

## COVID-19 Prevention in Community Rounds: "COVID Vaccines: Ethics & Politics of Vaccine Distribution and Uptake"

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Summary of Zoom and Chat Discussion, January 29<sup>th</sup>, 2021, 8:00AM – 9:00AM

**Onye Nnorom:** Black leaders knew COVID-19 would create disparities in April, read this statement from Black communities in Ontario - <https://www.allianceon.org/news/Statement-Black-health-leaders-Anti-Black-Racism-Public-Health-Crisis>. Liben and any CHC leaders were coauthors back in April. The wisdom is with communities, we need to listen to communities.

**Racquel Bremmer:** The system was never designed to take care of the racialized or marginalized communities. As the vaccine roll out continues, are electrical medical records (EMRs) capturing sociodemographic data to ensure Black and Indigenous communities are being vaccinated at the same rate as dominant populations in this country? Where is the equitable accountability measure to capture this?

**Jo-Anne Liburd:** I agree the system has not served these communities well and that is the foundation of community wariness but I think there is also a flurry of misinformation about the vaccine being circulated within these communities (e.g conspiracy theories in Facebook groups) that they are more susceptible to accepting because of their pre-existing distrust. We are fighting two battles.

**Suvendrini Lena/Selena Mills:** Centre for Effective Practices Resource is a helpful tool - <https://tools.cep.health/tool/covid-19-vaccines/>

**Selena Mills:** Our institutions need to embrace and acknowledge OCAP Principals, Try Council Policy Statement, etc. Its colonial research and data collection processes that need to change, and there are national outlines to guide that process

### ***Communication and Connection:***

**Browyn Underhill:** I think that such a vital point about communication methods, listen and respect from that community.....

**Racquel Bremmer:** Grassroots mobilizing is more effective most times (once trust is embedded in equitable community partnerships)

### ***Accountability & Representation:***

**Mona Loutfy:** If the data is not being collected, it makes it easier for institutions to not have to be accountable of they can easily say "we don't know that information"

**(Unknown):** This is such a rich and active chat. Accountability coupled with embracing methods of empowerment centered around communities.

**Cheryl Prescod:** Representation matters. Community health settings and the medical providers and staff who are providing services must hold identities similar to the patients they are serving. Providers must work to address their own biases, develop and practice cultural competence and be empowered to speak up and act when dehumanizing acts are witnessed against our most vulnerable clients/patients. How can these principles be incorporated into vaccine rollout not out respective communities?

***Trust:***

**Selena Mills:** There needs to be humility and no judgement. Needs to be culturally safe and trauma informed, clear information. Some elders are also vaccine hesitant due to fear and lack of information....we need to reach out to Elders. There are very real fears around forced vaccination, forces sterilization, vaccine testing on our children and in Indian hospitals. Which is why it is so crucial to have trusted community members sharing the clear information with Elders, youth and families.

**Simone Atungo:** To facilitate rapid rollout of COVID-19 vaccines in racialized and marginalized communities, we will need to rely on proven, evidence-based models such as Asset Based Community Development, using Community Animators who are already identified leaders (assets), within a specific community to assist with messaging and vaccine uptake in vulnerable communities. The Community Animators are leaders who are part of racialized, marginalized communities and are already trusted members of the communities who understand the culture, language, religion etc. These community leaders need to be provided with an honorarium or compensation for their services.

See resource below: <https://resources.depaul.edu/abcd-institute/Pages/default.aspx>

***Systemic/Structural Change:***

**Cynthia Pun:** At a Toronto Public Health meeting yesterday, they said they are trying to capture data on inequity but because the province is in charge of distributing, they said the province hasn't asked them for this data, and I wonder if there is going to be enough communication between the province and municipal groups to facilitates a better roll out

**Mona Loufty:** How to address the lack of transparency between the macro level and the mess/micro level which subsequently affects trust?

**Simone:** We need to start at the micro-level due to timing and urgency.

**Cheryl Prescod:** Hesitancy to vaccinations and compliance to other recommendations will continue as long as everyday acts of racism and violence on Black and Indigenous lives continue. We need to demand access to the vaccine for these communities (regardless of hesitancy) as reparations for the harms done historically and on-going denial of access to much needed, culturally needed care.

**Fesben Aseffa:** Using language of vaccine mistrust vs. hesitancy rightly places the focus on how institutions/govts have failed communities vs. communities....