



VACCINE HESITANCY

A SELF-INFLICTED WOUND

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ABSTRACT

The incidence and prevalence of COVID-19 within Canada continues to be fought most extensively using mass vaccinations. Such vaccines, which have been Health Canada approved, have been shown to be efficacious and effective in protecting against COVID-19. Despite such evidence, 1 in 5 Canadians are reported to delay their acceptance of COVID-19 vaccines or outright refuse them, exhibiting a phenomenon known as vaccine hesitancy. Amongst the many factors that lead to vaccine hesitancy, poor health literacy is thought to be a major precipitating factor. This paper argues that the overwhelming lack of health literacy exhibited by a large percentage of Canadians has resulted in the large presence of vaccine hesitancy. Unless aggressively managed using national policy implementation, poor health literacy can facilitate a greater number of avoidable negative health outcomes.

INTRODUCTION

The overwhelming prevalence of COVID-19 was simultaneously met with humanity's effort to halt such a deathly progression – the fruit of such effort being the COVID-19 vaccine. Vaccinations remain the most effective public health intervention against infectious diseases,¹ including COVID-19.² Since the first administration of COVID-19 vaccines,³ national vaccination efforts have resulted in over 70% of eligible Canadians being fully vaccinated.⁴ Despite this achievement, mass vaccination has revealed an alarming trend among Canadians – vaccine hesitancy.⁵

Nearly 20% of eligible Canadians⁶ express delay in acceptance and/or the outright refusal of the COVID-19 vaccines despite widespread accessibility and availability.⁵ Such findings are startling when considering the continuous public health efforts emphasizing the safety, efficacy, and preventative effectiveness of Health Canada-approved vaccines.⁷ Clear indications of greater COVID-19 contraction and transmission have been established among unvaccinated individuals.⁸ A substantial body of comparative data suggests greater rates of symptom expression, hospitalization, and death among the

unvaccinated.¹⁰⁻¹¹ Furthermore, increasing numbers of unvaccinated individuals heightens the potential of negative health outcomes among populations medically uncleared to receive vaccinations. For example, at-risk individuals with certain chronic illness(es) and underage children (e.g., infants) are more likely to contract COVID-19 through unvaccinated individuals who are more likely to transmit COVID-19 compared to vaccinated counterparts.⁹ Given the growing prevalence of COVID-19 vaccine hesitancy among Canadians and the described consequences facilitated by the lack of vaccine-uptake,^{9-11, 12-14} the phenomenon of vaccine hesitancy among Canadians calls for analysis and investigation.

FACTORS ASSOCIATED WITH COVID-19 VACCINE HESITANCY AMONG CANADIANS

There are several contributing factors to vaccine hesitancy. Demographic factors, such as education, ethnicity, income, and employment, are strongly related to vaccine uptake.¹⁵ Specifically, unvaccinated Canadians are more likely to reside among rural communities, racialized communities and/or low-income neighbourhoods. Similarly, racialized, ethnic-minority and Indigenous groups were more likely to express vaccine hesitancy, highlighting a clear socio-cultural divide.¹⁶

Differences in personal responsibility and risk perceptions among individuals are also associated with vaccine uptake. Lower perceptions of disease severity and incidence were associated with lower likelihoods of vaccination.¹⁵ A number of Canadians cited low concern regarding COVID-19 severity/spread as a rationale towards remaining unvaccinated.¹⁶ Moreover, mistrust of the government and large institutions were additional key factors for not receiving vaccinations.¹⁵ The sporadic nature of repeated lockdowns/re-openings have been reported to increase institutional mistrust among Canadians when compared to pre-COVID levels,¹⁷ thus inducing greater negative perceptions on the effectiveness of vaccines.

Furthermore, drastic increases in hyperconnectivity as a function of social media usage has exacerbated the volume of shared medical misinformation – a key predictor of poor risk perception and compliance¹⁸ associated with vaccine hesitancy.¹⁵ Notably, 96% of Canadians have encountered COVID-19 misinformation online, yet only 21% have admitted verifying the accuracy of such information.¹⁹

The interplay between the aforementioned factors complicates the surging problem of vaccine hesitancy.¹⁵ A closer analysis of these factors presents a commonality, providing insight towards effectively addressing and understanding the problem of hesitancy – that commonality being poor health literacy.²⁰

HEALTH LITERACY AND VACCINE HESITANCY

In context to vaccine hesitancy, health literacy is an established predictor of social behaviours associated with COVID-19 vaccine hesitancy.²⁰⁻²² Poor health literacy highlights the inability of processing and understanding health information often leading to inappropriate, undesirable health decisions.²⁰ In regard to the COVID-19 pandemic, inadequate/poor health literacy may manifest in many different ways: an exclusively harmful view on COVID-19 vaccines,²³ low/no-adherence to public health measures,²⁴ low perceived disease severity, citing social media and/or pseudoscience as primary sources of information,^{24,25} etc. Notably, poor health literacy is often observed in rural, low-income, racialized and/or indigenous communities where the rates of vaccine uptake are significantly lower.²⁶ Such an observation strongly suggests that poor health literacy is associated with vaccine hesitancy.²⁷ The establishment of this connection is imperative towards understanding heightened vaccine hesitancy as well as addressing and eliminating it.

Presently, 60% of Canadian adults and 88% of Canadian seniors lack adequate health literacy.²⁶ Seeing as Canadians have long suffered from a health literacy crisis, the catastrophic rise of vaccine hesitancy during COVID-19, is pinned to a continually

neglected health literacy issue. The perpetrators of this neglect being the Canadian government.

WHY THE CANADIAN GOVERNMENT IS TO BLAME

For decades, health literacy has and continues to be recognized as a matter of national importance by the Canadian government.²⁸ Despite such recognition, little to no policy has been implemented to curb poor health literacy rates nationally.²⁹ Notably, the Canadian Public Health Association (CPHA) has continually advocated for the importance of addressing and developing policy recommendations to reduce poor health literacy rates.³⁰ A decade since CPHA's recommendations, no policies or mandates on reducing health literacy have been implemented on a federal scale.²⁹ Consequently, health literacy remains as an issue of national importance.²⁸ Given health literacy's strong association with vaccine hesitance, governmental inaction to improve poor literacy seems to have exacerbated the public's fear of receiving vaccines.

The growing burden of vaccine hesitancy has been acknowledged by multiple levels of government. Interventions to reduce the growing hesitancy are currently being implemented.³¹ For example, ethnic-centred clinics geared towards few minority groups (e.g., Indigenous, Black, LatinX, etc.) were established and operated in select communities around the nation. The purpose of such clinics included lowering vaccine hesitancy among minority groups using culturally translated health education resulting in some success.³²⁻³⁵ The implementation of ethnic-centred clinics appeared to benefit vaccine uptake in smaller communities.³²⁻³⁴ However, interventions centred around smaller, specific cohorts of Canadians are ineffective in addressing vaccine hesitancy in a larger national capacity.

Unlike vaccine hesitancy,³²⁻³⁴ no health literacy focused interventions were implemented.²⁹ Such government inaction to improve health literacy enables many Canadians to misunderstand and misperceive the utility and importance of COVID-19 vaccinations. Other manifestations of poor health

literacy (e.g., poor adherence to public health interventions, low disease severity, etc.) as mentioned previously, may continue to increase if Canadians lack skills to decipher basic health information to make appropriate health decisions²³⁻²⁵

The presented perspective makes it clear that our government's continual inaction on health literacy cuts deeper into the self-inflicted wound of vaccine hesitancy. Recognition of a health literacy crisis by our government is meaningless unless directly followed by serious discussion and subsequent policy implementation on a national scale. If left unaddressed, inadequate health literacy will persistently haunt our nation. Poorer health outcomes, reduced life expectancies, and increased strain on an already burnt-out healthcare system are possible futures we currently face as Canadians,³⁶ all at the expense of government inaction.

Acknowledgements: A special thanks to Dr George A. Heckman (University of Waterloo) for your valuable insights and words of encouragement.

Conflict of Interest: The author, Francis Fernandes, is an editor on the JUHR Editorial Team but had no involvement in the peer-review process or decision to accept this article.

Keywords: *Vaccine Hesitancy, Health Literacy, COVID-19, COVID-Vaccination, Canadian Government*

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SENIOR EDITOR TAKUYA SHIBAYAMA
EDITORS ZINNIA CHUNG
AMANDA ARMSTRONG
ILLUSTRATOR KELSEY ZHAO

Received 10-19-2021

Accepted 01-08-2022

DOI: 10.15353/juhr.v1i1. January.4664