



The **Toronto Youth Vaccine Advisory Committee** presents:

INSIGHTS FROM A YOUTH FOCUS GROUP SERIES

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Introduction

In 2021, rates of COVID-19 vaccine uptake were especially low among youth (12-29 years old), most notably among those identifying as members of underserved groups, including Black, African and Caribbean, South Asian, Latin American, and 2SLGBTQ+ communities. On June 23, 2021, the City of Toronto launched the [Toronto Youth Vaccine Engagement Strategy](#) – a key feature of the City’s COVID-19 Community Mobilization and Engagement Plan – to increase COVID-19 vaccine uptake among vulnerable youth. In support of the Strategy, the City of Toronto and the Toronto Youth Vaccine Advisory Committee (TYVAC) conducted five **COVID-19 Vaccine Youth Focus Groups** to explore gaps in knowledge related to vaccine hesitations among youth (12-29 years old) in Toronto.

The focus groups were held virtually via WebEx in two 2-hour sessions and captured responses from four diverse youth groups, namely Youth (general), Two-spirit, Lesbian, Gay, Bisexual, Transgender, and Queer (2SLGBTQ+) youth, Black, African and Caribbean youth, and South Asian youth, as well as Youth Outreach Workers from Social Development, Finance and Administration and Parks, Forestry and Recreation divisions. These groups were chosen as they could provide insight into the lives of youth and help to develop a comprehensive account of COVID-19 vaccine attitudes and uptake among youth in Toronto.

Across five focus groups, fourteen Youth Outreach Workers were interviewed and ninety-three youth were reached. This report will describe the main challenges and needs reported by youth throughout focus group sessions and provide recommendations for vaccine engagement developed by TYVAC. These topics will serve as headings to organize the findings of these focus groups in this report:

Chapter 1: Vaccine Hesitations and Barriers to Vaccination

Chapter 2: Engagement Approaches and Communication Channels

Chapter 3: Youth-Focused Clinic Development

Chapter 4: Committee Recommendations

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Summary of Recommendations

Recommendations
1. Streamline Information on Vaccine:
a) Develop an online localized hub for information about the vaccine, its effects, and the vaccination process
b) Create simple, youth-focused communications about the vaccine
c) Generate multilingual, culturally-specific content about the vaccine
2. Standardize Inclusive Practices:
a) Train clinic staff and health professionals in best practices in Equity, Diversity and Inclusion and Anti-Oppression
b) Educate clinic staff and health professionals in Trauma-informed care
c) Screen clinic volunteers to evaluate personality, interpersonal skills, personal bias, and commitment to best practices
d) Assign staff, volunteers and health professionals to clinics in areas in which they live or are familiar with the community
e) Provide a low-stimulation section of clinic for youth with unique needs
3. Improve Accessibility:
a) Increase clinic spaces in places regularly attended by youth
b) Hold public forums for the purpose of gathering feedback and information from youth
c) Improve support for uninsured and undocumented youth to get vaccinated
d) Increase flexibility in clinic services
e) Proving AODA-compliant services
4. Increase Community Representation:
a) Increase the recruitment of culturally-diverse, multilingual, 2SLGBTQ+ youth and young professionals living with disabilities
b) Hold population- and culturally-specific clinic spaces and 'safe spaces' for learning and information-sharing purposes
c) Tailor location, recruitment of volunteers, and events/programs held at clinics to key demographics

Recommendations

5. Address Misinformation:

- a) Actively monitor social media for misinformation and "myths" about vaccine
- b) Avoid fear-based messaging
- c) Encourage health professionals to have an online presence for knowledge-sharing purposes
- d) Cultivate an understanding of misinformation originating abroad
- e) Adopt a family- and community-based approach to outreach and health education

6. Cultivate Trust in Government:

- a) Increase transparent and verifiable messaging about the vaccine
- b) Provide peer-reviewed research to support claims
- c) Give descriptions of major vaccine manufacturers and other stakeholders and describe their investment in its distribution
- d) Inform youth about their right to body autonomy, civil liberties, and consent in relation to the vaccine
- e) Improve health and scientific literacy among youth

7. Place Health, Wellness and Recovery at the Forefront:

- a) Modify vaccine communications and messaging to emphasize its relation to pandemic recovery
- b) Offer holistic resources, events and services during clinic hours
- c) Create and commit to a Community Youth Pandemic Recovery Plan to address key challenges among youth due to the pandemic
- d) Combine vaccination programs with a broad spectrum of health services

By Youth for Youth:

The Toronto Youth Vaccine Advisory Committee

The **Toronto Youth Vaccine Advisory Committee** (TYVAC) is a youth-led advisory group made up of members of the Toronto Youth Cabinet to enhance youth-focused equity engagement and outreach strategies. TYVAC is headed by two Co-Chairs and consists of three subcommittees:

1. **Communications:** develops youth-focused promotional materials and recommendations for communications related to vaccination and amplifies City of Toronto messaging about COVID-19 vaccine safety and benefits
2. **Outreach:** conducts research behind vaccine hesitancies to inform immunization mobilization plans for vulnerable youth populations and to identify barriers to vaccine access
3. **External Relations:** initiates, develops and maintains connections with vaccine engagement stakeholders including schools, youth-serving community organizations and health partners to expand reach and identify opportunities for meaningful partnership and information-sharing

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Chapter 1:

VACCINE HESITANCIES AND BARRIERS TO VACCINATION

Youth (12-29 years old) are, active, mobile members of their communities and make up a large portion of the Canadian population. However, a lot remains unknown about their reasons for vaccine hesitancy and barriers to COVID-19 vaccination. The following section will describe the identified hesitancies and barriers to vaccination described throughout the focus groups, and will present population-specific contexts.

1.1 Health Concerns

Health concerns were a major hesitancy among youth interviewed. Youth were unaware or unfamiliar with the contents and ingredients of the COVID-19 vaccine and reported fear of immediate side effects and safety of vaccination. Side effects of most concern included nausea, body aches and pains, and weakness. Concerns for more severe side effects were prevalent as well, including the possibility of fever or blood clots as a result of the Astra Zeneca vaccine. These concerns were also exacerbated by the potential of take time off from full-time employment or schooling to get vaccinated. The spread misinformation related to health, such as the possibility of contracting the COVID-19 virus from the vaccine itself, was also identified as reinforcing health concerns as a barrier to vaccination. A general fear of needles was also mentioned as a health concern.

Fear of experiencing long-term side effects was also reported as a barrier to COVID-19 vaccination. Most notably, youth were weary of the possible long-term effects on reproductive health, including the possibility of infertility and potency. A lack of understanding of how the COVID-19 vaccine would interact with regularly administered vaccines, such as the Influenza (common flu) shot and Human papillomavirus (HPV) shot, as well as the possibility of allergic reactions to the vaccine, was a common reason for vaccine hesitancy. Many participants reported that an initial negative experience with the first dose of the vaccine was an influential factor in their decision to get the second or booster dose. As a result of these fears, youth described adopting a 'wait and see' approach; this involved waiting to take the vaccine until it had been administered to more people and its side effects were studied more closely.

1.2 Mistrust of Government

A lack of trust in the municipal, provincial, and federal government, as well as government-funded health and scientific institutions, was a prevalent barrier to vaccination among youth across all focus groups. It is important to note that, while mistrust is common among all youth populations, the basis for this sentiment is population-specific.

Mistrust was most commonly expressed about the federal government of Canada and was also applicable to research studies supporting the benefits of the vaccine that were federally-funded. Overall, many of the youth interviewed believed, or had heard that, the government had a hidden agenda, and did not have the best interests of Toronto youth in mind throughout the pandemic. Many examples of misinformation prevalent among youth were based in the idea that the government wanted to track, monitor, and control youth, or intentionally harm them.

Furthermore, youth expressed concerns that the COVID-19 vaccine was developed too rapidly and its long-term effects were understudied, allowing for negative effects on youth. As well, inconsistency in the language and public health measures

surrounding the COVID-19 virus further exacerbated beliefs that the government were indifferent to the concerns, fears, and potential negative effects on youth.

1.3 Misinformation

Misinformation was a prevalent barrier to COVID-19 vaccination and played a huge role in vaccine hesitancy and refusal among youth. A basic lack of understanding regarding what the vaccine is, including the molecular composition of the vaccine, and the purpose and safety of the booster, allowed for the rapid spread of misinformation about the safety of vaccine. Common misconceptions reported by youth included that the vaccine was ineffective and unsafe, and that taking the vaccine was not in the best interest of youth. The belief that mass vaccination was orchestrated by the government to track and control residents was a prevalent narrative among interviewed youth. As well, participants reported believing or being told that they were immune or less likely to contract the COVID-19 virus, specifically young men, because of their gender and young age.

Disapproving parents and guardians, as well as peer and friend groups, were often reported as carriers of misinformation about the vaccine. As trusted social networks in the lives of youth, parents and guardians, as well as peers, were often a negative influence in their decision to get vaccinated if they were opposed to the vaccine. Furthermore, faith leaders were also reported as carriers of misinformation, often framing religion in opposition of the vaccine, promoting that religious practice could protect worshippers against the COVID-19 virus in place of the vaccine.

Figure 1: Reported Misinformation about COVID-19 Vaccine

TOPIC	REPORTED MISINFORMATION
Contents of COVID-19 Vaccine	<ul style="list-style-type: none"> • Vaccine contains a paralytic • Vaccine contains water or saline, does not contain any protective agents • Vaccine contains the COVID-19 virus
Effects of COVID-19 Vaccination	<ul style="list-style-type: none"> • Vaccination does not work and will not protect you from the COVID-19 virus • Vaccination causes detrimental long-term effects to your body • Vaccination causes the growth of additional limbs • Vaccination causes negative effects on reproductive health, including potency and infertility
Other	<ul style="list-style-type: none"> • Youth are immune to the COVID-19 virus, no need to get vaccinated • Young men are less likely to contract the COVID-19 virus • Religious worship protects youth against the COVID-19 virus • Booster dose is only needed because first two doses are ineffective • Mass vaccination is orchestrated by the government to control, monitor or harm residents

Historical Mistreatment and Medical Racism:

The Case of Mistrust among Black, African and Caribbean Youth

Mistrust in the Canadian government and the healthcare system was especially evident among Black, African and Caribbean youth interviewed. Youth expressed a deeply-rooted lack of trust in the federal government and healthcare system based on historical and contemporary examples of dismissal of the Black experience or medical mistreatment of Black communities. One participant termed this trend "medical racism" and recalled historical examples of racially-motivated mistreatment of Black communities such as, the eugenics movement and Tuskegee Syphilis study, and the intergenerational impact it had on the mental, spiritual, physical and social aspects of life for Black communities.

It is important to note that, although these examples of mistreatment did not happen within the lifetime of the Black, African and Caribbean youth interviewed, they continue to negatively impact Black communities in Canada today, and were identified as reasons for mistrust in the Canadian government and healthcare system among youth.

Black, African and Caribbean youth also expressed feeling that the government's kind gestures, namely offering COVID-19 vaccination, during the pandemic were suspicious and disingenuous. They believed that, in the eyes of the Canadian government, they were not a priority population group when it came to other social issues, such as affordable housing, food insecurity, and fair wages, therefore, they did not believe the government had their best interests in mind now. Undocumented and uninsured individuals also expressed hesitancy when accessing vaccine clinics, as they feared they would be reprimanded by the government when they applied for permanent residence or Canadian citizenship in the future.

MOMENTS IN HISTORY:

Eugenics Movement (1800s-1900s)

Originating in the 1800s, the ideology of eugenics refers to the belief in the eradication of "undesirable" characteristics in the human population by mating individuals with "desirable" characteristics to produce a superior human race¹. In many cases, support for the eugenics movement was based in the perceived inferiority of certain races, including Black communities, and in severe cases, and resulted in the forced sterilization of Black men and women¹.

Tuskegee Syphilis Study (1932)

The Tuskegee Syphilis study was a scientific experiment in the 1930s that enlisted 600 Black American subjects to study the sexually-transmitted disease, Syphilis². Unbeknownst to the study subjects, the actual goal of the study was to "observe the natural history of untreated Syphilis" in Black communities². Consequently, many of them did not receive penicillin as the cure for Syphilis, even after it was confirmed as a reliable cure for the disease². Furthermore, many government agencies were aware of this transgression, however, many did nothing².

¹ History.com (2017)

² McGill University (2019)

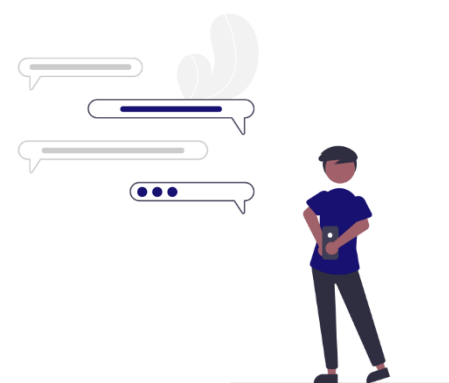
A general lack of international consensus on the necessity and effectiveness of the vaccine, as well as inconsistency in public health restrictions across Canadian provinces, proved to be a source of confusion and skepticism in the vaccine among youth. As well, as municipal COVID-19 case counts decrease, youth are less inclined to get the vaccine as there is no longer a perceived reason to protect themselves. Youth were also weary of the effectiveness and trustworthiness of the vaccine in general, as they believe that the booster shot is provided only because the first two doses are ineffective.

1.4 Lack of Clear, Consistent, Youth-Focused Messaging

A general lack of **clear and consistent messaging** regarding the contents and safety of the COVID-19 vaccine was a major barrier to COVID-19 vaccination among youth interviewed. Many participants described inconsistent messages from a variety of sources on the necessity and safety of vaccination and the severity of COVID-19 infection among young adults. These sources varied, and included Health Canada, local government and health administrations, and social media. Consequently, some youth determined that the COVID-19 vaccine was unsafe, inessential, and that contracting COVID-19 wouldn't lead to negative consequences on health, resulting in low vaccine uptake.

As well, a **lack of consensus regarding public health measures** in Canada and abroad impacted the perceived trustworthiness of information from Canadian health authorities. Specifically, some Black, African and Caribbean and South Asian youth mentioned that vaccine-related information promoted by family members living in countries abroad did not always align with messaging from the Canadian government and was a reason for hesitancy. Many participants indicated a need to address inconsistent messaging circulated by health authorities by actively monitoring social media and other news sources, and suggested debunking myths spread online on a regular basis, originating both in Canada and internationally.

Furthermore, youth reported a **lack of youth-focused messaging**, more specifically, simplified but accurate, easily-digestible health and scientific information on the vaccine that could be understood by young adults regardless of age, educational background, and language proficiency. Consequently, many were intimidated or disinterested by sophisticated and complex language and messaging around the vaccine and turned to straight forward, often unverifiable, news sources. As well, youth reported experiencing COVID-19 fatigue; they described this as tiredness from constant amendments to public health measures and vaccine mandates made by the government and overwhelm from managing all the information they were pushed on the vaccine.



1.5 Accessibility Challenges

Accessibility challenges, both experienced and anticipated, were reported as a main barrier to vaccination among youth interviewed. Youth reported various examples of accessibility challenges at vaccine clinics, including difficulties booking a vaccine appointment and locating a clinic, navigating the physical environment of a clinic, and receiving fair and equitable treatment by clinic staff. Although accessibility challenges as a barrier to vaccination was expressed by participants in all youth focus groups, the nature of some of these challenges were population-specific.

Across all youth focus groups, youth reported **difficulty booking vaccine appointments and locating a clinic**. Youth described challenges navigating the online booking system, especially for non-English speakers, as well as locating a clinic that offered appointments that would fit in their schedules. Focus group participants shared that day-time appointment options conflicted with school attendance or full-time employment, either forcing them to take time off or choose an appointment time that inconvenienced them. As well, many shared a desire to have more permanent clinic sites instead of pop-ups to allow for consistency and predictability, for example, running a clinic space in one location at the same time and days of the week for a month. Many participants requested more clinics in spaces that youth encounter on a weekly basis, for example, malls, schools, libraries, gyms, and community recreation centres; this would help to reduce transportation inequity for youth who either cannot afford reliable transportation or do not live near subway lines. A need for clinics to be interesting, engaging, welcoming, and psychologically and physically safe for youth was a prevalent sentiment among focus group participants, and especially emphasized by 2SLGBTQ+, Black, African and Caribbean and South Asian youth.



Navigating the physical environment of a clinic was another accessibility challenge experienced by youth. Specifically, this was prominent among youth living with disabilities and neuro-diverse youth. This encompasses youth living with physical disabilities, as well as youth living with learning or developmental disabilities, such as Autism Spectrum Disorder. Wheelchair accessibility as well as the need to reduce overwhelming external stimuli were two factors impacting their ability to navigate the physical environment a clinic.



Anticipated and previous experiences of receiving unfair and inequitable treatment by clinic staff was a major barrier to accessing clinics spaces for youth in population-specific focus groups. Among Black, African and Caribbean and South Asian youth, anticipated and previously experienced race-based mistreatment in clinics caused youth to avoid vaccination. Youth described experiences not feeling physically and psychologically safe or comfortable at clinics and emphasized a need for Black, African and Caribbean and South Asian youth representation in clinic staff and health professionals to promote culturally-sensitive and inclusive clinic environments. A need for educational information, facilitation, and support in languages spoken by Black, African and Caribbean and South Asian youth was identified by youth interviewed as a major barrier to accessing clinics and vaccination in general. Youth also indicated a need to run clinics in Toronto neighbourhoods with dense populations of Black, African and Caribbean and South Asian youth, to reduce challenges related to reliable transportation, including paying for public transportation, not having a personal vehicle or living close to a subway or bus line.

Sexual orientation discrimination was a major barrier to vaccination among 2SLGBTQ+ youth interviewed. This included both anticipated and previous experiences of sexual bias displayed clinic staff and health professionals facilitating vaccination. Youth described a fear of experiencing bullying, mistreatment, harassment or discrimination based on sexual orientation due to past or anticipated experiences of homophobia, transphobia or other forms of sexual oppression and the perceived negative attitudes of healthcare workers during past clinic experiences. Most commonly, 2SLGBTQ+ youth disclosed that when attending a clinic with a same-sex partner, clinic staff had either made an

offensive comment or turned them away from the space. One individual described having to travel to another city to receive the vaccine due to a lack of vaccine appointment times and locations, and having to wear a "straight mask" in fear of mistreatment by clinic staff. When asked to clarify what was meant by "straight mask", the individual indicated that it meant pretending to be heterosexual, in order to pass as non-Queer. Some of the 2SLGBTQ+ youth interviewed identified ongoing forms of sexual orientation discrimination in the Canadian healthcare system at the policy level, including the blood ban on men who have sex with men, as reasons for avoiding vaccination.

1.6 Communal Reinforcement

Attitudes towards the COVID-19 vaccine among parents, close social networks and faith and cultural communities played a major role in the decision to get vaccinated among youth interviewed. Most prominently, the opinions of parents and guardians weighed heavily in the decision-making process, both positively and negatively. Youth disclosed that the opinions of parents who opposed the vaccine took precedence over information promoted by health and scientific authorities, as they felt that diverging from their parents' suggestions was 'disloyal'. Parents and guardians were also identified as major carriers of misinformation, especially if the information originated abroad from extended family. Although some parents opposed the vaccine, many parents also promoted vaccination as a safe and reliable method of protection against COVID-19. Parents often supported their children by helping them to manage the costs and benefits of the vaccine and by attending clinic appointments with them. Youth indicated that offering vaccine support and education to parents to dispel myths and determine the basis of common misconceptions about the vaccine, would help address hesitancy and increase uptake.

The influence of close social networks, among friends, peers and romantic partners, had a big impact on youth interviewed, both positively and negatively. Friends and peers were also mentioned as carriers of misinformation, by spreading 'scary stories' and rumors about the vaccine and its effects. Youth also described experiencing peer pressure, and expressed a fear of getting

MOMENTS IN HISTORY:

Blood Ban on Men who have sex with Men (1980s – present)

At the height of the HIV epidemic in the 1980s, jurisdictions across Ontario established restrictions that banned individuals at high-risk for contracting HIV from donating blood³. This had implications on the health and social conditions of certain groups, especially men who have sex with men (MSM)³. MSM were considered more likely to contract HIV/AIDS due to risky sexually-based behaviours, leading to the perception that the spread of HIV/AIDS was a "gay issue"³. In September 2022, the blood ban will finally be lifted after just over 40 years after an amendment proposed by the Canadian Blood Services was accepted⁴. All blood donors, regardless of gender and sexuality, will be subject to a sexual behaviour-based donor-screening questionnaire prior to donating⁴.

³ Ontario HIV Treatment Network (2017)

⁴ Health Canada (2022)

excluded by their main friend group if they got vaccinated. However, friends and peers also acted as confidantes for hesitant youth and supported the decision-making process.

Attitudes among faith leaders and communities was reported as a major factor in the decision to get vaccinated, especially among Black, African and Caribbean youth. Among youth interviewed, the messaging from faith and religious communities often opposed the benefits and safety of the COVID-19 vaccine and promoted commitment to worship as the alternative. Youth emphasized the influence of faith communities, one stating "it's hard to convince someone to go against their beliefs".

Among Black, African and Caribbean youth and their communities, communal reinforcement through a preference for home remedies and traditional medicines superseded the vaccine in protecting against the COVID-19 virus. Youth described that their families, elders and other members of the community opted to use organic, familiar and traditional ingredients and plants to protect against the virus instead of a new, unfamiliar, and understudied vaccine.

South Asian youth also expressed communal reinforcement as a reason not to get vaccinated. They described that South Asian communities uphold collectivistic tendencies, which centralize the needs and opinions of the community rather than individual beliefs and decisions. As a result, many described placing great importance on the advice of community members who oppose the vaccine, even if evidence supports the benefits of vaccination. South Asian youth re-iterated that the influence of family members living abroad and the information promoted in their country impacted their willingness to get vaccinated, as well as how confident they were in its effectiveness.





Chapter 2:

ENGAGEMENT APPROACHES AND COMMUNICATION CHANNELS

Throughout the COVID-19 pandemic, youth vaccine engagement has taken many shapes and forms. By leveraging new and existing partnerships with community organizations and grassroots groups city-wide, there has been a remarkable increase in vaccine uptake in Neighbourhood Improvement Areas, and areas with dense populations of underserved communities. Enhanced further by \$450,000 in Grant funding to support the revitalized Strategy and the creation of the Youth Collaborative, the City of Toronto had dedicated targeted efforts to support youth and reach equity-seeking communities to improve vaccine uptake. The following section will describe the identified engagement approaches identified as needed by youth interviewed, and present population-specific needs.

2.1 Social Media Engagement

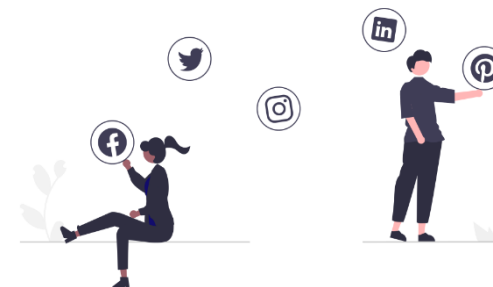
Conducting outreach through social media was the most common engagement approach mentioned throughout all focus groups. Social media platforms, including Instagram, Twitter, Youtube, Tik Tok, Snapchat and Facebook were considered the most popular among young audiences and would provide the best opportunities for engagement of youth about the vaccine as it is user-friendly and easily accessible to youth. Some of the youth interviewed said that they trusted 'verified' social media accounts above traditional news sources, such as CNN, CP24 and CBC, for reliable information about the vaccine.

Youth interviewed suggested leveraging social media engagement to disseminate educational vaccine-related promotional material to raise awareness and dispel myths about the vaccine, as well as addressed the need for interactive, two-way social media interactions, such as Instagram LIVE, involving an authority figure, such as celebrity or medical professional. This type of interaction could be used for Question and Answer session or health promotion activities that get youth engaged, allow for their questions to be answered, and allow them to receive simplified, but factual information on the vaccine from a reliable source. These interactions will promote reflection and exploration of their options among peers, but guided by health professionals.

2.2 Other Virtual or Online Engagement

Although Social media engagement was a primary engagement approach suggested among youth interviewed, other virtual and online engagement platforms were offered as well. The provision of online educational workshops, webinars, and orientations about the vaccine was a common suggestion, as it provided youth an opportunity to gain clarity about the content and effects of the vaccine, the benefits and safety of the vaccine and the scientific basis for its use. Youth concurred that this would be an opportunity to promote health and scientific literacy and engage youth into conversations about the vaccine, vaccination and current health trends among young adults, for example, mental health and addictions, nutrition and physical health.

A need for population-specific 'safe spaces' where informal, non-judgemental information-sharing can occur was a major desire among youth interviewed, especially among 2SLGBTQ+ youth. In the case of 2SLGBTQ+ youth, a 'safe space' was an inclusive,



4 Tips for Social Media Use about the Vaccine

1. Use effective hashtags to reach your target audience
2. Create virtual community groups and pages designated for ongoing information-sharing about the vaccine
3. Develop creative, visually interesting and vibrant mediums, such as infographics, to spread information
4. Leverage local influencers and trusted community members

#foryouthbyyouth #COVID-19

tailored space that could run in a virtual, 2SLGBTQ+-exclusive forum to discuss issues central to their community related to the vaccine with a young, 2SLGBTQ+ health professional. Although primarily virtual, these 'safe spaces' could also be in-person in a 2SLGBTQ+ friendly space, such as a specific community centre, bar or club. The purpose of this form of engagement is to encourage two-way conversations about the vaccine, where marginalized communities can feel heard, included and important.

Youth interviewed also described using virtual communication platforms such as WhatsApp, Facebook Messenger, Slack and Discord as channels for spreading awareness and disseminating information to young adults, as well as leveraging online learning and career preparation platform geared towards youth, such as Springboard, a mentor-led online learning platform that helps with job acquisition for young women.

Most notably, youth described a desire for a participatory-action approach to vaccine engagement, including direct involvement in engagement activities, peer-to-peer workshops and participation in community planning. Expanding opportunities for community input in engagement would fulfill the desire of youth to have a voice in the conversation.

2.3 Family-Based Approach

As family dynamics and disapproval of parents were reported as a main barrier to vaccination, a family-based approach to vaccine engagement was a strategy identified by youth interviewed. Family members and parents are a main influence and source of social support for youth, therefore, they often did not get vaccinated if their parents were opposed to the vaccine. A family-based approach would engage vaccine-hesitant parents, siblings, and extended family members to address concerns about the vaccine and educate parents on the safety and benefits of COVID-19 vaccination. This may also involve mitigating misinformation originating from family living abroad. As the eligibility criteria for COVID-19 vaccination expands to include children from 5-11 years old, a family-based approach will become more critical to increase confidence and improve vaccine uptake.

2.4 On-Campus Outreach

Prioritizing vaccine outreach, engagement, and pop-up clinic establishment in high schools, university and college campuses proved to be a common need among youth interviewed. Not only would this strategy help reach young adults as members of the student body, but it would reduce transportation inequity for students who don't own personal vehicles or have the time or the financial resources to access public transportation. Offering tokens or public transportation passes at clinics would also work to address these challenges.



Youth also described leveraging the relationship between students and their school teachers, university and college professors, student council and other student-led associations. As educators and fellow peers, these individuals would likely be able to reach students more efficiently, through monthly newsletters and club spaces, and initiate discussions about the vaccine as they are trusted by youth. In-person on-campus outreach will also reach youth who do not have access to reliable internet.

Before and after-school programs, varsity sports teams' practices, and extra-curricular activities, such as dance or music lessons, were also offered as opportunities to reach youth outside of school hours and engage them about the vaccine.

2.5 Leveraging Community Leaders and Youth

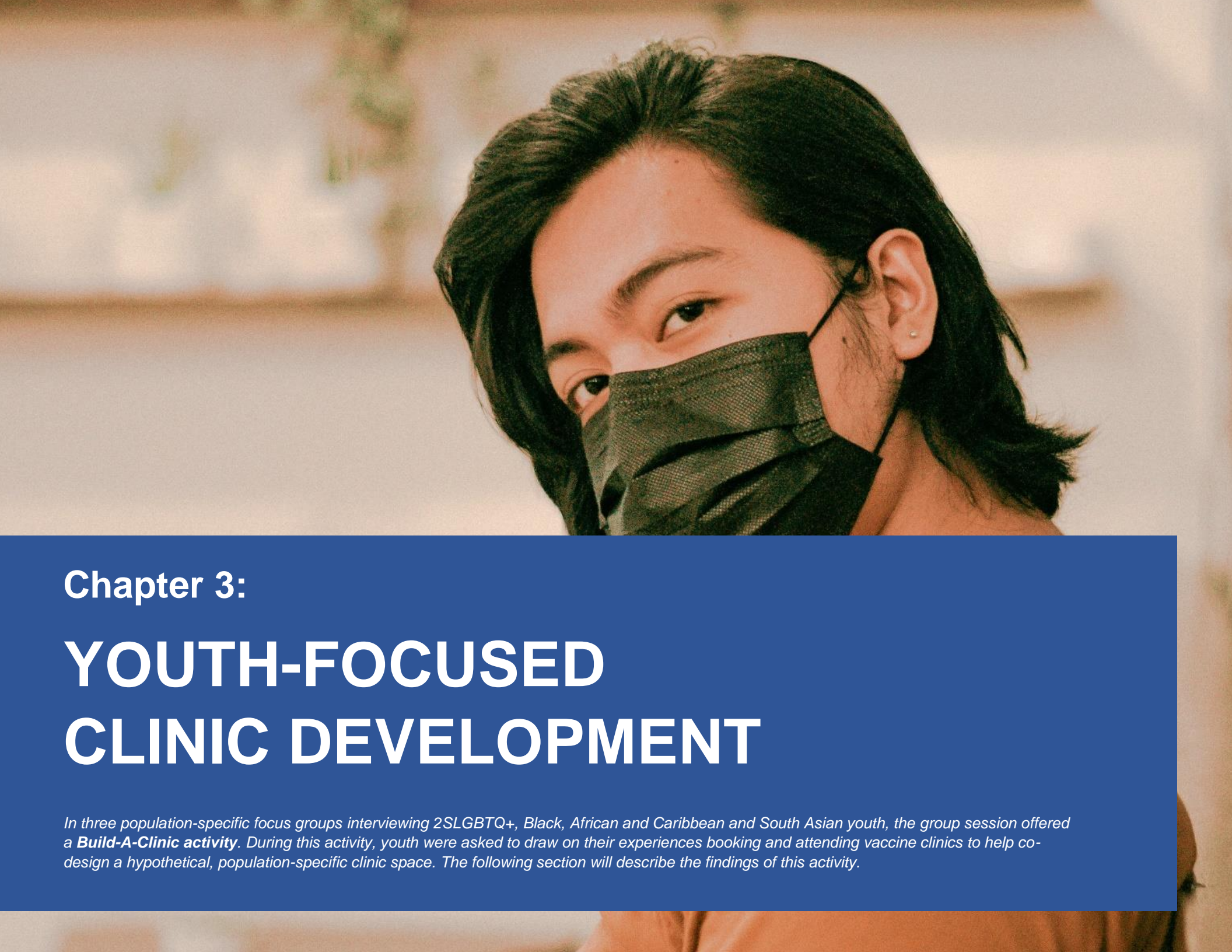
Leveraging community leaders and increasing youth representation in outreach and engagement was a prominent desire among youth interviewed. Community leaders may include teachers, public figures, influencers, doctors, faith leaders, grassroots groups, local vendors, artists and even neighbours. As trusted members of the community, leaders can interact with youth with ease. They may even share similar lived experiences as youth from living in the same neighbourhood or subscribe to the same cultural practices. Community leaders are also influential role models close and confidantes for youth. For this reason, an increase in representation of knowledgeable members of their own community could help build confidence in the vaccine and overall uptake among youth. Seeing more young adults involved in engagement and outreach was also a priority among youth interviewed. The need for more community and youth representation was especially prominent among population-specific focus group members. Among Black, African and Caribbean and South Asian youth, a desire for an increase of Black, African and Caribbean and South Asian representation (specifically youth) in all aspects of vaccine-related engagement including, but not limited to, outreach, education, communications (e.g. posters, flyers, commercials, etc.) and clinic facilitation. It was especially important among youth to recruit community members who were multilingual in languages spoken by Black, African and Caribbean and South Asian youth and culturally-diverse. Youth suggested invite content creators and local Black influencers who youth can relate to share experiences and personal stories with the vaccine. As mistrust in the government was a major hesitancy among Black, African and Caribbean youth, enlisting community members with relationships based in mutual trust and confidence, including



school teachers, professors and student council, especially Black faculty members and student leaders, and faith leaders, were suggested as possible representatives for vaccine engagement.

Youth interviewed also wished to see community representation reflected in clinic staff and volunteers. Increasing the number of Black, African and Caribbean and South Asian representatives in clinics contributed to the idea of a 'safe space' desired by youth and would make them feel more comfortable entering and navigating the clinic space. A need for clinic staff, including public health nurses, doctors, facilitators and administrative staff to be trained in the youth experience, especially the intersectional youth experience, was reported among population-specific focus groups members.

Similar sentiments about the need for youth representation in engagement, outreach and clinic facilitation were conveyed by 2SLGBTQ+ youth. 2SLGBTQ+ youth desired community representatives that they felt like they could trust to provide reliable information and may share their fears or concerns about the vaccine; these included local 2SLGBTQ+ influencers, young health professionals, teachers, and public figures they were familiar with. As the perceived negative attitudes of healthcare workers was a major barrier to vaccination among 2SLGBTQ+ youth, confidential and non-judgemental information-sharing with these community representatives was a major source of relief and psychological safety.



Chapter 3:

YOUTH-FOCUSED CLINIC DEVELOPMENT

*In three population-specific focus groups interviewing 2SLGBTQ+, Black, African and Caribbean and South Asian youth, the group session offered a **Build-A-Clinic activity**. During this activity, youth were asked to draw on their experiences booking and attending vaccine clinics to help co-design a hypothetical, population-specific clinic space. The following section will describe the findings of this activity.*

The **Build-A-Clinic activity** operated through Google Jamboard for an interactive experience and was guided by the following three questions:

1. Who should run a [population] youth-focused clinic?
2. Where should a [population] youth-focused clinic run?
3. What events/programs/services should be offered at a [population] youth-focused clinic?

The following sections will describe the main themes that emerged through this activity, organized by three headings to reflect aspects of the clinic space: who, where, and what.

3.1 WHO

Across all population-specific focus groups, there was overall consensus about **who** youth wanted to facilitate a population-specific clinic space. Across 2SLGBTQ+, Black, African and Caribbean, and South Asian focus groups, a key facet to a youth-focused vaccine clinic was the presence of **youth, community leaders** and clinic staff **trained in best practices in Equity, Diversity and Inclusion (EDI). Multilingual and culturally-diverse** People of Color, including representatives from Black, African and Caribbean and South Asian communities, were also chosen by youth to facilitate a youth-focused clinic space. Among 2SLGBTQ+ youth, it was important to have **2SLGBTQ+ representatives** facilitating the clinic, including 2SLGBTQ+ public figures, facilitators, and young health professionals. Among Black, African and Caribbean youth, it was important to have **mental health professionals** (preferably Black) trained in anti-oppression present in order for access to low-cost mental health care and treatment and ensure that the clinic space was physically and psychologically safe for young Black, African and Caribbean individuals.

3.2 WHERE

Across all population-specific focus groups, youth wanted to see a population-specific clinic **near educational institutions** (e.g. public schools, university and college campuses, tutoring classes and after-schools programs), **public indoor locations** (e.g. restaurants, banks, public libraries) and **near public transportation** (e.g. TTC and Go Transit stations). **Youth-focused indoor locations** were also named, including employment centers, Boys and Girls clubs, after-school extra-curricular activity spaces, such as sports or arts-based programs, homework clubs and job fairs. Black, African and Caribbean and South Asian youth all indicated that establishing clinics in **safe, outdoor urban spaces** (e.g. public parks, spaces designated for physical activity, and outdoor markets, including Sarkar Foods on Danforth among South Asian youth).

Figure 2: Build-A-Clinic Activity Findings

	WHO (i.e. clinic staff)	WHERE (i.e. neighbourhood, location)	WHAT (i.e. events, programs, services)
2SLGBTQ+	<ul style="list-style-type: none"> Individuals trained in best practices in Equity, Diversity and Inclusion (EDI) 2SLGBTQ+ Youth and Young Professionals Multilingual and culturally-diverse Black, Indigenous and 2SLGBTQ+ Youth of Color (BIPOC) Community Leaders 	<ul style="list-style-type: none"> Near educational institutions Public indoor locations Near public transportation (e.g. TTC) Local 2SLGBTQ+ spaces (e.g. 2SLGBTQ+ bars, drag clubs, rec centres) Non-urban area 	<ul style="list-style-type: none"> Entertainment COVID-related resources Inclusive spaces Social services Sex-positive resources
Black, African and Caribbean	<ul style="list-style-type: none"> Individuals trained in best practices in Equity, Diversity and Inclusion (EDI) Multilingual and culturally-diverse Black, Indigenous, and People of Colour (BIPOC) Mental Health Professionals Community Leaders 	<ul style="list-style-type: none"> Near educational institutions Public indoor locations Near public transportation (e.g. TTC) Safe, outdoor urban spaces Music festivals (e.g. Rolling Loud, Afrofest) Neighbourhoods with dense pockets of Black, African and Caribbean communities Homeless shelters and community housing Road-side and home-based drop in clinics 	<ul style="list-style-type: none"> Entertainment COVID-related resources Inclusive spaces Social services Food and refreshments Back-to-school resources
South Asian	<ul style="list-style-type: none"> Individuals trained in best practices in Equity, Diversity and Inclusion (EDI), professional South Asian Youth / Young Professionals Multilingual and culturally-diverse South Asian individuals Community Leaders 	<ul style="list-style-type: none"> Near educational institutions Near public transportation (e.g. TTC) Safe, outdoor urban spaces Places of worship Specific neighbourhoods with dense South Asian communities Newcomer offices where they support recent immigrants Individual, private workplaces 	<ul style="list-style-type: none"> Entertainment COVID-related resources Inclusive spaces Food and refreshments Medical services (e.g. general health check-ups) Back-to-school resources

Among 2SLGBTQ+ youth, a desire for a youth-focused clinic to be established in **non-urban areas** (e.g. suburban residential areas), as well as at **local 2SLGBTQ+ spaces** (e.g. 2SLGBTQ+ bars, drag clubs, recreation centres with 2SLGBTQ+-focused programs) was prominent.

Black, African and Caribbean youth conveyed a need for culturally-specific youth-focused clinic spaces at **music festivals** (e.g. Rolling Loud, Afrofest), in **neighbourhoods with dense pockets of Black, African and Caribbean communities** (e.g. Downs view area, Driftwood Community Centre, Black Creek/Humber Summit, York Recreation Centre, Lawrence Heights), **homeless shelters** and **Toronto Community Housing units**, as well as **road-side and home-based drop-in clinics**.

Among South Asian youth interviewed, culturally-specific and youth-focused clinics at **places of worship**, specific **neighbourhoods with dense pockets of South Asian communities** (e.g. Woburn, Malvern, Crescent Town), **Newcomer offices** where they support recent immigrants (e.g. Toronto Newcomer Office) and **individual, private workplaces** would be beneficial and would increase vaccine uptake in South Asian communities.

3.2 WHAT

All members of population-specific focus groups conveyed a desire for the following events, programs and services offered at a youth-focused clinic: **entertainment** (e.g. video games, board games, fashion shows, DJs, talent shows, music concerts, raffles, BBQ, poetry contests, sticky note walls, dancing, movie nights, pie-in-the-face contests, scavenger hunts, book fairs, art therapy or art-based activities, and raffles), **COVID-related resources** (e.g. masks, rapid tests, educational activities, self-care packages for those who contract COVID-19 - could include medicine, e.g. acetaminophen, takeout or grocery delivery vouchers, step-by-step instructions for recovery), and **inclusive spaces** (e.g. low-stimulation room for neuro-diverse youth and youth living with mental health challenges, prayer room, women's only spaces, supportive environments for people with needle-phobia).

Both 2SLGBTQ+ and Black, African and Caribbean youth wanted to see **social services** that addressed challenges other than physical health (e.g. financial support services, information about nearby food banks and drives, employment and job skills services, mental health help) experienced by youth. Black, African and Caribbean and South Asian requested having **food and refreshments** (e.g. potlucks, hot chocolate, pizza, mac and cheese, hotdogs, cold drinks, specifically South Asian- and Black, African, and Caribbean-specific food and drinks, frozen treats - ice cream, freezies), and **back-to-school resources** (e.g. binders, clothes drive, school materials, book fairs).

2SLGBTQ+ youth described a need to increase the provision of **sex-positive resources** (e.g. condoms, lubricant, pregnancy tests, and sexual health education) in clinics and South Asian youth requested the offering of **medical services** (e.g. general checkups).



Chapter 4:

COMMITTEE RECOMMENDATIONS

*Following review of the findings of the five focus groups, the Toronto Youth Vaccine Advisory Committee has developed **seven key recommendations** to address identified hesitancies, engagement approaches and resources needed among youth in Toronto. The Committee is determined to assist in implementing the following recommendations into meaningful action to support the needs of youth and increase vaccine confidence and uptake.*

4.1 Streamline Information on the Vaccine

Making the distribution of information on the vaccine, its effects and the vaccination process more efficient and effective will help to increase health literacy and vaccine confidence, as well as reduce the spread of misinformation among youth.

To empower youth with knowledge on the vaccine, government administrations and community organizations must **develop an online localized hub for information about the vaccine, its effects, and the vaccination process**. Creating a one-stop shop for youth to access crucial information on the vaccine, including step-by-step guides for personal COVID-19 testing, recovery post-vaccination, and identifying early signs of COVID-19 infection, will better equip youth to feel comfortable with the vaccination process and ease their decision-making. Leveraging social media platforms, such as Twitter, Instagram, and Tik Tok, with message "blast" features for knowledge-sharing purposes will help to streamline vaccine-related information from this hub.

Creating **simple, youth-focused communications about the vaccine** will make youth feel as though they are a priority population, and that their needs are being acknowledged. Youth-focused communications are mindful of diverse youth perspectives, milestones and transitions central to the lives of youth, and can be understood by individuals within a wide range of education levels and language proficiencies. This involves acknowledging the age ranges and cohorts that are captured by the term "youth"; this may look like creating distinct content for youth aged 12-17 and 18-29 years old. Youth-focused communications will also entail providing the most critical details about the vaccine, its contents, and most common side effects, with visual components, such as charts, diagrams and icons. Streamlining information on the vaccine will also include **generating multilingual, culturally-specific content about the vaccine** that key demographics can relate to. Creating this kind of material will counteract the default assumption that all youth can receive and read vaccine-related content in English. By providing material in multiple languages, this will contribute to inclusive and equitable practices and will reduce the spread of misinformation about the vaccine and COVID-19. This will also include creating culturally-specific material, such as posters, flyers, video series, newsletters, and infographics, representing members of communities identified as underserved, especially those captured in this focus group series, namely 2SLGBTQ+, Black, African and Caribbean and South Asian communities.

4.2 Standardize Inclusive Practices

Establishing equitable and inclusive treatment of youth throughout all aspects of vaccine engagement as standard and routine practice will improve clinic attendance and appointment retention, as well as overall clinic experience for youth.

To meet the needs of the diverse youth who may attend a clinic, Toronto Public Health should **train clinic staff and health professionals in best practices in Equity, Diversity and Inclusion (EDI) and Anti-Oppression**, and **educate clinic staff and health professionals in Trauma-informed care**. As shown throughout focus group findings, marginalized groups have

experienced and/or anticipated mistreatment in clinic spaces that deter them from receiving future doses of the COVID-19 vaccine series and returning to clinics. They also identified previous and ongoing examples of institutional violence, discrimination, exclusion and harm based on race, ethnicity, or sexual orientation that contextualize their response to the COVID-19 vaccine, and their attitudes towards vaccines in general. Developing an understanding of EDI, Anti-Oppression and Trauma-informed care principles, and its applications to vaccine engagement, will allow facilitators, volunteers and health professionals to lead with intentionality. It will be important that training is focused on culturally (e.g. Black, African and Caribbean youth) and socially-specific groups to allow for tailored care.

Clinic volunteers should also be **screened**, before being onboarded, **to evaluate personality, interpersonal skills, personal bias, and commitment to best practices**. This measure would ensure that volunteers are devoted to providing fair and equitable treatment to all clinic attendees, regardless of age, gender, race, ethnicity, sexual orientation, ableness or income level and will contribute to a safe, welcoming and engaging clinic environment. Another way to enhance inclusive practices is to **assign staff, volunteers and health professionals to clinics in areas in which they live or are familiar with**; these individuals will have knowledge of the community, local challenges and disputes and will increase community representation in general. Leveraging the trusting nature of the relationship between community members and other residents will help to contribute to an inclusive clinic environment.

To address the lack of support for youth who are living with disabilities or debilitating mental health challenges in clinics, standardizing inclusive practices may include the provision **of a low-stimulation section of clinics for youth with unique needs** and fears that can be minimized by offering a less overwhelming environment in which to get vaccinated.

4.3 Improve Accessibility

Addressing challenges related to accessibility in clinic spaces will reduce barriers to vaccination and increase vaccine uptake, according to youth interviewed. This will include taking action to **increase clinic spaces in places regularly attended by youth** on a daily or weekly basis, such as schools, after-, before-school and summer programming, libraries, gyms, and subway stations, and more. Working to implement this will help advance transportation equity among youth and will make attending clinics more convenient and accessible, reducing the need for youth to take time off work or full-time schooling to get vaccinated. This will also involve running clinics in neighbourhoods with dense pockets of marginalized communities, such as Black, African and Caribbean youth, South Asian youth, and other culturally-diverse groups. As well, running clinics in areas that are frequented by these communities, such as local culturally-specific grocery stores, markets, and recreation centres. Improving accessibility also involves ongoing evaluation of barriers to vaccination and emerging needs of the community. **Holding** virtual or in-person monthly **public forums for the purposes of gathering feedback and information from youth** is

crucial to staying updated on the ever-changing health trends, misconceptions and "myths" about the vaccine, and challenges experienced during the vaccination process. Youth can act in an advisory role and feedback can be taken back and implemented into service provision. Offering youth a chance to voice their opinions and needs among their peers in a 'safe space' on a recurring basis can promote youth leadership and self-governance, as well as ensuring that programs and services are youth-friendly and inclusive.

Creating a support system for uninsured and undocumented youth that is confidential and non-judgemental can enhance social integration for recent immigrants and young newcomers and cultivate trust in the healthcare system and local government. This may include providing pamphlets and information for food security and housing services, and employment and job skills workshops, or providing a safe space away from main vaccination rooms to allow the individual to get vaccinated. **Improving flexibility in clinic services** by offering evening and night hours and mobile and home-based immunizations, as well as **providing AODA-compliant services** will help contribute to improving accessibility.

4.4 Increase Community Representation

Leveraging community leaders and their expertise, knowledge and standing in the community in all aspects of vaccine engagement, including outreach, education, clinic planning and facilitation and vaccine administration, will promote inclusivity, improve the clinic experience and encourage uptake of future doses. Expanding community representation will be achieved by **increasing the recruitment of culturally-diverse, multilingual, 2SLGBTQ+ youth, volunteers, and young professionals with disabilities** in all aspects of engagement. This would include commercials, posters, flyers, video series, in-person and virtual outreach, etc. Increasing visibility for groups who often experience social and institutional exclusion will help to empower youth and increase their confidence in considering the vaccine.

Increasing community representation would also involve **holding population- and culturally-specific clinics spaces and 'safe spaces' for learning and information-sharing purposes**, guided by health professionals and staff that speak the language spoken by targeted demographic groups. To develop population- and culturally-specific clinic spaces, it is suggested to **tailor the location, recruitment of volunteers, and events/programs** held, to the key cultural and social groups, keeping in mind geographically where underserved communities typically settle and the resources and services they are likely to benefit from.

4.5 Address Misinformation

Understanding the origin and the basis for common misconceptions about the vaccine is key to addressing negative or hesitant attitudes towards the COVID-19 vaccine. By **actively monitoring social media for misinformation and "myths" about the vaccine**, it is easier to identify and keep updated on the emerging forms of false information that instil fear, hesitancy, and

concern about immunization among youth. It is suggested to also **avoid fear-based messaging**, either about the effects of contracting COVID-19 or the hospitalization and mortality rates associated with COVID-19; although this information is important and highlights the benefits of vaccination, overwhelming youth with somber information or fear tactics will make them feel rushed in their decision-making process and will likely exacerbate existing concern, confusion or turmoil associated with vaccination.

Encouraging health professionals to have an online presence for knowledge-sharing purposes is another key way to address misinformation in an efficient manner. Leveraging interactive social media live broadcast services, such as Instagram and Facebook LIVE, with Q&A and chat features can allow public health nurses, doctors, and health educators to have a platform to address concerns and answer questions that are pressing to youth. Having a trustworthy, knowledgeable source of information on a platform with a high level of engagement from youth will be crucial to addressing misinformation.

Cultivating an understanding of misinformation originating abroad will be crucial to promoting trust in information disseminated by Health Canada and other Canadian health authorities. Especially among Black, African and Caribbean and South Asian youth, information spread by family living abroad had a strong influence on the perceived trustworthiness of the vaccines approved for use in Canada. To further address the impact of communal reinforcement, it is suggested to also **adopt a family- and community-based approach to outreach and health education**. As primary agents of socialization in the lives of youth, family members, especially parents and guardians, need to be considered and targeted during vaccine engagement. As well, diving deeper into the cultural contexts behind vaccine hesitancy and validating both positive and negatives experiences with vaccines will be fundamental to this approach.

4.6 Cultivate Trust in Government

Restoring the element of trust in the relationship between local, provincial and federal government and Canadian residents is essential to increasing confidence in the vaccine and moving forward post-pandemic. Instilling **transparency and verifiability in messaging about the vaccine** to promote trust will involve educating youth on both the benefits and safety, as well as side effects and rare consequences of the vaccine (e.g. cases of blood clots in women who received the Astra Zeneca vaccine), and **providing peer-reviewed research to support the claims**. When presented with both the advantages and disadvantages of taking the vaccine, youth will feel like they have made their own decision, instead of feeling rushed or forced to come to a certain conclusion.

Although cultivating trust in the government is a step forward, it is suggested to take a similar approach with government-approved vaccines; this will involve **giving descriptions of major vaccine manufacturers and other stakeholders and describe their investment in its distribution**. Being transparent about how the vaccine's manufacturers will benefit from its

widespread administration will reduce likelihood of conspiracy theories and rumors about the true intentions of vaccine manufacturers and what they hope to gain from mass vaccination. **Informing youth about their right to body autonomy, civil liberties and consent in relation to the vaccine** will give youth more self-governance and more confidence in their decision making about the vaccine. Equipping youth with all the information and resources to make their own decisions about the vaccine will bode well for the relationship between government and youth. Working towards **improving health and scientific literacy among youth** will also support the decision-making process, as it will reduce the influence of misinformation and increase the spread of accurate knowledge about the vaccine. Creating youth-focused infographics and factsheets to support the understanding of health information about the vaccine would also fulfill the need for more visually-engaging, vaccine-related material.

4.7 Place Health, Wellness and Recovery at the Forefront

As the world shifts towards the future post-COVID, a pivot in narrative is required to address the health and wellness needs of youth that were de-centralized during the pandemic. To achieve this, **communications and messaging about the vaccine must be modified to emphasize its relation to aspects of pandemic recovery**, including re-integration into the workforce, financial recuperation, the improvement of food and housing insecurity and mental health challenges experienced by youth, especially those identifying as members of underserved groups. This new narrative can highlight the need for vaccine uptake for life to move forward, framing vaccination as the runway on which a return to normalcy can be achieved. In tandem with a change in narrative, the **offering of holistic resources, events and services during clinic hours** can help to advance pandemic recovery. This may look like addressing the impact of the pandemic on alternative dimensions of health, including mental, spiritual, and cultural health. Resources, events, and services at clinics that allow for the re-dedication to these dimensions of health can encourage clinic attendance and vaccine uptake among youth, but also improve the quality of the clinic experience. **Vaccination programs can also be combined with a broad spectrum of health services** for conditions that have been out of active consideration during the pandemic, including cancer screenings, blood pressure checks and other general health check-ups requested by youth.

Finally, in order to truly make a difference in the lives of youth post-pandemic, it is recommended to **create and commit to a plan to address the key challenges among youth due to the pandemic**. This plan should be youth-led and should be dedicated to performing ongoing evaluation of emerging challenges and raising awareness of the needs of youth post-pandemic.

References

1. History.com. (2019, October 28). *Eugenics*. <https://www.history.com/topics/germany/eugenics>
2. McVean, A. (2019, January 25). *40 years of human experimentation in America: The Tuskegee study*. McGill University. <https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study>
3. Gogolishvili, D. (2017, November). *Blood donor referral policies for men who have sex with men across high-income countries*. Ontario HIV Treatment Network. https://www.ohtn.on.ca/wp-content/uploads/2017/11/RR123_Blood_donation.pdf
4. Health Canada (2022, April 28). *Health Canada authorizes Canadian blood services' submission to eliminate donor referral period for men who have sex with men*. <https://www.canada.ca/en/health-canada/news/2022/04/health-canada-authorizes-canadian-blood-services-submission-to-eliminate-donor-deferral-period-for-men-who-have-sex-with-men.html>

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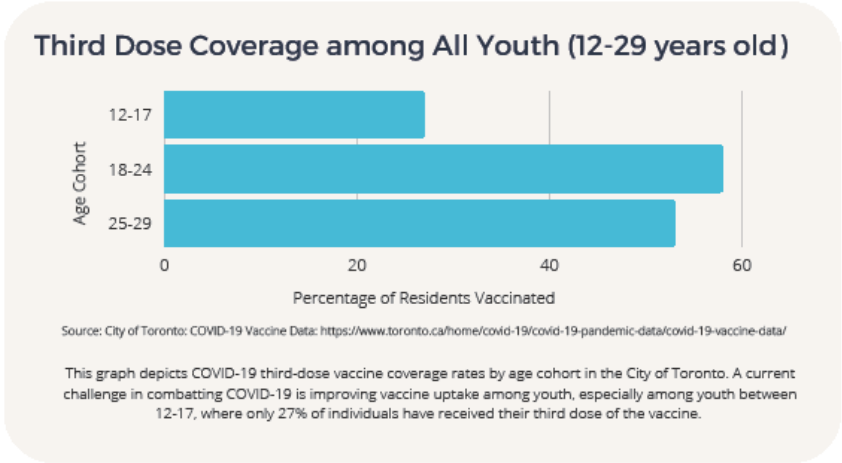
Appendices

Appendix A: Infographic for Youth Focus Group


Barriers to COVID-19 Vaccination and Strategies to Increase Confidence among Youth (12-29 years old) in Toronto




Findings from a Focus Group run by the Toronto Youth Vaccine Advisory Committee




Barriers Associated with Vaccine Hesitancy




Mistrust of Government




Misinformation



Accessibility Issues at Clinics



Health Concerns



Lack of Youth-Focused Information


Strategies to Build Vaccine Confidence and Increase Uptake

Increase Health and Scientific Literacy among Youth

Integrate Community Storytelling and Narrative into Outreach

Create 'Safe Spaces' for Youth to talk about the Vaccine with Health Professionals

Involve Parents and Guardians into the Conversation



Enhance Social Media Engagement to allow for more two-way conversation about the Vaccine

Educate Youth on their Right to Body Autonomy


Increase Youth Representation in Outreach and Healthcare Settings

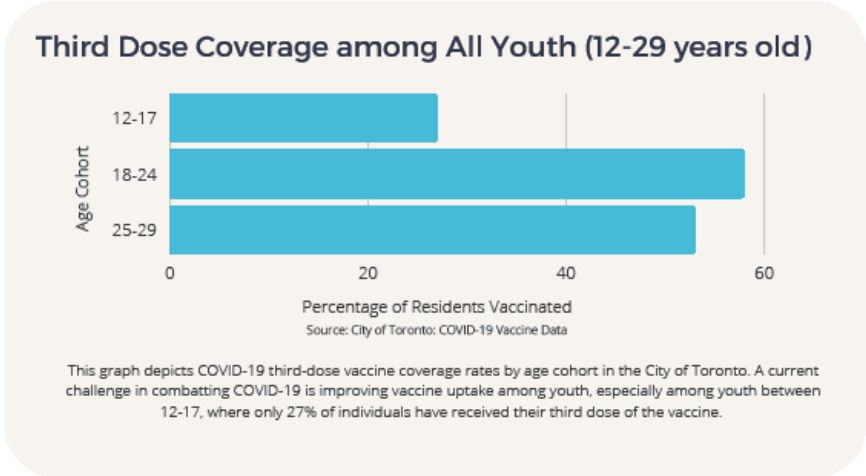
Increase Transparent, Clear, and Consistent Information about the Vaccine




Barriers to COVID-19 Vaccination and Strategies to Increase Confidence among Queer Youth (12-29 years old) in Toronto

Findings from a Focus Group run by the Toronto Youth Vaccine Advisory Committee







Barriers Associated with Vaccine Hesitancy




Mistrust of Government



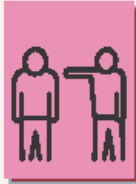
Misinformation



Past Experiences of Discrimination



Health Concerns



Anticipated Mistreatment


Strategies to Build Vaccine Confidence and Increase Uptake

Increase Health and Scientific Literacy among Youth.

Increase Queer Youth Representation in Engagement and Clinics

Offer Sex-Positive Resources and Activities in Clinic Spaces

Standardize Inclusive Practices



Creating 'Safe Spaces' for Queer Youth to talk about the Vaccine with Health Professionals

Train Clinic Staff in Trauma-Informed Care and Anti-Oppression

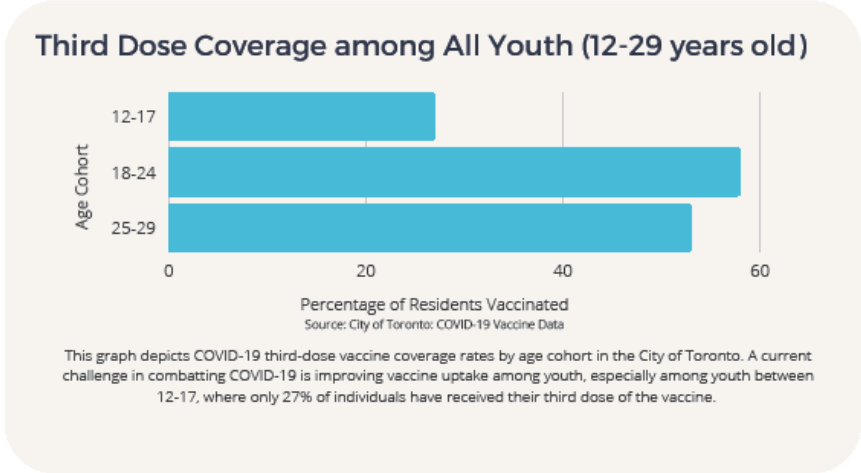
Launch Clinics in Local Queer Spaces

Increase Multilingual and Culturally-diverse Educational material


Barriers to COVID-19 Vaccination and Strategies to Increase Confidence among Black, African and Caribbean Youth (12-29 years old) in Toronto




Findings from a Focus Group run by the Toronto Youth Vaccine Advisory Committee




Barriers Associated with Vaccine Hesitancy




Mistrust of Government




Misinformation



Historical Examples of Medical Racism



Preference for Traditional Medicines



Language Barriers


Strategies to Build Vaccine Confidence and Increase Uptake

Provide opportunities for Non-Judgemental Information-sharing at clinics

Train clinic staff in Trauma-Informed care and Anti-oppression

Increase Black, African, and Caribbean and youth Representation

Involve Parents and Guardians into the Conversation



Enhance Engagement to allow for more two-way conversation about the Vaccine

Addressing, Mistrust, Trauma, and Negative Experiences with Vaccines

Increase Multilingual and Culturally-diverse Educational material

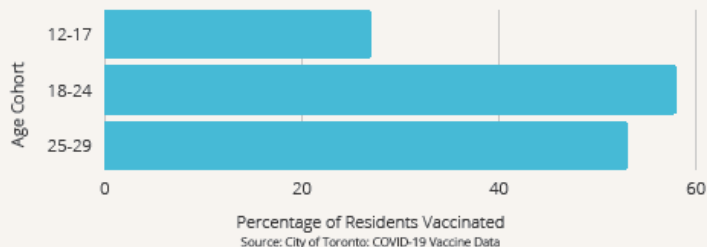
Increase Youth-Friendly Information about the Vaccine

Barriers to COVID-19 Vaccination and Strategies to Increase Confidence among South Asian Youth (12-29 years old) in Toronto



Findings from a Focus Group run by the Toronto Youth Vaccine Advisory Committee

Third Dose Coverage among All Youth (12-29 years old)



This graph depicts COVID-19 third-dose vaccine coverage rates by age cohort in the City of Toronto. A current challenge in combatting COVID-19 is improving vaccine uptake among youth, especially among youth between 12-17, where only 27% of individuals have received their third dose of the vaccine.

Barriers Associated with Vaccine Hesitancy



Communal Reinforcement



Misinformation



Accessibility Issues at Clinics



Health Concerns



Language Barriers

Strategies to Build Vaccine Confidence and Increase Uptake

**Provide opportunities for
Non-Judgemental
Information-sharing at
clinics**

Train clinic staff in Trauma-Informed care and Anti-oppression

Increase South Asian and youth Representation in Engagement and Clinics

**Address discrepancies
between information from
Canada and countries
abroad**



Create opportunities for family- and community-based engagement

Enhance Engagement to allow for more two-way conversation about the Vaccine

Increase Multilingual and Culturally-diverse Educational material

Increase Youth-Friendly Information about the Vaccine