No transportation or limited transportation (e.g., infrequent busses) to vaccine clinics
  - Work schedules and/or locations that make it difficult to get to vaccine clinics during regular operating hours
- Mobile clinics may be effective for increasing vaccine access for:
  - People experiencing homelessness and other populations that are transient
  - People in rural regions
  - People in congregate settings (e.g. shelters, long term care homes, etc.)
- In conjunction with broader planning efforts, mobile clinics can also be a tool to help overcome any difficulties finding clinics or registering for vaccine appointments, for e.g., by setting up a clinic in communities where underserved populations live and work.

# GO-VAXX Bus and Mobile Clinics

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- The province has launched three mobile clinic initiatives to support PHUs. In all cases, trained medical staff administer the vaccine and are available to answer patient questions and discuss any concerns.
  - **GO-VAXX Bus**
    - The buses arrive with all necessary supplies and equipment and vaccinate on site. The buses travel up to two hours from the GTA for the day and longer trips are possible but may require additional planning.
    - Up to 300 people per day can be vaccinated.
  - **Mobile/Pop-up on site of external stakeholders**
    - Indoor mobile clinics allow for vaccination inside existing, and often trusted, establishments.
    - The team arrives with all the necessary equipment to host a clinic, including vaccines and supplies, tables and chairs.
    - Up to 500 people can be vaccinated per day.
  - **Micro clinics**
    - Mobile clinic for smaller sites – only 500 sq ft is needed for the set up.
    - Due to size, multiple micro-clinics can be coordinated in a day.
    - Up to 20 people can be vaccinated per hour.

To inquire about booking a clinic email [GOVAXX@ontario.ca](mailto:GOVAXX@ontario.ca)

# Specific Populations



# Specific Population: Corrections (1 of 2)

Justice involved individuals in Ontario are a diverse population with unique needs. The following resources have been designed for this population and may be helpful to improve COVID-19 vaccination uptake among them.

Vaccine uptake is not exclusively an access issue, as many individuals are refusing vaccination when offered. Contributing factors include:

- Transient population
- Culture of vaccine hesitancy
- Lack of trust

Resource Name & Link	Overview
<a href="#">PASAN Worksheet</a>	PASAN has developed an interactive worksheet for inmates to inform them about the COVID-19 vaccine. The worksheet includes a crossword and other interactive components.
<a href="#">NCCHC– Vaccine Hesitancy Communications Flowchart</a>	National Commission on Corrections Health Care has developed a communication flowchart to help navigate vaccine hesitancy within this population
<a href="#">CDC Posters</a>	Center for Disease Control has developed posters to encourage vaccination in correctional institutions

# Specific Population: Corrections (2 of 2)

## VaxFacts Clinics

- VaxFacts Clinic is here to connect you with qualified SHN doctors who understand you may have questions or concerns, or just want to learn more.



<https://www.shn.ca/vaxfacts>



416-438-2911 ext. 5738.

## John Howard Society



<https://johnhoward.on.ca/yorkregion/covid-19-resources>

## PASAN (Accepts collect calls)

- A community-based prisoner health and harm reduction organization that provides support, education and advocacy to prisoners and ex-prisoners



toll-free at **1-866-224-9978** or **416-920-9567**

## 211 Ontario

- A free helpline that connects you to services and programs in your area. Find services for mental health, housing, legal, emergency, employment and more.



[2-1-1](https://www.211.ca) 24/7 Toll-free: [1-877-330-3213](https://www.211.ca)

# Specific Population: Youth Justice

Barriers to vaccine uptake include hesitancy issues such as:

- Transient population with some youth in 'short stay' detentions
- Mistrust in government
- Hesitancy among both youth in facilities and their parents/guardians

Resources/webinars/info sessions that are geared towards youth and their families can increase vaccine confidence. The below list contains resources that would be beneficial to staff both in our facilities and probation offices.

Resource Name & Link	Information
<a href="#">Youth Vaccine Information Sheet</a>	Basic information for youth 12+ on vaccines and their use against COVID-19.
<a href="#">Information on COVID-19 Vaccine Appointments</a>	Guidance outlining what can be expected for a vaccine appointment including preparations, concerns about allergic reactions, aftercare and more.
<a href="#">Needle Fears Resource</a>	Information on needle-related fainting and techniques on how to reduce needle fainting.
<a href="#">Improving the Vaccination Experience</a>	A guide for healthcare providers on using the CARD system (Comfort, Ask, Relax, Distract) to improve the vaccination experience for patients.

# Specific Population: People Experiencing Homelessness (1 of 3)

## Factors to Increase Vaccination Rate Among Individuals Experiencing Homeless

The two most successful factors that in increasing vaccination rates among homeless individuals are **peer support staff and incentives**, both of which are outlined in details on previous slides. In addition to those, the following have also been found to be effective:

- Providing a **meal on site or to-go**
- Vaccinating in **locations such as food banks, thrift stores and drop-in programs** that his population may visit
- Having agency or public health staff be the first point of contact as opposed to security
- **Using case managers to ask people to attend**, in a location they are familiar with such as the agency office.
- **Making the clinic fun** through balloons, DJ's, magicians and an overall celebratory feeling
- **Offering transportation** to and from vaccination sites, for example taxi chits (can be used as a form of incentive)
- **Partnering with local street outreach teams** and visiting encampments
- **Having staff hand deliver flyers** to social housing units and apartments about where the bus will be each day that week
- **Putting up posters in apartment buildings with bus schedule**



# Specific Population: People Experiencing Homelessness (2 of 3)

Resource Name & Link	Overview
<b><i>Shelter-specific resources</i></b>	
<a href="#">Toronto Region Shelter &amp; Group Congregate Support Coordination Table</a>	This document has been prepared as a standardized guide to plan for and implement vaccination in shelter settings in the Toronto Region
<a href="#">12 COVID-19 Vaccination Strategies for Your Community   CDC</a>	The COVID-19 Vaccination Field Guide outlines selected strategies to help increase vaccine confidence and uptake. Speaks to incentives, ambassadors and other useful pieces
<a href="#">FAQ/Factsheet</a>	
<b><i>Staff Resources - How to have 1:1 Conversations with clients/residents, i.e. motivational interviewing</i></b>	
<a href="#">McGill University: Motivational Interviewing Techniques</a>	Document can be used for Facilitating behaviour change in the general practice setting
<a href="#">Applying motivational interviewing to the vaccine</a>	An Introduction to Motivational Interviewing for Healthcare Professionals
<a href="#">Talking to patients/clients about COVID</a>	This guide is meant for healthcare professionals who may encounter questions or concerns from clients/patients regarding the COVID-19 vaccines.

# Specific Population: People Experiencing Homelessness (3 of 3)

Resource Name & Link	Overview
<a href="#">TPH Poster</a>	Provides information about where people experiencing homelessness can get their COVID-19 vaccine.
<a href="#">City of Toronto; Requirement to Show Proof of Vaccination in Select Settings in Ontario: FAQ for People Experiencing Homelessness</a>	Provides answers to questions on proof of vaccination for people experiencing homelessness
<a href="#">What people experiencing homelessness need to know about COVID-19 vaccine</a>	Q&As on the vaccine tailored specifically for people experiencing homelessness
<a href="#">Resources From Canadian Network for the Health and Housing of People Experiencing Homelessness</a>	Resources to help the homelessness sector respond to a COVID-19 outbreak

## *Other resources*

- [Engaging Adults Experiencing Homelessness in Recovery Education](#)
- [Promoting continuity of care for homeless adults with unmet health needs: The role of brief interventions](#)

# Indigenous Resources: Corrections, Homelessness, Substance Use

Within the priority populations of substance use, homelessness and corrections there are additional considerations for those in the FNIM populations. Resources to support vaccine uptake within those groups can be found below.

Resource Name & Link	Overview
<a href="#">Supporting Vaccine Confidence</a>	Supporting Vaccine Confidence in First Nations, Inuit and Métis communities
<a href="#">Tips for Conversations</a>	Tips for Conversations with Patients about Vaccinations
<a href="#">Vaccine information resources</a>	Information and Resources to Build Vaccine Confidence for First Nations, Inuit and Métis People
<a href="#">Vaccine Facts</a>	Vaccine Facts Focused on Supporting Vaccine Uptake in Indigenous Communities
<a href="#">Indigenous Primary Health Care Council Resources</a>	To build vaccine confidence/increase accessibility of rollout
<a href="#">Indigenous Vaccine Knowledge Sharing – Women’s College Hospital Partners</a>	Unpacking Biomedicine, traditional knowledge and healing practices through oral storytelling and visualizations.

# Specific Population: People with Substance Use Disorder

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Resource Name & Link	Overview
<a href="#">Methamphetamine, Cocaine and Covid-19 Health Risks</a>	Document created by the Canadian Centre on Substance Use and Addiction to discuss risks of substance use and COVID as well as harm reduction approaches to increase safety.
<a href="#">Youth Wellness Hub Ontario (YWHO) Model (Kenora)</a>	A document on how Kenora engaged rural youth during the pandemic allowing them to continue to provide mental health and addiction services to youth. Check <a href="#">YWHO</a> for other regions with similar models.
<a href="#">Vancouver Coastal Health</a>	Poster used to promote vaccine uptake among individuals who use substances

# Specific Population: Newcomers and recent refugees

Resource Name & Link	Overview
<a href="#">How to Spot Fake News</a>	<p>Infographic created by the International Federation of Library Associations and Institutions about critical thinking in media and information literacy and sets out eight steps to spot fake news. Made available in 44 languages.</p> <p>Note: this is a general resource; not COVID-19 specific.</p>
<a href="#">Vaccine development and approval in Canada</a>	<p>Health Canada infographic about the process for vaccine development, review and approval, distribution, and ongoing monitoring in Canada. Available for download in Arabic, Simplified Chinese, Traditional Chinese, Cree, Farsi, Hindi, Inuktitut, Korean, Punjabi, Spanish, Tagalog, Tamil, Urdu, Vietnamese.</p>
<p><a href="#">20 Vaccine Questions</a> (20 vaccine questions series is on the main page)</p> <p>Other resources from AIMGA:</p> <ul style="list-style-type: none"><li>• <a href="#">COVID-19 videos</a></li><li>• <a href="#">COVID-19 podcasts</a></li></ul>	<p>Videos created by AIMGA's Healthcare Hub for Newcomers that answers common questions about vaccines (e.g., what goes into making sure the COVID-19 vaccines are safe and effective, why is it important to be vaccinated, what are the side effects of the vaccine) translated into Amharic, Arabic, Bengali, French, Malayalam, Punjabi, Russian, Spanish, Tagalog, Tigrinya, Ukrainian, Urdu, Vietnamese, Yoruba).</p>

# Specific Population: Newcomers and recent refugees

Resource Name & Link	Overview
<p>COVID-19 Vaccine: Translated Guides to Booking an Appointment</p> <p><a href="#">French</a>; <a href="#">Arabic</a>; <a href="#">Chinese</a>; <a href="#">Italian</a>; <a href="#">Polish</a>; <a href="#">Punjabi</a>; <a href="#">Serbian</a>; <a href="#">Somali</a>; <a href="#">Spanish</a>; <a href="#">Urdu</a>; <a href="#">Greek</a>.</p>	<p>Translated resources/step-by-step guide to vaccine appointments in Windsor-Essex made available by the Multicultural Council of Windsor and Essex County.</p>
<p>COVID-19 Vaccine Bulletins</p> <ol style="list-style-type: none"><li>1. <a href="#">What do you need to know about the COVID-19 vaccines</a></li><li>2. <a href="#">How did we get COVID-19 vaccines so fast?</a></li><li>3. <a href="#">Who were the COVID-19 vaccines tested on?</a></li><li>4. <a href="#">Trusted Answers to your COVID-19 vaccine questions</a></li><li>5. <a href="#">Pfizer/BioNTech and Moderna COVID-19 Vaccines: Is there a difference?</a></li><li>6. <a href="#">Why can youth aged 12-17 only received the Pfizer COVID-19 vaccine right now?</a></li><li>7. <a href="#">Why should my child get the COVID-19 Vaccine?</a></li></ol>	<p>Nine bulletins about COVID-19 vaccines developed collaboratively between Refugee 613, OCASI, Women's College Hospital and other organizations, made available in up to 17 languages: Amharic, Arabic, Bangla, English, Farsi, French, Hindi, Punjabi, Simplified Chinese, Somali, Spanish, Swahili, Tamil, Thai, Tigrinya, Traditional Chinese, and Urdu.</p>

# Specific Population: Newcomers and recent refugees

Resource Name & Link	Overview
<a href="#">Multilingual Resources for Diverse Communities</a>	Ottawa Public Health's collection of resources and multilingual videos on various topics pertaining to COVID-19, including an mRNA vaccine handout, COVID-19 vaccine stories, parent testimonials for vaccination of children 5-11, a newcomer health series, and doctors answering COVID-19 questions in various languages.
<a href="#">COVID-19 Informational Videos for Refugee Communities</a>	Playlist of videos about how to protect yourself from COVID-19 in Arabic, English, Burmese, Nepalese, French, Spanish, Rohingya, Somali, Farsi, Swahili and Kinyarwanda.
<a href="#">Health Design Studio COVID-19 Printables</a>  Infographics that may be of interest: <ul style="list-style-type: none"><li>• <a href="#">Safety Advice for COVID-19</a></li><li>• <a href="#">COVID-19 Vaccine Aftercare</a></li></ul>	<p>A collection of downloadable, multilingual, adaptable one-page infographics to improve access and understanding of COVID-19 Information.</p> <p>Languages include: Amharic, Bengali, Burmese, Chinese – Simplified, Chinese – Traditional, Czech, Dari, Farsi, Filipino – Tagalog, Gujarati, Hebrew, Hindi, Hungarian, Italian, Korean, Kurmanji, Low German, Malay, Marathi, Nepali, Oromo, Pashto, Polish, Portuguese, Punjabi, Russian, Slovak, Somali, Sorani, Swahili, Tamil, Thai, Tigrinya, Urdu, Vietnamese)</p>
<a href="#">The facts about COVID-19 vaccines</a>	Factsheet developed by the Public Health Agency of Canada available for download in the following languages: Arabic, Simplified Chinese, Traditional Chinese, Cree, Farsi, Hindi, Inuktitut, Korean, Punjabi, Spanish, Tagalog, Tamil, Urdu, Vietnamese

# Specific Population: Pregnant individuals

Resource Name & Link	Overview
<a href="#">I am pregnant or breastfeeding. Should I get the COVID-19 Vaccine?</a>	FAQ resource developed by the Provincial Council for Maternal and Child Health recommending vaccination during pregnancy, noting it is the safest choice to protect yourself and your baby from COVID-19.
<a href="#">I'm pregnant. How can I keep safe? What should I do if I get COVID?</a>	FAQ resource developed by the University of Toronto's Department of Family and Community Medicine in collaboration with the Ontario College of Family Physicians as part of their "Confused about COVID?" series.
<a href="#">Infographic - COVID-19 Vaccination in Pregnancy</a> <ul style="list-style-type: none"><li>• <a href="#">Link</a> to detailed reference explainer written by Dr. Viki Male.</li></ul>	Infographic developed by the British Society for Immunology about COVID-19 vaccination in pregnancy and addressing vaccine concerns that are prominent in public discussions pertaining to this population.
<a href="#">COVID-19 Vaccine – myths and facts</a>	FAQ one-pager from the Society of Obstetricians and Gynaecologists of Canada addressing questions about vaccinations and pregnancy, fertility and menstrual cycle irregularities.
<a href="#">SOGC COVID-19 Vaccination in Pregnancy – FAQ for Health Care Providers</a>	FAQ resource for health care providers developed by the Society of Obstetricians and Gynaecologists of Canada. Suggests providers recommend COVID-19 vaccination for pregnant, lactating or family planning patients and arms providers with the data/information to answer common patient questions (e.g., what are the data on safety of the vaccines, what are the risks of COVID-19 vaccination in pregnancy).





# Specific Population: Persons with Severe Mental Illness

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Resource Name & Link	Overview
<a href="#">What do I need to know about the COVID-19 Vaccine</a>	CAMH resource that includes FAQs and language about whether the vaccine will affect their medications, whether alcohol/drugs affects how the vaccine works, and why it's important for people with mental illness to get the vaccine.

# Specific Population: Developmental Services

Resource Name & Link	Overview
<p><b>Accessibility Tip Sheet C-19 Immunization</b></p> <p>EN:  Accessibility Tip Sheet C-19 Immunization _ FINAL.pdf</p> <p>FR:  Planification de la distribution des vaccins contre la COVID-19_06-01-2021 v2.pdf</p>	<p>This document provides simple information to assist vaccination sites to provide accessible services to people with disabilities in the COVID-19 vaccination process.</p>
<p><b>Real Xchange: Covid-19 Resources/Covid-19 Vaccine</b></p> <p><u><a href="https://communitylivingsex.org/">COVID-19 Vaccine - The Real Xchange (communitylivingsex.org))</a></u></p>	<p>A Hub for Resources, Knowledge Exchange, Collaboration and Learning in the DS Sector.</p>
<p><b>ConnectABILITY</b></p> <p><u><a href="#">ConnectABILITY   Resources for people with a developmental disability and their support networks</a></u></p>	<p>Covid-19 Resources Supporting Individuals, Families and Caregivers.</p>



**Other Relevant Resources**

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# Vaccine Equity Resources

Resource Name & Link	Overview
<a href="#">Improving Vaccine Access For Priority Populations</a>	Issues and Opportunities for Local Planning
<a href="#">COVID-19 resources   CATIE - Canada's source for HIV and hepatitis C information</a>	Resources on COVID-19 and HIV/Hep C
<a href="#">Health Commons Solutions Lab</a>	Resources on COVID-19 and vaccine
<a href="#">Health Commons Solution Lab Compendium of Community resources</a>	Relevant messages and information on COVID-19 for communities to reach out to their groups
<a href="#">Paving the Road to Vaccine Equity</a>	Toolkit for frontline providers on concepts, strategies, and resources to support vaccine uptake
<a href="#">Centre for Effective Practice COVID-19 Vaccination Micro-site</a>	Vaccines at a glance; Patient resources (including Multilingual information, newsletter and social media); Ensuring patient confidence in vaccines; COVID-19 vaccines for children; Emerging evidence: COVID-19 vaccines for children
<a href="#">Black Led Vaccine Clinics</a>	Toronto Shelter Network has created a document for clinics interested to create a black-client-centered COVID-19 Vaccine Clinic.
<a href="#">Women's Health Drop-In Days</a>	FAQ on many of the questions that come up around COVID across all populations.



# Vaccine Hesitancy Resources

Resource Name & Link	Overview
<a href="#">Judgment free zone poster</a>	Poster to inform your community you are a judgment-free environment
<a href="#">Vaccine resources</a>	One pager of links to resources
<a href="#">Confidence line FAQ</a>	To help ask questions and start a conversation on vaccine with the targeted groups
<a href="#">Dispelling the most common COVID-19 vaccine myths and conspiracy theories.</a>	Dispel some of the most common coronavirus vaccine myths and conspiracy theories circulating in our African, Caribbean & Black (ACB) communities
<a href="#">Vaccine Confidence Project</a>	Collection of global resources that can be used to gain further information about vaccines and their recommended usage.
<a href="#">CAMH and HCARDD vaccine info sheet</a>	Provides info on COVID-19 and vaccine in simple language

# Additional Resources

Resource Name & Link	Overview
<a href="#">Vaccine Hesitancy Guide – University of Calgary’s School of Public Policy</a>	Have better clinical conversations about vaccines; Differentiate common types of vaccine hesitancy; Browse through these types to help identify the sources of your patients’ hesitancy and find advice and resources on to address them.
<a href="#">CAMH Resources</a>	COVID-19 resources to speak with patients on vaccine hesitancy

# Sources cited

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- <sup>1</sup>Richard, Lucie et al. January 11, 2021. [Testing, infection and complication rates of COVID-19 among people with a recent history of homelessness in Ontario, Canada: a retrospective cohort study](#). Canadian Medical Association Journal 9 (1) E1-E9.
- <sup>2</sup> Due to difficulty in estimating vaccine data for this population, current status is based on the findings from this study: Shariff, Salima Z. et al. March 9, 2022. [COVID-19 vaccine coverage and factors associated with vaccine uptake among 23 247 adults with a recent history of homelessness in Ontario, Canada: a population-based cohort study](#). Lancet Public Health
- <sup>3</sup>COVaxOn, Public Health Unit Population Estimates (2020), Statistics Canada (released April 2020).
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- <sup>5</sup>Knights F, Carter J, Deal A, Crawshaw AF, Hayward SE, Jones L, et al. [Impact of COVID-19 on Migrants' Access to Primary Care: A National Qualitative Study](#). medRxiv . 2021.
- <sup>6</sup>European Centre for Disease Prevention and Control. Reducing COVID-19 transmission and strengthening vaccine uptake among migrant populations in the EU/EEA – 3 June 2021. ECDC: Stockholm; 2021
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- <sup>8</sup>Jarvis, Brenna. COVID-19 Vaccine Hesitancy Among Pregnant Individuals: A Literature Review. BroadStreet + COVID-19 Data Project, University of Minnesota Twin Cities (October 2021).
- <sup>9</sup>Lunsky Y., Durbin A., Balogh R., Lin E., Palma L., Plumptre L. COVID-19 positivity rates, hospitalizations and mortality of adults with and without intellectual and developmental disabilities in Ontario, Canada. Disability Health. July 2021.
- <sup>10</sup>Mehra K, Markoulakis R, Kodeeswaran S, Redelmeier DA, Sinyor M, MacKillop J, Cheung A, Levitt EE, Addison T, Levitt A (under review). The impact of mental health and substance use issues on COVID-19 vaccine readiness: a cross sectional community-based survey in Ontario, Canada. doi: <https://doi.org/10.1101/2021.08.30.21262844>  
<https://medrxiv.org/cgi/content/short/2021.08.30.21262844v1>

# Data Definitions

Population	Definition
<i>Homelessness</i>	Individuals who visited an emergency department or were admitted to a hospital in the past year, and for whom the health encounter abstract had an indication of homelessness (with or without shelter), inadequate housing, or supporting housing, based on diagnosis codes, residential status, and living arrangements at discharge.
<i>Substance Use Disorder</i>	Individuals with a hospitalization within the 2-years prior to index to an acute care or psychiatric facility for substance-related and addictive disorders or received opioid maintenance therapy within the last 2-years.
<i>Currently Pregnant</i>	Individuals were classified as being 'currently pregnant' if the end of the vaccination period was between their estimated conception date and estimated delivery date, or between their estimated conception date and terminal pregnancy event (live birth, stillbirth, spontaneous abortion or surgically induced abortion). Estimations for conception date and delivery date were based on the median gestational age (in weeks) at which women had prenatal care visits, prenatal ultrasounds, maternal serum screening and glucose tolerance tests before their hospital deliveries between January 2020 and April 30, 2021.
<i>Recent Refugees</i>	Individuals were categorized in Refugees (resettled refugees, refugee dependents and those who became permanent residents following successful asylum claims). These individuals were further categorized based on recency of immigration (i.e., landing date after January 2010).
<i>Recent Registrants of OHIP (Newcomers)</i>	All other individuals who were not found in Immigration, Refugees and Citizenship Canada (IRCC) were classified into two groups, one of them being recent registrants (since September 30, 2020) of OHIP, also referred to as 'newcomers'
<i>Severe Mental Illness</i>	Individuals with a hospitalization within the 2-years prior to index to an acute care or psychiatric facility for anxiety, deliberate self-harm, mood disorders (bipolar, depression), obsessive compulsive and related disorders, personality disorders, schizophrenia spectrum and other psychotic disorders, and trauma/stressor-related disorders.
<i>Developmental Disabilities</i>	Individuals were identified as having a developmental disability if they had any diagnostic codes for autistic disorder, intellectual disabilities, Asperger's syndrome, Rett syndrome, or other childhood disintegrative or pervasive developmental disorder in any hospitalization, same-day surgery, or emergency department visit record or physician billing prior to index date.