

## **COVID-19 existing resource response #5**

(Last updated 4 May 2021)

### **Question**

How can vaccine acceptance and uptake be supported among equity-seeking groups?

### **What we found**

This question can be addressed through two living evidence syntheses and key informant interviews, which taken together can help understand how to support vaccine acceptance and uptake among equity-seeking groups, including an understanding how colonialism, racism, structural violence and other factors set the context for, and help interpret findings from existing evidence.

### **Living evidence syntheses**

Two living evidence syntheses are currently being conducted through COVID-END in Canada at the Ottawa Hospital Research Institute led by Jeremy Grimshaw and Justin Presseau. The syntheses are focused on how behavioural-science thinking can support messaging to and broader supports for healthcare workers and citizens to enhance vaccine acceptance and uptake.

Following the scoping calls that were convened about these requests, the questions for the living evidence syntheses were refined to:

- 1) How can behavioural-science thinking help to support messaging to and broader supports (including institutional practices and policies) for healthcare workers to encourage them to: a) be vaccinated for COVID-19; and b) promote vaccine acceptance and enable vaccine uptake among their patients and citizens more generally, particularly those drawn from equity-seeking groups; and
- 2) How can behavioural-science thinking help to support messaging to and broader supports for citizens, particularly those drawn from equity-seeking groups, to encourage them to be vaccinated?

### **Box 1: Our approach**

COVID-END in Canada responds to requests for evidence syntheses about topics related to COVID-19 that are likely to be explicitly considered by high-level decision-makers in multiple Canadian jurisdictions. This includes conducting rapid evidence profiles, living evidence profiles, rapid syntheses and living evidence syntheses. Examples of these evidence products can be viewed [here](#).

Sometimes requests are submitted about questions that have already been addressed by one or more recently updated, high-quality evidence syntheses or will be addressed soon by work underway (e.g., through a rapid synthesis underway with or being planned by a Canadian team, registered synthesis protocol or CIHR funding to conduct a synthesis). In these situations, we prepare a response that profiles these existing resources. These responses are typically prepared by a combination of: 1) searching both the COVID-END domestic inventory and the COVID-END global inventory; and 2) contacting 40+ Canada evidence-synthesis teams to identify any additional resources or work underway that is relevant to the question posed in a request. Such an existing resource response is equivalent to a rapid evidence profile prepared with the same turn-around time.

We followed this approach to prepare this existing resource response, which was prepared in three-business days (and hence the equivalent to a three business-day rapid evidence profile) to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

For question 2, the aim is to identify where there are commonalities and differences between equity-seeking groups and the general population to inform suggestions for tailored approaches. Moreover, a specific behavioural framework will be used to enable this to be synthesised across studies more readily. However, as with the first question, the insights will be limited by what the literature has to offer. Given this, findings will be complemented by key-informant interviews (described below).

These syntheses are also expanding on existing work by:

- 1) extracting (on an ongoing basis) key behavioural insights from empirical studies of healthcare workers (for question 1) and of citizens (for question 2), particularly equity-seeking groups by drawing from:
  - a. an [‘evergreen review’ about COVID-19 vaccine knowledge, attitudes, and behaviours](#),
  - b. COVID-END’s [living evidence profile about the vaccine roll-out](#),
  - c. a [living evidence synthesis about barriers and facilitators to individuals’ willingness to be vaccinated for COVID-19](#) being conducted through the Center for Evidence Synthesis and Health at Brown School of Public Health, and
  - d. a synthesis of qualitative evidence and grey literature being conducted by the National Collaborating Centre for Methods and Tools by Maureen Dobbins and Sarah Neil-Sztramko); and
- 2) extracting (on an ongoing basis) key behavioural insights from surveys of healthcare workers (for question 1) and of citizens (for question 2), particularly equity-seeking groups.

The [living evidence synthesis addressing the first question was published at the end of March](#) and will be updated in mid-May. The [living evidence synthesis addressing second question was published at the end of April](#) and will be updated at the end of May. The syntheses and subsequent updates will be available on the [COVID-END in Canada evidence products page](#).

### **Key informant interviews**

Subsequent versions of the living evidence syntheses will include insights from key informant interviews. The interviews will engage key stakeholders/community leaders to identify insights about barriers and enablers to vaccine acceptance, access and uptake among three groups (Indigenous peoples, Black Canadians and people who are homeless or marginally housed) that were prioritized through the scoping calls that were convened for this request. This will include understanding how colonialism, racism, structural violence and other factors set the context for, and help interpret findings from the synthesis. Within this context, to identify enablers to vaccine acceptance and uptake, key informant will be asked about what they view as the:

- 1) key elements, components and/or principles of vaccine-acceptance approaches for their communities that make it a positive experience and successful at enhancing acceptance, access and uptake (including elements of cultural safety and trauma- and violence-informed care and to what extent are conditions in which vaccines are provided acknowledge and address structural factors and/or historical experiences that may affect vaccine acceptance, access and uptake); and
- 2) lessons learned from COVID-19 vaccination programs that they have supported in their communities. In addition, questions will focus on identifying and acknowledging key health and social equity issues that may affect vaccine acceptance and uptake in their communities.

A team working with Stephanie Montesanti (University of Alberta) and Lindsay Crowshoe (University of Calgary) will conduct and analyze 8-10 key informant interviews with key Indigenous experts (including Indigenous community leaders, Indigenous providers and scholars). In addition, a team led by Claire Betker at the National Collaborating Centre for Determinants of Health will conduct approximately 8-10 key informant interviews with stakeholders from each of the Black community and with those who support people who are homeless or marginally housed (for a total of 16-20 key informant interviews). Findings from the interviews will be made available on the

[COVID-END in Canada evidence products page](#) once completed. Further work/groups could be added to updates subject to available resources.

Wilson MG, Grimshaw J, Presseau J, Betker C, Crowshoe L, Montesanti S, Dobbins, Neil-Sztramko S, Lavis JN. COVID-END in Canada existing resource response #5: How can vaccine acceptance and uptake be support among equity-seeking groups?. Hamilton: McMaster Health Forum, COVID-END in Canada, 8 April 2021.

To help health- and social-system leaders as they respond to unprecedented challenges related to the COVID-19 pandemic, the McMaster Health Forum is preparing responses like this one. This response is funded by the Public Health Agency of Canada. The opinions, results, and conclusions are those of the McMaster Health Forum and are independent of the funder. No endorsement by the Public Health Agency of Canada is intended or should be inferred.



**>> Contact us**

c/o McMaster Health Forum  
1280 Main St. West, MM1-417  
Hamilton, ON, Canada L8S 4L6  
+1.905.525.9140 x 22121  
forum@mcmaster.ca

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COVID-END.org  
@COVID\_E\_N\_D