



Confidence, complacency and collective responsibility were important factors for COVID-19 vaccination among Métis Nation of Ontario Citizens

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INTRODUCTION

Vaccine hesitancy remains a major public health concern and understanding variation among sub-populations is crucial to ensuring equitable uptake of vaccination, continuing to manage the COVID-19 pandemic and preparing for emergent diseases. In Canada, Indigenous Peoples are considered a priority sub-population with regard to vaccination coverage and understanding vaccine hesitancy. The Métis people are one of three Indigenous peoples that are recognized and affirmed under Section 35 of the *Constitution Act* in Canada. The Métis Nation is comprised of descendants of people born of relations between First Nations women and European men. The offspring of these unions were of mixed ancestry. Over time a new Indigenous people called the Métis resulted from the subsequent intermarriage of these individuals.¹

Understanding and supporting equitable uptake of vaccination is key to continuing to manage the COVID-19 pandemic and to preparing for emergent infectious diseases and a priority for the Métis Nation of Ontario (MNO).

During all stages of the COVID-19 pandemic, the MNO engaged in research and consultation, adapting programming that was community driven and needs-based for citizens. These included financial support services, mental health supports, and Métis-specific health communication and education materials.²

RESEARCH OBJECTIVE

The MNO sought to understand the influence of psychological antecedents of vaccine uptake, known as the “5Cs” (confidence, complacency, constraint, calculation, collective responsibility), on COVID-19 vaccination among MNO Citizens.

5C Model of Vaccine Hesitancy³

Used to measure the “psychological antecedents of vaccination”, including individuals’ attitudes and decision making about vaccines:

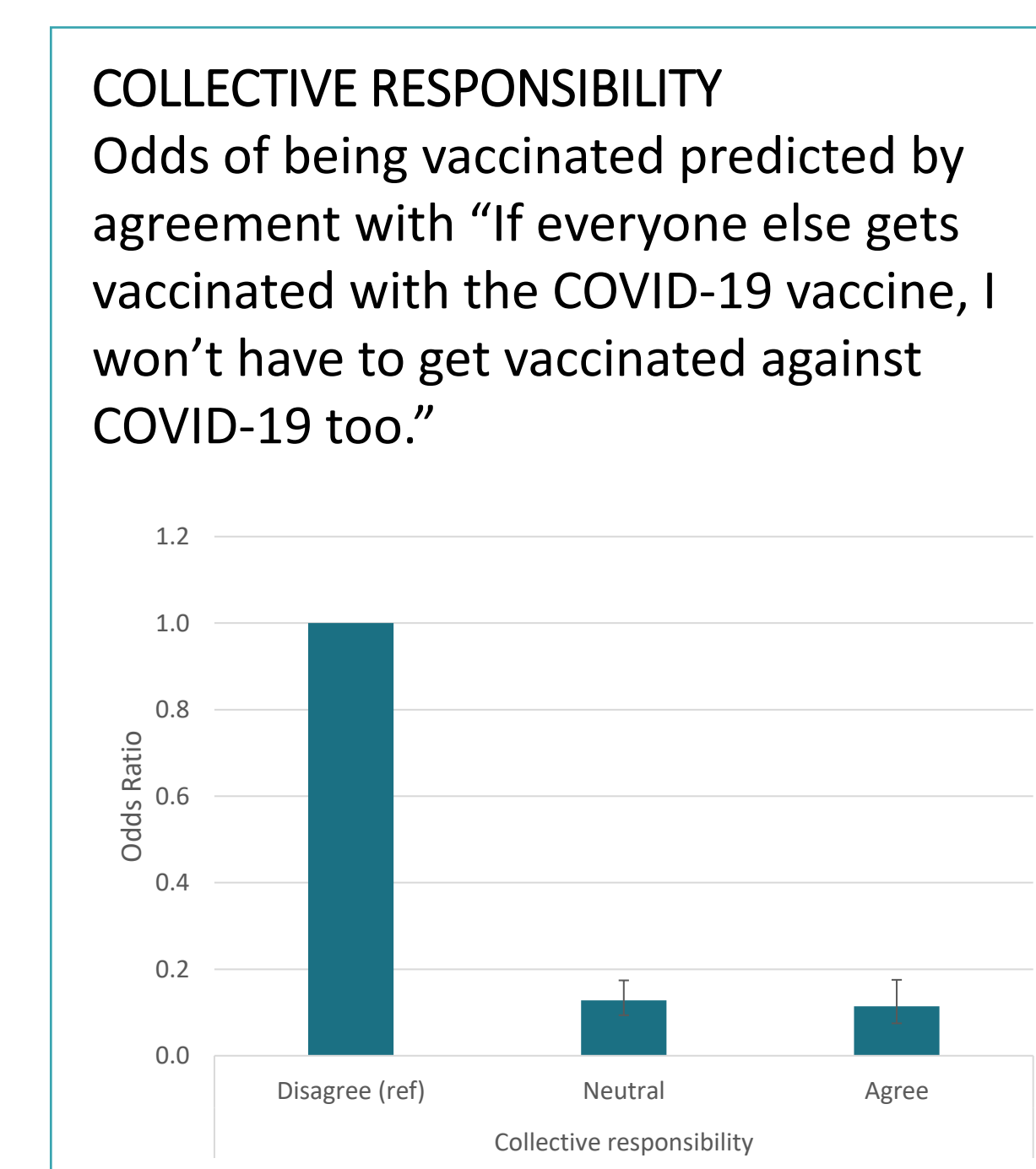
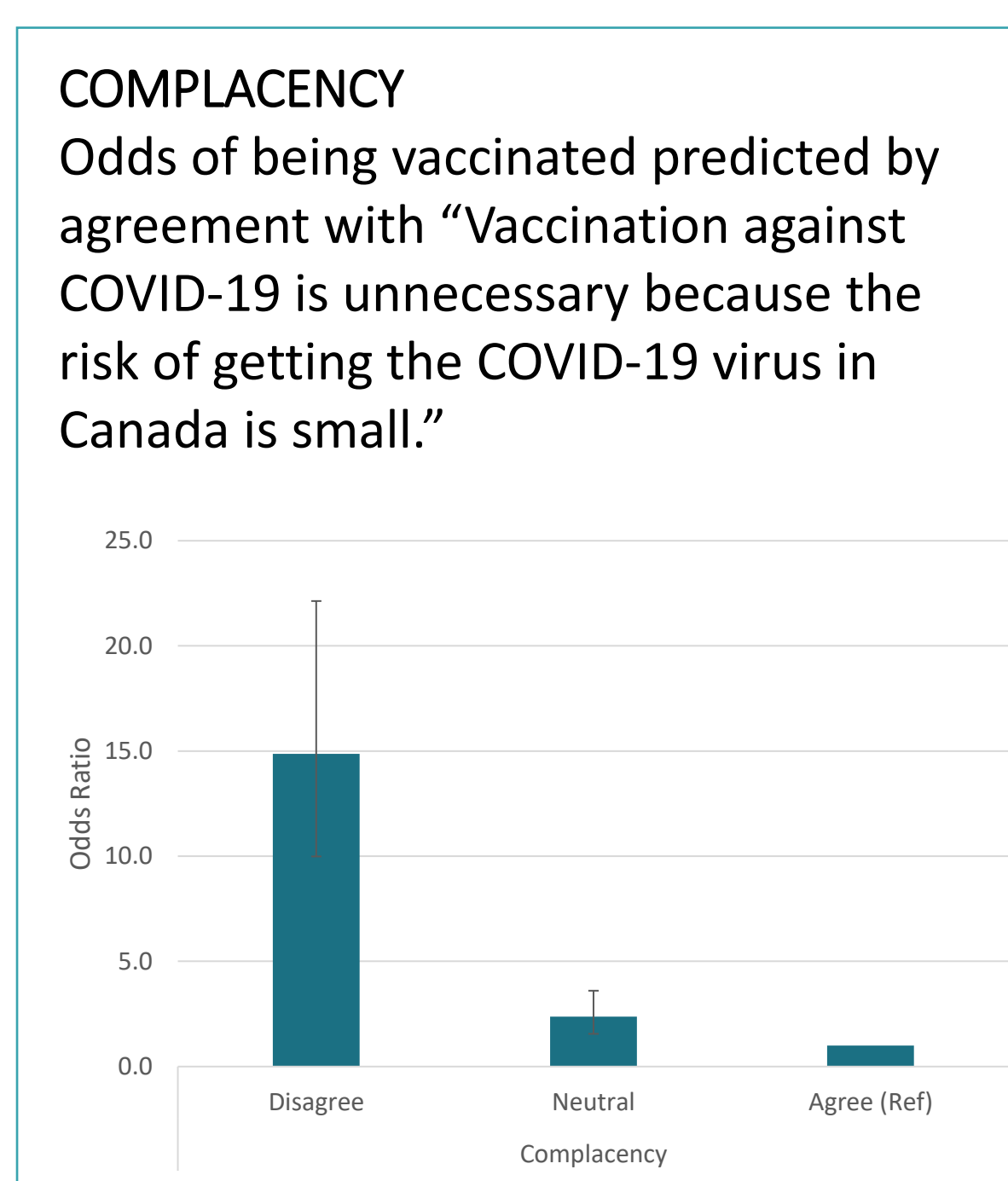
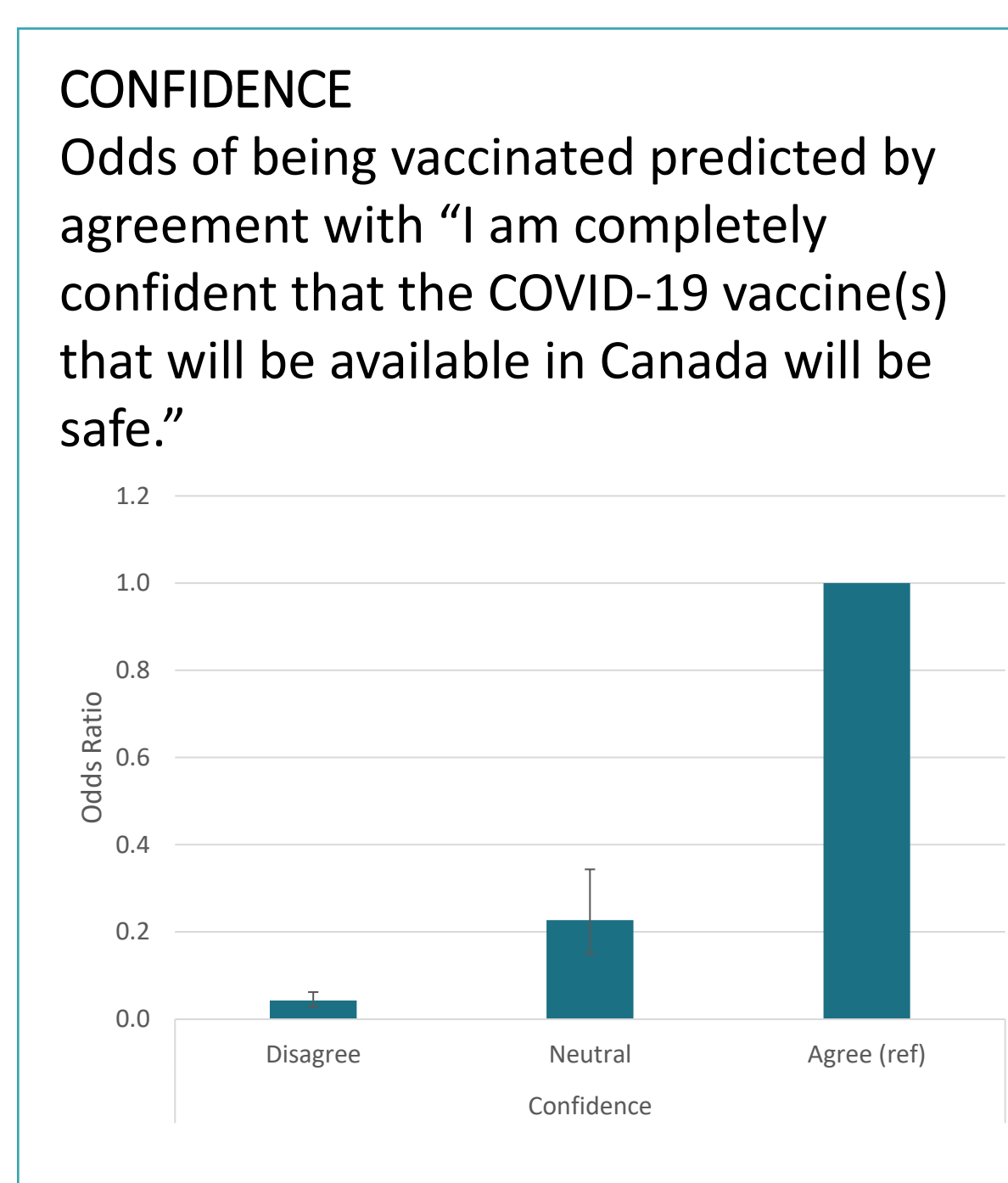
- **Confidence** – trust in (i) the effectiveness and safety of vaccines, (ii) the system that delivers them, including reliability and competence of providers and services, and (iii) the motivations of policy makers with regard to vaccines.
- **Complacency** – exists where perceived risks of vaccine-preventable diseases are low and vaccination does not seem necessary for prevention.
- **Constraints** – when physical availability, affordability, and willingness to pay, geographical access, ability to understand (language & literacy) and appeal of vaccine services affect uptake.
- **Calculation** – refers to individuals’ engagement in extensive information searching and analysis to derive a good decision regarding disease and vaccination risks.
- **Collective Responsibility** – the willingness to protect others by one’s own vaccination decisions by means of herd or community immunity. Also reflects willingness to benefit from others’ decision to be vaccinated.

METHODS

A population-based online survey was implemented by the MNO. Questions included the short version of the “5C” psychological antecedents of vaccination scale and sociodemographic information. Census sampling was used, achieving a 39% response rate and 4,405 MNO Citizen respondents. Survey respondents were linked with the provincial COVID-19 vaccination database (COVaxON) where all COVID-19 vaccinations administered in the province are recorded. Descriptive statistics, bivariate analyses, and multinomial logistic regression models (adjusted for sociodemographic variables) were used to analyze the survey data.

RESULTS

MNO Citizens who were less confident that COVID-19 vaccines were safe had lower odds of being vaccinated (OR=0.04; 95% CI=0.03–0.06). MNO citizens who disagreed with the complacency statement that the risk of COVID-19 was low had a higher odds of being vaccinated (OR=14.87, 95% CI: 9.99–22.13). MNO citizens who did not agree that vaccination was a collective action to prevent the spread of disease had lower odds of being vaccinated (OR=0.11, 95% CI: 0.07–0.17). Neither constraints nor calculations had a relationship with COVID-19 vaccination in MNO citizens.



PUBLIC HEALTH IMPLICATIONS

Among Métis Nation of Ontario citizens, the psychological antecedents of vaccination indicate that the highest risk groups for under-vaccination included those who have low confidence in the vaccines, who are complacent about the risk of COVID-19, and who feel less collective responsibility towards others.

Exploring distinctions-based and Métis-specific analyses enabled a community-driven response and targeted Métis-specific health communication and education materials resulting in low vaccine hesitancy and high uptake. Future research could examine if these same factors influence the uptake of other recommended vaccines in the Métis population.

ACKNOWLEDGEMENTS

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