



“WE WERE OUT AHEAD OF PUBLIC HEALTH”: LEADING COVID-19 VACCINE EQUITY FOR BLACK COMMUNITIES ACROSS CANADA



Introduction

The COVID-19 pandemic has had a disproportionate impact on many communities experiencing inequities. Anti-Black racism and other intersecting social systems are key determinants of health that structurally expose Black communities to conditions of material, social and political inequities.¹⁻³ The convergence of everyday and systemic anti-Black racism is such that Black communities experience deep systemic inequities with regards to work, access

to adequate health and social care, education, housing, income, wealth and other living conditions. Across Canada, this has led to Black communities being deeply affected by both the health and the social impacts of COVID-19.⁴⁻¹⁰ Not only have Black communities been more exposed to COVID-19, but they have also been less likely to benefit from the measures put in place to protect communities from COVID-19. The inequities in the COVID-19 pandemic have mirrored that of other health and social issues, and they are a result of policies, practices and responses that are anti-Black.

Throughout the COVID-19 pandemic, Black communities have called for adequate public health responses that speak to the unique legacies and contemporary realities of Black communities in Canada. Black communities have been subject to centuries of exploitation and racial violence both within Canada and globally, which influences how communities engage with vaccines. It is well documented that the relationship of Black communities to vaccines in general includes vaccine mistrust. This mistrust is rooted in experiences of anti-Black racism in the health system and society, as well as histories of medical and research experimentation and abuse.¹¹ These legacies include European colonization in Africa and the Caribbean, as well as the transatlantic slave trade to Canada, the United States, the rest of the Americas and the Caribbean. Contemporary relationships both within Canada and between Canada and African peoples globally continue to be fraught with exploitation.¹²

COVID-19 vaccines began to be available December 2020, and early reports at this time suggested that many people in Black communities were reluctant to take COVID-19 vaccines.¹³ With this knowledge in mind, Black health leaders have actively advocated for community-specific strategies^{14,15} and led initiatives to support COVID-19 vaccine uptake in Canada.

The aim of this project, carried out by the National Collaborating Centre for Determinants of Health (NCCDH), was to identify barriers to COVID-19 vaccine uptake and equity as well as promising approaches to support COVID-19 vaccine access and equity for Black communities.

Methodology

We conducted interviews in May 2021 with key informants from across Canada and attended a presentation¹⁶ highlighting the experience of communities in the Greater Toronto Area to gain an understanding of how to support vaccine uptake and equity for Black communities. Key informants (n=9) were actively involved in supporting vaccine uptake and equity in Black communities through education, advocacy, strategy development and implementation of vaccination programs.

An interview guide was developed that included questions exploring barriers to vaccine uptake as well as promising approaches to improving vaccine equity for Black communities. Participants had an opportunity to share additional information at the end of the interview questions. Interviews were conducted via video-audio, recorded and transcribed for analysis. Participants all consented to the interviews and to being named as contributors to the report. Interviews ranged from 25–50 minutes.

Findings

The findings from the analysis of the information gathered are presented under three broad themes: (1) Black communities engaging with the COVID-19 vaccines, (2) barriers to vaccine uptake and vaccine equity, and (3) promising approaches to support vaccine uptake and equity for Black communities.

Black communities engaging with the COVID-19 vaccines

Key informants stressed that Black communities have a wide range of perspectives towards COVID-19 vaccines, ranging from those who would readily get the vaccine to others with lower confidence. As in many communities, confidence in vaccination is likely to change as people became more familiar with the available vaccines and their benefits and risks.¹⁷

Key informants emphasized that Black leadership is critical to support vaccination in Black communities. In the absence of consistent public health responses for Black communities, communities have developed their own responses. Throughout the COVID-19 pandemic, Black communities have been convening to organize around community-driven COVID-19 responses. Vaccine-specific activities identified in the interviews fell under two general threads: education on COVID-19 vaccines, and vaccination strategy and implementation.

EDUCATION ON COVID-19 VACCINES

Black communities have engaged with Black community leaders to actively lead the work on COVID-19 vaccinations. For example, the Health Association of African Canadians has been leading a COVID-19 response for African Nova Scotian communities in partnership with the Association of Black Social Workers, including a series of online community meetings. Similarly, the Health Association of African Canadians convened one of the first educational sessions on COVID-19 vaccines for Black communities. In Ontario, groups like the Black Physicians' Association of Ontario, the Black Health Alliance and Black community health leaders have hosted educational dialogues for Black communities.

Generally, the educational events featured Black experts and leaders who could speak to different aspects of the vaccine. For example, immunologists and infectious disease specialists were on hand to talk about how the various vaccines work. Public health specialists and leaders spoke to the importance of vaccinations in protecting communities and the kinds of protection vaccines provide. In one session, a naturopath was part of the panel to affirm the value of natural remedies for general wellbeing while positioning the vaccines as the best defense against COVID-19. In another event, an expert discussed concerns about the vaccines related to pregnancy and fertility.

Key informants consistently described these events as safe spaces in which communities could feel heard and validated in their experiences. One key informant described the importance of these spaces:

“What is beautiful about it is, it was communities organizing themselves. This is what I always say about Public Health: sometimes Public Health is needed to create those organized efforts from society around health outcomes and other times it is self-organized. So if they need help with organization, great, but many of these communities self-organize. They found the platform, they found the right people, they brought them to the conversation. It was a closed space, it wasn’t a wide open invitation for everybody to come, it was specific for members of the Black community. And by creating that safety, there was a dialogue there that was far more important than the one of just information.”

Consistent across educational events was the acknowledgement of the realities of anti-Black racism in health and medical research. This acknowledgment validated the experiences and concerns of communities. Educational events also highlighted the roles of Black people in the development of COVID-19 vaccines and participation in clinical trials.

Leadership extended beyond health professionals with participation of community leaders from other sectors, such as religious leaders and others, to engender trust in vaccines. It is important to note that pre-existing relationships have been key. As one key informant shared, they were trying to create trust in the vaccines even in the absence of trust in the health system.

These dialogues have reflected the heterogeneity of Black communities. Some events have been led by students, others have focused on young people or on older adults. Other events have centred the concerns of Black communities related to religious observances like Ramadan. Other education campaigns happened on the ground with community and health professional volunteers going door to door to spread the word about COVID-19 vaccines and COVID-19 in general.

VACCINE STRATEGY AND IMPLEMENTATION

In addition to providing tailored, culturally relevant and affirming education, Black communities have initiated and implemented vaccination strategies. Two examples, from Nova Scotia and Ontario, are highlighted below.

In Nova Scotia, the [Association of Black Social Workers](#) and [Health Association of African Canadians](#) COVID-19 Response Impact Team initiated and led clinics for African Nova Scotian communities in the Halifax Regional Municipality and Guysborough County. The first clinics were held in March 2021, making them the first Black-specific COVID-19 vaccination clinics in Canada. The clinics were organized in partnership with the [Nova Scotia Health Authority](#) and [Public Health](#) (Nova Scotia Department of Health and Wellness) and [African Nova Scotian Affairs](#), through the province's COVID-19 response. The COVID-19 Response Impact Team worked with Public Health to ensure that a critical mass of nurses who were giving the vaccines were of African ancestry. Community volunteers, drawn from the community infrastructure established through the COVID-19 Response Impact Team, supported the clinics. Community volunteers served as greeters, welcoming people to the clinics. Volunteers played an important role in making people feel comfortable as they prepared to get the vaccines. Volunteers received a stipend for their contribution.

Community-led vaccinations for Black communities in the Greater Toronto Area have been guided by a vaccination playbook developed by #TeamVaccine, a partnership of the Ontario Health Black Health Plan Table, eight community health centres and the Toronto Mobile Vaccine Strategy.¹⁶ This model was based on experience with a mobile vaccine strategy used during the rollout of COVID-19 vaccination programs in long-term care settings.¹⁶ With the goal to accelerate community vaccination, the model prioritized low-barrier access. #TeamVaccine built on existing trust with community health centres engendered by relationships in communities and highlighted through community-based COVID-19 testing.

Two further examples of effective vaccine strategies include the clinics led by the [Black Creek Community Health Centre](#) and the [Parkdale Queen West Community Health Centre](#) in partnership with the [University Health Network Social Medicine Program](#). First, during a 2-day clinic hosted by the Black Creek Community Health Centre with #TeamVaccine in April 2021, 3,200 people were vaccinated. The clinic used a pop-up model that had been successfully implemented in settings across Toronto. The model focused on:



- providing low-barrier options, including being open to undocumented people, eliminating online registration and providing expanded hours to accommodate essential workers;
- engaging community ambassadors as part of the clinic;
- creating a culturally safe atmosphere by hosting a local DJ and providing food and multilanguage access; and
- ensuring responsive care by prioritizing care for older adults, people living with disabilities, pregnant women and people lining up with young children.

The second example provided was a 2-day clinic facilitated by the [Jamaican Canadian Association](#), [Caribbean African Canadian Social Services](#), [Black Physicians' Association of Ontario](#), [City of Toronto](#), Black Creek Community Health Centre and #TeamVaccine. The clinic prioritized Black and racialized people, essential workers and people living in COVID-19 hotspots in Toronto, and 2,231 people were vaccinated. Sociodemographic data were consistently collected throughout the clinic using the 15-minute post-vaccine waiting period and community ambassadors to increase data collection rates. Black, Indigenous and racialized physicians identified through the [Network of Black Vaccinators](#) led by the Black Physicians' Association of Ontario served as vaccinators. Community members reported high trust due to use of community assets and provision of culturally appropriate care through the Network of Black Vaccinators.

Barriers to vaccine uptake and vaccine equity

Several factors were consistently named as barriers to vaccine uptake. Some of these barriers were linked to broader experiences of systemic racism and anti-Blackness and some were specific to the COVID-19 vaccine communication and implementation strategies.

ANTI-BLACK RACISM IN HEALTH

Anti-Black racism in public health and health systems was named as the most significant barrier to vaccine uptake in Black communities. Black communities have experienced and continue to experience racism from systems that profess to serve communities. Public health systems have not adequately responded to the realities and experiences of diverse Black communities in the COVID-19 response. Systemic racism and other intersecting systems have positioned Black communities in conditions that have led to disproportionate impacts of COVID-19 in terms of infection rates, hospitalizations, deaths and social impacts.^{10,18,19} Black communities, however, have not been prioritized in COVID-19 planning and response.

Key informants noted that public health and health system responses have been slow. One key informant captured this sentiment as "*we were out ahead of public health.*" Similarly, another key informant indicated:

"The lack of response to Black communities in particular [and] racialized communities in general in the early parts of the pandemic meant that people haven't really seen in a public way the targeted and focused supports that folks have been trying to organize and get to Black communities."

Given this lack of response, it is difficult for Black communities to trust the systems that have failed to protect and support them and that now want to promote COVID-19 vaccines.

LEGACY OF UNETHICAL MEDICAL AND HEALTH RESEARCH

There is a long and deep history of medical abuse and unethical health research with Black communities. Key informants often cited two examples of experimentation in medical and health research: the Tuskegee syphilis study²⁰ and the experience of Henrietta Lacks.²¹

The Tuskegee syphilis experiment ran for more than 40 years and involved 600 African American men in rural Alabama. During this period, infected Black men went untreated while there was available treatment. The study was finally shut down in 1972. Henrietta Lacks was an African American woman who was treated unsuccessfully for cancer at Johns Hopkins Hospital and died in 1951. Her cells were used for medical research without her or her family's knowledge and permission and with no compensation. More recently and specific to COVID-19, French scientists cavalierly suggested that COVID-19 vaccine tests be carried out in African countries on African women, once again positioning Black bodies as sites of experimentation.²²

While it may be easy and convenient to dismiss these as experiences from elsewhere, these practices have global impact. As such, Black communities in Canada make decisions with this knowledge and experience in mind. A key informant captured this as:

“I would say that’s a certain kind of community wisdom. It’s to not just be the front, the first person up in line because historically that has not served us well when, you know, White society says come and have this thing we’re offering. That hasn’t historically … gone well.”

DEVELOPMENT OF COVID-19 VACCINES

The way COVID-19 vaccines were developed was a potential barrier for communities. Key informants shared that communities had questions about the quality of the clinical trials as well as the representation and treatment of Black peoples in those trials. There was also a sense that the vaccine development had been rushed. Key informants stressed that this is not necessarily unique to Black communities. However, the perceived rush, coupled with histories and legacies of medical research and abuse within North America, the Caribbean and Africa, has led to a reasonable level of mistrust and caution in Black communities. As one key informant described:

“So anything that is like very new research, I would say in our communities, there is that sense of like stepping back and wanting to be cautious. And that’s because of our own experience intergenerationally with like research or medications and things like that, that in the Caribbean and in Africa there have been times where, you know, like my mom talks about that, like the White people would show up with the van, the kids get injected, and kids die, right. So it’s just being really cautious about that.”

VACCINE MISINFORMATION AND DISINFORMATION

The newness of COVID-19 and the vaccines means that there is a constant flow of new information on vaccines. The regular flow of new and changing information has created the foundation for misinformation and disinformation. People may not always get information from trusted sources and there has been a campaign of active disinformation proliferating on social media platforms and through WhatsApp. Even when accessing information from reliable and trusted sources, this information has been shifting at a rapid pace making it difficult for many people to stay up top of the most up-to-date information.

VACCINE ACCESSIBILITY

Access to COVID-19 vaccines varies widely. Vaccination-booking systems and vaccine appointments were cited as barriers to vaccine equity. There are different requirements for booking vaccinations across the country. In Ontario, for example, online bookings are not possible without a valid health card from Ontario, creating an additional barrier for people who do not have them. While appointments can be made over the phone, this process requires time, which can take away from income-generating activities. For many people with competing demands, long wait times to book over the phone or at drop-in clinics can delay or prevent vaccination.

Promising approaches to support vaccine uptake and equity for Black communities

Key informants identified the following seven promising approaches to effective vaccination strategies for Black communities:

- 1. Acknowledge historical and contemporary anti-Black racism in the health system.** Public health and health system leaders and professionals must develop a deep understanding of how anti-Black racism has manifested itself historically and continues to impact Black lives. This foundational understanding will lead to Black communities being prioritized for COVID-19 vaccines through community-led activities and directly in vaccine registration systems.
- 2. Amplify multisectoral Black community leadership.** Successful vaccine initiatives and activities were community driven, and community led. Black leadership across different sectors is required for continued vaccine uptake and equity in vaccination. Ensuring representation and influence of Black leadership throughout the health system beyond COVID-19 responses is required. Public health and the broader health system need to actively provide resources and vaccines directly to community health and social service partners, with the leadership, decision-making power and ownership resting with Black communities.
- 3. Develop appropriate communication and education.** Information about COVID-19 vaccines is constantly developing and thus changing. Effective communication acknowledges and responds to prevailing myths, misinformation and disinformation. Communities need accurate information on vaccines, including how they were developed, how they work, their benefits and potential side effects. It is important to correct and respond directly to any prevailing myths.

Communication and educational materials need to represent communities respectfully and authentically. The [Association of Nigerian Physicians in the Americas](#) campaign in the United States was cited as a good example of authentic community-controlled representation.

Communication and education that highlight the role of Black communities in the development of COVID-19 vaccines are needed. Key informants often shared that Dr. Kizzmekia Corbett led the development of the Moderna vaccine and Black communities were involved in clinical trials. Messages that promote care for self, care for community and a return to valued community bonds support vaccine uptake. These messages, which include honouring the contributions of Black scientists and participants in the clinical trials, stand in stark contrast to messages that position Black and other communities at the margins and as a risk to the “general public” — a euphemism which is usually a stand-in for socioeconomically privileged White communities.

Strategies must adapt and be in step with the realities in communities. Black communities are diverse, and there will be varying degrees of comfort with COVID-19 vaccines. Communication and education must take into account the wide range of experiences in Black communities as well as changing levels of comfort and knowledge with regard to COVID-19 vaccines.

- 4. Promote easy and convenient access to vaccines.** Community-specific clinics showed an increase in access and vaccine equity for Black and other communities at the margins. Pop-up clinics run in partnership with local community-led organizations build on existing trusted relationships. Permanent clinics hosted by organizations with existing relationships with communities can also play a key role in improving

access. For example, [TAIBU Community Health Centre](#) in Toronto hosts a permanent vaccine clinic for Black, Indigenous and Francophone communities. To increase access, approaches like “ring-fencing,” where a select number of doses are made available specifically to Black communities, have proven promising. Offering flexible hours of operation and waiving requirements for appointments and health cards are other pathways to increase access and equity.

5. **Deliver vaccines through culturally relevant approaches.** Involving members of the Black community as vaccinators helps create a familiar, welcoming and trusted environment for members of the Black community. Cultural relevance includes providing culturally appropriate food, music and other cultural symbols as part of vaccine clinics. If these efforts are community driven, what is appropriate will be determined by the communities involved.
6. **Champion the importance of community ambassadors.** Community ambassadors with existing relationships in communities play an integral role in supporting and enhancing vaccine uptake. Community ambassadors are already trusted by communities and can engender trust for COVID-19 vaccines. Generally, ambassadors are *“community people who are already embedded in community, well known in community, who are providing information in a culturally appropriate manner”* (key informant, May 2021). These ambassadors can come from all parts of the community and will be community specific.

7. **Resist the desire to co-opt community-led work and spaces.** Key informants expressed concerns that Black community leadership in COVID-19 vaccine efforts and other COVID-19 responses (e.g., testing, social and health supports, policy advocacy) was already being erased and co-opted by health systems and governments more broadly. Additionally, they described a high degree of White and government voyeurism in a desire for and entitlement to Black community spaces. Key informants cautioned against White-dominant health organisations seeking to access exclusive Black spaces into which they are not invited. These exclusive Black community spaces must be respected as sacred and healing spaces.

Conclusion

While the COVID-19 pandemic and the 2020 global uprisings against anti-Black racism have, yet again, highlighted the persistence and consequences of anti-Blackness in society, key informants consistently pointed to inadequate public health responses to COVID-19 for Black communities. The examples of promising practices highlighted here are grounded in partnership between the health system and communities. Partnerships that are community driven and led have successfully closed the vaccination gap in some communities. The approaches discussed in this report can be adopted and adapted for Black communities in other settings across Canada.

Vaccination efforts must be seen as part of a broader strategy to reduce anti-Black racism and improve the health of Black communities. Deliberate activities to address anti-Black racism and other determinants of health are needed as part of the COVID-19 pandemic response and recovery.

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