



University
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The complexity of COVID-19 vaccine decisions: Perspectives from diverse populations

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The University of Manitoba campuses and my home are located on Treaty 1 land, the home of the Anishinaabeg, Ininiwak, Anishininewuk, Dakota Oyate, Denesuline and the Nehethowuk Nations, and on the National Homeland of the Red River Métis. We benefit from fresh drinking water that comes from Shoal Lake on Treaty 3.

Treaties made on these Territories have been fraught with broken promises, and the impacts of these are ongoing. Indigenous Peoples face colonial violence within healthcare, education, justice, child welfare and government systems. As a community and a society, we must strive to move forward in partnership towards decolonization and reconciliation. We can only achieve that in collaboration based on accountability and action in accordance with principles of relationality.



Learning Objectives

- To unpack ‘vaccine hesitancy’
- To understand some of the drivers that underlie vaccine decisions
- To identify some vaccine conversation strategies when engaging with diverse populations

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Research Team

- Dr. Cindy Jardine, University of the Fraser Valley
- Dr. Jordan Tustin, Toronto Metropolitan University (formerly Ryerson University)

Staff

- Dr. Gabriela Capurro, University of Manitoba
- Ryan Maier, University of Manitoba

Partners and Knowledge Users

- Minister Frances Chartrand (Manitoba Metis Federation)
- Margaret Haworth-Brockman (National Collaborating Centre for Infectious Diseases)
- Dr. Brent Roussin (Chief Provincial Public Health Officer, Manitoba Health)
- Dr. Bonnie Henry (Chief Provincial Health Officer, BC Ministry of Health)

Sub-study – Manitobans living with disabilities

- Dr. Christine Kelly, University of Manitoba
- Jen Sebring, MSc student, CHS
- Disability community partner organizations



Standard health messaging needed shifting

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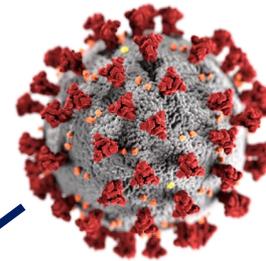
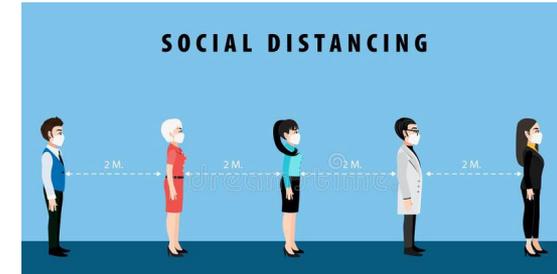


" You're supposed to sneeze on your own elbow. "

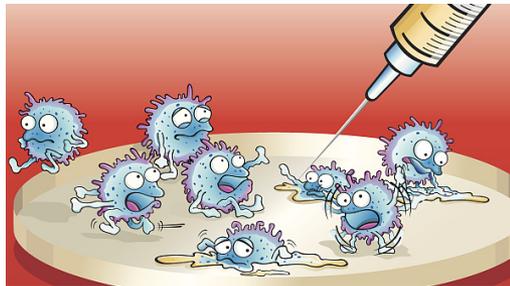
Travel bans & border closures



Masking and physical distance



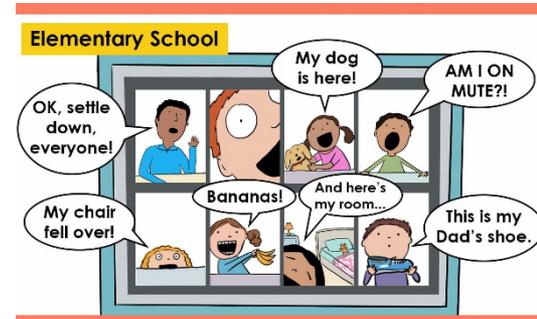
SARS-CoV-2



Global race for a vaccine



Testing & contact tracing



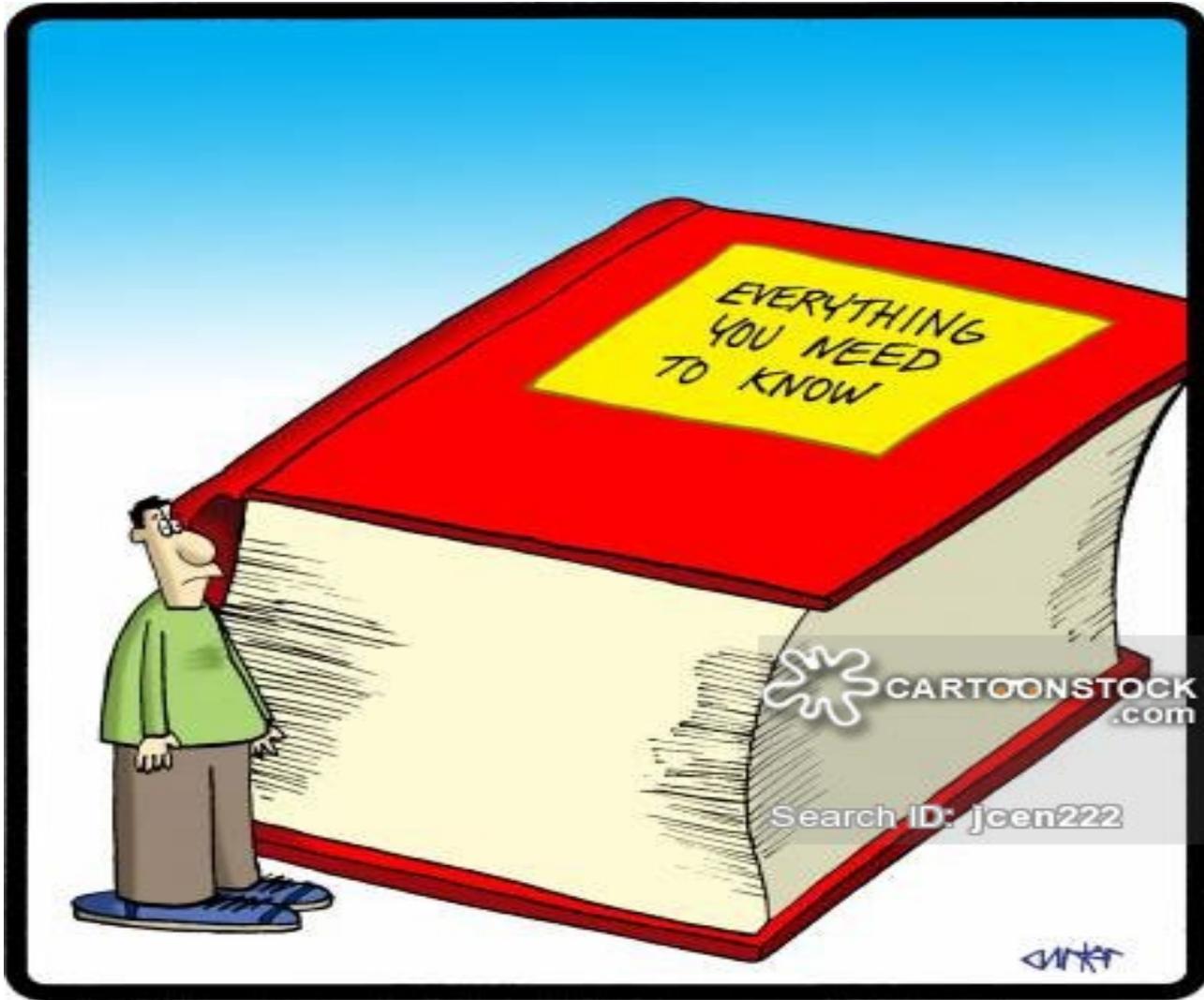
Remote life: work, school, holidays

What is Risk Communication?

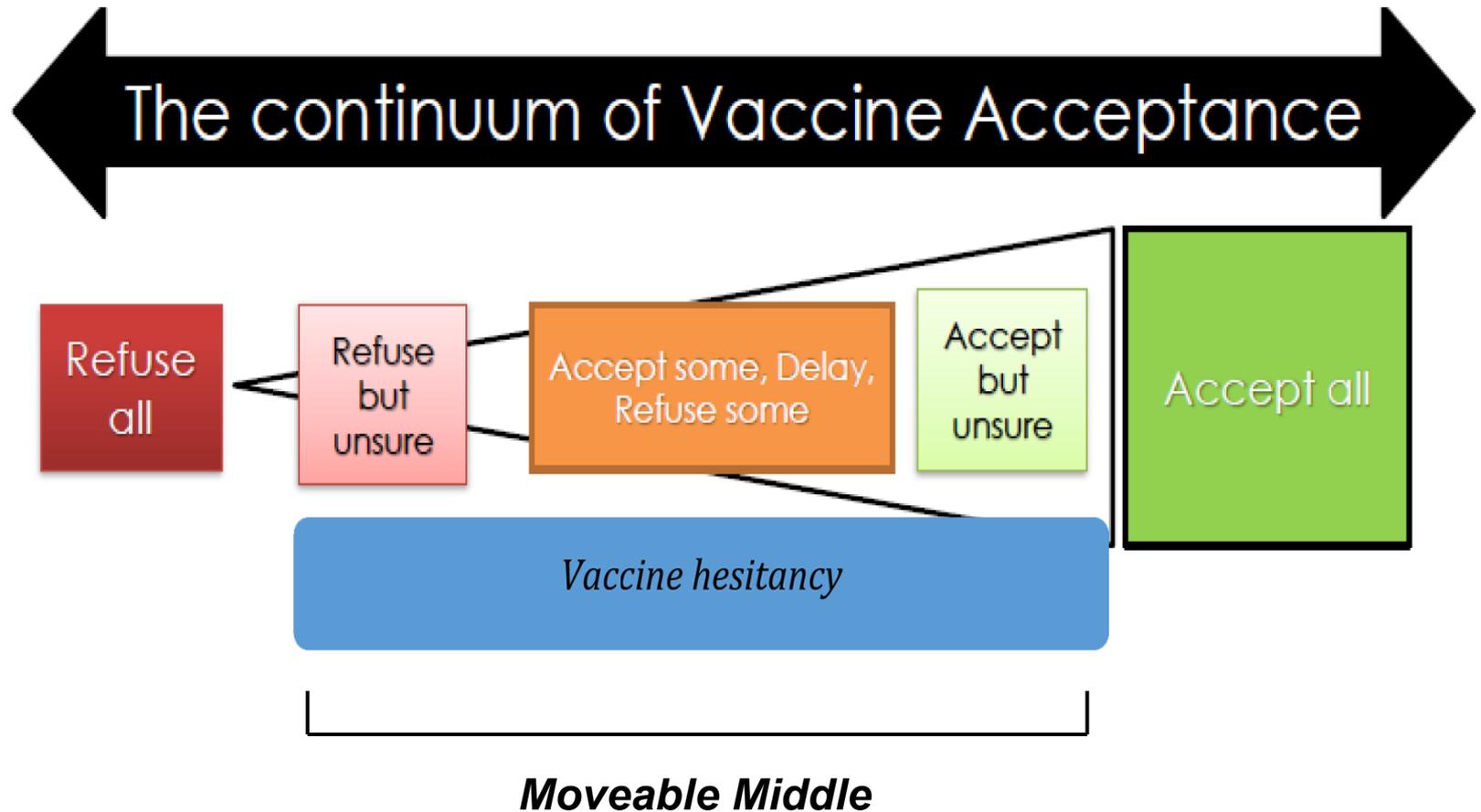
“an interactive process of exchange of information among individuals, groups, and institutions (that) raises the level of understanding of relevant issues or actions for those involved and satisfies them that they are adequately informed within the limits of available knowledge”

(U.S. National Research Council 1989)





Vaccine hesitancy



Kindly provided by Eve Dubé, Institut National de Santé Publique du Québec

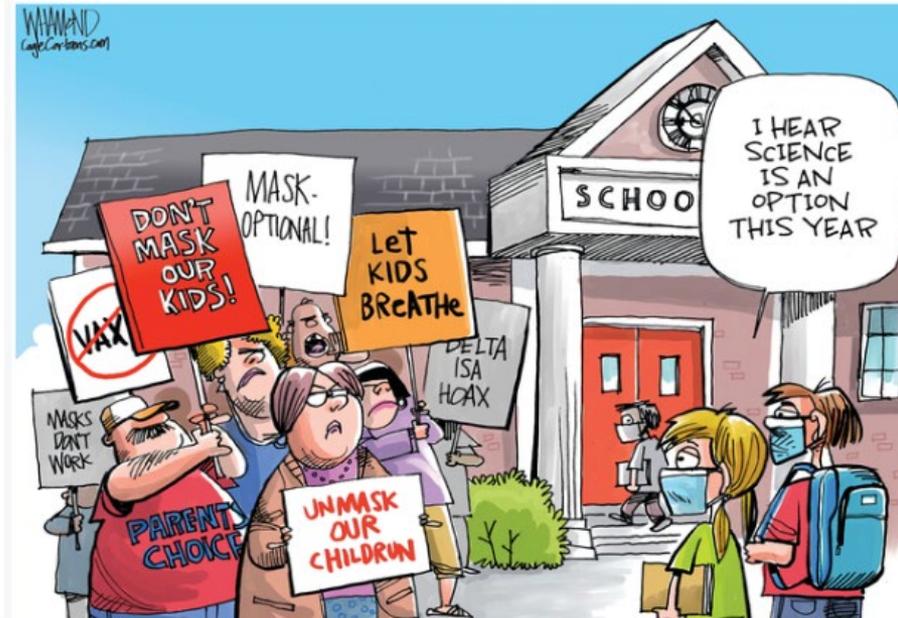
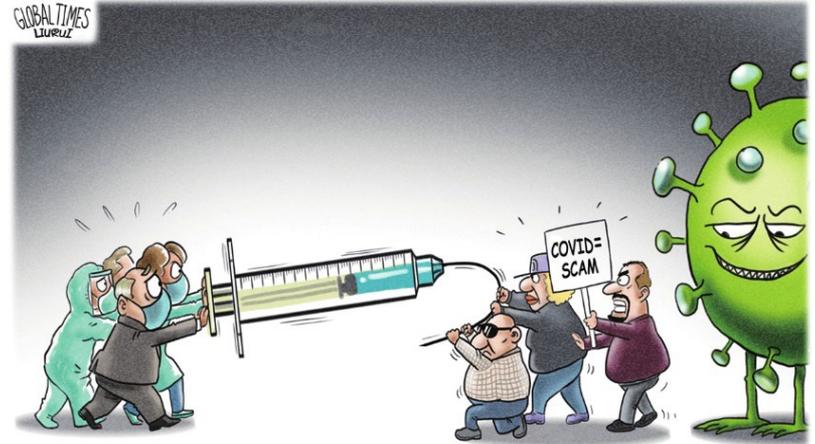
C19 Vaccine hesitancy

Fear of mRNA vs 'old' vaccines
→ I want long term data

I'm young & healthy / COVID
only affects old people

Misinformation & cognitive
dissonance

Neoliberal blowback to mandates –
Government can't tell me what to do



C19 Vaccine hesitancy

Brand knowledge & preferential recommendations

Mixing vaccines & supply chain disruptions

Systemic racism in health for BIPOC & historical mistrust

More due diligence applied to decision for kids than selves



Evolution of C19 vaccine message

Get the first vaccine you are offered

Preferential recommendations: get mRNA

Late 2020 –
early 2022

Make your second dose the same as your first

Above + both mRNA vax are basically the same

Get your booster as soon as possible (when eligible)

Don't show up even if 2 days shy of 6 months

Vaccine mandates & PH restrictions are needed

No mandates; just recommendations

Everyone should get vaccinated or boosters, including kids

C19 is mild in kids. 'Safe' to send your kids to school



We wanted to know...

- RQ1: What concerns do Canadians who generally accept vaccines have regarding the COVID-19 vaccine?
- RQ2: What concerns do Canadians who refuse vaccines have regarding the COVID-19 vaccine?
- RQ3: What do these groups have in common?
- RQ4: What strategies did providers use to guide vaccine discussions



Methods: Focus groups & Interviews

National

- 18 FGs with general population in 4 cities (n=157) [December 2020, pre-vaccine rollout]
- Web-evaluation study of hesitant adults and parents in 3 cities (n=50, July – Dec 2021)

Manitoba

- 7 FGs in a region with historically low routine and COVID-19 vaccination (n=52 May-June 2021)
- 7 FGs with people living with disabilities (n=23, July 2021)
- Primary care provider conversations with patients (n=10) [Jan-May 2022]

Web-Evaluation study websites

- Manitoba (ProtectMB.ca)
- Doctors Manitoba (Manitobavaccine.ca)
- Ontario (COVID-19.Ontario.ca)
- Toronto Public Health COVID-19 page
- BC (www2.gov.bc.ca/gov/content/COVID-19)
- ImmunizeBC
- USA: Ad Council COVID Collaborative (getvaccineanswers.org)



Tasks for participants – talk aloud process

1. Participant initiated questions (organic process)
2. Benefits to getting vaccinated
3. Info on risks and side effects
4. Vaccine eligibility/how to book
5. What can you do once you are vaccinated
6. Overall look/feel/preference of the different sites



So what did we learn from all that data?



Generally Vaccine Accepting

- More accepting for adults
- Spectrum of acceptance for children
- Most trust gov. & science

Mixed views of incentives & mandates

- mRNA novelty
- Speed of authorization
- Unknowns (long term side effects)

Opposed to incentives & mandates

Generally Vaccine Refusing

- Opposed to vaccinating children
- Some outright refusal
- Distrust of gov. & science
- COVID denialism



PERSPECTIVES OF WEB BASED COMMUNICATION

Capurro, G, Maier, R, Jardine, C, Tustin, J, Driedger, SM. (2025, June 16). The good, the bad, and the ugly: a qualitative evaluation of web-based COVID-19 vaccine communication in Canada. *Human Vaccines & Immunotherapeutics*. 21(1):2515658. PMID: 40523876. DOI: [10.1080/21645515.2025.2515658](https://doi.org/10.1080/21645515.2025.2515658)



Many strengths identified

- ProtectMB → having a stand-alone COVID-19 website outside of Manitoba Health/government webpage 
- Strong/credible spokespeople in different jurisdictions trusted for giving regular updates
- For the most part, consistent messaging
- FAQs – where people felt the answers were clear and conversational (“it’s like I am speaking with a public health nurse” – of ImmunizeBC)

Areas for Improvement



- Missing: Benefits of COVID-19 vaccines
- Not providing more than basic information & not providing sources
- “They make these recommendations, but they don’t say why.”
- Challenges of changing guidance: Hear one thing but see something different



One-on-one discussions



Driedger, SM, Maier, R, Metge, C, Katz, A, Singer, A. (2025, Oct 28) “I think of it as planting seeds”: challenging patient-provider discussions about COVID-19 vaccination: a qualitative study. *BMC Primary Care*. 26:326.

<https://doi.org/10.1186/s12875-025-03035-1>.



Developing work flow habits with self-care

- Reviewing a patient's vaccine status before meeting (office/ER)
- Documenting the discussion, impressions where things are at, with a reminder to revisit in X months (e.g. via macro)
- Self-Care strategies: Breathing/centering before conversation; knowing when an exit strategy is needed (e.g. leaving room if getting emotional)



Strategies that work: the safe space

- Expressing that the provider is an information resource with no judgment
- Clarifying values/motivational interviewing →
 - Patient: “No, I don’t want the vaccine. I don’t believe in it”
 - Provider: “Help me understand how you got to this conclusion. It’s not about me trying to convince you, it’s about helping me to know how to support you with many other healthcare decisions that might come up in our journey”



Trauma informed strategies

- Important to express that you are coming from a position of caring and concern for the patient well-being
- Gauge the person's readiness to see where they are *that moment*: “Would it be OK if we had a discussion about [Issue – e.g. the COVID vaccine] for a few minutes?”
- If met with firm responses → make sure you let them know the idea will be revisited much like other things are revisited



Minimizing vulnerability to severe outcomes shouldn't deny resilience

“You’re going to great lengths to try to get me vaccinated but you’re not going to great lengths to get me food, right, or to get me a telephone or to get me a bus ticket. So what’s up with that, right? And so you’re bending over backwards to get me vaccinated but yet nobody’s bending over backwards to meet my basic needs”



Conclusions & Take Homes

- With new vaccines, there are many commonalities among people who generally accept or generally refuse vaccines
- Need to ensure credible communication is layered
- Websites need to curate good resources (to avoid using algorithmic rabbit holes)
- Risk messaging should address specific concerns
- Need partnerships for tailored messages to be delivered by trusted spokespersons for diverse communities
- Can only proceed at the speed of trust...and yet....





Source: Driedger, 2012



Autism and Vaccines

QUESTIONS AND CONCERNS | PAGE 2 OF 9 | ALL PAGES

For Everyone
NOV. 19, 2025

KEY POINTS

- The claim "vaccines do not cause autism" is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism.
- Studies supporting a link have been ignored by health authorities.
- HHS has launched a comprehensive assessment of the causes of autism, including investigations on plausible biologic mechanisms and potential causal links.



Ideological shifts in the USA are undermining the credibility of a trustworthy source

U.S. drops the number of vaccines it recommends for every child

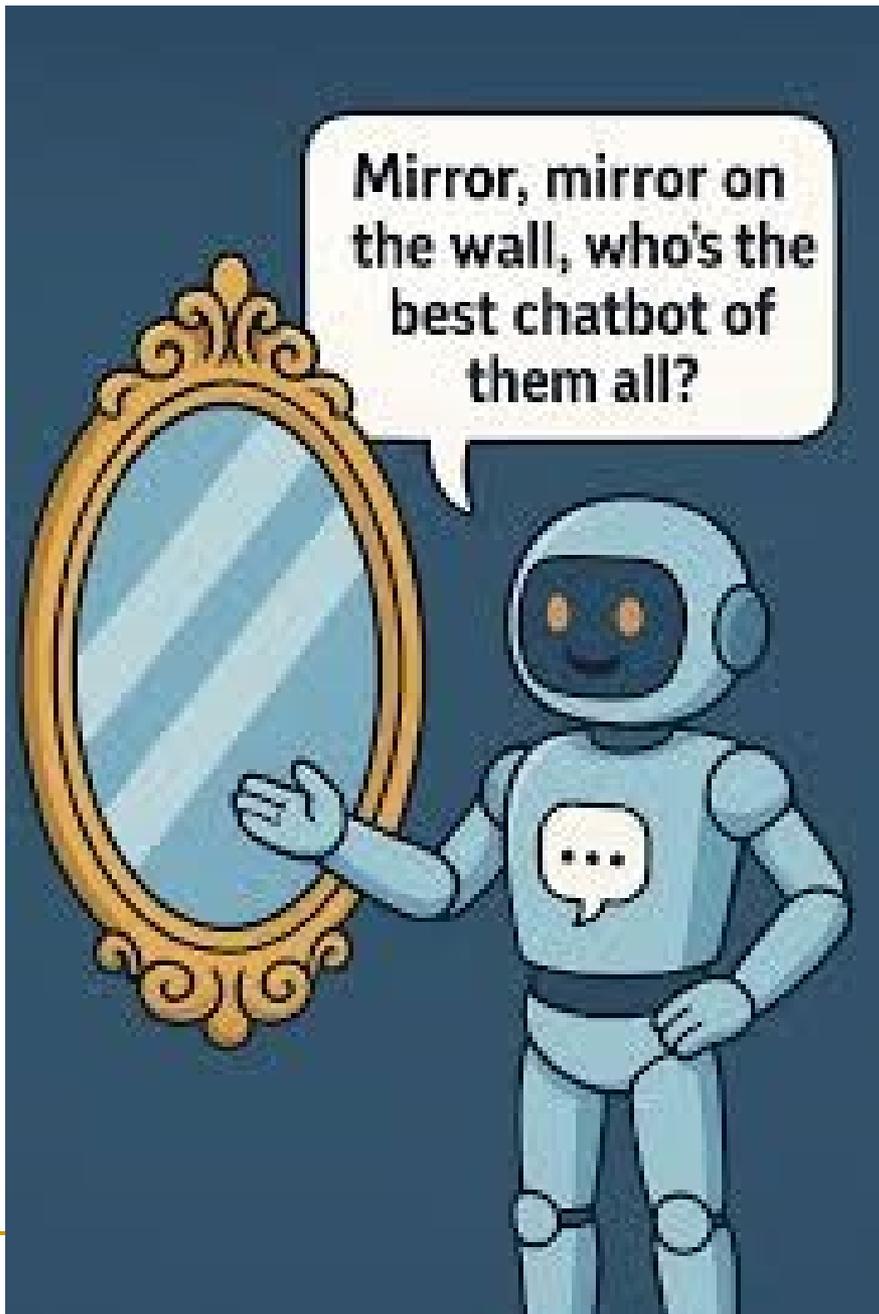
By [The Associated Press](#)

Updated: January 05, 2026 at 5:54PM EST

Published: January 05, 2026 at 2:32PM EST



2/27/2026



2/27/2026



Questions/Comments?

CS521814

The new **HIDE & SEEK**



"I seek you looking for my first vaccine shot, then you seek me for the second."

third, fourth+ boosters

Published studies supporting content presented today

Capurro, G., Maier, R., Tustin, J., Jardine, C., Driedger, SM. (October, 2023). "Stay home and stay safe... but maybe you can have somebody over": Public perceptions of official COVID-19 messages during the 2020 holiday season. *Journal of Communication in Healthcare*. 16(3): 279-286.
<https://doi.org/10.1080/17538068.2022.2138243>.

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<https://doi.org/10.1016/j.vaccine.2022.11.056>

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<https://doi.org/10.1016/j.vaccine.2022.10.058>

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