EXECUTIVE SUMMARY

MAP Centre for Urban Health Solutions

The Ku-gaa-gii Pimitizi-win Study:

Exploring the impact of the COVID-19 pandemic on people experiencing homelessness in Toronto, Canada

Executive Summary

About the *Ku-gaa-gii pimitizi-win* Study

The *Ku-gaa-gii pimitizi-win* qualitative study spoke with people experiencing homelessness to understand their experiences during the COVID-19 pandemic. We wanted to understand what influenced their decision about getting (or not getting) a COVID-19 vaccine, and what participants thought would make it easier for more people to get vaccinated. With this information, we are creating strategies to help more people who are experiencing homelessness feel confident about COVID-19 vaccination.

Suggested Citation

Jenkinson JIR, Sun G, Tibebu T, Gogosis E, Kayseas J, Richard L, Nisenbaum R, Crichlow F, Dyer A, Fernando I, Thulien N, Orkin A, Kiran T, and Hwang SW. The *Ku-gaa-gii pimitizi-win* Study: Exploring the impact of the COVID-19 pandemic on people experiencing homelessness in Toronto, Canada. MAP Centre for Urban Health Solutions, St. Michael's Hospital, Unity Health Toronto. Toronto, ON. November, 2023. Available from: https://maphealth.ca/ku-gaa-gii-pimitizi-win/

Acknowledgements

The *Ku-gaa-gii pimitizi-win* team gratefully acknowledges the funding received from the Canadian Institutes of Health Research. We want to thank the study participants for dedicating their time and sharing their stories with us. We would also like to thank the collaborators on this study for their guidance and input, including the Women's National Housing and Homeless Network (WNHHN), Canadian Alliance to End Homelessness (CAEH), Shelter, Support and Housing Administration at the City of Toronto, and Anishnawbe Health Toronto. We are indebted to the MAP Community Expert Group (CEG) for their support and guidance throughout this process. In addition, the following people provided input that shaped this report: George Da Silva (Coordinator of the MAP CEG), Zoe Dodd (Community Scholar, MAP), Amy Katz (Knowledge Translation Specialist, MAP), and Michelle Wyndham-West (WNHHN and Assistant Professor at Ontario College of Art and Design).

Land Acknowledgement

We would like to acknowledge the sacred land on which MAP Centre for Urban Health Solutions and Unity Health Toronto operate. It has been a site of human activity for 15,000 years. The land is the traditional territories of the Mississauga of the New Credit First Nation, Anishnawbe, Wendat, Huron, and Haudenosaunee Peoples. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. We would also like to pay our respects to all our ancestors and present Elders. We are grateful to work in the community, on this territory. We are mindful of the broken covenants and the need to strive to make right with all our relations.

To guide this work, a spirit name was given in ceremony by Elder Dylan Courchene from Anishnawbe Health Toronto. *Ku-gaa-gii pimitizi-win*, which translates in English to life is always/forever moving, reflects and honours the movement of homeless individuals across the land, the spirit and growth of the land we are on, and the force that connects us all into the future.

Contact Us

Website: https://maphealth.ca/ku-gaa-gii-pimitizi-win/
Email: Evie.Gogosis@unityhealth.to

hub solutions

Design by Hub Solutions. Hub Solutions is a social enterprise embedded within the Canadian Observatory on Homelessness (COH). Income generated from Hub Solutions fee-for-service work is reinvested into the COH to support research, innovation, policy recommendations and knowledge mobilization.

Cover image provided by Eduardo Lima, modified by Hub Solutions.

What did we examine?

In **March 2020,** the World Health Organization declared COVID-19 to be a pandemic. In response, countries worldwide implemented various public health measures to curb transmission of the SARS-COV-2 virus (COVID-19), to prevent COVID-19- related serious illness and death. Alongside physical distancing and masking, vaccination has been supported as the best protection against serious illness from COVID-19 infection.

According to City of Toronto shelter use data, over 8, 8001 individuals in Toronto face homelessness on any given night,[1,2] with over 235,000 people in Canada experiencing homelessness each year.[3,4] Although people experiencing homelessness face higher risk for poor outcomes if infected with COVID-19,[5-8] in part a result of higher rates of existing acute and chronic health conditions,[9,10] rates of vaccination against COVID-19 are generally lower than the general population in Canada.

1.Recent reports suggest this number is more than 10, 800 (Gibson, V. Why the homelessness crisis could get worse. The Toronto Star. April 20, 2023.) Image by Rod Raglin, Flickr, edited under CC BY-NC-SA 2.0 DEED.

"My own personal opinion with this pandemic is it really adversely affected the lower economic classes ... who really suffered the brunt was the lower economic classes and then the ones, the homeless which are right on the bottom. It was like a kick in the teeth."

(**ID_0498,** V_M_W)

Image by Phil Murphy, Flickr, edited under CC BY-NC-SA 2.0 DEED.

In Toronto, Ontario's largest city and where this current study takes place, the *Ku-gaa-gii pimitizi-win* cohort study reports higher rates among people experiencing homelessness at 61 emergency shelters and one encampment site in Toronto, with 80.4% having received at least one dose, and 63.6% having received a second dose.[11] Here, we report on results of the *Ku-gaa-gii pimitizi-win* qualitative study, which looks at what shaped vaccine-related decision making among people experiencing homelessness in Toronto, Canada. We wanted to:

- understand how the lives of people experiencing homelessness have been impacted by the COVID-19 pandemic and government responses to it;
- understand how people experiencing homelessness perceive the COVID-19 vaccine, reasons they give for confidence in and/or hesitancy about the COVID-19 vaccine;
- identify the individual, community and structural factors that enable or hinder vaccination for people experiencing homelessness, and explore strategies participants suggest for overcoming obstacles to vaccination;
- and learn how different contextual factors influence and shape views, attitudes and beliefs towards vaccination in general and the COVID-19 vaccine in particular.

To answer these questions, from November 2021 – January 2022 we interviewed 42 individuals experiencing homelessness, both vaccinated and not vaccinated, from 61 physical distancing hotels and youth shelter programs (ages 16-24). One interview was deemed to hold no relevant information as the participant provided yes/no answers and therefore was pulled from the dataset. Analysis followed thematic analysis[12], and was guided by an intersectional approach whereby we examined the ways in which multiple social identities (e.g. sex, gender, race and ethnicity) shaped the experiences of participants during the COVID-19 pandemic and their perceptions towards the COVID-19 vaccine.[13,14]

In accordance with the First Nations Principles of OCAP (Ownership, Control, Access and Possession), possession and ownership of data from Indigenous participants is held by Anishnawbe Health Toronto, while data analysis of interviewed held with Indigenous participants was led by *Ku-gaa-gii pimitizi-win* team members based in the Waakebiness Institute for Indigenous Health at the University of Toronto.

The *Ku-gaa-gii pimitizi-win* **cohort** study (formerly known as the COVENANT study) aims to determine the occurrence of COVID-19 infection and uptake of the COVID-19 vaccine among people experiencing homelessness living in congregate settings during a 12-month follow-up of over 700 participants in Toronto, Canada.

To complement the cohort study, this qualitative study was designed to provide an in-depth understanding of people's experiences during the pandemic and COVID-19 vaccine uptake and hesitancy among people experiencing homelessness.

What were the key findings?

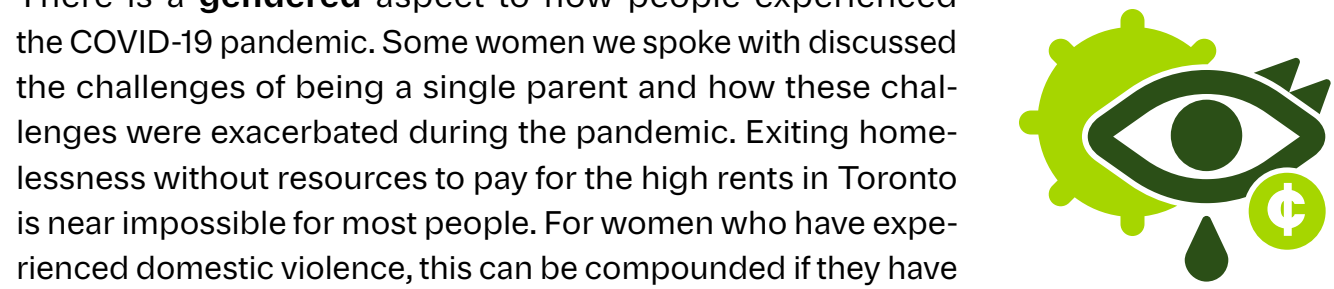
Participants spoke of **limited trust in the government but a trust in science**, of feeling pressure to get the vaccine and then stigmatized if they chose not to get vaccinated. They spoke about their own agency and how this was a driving force in vaccine uptake decisions, and that supporting people to enact their agency was an important consideration.

Participants expressed the **need for a broader, holistic approach to pandemic responses**, ones that included better nutrition in shelters, access to housing and ending encampment evictions. It was hard for participants to understand how the government was concerned about their health and well-being when these other pieces that are key social determinants of health were not a part of the pandemic response. The focus on vaccines, without attention to these broader issues, was concerning and contradictory for some.

Some participants who were not yet vaccinated at the time of their interview felt confident in the safety and effectiveness of the vaccine, but were **concerned about the side effects of the vaccine**. This finding suggests that having a clinician or someone with access to their medical records with whom they would be able to discuss their personal health concerns and potential vaccine reactions would possibly support people in their decision to get vaccinated.

Lower rates of vaccination seem to be due to **lack of clarity about the effectiveness** of the vaccine in protecting against current strains of the SARS-CoV-2 virus. Many participants were not convinced of the effectiveness and safety of the vaccine, and were confused by the high rates of transmission despite vaccination.

There is a **gendered** aspect to how people experienced the COVID-19 pandemic. Some women we spoke with discussed the challenges of being a single parent and how these challenges were exacerbated during the pandemic. Exiting homelessness without resources to pay for the high rents in Toronto is near impossible for most people. For women who have experienced domestic violence, this can be compounded if they have not saved any money, had to leave all their belongings to escape a dangerous situation, and other factors.



Participants who identified as Indigenous discussed how **racism shaped their experiences during the pandemic**. This was not discussed as relevant by the majority of other racialized participants.

Image provided by Eduardo Lima, modified by Hub Solutions.

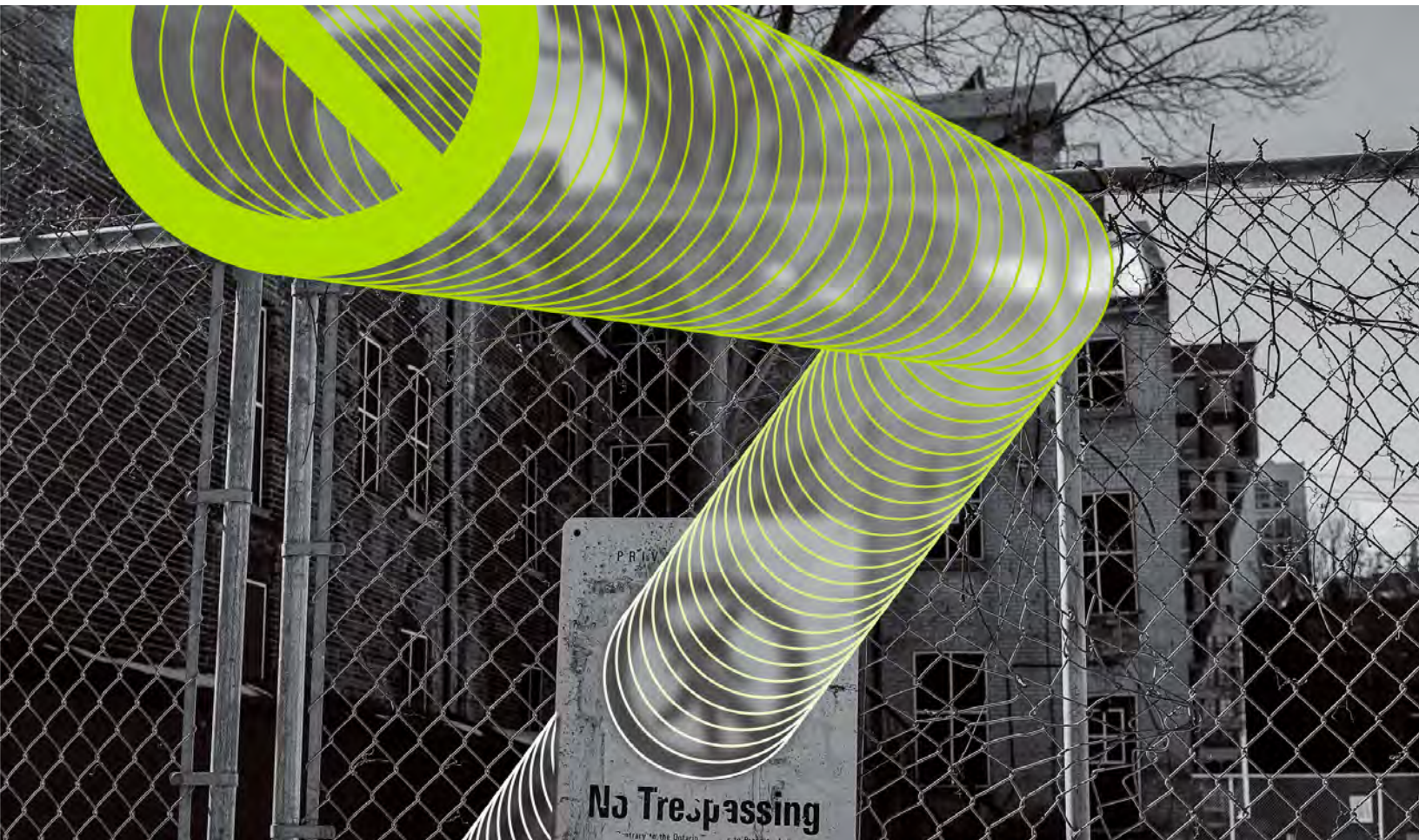


Image provided by Eduardo Lima, modified by Hub Solutions.

What are the recommendations moving forward?

Strategies to support vaccine decision making and improve COVID-19 vaccine uptake among people experiencing homelessness are best identified by people experiencing homelessness. The recommendations we outline here are reflections of what people told us, combined with and supported by what the literature suggests.

1. **PROVIDE INFORMATION FROM A TRUSTED SOURCE.** Our results are clear that people who are hesitant about the COVID-19 vaccine need more trusted sources of information. Information about COVID-19 and the vaccine would be best provided by medical professionals and trained peers. These include individuals who are not directly connected to any level of government, as trust in the three levels of government remains low. Information should be delivered in multiple forms, and focused on scientific facts: on television and through various social media platforms; in-person at question and answer sessions, especially prior to the vaccine being offered; in pamphlets with enough information that people who want to learn more details about the vaccine have the opportunity; through advertisements on the public transit system; and other options for dissemination.

2. **TRAIN PEERS TO PROVIDE INFORMATION AND DELIVER VACCINES.** Training peers to provide both information and administer the vaccine, also referred to as lay vaccinators, is an important avenue for exploration. While research has shown that some peer-led education interventions on COVID-19 vaccination can support an increase in COVID-19 vaccination in other contexts,[1,2] there is little research that discusses using peer or lay vaccinators. In Canada, Ontario amended the Regulated Health Professions Act to allow anyone to give a COVID-19 vaccine as long as they were supervised by a physician, nurse or pharmacist. Following this regulatory change, one program at the University of Toronto trained graduate students to administer the COVID-19 vaccine.[3] Additionally, the Inner City Health Associates, a non-profit homeless health organization in Toronto, is now training Community Health Workers with lived experience of homelessness as vaccinators. Other jurisdictions in Canada and internationally should explore this as an option for other lay peoples, as it could increase acceptability of the vaccine and relieve the specialized healthcare workforce in future pandemics and vaccination efforts.

3. **ENABLE ACCESS TO PERSONALIZED INFORMATION ABOUT VACCINE SIDE EFFECTS.** Many people experiencing homelessness do not have a family physician, someone who knows their unique health status. It is important that these individuals have the ability to ask a family physician about how the vaccine may interact with any underlying health conditions they have, of the potential risk to their health if they contract COVID-19, and any other questions they have about COVID-19 or the COVID-19 vaccine and their health. Without the ability to ask personal questions of this nature prior to vaccination and enough time to process the information, people may not be able to make an informed decision about the vaccine, one that respects their agency and prioritizes feelings of empowerment. Connecting people to a family doctor or another clinician who is able to read their medical charts would help ease their concerns and empower them with the information needed to make an educated decision.

4. **BRING VACCINES TO PEOPLE.** Access to the vaccine is one of the main challenges with people choosing to get vaccinated, and therefore reducing any access barriers is a priority for increasing vaccination rates. In Toronto, the vaccine rollout for people experiencing homelessness primarily occurred in the City's emergency shelters, and were said to be done in a way that elicited a great deal of respect. This made it incredibly easy for individuals to access the vaccine. In addition, vaccine clinics could continue to go to places where people congregate, and where they are already accessing other much-needed services: shelters, parks, drop-in centres, and other known places. Outreach to encampments across the city is essential. Bundling services at spaces like drop-ins would be another way to improve access. Many of these approaches were used in Toronto and could be taken up by other jurisdictions.

5. **PROVIDE INCENTIVES.** While building trust and improving information sharing is essential to supporting people in their vaccine decision-making, providing incentives is equally as important. For people experiencing homelessness, many of whom struggle to make an income, these extra incentives contribute to providing a very small amount of money that can support their daily needs. The importance of this should not be overlooked nor diminished.

6. **USE A HOLISTIC, WHOLE-PERSON APPROACH.** Ensuring that vaccination efforts are person-centred is key. People must be seen and treated holistically, and understood and supported within the context in which they live. For people experiencing homelessness, this means that while efforts to increase vaccination rates are under way, simultaneous efforts must be undertaken to house people, to ensure they are in safe spaces with reduced risk of COVID-19 transmission, that they have access to health-sustaining food, that any other health conditions are being addressed proactively by the healthcare system, that encampment evictions cease, and other approaches to ensuring the holistic needs of people experiencing homelessness are being addressed.

7. **INCORPORATE A GENDERED LENS TO PANDEMIC RESPONSES.** People who identified as women and gender non-conforming in this study had unique experiences during the pandemic. Women who were single mothers, escaping domestic violence situations, and struggling to find employment because of their gender discussed challenges that made it incredibly challenging to cope with the stressors of the pandemic. It is imperative that future pandemic responses ensure women and gender non-conforming individuals have safe spaces to stay and that things such as child care, increased emergency response financial support for single parent-headed households, or support going out to get groceries are considered, for example.

References

1. City of Toronto. Daily Shelter and Overight Service Usage. 2023; https://www.toronto.ca/city-government/data-research-maps/research-reports/housing-and-homelessness-research-and-reports/shelter-census/. Accessed July 27, 2023.
2. Gibson V. Why the homelessness crisis could get worse. *The Toronto Star*. April 10, 2023;GTA.
3. City of Toronto. *Street Needs Assessment 2021: Attachment 1*. 2021.
4. Gaetz S, Dej E, Richter T, Redman M. *The state of homelessness in Canada 2016*. web: Canadian Observatory on Homelessness;2016.
5. Lee SW, Yang JM, Moon SY, al. e. Association between mental illness and COVID-19 susceptibility and clinical outcomes in South Korea: a nationwide cohort study. *The Lancet: Psychiatry*. 2020;7:1025 - 1031.
6. Nemani K, Li C, Olfson M, et al. Association of Psychiatric Disorders With Mortality Among Patients With COVID-19. *JAMA Psychiatry*. 2021.
7. Williamson EJ, Walker AJ, Bhaskaran K, et al. Factors associated with COVID-19-related death using OpenSAFELY. *Nature*. 2020;584(7821):430-436.
8. Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet*. 2020;395(10229):1054-1062.
9. Fazel S, Khosla V, Doll H, Geddes J. The prevalence of mental disorders among the homeless in western countries: systematic review and meta-regression analysis. *PLoS medicine*. 2008;5(12):e225.
10. Fazel S, Geddes JR, Kushel M. The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet*. 2014;384(9953):1529-1540.
11. Richard L, Liu M, Jenkinson JIR, et al. COVID-19 Vaccine Coverage and Sociodemographic, Behavioural and Housing Factors Associated with Vaccination among People Experiencing Homelessness in Toronto, Canada: A Cross-Sectional Study. *Vaccines*. 2022;10(8):1245.
12. Braun V, Clark V. Using thematic analysis in psychology. *Qualitative Research Psychology*. 2006;3:77 - 101.

13. Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. *American journal of public health.* 2012;102(7):1267-1273.

14. Bauer GR. Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity. *Social science & medicine*. 2014;110:10-17.

15. Strathdee SA, Abramovitz D, Harvey-Vera AY, et al. A Brief Peer-Led Intervention to Increase COVID-19 Vaccine Uptake Among People Who Inject Drugs in San Diego County: Results From a Pilot Randomized Controlled Trial. *Open Forum Infect Dis*. 2023;10(8):ofad392.

16. Gobbo ELS, Hanson C, Abunnaja KSS, van Wees SH. Do peer-based education interventions effectively improve vaccination acceptance? a systematic review. *BMC Public Health*. 2023;23(1):1354.

17. Singer H, Makanda F. “It was Exhilarating!”: U of T Students Become Lay Vaccinators. 2022, 2023.