North Western Toronto Ontario Health Team

Institute for Healthcare Improvement

COVID-19 Vaccine Equity

The North Western Toronto (NWT) Ontario Health Team (OHT) was formed in 2019. OHTs[1] are an initiative of the provincial government intended to provide a new way of organizing and delivering care that is more connected to patients in their local communities.

The NWT OHT, which serves more than 414,000 people, consists of 14 partner organizations in sectors including primary care, rehabilitation, home and community support services, mental health, and residential care. At the outset, the NWT OHT launched initiatives focused on common chronic conditions in the community, including congestive heart failure, chronic obstructive pulmonary disease (COPD), and mental health and addictions. With the onset of the pandemic in 2020, the partner organizations pivoted to focus on COVID-19 and, when vaccines became available, prioritized vaccine uptake in the community.

The NWT OHT has embedded health equity into their work, establishing a dedicated Health Equity Committee to ensure that equitable care is offered across the partner organizations. Beginning in October 2020, a team from NWT OHT began participating in the Institute for Healthcare Improvement (IHI) Pursuing Equity Learning and Action Network, an 18-month initiative that aimed to reduce inequities in health and health care access, treatment, and outcomes by implementing comprehensive strategies to create and sustain equitable health systems. The framework used in the Learning and Action Network is presented in the IHI White Paper, *Achieving Health Equity: A Guide for Health Care Organizations*.[2] According to Michelle Westin, Senior Analyst at Black Creek Community Health Centre, an NWT OHT partner organization, “We started identifying our own health equity priorities. We wanted to develop a health equity framework to guide our work as an OHT. This led us to work with IHI.”

Getting Started

For the Pursuing Equity Learning and Action Network, each team selected a clinical project. For their project, the NWT OHT set the following goals:

- Build capacity as an OHT and on the organizational level to apply a health equity lens to quality improvement (QI) initiatives; and
- Improve vaccine equity by utilizing data and QI methods from a partner organization.

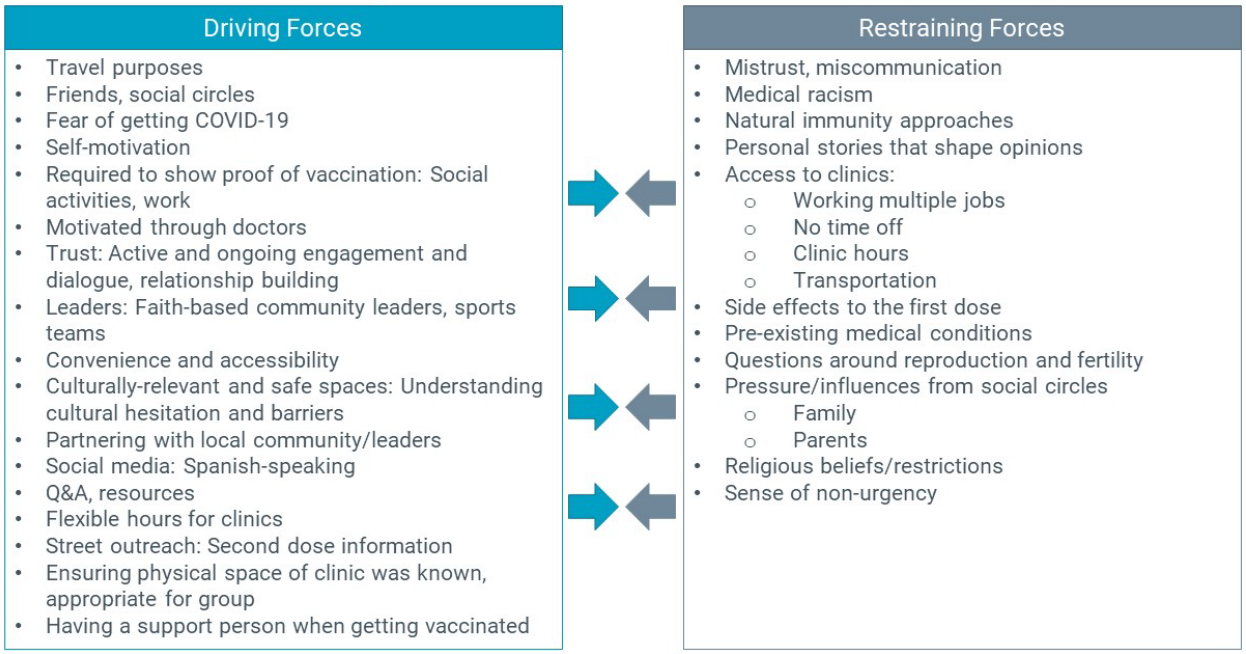
To ensure that the project was manageable, the team decided to focus on one partner organization: Black Creek Community Health Centre. The first step was to analyze vaccine and sociodemographic data to identify opportunities to improve COVID-19 vaccine equity.

Every week, Black Creek holds an internal vaccine clinic for their rostered primary care clients. They collect data including information on the COVID-19 vaccination date, age, gender, race/ethnicity, languages, postal code, household income, and household composition. The team analyzed this data, and "from that we were able to identify which groups were accessing vaccines and which groups weren't," said Westin.

The data revealed that the health center's Spanish-speaking clients had lower rates of COVID-19 vaccination. As of September 2021, about 45 percent of Spanish-speaking clients had received two doses of the vaccine, compared with almost 50 percent of English-speaking clients. After reviewing this data, Black Creek Community Health Centre set an ambitious goal that 80 percent of their Spanish-speaking clients would receive two doses by February 28, 2022. This rate was based on the overall vaccination rate for all populations in Toronto.

First, the team sought to determine the root causes of that disparity and consulted with a partner organization, the Latin American COVID Task Force. The team identified obstacles such as lack of health insurance, language barriers, transportation issues, vaccine clinic hours, cultural factors, and myths about vaccines. With guidance from IHI during monthly coaching calls, the team conducted a force field analysis (see Figure 1), a QI tool to determine driving forces (driving you forward) and restraining forces (holding you back) for a project or issue. As driving forces, for example, the team identified fear of getting COVID-19, convenience and accessibility, and having a support person when getting vaccinated. For restraining forces, they identified medical racism, side effects to the first dose, and pressure or influences from social circles, among other factors.

Figure 1. Force Field Analysis: COVID-19 Vaccination among Spanish-Speaking Clients of Black Creek Community Health Centre



The IHI coaches also helped the team think about how they presented data visually. For example, using bar graphs, the team represented data for the English-speaking group first, then the Spanish-speaking group. “We consistently apply the mainstream as the ‘standard’ to measure against, which continues to maintain the disparity in how the community sees itself,” said Aseefa Sarang, Chair of the NWT OHT Health Equity Committee. After this realization, the team began reversing the order of data presentation (see Figure 2).

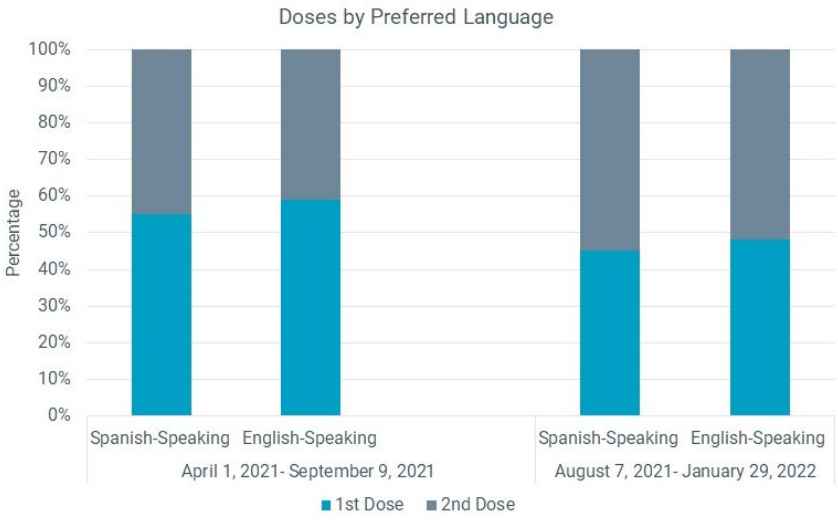
Figure 2. Black Creek Community Health Centre Percentage of COVID-19 Vaccinations Stratified by Preferred Language

For clients who have received the COVID-19 vaccine, the stacked bar graphs show the percentage of COVID-19 vaccine doses for Spanish-speaking and English-speaking clients.*

From April 1, 2021 to September 9, 2021, about 45% of Spanish-speaking clients have received two vaccine doses.

Our target is to increase 2nd dose vaccination rates among Spanish-speaking clients to 80% by February 28, 2022.

As of January 29, 2022, the 2nd dose vaccination percentage for Spanish-speaking clients has **increased to 55%.**



**Note: For clients who reported Spanish and English as their spoken language, there were no counts of unvaccinated.*

Addressing the Disparity

Once the team identified the main barriers to COVID-19 vaccination among Spanish-speaking clients, they looked at their processes to find opportunities to overcome these barriers. For example, the Black Creek staff made phone calls to encourage Spanish-speaking clients to come in for vaccine appointments. Spanish-speaking staff members made those calls to Spanish-speaking clients, to avoid any language barriers.

They also began partnering with Spanish-speaking organizations to hold vaccine clinics, offered in the evening to accommodate work schedules. “A lot of people came,” said Westin. “People working in jobs that did not provide for sick days or paid time off. It was important that we made the timing of our clinics meet the needs of the community.”

Through their partnership with the Latin American COVID Task Force, the team determined that vaccine hesitancy was more related to immigration status than it was to fears of the vaccine itself. “We made sure we were messaging and promoting that you don’t need a health card,” said Westin — that is, that undocumented immigrants were eligible and would not be reported.

To overcome the hesitancy, they deployed community ambassadors: people from the community with whom clients feel safe and comfortable asking questions.

As of January 29, 2022, the percentage of Spanish-speaking clients who have received two doses of the COVID-19 vaccine has increased from 45 percent to 55 percent.

Challenges

Staff at Black Creek Community Health Centre realized there were significant gaps in their data collection — including information on race, ethnicity, language, and date of first vaccination dose — and stratification. “We had data that was missing for many of our clients. Improving the quality and quantity of our sociodemographic data collection and data stratification is a priority for us,” said Westin. Signaling its importance, they’ve incorporated it into their annual QI plan.

Incorporating external data into the Black Creek system posed another challenge. If their clients went to a different clinic or a drug store for a vaccine dose, the information about that vaccination would need to be imported and added to the client’s record at Black Creek. Automatic data reporting for vaccinations from external locations did not start importing into primary health care systems and health centers until Fall 2021. Once the Canadian government began to automatically import this data, Black Creek had to figure out how to harmonize it with their internal data.

Lessons Learned

Despite the challenges related to data, the team recognized its paramount importance. “The biggest lesson for me is that you should not be afraid to look at your own data,” said Westin. “You can’t improve what you can’t measure.” When you collect sociodemographic data, “That’s when you really see the disparities. From that, there is opportunity to develop and tailor specific strategies, build partnerships and alliances with your stakeholders, and allocate resources more efficiently and effectively to address inequities. It’s too easy to just assume that you’re doing a great job and pat yourself on the back if you are only looking at aggregated data.”

Another lesson related to their progress, which was meaningful but fell short of their initial goal. “Success isn’t only about reaching the set target,” noted Sarang. “Success is also about actually collecting the data, and then understanding why the target wasn’t reached. That is going to tell its own story, from which a lot can be learned as well.”

Next Steps

During the COVID-19 vaccine clinics, Black Creek Community Health Centre staff also recognized other needs. “The vast majority of Spanish-speaking clients had a whole host of other issues,” said Westin, including diabetes and mental health needs. The clinics offered a “good reminder to see the person as whole and take a holistic approach.” Going forward, Black Creek staff plan to integrate other aspects of health and wellness into the clinics such as screening blood pressure and blood sugar, and connecting people with the health services they need to stay well.

This project will serve as a pilot for the other partner organizations in NWT OHT. “A big part of this project was to show the other partner organizations what applying a health equity lens in QI work could look like,” said Emily Verghis, Health Equity Project Coordinator for the OHT. The other partners will follow this model for implementing equity into their initial priority areas: COPD and mental health and addictions. The lessons from this project provided “a resource and toolkit on what the process can look like,” Verghis said, and the other organizations can “use Black Creek as a mentor when applying this to their own clinical processes.”

Regardless of the particular area of focus, the team is eager to continue their work on health equity. “The phrase ‘Celebrate the small wins’ comes to mind,” said Sarang. “We don’t have to have everything be perfect to be able to do this. We just need to get started.”

References

[1] Ontario Health Teams. Ontario Ministry of Health and Ministry of Long-Term Care. https://health.gov.on.ca/en/pro/programs/connectedcare/oht/

[2] Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. https://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx