

Evaluation of Vaccine Engagement Teams

Final Report (Executive Summary)

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PREPARED FOR

Social Development, Finance & Administration,
City of Toronto

PREPARED BY



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Executive Summary

This report presents the findings of an evaluation of the Vaccine Engagement Teams (VETs) program. The intended outcomes of the VETs are to increase vaccine confidence, improve vaccine access, increase vaccine equity for populations most negatively impacted by COVID-19, increase cross-sectoral, inter-divisional, and stakeholder collaboration, and increase resident ambassador skill development and leadership capacity. VETs operate through 17 geographic consortiums and population-based collaboratives¹ (the VETs) made up of over 200 health, community, and faith-based agencies. VETs have mobilized over 600 Community Ambassadors across Toronto who act as leaders and key points of contact in their neighbourhoods to build COVID-19 vaccine confidence, provide access to vaccine resources, and amplify City of Toronto COVID-19 messaging.

Evaluation Purpose and Approach

An evaluation of the VETs program was conducted to assess the extent to which the VETs achieved their stated outcomes, to identify the facilitators and barriers to achieving these outcomes, and to identify the “key ingredients” of the VET model that should be preserved in the ongoing implementation of VETs. This could inform the application of the innovative place-based model to address other community, social, and health issues in Toronto. The evaluation was conducted in two phases: Phase One (preliminary) occurred between July – October, 2021, and Phase Two (final) occurred between November, 2021 – March, 2022. This report draws on primary and secondary qualitative and quantitative data gathered from VET stakeholders: Community Ambassadors, Consortium Coordinators, agency representatives, community members engaged by Ambassadors, and City of Toronto staff. Quantitative data was analyzed using descriptive statistics (frequencies, means). Qualitative data was analyzed using thematic analysis.

Findings

The findings are organized around five main themes: 1) Increased vaccine confidence, access, and equity, 2) Effective ambassador outreach and engagement, 3) Effective ambassador training and support, 4) A coordinated response from the City of Toronto, and 5) An innovative and effective model for place-based community and health programming.

1. Increased Vaccine Confidence, Access, and Equity

According to stakeholders, the VET program helped them contribute to increased vaccine confidence and equitable access to the COVID-19 vaccines. Most Ambassadors reported that community members were more likely to get vaccinated as a result of the engagement and observed a positive change for people accessing the vaccine as a result of their outreach. Materials provided by the City of Toronto and community agencies effectively supported VETs with outreach and engagement. Most community members engaged by Ambassadors (94%) reported that Ambassadors answered their questions and concerns about COVID-19. Most community members engaged by Ambassadors reported that Ambassadors

¹ “VETs” is used interchangeably with “consortiums,” which includes the geographic consortiums and the place-based collaboratives.

answered their questions and concerns about COVID-19 (94%) and that the transportation information and resources provided by Ambassadors helped support access to the vaccine (74%).

2. Effective Ambassador Outreach and Engagement

Ambassadors employed multiple diverse, creative, and hyperlocal outreach and engagement strategies that were responsive to community needs and the evolving pandemic conditions, and political and social contexts. Ambassadors and consortia reported that the capacity of Ambassadors and access to vaccination data were key facilitators of effective outreach and engagement.

3. Effective Ambassador Training and Support

Overall, Ambassadors were satisfied with the training opportunities and level of support received from the City of Toronto and their VET. Most ambassadors (and Consortium Coordinators) reported building skills, confidence, and capacity as community leaders, as well as personal and professional benefits from participating in this program. Ambassadors reported appreciative and hostile responses to vaccine outreach and engagement efforts. Hostile responses were associated with public protests of public health measures. Ambassador safety was a primary concern among Ambassadors, Coordinators, and agency representatives. VETs instituted various strategies and protocols to increase Ambassador safety. Importantly, Ambassadors reported having the necessary information and skills to stay safe.

4. A Coordinated Response from the City of Toronto

Numerous findings from this evaluation were in concordance with feedback from Ambassadors, agency representatives, and City staff included in the Interdivisional Partnership Evaluation conducted by the City of Toronto. Findings included the importance of strong partnerships, Ambassador satisfaction with training, the need for streamlined communication processes, and ongoing need to address accessibility issues across the program. Findings from the Interdivisional Evaluation also provide important context for interpreting the findings of the current evaluation, such as recognition among City staff that the fast initialization had implications for effective communication and collaboration, and a lack of clarity around project direction, decision-making processes, and leadership structures in the project's initial phases.

5. An Innovative Model for Place-Based Community and Health Programming

The community-centered model composed of teams of local community agencies and Ambassadors leading peer-to-peer outreach and engagement was an essential driver of the VET model's success. Ambassadors were perceived to be uniquely positioned to be the human connection between community and health services and information and community members, especially those experiencing the greatest health and social inequities. Trusting, supportive, transparent, and responsive relationships across all partnership levels, and regular communication and team meetings, were reported to be foundational to the success of the VET model. Key challenges included clarity and scope of the City's expectations, the integration of population-based collaboratives within the place-based model, need for early input from stakeholders on the model's design, information overload, funding limitations, and collaboration with clinical teams. Despite these challenges, there was overwhelming interest expressed by Ambassadors and consortia for extending this model to address community and health issues beyond COVID-19.