Multi-Dialect Chinatown COVID-19 Vaccination Campaign

An evaluation and retrospective investigation of the collaborative processes that guided this inter-organizational initiative

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Multi-Dialect Chinatown COVID-19 Vaccination Campaign: A evaluation and a retrospective look at the collaborative processes that guided the initiative

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Executive Summary

This report details and describes the processes through which a Working Group made up of 10 different Chinatown community leaders and community organization staff collaborated with one another to lobby Vancouver Coastal Health for, and then partner with them on, the design, development and implementation of culturally aligned vaccination services for Asian seniors residing in low-income social housing with the Chinatown area. The ultimate hope and purpose of this evaluation report is to provide an enhanced understanding of how community and public health outreach programs can best work with one another in order to serve this group of Chinatown seniors. The core data informing this report are semi-structured qualitative interviews with the ten individuals who comprised the Working Group, as well as semi-structured interviews with seventeen of the seniors residing in the Chinatown, low-income social housing. Key findings from this study are summarized below.

Establishing the working group: Understanding the context as well as roles and responsibilities

The Working Group of Chinatown community leaders and non-profit staff became the heart of the Multi-Dialect Chinatown COVID-19 Vaccination Campaign. These 10 individuals came together quickly in order to advocate for better vaccination services for the Chinatown seniors, and were able to do so because they: 1) had a network of pre-existing relationships with one another, 2) adopted a sense of duty and personal commitment to the Chinatown seniors, and 3) were willing to pivot and augment their daily work routines in order to create culturally aligned vaccination clinics for the seniors.

Understanding the Chinatown seniors: Describing what it takes to create services that resonate with this population

The Chinatown seniors are an often-overlooked population within Vancouver's Downtown Eastside (DTES). The initial vaccination strategy released by Vancouver Coastal Health (VCH) for example, overlooked the accessibility considerations of this population, as have previous public health work planning initiatives, such as VCH's Second Generation Strategy. Furthermore, Working group members described DTES services as being mostly oriented to homeless or substance using populations, and as such, the Asian seniors who reside in social housing often fall through the cracks of existing programming. The needs of these Chinatown seniors should be considered and reflected in future strategic planning and programming, and when doing so, holistic approaches to health and well-being are needed, as are trauma informed approaches which address healthcare anxiety or unresolved scarcity trauma. Reaching this population during the vaccination campaign required utilizing communication channels such as Chinatown newspapers or radio stations, local social or cultural hubs, door knocking campaigns, as well as WeChat groups; any future social and health programming for this demographic should consider using similar communication channels instead of just relying on mainstream media.

The four phases guiding and underlying the Multi-Dialect Chinatown Vaccination Campaign

When looked at retrospectively, we can see that there were four predominant phases to the Multi-Dialect Chinatown COVID-19 Vaccination Campaign, each of which deserves attention and could be useful guideposts in future public health campaigns.

1. *Relationship and foundation building*: This phase occurred before the vaccination campaign began and was the result of previous collaborations between the individuals in the Working Group. This phase involved knowledge building, relationship building, and advocacy muscle building, all of which provided a strong foundation for the vaccination campaign to build upon.

2. *Lobbying and organizing*: Once the COVID-19 vaccination strategy was announced, and the gap in services for the Chinatown seniors was identified, several Chinatown community leaders began lobbying VCH to

address this gap. Lobbying efforts included letter writing campaigns directly to the VCH board, as well as applying public pressure through media releases which exposed the gap and called out the social injustice in the original vaccination plan. Parallel to the lobbying, the individuals in the Working Group began organizing themselves and identifying alternative strategies for meeting the vaccination needs of the Chinatown seniors.

3. *Piloting the pop-up clinics*: Once VCH agreed to address the gap in vaccination services for the Chinatown seniors, they approved a pilot pop-up vaccination clinic for the seniors. In order to demonstrate need and ensure the success of this pop-up clinic, the Working Group members needed to expand their daily work routines to include the following: education and awareness about the vaccinations, outreach and recruitment to the pop-up clinic, operations and administration of the pop-up clinic, as well as learning and reflection with VCH about the pop-up clinic.

4. *Continuing the pop-up clinic approach*: After witnessing the success of the pilot pop-up clinic, VCH agreed to additional pop-up clinics in order to continue creating access to vaccination services for Chinatown seniors. This was ongoing and laborious work for the Working Group individuals, as they needed to continue the expanded work routines (including education and awareness about the vaccinations, outreach and recruitment for the pop-up clinic, operations and administration), while also trying to bring in new partners to the work and finesse the partnership with VCH.

The four phases — relationship and foundation building, lobbying and organizing for change, piloting an approach, and continuing the work — are useful guideposts to aim for in future collaborative initiatives. Each stage provided tremendous value, and should not be rushed through.

Considerations for collaborations between small non-profits and Vancouver Coastal Health

Vancouver Coastal Health (VCH) is a large, politically sensitive and publicly accountable institution which might be described as being a bit bureaucratic in nature. The work culture within such an institution is vastly different to that within a non-profit service organization, and these differences had implications for the collaborative work involved in designing and delivering the vaccination pop-up clinics. There was an organizational power imbalance between VCH and the Working Group, which meant that the Working Group had to apply political and public pressure to capture the attention of VCH leadership at the outset of the initiative; additionally, during the partnership itself, the organizational power imbalance meant that the Working Group often had to defer to the decision-making authority of the VCH collaborators, even though those decisions may not be in the best interest of the Chinatown seniors. The large and bureaucratic nature of VCH, also meant that Working Group members often had to reeducate new VCH collaborators and re-solicit buy-in for the culturally aligned approach that was informing the pop-up clinic design; re-educating and resoliciting buy-in from new collaborators slowed the work and meant that decisions did not always get implemented as planned.

Corollary positive impacts

More than 2000 Chinatown seniors got vaccinated in a culturally aligned setting as a result of these pop-up clinics. Experiences such as this are important to creating a socially just health care system for all Canadians. In addition to this core outcome, there were several other corollary positive impacts that Working Group members referenced: inter-organizational networks were fleshed out, trust was built and strengthened between working group members, a felt sense of empowerment for what can be accomplished when organizations work together was achieved, increased visibility and attention towards the needs of the Chinatown seniors was created, as well as the individual professional development of several Vancouver Coastal Health collaborators.

Summary of recommendations

This retrospective evaluation of the pop-up clinics and the collaborative processes underlying them holds many recommendations for future collaborative initiatives that could or should impact the Chinatown seniors. These recommendations are woven into the narrative of the entire report, but for ease of access, a comprehensive list of all the recommendations is also compiled below.

1. The importance of the pre-existing network of relationships that formed the basis of the Working Group which became the heart of the vaccination campaign, cannot be understated in what it took to respond nimbly to this public health emergency; therefore, we recommend continued investment in relationship and network development between the community organizations and staff that service the Chinatown seniors.

2. The information management system which contained pertinent information about the Chinatown seniors (e.g. demographics such as age and language, contact information such as phone number and email address, registration and vaccination tracking, etc) was an invaluable resource which allowed diverse stakeholders to collaborate effectively and efficiently with one another; we recommend that this shared information management system continue to be maintained so that future collaborations have the necessary administrative infrastructure to support the work. Developing additional shared resources should also be considered.

3. A sense of duty and commitment, especially in the midst of a public health emergency, can often cause social service workers to carry a heavy emotional load which can result in undue and unhealthy levels of stress in day-to-day routines; therefore, we recommend that future collaborations seek to address staff well-being by creating a network of support amongst each other and by taking pause to really recognize the positive impact of the work accomplished, even though it may not always feel like it is enough.

4. The Chinatown seniors were described as being an invisible population within the Downtown Eastside services and strategic planning; therefore, we recommend:

    - The creation of a research-based profile of the Chinatown seniors that describes their lived experiences in-terms of their personal histories, their living conditions, their social and emotional realities, their experiences with the healthcare system, their healthcare needs, their cultural milieu and their community touchstones. Creating such a robust and research-based picture of this often-overlooked population will begin to fill in the knowledge gap that informs services and strategic planning in the DTES.

    - VCH and community organizations should invite stakeholders (e.g. community leaders, non-profit staff, organizers) who are knowledgeable about the Chinatown seniors to participate in work planning-sessions so that relevant services can begin to address the needs of this population.

5. The life experiences of the Chinatown seniors are complex, many have scarcity trauma related to a history of political turmoil and economic hardships, the repercussions of which only become compounded through encounters with the structural barriers and racism in the Canadian health care system; therefore, we strongly recommend that healthcare services oriented to this population be designed and delivered in using a trauma informed perspective.

6. Mainstream media outlets such as *The Globe and Mail* or The *Vancouver Sun* are not sufficient for reaching the Chinatown seniors, instead, many Chinatown seniors look to local newspapers such as the Tyee or

Chinese media sources to remain apprised of current events; therefore, we recommend that organizers of social and health programming who need to reach the Chinatown seniors, consult with knowledgeable community leaders about the media sources and cultural hubs that are active in the community.

7. Political and organizational power imbalances between VCH and local non-profits organizations may adversely impact decision making processes; therefore, we recommend that when organizations of such different statures work together, they bring awareness to the way in which power imbalances can impact partnerships so that they can be mitigated throughout the work. This is particularly important for the more powerful partner to monitor and invite into the work practice. Establishing equitable decision-making processes is everyone's responsibility.

8. Collaborations that involve large, public institutions such as VCH can be slow and difficult to navigate due to all the various layers of management and staff that are implicated within a somewhat bureaucratic work culture; therefore, we recommend:

    - the creation of an orientation packet which new collaborators would be responsible for reviewing before onboarding to the project. This orientation packet would be a place for new collaborators to come to know community needs, the trauma-informed perspective that is needed, as well as any prior decisions made between relevant partners in the work.

    - Have at least one staff person with authority involved in the project who can help cut through and efficiently navigate bureaucratic layers. In this way, the burden of navigating a big bureaucratic institution is held by someone in the institution.

9. Easing the anxiety that many Chinatown seniors face in healthcare settings requires patience and care, which not all of the VCH staff and nurses brought to their interactions with this population during the pop-up clinics; therefore, we recommend that in the future, when VCH hosts programming for the Chinatown community, they do their best to assign nurses who have completed education and training around working with marginalized communities and what it means to approach this work from a trauma-informed perspective.

10. There is a knowledge gap that exists for VCH in terms of understanding the lives and needs of Chinatown seniors, and how best to provide services to them; therefore, we recommend stronger ties and lines of communication be built between VCH and the social services organization that work with the Chinatown seniors. A stronger network between VCH and Chinatown community organizations would provide VCH with access to cultural brokers for future programming and strategic planning.

11. This report contains extensive information about the Chinatown Seniors, the experiences of the Working Group members, and the collaborative processes which informed the work with VCH. There are many lessons learned and a considerable amount of contextual information to digest, both of which could impact future public health and collaborative initiatives; therefore, we recommend that integration and planning sessions be scheduled with Working Group members and VCH to read through this report in full, pull out relevant lessons learned, and to build off this work as much as possible.

Introduction

In the early months of 2021, when the COVID-19 vaccine was announced and the Vancouver Coastal Health Authority (VCH) released its proposed vaccination roll-out strategy, several Vancouver based Chinatown community leaders and community organizations noted a gap in the projected vaccination plan. The vaccine clinics that were initially proposed by VCH were inaccessible, both geographically and culturally, for an often-overlooked sub-population of the Downtown Eastside (DTES), that of the Asian seniors who reside in low income housing within the Chinatown area[1]. These Chinatown seniors have unique linguistic considerations, as well as complex and intersecting social and emotional needs, all of which needed to be thoughtfully considered in order to provide them with accessible vaccination services. This report details and describes the processes through which a group of Chinatown community leaders and organizations worked with one another to lobby VCH for, and then collaborate with them on, the design, development and implementation of culturally aligned vaccination services for the Chinatown seniors.

Background, methodology, and overview

Background

The Multi-Dialect Chinatown COVID-19 Vaccination Campaign began in the early months of 2021 after a gap in VCH's proposed vaccination roll-out strategy was identified. The campaign eventually resulted in over 2000 Chinatown seniors getting immunized at six different vaccination pop-up clinics: March 2021, May 2021, June 2021, July 2021, August 2021 and December 2021. These pop-up clinics were hosted at local community hubs such as The Carnegie Centre, Strathcona Community Centre, or Sun Wah Centre, and were designed to provide a welcoming and culturally safe space for the Chinatown seniors to access vaccine services.

A team of community service workers from a variety of local non-profit organizations became the heart of this vaccination initiative. This group was comprised of ten representatives from the seven different Chinatown community groups and organizations, who together formed what became known as the Chinatown Seniors Immunization Working Group, herein referred to as "the Working Group." This group of individuals had both personal and professional ties to the Chinatown seniors, and worked closely together throughout the COVID-19 crisis to ensure that the seniors who resided in the Chinatown area continued to receive needed social services and had access to culturally safe vaccination clinics. It was these individuals who noted the gap in VCH's initial vaccination strategy and began lobbying VCH for making amendments to it; they became partners with VCH in the design and implementation of an alternate plan and secured funding from The Public Health Agency of Canada's Immunization Partnership Fund to support the work.

Methodology

Forming the core data for this report are semi-structured qualitative interviews with each of the Working Group members. These interviews were designed to a) surface the unique contribution of each individual and organization in the collaborative effort it took to reach the Chinatown seniors during the vaccination campaign, as well as b) better understanding the barriers that the Chinatown seniors face when accessing health and social programming. The interviews were conducted over Zoom, audio recorded and transcribed. The transcripts were thematically analyzed.

[1] Chinatown is one of the neighborhoods within the larger geographic area that is the DTES

Complementing the interviews with the Working Group members, were 17 semi-structured qualitative interviews with Chinese and Vietnamese seniors who resided in low-income housing within the DTES. These 17 seniors were part of the target demographic for the pop-up clinics and provided an in-depth understanding of their lived experiences during the COVID-19 pandemic and what some of their immunization concerns were during the vaccination campaign. These interviews were conducted in-person in the seniors' home language; they were audio recorded, and a summary of each interview was translated into English. Those summaries were thematically analyzed.

Overview of this report

The ultimate hope and purpose of this evaluation report is to provide an enhanced understanding of how community and public health outreach programs can best reach and work with one another in order serve linguistically isolated seniors who reside in low-income housing within the Chinatown area. This report does so by narrating the results in the following ways.

- Describing the process for establishing the working group and how it functioned
- Surfacing considerations for servicing the Chinatown seniors
- Reviewing the stages and phases of the vaccination campaign
- Identifying considerations for collaborative initiatives between small non-profit organizations and large, public institutions such as Vancouver Coastal Health.
- Amplifying the positive benefits of this work
- Offering a small community profile describing the lives and contexts of the Chinatown seniors

Establishing the Working Group: Understanding the context as well as roles and responsibilities

The organizations that formed the Working Group which guided the Chinatown vaccination campaign were: Yarrow, Second Mile, SRO-Collaborative, Bao Ve Collective, The Legacy Stewardship Group (LSG), Carnegie Centre, and the Hua Foundation. This inter-organizational team was the backbone support in advocating for, as well as designing and implementing, the pop-up vaccination clinics for the Chinatown seniors. There were many different factors influencing the eventual success of this group, however, three were repeatedly named throughout the interviews with the Working Group members:

- Previous relationships that could be leveraged quickly during an emergency situation
- A sense of duty and personal commitment to the seniors
- A willingness to pivot regular work routines

A network of existing relationships that could be leveraged quickly during the emergency

The group of community leaders and staff that formed the Working Group were networked with each other prior to the COVID-19 pandemic. They all serviced the same demographic, in the same geographical area, with the same general purpose of strengthening the wellbeing of low-income Chinese and Asian residents of the DTES. Many of the individuals in this working group knew each other because they had either worked together on previous service programming (e.g. food delivery), collaborated on advocacy initiatives (e.g. lobbying against a housing development), or were affiliated with the same community building committees (e.g. The Chinatown Legacy Stewardship Group). The relationships and networks that existed within this community of service

providers prior to COVID-19 provided a strong, yet flexible foundation to build upon in order to advocate for the service and vaccination needs of the Chinatown seniors.

> I was working on something else with [a couple of staff from the SRO-C and Yarrow] around January of 2021 when the vaccines were starting to be talked about. … [W]e were all talking about how difficult it was and how much time it was taking to advocate on behalf of seniors individually, … and from that three to five minute discussion, we got started thinking about a better way to pool our resources and get these vaccines out to the seniors … that is how this group started.
>
> - Working Group Member, Interview

Working Group interviewees said that this pre-existing network of advocates and service professionals provided a flexible, yet strong foundation to work from during the COVID-19 crisis. They described public health emergencies as being unpredictable and often beyond the scope of any one service organization alone, and as such require nimble and collegial networks of relationships that can be quickly leveraged in order to meet the needs of the service population, in the case of the Chinatown seniors. The scale of the COVID-19 pandemic was beyond any one organization and required inter-organizational collaboration in the following areas: advocacy, leadership, education & awareness, outreach, administration, operations, and volunteer management. With these seven organizations working together, it meant that diverse strengths were brought to the table, multiple service networks could be drawn upon, duplication of services would be avoided, and adequate social support was available to one another during this time of intense emotional stress (more on this in the following section).

> Looking back, we were able to come together so quickly and respond to the pandemic and help the seniors and community because on an ongoing basis we have partnerships with each other, and we recognize that there are overlaps in-terms of our clients. Clients will go to different people for different things. They come to Second Mild for social, Yarrow for medical, and SRO-C for food supplies. Each of us has overlap, but also individuality. Recognizing the strengths and weakness of each other [means] we can come together and help each other to help our community. That is the key to how we connected so quickly and moved [during the pandemic].
>
> - Working Group Member, Interview

> Why did we have to come together? Because it was such a big undertaking that there was no other way to do it to achieve the scale that we did.
>
> - Working Group Member, Interview

> I think keep on connecting with each other, what we are good at, and when an emergency comes, we can leverage the informal relationships, and make it work for that time, to be able to have that response. … [We also need to] get together for our own well-being, because being front line is hard work, and a lot of time we feel burned out and we need support. Having a social network is important, to download to on another other and cheer each other on.
>
> - Working Group Member, Interview

The importance of a pre-existing network of relationships was foundational to functionality of the Working Group and to the success of the vaccination initiative. One recommendation coming out of these interviews is to continue to invest in network development between organizations and service providers so that future public health emergencies and social service needs have an even stronger foundation from which to work. A network of strong and healthy relationships is valuable beyond the scope of any one project, and therefore should be invested in adequately. As one working group member stated, "fund the community, not the project, help us to collaborate, not just complete [isolated or one-off] projects."

A sense of duty and personal commitment to the seniors

Each of the individuals in the Working Group had a strong, personal sense of commitment to their work and to the Chinatown community. As one working group member stated, "we all share a sense of duty to work with the seniors in our own community," another commented that he had a "very strong relationship to and passion for the seniors" which infused all of his work, and still yet another working group member framed all of her work during the COVID-19 crisis in-terms of "just trying to do what needed to be done [for the seniors]." Each member of the working group was personally committed to the Chinatown seniors and valued their wellbeing.

One instance which demonstrates how this dedication and commitment showed up in efforts of the Working Group was in their response to VCH approving the first pop-up clinic. VCH's agreement to pilot a pop-up clinic was granted just before the start of a weekend, and in response, the Working Group organized themselves and began the work over the weekend; they used all available time – even their time off – in order to ensure that VCH saw the value in, and demand for, providing culturally aligned vaccination clinics for the Chinatown seniors. One working group member described this period as being a "mad scramble" to get seniors recruited and registered; another working group member described this time period as having a sense of urgency, almost as if they needed to quickly deliver on a proof-of-concept to VCH so that the health authority would be willing to continue to collaborate with the Working Group on finding appropriate ways of providing culturally aligned vaccination services to the Chinatown seniors. This sense of urgency and import meant that work-life boundaries were blurred, a few indicators which demonstrate this are below:

a) the Working Group's willingness to use their own personal phone numbers as the "contact us" information on flyers. In the words of one working group member "we were in charge of coordination, making sure people got [to the clinic] … and my personal phone was ringing nonstop."

b) the number of weekend and evening overtime hours that were put in by each of the Working Group members.

c) the emotional labour each member shouldered as they treated each senior with care and respect, both at the pop-up clinics themselves as well as throughout the advocacy and registration campaign. One Working Group member relayed how she would often field phone calls from anxious seniors about their vaccination appointments, answering questions about where to park, the time they needed to show up, and just general inquiries about making sure that there would be somebody onsite who can speak their home language and facilitate interactions with the nurses.

The impact and weight of the emotional load related to the sense of duty and personal commitment in this work cannot be overlooked. COVID-19 was an emergency setting, and the wellbeing of those on the front lines was impacted and taxed. One way to support such emotionally salient work was suggested by a working group member, and that was for those involved to stay connected with one another, to foster the development of social support system amongst one another. Additionally, another Working Group member said how important it was to pause during the pop-up clinics and actually take in the community coming together, to witness the seniors talking with one another, to actually feel the reward of all the stressful organizational work. Even though things could always be improved upon, it was said to be important to celebrate what was accomplished.

> Every now and then, we get together for our own wellbeing, because being front line is hard work, and a lot of time we feel burned out and we need support. Having a social and download to each other and cheer each other on.
>
> - Working Group Member, Interview

> I think at [one] point I had already dissociated. It was a very stressful time. … at [one] point I think there were a lot of questions about how far can I go to help people because there are certain boundaries that I still needed to set on myself and I was burnt out. So, even me providing my personal phone number for all this outreach and I didn't know if I would be called in the middle of the night or early in the day on my weekend.
> - Working Group Member, Interview

> See the seniors lining up, and getting to know each other, seeing who knows who, everyone meeting with everyone, and sharing, and connecting. That was very empowering. It give staff energy to continue.
> - Working Group Member, Interview

Future collaborations should continue to consider how to take care of the well-being of those involved, especially during such high-stakes situations.

A willingness to pivot from their regular work

The commitment of the Working Group members can also be seen in how fluidly they pivoted their normal daily work routines in an effort to meet the needs of the Chinatown seniors during the pandemic. Each working group member pivoted their work in such a way where they each contributed a different piece to the overall puzzle, each bringing something unique to the table, filling a different need in the vaccination campaign. Below is a brief description of each organization involved in the Working Group, as well as a short description of how their work needed to pivot during the COVID-19 crisis in several realms: Advocacy, Leadership, Education and Awareness, Outreach, Administration, Operations, and Volunteer Management. In the end, the whole of the Working Group was greater than the sum of the individual non-profit originations involved.

Second Mile is a non-profit organization which offers outreach programs focused on meeting the social, recreational, nutritional, and information-related needs for low-income seniors. This organization had two representatives sitting on the Working Group, both of whom had strong ties to the Chinatown seniors as a result of their previous outreach work. When the pandemic hit and the vaccinations were announced, the work of these two staff pivoted to include the below.

Education and awareness: Finding and downloading COVID-19 related new releases, translating pertinent information, disseminating the translated information to social housing locations, monitoring and participating in WeChat conversations with the seniors in order to stay apprised of the way in which the seniors' community was oriented to the pandemic and vaccine.

Outreach and administration: Working with the building managers of the low-income housing units in an effort to help them meet the needs of the tenants during lockdowns (e.g. food drop-offs, information dissemination, etc); and when the vaccinations were announced, working with building management to implement a bulk vaccination registration process for the tenants.

> The building managers were totally stressed out, and they didn't have support, so when we come alongside them being able to offer this, they were relieved, even though it was just getting the seniors to register for the vaccines, it was a big help, otherwise the building mangers would need to work with them individually, getting them registered and telling them where to go, and a lot of them don't know Vancouver outside of Strathcona community, so they didn't know where the clinics were. It was a big mess, so we stepped in and come alongside the building managers to get [the tenants] vaccinated.
> - Working Group Member, Interview

Operations: Creating and maintaining an information management system to track the Chinatown seniors in terms of contact information, recruitment, hesitancy, registration, first dose, second does, etc. This information management system was used by the entire working group to capture the breadth and scope of the Chinatown seniors, and to identify which working group staff member was responsible for which sub-section of seniors, thereby ensuring that as many seniors as possible were receiving vaccination messages and services.

Yarrow is a non-profit organization focused on promoting access to income and removing barriers to healthcare and housing for low-income immigrant seniors in Chinatown. This organization was unique amongst the other participating organizations in the Working Group since the entire mandate of Yarrow is focused on immigrant seniors in the Chinatown area. Given this dedicated focus, Yarrow had three representatives sitting on the vaccination working group, all of whom had significant ties to the seniors, both in-terms of previous program management as well as outreach work. When the pandemic hit, the work of these three staff expanded to include the below.

Education and awareness: Disseminating public health and vaccination information to social housing locations and cultural hubs.

Outreach and administration: Registering seniors for their vaccinations as well as pivoting in-person programs to become socially distanced or virtual in nature. For example, there was one COVID-19 Senior support program which saw volunteer youth making weekly phone calls to Chinatown seniors to help reduce isolation and keep information lines open between the seniors and service providers.

Volunteer management: Recruiting Mandarin and Cantonese speaking volunteers to act as cultural brokers and translators during the pop-up clinics.

SRO-Collaborative is a non-profit organization whose focus is to organize tenants of SROs in the DTES in order to advocate for a better standard of living, including issues pertaining to building conditions and repairs, rent control and access, as well as management practices and tenant community building. This organization had one representative on the Working Group. When the pandemic hit, the work of this representative pivoted to include the following.

Healthcare advocacy: Giving interviews to mainstream media (e.g. CTV and CBC) to advocate for culturally aligned and accessible vaccination services for the Chinatown seniors who were missing from VCH's preliminary vaccination roll-out plans.

Leadership and operations: Chairing the Working Group, applying for grants to ensure the Working Group had adequate funding to continue the work, liaising and being point person with VCH in communications, coordinating and stewarding a team mentality for the Working Group which helped keep everyone's individual efforts aligned and oriented to the larger purpose of vaccinating Chinatown seniors.

Operations: Collaborating on the creation of an information management system which tracked the Chinatown seniors in-terms of their vaccination stages and needs.

Outreach and administration: Door knocking campaigns to speak to the SRO tenants one-on-one about COVID-19 and the vaccination and register them if applicable.

Education and awareness: Disseminating public health and vaccination information to social housing locations and cultural hubs.

Bao Ve Collective was formed at the beginning of the COVID-19 pandemic to assist the Vietnamese community in applying for Employment Insurance and the Canadian Emergency Response Benefit (CERB) funding. One representative from this organization sat on the Working Group, and when the pandemic hit, the work of this representative expanded to include the following.

Education and awareness: Giving interviews on local Vietnamese radio stations about the vaccinations and pop-up clinics; advertising and postering for the pop-up clinics; and using her own personal phone number as the contact information in all materials.

Outreach and administration: Making phone calls to recruit and register seniors for the clinic; receiving phone calls from people asking for assistance; and registering Vietnamese seniors for vaccination appointments at the pop-up clinics, reminding these seniors of their appointments prior to the clinic

Volunteer management: Recruiting Vietnamese speaking volunteers to act as cultural brokers as well as translators during the pop-up clinics.

Hua foundation is a youth empowerment non-profit organization working on racial equity and civic engagement issues. This organization works at the intersection of cultural heritage and social change. One representative from this organization was tangentially affiliated with the Working Group, and when the pandemic hit, expanded their work in the following way.

Operations: Printing educational and outreach materials for the Working Group.

Carnegie Centre is a City of Vancouver run Community Centre for the DTES. This Centre offers a variety of social service programming and resources (e.g. nutritional, educational, recreational, drop-in spaces, mail pick-up, community building, etc) to low-income adults in the DTES. It had one staff member affiliated with the Working Group. Her work focus at the Centre was with seniors programming and therefore she was heavily networked into the Chinatown senior's community. When the pandemic hit her work expanded in the following ways.

Outreach and administration: Becoming the point person for other DTES and Chinatown organizations to refer seniors to if anyone needed in-person attention since Carnegie Centre remained open as an essential service. She also hosted roving and socially distanced programming for the seniors, such as food delivery, organizing social activities in the courtyards of various social housing buildings, and arranging for mid-autumn festival care packages to be delivered to the local seniors. When the vaccination pop-up clinic was announced, she was involved in recruiting and registering seniors for their vaccinations and used her own personal phone number as the contact information in all materials.

> [W]e all became call centers. We made posters to let people know, and I had my own telephone number on there, so [seniors] were calling me … we were in charge of coordination, making sure people get there, so it was quite outside of what our normal jobs were and my phone was ringing nonstop.
>
> - Working Group Member, Interview

Chinatown Legacy Stewardship Group (LSG*)* is an appointed group of community representatives and stakeholders whose mandate is to provide recommendations to the City of Vancouver around the development of a Cultural Heritage Assessment Management plan for Chinatown. This is a City of Vancouver initiative with strong ties to the Chinatown community and the businesses within the area. When the pandemic hit, the chair of the LSG group pivoted his work to include the following.

> *Healthcare advocacy*: Initiating contact and communication with the CEO and board of VCH to lobby for the culturally aligned vaccination for the Chinatown seniors; and ensuring that the vaccination needs of the Chinatown seniors remain visible to the board through continued communication and lobbying. He also gave interviews to mainstream media (e.g. The Vancouver Sun, The National Post, The Globe and Mail) to advocate for culturally aligned and accessible vaccination services for the Chinatown seniors who were missing from VCH's preliminary vaccination roll-out plans.

Understanding the Chinatown seniors: Describing what it takes to create services that resonate with this population

Given the Working Group's extensive experience within the Chinatown community and with the Chinatown seniors themselves, they collectively held invaluable knowledge about the considerations that were needed in order to reach this community with relevant and appropriate public health and vaccination services. The considerations for reaching the Chinatown seniors that were repeatedly raised throughout the interviews with the Working Group members and the Chinatown seniors fall into the below categories, each of which is described in detail within this section.

- Recognizing the invisibility that the Chinatown seniors face in DTES services
- The need for trauma-informed systems and approaches that can assuage scarcity anxiety
- Holistic considerations and the value of culturally aligned services during public health crises
- Communication channels for reaching the Chinatown seniors with public health messaging

Recognizing the invisibility that the Chinatown seniors face in DTES services

There were over 2000 Chinatown seniors recruited or canvased in this vaccination initiative. This is no small number; however, the interviews with Working Group members revealed and underscored the invisibility that the Chinatown seniors often face within the city and within the DTES community services.

> Nobody knows anything about [the Chinatown seniors] community. Nobody knows where they live or how that came to be or why they're here, what their conditions are, what their needs are, how to speak with them, and nobody ever really tried [to understand]. Everybody sees the Chinese seniors in the food lineups and accessing food resources, but the organizations themselves don't have staff that can really communicate with them [the seniors] or who can fully understand the nuances of their unique lived experiences.
>
> - Working Group Member, Interview

The needs of the Chinatown seniors were described by the Working Group members as often slipping through the cracks since most of the services in the DTES area target the high needs of many homeless or substance individuals. This, of course, is not to say that the homeless or substance-using population need fewer services,

but instead that there is a knowledge and service gap that exists regarding the Chinatown seniors which needs to be accounted for.

> [T]here's been little, to virtually no, research done on this population. We always hear the DTES is the most heavily researched neighbourhood in Canada, yet there is no research done on the Chinese seniors that live here. There has been like two studies, this will be the third.
> - Working Group Member, Interview

This invisibility is thought to be what caused the oversight in initial COVID-19 vaccinations strategy, and there are many other instances of how this invisibility surfaces in the social and health programming. One example of how this invisibility can show up in the public health planning was offered by one Working Group member who highlighted the fact that VCH omitted the Chinatown senior demographic during their Second-Generation Health strategy planning for the DTES. This was a big VCH initiative about 10 years ago, and was meant to be a comprehensive approach to planning services for the DTES area. Nobody involved in that advisory group however, was representing the Chinatown seniors, and as such, the needs of this demographic were not reflected in the strategic planning and forthcoming recommendations.

An example of how this invisibility can surface in service provision was offered by another Working Group member who shared that during VCH's wider COVID-19 vaccination campaign, a special booster clinic was organized for people living in the DTES SRO's, yet when a group of Chinese seniors who resided in one of the SRO's went to register for their shots, they were turned away because public health nurse did not believe they were SRO residents. The seniors were only permitted entrance to the SRO booster clinic once a staff member from a local non-profit organization accompanied the seniors and explained the situation to the public health nurse.

> It's like this idea of people living in SROs for some reason cannot include Chinese seniors, like people still have trouble understanding that there are Asian people who are living in poverty.
> - Working Group Member, Interview

The invisibility of, and lack of understanding about, the Chinatown seniors means that their needs are never woven into work-planning, research, or strategic visioning of the organizations that are servicing this DTES. Two recommendations coming out of this study to begin addressing the invisibility of this population are below.

- The DTES is said to be one of the most highly researched communities in Canada, yet, there is little research available about the Chinatown seniors. As such, we recommend creating a research-based profile of the Chinatown seniors which describes their lived experiences in-terms of their personal histories, their living conditions, their social and emotional realities, their experiences with the healthcare system, their healthcare needs, their cultural milieu and their community touchstones. Creating such a robust and research-based picture of this often-overlooked population will begin to fill in the knowledge gap that informs strategic planning.

- Organizations should invite stakeholders (e.g. community leaders, non-profit staff, organizers) who are knowledgeable about the Chinatown seniors to participate in work planning sessions so that relevant services can begin to address the needs of this population.

Trauma informed systems and approaches are needed to assuage scarcity anxiety which has become compounded by structural barriers

The life experiences of the Chinatown seniors are complex; they have many intersecting social, political, and economic considerations that should inform the development and delivery of culturally aligned health and social programming. Two issues were repeatedly raised by the Working Group members in this evaluation as being core to understanding what it means to serve the Chinatown seniors. The first is pertaining to scarcity trauma that many of them carry as a result of surviving political turmoil and economic hardships in their home countries. More than one Working Group member interviewee described the "survival mode" that Chinatown seniors have adopted in response to their traumatic history, which can often cause them to approach services (such as the vaccine clinics or food line-ups) in a frantic, pushy, or anxious manner. This kind of amped-up energy on the part of the seniors, often gets interpreted by service providers as aggression or rudeness, but in actuality it is a trauma response and, as such, a trauma-informed perspective is needed to create a safe space for calm and effective services.

> [Many seniors] were really frantic and anxious and eager to get immunized. Some of this is due to survival trauma. A lot of these seniors have lived through very extreme poverty and really intense political turmoil. Some of them are refugees, and there's just an urgency and a feeling that if they're not there first, then they are not going to be able to get [whatever it is] ever. […] Growing up in a really resource scarce environment will mean there is always that underlying anxiety that there might not be enough for everyone.
>
> - Working Group Member, Interview

Intersecting and exacerbating survival trauma described by the interviewee's in this study, are the seniors' experiences with the structural barriers within Canada's health services. One of the seniors that was interviewed for this evaluation, for example relayed a story about how his Canadian doctors completely dismissed his complaints about not feeling well, and it was not until he was back in China when he learned he actually had Tuberculosis and needed to be hospitalized. Systemic and structural racism is a known reality for these seniors. Some of the structural barriers that were highlighted by the Working Group members as heightening a stress or trauma responses were:

- language barriers in wayfinding signage at healthcare or social service facilities, making institutional spaces very difficult to navigate;
- language barriers in online information or registration systems, making it difficult for seniors to feel prepared or ready for an appointment;
- language barriers in verbal or spoken interactions during service provision, meaning that questions cannot be answers nor pertinent information be exchanged; and,
- previous disrespectful or racist encounters with medical practitioners, for example nurses speaking to the translator instead of the senior themselves, or abruptly beginning medical examination without preamble or care.

With respect to the COVID-19 context, the interaction effect between scarcity trauma and structural barriers, on top of the general sense of uncertainty and chaos at that time of the pandemic, created a sense for many seniors that if they missed their chance at the special, one-off, culturally-aligned pop-up clinic, they might miss their chance at being vaccinated at all. The stakes associated with pop-up clinics for many seniors were very high, and therefore, their anxiety was also often high. Confusion about paperwork, registration processes, vaccine availability, geographic restrictions, risky side-effects, available translation services, booster requirements as well as much more all created a heightened sense of uncertainty which potentially exacerbated the felt sense of anxiety for the seniors.

> I kept praying, and one day a community organizer contacted me saying that there would be a vaccine clinic for us. I thought it was God who sent him to save me! I was so happy to be vaccinated and I felt helpless when I could not do so.
>
> - Chinatown Senior, Interview

It is important for health and social programming to understand that complex or chaotic social situations will intersect with experiences of structural barriers, which can then compound the felt sense of anxiety from scarcity trauma; complex or chaotic social situations and structural barriers will inadvertently make needed services feel more precarious or less reliable, thereby triggering the seniors' fear of not being able to get what is needed or sought after. Future social and health programming working in a similar situation, should create and hold a service container that honors any survival trauma and invites security. This can be done by programming and service providers:

- adopting a trauma-informed perspective, building up their contextual understanding for this anxiety, as well as adopting a patient service attitude;
- attuning to de-escalation, providing comfort and reassurance that there is enough, and being willing to calmly answer any questions that might arise;
- recruiting staff and volunteers who have familiar and trusted faces and can speak home languages so that the seniors feel as though they have someone to rely on to act as a cultural broker with the public health system if there were any concerns;
- hosting programming in familiar spaces (i.e. Carganie Community Center or Sun Wah) in an effort to reduce wayfinding anxiety.

Holistic considerations and culturally aligned services are recommended during public health crises

The individual and daily lived experiences of the Chinatown seniors during the pandemic were complex and encompassed emotional, economic, social, and cultural needs. Each of these vectors of well-being should be taken into consideration by health and social service programming in order to effectively reach the seniors.

Emotional: Throughout the interviews with the Chinatown seniors, many described their emotional state during the pandemic as being fearful, cautious, or nervous. All of the seventeen seniors who were interviewed for this evaluation said they felt fearful and scared during the pandemic. They talked about not wanting to be infected or becoming ill, as well as worrying about infecting their loved ones. They were wanting to protect themselves as much as possible, and had a baseline level of heightened fear during the pandemic.

> I became worried and fearful after learning about the high infection rates as well as the death rate of the new COVID virus. … I was sad to know that some families in Wuhan lost 5 or 6 members after the miserable Lunar New Year in 2020. The news made me uneasy, and I decided to follow the instructions of staying at home, wearing masks, and keeping a social distance to protect ourselves as well as others.
>
> - Chinatown Senior, Interview

> The pandemic was so scary and I am always concerned with my wellbeing and safety. I knew that the number of cases all over the world was increasing dramatically and a lot of people died. I just felt nervous and worried about it.
>
> - Chinatown Senior, Interview

> During the pandemic, I mainly stayed at home. I seldom went out to chat with my friends and we simply maintained contacting each other on the phone. I felt nervous when someone invited me to dine out together, and I never did so.
>
> - Chinatown Senior, Interview

Economic: Many seniors needed to continue working during the pandemic since they relied on their income to make a living. Most of them worked as servers in Chinese restaurants, shop assistants, day laborers, plumbers, or as cleaners. They saw their working conditions as somewhat risky since most of them involved being near other people. Additionally, the seniors were not able to pause work because of the pandemic, and as such, many became even more eager to get vaccinated or diligent about protecting themselves.

> My factory said that [working] depended on you whether you would get a second shot, and we were back at that time. I didn't have any chance to feel worried about vaccines or even be scared about them. I must make money, I must make a living, and getting vaccinated was a prerequisite to it.
>
> - Chinatown Senior, Interview

> I was working during the pandemic, which required me to meet people. It is better to have a little more protection for both me and them [so I decided to get vaccinated]. Also, some working places didn't allow employees to continue working without vaccination. Well, how can people suspend their life and work because of the pandemic?"
>
> - Chinatown Senior, Interview

> My employer required everyone else to get their shots before coming back, but he told me just to make my own decision and he did not have any requirements for me. He said we wanted not to infect others and to protect ourselves. We had discussions among colleagues, and they told me that they had all got their shots. They said "We were all vaccinated and you were not, so it would be easy for you to infect us. Also, if we were infected, you would also be in a precarious situation. Besides, it would be easier for you and our customers to infect each other.' After all my colleagues received their shots, I started praying.
>
> - Chinatown Senior, Interview

Social: The Chinatown Seniors involved in this project lived in SROs, meaning they had shared kitchens, shared washrooms, and many other shared spaces. This kind of communal living meant that there was ample opportunity for the virus to spread; compounding this, was the fact that these SROs had pre-existing crowding and hygiene issues which only exacerbated the likelihood of transmission during the pandemic. In fact, during the early days of the pandemic, three SRO's had outbreaks and were completely locked down, and four of our interviewees contracted early COVID also relegating them to quarantine. Their standard of living in these SROs was low, and the reality of lockdown was stressful for these seniors

> I was nervous about using the public kitchen and washrooms, so I used a rice cooker to cook meals in our room. You know, you cannot make good meals with these sketchy things, so I lost 5 kilograms of weight during this period.
>
> - Chinatown Senior, Interview

> The VCH delivered food to us [during lockdown], but it was in a mess. Many people outside our building came in, and sometimes we [residents] were confused while taking our food packages.
>
> - Chinatown Senior, Interview

Cultural: Most of the Chinatown seniors had never interacted with or communicated with public health officers before the pandemic, and many had had prior negative experiences with the Canadian medical system. There was a sense of cultural misalignment and cultural alienation in the approach of the Canadian public health system for the Chinatown seniors as most value a Traditional Chinese Medicine (TCM) approach to health and well-being, and are at ease when that is incorporated into care. This was not their reality however, and as such seniors needed to find workarounds for culturally aligned practices.

> No one could help you in the hospital. I cannot speak English so it was very hard for me to communicate with the staff. I am a practitioner of TCM so I know you cannot do something in certain ways, but I can't tell them. For example, we Chinese people usually drink hot water, especially when we are ill. But they only serve cold water. So, I went to take warm water from those faucets.
> - Chinatown Senior, Interview

> I really hope that they [the western medical practitioners] can learn about our [Chinese] theories of health and medicine. In China, we focus on nutrition, and here, I can say that the food is not nutritious enough for patients to recover. I mean, those vegetables, salads, and fruits are not be proper food for Chinese patients. I felt sad when I was hospitalized and I just relied on myself to recover.
> - Chinatown Senior, Interview

> They [the public health officers] required me to be quarantined at a hotel. During the quarantine, they mainly gave me salad and bread. There was no hot water provided. I didn't even have a pair of chopsticks. I complained about it to a community organizer and the situation was improved.
> - Chinatown Senior, Interview

Providing more culturally aligned medical treatments during a public health crisis can help Chinatown seniors to see themselves in the medical care that is being offered, putting them more at ease during care.

The COVID-19 public health crisis had considerable implications on the daily lives of the Chinatown seniors living in the SROs. Understanding these intersections and the lived experiences of individuals from this demographic is important for a) designing culturally aligned public health services, vaccine clinics, b) creating effective educational materials for the seniors, and c) recruiting seniors to the clinics.

Education campaigns and methods for reaching the Chinatown seniors with public health messaging

Chinatown seniors have several unique considerations with regards to information access that social and health programming should be attending to during awareness or education campaigns. Mainstream media will not be as effective with this population, instead, this study found that Chinatown seniors rely heavily on Chinese media, local Chinatown news outlets, social and cultural hubs, as well as face-to-face conversations with trusted community leaders as sources of information about social and political issues. Each of these are described in more detail below.

a. Chinatown newspapers and magazines, such as the Tyee, as well as local radio stations served as great platforms for awareness campaigns since they were already seen by the seniors as being relevant and trustworthy sources for information.

b. Social and cultural hubs such as cafés, shared kitchen areas, community bulletin boards, as well as food programming became spaces and places where seniors could engage with posted notifications

as well as exchange information amongst themselves about COVID-19 and the vaccination roll-out.

c. Door-knocking campaigns, where real-time one-on-one educational conversations occurred between community staff and the seniors meant that seniors had a venue for raising questions or concerns about the pandemic or the vaccine. These personal conversations were seen as being important in bringing vaccination questions out of the abstract and ideological world, into the real world where issues like vaccine passports could be discussed and fears about side effects could be assuaged.

d. WeChat, an online discussion platform like WhatsApp that is designed for Chinese users is an ideal platform to understand the various sentiments that exist in the community, such as concerns about vaccine side effects and hesitancy issues. These can then be addressed as needed in various programming.

Any future social and health initiatives that need to reach Chinatown seniors, should do so, by tapping into the information and media channels described above. Organizers of social and health programming should consult with knowledgeable community leaders about the media sources and cultural hubs that are active in the community, and ensure that all materials are translated into appropriate languages and dialects. Mainstream and English media outlets like The Globe and Mail, CBC, or CTV cannot be relied on to reach this niche population.

Decision factors for or against vaccination: Hearing from the Chinatown Seniors

Most of the Chinatown Seniors had positive attitudes towards vaccines and vaccinations, yet they also held some concerns and hesitations about the vaccine. Their reasons and rationales for getting vaccinated or not show a vivid image of people struggling with the pandemic, and trying to take in information from multiple sources in order to make the best decisions for themselves and their community. Below is a description of how and what the seniors were grappling with as they were considering vaccination.

Recommendations in the Chinese-based media, including Chinese translation of information released by mainstream media, Chinese media, and local Chinatown media: Almost all of the Seniors that were interviewed as part of this project mentioned that they relied on Chinese TV programs and newspapers to help them understand the advantages and disadvantages of vaccines.

Recommendations from social circles: The Chinatown Seniors talked amongst themselves about the efficacy of the vaccines, the pros and cons of different brands, known implications for existing medical conditions, as well as the importance of individuals getting vaccinated for their own protection in addition to that of the community as a whole.

Vaccines meant safety: Many seniors associated vaccines with safety and that fostering a sense of safety was the top concern for themselves and their families. As one participant said, “With vaccines, we feel safe, and we know that we are protected.”

Policies regarding travel to return to China: For those seniors that wanted to be able to travel to China for any reason, they needed to get vaccinated.

Policies regarding work: For those seniors that were employed, they needed to obtain a vaccine passport in order to continue their work.

As the seniors navigated all the of the information, there were also several concerns and hesitations about the vaccine that arose.

Lack of a social support system: Many seniors did not have a social support system to turn to if they encountered one of the negative side effects associated with the vaccine.

> I learned about some negative influences of the vaccine from the news. I am worried about what I should do if anything bad happened. For example, if I have a high fever, cough, and even faint, after getting my shot, who can take care of me? What should I do if something unlucky happens? If someone tells me that they will take care of me and offer me vegetables and food for free, or if I can turn to the government or other institutions, I will get vaccinated. But no one is responsible for it. I am living here alone, and I think it's better safe than sorry.
>
> - Chinatown Senior, Interview

Distrust in the medical system: Many Chinatown seniors had negative experiences with the Canadian medical system, and as such have adopted a negative or distrustful towards Canadian doctors or medicines. This negative association meant that for many seniors, they were starting off at a baseline level of hesitation and had to build trust from there.

> They [Canadian medical practitioners] are useless. They never take patients' words seriously. It is also useless to do those tests. But I am still going to see the doctor, you know, you must see them at some point in your life. … [With regard to the vaccine] I know that vaccines can be in handy, but I'm not sure whether they will truly help me. I mean, it is a rate. It is still possible for me to be infected. Also, there are so many side effects and hangovers, and I don't want to take the risk.
>
> - Chinatown Senior, Interview

Side Effects: Many Chinatown seniors were concerned about the vaccination side effects, particularly because of complications due to underlying medical conditions such as high blood pressure, high blood glucose levels or high blood lipids. For those seniors that were particularly concerned, they often sought the advice of their family doctors before getting the vaccine. Concerns often originated from several sources: negative information released by the Chinese media, local Chinatown media such as newspapers and radio, and the Chinese translation of information released by mainstream media, the negative experiences of friends' or family, and their personal encounters with side effects which made them hesitant for booster doses.

> I don't know which one is worse, suffering from side effects [of the vaccine] or being infected. Also, I really appreciate China's vaccines. They have nearly no side effects! I think it is important for me. Pfizer nearly killed me.
>
> - Chinatown Senior, Interview

Changing vaccination standards and confusing data: Many seniors had concerns about the vaccine because they did not understand the official communications or the associated data. Public health messaging which referenced infection rates and death rates caused confusion, and this confusion was only compounded by the changing standards regarding the number of vaccinations required and the effectiveness of them. Some of their concerns are listed below.

> Why are people infected even after three shots? Will the 4th shot be efficient enough?"
>
> - Chinatown Senior, Interview

> The country hasn't released any official data or strong evidence to support that vaccines make a difference in the infection rate. They claim that vaccines are protective and efficient, right? Then they must show me the evidence that the infection rate among vaccinated people is lower than among those who have not been vaccinated. How can the vaccinated ones still become ill? ... Are there any deaths? How many people died because of not being vaccinated?
>
> - Chinatown Senior, Interview

Timeline: Delineating the various phases and stages of the vaccination campaign

The Multi-Dialect Chinatown COVID-19 Vaccination Campaign occurred over the course of one year, from January 2021 when Vancouver Coastal Health's (VCH) vaccination strategy was first released to January 2022, when the third round of booster clinics was announced. Looking back at all the work that happened throughout 2021, and all that it took to make the pop-up clinics a reality, we can see that the work happened in four phases, each of these are listed and described below.

1. Relationship and foundation building: Previous inter-organizational collaborations
2. Lobbying and organizing: Vaccinations announced, sparking the formation of the Working Group
3. Designing and piloting the pop-up clinics: VCH agrees to a one-time pop-up clinic and Working Group members pivot their regular work routines
4. Continuing the pop-up clinic approach: VCH agrees to additional pop-up clinics in order to continue creating access to vaccination services for Chinatown seniors

Relationship and foundation building: Previous Inter-Organizational collaboration

Although the work that occurred in this phase happened in the years before the COVID-19 vaccination was announced, the groundwork that was built in this stage was crucial to the success of the vaccination clinics. This phase included foundational cornerstones in three main areas: knowledge building, relationship building, and advocacy muscle building.

Knowledge building: In the early winter of 2020, a research project was conducted to create a comprehensive picture of all the SROs in the DTES, and to identify which of those SROs serviced the Chinese and Asian community. This research project led to the identification of 13 Chinese and Asian focused SROs, each of which could be further classified as either being privately funded, publicly funded, or as self-contained units. These sub-classifications became relevant as they intersected with and related to the living conditions found within each of the buildings, the kinds of support available to tenants, and the kinds of services needed by the tenants. This baseline understanding of the low-income social housing for the Chinatown seniors scoped the parameters of the community and became an important frame to work within during the planning of the vaccination campaign.

Networking and relationship building: There has been several collaborations, such as food delivery and social programming, between some of the organizations involved in the Working Group. These projects were important for laying the groundwork for building the relationships that the Working Group was founded upon. There was one collaboration that seemed to standout as being significant to the success of the vaccination campaign for the Chinatown seniors, and that was The Chinatown Legacy Stewardship Group (LSG). The LSG was formed in 2019 by the City of Vancouver, and it became a place for many Chinatown community leaders and social service workers to gather and discuss community needs and the vitality of the neighborhood. There were many sub-committees to the LSG, one of which was focused on

the living conditions for low income seniors in the Chinatown area. It was this LSG subcommittee, in collaboration with the LSG Chair, that became the initial forum and group of stakeholders that kickstarted the vaccination working group. These relationships were what was leveraged in the vaccination campaign to advocate for the Chinatown seniors.

Advocacy muscle building: In 2015 many activists and advocates in the Chinatown area came together to lobby and protest against a condo development at 105 Keefer street, a location in the heart of Chinatown. Many of the members of the Working Group were involved in this fight against the gentrification of the Chinatown community, and this work served to build a little bit of an advocacy muscle for the community and those that were involved. The protest against the condo development was successful, meaning that the building was not constructed and that the space remains dedicated to the Chinatown community. This win was talked about by several Working Group members as building a bit of muscle memory for how Chinatown stakeholders could collaborate with one another to advocate for the community as a whole. It almost provided a sentiment of, “if we did it before, we can do it again,” and this kind of attitude was valuable during the very long and drawn out work that was required during the height of the COVID-19 pandemic and vaccination roll out.

Lobbying and organizing: Vaccinations announced

Once Vancouver's vaccination strategy was announced by Vancouver Coastal Health, it became quickly apparent to the Chinatown community that there was a service gap for the seniors living in the neighbourhood. The nearest permanent vaccination clinic was in Olympic Village, which was described as "a pretty foreign place" for any residents of the DTES, let alone Chinese seniors who might have language and mobility issues. As one Working Group member said, "nobody in the downtown East Side really goes to Olympic village unless maybe they go binning." VCH intended to form a DTES vaccination strategy, but, as was already discussed earlier in this report, the Chinese and Asian seniors in the DTES are an often invisible in DTES services and service planning. For example, when looking at VCH’s DTES vaccination clinics, one working group member said, "none of the [vaccination] clinics that were for the for the DTES were south of Hastings … and very few of them were East of Main, and that is where all the Chinese community is." In response to this reality, the work in this phase can be thought of as having two separate prongs: lobbying and organizing.

Lobbying: When VCH's vaccination strategy was released in early 2021 and the gap in services was noted, one of the Chinatown community leaders who had ties to the City of Vancouver began letter writing and backchannelling to the VCH's CEO and board to advocate for the vaccination needs of low-income seniors in Chinatown. In addition to this communication to VCH, several mainstream media (e.g. Vancouver Sun, CBC, CTV, Global) pieces were also released by a few Chinatown community leaders. These media pieces publicized the fact that the Chinatown seniors were being unjustly left behind in VCH's vaccination strategy, a gap which was unjust and needed to be rectified. This form of lobbying targeted both the culpability of VCH’s leadership as well as applying political pressure to the organization as whole through the media coverage, both approaches were thought to be quite significant in creating a willingness from VCH to consider a different approach for vaccinating the Chinatown seniors.

Organizing: Shortly after the lobbying started, the Working Group almost organically formed by way of conversations amongst various Chinatown organizers and social service workers, particularly those that made up the Legacy Stewardship Group (LSG) subcommittee which focused on low-income seniors in social housing. This group of representatives eventually became known as “The Working Group,” and began brainstorming possible ways to create accessible vaccination services for the Chinatown seniors.

Some of the ideas that were originally were discussed during this phase were: ask VCH to create a permanent vaccination clinic in the DTES (potentially at Carnegie Centre), provide transportation services that would shuttle seniors between Chinatown and the Olympic Village clinic, create roving vaccination services that could visit each of the Chinatown SROs, host regular (monthly or weekly) vaccination clinics at one of the cultural hubs in Chinatown. At this stage in the organizing, the preferred strategy was for VCH to set up a permanent clinic at the Carnegie Centre, however, the Working Group was open to speaking with VCH on alternate ideas.

Designing and piloting the pop-up clinics: VCH agrees to a one-time pop-up clinic and Working Group members pivot their regular work routines

In March 2021, as a result of the lobbying and organizing, VCH acknowledged the need to re-think their vaccination strategy and began collaborating with the Working Group to identify how they could create a more accessible way to provide the Chinatown seniors with vaccination services. In these conversations, VCH agreed to pilot a pop-up vaccination clinic for the Chinatown seniors. Collaborating with VCH on the design and implementation of a pop-up clinic, meant that in this phase, Working Group members needed to augment and pivot their daily work in several areas in order to make the clinics a successful initiative: education and awareness, outreach and recruitment, operations and administration, as well as learning and reflection with VCH.

Education and awareness: The Chinatown seniors needed to be made aware of the pop-up clinic, which is when the Working Group began postering, began door-knocking campaigns, infusing existing programing with messages about the pop-up clinics, writing media releases for the local Chinese newspapers such as the Tyee, and posting in relevant WeChat groups. The Working Group needed to get the word out to the Chinatown seniors in order to demonstrate demand to VCH.

Outreach and recruitment: Once the Chinatown seniors were made aware of the pop-up clinics, they then needed to register for the clinics, and this is when the Working Group became a "call centre" (as one interviewee described it) for registering seniors for the pop-up clinic. In addition to receiving phone calls from the seniors themselves, the Working Group also liaised with SRO building managers to get their tenants registered in bulk and as a group, instead of one-by-one. In some buildings where the building manager was unavailable, a tenant would take on the role of helping to sign-up their neighbours or encourage them to call one of the phone numbers.

Operations and administration: VCH needed confirmation about clinic location, clinic hours of operation, volunteer interpreter support, cultural broker support, as well as vaccination times and registration numbers, all of which needed to correspond with available vaccination doses and available nurse stations. These operational considerations needed to be communicated and coordinated with VCH, which created a large administration load for the Working Group. One aspect of this administration load were many meetings and emails between the Working Group and VCH; another rather large operational need however, was that in order to recruit and register seniors, the Working Group needed an information management system that would track SROs, tenant contact information, identify the tenants that had already been spoken to, which ones had registered, which needed follow-up, and if there were any vaccine-hesitancy concerns. Needing to keep track of all this information led to one of the working group members developing and maintaining a database which tracked all necessary information about the seniors. This database became an operational cornerstone which enabled the Working Group to

collaborate in an efficient and organized way, without duplication of services or misunderstanding of which working group members were focused where.

Learning and reflection: After the completion of the pilot pop-up clinic, there was reflection meeting between VCH and the Working Group to identify lessons learned. During this meeting, ways to shore up minor problem areas such as pre-registration, greeting and welcoming, methods for working with interpreters, and documentation needs were discussed. These post pop-up clinic debriefs became the norm for the collaboration and became a space to continue to refine the structure of the clinics.

Continuing the pop-up clinic approach: VCH agrees to additional pop-up clinics in order to continue creating access to vaccination services for Chinatown seniors

Once the success of the initial pop-up clinic was demonstrated, VCH agreed to continue a pop-up clinic approach so that the Chinatown seniors were able to access their boosters as needed. This resulted in several more pop-up clinics, which required the Working Group to continue to poster, continue to work with local media, continue the door knocking campaign, continue the registration process, and continue to track everything in the central database to ensure everything was coordinated amongst the group. This was ongoing and laborious work, yet the Working Group expanded their scope with new partners, increased the felt impact of the clinics, and by enduring in the face of all the hard work.

New partnerships: The Vietnamese community, which was not part of the original pilot was brought into the scope of the pop-up clinics by way of collaborating with the Boa Ve Collective.

Increased felt impact: To more fully service the needs of the tenants, one of the pop-up clinics included festivities associated with the Mid-Autumn festival, a Chinese harvest celebration. Performers were brought in, decorations were put up, and food boxes were available to all participating seniors. It was intended to be a joyous occasion, and this effort at celebration and community building was such an important gift during the long days of the pandemic, when everything felt so solemn and nobody knew how long it was going to last.

Endurance: The vaccination campaign was long, and information regarding the vaccines kept changing, and the weight that was felt in the community and society kept getting heavier and heavier. In the face of all this, the Working Group remained dedicated and kept recruiting, kept educating, kept registering, and kept advocating. At one point, the VCH staff that were responsible for the pop-up clinics changed, and many lessons learned were lost in the transition. This was a frustrating process for all parties, yet everyone in the Working Group remained dedicated. This is laudable and needs to be recognized as we seek to understand the contours of this project and its success.

Working with Vancouver Coastal Health

The Vancouver Coastal Health Authority (VCH) is one of six health authorities in BC. It is a large, publicly funded institution, employing more than 25,000 staff and providing health services to more than one million people. VCH, together with the Ministry of Health, and in accordance with government legislation such as the Health Authorities Act, is responsible for identifying population health needs, ensuring that programs and services are available to meet those needs, as well as ensuring that programs and services are appropriately funded,

managed, and aligned with performance objectives.[2] Given this context and mandate, VCH is politically sensitive, publicly accountable, and bureaucratic in nature, and as such, has a work culture that is vastly different than that which gets created within small non-profit service organizations. These differences are necessary and understandable given the wildly different scope, scale, and history of the organizations, however, these differences had several implications for the felt sense of the collaboration for the Working Group members. The four most frequently mentioned concerns and characteristics are listed and described below.

- Political and organizational power imbalances impact both the initiation and enactment of inter-organizational collaborative work
- Bureaucratic infrastructure can slow the work and place repeated education burdens on small organizations
- An ethic of care might not always be present in such a large service provision organization
- Cultural brokers can offer immense value to public health campaigns

Political and organizational power imbalances impact both the initiation and enactment of inter-organizational collaborative work

When interviewing the Working Group members about their collaboration with VCH, several individuals noted that VCH had the power in the relationship, power which was tied to decision-making processes. VCH was the one who controlled the vaccines and who would ultimately be the one deciding how the vaccines would get rolled out, to whom, and when. This power imbalance impacted the way in which the Chinatown community leaders initiated the collaboration as well as how the Chinatown community organizations engaged in it once it was formed. Public and political pressure was needed at the outset by the community leaders, and deference to the decisions of the VCH collaborators during the work was needed by the Working Group members. Each is explained below.

> *Public and political pressure*: In order to catch the attention of VCH after the initial release of their vaccination strategy, several Chinatown community leaders went to mainstream media outlets to expose and draw attention to the vaccination service gaps that the Chinatown seniors were going to face. Applying this kind of immediate political and public pressure was deemed necessary since the invisibility of the Chinatown seniors was already a well-known issue to the Chinatown community leaders, and they wanted to capture the attention of VCH before too much momentum was gained in the vaccination roll-out. Once the news coverage was released which highlighted the gaps in vaccination services, the public eye was on VCH to find alternate strategies for vaccinating the Chinatown seniors.

> As soon as we were engaging with the Board we were [also] already starting to do outreach to media highlighting the situation … at the time [when the original vaccination strategy was released] we had to move quick and we were trying to hit that light tone [in the media] of highlighting the need in an urgent way, but without being too harsh too towards VCH because we needed them to be a partner and we didn't want to burn any bridges.
>
> - Working Group Member, Interview

> I spoke out to the media as needed to pressure VCH to have a permanent site for the Chinese … we went to the newspaper media, and VCH responded quite quickly because when you attack using the press, it works, and then we started talking [with them] about having the first vaccine clinic.
>
> - Working Group Member, Interview

[2] Healthcare Governance Models in Canada A Provincial Perspective, A Discussion Paper, March 2013

Deferring to VCH's decision making authority: Once the collaboration was formally initiated and VCH staff were in conversation with Working Group members about how best to design and run the pop-up clinics for the Chinatown seniors, many small implementation decisions needed to be made, such as, front desk welcoming protocols, approaches for involving translators, eligibility requirements, etc. There were many of these decisions, and each of them would have implications for the experience of the seniors at the pop-up clinic, however, when there was a disagreement, Working Group members felt like they needed defer to VCH since they controlled the vaccines. As such, what was in the best interest of the seniors may not have always taken precedence since those with the ultimate decision-making power had the least knowledge about the seniors.

> There was a clear power dynamic between VCH and all these working groups. Because VCH is a group where, if they disagree with anything, if they feel like they don't like working with us, then that means that we won't have any vaccines for seniors.
> - Working Group Member, Interview

Moving forward, when organizations of such different statures work together, it is important be aware of how power imbalances can impact both the initiation of collaborative projects as well as the way in which decisions get made within them. Brining this awareness to the collaboration can help to recognize when organizational power imbalances are at play, and how to mitigate any associated implications.

Bureaucracy can slow the work and place repeated education burdens on small organizations

Navigating and being asked to work with various layers of VCH's leadership, management, coordinators and service providers meant the Working Group frequently needed to re-orient VCH staff to the needs and contexts of the Chinatown seniors, as well as re-solicit buy-in for the kind of approach this work required. For example, once the initial resistance from the VCH board abated and they agreed to address the vaccination gap for Chinatown seniors, the work was passed from the board to management for implementation. At this stage, even though the mandate came from the board to address the vaccination gap for the Chinatown seniors, the Working Group re-encountered resistance at the management level and needed to re-orient and re-solicit buy-in from the managers. This both slowed down the work and caused the Working Group members to feel as though they were being blown off, which in-turn created frustration and added an extra layer of re-education needs.

> The board level was responsive, saying "yes we want to work with you." It was the roll out [that was problematic], the devil was in the details. That is where we started to see some challenges and hesitation. … VCH [management] was hoping [the seniors] could just fit into the vaccination clinics like the rest of the folks. And we were trying to highlight that no they can't fit in … there was definitely some strong hesitation in the first few conversations with management.
> - Working Group Member, Interview

> [Once it got to management] it was like, "oh, well, we'll give you one [clinic] and then we'll see." It was like, "here's something for you to make you go away."
> - Working Group Member, Interview

Once management was convinced, and the actual planning of the pop-up clinics began, the need to re-orient and re-solicit buy-in continued as VCH coordinators, nurses and other staff members rolled onto the project.

> So how we work with VCH [nurses] there are sensitives, like they are allowing us to step into the process or accompany [seniors] while they are administering the vaccination. That took a bit of a learning curve [for VCH]. And then when different [VCH] teams come in, we need to do it all over again.
> - Working Group Member, Interview

> Some of the things that were told to us [by VCH management] and the things that we agreed on [in planning meetings] didn't translate very well on the actual day at the clinic, because the people who are at the meeting we're not on the ground.
>
> - Working Group Member, Interview

> We had finally worked out that we were all equal stakeholders, mostly equal stakeholders, and organizing what the operational flow of the vaccine clinic would look like, but when we were passed down to working with this new VCH group, it was kind of like top down approach and we were treated as just translators.
>
> - Working Group Member, Interview

Navigating so many different layers and units in VCH meant that the Working Group was frequently having to work around the learning curve of new VCH collaborators and were unable to rely on the implementation of decisions that had been previously made. For example, in one planning meeting with VCH, everyone agreed that in order to help decrease anxiety, the Chinatown seniors would be welcomed and greeted by members of the Working Group since familiar faces and the ability to speak home languages was thought to be an important approach for creating a culturally welcoming space. This decision however, did not get implemented on the actual pop-up clinic day, because the VCH staff that were on-the-ground were the not same that were in the meeting, and the on-the-ground staff wanted to limit COVID-19 exposure and decided on-the-spot that it would VCH doing the welcoming and greeting. This constant shifting of personnel was difficult for the Working Group to manage and navigate.

In addition to the learning curve that VCH had vis-à-vis the Chinatown seniors, the Working Group members also had a learning curve of their own, and that was how to navigate and interface with VCH's policies and practices. An analysis of the WhatsApp thread revealed that in one instance, Working Group members needed to translate screening questions related to allergic reactions and side effects (both of which included unfamiliar medical terminology) into Mandarin, Cantonese, and Vietnamese. Understanding what exactly needed to be communicated given VCH's policies, and how to make that meaningful to the seniors was confusing and difficult for the Working Group members. Additionally, throughout the vaccination roll-out, VCH's policies and procedures changed with regards to age restrictions and residency qualifications, meaning that the eligibility of some seniors shifted throughout the campaign. Keeping pace with changing guidelines meant that the Working Group always needed to remain apprised of the latest VCH policies.

A few recommendations coming out of this project to help mitigate these concerns are:

- Create an orientation packet which can be used by new collaborators to get oriented to the community needs and service provision in this context means. This packet could include videos, resources, and protocols for visits to the community themselves. As one working group member said, having an orientation process ready would mean that "when a new team comes in, we can have a debriefing of what worked well, so we can work out a new rhythm with the [new VCH] team."

- Have one VCH staff person with some authority involved in the project can help to cut through and efficiently navigate bureaucratic layers. In this way, the burden of navigating a big bureaucratic institution is held by someone in the institution.

  > After that initial resistance it did end up being a more senior person coming in from VCH, Bonnie Wilson. She was a director and we were able to expedite things. That was a great signal that VCH was taking this fairly seriously and also [because of her seniority] was able to take out a lot of the blockers, and move things a little bit quicker, because we did have some clinic roll out managers they couldn't make decisions

> [due to hierarchy] or they had to go back and forth and then come back to us. Once we had someone more senior we were able to move more quickly.
>
> - Working Group Member, Interview

An ethic of care might not always present in such a large service provision organization

Working group members commented that some VCH staff and nurses approached the pop-up clinics and the Chinatown seniors with reluctance, without care, as if it were an inconsequential thing, as opposed to a life-or-death service they were delivering to a population that has high healthcare anxiety. Many Working Group members lamented the fact that care was not always at the forefront of the interactions between the seniors and the nurses. This of course was not ubiquitous, but it happened frequently enough to be raised by several working group members in the interviews, as well as in the WhatsApp chat.

> A lot of the nurses were pretty good, but sometimes they can be hit or miss, or they were just kind of aggressive or passive aggressive to seniors or raising their voice at them … that just kind of made seniors anxious or put off from the whole thing.
>
> - Working Group Member, Interview

> [Some nurses would] force the senior's hand into position, and then just put the needle in [without preamble], and there was no softness or care. Just because someone uses a different language or doesn't understand English, it shouldn't mean that you don't try and communicate with them.
>
> - Working Group Member, Interview

> There is just a huge lack of care. I think they [the seniors] are not seen as human … the moment a senior comes in, or say a marginalized person comes in, it's just coldness [from the nurses].
>
> - Working Group Member, Interview

> We definitely saw some of the VCH staff members not being the most courteous to our community members. An example of that would be, and we saw this a couple of times, that there would be somebody standing in front of them to [register for their vaccine] … and the community member would just stand there and wait, and nobody [from VCH] would acknowledge them, even though there was nobody else in the line. … [S]ometimes our community organizers would have to stand next to the seniors to help them get registered so that they would be acknowledged and get attention.
>
> - Working Group Member, Interview

> From my end, I watched nurses / VCH staff leisurely talk amongst themselves at the laptop table while an auntie was standing there for a long while.
>
> - WhatsApp thread

Experiences like those referenced above were difficult for the Working Group members to witness, especially in combination with the last minute, unilateral decisions that were made by VCH on the pop-up clinic days which had concerning implications for the Chinatown seniors. The WhatsApp thread analysis shows that at one point, a written letter was sent to VCH to communicate these concerns. One recommendation coming out of this research to address this issue regarding lack-of-care, is that nurses who have training in working with marginalized communities should be the ones assigned to work in such clinics. This might not always be possible given staff shortages during public health emergencies, however, best effort to do so would be appreciated and appropriate.

> If you're going to place your staff in certain locations that have more marginalized populations, maybe you should send nurses that are more aware or more empathetic, and aren't going to rush the job. I get that you need to get everyone vaccinated, but at the same time it's a 2-day clinic like there [might be a different way to recruit nurses].
>
> - Working Group Member, Interview

Cultural brokers can offer a lot of value to public health campaigns

Many of the Working Group members suggested that stronger ties and lines of communication need to exist between VCH and the social service organizations that work with the Chinatown seniors. A stronger network between VCH and Chinatown community organizations would provide VCH with access to cultural brokers, which could subsequently begin to address the knowledge and service gap that exists with regards to the Chinatown seniors. None of the Working Group members expect VCH to be able to hold all this knowledge in-house, instead they recommend that VCH draw on the right networks in order to create culturally aligned services.

> For me the biggest learning is for VCH to leverage existing networks [which service the Chinatown seniors] and be ok with that. One of the things I saw was that once [VCH staff] were on the ground, there was some hesitancy to work collaboratively with the grass roots organization -- like how the line-up would work -- and it just wasn't as collaborative as it could have been.
>
> - Working Group Member, Interview

> There is benefit to having the cultural competency [and] it shouldn't be something that VCH should own themselves all the time, but just being culturally aware and being able to incorporate a lot of those culturally sensitive approaches and that being able to leverage those in the community to do some of that work and to enable [the delivery of culturally aligned services].
>
> - Working Group Member, Interview

> Include people from the Working Group in VCH planning sessions … now that we have done these clinics and you [VCH] have seen the success and you've seen how connected we are with this community, we're really a resource for you now … the next time you [VCH] need to plan something that is a public health whatever in this community have your DTES team contact one of us and we are happy to facilitate and make sure that these resources get to this population, because that's a gap in your organization.
>
> - Working Group Member, Interview

> If there is a need to service culturally specific demographics, we encourage you to lean in on our community expertise, our toolkit goes beyond just language interpretation, we have insider's knowledge, strong rapport and relationships which we've built for a long while.
>
> - Written communication to VCH

There is a vast amount of knowledge that sits with the members of the Working Group, and there is a strong and clear recommendation coming out of this evaluation that an investment in relationships building between VCH and these organizations is needed, not just within the context of COVID-19, but in-terms of public health services in general since the seniors are having an issue with accessing health care services in general, not just within the context of vaccines.

> There needs to be working relationships [with VCH] that go beyond the clinic … what the actual relationship would actually look like or what we would need to do, I don't fully know, that is something that takes shape as we build the relationship, but there needs to be an openness and investment.
>
> - Working Group Member, Interview

Corollary impacts of the initiative

The collaboration between the Chinatown community organizations and Vancouver Coastal Health was valuable on so many levels. First and foremost is of course the fact that more than 2000 Chinatown seniors got vaccinated in a culturally aligned setting, and experiences such as this are so important to creating a socially just health care system for all Canadian. In addition to this core outcome, there were several other corollary positive impacts that Working Group members referenced, each of these are described below using the words of the working group members themselves.

Inter-organizational networks were fleshed out:

> I would describe my working relationship before the pandemic with other organization as being pretty minimal, specifically what they provided and I could provide, so I would say that this work just brings more collaboration into my regular work. Opened my eyes as to what is possible. For example, because of the pandemic I was able to start a conversation with an organization who was able to provide me with food and snacks for about 10 days. It supported their programming and my programming. And that wouldn't have been possible if we didn't start the collaborative work during the pandemic.
>
> - Working Group Member, Interview

Trust was built and strengthened between Working Group members

> One of the things that happened was trust building with these organizations. I think back to it and there was an initial sense of distrust. We hadn't all worked together yet. … There was some hesitation at the beginning of how to work together, and it all just had to come out the through the work. By the end of the day we got vaccines out to 2000 seniors who could have been left behind.
>
> - Working Group Member, Interview

Enhanced sense of empowerment as a coalition and a realization of what can be accomplished when organizations work together

> I think it really helped with realizing, as a group [of non-profit staff], the power that we actually have and the assets that we have as a group … [realizing] the whole is greater than the sum of its parts … like "oh, wow! We're a whole," and I think we got that light bulb or hope where we are all kind of swimming in the same direction and we are on the same wavelength, and it was really really great.
>
> - Working Group Member, Interview

Increased visibility and attention towards the needs of the Chinatown seniors

> The process and the noise that we all in the community made about this issue, and the success that we had in getting people vaccinated, put this population just a little bit more on the radar for people. That is always helpful in some ways. Sometimes you get more than what you really want or need, but we are on the radar at least at an institutional level.
>
> - Working Group Member, Interview

Individual professional development

> A nurse that was higher up in managing the team, she was saying afterward [one of the clinics] that she had no idea there were this many Chinese people living in the area, and she herself was Chinese. … Then there was another one, an instructor over at Langara in nursing, and we've actually been keeping in touch and she's constantly thinking [about this population] too. And now the next thing is flu clinics, and one of the people from VCH who worked in the vaccine clinics, she reached out and was like, "Hey, just so you know we will be …". But it's like on the ownness of those staff, it's not at a higher level around directives.
>
> - Working Group Member, Interview

Conclusion

The collaboration underpinning the COVID-19 pop-up clinics for Chinatown seniors was innovative on so many levels. Not only did it bring several different Chinatown community leaders and organizations together in an interorganizational initiative which sought to address the needs of an often over looked population, it also brought small non-profit organizations together with one of BC's regional health authorities. The COVID-19

pandemic truly required thinking beyond the scope of any one organization, and required a collaborative spirit from everyone involved in providing health services.

We can think of the Multi-Dialect Chinatown COVID-19 Vaccination campaign as involving three stakeholder groups: the seniors themselves, the members of the Working Group who advocated for the seniors, and Vancouver Coastal Health who was responsible for vaccination administration and roll-out. When viewed from this perspective, we can see that the Working Group occupies a central position, representing a bridge between the seniors and healthcare services. They were the ones brokering the healthcare services for the Chinatown seniors as well as the ones voicing the cultural needs of the Chinatown seniors to Vancouver Coastal Health (VCH). A gap in the vaccination strategy existed, and the Working Group members were the bridge that closed that gap; they stayed closely connected to the seniors, understood their needs, and then they took that understanding to their collaboration with VCH to design an innovative approach to vaccination services that worked within the system.

Continued investment in networks and partnerships like those involved in this project can bring the needs of the linguistically isolated Chinatown seniors into the scope of services and care of health and social programming. These networks and partnerships should be attuned to maintaining the emotional wellbeing of all those involved, as well as mitigating any power imbalances that might exist between organizations. Supporting the ability of those networks and partnerships will be an investment into tangible resources such as research-based community profiles, orientation packets for those wishing to learn about the Chinatown seniors, information management systems that contain contact and demographic information, protocols for working in a trauma-informed way, and protocols for working with interpreters and translators. Serving this community of Asian seniors living in the social housing within Vancouver's Chinatown area will require a combination of organizational relationships, information resources, and a willingness to adapt and grow services.

The Chinatown seniors: A community profile

This appendix contains a community profile of the Chinatown seniors and is meant to provide a starting place for future researchers, community organizations, and social service workers to understand the lived experiences of the Asian seniors who reside in social housing in Vancouver's Downtown Eastside. The interviews with the seniors in this study give us a glimpse into a highly networked, proactive, and vibrant community. This group of individuals is resilient and resourceful as they face structural discrimination, linguistic marginalization, and, in many cases, lower-than-average living conditions. Below is a description of these seniors in-terms of: their background, the intersecting barriers they face (being a newcomer, lacking English language skills, being a senior, and living in DTES social housing), the robust social network they have created, and their caring, involved, and proactive attitudes and actions. By taking the time to consider and learn about the nuances of this community, programming, strategic plans and professional competencies can begin to reflect the lives and needs of the Chinatown seniors.

Background: The seniors residing in Chinatown come from a variety of cultural backgrounds, such as mainland China, Hong Kong, Taiwan, or Vietnam and use a broad array of languages, namely Cantonese, Mandarin, Vietnamese and several Chinese dialects such as Taishanese or Shanghainese.

Facing intersecting barriers: The Chinatown seniors have many intersecting identities, all of which need to be considered alongside one another in order to fully appreciate their lived realities. These individuals face multiple layers of interrelated, structural barriers; they are immigrants, they are seniors, they are linguistically isolated in that they do not have English as a first language, and they live in a type of social housing that has been associated with a lower quality of living.

> *Being a newcomer to* Canada may mean a lack of familiarity with Canada's political, medical, legal, employment, and social welfare systems and how to access them.
>
> > My employer was the first one to get a shot among us, but where were we able to receive our vaccines? Three or four of our colleagues, including me, didn't know, and our employer did not tell us.
> >
> > - Chinatown senior, Interview
> >
> > Meanwhile, I remembered it was hard to purchase necessities and file taxes during the pandemic. In 2020, I asked one of the members of my Christian church to help me file taxes and was charged 50 or 60 dollars. It was insane! After that year, I learned about community organizations and turned to them.
> >
> > - Chinatown senior, Interview
>
> *Lacking English language skills* may mean that it is more difficult to interface with mainstream Canadian culture, information, and media, which can work to entrench a marginalized experience as it becomes distanced from mainstream information. Additionally, not being able to directly read English-based news and information, means there is always a layer of translation and interpretation when interfacing with official communications (i.e. public health messaging),
> which can sometimes distort original messaging or delay comprehension.

> I learned about the pandemic and vaccinations from Chinese-based media, including newspapers, social media websites, and translated official websites of the VCH and other public health departments in Canada. Sometimes I also asked my employer, my son, and community organizers to interpret some English-based information for me. I learned about the safety measures taken by public health officials mainly from these sources.
>
> - Chinatown senior, Interview

Being a senior citizen may mean that health and mobility issues are more common, creating an even heavier demand on health and social services to be accessible. Additionally, aging is often associated with lower technological literacy, meaning that online innovations in health and social programming may not always resonate with this demographic.

> To be honest, it is hard for me to bear the 10-hour flight between China and Canada, but I really want to go back home. I got my shot partly because I missed my home so much. I went back once in 2004 and have never been back since then."
>
> - Chinatown senior, Interview

> "I didn't know how to set up my vaccination QR code or online vaccine passport at first, but the community organization held a special event for us. They set up everything for me."
>
> - Chinatown senior, Interview

Living in social housing in the DTES may mean that these seniors are facing issues such as insufficient private space and a relatively low level of hygiene and sanitation conditions; both of which, may lead to a more vulnerable and riskier situation for these seniors when it comes to contagious virus. In fact, three SRO buildings in Chinatown had outbreaks during the pandemic, and four of our interviewees were infected.

> The floor of my building is always dirty, and I would like some cleaners to mop it more often.
>
> - Chinatown senior, Interview

> Many trash cans here [in the Chinatown area] are not cleaned in time, resulting in bad smelling and foul air. It has been reported for a long time, and it is difficult to solve it by simply calling someone.
>
> - Chinatown senior, Interview

> I had to have baths and wash my clothes on my own in my room to avoid potential exposure to COVID in the public washrooms of my building. Now, I still seldom use the washrooms. I go there with masks once a month, usually at 3 AM.
>
> - Chinatown senior, Interview

> I was nervous about using the public kitchen and washrooms, so I used a rice cooker to cook meals in our room. You know, you cannot make good meals with these sketchy things, so we lost 5 kilograms of weight during this period.
>
> - Chinatown senior, Interview

Robust social network: Many of the Chinese and Asian seniors living in Chinatown's social housing are living independently from their families and as such, have built up a network of close relationships and friendships with one another in order to support themselves. They have strong social circles due to frequent and neighbourly interactions with one another, and they use social media platforms and phone calls to stay closely connected. They consider social workers and community organizers to be part of their network, and are sincerely grateful for the involvement of these professionals. These networks and social circles are often used to pass around resources and information to one another about things like vaccinations, pensions, benefits, groceries, cultural events, as well as trivial things like where to buy secondhand cell phones. In this way they stay

apprised of all that is happening in their community and with one another.

> [This is my friend.] We know each other at that celebration! He has a band and they performed for us.
> - Chinatown senior, Interview

> I didn't get my first shot with the working group, as one of my friends who is working at a drug store told me that we could drop in to get injected. I had a good relationship with this drugstore owner. I gave him a calligraphically work on the first day when the drug store was opened. Therefore, the owner asked me whether I would like to receive his shot there when I was purchasing some cold remedies and toothpaste.
> - Chinatown senior, Interview

> Thanks to these community organizers and social workers. I can never imagine my life without their assistance and friendship.
> - Chinatown senior, Interview

Caring and involved: Many of the seniors volunteer for community organizations to support community services and organizing programs. Some volunteer to distribute grocery bags in the building, others organize cultural events, and still others participate in door-knocking and outreach programs. They actively participate in cultural events held by community organizations – for example, Karaoke Night, Dragon Boat Festival Celebration, Mid-Autumn Festival Celebration. The seniors want to be involved in, and contribute to their community, and they do not want to become burdens on their family nor society. Part of their ethic of care is demonstrated in the concern they have for everyone living in the Downtown Eastside and their appeal to have tidier, safer, and cleaner public spaces.

> I participated in the grocery delivery program though at first, I didn't know whose favour I was taking.
> - Chinatown senior, Interview

> My partner and I helped with circulating around the information about vaccines and vaccinations during the pandemic. The information was given out through flyers, paper-based announcements, WeChat groups, and posters, and we also did outreach. We knocked door-to-door to inform them and learn about their concerns. I would say that most of our neighbours in the building had a rather positive attitude toward the vaccine. They feared the pandemic, and they were wanting to get vaccinated. We also tried hard to persuade those who were hesitant to receive vaccinations by telling them the severity of the pandemic as well as the highly contagious nature of COVID. Finally, everyone in our building agreed to get vaccinated.
> - Chinatown senior, Interview

> At the beginning of the pandemic, I heard a great amount of news about Wuhan, China. I learned that Wuhan was blocked down and medical resources there were insufficient. Hospitals there were not able to accept more patients, and those patients went back home and infected their families. In one household, even 5 persons died after the Spring Festival. I felt so sad. My heart felt pain for them. And th at was why I wanted to get vaccinated as soon as possible. I wanted to protect myself and my family […] I wanted to stay safe and I did not want to burden my family and society.
> - Chinatown senior, Interview

Proactive: The seniors are active agents in their lives and are known for proactively expressing their concerns. They value making their own decisions based on their own life experiences, perspectives, and practices.

> Drugs are spreading here [in the Downtown Eastside] and lead to a lot of people with drug addictions. The community needs a better environment because people here want to survive. Chinatown is a relatively famous and unique place. Many people do business and run restaurants here. It is a place to survive. The government should have done better. I hope they [the government] can have more professional training and

employment opportunities. In this way, people from the lower class are capable to make money and support themselves. Here, many people put money in the parking fee machine, and another one may take out the money with an iron bar, which made my heart hurt. We feel so troubled.

- Chinatown senior, Interview