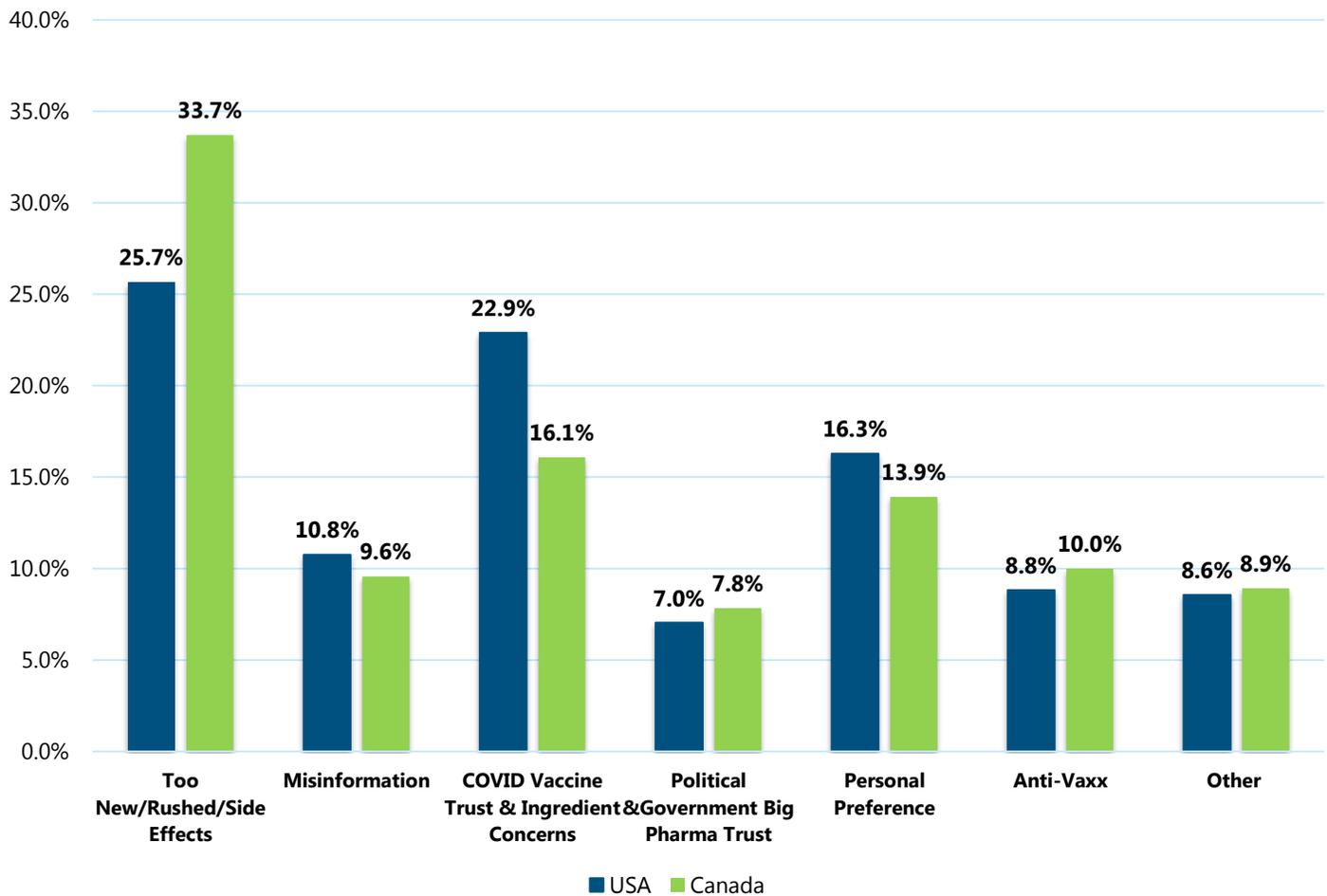




VACCINE HESITANCY IN CANADA AND THE UNITED STATES

Vaccine Hesitancy Explanations, 2021



WHAT WE KNOW

In both countries, our research is showing a high level of mistrust of government and health care organizations including the manufacturers of vaccines. These findings suggest that the general public mistrusts the vaccine development process, believing that the current COVID-19 vaccines have not been thoroughly tested and thereby having unknown side effects, especially in the longer term.

Misinformation, especially prevalent on social media (Argentino 2020; Kearney et al, 2020), has also caused citizens of both counties to believe in conspiracy theories, with COVID-19 being a hoax in general as well as known QAnon beliefs. Another common argument in the misinformation category is that COVID-19 is the same as the seasonal flu, which while disproven, accounts for approximately half of the misinformation category.

Personal preference responses included comments such as “I don’t want to”, “I don’t need to” and comments about how they were not in at-risk groups (e.g. younger age-cohorts). While the likelihood of death rises with older age-cohorts, this type of attitude does not recognize the long-term side effects of COVID-19 that are affecting all age cohorts. Perhaps somewhat unsurprisingly, participants from the USA were more likely to report personal preference as their reason for not wanting a COVID-19 vaccine, linked to the strong individualism within the country (O’Rourke, 2020).

The ‘other’ category includes participants who responded with allergy or other health concerns, being afraid, religious and stem cell concerns and those who prefer other preventative measures (such as staying home). Participants in Canada were more likely to report being undecided (0.9%), being afraid (2.4%) and using other preventative measures (2.0%). Participants in the United States by contrast were more likely to report health concerns (3.0%), religious reasonings (1.1%) and previously had COVID-19 (1.1%) as their responses. While 8 participants in the US reported previously having COVID-19, no participants in Canada reported that as a reason of why they would not want to be vaccinated.

INDIGENOUS PEOPLES

Indigenous people in Canada had the highest rate of misinformation (15.0%) of all respondents. Trust is the largest reason for declining a COVID-19 vaccine which can be traced through Canada’s history of mistreatment of Indigenous peoples that is still prevalent today in the Canadian health care system (Slaughter & Agecutay, 2021).

Indigenous people in the United States also show high rates of mistrust of the vaccine and government but are more likely to report personal preference (15.3%) as a reason for declining a vaccine. As with Indigenous peoples in Canada, anti-vaccination emotions are high in the United States (13.0% and 10.8%) which could also relate to government mistrust instead of other anti-vaccination stances in other populations.

BLACK PEOPLE

Black people in both Canada and the USA reported far higher COVID-19 mistrust than the general populations (25.0% in Canada, 31.0% in the USA). Black people in Canada were more likely to report concerns about the newness of the vaccine and development timeline (40.0%).

Black people in the USA were more likely to report personal preference (26.0%) which may also be a result of mistrust of the vaccine or of the government.

IMMIGRANTS

Immigrants in both countries are more likely to report concern about the newness of the COVID-19 vaccine and concern about the development timeline than the general population (38.1% in Canada; 30.1% in the USA). Misinformation is less prevalent (5.6% and 5.5% respectively).

Political reasoning for declining a COVID-19 vaccine is lower in both countries for the immigrant population (6.2% in the USA), however it is significantly lower in Canada (2.4%).

The anti-vaccination population (those who refuse all vaccines or prefer to rely on their immune system to fight sicknesses) is also lower among immigrants in both countries (5.5% in the USA, 7.9% in Canada).

Immigrants in Canada are more likely to show general mistrust for the COVID-19 vaccine (19%) while in the United States, 20.5% have a mistrust for the COVID-19 vaccine, lower than the general population (22.9%).

BORN IN CANADA

Those born in Canada are also most likely to be concerned about the vaccine development timeline and unknown side effects (32.3% of respondents). Misinformation is significantly higher for the Canadian born population than Immigrants (11.1% vs 5.6%), leading to the potential of further research examining the differences of news consumption between groups.

BORN IN THE UNITED STATES

Misinformation in the United States is most prevalent amongst those born in the country (12.5%). Those born in the USA are less concerned about the development timeline for the vaccine and potential side effects (25.5%). They are also most likely to choose not to receive the vaccine as a matter of personal preference (15.7% responded that they “did not want to” compared to 9.9% of Canadian born respondents). They are also almost twice as likely as Canadian born respondents to believe that there is active virus in the vaccine. Public education about the production of the COVID-19 vaccines could help alleviate this concern.

TRUST IN GOVERNMENT AND MEDICAL EXPERIMENTATION

- Indigenous peoples in Canada and the United States have endured genocidal policies since before the inception of each settler state, which attempted to eliminate Indigenous peoples from their lands. They have been put through non-consensual medical experiments, nutritional experiments, forced onto reserves, have had their languages and cultures stripped from them and had their children forcefully removed from their families and put through residential schools and foster care. Today, Indigenous peoples are continuously victims of racial bias when seeking medical care. A successful vaccination education campaign must include Indigenous peoples, be accessible and be culturally sensitive.
- While the experiences have been different, Black people in Canada and the United States also have a long history of mistreatment by the governments. The Tuskegee Study, the discovery and use of HeLa cells and the full body radiation experiments conducted by the USA government from 1960-1971 are just a few examples. Additionally, many medical institutions that allowed for Black patients prior to the Civil War were also teaching schools that exploited the bodies and lives of Black people. For example, medical breakthroughs such as the removal of tumors, vaginal gynecologic surgery, and the use of anesthesia exists today because of the exploitation of Black patients, especially slaves, without their consent. Today, Black women in America have the highest rate of maternal morbidity which is a result of racial bias within the health care system. As such, history cannot be forgotten or ignored, and through their continued experiences of racism within the health care field, Black Canadians are also wary of the Covid-19 vaccine.
- Overcoming the rightful mistrust will be a challenge for both governments that must be taken seriously to achieve herd immunity. However, organizations and communities are currently working to strengthen the relationship between Black and Indigenous people and the medical field. Nonetheless, the first step must focus on addressing and implementing institutional change and acknowledging the wrongdoings of the medical field.

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ABOUT THE PROJECT

The researchers: A cross-national team of over 30 researchers led by Dr. Lori Wilkinson, Dr. Kiera Ladner and Dr. Jack Jedwab, received funding from CIHR for this study *COVID-19’s differential impact on the mental and emotional health of Indigenous Peoples and Newcomers: A socioeconomic analysis of Canada, US and Mexico*.

The study: The team has been collecting data in Canada since March 9 and the United States since March 27, 2020. Ongoing survey waves now include Mexico. Our goal is to measure and follow the changes in attitudes, behaviours, health and socioeconomic outcomes among persons living in all three countries using a mixed methodology of surveys and unstructured interviews.

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