

Underserved: Communicating Effectively about COVID-19 Immunization

<p>Site:</p> <ul style="list-style-type: none"> All Island Health service delivery areas working with the underserved population 	<p>Scope:</p> <ul style="list-style-type: none"> Health care staff and providers Support staff and volunteers <p>Out of scope: This guideline does not replace immunization communication courses or training</p>
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Need to know:

Purpose of this guideline is to ensure that staff, providers and partners in immunization have accurate and consistent information about the COVID vaccine when working with our underserved population.

- COVID-19 vaccine is being offered to underserved population as high-risk priority population,
- COVID-19 immunization is not mandatory, it is a personal choice (when eligible for vaccine),
- Immunization uptake is estimated to be 40-60% among underserved populations,
- Vaccine acceptance is influenced by vaccine hesitancy, trust and autonomy,
- All health care personnel have an influential role in supporting informed decision-making,
- Vaccination status will not be used to limit access or services.
- Receiving a vaccine does not replace the need to follow other COVID precautions.

Background

To control the current transmission of COVID-19 and reduce the impact of the coronavirus, the provincial vaccine strategy aims to offer a free vaccine to everyone living in BC and eligible to receive it by the end of 2021. Persons experiencing homelessness, and/or using shelters are identified as a priority population.

Underserved communities report general apprehension, skepticism, and low levels of trust pertaining to COVID-19 trials. Unique barriers include a reluctance to go to access health care services, concerns related to confidentiality, concerns about animal products in the vaccine, and distrust of vaccine developers.

There is no publicly available COVID vaccination benchmark to achieve community-level (herd) immunity. Community-level effectiveness of vaccination programs recognizes that not everyone can or will be immunized. This exact threshold is yet to be determined for COVID-19. What we do know is that the higher the vaccine uptake rate, the better the population protection.

Immunization Communication

Multiple practitioners and service providers intersect with the underserved population and key community partners. For many staff, a focus on immunization is new and now they are asked about vaccines from clients,

partners and the public. The same ethical principles of supporting and respecting self-determination, autonomy and informed decision-making are applicable to immunization.

Public Health Nurses (PHNs) and some health care providers have additional training in counselling the public to positively influence vaccine acceptance while respecting individual right to autonomy. PHNs are partnering with Mental Health Substance Use staff and community providers to offer vaccines. Communication consistency helps maintain and build trusting relationships with this population.

Communication Principles and Recommendations:

1. Familiarize yourself with the information listed in the “Sources of Truth Knowledge” below. Most questions stem from:
 - a. Vaccine safety
 - b. Vaccine effectiveness
 - c. Newness of vaccine
 - d. Necessity of a vaccine.
2. Refer to the sources of truth when addressing questions or concerns about COVID-19 vaccine as the best available evidence and to support health literacy of others.
3. Contact your local Public Health Nurse for their immunization expertise if you have questions.
4. Practice Trauma Informed Care. Recognize historical and cultural experiences in communities and among population that may influence their perception of the vaccine and comfort with accessing healthcare services.
5. Immunization is a decision that includes informed consent. The vaccine is being offered; it is not mandatory.
6. Vaccine hesitancy is common. Focus on creating a sense of safety, dialogue, and openness to further discussion that will help bring the person back for the vaccine/second dose.
7. Your voice is powerful as a trusted professional; primary care providers asking about and recommending immunization has been shown to positively impact vaccine acceptance. Consider sharing your personal experience of receiving the vaccine.
8. Refrain from entering into unscientific dialogues, such as conspiracy theories. Acknowledge that you have heard them, and provide reassurance of “Sources of Truth Knowledge” key messages.
9. Utilize the [ASK approach](#) Acknowledge, Steer, Know (see Appendix 1).
10. Checking in with language use:
 - a. Ensure the resources offered are matched to a person’s literacy level (recommended grade level 7-8; consider visuals),
 - b. Use preferred language or translators as needed,
 - c. Benefit of vaccine and risk and impact of virus,
 - d. Choose current words like immunization rather than inoculation.
11. Continue to reinforce all COVID safety precautions and harm reduction messages, regardless of vaccination status.

Source of Truth Knowledge

- [COVID-19 Vaccine Resources for Health Care Professionals \(includes FAQ and vaccine information\)](#) (BCCDC)
- [BC's COVID-19 Immunization Plan](#) (Province of BC)
- [COVID-19 vaccine questions and answers](#) (ImmunizeBC)
- [COVID-19 vaccine](#) (Island Health public website)
- [Vaccine safety and efficacy](#) (Health Canada)
- [FNHA COVID Vaccine Safety](#) (First Nations Health Authority)
- [COVID-19 and Harm Reduction for People Who Use Substances](#) (BCCDC)

Vaccinology

- [COVID Vaccine Webinars](#), (Association of Medical Microbiology and Infectious Disease Canada) *eligible to earn MOC*
- [Basic immunology and vaccinology](#) (Canadian Immunization Guide, 2017)

Communication Resources

- [Immunization Communication course for RNs](#) (BCCDC, ~1-2 hours, Learning Hub)
- [Communicating Effectively About Immunization](#) (Canadian Immunization Guide, 2015)
- [Commentary: Addressing vaccine hesitancy and refusal in Canada](#) (Canadian Medical Association Journal, 2016)
- Canadian Paediatric Society (4th edition) *Your Child's Best Shot*
 - Despite being targeted to parents, this is a key resource for PHNs for counseling information. It includes many common questions to address vaccine-hesitant parents and is translatable to the adult population. Available from the Island Health and community libraries.

Related Standards:

1. BC Laws- Government of BC, [Part 2](#) (up to date January 27, 2021) *Health Care (Consent) and Care Facility (Admission) Act* (1996).
2. BC College of Nurses and Midwives (2020) [Consent Practice Standard](#),
3. Canadian Nurses Association (2017) *Promoting and Respecting Informed Decision Making, Code of Ethics*

Definitions:

Underserved Population: Underserved populations is “a sub-population that experiences more difficulties in having needs fully met due to societal and/or systemic issues. This includes challenges in obtaining care that is appropriate, such as receiving less care or a lower standard of care, receiving treatment that does not adequately recognize their needs, or being less satisfied with health care services. (B. Henry, January 2019, [Taking the Pulse of the Population, Provincial Health Officer’s Annual Report](#))

Vaccine hesitancy: refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence (Report of the SAGE Working Group on Vaccine Hesitancy, 2014, World Health Organization).

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Additional References

1. Beckers Healthcare Webinars (Jan 27, 2020). *Vaccine hesitancy: What health systems can do to reach at-risk patients?*
2. BC Government (2021). [COVID-19 Immunization Plan](#).
3. Canadian Nurses Protective Society (June 218) [Consent to Treatment The Role of the Nurse](#).
4. Corrin, T. (2020). Emerging Evidence on COVID-19. *Evergreen Rapid Review on COVID-19 Vaccine Knowledge, Attitudes, and Behaviors*. Emerging Science Group, PHAC, Ottawa, Canada. phac.emergingsciencesecretariat-secretariatdessciencesemergentes.aspc@canada.ca
5. COVID-19 Global Evaluation Coalition (2020). *Communicating with the public about vaccines: Implementation considerations*. Covid-19 Global Evaluation Coalition.
6. De Beaumont (2020). COVID Communications Cheat Sheet. Accessed on January 28, 2020: <https://www.debeaumont.org/changing-the-covid-conversation/covid-communications-cheat-sheet/>
7. Farmanova, E. (2020) Roll Out of the COVID 19 Vaccination Program – Evidence Briefs. Island Health.
8. World Health Organization (October 1, 2014). Report of the Sage Working Group on Vaccine Hesitancy. Available from: https://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf

Appendix 1: ASK Quick Reference Card

QUICK REFERENCE



A	Acknowledge your client's concerns <ol style="list-style-type: none">1. Acknowledge2. Clarify to understand your client's needs
S	Steer your conversation <ol style="list-style-type: none">1. Refute the myth(s)2. Continue your conversation <p>Note: This is the point where you skillfully close your conversation if client is a conscientious objector</p>
K	Knowledge – know the facts well! <ol style="list-style-type: none">1. Provide further knowledge, tailored to your client's needs2. To close, reinforce discussion with a benefit statement3. Provide further reading materials4. Provide your recommendation

The A-S-K Approach helps to bring attitude, skill and knowledge together as one in the pursuit of communication excellence.

The A•S•K Approach Quick Reference

A

Acknowledge your client's concerns

Acknowledge and clarify to understand client's concerns

- "I hear what you're saying, that's a common question I get from clients. Tell me more about what you've heard."

S

Steer your conversation

Refute the myth(s) and continue your conversation

- "Actually, that's a common myth. Unfortunately, the internet can have inaccurate information depending on where you look."

K

Knowledge – know the facts well!

Provide further knowledge tailored to your client's needs

[see Immunization Communication Tool]

- Nurse ↔ client knowledge transfer [give-listen-clarify as needed]

To close, reinforce discussion with a benefit statement and ask if client would like more information

- "Vaccination is the best way to protect your child from serious diseases. Have I answered all your questions? Would you like a list of good immunization websites to read more?"

Provide your recommendation and book an immunization appointment or ask what they plan to do

- "Is your child's next immunization appointment booked? Let's book it now."