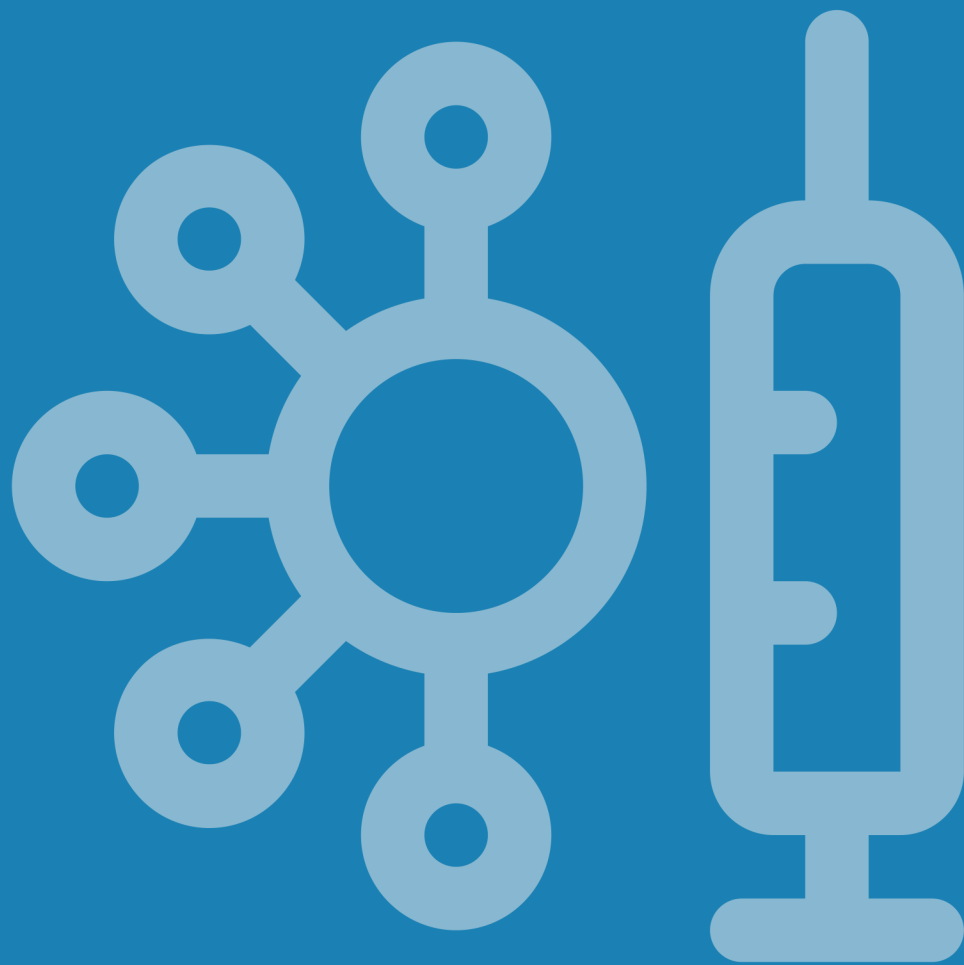




LatinCouver Cultural & Business Society

Safer Vaccines and Vaccinations for Spanish and Portuguese Speaking Communities in Canada.

Report from a Pan-Canadian Participatory Research Study.



Contains key findings and actionable recommendations to help inform the design and implementation of LatinCouver's public information campaign on vaccines.

A research study commissioned to Verapax Solutions Inc. by LatinCouver.

Funded by the Public Health Agency of Canada (PHAC).



About this document

This document is the final report of a pan-Canadian research study commissioned to Verapax Solutions Inc. by Latincoover Cultural and Business Society. The research study aims to inform the design and implementation of Latincoover's project titled "Safer Spanish and Portuguese-speaking Communities in Canada," which entails a targeted public health information campaign on vaccines. The key findings and actionable recommendations included in this document were gathered through participatory and collaborative methodologies.

Research study term: May to September 2022.

Draft report submitted to Latincoover on August 12, 2022.

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The research team wishes to express our sincere appreciation to all the individuals and organizations who collaborated on the research study through their outreach and organization efforts. Our special gratitude to everyone who contributed their time and input during the data collection and sense-making activities.

Research for the 'Safer Communities' project took place in the ancestral and traditional territories of the First Nations and Indigenous peoples of Turtle Island.



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ABOUT THE RESEARCH STUDY

Why is research needed?

In the current context of public health and socio-economic uncertainty brought upon by the COVID-19 pandemic, Latincoover, with funding support from the Public Health Agency of Canada (PHAC), is leading the design and implementation of a Pan-Canadian public health campaign on vaccinations (the "Safer Communities" project).

Latincoover has identified a gap in research and literature about the most common reasons for vaccine avoidance, hesitancy, and rejection specific to people from Spanish- and Portuguese-speaking communities in Canada.

From a project management perspective, a research study on vaccines and people from Spanish and Portuguese-speaking communities in Canada is necessary to:

- address gaps in research and literature on vaccines hesitation and public health from the perspective of people from the Spanish- and Portuguese-speaking communities in Canada, and
- help inform Latincoover's design and execution of events and materials for its Pan-Canadian "Safer Communities" campaign.

How will the research report be used?

The intended user of the research report is Latincoover. Findings emerged throughout the research term (May to September , 2022), along with key findings and recommendations in the final research report will help Latincoover plan and design vaccine-related information events and materials for its "Safer Communities" campaign.



Summary

In preparation for designing and delivering a public health information project, i.e., the Safer Communities campaign, Latincover commissioned Verapax a research study to assess how and why Spanish and Portuguese speakers in Canada ('Latinos' in Canada) hesitate about getting the COVID-19 vaccine. Latincover's project entails the design and dissemination of vaccine-related information, messages, and events (i.e., the intervention) to address hesitancy about COVID-19 vaccines among 'Latinos' in Canada (ie., the target population). Funding for the Safer Communities project by Latincover is provided by the Public Health Agency of Canada (PHAC).

In consultation with Latincover, we identified three guiding questions for the research study: (1) How strongly hesitant about the COVID-19 vaccine are people from the target population?; (2) What messages about the COVID-19 vaccine would people from the target population like to hear?; and (3) How can the campaign deliver the desired messages to people from the target population? We developed a participatory research framework to address the three questions. Concurrently, during the study, we explored some of the systemic challenges and opportunities people from the targetted population experience with respect to the safety of vaccines, access to vaccine-related information,, and vaccination programs and services in Canada.

The research study was small in scale (N= 106) and invited participation from people who self-identified as Spanish or Portuguese speakers of Latin-American origin and residing in Canada. Regions represented in the study include East (ON, QC), Prairies (SK, MB), and West (BC) Canada. We recruited participants in collaboration with various community-based networks across Canada. People from Latincover's membership participated in the first round of primary data collection consisting of a written questionnaire (n = 42) on hesitancy, vaccination status, vaccination intention, and consumption and dissemination of information about COVID-19 vaccines in Canada. Findings from the questionnaire helped guide the second stage of primary data collection, which consisted of semi-structured interviews and sense-making dialogue sessions (interpretation of emergent findings) with key informants and people from the target communities not affiliated with Latincover (n= 64). The interviews and dialogue sessions also helped identify key findings and generate a list of actionable recommendations for the 'Safer Communities project by Latincover.

Summary (continued)

COVID-19 vaccine hesitancy.

Very few participants said they are hesitant or are not planning to get the COVID-19 vaccine (Approx. 1 % for Spanish speakers; 2 % for Portuguese speakers). Most participants from the target population said they are not hesitant regarding getting the COVID-19 vaccine, and other vaccines in general. Participants born and raised in Latin-America attributed low hesitancy about vaccines to the historical and cultural relationships Latin-America as a region has with public vaccination campaigns; as such, the consensus among Spanish and Portuguese-speaking participants is that, in general, 'Latinos' in Canada are pro-vaccines. Additionally, with respect to the COVID-19 vaccines available in Canada, most participants said they have chosen to believe or trust that the vaccines are safe. Most participants reported being strongly willing to get at least one dose of the COVID-19 vaccine; the majority of participants said they had taken at least one dose of the vaccine.

Vaccine-related messages.

We found a diversity of knowledge, attitudes, and experiences participants had with respect to COVID-19, the vaccine, and vaccination programs and services in Canada. Most Spanish and Portuguese speakers who participated in the study, said they trust the COVID-19 vaccines available in Canada are safe to take. However, many of them also said there is a lot of misinformation or confusing information going around the 'Latino' communities in Canada. Most participants noted that in Canada it is easy to come across irrelevant and confusing messages or misinformation in Spanish or Portuguese that depicts COVID-19 and the COVID-19 vaccine as unreal or dangerous. Reliable, relevant, and accessible information in Spanish and Portuguese, about COVID-19, the vaccine and vaccination programs and services. Additionally, many participants from the two linguistic populations shared their preference to keep their vaccination status private to avoid potential arguments or friction with people inside or outside their communities who consume and disseminate misinformation about vaccines or vaccination programs. Participants from Spanish-speaking communities, especially, those from communities with precarious migration status or no status, reported that they are missing information in plain language in response to potential and perceived barriers and risks people may encounter in accessing a vaccination clinic.

All in all, we heard that participants from the target populations are interested and need three levels of messages about safety: (a) COVID-19, (b) COVID-19 vaccines, and (c) vaccination programs and services in Canada. The messages to be designed or delivered for each level of information will depend on the circumstances of the target audience; namely their ability to access (i.e., vaccination) the COVID-19 vaccine or to access public health information.

Summary (continued)

Social determinants of well-being.

In general, we found that participants who are Canadian citizens and permanent residents, and have support networks in Canada, experienced little or no barriers to accessing reliable information about COVID-19 including the safety of the vaccine and any legal, medical, and economic considerations about accessing the vaccine in Canada. On the other hand, participants who are temporary residents and have little or no support networks in Canada reported little or no fear about the safety of COVID-19 vaccines but said they feel uncertain and unsafe about getting the vaccine because that may affect them legally, and financially, or medically.

Delivery of messages.

From participants, we heard that actual and potential challenges to access public health information and services include limited or no digital literacy, preference to consume verbal and in-person (plain language) messages, and multi-media messages that can be accessed and disseminated with just a clicking a button (WhatsApp or Facebook). From key informants and people with precarious migration status or no status, or people who feel socially isolated, we heard a preference to consume information from the community radio stations they usually listen to. The main takeaway about dissemination of messages is that a 'one-size fits all' approach is not recommendable.

Partnerships.

Key informants and participants in sense-making sessions coincided in recommending that Latincouver partner with community-based multicultural health brokers and clinics, to help design and deliver vaccines and vaccine-related to people from the most socially isolated and systemically marginalized communities. Among these participants, we also heard a recommendation to use the principles of equity, diversity, inclusion and belonging to assess the quality of Latincouver's information project.

In sum, a valuable quality or strength generally found among people from the target populations is their historical and cultural pro-vaccine attitudes and behaviours. Latincouver's vaccines project should expand its scope to include knowledge, attitudes and behaviour concerning vaccination programs and services. Efforts should be made to address systemic inequities in the access and availability of relevant and reliable information on the safety of vaccines and vaccination programs and services in Canada.

RESEARCH QUESTIONS

In consultation with the team responsible for designing and implementing the public health information project at Latincouver, our research team identified three high-level research questions.

The questions guided the research methodologies and activities, as well as the reporting of key findings and actionable recommendations.

1

Hesitancy: What are the most common reasons for vaccine avoidance and hesitancy among people from the target language audience of the Latincouver's "Safer Communities" campaign?

2

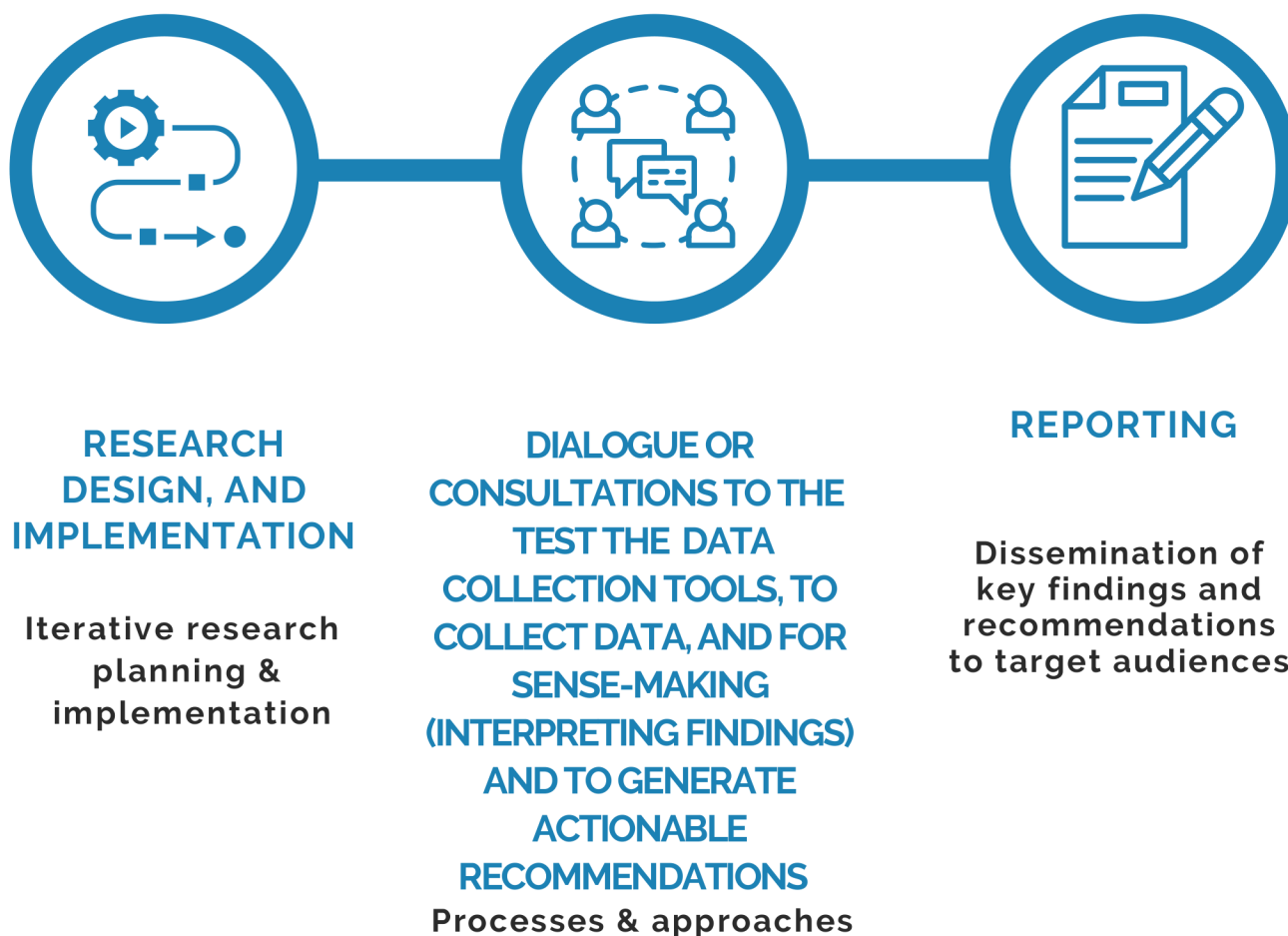
Acceptance and confidence: How is vaccine acceptance/ confidence among people from the target language audience of the Latincouver's "Safer Communities" campaign?

3

Communication: What are the most effective means of communication to connect with people from the target language audience of the Latincouver's "Safer Communities" campaign?

METHODOLOGY

PARTICIPATORY & COLLABORATIVE RESEARCH





Methods



Review of Relevant
Research &
Literature



Written
Questionnaires



Semi-structured
interviews



Interpretive
Circles of
Dialogue
(Sense-making
sessions)

Review of research and literature

Throughout the study, relevant documents, primarily from publicly available sources or those identified and shared by individuals interviewed were gathered and analyzed, and these findings informed all sense-making and reporting activities. Demographic information on the target communities, along with core terms and definitions with respect to vaccines were researched and defined at this stage.

Primary data collection and interpretation

Written structured questionnaires, semistructured one-to-one interviews, and sense-making (interpretive) circles of dialogue were used to collect primary data for the research study. The research activities were held in person (British Columbia), by phone, or online (Zoom or WhatsApp) across Canada.

Participation

We recruited participants throughout the entire term of the study (May to September 2022).

People from the target population were invited, recruited and engaged in the study in collaboration with LatinCouver and its members across Canada. Participants self-identified as Spanish or Portuguese speakers of Latin-American origin and residing in Canada. The research team gave particular attention to inviting and including participants from equity-seeking communities including but not limited to people with precarious migration status or no immigration status (e.g., people in low-wage Temporary Foreign Workers, refugee claimants, people with disabilities).

Participation (continued)

Compensation to participants

Participants in individual or group research activities were provided with e-gift cards (\$10 each) as a token of gratitude for sharing their stories and thoughts for their research study.

Internal and external anonymity; de-identified participation

Participants in the research study shared very sensitive and personal information, not only about themselves but also about third parties. With this in mind, we assured participants that we would endeavour to keep their identities hidden as far as we could through anonymizing their identities and the identities of anyone else they mention, as well as disguising place names and particular identifying details. Identifiable removed or anonymized: people's names, places, religious and/or country background, occupation, family/work relationships, and other potentially identifying information.

Collaboration with groups and organizations

Interviews and personal communications were also held with members of diverse, and often intersecting, networks of community support organizations and groups. Participants from this network work with newcomers (i.e., landed immigrants or Permanent Resident Visa holders), with precarious migration status (i.e., temporary foreign workers, foreign students, refugee claimants) and without immigration status). Participants in interviews were also recruited through the distribution of the study's Letter of Invitation through these networks and through anonymous and confidential rereferrals or self-referrals from target communities.

East: Migrant Worker's Sub-Committee/ Settlement Services Committees/ Canadian Council for Refugees; International Students at UofO and USP; association of immigrant women in the Ottawa region; immigrant services in Niagara region; employees at transnational e-commerce and IT company.

Prairies: International Students at UofS. Settlement workers in the schools.

West: Migrant Workers' Hub/ Affiliation of Multicultural Support Services Associations; East Vancouver area Neighbourhood Houses; women's health hospital; Lay Missionaries; settlement workers in the schools; Latincouver's membership.

Participation (continued)

Research participants were recruited and selected based on their self-identified linguistic identity (i.e., Spanish or Portuguese) and Latin-American origins.

Linguistic identity refers to a person's identification as a speaker of one or more languages. It is influenced by different factors and usually contains aspects such as linguistic expertise, affiliation, and also familial inheritance. (Norton & Toohey, 2004; Leung, et al., 1997)



East: Montreal area (QC), Toronto area, Niagara region (ON)

Prairies: Winnipeg area (MB), Saskatoon area, Regina region (SK)

West: Greater Vancouver area, Vancouver Island area (BC).

Citizenship or Immigration Status	East	Prairies	West
Canadian Citizen	21	9	23
Permanent Resident Visa (Landed Immigrant)	8	8	9
Temporary Resident Visa (Visitor, Foreign Student, Temporary Foreign Worker, Business)	4	10	9
n.a.	0	0	5
Sum	33	27	46
N = 106			
Spa n= 69 (65.10%) Por n= 37 (34.90%)			

Participation (continued)

Age Group (y.o.)	Gender				Location		
	He	She	Non-binary	n.a	East	Prairies	West
18-29	7	2	4	0	5	7	8
30-39	21	44	1	0	9	6	12
40-49	24	21	0	0	9	8	8
50-59	16	2	0	0	6	3	8
60+	9	14	0	0	4	3	10
n.a	0	0	0	0	0	0	0
Sum	51	50	5	0	33	27	46
N = 106							



Questionnaire

n= 64

Spa n = 39

Por n = 25



Interviews/
Sense-making

n= 42

Spa n = 30

Por n = 12



KEY FINDINGS





Key Findings from the Literature

Spanish and Portuguese speakers in Canada. How many are we?

The combined number of Spanish and Portuguese speakers of Latin-American background residing in Canada may be estimated at 1.5 million.

There is no comprehensive, official and publically available data on the size, geographic distribution, and diversity of characteristics of the population of Latin-Americans living in Canada (Lindsay, 2017; Teixeira, Da Rosa, Armony 2009. See Appendixes H and I).

Spanish speakers:

Upon the initial report released by the government of Canada, there were 674,640 individuals who identified their Latin, Central and South American origins (Statistics Canada, 2016). Due to previous approaches to gather the number of Hispanic individuals in Canada counted individuals as Hispanic regardless of race, the final number came to 674,640. However, once the definition was reclassified to count individuals with at least one Hispanic parent in the 2016 census, this number was recalculated to be more accurately over 1,000,000 individuals. Similarly, we can infer that because of factors such as immigration between 2016 and 2021, the number of Latino citizens is larger in the 2021 population.

Portuguese speakers:

The Census Profile of 2016 reported close to 483,000 persons of Portuguese descent living in Canada, or 1.3% of the nation's total population. However, the 2021 Census only reports 118,730 individuals who speak primarily Portuguese at home. By 2021, individuals who use Portuguese as their home language count for 0.32% or around 118,730 people of the surveyed 36,620,955 Canadians in the 2021 census. Additionally, 240,680 individuals call Portuguese their mother tongue. It is important to note that the Census indicates that between 2016 and 2021 the Portuguese linguistic population grew by a 20%.

Based on the 2016 Census Profile which reported 1,000,000 Latin American individuals in Canada, and building into account the 5.2% Latin American population increase due to immigration between 2016 and 2021 (Census 2022) there were 1,117,265 Spanish and Portuguese speakers of 'Latino' origin residing in Canada in 2021. To add to that, between the years 2016 and 2021, there were a total of 108,990 general work permits, 64,915 humanitarian and compassion permits and 139,860 student permits issued to people from Latin American source countries. When we add all of the demographic data publically available, we get a total of 1,431,030 'Latinos' residing in Canada in 2021, making up about 3.87% of the population.



Key Findings from the Literature

How many are we? (continued)

Our estimated 1.5 million 'Latinos' in Canada is informed by a combination of demographic data obtained from publicly available reports including the National Census (Statistics Canada, 2022), Work Permits issued under Canada's Temporary Migrant Workers Program (TFWP) to people with travel documents from a Latin American country (Employment and Social Development Canada, 2021), and the number of people travelling to Canada with Temporary Resident Visas and travel documents from a Latin American country (IRCC, 2021, 2022). Also integrated into the demographic estimates is data researched by the Canadian Hispanic Bar Association (CHBA, 2020).

By all accounts, the number of Spanish and Portuguese speakers originally from a Latin American country and, temporarily or permanently, residing in Canada is projected to gradually and periodically grow over the next decade. For example, the Government of Canada has recently announced its plans to welcome more than 50,000 Temporary Residents under Canada's TFWP for agricultural workers from Mexico, Guatemala and the Caribbean in 2022 (Prime Minister Office, PMO of Canada, 2022). Additionally, just over 92,000 'Latinos' were admitted as permanent residents to Canada between January 2007 and April 2021 – with Brazilians, Mexicans, Colombians and Venezuelans topping the list (IRCC, 2022).

Issues with demographic labels and aggregated data

The diversity of Latin-American communities and the multiple or intersectional identities that may characterize these communities are seldomly accounted for in official statistics. Latin-American migration expert and Université du Québec À Montréal (UQAM) Sociology Professor Victor Armony notes that despite being a vibrant and growing population, 'Latinos' are often left out of data or made invisible in Census Data, with the last Statistics Canada profile being from 2007 (See Appendix H). Armony suggests that disaggregated demographic data on 'Latinos' in Canada can be missing because 'we are still growing' (Cited in Rivas & Gomez, 2022). Armony is one example of scholarly efforts at partnering with community-based organizations to address the invisibilization of 'Latinos' from census data in Canada; he established the *Laboratoire Interdisciplinaire d'études Latino-américaines* (LIELA) that conducted the first-ever survey focused on Latin Americans in Quebec, painting a portrait of this population.

Multiple and heterogenous 'Latino' communities

It is problematic to describe the population of Spanish and Portuguese originally from Latin American countries and residing in Canada simply as 'Latin-American communities' or 'Latinos'. These communities constitute a mosaic of migration and nationality statuses, intersectional self-identities and cultures.

In general, according to Colin Lindsey (2017), six major characteristics stand out from the information provided by Statistics Canada about Spanish or Portuguese speakers of Latin American origin residing in Canada: The majority of 'Latinos'

- are foreign-born;
- are young;
- are more likely to be low-income;
- reside in four urban regions;
- reside in four provinces (Alberta, British Columbia, Ontario, and Quebec); and
- this is a growing population.

Reportedly, in recent years, the combined population of Spanish-speaking and Portuguese-speaking residents grew by 20% alongside the 5.2% population growth in Canada by immigration (Government of Canada, 2022).

At a glance: Spanish and Portuguese speakers in Canada.

According to Canada's census profile of 2021, almost half of Latinos are concentrated in the provinces of Ontario, in Quebec, British Columbia, and Alberta.

It is currently estimated that more than 1 million people in Canada speak Spanish, where close to 800,000 identify Spanish as their mother tongue.

Most Portuguese-speaking Canadians lived in Ontario 282,865 (69%), followed by Quebec 57,445 (14%) and British Columbia 34,660 (8%).

An estimated 20,000 Brazilians lived in Canada together with a growing community of Angolan nationals (Census 2021)

The Canadian agricultural sector, for example, employs about 24,000 temporary Mexican labourers each year through the Temporary Foreign Worker Programs for low-waged occupations.

Canada expects to welcome more than 50,000 agricultural workers from Mexico, Guatemala and the Caribbean in 2022 (PMO of Canada, 2022)

Just over 92,000 Latinos were admitted as permanent residents to Canada between January 2007 and April 2021 – with Brazilians, Mexicans, Colombians and Venezuelans topping the list (IRCC, 2016-2021)

in 2021 there were a total of 33,985 student permits given to students originating in Latin American countries, a majority of which came from Mexico, Colombia and Brazil (IRCC, 2016-2021)

Between the years 2016 and 2021, a total of 64,915 Latin Americans received a temporary resident permit on Humanitarian and Compassionate grounds. Most refugee claimants originated from Haiti, Mexico, Venezuela, and Colombia (IRCC, 2016-2021).

Issues: Availability and Accessibility to public health information and services



Official languages

People in Canada can find public health information from the Federal Government in official languages. However, reliable, timely, and relevant public health information is not readily available in **plain language** for **Spanish and Portuguese speakers**.



Digital divide

Inequitable access to safe, affordable, and reliable **internet** connectivity and **digital literacy** in Canada.



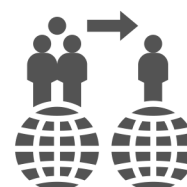
Intersectional identities

Lack of public, language, gender, and appropriate, culturally safe and appropriate spaces required to access public health services. Many racialized newcomers come from communities that distrust the medical system because of longstanding histories of systemic racism in healthcare.



Staffing

Lack of publicly funded health/ para-health professionals and services limits access and availability of **appropriate** and **culturally safe** public services and programs in Spanish and Portuguese.



Public Health Systems & Transnational Migration

Temporary Foreign Workers, and people with precarious migration status or no status have with limited access to "free from fear" spaces and services. Some employer-led vaccination activities offer access to vaccines without informed consent or unreal consent. Workers must be able to freely agree to or decline a vaccine (Faraday, et. al, 2021)



Infodemic & Transnational Communications

News and social media posts in Spanish or Portuguese from USA or Latin America sources can be consumed in Canada and potentially contributing to misinformation.

Potential Community-based Collaborators

Multicultural health brokers

Community-based, non-profit, multicultural brokers are from immigrant communities and know firsthand the social, economic, and language difficulties that immigrants and refugees face. This places them in a unique position to bridge the gap between newcomers and the Canadian public health systems.

Multicultural health brokers are trained to deliver non-profit and reliable information, outreach, support and accompaniment that can bridge the existing systemic barriers to navigating public health services.

Examples: Multicultural Health Brokers Coop in (AB); Umbrella Multicultural Health Coop (BC); and Sanctuary Health (BC).



Newcomer and refugee support programs and services

Non-profit, multicultural support agents are an important lifeline for newcomers, refugees, foreign students, and/or migrant workers who are learning to navigate Canada's society. In general, these programs and services operate strategically in partnerships with local, provincial, or national networks of diverse programs and services.

Maternity Health Clinics

Maternity care for women with refugee or permanent resident status, who are new to the country and/or are without access to medical coverage in the community. Example: New Beginnings Maternity Clinic, through BC Women's Hospital (BC)

Community-based radio & podcasters

Community-based broadcasters in Canada are home to a limited number of periodical shows in Spanish or Portuguese. The radio is an alternative to written or visual communications.

Neighbourhood Houses

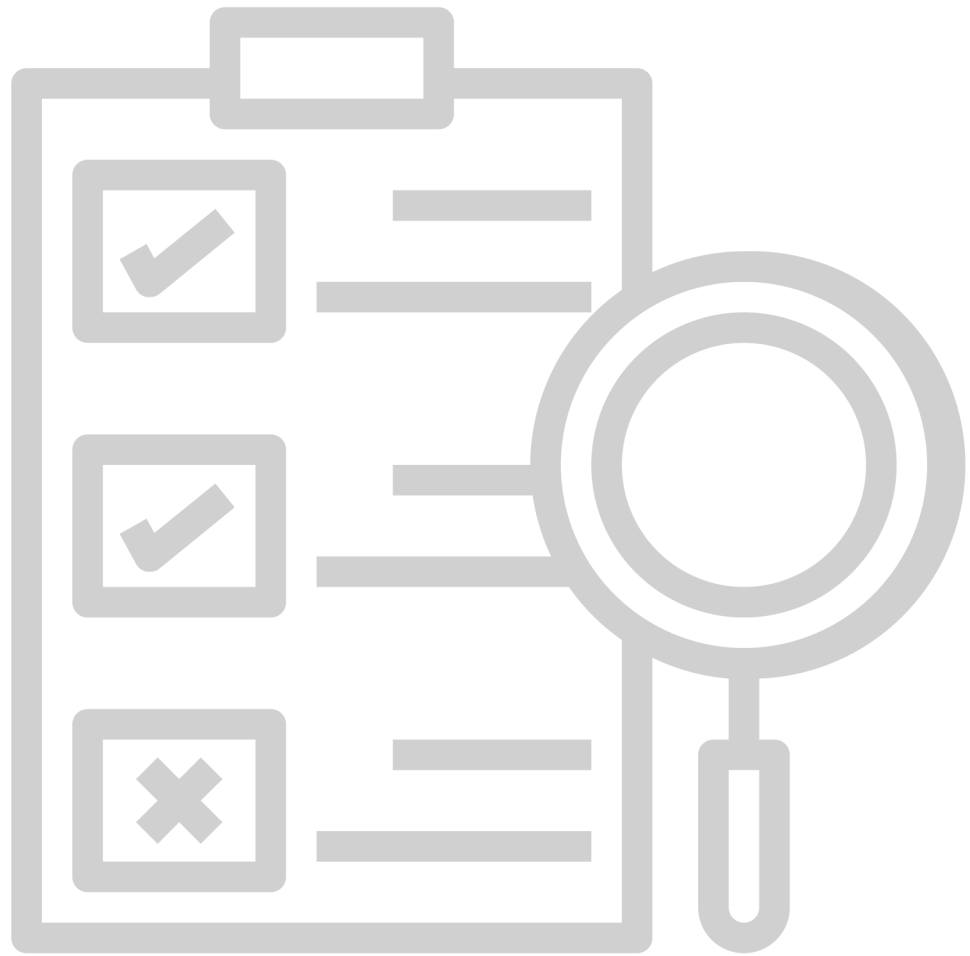
Place-based and multi-purpose non-profit organizations that play a unique role in immigrants' pathways towards community engagement.

Public librarians

Public libraries provide free access to computers and wi-fi, which can help reduce the digital divide.

Additionally, some public library jurisdictions, have a "Free from Fear" policy (see Sanctuary Health). The purpose of the policy is to support access to Public Library services for residents. The policy is intended to benefit residents in Vancouver with uncertain or no immigration status and who fear detention, psychological and physical harm, or deportation, when accessing services. Moreover, the policy enables these residents to use municipal services, and do so without fear that the Library will ask for and provide information about their immigration status to other institutions or orders of government unless required by law (Vancouver Public Library, Policy Approved by Library Board, April 27, 2016)

Key Findings from the Written Questionnaires



Key Findings from Questionnaires

Vaccines in general: status and hesitancy

Vaccines in general

All respondents, Spanish (100%) and Portuguese (100%) speakers said they are not hesitant about getting vaccines in general.

Most participants, Spanish (99 %) and Portuguese (99 %) speakers said they have received vaccines for viruses other than COVID-19, and have no concerns with vaccine in general.

All participants (100 %) from the two language communities and who have dependents children (17 y.o or younger) said they have and/or are willing to get their dependents inoculated with vaccines other than the COVID-19.

All participants (100 %) from the two language communities and who have dependent adults (elderly or special needs) said they have and/or are willing to get their dependents inoculated with vaccines other than the COVID-19.

Key Findings from Questionnaires

COVID-19 vaccines

COVID-19 Vaccination Status

Almost all participants, Spanish (99 %) and Portuguese (97.5%) , said they have received at least one dose of the vaccine against COVID-19.

Approximately one-third of participants from the two language communities said they got (behaviour) the COVID-19 even though they remain uncertain (attitude) about the efficacy of the COVID-19 vaccines due to the information (knowledge) they may have or not about about the safety of the vaccine.

Hesitancy

0.5% of participants said they have not been vaccinated against COVID-19 and will not get the vaccine against COVID-19 until both the virus and the vaccine are proven (to the respondent) real and effective

Most participants (99.5%) from the two language communities said they were initially (in 2020, 2021) hesitant about the vaccines against COVID-19 but did get vaccinated (behaviour) later (in 2021 or the following year).

Key Findings from Questionnaires

Booster doses of the COVID-19 vaccine

Status

The majority of participants in the two language communities (91 %) have taken the full doses (one or two doses) of the COVID-19 vaccines in Canada.

Most participants in the two language communities (97 %) have been vaccinated in Canada with at least one booster dose of the COVID-19 vaccine.

Hesitancy

Approximately one-third of participants from Spanish and Portuguese groups who said they have taken the COVID-19 vaccine also said they would get a second or additional booster dose of the COVID-19 vaccine when made available to them in Canada.

Key Findings from Questionnaires

COVID-19 vaccines on dependents

Dependent children

Almost all participants (98 %) in each of the language communities and with dependent children (17 y.o or younger) said they have taken their dependants to get vaccinated against COVID-19.

Most participants (88 %) in each of the two language communities, and with dependents children (17 y.o or younger) said they are willing (intention) to have vaccinated their dependants against COVID-19.

Dependent adults

Most participants (88 %) in each of the two language communities, and with dependents adults (elderly or special needs) said they have taken their dependent adults to get vaccinated against COVID-19.

Most participants (88 %) in each of the two language communities, and with dependents adults (elderly or special needs) said they are willing (intention) to have vaccinated their dependants against COVID-19.

Key Findings from Questionnaires

Rationale

Reasons for getting the COVID-19 vaccine as soon as it was made available to them in Canada:

- International mobility.
- To be allowed to enter Canada to work, visit, or live.
- To be allowed to travel outside Canada to visit family, or for work, or to be allowed to travel outside Canada for tourism.

- The decision to get vaccinated was attributed to personal conviction and not necessarily to get a vaccine passport.

- Almost all participants (98 %) in each of the two language communities said that the vaccine passport system (province and federal government) did not influence their decision to get the vaccine against COVID-19.

Most common reason for getting the vaccine later (in 2021 or months after it became available to people in their community):

- Not feeling they are at risk (health-wise, socializing exposure, trusting others in their circle are vaccinated) of contracting the virus.



PARTICIPATORY SENSE-MAKING

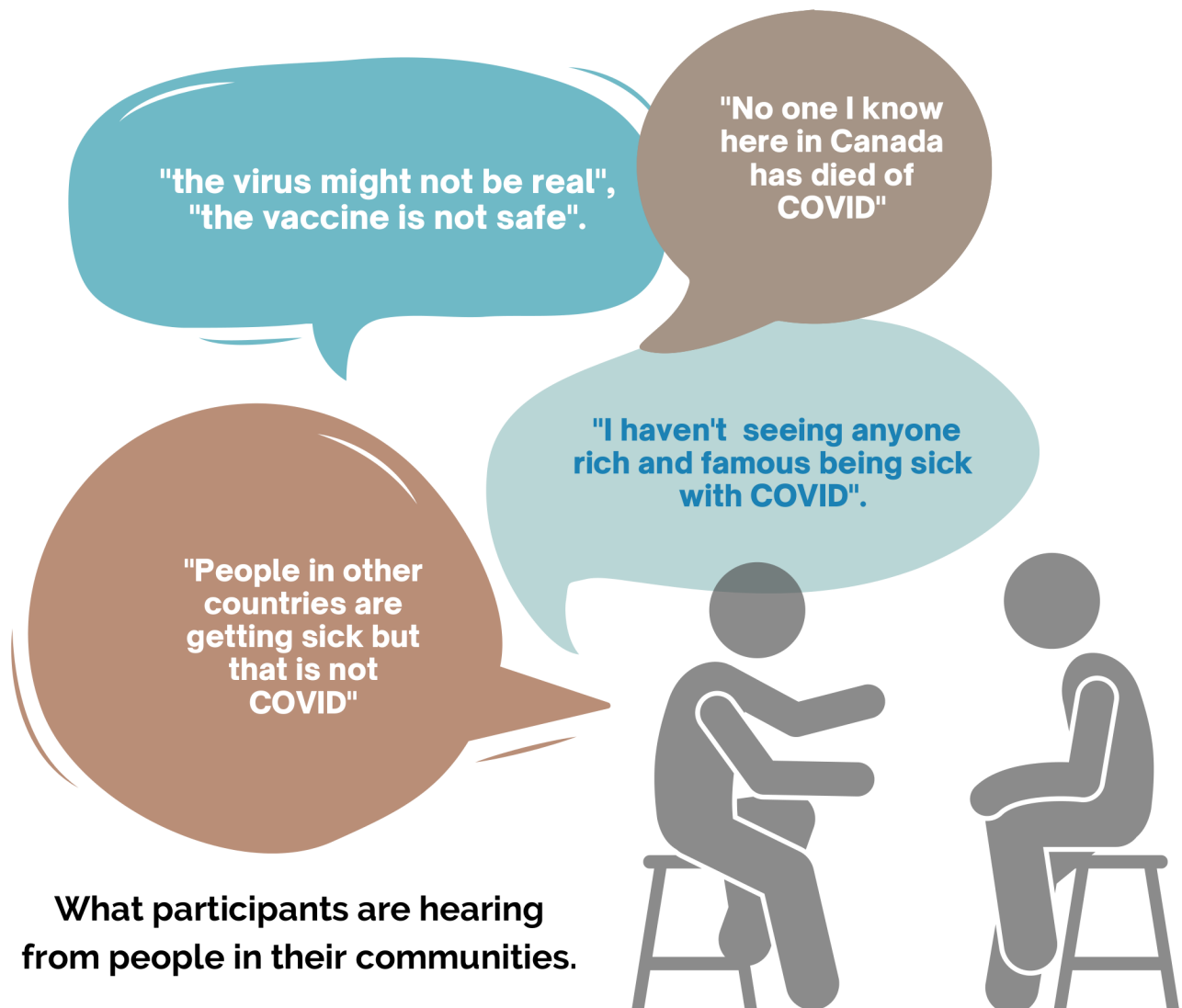
Meaning of key findings



Sense-making informed by insights from participants in the dialogues

Keeping COVID-19 vaccination status and own opinions to oneself to avoid confrontation with anti-vaxxers

Of every 5 participants in the interviews and sense-making dialogues, four shared that to protect their relationships at church, with colleagues from work, and with friends –many of whom are not 'Latino'– they prefer to keep their vaccination status private. Participants noted that in many instances they don't know how to argue with people they coexist and hold polarizing views. Some participants shared stories about being afraid to openly challenge anti-vaccine information or messages they receive from people in their communities (local and outside Canada).



ADDRESSING POLARIZATIONS AND THE MISINFORMATION PANDEMIC

We sensed dissonance regarding the knowledge (information) and attitudes or beliefs (willingness or intention of vaccination) some participants reported about COVID-19 vaccines and their reported behaviour (i.e., vaccine status). As one participant said:

"You can tell people, what is healthy and good for them, but people's individual and social circumstances will affect what they can or want to do with that information or knowledge. Do I want people to tell just tell me the vaccine is good for me and hope that I will be able to get that for me, or do I want people to tell me what is good and also help me get what is good for me?"

Participants concurred that they would welcome a "Safer Communities" campaign that gives information and real testimonies on the safety of vaccines and which people can easily share with people in their communities, and have evidence they can refer to when engaging in vaccine-related conversations.

Consumption and dissemination of misinformation

During the dialogue sessions, we heard from a few participants who reported being unvaccinated against COVID-19 and not intending to get the COVID-19 vaccine.

These participants complained that they haven't come across information related to COVID-19 in Spanish or Portuguese from credible scientists or medical doctors. Most of these admitted that the information they are consuming and spreading information about COVID-19 comes from family or friends who source their news in Spanish or Portuguese from outside Canada.

"I feel I cannot trust Justin (Trudeau) about the COVID-19 vaccines, he is a politician"
(male, 43 y.o. Spa, East Cda)

"I am not vaccinated, but whether I get vaccinated or not that should be my own business. I don't trust the vaccines when you see all the money the government is putting into telling people we need to get the COVID vaccine or we all are going to die"
(male, 54 y.o. Spa, Prairies)

"I did get the vaccine, but (pastor's name) says the vaccine is not safe, I don't want (pastor name) to know I got vaccinated", "I don't know how to explain to people in my church why I got the vaccine because they will speak badly about me".
(female, 65 y.o. East Cda).

"Back home, when COVID first appeared, many people died of COVID. There were no vaccines and even now that vaccines are available people are not taking them and people from my church say that the reason for that is that they think if they die is God's will but the vaccines are not from God."
(female, 40 y.o. West Cda).

COVID19 related anti-vaccine messages some participants are hearing and disseminating.

About risks and
benefits of
getting the
COVID-19
vaccine

"There are so many COVID vaccines. Why? which one is good?, my friends say the virus was created in a laboratory to make people in the vaccine industry rich. In the end, I got the AZ one I it was bad for me I got sick right after the vaccine, but I didn't get tested. So what was is? the virus, a virus or whatever is in the vaccine? Why?"

(male 23 y.o. East Cda)

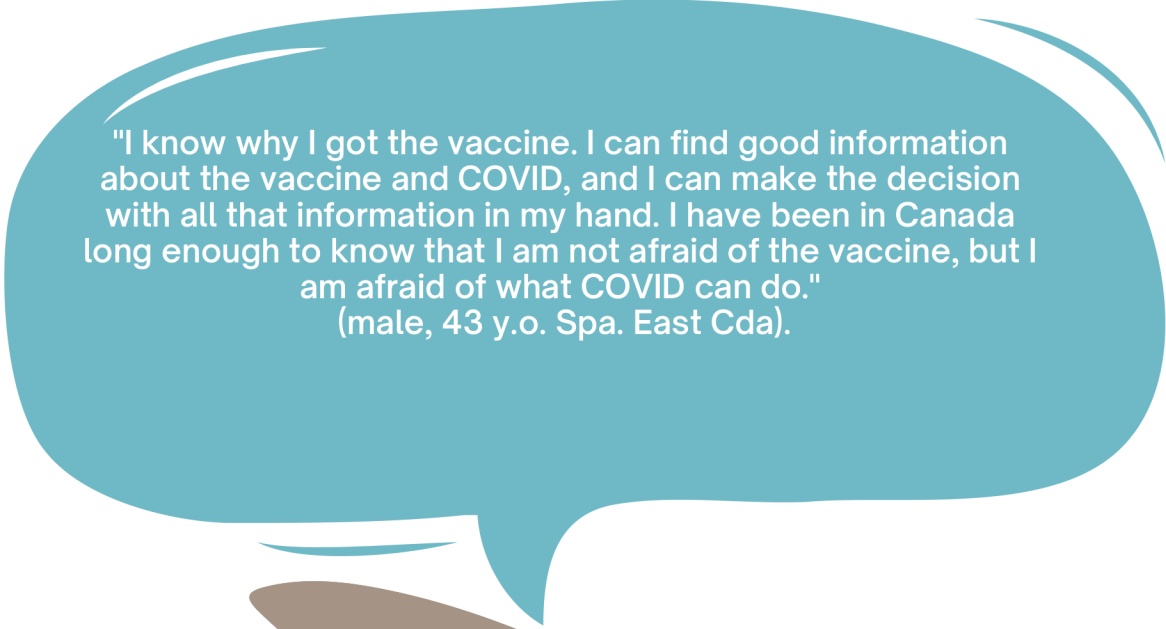
"Both my husband and I got COVID last year, I was very sick, and my husband's symptoms were very light. But we got scared for our children. If we both die, they will be left alone, and they are very young. Me and my husband are fully vaccinated, and we also have the booster. The reason we got vaccinated was to protect our children from us dying. We also just had our two children (they are 12 and 14 y.o.) vaccinated because this year they were going back to school, and we don't want the girls to get sick or to make anyone in the family sick because of people carrying the virus at their school".

(female, 37 y.o. East Cda).

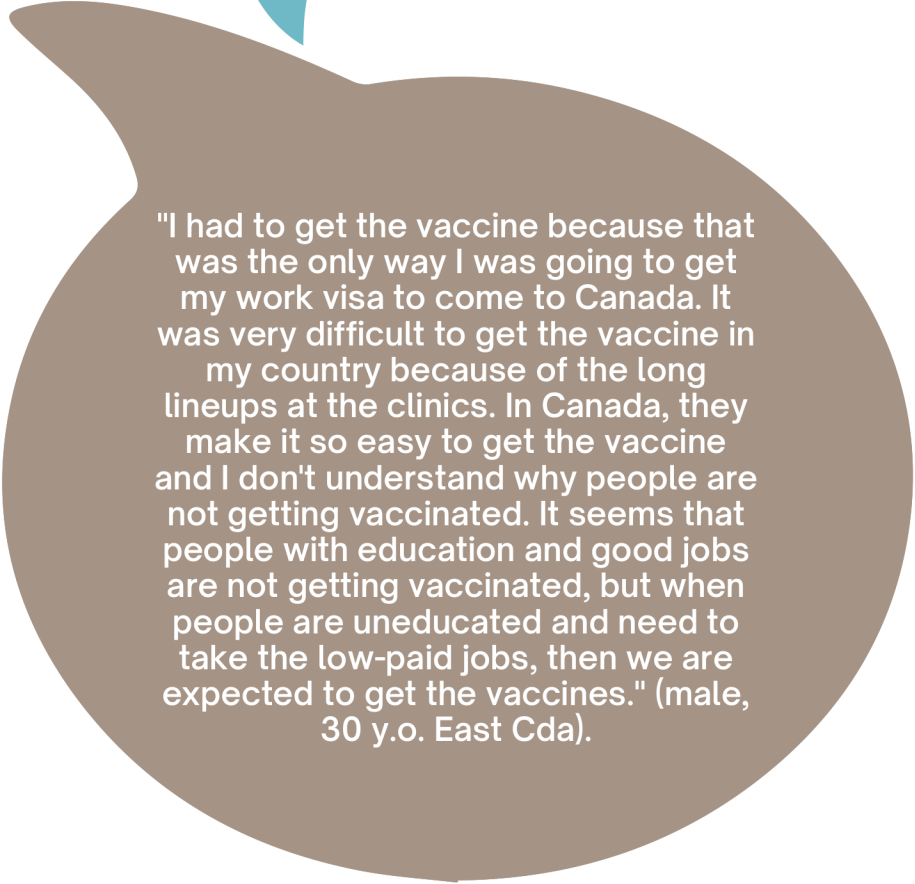
"I wasn't going to get the vaccine because I am not at risk and I live alone here in Canada. But then my sister who lives in (another country) got COVID a few days before her appointment date to get the vaccine; she lives with our mother who has a fragile health. My mom and my sister insisted I get the vaccine because I have to think about what is good for others and not be selfish. So I got the vaccine because that is what people in my family wanted me to do."

(female, 29 y.o., Prairies)

**About risks and benefits
of getting the COVID-19
vaccine (continued)**



"I know why I got the vaccine. I can find good information about the vaccine and COVID, and I can make the decision with all that information in my hand. I have been in Canada long enough to know that I am not afraid of the vaccine, but I am afraid of what COVID can do."
(male, 43 y.o. Spa. East Cda).



"I had to get the vaccine because that was the only way I was going to get my work visa to come to Canada. It was very difficult to get the vaccine in my country because of the long lineups at the clinics. In Canada, they make it so easy to get the vaccine and I don't understand why people are not getting vaccinated. It seems that people with education and good jobs are not getting vaccinated, but when people are uneducated and need to take the low-paid jobs, then we are expected to get the vaccines." (male, 30 y.o. East Cda).

In general, having strong networks of support in Canada increases access to reliable and adequate public health information and services.

Overwhelmingly, most people who participated either in the written questionnaire or the semi-structured interviews reported being keen on getting the vaccine against COVID-19 and taking the vaccine as soon as possible when it became available to them. We explored these findings further with people who participated in the sense-making dialogues during the second half of the research study.

Participants in the sense-making sessions agreed that people of Spanish or Portuguese-speaking background residing in Canada, and Latin-Americans in general culturally and historically embrace vaccines and vaccination campaigns. Newcomers, in particular, offered anecdotes and testimonials about annual vaccination fairs or festivals run by the government or by international development or non-governmental organizations. In the words of one of the participants:

"Many of us come from humble origins or communities where your chances of growing older and healthier are higher for those who get all their vaccines and go to school. I remember being a small child in [country of birth] and getting all my vaccines at the town's vaccination fair. Some children cried because they don't like needles and are afraid of unfamiliar doctors or nurses. But a lot of awareness was created in Latin America to help people understand that vaccines are good for you. My mother, my teachers, my [religious leaders], my [elected government], everyone I can remember when I was a child growing up in [Latin-American country] was pro-vaccine. Now I am pro-vaccine, and as far as I know, everyone from my community who still has a connection to [country of birth] is pro-vaccine".

In general, having strong networks of support in Canada increases access to reliable and adequate public health information and services (continued)

All participants in the sense-making session majoritarian agreed that efforts to get the COVID-19 vaccine to the arms of people from the target population should not be based on the assumption that Spanish and Portuguese-speaking people in Canada do not want to get the COVID-19 vaccine or that people from these communities are anti-vaccine.

If --in general -- hesitation about vaccines and vaccination campaigns should not be seen as an issue among Spanish and Portuguese-speaking people in Canada, then what information or messages do people from these communities need or could use to address hesitancy that can be found concerning COVID-19?

A key issue identified is what kind of information and messages about COVID-19, the COVID-19 vaccine and vaccination. Further, participants in the sense-making circle noted that whom you get your health-related information or messages is as important as what information or messages you are exposed to.

Participants noted that in Canada, people who consume their health-related news and information in Spanish or Portuguese only or mostly, are vulnerable to misinformation and contradicting information about COVID-19 matters.

If --in general -- hesitation about vaccines and vaccination campaigns should not be seen as an issue among Spanish and Portuguese-speaking people in Canada, then what information or messages do people from these communities need or could use to address hesitancy that can be found concerning COVID-19?

Earlier during the research study, responses to the written questionnaire and the semi-structured interviews indicate that, in general, people from the target communities in Canada have limited options to access health-related information directly from local and federal public health authorities and in Spanish or Portuguese languages. Most official public health-related information about COVID-19 is channelled to the target populations through local community-based organizations or groups and their workers or leaders. But the same can be said about the flow of information and messages contradicting or questioning what public health authorities say about COVID-19. One participant added: "People from our communities got the COVID-19 vaccine for various reasons. In my case, I had to do my research about which vaccine I could take and what kind of secondary effects I could experience because of the vaccine. I am fortunate in that I can communicate in French and that made it easy for me to not pay attention to all the nonsense messages people from Brazil were posting and reading about COVID is not real, or the vaccine is going to change your DNA. But people in the community who see this information coming to their WhatsApp or Facebook, even if they don't believe what they read, they all are giving 'like' to that information."

Participants agreed that In Canada, misinformation about COVID-19 and vaccines is more widely available and accessible than the official information generated by the local and federal public health authorities. Accessibility, in these cases, means that there is more information available and generated for and by Spanish or Portuguese speakers. Additionally, according to the participants, misinformation about COVID-19 issues tends to be articulated in plain language which is easier for most people to receive and reproduce than what may be available in scientific and technical language.

Transnational
migrations and
communications:
Misinformation
and infodemics
(continued)

In addition, participants shared that even when made available in Canada for Spanish or Portuguese speakers, messages and information produced and approved by the local and federal public health authorities have to compete with information people from these target communities can access through their online or social media communities which transcend the geo-political borders of Canada. One participant explained that "[b]efore COVID-19 vaccines were made available in the world, my sister who lives in the USA, and our mother, who lives in [country of birth in Latin America], were upset and urged her children in Canada and the USA to get the vaccine; my mother was passing along by WhatsApp messages she was receiving with videos from news from all over the world saying that COVID was created in a laboratory to exterminate the poor and only the rich countries were going to get the vaccines. How do you expect me to fight with scientific information that kind of misinformation people like my mother was seeing and spreading around?"

The internet enables all kinds of information and messages to transcend geo-political borders. How can the Safer Communities campaign by Latincouver, address the transnational realities of the production and dissemination of information and messages about COVID-19 vaccinations and other public health issues?

People from the target language backgrounds noted that many of them don't want to or don't know how to discuss with other Latin Americans what could be misinformation or conspiracy theories about the safety of the COVID-19 vaccine. In the words of a key informant:

"No, I don't want to get into a fight with people from church about my opinions, and I don't want to be the one telling people to go get the vaccine, but I want to be able to have something like a link to a website or a video I can share with people who are here without [immigration status] to help them see that there are people they can go to for help to get their health checked, to get the COVID vaccine and that if they have the right to take time from work to get the vaccine. Right now it is hard for me to assure some undocumented people that they can access the vaccine and get their health checked by a doctor without fearing they might lose their job or be deported."

Multi-disciplinary information about the safety of vaccination programs and services in Canada

Messages and information about COVID-19 and the vaccines should not be restricted to the scientifically proven safety of the vaccine. Participants with precarious migration status (e.g., temporary foreign workers, foreign students, refugee claimants), and people who work in support programs or services for these communities, emphasized the importance of expanding the messages of "safety" to address the kind of information needs or concerns that can negatively impact the health and wellbeing of such migrant communities.

What information is missing or not available? One respondent explained: "What is missing in these public health information projects is support for organizations and frontline workers like us to ensure we have the resources we need to bring [COVID-19] vaccines to people who desperately want the vaccine but won't get vaccinated unless people like us bring the vaccines to them".

Another participant noted that "at the beginning of the pandemic, some migrant workers from Mexico, Guatemala, Jamaica and Haiti had to wait too long to get the vaccine, some caught the virus in Canada at work, some died unvaccinated. These experiences have made many migrant workers afraid of getting COVID, they want to get the vaccine and the booster vaccines in Canada, but we have to help them learn about their labour rights to get the vaccine."

A key informant added:

"I understand that Latincover has a podcast they are using to tell people about the history of vaccines. That's good. But I can tell you that the people I work with want the vaccine, yes, and they are not thinking 'is the vaccine going to kill me or not?'. For them, there are multiple worries. People without [immigration status] need reliable information about whether CBSA or the police in Canada, can see that these people are in Canada. The podcast is interesting to me, but the people I work with don't even know how to listen to a podcast, and they already know the vaccine is safe. I want Latincover to come to the farms with an employment lawyer and an immigration lawyer and get them to dissipate the fears of something bad happening to them or to their families if they couldn't get the vaccine".

DIVERSE AND COMPLEX INFORMATION NEEDS AND INTERESTS



Our findings indicate that designing and delivering messages in Spanish and Portuguese languages helps address the limited or lack of language-diverse information about the safety of COVID-19 vaccines available in Canada.

Through participatory approaches, the research study identified eight groups of Spanish and Portuguese speakers of Latin American background residing in Canada. We organized the groups into a List of Target Audiences (see Diagram 1) and are recommending it as a checklist tool to help Latincouver gauge the willingness and ability of people from target audiences to get the COVID-19 vaccines. People from the target populations may be asked to self-situate with respect to the eight groups.

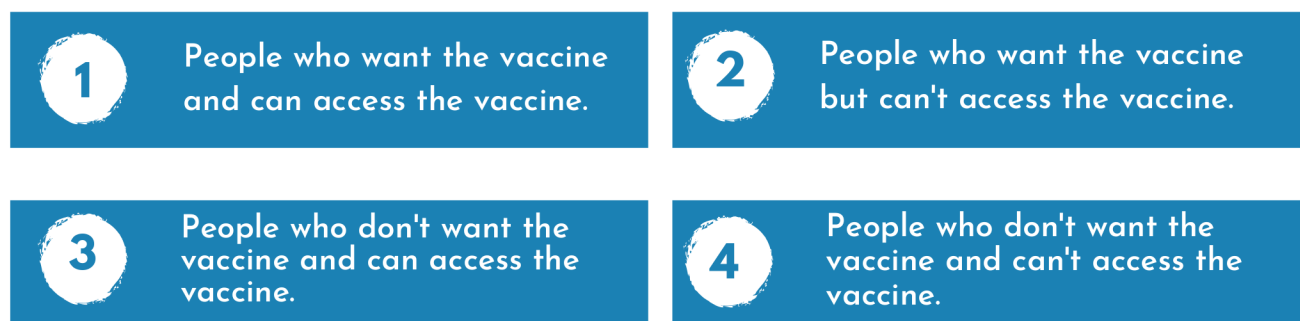
In general, we found that people from these two linguistic populations want to get -- or have taken-- the COVID-19 vaccine when made adequately available to them. Hesitancy about getting the COVID-19 vaccines is minimal among people from Groups 1, 2, 5, and 6. These groups usually include Canadian citizens and permanent residents with established families, employment, or networks of support in Canada.

Despite wanting to get the vaccine, the most common issues preventing people located in Group 2 from accessing vaccination services are the need for interpretation/translation, transportation, and temporary or permanent disability or health conditions.

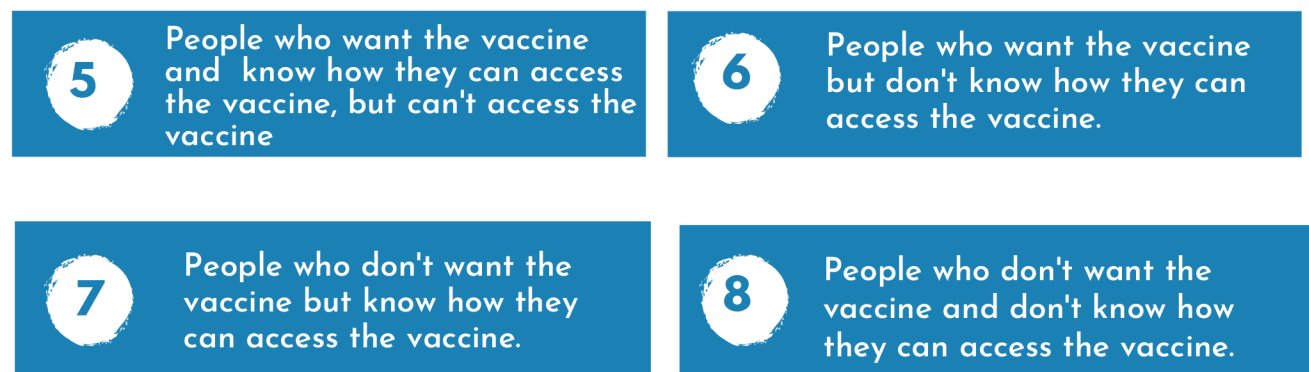
Groups 3 and 7 include people eligible to get the vaccine in Canada but opting not to get the vaccine. Participants in the study located in Group 3 reported being pro-vaccines in general, having extensive knowledge of Canada's society and public health systems, being fluent in at least one official language, and have done their research about the safety of the COVID-19 vaccine or are interested in hearing of evidence that can convince them getting the vaccine. People in Group 4 are less inclined to change their attitude, beliefs, or behaviour about the COVID-19 vaccine, and potentially have no interest in receiving and disseminating information about vaccines and vaccination services. People in Group 8 are similar to Group 8 but potentially engage in the consumption or dissemination of information that may motivate themselves or others to get the vaccine.

Diagram 1: Range of information needs according to people's willingness, ability and knowledge about vaccines and vaccinations.

Willingness and ability to get the vaccine



Willingness, knowledge, and ability to get the vaccine



SUMMARY OF WHAT WE HEARD

The consensus among key informants and other participants in the circles of dialogue is that the "Safer Communities" campaign should prioritize two issues:

- Misinformation pandemics" (i.e., infodemic); and
- Inequities in access to public health information and services.

Actionable recommendations

Strategies participants say the Latincouver campaign may help with:

- Present the scientific facts, simply and concisely;
- Present the facts about the legal risks and benefits of vaccinations;
- Teach your audience how to check their sources of information;
- Teach your audience how to identify (i.e, look for red flags) misinformation; and
- Teach your audience how to share public health information and information about the risks and benefits of vaccinations.



CONCLUSIONS & KEY RECOMMENDED ACTIONS



CONCLUSIONS



Hesitancy

- Culturally and historically, people in Latin-America are pro-vaccine; this tendency shows up in their diaspora in Canada.
- 9 out of 10 people from either language who have taken the COVID-19 vaccine are permanent residents, visa-exempt, or Canadian citizens.
- In general, people from either language backgrounds with permanent residency, visa-exempt, or Canadian citizens, say they have a good understanding of the benefits of the vaccine and that the vaccine poses no risk to them.
- There is no comprehensive or disaggregated public health data on the vaccination status of people from either language backgrounds who are temporary residents or have precarious immigration status or no status and have taken the COVID-19 vaccine; however, the study found that people from these communities want to take the COVID-19 vaccine but are unable to participate in public health vaccination campaigns without help from culturally safe and adequate community-based supports.
- In general, participants from either language background with temporary residency said they got the vaccine because they have a good understanding of the benefits of the vaccine and that the vaccine poses no risk to them.

CONCLUSIONS

(Continued)

Information

2

- People from either language background, with strong networks of support in Canada, and actively participating in the labour market and school systems in Canada reported having access to adequate information (e.g., through public service announcements or information segments posted on social media) concerning vaccinations, public health issues, and COVID-19.
- People from either language background who are not actively participating in the labour market and school systems in Canada but actively participating in leisure and religious communities in Canada access information and misinformation about vaccinations, public health issues, and COVID-19 through their peers and community leaders located in Canada and beyond.
- All participants who said they needed or wanted more information in Spanish or Portuguese, also said they lacked information about vaccinations, public health issues, and COVID-19 from the perspective of health and legal professionals.
- People from either language said they prefer to access public health information in-person, from trustworthy authorities and community workers, and in plain language.

CONCLUSIONS

(Continued)

Equity



- What people from the target populations perceive or experience as safe vaccines and safe vaccination programs and services, depends on people's social and systemic determinants of health (e.g., gender identity, employment or income security, migration status, digital literacy, language proficiency).
- All in all, people who are socially isolated and/or are from equity-deserving communities in Canada, which generally integrate Groups 2-8 (See Diagram 1, Target Audiences), are willing to get the vaccine and understand the risks and benefits of the vaccine. However, the perception of the risks and benefits of the vaccination process is perceived differently by people from these groups.
- There are trained, culturally sensitive, and trustworthy community support service workers and community radio broadcasters already working with people from groups 2-8 (See Diagram 1, Target Audiences) to deliver localized information in Spanish or Portuguese and run mobile vaccination clinics.

KEY RECOMMENDED ACTIONS INFORMED BY INSIGHTS FROM THE PARTICIPANTS

1

Baseline the campaign: The "Safer Communities" campaign may consider as its baseline the levels found among people from the target language communities concerning the COVID-19 vaccines and vaccines in general. A suggested baseline posits general hesitancy regarding taking the COVID-19 vaccine as very low. People from the target language communities, all in all, are willing to take the vaccine if they can access information pointing them to a safe and appropriate location to get vaccinated.

2

Protocol and checklists: The campaign should be designed and implemented with protocols and checklists (E.g., Diagram 1) addressing the diverse perceptions and understandings people from the target audiences may have regarding the "Risks and Benefits" of the vaccine and access to vaccines.

KEY RECOMMENDED ACTIONS INFORMED BY INSIGHTS FROM THE PARTICIPANTS

(Continued)

3

Critical information to include in the campaign materials and messages:

- Emphasize the benefits and the rights of people to take advantage of free vaccines in Canada through the public health system.
- Tell people about their legal rights as they apply to access public health programs and services.
- Tell people about informed consent (legal rights of vaccine-takers) in vaccinations.
- Tell people about what to expect with respect to confidentiality and anonymity when seeking access to vaccines or public health services.
- What are the facts about accessing the public health system and how their participation in public health services may or not involve the immigration system (i.e., Canada Border Services Agency, IRCC).
- Tell people the scientific facts, and why they should trust the vaccines.
- Orient people about people or non-profit organizations they should trust to connect them with public health services and information.

KEY RECOMMENDED ACTIONS INFORMED BY INSIGHTS FROM THE PARTICIPANTS

(Continued)

4

Partnerships: Validating the cultural safety and appropriateness of the material and information and entering into partnerships with trustworthy community-based stakeholders are recommended.

5

Planning for impact and efficiency: Two measurable and impactful ways Latincouver can build culturally safety and partnerships into the campaign are:

- **asynchronous messages** via social media (e.g., podcasts, posts for Facebook or Instagram), which can be accessed through the Latincouver online spaces to people from target Audience Group 1; and
- **synchronous public information and education activities** that are non-digital and not-written (e.g., guest appearances during spoken word shows on community-based radio, or information booths as community health fairs), which can be delivered to people from Target Groups 2 to 8 through collaboration between Latincouver and local community-based public health brokers (See Appendix J: Selected resources).

NOTES:



APPENDIXES

CONTENTS:

- A. Informed Consent Letter & Form (SPA)
- B. Informed Consent Letter & Form (POR)
- C. Written Questionnaire (SPA)
- E. Written Questionnaire (POR)
- F. Guiding Questions for Circle of Dialogue
- G. References
- H. Referenced article 1
- I. Referenced article 2
- J. Selected resources and communities consulted for the research
- K. Researcher's positionality and expertise

Appendix A: Informed Consent Letter and Form (SPA)

Comunidades de habla hispana y portuguesa más seguras en Canadá.

INTENCIONES, EXPERIENCIAS Y MOTIVACIÓN DE VACUNACIÓN ENTRE LAS COMUNIDADES DE HABLA HISPANA Y PORTUGUESA EN CANADÁ.



In collaboration with



Public Health
Agency of Canada

Agence de la santé
publique du Canada

OBJETIVOS DE LA INVESTIGACIÓN

1. Generar datos sobre experiencias e intenciones de vacunación entre las comunidades de habla hispana y portuguesa en Canadá.
2. Informar y guiar el diseño e implementación de una campaña de educación e información pública que satisfaga las necesidades y expectativas de las comunidades de habla hispana y portuguesa en Canadá en relación con las intenciones de vacunación.
3. Aportar información para ayudar a mejorar las políticas públicas y acciones que mejoren el bienestar y la salud de las comunidades de habla hispana y portuguesa en Canadá.

¿Quién financia esta investigación?

La investigación está siendo financiada por la Agencia de Salud Pública del Gobierno de Canadá (PHAC).

¿Quién patrocina esta investigación?

LatinCouver Cultural & Business Society (Vancouver, BC). Organización sin fines lucrativos de apoyo al desarrollo socio-económico de comunidades hispano- y portugués-hablantes en Canadá.

Invitación

Se te invita a participar en el estudio de investigación: "Comunidades de lengua española y portuguesa más seguras en Canadá", un proyecto de educación e información sobre la salud pública y las intenciones y experiencias de vacunación entre las comunidades de habla hispana y portuguesa en Canadá, en asociación con la LatinCouver Cultural & Business Society, y realizado por la consultora independiente Verapax Solutions Inc.

Informed Consent Letter and Form (SPA)

¿Cuál es el propósito del estudio?

El objetivo de esta investigación es aumentar la comprensión de las experiencias, actitudes y creencias en torno a las vacunas contra covid-19 y las vacunas en general desde las perspectivas de los miembros de las comunidades de habla hispana y portuguesa en Canadá. Los resultados se utilizarán para diseñar una campaña de información y educación en salud pública, así como para informar al PHAC sobre las políticas y prácticas públicas para los programas de vacunación en las comunidades prioritarias.

Su participación es voluntaria

Tu participación es voluntaria y anónima. Tu tienes el derecho de negarte a participar en este estudio. Si decides participar, aún puedes optar por dejar de participar en cualquier momento. Tu acceso a la atención médica pública o tu elegibilidad para futuras oportunidades de servicios o investigación con Latincouver no se verán afectados negativamente. Te recomendamos que nos hagas cualquier pregunta que puedas tener sobre la encuesta antes y después de dar tu consentimiento para participar. Por favor, toma el tiempo para leer la siguiente información cuidadosamente antes de decidir.

¿Quién está haciendo el estudio?

Este estudio está siendo realizado por Latincouver Cultural & Business Society con el apoyo de un equipo independiente de investigadores. Director de Investigación: Felipe Gajardo, Latincouver www.latincouver.ca Investigadora Consultante: Angela M. Contreras, Verapax Solutions Inc. www.verapax.org

¿Cómo participar en el estudio?

Si decides participar, le pediremos que complete una encuesta anónima basada en la web y de una duración de 15 minutos. Necesitarás un dispositivo que pueda conectarse a Internet. Otras maneras de participar es por medio un grupo focal de 90 minutos (incluye 30 minutos para responder a un cuestionario individual, seguido de 60 minutos de discusión grupal). Alternativamente, puedes participar en el estudio con una entrevista de 30 minutos de duración y por medio de la web. La investigación hará preguntas sobre tu experiencia con la vacunación contra COVID-19; tus motivaciones e intenciones de recibir vacunas contra COVID-19; y tus opiniones sobre las vacunas.

Difusión de los resultados de la búsqueda

Los principales hallazgos del estudio se utilizarán para informar el diseño y la entrega de la campaña de educación e información sobre salud pública de Latincouver y en asociación con la Agencia de Salud Pública de Canadá (PHAC). Latincouver compartirá los informes y otros materiales de la campaña con el financiador del proyecto (PHAC). Además, el equipo del investigación principal compartirá informes de investigación y otros materiales en espacios comunitarios y académicos.

¿Cuáles son los posibles daños o inconvenientes para los participantes?

Informed Consent Letter and Form (SPA)

No hay costos para ti y no hay riesgo conocido asociado con tu participación.

¿Cuáles son los beneficios potenciales de participar?

No hay ningún beneficio directo para ti al participar en el estudio. Sin embargo, tu participación puede ayudar a informar las decisiones de políticas gubernamentales y las iniciativas de educación e información pública relacionadas con las vacunas COVID-19 y los futuros programas de vacunación que pueden beneficiar a las comunidades de habla hispana y portuguesa en Canadá.

¿El estudio me va a compensar con dinero?

No se ofrecerá ninguna compensación monetaria por tu participación en el estudio. Los participantes que completen la entrevista o la encuesta recibirán un correo electrónico con una tarjeta de regalo equivalente a CDN \$10.

¿Cómo se mantendrá confidencial mi participación en este estudio?

Nunca te pediremos su información personal de salud, tu dirección, tu número de teléfono, tu fecha de nacimiento o cualquier otra información de identificación. La entrevista y la encuesta serán completamente anónimas. Solo los miembros autorizados del equipo de investigación tendrán acceso a sus respuestas a entrevistas o encuestas, pero no hay forma de identificar a los participantes de sus respuestas a entrevistas o encuestas. El investigador principal mantendrá los datos del estudio de investigación seguros y confidenciales durante un máximo de 10 años y luego los destruirá de acuerdo con la política de ética de la investigación para estudios financiados con fondos públicos. Cuando se publican los resultados de esta investigación, no hay forma de revelar tu identidad, ya que los datos de la entrevista / encuesta se recopilarán de forma anónima. Los datos de tu entrevista / encuesta y una copia de tu formulario de consentimiento informado se almacenarán en una base de datos ubicada en Canadá que cumple con estrictos estándares de privacidad y seguridad. Tu derecho de privacidad está legalmente protegidos por leyes federales y provinciales que requieren salvaguardas para garantizar que se respete tu privacidad. Más detalles sobre estas leyes están disponibles por medio de la Investigadora Principal.

Si tengo preguntas o inquietudes sobre los procedimientos de investigación durante mi participación, ¿con quién debo hablar?

Si tienes alguna pregunta o desea obtener más información sobre este estudio antes o durante la participación, comunícate con Felipe Gajardo, Director de Proyecto, teléfono de Latincouver (604) 566-0999, o con la asistente de investigación info@verapax.org.

Informed Consent Letter and Form (SPA)

No hay costos para ti y no hay riesgo conocido asociado con tu participación.

¿Cuáles son los beneficios potenciales de participar?

No hay ningún beneficio directo para ti al participar en el estudio. Sin embargo, tu participación puede ayudar a informar las decisiones de políticas gubernamentales y las iniciativas de educación e información pública relacionadas con las vacunas COVID-19 y los futuros programas de vacunación que pueden beneficiar a las comunidades de habla hispana y portuguesa en Canadá.

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Nunca te pediremos su información personal de salud, tu dirección, tu número de teléfono, tu fecha de nacimiento o cualquier otra información de identificación. La entrevista y la encuesta serán completamente anónimas. Solo los miembros autorizados del equipo de investigación tendrán acceso a sus respuestas a entrevistas o encuestas, pero no hay forma de identificar a los participantes de sus respuestas a entrevistas o encuestas. El investigador principal mantendrá los datos del estudio de investigación seguros y confidenciales durante un máximo de 10 años y luego los destruirá de acuerdo con la política de ética de la investigación para estudios financiados con fondos públicos. Cuando se publican los resultados de esta investigación, no hay forma de revelar tu identidad, ya que los datos de la entrevista / encuesta se recopilarán de forma anónima. Los datos de tu entrevista / encuesta y una copia de tu formulario de consentimiento informado se almacenarán en una base de datos ubicada en Canadá que cumple con estrictos estándares de privacidad y seguridad. Tu derecho de privacidad está legalmente protegidos por leyes federales y provinciales que requieren salvaguardas para garantizar que se respete tu privacidad. Más detalles sobre estas leyes están disponibles por medio de la Investigadora Principal.

Si tengo preguntas o inquietudes sobre los procedimientos de investigación durante mi participación, ¿con quién debo hablar?

Si tienes alguna pregunta o desea obtener más información sobre este estudio antes o durante la participación, comunícate con Felipe Gajardo, Director de Proyecto, teléfono de Latincouver (604) 566-0999, o con la asistente de investigación info@verapax.org.

Informed Consent Letter and Form (SPA)

CONSENTIMIENTO DEL PARTICIPANTE

Al responder al cuestionario y/o participar en la entrevista o grupo focal estoy dando mi consentimiento para participar en la investigación. Confirmando que conozco el propósito de la investigación y el tipo de participación que se pide de mí.

INTENCIONES, EXPERIENCIAS Y MOTIVACIÓN DE VACUNACIÓN ENTRE LAS COMUNIDADES DE HABLA HISPANA Y PORTUGUESA EN CANADÁ.



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NOMBRE : _____ APELLIDO: _____

FIRMA: _____

FECHA (día/mes/año): _____

Gracias por elegir participar en la encuesta. Estamos muy agradecidos por tu decisión de contribuir a la investigación.

Appendix B: Informed Consent Letter and Form (POR)

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Comunidades de língua espanhola e portuguesa mais seguras no Canadá.

INTENÇÕES, EXPERIÊNCIAS E MOTIVAÇÃO DE VACINAÇÃO ENTRE AS COMUNIDADES DE LÍNGUA ESPANHOLA E PORTUGUESA NO CANADÁ.



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OBJETIVOS DE PESQUISA

1. Gerar dados sobre experiências e intenções de vacinação entre as comunidades de língua espanhola e portuguesa no Canadá.
2. Informar e orientar o desenho e implementação de uma campanha de educação e informação pública que atenda às necessidades e expectativas das comunidades de língua espanhola e portuguesa no Canadá, em relação às intenções de vacinação.
3. Contribuir com informações que ajudem a melhorar as políticas públicas e ações que melhorem o bem-estar e a saúde das comunidades de língua espanhola e portuguesa no Canadá.

Quem financia esta pesquisa?

A pesquisa está sendo financiada pela Agência de Saúde Pública do Canadá (PHAC), do Governo do Canadá.

Quem patrocina esta pesquisa?

Latincouver Cultural & Business Society. Uma organização sem fins lucrativos com sede em Vancouver dedicada a apoiar o desenvolvimento socioeconômico de comunidades de língua espanhola e portuguesa no Canadá.

Convite

Você está sendo convidado a participar do estudo de pesquisa: "Comunidades de língua espanhola e portuguesa mais seguras no Canadá", um projeto de educação e informação sobre saúde pública e intenções e experiências de vacinas entre as comunidades de língua espanhola e portuguesa. no

Informed Consent Letter and Form (POR)

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Canadá, em associação com o Latincouver Cultural & Business Society, e realizado pela consultoria independente Verapax Solutions Inc.

Qual é o objetivo do estudo?

O objetivo desta pesquisa é aumentar a compreensão das experiências, atitudes e crenças em torno das vacinas contra o COVID-19 e vacinas em geral a partir das perspectivas dos membros das comunidades de língua espanhola e portuguesa no Canadá. Os resultados serão usados para projetar uma campanha de informação e educação em saúde pública, bem como para informar o PHAC de políticas públicas e práticas para programas de vacinação em comunidades prioritárias.

Sua participação é voluntária

A sua participação é voluntária. Você tem o direito de se recusar a participar deste estudo. Se você decidir participar, ainda poderá optar por parar de participar a qualquer momento. Seu acesso aos cuidados de saúde pública ou sua elegibilidade para futuras oportunidades de pesquisa não serão afetados negativamente. Incentivamos você a nos fazer qualquer pergunta que possa ter sobre a pesquisa antes e depois de consentir em participar. Por favor, tome o tempo para ler as seguintes informações cuidadosamente antes de decidir.

Quem está realizando este estudo?

Este estudo está sendo conduzido pela Latincouver Cultural & Business Society com o apoio de uma equipe independente de pesquisadores.

Diretor de pesquisa: Felipe Gajardo, Latincouver www.latincouver.ca

Investigador: Angela M. Contreras, Verapax Solutions Inc. www.verapax.org

Em que consiste o estudo?

Se você decidir participar, participará de um grupo focal de 90 minutos (30 minutos para um questionário individual seguido de 60 minutos de discussão em grupo). Alternativamente, você pode preencher uma pesquisa anônima, baseada na web, de 15 minutos. Você precisará de um dispositivo que possa se conectar à Internet. A pesquisa fará perguntas sobre sua experiência com o COVID-19; suas intenções de receber vacinas contra o COVID-19; e suas opiniões sobre vacinas.

Divulgação dos resultados da pesquisa

As principais conclusões do estudo serão usadas para informar o desenho e a entrega da campanha de educação e informação em saúde pública da Latincouver e em colaboração com a Agência de Saúde Pública do Canadá (PHAC). A Latincouver compartilhará os resultados da pesquisa, relatórios e outros materiais com o financiador do projeto, Public Health Agency Canada (PHAC). Além disso, a equipe do pesquisador principal compartilhará relatórios de pesquisa e outros materiais em espaços comunitários e acadêmicos.

Informed Consent Letter and Form (POR)

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Quais são os possíveis danos ou inconvenientes?

Não há custos para você e nenhum risco conhecido associado à sua participação.

Quais são os benefícios potenciais de participar?

Não há nenhum benefício direto para você em participar do estudo. No entanto, sua participação pode ajudar a informar as decisões de políticas governamentais e iniciativas de educação e informações públicas relacionadas às vacinas COVID-19 e futuros programas de vacinação que podem beneficiar as comunidades de língua espanhola e portuguesa no Canadá.

O estudo vai me reembolsar?

Nenhum reembolso será oferecido pela sua participação na entrevista ou pesquisa. Os participantes que concluírem a entrevista ou pesquisa receberão um e-mail contendo um vale-presente de CDN \$ 10.

Como minha participação neste estudo será mantida em sigilo?

Nunca solicitaremos suas informações pessoais de saúde, seu endereço, seu número de telefone, sua data de nascimento ou qualquer outra informação de identificação. A entrevista e a pesquisa serão totalmente anônimas. Somente membros autorizados da equipe de pesquisa terão acesso às suas respostas de entrevista ou pesquisa, mas não há como identificarmos os participantes a partir de suas respostas de entrevista ou pesquisa. O investigador principal manterá os dados do estudo de pesquisa seguros e confidenciais por até 10 anos e, em seguida, os destruirá de acordo com a política de Ética em Pesquisa para estudos com financiamento público. Quando os resultados desta pesquisa forem publicados, não haverá como revelar sua identidade, pois os dados da entrevista/pesquisa serão coletados anonimamente. Seus dados de entrevista/pesquisa e uma cópia do seu formulário de consentimento informado serão armazenados em um banco de dados localizado no Canadá que atende aos rígidos padrões de privacidade e segurança. Seus direitos de privacidade são legalmente protegidos por leis federais e provinciais que exigem salvaguardas para garantir que sua privacidade seja respeitada. Mais detalhes sobre essas leis estão disponíveis mediante solicitação do Investigador Principal.

Se eu tiver dúvidas ou preocupações sobre os procedimentos de pesquisa durante minha participação, com quem devo falar?

Se você tiver alguma dúvida ou quiser mais informações sobre este estudo antes ou durante a participação, entre em contato com Felipe Gajardo, Latincouver (604) 566-0999 o assistente de pesquisa info@verapax.org

Informed Consent Letter and Form (POR)

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CONSENTIMENTO DO PARTICIPANTE

Ao responder ao questionário e participar da entrevista em grupo, estou consentindo em participar da pesquisa. Confirmando que sei o propósito da pesquisa e o tipo de envolvimento que me é solicitado.

INTENCIONES, EXPERIENCIAS Y MOTIVACIÓN DE VACUNACIÓN ENTRE LAS COMUNIDADES DE HABLA HISPANA Y PORTUGUESA EN CANADÁ.



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NOME : _____ APPELLIDO: _____

ASSINATURA: _____

DATA (dia/ mês /ano): _____

Obrigado por escolher participar da pesquisa. Somos muito gratos por sua decisão de contribuir com a pesquisa.

Appendix C: Written Questionnaire POR

<p style="text-align: center;">1</p> <p>Para cada pergunta selecione (X) a resposta que melhor reflete sua situação.</p> <p>1. Você já teve COVID-19?</p> <p>Sim, e foi confirmado por um teste (Se sim, responda às perguntas 2 & 3)</p> <p>Sim, acho que sim, mas não fui testado (Se sim, responda às perguntas 2 & 3)</p> <p>Não</p> <p><u>Perguntas 2 & 3 de acompanhamento se você responder sim:</u></p> <p>2. Quão grave foi a sua doença?</p> <p>Assintomático (sem sintomas)</p> <p>Leve (impediu algumas atividades diárias normais)</p> <p>Moderado (impediu todas as atividades diárias normais, ou seja, acamado)</p> <p>Grave (hospitalizado)</p> <p>3. Onde você acha que foi exposto ao COVID-19?</p> <p>Casa</p> <p>Lugar do meu trabalho</p> <p>Viajar</p> <p>Outro ambiente de alto risco além do meu local de trabalho (incluindo hospital, abrigo, etc.): especifique: _____</p> <p>Não sei</p>	<p style="text-align: center;">2</p> <p>4. Alguém próximo a você teve COVID-19?</p> <p>Sim</p> <p>Não</p> <p>Não sei</p> <p>5. Alguém próximo a você morreu de COVID-19?</p> <p>Sim</p> <p>Não</p> <p>6. Alguém próximo a você foi hospitalizado devido ao COVID-19?</p> <p>Sim</p> <p>Não</p> <p>7. Recebeu a vacina COVID-19 primeira dose?</p> <p>Sim [Se sim, responda às perguntas 7 a e 8]</p> <p>Não</p> <p>não sou elegível</p> <p>a. Quando você recebeu sua primeira dose? Data exata ou aproximada: dd/mm/aaaa _____</p> <p>8. Qual vacina você recebeu primeira dose?</p> <p>Pfizer</p> <p>Moderna</p> <p>AstraZeneca</p> <p>Outra (nome) _____</p> <p>Não estou seguro</p>
<p>9. Você recebeu uma segunda dose de uma vacina COVID-19?</p> <p>Sim [Se sim, responda às perguntas 10 e 11]</p> <p>Não</p> <p>Quando você recebeu sua segunda dose? Sim Não Não estou seguro</p> <p>10. Data exata ou aproximada segunda dose: dd/mm/aaaa</p> <p>11. Qual vacina você recebeu segunda dose?</p> <p>Pfizer</p> <p>Moderna</p> <p>AstraZeneca</p> <p>Outra (nome) _____</p> <p>Não estou seguro</p> <p>12. Qual a probabilidade de você receber uma dose futura da vacina COVID-19 (3ª dose ou dose de reforço), se recomendado?</p> <p>Muito improvável</p> <p>Improvável</p> <p>Neutro</p> <p>Provável</p> <p>Muito provável</p>	<p style="text-align: center;">4</p> <p>13. Recebeu uma 3ª dose ou uma dose de reforço?</p> <p>Sim Não Não estou seguro</p> <p>a. Data exata ou aproximada 3ª dose ou dose de reforço: dd/mm/aaaa _____</p> <p>14. Qual vacina você recebeu 3ª dose ou dose de reforço?</p> <p>Pfizer</p> <p>Moderna</p> <p>AstraZeneca</p> <p>Outra (nome) _____</p> <p>Não tenho certeza</p> <p>15. Você tem familiares que se recusaram a receber a vacina COVID-19?</p> <p>Sim</p> <p>Não</p> <p>Não estou seguro</p> <p>16. As vacinas contra o COVID-19 foram aprovadas e recomendadas e estão disponíveis para crianças de 5 a 12 anos. Qual a probabilidade de você vacinar seus filhos?</p> <p>Não se aplica --- Não tenho filhos menores de 12 anos</p> <p>Meus filhos já estão vacinados contra COVID-19</p> <p>Muito improvável</p> <p>Improvável</p> <p>Nem provável nem improvável (neutro)</p> <p>Provável</p> <p>Muito provável</p>

For the full questionnaire, contact the researcher.

Appendix C: Written Questionnaire POR (continued)

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17. O Sistema de Passaporte de Vacinas provincial/federal foi implementado. Indique o impacto que isso teve na sua decisão de se vacinar:

Nenhum, já foi duplamente vacinado (ou planejado para ser) até [essa data].

Eu não tinha certeza de receber uma segunda dose, e o Sistema de Passaporte de Vacinas me encorajou a tomar minha segunda dose/marcar uma consulta para uma segunda dose.

Eu não estava planejando tomar minha segunda dose, mas o Sistema de Passaporte de Vacinas me encorajou a tomar minha segunda dose/marcar uma consulta para uma segunda dose.

Não tenho certeza se ele teve um acordo na minha decisão.

18. Pensando antes do início da pandemia (dezembro de 2019), quanto valor você dava às vacinas?

Nenhum (zero) valor

Quase nada de valor

Nem pouco nem muito (neutro)

Um pouco de coragem

Grande valor

19. Pensando antes do início da pandemia (dezembro de 2019), quanto valor você dava às vacinas?

Nenhum (zero) valor

quase nada de valor

Nem pouco nem muito (neutro)

um pouco de coragem

Grande valor

20. Quantas vezes você tomou a vacina contra a gripe (vacina contra a gripe anual) nos últimos 5 anos?

Nunca

1-2 vezes

3-4 vezes

Cada ano

Não sei

For the full questionnaire, contact the researcher.

Appendix D: Written Questionnaire SPA

Para usted u otros latinoamericanos que viven, trabajan o socializan con usted en Canadá, y que se sienten más cómodos comunicándose en español o portugués que en cualquiera de los idiomas oficiales en Canadá (responda las siguientes preguntas):

* ¿Dónde leen usted o ellos las noticias sobre Canadá en español?

* ¿Dónde escuchan usted o ellos las noticias sobre Canadá en español?

* ¿Qué formas de comunicación en español o portugués funcionan bien para comunicar a usted o a ellos información importante sobre los ingredientes de las vacunas, y qué sucede cuando salen a recibir la vacuna u otros servicios de salud pública?

* ¿Qué preguntas o comentarios tiene usted, o personas de habla español o portugués con las que usted interactúa en Canadá, sobre los riesgos para usted o ellos sobre los ingredientes y efectos secundarios de las vacunas COVID-19 disponibles en Canadá?

* ¿Qué preguntas o comentarios tiene usted, o las personas de habla español o portugués con las que usted interactúa en Canadá, sobre los riesgos para usted o ellos de contactarse con una clínica para recibir la vacuna contra el COVID-19 o para recibir otros servicios de salud pública en Canadá?

For the full questionnaire, contact the researcher.

Appendix D: Written Questionnaire SPA (continued)

Segunda Parte: Acceso a información sobre vacunas y programas de vacunación en Canadá

Para usted u otros latinoamericanos que viven, trabajan o socializan con usted en Canadá, y que se sienten más cómodos comunicándose en español o portugués que en cualquiera de los idiomas oficiales en Canadá (responda las siguientes preguntas):

• ¿Dónde leen usted o ellos las noticias sobre Canadá en español?

• ¿Dónde escuchan usted o ellos las noticias sobre Canadá en español?

• ¿Qué formas de comunicación en español o portugués funcionan bien para comunicar a usted o a ellos información importante sobre los ingredientes de las vacunas, y qué sucede cuando salen a recibir la vacuna u otros servicios de salud pública?

• ¿Qué preguntas o comentarios tiene usted, o personas de habla español o portugués con las que usted interactúa en Canadá, sobre los riesgos para usted o ellos sobre los ingredientes y efectos secundarios de las vacunas COVID-19 disponibles en Canadá?

• ¿Qué preguntas o comentarios tiene usted, o las personas de habla español o portugués con las que usted interactúa en Canadá, sobre los riesgos para usted o ellos de contactarse con una clínica para recibir la vacuna contra el COVID-19 o para recibir otros servicios de salud pública en Canadá?

For the full questionnaire, contact the researcher.

Appendix E: Guiding questions for circles of dialogue

Focus Group Questions Latincouver Study (ENGLISH)

1) Overall. How do you and people in your community feel about the COVID-19 vaccine?

Probe Qs:

- a) When it was available to you, did you think that people in your community will get the vaccine?
- b) What do you or your community see as the benefits of getting vaccinated against COVID-19?
- c) What do you or your community see as the downsides of getting vaccinated against COVID-19?
- d) Does your community feel it is safe?

2) What information have you and people within your community heard about the COVID-19 vaccine?

Probe Qs:

- a) It is made of what?
- b) What does it contain and how does it work?
- c) What is your understanding of the side effects?
- d) When can you get the vaccine? Do you know how and when it is provided?
- e) What happens once you receive the vaccine? Do you still need to wear a mask or you're your distance?

3) What would prevent you and members of your community from getting the vaccine?
What has prevented you and members of your community from getting the vaccine?

Probe Qs:

- a) What concerns do you/ your community have about the vaccine?
- b) What barriers could keep you or members of your community from getting the vaccine? (e.g., access, childcare, transportation, language, etc.)

4) For people in your community who might be hesitant about getting the vaccine, what would encourage them to get it?

Probe Qs:

- a) What would make your community feel safe about getting a COVID-19 vaccine?
- b) What information do people in your community wish they had about the vaccine?

5) What would you recommend as the best way to communicate information about COVID-19 vaccines to your community?

Probe Qs:

- a) Who would be the best person to share information about the vaccine or help teach people about a COVID vaccine? Healthcare providers, family, friends, religious leaders?
- b) What are the best ways to reach people in your community? (e. g., face-to-face, WhatsApp, Facebook, email, mail, phone/text, YouTube?)
- c) Does your community prefer information to be written or spoken?

Prepared by, and translated from English to Portuguese and Spanish by Angela M. Contreras/ Verapax Solutions Inc. (Jan-Jul 2022)

Key concepts

Language, cultural and societal identity

Language presents us with two functions to consider: one being an instrument of communication and the other as a way of asserting a person's or collective (e.g., a nation's, a culture's) identity or distinctiveness from another.

Language is intrinsic to the expression of culture.

Language may be viewed as the social cohesion or 'mechanical glue' proposed by Durkheim (1893, cited in Courpasson et. al. 2021) that binds a society together. As such, it can be argued that people share social bonds formed --or socially constructed-- through the homogeneity of a language being for Canada, French or English, even though Canada is a multicultural and linguistically diverse nation with over two hundred of native (i.e, First Nations, Indigenous, and Inuit) languages, as well as hundreds of other languages spoken by settlers and other newcomers.

It is acknowledged that Canada is a multi-lingual society where neither of the official languages (i.e., English or French) may or not be one's mother tongue; additionally, it is well documented that many newcomers from non-English or non-French spoken countries of origin, neither official language is spoken in their everyday lives (e.g., at home with their family or friends, with their coworkers or employer, or within the local church and leisure communities). In fact, 72,5% of newcomers reported having a mother tongue other than English or French" (Statistics Canada, 2017, pp. 2-3).

Borrowing technology imagery, Banham (2014) argues that Canadian culture is perceived as a society's software, which is cumulative and ongoing and adapts and evolves over time with members having multiple identities and membership in multiple subgroups in society. As such evolution takes place, new societal and cultural identities are formed. As such, language can be a robust marker of social and cultural identity at many levels in society (Jaspal, 2009, cited in Banham, 2014) with the capability of binding and dividing groups in society.

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Selected statistical facts about Latin-Americans in Canada

A growing community

Canadians with Latin American origin¹ make up one of the largest non-European ethnic groups in Canada. In 2001, 244,400 people of Latin American origin lived in Canada. That year, they represented almost 1% of the total population of Canada.

The Latin American community in Canada is growing considerably faster than the overall population. Between 1996 and 2001, for example, the number of people reporting Latin American origins rose by 32%, while the overall population grew by only 4%.

The group of Canadians with Latin American origin includes people from a number of countries in that part of the world. In 2001, for example, 15% came from Mexico, while 14% were Chilean, 11% came from El Salvador, 7% were Peruvian and 6% were from Colombia.

The majority of Canadians of Latin American origin report they only have one ethnic origin. In 2001, 61% of all those who reported an ancestry that originated in Latin America said they had only one ethnic origin, while 39% said they also had other ethnic origins. This was similar to the number of the overall Canadian population that reported multiple ethnic origins, 40%.

The majority are foreign-born

A majority of the Latin American population living in Canada was born outside the country. In 2001, 62% of Canadians who reported Latin American origins were born outside of Canada, whereas this was the case for 18% of the overall Canadian population.

As well, most immigrants of Latin American origin arrived in Canada relatively recently. Of foreign-born Latin Americans living in Canada in 2001, 47% had arrived in the previous decade, while another 35% had come to Canada between 1981 and 1990. In contrast, only 3% had arrived in the 1960s, while less than 1% had come to Canada before 1961.

Most live in four provinces

Almost all Canadians of Latin American origin live in Ontario, Quebec, British Columbia or Alberta. Indeed, in 2001, almost half (47%) of all Canadians who reported Latin American origin lived in Ontario, while 27% lived in Quebec, 13% resided in British Columbia and 9% made Alberta their home. That year, 115,000 people of Latin American origin lived in Ontario, while 65,000 made Quebec their home, 32,000 resided in British Columbia, and 22,000 lived in Alberta. Overall, Canadians of Latin American origin made up around 1% of the population of each of these four provinces. They also represent almost 1% of the population of Manitoba, whereas they accounted for only a fraction of the total number of people living in the other provinces and territories.

Most live in large cities

The majority of the Canadian population with Latin American origins live in one of Canada's major metropolitan areas. In 2001, for example, 31% of the overall Latin American community in Canada lived in Toronto, while 23% resided in Montreal and 9% made Vancouver their home. That year, just over 75,000 people with Latin American origins lived in Toronto, 56,000 resided in Montreal and 23,000 lived in Vancouver.

People who reported Latin American origin also make up relatively large shares of the overall populations in both Toronto and Montreal. In 2001, those with Latin American origins represented around 2% of the populations of both Toronto and Montreal, while they accounted for around 1% of the total population in Vancouver, Calgary, Edmonton, and Ottawa.

The trend for Canadians of Latin American origin to concentrate in large metropolitan areas such as Toronto, Montreal and Vancouver is also likely to continue in the future, as recent immigrants have tended to settle in Canada's largest cities. For example, these three metropolitan areas accounted for almost 65% of the growth in the Latin American population in Canada between 1996 and 2001.

Selected statistical facts about Latin-Americans in Canada (continued).

A relatively young population

Compared with the overall Canadian population, the Latin American community in Canada is relatively very young. In 2001, children under the age of 15 made up 29% of all those who reported Latin American origin, compared with 19% of the overall population. At the same time, 18% of people reporting Latin American origins were aged 15 to 24, versus 13% of the overall population.

The low income population

Canadians of Latin American origin are more likely than other people to have incomes that fall below Statistics Canada's Low-income Cut-offs. In 2000, 28% of people who reported Latin American origin had incomes below the Low-income Cut-offs, compared with 16% of the total Canadian population.

An even larger share of children of Latin American origin live in low-income families. In 2000, 32% of children of Latin American origin under the age of 15 lived in families with incomes below the Low-income Cut-offs, whereas 19% of all children in Canada lived in low-income families.

Unattached adults of Latin American origin are particularly likely to have low incomes. In 2000, 53% of adults of Latin American origin who lived alone had low incomes, compared with 38% of their counterparts in the overall population.

Seniors of Latin American origin living on their own are especially likely to have low incomes. In 2000, 71% of unattached seniors aged 65 and over who reported Latin American origin had incomes below the Low-income Cut-offs, well above the figure for all unattached Canadian seniors, 40% of whom were considered to have low incomes.

As in the overall population, unattached female seniors of Latin American origin are the most likely to have low incomes. In 2000, 75% of women of Latin American origin aged 65 and over who lived alone had incomes below the Low-income Cut-offs, compared with 57% of unattached male seniors of Latin American origin and 43% of all unattached women in this age group.

Source: Lindsay, C. (2017). The Latin America Community in Canada, Profile Profiles of a community or region: 89-621-X2007008 by Statistics Canada. August 14, 2017. Retrieved from <https://www150.statcan.gc.ca/n1/pub/89-621-x/89-621-x2007008-eng.htm>

Latin-Americans in Canada. How do we count them?

The numbers of the Latin American population in Canada are highly controversial.

The Latino community argues that the existing Canadian census does not represent the demographic reality and the population is largely underrepresented. Problems with self-identification are highlighted as a challenge to getting the right numbers. Additionally, the Canadian census does not categorize race and ethnic origin separately like in the case of a national census in the United States. Both issues will be discussed below.

Although the immigration of Latin Americans to Canada is relatively new compared to other groups, it has increased significantly in the past few decades. For example, only between 1996 and 2001, the number of people declaring themselves as Latinos rose by 32%, while at the same time the overall population grew only by 4% (Lindsay 2007, 7). According to the Canadian official statistics, in 2001, around 250,000 people were reporting Latin American origins; later modifications adjusted the number to 611,000. In 2016, the official number was about 640,000 or 2% of the population, but after the adjustment, it reached 1 million. However, there are many issues related to the way the population is measured that raise doubts about the official data. First of all, self-identification methods pose a unique challenge for the measurement of the Latin American population. The Survey on Canadian Latin Americans (Armony 2014, 21) demonstrated that while other groups focus more on religious backgrounds, Latino communities in Canada tend to define themselves based on ancestry, language and place of origin. Even though scholars agree that self-identification is a crucial tool to avoid assuming fixed identities, it can cause a different kind of bias. In the case of Latinos in Canada, a self-declaration about ethnicity could result in a pattern of racialized Latin Americans declaring themselves as having a Latin origin while white descendants do not.

The categories used in the Canadian census are another significant issue for the Latino community. In the visible minority question, the respondent must choose between options like “white”, “Chinese”, “black”, or “Latin American”. The main problem is the confusion between the concepts of race and ethnicity. Despite not making any direct reference to race, it is implied that the question is treating Latin American origin as a racial category. It is also possible to declare more than one ethnic group/race. However, if someone reports being Latin American and white, he or she will not be counted as Latin American for the visible minority variable. Considering that the information about the visible minority population is the primary source for equity programs (Statistics Canada 2017a, 1), not counting white Latinos makes a significant difference for the community. Besides the visible minority variable, there is another question on ethnic origin that asks “What were the ethnic or cultural origins of this person’s ancestors?”. It is allowed to write many different origins, and they give some examples of possible answers such as “French”, “Chinese”, “Mexican”, or “Italian”. As the reference guide emphasizes, ethnic origin responses are a reflection of each respondent’s perception of their ethnic ancestry (Statistics Canada 2017b, 1). Statistics Canada aggregates all nationalities from Central and South America in order to reach the total amount of Latin Americans in Canada. However, this aggregation is problematic because people from Caribbean countries are not counted at all. For instance, Belize and Guyana are taken into account, whereas Cuba and the Dominican Republic are not (Armony 2011, 19). By contrast, the United States census treats Hispanic origin and race as different categories.

Latin-Americans in Canada. How do we count them? (continued)

There is a specific question asking if the person has a Hispanic, Latino or Spanish origin and another question asking explicitly about the race. Therefore, when individuals declare themselves as Hispanic, the Census Bureau assumes that they are only Hispanic regardless of their answers to the race question. The reason for taking this approach is that Hispanics can be of any race. In 2015, the Census Bureau tested a new format to have only one question about race and ethnicity (Mathews et al. 2015), so that it would be possible to categorize someone as Hispanic and white at the same time. However, the 2020 census did not adopt this format. Even though Latin Americans are still underrepresented in Canadian official statistics, some recent changes were vitally important to start correcting the Canadian numbers. A reclassification of the 2016 census adopted the definition of the Canadian Hispanic Congress, including those who have only one Hispanic parent. After the reclassification, the total population was around 640,000 increased to over a million. Nonetheless, the greatest challenge is still ahead, it is necessary to debate the categories of race and ethnicity in the Canadian census.

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Selected Resources and Communities Consulted for the Research Study

BC Migrant Worker Hub and Supports Service Map:

Supports organizations and individuals with easier navigation of supports and resources available to migrant workers across BC. Created and administered by AMSSA. The map can be used to find and connect with organizations supporting migrant workers. With over 100 different tags marking the locations of support available to migrant workers across the five regions of British Columbia, this map is a good tool to refer to when looking at services available in your region.

<https://www.amssa.org/resources/services-map/>

Umbrella Multicultural Health Cooperative & Mobile Clinic:

A not-for-profit cooperative of members from refugee, immigrant, migrant and newcomer communities. Its mission is to provide practical access to affordable and holistic health care services that are appropriate in culture and language for those who are without access to health security.

Launched in June 2011, the Umbrella Mobile Clinic is specially targeted to the unique needs of temporary foreign farm workers. The clinic operates on a pop-up basis, at times from a trailer converted into a medical clinic, and at times in spaces donated by partner organizations. The mobile clinic team travels throughout the Fraser Valley providing Spanish-language medical services. The crew consists of physicians, physiotherapists, Cross Cultural Health Brokers (CCHBs), and many support workers. CCHBs are bilingual/bicultural health workers who bridge language and cultural barriers. They work with patients from their communities to access medical and social services and to empower them to make informed decisions. They support the relationship between patients and family doctors.

715 Carnarvon Street, New Westminster, BC, V3M 1E6

<http://www.umbrellacoop.ca/>

Researcher's identity, positionality & expertise



I am a Canadian citizen and grew up in Guatemala. I am a descendant of enslaved Africans and Indigenous people from Abya Yala (Ixmulw in Mesoamerica).

My work as external research and evaluation consultant is guided by my praxis of intersectionality, decolonizing methodologies, and Freirean dialectical approaches to adult education and knowledge mobilization.

I integrate collaborative, participatory, and empowerment approaches that promote community engagement and collective impact. I design and implement research that is multi-method and informed by the insights and lived experiences of people from equity-deserving communities, including but not limited to IBPOC refugees, migrant workers, newcomers, and survivors of violence and crimes.

I have been invited to local and global dialogue events with scholars, public policy reform advocates, publicly elected officers, and community-led organizations. In my 2018 talk, 'A Silence that Bothers' delivered with the Canadian Society for Studies in Education, I invited a dialogue between migrant workers, researchers and advocates about equity, ethics, and action-oriented research. My talk was published in a collaborative book about Ethics in Participatory Research.

I am currently situated on the shared, ancestral, traditional and unceded lands of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Selílwitlh (Tseil-Waututh) peoples of Turtle Island.

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Safer Vaccines and Vaccinations for Spanish and Portuguese Speaking Communities in Canada.



Report from a Pan-Canadian collaborative & participatory research study conducted by Verapax Solutions Inc. with Spanish and Portuguese-speakers of Latin-American origins and residing in Canada. The study was commissioned by Latincoover Cultural & Business Society, to help inform the design and implementation of the "Safer Communities" public health information campaign on vaccinations. Funding for the project was provided by the Government of Canada through its federal Public Health Agency (PHAC).