

Addressing Vaccine Hesitancy

To: Chair and Members of the Board of Health

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Recommendations

It is recommended that the Board of Health:

1. Receive this report for information.
2. Provide support for the actions outlined in this report on interventions that can be utilized to increase COVID-19 vaccination uptake across Wellington, Dufferin and the City of Guelph (WDG).

Key Points

- Every organization/business in WDG ought to consider what policy levers are within their scope and can be effectively implemented to increase COVID-19 vaccine uptake.
- To achieve a vaccine uptake as high as possible, it is the collective responsibility of every organization/business within WDG to play a role in this vaccine intervention effort.

- Stronger interventions, such as policy levers, are necessary steps in this stage of the vaccine rollout to address vaccine hesitancy amongst late adopters and influence their decision to ultimately receive the COVID-19 vaccine.

Discussion

Vaccine hesitancy is a delay in acceptance or refusal of vaccines, despite the vaccine being readily available. The attitudes and beliefs influencing vaccine hesitancy are complex and often context specific, which can vary across time, place, and the specific type of vaccine.¹ Three main factors that contribute towards vaccine hesitancy include:

- **Complacency** (e.g., low perceived risk of the vaccine-preventable disease)
- **Convenience** (e.g., barriers preventing accessibility or availability)
- **Confidence** (e.g., low trust levels in vaccines, the delivery system or authorities)

To effectively protect our community from the negative impacts of COVID-19, strategies to combat vaccine hesitancy and increase vaccine uptake must be implemented.

Steps to address vaccine hesitancy

The *Nuffield intervention ladder*² provides a valuable framework to guide actionable steps to address hesitancy at multiple levels that move through progressively greater levels of intervention to enact change. The steps range from:

- **Provide information:** Inform and educate people
- **Enable choice:** Enable people to change their behaviours
- **Guide choice through changing the default:** Make ‘healthier’ choices the default option
- **Guide choice through incentives:** Use financial and other incentives to guide people to pursue certain activities
- **Guide choice through disincentives:** Use financial or other disincentives to influence people to not pursue certain activities
- **Restrict choice:** Regulate to restrict the options available to people
- **Eliminate choice:** Regulate to eliminate choice entirely

The strength of intervention required to foster change is often dependant on an individual’s willingness or readiness to adopt a certain behaviour. The *Diffusion of Innovation Theory*³ outlines how some people are ready to adopt a new idea or behaviour much sooner and decisively compared to others. The five categories include:

- **Innovators:** People who want to be the first to try new ideas or behaviours
- **Early adopters:** People who are ready to embrace and quickly adopt new ideas
- **Early majority:** People who willing to adopt new ideas or behaviours after seeing evidence of effectiveness and satisfied with proven success
- **Late majority:** People who are resistant or skeptical and will require more convincing before considering adopting new idea or behaviour
- **Laggards:** People who are very skeptical of change and the hardest group to convince to adopt new idea of behaviour

To date, Wellington-Dufferin-Guelph Public Health (WDGPH) has been successful in vaccinating the majority of the WDG population who fall under those first three categories (innovators, early adopters, early majority) by providing information, enabling choice by making the vaccine readily available, and guiding choice through changing the default and normalizing the choice to receive the COVID-19 vaccine.

However, recently there have been diminishing returns, with a noticeable drop-off in demand at vaccine clinics across the WDG region contributing to a decrease in vaccination rates compared to late spring and early summer. Therefore, at this stage in the vaccine rollout where the focus shifts to individuals who fall into those last two categories, late majority and laggards, much stronger interventions are required to incrementally increase vaccine uptake. Other jurisdictions that have announced plans to implement vaccine certificates, for example, have experienced significant increases in vaccine bookings shortly after their announcements.^{4,5} The use of incentives, disincentives and restricting/eliminating choice with policy levers are what is needed to target those late adopters and positively influence their decision to receive the COVID-19 vaccine.

What can be done locally?

To address vaccine hesitancy, it is recommended that several sectors collaborate to intervene at multiple levels to effectively increase vaccine uptake in those individuals within the WDG community who have yet to decide to adopt the behaviour (i.e., receive the COVID-19 vaccine). Organizations across multiple sectors (see Table 1) can enact change within their scope of intervention to contribute to the cumulative impact. The following section outlines what strategies can be implemented within different sectors that have been shown to effectively influence changes to vaccine hesitancy and increase vaccine uptake. Table 1 provides a visual overview of where each sector can intervene using the Nuffield intervention ladder.² Detailed examples of what each strategy might include is provided underneath the table.⁶

Table 1. Level of intervention appropriate within each sector

Level of Intervention	Business & Services	Health Care	Public Health	Municipal Government	Provincial Government	Federal Government
Eliminate Choice						
Restrict Choice	✓	✓	✓	✓	✓	✓
Guide choice through disincentives					✓	✓
Guide choice through incentives	✓			✓	✓	✓
Guide choice through changing the default			✓	✓	✓	✓
Enable choice		✓	✓			
Provide information		✓	✓			

Business & Services:

- Employers can implement a vaccination policy for employees that states mandatory vaccination as a condition of employment. Each institution may choose a range of consequences for those without a valid medical exemption for receiving the COVID-19 vaccine (e.g., face suspension, need to complete a mandatory education session, tested for COVID-19 a certain number of times per week before entering the workplace, must wear full PPE at all times in the workplace)
- Organizations that provide non-essential programs or services can implement a vaccination policy for program participants, similar to the one described above for employers, as a condition of participation
- Employers can remind their employees that they are entitled to paid time off to get immunized
- Offer incentives to patrons who have been vaccinated as a reward (e.g., gift cards, prizes, company swag) and/or as an incentive for customers to return to shop or seek service as an expression of support for vaccination policies

- *Recent policy example: **Maple Leaf Sports & Entertainment** (MLSE) developed a policy that all employees, event staff and guests will be required to provide proof of vaccination or a negative COVID-19 test result to gain access to their arenas, stadium and restaurants by mid-September.*

Health Care:

- Employers can implement a vaccination policy for employees that states vaccination as a condition of employment. Each institution may choose a range of consequences for those without a valid medical exemption for receiving the COVID-19 vaccine (e.g., face suspension, need to complete a mandatory education session, tested for COVID-19 a certain number of times per week before entering the workplace, must wear full PPE at all times in the workplace)
- Offer the vaccine as part of regular health care service to enable patients to choose to receive the vaccine by providing opportunities at multiple care settings (e.g., family doctor, pharmacy, midwifery, home care)
- Provide patients with relevant information through conversation and consultation to address misinformation and concerns with the COVID-19 vaccine
- Implement a minimal contact intervention that incorporates conversations about vaccination status into routine patient or client care scenarios
- *Recent policy example: **Toronto's Hospital for Sick Children** has mandated full COVID-19 immunization for staff, volunteers, learners and contractors, with limited exemptions for documented medical or human rights reasons. This decision was informed by the vulnerability of their patient population, most of whom are too young to be eligible to be immunized.*

Public Health:

- Employers can implement a vaccination policy for employees that states vaccination as a condition of employment. Each institution may choose a range of consequences for those without a valid medical exemption for receiving the COVID-19 vaccine (e.g., face suspension, need to complete a mandatory education session, tested for COVID-19 a certain number of times per week before entering the workplace, must wear full PPE at all times in the workplace)
- Make the vaccine easily accessible to enable residents to choose to receive the vaccine by providing multiple opportunities for low-barrier access (e.g., multiple geographical locations, drop-in or book an appointment, outreach initiatives)
- Share vaccination rate data with the community to normalize and make the default option that majority of population is choosing to receive the vaccine

- Provide residents with relevant information through various communication mediums to address misinformation and concerns with the COVID-19 vaccine
- *Recent policy example:* **WDGPH** has added the COVID-19 vaccine to the list of mandatory vaccinations all employees must have as requirements of employment. This requirement will apply to new hires as well as current agency staff. Employees who are unable to be immunized due to valid medical must have their primary care provider complete a statement of medical exemption form. Employees that are not fully immunized will be required to follow appropriate health and safety measures in the workplace (e.g., active screening, masking for source control, personal protective equipment (PPE) use, COVID-19 testing).

Municipal Government:

- Municipal employers can implement a vaccination policy for employees that states vaccination as a condition of employment. Each institution may choose a range of consequences for those without a valid medical exemption for receiving the COVID-19 vaccine (e.g., face suspension, need to complete a mandatory education session, tested for COVID-19 a certain number of times per week before entering the workplace, must wear full PPE at all times in the workplace)
- Demonstrate public support for information and data shared by public health, provincial and federal government to normalize and make the default option that majority of population is choosing to receive the vaccine
- Offer incentives to members of municipal services or programs who have been vaccinated (e.g., discount to membership fee, extended hours of use)
- *Recent policy example:* The **County of Wellington** has made the COVID-19 vaccine a mandatory requirement and condition of employment for new employees joining the County of Wellington in all departments.

Provincial Government:

- Employers can implement a vaccination policy for provincial government employees that states vaccination as a condition of employment. Each institution may choose a range of consequences for those without a valid medical exemption for receiving the COVID-19 vaccine (e.g., face suspension, need to complete a mandatory education session, tested for COVID-19 a certain number of times per week before entering the workplace, must wear full PPE at all times in the workplace)

- Issue a directive to make COVID-19 vaccination policies mandatory in high-risk settings for sectors under provincial jurisdiction (e.g., health care and education)
- Demonstrate cohesive support with federal and municipal governments to normalize and make the default option that majority of population is choosing to receive the vaccine (e.g., vaccine certificate or passport)
- Offer financial incentives with tax break for individuals, with additional incentives for families with eligible children, who choose to receive the vaccine
- Establish disincentive for being unvaccinated by altering public health protocols based on immunization status (e.g., requiring longer duration of isolation if testing positive for COVID-19 or identified as a high-risk contact)
- *Recent policy example:* **Ontario Ministry of Education** will have a vaccination disclosure policy for all publicly-funded school board employees, and staff in private schools as well as for all staff in licensed child care settings for the 2021-22 school year.

Federal Government:

- Employers can implement a vaccination policy for federal government employees that states vaccination as a condition of employment. Each institution may choose a range of consequences for those without a valid medical exemption for receiving the COVID-19 vaccine (e.g., face suspension, need to complete a mandatory education session, tested for COVID-19 a certain number of times per week before entering the workplace, must wear full PPE at all times in the workplace)
- Issue directives to make COVID-19 vaccination policies mandatory in high-risk settings for sectors under federal jurisdiction
- Demonstrate cohesive support with provincial and municipal governments to normalize and make the default option that majority of population is choosing to receive the vaccine (e.g., vaccine certificate or passport)
- Offer financial incentives with tax break for individuals, with additional incentives for families with eligible children, who choose to receive the vaccine
- Establish disincentive for being unvaccinated with stricter protocols for international travel for those that choose not to receive COVID-10 vaccine (e.g., enforce a longer duration of quarantine; restrict entry into country)
- *Recent policy example:* The **Government of Canada** will require workers in federally regulated industries to be vaccinated against COVID-19 no later than the end of October 2021.

Conclusion

Policy intervention to influence health behaviour has proven to be an effective practice. One of the biggest success stories is around the effectiveness of tobacco control policies to reduce smoking rates. A combination of informative campaigns, smoking cessation programs made readily available, creating social contexts where *not* smoking was the default ‘normal’ option, cigarette taxes as a disincentive tactic, and enforcing smoke-free policies collectively contributed to reduce smoking rates.⁷ At this stage in the COVID-19 pandemic response, it is essential to implement policy intervention at multiple levels and foster vaccine uptake amongst those late adopters to provide the necessary protection against further spread of the COVID-19 variants.

References

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Appendices

Appendix A: Key Components of a Vaccination Policy

Key Components of a Workplace Vaccination Policy*

A workplace vaccination policy is an important measure employers should implement to protect their workers and the public. Include these components in your vaccination policy:

1. Scope

Explain the purpose of the policy, the risk of COVID-19 transmission, who the policy applies to and what personal information will be collected.

2. Actions required

State specific actions workers must take, including providing proof of vaccination status or a medical exemption, and completing a vaccination education course if they choose not to get vaccinated.

3. Deadlines

Specify when the action(s) must be taken by workers covered under the policy.

4. Supports available

Share how you will support staff to get vaccinated, including paid time off, transportation to and from clinics, on-site vaccination clinics or other accommodations.

5. Provisions for unvaccinated workers

List options for workers who do not get vaccinated during a COVID-19 outbreak, including redeployment or reassignment, alternate work arrangements or remote work.

6. Consequences of not complying

Outline the potential consequences for workers who do not comply with the policy.

7. Privacy considerations

State how you will protect workers' vaccination information in accordance with applicable privacy legislation.

8. Staff contact

Provide contact details for the person staff should contact if they have questions about the policy or what is required of them.

9. Continued adherence to COVID-19 prevention measures

Vaccination does not replace the need for strict adherence to established COVID-19 public health measures.

More details about each of these components is available at
wdgpublichealth.ca/workplaces.