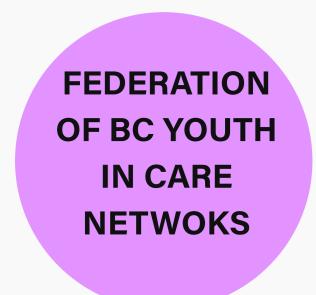
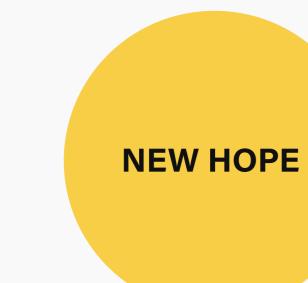
# RESEARCH ON SYSTEMIC BARRIERS, VULNERABLE GROUPS, AND THE COVID-19 VACCINATION ROLLOUT

#### FOUNDATIONS OF MISTRUST: HISTORIES OF SYSTEMIC RACISM AND DISCRIMINATION IN CARE SYSTEM

#### PARTNERS WE ENGAGED WITH













AMSSA AFFILIATION OF
MULTICULTURAL
SOCIETIES AND
SERVICES
AGENCIES OF BC

### MARGINALIZED GROUPS OF FOCUS

SEX WORKERS

YOUTH IN-CARE & OUT OF CARE RELATIVE TRUST

NOT TRUSTED

BUILDING TRUST

# HISTORY OF MISTRUST

#### SYSTEMIC FINDINGS AND BARRIERS

SOME OF THE HISTORIES OF SYSTEMIC RACISM IN CARE SYSTEM / OVERVIEW

## FEAR & MISTRUST



It's rare that the govt contacts us to provide input on migrant and undocumented workers. They're not often the focus of policies and priorities.



Years of systemic abuse. Scared and traumatized.

YioC

Being in and out of care, between different homes and inconsistent support. Poor history and experience with institutional systems.

## **POWER IMBALANCE**

Work permit ties them to one employer – normalized power imbalance between worker and employer. Aren't given any information about healthcare or resources when they arrive in

Very little agency in many of the decisions that have affected their wellbeing.

For these young people, there is not a lot of agency in their life. They are mostly told what they have to do and the hoops that they have to jump through.

## SYSTEMIC EXCLUSION

Migrant workers not captured in vaccination data – denominator often used is population registered for MSP

**MIGRANT** 

WORKERS

Left out, discriminated, and abused by institutional care systems.

Left out from consistent care. Lack of stability with providers of care.

MISTRUST
AND COVID
SERVICES

#### SERVICE AND ACCESS BARRIERS

Lack of stability with caregivers, schools, social workers

MSP, Postal Code, Canadian Phone Number – registration and

booking as barrier

Fear & inability to leave place of work

Fear of deportation in when providing personal info

# CONTENT AND INFO BARRIERS

Trust sources from home countries

No On-Site Translation

Misinformation via social media channels from home country

PHN & MSP requirements creating exclusive messaging

Lack of cell phone, computer, and online access

## SERVICE AND ACCESS OPPORTUNITIES

Low-Barrier,
accessible, non-ID
required, close to

required, close to residence/work vaccine clinics in familiar spaces

Meet people where they are

Employer-specific messaging to support and enable worker vaccinations

Providing informed and empowered access to health services

# CONTENT AND INFO OPPORTUNITIES

Feedbackinformed and
targeted content

Content and credible info to come from community leaders

Role in provincial gov and HAs that sustains and supports community partner networks

# KEY INSIGHTS ABOUT BARRIERS

Systemic mistrust can not be countered with digital content and traditional health service delivery

Provide access to safe and inclusive services before communicating about them

Service and content channels
must come from familiar, noninstitutional voices and platforms
for trust and safety

Community orgs are working in with these most vulnerable groups to provide information and support amidst layers of mistrust

## WHAT WE MIGHT CODESIGN

Ideal pathways to equitably accessing and understanding health information and services

sharing and communication between community partners and government

Networks and pathways of information

Safe, accessible, and inclusive health content and information for clear expectation setting and trust building

Models for sustainable feedback and engagement with key communities and partners

MISTRUST
TO TRUSTED
CHANNELS

BUILDING
TRUST &
ACCESS





