

# Black Scientists' Task Force on Vaccine Equity

*A brief overview of town hall engagements and findings*

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# CONTEXT

- On average, one town a week since February 1<sup>st</sup>.
- At least 4050 participants.
- 90% Black, 10 % White attendees
- Between 30 to 40% identify as vaccine hesitant; 10 -15% say no to COVID vaccines
- On average, the town halls reduce hesitancy by at least 20%
- Archived recordings are shared widely so there is a cascading effect expected; anecdotally, many people report family members changing their minds on the vaccine after watching such recordings.
- At our pilot Black-focussed vaccination weekend, 2231 people came out and got their vaccine; the only vaccine hesitancy we encountered this past weekend was towards the Astra Zeneca vaccine

# Concern #1. Immunization coverage does not match Black and racialized rates of positivity, hospitalization and death

- Across Toronto, Black Communities are now keenly aware that they are disproportionately affected by the pandemic.
  - Participants consistently shared lived experiences that confirmed statistics Black people were **far more likely to get sick and be hospitalized** for COVID-19 than their non-Black neighbours
  - **Higher death rates** among Black persons is a reality as many people have either lost someone or know someone that has such an experience; not the same with non-Black colleagues



## Concern #2: Inadequate Sick Days & Income Support

- Attendees shared perceptions that Black health care providers (including nurses, nursing aids, personal support workers, home care providers, support workers in residential settings etc.) and other essential workers (such as factory workers, grocery clerks, bus and taxi drivers, uber drivers etc.) constitute a larger proportion of workers at risk of contracting COVID-19 and being hospitalized for severe illness.
- The communities' perception is that dis-proportionate numbers of Black workers earn incomes below the poverty line. Many Black families depended on single mothers as sole breadwinners and cannot afford to miss a paycheck, or see it reduced, given the precariousness of their employment.
- **The underlying fundamental problems faced by many Black workers is low pay for the work they do and a lack of sick days immediately accessible to them if they contract the virus**



# #3. High levels of mistrust in mainstream institutions, especially health care

*“Why should I listen to people who don’t listen to me when I tell them about the racism I’m dealing with?”* Town hall attendee

- Low expectation of quality in mainstream services and high expectation of systemic discrimination
- Attendees point to lack of race equity in health care and medicine
- Pharmaceutical companies’ action in Africa that are unethical often highlighted
- Constant mis-information about vaccines appear realistic given shared histories
  - Town hall participants surveyed said that local medical health organizations and Black health professional are the top 2 most trusted source of information about

Table - Cause of concerns associated with vaccine hesitancy

	N (%)
Historical mistrust with medical sciences and governments	137 (66.8)
Communication and media environment	86 (42.0)
Anti-vaxxers, protesters and lobbies	47 (22.9)
Religion/culture/gender/socio-economic	54 (26.3)
Government decisions	52 (25.4)
Geographic barriers	31 (15.1)
Experience with past vaccination	33 (16.1)
Vaccination safety concerns	121 (59.0)
Health system mistrust	97 (47.3)
Concerns about vaccine development	106 (51.7)
Experience with racism and anti-black racism	92 (49.9)

## Concern #4. Institutionalizing race based data and equity responses in health

“Without race-based data, the enormity of the current COVID-19 disparities would be lost to the public.”

Town hall attendee.

- Health providers are still hindered in their immunization efforts by the lack of consistent race data collection on vaccination; today we don't know what our real mortality or community vaccine uptake is.
- Community members have indicated that it is imperative that race-based data be collected and utilized for health equity purposes within actionable times.
- The Task Force agrees and adopts the position that race based data must never be collected without concrete institutional commitments to address racialized trends and outcomes along with timely reporting.

**Most frequently asked question:**

“Is there specific race-based data for the different vaccine trials?”



# Concern #5. Wave of mental health problems being anticipated; especially in Black children and adolescents

- **MULTIPLE SIGNS OF STRESS AND DISTRESS**
  - Many reports about persistently high levels of health anxiety being experienced by people who had no such issues prior to COVID 19
  - Parents report more behavioural challenges among children and serious learning setbacks
    - Many can't work from home and unable to support on line learning
    - Levels of COVID illness has added a sense of urgency to mental health concerns.
  - Significant numbers of persons with pre-existing mental health and addiction problems engenders concern for increasing experiences of medical co-morbidities
  - Persistently high levels of fear and anxiety, hopelessness and despair could lead to high rates of PTSD post-pandemic.



## Concern #6. Shortage of vaccines across home countries for families of Black Torontonians compounding local distress

- At this time, we **MUST** not forget the rest of the world:
  - Most immigrant families reported high levels of worrying due to families' lack of vaccine access
  - Lots of concern that vaccine apartheid is upon us (from passes to passports)
  - It is in our best interests to recognize global public health emergency, share 'surplus vaccines' and allow patents to be temporarily waived





# There is effectiveness, efficiency and efficacy in race and health equity

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