

Nonprofits deliver: An effective and equitable COVID-19 vaccination rollout through the nonprofit sector

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Ontario's nonprofits are key in promoting vaccine readiness and acting as community vaccination hubs. These organizations are located across the province, have strong local infrastructure, and have cultivated trust in communities which is vital in conversations about vaccine uptake. Essential nonprofit workers, volunteers, and the communities they serve are important to vaccinate early so workers can continue to provide essential services while those disproportionately at risk of COVID-19 are protected. ONN calls on the Ontario government, Ontario Health Teams, and all regional Public Health Units to collaborate with local nonprofits for an effective and equitable vaccination rollout and to clarify eligibility for "front line workers" and "other populations and communities facing barriers" to receive the COVID-19 vaccine early in Phase 2.

Leveraging nonprofits' role in the vaccine rollout

Ontario's nonprofits and charities have been on the frontlines supporting and serving communities since the pandemic began. As Ontario wraps up Phase 1 and heads into Phase 2 of the vaccination rollout, nonprofits and its workforce can play further roles. Nonprofit infrastructure can be mobilized to support an effective and equitable vaccination rollout, that specifically considers disproportionate risk and illness burden. Essential nonprofit workers, volunteers, and the communities they serve are important to vaccinate early in Phase 2 so workers and volunteers can ensure continuity of services while those disproportionately at risk of COVID-19 are protected.

There is no question that long-term care home residents and workers, healthcare workers, and Indigenous communities should be at the top of the vaccine priority list until they all have been offered the vaccine. We support this goal of Ontario's Phase 1 strategy. The question here is the order of priority in Phase 2.

There are three ways the nonprofit sector can play a role in vaccination rollout:

1. **Nonprofits are a credible source of information and communication channels to promote vaccine willingness** (e.g., public education campaigns adapted in various languages and in culturally competent ways) as trusted leaders in communities.
2. Nonprofit infrastructure spans rural, northern, and urban regions, reaching people where they are. **Nonprofit spaces can function as community vaccination hubs** (e.g., faith spaces, recreation centres, multi-service buildings, community hubs).
3. Approximately one-third of nonprofits have stayed open during pandemic-related shutdowns, providing essential services to vulnerable populations. **Workers and volunteers at these sites should be protected and prioritized for vaccination, alongside those communities nonprofits are serving.**

Canada's National Advisory Committee on Immunization (NACI) recommends transparent and clear communication to the public and health care providers about COVID-19 vaccines and allocation decisions in order to increase vaccination willingness.¹ Nonprofits - specifically Black-led, Indigenous-led, Ethno-specific, immigrant-serving, senior-serving, people with disabilities-serving and women's organizations, community health centres, and grassroots community groups - are well-positioned to support public education on vaccine willingness. These organizations are working alongside and for hard to reach populations as well as those that have historically been discriminated against when accessing and receiving healthcare. They are trusted leaders in communities and have strong infrastructure to promote public education that is fact-based, multi-lingual, and culturally competent so no one is left behind and Ontario can eventually reach herd immunity.

There is already a successful example of the role of nonprofits with the partnership between Toronto Public Health, Ontario Health Teams in Toronto, WoodGreen Community Services, and Jack Layton Seniors Community Housing. Early learnings from this project highlight the importance of "piggybacking" on trusted relationships with nonprofits, the convenience of using nonprofit sites to bring vaccines to vulnerable populations, enabling the time and space for people to ask questions and make an informed decision.²

NACI also recommends that key population groups for early COVID-19 immunization include: those most likely to transmit COVID-19 to those at high risk of severe illness and death from COVID-19 and workers essential to maintaining the COVID-19 response; those contributing to the maintenance of other essential services for the functioning of society; and those whose living or working conditions put them at elevated risk of infection and where infection could have disproportionate consequences, including Indigenous communities.³ Essential nonprofit workers and volunteers and the communities they serve fall into all of these overlapping categories.

The risk of transmission is high in these settings and in the communities they serve. Despite best efforts, there are always going to be challenges in physical distancing and other infection prevention and control measures while individuals cannot adequately protect themselves from infection.⁴ It is also well documented that Black, Indigenous, and other racialized communities, people with disabilities, migrant workers, and low-income individuals and families, have been and continue to be disproportionately at risk of COVID-19 infection and harm. This is based on where they work, live, and historical and current barriers in accessing and receiving healthcare.

Phase 2 Vaccination Rollout Concerns

ONN has heard from the nonprofit sector about challenges related to the COVID-19 pandemic and related economic shutdown. Many nonprofits across subsectors have been designated as essential services, from daycares to long-term care homes, shelters to food banks. These organizations have not shut down

¹ CMAJ 2020 November 30;192:E1620-32. doi: 10.1503/cmaj.202353; early-released November 3, 2020

² The Star. "New pilot program brings COVID-19 vaccines - and hope - to the door for hundreds of Toronto seniors." February 23, 2021.

<https://www.thestar.com/news/gta/2021/02/23/new-pilot-program-brings-covid-19-vaccines-and-hope-to-the-door-for-hundreds-of-toronto-seniors.html>

³ CMAJ 2020 November 30;192:E1620-32. doi: 10.1503/cmaj.202353; early-released November 3, 2020

⁴ CMAJ 2020 November 30;192:E1620-32. doi: 10.1503/cmaj.202353; early-released November 3, 2020

during government mandated lockdowns and are often involved in serving vulnerable populations, who are experiencing higher COVID-19 rates.

Based on the multiple roles our sector plays, we have heard:

- There are many instances of significant regional differences in rollout. While it is understood that Local Public Health Units are creating distribution plans based on local need and risk assessments and under the guidance of federal and provincial frameworks, the different interpretations are creating confusion.
- Phase 2 guidelines outlining who is considered a “frontline worker” are vague. It is unclear which nonprofit frontline workers are part of phase 2 vaccination. This issue is further compounded when local Public Health Units implementing vaccination rollout can potentially interpret “frontline worker” differently.
- Outbreaks are increasing in group homes or supportive housing, and shelters, especially with the new variants, despite best efforts. According to Ontario’s COVID-19 data, group homes or supportive housing, and shelters have experienced the highest number of outbreaks within the group living category. To date, there have been 2,398 outbreaks in group homes or supportive housing and 1,443 in shelters across Ontario.⁵
 - In January Ottawa had four shelters experiencing outbreaks at once and currently there are two shelters in Toronto with COVID-19 variant outbreaks.⁶ Moreover, at this time there are more active outbreaks in child care than elementary schools. This may be the case because emergency child care has remained open throughout the pandemic, even when there has been a stay-at-home order affecting schools.⁷
- There is often a lot of overlap between people using various essential nonprofit services, including shelters, food banks, and drop-ins. This further increases risk of COVID-19 transmission and outbreaks in already strained settings.
- Nonprofits have embraced public education work on vaccine willingness given their role in communities. They are already working alongside hospital-based health care specialists to develop culturally relevant and linguistic materials for workers, volunteers, and the communities they serve.⁸
- Online vaccination booking systems can create barriers for those who cannot access the internet and/or technology. This includes seniors, people in rural communities, people who are experiencing homelessness, and low-income individuals and families. Many of these populations are also disproportionately impacted by the COVID-19 pandemic.

⁵ Government of Ontario. “Likely Source of Infection.” February 23, 2021.

<https://covid-19.ontario.ca/data/likely-source-infection>

⁶ CBC. “4 Ottawa shelters pause new admissions to reduce COVID-19 spread.” January 30, 2021.

<https://www.cbc.ca/news/canada/ottawa/homeless-shelter-ottawa-no-new-admissions-1.5894927>; CBC. “City reports 29 cases of COVID-19 variant of concern at downtown Toronto shelter.” February 23, 2020.

<https://www.cbc.ca/news/canada/toronto/variant-of-concern-maxwell-meighen-centre-1.5924074>

⁷ Government of Ontario. “Likely Source of Infection.” February 23, 2021.

<https://covid-19.ontario.ca/data/likely-source-infection>

⁸ See: Ontario Council of Agencies Serving Immigrants COVID-19 Vaccine Bulletin February 2021

<https://ocasi.org/covid-19-vaccine-bulletin>

RECOMMENDATIONS

1. Clarify and include essential nonprofit workers/workplaces and the communities they serve under the following provincial phase 2 vaccination rollout guidelines:

- The guideline that currently outlines “people who live and work in high-risk congregate settings” should explicitly include workers, support staff, residents, family caregivers, and volunteers in essential nonprofit congregate settings:
 - Community housing (congregate settings and community housing are interconnected)
 - Homeless shelters
 - Homes for people with disabilities
 - Incarcerated people
 - Refugee Centres
 - Women’s shelters

- The guidelines that currently state “frontline essential workers, including first responders, education workers and the food processing industry” should explicitly include nonprofit workers, support staff, and volunteers that offer one-on-one support to communities which cannot be done virtually and are deemed essential:
 - Attendant care
 - Crisis Workers and Victim Services
 - Developmental Services
 - Disability services
 - Early childhood educators
 - Food bank and associated meal programs workers and volunteers
 - Harm reduction sites
 - Immigrant services
 - Intervenor services
 - Mental health services
 - Older adults and senior services

- The guidelines that currently state “other populations and communities facing barriers related to the determinants of health across Ontario who are at greater COVID-19 risk” should explicitly include:
 - Black communities
 - Indigenous communities
 - Low-income individuals and families
 - Migrant Workers
 - People with disabilities
 - Racialized communities

2. Utilize nonprofit spaces as vaccine hubs, given the diversity of the sector, its trusted relationships with hard-to-reach populations, and oversight of accessible physical spaces.

Nonprofits have the capacity to function as vaccination hubs. Nonprofits such as local YMCAs,

mental health organizations, senior centres, and multi-service agencies, to name a few, are ready to mobilize, if they have not been called on already. 211 provides information on which nonprofits offer social services in local Public Health Unit catchment areas⁹.

- 3. Partner with nonprofits - especially Black-led, Indigenous-led, Ethno-specific, immigrant-serving, senior-serving, people with disabilities-serving and women's organizations, community health centres, and grassroots community groups - in public education promoting vaccine willingness that is multilingual, culturally competent, and fact based.**
- 4. Engage nonprofits to support multiple outreach strategies for vaccine bookings so those that experience barriers in accessing and using the internet or technology have equitable opportunity for vaccination.**

CONCLUSION

Phase 2 vaccination rollout is an opportunity for nonprofits and government to partner to continue supporting Ontarians as the pandemic evolves. Nonprofits can play a critical role as vaccine hubs, partners in public education on vaccine willingness, and in outreach for vaccine bookings. Prioritizing essential nonprofit workers and volunteers in Phase 2, alongside the vulnerable populations many of them serve, can ensure continuity of nonprofit services in communities and protection of those disproportionately at risk of COVID-19.

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⁹ See: www.211.ca