

**Submission Id:** 4928

**Title**

*COVID-19 Vaccine Hesitancy and Vaccination Barriers for Refugees in Calgary, Canada*

**Priority 1 (Research Category)**

Health Care Disparities

**Presenters**

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**Abstract**

Context: Refugees and migrants globally face inequities to healthcare and COVID-19 vaccination access, calling for tailored approaches to ensure equitable vaccine allocation. This research explored refugee experiences with COVID-19 vaccination models.

Objective: The purpose was to understand the barriers and strengths of each model to support access to COVID-19 vaccination for refugees.

Study Design and Analysis: The project used a mixed method approach that included secondary vaccination data and primary qualitative data. A mixed method data analysis approach was adopted to explore the research questions, and thematic analysis was conducted on qualitative data.

Setting or Dataset: This study examined the experiences of refugees who moved through COVID-19 vaccination systems in the Calgary, Canada area.

Population Studied: Research participants were identified through purposive sampling and include settlement and healthcare organization staff involved in vaccination pathways for refugees, sponsors of refugees, and refugees that were processed in Calgary.

Intervention/Instrument: A database of refugee COVID-19 vaccinations was used to inform findings. Structured and semi-structured interview data was collected with settlement and healthcare organizations stakeholders (N=13), refugee sponsors (N=3) and refugees (N=45).

Results: Multiple factors affected vaccine uptake: individual (COVID-19 knowledge, personal philosophies), community (socio-cultural factors, media) and structural factors (public health approaches, vaccine supply and demand, the specific wave of COVID-19). These factors, along with barriers to vaccination, had a non-linear impact on vaccine uptake. The research demonstrated that vaccine confidence, hesitancy, uptake and vaccination intent are not mutually exclusive. Strategies to address barriers included timely and credible information in first languages, on-site translation by trained personnel, transportation, on-site vaccinations and extended hours of services. These strategies simultaneously addressed vaccine hesitancy.

Conclusions: This project explored the complexities of vaccine hesitancy and identified individual, community and structural factors that affected hesitancy, as well as barriers to vaccination. It demonstrated that decisions to vaccinate are not straightforward paths. Systems must address issues at multiple levels, which include partnerships and barrier mitigation strategies.