ABSTRACT SESSION 11 WEDNESDAY 24 APRIL 14:45 - 16:00 ROOM 506-507

- Tripartite preparedness and response during the COVID-19 pandemic: A First Nations perspective — Crystal Hardy
- The CAPP 2 Study Protocol: Strengthening the capacity of healthcare providers to reduce the impact of COVID-19 on African, Caribbean, and Black communities in Ontario — Amoy Jacques
- How have public health units in Ontario engaged with faith-based organizations to improve confidence in COVID-19 vaccines within ethno-racial communities? — Kadidiatou Kadio
- Comparative analysis of the COVID-19 pandemic responses in four Canadian provinces: A focus on the regulation of public spaces — Sara Allin
- Community-based testing: Bridging healthcare inequities for underserved populations in Canada's northern, remote and isolated communities — Tracy Taylor

Tripartite Preparedness and Response During the COVID-19 Pandemic: A First Nations' Perspective — *Crystal Hardy*

Introduction/background:
First Nations experience a disproportionate burden of illness than is observed in the general Canadian population, especially in the context of viral pandemics (Smallwood et al., 2021). First Nations' health is regulated through a tripartite system that divides responsibility among federal, provincial, and local bodies, often leading to delays in healthcare acquisition and excessive gaps in funding (Smallwood et al., 2021; Craft et al., 2020). This research endeavoured to understand what the tripartite response to mitigation and intervention was for 4 First Nations in Northwestern Ontario during the COVID-19 pandemic.

Methods:
Grounded theory and a transformative framework lens were used to evaluate the provision of federal, provincial, and local services, supports, and resources during COVID-19. Semi-structured interviews were used to collect data from 14 key informants from 4 First Nations and 2 provincial territorial organizations.

Results and analysis:
Interviews were transcribed and coded for thematic analysis which was then collated with results from NVivo software. Increased access to funding and resources was associated with proximity to larger urban centres and road accessibility. Barriers to effective response were associated with overcrowded housing, a lack of integration of cultural values, and a lack of sufficient funding resources. Findings have been organized into a novel framework guiding prospective pandemic response for First Nations.

Conclusions and implications for policy, practice or additional research:
Supports required for effective pandemic mitigation in First Nations vary dramatically from public health measures in non-Indigenous communities. The development of such supports requires the acknowledgement of each First Nation's right to self determination, incorporating provisions across sectors and specialized funding resources. Identified facilitators and barriers to pandemic response identified from this research are being used to inform policy revision and development for federal and provincial governments.

The CAPP 2 Study Protocol: Strengthening the capacity of healthcare providers to reduce the impact of COVID-19 on African, Caribbean, and Black communities in Ontario — *Amoy Jacques*

Introduction/background:
The COVID-19 pandemic emerged as an unprecedented challenge for healthcare systems across the world disproportionately impacting immigrant and racialized populations. Canadian African, Caribbean, and Black (ACB) communities represent some of the most vulnerable populations in terms of their susceptibility to health risks, receipt of adequate care, and chances of recovery. The COVID-19 ACB Providers Project (CAPP 2) aims to strengthen the ability of healthcare providers (HCPs) to address this community's COVID-19-related healthcare needs. Informed by the CAPP 1.0 Project, a mixed-method approach was used to examine the COVID-19 pandemic's impact on ACB communities in Ontario (Ottawa and Toronto); this second study seeks to develop and implement educational programs in five key areas (modules) to strengthen the capacity of HCPs working with ACB populations. The five modules (topics) include 1) COVID-19 and its impacts on health, 2) social determinants of health and health inequities, 3) critical health literacy, 4) critical racial literacy, and 5) cultural competence and safety.

Methods:
In this intervention study, an implementation science approach will guide the development, implementation, and evaluation of the evidence-informed interventions. Intersectionality lens, socio-ecological model (SEM) and community-based participatory research (CBPR) frameworks will inform the research process. To ensure active stakeholder engagement, there will be a Project Advisory Committee comprised of 16 ACB community members, health providers, and partner agency representatives. Five modules will be developed: two virtual simulation games in collaboration with leading simulation experts, and three non-simulation modules.

Results and analysis:
The results of this study will be disseminated in community workshops, an online learning platform, at academic conferences and in peer-reviewed publications.

Conclusions and implications for policy, practice or additional research:
This study will provide an innovative method for the development of health equity programs for diverse HCPs and will help strengthen policies related to HCP capacity-building requirements, with regards to their care for ACB people in the future.

How have Public Health Units in Ontario engaged with faith-based organizations to improve confidence in Covid 19 vaccines within ethno-racial communities? - *Kadidiatou Kadio*

Introduction/background:
The COVID-19 pandemic highlighted vaccine hesitancy as a major obstacle to achieving health equity among ethno-racial minoritized populations. In Ontario, collaborations between Public Health Units (PHUs), Faith-Based Organizations (FBOs) have been initiated to implement interventions aimed at building vaccine confidence among ethno-racial communities. This research explores the enabling processes of PHU engagement with FBOs, as well as the challenges encountered. We explored these processes to inform future engagement efforts during public health emergencies, or generally to support health equity.

Methods:
In-depth interviews were conducted with 18 PHUs. A thematic analysis explored the realities of participants' contextual experiences and perspectives.

Results and analysis:

PHUs developed a two-phase process for engaging with FBOs and ethnoracial communities. The preparatory phase involved internal learning. The PHUs created internal frameworks for dialogue that enabled them to discuss and use available data to better understand and learn about these equity-seeking groups and their diverse needs. The second phase was a three-stage engagement process. The first was consultations to initiate interaction, with FBOs and ensure open and early dialogue. This approach enabled PHUs to identify potential partners, establish contacts (where none existed), inform these future collaborators about COVID-19 developments, identify their needs and concerns. The second stage involved working with FBOs to plan vaccine deployment strategies. This allowed PHUs to identify the best way to meet needs according to the characteristics of different groups, and then to jointly plan the implementation of vaccination clinics. The third stage involved sharing roles and responsibilities with FBOs to implement activities aimed at rolling out and improving confidence in vaccines.

By consolidating lessons learned from an analysis, we found that successful faith-based initiatives reach ethnoracial groups through open communication, respect for differing beliefs and opinions, and previous collaboration experience among PHUs. Meanwhile, PHUs' low operational capacity, faith-based communities' collect belief-based anti-vaccine stance, and faith leaders' desire to maintain neutral created challenges for effective PHU-FBO partnerships.

Conclusions and implications for policy, practice or additional research:
Making engagement with FBOs a priority strategy and devoting substantial resources (human, financial and temporary) to it is necessary to improve vaccine confidence among ethno-racial groups seeking equity.

Comparative analysis of the COVID-19 pandemic responses in four Canadian provinces: a focus on the regulation of public spaces - *Sara Allin*

Introduction/background
In the aftermath of the global COVID-19 pandemic, it is important to closely examine and learn from the varied pandemic responses across jurisdictions. This study sheds light on the factors that help to explain variations in pandemic responses in Canada, with particular attention to the regulation of public spaces.

Methods
We drew on the Institutions-Politics-Organizations-Governance (IPOG) framework to conduct a comparative case study across British Columbia, Ontario, Quebec, and Nova Scotia. Data collection was conducted concurrently in the four provinces in 3 stages. Firstly, we compiled organizational charts of the public health systems, detailing the main stakeholders and organizations involved in the COVID-19 pandemic response. The charts focused on the public health system, drawing on public information and supplemented by key informant interviews. Secondly, we mapped policy responses on a timeline. Thirdly, we conducted semi-structured interviews with key informants from the formal public health system, other government actors, and non-government stakeholders. Using sensitizing concepts from the IPOG framework we conducted inductive thematic analysis of interview data to uncover similarities and differences in the three provinces in the factors influencing policy decisions.

Results and analysis
All four provinces initiated several organizational changes that included elements of a centralized emergency response table along with multiple advisory tables. Also, decision makers and public health leaders generally paid close attention to balancing public health measures with public supports. Key points of variation that emerged include the mechanisms for public health and health system leaders to engage with non-health stakeholders; and the extent to which scientific advice was exclusive to public health and epidemiological modeling or also incorporated other social and economic considerations.

Conclusions and implications for policy, practice or additional research
Understanding some of the factors explaining variations in pandemic responses and challenges experienced in working collaboratively across sectors will help build preparedness for future pandemics.

Community-based testing: Bridging healthcare inequities for underserved populations in Canada's northern, remote and isolated (NRI) communities - *Tracy Taylor*

Introduction/program need and objectives:
In response to the COVID-19 Pandemic, the Public Health Agency of Canada's (PHAC) National Microbiology Laboratory Branch (NMLB) made a significant capital investment in point-of-care testing (POCT) technologies. The objective was to bridge healthcare inequities by building capacity for POCT in First Nations and Inuit communities, thereby increasing access to diagnostic testing and linkage-to-care. Known as the "NRI Initiative", this signified a paradigm shift in both approach to pandemic response and provision of diagnostic testing in which barriers to health services previously experienced by underserved populations were overcome through community-led, decentralized testing.

Program methods, activities and evaluation:
Working in full partnership with Indigenous leaders, community-led pandemic response teams, and in collaboration with all levels of F/P/T governance, POCT technologies were deployed to NRI communities across the country. NMLB provided a multi-faceted on-boarding process that included equipment and site verification, training test operators, biosafety guidance, ongoing technical support, and quality oversight through a community-focused external quality assessment program, QASI (Quality Assessment and Standardization of Indicators). Provision of over 1 million tests and hundreds of emergency outbreak responses at NRI sites were made possible through coordinated shipping hubs, chartered flight routes, and community-based contacts that are maintained current and confidential in secure NMLB databases.

Program results or outcomes:
There now exists a transformed landscape of over 400 POCT sites across the country, that often have access to lab-quality testing services for respiratory infections that surpass the standard-of-care available in major city centers. Access to diagnostic POCT services at the community level has reduced the burden of travelling to major centers for testing, empowered First Nations' and Inuit's right to self-determination, and allowed for earlier detection of respiratory infections that was instrumental to informing immediate containment actions and linkage-to-care, thereby mitigating outbreaks and protecting the health of vulnerable communities.

Recommendations and implications for practice or additional research:
The success of community-led, decentralized testing provides an opportunity to leverage the existing POCT network for future outbreak preparedness, and expand the use of these technologies to include testing for a broader scope of infectious diseases effecting historically underserved populations.