



NAPCRG Annual Meeting

October 30 - November 3, 2023

Hilton San Francisco Union Square



Implementing Primary and Community Care (PACC) Mapping to support COVID-19 vaccine uptake in western Canada

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Disclosures

- Study funded by the Public Health Agency of Canada
- The Innovation Support Unit (ISU), part of the University of British Columbia, is funded by the British Columbia Ministry of Health



Public Health
Agency of Canada

Agence de la santé
publique du Canada

imm**PACC**⁺

Land Acknowledgment

The geographically diverse Vancouver Island and Coast region of British Columbia make up the traditional territory of many Coast Salish groups. As a distributed team the ISU humbly and gratefully acknowledges the ancestral, traditional and unceded territories where we live, work and play. We invite those we engage with to reflect on their past, present and future participation on the lands where they are situated.

To find out where you are situated: <https://native-land.ca>

Background



Context

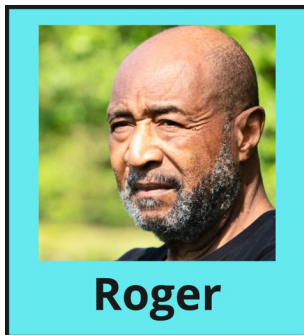
- The COVID-19 pandemic highlighted health inequities and disparities in immunization uptake across Canada
- Communities need local solutions to reduce barriers and ensure more equitable access
- ISU's Primary and Community Care (PACC) Mapping method tailored to immunization context (immPACC)

PACC Mapping



- **Preparation:** Community engagement & planning
- **Mapping Session:** Facilitated session to explore options to address care needs
- **Feedback:** Summary report
- **Community Action:** Implementation of ideas

Patient Personas



- Simulated patient cases developed using local data
- Tailored to focus on personas facing structural barriers to immunization
- Community stakeholders brainstorm and review options to help address the care needs for the persona

Co-developing the Map

immPACC⁺

Sample Map

Patient Populations

Marg IDEA: 

Gurpreet IDEA: 

Roger IDEA: 

Tina IDEA: 

Gerry IDEA: 



Other Ideas

Capacity / Service Gaps

Questions / Parking Lot

 **INNOVATION SUPPORT UNIT** UBC Vancouver



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Co-developing the Map

immPACC

Sample Map

Patient Populations

IDEA:

IDEA:

IDEA:

IDEA:

IDEA:

IDEA: Returning visit of nurses for immunization options

IDEA: Dedicated support for subpopulation/faith groups/ESL groups at vaccination clinics

EXISTING: Public Health Team Pop Up clinics in slightly larger rural communities.

IDEA: If seeing high hesitancy - organize immunization through the school, and arrange transport to Mass Vaccination Clinic

IDEA: Scheduled in-community pop-up clinics in cultural or religious centres. Cultural/Faith leaders as champions

GAP: Digital Technology Access - outlying communities (support access for those without access to internet etc.)

Questions / Parking Lot

Communication Challenge: Evening vaccination clinic exists, but may not be known to people. How to raise awareness?

Other Ideas

Capacity / Service Gaps

INNOVATION SUPPORT UNIT

UBC Vancouver

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Co-developing the Map

immPACC

Sample Map

Patient Populations

IDEA:

IDEA:

IDEA:

IDEA:

IDEA:

Questions / Parking Lot

Communication Challenge: Evening vaccination clinic exists, but may not be known to people. How to raise awareness?

GAP: Local Newspaper - no ads on how to book an appointment or get vaccinated or where to find information. Thinking of those hard of hearing (TV/radio), or not on social media.

Question: Does the vaccination site need more indigenous liaison roles?

Challenge: Language barrier at point of booking (telephone), prevented by online booking but not accessible to those less comfortable or with less access to technology

Consider: Vaccination centres at schools as location or could be of concern; could fuel segregation?

Involve Primary Care providers to support public health capacity issues/ shortages for additional sites if necessary

Transportation costs a barrier (even public transport cost)

Question: Ensure sites are culturally safe place to be vaccinated

Question: FN Medical Transport has transport for First Nations - could it be used for vaccine access?

Other Ideas

IDEA: Scheduled In-community pop-up clinics in cultural or religious centres.
Cultural/Faith leaders as champions

IDEA: Combine Transport Options for Groceries with Immunization at mass site (incentive)

IDEA: Additional Communication channels (e.g. through the schools for information to go through the children to parents/grandparents)

IDEA: COMMUNICATION: permit escorts for seniors/vulnerable persons

IDEA: offer at Primary Care Clinic as first option during Doctor appointment

Transportation for elders to the immunization clinics

IDEA: culturally safe and trusted resources to address vaccine hesitancy

Capacity / Service Gaps

GAP: Digital Technology Access - outlying communities (support access for those without access to internet etc.)

Challenge: If people are away or in-camp when outlying communities are eligible - how to reschedule & support continuity and capacity to follow up?

GAP: Translators at immunization sites may not be available sites are currently asking the question

Limited Transportation options to vaccination sites & communications of available options for persons out of town

immPACC

Immunization Primary and Community Care Mapping



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Setting

- Communities with low immunization uptake
- 4 provinces in Western Canada
 - British Columbia (BC)
 - Alberta (AB)
 - Saskatchewan (SK)
 - Manitoba (MB)

Goals

Short

- Train facilitators in immPACC Mapping
- Help communities co-design solutions to address access barriers and improve vaccine uptake

Medium

- Improve uptake of vaccines among communities

Long

- Foster a network of intra-community relationships to support immunization efforts
- Bring community stakeholders together to tackle post-pandemic challenges

Results





RE-AIM
Framework

REACH
EFFECTIVENESS
ADOPTION
IMPLEMENTATION
MAINTENANCE

Reach



- 6 facilitator training sessions
- 54 facilitators trained
- 4 provinces

Effectiveness

❖ Facilitator Training

- High confidence in using method (average 7.3/10; n=45)
- 78% likely or very likely to use immPACC Mapping

Adoption

8 immPACC Mapping sessions (April 2021-June 2022)

- 12 facilitators
- 77 participants
- 3 rural, 5 urban communities
- 3 provinces (BC, AB, MB)



Adoption

❖ Relationship building highlighted as a success

- Personas helped explore issues in a collaborative way
- Virtual format enabled community to come together

❖ Slow uptake

- Reallocation of facilitators to other emergency response roles
- Changing contextual factors throughout pandemic

Implementation

❖ Ideas successfully implemented post-session

- “Pop-Up” clinic
- Mobile clinic van
- Transportation to existing sites
- New collaborations with Community Agencies / Mental Health Teams

❖ Sessions provided evidence to support funding applications

Implementation

❖ Barriers to implementing ideas

- Vaccine hesitancy (in addition to access)
- Community capacity limited due to other pandemic priorities
- Lack of local funding

Maintenance

❖ Community of Practice (CoP)

- 9 facilitator CoP sessions hosted during the study
- 27 facilitators participated in at least one session
- CoP ongoing

Maintenance

- ❖ **Use of the PACC Mapping Method to support local health service planning**
 - Maternity care
 - Mental Health and Substance Use
 - Seniors Health
 - Indigenous Health

Conclusions

Innovations that are collaboratively developed ‘by the community, for the community’ help to foster **trust**, **reduce barriers**, and enhance local **confidence** by recognizing the unique needs of the community.

Questions?



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