

## PRIMER

# Building Confidence in Vaccines

## Purpose

This resource has been developed for immunizers and health care providers to provide an overview of considerations for building confidence in vaccines including information specific to the COVID-19 vaccine program. This document highlights best practices, communication tips and a curated list of key resources.

## What is Vaccine “Hesitancy”?

- Vaccine hesitancy has been defined as the delay in acceptance or refusal of vaccines despite availability of vaccination services.<sup>1</sup> It is complex and context specific, varying across time, place and vaccines and is influenced by a variety of factors including vaccine-associated misinformation and mistrust.<sup>2</sup> In the case of marginalized communities, past and ongoing experiences of harm and discrimination with the healthcare system may also be a factor.<sup>1,3</sup>
- Perspectives on vaccines can be conceptualized on a continuum from those who refuse all vaccines to those who widely accept all vaccines, while vaccine hesitant individuals are a heterogeneous group in the middle of this continuum.<sup>1,3</sup>
- The “3Cs” model (Confidence, Complacency, and Convenience) is commonly used for understanding and grouping the determinants of vaccine hesitancy.<sup>1,3</sup> Additionally, a more comprehensive “Determinants of Vaccine Hesitancy Matrix” has been developed to capture the contextual, individual and vaccine-specific influences on hesitancy (see [Appendix](#)).

## COVID-19 Vaccines

- In Ontario, it is estimated that somewhere between 56% - 89% of individuals will need to be vaccinated against COVID-19 in order to achieve herd immunity.<sup>4</sup>
- Public opinion polling from March 2021 showed that 74% of Ontarians intend to take the COVID-19 vaccine.<sup>5</sup> However, only 48% said they would take the first available vaccine, while 27% said they would wait for another vaccine, 12% would not take the vaccine at all and 8% did not know.<sup>5</sup>
- COVID-19 vaccines will play an instrumental role in controlling the COVID-19 pandemic, however the success of the vaccination program will largely depend on the health system’s work in addressing barriers to vaccine uptake such as addressing vaccine misinformation,<sup>6</sup> meaningful engagement of marginalized communities,<sup>7</sup> and prioritization of culturally safe approaches to communication and implementation.<sup>8</sup>

- Partnering with champions and communities to inform approaches to addressing issues of trust, and confidence in vaccines is essential to achieve adequate uptake of COVID-19 vaccine.<sup>6-8</sup>

## The Role of Health Care Providers

- Health care providers play a critical role in the success of vaccine programs as their recommendations have a strong influence on vaccine acceptance.<sup>9</sup> Research by the Ontario Medical Association (OMA) shows that physicians are the most trusted source of public health advice, trusted by 86 per cent of all Ontarians when asked about COVID-19 vaccines.<sup>10</sup>
- Individualized or specific community-based assessment and tailored approaches are needed to understand and address the specific factors influencing the decision to vaccinate.<sup>11</sup> Health care provider communication needs to promote respectful dialogue, including cultural safety and principles of trauma-informed care, that takes into account the unique circumstance and lived experiences of the individual or group recognizing that vaccine hesitancy can stem from a multitude of factors.<sup>12</sup>
- Health care providers delivering immunizations can also support the collection of sociodemographic data to help facilitate efficient, equitable and effective roll-out of the COVID-19 vaccine program for communities disproportionately impacted by the pandemic.<sup>13, 14</sup>
- Use of a presumptive approach has been shown to be an effective strategy at increasing vaccine acceptance when discussing vaccines (e.g., asking when a patient will get their COVID-19 vaccine rather than asking how they feel about getting the vaccine).<sup>15, 16</sup> In addition, motivational interviewing may be useful when discussing concerns about vaccination. There is strong evidence supporting its use when speaking to parents who are hesitant about vaccinating their children.<sup>15,17</sup>
- Providing culturally appropriate, multilingual vaccine communication materials in the online spaces and commonly accessed physical locations is also important for increasing vaccine acceptance.<sup>18</sup>

The following are key principles that may be useful when engaging in conversations about vaccines.<sup>9,11</sup> For marginalized community members, messages building trust and confidence should also focus on transparency, supporting autonomy, and validating past and ongoing lived experiences of discrimination.

Principle	Talking Tip
Start from a place of empathy and understanding.	<i>There are no wrong questions, my goal is to support you and make sure you have all the information you need to make a decision. Can you tell me a bit more about your concerns? I hear your concerns about COVID-19 vaccine. They are all important.</i>
Assume patients will want to be vaccinated but be prepared for questions.	<i>Do you have any particular questions you want me to address? When are you planning on booking your COVID-19 vaccine appointment?</i>

Principle	Talking Tip
Give your strong recommendation.	<i>I have already received my COVID-19 vaccine, I am happy I am protecting myself and my community.</i>
Address misinformation by sharing key facts. Do not repeat the myth (this may reinforce it).	<i>The vaccine technology is new; however, it has been built upon years of research which is why development was able to occur so quickly.</i>
Listen to and respond to patient questions, and use a tailored approach.	<i>I understand why you may be concerned about receiving the vaccine while pregnant. I'm happy to share the information I have with you.</i>
Include information on risks and benefits of vaccination, as most people are looking for balanced information. Frame immunization in terms of positive gains.	<i>I hear your specific concerns, these are the risks of the vaccine and these are the risks of getting COVID-19.</i>  <i>I understand you may want to wait for XXX vaccine, however I recommend you take the first available vaccine to you. Here are the reasons why...</i>
Proactively explain side effects.	<i>Most people say that they feel fine after receiving the vaccine, the most common side effect is a sore arm.</i>

## List of Key Resources

- **Ministry of Ontario:**  
[COVID-19 Communication Resources](#)<sup>19</sup>
- **Simcoe Muskoka Health Unit:**  
[Immunization Toolkit for Immunizers: A-S-K Approach](#)<sup>20</sup>
- **Government of Canada:**  
[Communicating Effectively about Immunizations](#)<sup>11</sup>  
  
[Motivational interviewing: A powerful tool to address vaccine hesitancy](#)<sup>16</sup>
- **Centre for Effective Practice:**  
[PrOTCT Plan for COVID-19 vaccine discussions](#)<sup>21</sup>  
  
[Answering questions about COVID-19 vaccines](#)<sup>22</sup>
- **Indigenous Primary Health Care Council:**  
[Gashiwidoon Toolkit: COVID-19 Vaccination Implementation Kit \(Step 2: Communication\)](#)<sup>23</sup>
- **Centers for Disease Control and Prevention:**  
[Engaging in Effective COVID-19 Vaccine Conversations](#)<sup>24</sup>
- **Johns Hopkins Medicine:**  
[COVID-19 Vaccines and People of Colour](#)<sup>25</sup>

- **National Institutes of Health:**  
[Health Communicator's Tip Sheet: The Do's and Don'ts for COVID-19 Vaccine Conversations](#) <sup>26</sup>  
[COVID-19 Vaccination Communication: Applying Behavioral and Social Science to Address Vaccine Hesitancy and Foster Vaccine Confidence](#) <sup>18</sup>

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# Appendix

## Determinants of vaccine hesitancy

DETERMINANTS	INFLUENCED BY
<p><b>Contextual</b> (e.g., historic, socio-cultural, environmental, health system/institutional, economic, political factors)</p>	<ul style="list-style-type: none"> <li>• Communication and media environment</li> <li>• Influential leaders, historical influences, politics/policies</li> <li>• Religion/culture/gender/socio-economic</li> <li>• Geographic barriers</li> </ul>
<p><b>Individual and Group</b> (e.g., personal perception or social/peer environment)</p>	<ul style="list-style-type: none"> <li>• Personal, family and/or community members' experience with vaccination</li> <li>• Beliefs, attitudes, knowledge and awareness about health and disease prevention</li> <li>• Personal experience with the healthcare system/healthcare providers</li> <li>• Risk/benefit (perceived)</li> </ul>
<p><b>Vaccine/Vaccination Specific Issues</b> (e.g. Directly related to vaccine or vaccination)</p>	<ul style="list-style-type: none"> <li>• Risk/benefit (epidemiological, scientific evidence)</li> <li>• Introduction of a new vaccine or new vaccine platform</li> <li>• Mode of administration</li> <li>• Design of vaccination program/mode of delivery (e.g., routine program or mass vaccination campaign)</li> <li>• Reliability and/or source of supply of vaccine/equipment</li> <li>• Vaccination schedule</li> <li>• Costs associated vaccine or travelling to receive the vaccine</li> <li>• The strength of the recommendation to receive vaccine and/or and/or attitude of healthcare professionals towards the vaccine</li> </ul>

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