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No Stone Left Unturned? Let's Talk Barriers to Vaccines

As Alberta faces the fourth wave, our government claims they have “left no stone unturned” to address the gap in vaccination that is driving community spread and collapsing our health system. Some have suggested the unvaccinated are responsible for this crisis. This narrative not only mischaracterizes many unvaccinated people, it ignores structural and social barriers that are holding us back from reaching the 85-90% total population vaccination we need for herd immunity against the delta variant.

Not all the unvaccinated are vocal anti-vaxxers protesting in front of hospitals. The reasons for remaining unvaccinated are wide-ranging and often a systemic failure, not an individual one. We can not expect a single solution. The new restrictions exemption program will motivate some individuals, but it must be accompanied with expanded outreach, education, and access to vaccines to ensure that it does not widen already significant equity gaps to get a vaccine.

Unilaterally dismissing the unvaccinated is harmfully divisive. It further entrenches and minimizes the many barriers to vaccination, leaving a number of unturned vaccination stones. When the unvaccinated are blamed for the current state of the healthcare system, there is immediate and overwhelming shame for them. Many are not opposed to vaccination, but have encountered barriers or hesitancy or misinformation around getting vaccinated. By framing this as an “us versus them” issue, we create an environment in which the “them” no longer trusts the “us,” making it far more difficult for people to admit to being unvaccinated and ask for help. We must dial down the inflammatory language to reframe the narrative.

Consider the recent tragic single mothers who did not have time to get vaccinated and paid with their lives. Those deaths were preventable. Unpredictable and overstuffed schedules, lack of paid time off in case of side effects from the vaccine, a miscommunication of the urgency of getting vaccinated, and 18 long months of a pandemic has left single parents with absolutely no capacity to add even one more task to their endless to-do lists.

Consider the caregivers of our medically fragile populations. For many, respite hours are few and used for basic self care and the more essential activities of maintaining a family and a household. Using the limited hours to figure out how to access a vaccine, particularly when language and technology barriers exist, may not be a reasonable option. Also, consider those who find leaving their home a challenge for a variety of health-related reasons; that journey to a vaccination site may pose many physical and social barriers to access.

How we support a pregnant person in Edmonton who is anxious about persistent rumours on social media is not going to be the same for a middle-aged woman in rural Alberta who is surrounded by relentless and loud misinformation about the vaccine from her peers or the newly arrived immigrant with no Alberta Health Care card, no internet access, and limited or non-existent English. More than anything else, we need patience, persistence, and flexibility to find and execute the support that will help people get vaccinated.

Barriers can and must be addressed. It must be as seamless as possible for community organizations to arrange for pop-up clinics where they can directly support their communities in getting vaccinated. Their relationships, knowledge, and community trust equip them to help their community. Many also offer culturally competent, language-specific information to newcomers to Canada and those who do not speak English.

It is unfathomable that vaccines are hard to access when vaccination is more crucial than ever. We should no longer be focused on mass vaccination; we must shift our strategy to extremely effective targeted, personalized assistance to aide people with barriers to get the vaccine.

Vaccine misinformation is rampant, particularly in pockets of Alberta. People who are not fundamentally opposed to the vaccine are frightened, uncertain about who to trust, and overwhelmed by relentless peer messaging. We need to work with trusted voices in these communities to address this misinformation and provide safe and non-judgemental spaces for genuine concerns. We must find the people who want credible information who are currently being overwhelmed by vocal misinformed people.

Costs to close the unvaccinated gap seem rather small compared to the huge health system costs of this fourth wave. The Canadian Institute of Health Information released last week that “the average estimated cost of a COVID-19 hospital stay in Canada is \$23,111 — four times the average influenza cost of a hospital stay, three times the average heart attack cost of a stay and almost as much as a kidney transplant.” Costs will be further magnified by the care deficit created by surgical cancellations/delayed diagnostic procedures and long COVID. These costs, both in terms of human suffering and health care system strain are foreseeable and preventable.

Let us be clear that accountability does not lead solely and directly to our unvaccinated population. Our community needs information and action, not blame. An all-hands-on deck approach is required to get vaccines out to those in our community who need support with accessing them.

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