

Black Scientists' Task Force on Vaccine Equity

A final report on town hall engagements and findings

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CONTEXT

- 20 townhalls to date
- At least 6785 participants; follow-up survey of 678 attendees
- 90% Black, 10 % White attendees
- 40% identified as hesitant; 40% planned to get vaccinated; 15% say no to COVID vaccines
- On average, the town halls reduce hesitancy by at least 20% among attendees
- Equity grounded public education & vaccination roll-outs overcome vaccine hesitancy (many Black vaccine hesitant individuals came out to targeted clinics and got vaccinated)
- A note of thanks to the City of Toronto, especially Toronto Public Health & SDFA

Outcomes of specific activities #1.

On immunization coverage, the Task Force recommends

“Why are Black people more likely to be hospitalized and die from COVID-19 than White Canadians? What can be done to end this pattern of risk and mortality?”
Town Hall Attendee

1. That the City bolsters of engagement efforts, delivered by trusted neighborhood ambassadors, aimed at educating residents about the various vaccines.
2. That the City of Toronto and/or the Province of Ontario conduct a systematic public health education campaign to highlight the health effects of systemic racism, promote anti-racism approaches that enhance inclusive and equitable health care and public health practices aligned with the Black community.
3. That the provincial government and local public health units commit to the principle of ring-fencing vaccine doses for Black communities in the GTA and hot-spot communities across the province.

TABLE 7. RESOURCES NEEDED FOR VACCINE HESITANCY & UPTAKE	N (%)
Create culturally-responsive and relevant information for the community	150 (73.2)
Building relationship and trust with the Black community	148 (72.2)
Provide information about vaccine	128 (62.4)
Transportation access or mobile vaccination clinics for Black people	95 (46.3)
Create off-work hours vaccination sites	90 (43.9)
Facilitate access to public health interventions (clinical trials, health care, physical care)	85 (41.5)

Outcomes of specific activities #2.

On Sick Days & Income Support, The Task Force Recommends:

1. That the provincial government to **immediately institute 10 paid pandemic sick days**; this quantity is directly associated with quarantine requirements and is needed immediately to stem the crisis within Black and racialized communities.
2. **That the federal government to expand and evolve the Canadian Emergency Response Benefit (CERB)**, which has been a lifeline for many during the pandemic, into a minimum basic income.
3. The Task Force **recommend that the city sustain the wrap around supports** built into its equity initiative, TO Supports, for at least 2 post-pandemic years

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“Why the fuss about 10 sick days for all those essential workers deemed to be heroes...Is the public appreciation real or just hype?”

Table 4. Effects of the Pandemic on Quality of Life	N (%)
Social isolation	127 (62.2)
Lack of social network	85 (41.5)
Social support	59 (28.8)
Work conditions	49 (23.9)
Income	43 (21.0)
Access to health support	42 (20.5)
Employment opportunities	30 (14.6)
Housing quality	7 (3.4)

Outcomes of specific activities #3.

On high levels of mistrust, the Task Force Recommends:

“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.

1. The Task Force recommends that Toronto’s efforts be bolstered with additional vaccine public education materials, tailored for high-risk communities and culturally specific populations. Public education messages should provide facts to dispel myths and misinformation.
2. The City of Toronto should sustain and reinforce the equity priorities of vaccine allocation and distribution to postal codes associated with greater socio-economic vulnerability and higher rates of COVID positivity and severity of illness.

Table - Sources of 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)

Outcomes of specific activities #4.

On mental health concerns, the Task Force Recommends:

1. The Task Force calls upon the provincial and federal governments to provide the necessary health **funding for culturally safe service delivery, especially trauma and violence-informed approaches, tailored to address the high unmet needs of Ontario's Black communities.**
2. The Task Force calls upon the provincial government to **institute and/or support Black mental health programs across the provinces' major cities;**
3. The Task Force **urges the Province of Ontario to provide anti-racist and culturally responsive resources for health service providers, tailored to better serving Black communities across Ontario.**

Outcomes of specific activities #4, continued from page 5

1. The Task Force calls upon the City to **safeguard and sustain mental wellness checks and case management services through trusted community partners for at least 2 years after the pandemic.** The culturally sensitive online and telephone services should also be maintained for a post-pandemic 2-year period.
2. The Task Force also calls on the City of Toronto to **develop a mental health strategy for its Black communities.**
3. **The Task Force** recommends a parallel **roll-out of public health education, and resources, across the City of Toronto to educate Black residents about intersecting mental health and racial stigma risks, especially potential mental health problems among children and youth.**

Outcomes of specific activities #5.

On global vaccine issues, the Task Force recommends

“Are we witnessing a new form of medical colonialism in 2021?” Town Hall Attendee

1. **The Task Force calls upon the federal government to immediately commit publicly to sharing surplus vaccines with Caribbean and sub-Saharan African countries through COVAX/WHO and to bolster support for GAVI.** Canada should pledge at least 15% of its vaccine supplies to meet global vaccine needs.
2. **The Task Force urges the federal government to support the proposal at the WTO to temporarily waive certain TRIPS Agreement restrictions** that are real barriers to scaling up the manufacture and supply of lifesaving COVID-19 medical tools.
3. **The Task Forces recommends that the City of Toronto support vaccine equity efforts through the WHO’s Partnership for Healthy Cities.** The global network of cities is committed to saving lives by preventing noncommunicable diseases (NCDs) and injuries and has recently supported efforts in 18 major cities across the world to address COVID-19.

Outcomes of specific activities #6.

On race-based data & health equity, the Task Force recommends:

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

Town hall attendee.

1. The Task Force urges the City of Toronto to continue collecting and reporting regularly on race-based data related to COVID-19, vaccination uptake, and other health matters.
2. The Task Force calls upon the provincial government to institute race-based data collection across all health institutions and/or through OHIP, utilizing community collaboration for data governance, interpretation, and disparity reduction planning.
3. The Task Force calls upon the Federal government to consistently collect and report on race-based demographic data, utilizing the periodic national census and a race equity lens for analysis of the data.

Frequently asked question:

“I am personally concerned whether or not the vaccines developed have been tested with enough Black people, and whether or not the people experiencing adverse events are disproportionately Black. Can you illuminate us with reliable data that address this point?”



Towards a more equitable future (post pandemic)

- Current trajectories imply more socio-economic and racial inequities without deliberate focus on equity...we have seen that equity informed responses have impact
- Unprecedented achievements of vaccine development from mobilization of scientific and financial resources suggest huge untapped potential in science; also, government policy regarding health has never been better informed by scientific community in real time
- With unmitigated climate crisis and ongoing race relations calamities, we call on all governments to institute inclusive science tables reflecting all relevant scientific disciplines, as well as humanities and Indigenous knowledge, to provide timely advice and concrete recommendations

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

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