VALUE Baltimore

Vaccine Access and Acceptance Lives in Unity Engagement and Education

COVAX Education Effort

Johns Hopkins University International Vaccine Access Center

Morgan State University School of Community Health and Policy

February 2023

INTERNATIONAL VACCINE ACCESS CENTER

MORGAN STATE UNIVERSITY

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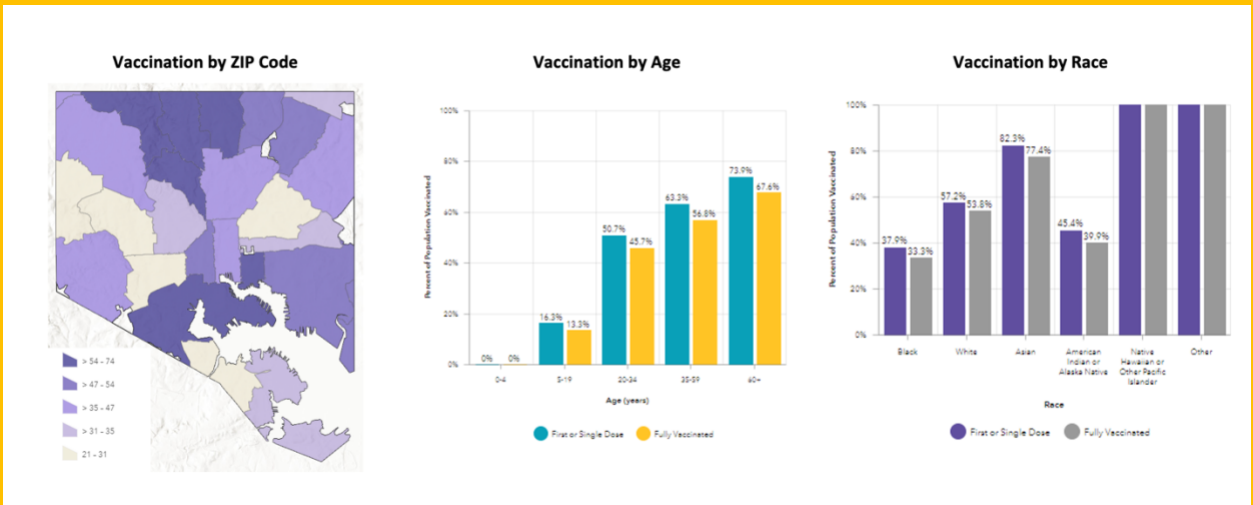
Introduction

Following the declaration of a pandemic in March 2020, COVID-19 vaccines were fast-tracked and made available in December 2020. There were significant disparities in vaccination, however, with vaccination rates amongst White Baltimore City residents up to 20 percentage points higher than rates amongst Black and Latinx residents. A survey commissioned by the Baltimore City Health Department (BCHD) and undertaken by Johns Hopkins University International Vaccine Access Center (IVAC) and Morgan State University (MSU) in late 2020 demonstrated high levels of COVID-19 vaccine hesitancy in senior housing buildings in Baltimore City. The knowledge, attitudes, and practice survey uncovered distrust of COVID-19 efforts and foreshadowed the difficulties BCHD would face in ensuring that high risk populations are vaccinated. Soon after COVID-19 vaccine introduction, BCHD put a plan into action to ensure that communities with lower vaccination rates and low access to care were educated about the importance of vaccination and were able to access COVID-19 vaccines.



In February 2021, BCHD engaged IVAC and MSU to work in partnership with Maryland Institute College of Art (MICA) on a project called VALUE (**V**accine **A**cceptance and Access **L**ives in **U**nity, **E**ngagement, and **E**ducation) Baltimore COVAX Education. The project began soon after the COVID-19 vaccine became available and was initially supposed to end after five months. However, due to the increasing need for outreach and education in the community, and availability of funding, the project went through sporadic funding phases. The first phase

was funded from February to June 2021; the second phase was from July to December 2021, whereby the project was projected to end. However, the project continued through its third funding phase from January 2022 to March 2022, and from March 2022 to June 2022. The project ended in December 2022.

This report is a summary of actions and progress, including recommendations to continue the VPA engagement. Inequities were greatly reduced by the end of the project and ambassadors had begun to build trust. Recommendations at the end of the report identify key gaps and potential solutions to help improve the health of all Baltimore City residents.

Project Description

The project followed a community-based approach that built on listening to the community and building strategies based on their needs and implementing those strategies through a trained peer workforce of vaccine peer ambassadors (VPAs) to engage with the community, provide education and help improve vaccine access and build trust. Efforts were focused on nine low vaccination coverage "VALUE communities" both defined by race/ethnicity as well as life stage. These communities were located throughout Baltimore City and a data-driven approach was used to target vaccine efforts to those areas where vaccination coverage was lowest.

Project Goals and Objectives

The vision was to reach underserved communities in Baltimore City to understand the value of COVID-19 vaccination and have equitable access to the COVID-19 vaccine, while building increased trust in government and the health system. **The project specifically aimed to reach Baltimore City's 80% vaccination rate goal by February 2022**.

To achieve that goal, we needed:

- To identify at least 60 VPAs and supervisors from VALUE communities by summer 2021
- To regularly train all VPAs and supervisors and ensure they had a good understanding and up-to-date knowledge of COVID-19 vaccination and could demonstrate appropriate communication techniques so that they were able to provide accurate information to the community, address concerns throughout the program.
- To ensure that VPAs and supervisors understood processes and procedures, targeted communities with greatest need and provided accurate reporting, feedback, and recommendations to VALUE administrators throughout the program in order to improve vaccine acceptance and access.
- To co-create materials, messaging and activities that would be appropriate for the communities, particularly as the pandemic evolved and vaccine policies changed.
- To compensate VPAs and Coordinators on a bi-weekly basis throughout the program

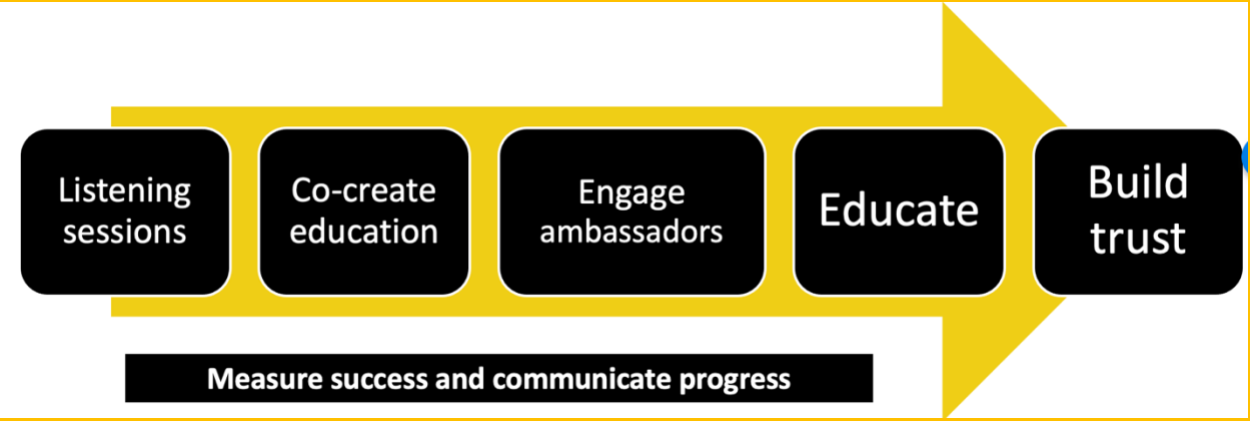
Project Approach and Partner Roles

BCHD was the funding institution for the VALUE project. They were in charge of the overall administration, communication, and coordination of the project. The project began with initial listening sessions with selected community members to help define our strategies to address community needs and concerns. It was during these listening sessions that the VPAs were selected and recruited. VPAs and coordinators from selected communities were hired over the course of the project. IVAC, the project lead, was tasked with project oversight, coordination of partners, designing and conducting listening sessions, developing training and education materials for the VPAs and overseeing payment of VPAs/Coordinators. The training was conducted biweekly to engage VPAs and to ensure they were informed of the constantly emerging information about COVID-19.

IVAC also played a role on the State's Vaccine Equity Task Force, which allowed engagement of churches, mosques, and synagogues in vaccination. MICA, a partner separately engaged by BCHD, worked with the IVAC and MSU teams and was tasked with co-creation and creating infographics that helped with training. They also developed well-designed flyers that contained useful COVID-19 vaccination information that was distributed to the community. MSU's role was to co-lead the project and manage VPA coordinators and VPAs in the field. MSU was also responsible for crafting training manuals and administering payroll. Throughout the project, IVAC and MSU evaluated progress and re-designed the approach based on changing needs and feedback from the coordinators to help ensure activities addressed the needs of the community and helped build trust.

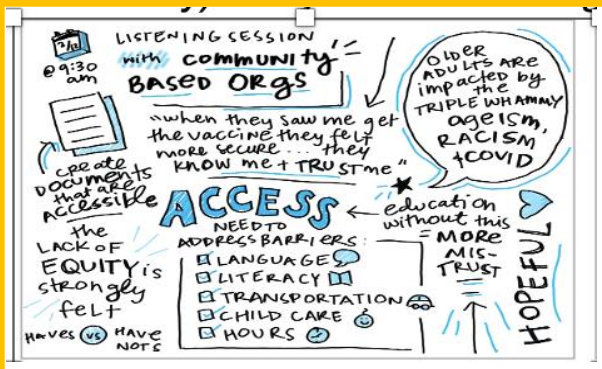
Listening sessions

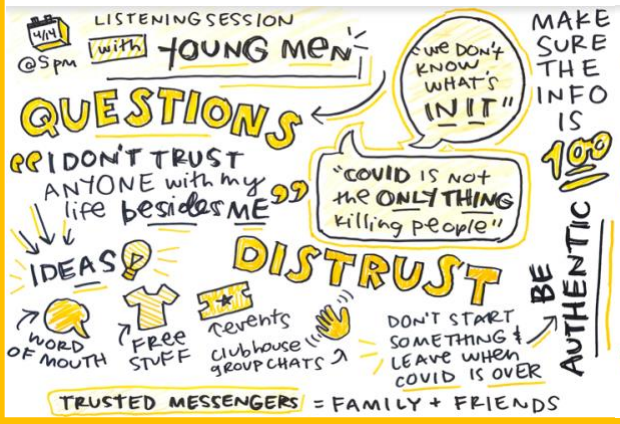
At the core of our strategy was listening to the community and this we viewed as part of the process in engaging, educating, and building trust.



IVAC held two virtual listening sessions for each VALUE community, starting with two sessions each for community partners and the faith community. The first session was a two-hour forum with an average of 10-15 participants. Sessions included discussions on vaccine and other health related challenges, perceptions and thoughts about the pandemics, sessions with vaccine experts and time to answer questions about COVID-19 and vaccination. The co-creation sessions where participants propose solutions to identified problems were run by MICA. In a second listening session, the selected VPAs continued training and co-created materials and activities were presented for feedback and critique. Finally, solutions were initiated in each community as an iterative process that was adjusted as needed. There were four outcomes of the VALUE project: 1) increased knowledge about COVID-19 vaccination to make informed decisions; 2) more people were vaccinated as a result of increased engagement from various communities; 3) increased trust in BCHD and institutions that deliver healthcare and social services; and 4) improved understanding of community needs.

Visual summaries of listening sessions are shown below:



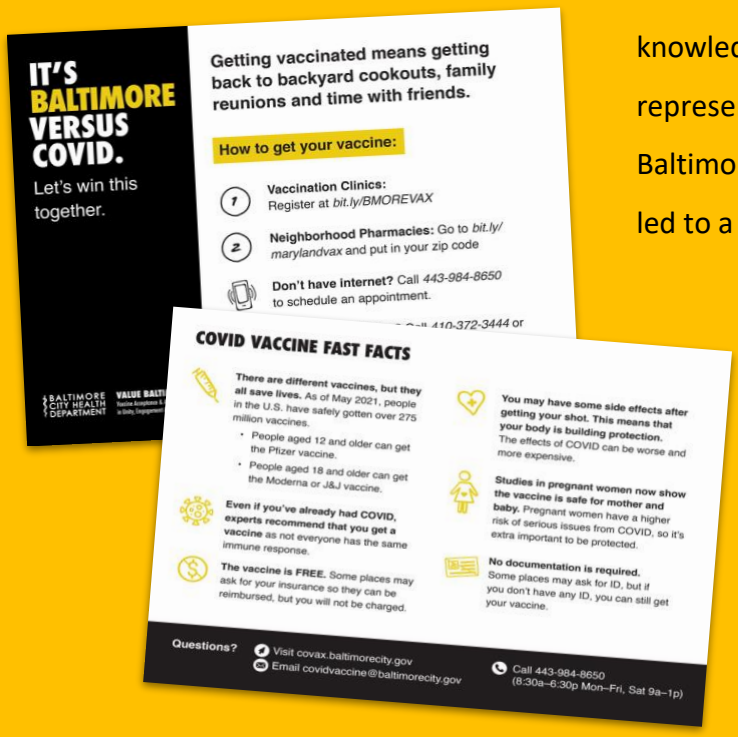


The listening sessions highlighted community concerns about inequitable access and mistrust of medical and government authorities. In addition, each population had unique issues and misgivings. Using insights from listening sessions, the team designed customized materials for each community and enlisted trusted community ambassadors to talk with their peers and neighbors. Participants from each community reported several factors that affect vaccination intent among community members; these factors were categorized as concerns, barriers, or needs. Participants also provided solutions to improve vaccination intent. Participants in all groups discussed how a lack of information regarding COVID-19 vaccines was a key deterrent to vaccination in their communities. Participants across groups stated concerns regarding mistrust in the government, health system, and healthcare actors who advocate for COVID-19 vaccination. Closely related to the concerns of lack of information and mistrust, participants across all groups noted concerns of misinformation and disinformation related to COVID-19 vaccination. Concerns related to the vaccines themselves were wide-ranging. Participants cited potential adverse reactions (like the disputed link to autism), unknown ingredients, negative medication interactions, allergic reactions, comorbidity concerns, and the fear that the vaccines contain the COVID-19 virus.

We always intended to hold the listening sessions…that really gave us a chance to hear from the community. We wanted to hear what the needs were. The project was designed on the fly, so we designed as we go and that was intentional…we could design a program that we think would be beneficial for the community. It really was most beneficial to listen to what their needs were and where we needed to go and support them, so it was a true co design in which the modus operandi of the past had always been you come up with a proposal and then the community comes in, and maybe tweaks things but doesn't actually design the program. In that we were really unique…I think they (the community) really had a much bigger hand in the design than most programs normally would.

Co-Creation/Design

Co-creation/design was the basis of VPAs' community-engaged approach. Throughout the process of working with VPAs, special care was taken to avoid reverting to the familiar top-down power structures or exploiting the experiences of people who are vulnerable or have survived trauma (Ku and Luptom, 2022). The work with VALUE communities required a collaborative process that actively sought knowledge and ideas from the VPAs (who are representatives of the VALUE communities in Baltimore City). This co-design/creation process led to a feedback loop that utilized listening sessions and ongoing training to collect community input. During these sessions, VPAs and VPA coordinators shared experiences and stories from the field which were crucial to the project's human-centered design. The co-creation process formed the basis of training design. Feedback was initially sought during listening sessions. As the program progressed, feedback was acquired through training and then applied and integrated into the on-going training. Thus, training was not simply didactic, but also utilized different pedagogical styles for the purposes of engagement.



VALUE Ambassadors/VPA coordinators

As respected members of the community, VPAs have the ability to connect with their community, engage in conversations to build trust, and educate and improve access to COVID-19 vaccination. They were recruited based on recommendations from BCHD VALUE Community Leads and interviewed by MSU.

By life course (and initial hire date)

- Older Adults — April 2021
- Pregnant and lactating — April 2021
- Young men — July 2021
- Youth — August 2021

By specific population (and initial hire date)

- Latinx — April 2021
- Immigrant — May 2021
- Orthodox Jewish — July 2021
- People with disabilities and underlying conditions (DUC) — July 2021
- People experiencing homelessness — April 2021

VPAs came from a variety of backgrounds, including social work, community engagement, community health and more and were hired for a fair wage to work up to 15 hours per week. VPAs were paid $20/per hour with a $50 transportation allowance paid biweekly as long as they worked a minimum of 8 hours per week. VPA coordinators were paid $30 per hour. There were between 60 and 95 VPAs and 8 to 12 VPA coordinators at various points during the program as various phases ended and restarted. Payments were made through a subcontract from IVAC to CIVIC Fund.

The use of VPAs assisted in building a foundation of inclusion, accessibility, and equity in Baltimore City. This was accomplished by ambassadors providing accurate and transparent health information to address questions and concerns from Baltimore residents regarding the COVID-19 vaccine.

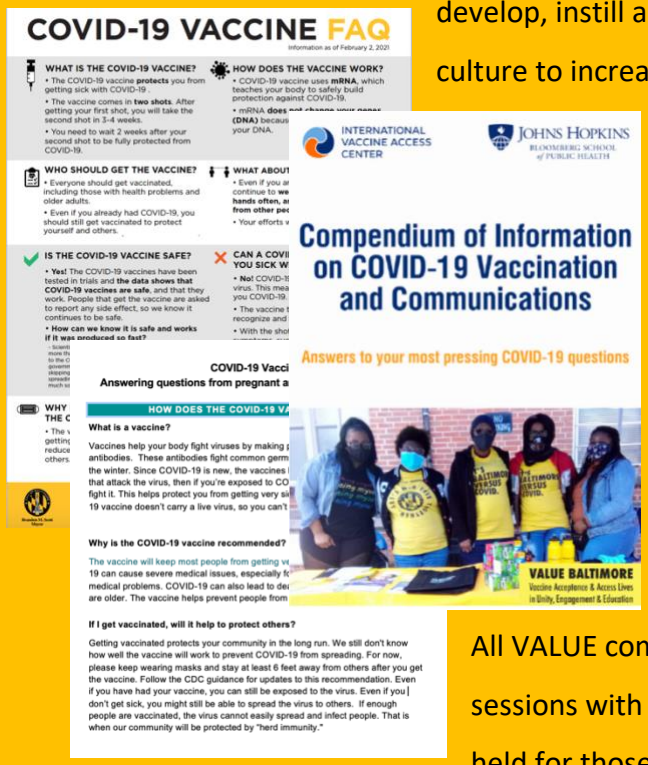
The VPA coordinators helped bridge communication between the VPAs and project administration. One VPA coordinator was assigned for each VPA group (with the exception of young men, pregnant and lactating, and youth groups, which had two VPA coordinators per group). VPA coordinators met with MSU and IVAC administration bi-weekly, and the VPA coordinators met weekly with their respective VPAs.

All VPAs were required to complete onboarding training before doing community outreach. Following the onboarding training, all VPAs and VPA coordinators were required to attend a weekly "Think Tank" session and a monthly "Healing Baltimore" seminar, with both events run by MSU. Think Tank sessions were aimed at addressing ambassador's successes and challenges during their fieldwork. It also allowed a forum where ambassadors could express themselves and highlight problems and/or suggestions that may help improve the project.

The **Healing Baltimore component** was later established to provide a framework that could plot a path forward towards a healthier Baltimore post COVID-19. The observation that the ambassadors were essential frontline workers in the fight against COVID-19 prompted the development of Healing Baltimore. There were three elements to Healing Baltimore that included: 1. weekly self-care tips consisting of inspirational messages and health care tips focusing on self-care; 2. weekly facts (history and current events) about Baltimore; and 3. monthly webinars designed by each VALUE group that provided honest and open conversations with an emphasis on making recommendations for how to heal and build a healthy Baltimore. The results of the Healing Baltimore sessions are summarized in its final report here. Webinars are available here.

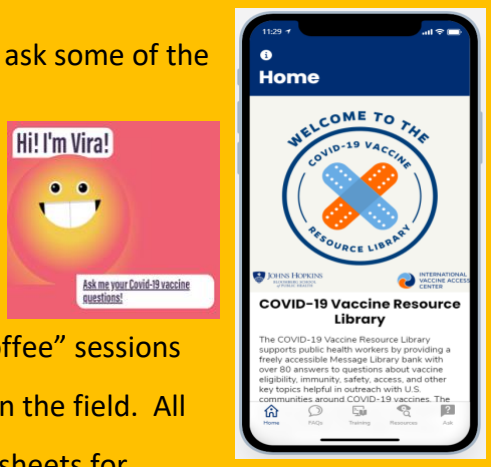
Ongoing Training

A unique part of the VALUE program was ongoing and continuing training. Initially training began within and was directed toward each particular VALUE community. Thus, after most of the teams were initially trained within their respective VALUE community, training moved to an integrated format where all VCs were included as an entire group. While on-going training was set up to increase the knowledge of our VP ambassadors and coordinators, the project also identified on-going training as a way to continue to invest in the VC teams and develop, instill and reinforce an overall VALUE community culture to increase motivation and retention. On-going training was also used as a vehicle to instill a sense of pride and increase the confidence of ambassadors and their abilities. The on-going training also served as a mechanism that continuously contributed to the feedback loop whereby VPA and VPA coordinator ideas were integrated both into the training and management approach.



All VALUE communities received initial training at 2 listening sessions with a vaccine expert. Additional sessions were held for those that joined later to ensure they were trained and equipped with technical knowledge to have discussions in the field. VPAs and VPA coordinators were expected to attend Technical Training (TechTalks) and "Questions and Coffee" sessions run by IVAC which alternated on a weekly basis. All sessions were approximately an hour long. "Technical Training" sessions served to update VPAs and VPA Coordinators on COVID-19 and COVID-19 vaccine policy updates. In the beginning, sessions

included COVID-19 experts which enabled the VPAs to ask some of the tough questions in a period where there were very few answers. As time went on, VPAs were trained in both technical topics, but also behavioral science and communication techniques for engaging people with concerns or hesitancy. "Questions and Coffee" sessions served to create discussions about VPAs' interactions in the field. All VPAs/VPA Coordinators were also provided with facts sheets for internal use on frequently asked questions, Compendium of Information and access to Vira the Chatbot, which were regularly updated by the IVAC team. Quizzes were conducted during sessions on a periodic basis to ensure knowledge was at a high level. VPA coordinators were responsible for ensuring VPAs who were not able to attend training did at least watch session recordings.



An evaluation of training and ambassador efforts was also conducted throughout the project, including efforts to test knowledge and obtain opinions on the effectiveness of training efforts. Results of the evaluation can be found here.

Engaging the Faith Community

The faith community played an important role throughout the project, not only through hosting vaccination clinics supported by the Maryland Vaccine Equity Task Force, but by hosting other outreach events and working with our ambassadors to get the word out about their activities.

IVAC, along with Pastor Terris King worked with more than 25 churches, mosques, and synagogues to organize 40 vaccination clinics. Ambassadors, particularly in the older adult and pregnant and lactating groups also engaged with churches to organize additional outreach events.

Management

Onboarding/Hiring

VPAs and VPA coordinators were identified either during the listening sessions or later by assigned BCHD leads. Once identified, the MSU team conducted a virtual initial onboarding session where the responsibilities of VPAs and VPA coordinators were explained. VPAs and VPA coordinators were expected to work 15 hours per week (30 per 2-week pay period). After the initial onboarding session, VPAs and coordinators underwent initial IVAC led technical training that was specific to their VALUE Community. Over time, ambassador and coordinator training manuals were designed and improved upon to serve as a guide for work responsibilities. The training manuals can be found here.

TSheets

TSheets is a third-party software application used for time tracking of VALUE coordinators and ambassadors. Coordinator and ambassador hours were downloaded every two weeks during a pay period for processing.

Tracker

A Google form tracker sheet was designed by BCHD and replaced TSheets for activity tracking and documentation. BCHD provided the report to MSU weekly for management, tracking and monitoring of ambassador activities. The tracker informed the ambassadors of activities provided in the biweekly action plan. The Google sheet was completed weekly, and the data was downloaded and compiled by BCHD. Project managers reviewed the tracker with the coordinators at weekly coordinator meetings. They were responsible for ensuring that the

activities of the action plan were complete by the deadline. The activities on Google tracker were used to document and approve hours worked by ambassadors.

The tracker consisted of the ambassador's name, the VC group, the date of the activity, the Community Statistical Area (CSA), the method of outreach (e.g., tabling, clinic, social media, etc.), and materials used. BCHD downloaded the .csv raw data file from Google Forms every week.

BCHD was responsible for data cleaning and analyzing to make it accessible to the ambassadors and coordinators. BCHD manually read through entries each week and corrected any apparent typos. For example, if the ambassadors incorrectly entered a date one month later, then BCHD would backdate it to the date they filled out the survey. Once the data was cleaned, BCHD ran it through a script that automatically analyzed and produced a PDF report sent to the project manager and coordinators weekly to be disseminated to the ambassadors. The final cleaned excel data was also sent to the project administrator and coordinators weekly.

Payroll

The coordinators and ambassadors were compensated for their community outreach efforts. They were required to work 15 hours a week and were paid $30/hr (for coordinators) and $20/hr (for ambassadors). The dispersal/administration of coordinator and ambassador paychecks was a multi-phase effort coordinated by IVAC and MSU in partnership with Civic Fund, a non-profit organization working as a fiscal sponsor on behalf of BCHD.

In the first phase, ambassadors and coordinators submitted their hours into electronic timesheets generated by TSheets and monitored by MSU. The coordinators were responsible for sending approved ambassador hours to the project manager, who verified and sent the final timesheet to IVAC. In the second phase, IVAC reviewed the data tables and calculated the stipend dispersal based on hourly pay rates stipulated in the initial project agreement. In the third phase, IVAC submitted a finalized timesheet to Civic Fund through a third-party online form builder for processing and paycheck disbursement. The collected payroll data informed the monitoring and evaluation efforts throughout the project’s lifespan.

Action Plans and Coordinator Reports

The action plan was an integral tool of the project. The BCHD Leads and coordinators drafted biweekly action plans to be followed by ambassadors. The action plan was a checklist for the tasks the ambassadors were required to complete to achieve the goals set for two weeks. The action plan helped in the strategic planning process and improving teamwork planning. The action plan included the date of activity, type of activity, location and address, materials used, etc.

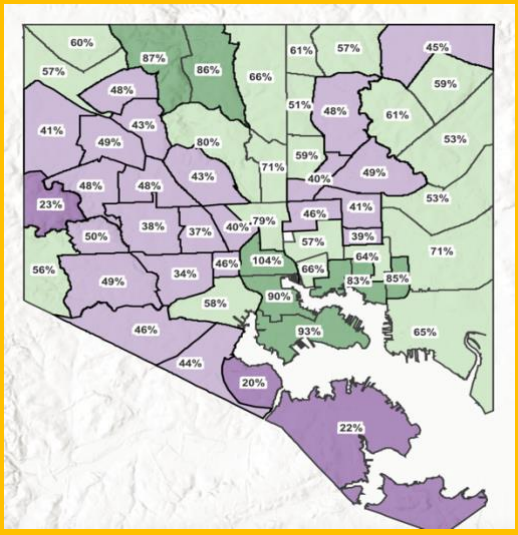
The ambassadors followed the bi-weekly action plan created in collaboration between the team's BCHD lead and VC coordinator. The document was created based on four parts of the ambassador's work (clinics, outreach, strategy, and developing sites). The meetings (usually listed at the beginning of the report) were when the Leads met with the teams and other staff to organize and plan the four parts. Coordinators would then meet with their team of ambassadors, who would implement the action plan. At the end of the implementation phase, each ambassador was to describe their activities. The coordinators would compile this information into a weekly coordinator's report that was reviewed at the coordinators' meeting and submitted to the MSU management team.

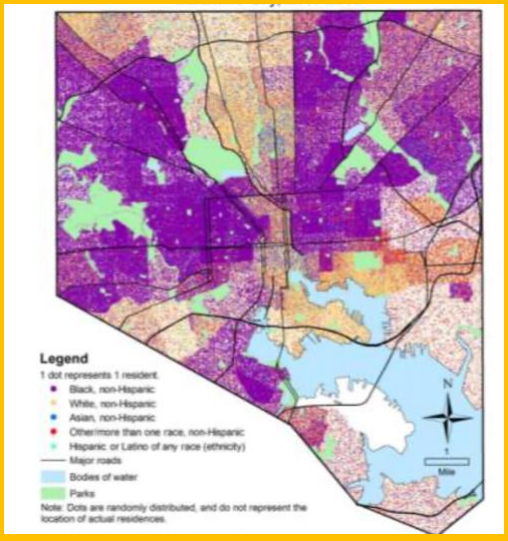
Training Manual

Two types of training manuals (one for coordinators, and one for ambassadors) were created as a set of instructions to help guide and improve how the coordinators and VPAs conducted their tasks. The manual was adapted from the 2019 Sleep Safe Ambassador training manual. The manual was reviewed during the onboarding process and given to each coordinator and ambassador. The training manuals can be found here.

Presence in Low Vaccination CSA's

As vaccination efforts increased patterns of low vaccination rates began to show a familiar geographical pattern in Baltimore City. Baltimore city is classified as a city that is highly segregated in the United States. In community statistical areas (CSA's) with lower socio-





economic status and large numbers of African Americans, vaccination rates remained low. According to Dr. Lawrence Brown the historical practice of redlining influences contemporary racial and socio-economic residential patterns. Brown characterizes Baltimore as the Black Butterfly describing contrast between the white L, an area around the inner harbor and stretching straight North to the wealthy neighborhoods of Homewood and Guilford, with low-income majority Black neighborhoods that make up East and West Baltimore. In a recent study Huang and Sehgal found an association of historical redlining and present-day health in Baltimore (2022). Areas of Baltimore that were originally redlined were associated with a 5.23-year reduction in CSA life expectancy. In addition to the Black Butterfly, the southernmost CSA's of Curtis Bay, Brooklyn, and Cherry Hill were experiencing the lowest percentage of people vaccinated. Curtis Bay/Brooklyn is one of the most polluted CSA's in Baltimore and Cherry Hill, is the site of the first and largest planned suburban-style community and was the most striking example of deliberate residential racial segregation in any US city.

Over the course of the project, VPAs moved into these low vaccination areas engaging the community and working to build trust. Although acceptance of COVID-19 vaccines may not be achieved immediately, the process of focusing on issues that are important to the

community was an important step in laying the foundation for both COVID-19 vaccines and future interventions (Privor-Dumm and King, 2021).

The ambassador program's collective contributions helped Baltimore reach its goal of vaccinating 80% of the population. Developing the Healing Baltimore project (part of the VALUE project) enhanced community participation through various activities planned by the coordinators and ambassadors (May Madness and Back to School Madness). The goal of the community events was to engage the general populations and families with information,conversations, and resources to make healthy choices. The events also helped educate families, clarifying myths and false information about COVID-19 vaccine. The events helped create partnerships and trust that would benefit future events.

Lessons Learned

There are several lessons learned we had from this project. First and foremost, the peer ambassador model, supported by listening, works. There was significant support to the ambassadors to make them successful, both from BCHD and the project team. It is not clear whether the same level of support would be needed moving forward. The numbers of ambassadors varied significantly throughout the project and a core group of ambassadors from different backgrounds and perspectives could be very effective, not only for engaging and educating around education, but around other health issues.

Approaches contributing to success

- **Select a diverse group of the right people** from a variety of neighborhoods, life stages and populations to conduct the work at various events and engage with communities. People with connections and deep understanding of neighborhoods are essential.
- **Ensure VPAs and VPA coordinators were fairly compensated and supported** with appropriate management and systems, including training and access to tracking systems, communication tools (e.g., Slack), TSheets for hours. Having BCHD support the program with materials, personnel (VALUE leads) enabled much more to be done.
- **Provide quality and consistent training not only on the science**, but also communication, social determinants of health, and other topics of importance to the community; discussions also needed to include more than just vaccines and vaccination in order to build engagement and trust.
- **Bring VPAs and VPA coordinators together regularly to learn, exchange ideas and build a sense of community.** Focusing on the needs of the individuals doing this job and building a sense of pride and understanding of all communities was important.
- **Engage VPAs and VPA coordinators in co-creation and listen** to and act upon their ideas. People from the communities often know best what the community wants to hear and how they want to engage, including ensuring all materials are accessible and in the language people understand (DUC team support and ensuring language was at a 4th grade reading level was essential; Latinx and immigrant communities advocated for translations; all groups contributed to wording that was meaningful to their communities)

- **Embrace the use of data to ensure efforts were targeted** to the right neighborhoods. This enables resources to move to where they are most needed and additional work to be done to identify community assets where there are gaps. By working with community assets, this improves chances of sustainability.
- **Conduct consistent outreach in order to build trust** (community needs to recognize the ambassadors and know these are people they can confide in and ask questions)

Challenges for future programs:

- **Consistency in funding is essential.** Starts and stops or uncertainty in funding leads to frustration and loss of people as well as erosion of trust This was a challenge with the VALUE program.
- **Although sponsors may want to fund programs with a single focus, communities want programs directed to their needs.** Ambassadors were able to leverage other activities, but more flexibility to offer services needed (e.g., flu and/or other needed vaccines along with COVID-19 vaccines, health screening services, or services that help address other needs including mental health needs, employment, transportation, food, rent assistance, expungement services, etc.)
- **Addressing the needs of access prior to engagement.** Particularly in the beginning of the program, community members were left on their own to navigate systems that required wi-fi service and computer savvy that may be inaccessible to VALUE communities. Although mobile clinics were available and location requests from VALUE communities were made possible, hours outside of the regular workday and locations that are often in healthcare deserts are still needed.
- **Communicating data use and value.** A considerable amount of data were collected over the course of the program, but ensuring VPAs and coordinators understood the purpose and use of the data is critical. Some data did not seem to add value while other questions about the levels of trust in the community were difficult to assess. Engaging VPAs/coordinators early on could help with buy-in for reporting.
- **Ensuring clarity in roles and responsibilities and communication processes.** In a rapidly changing environment, as new people and partners are engaged, and processes evolve, it is critical to maintain good communication. Further, a clearly defined process for communication and conflict resolution is essential at the beginning of the project to avoid wasted time and confusion.

Ambassador Reflections and Recommendations

Following the Healing Baltimore effort, ambassadors had the opportunity to reflect on the needs of the VALUE communities they worked in. Many of the needs were on social determinants of health and many reflected the challenges they faced that were underlying the struggles they faced on a day-to-day basis and had implications for vaccine acceptance and uptake.

Overarching Recommendations

1. Continue to build trust and health literacy through the VALUE program among the most underserved communities. Based on extensive feedback on the current program, modifications can be made to address the changing needs of communities. VALUE ambassadors should remain at the core of this education, engagement and trust-building effort, and continue to be compensated at a fair wage.
2. Leverage and supplement current efforts to provide a landscape of city services and resources. Such a tool would enable ambassadors to better guide community members in the direction they choose to go.
3. Broadcast public service announcements that counteract and negate stereotypes and stigmas about VALUE communities. Prejudice experienced in government and health care service settings impacts care seeking behavior and trust.
4. Implement bottom-up strategies and practice cultural humility to meaningfully and intentionally engage with communities when planning and implementing policy and programs.

Specific recommendations by each VALUE community are shown below:

VALUE COMMUNITY	RECOMMENDATION
Older Adults	Health department should continue to advocate for upgrades to senior centers
Pregnant & lactating Women	Engage with and include men (fathers) into existing reproductive and child health programs. It is particularly important to include fathers in discussions about preconception health. This can be accomplished by encouraging outreach workers as well as provide encouragement to participate in programs.
Latinx & Immigrant	Landscape analysis of translated materials, Training of providers about the need for translators and translated materials
Young Men	Provide more expungement workshops and expand mentorship & education programming.
DUC	Expand transportation programs to assist DUC communities in accessing city services. It would also be helpful to hire disability navigators to guide DUC communities to the services and resources the city offers. Of particular interest to vaccination, it would assist in establishing quiet rooms at some vaccination sites where it is feasible to do so.
Youth	With the increasing visibility of young people who experience mental health issues, it is important to expand and conduct mental health training workshops for teachers, BCHD programs & staff. This would assist in making those working with the youth identify the signs of mental health crises.

The full report can be found here

Conclusion

The VALUE program was highly successful in reaching the targets set by BCHD despite the ever-changing nature of a pandemic and the longstanding context that led to health disparities in the first place. VPAs and VPA coordinators are an enormous asset in BCHD and can be used to build and sustain the trust in public health necessary for a healthy and resilient community.

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