

Which individuals have been hesitant during winter 2022?

Vulnerable and Hard-to-Reach People

Vaccinating these individuals against COVID-19 may be hindered by issues such as isolation, mobility, mental health or substance abuse problems, access to the Internet or to reliable information, literacy level, language, relationship to biomedicine (e.g. collective trauma due to a history of exploitation or neglect), etc.

To address these challenges, health professionals need good knowledge of the local community, access to data that lets them connect with these clientele and address their needs, and cooperation from community stakeholders who are trusted by the target clientele. Health professionals must also be able to offer a local vaccination service that is as tailored as possible to the identified realities and needs.

Factors Associated with Vaccine Hesitancy in Winter 2022

There is no typical profile of a person who is hesitant about getting the COVID-19 vaccine, and hesitancy in the same person may fluctuate at different times during the campaign and depending on the doses in the vaccination schedule. The people who show hesitancy continue to be very heterogeneous.*

However, the following aspects of this group have been noted:

- **Socioeconomic factors** (economic insecurity, lower education level, lack of employment) are associated with a hesitancy to get vaccinated.
- **Attitudes about vaccines in general** are more strongly associated with vaccine hesitancy compared to socio-demographic variables or adherence to conspiracy theories.
- **Distrust in the state, institutions and scientific experts** is associated with greater vaccine hesitancy.
- **People with criticisms or concerns about the COVID-19 vaccine should not be lumped in with people who believe in conspiracy theories:** all of these individuals can experience vaccine hesitancy that health professionals can address with support.
- **Psychological distress (fear, frustration, anger)** may lead to vaccine hesitancy or result from the stigma of not being vaccinated or both. Added to this is the pandemic fatigue experienced by most people and some people's feeling that vaccination is being forced on them.
- **Friends and family play a key role** in the decision to get vaccinated: pro-vaccine opinions and actions of friends or family are associated with less hesitation and vice versa.

Note :

With less than 10% of the Quebec population still not vaccinated and given the current tension surrounding vaccination and health measures, this addendum suggests communication and intervention strategies to help health professionals reach out to and support people who remain hesitant and who are open to support.

This approach is not about persuading people who adamantly refuse to get vaccinated.

This distinction is critical to avoid increasing tension or to keep health professionals from getting into confrontations that could increase tension on this issue.

This addendum has **two goals:**

(1) **Assist health professionals in providing tailored support** for a person's decision-making process about getting vaccinated by focusing on their well-being.

(2) **Increase confidence** in the health care system and **promote access** to care over time.

Situation: How to approach people

Health professional: *Hello, my name is... How are you?*

Individual: ...

Health professional: *My team and I are in the neighbourhood to make sure everyone has had the chance to ask questions about the COVID-19 vaccine and to help them make a decision about getting vaccinated. Would you be interested in talking to me?*

Individual: *No.* (The person's non-verbal language expresses discomfort, disinterest, annoyance, fear, etc.)

Health professional: *It's as you prefer. I understand if you don't want to talk. However, if you change your mind, have questions, or want to talk, you can contact... (Offer resources if the person is open to them.) Thank you and have a nice day.*

Vaccine Hesitancy and Emotions: Reassure and Assuage

Psychological distress and/or anger may cause vaccine hesitancy or result from the stigma of not being vaccinated or both. At this stage of the vaccination campaign, **it is crucial to recognize and consider the range of emotions experienced by people who are hesitant.**

In the field, health professionals will likely encounter people who have strong emotions about vaccination, emotions that have been exacerbated by things like widespread pandemic fatigue. Staff must **reassure, assuage or help contain these emotions in a respectful way that accounts for each person's unique situation.** You may need to offer support and accommodations to help reduce distress or anger related to vaccination.

The Role of Fear (anxiety, phobia)

Different types of fears may be at the root of continued vaccine hesitancy.

In these situations, **fear of the virus** (from none to panic) **is usually less than the fear of the vaccine.**

Fear of the vaccine may stem from:

- A **previous negative experience** (personal, family or community experience with the health care system or vaccines) that triggers trauma: the person fears they will have the same experience.
- **Misinformation that generates specific fears** about the risks associated with vaccines.
- A **distrust** of institutions, pharmaceutical companies, and other authorities that are seen as being negligent at best and intentionally causing harm at worst.
- **Anxiety disorders** that pre-existed or that appeared or were reinforced during the pandemic (generalized anxiety, panic disorder, phobias including agoraphobia and phobia of needles/injections), which may lead to avoidance behaviours.

Note that all these fears can occur at the same time.

How to provide support?

To support these individuals, it is important to help them identify their fears so that they can address them with psychological and practical solutions if they want.

Identify and recognize fears

- Try to identify the source of the fear in an empathetic and supportive way ("Feeling fear can be painful, and it's normal").

Acting on fears

- **Determine whether the person wants to overcome their fear:** Do they think their fear is paralyzing them? Do they want to act differently?
- If they are open to it, **give them facts about the vaccine** that might minimize their fear.
- If the person is open to it, **identify strategies** that could reduce their fear: getting support, getting the vaccine at a centre they are familiar with, getting a single-dose vaccine, learning a relaxation technique, etc.
- **Do not get into personal issues** (i.e., past experiences), as this is not part of the approach. Suggest psychosocial support resources as needed.

Situation

Health professional: Standard introduction.

Individual: *I don't want to get vaccinated. The vaccine is more dangerous than the virus. I don't see the point of putting these things in my body.*

Health professional: *Thank you for sharing your concerns with me. I understand that you are worried about the vaccine. That's perfectly normal. Would you like to talk about it?*

Individual: *I don't know... I don't understand what you want from me.*

Health professional: *I want to give you the chance to talk about your concerns. You don't have to if you don't want to. However, if you are open to it, we could also look at some useful information together. Is that okay?*

Vaccine Hesitation and Emotions: Reassure and Assuage (continued)

The Role of Frustration and Anger

With the ongoing health crisis and subsequent pandemic fatigue, **tensions around vaccination** have increased during the campaign:

- Stigma and moralizing or derogatory remarks about people who aren't vaccinated; "good" (vaccinated) citizens opposed to "bad" (non-vaccinated) citizens; lumping people together, i.e. "all non-vaccinated people are like X," "all vaccinated people are like Y"; labelling someone who isn't vaccinated as "anti-vax," etc.
- Constraints due to the vaccine passport and other forms of social exclusion that people who are "not adequately vaccinated" have had a hard time dealing with.
- Limited or loss of freedom and socialization associated with the health measures.
- Politicization of these issues by various groups.

Vaccine conflicts affect different areas of a person's life (family, friends, work, community, public space, social media), affect their relationships, and often lead to suffering on all sides at a time when the person may need support from the people around them.

Efforts to reach people who are vaccine-hesitant **can be perceived as intrusive, disrespectful**, or even as yet another "assault," especially months into the campaign and given the high vaccination rates. These efforts can also be an opportunity for people to directly express their anger.

How to provide support?

Identify

- People can express anger **verbally** through sarcastic, aggressive or insulting comments (with or without raising their voice) **or non-verbally**, i.e. slamming the door, exhibiting threatening body language.

Recognize and contain

- Health professionals must **recognize that the person has a certain right to be angry** ("I understand that X could make you angry") and give the person control over the situation ("Would you like talk about it?").
- **Do not let the person carry on at length by intimidating or insulting you** (i.e. the person raises their voice or threatens with vulgar speech or body language) and calmly state that you are going to end the conversation.
- **Remain calm, firm and respectful** when leaving and apologize for disturbing the person.

Assuage

- When possible, listen to the person's negative experience with vaccinations and **name the underlying distress** ("This must be really hard to go through" etc.).
- If possible, and if the person is open to it, offer them psychosocial support resources.
- **Do not insist** that they get vaccinated.

Situation

Health professional: Standard introduction.

Individual: *The government is trying to control us. How did you find out where I live? What do you want?*

Health professional: *Thank you for sharing your questions with me. I can explain why I'm here, if that's okay with you?*

Individual: *Yes, I want to know! I'm furious that my personal information is being shared!*

Health professional: *I understand you find this visit intrusive, and you have the right to refuse to talk to me. But if it makes you feel better, your personal information has not been shared. My team and I know the vaccination rates for each area, so we are going into all neighbourhoods to make sure that people who might have questions about the vaccine get the support they need.*

Systemic and Relational issues:

Finding Allies and Minimizing Conflicts with Friends and Family

Since friends and family play a key role in a person's decision to get vaccinated, it may be useful to talk to the person, with their consent of course, about how the people in their lives feel about vaccination.

This can help you find potential allies, comfort the person by recognizing the importance of these relationships, and help them reduce conflict with the people in their lives.

Vaccination Attitudes of Family (nuclear and extended)

- First, explain that different points of view about vaccination of spouses, parents and children, and extended family members are very common and can be hard to deal with.
- If the person is open to it, discuss these differences and the discomfort or conflict they are causing with their loved ones and offer to help address this conflict.
- If possible, **make a list of people they trust** who might be able to reassure them or support their decision.
- Value and encourage these **relationships** despite different viewpoints, since relationships play a key protective role in a person's current and future health.

Issues at Work, School or in the Community

- Give the person examples of differences as well as points of commonality about vaccination in the community, at school or at the workplace, and normalize these different positions and dynamics while recognizing that they may be hard to cope with.
- Based on what the person is experiencing in these areas of their life, help them **identify the support they need** that would help them in their decision-making and **encourage them to maintain connections** with their co-workers and community.

Situation

Health professional: Standard introduction

Individual: *I'm vaccinated, but my husband isn't. This is causing conflict, as we can't see our friends anymore. Everyone always feels uncomfortable.*

Health professional: *I understand how hard that can be. Thank you for sharing your experience. The topic of vaccination has*

has caused a lot of tension between people, among families and friends, and at work and in society... It's not easy, especially since we don't all have the same views or same tolerance for risk. One thing we all have in common is how tired we are of the pandemic! It's important to find ways to protect our relationships with our loved ones despite our differences about getting vaccinated.

Support The Decision Based on Risks/Benefits, Offer Local Resources

- At the end of the visit, **recap** your discussion by:
- ... going over the risks and benefits of vaccination that you identified together.
- ... **suggesting local resources** to address other identified needs that may be more important to them than vaccination (a list of local resources will be compiled).
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Additional Ressources

"Vaccination Resources" tab on the CoVivre program website:

<https://sherpa-recherche.com/en/sherpa/partner-projects/covivre-program/#covivre-2-tab-5>

Canadian Red Cross de-escalation training (french only):

https://www.croixrouge.ca/crc/documentsfr/Nos-champs-d'action/Interventions-en-cours/COVID-19/Supporting-Safety-and-Security_FR.pdf

*Santavicca, T., Ngov, C., Frounfelker, R., Miconi, D., Levinsson, A., & Rousseau, C. **COVID-19 Vaccine Hesitancy Among Young Adults in Canada** (preprint):

<https://www.researchsquare.com/article/rs-1316014/v1>