Building and Maintaining Vaccine Confidence in the British Columbia Context

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Agenda

1. Why does context matter?

2. The BC context(s) for vaccine hesitancy

3. What do we know about vaccine hesitancy in BC?

4. What does this mean for increasing vaccine confidence in BC?
Context matters: measuring implementation climate among parents’ views on child health care

Exploring which context matters in the study of health inequities and their mitigation

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Context matters in programme implementation

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Not all Hesitancy is the Same
BC Setting
Canada
What do we know about BC Vaccine Hesitancy and Confidence?
Recent Studies

• Parents:
  – Pregnant women and new mothers about flu shots
  – Mothers & fathers from pregnancy to toddlerhood in Greater Victoria
  – Mothers of infants under 6 months in Fraser Health region
  – Mothers of children up to 6 yrs in Greater Vancouver across the hesitancy spectrum
  – Mothers of primary school children (age 6-12) in GV, who changed their minds
Recent Studies (2)

• Health Care Providers
  – Family Doctors and Nurses who vaccinate children in BC
  – New project surveying Registered midwives
  – New project interviewing maternity care providers

• Policy
  – Survey of public and parents’ attitudes about policies to increase childhood vaccination
  – Examination of policies and how they’ve worked (or not) in various contexts around the world.
Some Key Findings

• **BC parents trust their regular HCPs**, but many don’t have a regular family doctor or medical home.

• **What is “alternative” elsewhere may be mainstream in BC**, for example homebirth and TCM.

• **BC parents’ vaccine concerns are often science-based**, even if the information they have is incomplete.

• **Families who “fall through the cracks” are at risk for vaccine hesitancy and non-vaccination**.

• **Fathers** may be more involved in co-parenting here than in some other settings.
Context matters
Strategies Well-Suited to BC

1. Emphasize the pro-social reasons for vaccination!

2. Be ready with good scientific answers to common BC vaccine questions.

3. Don’t assume complementary/alternative medicine means anti-vaccine — build alliances with CAM practitioners.
Strategies Well-Suited to BC (2)

4. **School-based immunization programs** with personal follow-up for parents with questions are well accepted.

5. Remember and acknowledge diversity — **work with culturally-specific health promotion groups** and patient/parent communities.

6. Not all undervaccination is hesitancy: **explore and fix structural barriers**, too!
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