Evaluating & Improving COVID-19 Vaccine Clinics For Racialized Youth In Toronto's COVID-19 Hotspots

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Background

In April 2021, first-dose COVID-19 vaccines were prioritized to COVID-19 hotspots which majorly house low-income, racialized, essential workers (1). Canada public health emphasized a equity-rooted vaccine rollout strategy (2).

Since March 2021, Jane-Finch and Rexdale remain Toronto COVID-19 hotspots (3). They are also highly racialized, low-income communities (3).

Data on the experiences of racialized, hotspot-residing youth accessing these mobile and pop-up vaccine clinics is scarce.

Research Questions

Using Jane-Finch & Rexdale as a case study:

1. What are the experiences of racialized postsecondary students who reside in COVID-19 hotspots accessing vaccines from pop-up and mobile vaccine clinics?
2. How can COVID-19 pop-up and mobile vaccine clinics in hotspot neighbourhoods be improved?
3. How do COVID-19 vaccine clinics respond to inequities experienced by racialized, youth residents of hotspot, Toronto neighbourhoods?

Methods

1. **Interview Guide Development**
   by conducting an informal environmental scan of present vaccine policies.
2. **Student Participant Recruitment (n=12)**
   through Instagram ads & snowball sampling.
   6 participants were recruited from both communities (n=12) on a first come, first serve basis.
   Inclusion Criteria
   1. Jane-Finch (postal codes: M3N, M3J, and M3L) and Rexdale (postal codes: M3M, M9W, and M9V) residents
   2. Self-identify as a person of colour
   3. Currently enrolled in postsecondary school
   4. Have at least 1 dose of any COVID-19 vaccine from a pop-up or mobile vaccine clinic in their area of residence
3. **Community Leader Recruitment (n=4)**
   through directly emailing community leaders.
   The inclusion criteria is to be an employee at a Rexdale or Jane-Finch community health center directly responsible for COVID-19 vaccine rollout. 2 community leaders were recruited from both communities (n=4).
4. **1-hour semi-structured, qualitative interviews over Zoom**
   facilitated by 2 investigators.
5. **Thematic analysis of interview transcripts to extract recurrent themes**

Results

In total, we interviewed 12 student participants aged 17-22 of diverse racial/ ethnic backgrounds (see Fig. 1).

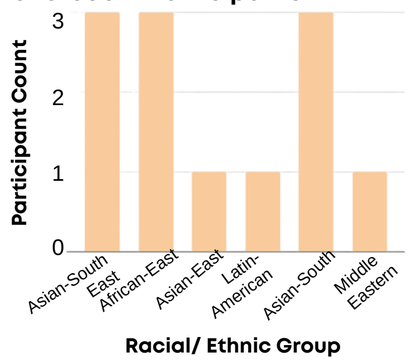
90% of participants had 2 doses of a COVID-19 vaccine.

80% of participants identify as a woman.

Participants shared their COVID-19 vaccine clinic experiences from **March to December 2021.**

To supplement the experiences of students, we interviewed 4 community leaders (2 from Rexdale and 2 from Jane-Finch) directly responsible for COVID-19 vaccine rollout in their community.

Figure 1. Racial/ Ethnic Group of Student Participants



Key Themes & Recommendations

We extracted **6 key recommendations** to improve vaccine clinics in hotspot, racialized Toronto communities:

1 Focus on making vaccine clinics quick by tackling long wait times, clinic disorganization, and creating easy to navigate vaccine booking systems.

All participants shared that although getting the vaccine was straightforward and fast, the primary shortcomings of pop-up and mobile vaccine clinics are organization related.

"I also felt like it was a bit disorganized. I waited 5 hours because you can be the first in line, but there'd be people who just unexpectedly get to cut in front...It was also freezing & my family was waiting outside for hours." - Participant 1

2 Heavily promote vaccine clinics using social media and targeted advertising.

70% of participants identify that without a point of access or immediate contact aware of vaccine clinics, they would not have been able to get vaccinated. **All** participants recommend posting youth-oriented vaccine information on Instagram, Snapchat, the TTC, or local public space.

3 Have vaccine clinics which are for community & led by community.

All participants who used a cultural or religious specific vaccinations services discussed how it made the vaccination process easier and made them feel more comfortable.

"I felt more comfortable not dealing with white men or women. I felt more like I was part of my community when I was getting my vaccine. The one that happened at the mosque, seeing hijabi doctors in that space made me comfortable." - Participant 7

4 Combat vaccination fear/ hesitancy & foster community by creating a welcoming, fun, and supportive vaccine clinic.

All participants share that friendly staff who are receptive to questions eased vaccine hesitancy/fear. **70%** of participants ask for continued vaccine clinics as a site of community gathering.

"It was very nice because they had staff that were supporting with medical & needle anxiety. And they also had entertainment and giveaways on site. I think this kind of environment makes the experience a lot less scary and foreign to a lot of people." - Participant 9

5 Decide clinic location with community to ensure clinics are accessible for multi-ethnic groups and essential workers. Further, ensuring clinic location does not impede on the daily livelihoods of residents.

"I think location wise it would be more relevant, for example, if they had a vaccine pop-up at Driftwood. I think that is a much more accessible area compared to the back of a building on a hill in front of all of the construction. They could have been more considerate about the construction and the timing." - Participant 7

"Where I live in Rexdale is very diverse and there are a lot of factory workers who work late hours. Having a clinic that is open late or is for diverse groups would be helpful." - Participant 12

6 Beyond vaccine clinics, the necessity of services tackling the social determinants of health to promote vaccination and COVID-19 recovery.

Along with improving clinics, participants call for increased mental health supports, financial aid, transportation/ food vouchers for clinic attendees, and tackling systemic racism which manifests as racialized folx distrusting biomedical healthcare.

Conclusion

- Findings reveal that receiving a vaccine is a quick and easy process, but is made inaccessible through clinic miscommunication/ lack of communication, disorganization, and location. Systemic barriers to clinic access were created through vaccine misinformation, experiences of systemic racism in healthcare, and inaccessible vaccine booking processes.
- Findings suggest that Ontario's first-dose vaccine rollout strategy to COVID-19 hotspots prioritized mass immunization through a top-down approach. Participants reveal this led to understaffed and disorganized vaccine clinics which failed to center community needs or respond to the social determinants restricting community vaccination.

Next Steps

- Findings are presently used by the Jane-Finch Center, Black Creek CHC, & The Canadian Youth Roundtable on Health
- Our findings are preliminary and call for enhanced race-based & youth-focused COVID-19 policies and data.

References

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