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Equity-oriented isolation supports: Learnings from the Nova Scotia COVID-19 pandemic response — Eleanor Eville

Introduction/program need and objectives:

Public health measures enacted during the COVID-19 pandemic significantly impacted Nova Scotians experiencing health inequities. In response, Public Health (PH), Nova Scotia Health, created a provincial Housing Isolation Program (HIP) which addressed barriers to self-isolation for COVID-19 cases and contacts being followed by PH. This program was intended to minimize the spread of COVID-19 by facilitating isolation while meeting basic needs for people with no other means for support.

Program methods, activities and evaluation:

HIP worked closely with partners to identify, coordinate and create pathways to meet urgent needs of isolating clients. This was done by providing delivery of groceries, meals, household and hygiene products, and facilitating access to prescriptions, over the counter medications and harm reduction supplies. HIP also made referrals to government and community partners for available supports. HIP was unique in its approach to supporting clients isolating at home. Alternative accommodations and transportation was provided where needed.

Program results or outcomes:

From November 2020 – March 2022, HIP completed: grocery and meal deliveries for 579 clients; 231 referrals to external food supports; 1581 referrals to a COVID -19 provincial Income Support Program; 160 pharmacy support referrals; and 250 harm reduction referrals. HIP staff used client-centred and judgement free approaches to mitigate perceptions of stigma. Challenges encountered included the urgency of needs, lack of social supports, as well as availability and accessibility constraints, especially in rural communities.

Recommendations and implications for practice or additional research:

This intervention demonstrates the importance of considering health inequities and the extent of material and social deprivation during pandemic and emergency preparedness, planning and response. Mobilizing supports is necessary during emergencies and are best delivered using equity-oriented approaches to overcome stigma. Broadly, continued reliance on community and charitable responses to material deprivation creates significant vulnerability during emergencies. Addressing root causes through protective policy and income supports will provide longer-term protection.

Stakeholders' Experiences with School-Based Immunization Programs During the COVID-19 Pandemic in the Canadian Maritimes: A Qualitative Study — Allyson Gallant**Introduction/background:**

School-based immunization programs (SBIP) offer equitable access to routine vaccines for adolescent students. COVID-19 public health measures affected three school years, resulting in shifts to SBIP service delivery. The objectives of this study were to explore 1.) stakeholders' experiences with SBIP and changes to programs during COVID-19, and 2.) how the pandemic affected parents' and students' vaccine views.

Methods:

Semi-structured interviews were conducted with parent-student dyads, healthcare providers, health officials and teachers across three Canadian provinces between February-August 2023. Interview guides were informed by literature reviews, the COM-B model and Theoretical Domains Framework. Deductive and inductive analyses saw participant quotes mapped to relevant domains by two trained coders, then reviewed to identify key themes and subthemes.

Results and analysis:

Participants (n=39) identified a range of factors affecting SBIP service delivery and vaccine decision making. Existing enablers included the equitable access to SBIP and teacher-parent relationships, with COVID-19 highlighting the importance of this programming given the strain health systems experienced during the pandemic. Established barriers included low school engagement and peer pressure, which were exacerbated with the pandemic. Nurse- teacher relationships could be a barrier or enabler to SBIP, particularly with high turnover in both professions during COVID-19. Students played a passive role in vaccine decision making, with parents being the sole decision maker, and teachers felt they did not have the skills to answer students' SBIP questions. Parents and students noted the pandemic did not affect their vaccination views. Desired changes to SBIP included shifting to e-consent forms and expanding vaccines offered and catch-up programs.

Conclusions and implications for policy, practice or additional research:

Continued efforts are needed to ensure SBIP and catch-up programming remains so all students have the opportunity to catch-up on missed vaccines before graduating. Updating SBIP to include e-consent forms and actively engaging students in their vaccine decision making may help improve service delivery and uptake of routine vaccinations.

Supporting vaccine confidence among families in Prince Edward Island using motivational interviewing: A community-based approach — Kate Kelly**Introduction/background:**

Targeted, dialogue-based interventions can help to improve vaccine confidence and uptake among vulnerable populations. This research aimed to (1) increase vaccine confidence for recommended childhood and respiratory vaccines among families with young children in PEI; and (2) increase the capacity of the Prince Edward Island (PEI) Family Resource Centres (FRCs), a province-wide network of community organizations, to communicate about vaccines.

Methods:

This research consisted of two projects that used the principles of motivational interviewing (MI), a discussion-based approach to behaviour modification, to provide essential information about vaccines to families. Phase one began with a scoping review and population survey on COVID-19 vaccine hesitancy to gather evidence and inform the development of an intervention. Families received information about the COVID-19 vaccine through existing community programs from trained facilitators.

COVID-19 vaccine knowledge and confidence were measured through pre- and post- tests. Phase two targeted the PEI FRCs and consisted of MI training and the provision of vaccine education materials, vetted by a Family Advisory Council and the PEI Chief Public Health Office. Impact of this capacity building initiative was measured through an online survey and interviews.

Results and analysis:

A total of 185 individuals participated in phase one, primarily through a home visiting program that supports vulnerable families (91.6%). Participants in the program reported increases in COVID-19 vaccine-related knowledge (9.4%) and intention to vaccinate children (15%). Most (88%) reported trusting the information presented to them by the community facilitator. Six PEI FRCs participated in capacity building in phase two, which was reported to fill an expressed gap in support needs.

Conclusions and implications for policy, practice or additional research:

Targeted vaccine education can impact vaccine confidence. Multidisciplinary approaches to supporting the vaccine education-related needs of community organizations may improve information dissemination to counter misinformation and promote vaccine uptake.

Improving Vaccine Uptake: Immunization Governance in Atlantic Canada - Rachel Parker**Introduction/problem definition that demonstrates the need for a policy change:**

In Canada, provinces and territories are responsible for social services and healthcare delivery. This study aimed to examine the instruments governing healthcare professionals (HCPs) in relation to their actions in the vaccine setting, identifying the legal supports for immunization, immunization education, and competency training for HCPs in Atlantic Canada.

Research methods:

An online environmental scan of legislation, associated legal instruments, and professional body guidance addressing immunization in the Atlantic provinces was undertaken, focusing on eight factors critical to immunization practice. This was supplemented with direct contact with health authorities across Atlantic Canada, and 34 semi-structured interviews between Sept-Nov 2021 with 'policy elites' across Canada (i.e., public health officials (n=18); frontline healthcare workers (n=8); health scholars (n=5); and healthcare union leaders (n=3)).

Results and analysis:

Three main findings: (1) Though commonalities were obvious, the immunization schedules in all four provinces exhibited differences, particularly in school-based immunizations; (2) Although authority and responsibility for generating and implementing immunization standards and policies falls on provincial departments of health or regional health authorities, few instruments speak to immunization (Newfoundland and Labrador: 9 instruments of 23 reviewed; Prince Edward Island 9/21; Nova Scotia: 6/23; New Brunswick: 7/21); and (3) Legislation provides little guidance on standards for education and competency of HCPs authorized to vaccinate. HCPs (e.g., pharmacists, RNs, LPNs, RTs) have different training requirements and some required a care directive to immunize.

Recommendations and implications for policy, practice or additional research:

Despite being a distinct region with a small population, immunization standards across Atlantic Canada remain fragmented. Improved accessibility to immunization can be accomplished by increasing the number of HCPs authorized to vaccinate, but the absence of established standards and clarity for these immunizers can result in further fragmentation in delivery and patient experience. Significant attention must be given to geographically harmonizing vaccine schedules, standardizing immunization practices, and HCP education.

Supporting quality assurance in Nova Scotia Public Health in the post-pandemic world — Krissy Rose-Muise**Introduction/program need and objectives:**

The Training and Quality Assurance (TQA) Team was born of the pandemic, given the need to quickly train and support staff in response to COVID-19. TQA is now a permanent structure within Public Health following the identification of the benefits to the system. The small team consists of Clinical Nurse Educators and Public Health Nurse/Licensed Practical Nurse Leads who focus on providing a high-quality, standardized approach to training, education, and onboarding for Health Protection staff across the province, and support auditing to ensure accurate documentation and reporting of surveillance data.

Program methods, activities and evaluation:

TQA collaborates to establish training pathways for new public health staff, promoting a smooth transition by connecting with staff to identify learning needs and create a learning plan.

Topic-specific content and documentation training is offered in-person or virtually. Feedback is received through post-training evaluations to identify any additional learning needs.

Regular auditing is conducted in Panorama to ensure high-quality surveillance data is properly captured and reported provincially and nationally. Issues in data quality are identified, corrected, tracked, and reported. TQA looks for trends to determine needs for additional staff training and/or support.

Program results or outcomes:

Prior to the creation of TQA, training was done within local teams, which was noted to create variation in practice as well as documentation. TQA ensures that staff receive the same training across the province, which is essential for cross-regional support in outbreaks, and results in increased confidence in surveillance data which informs decision-making. Staff identified that the TQA approach to training has supported a smooth transition to practice.

Recommendations and implications for practice or additional research:

This centralized training approach has been well received and resulted in positive quality improvements within our Health Protection work in Nova Scotia and may be beneficial for consideration in other jurisdictions. NS Public Health will be looking to expand this approach to other programs and services in the future.