

**Submission Id: 5077**

**Title**

*Implementing Primary and Community Care (PACC) Mapping to support COVID-19 vaccine uptake in western Canada*

**Priority 1 (Research Category)**

Community based participatory research

**Presenters**

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**Abstract**

Context: The COVID-19 pandemic highlighted health inequities and disparities across Canada. Meaningful community engagement and tailored supports were required to reduce barriers and ensure more equitable access to COVID-19 immunization. Objective: To engage communities in co-creating local immunization uptake solutions and foster community relationships to tackle post-pandemic challenges. Study Design and Analysis: Facilitators were trained and workshops conducted using patient personas to develop community solutions to address immunization access barriers and improve vaccine uptake. Surveys, interviews and informal feedback methods were used to evaluate the project. Setting or Dataset: Trained facilitators and communities across western Canada. Population Studied: Communities with low immunization uptake. Intervention/Instrument: Primary and Community Care (PACC) Mapping method tailored to the COVID-19 immunization context (Immunization PACC; immPACC). Outcome Measures: Outcomes were evaluated using the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework. Results: The Reach and Effectiveness of training facilitators in the PACC method was successful. A network of 54 facilitators were trained, reporting confidence (n = 45, mean 7.3, scale 1-10) and intention (n = 35/45, 78%, likely/very likely) to use the method. Adoption and Implementation of immPACC Mapping was slowed by reallocation of facilitators to other emergency response roles, and changing contextual factors. Despite this, eight immPACC Mapping sessions were delivered (April 2021-June 2022) in three provinces (Manitoba, Alberta, British Columbia), involving 12 facilitators and 77 participants. Findings highlighted the success of bringing interdisciplinary community stakeholders together to collaborate on local solutions, identify and build relationships with new partners, and facilitate action to implement patient-centred ideas. Maintenance of the method is ongoing, with facilitators in British Columbia and Manitoba using the PACC method to support health service planning at the local level. Conclusions: The PACC Mapping method was successfully used to bring a community-level focus into immunization planning. Despite challenges, community stakeholders created and implemented local solutions to support immunization uptake, and the project helped build capacity for using the PACC method to support future challenges in healthcare.