



Perspectives on Vaccination among Métis Nation of Ontario Citizens who Remain Unvaccinated

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INTRODUCTION

From the beginning of the COVID-19 pandemic, the potential impact on Indigenous (First Nations, Métis and Inuit) communities in Canada were a major concern. Evidence from previous pandemics, particularly the 2009 influenza H1N1, suggested that more cases and poorer outcomes among Indigenous people were likely. There was also concern about the barriers to vaccination that might be experienced by Indigenous people, a “priority population” for vaccination. Due to effective prioritization, rates of vaccination among Métis Nation of Ontario (MNO) citizens were higher than among other Ontarians.

Map of Canada highlighting Ontario



Adapted from image created by Lokal_Profil

RESEARCH OBJECTIVE

The MNO sought to understand reasons behind non-vaccination. This study was designed to consider non-vaccination decisions and experiences through the reflections of a sample of unvaccinated MNO citizens.

“...based on our historical relationship with government, I thought [anti-vaccination sentiment] would actually be stronger... especially with all of the residential school information coming out.”
Participant Quote

CONTEXT

The atrocities against Indigenous people in Canada are well documented, contributing to mistrust of the government and healthcare system.

- Residential schools in Canada have resulted in significant health disparities for Indigenous people¹.
- In Spring 2021, 215 unmarked graves of Indigenous children located around the Kamloops Indian Residential School, British Columbia, were announced. These graves were of Indigenous children who were taken from their families and forced to attend residential schools where many experienced neglect and abuse². To date, more than 2200 unmarked graves of Indigenous children attending residential schools have been documented throughout Canada².
- Métis people continue to be underserved in Canada. Métis have been denied the same status as their First Nations and Inuit counterparts, historically resulting in unclear jurisdictional responsibilities or reluctance by various levels of government to provide services to the Métis population¹.

METHODS

While focus groups were originally planned, interviews were implemented for the comfort and privacy of individuals choosing to participate. Recruitment was challenging due to the stigmatization of being unvaccinated. A small sample (n=6) of Métis women, all who opted to not get the COVID-19 vaccine, were interviewed online in Spring 2022. Interviews were conducted and recorded in Zoom and subsequently transcribed and anonymized before coding. All interviews were coded in NVivo software by two team members using a deductive analysis technique.



MODELS

5C Model of Vaccine Hesitancy³

Used to measure individuals’ attitudes and decision making about vaccines:

- Confidence
- Complacency
- Constraints
- Calculation
- Collective Responsibility

Social Ecological Model⁴

These four levels work together to influence how we make decisions:

- Intrapersonal Factors
- Interpersonal Factors
- Social Context Factors
- Systems and Institutional Level

In addition to these models, the outcomes due to the historical traumas against Indigenous peoples in Canada should be explicitly considered; including:

- Loss of connection to culture and language
- Significant health, social, and economic disparities for Indigenous people
- Discriminatory policies¹

RESULTS

In general, participants were not supportive of COVID-19 vaccines, and cited safety concerns as the primary reason, due to insufficient research and lack of evidence to support their use based on the rapid development and implementation. Participants shared few constraints to their being vaccinated and reported low confidence in government and media. While these views were likely similar to those reported by other Canadians⁵, there were some differences expressed by participants influenced by their experiences of being Métis.

- Many felt that Indigeneity and past historical traumas and issues should have been a significant factor in consideration of the vaccine and vaccination programming.
- There were concerns about Indigenous people, including Métis, being a priority population.
- Participants preferred public health messaging from the MNO be focused on traditional Métis health knowledge and practices.

“... offering [the vaccine] in a Métis Community Center, for example, where there is only one public health nurse, to me, that doesn't feel safe.”

Participant Quote

PUBLIC HEALTH IMPLICATIONS

While these findings cannot be widely generalizable, there are some implications for future public health programming. In addition to the decision-making models that are often utilized when creating public health programming, Indigenous service organizations should further consider the impacts of historical colonization of Indigenous populations using the Social Ecological Model. Further, taking steps to build trust in organizations and government prior to a subsequent health event would be recommended.

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