TORONTO'S BLACK COMMUNITY TOWN HALLS UNPACKED

THE BLACK SCIENTISTS' TASKFORCE ON VACCINE EQUITY | 2021

PREFACE

The Black Scientists' Task Force on Vaccine Equity was created to build community awareness of the disparities in COVID-19 positivity, hospitalization, and mortality rates, as well as the need for comprehensive prevention efforts, including knowledge of the various vaccines. Its ultimate aim has been to promote the health and well-being of Black Canadians in Toronto through the pandemic, and to harness trusted community partners, health and medical professionals and academics to deliver fundamentals of vaccine development and immunization essentials.

Town Hall discussions became the primary mechanism for information exchange and collective learning about community risks and strengths during the pandemic. This invaluable work of the Black Scientists' Task Force on Vaccine Equity would not have been possible without the collaboration and generous support of TAIBU Community Health Centre and the City of Toronto. Their exemplary support deserves public recognition. Each Town Hall also involved a different community partnership as well as support from diverse institutions. The Task Force extends a note of gratitude to the many community organizations that supported our work. We offer a special note of thanks to the following partners:

- Black Creek Community Health Centre (CHC)
- Black North Initiative (BNI)
- Black Opportunities Fund
- Black Physicians Association of Ontario
- Canadian Black Clergy and Allies (CBCA)
- The Black Health Alliance
- The Canadian Multicultural Inventors Museum
- The Harriet Tubman Institute

- The Jamaican Canadian Association (JCA)
- The Walnut Foundation
- The Wellesley Institute and
- Women's Health in Women's Hands

The Task Force has achieved concrete outcomes from its trust building efforts. On at least three occasions, vaccine uptake increased significantly among health care staff following Town Halls. Participants valued the respectful dialogue with scientists that look and talk like them. This point was reiterated by attendees at every single Town Hall. One person described the Town Halls as "culturally and racially safe spaces". Vaccine hesitancy was reduced by at least 25% among approximately 6785 participants in its 20 Town Halls. Many attendees accepted the responsibility to be vaccine ambassadors to their families and networks, and partners describe conversations in barbershops and hair salons that indicate a cascading effect across networks and communities.

The individual members of the Black Scientists' Task Force on Vaccines are listed below. They made extensive effort to provide the most up-to-date evidence-based advice on the various facets of the COVID-19 pandemic as well as vaccines; especially addressing myths and misinformation. They responded to questions by Torontonians with empathy and respect; always striving to build self-efficacy. Task Force members sharing of their own personal stories created a unique narrative of culturally and scientifically grounded wisdom that would serve to boost vaccine confidence.

The Task Force is indebted to Dr. Akwatu Khenti for his expertise and invaluable leadership in drafting the report. We acknowledge the contributions of many community leaders for sharing their lived experiences and deep insights with the Task Force. The Task Force also recognizes the tremendous efforts of Ika Washington behind every town hall success and Joseph Bertrand for the methodical follow up surveys. This initiative has been supported by many SDFA and Toronto

Public Health staff members, and we are grateful for their ongoing support of task force efforts. Many thanks to Social Development, Finance and Administration (SDFA) Director Aina-Nia Ayo'dele Grant and Executive Director Denise Campbell for their unstinting guidance and support at every turn. We trust that our efforts will contribute to the ultimate elimination of the racialized health inequities that are the subject of this report.

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Contents

EXECUTIVE SUMMARY 8

INTRODUCTION 17

OUTCOME OF SPECIFIC ACTIVITIES 22

THE CONTEXT 22

OUTCOMES OF SPECIFIC ACTIVITIES: 1 24

QUOTES FROM TASK FORCE MEMBERS 24
TASK FORCE NOTES 24
TOWN HALL THEMES 26
PRELIMINARY FOLLOW UP SURVEY RESULTS 27
TRUSTED SOURCES OF INFORMATION 28
INFORMATION NEEDS 29
RECOMMENDATIONS 30

OUTCOMES OF SPECIFIC ACTIVITIES: 2 31

QUOTES FROM TASK FORCE MEMBERS 31
TASK FORCE NOTES 31
TOWN HALL THEMES 32
PRELIMINARY FOLLOW UP SURVEY RESULTS 33
CONCLUSIVE IMPLICATIONS 34
RECOMMENDATIONS 35

OUTCOMES OF SPECIFIC ACTIVITIES: 3 36

QUOTES FROM TASK FORCE MEMBERS 36
TASK FORCE NOTES 36
TOWN HALL THEMES 38
PRELIMINARY FOLLOW UP SURVEY RESULTS 39
RECOMMENDATIONS 42

OUTCOMES OF SPECIFIC ACTIVITIES: 4 44

QUOTES FROM TASK FORCE MEMBERS 49
TASK FORCE NOTES 44
TOWN HALL THEMES 45
PRELIMINARY FOLLOW UP SURVEY RESULTS 47
RECOMMENDATIONS 47

OUTCOMES OF SPECIFIC ACTIVITIES: 5 49

TASK FORCE NOTES 49
TOWN HALL THEMES 51
RECOMMENDATIONS 53

OUTCOMES OF SPECIFIC ACTIVITIES: 6 55

QUOTES FROM TASK FORCE MEMBERS 55
TASK FORCE NOTES 55
TOWN HALL THEMES 56
RECOMMENDATIONS 58

CONCLUSION 60

ADDITIONAL REFERENCES 61

APPENDIX A: TERMS OF REFERENCE 63

EXECUTIVE SUMMARY

In the Fall of 2020, the City of Toronto convened a community-based Task Force on COVID-19 and vaccine equity issues of concern to Black communities. The effort was intended to support the targeted Equity Action Plan with respect to disconcerting rates of both positivity and vaccine hesitancy. The Black Scientists' Task Force on Vaccine Equity was charged by SDFA Director Aina-Nia Ayo'dele Grant, with the following critical and immediate tasks:

- To promote knowledge about COVID-19 infection risks and the measures that reduce racialized risks
- To enhance testing and safety practices across Black communities, in order to reduce positivity and hospitalization rates, and save lives
- To review and address Black community concerns with COVID-19 vaccines and key reasons for vaccine hesitancy, providing science-based evidence in a culturally-tailored context to address key community concerns, risks, and vulnerabilities
- To develop and disseminate policy recommendations that effectively close race equity gaps in current vaccine planning, and strengthen Toronto vaccine uptake with Black and racialized communities

The Task Force adopted Town Hall discussions as an effective and immediate mode of public health education and engagement given the fragile ever-changing COVID-19 situation. Task Force members wanted to create an open forum where a diversity of opinions and concerns could be heard and acknowledged. In light of public health restrictions, the virtual Town Hall met public health guidelines, modelling safe human connections with physical distancing and high engagement. The Town Halls were designed to maximize interaction with consistent structure, including Indigenous Land Acknowledgements, and African Libations, followed by succinct contextual grounding. This type of dialogue and exchange provided an opportunity for distinct

Black opinions shaping community views on vaccines (outside of the mainstream) to be engaged. The Task Force also adopted a respectful listening and non-argumentative approach as the best means of communicating science-based information in a culturally-sensitive and trust-enhancing manner.

On February 6, 2021, the Task Force began hosting weekly Town Hall sessions, which focused on a myriad of topics concerning COVID-19 and vaccines. The first section of each session usually involved providing responses to questions or concerns posed at registration. Later, discussions revolved around questions and concerns posed in the virtual chat box. The goal was to engage in healthy discussions that focused on exchanges of perspectives and evidence for each position. Each Town Hall was moderated by a community leader with whom the target audience could identify; usually an executive director of a local provider involved in some aspect of Black health services. The Town Hall sessions included media events with G98.7FM, a Black community radio station, and a live television broadcast on CP24.

The sessions were open to the public and an average of 339 people were in attendance in each session. Since February, the task force has hosted over 20 sessions with a total attendance of 6785 people. The outreach within the Toronto community has spanned tens of thousands of people through media coverage and engagement with Black community groups. There has also been attendance of people from outside the city and the province, which reflects a need for other communities to address these concerns.

During the events, attendees shared opinions, asked questions, and made suggestions to advance racial and vaccine equity. Each session had at least 30 questions posed to the panel on various topics, including:

THEMES	QUESTIONS
Background	What is mRNA technology? How do COVID-19 vaccines work? How do vaccines provide me with immunity? Where can I find reliable information?
Planning and Development	What is the clinical trial process? How are vaccines approved? Was there Black representation in vaccine clinical trials? What will vaccine roll-out look like? What are in the vaccines? Why were the vaccines made so quickly?
Vaccine Types	What are the different types of COVID-19 vaccines? How do they differ?
Efficacy, Effectiveness, and Safety	What are the side effects? What adverse events have occurred or can occur? What are the risks and benefits of COVID-19 vaccines? How effective are COVID-19 vaccines? Are COVID-19 vaccines safe for pregnant women and women who are breastfeeding? Will I experience any changes or issues with fertility, puberty issues, or menstrual cycles? Should children take the vaccine? Can individuals with food allergies take the vaccine? Can I take the vaccine if I have a chronic condition? Will the vaccine interact with any medications I'm taking?

Society and Culture	What is the history of pharmaceutical companies? Where can I find race-based data? What are some strategies for remaining resilient and maintaining good mental health? What are some lifestyle and dietary changes I can make to help build immunity? Will lifestyle changes be more beneficial than taking the vaccine? Why trust the vaccine without addressing systematic racism and anti-Black racism in medicine? Why can't I get sick days? Will vaccinations be mandatory? Will I require a vaccine passport? What is vaccine hesitancy?

Over the course of the Town Hall sessions, data was collected through pre- and post-surveys at eight of the sessions organized directly by the Task Force. Between 40 to 50 % of participants self-identified as 'vaccine hesitant'. About 40% said they were planning to take the vaccine, and 10-15% indicated that they would not take the vaccine. Following the session, those identified as 'vaccine hesitant' decreased by between 20-30 %. On one occasion, in a session with 500 childcare workers in Toronto Children Services, the Task Force was able to follow up with participants through a survey. Expressed willingness to take the vaccine went up from 52% to 70% among all participants who attended that session, regardless of racial background.

The messages shared in these recorded and archived Town Halls can be amplified broadly in the community by attendees who have become more positive about taking COVID-19 vaccines. Indeed, community partners have indicated that shared recordings are already having a cascading effect. The Town Hall sessions have also allowed the Task Force to better understand, and respond to, the COVID-19 concerns of Black Torontonians related to both race and health

equity. Black communities in Toronto also urged the Task Force to articulate a position on many issues from basic income to vaccine passports. This report addresses seven key concerns on what are immediate and evidence-based responses during the pandemic.

BLACK COMMUNITY CONCERNS	TASK FORCE RECOMMENDATIONS
1. Immunization coverage does not match racialized rates of positivity, hospitalization, and death	Members of Canada's Black communities are more likely to be hospitalized with severe COVID-19 symptoms and to succumb to the disease than their fellow Canadians; a stark reality that became apparent in Toronto by late 2020 (Statistics Canada, 2021). These racialized risks are pertinent across income and education levels as Black persons at all socio-economic levels have higher rates of chronic conditions (such as high blood pressure and asthma) than their White counterparts. These conditions make individuals vulnerable to severe COVID-19 illnesses. Other social determinants that influence increased rates of infection and severe impacts: Toronto's Black communities are more likely to work essential jobs; use public transport; have poorer housing; live in poverty; and have less access to health, and social and public health pandemic protections. Weathering is a concept that helps explain the biological pathway from experiences of systemic racism to diminished health. The everyday impacts of systemic racism on individuals wears down their resilience, increases their risk of illness, and undermines their chances of recovery. To date, these high mortality risks have not been effectively matched with necessary protections, such as immunization coverage, to control virus spread. Communities are determined to reduce

	their COVID-19 disparities and there is a consensus that all necessary vaccine support must be provided immediately to avert catastrophe. The Task Force calls upon the provincial government and local public health units to commit to equitable vaccination of Black communities because there are high-risk sub-populations where they live. This can be done through ring-fencing of vaccine doses and collaboration with agencies serving Black populations to ensure immunization of Black people through these channels and channels directed at hot-spot communities.
2. Inadequate sick days and income support	The Town Halls have confirmed that Black health care workers (including nurses, nursing aids, personal support workers, etc.) and other essential workers (such as grocery clerks, bus and taxi drivers, Uber™ drivers, etc.) constitute a larger proportion of workers at risk of contracting COVID-19 and are being hospitalized for severe illness. An underlying fundamental problem faced by such workers is the lack of paid sick days in the event they contract the disease, and incomes below the poverty line. Many single mothers and sole breadwinners of families cannot afford to miss days of work given the precarity of their circumstances. The Task Force calls upon the provincial government to immediately institute 10 paid sick days; at a minimum this will meet the needs of workers who have to quarantine or isolate due to COVID-19 exposure or illness. Paid leave should be a foundation for well-being at work and easily available and/or attainable. Legislation should ensure that there are no penalties in employment for using paid-leave. The Task Forces also calls upon the federal government to evolve the

	Canadian Emergency Response Benefit (CERB) into a minimum basic income. The Task Force recommends that the City of Toronto sustain the wrap around supports built into its equity initiative, TO Supports, for at least 2 post-pandemic years.
4. Deliberate misinformation circulated on social media	The deliberate lies and distortions regarding COVID-19 vaccines are inducing hesitancy and prolonging the pandemic. There are health consequences being experienced in real time. All governments must build community capacity to understand and critically address vaccine misinformation as a public health priority. There must be consistent analysis and labeling of false and misleading information as such, and ongoing support for community efforts to challenge false claims with scientific facts.
5. Availability of race-based data	Without race-based data, the enormity of the current COVID-19 disparities would not be fully appreciated by decision makers, nor be a focus of public attention. To date, health providers are still hindered in their immunization efforts by the inconsistent collection of race-based data. Community members have indicated that it is imperative that race-based data be collected and utilized for race and health equity purposes within real time. The Task Force also accepted the position, expressed by some, that race-based data should be collected with a plan for its analysis and use. In addition, community engagement, transparent governance and privacy protections should be in place, as well as strategies to ensure that communities have proper access to their data. 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 and disparity

	reduction planning. The Federal government is urged to collect race-based data through its census and to replace the term 'visible minority' with contemporary racializing designations. It also calls upon the City of Toronto to partner with Black communities in analyzing such data and developing collaborative responses within reasonable time frames.
6. Surging mental health concerns	The Task Force calls upon the City to safeguard, sustain and expand mental wellness checks and case management services through trusted community partners. The task force also calls on the City of Toronto to develop a mental health strategy for its Black communities. The Task Force calls upon the provincial government to institute Black mental health programs across the provinces' major cities. The Task Force recommends a provincial roll-out of public health education with culturally responsive resources to educate Black Canadians about intersecting mental health and racial stigma. The provincial and federal governments should provide funding for culturally -responsive safe service delivery, especially trauma- and violence-informed approaches, tailored to address the high unmet needs of Ontario's Black communities.
7. Shortage of vaccines across source countries for families of many Black Torontonians compounding local stress and grief	The current global access to COVID-19 vaccines support the premise that Black lives do not matter globally. High-income countries have secured an over-supply of available vaccines whilst many countries have no access to COVID-19 immunization. Low-risk persons in high income countries are thus afforded more life-saving prevention than high risk persons in low-income countries. The existing flexibilities in the Trade-

	Related Aspects of Intellectual Property Rights (TRIPS) Agreement are also inadequate to the immediate global pandemic, a true public health emergency, which requires goods subject to exclusive patent and other Intellectual Property (IP) claims and restrictions to become accessible and affordable for such countries. With that, improving the confidence of Black populations requires an authentic and aligned global and local approach to Black populations. Improving global responses to the needs of Black populations improves local confidence in government by Black populations. This worldwide pandemic will not be resolved until global vaccine needs are adequately met and the virus is effectively contained. The Task Force calls upon the federal government to immediately commit to sharing at least 15% of vaccine supplies with Caribbean and sub-Saharan African countries through the COVID-19 Vaccine Global Access/World Health Organization (COVAX/WHO) and to bolster support for the Global Alliance for Vaccination and Immunization (GAVI).[1] We urge the government to support the proposal at the World Trade Organization (WTO) to temporarily waive certain TRIPS Agreement restrictions that are real barriers to scaling up the manufacture and supply of life-saving COVID-19 medical tools.

[1] Harris, A. (11 June 2021). Welcome statements on COVID-19. [Statement]. Wellcome Trust. Accessed 8 June 2021. https://wellcome.org/press-release/wellcome-statements-novel-coronavirus-covid-19

INTRODUCTION

Black health vulnerabilities and substantial health burdens faced by the Black community due to systemic racism became starkly obvious during the first year of the COVID-19 Pandemic. Canada's and Toronto's COVID-19 casualties were disproportionately Black or racialized.[2,3] In fact, COVID-19 rates in racialized communities were discovered to be 246% higher than those of their non-Black counterparts.[4] Limited race-based data on COVID-19 hospitalization and mortality rates in Toronto revealed that Black patients accounted for about 15% of COVID-19 hospitalizations (age-standardized),[5] despite the Black population in Toronto being less than 9% of the total population.[6] The overrepresentation of Black/racialized communities was directly related to specific social determinants of health (SDH), especially income, employment, and housing, as well as systemic anti-Black racism.

These disparities occurred during a moment when Black public trust reached its lowest ebb due to the police killing of George Floyd in the USA and the untimely death of Regis Pachinski-Paquet as she tried to get away from police during a mental health episode in Toronto. During the pandemic, anti-Black racism has been obvious and disturbing. Less obvious is the weathering impact that systemic racism has had on Black bodies. It is a process that enhances risks of Black individuals acquiring certain underlying health conditions, namely asthma, diabetes, high blood pressure, and heart disease[7] across different socio-economic categories. These disorders, often termed 'lifestyle diseases', are strongly associated with SDH and racial discrimination. These

[2]Public Health Agency of Canada. (2021, February 21). *CPHO Sunday Edition: The Impact of COVID-19 on Racialized Communities.* [Statement]. Ottawa, Ontario. Government of Canada.
[3] More racially diverse areas reported much higher numbers of COVID-19 deaths: StatsCan. Accessed June 2, 2021. https://www.cbc.ca/news/politics/racial-minorities-covid-19-hard-hit-1.5943878
[4] City of Toronto Public Health. (2020, November 30). *Equity-Related COVID-19 Data*. [Presentation]. Toronto Public Health.
[5] City of Toronto. (2021). *COVID-19: Pandemic Data*. [Web]. Accessed on 8 June 2021.
[6] City of Toronto. (2019). *Population Demographics.* [Web]. Accessed on 2021 June 8. https://www.toronto.ca/wp-content/uploads/2019/11/99b4-TOHealthCheck_2019Chapter1.pdf
[7] Kenneth E. Thorpe *et al.,* "The United States Can Reduce Socioeconomic Disparities By Focusing On Chronic Diseases," *Health Affairs* Blog, August 17,

select conditions make Black persons extremely vulnerable to more severe illness and/or death from the COVID-19 disease.[8] Additionally, overrepresentation in the essential workforce by Black employees, especially in front-line health care and its support sector, increased exposure, and therefore risk, of contraction.[9]

SDH such as physical living arrangements, income, social status, employment, and working conditions are playing a decisive role in the spread of this virulent virus and its emergent variants. The lack of sufficient attention to health equity issues, especially adequate sick day coverage and early risk-targeted vaccinations, has hampered the pandemic's containment of the pandemic and provided sustenance to a deadly third wave of the pandemic. Strikingly, there is near unanimous support by the full spectrum of COVID-19 tables and health care institutions, from Ontario's Science Advisory Table to the National Advisory Committee on Immunization (NACI), that those who work in jobs that place them at higher risk should be a priority to receive the vaccine and should also be beneficiaries of adequate provincial sick day coverage.[10] Limited attention to SDH now poses an ever-increasing challenge to efforts to arrest the spread of the disease.

The implication for vaccine hesitancy soon became apparent when a national study revealed that the lowest level of COVID-19 vaccine confidence and acceptance was among Canada's Black communities.[11] According to the WHO, vaccine hesitancy "is the delay in acceptance, or refusal

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[8] Subedi, R., Greenberg, L. & Turcotte, M. (2020) COVID-19 mortality rates in Canada's ethno-cultural neighbourhoods. Available at: http://publications.gc.ca/collections/collection_2020/statcan/45-28/CS45-28-1-2020-79-eng.pdf

[9] Turcotte, M. & Savage, K. (22 June 2020). *The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations.* [Statement]. Accessed 2 June 2021. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00036-eng.htm.

[10] National Advisory Committee on Immunization. (2021). *Recommendations on the use of COVID-19 vaccines.* [Report]. Accessed on 2 June 2021. https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html

[11] Public Health Agency of Canada. (2020). *Addressing vaccine hesitancy in the context of COVID-19: A primer for health care providers.* [Report]. Accessed 2 June 2021. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/vaccines/vaccine-hesitancy-primer.html

of vaccines, despite the availability of vaccination services".[12] Vaccine hesitancy rates are notably higher among Black Canadians.[13] In September 2020, Statistics Canada conducted a survey that found 77% of Black respondents said they were "not very likely to take the vaccine".[14] This rate was nearly 20 points higher than similar responses from White, Chinese, and South Asian participants.[15] Vaccine hesitancy was also associated with lower incomes and level of education.[16] Persons without post-secondary education reported higher rates of vaccine hesitancy with about 64% of the survey candidates reporting they would not take the vaccine.[17]

As a result of the foregoing set of circumstances, the Black Scientists' Task force on Vaccine Equity was constituted in November 2020, as a community-based entity, to address core questions and concerns from a place of trust and respect. Its members were selected based on specialized vaccine expertise to communicate relevant vaccine science, provide up-to-date information about the vaccines, address the myths and misinformation and allay fears and concerns. They developed the following approach:

- Task Force members would engage with various Black community organizations and leadership across Toronto to assess community understanding of the COVID-19 situation

[12] Butler, R. (Undated). *Vaccine Hesitancy: What it means and what we need to know in order to tackle it.* [Presentation]. Johannesburg. Accessed on 8 June 2021. https://www.who.int/immunization/research/forums_and_initiatives/1_RButler_VH_Threat_Child_Health_gvirf16.pdf

[13] Rodriguez, J. (1 April 2021). *Vaccine hesitancy: StatCan says Black, Latinx Canadians least willing to take COVID-19 shot*. [Article]. CTV News. Access on 8 June 2021. https://www.ctvnews.ca/health/coronavirus/vaccine-hesitancy-statcan-says-black-latinx-canadians-least-willing-to-take-covid-19-shot-1.5371783

[14] Statistics Canada. (11 March 2021). *COVID-19 in Canada: A One-year Update on Social and Economic Impacts*. The Government of Canada. Accessed on 8 June 2021. https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm

[15] Statistics Canada. (11 March 2021). *COVID-19 in Canada: A One-year Update on Social and Economic Impacts*. The Government of Canada. Accessed on 8 June 2021. https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm

[16] Soares, P., Rocha, J. V., Moniz, M., Gama, A., Laires, P. A., Pedro, A. R., Dias, S., Leite, A., & Nunes, C. (2021). Factors Associated with COVID-19 Vaccine Hesitancy. *Vaccines*, *9*(3), 300.

[17] Frank. K & Arim, R. (25 August 2020). *Canadians' willingness to get a COVID-19 vaccine: Group differences and reasons for vaccine hesitancy*. [Report]. Public Health Agency of Canada. Accessed on 2 June 2021. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00073-eng.htm

and the public health efforts needed to address racialized COVID-19 inequities effectively. These activities began immediately from the Task Force's inception.

- The Task Force would apply a 'learn by doing' approach to promote knowledge about COVID-19 infection risks and the measures that reduce racialized risks (including the vaccines) and would prioritize working through trusted community organizations
- The Task Force would adapt scientific language for alternative cultural contexts and effective public education, making full use of social media and regular media (TV and Radio) for knowledge dissemination and capacity building
- An action research approach, involving pre- and post-evaluations, would be applied to Town Hall deliberations to assess over-arching themes, alternative perspectives, impact, and effectiveness

Terms for the Task Force's work were struck according to the following grassroots principles (see Appendix A for the terms of reference):

- **Black self-determination and collective responsibility** – health care conversations and dialogues should strengthen the capacities and efficacy of Black individuals, families, and communities to better understand, shape, and determine health care decision making. Decisions that impact public health and well-being must always be informed by race equity and actively involve impacted Black communities in the planning, implementing, and evaluating of initiatives. Community engagement is the best practice in public health at the best of times and even more so during a pandemic. Black community leadership is cognizant of the community's wants and needs and understands the importance of full engagement to sustain proactive equity commitments that inform public health responses.
- **Transparent data gathering and real time equity responses** – race-based data gathering and timely reporting (within the current moment) are critical prerequisites for understanding and addressing racialized pandemic disparities in meaningful ways. Black

health leadership wants to be able to assume collective responsibility for community health and insist on the provision of timely race-based data, along with evidence-based analyses and disparity reduction options, to inform their analysis of public health problems and the co-creation of meaningful solutions.

- **Anti-Black racism is a pandemic priority given both the emergent racialized disparities and the precursors, and repercussions, of the George Floyd calamity** – The source of COVID-19 inequities in positivity, hospitalization, and mortality rates are attributed to both health determinants such as low income, lack of adequate sick day coverage, precarious essential work, and systemic racism. Racialized patterns of chronic illness have been linked to experiences of systemic racism, but this association has been largely ignored in current health care deliberations. Experiences of anti-Black racism are also a source of the deep mistrust that engender significant levels of vaccine hesitancy among Black Canadians.

OUTCOME OF SPECIFIC ACTIVITIES

The Context

Since the start of February 2021, the Black Scientists' Task Force have held 20 Town Halls. The initial 5 sessions served as a template for the subsequent 15. These were organized thematically with the following titles: The Historical and Contemporary Issues of Trustworthiness vis à vis Vaccines and Medical Science that give Black People Cause for Concern; COVID-19 Vaccine and Me: A Black Perspective; Misinformation and Conspiracy Theories; Mental Health Problems and Consequences of COVID-19; and Black Health Professionals' Risks and Resiliencies in COVID-19. Subsequent Town Halls focused on particular at-risk communities: childcare and long-term care workers; shelter staff; Caribbean seniors; men with prostrate concerns; members of Black LGBTQ+ communities; farm workers; university students; and Black law enforcement officers. At the time of report writing, plans were being developed to address issues affecting Black parents, Black inmates, and Francophone Black communities.

A Town Hall meeting follow up survey was conducted in April 2021 to assess the effectiveness of the Town Halls and to determine the follow up strategy. Registrants/participants completed a self-administered survey about concerns, COVID-19 information, vaccine hesitancy, mental health, and socio-demographics. The survey was sent to 678 participants and 205 completed the survey. The missing values were approximately 15% and were excluded from the analysis. Our confidence is 95%, with an error margin of 6.5%.

The following themes emerged from multiple conversations across 20 Town Halls:

1. Disparate rates of positivity, hospitalization, and mortality rates for Black Torontonians, Ontarians of African descent, and African Canadians has consistently been understood and articulated as an expression of anti-Black racism deserving of comprehensive anti-racism responses in health, and action on key social determinants of health.

2. Black essential workers have been further marginalized, and deliberately harmed by the lack of paid sick days to be able to afford to stay home if they test positive.
3. Vaccine supply has not adequately matched the needs and priorities in many hot spot Black neighborhood of Toronto or Ontario.
4. Black communities sustained high levels of vaccine mistrust due to consistent experiences of racial discrimination from diverse levels of the health care system; recent actions of decision makers reinforced this perception.
5. Misinformation about the racialized COVID-19 experiences, as well as vaccine supply, distribution, and uptake inequities, have obscured health risks and the need for amplification of prevention efforts targeting Black communities.
6. Mental health risks were growing significantly as most Town Hall participants reported deterioration of their well-being and quality of life.
7. Shortage of vaccines across low-income countries that are source countries for many Black Torontonians compounded the stresses and grief being borne by Black communities across Canada.

Outcomes of Specific Activities: 1

Grappling with the realization that immunization coverage does not match racialized rates of positivity, hospitalization, and death

Quotes From Task Force Members

"You have to get the vaccine to where it's most needed; it's as simple as that. Our biggest defence is equity; if we can make sure we have fewer places where people are not protected, we will all be safer." (Dr. Kwame McKenzie)

"Mortality risks for Black people across the city, province and country are 2 times what they are for White Canadians. Saving Black lives at all costs should not have to be defended given this stark COVID-19 inequity in illness, and in deaths, and yet…." (Dr. Onye Nnorom)

"The high turnout at the targeted clinics clearly indicates that increased access effectively reduces the deterrence fueled by hesitancy; some people continued to express hesitancy even when they lined up for vaccinations but nonetheless, they still came." (Dr. Zainab Abdurrahman)

Task Force Notes

The burden of COVID-19 has at times appeared to be colour blind. At the outset of the pandemic, it certainly seemed that all senior citizens and health care workers were being impacted equally. The diversity of the pandemic's early impact in Toronto and Ontario may never be fully known given the lack of demographic information captured from long-term care residents.

As the pandemic evolved from one wave to another, **Black Canadians began to perceive a discernably racializing virus.** The true scope and scale of this racialization would only become obvious when race-based data on positivity and hospitalization was collected and analyzed. Toronto's decision makers acted fairly quickly once the evidence of the disparities was revealed; a relatively swift recognition and reaction was welcomed by Black Torontonians. Residents compared and contrasted the opportunities to get ahead of the pandemic, which were lost due to the lack of early recognition of pandemic disparities; for instance, to readily secure personal protective equipment, and get tested and supported to isolate ahead of disparity reports. Some mourned the preventable loss of life across the province of Ontario.

Current race-based data on vaccination uptake indicates that **the greater the proportion of Black residents in an area, the more likely one will encounter the highest rates of average cumulative incidence (new cases of COVID-19) and the lowest rates of vaccination coverage.**[18] Between 20-30% racialized differentials in vaccine uptake are especially troubling given the greater likelihood of a tragic mortality outcome when Black Canadian adults contract COVID-19.[19] Analysis of national data collected between January 2020 and January 2021 suggested that the national COVID-19 mortality rate for Black and racialized communities was an average of 35 deaths per 100,000 compared to an average of 16 deaths per 100,000 for the non-racialized population.[20]

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[18] Iveniuk J, McKenzie K. Monitoring progress: Race and vaccine equity. Wellesley Institute; 2021. Accessed June 2, 2021. https://www.wellesleyinstitute.com/wp-content/uploads/2021/05/Monitoring-progress-Race-and-vaccine-equity.pdf
[19] Tasker, J. (21 March 2021). *More racially diverse areas reported much higher numbers of COVID-19 deaths: StatsCan*. [News Article]. Accessed 2 June 2021. https://www.cbc.ca/news/politics/racial-minorities-covid-19-hard-hit-1.5943878
[20] Tasker, J. (21 March 2021). *More racially diverse areas reported much higher numbers of COVID-19 deaths: StatsCan*. [News Article]. Accessed 2 June 2021. https://www.cbc.ca/news/politics/racial-minorities-covid-19-hard-hit-1.5943878

Town Hall Themes

Some Town Hall participants anticipated a racialized impact in early 2020 when they saw photos of the racialized health care workers who had lost their lives on account of COVID-19. Although it seemed apparent to many that a disparity was emerging, they were unsure of the reality, as an urban myth (in the early months of 2020) was emerging that Blacks were immune to COVID-19.

> **"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?"**

Media reporting of hot spot communities did not trigger initial recognition of local COVID-19 impacts. Some people said that they were not aware they were living in hot spot areas until neighbours who had been hospitalized talked about the racial composition of the people in emergency rooms.

Across Town Halls, participants expressed **a range of views on a perceived misalignment of COVID-19 resources with community prevention needs:** these ranged from being incensed at the initial lack of testing resources accessible to local communities in Toronto's northwest and northeast neighbourhoods; to outright rage at the lack of consistent focus on ensuring their high-risk neighbourhoods were a vaccination priority. Some attendees suggested a degree of implicit disdain for Black lives was evident in the pharmacy-vaccine roll-out that missed all their communities.

Analysis of the Town Hall conversations indicate that **participants were fully supportive of vaccine priority being accorded to seniors and health care providers and other front-line service personnel.** Residents of congregate settings, including long-term care settings and retirement homes, were recognized as high risk and priorities for vaccination, as were front-line workers. What drew participants' ire was the lack of public consideration for the extremely high COVID-19 risks Blacks were facing due to their predominance in essential jobs.

Black Torontonians consistently asked whether decision makers fully recognized and understood the risks they faced as individuals and communities as well as the devastating health and socio-economic impacts that COVID-19 had engendered. Such concerns were raised in discussions about an early lack of alignment in access to testing resources by Black neighbourhoods, the subsequent limited access to pharmacy-based vaccines which originally did not include even one pharmacy in a hot spot area, and the current lack of vaccination roll-out alignment with new COVID-19 infections in vulnerable Black neighbourhoods. They wanted such risks recognized and accorded the vaccination priority and postal code targeting they deserved.

A lack of trust in the health care system was also discernable in the discussions about COVID-19 health and mortality risks. Participants reported confidence in Black health providers and local community health care centres but also expressed fears of being guinea pigs and/or the targets of medical experimentation. Task Force members understood the reasons for the concerns as well as the pervasive mistrust; especially given the history of denied access to essential medicines, medical experimentation such as the Tuskegee syphilis study, and ongoing experiences of systemic racial discrimination in health care.

Preliminary Follow Up Survey Results

In the Town Hall meeting follow up survey conducted in April 2021 the following concerns were identified:

Ability to Assess Vaccine Information

Our survey asked attendees how much difficulty they had in assessing information about COVID-19 vaccines? In total about 50% of respondents found it very, fairly, and a little difficult to assess information on COVID-19 vaccines (Table 1). The numbers suggest the need for public health education about vaccines that is simple and easy to understand.

Table 1. Difficulties Assessing Information

	N (%)
Not at all difficult	91 (51.7)
A little difficult	52 (29.5)
Fairly difficult	24 (13.6)
Very difficult	8 (4.5)
Don't know	1 (.5)

Trusted Sources of Information

The survey also asked attendees to identify their most trusted sources of information. Answers to this multiple-choice question revealed that community health care organizations and Black health professionals were the top 2 most trusted sources of information about COVID-19 (Table 2). Task Force members understood this response to mean that these top sources need to be fully equipped and supported to provide solid information to Black communities.

Table 2. Most Trusted Source of Information about COVID-19

	N (%)
Medical or health care organization	114 (55.6)
Black health professional	91 (44.4)
Any health professional	60 (29.3)
Family/Friends	25 (12.5)
Local social centers	24 (11.7)
Social media	18 (8.8)
Non-governmental organizations	18 (8.8)

Information needs

We also asked Town Hall participants about the types of information they were looking for through their enquiries and attendance. We received a diversity of concerns, some of which were elaborated earlier. The top 5 items identified in the survey were information about COVID-19 vaccine, protection against COVID-19, COVID-19 symptoms, COVID-19 spreading, and individuals at risk (Table 3).

Table 3. What Were You Hoping to Learn from Town Halls?

	N (%)
Information about COVID-19 vaccine	133 (64.9)
How to protect yourself and others	116 (56.6)
Where, when, and how to get the vaccine	97 (47.3)
How it spreads	93(45.45)
Symptoms	92 (44.9)
Who is most at risk	90 (43.9%)
Available COVID-19 vaccine	89 (43.4)
Treatment for COVID-19	74 (36.1)
Understanding what COVID-19 is	67 (32.7)
How to get tested	58 (28.3)
How to seek medical attention	41 (20.0)
COVID-19, breastfeeding, and women's health	20 (9.8)

The various gaps that have been identified, especially the current vaccination inequity, speaks to the need for further public health interventions to address these critical problems. It also suggests a need to expand support of those sources of COVID-19 information and health care

that Black people trust and depend upon. An analysis of Town Hall discussions, concerns, and questions suggests that a consensus exists across Black communities on the need to strengthen the alignment of vaccination roll-out plans and implementation with racialized risks and access realities in order to boost the vaccine uptake.

Recommendations

1. **The Task Force endorses a bolstering of engagement efforts,** delivered by trusted neighborhood ambassadors, aimed at educating residents about the various vaccines and how they work.
2. The Task Force recommends **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** which has undermined Black trust in health care institutions. The campaign should promote anti-racism approaches that enhance inclusive and equitable health care and public health practices aligned with the Black community.
3. The Task Force calls upon the provincial government and local public health units to **commit to the principle of ring-fencing vaccine doses for Black communities in the GTA and hot-spot communities across the province.** The Task Force wants committed doses of vaccines to immunize Black people delineated as being at disproportionate risk for severe COVID-19 illness, hospitalization, and death. A targeted vaccination clinic for Black communities demonstrated the effectiveness of protecting supply whilst actively engaging with communities on the racialized health harms of COVID-19 and the risks of remaining unvaccinated.

Outcomes of Specific Activities: 2

Grappling with the lack of adequate incomes and sick days to survive the pandemic

Quotes from Task Force Members

"COVID-19 is a classic social determinant disease. The racialized and marginalized outcomes could not be more strongly associated with income, employment, housing, race, and gender." (Francis Jeffers)

"The impact on low-wage workers who may be required to quarantine for 14 days numerous times due to multiple exposures throughout the pandemic, as their jobs do not allow them to work from home, further burdens and increases their risk of contracting and spreading the virus to family members. These individuals are just trying to survive and support their families as best as they can, and quarantining numerous times is an unimaginable burden for individuals with precarious employment and no paid sick time." (Nicole Welch)

Task Force Notes

Most of Toronto's Black and racialized workers are essential workers unable to work from home during the COVID-19 pandemic. They work in sectors such as transport, retail, warehouse, child-care, and education. A disproportionate number of Black and racialized women in health and home care occupations also set the stage for both racialized and gendered risks to community health and well-being. Residents in high density neighbourhoods with significant levels of new immigrants and family incomes below $30,000 experienced the highest risk throughout the pandemic. Black income earners across higher income and education levels also experienced higher risks of severe COVID-19 illness due to disproportionate chronic conditions that result from the biological weathering of systemic racial discrimination.

Pandemic pay boosts did not significantly alter the income challenges Black workers have long faced in essential jobs. Most did not experience significant increases in income despite considerable exposure risks during the pandemic. Task Force efforts to promote testing and prevention during community celebrations of Kwanzaa brought home the structural challenges posed by low-income earnings and lack of adequate sick day coverage experienced across communities. **Community members would consistently express appreciation for the Kwanzaa efforts whilst recommending greater attention to the issues of adequate pay and benefits.**

Town Hall Themes

These discussions were especially challenging because the policy levers are so far removed from municipalities and practical policy levers within the community's reach and control. Provincial and Federal decision makers are key to any meaningful and durable changes.

Black workers - especially the Town Halls' eclectic mix of health care and other essential front-line workers - expressed little doubt about the nature of Black COVID-19 risks; many persons had lost steady jobs and were taking on even more risky front-line work to make ends meet, such as uber driving, home care, etc. Many were essential workers unable to work from home, having to use public transit and lacking dependable protective equipment in congregate settings (where social distancing was sometimes also impossible).

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

The COVID-19 risks that confront Black workers found perfect soil and sustenance in the places where participants observed that Black persons were disproportionately represented: childcare and social services, health care and home care, transportation, trucking and warehouse work, public transit workers, grocery and retail, etc. The prevailing view that was expressed was that such work exposed Black workers to greater probability of contracting COVID-19 simply from doing their jobs; the ones that they could get. It

was duly noted that many felt hugely overqualified and underpaid as their college certificates and/or university degrees had not translated into either good pay or steady upward mobility.

Two critical benefits thus severely impacted Black workers during the pandemic - their limited access to paid sick days and the inability to work from home. Because of limited access to these options, a plethora of Black families with singular income earners have been experiencing significant hardship throughout the pandemic as risks multiplied over the past few months. Depleted savings, educational setbacks, illness impacts affecting family members, along with mental health distress featured prominently in Black Torontonian lives. **Some Town Hall participants told the Task Force they were living "hand to mouth"**, and becoming increasingly desperate, due to lost incomes from second and third jobs that no longer existed. Their precarious employment situations existed prior to the pandemic; few were aware of the health and mortality risks associated with the work status that the pandemic would highlight.

Across Town Halls, participants consistently queried **whether race was the 'real' reason** that the provincial government would not support 10 pandemic days, as was required for quarantining purposes. The attendees also expressed frustration with the recent recognition of essential workers' sacrifices during the pandemic; noting that "action speaks louder than words". Some participants suggested that the system was working according to plan and that Black incomes were kept low by systemic racism practices in hiring and promotion.

Preliminary Follow Up Survey Results

The follow up survey conducted in April 2021 asked participants what impact the pandemic had on their quality of life and well-being. According to participants, the impact of the pandemic was singularly negative. The top 5 areas that were negatively affected were the levels of social isolation, disruption of social network, lack of social support, work conditions, and income (Table 4).

Table 4. Effect of the Pandemic on Quality of Life and Well-being

	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)

Conclusive Implications

The Task Force is aware of the evidence that corroborates the concerns of Toronto's Black communities. A partner in hosting one of the Town Halls, the Black Health Alliance (BHA), confirmed the patterns of income and employment inequity that created the COVID-19 catastrophe for Black Torontonians,[21] namely, that:

- 24% of Black Ontarians qualified as "low income", as compared with 14.4% of the general racialized Ontario population
- Black Canadians represent 2.9% of the overall Canadian population, yet represent 18% of Canadians living in poverty in Canada
- Second-generation Black Canadians earn 10% to 15% less than second-generation White Canadians, even when results are adjusted to reflect educational levels[22]

[21] Black Health Alliance. (2020). [Webpage]. Accessed on 8 June 2021. https://blackhealthalliance.ca/
[22] Baldeh, M. (8 March 2017). *Why Discrimination Is a Public Health Issue.* [News Article]. The Tyee. Accessed 8 June 2021. https://thetyee.ca/News/2017/03/08/Discrimination-Public-Health-Issue/

Analysis of Town Hall conversations clearly suggests broad support across all communities for 10 pandemic sick days during the pandemic. Conversations about widening income disparities repeatedly pointed to only one potential solution: transforming the **Canadian Emergency Response Benefit (CERB)** into a minimum basic income.

Recommendations

1. The Task Force calls upon 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. **The Task Force urges the federal government to expand and sustain the Canadian Emergency Response Benefit (CERB)** which has been a lifeline for many during the pandemic. The socio-economic crisis has been gravely deepened, and magnified, for many Black Canadians on account of the pandemic. Black people are reporting an unprecedented depletion of savings and wealth on account of disparate job losses, which in turn has led to a surge in evictions and racialized homelessness. Amplification of segregated and racialized poverty would multiply the health harms and socio-economic damage caused by systemic anti-Black racism. The Task Force expects these material trends to significantly expand racial in-equality in the post-pandemic era and therefore calls on the national government to evolve the CERB into a minimum basic income in order to avert such a catastrophe.
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 in order to mitigate the huge socio-economic damage to Black and racialized communities on account of the pandemic.

Outcomes of Specific Activities: 3

Grappling with community mistrust and pervasive misinformation

Quotes from Task Force Members

"Black community mistrust is rooted in historical racism, exemplified by Tuskegee experiments, but are also sustained by systemic anti-Black racism experienced today." (Dr. Isaac Odame)

"The misinformation is evolving as more and more people get vaccinated. The prediction that people will die immediately after taking the vaccine has been revised to people will be dying in 2-3 years following vaccination. The negative impact of such fear-mongering on vaccine confidence is enormous so this type of misinformation must be challenged in real time." (Dr. David Burt)

Task Force Notes

Early vaccination surveys of Canadians found distinctly different responses across 'racial groups.' A clear majority of White Canadians indicated they would take the vaccine while a distinct majority of Black Canadians said they would not be vaccinated for COVID-19.[23,24]

Black Torontonians were not immune to this national pattern of hesitancy and mistrust. The Task Force's own post-event Town Hall survey found about 50% hesitancy among Black participants due to mistrust in the health system and concerns about the safety of the vaccines (see Table 5

[23] Bascaramurty, D. (2021). Racialized Canadians have some of the highest rates of COVID-19 infections in the country. Who can allay their doubts about taking the vaccine? [News Article]. The Globe and Mail. Accessed on 10 June 2021. theglobeandmail.com/canada/article-racialized-canadians-need-the-covid-19-vaccine-more-urgently-than-most/

[24] Statistics Canada. (2021). COVID-19 vaccine willingness among Canadian population groups. [Article]. The Government of Canada. Accessed on 10 June 2021. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2021001/article/00011-eng.htm

below). Many local health care leaders also reported low uptake among Black and racialized staff.

Indeed, Town Hall participants appeared very well versed in the historic mistreatment that Blacks have experienced. Across Town Halls, attention was drawn to the following historic and ongoing Black experiences:

- That slaveowners used enslaved Africans as guinea pigs to test their vaccines
- That 600 Black men were denied treatment for syphilis in a Tuskegee study over 40 years involving the American Public Health Association [25,26]
- That the cells of a Black woman (Henrietta Lacks) were used in research for decades without any recognition or remuneration going to her family [27]
- That a pharmaceutical company cut corners in its testing of a meningitis vaccine in Nigeria without securing proper informed consent from parents [28,29,30]

[25]Paul, C., & Brookes, B. (2015). The Rationalization of Unethical Research: Revisionist Accounts of the Tuskegee Syphilis Study and the New Zealand "Unfortunate Experiment". *American journal of public health*, *105*(10), e12–e19. https://doi.org/10.2105/AJPH.2015.302720

[26] McVean, A. (2019). 40 Years of Human Experimentation in America: The Tuskegee Study. [Article]. McGill University. Accessed on 10 June 2021. https://www.mcgill.ca/oss/article/history/40-years-human-experimentation-america-tuskegee-study

[27] Beskow L. M. (2016). Lessons from HeLa Cells: The Ethics and Policy of Biospecimens. *Annual review of genomics and human genetics*, *17*, 395–417. https://doi.org/10.1146/annurev-genom-083115-022536

[28] Wise J. Pfizer accused of testing new drug without ethical approval. BMJ (Clinical Research ed.). 2001 Jan;322(7280):194. DOI: 10.1136/bmj.322.7280.194.

[29] BBC. (2011). Pfizer: Nigeria drug trial victims get compensation. [News Article]. BBC News Africa. Accessed on 10 June 2021. https://www.bbc.com/news/world-africa-14493277

[30] Smith, D. (2011). Pfizer pays out to Nigerian families of meningitis drug trial victims. [News Article]. The Guardian. Accessed on 10 June 2021. https://www.theguardian.com/world/2011/aug/11/pfizer-nigeria-meningitis-drug-compensation

- A pharmaceutical company continued marketing a product to Black women, talcum powder as a genital deodorant, long after it was revealed that ovarian cancer was a potential consequence [31,32,33]

A prior decision by the Task Force to consistently practice respectful listening and engaging dialogue, focusing on building efficacy for vaccine decision making, provided meaningful benefits throughout empathetic Town Hall discussions about the previous points. Despite differences of opinion, Task Force organizers were pleased that almost all vaccine-hesitant participants said they would weigh what they heard and share any lessons learnt in the discussions.

Town Hall Themes

Across town halls, participants expressed deep mistrust of health institutions, government decision-makers and pharmaceutical company executives. Even people who would take the vaccine expressed reservations about the motives of private and public sector leaders. The expectation of vaccine malfeasance appeared to be fueled by the flurry of social media postings on the vaccines that consistently refurbished anti-vaccine messages with culturally relevant framing, namely, that the vaccines were designed to eliminate the Black population; alter DNA; install microchips.[34,35]

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[31] American Cancer Society. (2020). Talcum Powder and Cancer. [Article]. American Cancer Society. Accessed on 10 June 2021. https://www.cancer.org/cancer/cancer-causes/talcum-powder-and-cancer.html.
[32] BBC News. (2018). Johnson & Johnson to pay $4.7bn damages in talc cancer case. [News Article]. Accessed on 10 June 2021. https://www.bbc.com/news/business-44816805.
[33] Rabin, R. C. (2020). Women With Cancer Awarded Billions in Baby Powder Suit. [News Article]. Accessed on 10 June 2021. https://www.nytimes.com/2020/06/23/health/baby-powder-cancer.html.
[34] Lee, B.Y. (2021). As Covid-19 Vaccine Microchip Conspiracy Theories Spread, Here Are Responses on Twitter. [News Article]. Forbes. Accessed on 10 June 2021. https://www.forbes.com/sites/brucelee/2021/05/09/as-covid-19-vaccine-microchip-conspiracy-theories-spread-here-are-some-responses/?sh=9fad8dd602d9
[35] Australia Government Department of Health. (2021). Is it true? Do COVID19 vaccines contain a microchip or any kind of tracking technology?. [Article]. Accessed on 10 June 2021. https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true/is-it-true-do-covid-19-vaccines-contain-a-microchip-or-any-kind-of-tracking-technology

"Given our historical victimization, and ongoing medical and pharmaceutical microaggressions, why should Black people trust the vaccines?"

Persons from all walks of Black life remain uncertain about taking the vaccines, often citing traumatizing historical events involving health care institutions such as the Tuskegee Institute or the pharmaceutical companies' use of Henrietta Lack's cells without her family's knowledge or consent.[36,37] Many have had their fears amplified by social media accounts of diabolical schemes to inject Black persons with chips and/or curb their fertility. Many of the most at-risk individuals do not believe health institutions and decision makers; citing a pharmaceutical company's persistent denial there was asbestos in talcum powder marketed to Black women as genital deodorant, even as more Black women got ovarian cancer.[38] Problems getting registered for the vaccines and transportation barriers have also bolstered hesitancy and hindered vaccine uptake across Black and racialized communities. The statistics paint a picture of significant risks.

Preliminary Follow Up Survey Results

The follow up survey conducted in April 2021 asked participants whether they would identify as vaccine hesitant. Approximately half of Black people in the Toronto Town Halls self-identified as being COVID-19 vaccine-hesitant (Table 5).

Table 5. COVID-19 Vaccine Hesitancy

	N (%)
No	82 (51.6)
Yes	77 (48.4)

[36] Wolinetz, C. D. & Collins, F. S. *J. Am. Med. Assoc*. https://doi.org/10.1001/jama.2020.15936 (2020).
[37] Adey, A., Burton, J. N., Kitzman, J. O., Hiatt, J. B., Lewis, A. P., Martin, B. K., ... & Shendure, J. (2013). The haplotype-resolved genome and epigenome of the aneuploid HeLa cancer cell line. *Nature*, *500*(7461), 207-211.
[38] Rabin, R. C. (2020). Women With Cancer Awarded Billions in Baby Powder Suit. [News Article]. Accessed on 10 June 2021. https://www.nytimes.com/2020/06/23/health/baby-powder-cancer.html.

The Town Hall participants were also asked to identity the sources of vaccine hesitancy. The top 5 concerns associated with vaccine hesitancy within the Black communities were historical mistrust with medical sciences and governments, vaccination safety concerns, experience with racism and anti-black racism, health system mistrust, and communication/media environment (Table 6). Two concerns, safety and vaccine development concerns, are shared with all Canadians. Historical mistrust and discrimination are Black experiences.

Table 6. Cause of Concerns Associated with Vaccine Hesitancy

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

The attendees were also asked to identify concrete resources needed to address vaccine hesitancy and bolster vaccine uptake. They highlighted the need for more culturally-responsive and relevant information for the community (73.2%), creating off-work hours vaccination sites (44%), providing transportation access or mobile vaccination clinics for Black people (46%), building relationships and trust with the community (72.2%), and providing information about vaccines (62%) (Table 7).

Table 7. Resources Needed by Community to Address Vaccine Hesitancy and Promote 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 clinic 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)

The need for more culturally responsive resources were reinforced by the challenges people faced in both vaccine access as well as their supply of relevant information about vaccines. According to participants, 61% of Black people in Toronto face challenges in accessing vaccine resources (Table 8). Vaccine accessibility appears to be more important than mistrust or hesitancy.

Table 8. Accessibility of Resources

	N (%)
No	104 (61.5)
I don't know	34 (20.1)
Yes	31 (18.3)

The high levels of mistrust that has been expressed by Black communities consistently across Toronto and Ontario further supports the need for ring-fencing vaccine doses for Black communities in the GTA and hot-spot communities across the province. If this is not done, Black vaccination rates are likely to remain low for the foreseeable future months; during which time many may get the virus and experience tragic outcomes. The lack of priority attached to equity at the provincial level has strengthened community mistrust.

Whilst equity was factored into the province's scientific decision making, it certainly did not figure into the selection of pharmacies for its pharmacy pilots, which left out pharmacies in hot spot areas. Black community members talked about being discouraged by the pharmacy oversight as well as numerous challenges in getting appointments: from long waits to make an appointment which engendered frustrations and disappointments; to a lack of technological resources such as accessible computers and bandwidth; and lack of time due to work schedules; especially the case for people working shift work. Many did not make an effort as they trusted neither the pharmaceutical companies nor the governmental decision makers. The lack of trust is a critical barrier that amplifies the deficits in time and technology.

Recommendations

The Task Force commends the City of Toronto for TO Supports: COVID-19 Equity Action Plan. This initiative provided critical resources to vulnerable residents hurt significantly by the pandemic. We have heard about the benefits of having trusted community partners providing essential resources, wrap around supports, food and medicine, pop up testing and targeted vaccinations. The mental health supports, support for social isolation, and emergency funds seem certain to be a best practice model for municipalities worldwide.

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.
    i. Essential workers who are unable to work from home should also be targeted for workplace vaccination. They should all be accommodated with scheduling that meets their needs.
    ii. The City of Toronto should bolster its existent collaborations with trusted local partners (including hospitals and community health care and community organizations) to systematically address mistrust and promote vaccine awareness.
    iii. The City of Toronto should support priority door-to-door vaccine distribution to individuals in communities with significant technological, transportation and mobility barriers.
    iv. The City of Toronto should support walk-in vaccinations with simplified registration requirement. Ensure vaccines are set aside specifically for members of high-risk Black and racialized communities given past history of Black-serving clinics running out of vaccines and having to close ahead of schedule.

Outcomes of Specific Activities: 4

Grappling with mental health implications of COVID-19

Quotes from Task Force Members

"Lots of anecdotal evidence suggests growing mental health problems…it may very well be a twin pandemic when the dust of the various waves settles." (Liben Gebremikael)

"The public health implications of the scope of socio-economic setbacks which COVID-19 engendered point to increases in mental health problems; especially given communities' pre-pandemic vulnerabilities." (Dr. Na-Koshie Lamptey)

Task Force Notes

Black people had a range of prior risks going into the COVID-19 pandemic. Before the pandemic, Black communities were facing persistent and disproportionate poverty levels, with higher levels of unemployment, especially among Black youth. Almost 15% of Black Canadian adults reported their health to be fair or poor, compared to about 11% of White Canadians.[39] Ironically, Black Canadians were also less likely to secure mental health support and more likely to enter the mental health system through emergency rooms.[40] Pre-pandemic Black populations did not have equitable access to mental wellness services, mental illness services and addictions services; Black populations will be hit with higher rates of illness and poorer access to services even after the pandemic.

[39] Public Health Agency of Canada. (2020). *Social determinants and inequities in health for Black Canadians.* [Report]. The Government of Canada. https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health/social-determinants-inequities-black-canadians-snapshot.html
[40] Centre for Addiction and Mental Health. (2020). *Dismantling Anti-Black Racism: A Strategy of Fair & Just.* [Report]. Accessed 2 June 2021. https://www.camh.ca//-/media/files/camh-dismantling-anti-black-racism-pdf.pdf

The Task Force suspects that a parallel mental health epidemic may be establishing a foothold in Toronto's most vulnerable Black communities given the evidence from other similar jurisdictions in North America. During the town halls, we constantly heard about persistently high levels of health anxiety being experienced by people who had no such issues prior to COVID-19.[41] Our awareness of significant numbers of persons with pre-existing mental health and addiction problems engenders concern for increasing experiences of medical co-morbidities both during and post-pandemic.

The disproportionate share of essential workers in Black communities, and levels of COVID positivity have added a level of urgency to Task Force concerns. As the pandemic runs its course, Task Force members anticipate persistently high levels of fear and anxiety, hopelessness and despair, which could lead to expressions of PTSD without significant public mental health interventions. The Task Force is especially concerned about the experiences of Black children and adolescents in low-income settings due to a distinctly 'tougher' social isolation experience than higher-income peers.

Town Hall Themes

COVID magnified the effects of socio-economic inequalities and amplified the racialized risks. Job losses, loss of income, wealth erosion, lost educational opportunities and home-schooling all added to the pressures on the Black families as never before. Those who had lost jobs or been financially affected by COVID 19 discussed their challenges in coping with home schooling demands and maintaining a positive outlook. Some mentioned a sense of despondency. Some participants had been compelled by job loss or cuts in hours and pay to take on riskier assignments, such as home care and ride-sharing (Uber™, Lyft™). Evidently, anxiety levels were higher as a direct result of more risker undertakings.

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[41] Toronto Board of Health. (2021). *Black Scientists' Task Force on Vaccine Equity: a brief overview of town hall engagements and findings.* [Presentation]. Accessed on 8 June 2021. https://www.toronto.ca/legdocs/mmis/2021/hl/bgrd/backgroundfile-166789.pdf

> **"Do I have mental health problems if I can't stop worrying about COVID-19…and will social isolation make my mental health problems worse?"**

A persistent concern, expressed at almost every Town Hall, has been that of mental health problems arising from diminished relationships during extended lockdowns. It became clear from multiple conversations that participants' self-perceived mental well-being had diminished during the COVID 19 pandemic. Attendees consistently asked about ways of coping with depression, loss and grief, and anxiety due to constant worrying about becoming positive. Many participants suggested that they were experiencing more significant stress and anxiety due to job insecurity. Some participants reported that the mental health of Black children and adolescents had also worsened considerably during the pandemic.

Many attendees did not want to be perceived as weak people or bad parents. Attending to the multiple needs of both children and elders in crowded settings was identified as sources of considerable unease and even distress. Some expressed fear that exposure of their hidden fears and doubt could allow officials to take their children away from them.

The wrap around supports, including mental health checks provided by the City of Toronto to residents proved to be **'a life saver as well as a mind saver'**. Many residents indicated that they had reluctantly used mental health support but gained considerable relief from the interactions. The reluctance revealed deeply held stigma about mental health vulnerabilities. Many residents said the initiatives were making an invaluable difference in the lives of Toronto's Black residents. A key reason for the wrap around impact on residents' lives may well be its provision through trusted community organizations. Notably, the impact could be even more significant were it not for the stigma that hindered community members from seeking help because of fear of being perceived as weak or immoral. Mental health stigma in Toronto needs to be effectively addressed to prevent more severe future problems.

Preliminary Follow Up Survey Results

The town hall meeting following up survey confirmed the mental health consequences that task force members anticipated. Town hall participants were asked to rate their mental health before and during the pandemic. On a scale of 1 (worst) to 5 (best,) 97% of respondents rated their mental health as fairly okay before the COVID-19 pandemic ≥3 (Table 9).

Table 9. Mental Health Status prior to the COVID-19 Pandemic

	N (%)
≥3	164 (96.4)
<3	6 (3.6)

On the scale of 1 (worst) to 5 (best) approximately 75% of respondents rated their mental health as less than ok during the COVID-19 pandemic as ≥3 (Table 10). The consequences of such a significant change require concerted responses to mitigate future mental health risks.

Table 10. Mental Health Status during the COVID-19 Pandemic

	N (%)
≥3	43 (25.4)
<3	126 (74.6)

Recommendations

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. The City of Toronto should incorporate culturally adapted cognitive behavior interventions and evidence-based stigma reduction in all the prior activities.
3. The Task Force calls upon the provincial government to institute and/or support Black mental health programs across the provinces' major cities to mitigate the risks amplified by the COVID-19 pandemic's disparate toll on Black communities.
4. We recommend 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. Such evidence-based programming could reduce the stigma of mental health illnesses and care seeking. These efforts are needed to reduce increasing disparities of mood and anxiety problems and provide a stimulus for Black people to protect their health, with priority accorded to children and youth.
5. The Task Force calls upon the provincial and federal governments to provide the necessary heath funding for culturally safe service delivery, especially trauma and violence-informed approaches, tailored to address the high unmet needs of Ontario's Black communities.
6. To break the cycle of poor service expectations within the health care system, the Task Force urges the Province of Ontario to provide inclusive and culturally responsive programs tailored to Black communities across its region. It must include general awareness of mental health, mental illness, and the various pathways to care; screening for mental health; technological innovations in service delivery and outline outreach/support; and professional training and competency development for workers in the health care field. This mixed strategy is required due to long delays in addressing systemic problems, which have become starkly evident during the pandemic.

Outcomes of Specific Activities: 5

Grappling with global vaccine inequity

Quotes from Task Force Members

- *"Canada has the knowledge, expertise, technology to be a leader in vaccine production globally and a leader on global vaccine access. Our leaders must act expeditiously to share vaccines with the world's unvaccinated. Failure to act generously and wisely on vaccine equity will create spaces and time for COVID mutations to flourish and the pandemic will not be ended in the short to medium term." (Trevor Aldridge)*
- *"The lives of my family in Jamaica have the same value as my own. I want them to have the same or equitable access to vaccines enjoyed by all Canadians as a human right; not an act of charity. "(Dr. Candice Todd)*

Task Force Notes

The geographic roots of Black Torontonians extend far and wide. Black Canadian communities have members from scores of countries in sub-Saharan Africa, Latin America, and the Caribbean.[42] A majority of the aforementioned countries have received scant doses of COVID-19 vaccines, if any at all, to inoculate their seniors and health care workers.[43] This contemporary disparity in vaccine access constitutes a significant global health inequity: continent based measurements by highlights recent vaccine allocation across North America to be about 56.4

[42] Mwai, P. (3 June 2021). *Covid-19 Africa: What is happening with vaccines?* [News Article]. BBC News. Accessed on 8 June 2021. https://www.bbc.com/news/56100076

[43] OCED. (2020 November 11). *COVID-19 in Latin America and the Caribbean: An overview of government responses to the crisis.* [Report]. Accessed on 8 June 2021. https://www.oecd.org/coronavirus/policy-responses/covid-19-in-latin-america-and-the-caribbean-an-overview-of-government-responses-to-the-crisis-0a2dee41/

doses per 100 people, followed by Europe with approximately 41.4 doses per 100 people;[44] third South America with 23.3 doses per 100 individuals; fourth is Asia with 17.6 doses per 100 persons. The rate for Africa is 1.97 doses per 100 persons. Such figures are an obvious source of distress for Black people with relatives and friends in African countries. Their anxieties are not alleviated by the current actions of Canada to address global vaccine needs.

In May 2021, Canada received 600,000 doses of Astra Zeneca from COVAX, the global pool procurement mechanism for COVID-19 vaccines – despite a call from the World Health Organization (WHO) to G7 countries to donate excess vaccine supplies.[45] At the same time these doses were arriving in Canada, COVAX reported that its global vaccination efforts were short by at least 140 million doses.[46] Should Canada have accepted these doses under such exigent conditions? Ironically, this occurred as Canadians were expressing new levels of hesitancy with respect to this particular vaccine and scientific advisors suggesting waiting for another vaccine. The world has no idea whether all these vaccines were put to good use, in people's arms.

Canada will continue to receive vaccines from COVAX in June,[47] even as other high-income countries are pledging their excess supply to poorer nations. Canada can do much better and should be pledging at least 15% of our supplies to meet global needs,[48] supported by the Welcome Trust in the United Kingdom. It would be highly encouraged that Canada forego the

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[44] Our World Data. (2021). *Coronavirus (COVID-19) Vaccination Statistics and Research.* Accessed on 8 June 2021. https://ourworldindata.org/covid-vaccinations

[45] Toronto Star. (21 May 2021). *Today's coronavirus news: Those 12 and over can get vaccine as of Sunday; Ontario approves AstraZeneca vaccine for second doses, starting next week*. [News Article]. Accessed on 8 June 2021. https://www.thestar.com/news/canada/2021/05/21/todays-coronavirus-news-covid-19-updates-toronto-ontario-may-21.html

[46] Unicef. (17 May 2021). *The COVAX Facility will deliver its 65 millionth vaccine dose this week. It should've been at least its 170 millionth. The time to donate excess doses is now*. [Statement]. Accessed on 8 June 2021. https://www.unicef.org/press-releases/covax-facility-will-deliver-its-65-millionth-vaccine-dose-week-it-shouldve-been

[47] Taylor, B. (5 June 2021). *Donating vaccines before Canadians can be vaccinated could be politically risky, experts say.* [News Article]. CTV News. Accessed on 8 June 2021. https://www.ctvnews.ca/health/coronavirus/donating-vaccines-before-canadians-can-be-vaccinated-could-be-politically-risky-experts-say-1.5457789

[48] Harris, A. (11 June 2021). Wellcome statements on COVID-19. [Statement]. Wellcome Trust. Accessed 8 June 2021. https://wellcome.org/press-release/wellcome-statements-novel-coronavirus-covid-19

remaining COVAX allotment which could then be allocated to low-income countries. Canada should also support the South Africa and India waiver at the WTO. This proposal to the WTO is a temporary waiver of intellectual property rules related to COVID-19 vaccines and treatments. The world's poor cannot be left waiting until at least 2024 to achieve mass COVID-19 immunization or the entire global population will be at risk.[49] In this global public health crisis, Canada should also support all required technology transfer needed to stifle the pandemic across global hot spots.

Town Hall Themes

> **"Will vaccines remain effective against new variants? It seems to me that variants will be a concern if large numbers of people remain unvaccinated. Are we missing the big picture in Canada?"**

Town Hall participants were concerned that global vaccine inequity would endanger the future of pandemic efforts as well as the fundamental concept of a global community; upon which the WHO was founded. One frequently asked question revolved around emerging variants in diverse parts of the world. Participants wondered whether it made sense to ignore such situations given the likelihood that new virus strains would inevitably make their way to Canada.

The impact of vaccine nationalism was also a topic of Black community concern that heightened anxieties for Torontonians with relatives in the low-income countries of Africa and the Caribbean. Town Hall attendees worried that poor countries would never be able to purchase safe and effective vaccines and would be at the mercy of vaccine charity; needing to accept second tier vaccines.

[49] Safi, M. (27 January 2021). *Most poor nations 'will take until 2024 to achieve mass Covid-19 immunisation'.* [News Article]. The Guardian. Accessed on 8 June 2021. https://www.theguardian.com/society/2021/jan/27/most-poor-nations-will-take-until-2024-to-achieve-mass-covid-19-immunisation.

Town Hall participants expressed unease at Canada's expression of vaccine nationalism rather than global solidarity and collaboration. Some attendees said they were hesitant to get the vaccines as they did not want protections that their families had to live without. Many participants shared their fears of losing relatives and friends to COVID-19 without them ever getting a fighting chance of vaccine prevention.

"Are we witnessing a new form of medical colonialism in 2021?"

Some community members expressed deep concern at the rapid pace with which high income countries had shifted from commitments to global health, and the human right to health, to beggar-thy-neighbor efforts with respect to vaccines. Indeed, the Global Pandemic has awakened some of humanity's worst instincts as intellectual property and profits have been given priority over population health safety and public health decision making.

"Why are our leaders urging that children at low-risk of COVID be vaccinated now… when there are so many high-risk adults abroad that cannot get a vaccine despite their best efforts?"

Some participants were keenly aware that Canada had played a major role in the world's articulation of a global health agenda and wondered why we were underperforming in this area. Some expressed embarrassment at the current lack of clarity in our global vaccine policy. All voices wanted Canada to exercise global leadership during this grave new threat, the COVID-19 pandemic. Conversations about global vaccine equity became even more unsettling when discussing the emerging local focus on vaccinating children and adolescents at low risk of COVID-19, especially low risk of severe illness or hospitalization. Participants wondered whether this was an ethical undertaking given the higher risks of illness and deaths facing adults, especially the immuno-compromised elderly and health professionals, in external Caribbean and African settings.

Several Town Hall participants expressed unease that efforts to vaccinate people in low- and middle-income countries were secondary considerations next to our own population's vaccination priority. They urged the members of the Task Force to both think and act globally when deliberating about an intrinsically global pandemic. One person commented that "it would be a travesty of the idea of shared humanity, and be self-harming in the long run, due to emergent mutations that are likely to take hold without access to vaccination". Other participants pointed out that intellectual property constitutes a socially constructed barrier to global vaccine equity. Some people warned that if Canada did not take a bold and principled stand now, it would risk strategic support from low- and middle-income countries later on; especially if our vaccine production gaps leave Canada susceptible to the same market inequities that further marginalize Black and racialized lives the world over.

Recommendations

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 life-saving 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. The network is being supported by Bloomberg Philanthropies in partnership with WHO, as well as Vital Strategies, to reduce non-communicable diseases and injuries for some of the worlds' most vulnerable communities.

Outcomes of Specific Activities: 6

Grappling with the lessons from race-based data on COVID-19

Quotes from Task Force Members

"Without race-based data on health and socio-economic vulnerabilities, policy leaders and decision makers will be reluctant to take decisive actions to address a racialized community's issues and experiences. Even with such data, one would still need a compelling narrative to get decision makers to act." (Dr. Upton Allen)

"Race-based data punctured and terminated an urban myth that Black people were immune to COVID-19. It is doing the same for the idea that systemic racism is not a fundamental problem at every level of Canadian society." (Celina Ceasar-Chavannes)

Task Force Notes

During the early stages of the pandemic, many of Ontario's decision makers and policy leaders did not believe equity interventions were needed to curb case and hospitalization rates; despite the emergence of racialized COVID-19 trends in US and UK jurisdictions.[50] Black community leaders advocated for such data to be collected and reported on publicly. Experience had taught them to anticipate a strong association between socio-economic vulnerability, COVID-19 outcomes and systemic racial discrimination. They were proven to be correct when Toronto revealed the first results of its race-based data collection: that Black Torontonians, 9% of Toronto, had 21% of its COVID cases in May; a figure that would subsequently grow to 33% by August 2020.[51]

[50] McKenzie K. (2021). Socio-demographic data collection and equity in covid-19 in Toronto. *EClinicalMedicine*, *34*, 100812. https://doi.org/10.1016/j.eclinm.2021.100812
[51] Toronto Public Health (2020). *COVID-19: Pandemic Data*. [Webpage]. City of Toronto. Accessed on 8 June 2021. https://www.toronto.ca/home/covid-19/covid-19-latest-city-of-toronto-news/covid-19-pandemic-data/

In response to this stark racialized disparity, the City of Toronto initiated a significant health equity response, ***TO Supports: COVID-19 Equity Action Plan***. The initiative included targeted testing, enhanced public health communication and engagement through trusted community organizations. The City increased access to social supports such as the provision of voluntary isolation sites for persons unable to quarantine. The critical component of the equity response was its implementation through trusted local organizations and community leaders.

Community engagement and collaboration was harnessed to effectively address COVID-19 risks. As a direct result, the City of Toronto mitigated some of the health harms that COVID-19 had begun to amplify. Black people's proportion of COVID-19 cases stabilized at approximately 12-13% by May 2021. This was still above the 9% share of the Toronto population, but far lower than the 33% of case counts reported by Toronto Public Health in August 2020. This effective benchmarking certainly strengthened the case for race-based data.

Race-based data on vaccine uptake continues to make the invisible disparities visible. Such data is now signaling a significant inequity in COVID-19 vaccine roll-out. The trend's implications are robust despite gaps in collecting, analyzing, and reporting on race-related vaccine uptake.

Town Hall Themes

"What race-based data do we have that can show the vaccine is actually safe?"

Across 20 Town Halls, Black Torontonians consistently asked for raced-based data to better understand their evolving health circumstances: especially COVID-19 positivity, hospitalization, mortality and vaccination experiences in real time. The need for race-based data in health care outcomes was echoed by diverse sectors of the communities: health care professionals, shelter and long-term care staff, educators and child-care workers, Black law enforcement and faith leaders, Black moms, students, LGBTQ+ youth and Black farm workers across Town Hall meetings in Toronto.

Black community members all wanted to know the scale and scope of COVID-19 disparities in Toronto, as well as across the province and the country. Participants asked the Task Force to provide evidence-based trends regarding patterns of racial disparities in positivity, testing, hospitalization, and death; they wanted to know what the racial composition of clinical trials and vaccine uptake looked like; as well as racial trends in vaccine allergies and deaths, racial patterns of mental health, and patterns of job loss, evictions, and economic harms being experienced by Toronto's Black communities.

Concerns about inaction by decision makers trump concerns about stigmatization. Community members provided nuanced perspectives on race-based data. Some persons noted that the potential for additional harm due to stigma had not been eliminated. Stats on incarceration which indicate racialized patterns of imprisonment were referenced as sources of data that illuminated the problem, but also served to fuel racist ideas about disproportionate Black involvement crime.[52] Some alluded to jurisdictions where race-based data gathering had not made any difference for policies and programs. Participants agreed that the lack of race-based data allowed decision makers to ignore community concerns about health inequities and maintain the current racializing status quo.

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

Concerns about data governance and privacy protections still need to be addressed. Some participants expressed deep reservations about race-based data collection fearing government misuse and sharing of the data with private corporations. Others worried about confidentiality and privacy noting that anonymized data could be de-anonymized with modern technology. The need for Black community involvement in data interpretation and reporting was suggested by some. Others wanted clear data ownership and/or governance of race-based data by Black

[52] Department of Justice. (2019). *Spotlight on Gladue: Challenges, Experiences, and Possibilities in Canada's Criminal Justice System.* [Report]. Government of Canada. Accessed on 8 June 2021. https://www.justice.gc.ca/eng/rp-pr/jr/gladue/p2.html

community organizations with capacity to analyze, store, and monitor data use during the coming decades.

> **"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?"**

The equity purpose and timely reporting are paramount. A point of agreement was the use of race-based data to reduce health harms in a timely manner. Several participants stated that they did not want such data to be used for any purposes other than the elimination of racial disparities and racializing trends. Race equity had to be intrinsic to all such data collection anywhere in the country. Timely reporting was also discussed.

The absence of real time reporting of COVID-19 inequities had huge public health consequences, as opportunities to curb positivity and mortality risks were lost and are still being missed. A case in point that was repeatedly raised was the uptake of vaccinations and where gaps existed. How would public health know where to target efforts and messaging in the absence of meaningful data on vaccine uptake? Race-based data was essential for dislodging misinformation on Black immunity to COVID-19 and getting the City of Toronto to mobilize an equity response; it should be used to prevent such circumstances from reoccurring.

Recommendations

Without race-based data, the enormity of the current COVID-19 disparities would be lost to the public. Health providers are still hindered in their immunization efforts by the lack of consistent race-based data collection. Community members have indicated that it is imperative that race-based data be collected and utilized for race equity purposes within real time.

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.** Such data collection should be expanded to other areas of socio-economic vulnerability during the post-pandemic period.
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.**

CONCLUSION

Between January 2020 and January 2021, the estimated COVID-19 mortality rate for Black and racialized communities was an average of 35 deaths per 100,000 compared to an average of 16 deaths per 100,000 for the non-racialized population.[53] This racialized statistic grew out of a dismal trajectory for the province of Ontario and City of Toronto. Public Health Ontario's month-by-month statistics reveal that by the last week of March 2020, the province of Ontario had a case count of 1,308 new cases which brought the cumulative count to 4,701. A year later, during the same week of March 2021, the province recorded 18,929 new COVID-19 cases with a cumulative count of 363,506, approximately 19 times higher than the previous year. This tragic context also critically informed the efforts of the Task Force.

Task Force members are confident that Town Halls were the best medium to reach Black Torontonians from all walks of life during the pandemic, wanting to provide a forum that would draw in people in high-risk occupations, those living in high-positivity neighbourhoods, as well as faith and culturally-distinct communities. Arrangements made to use both Zoom and Facebook Live to broadcast the Town Halls and promotions included local print, radio, and social media, as well as word of mouth. Almost all segments of Black communities have been reached.

There are many socially isolated segments of Toronto's Black communities that are so mistrustful that more direct efforts will have to made to engage them in dialogue. The Task Force is working on the approach, and public health messaging, most likely to reach these grassroots communities and build their vaccine confidence. Members expect that the efforts will have to be effectively grounded in the key social determinants of health, and anti-racism, in order to gain traction. It will be an all hands-on deck effort with community support being the key ingredient of success.

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[53] Tasker, J. (21 March 2021). *More racially diverse areas reported much higher numbers of COVID-19 deaths: StatsCan*. [News Article]. Accessed 2 June 2021. https://www.cbc.ca/news/politics/racial-minorities-covid-19-hard-hit-1.5943878

ADDITIONAL REFERENCES

Iveniuk J., & K. McKenzie. Monitoring progress: Race and vaccine equity. Wellesley Institute; 2021. Accessed June 2, 2021. https://www.wellesleyinstitute.com/wp-content/uploads/2021/05/Monitoring-progress-Race-and-vaccine-equity.pdf

Frank K., & R. Arim. (2020). Canadians' willingness to get a COVID-19 vaccine: Group differences and reasons for vaccine hesitancy. StatsCan COVID-19: Data to Insights for a Better Canada, catalogue no. 45-28-0001.

Subedi R., L. Greenberg, & M. Turcotte. (2020). COVID-19 mortality rates in Canada's ethno-cultural neighbourhoods. StatsCan COVID-19: Data to Insights for a Better Canada, catalogue no. 45-28-0001.

More racially diverse areas reported much higher numbers of COVID-19 deaths: StatsCan. Accessed June 2, 2021. https://www.cbc.ca/news/politics/racial-minorities-covid-19-hard-hit-1.5943878

Turcotte M., & K. Savage. (2020). The contribution of immigrants and population groups designated as visible minorities to nurse aide, orderly and patient service associate occupations. StatsCan COVID-19: Data to Insights for a Better Canada, catalogue no. 45-28-0001.

National Advisory Committee on Immunizations (NACI), (2020). Guidance on the prioritization of initial doses of COVID-19 vaccine(s).

Ray D., M. Salvatore, R. Bhattacharyya, L. Wang, J. Du, S. Mohammed, et al. Predictions, role of interventions and effects of a historic national lockdown in India's response to the COVID-19

pandemic: data science call to arms. Harv Data Sci Rev. 2020 Jun 09 [Epub ahead of print]. Available from: https://doi.org/10.1162/99608f92.60e08ed5

Bartsch S. M., K. J. O'Shea, M. C. Ferguson, M. E. Bottazzi, P. T. Wedlock, U. Strych, et al. Vaccine efficacy needed for a COVID-19 coronavirus vaccine to prevent or stop an epidemic as the sole intervention. Am J Prev Med. 2020; 59(4):493-503. Available from: https://doi.org/10.1016/j.amepre.2020.06.011

Ontario Public Health, (2020). COVID-19 in Ontario – A Focus on Diversity: January 15, 2020 to May 14, 2020.

APPENDIX A: Terms of Reference

Toronto's Task Force on Vaccination Equity

Purpose:

To promote knowledge about COVID-19 infection risks and the measures that reduce racialized risks, enhance testing and safety practices across Black communities in order to reduce positivity and hospitalization rates and save lives.

To review and address Black community concerns with COVID-19 vaccines and key reasons for vaccine hesitancy; providing science-based evidence in a culturally-tailored context to address key community concerns, risks, and vulnerabilities.

To develop and disseminate policy recommendations that effectively close race equity gaps in current vaccine planning and strengthen Toronto vaccine uptake with Black and racialized communities.

Membership:

Members of the Task Force are chosen because of their deep roots in community coupled with the extensive experience, education, and skills on different stages of the vaccine life cycle and related issues of public health. All are highly regarded in their fields, with extensive experience and expertise that allow each individual to effectively address particular community concerns.

The task force consists of the following members:

- Dr. Candice Todd, a naturopathic doctor with expertise in health promotion and disease prevention; looks at COVID-19 through a naturopathic lens.
- Celina Caesar-Chavannes, an expert in clinical trials and the issues of racial representation in clinical trials.

- Dr. David Burt, immunologist, has led vaccine development. He has a background in vaccine testing and product development.
- Francis Jeffers, an expert in vaccine quality control and historic issues related to Black communities and education in the fields of science, technology, engineering, and math (STEM).
- Dr. Isaac Odame, physician and expert on sickle cell disease and Black historic experiences with neglected diseases.
- Dr. Kwame McKenzie, psychiatrist, and expert on Black mental health and health equity policy.
- Dr. Upton Allen, infectious disease expert and lead investigator on COVID-19 at Sick Kids Hospital
- Renee Boi-Doku, public health nurse, and expert on dealing with health equity.
- Nicole Welch, nursing and public health leader working with the City of Toronto.
- Trevor Aldridge, expert in regulatory aspects of vaccine approvals, areas of quality compliance, and regulatory affairs.
- Dr. Zainab Abdurrahman, expert on vaccine allergies and adverse reactions.
- Dr. Akwatu Khenti, expert on anti-Black racism and the adaptation of mainstream health interventions to African and Caribbean cultures.
- Dr. Michael Finkelstein, Chair of Immunization Task Force (ITF).
- Dr. Na-Koshie Lamptey, Deputy Medical Officer of Health.

Responsibilities:

- To recommend strategic approaches for effective vaccine planning informed by race and health equity.
- To assess key rationales for vaccine hesitancy and provide issue-specific content and best practices for harnessing community strengths.

- To recommend specific approaches, policies, and procedures to promote Black community health through enhanced COVID-19 vaccine understanding, attitudes, and decision making.
- To recommend indicators to monitor the effectiveness of vaccine policies and procedures across Toronto's Black communities.

Chair:

Akwatu Khenti

Accountability:

Director, SDFA, City of Toronto

Meeting Details:

Whenever possible, meetings took place during business hours between 9:00 am and 5:00 pm and via ZOOM or WebEx. On some occasions, meetings took place outside of business hours. A teleconference line was also available for committee members.

Decision Making Process:

Decisions at the Task Force are based on consensus where possible. Any decisions with fiscal implications or staffing considerations are approved through the approvals process for that functional area and/or the Director, SDFS.

Additional Resources:

- Should specialized expertise be required, the Task Force recommends experts to attend as guest speakers and advisors.
- The City of Toronto coordinates any internal/ external communications.
- Task Force members will be consulted regarding a Communications Plan.

Confidentiality:

Task Force members abide by confidentiality expectations.

Ethics, conflict of interest and accountability:

- It is acknowledged that Task Force members have institutional responsibilities that inform their input.
- Task Force members are expected to participate in a professional, respectful, ethical, and competent manner and avoid any real or perceived conflict of interest, outside of representing the interests of their respective disciplines and professions.