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**CONFERENCE ABSTRACT****Mobile Team Vaccine - Standing up an Integrated Health Delivery System in 48 hours**

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***Introduction***

The Toronto region, a culturally diverse and densely populated area in Canada (6.3 M residents, 46.1% immigrants) was faced with a need to rapidly establish and scale up immunization of high-priority COVID-19 vaccine recipients. The Ontario Government and Ministry of Health asked health system partners to respond. University Health Network (UHN) established “Mobile Team Vaccine” together with partners across the continuum of care including primary care, long term care and retirement homes, hospitals, and Toronto Public Health (TPH). This rapidly formed integrated health delivery system created a ground-up community of practice, to protect the most vulnerable populations.

***Aims Objectives Theory or Methods***

Vaccination efforts initially targeted the most vulnerable populations in Long-Term Care and Retirement homes/ congregate settings. Data and learnings were used to implement a Toronto-wide mobile vaccination strategy aimed at residents in priority postal codes and neighbourhoods facing high incidents of COVID-19 and low vaccine uptake (e.g vaccination rate of 28% vs 40% city average). The goal was to accelerate equitable access to vaccine for vulnerable communities, as fast and safely as possible. Change efforts were focused on multiple clinical and community partners, to quickly align and work together, to achieve a coordinated and sustainable model for mobile vaccination efforts.

***Highlights or Results or Key Findings***

The aim of mobile vaccination efforts was to provide equitable and low-barrier access to vaccine. Mobile Team Vaccine required a coordinated and community-led approach, to maximize reach in marginalized and vulnerable communities within the Toronto area.

Clinical capacity and operational efficiency were aligned to support rapid scale up of vaccinations, achieved through community engagement, and a backbone support team. The team leveraged expertise, processes, infrastructure, and learnings from flu vaccination and community testing efforts. Efforts were scaled up to facilitate additional coordinated vaccination efforts for more than 200,000 individuals within the Greater Toronto Area. A data-driven approach was used to inform

mobile pop-up vaccine clinics locations; clinics were set up in areas at highest risk from COVID-19, by examining factors such as incidents of COVID-19, rates of hospitalization, and vaccine uptake on a weekly basis.

### ***Conclusions***

Leveraging previously established relationships in primary care, hospital partners and community partners, supported through a backbone support team, and learnings from flu vaccine and community testing, enabled rapid, equitable and low barrier access to vaccinations to vulnerable populations within the GTA.

### ***Implications for applicability/transferability sustainability and limitations***

The initial mobile vaccination efforts in Long-Term Care and Retirement homes/congregate settings set the foundation for the Toronto-wide mobile vaccination strategy. Lessons learned were shared with community partners and Community Ambassadors in practical, hands-on learning, and shadowing experiences for team members during mobile clinics.