



2nd Annual Symposium, Session 3A

Main Findings: Hub-led Study of Project Stories Mental Health Promotion Innovation Fund, Phase 1

February 2022

Overview

Context and purpose: The KDE Hub's mandate includes the development of new knowledge across projects. This summary presents insights from the Public Health Agency of Canada's Mental Health Promotion Innovation Fund (MHP-IF) Phase 1. Insights span two years of MHP-IF project implementation, coinciding with the first two years of the COVID-19 pandemic in Canada.

Study methods: Findings are from a Hub-led study of project stories; two rounds of conversations, one year apart (Fall 2020 and 2021). All 20 MHP-IF projects participated in both rounds. A semi-structured conversation guide allowed projects to freely share their stories and to probe topics of particular interest, including implementation processes and issues of equity, access, and cultural safety. Qualitative analysis across both conversations yielded 10 themes.

Use of this summary: This summary of findings was prepared for the KDE Hub's 2022 Annual Symposium. Participants are asked to please review the summary before day 3 sessions (February 18, 2022). Page 2 shows the 10 themes at-a-glance. This is followed by a narrative and select quotes for each theme.

10 Themes At-A-Glance

1. An evolving process of (pandemic) adaptations

Project journeys that generally included five stages (on-hold, re-assess, adapt, evolve, scale) undertaken in different orders and ways over 2 years

2. Re-visit, re-think

Project teams taking stock of pandemic conditions, re-envisioning their ways of working, taking time to re-develop, and learn from others

3. Project re-inventions

Projects trying out new delivery models, especially virtual programming, that responded to evolving pandemic conditions, and exploring ways to reach new audiences

4. Attending to project team and partner needs

Addressing immediate needs of project teams and partners for coping with new personal and professional challenges introduced by the pandemic

5. Exploring, building, and sustaining partnerships

Emphasis on creating and strengthening partnerships, especially later in the pandemic, that supported program delivery and scaling

6. Shifts in research and evaluation priorities and practices

Adapting study protocols, especially for virtual data collection, and putting more emphasis on timely feedback for guiding program adaptations

7. Silver linings of the pandemic

Unanticipated benefits for many projects, such as increased program accessibility and reach; more challenging for land-based, experiential programs

8. Addressing a hierarchy of needs

Attending first to fundamental needs of program participants, such as food security, housing, and personal safety

9. Redressing inequities amplified by the pandemic

The pandemic exposing and worsening existing inequities, followed by program efforts to reduce them, especially in culturally sensitive ways

10. Increased visibility of mental health needs and systemic challenges to address them

The pandemic increasing the need for mental health promotion and interest in the Mental Health Promotion Innovation Fund projects, alongside exposing systemic challenges

1. An evolving process of (pandemic) adaptations

While each Mental Health Promotion Innovation Fund (MHP-IF) project navigated their own path, most reported spending some time in each of five stages over the first two years of the pandemic and their MHP-IF funding. Movement into and out of these stages and time spent in them varied across projects. Project pathways were influenced substantially by changing pandemic conditions (e.g., changes to restrictions, lockdowns, travel bans). (*Quote 1a*) In turn, pandemic conditions influenced projects in different ways depending on the nature of their adaptations (e.g., fully online, or not). Fall 2021 conversations, with accounts over a longer period, highlighted project pathways that were mostly non-linear (not a straight line from stages 1 through 5) and overlapping (being in more than one stage at a time).

- **Stage 1:** Projects were ‘put on hold’. This stage was most prominent in Fall 2020 and mainly in the first days or weeks of the initial lockdown. Planned project activities were put on hold while projects focused on the most urgent and important needs with their staff and most at-risk participants.
- **Stage 2:** Projects took time to re-think, re-group, and re-assess work plans and capacity implications. This re-thinking stage was also more prominent in Fall 2020. Stage 2 was facilitated by the one-year funding extension from the Public Health Agency of Canada (PHAC). Some projects remained in this stage longer than others, choosing to ‘wait it out’ hoping the pandemic disruptions might be short-lived.
- **Stage 3:** Projects made adaptations (e.g., finding online platforms, re-developing materials and data collection methods, training facilitators for online platforms, pilot-testing, staying with in-person when possible and using COVID-19 vaccine and testing protocols). Over time, the range of adaptations widened.
- **Stage 4:** Over the two years, adaptations continued to evolve as project teams implemented changes to their programs. Projects described some degree of ‘settling into’ their main adaptations. They also acknowledged limits to settling in when operating in such dynamic and uncertain conditions.
- **Stage 5:** A fifth stage was apparent in Fall 2021 (year two) conversations focused on exploring options for scaling MHP-IF interventions. This extension of stages 3 and 4 had a well-defined purpose of scaling. Even with a common purpose, scaling considerations and options varied across projects. Some expanded their programming (e.g., languages, new populations) and others established new partnerships. (*Quote 1b*) Many projects shared insights about scaling, especially finding balance between fidelity and flexibility in programming, the importance of using existing relationships when spreading to new communities and adapting to needs and desires of new communities.

Quote 1a: “We did make adaptations. We learned a lot about online delivery and then [we thought] maybe for the next round we can do online or in-person or hybrid mixed methods, but you know, the constant changing nature of the pandemic really threw us for a loop multiple times, ‘Oh, we’re going to be able to do this.’ No, we can’t. ‘We can do this.’ No, we can’t. Or like ‘oh, we need to adapt to this way.’ So that was the first thing that came to mind was oh yeah... it’s been a roller coaster. Like there have been highs and there have been lows.”

Quote 1b: “You know, phase one wasn’t supposed to be this massive scaleup time but it’s kind of turned into that, and we haven’t done any advertising at all. It’s just been word of mouth.”

2. Re-visit, re-think

Quote 2a: *“I feel like one thing that comes to mind is that this has forced us to... despite all of the adaptations and changes, we’ve actually had to work through the development of this program in, I think, a slower or more thoughtful way... It has led to more intentional work.”*

Quote 2b: *“I think that connecting with other projects and kind of hearing sort of what they’re going through and just sharing experiences and you know, tips and even if there’s only three or four, kind of take homes that sort of resonate with you each time, they’re usually pretty valuable things to take into consideration when looking at our own program adaptations and next steps.”*

Quote 2c: *“Frontline staff ... have so much responsibility on their plate and taking time to be really strategic and thoughtful about how you’re developing a program and stuff I think is almost a different way of working. Sometimes it’s just like you’re responding to immediate need. You’re constantly moving and doing rather than like stepping back and thinking and planning.”*

In the first round of conversations, projects largely focused on ‘stepping back to move forward’, with the onset of the COVID-19 pandemic forcing them to pause and re-think several aspects: What components would need to stop? What could continue? What would need to be adapted? How might project components be strengthened? Many teams saw the gift in unanticipated time to re-assess the design and development of their project materials, implementation efforts, and evaluation, and were able to complete additional piloting and prototyping. Early perceptions from project teams were that this additional (re)development work improved many of their activities and would yield promising outcomes. *(Quote 2a)*

This theme of re-thinking was also apparent in Fall 2021 conversations but with key differences. By year two there was a stronger link to action; re-thinking by experimenting with new ways of working, which is described more fully in the next theme (re-invention). By the second year there was also a stronger focus on learning from others, including partners and facilitators involved in delivering their own programs, and other MHP-IF projects. *(Quote 2b)*

Across both rounds, projects expressed a desire to be more strategic and thoughtful about program development though they are rarely afforded the time to do so. *(Quote 2c)*

3. Project re-inventions

Consistent across both conversation rounds was a spirit and process of ‘re-invention’. This includes program adaptations that were described as purely pragmatic and others as innovative.

In year one, by far the most emphasis was on a shift to online programming. This shift yielded many practical insights about virtual engagement. Pitfalls were plentiful; challenges creating personal connection *(Quote 3a)*, ‘Zoom fatigue’, barriers with language and cultural translations, limited staff capacity. In the face of these challenges, project teams discovered promising adaptations to address barriers, and these continued to build throughout the full two years:

- increasing or maintaining program reach and accessibility (e.g., adapting content for virtual delivery; delivering iPads or program supplies to end users)
- finding ways to increase engagement and relationship-building in an online format (e.g., shifting to smaller group formats; using different media platforms to reach parents and youth such as Facebook, Instagram, Tik Tok, WhatsApp) *(Quote 3b)*

- adding new program elements using digital platforms (e.g., Jamboards, Mentimeter, Moodle, Facebook chat, Discord channels) and digital activities (e.g., digital art, online icebreakers, virtual meals)
- testing new techniques to address participant comfort levels with virtual delivery (e.g., tips on how facilitators and partners established and developed new relationships with participants; addressing ‘cameras off’, providing options to participate using a variety of digital strategies described above; responding to and addressing participant and facilitator feedback)

Virtual delivery was not the only re-invention. Especially in year two, projects were experimenting with new methods of program delivery such as hybrid models with both in person and digital options and self-directed programming options. (Quote 3c) They were also experimenting with ways to deliver their programs for new places and populations; a focus on scaling. This typically meant practical and flexible changes to program content to meet the needs of new audiences.

Re-invention strategies were strongly influenced by mode of program delivery:

- some projects made the active decision not to pivot to online learning and used vaccinations and COVID-testing to continue in-person programming when public health protocols allowed and pausing again with new outbreaks (e.g., Delta variant)
- others who shifted to virtual implementation continued to ‘learn-as-you-go’, testing new strategies, adding new components, changing or adding new modes of delivery
- other projects built up their online presence and/or methods of virtual delivery, leading to a larger focus on scale up to other populations and contexts

Quote 3a: *“So the first time you meet a youth, obviously is a really critical and important moment for you to be able to build that trust and start beginning to build that sort of sense of security with the youth. ... The reality is that doing that over Zoom takes away some of the personal aspects of that.”*

Quote 3b: *“We’re definitely having a lot of discussions around what’s working and what’s not working in terms of Zoom engagement and online engagement. We definitely have tested that, this idea of embedding activities and evaluation into the programs...it’s definitely landed and it’s definitely something that we’re using more and more. So much more use of things like Mentimeter, Polly, Microboards, especially the ones that integrate well with Zoom.”*

Quote 3c: *“I’m less concerned about COVID now to be honest, just because I do feel like we’ve laid a lot of the groundwork for the online part and I think that’s only going to continue to get stronger as we kind of shift into the self-directed online videos. I see that as being a huge open door to other provinces across the country. I can just see our reach kind of getting wider and wider as the videos are developed and the website launches and all that kind of stuff. ... I would like to see us get back in person but I, I’m not in as much of a panic about that now because I do think that we are going to be able to land on something that’s really functional and useful for families, kind of even more broadly speaking than what we had originally planned on.”*

4. Attending to project team and partner needs

A first step for many projects in the early days of the pandemic was addressing immediate needs of project teams and partners involved in program delivery. Circumstances shifted suddenly and many team members were challenged with high levels of stress, uncertainty, childcare responsibilities at home, and varying degrees of comfort with technology. While caring for project teams and partners is relevant under any circumstances, the pandemic made this focus more explicit and visible. It was especially important for individuals involved in directly supporting program participants, whose already vulnerable situations were heightened by the pandemic.

Over time and as the pandemic evolved, the biggest challenge was limited capacity for program delivery, including project staff and partners. Challenges that surfaced early in the pandemic persisted, and new ones emerged, especially burnout of frontline staff and shifting roles and responsibilities. (Quote 4a)

Quote 4a: *"I feel, and this is probably particularly true during the pandemic, but frontline staff just overall seem quite burnt out...For me, I feel like in the context of mental health promotion, we have to figure out how to support the wellbeing of those actually delivering the programs, not just the participants of these programs. And so that's I think what I've noticed most. Just that with the ever-changing circumstances and the shifting roles and responsibilities, and the difficulty planning ahead, there's fatigue and exhaustion I think that comes with it."*

5. Exploring, building, and sustaining partnerships

Partnerships are a hallmark of the MHP-IF and the projects it funds. In the first year of the pandemic, the primary focus on partners was support for their role in program delivery. In year two, there was more emphasis on exploring, building, and sustaining project partnerships, influenced in part by the stage of development of projects and adaptations from the pandemic.

The MHP-IF projects engaged with partners in a variety of ways throughout Phase 1:

- working with partners responsible for program delivery (e.g., training, feedback and learning from facilitators)
- engaging partners in outreach and program recruitment (e.g., organizations promoting MHP-IF project services, schools)
- bringing in partners for their expertise and training (either for facilitator training or to bring fresh perspective for youth)
- reaching out to organizations to build connections with new communities (e.g., Kiki Ballroom for LGBTQ2S+ youth; immigration services to provide programs in new languages; organizations or facilitators who have pre-existing relationships with their community to help foster relationships) (Quote 5a)
- responding to organizations that inquired about mentoring opportunities, or sharing materials for program expansion to new communities

MHP-IF projects reflected on their Phase 1 experiences with partners. They reinforced the importance of:

- involving the community (those served) and partners in adaptations and implementation decisions
- flexibility in program content and delivery for new project participants and populations
- learning from partner experiences for training and program delivery
- responding to partner and community needs (Quote 5b)

Quote 5a: *“In terms of some of the individual community adaptations, like in the Francophone and the Indigenous communities, we’re working with another sort of subgroup of partners there. Like I touched on before too, so just people that already have some nice connections in those communities and kind of partnering with them on what are the best ways to deliver the program and how can we make sure that our adaptations are you know, culturally reflective.”*

Quote 5b: *“With our mental health curriculum, we really revamped it. We kind of had this cycle we went through. We had consultations with all our partners. We took in the input that our participants gave us about how we can improve the curriculum. So we really revamped it and had like 12 modules... What it did was allowed the partner sites to be able to pick and choose which modules they’re more comfortable in sharing with the participants. Also, during registrations participants at some sites had the opportunity to really share their voice. Okay, these are the modules that we are offering. Which one stands out to you the most. And participants were able to say okay, this one stands out the most to me. So, site partners were able to take that input and really focus on those modules or program delivery. So that I think was a really good adaptation that we had and it really, from the very beginning, engaged the participants with the program.”*

6. Shifts in research and evaluation priorities and practices

Evolving due to pandemic adaptations was apparent in project experiences with research and evaluation too. When the pandemic first hit, data collection was interrupted and paused. Projects needed to re-think what they would be able to do, especially in a virtual environment. How would they increase response rates with virtual data collection? (*Quote 6a*) How could they support data entry for external partners? Projects who had secured ethics approval for their studies, revised applications to reflect changes to protocols. Additional challenges included maintaining project reporting requirements, combined with the uncertainty of future funding. Despite the challenges, projects acknowledged the importance of both process and impact evaluation for contributing to policy and system change.

By year two, projects shared many adaptations to address challenges they experienced early on. They found ways and built skills to make the research process accessible for participants, such as through survey translation, explaining the importance of survey completion, and evaluators joining online to request survey response.

Another notable shift in research and evaluation was increased emphasis on feedback loops for guiding program adaptations. Many projects discussed the importance of feedback from program participants (e.g., needs assessments and evaluation results from youth and families) to ensure needs were being met. Feedback from program facilitators (including those in training) was another strong focus in Fall 2021 conversations (*Quote 6b*) - nimble feedback about what was working, what wasn't, what needed to change, and often using facilitator logs.

Quote 6a: *“So evaluation, for example, is something that we feel has been a little bit harder. The facilitators tell me they feel like they’re having to do a bit more chasing to get responses back from participants. Again, if you can imagine being in-person, you could dedicate like the first or last five, ten minutes of the program to have everyone complete an evaluation activity. Online they are sometimes trying to integrate these activities directly into the programming but there’s not always time or it just doesn’t work so they’re sending out, for example, a link to a survey afterwards and then not always getting responses back. So, then there’s a bit of follow-up or communication that has to happen, just like a lot of, a lot of back and forth through email and the flow of things is still something we’re trying to work out.”*

Quote 6b: *“The other thing is that we really tightened up our evaluation. Because we couldn’t do site visits, we really focused on training. We really focused on evaluation that we did have some control over. So, our training evaluation is super strong because [a team member] has built a whole system around that and we could talk for hours about what we’ve learned about our participants and how they’ve experienced the training.”*

7. Silver linings of the pandemic

While the pandemic brought many challenges, projects also experienced unanticipated benefits over time. These benefits, or silver linings, were more apparent for some projects than others. They were more difficult to see for some projects with experiential, land-based programming. Identifying upsides of the pandemic was a difficult focus for many projects, especially in the first year, as they faced the initial stresses of COVID-19 and saw how the pandemic exacerbated mental health issues in their communities.

A variety of silver linings were shared by many projects:

- increased reach and accessibility of their programs (e.g., expanding to new populations and contexts, providing flexibility for busy families, removing transportation barriers for rural communities, online engagement options for those more anxious with in-person programs) (*Quote 7a*)
- pushing project teams to explore new options for program materials and delivery which were highly successful, including a stronger online presence with social media and websites
- using the time to re-think the development of their programs allowed for successful virtual activities, improved evaluation, and an improved overall program (*Quote 7b*)
- providing teams with the opportunity to strengthen bonds they were creating within and across communities
- greater attention on mental health and the importance of MHP-IF projects (*Quote 7c*)

Other silver linings were unique to individual or smaller subsets of projects. One benefit is communities returning to their heritage and core values, through practices such as food sharing and increased connections to the natural environment and family units. Another benefit was youth leaders rallying together to help other youth in need.

Quote 7a: “[COVID] has been a great gift in some ways because we wouldn’t have necessarily gone to an online group and the pandemic kind of pushed us to move there faster and I think it’s... we’ll continue to always do an online group. There’s a richness with in-person stuff we are missing a bit, for sure. But I think online, really opens the door for a lot of other folks who couldn’t participate. So, the reach has really expanded much faster than we imagined it would.”

Quote 7b: “We had a plan to distribute the online sessions along with the self-directed sessions. Like now, altogether. And it just, in terms of translations and making sure that we’re making the program you know, the best it can be, I think being okay with changing timelines a bit and putting things on hold a little longer to make sure it’s good, is kind of something that was a struggle but also at the same time, a kind of silver lining. Because it’ll just make sure that it’s better when it is implemented.”

Quote 7c: “We really do wish that [the pandemic is] shortened so that it doesn’t restrain our relationship anymore. But it’s also, weirdly, kind of strengthened some of the bonds that we’ve had as well because now we were the sole resource that our communities can depend on during the pandemic so, it’s showed that it kind of was a platform to prove that we are there for them even though, you know, things are difficult. So, it also had that kind of positive impacts I would say, a blessing in disguise.”

8. Addressing a hierarchy of needs

In the early days of the pandemic, MHP-IF projects responded to *immediate* needs of their communities. These needs were typically some of the most fundamental determinants of health, such as food security, shelter, and safety. *(Quote 8a)* Addressing these fundamental needs sometimes meant adapting the timing and types of project activities, putting projects on hold, re-purposing staff, and supporting partner and community efforts.

Meeting fundamental needs of program participants continued throughout the first two years of the pandemic, with some changes in participants' COVID-related needs. In the second round of conversations, there was a stronger emphasis on addressing social and emotional needs of participants (e.g., needs for more socialization and engagement, responding to PTSD for newcomers who might be experiencing COVID as a new trauma). *(Quote 8b)* In addition, some project teams found themselves with new responsibilities as pandemic conditions evolved, such as providing vaccine support and addressing vaccine hesitancy in newcomer groups.

Quote 8a: "Well, COVID created kind of a perfect storm for isolating already isolated or vulnerable individuals... I can always make the case for these things being attached to a project, because when we're talking about mental health it's hard to talk about it without talking about all the other issues, right? Housing, addiction, PTSD, you know, those kinds of issues."

Quote 8b: "I mean our project has always been trauma informed... But really, I mean I think the pandemic has really amplified mental health concerns and it became really important for us to be able to provide an on-the-land space that was in a COVID bubble where we could allow everybody to just be out on the land together to process some of the trauma that's been part of this pandemic and some of the stress... and to connect with themselves and with the land and with each other because it's just been, it's been so stressful and we were fortunate [that our region] was pretty unscathed by COVID for the first 18 months. Things have changed a bit now. We are, we're seeing quite an outbreak now. But even, even being relatively unscathed by COVID, it's still been like an intensely stressful period and so it, I think it's, if anything ... our project became all the more important I think."

Also in Fall 2021, and two years into the pandemic, projects described a dual focus; continuing to pay attention to fundamental participant needs while also maintaining their original project goals.

9. Redressing inequities amplified by the pandemic

The first round of conversations highlighted how the pandemic exposed and amplified existing inequities within our society. It brought into view more clearly and publicly those groups who are most vulnerable. Some of these groups include:

- youth living in unsafe home environments (e.g., abusive homes, lack of privacy, no access to safe space to participate in programming) *(Quote 9a)*
- those with low incomes or in isolated environments (lack of access to technology, internet)
- families experiencing food insecurity
- newcomers/immigrants experiencing language barriers
- those for whom the pandemic is triggering past traumas

Fall 2021 conversations reinforced the role of the pandemic in exposing and amplifying inequities. They also had a stronger emphasis on project efforts to redress inequities. As a central goal within the MHP-IF, project experiences in promoting health equity were probed in some detail. MHP-IF project teams provided insights to guide future actions:

- gain knowledge and awareness of cultural context to understand differences in community needs, including recognition that what works in one context, might not work in another (especially true in the context of scaling up to new populations and contexts) (*Quote 9b*)
- ensure a diversity of perspectives in programming through the creation of diverse teams and facilitators who are representative of the target audience
- build strong relationships and trust with the target audience by taking the time to get to know participants (e.g., understanding their context, experience, responding to their needs) (*Quote 9c*)
- ensure facilitators have the skills and strategies to build relationships and trust (e.g., reaching out to participants before programming starts, having facilitators who speak the same language as participants, facilitators' ability to have and show empathy, their ability to create safe spaces and listen to needs of participants)
- provide training for facilitators and project teams to address implicit biases
- consider that different groups or individuals have different learning styles and comfort levels; take the time to learn how to best reach and communicate with the target audience; make sure that youth are at the centre in everything you do; understand the intersectionality of your team and participants
- reach out to other organizations or groups who work with or are connected to marginalized groups to reach underserved populations

Quote 9a: *"We have a lot of people with lots of complex stuff going on and a very diverse group, where to some extent, what determined who was online and who was in the room, who had the technology available to them, who had a safe space at home where they could be online."*

Quote 9b: *"I think this probably goes without saying, but it is maybe important to reiterate. It feels really important to bring diverse perspectives in from the very beginning so that you're building up from a foundation that resonates across cultures and populations, rather than creating something and then trying to later make like the adaptations or changes... It seems like as much as you can bring diverse perspectives in from the beginning and figure out ways to really allow these diverse perspectives to inform the trajectory of the program the better."*

Quote 9c: *"Whether in the planning phase or whatever phase of an organization to planning to do this, have those community consultations. Really hear it from the people, the experiences. Have those community consultations. That is really important to have those, to hear them and not only just hear them – you need to implement them. So, make sure the things that folks are saying you really listen to it, actively listen to it and implement it within the program that you really want to create."*

10. Increased visibility of mental health needs and systemic challenges to address them

Theme 7 noted silver linings of the pandemic, including more attention on mental health. In Fall 2020 conversations, the emphasis was on the upsides of mental health 'coming further out of the shadows.' The pandemic prompted more open and honest conversations related to mental health, both at an individual level and at a systemic level. More attention on mental health and the needs to improve it also reinforced for MHP-IF projects the importance of their work. (*Quote 10a*)

Over time, benefits of more attention on mental health endured. The need for mental health promotion and the work of the MHP-IF projects was only reinforced with a steady flow of data on negative impacts of the pandemic on child, youth, and family mental health, particularly for marginalized groups. Higher awareness of needs

translated into greater interest in the MHP-IF projects. It also translated into new roles and responsibilities for projects, especially with regards to advocacy, disseminating project stories and insights. *(Quote 10b)*

Alongside the above benefits, in Fall 2021, a downside surfaced. At the same time as the pandemic shone a light on the importance of mental health and its promotion, it also highlighted systemic challenges in addressing growing needs. *(Quote 10c)* Several enduring obstacles were mentioned in Fall 2021 conversations, such as insufficient funding and infrastructure, especially in the north. For some, the pandemic became ‘just one more thing’.

Quote 10a: *“I remember quite a few youth saying that being able to come to [our program] was a huge positive for their mental health. And I think, I mean that’s not really a positive that came out of the pandemic. But I think it’s a reassurance that [our project] is so valuable for a lot of these youths and being able to offer that space...”*

Quote 10b: *“I think for me, in terms of [our project’s advocacy role], the pandemic has really helped me see that if we don’t speak for [our target audience], literally no one will speak for them. No one. [In terms of] our role, we can be effective as advocates, and this is why I keep saying to people we learn so much from [our community] and we can be strong advocates for them and for other marginalized communities. We can be very strong advocates.”*

Quote 10c: *“The first vaccination clinics that [health service] officially partnered with our program in, we got 149 people vaccinated. So, these are the types of things that the [facilitators] have been forced to do, forced to respond to because the gaps that exist within government don’t give proper supports to these intercultural communities. So, when you said ‘how has the project changed,’ I mean we became a vaccination sort of advocacy group for a period there. That was really all that we did for a period... we became a group that was really talking and trying to get into the ears of principals, of teachers, to say that you have students that are falling through the cracks. So, we respond to the community’s needs at the moment and the community’s needs are so great and so concerning so often that that ends up being... our program ends up having to shift and shift dramatically because of it.”*

