



Aim

- **Scope:** to explore refugee experiences in Calgary and surrounding area, across different COVID-19 vaccine delivery models in 2021-2022.
- **Purpose:** to understand the barriers, strengths, and strategies of various models to support access to COVID-19 vaccination for refugees.

Method

Setting: Calgary and surrounding area, Alberta, Canada

Design: Qualitative interview study.

• **Participants, N=61:**

- Refugees (n=45)
- Private refugee sponsors (n=3)
- Stakeholders from healthcare, community, and settlement organizations (n=13)

Interview data was sorted and analyzed through thematic analysis, with a focus on the research questions.

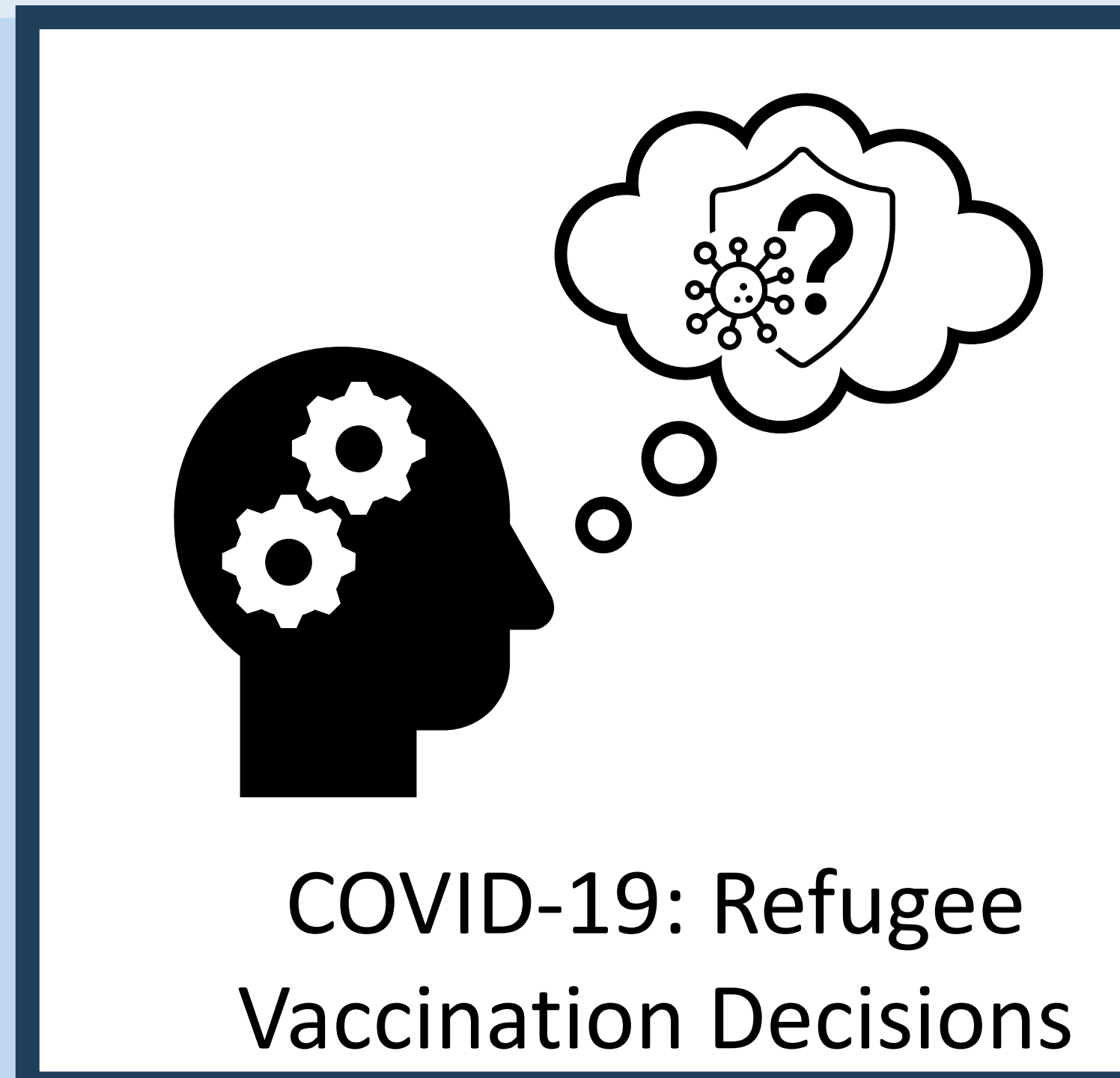
Key Recommendations

- **Embed culturally responsive practices** into models through first-language and same gender staff, community outreach and tailored clinic design.
- **Collaborate equitably with partners** that reflect the diverse needs of community.
- **Advocate for access to flexible funding** streams for outreach and vaccinations that enable multi-targeted approaches.

Diverse Models Available to Refugees in Calgary

I. On-site Vaccination Services
e.g., Urban refugee processing hotel with vaccine services, refugee specialized clinic

II. Mobile or Pop-Up Services
e.g., Temporary vaccine clinics in strategically located community sites



III. Mainstream Vaccination Services
e.g., Pharmacies
Private clinics
Provincial Health Clinics

Factors Affecting Refugee Vaccination Decisions

- Concerns about side effects.
- Beliefs in vaccine necessity and effectiveness.
- Concerns about risks to subpopulations.
- Fear of COVID-19, desire to protect self.
- (Mis)information.
- Desire to protect others.
- Influence of family members.
- Information overload.
- Access to evidence-based information, trusted sources.
- Secondary information sources and personal networks.
- Pre-migration experiences.
- Fatigue, indifference, and booster-specific hesitancy.
- Accessibility and barriers: Appointment times, booking pathways, geography, access to faith accommodations, English bureaucracy.
- Structural factors: Eligibility, mandates, incentives, access to tailored models, public health information.
- Other determinants: time in Canada, language literacy, experiences with health systems, level of education.

Stakeholders said:

- ✓ Have low-barrier, culturally responsive **clinic design**.
- ✓ Provide **cultural interpretation & translation**.
- ✓ Include community **outreach**.
- ✓ Make **partnerships** with healthcare, settlement and community organizations.
- ✓ **Advocate** for funding and autonomy.

To increase COVID-19 vaccine uptake for refugees in the context of diverse models and numerous factors.

Refugees said:

- ✓ Work through **trust and relationships**.