

## Laidlaw Proposal

### Introduction:

As of June 12, 2021, five different vaccines against COVID-19 have been approved for use in Canada, and 64.23% of the Canadian population has received at least one dose of a COVID-19 vaccine (Public Health Agency of Canada). However, over the last decade, there has been an increase in vaccine hesitancy worldwide (Ogilvie et al, 2021), and recent polls have suggested that nearly 20% of Canadians are still hesitant to receive the COVID-19 vaccine (Global News).

As philosophers such as Dr. Maya Goldenberg have proposed, vaccine hesitancy does not stem simply from a lack of scientific knowledge; but rather, from a lack of trust in public institutions (Goldenberg, 2016). It logically follows that COVID-19 vaccine hesitancy may be disproportionately present in populations which have been historically maltreated by governments and public health systems, as these populations are more likely to consider these systems untrustworthy.

Indeed, in the United States, recent studies have suggested that Black Americans are significantly less likely to accept a COVID-19 vaccine (Malik et al, 2020), a hesitation which has largely been attributed to the lasting impacts of the Tuskegee experiment and other unethical health studies (Warren et al, 2020). Similar findings have been observed north of the border, as Black Canadians are also more hesitant to receive the COVID-19 vaccine compared to the general population (Statistics Canada, 2021). Most recently, one study found that participants living in British Columbia who identified as Black showed significantly less intent to receive a COVID-19 vaccine than non-Black individuals (Ogilvie et al, 2021). However, further research is required to identify how negative historical experiences have impacted attitudes toward COVID-19 vaccination among Black Canadians today, and whether there are other factors that have also contributed to the discrepancy in vaccine confidence between Black Canadians and the general population.

Indigenous communities in Canada, which have also faced a long (and ongoing) history of systemic racism and abuse in healthcare systems, have also been found to have significantly higher levels of vaccine hesitancy than the general population (Statistics Canada, 2021). In fact, one peer-reviewed article recently proposed that COVID-19 vaccine hesitancy among Indigenous people can indeed be traced back to “well-documented experiences of medical abuse and experimentation” (Mosby and Swidrovich, 2021). However, Dr. Veldon Coburn, an

assistant professor of Indigenous studies at the University of Ottawa, has refuted this notion, stating that “the historic events that were bad and unethical didn’t have ... the effect that’s being claimed and maybe it’s just naive good intentions but it doesn’t stand up” (APTN National News). This begs the question: do colonial legacies have a major influence on the attitudes of Indigenous peoples toward the COVID-19 vaccine, or are there other factors entirely?

On the other hand, a few minority populations in Canada have expressed above-average levels of confidence in the COVID-19 vaccine. In particular, Statistics Canada found that 82.5% of South Asian Canadians are very or somewhat willing to receive the COVID-19 vaccine, compared with 76.9% of the general population (Statistics Canada, 2021). At this time, there is no published research that seeks to explain why South Asian Canadians are more willing to receive the vaccine compared to other ethnocultural groups. For this reason, it is crucial to investigate what factors have affected vaccine acceptance among South Asian Canadians, and why confidence in the vaccine has become so strong in this group over the course of the pandemic. In particular, it is necessary to determine whether culture-specific vaccine outreach and/or education efforts have played a role in increasing vaccine confidence, and whether similar interventions would be useful in combatting hesitancy in other communities.

Vaccine hesitancy among racialized communities, particularly in the COVID-19 era, is a critical global health issue, and it is crucial that we investigate and ameliorate this disparity. With this in mind, I have chosen to pursue this research project in the hopes of contributing meaningfully to the body of research on this topic, particularly through amplifying the perspectives and lived experiences of affected communities. Moreover, as a person of partial South Asian descent myself, I look forward to the opportunity to work directly with other members of my community and to undertake research that could potentially improve health outcomes for South Asian Canadians and other racialized communities in Canada.

**Research Question:**

What factors have impacted COVID-19 vaccine hesitancy among Black, Indigenous, and South Asian populations in Canada, and what impacts do culture-specific education and outreach efforts have on hesitancy among these groups?

**Methodology:**

I will be employing a mixed-methods approach for this project. In the event that there are insufficient participants for the qualitative portion of my research, the study will solely focus on quantitative data.

### Quantitative Portion

I will create and circulate a short survey related to attitudes toward COVID-19 vaccination. The sample population will include Black, Indigenous, and South Asian individuals in Canada who are 18 years of age and older. This survey will specifically focus on cultural and/or religious factors, barriers to vaccine access, and trusted sources of vaccine-related information.

### Qualitative Portion

I will conduct approximately 10 semi-structured interviews with Canadian individuals of South Asian descent. In these interviews, more in-depth and personal questions will be asked about the participant's decision to receive (or not receive) the COVID-19 vaccine.

If time permits, I will also conduct semi-structured interviews on an ad hoc basis with individuals who are "experts" on the topic of COVID-19 vaccination among Black, Indigenous, and/or South Asian communities (such as physicians, health care workers, and community advocates).

### **Outcomes:**

The primary outcome of this study will likely be a greater understanding of the decisions regarding vaccination that Black, Indigenous, and South Asian individuals have made and will continue to make in the months to come, and the steps that governments and health professionals can take to build trust with these communities. More broadly, this study may cast light on the barriers that racialized populations face when interacting with health care systems, informing the steps we must take towards achieving health equity in Canada.

## References

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