

April 2022



Observation, Engagement,  
Adaptation, & Perseverance

## TAIBU's Proportionate Response to a Disproportionate Pandemic

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# A Message from the Executive Director

When COVID-19 hit our city in early 2020, many Black health leaders were concerned that, just like with any health outcomes, the pandemic will disproportionately impact Black, Indigenous and racialized communities in Canada. The trend was already observed in the United States of America where race-based data collection exists. TAIBU was part of the group of health leaders who persistently advocated for race-based data to be collected so we can monitor the impact of COVID-19 and respond appropriately. The advocacy led for Toronto Public Health initially and the Ministry of Health eventually to collect race-based data. The reports that came out demonstrated what we already knew. The infection rate among the Black communities in Toronto was three times higher than White Torontonians (BHA, 2020)<sup>9</sup>.

As an organization mandated to serve the Black communities in the Greater Toronto Area and residents of the Malvern neighborhood as well as the Francophone communities in Scarborough, TAIBU recognizes, that race-based data collection is imperative in addressing systemic inequities and disproportionalities. We were very much encouraged when disaggregated data started to be collected to monitor the impact of the pandemic. We thought that this would continue to be implemented when the vaccine rollout began early in 2021. But we had to go back to the battlefield to advocate once more. And again, we won the battle and there was recognition that race-based and other sociodemographic data needed to be collected in vaccine clinics. However, it was not made a mandatory requirement but the decision was left to individual clinic sites.

That was when we started hearing excuses for not collecting the data. Examples included; we need additional resources, it slows down the registration process, members of the community are not willing to provide the information.

Because this was crucially important for TAIBU, we had already started collecting race-based data at the onset of our vaccine clinic implementation. We made sure we incorporated the data collection within the existing registration, vaccination and observation process. Questionnaires were completed while members of the community were waiting in line to register and later on as part of the post vaccine observation process.

In addition to reporting on our vaccine initiative, we wanted to demonstrate that if there is commitment to collecting race-based and other sociodemographic data, it is possible to do so without requiring a lot of resources. TAIBU had demonstrated this prior to the pandemic when we initiated a quality improvement initiative where we were able to increase our race-based data completion rate from 42% to 96% by just improving on our client registration form and staff training. The report also includes other community-based approaches and culturally affirming practices that were used to engage the communities served ensuring that they felt safe and comfortable to receive their vaccines.



Executive Director,  
TAIBU Community Health Centre



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## ▶ COVID-19 Context

In March of 2020, the City of Toronto went into lockdown due to the high incidence and prevalence of the COVID-19 cases that were causing a world-wide pandemic. COVID-19 is an infectious and highly contagious viral disease caused by the SARS-Cov-2 virus. The virus causes people to experience flu-like symptoms, particularly respiratory difficulties. The severity of the symptoms varies depending on an individual's underlying conditions. Many factors can make someone more susceptible to hospitalization due to COVID-19. Some of these factors include but are not limited to: old age, underlying cardiovascular disease, diabetes, chronic respiratory diseases, or cancer<sup>1</sup>. Though these factors may increase the likelihood of someone getting seriously sick of COVID-19, anyone can get sick with COVID-19 and become seriously ill or die at any age.

## ▶ Disproportionate Impact on Black and Racialized Communities

COVID-19 has affected approximately 1.04 million Ontarians and 3.08 million Canadians over the past 2 years<sup>2</sup>. Data from the City of Toronto shows both total COVID-19 cases and hospitalizations due to complications from COVID-19 show a disproportionately higher representation of individuals who identify with a racialized group and low-income groups, with Black communities being hit the hardest.

### Race and COVID-19 Cases:

- 73% of reported COVID 19 cases in the City of Toronto identified with a racialized group\*(compared to the 52% of the total population of Toronto who identify as belonging to a racialized group based on the 2016 census).
- 66% of people who were hospitalized due to COVID-19 identified as coming from a racialized group, and after age standardization this increased to 74%<sup>3</sup>

### Income and a COVID-19 Cases:

- The lowest income group had the highest rate of COVID-19 cases with 504 cases per 100,000 people, compared to the rate in the highest income group, with 162 cases per 100,000 people.
- This trend was also seen for hospitalizations, with the lowest income group having the highest rate of COVID-19 hospitalizations. It had 58 hospitalizations per 100,000 people, compared to the highest income group<sup>3</sup>, with 25 hospitalizations per 100,000 people<sup>3</sup>.



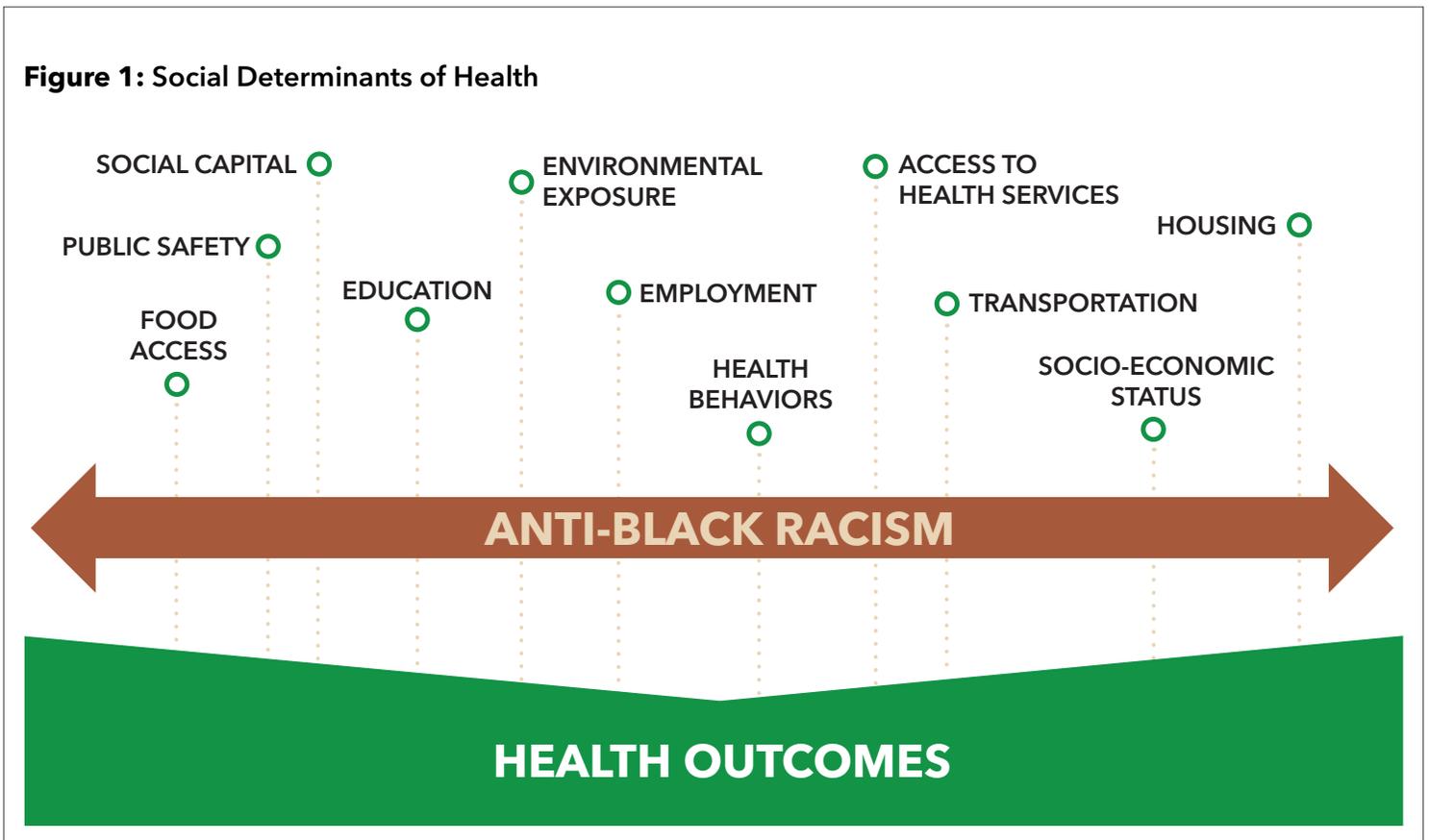
**Table 1:** Breakdown of COVID Cases per racial Group as compared to areas of high and low case rates<sup>4</sup>

Racial group	People in Areas with a high Case Rate	People in Areas with a Low Case Rate	Toronto Overall
Black	18%	5%	9%
Latin American	6%	2%	3%
South Asian	18%	8%	12%
Southeast Asian	12%	5%	7%

Additional factors that were found to have a similar trend for both COVID cases and hospitalizations are; newcomers to Canada, people with lower education levels, unemployed people, and people who live in crowded households compared to the group with the lowest percent of each of these groups<sup>4</sup>.

These factors also known as Social Determinants of Health (see **Figure 1** below) refers to a set of socioeconomic factors that relate to an individual’s place in society such as:

- income
- employment status
- education level
- physical environments
- social supports and coping skills
- race/racism

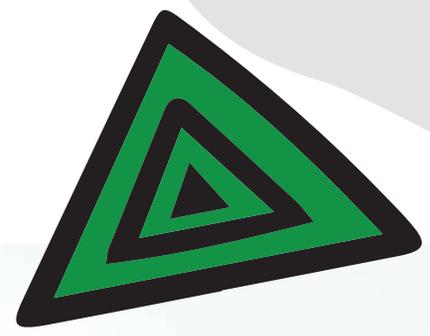


Black, Indigenous and racialized groups have been experiencing pre-existing social and economic inequities which have been highlighted and exacerbated by the pandemic. Systemic racism and discrimination create barriers to opportunity, health and well-being, safety, fair treatment, and resources for some groups of people. Racism is also experienced on a micro level in daily interactions all the way through to systems of oppression deeply embedded in institutional structures. Racism impacts health through several recognized pathways as identified in a 2015 systematic review and meta-analysis by Paradies et al.

- Reduced access to employment, housing, and education and/or increased exposure to risk factors (e.g., avoidable contact with police)
- Adverse cognitive/emotional processes and associated psychopathology.
- Diminished participation in healthy behaviors (e.g., sleep and exercise) and/or increased engagement in unhealthy behaviors (e.g., alcohol consumption) either directly as stress coping, or indirectly, via reduced self-regulation
- Physical injury as a result of racially motivated violence<sup>5</sup>.

According to the Black Health Alliance anti-Black racism impacts health in the following ways:

- Racism can cause frequent stress on the body and trigger stress coping behaviours (e.g. smoking) that often lead to disease
- A study investigated the possibility of links between Canadians' race, experiences of discrimination and risk for diseases such as high blood pressure found Black Canadians were almost two times more likely than White Canadians to be treated badly or with less respect. Frequent experiences of discrimination were linked with a greater chance of obesity and lower self-rated health<sup>6</sup>.
- In Toronto, Black Canadians often face 'service deserts'—a lack of safe, inexpensive and effective healthcare and community services in their communities.
- A report about the sexual health education and services need for Toronto youth found Black youth were the only group of youth that pointed to racism as a key factor preventing them from using sexual health clinics.<sup>7</sup>



# BLACK HEALTH MATTERS

Some of the practical impacts of racism that help explain why Black and racialized communities are overrepresented in COVID-19 cases and hospitalizations are connected to the living and working conditions that put this population at higher risk, including:

- Being essential workers who cannot work remotely
- Job insecurity
- Lack of paid sick days
- Necessity of commuting on crowded public transportation
- Living in crowded housing
- Inequitable access to healthcare and social services





# TAIBU's Role in the Pandemic Response

TAIBU Community Health Centre has been a staple in the Malvern community for the past 14 years. The Black Health Alliance as its sponsor organization envisioned TAIBU to become a centre of excellence as it relates to Black Health and wellbeing across the Greater Toronto Area. Over the years, TAIBU built its capacity to serve the Francophone communities in Scarborough. In 2020, TAIBU received its French Language Services designation for the Francophone primary care and health promotion programs and services. In 2017, following the receipt of funding to support the Indigenous communities in Scarborough, under the principle of 'Indigenous Health in Indigenous Hands', TAIBU helped to establish the Scarborough

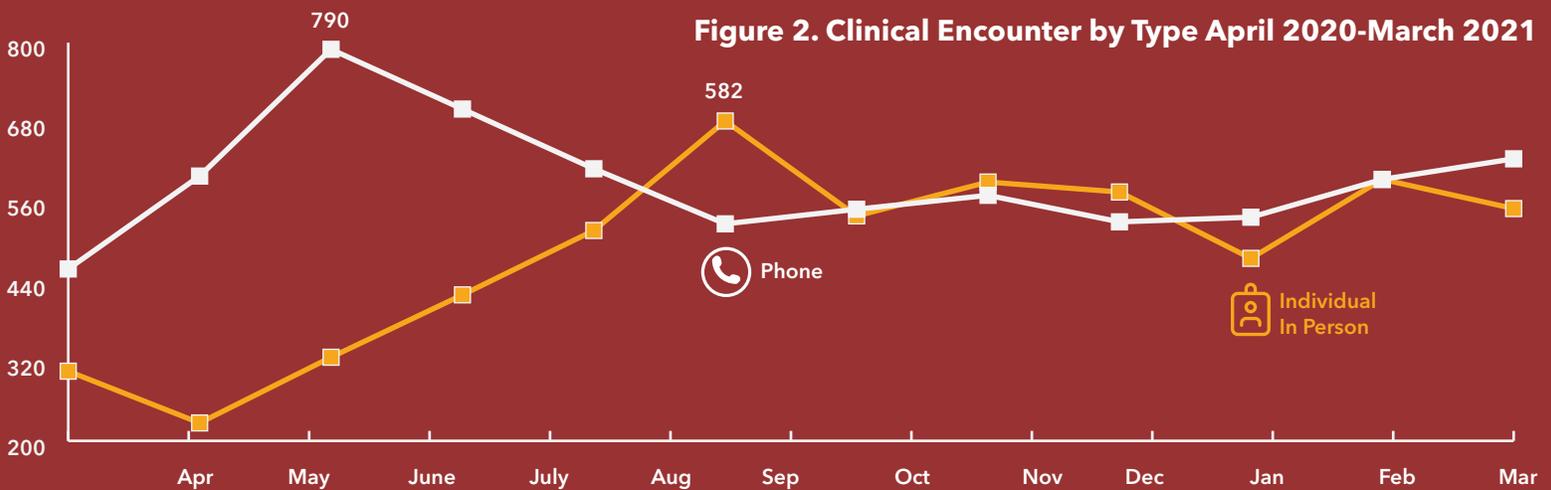
Indigenous Mental Wellness Advisory Council as the responsible body to plan, develop and implement culturally appropriate programs and services for the Indigenous communities in Scarborough.

Recognizing that systemic oppression has fostered conditions of ill-health with Black communities, TAIBU strives to deliver primary health care and community services through intersectional, equity based and culturally affirming practices that promote holistic wellness, health education, and prevention. TAIBU offers a vast variety of health services such as primary care, low back pain, diabetes education programming, youth outreach, mental health services and much more.

## Adapting our Primary Care Services

The COVID-19 pandemic impacted the way healthcare was delivered during the. TAIBU's primary care team was forced to quickly find and embrace new ways of providing care while keeping staff and clients safe. Care needed to remain accessible while keeping staff and clients safe. This shift highlighted for us that as an organization we possessed the resources to employ virtual care as one means of ensuring our patients had continued access to primary healthcare. Our assessment of this year showed that the number of clinical encounters did not decrease and patients were still able to access care. (Figure 2). Prior to the COVID-19 outbreak, just 9% of our encounters were delivered in a virtual format and since the onset of the pandemic, this has shifted to an almost 50%-50% delivery of in-person care compared with phone or video encounters (see Figure 3).

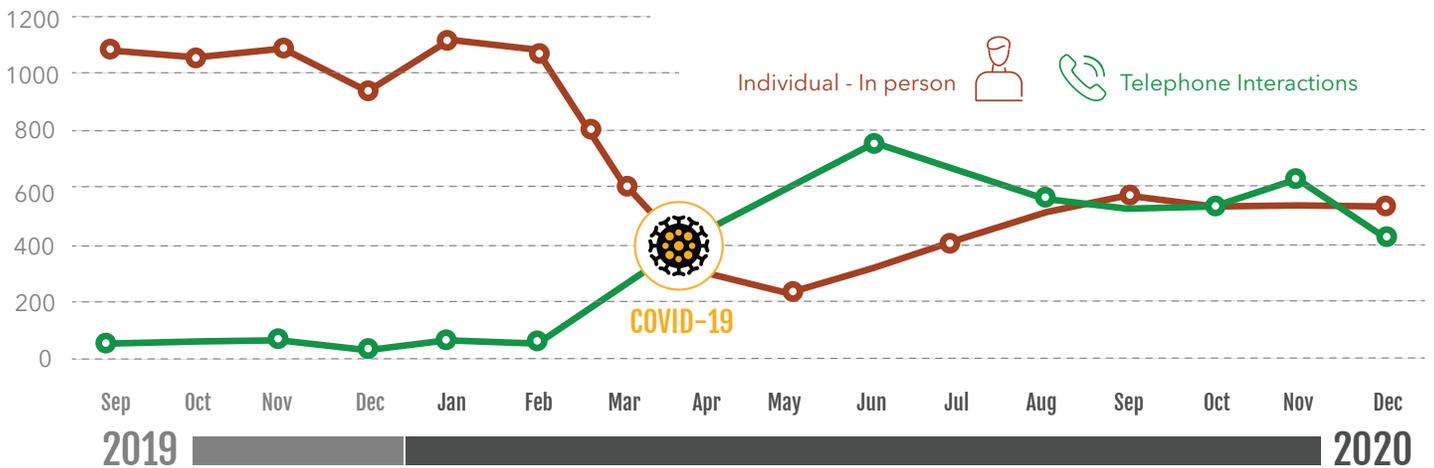
Figure 2. Clinical Encounter by Type April 2020-March 2021



The pandemic has shown that we have the capacity to continue to employ the benefits of virtual tools (including phone consults, video consults, secure messaging) when appropriate to the patient and the medical concern. We recognize that virtual visits have some benefits for a subset of our client population. Access to specialist services, reduced need for travel, reduction in missed work hours or loss of income and reduction in need to find babysitting/caregiver are some of the advantages we have heard.

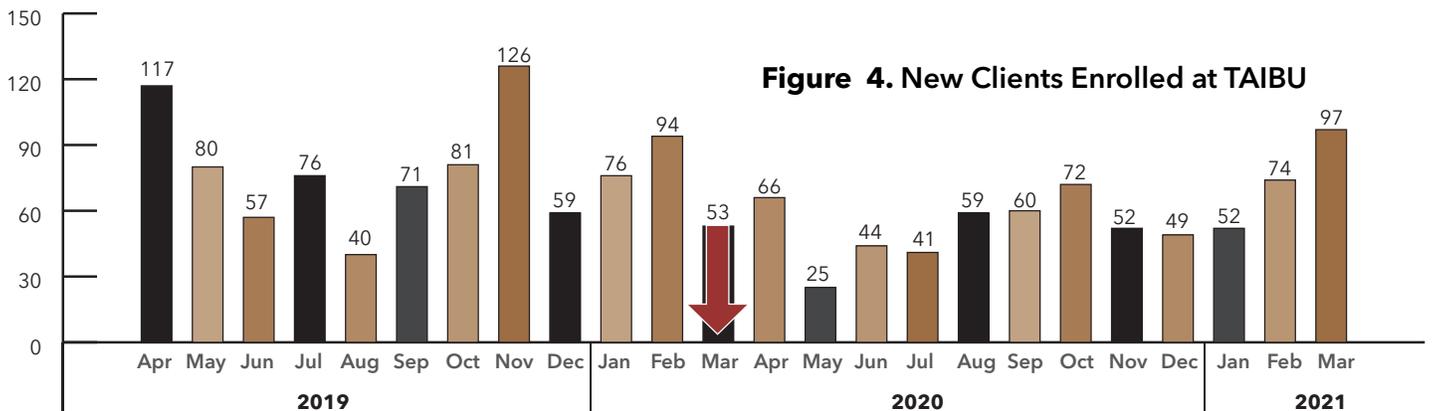
That being said, we continued to remain open in order to support those clients who benefit more from face-to-face contact with their provider. Consideration was provided to those who lacked access to compatible devices, data services and those with less comfort and skills to navigate the virtual space. We also recognized that not all medical concerns were suitable to virtual therefore we remained flexible in our offering of in-person appointments by using the hybrid model demonstrated in **Figure 2**.

**Figure 3. Another view showing 2019 comparison with 2020**



Access to care was further demonstrated through continued acceptance and registration of new clients during the pandemic. We adapted our registration and new client intake processes in light of the circumstances to enable new clients to access primary care services without gaps in their care.

The administrative staff, primary care providers and allied health staff were creative in approaches to help new clients avoid breaks/gaps in their care. **Figure 4** demonstrates the trend in new client registration over the 2020-2021 period.



**Figure 4. New Clients Enrolled at TAIBU**

## Community Services & Engagement

Following the adaptation of our primary care services, we focused on moving all of our other community and health promotion programs onto digital platforms. This endeavour took more time because of challenges faced by our communities such as digital equity. We were able to seek resources and funding to assist our community with digital access (e.g smartphones, laptops and internet access).

In September 2020, we realized that there was a second wave around the corner and that a particular outreach, communication and engagement was required to raise awareness among Black, Indigenous and racialized communities. TAIBU established partnership with the Scarborough Health Network (SHN) and developed a COVID-19 engagement campaign under three themes:

- 1. Get the Facts** - to counter the myths and misinformation that was circulating within the communities and develop trust towards the information that was being presented.
- 2. Get Tested** - to remove barriers and facilitate access to COVID-19 testing.
- 3. Get Support** - to make available practical and financial support for community members and families being impacted by COVID-19

**In addition, working in collaboration with other Black health leaders in the GTA, we advocated for the collection of race-based data to understand the extent of the disproportionate impact of COVID-19 on the Black and other racialized communities. The advocacy led to the collection of race-based data by the Toronto Public Health and later on by the Ontario government.**



**Get the facts.  
Get tested.  
Get support.**

Let's show Black lives matter by taking care of Black lives.

ADVICE. INFORMATION. SERVICES.  
**COVID-19 HELPLINE**  
**416-803-8654**



[taibuchc.ca/en/covid19](https://taibuchc.ca/en/covid19)

**The COVID Outreach Team has both and Anglophone and Francophone branch and collectively they have outreached to over 23,000 contacts in the community!**

**2000+**  
individuals  
provided with  
**Food Access**

**300+**  
individuals  
provided with  
**Family Supports**

**300+**  
individuals  
provided with  
**Housing and Homelessness Supports**

**700+**  
individuals  
provided with  
**Social Supports**

**5000+**  
individuals  
provided with  
**Income Supports**

**\$200K+**  
provided in vouchers  
**and income support**

**5000+**  
individuals provided  
with information  
on **COVID-19 and the Vaccine**

**300+**  
individuals provided  
with information on  
**COVID-19 Testing**

**400+**  
individuals  
referred to an  
**Outreach worker for additional supports**



**The COVID Outreach Team has both and Anglophone and Francophone branch and collectively they have outreached to over 23,000 contacts in the community!**



**TAIBU collaborated with several other organizations to create content to address the needs and concerns of Black and Racialized communities**



**TAIBU collaborated with several other organizations to create resources to address frequently asked questions about COVID19 specifically for Black and Racialized communities.**



## TAIBU's Vaccine Clinics

As the COVID-19 pandemic has progressed over the last 2 years, the development and implementation of an effective COVID-19 vaccine was a key component of the world's road to recovery. However, the development of the vaccine was only the first step in what has become a marathon towards recovery for racialized communities everywhere. Anti-Black Racism is the cause for mistrust in many systems used by Black communities, including the healthcare system.

We know that it is mistrust in the system that is built on a foundation of anti-Black racism that is the root of decisions to not vaccinate rather than hesitancy or anti-vaccine mindset. In order to create a culturally safe space for Black and racialized communities we worked in partnership with the Scarborough Health Network (SHN) and the Black Physicians Association of Ontario (BPAO) to make TAIBU a site for vaccination. BPAO has a mandate to cultivate a province where Black Ontarians are equitably represented in the field of medicine and racialized health disparities are eliminated. Building a community of Black physicians, creating social networks, and learning together, and working toward Health Equity of Black Ontarians.

Given the history of mistreatment and abuse of the Black community by the healthcare system, one of the main priorities for TAIBU's vaccine clinic was to make community members feel safe and comfortable throughout the process. Knowing that Black physicians would be administering the vaccine made it comfortable for clients to raise their concerns and ask questions as well as build trust. Researchers say Black-led community partnerships are effective at helping increase vaccinations, noting that vaccine clinics held in a Toronto hotspot neighbourhood from April to May 2021 increased vaccine uptake from 5.5 percent to 56.3 percent<sup>7</sup>.



## Francophone Representation in the Vaccine Clinic

Toronto has 19% of the Francophone (622,415) population in Ontario. As mentioned earlier, TAIBU built its capacity to serve the Francophone communities in Scarborough with the support of the French Language Services Entity, Entité 4 and the Central East Local Health Integration Network (Central East LHIN - now as part of the Ontario Health East). The development of the Francophone services and its implementation was led by the Coalition of Healthy Francophone Communities. In 2020, TAIBU received its partial designation as one of two French Language Service providers in Scarborough for its primary care and health promotion programs and services.

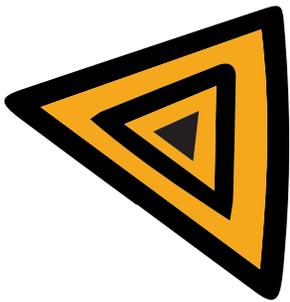
Ninety-three percent of the Francophone clients that we serve are from Black communities and 95% are newcomers to Canada. Hence, we also adopted a specific and target outreach to the Francophone communities to raise awareness of COVID-19 and to facilitate access to vaccination and community support.



**Our francophone staff ensured that all clients coming into the site had French language support at all steps of the vaccine process, through registration, administration, and observation.**

## Race-Based Data Collection

Race based and other socio-demographic data collection is always a focus of TAIBU's program and services delivery. We have undertaken several quality improvement (QI) initiatives to ensure that we have a good data quality when it comes to the services we provide. In 2019, as the result of a focused QI initiative led by our Knowledge Information and QI Lead we were able to improve our race based and socio-demographic data quality from 42% to 96%.



Part of our vaccine roll out plan included the collection and analysis of race based and socio-demographic data including reasons for taking the vaccine or reasons for vaccine hesitancy, as well as patient experience. This information was very important in understanding the strengths and weaknesses of the clinic as well as to effectively address the needs of the community we serve based on the direct feedback of the community. Race-based data in particular is an often neglected part of research within Canada, which further serves to marginalize racialized communities. TAIBU has compiled qualitative and quantitative data that we have collected from the first days of the vaccine clinic.

### Source of Data

Data was collected through various means during the clinic as outlined below:



TAIBU Self Reported Sociodemographic Data



TAIBU - Patient Satisfaction Survey



Ministry of Health Socio-Demographic Survey



Outreach to TAIBU Clients and Community





## Self-Reported Sociodemographic Data

This data was collected by Vaccine Screeners while clients were in line for the vaccine – questions pertaining to race, age, and gender.

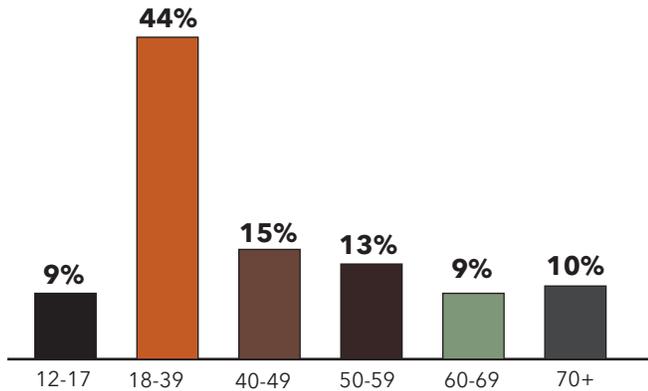


Figure 5. Self Reported Age

### Self-Reported Age (n=9413)

The majority of those vaccinated at the TAIBU Clinic from April 2021- July 2021 were between the ages of 18-39 years old. This suggests that there is less hesitancy amongst younger racialized populations when compared to other cohorts.

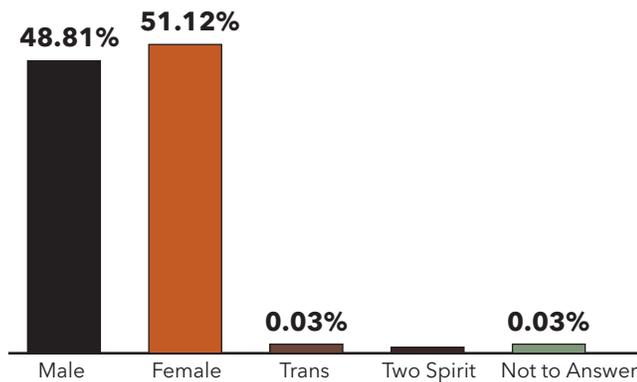


Figure 6. Self Reported Gender

### Self-Reported Gender (n=9149)

51.12% of individuals vaccinated at TAIBU identified as Female, followed by 48.81% identifying as Male. 0.03% identified as Trans, and 0.03% preferred not to answer.

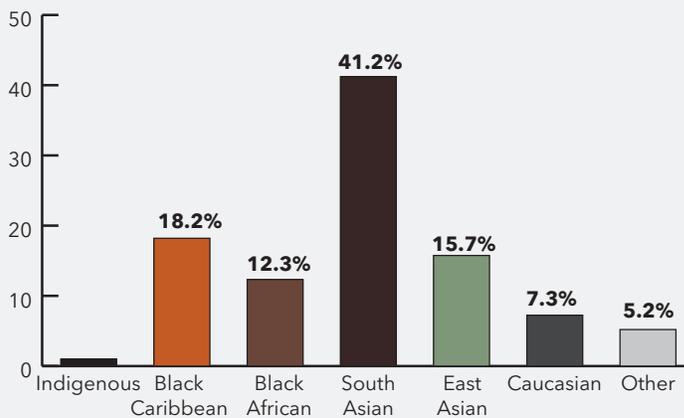


Figure 7. Self Reported Ethnicity

### Self-Reported Ethnicity (n=9355)

30.52% of all surveyed individuals vaccinated at TAIBU self-identify as being Black.





## Patient Satisfaction Survey

This data was collected through a survey administered to vaccinated individuals during the observation phase of the vaccine process. This data includes sociodemographic information, reasons for vaccine trust and hesitancy, vaccine experience feedback. The individuals who completed this survey identified as:



**Table 2: Ethnicity of Vaccine Recipients as per Patient Satisfaction Survey**

Ethnicity of Respondents (n=1731)	Afro-Caribbean Respondents (n= 436)
Indigenous	1.44%
Black Caribbean	16.70%
Black African	8.90%
South Asian	43.15%
East Asian	15.19%
Caucasian	6.99%
Other (please specify)	7.63%

**Table 3: Age Group of Vaccine Recipients comparing All respondents with ACB Respondents**

	All Respondents (n=1735)	Afro-Caribbean Respondents (n= 440)
Age Group	Percentages	Percentages
12-17	54.12%	34.55%
18-39	13.08%	15.0%
40-49	16.83%	24.09
50-59	9.05%	14.55%
60-69	3.52%	4.77%
70+	3.40%	7.05%

**Table 4: Gender of Vaccine Recipients Comparing All Respondents with ACB Respondents with ACB respondents**

	All Respondents (n=1731)	Afro-Caribbean Respondents (n= 436)
Gender	Percentages	Percentages
Male	50.43%	46.56%
Female	48.58%	52.75%
Transgender	0.06%	0.0%
Two Spirit	0.0%	0.0%
Prefer not to Answer	0.12%	0.0%
Other	0.81%	0.69%



**Table 5: Primary Language of Vaccine Recipients Comparing All Respondents with ACB Respondents**

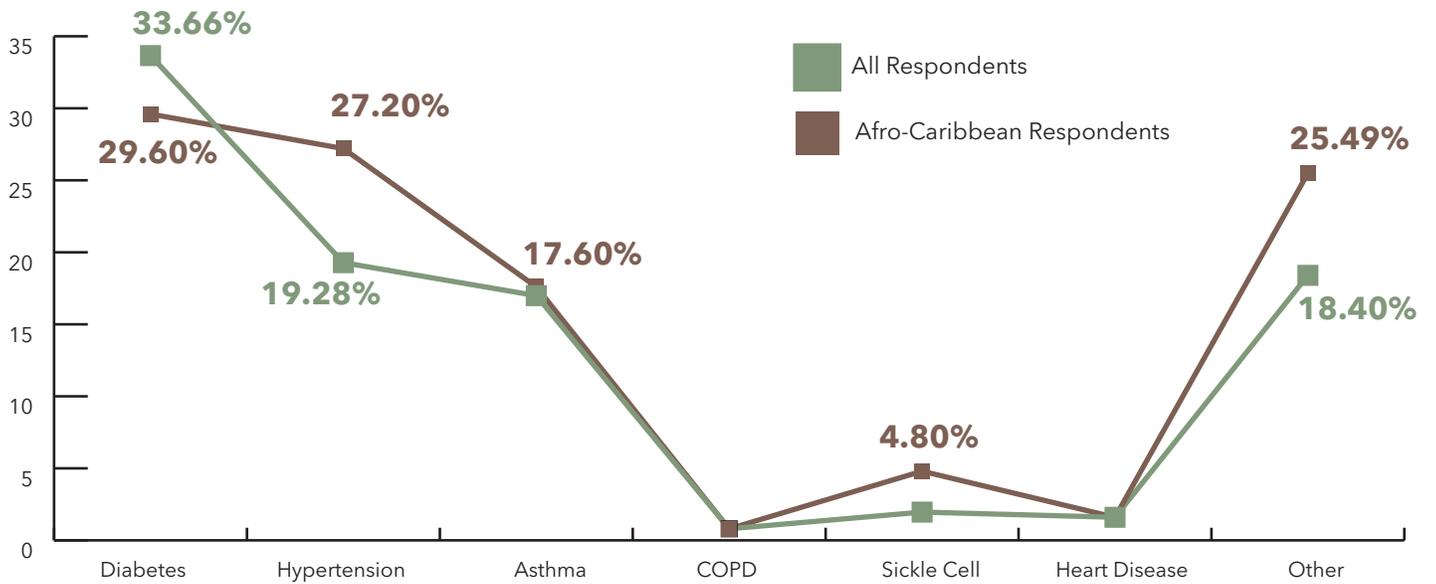
	All Respondents (n=1734)	Afro-Caribbean Respondents (n=440)
Primary Language	Percentages	Percentages
English	95.44%	96.59%
French	1.10%	2.05%
Other	3.46%	1.36%

**Table 6: Chronic Conditions of Vaccine Recipients Comparing All Respondents with ACB Respondents**

	All Respondents (n=1727)	Afro-Caribbean Respondents (n=439)
Chronic Conditions	Percentages	Percentages
Yes	15.06%	24.83%
No	84.94%	75.17%



**Afro-Caribbean Black respondents reported higher in hypertension, asthma, COPD, and sickle cell disease which is reflective of trends seen in primary care for clients of Afro-Caribbean descent.**

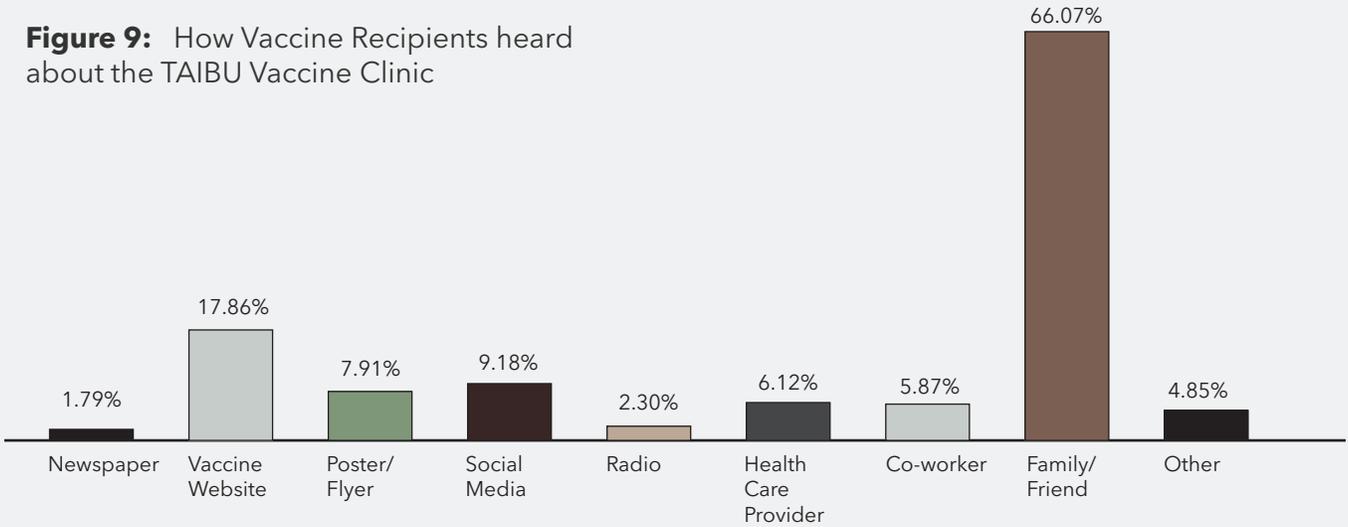


**Figure 8:** Breakdown of Chronic Diseases of Vaccine Recipients, Comparing All Respondents to ACB Respondents

The figure below illustrates that the top 3 ways patients heard about the vaccine clinic at TAIBU were through a family member/friend, through the vaccine website, and through social media. However, of all the methods through which outreach was done to promote the clinic, organic word-of-mouth communication superseded all the other targeted approaches for outreach combined.



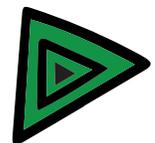
**Figure 9:** How Vaccine Recipients heard about the TAIBU Vaccine Clinic



**53%**

Experience of Hesitancy?	ALL	ACB
Yes	17%	<b>26%</b>
No	83%	<b>74%</b>

**Table 7: Vaccine Hesitancy Among Vaccine Recipients Comparing All Respondents and ACB Respondents**



**The data collected and analysed demonstrated that there was a 53% increase in hesitancy among Afro-Caribbean and Black respondents when compared to the remaining population. The reasons for hesitancy include:**

**Table 8:** Themes Related to Vaccine Hesitancy

All Respondents (n=146)		Afro-Caribbean Respondents (n= 121)	
Percentage	Theme	Percentage	Theme
19.9%	Believes it was made too fast with not enough research	24%	Worries about short term side effects
17.1%	Various Conspiracies and misinformation on social media (ie. Microchip in the vaccine)	20.8%	Believes it was made too fast with not enough research
16.4%	Scared of blood clots	8.4%	Historic mistreatment of Black people in the medical field
13.7%	Worries about long term effects	8%	Unsure of what was and wasn't reliable information
8.9%	Worries about short term side effects	6%	Scared of blood clots
7.5%	Unsure of what was and wasn't reliable information	6%	Worries about long term effects
6.2%	Heard from friend that the vaccine isn't safe	4.2%	Heard from friends or family that the vaccine isn't safe
2.5%	Religious reasons	4.2%	Anxiety/Fear around the vaccine
1%	Just don't want it	4.2%	Comorbidities
1%	My body doesn't need it	4.2%	Too much conflicting information
1%	Is pregnant/breastfeeding	1%	My body doesn't need it - don't get sick often and don't take a flu shot
1%	Being black and not sure how it might affect black people	<1%	My body doesn't need it - don't get sick often and don't take a flu shot
1%	Unsure about ingredients	<1%	Not enough information for the Black Community
1%	Waiting to see results in others before feeling safe to take it	<1%	Unsure about ingredients
1%	Doesn't believe in vaccines	<1%	Afraid it would infect me with COVID
1%	Already had covid, so I'm fine		

## The top 3 Reasons for why Afro-Caribbean respondents of the survey had hesitancy toward the vaccine are:

24% - Worried about the short-term side effects of the vaccine

20.8% - Believe the COVID-19 vaccine was made too fast with not enough research

8.4% - Historic mistreatment of Black people in the medical field

**Table 9:** Themes Related to Vaccine Trust

All Respondents (n= 434)		Afro-Caribbean Respondents (n= 314)	
Percentage	Theme	Percentage	Theme
47.2%	To feel safer	48.7%	For the safety of myself and others
29.7%	To protect myself and my loved ones	8.8%	Family and friends got vaccinated
9.2%	To help society get back to normal	7.9%	Travel
8.9%	Travel	6.7%	To help society get back to normal
1.6%	Doing my part in building herd immunity	5.7%	Doing my own research and trusting in science
1.4%	Am pregnant/breastfeeding	3.8%	Recommended by Healthcare provider
1.2%	Administered at TAIBU which is an organization I can trust	3.8%	Comorbidities
<1%	It's the right choice	3.2%	Availability of Pfizer
<1%	Covid is scarier than the vaccine	2.9%	Required by school/work
<1%	Doing my own research	2.9%	Trust in Black Health Organizations
		2.5%	It's the right thing to do
		1.9%	To be able to socialize again
		1.2%	Benefits of vaccine outweigh the risks

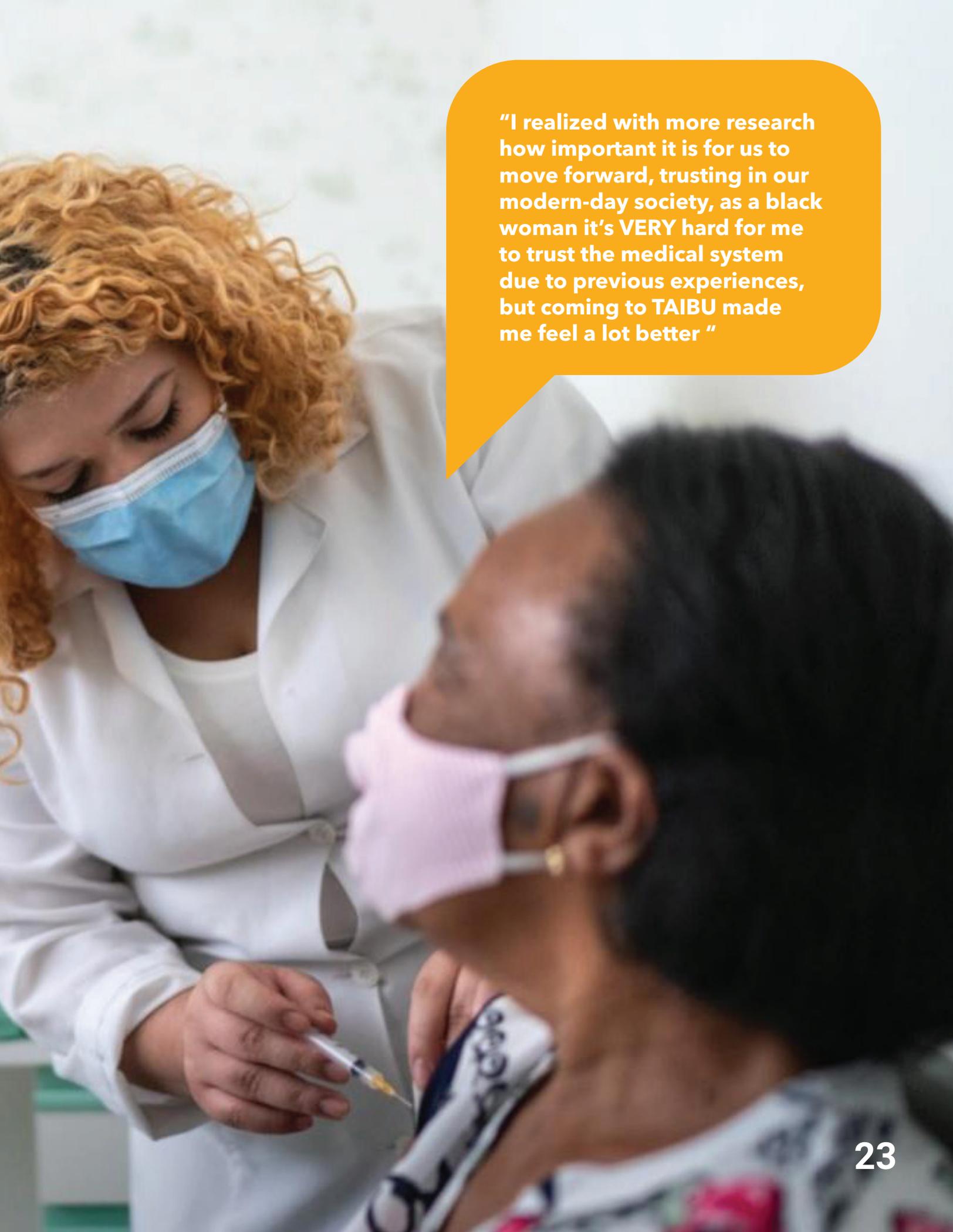
**Individuals who remain unvaccinated are often characterised as “Anti-Vaxxers” but from this qualitative data we can see that the individuals who are not interested in the vaccine largely have specific reasons as to why they do not want this specific vaccine, rather than being against vaccines at the outset. This information also informs how we create and share educational materials.**

**"Every individual that I have interacted with has been not only exceedingly competent and confidence building in their role. They have also been generous with their supportive emotions, patience, and the appearance of contentment with the rigors of their job. I am pleased that we have such a cooperative, warm, well-trained organization in Scarborough. Please, please document the process that brought this into reality and build on it in the future."**

**"The vaccine is being administered at TAIBU; a place that focuses on Black Health. I trust this organization."**

**"Everyone was so sweet and reassuring, everything was organized. It was an amazing experience and I felt very comfortable even when I was initially very nervous"**

**"I was feeling nervous when I arrived to the clinic but every member off the staff was so helpful, nice and efficient. Made me feel comfortable and calm."**



**“I realized with more research how important it is for us to move forward, trusting in our modern-day society, as a black woman it’s VERY hard for me to trust the medical system due to previous experiences, but coming to TAIBU made me feel a lot better ”**



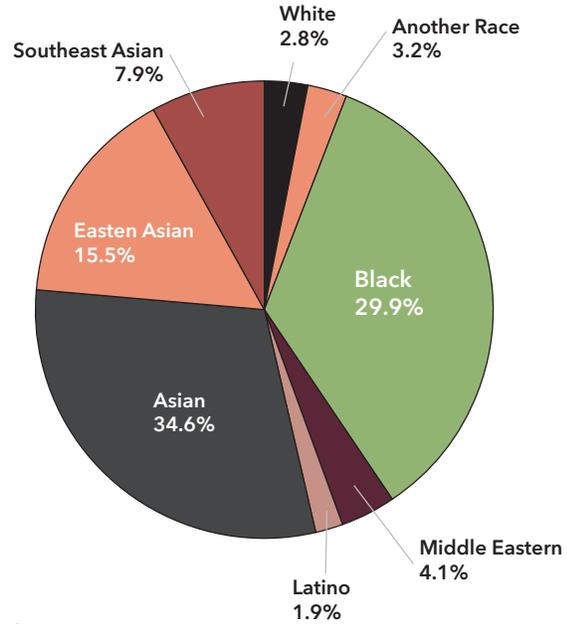
# Ministry of Health Socio-Demographic Survey

This data was collected through a survey created by the Ministry of Health pertaining to demographics, income, household composition, and language spoken. This data collection began in August 2021 and continues to be implemented.

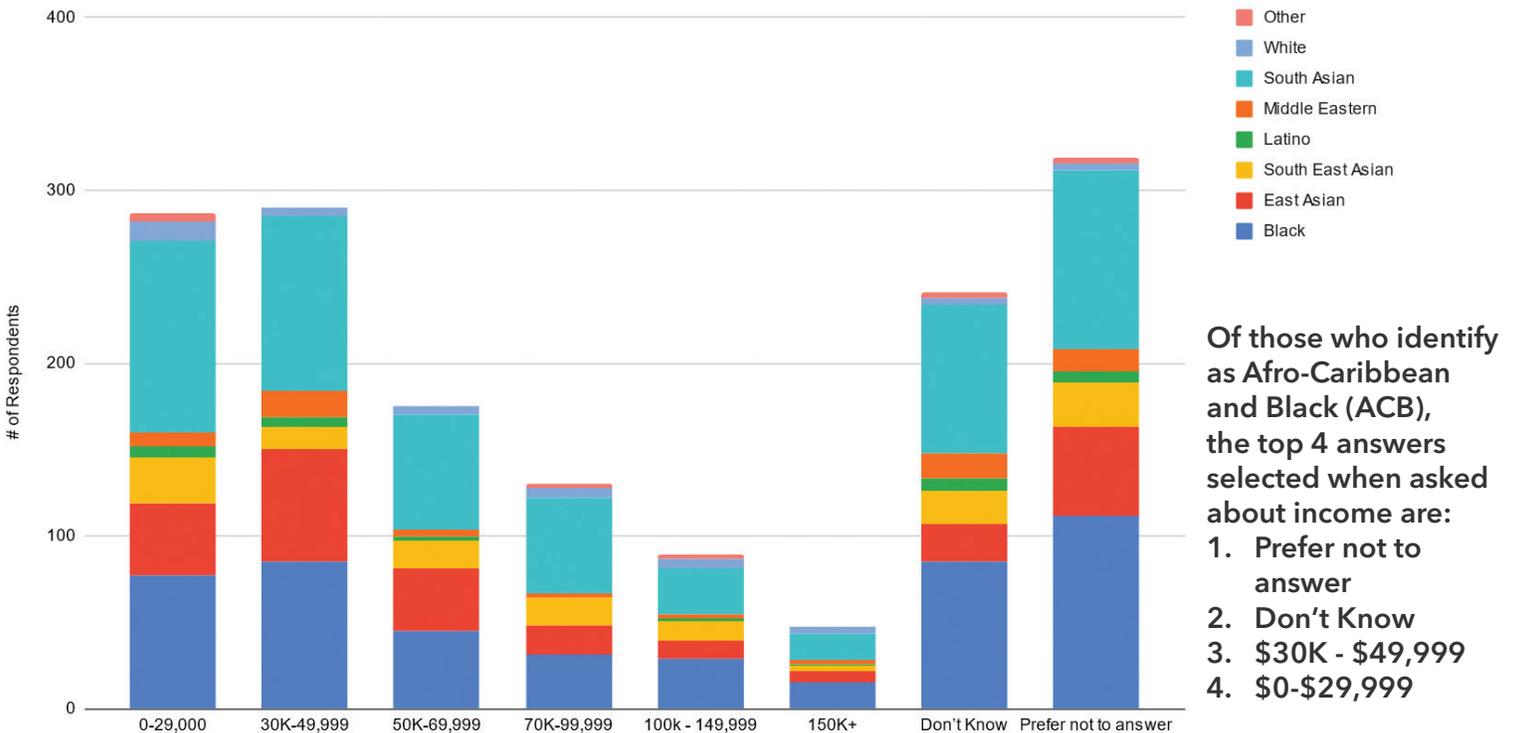
**Figure 10:** Ministry of Health Socio-Demographic Survey: All Respondents

## All Respondents: Racial Categories (n=1,664)

34.6% of individuals who completed this survey identified as South Asian, followed by 29.9% of individuals who identified as Afro-Caribbean and Black (ACB)



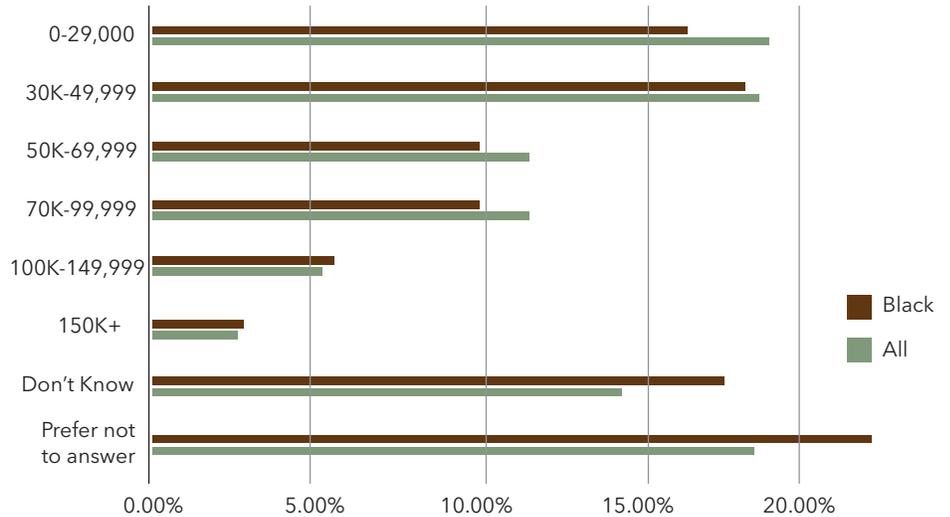
**Figure 11:** Ministry of Health Socio-Demographic Survey: Net Income and Racial Categories hemes Related to Vaccine Hesitancy



All Respondents:  
**All Respondents VS  
 Black Respondents**  
 (n=1,578)

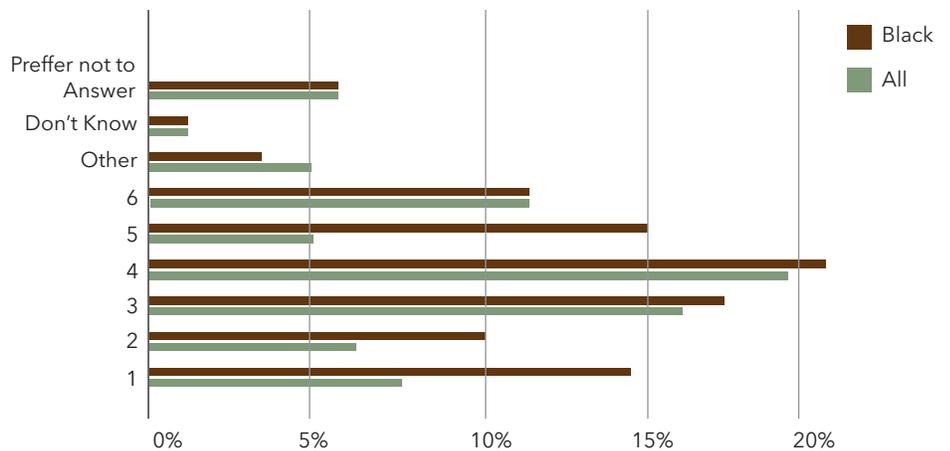
When compared against All respondents, Black households are proportionally more likely to contain multi-person households. From our work in the community, we also know that Black households are often multi-generational households.

**Figure 12:** Ministry of Health Socio Demographic Survey: All Respondents VS Black Respondents: Net Income



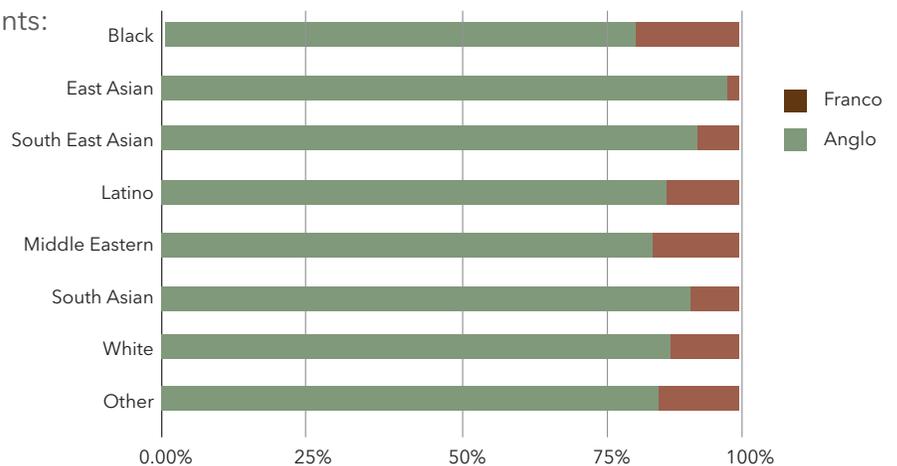
**Figure 13:** Ministry of Health Socio Demographic Survey: All Respondents VS Black Respondents: Household Members

When compared against All respondents, Black households are proportionally more likely to contain multi-person households. From our work in the community, we also know that Black households are often multi-generational households



**Figure 14:** Ministry of Health Survey: Anglophone VS Francophone Respondents: Racial Categories

63% of those who identified as francophone or speaking both English and French as their primary language also identified as being Black. Comparatively 27% of those who identified as Anglophone also identified as being Black.





## Outreach to TAIBU Clients and Community Members

TAIBU’s vaccine-specific outreach had to be dynamic to adapt for changes in vaccine availability and eligibility. This involved multiple phases of calls, emails, and in-person outreach in the community as well as within TAIBU’s client base in order to keep the community updated on new developments and to understand the community thoughts about the vaccine.

For the community to access the vaccine clinic, we created a vaccine phone line and email address. To date, we have administered over 38,000 doses at TAIBU. Of those total doses, we helped facilitate over 5000 vaccine bookings via our vaccine phone line, and over 3000 vaccine bookings through our vaccine email address.



**TOTAL DOSES ADMINISTERED**  
**38,000+**



**VACCINE PHONE LINE**  
**5,000+**  
appointments booked



**VACCINE EMAIL ADDRESS**  
**3,000+**  
appointments booked

The staff at the vaccine clinic have made thousands of phone calls to TAIBU clients since the beginning of the clinic as eligibility changed for the vaccine. In September 2021, the vaccine team renewed a strategic outreach campaign to call all eligible TAIBU clients to support in booking vaccine appointments for anyone who was interested.

**Following a targeted phone campaign to TAIBU patients, we saw a 28% increase in patients who received 2 doses of the COVID-19 vaccine!**



## Pop-up Vaccine Clinics in the Community

**While we primarily run the vaccine clinic out of TAIBU, we also took our clinic into the community to offer the vaccine in even more culturally safe spaces thereby reducing barriers such as transportation for those who don't live close by.**

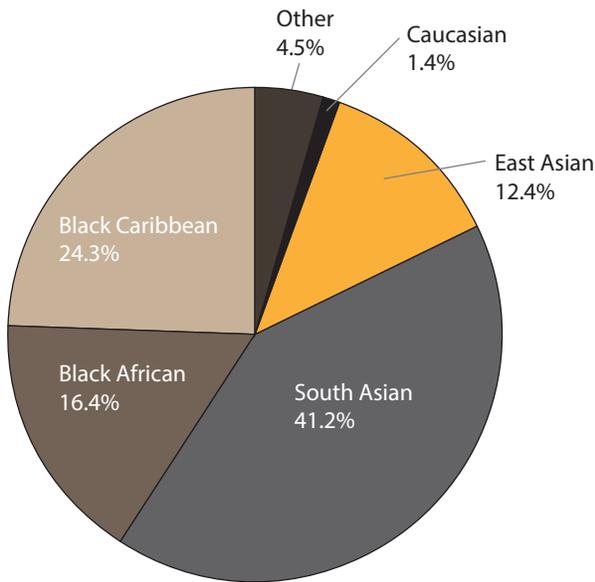
We conducted pop-up vaccine clinics in places frequented by Black and racialized communities including churches, mosques, schools, and diverse workplaces. These pop-up clinics were done in partnership with the following organizations:

- Empringham Toronto Community Housing
- Abu Huraira Centre
- St.Mother Theresa Academy Catholic School
- RCCG Jesus House Scarborough
- Daleel Islamic Association
- Philadelphia Seventh Day Adventist Church
- Grace Foods Canada
- Sickle Cell Awareness Group of Ontario
- École élémentaire catholique Saint-Jean-de-Lalande



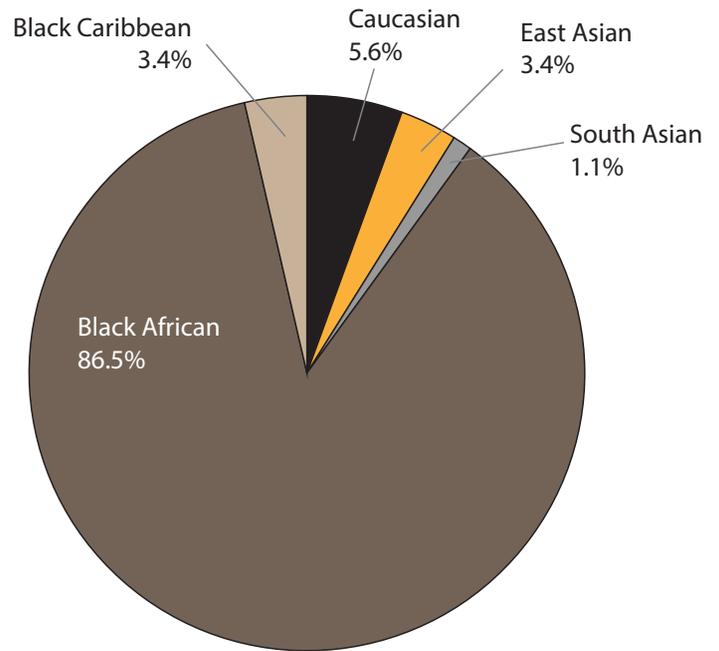
**Figure 15:** Self Reported Ethnicity at Pop-up Vaccine Clinic at Mother Theresa June 16

St. Mother Teresa Academy Catholic School is located close to TAIBU within Malvern. Of the 177 people who completed the survey, over 40% identify as being Black. (This is similar to the statistics seen at TAIBU but is still higher than the 35% Black population vaccinated/surveyed. This may be because the popup clinic took place in a school where families came together to get vaccinated, thus leading to a higher proportion of respondents identifying as Black).



**Figure 16:** Self Reported Ethnicity at Pop-up Vaccine Clinic at RCCG Jesus House Scarborough June 20

RCCG Jesus House is located in Scarborough and is a predominantly Black Church. This is reflected in the above statistics collected on the day of the pop-up clinic.



**Of the 89 people surveyed, 90% of individuals identified as being Black.**

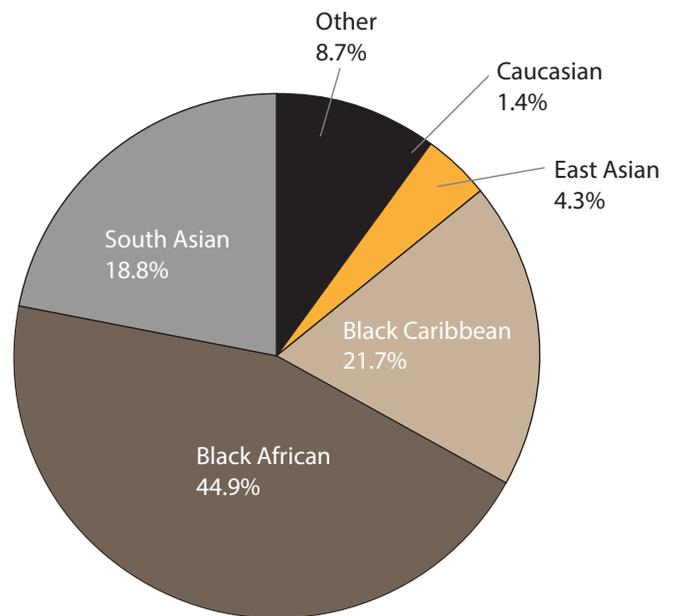


**When possible, we also collected sociodemographic information during these pop-up clinics. Because these clinics were in places frequented by Black and racialized communities, this is reflected in the statistics collected.**



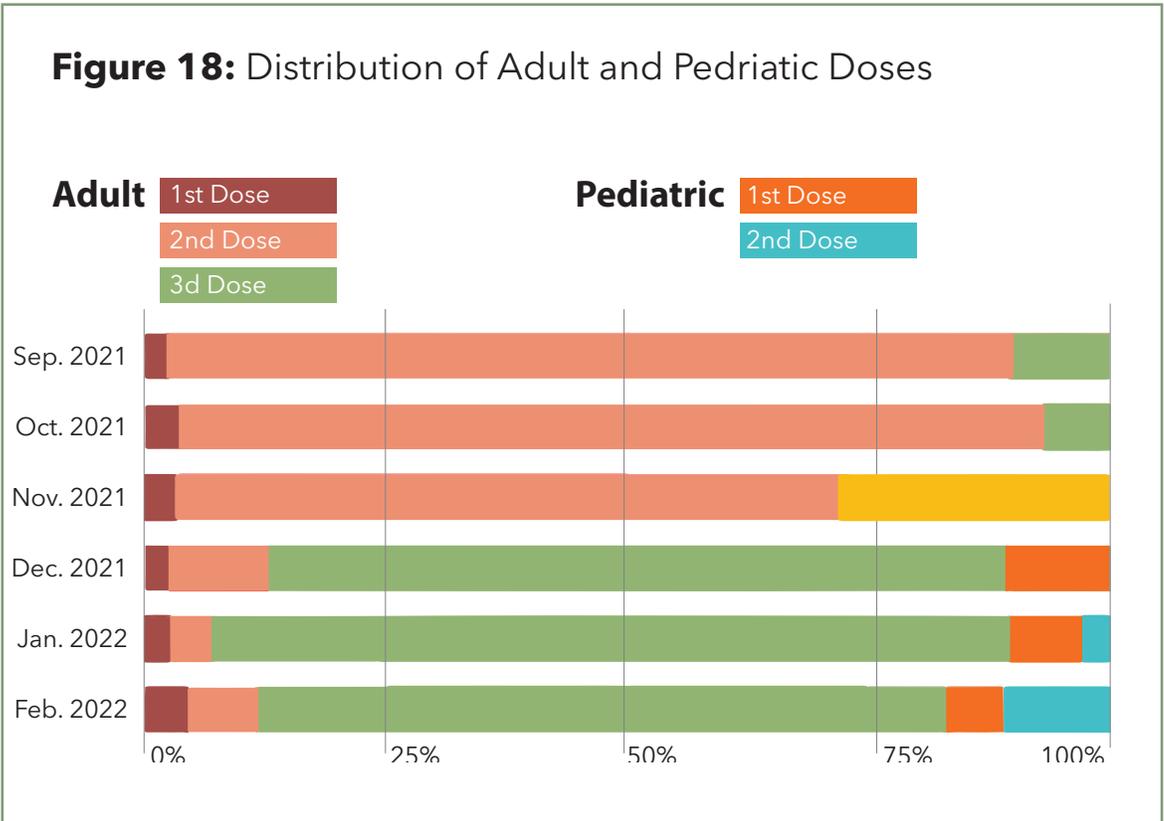
**Figure 17:** Self Reported Ethnicity at Pop-up Vaccine Clinic at Daleel Islamic Association June 21

**Of the 69 people surveyed, 67% of individuals identified as being Black.**



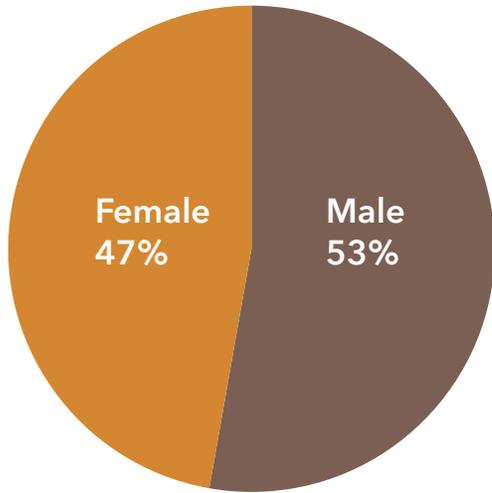
# Vaccine Statistics

The vaccine clinic has been running since April 2021 and as of February 2022 we have administered 38, 269 doses. In September 2021, eligibility for 3rd doses began to open up, followed by pediatric doses for children aged 5-11 starting in December 2021.



There is a marked shift in distribution of Adult 2nd doses to Adult 3rd doses in December 2021. Many workplace mandates in Ontario for staff to have 2 doses of the vaccine were giving deadlines for staff to be vaccinated by the end of October or November in order to remain employed. In December, many people were looking to get their boosters as eligibility requirements continued to expand and people wanted to travel for the holidays or feel safer when visiting their families over the break.

**As the trends between 2nd and 3rd adult doses shift, the proportion of 1st doses continues to remain stable.**



**Figure 19: Gender - Adult 1st Doses**

Sept 2021 - Feb 2022

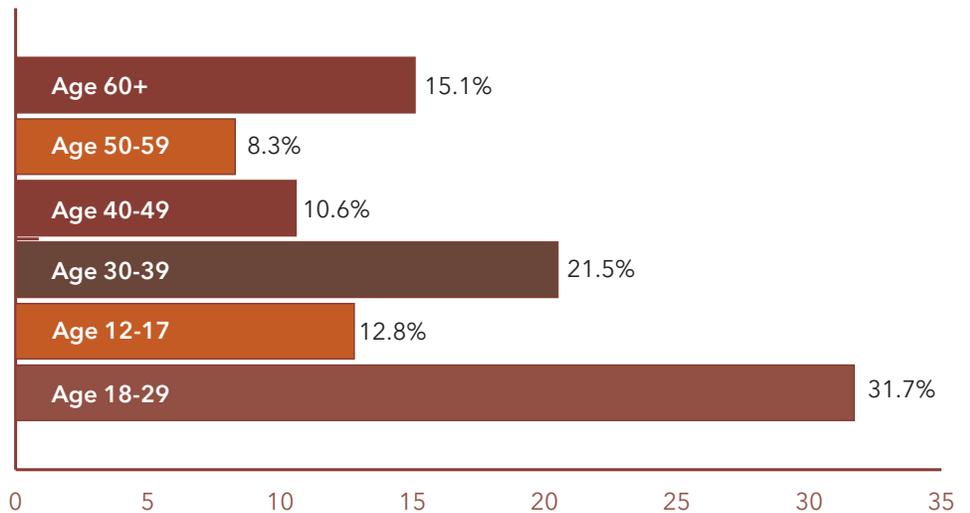
53% of individuals receiving a first dose of the vaccine between September and February identified as being Male.

**Figure 20: Age- Adult 1st Doses**

Sept 2021 - Feb 2022

Of those who received a first dose of the vaccine between September and February the top 3 age categories are:

1. Age 18-29
2. Age 30-39
3. Age 60+

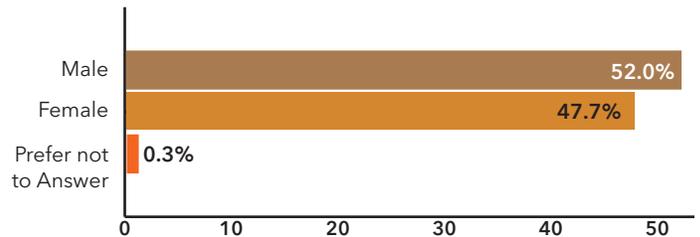


**When speaking to individuals coming through for first doses at this stage of the pandemic, commonly expressed reasons for getting the vaccine were related to wanting to wait and see what the long term side effects of the vaccine are, as well as wanting to travel. This may explain why individuals over the age of 60 are continuing to come in for 1st doses of the vaccine.**

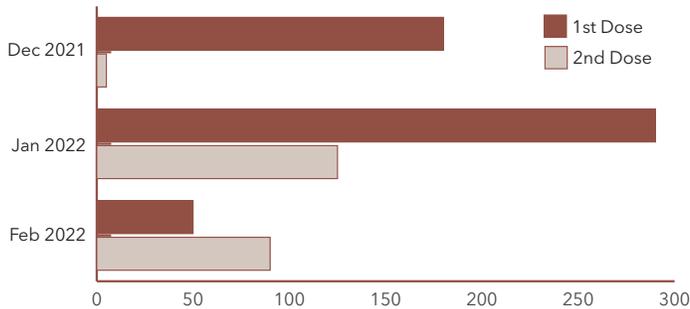
# Pediatric Vaccine

The TAIBU Vaccine Clinic began pediatric doses in December 2021 and modified our vaccine flow to create a separate space for kids to receive the vaccine along with a calming place to recover during observation.

**Figure 21:** Pediatric Vaccine - Gender



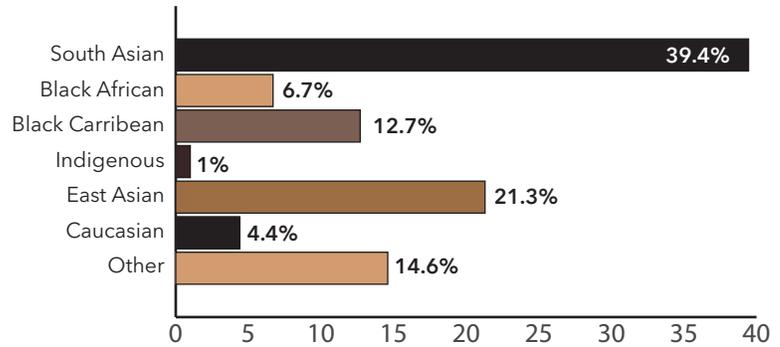
**Figure 22:** Pediatric Dose Distribution Sept 2021 - Feb 2022



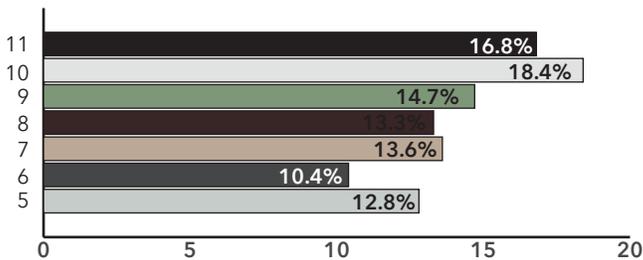
As the vaccine clinic progresses, the total number of pediatric doses has decreased. This may be due to the increase in school-based pop-up clinics across the GTA. For many families, there is also an increased hesitancy toward the pediatric vaccine which may explain the decrease in first doses of the vaccine. We also administered a Pediatric Patient Satisfaction Survey for parents to complete during the observation period.

**Figure 23: Pediatric Vaccination Self Reported Ethnicity**

Of those who received a dose of the pediatric vaccine:  
 39.4% were South Asian  
 21.3% were East Asian  
 19.4% were Black



**Figure 24: All Respondents - Pediatric Vaccination - Age**



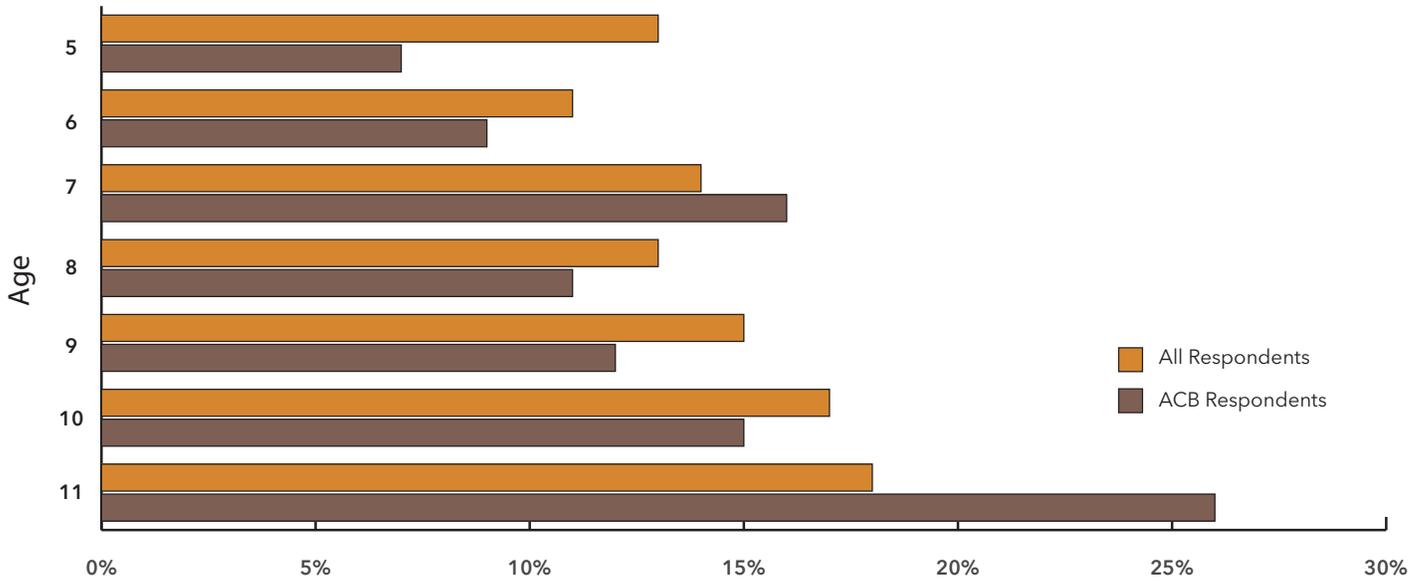
This data is also supported by reasons why Black families experienced vaccine hesitancy in vaccinating their children, as 5.4% of those surveyed said their children being too young was their reason for hesitancy.

**Of all the 5-year old's vaccinated only 8% were Black, compared to 25% of 11 year old's identifying as Black.**

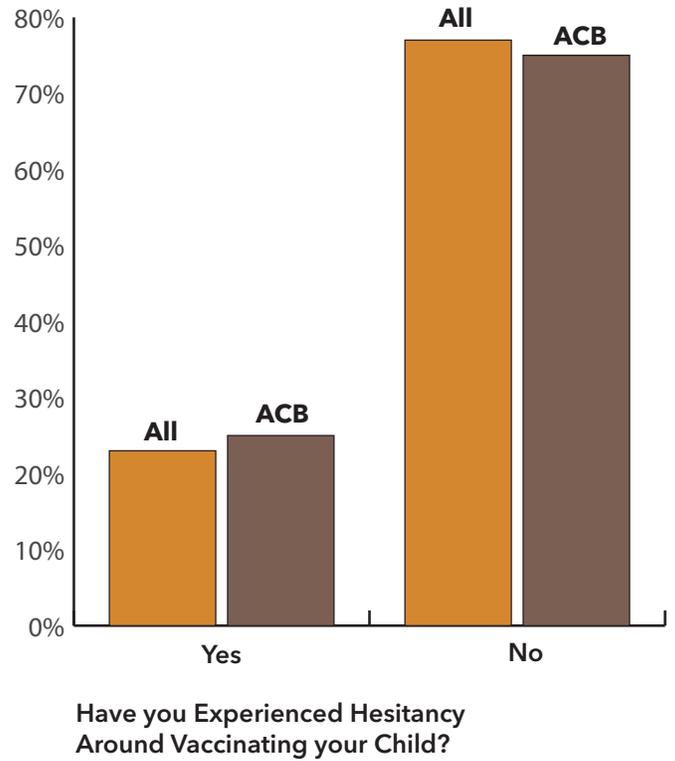


Jasiri the Lion is the mascot of the pediatric vaccine clinic at TAIBU!

**Figure 25: Pediatric Vaccine Age:**  
Comparison of All Respondents VS ACB Respondents



**Figure 26:** All respondents and ACB Respondents: Have you Experienced Hesitancy Around Vaccinating your Child?

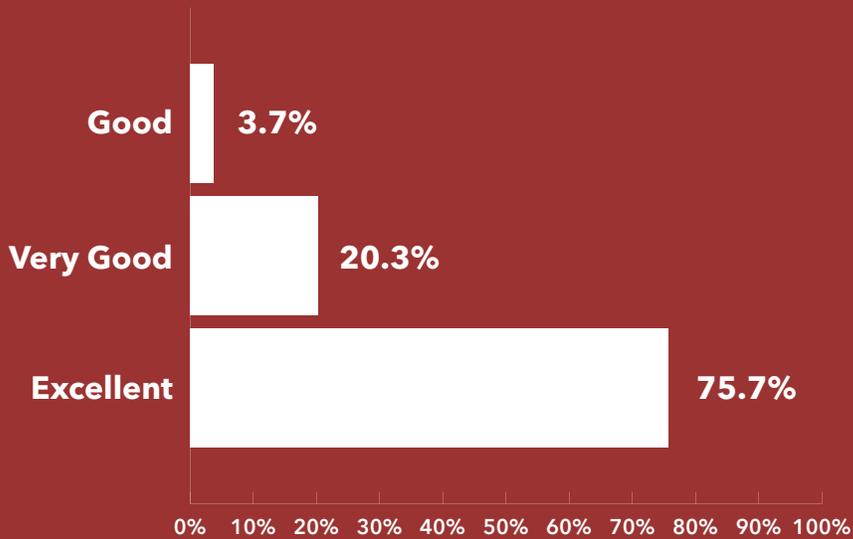


The data that was collected and analysed demonstrated that there was a 24.4% increase in hesitancy among Afro-Caribbean and Black respondents when compared to the remaining population. The reasons for hesitancy include:

**Table 10:** Pediatric Vaccine - Reasons for Hesitancy

All Respondents (n= 72)		Afro-Caribbean Respondents (n= 15)	
Percentage	Theme	Percentage	Theme
51.4%	Side Effects	61.5%	Side Effects
13.9%	Allergic Reaction	13.4%	Not Enough Research
12.5%	Not Enough Research	13.4%	Child Afraid of Needles
11.1%	Child Afraid of Needles	6.3%	Allergic Reaction
5.6%	Unsure of Effectiveness of Vaccine	5.4%	Children are too young for the vaccine
4.2%	Child has Comorbidities		
1.4%	Vaccine History with Black Communities		

## Pediatric Vaccine Patient Satisfaction



**"The clinic is very child friendly; staff are nice, location is accessible. Thank you for everything that you do. Stay safe!**

**God bless the TAIBU staff."**

**"Thank you for being patient with my youngest child. Thank you so much for being part of our community. "**





**"Keep up the good work. I live in this neighbourhood. Thank you so much for all the hard work to keep our community a safer place against COVID!!!"**

**"Great job, Dr. Omole took time to build my rapport & answer questions. Take away pop-it was a nice gesture for the kids. Process was also fast, liked that staff was bilingual."**

**"My son is very afraid of shots but having the calm sensory room afterwards helped a lot"**

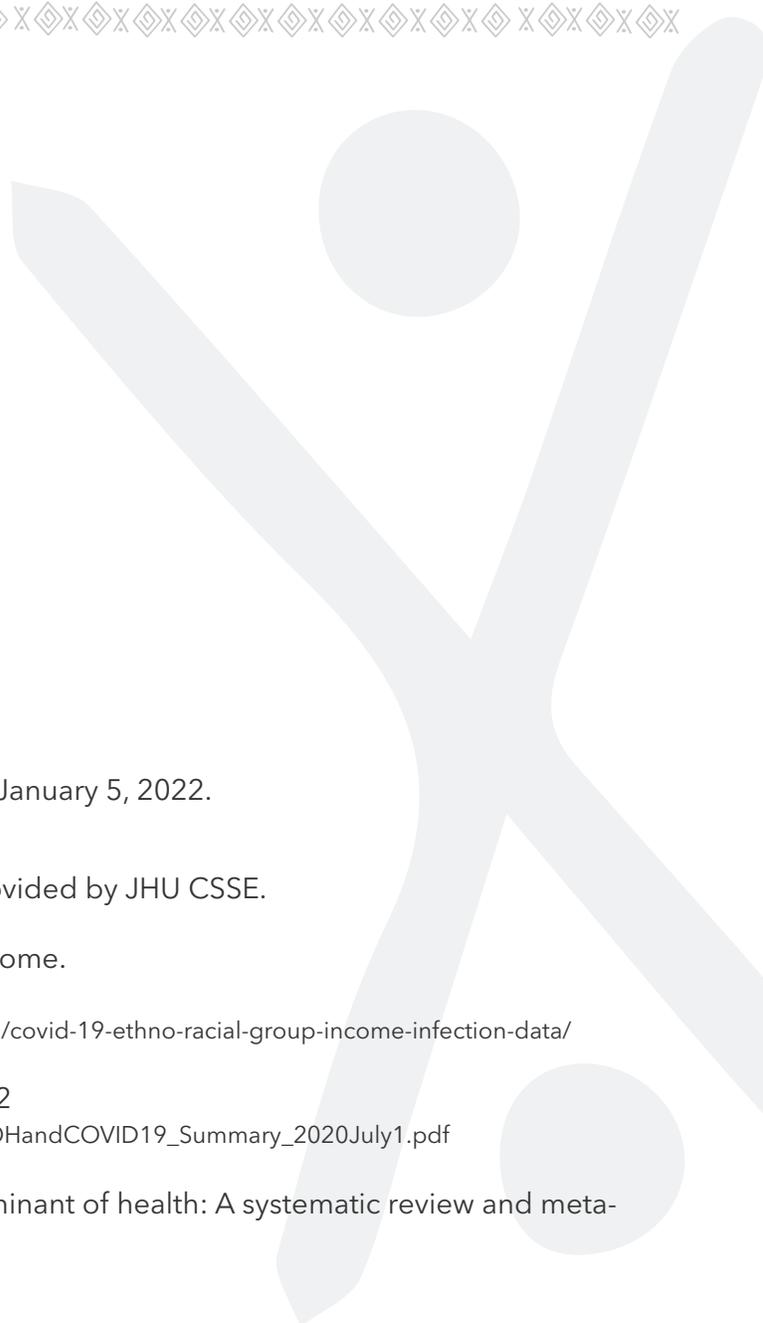
## Conclusions

In this report we have provided an overview of TAIBU's pandemic response. This response has been specifically tailored to align with our purpose as a centre - to provide intersectional, equity-based, and culturally affirming practices for Black-identifying individuals, through a holistic approach to primary care, health education, disease prevention, and the promotion of health and wellness. This report is by no means an exhaustive or all-encompassing documentation of the work we have been doing as a centre, but we hope to have conveyed the ongoing process in which TAIBU has been proactively responding to the various effects of the pandemic as it continues to unfold.

TAIBU has been collecting race-based data for many years as part of our regular programming, but during the pandemic we made sure to emphasize the importance of this practice not only within our centre but also across the city and province, in order to get a better sense of the true impact of COVID, the vaccine rollout and the inequities therein. The data collection validated the presupposition that infection rates and vaccine access and uptake would be disproportionate in the Black communities as indicated by the impact of Anti-Black racism on social determinants of health and mistrust in health care institutions created by decades of mistreatment.

For our peers and colleagues that work in similar spaces, we hope that the report will be encouraging to start or renew efforts to commit to collect sociodemographic data from communities served in order to understand the impact of your work, to adapt your programming as needed, and to help support and justify the need for funding the work that we all know is crucial to the health of our communities. Although it may seem an overwhelming task, it can be done successfully with minimal resources and be integrated into existing processes within current workflows.

We made it happen because it was what our communities needed. Where the need exists, get creative, and do the right thing, even when the resources and process are not in place, because an important part of the care we provide is knowing how to go about providing that care - it's essential for equity and the health of our communities. It's about time.



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