



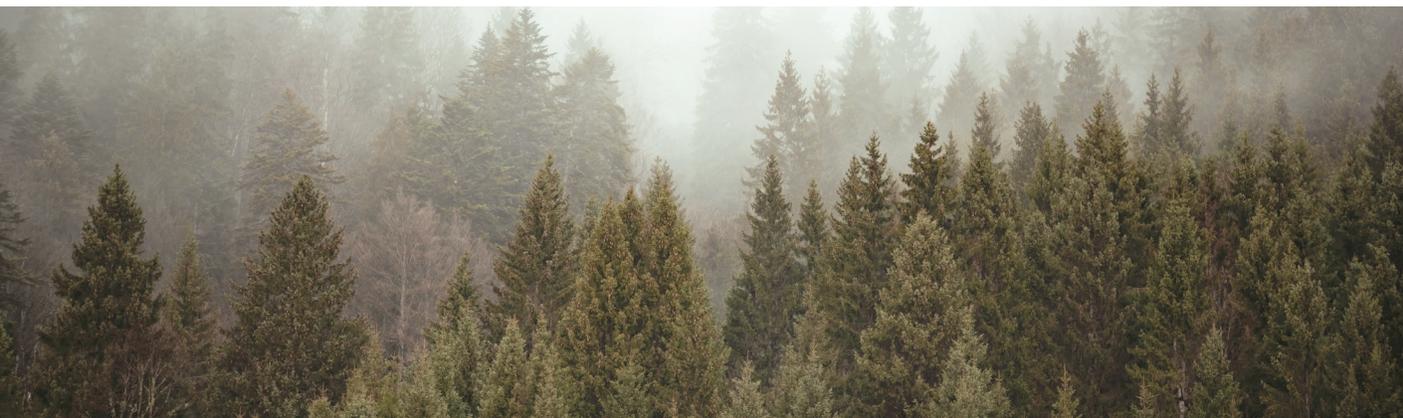
TRUST AND CONNECTION

A Vaccine Hesitancy
Practice Resource for
Community Organizations

August 2022



atira.bc.ca



Land Acknowledgement

Atira Women's Resource Society respectfully acknowledges the First Nations, Métis, and Inuk peoples as the first inhabitants and traditional custodians of the lands where we live, learn, and work. Atira is located on the traditional territories of Coast Salish peoples including the x^wməθk^wəyəm (Musqueam), Skw̓xwú7mesh (Squamish), Sel̓íwítlh (Tsleil-Waututh), Katzie, k^wík^wələm (Kwikwetlem), Semiahmoo, Stó:lō and Tsawwassen Nations. We recognize and remember that this land was stolen and its people forcibly displaced.

We ask that you take a moment to remember where you live, learn, and work and to reflect on the impact of residential schools, the Sixties Scoop, missing and murdered women, anti-Indigenous racism, the treatment of First Nations, Métis and Inuk people in our health care system, and Indigenous poverty on reserves and in our cities and towns. Take a moment to ask yourself what you are prepared to do to create change and what you are prepared to give up to ensure Indigenous people do not remain landless and homeless on their homelands.

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This resource can be downloaded from
atira.bc.ca/what-we-do/training-resources/vaccine-confidence

CONTENTS

Introduction	1
• About this resource	2
A Community-Based Approach to Vaccine Hesitancy	3
• What is Vaccine Hesitancy?	3
• The Power of Peer Support	4
• Orientation and Training	6
• Program Activities	7
Trust and Connection: Practice Tips	9
• Time	9
• Repair and Heal Negative Health Care Experiences	11
• Understanding and Support for Women’s Overall Health	12
• Share Information	13
• Tell Stories	14
Community-based Strategies for Promoting Vaccine Confidence	15
• Trusted messengers in trusted spaces were more important than targeted messaging	15
• Vaccine promotion needs to emphasize choice	16
• Integrating vaccine promotion into social housing and other community programs provides wraparound care and support	17
• Telling stories helps to build connection and trust	18
• Women needed more information about vaccine safety and more empathy for their concerns	19
• Peer support programs to promote vaccine confidence can help to build trustworthy and safe relationships for women who have experienced violence and abuse	19
Bibliography	20
Acknowledgements	21

» 1. Introduction

Atira Women’s Resource Society is a non-profit organization that combats violence against women and children through housing, advocacy, harm reduction services, and family-focused programs. Atira operates over 20 housing programs, four daycares, a health centre, and Canada’s first safe injection site for women. We welcome anyone who experiences gendered violence and misogyny, including trans women, genderqueer women, and nonbinary and transfeminine people.

In the fall of 2021, with support from the Public Health Agency of Canada and our community partners, we started a community-based COVID-19 vaccine education, promotion, and outreach program tailored to women who have experienced violence and abuse. We recognized that vaccine hesitancy does not exist in a vacuum and is deeply rooted in women’s experiences of violence, poverty, homelessness, sex work, substance use, and discrimination such as racism, sexism, ableism, and transphobia. Building vaccine confidence requires addressing women’s experiences of violence and trauma, social isolation, substance use, and homelessness.



The foundation of our vaccine hesitancy program is based on peer support, information sharing, non-judgmental discussions, and practical support. Like all Atira programs, we are always working to find ways to promote accessibility and that consider diversity and equity.

Vaccines save lives and protect the health of our loved ones in our communities. This practice resource shares our approach to promoting vaccine confidence – an approach that counters misinformation, lack of access, and fear with choice, empathy, empowerment, and relationship building. Many women in our programs have had negative experiences with health care systems and have been disproportionately impacted by the COVID-19 pandemic. Positive experiences with vaccine promotion encourage equity and support lasting and trusting connections.

While this resource was created during the COVID-19 pandemic, we hope that the information and ideas we share will be helpful to anyone working to address vaccine hesitancy for other illnesses and to anyone participating in and organizing a peer support program.

About this Resource

The resource was developed over the first six months of our vaccine hesitancy program as we supported women in getting first and second vaccine doses and booster shots.

- Section 2 provides an overview of the development of our vaccine hesitancy program.
- Section 3 describes “guiding principles” or ways of working with women that were key to program delivery.
- Section 4 summarizes “lessons learned” throughout the program and provides examples of strategies for other community organizations to consider how they might best address vaccine hesitancy with the individuals and groups that they serve.

Throughout the resource, we have included examples, success stories, and practice tips from our program to inspire discussion, program planning, and innovation related to vaccine promotion and uptake in different populations. This practice resource may be useful for individuals and groups working in a range of contexts, including:

- Peer support programs
- Mental health and substance use services
- Maternal and child health programs
- Early childhood education
- Programs for older women
- Anti-violence organizations, including shelters and second-stage housing
- Community health centres
- Social housing programs
- Drop-in centres
- Shelters
- Outreach programs

Trust and Connection: Vaccine Hesitancy Training for Peer and Community Support Workers is a free, online training available through Atira.

In this training, participants learn about how to support women who have concerns and questions about vaccines. They learn about some of the reasons for vaccine hesitancy, how to answer basic questions about vaccines, and how to create positive, trusting, and safe relationships with women. At the end of the training, participants will have the tools to lead one-to-one discussions with women on the benefits of vaccination and help them make decisions about their health and well-being that are right for them.

Visit atira.bc.ca for more information.

» 2. A Community-Based Approach to Vaccine Hesitancy

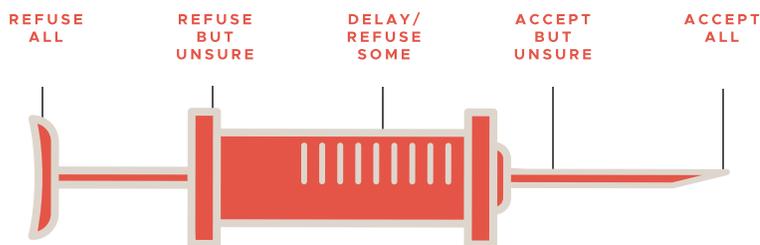
What is Vaccine Hesitancy?

People who are “vaccine hesitant” often have questions about things like:

- The safety and effectiveness of a vaccine
- Who is promoting and offering vaccines and why
- Whether vaccines are necessary (for example, because the risk of getting sick is low)
- Possible side effects

Vaccine hesitancy can be seen as existing on a continuum (see left graphic). Some people are comfortable and confident about getting vaccinated and some people refuse all vaccines. Vaccine hesitant people are somewhere in the middle. They might have questions about whether a vaccine is right for them, wait to get a vaccine or only get some vaccines.

CONTINUUM OF VACCINE ACCEPTANCE



People can be vaccine hesitant for many different reasons. In our programs, one of the major reasons for vaccine hesitancy was past negative experiences with the health care system or general mistrust of government. For many women, their experiences with health care services have been and continue to be affected by sexism, racism, colonialism, transphobia, and other forms of oppression. Most women also described hesitancy related to lack of information or misinformation about vaccines.

To a lesser extent, some women who were vaccine hesitant were individuals who wanted to be vaccinated but had difficulties with accessing health care services.

For example, they:

- Weren't sure where to get vaccinated or how to get an appointment or had limited access to a phone, computer, or the Internet to book an appointment
- Were not able to take time off from work or family responsibilities to go to a clinic or recover from possible side effects
- Did not have transportation to get to a clinic
- Had language barriers.

During the peer support worker orientation sessions held in fall of 2021, the project team identified the reasons for vaccine hesitancy that they were seeing in their housing programs.

Reasons for Not Getting Vaccinated

- Mistrust of the health care system and government
- Concern about harms from vaccine ingredients, especially concerns about fetal blood, contaminants, and potential impact on fertility
- Fear of vaccine side effects
- Fear about the overall safety and effectiveness of the vaccine (especially in Indigenous women and women from Central America)

Reasons for Getting Vaccinated

- Concern about own health (especially in women who are immunocompromised)
- Concern about their children's health
- Ability to spend time with family & friends
- Received helpful information from a trusted source

The Power of Peer Support

Our vaccine hesitancy program is based on a peer support model and focuses on encouraging non-judgmental education and discussion between trained peer support workers and women living in our housing programs and accessing other services (e.g., health centre, supervised injection site). Historically, peer-based movements have been an important part of initiatives to address gender-based violence. Currently, peer networks and community expertise are driving efforts to

address the opioid crisis. As well, the COVID-19 pandemic has led to new networks of mutual aid and community organizing. In all of these areas, practice has evolved from the stories and knowledge of people with lived experience and their allies.

All of our peer support workers have lived experience of violence and marginalization, including substance use, sex work, incarceration, and discrimination on the basis of race, sexual orientation, or gender identity. Because they share lived experience with the women they assist, they can meet women “where they are at” and provide empathetic and honest communication and support. The peer support workers reflect the diversity of women accessing our programs and services. Peer support workers ranged in age from 19 to 65. Indigenous, Black, and women of colour, cis and trans women, and women who are immigrants or refugees are also represented.

A 23-year-old peer support worker living in one of Atira’s supportive housing programs for young families reported that she was initially hesitant about getting vaccinated. She says that the most common myth in her circle of friends was that the vaccine affected women’s ability to conceive.

After learning more about the vaccine and deciding to get vaccinated so that she could spend more time with loved ones, she was able to share her own experience with getting vaccinated and counter misinformation with other women in her housing program.



Many women in Atira's programs do not have reliable access to a smart phone or computer with Internet access. This meant that orientation and training and regularly scheduled meetings with peer support workers were best held in person rather than over Zoom or MS Teams. Communication between the program coordinator and the peer support workers and between the peer support workers and residents/program participants was done through phone calls, text messages, notes, word-of-mouth, and face-to-face meetings. While these communication challenges have always existed, physical distancing and other pandemic guidelines created barriers that required additional time, patience, and creativity.

Orientation and Training

With guidance from the peer support workers and in partnership with local public health organizations, our program staff developed a training curriculum that provided peer support workers with the knowledge and tools they need to address concerns and hesitations around vaccination. Topics included myths and facts about COVID-19 vaccines, communication and relationship building skills, Indigenous cultural safety, mental wellness during the pandemic, harm reduction, and women and long haul COVID-19. Over the first few months of the program, peer support workers provided regular updates to the program coordinator and additions and changes were made to the curriculum. As guidelines changed frequently during the pandemic and new research on vaccines was published regularly, "refresher" training and follow-up with peer support workers was an important part of the program.

Many of the resources used during training for peer support workers and shared with women through the program were developed by local health authorities. We developed a "myth busting" resource specifically for our program based on the questions that peers raised during orientation and the types of misinformation that they were hearing from other women. Resources that were the most helpful:

- Used plain language
- Had engaging graphics
- Were available in multiple languages
- Were culturally safe

In addition to meeting program goals related to vaccine promotion and uptake, the program also provided skills training and employment opportunities for the peer support workers. For some of the peer support workers, this program was an opportunity to "get back on their feet." Some peers were interested in learning more about or continuing to do support work in the future. Peer support workers reported many benefits from participating in the program including:

- Increased confidence
- New skills, e.g., computer skills, people skills, health literacy
- Connection
- Additional income
- Personal growth and development
- An opportunity to give back to the community
- Support for own healing from violence and abuse

Over the first few months of the program, we adapted the recruitment, orientation, and training process to accommodate a higher turnover rate than we initially expected. Some of the peer support workers reported health issues or challenges related to substance use and recovery as limiting their involvement in the program over the long-run. As much as possible, we created flexibility in how and when women worked.

Program Activities

Peer support workers connected with women primarily in housing programs where women live. Several peer support workers did outreach to connect with women in the community who were homeless or precariously housed. Initially the program focused on women in Atira's housing programs and then expanded to include non-residential programs. Focusing on the residential programs at first was intentional as we wanted to connect with women in spaces where they feel safe and comfortable and "on their own terms." Engaging in dialogue and sharing information in a non-medical setting can be critical for women who may have experienced previous neglect, mistreatment, or abuse in a health care setting and helps to prevent re-traumatization.

Peer support workers provided practical support by:

- Scheduling appointments for people who might not have access to a computer
- Finding information in different languages or that address specific concerns (such as ways of helping with a fear of needles or information about vaccines for people with disabilities)
- Organizing transportation to a clinic
- Giving reminders for second dose appointments or booster shots
- Checking in with someone who has just been vaccinated to see if they have any side effects and need any support

They also provided emotional support by:

- Accompanying people to their vaccination appointments
- Advocating and being a “voice” for people who have had negative experiences with the health care system in the past
- Sharing their own personal experiences with vaccines and what helped them make a decision about choosing to get vaccinated
- Helping people figure out their own personal values about vaccination and what’s important to them
- Connecting with people who might be isolated and might not be sure what to believe about vaccines.



Peer support workers also helped to develop and promote vaccination across Atira’s programs using posters, print materials, and social media. These vaccination promotion activities focus on vaccine myth-busting, upcoming COVID-19 vaccination events, and sharing personal stories and experiences with vaccines.

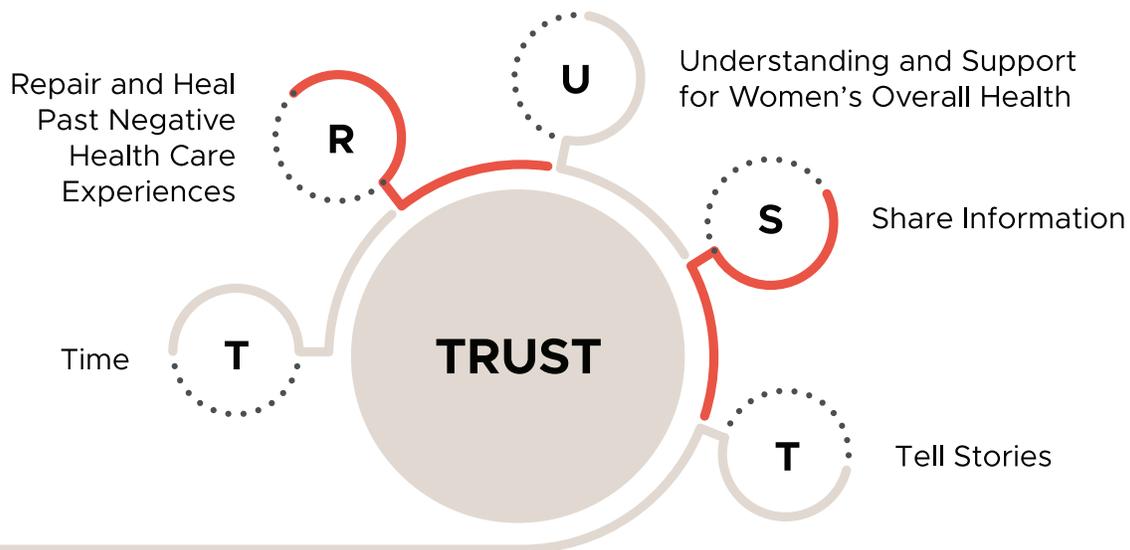
At the start of our vaccine hesitancy program, we formed an advisory committee that included staff from across Atira’s supportive housing programs, health care professionals and community stakeholders. As the program developed, peer

support workers were invited to participate. The advisory committee guides the work of the program by helping to determine priorities, reviewing resources, developing key educational messages, and assisting with logistics. With feedback from the peers and program coordinator, the advisory committee helped the program to navigate shifting guidelines and responses to the COVID-19 pandemic.

Atira staff also made connections with other vaccine hesitancy programs and community organizations working with to support individuals and families during the pandemic. This created opportunities for co-learning and sharing of resources. Atira staff also worked closely with health authorities to make sure that program information was up-to-date and aligned with public health messages and to improve accessibility to vaccine information and clinics.

» 3. Trust and Connection: Practice Tips

TRUST: How Peer Support Workers Can Promote Vaccine Confidence



This section describes “guiding principles” or ways of working with women that were key to our peer support program. They reflect a way of working that is trauma-informed, culturally safe, harm reduction-oriented, and women-centred.

Time

Trust takes time to develop. Peer support workers can create space for questions, concerns, and decision-making.

Peer support workers invest in relationship building and recognize that it may take women weeks or months to decide whether to get vaccinated. In our program, we found that vaccine delay was more common than vaccine refusal. Many women, especially Indigenous women, reported feeling more comfortable getting vaccinated after seeing other people in the community get vaccinated.

Many women reported delaying getting vaccinated as they needed to do their own research. For women who had questions and concerns, peer support workers were seen as a trusted source of information.

Acknowledging that many women need time to make decisions that feel safe and comfortable for them parallels harm reduction approaches used in the substance use field. Harm reduction is a pragmatic way of working with people that recognizes there are many ways for people to take care of themselves and many paths towards health and healing. For women who were not interested in getting vaccinated, peer support workers assisted women in staying safe and healthy through activities like handwashing, wearing a mask, learning about the latest guidelines, and tips for mental wellness during the pandemic.



A peer support worker developed a relationship with an 81-year-old woman in a social housing program for older women. The resident has not been vaccinated for COVID-19 and reported being more worried about dying from vaccine side effects than from COVID-19 itself.

During the earlier part of the pandemic, she hurt her hip and was in hospital for several weeks. She says that the doctors and nurses treated her “like an idiot” and she did not feel involved in decision-making about her treatment. The peer support worker connected with her regularly to play cards and have a cup of coffee together which helped to overcome some of the social isolation the resident was experiencing. As well, she made sure that the resident was able to reduce her chances of getting COVID-19 by staying safe in other ways other than vaccination.

Repair and Heal Negative Health Care Experiences

Many women do not feel safe or comfortable accessing health care services. Peer support workers can be advocates for change and provide support to help women heal.

For some women, their past experiences with the health care system or other institutions and systems (like the education or the criminal justice systems) can affect how they feel about getting vaccinated and accessing health care services. Many women in Atira's programs report past experiences with doctors and other health care providers not believing their symptoms are real or not taking their concerns seriously. Historically, women and racialized groups have not been included in clinical trials and women are often left out of research and this has resulted in many women being wary about research on COVID-19 vaccines. In 2021, approximately 47% of women in Atira's residential programs identified as Indigenous and 19% identified as belonging to a racialized group. Canada's long history of colonialism, racism, and discrimination also includes examples of medical experimentation and coercion. Together, these factors have led many women in our programs to distrust the health care system.



Peer support workers emphasize that it's a choice to get vaccinated – that it's up to women to choose whether to get vaccinated, which vaccine to get, and when to get vaccinated. They also let women know that they respect the decisions they make about vaccination. This approach to vaccination promotion parallels Atira's work with women who have experienced violence and abuse which prioritizes women's right to self-determination including the right to make choices about their bodies.

For women with existing relationships with a health care provider or prior positive experiences with the health care system, health care providers were seen as an important source of information about vaccination and many women were encouraged to make appointments after meeting with a health care provider. Positive experiences with vaccination helped to repair previous negative experiences and to build new relationships with health care providers. Many women expressed relief after getting vaccinated as well as gratitude for the vaccine and the health care providers who supported and cared for them.

Indigenous peer support workers reported that offering vaccination as part of a holistic approach to wellness made getting vaccinated more acceptable for many Indigenous people. When the vaccine was promoted or offered on its own, many Indigenous women felt pressured or that they were being forced to accept the vaccine. When offered in clinics for Indigenous people or when discussed in tandem with other wellness practices such as smudging, many women felt more comfortable choosing to get vaccinated.

Understanding and Support for Women's Overall Health

Peer support workers recognize the day-to-day difficulties that many women experience. They help women take steps to address their overall health and well-being.

Peer support workers in our program recognize that vaccination may not be a priority for women who are working hard at day-to-day survival. Many women in our programs have experienced higher impacts from the COVID-19 pandemic than the general population. This includes everything from employment to physical and mental health to household finances to quality of life. Peer support workers can help women identify their priorities and meet their immediate needs.

In our program, peer support workers worked with women to identify barriers and challenges that might prevent them from getting vaccinated such as lack of information or difficulties booking an appointment. They also continued to work with them after they got their first shot. They checked-in on them after the vaccination to make sure that they were able to manage any side effects. They were able to help with groceries or preparing meals and making sure that women were physically comfortable. Feeling cared for after getting vaccinated helped some women to feel confident that they can manage any side effects and encouraged them to get follow-up shots or boosters or other vaccines at a later date.

In partnership with local health authorities, Atira hosted pop-up clinics at several housing programs. Other community organizations that women are familiar with also had pop-up clinics. These pop-up clinics were helpful for many women as it reduced barriers to getting vaccinated, e.g., booking an appointment, transportation. For some women, seeing other people they know get vaccinated was reassuring and motivated them to get vaccinated themselves.



Share Information

Peer support workers help women find information they need to make their own decisions.

Sharing information – whether it be a personal story, a website, a video, a handout, a social media link – helps women to know their options and make decisions that are right for them. Sharing information can:

- Give a new perspective on an issue
- Correct misinformation
- Make sure that women know all the options available to them
- Support and confirm what women already know or have experienced.

Peer support workers provide balanced information, e.g., making sure that they discuss both the benefits and risks of vaccines. They also emphasize choice by discussing options available to women and where they can find additional trusted information. Peer support workers avoid using “scare tactics” or statements such as “Vaccines save lives” which can imply that women may be partly to blame for loss of lives if they choose not to get vaccinated.

Many women in Atira’s programs have experienced “blaming and shaming” messages about their parenting, substance use or other issues. Vaccine promotion needs to avoid replicating these harmful dynamics.

In our program, misinformation was a major reason for vaccine hesitancy. In particular, questions about fertility, miscarriages, the use of fetuses in vaccine manufacturing, and the impact of vaccines on menstruation were common. General resources on vaccines from public health organizations were helpful for most women, but this was an area where more tailored gender-informed messaging might be useful.



Tell Stories



@FreeOfViolence
April 13, 2022

Peer support workers share their own experiences with vaccines in addition to facts. This helps to personalize vaccines and make information more relevant. People often forget statistics but will remember a story.

Telling another human being what has taken place in your life can be an important part of healing from violence and abuse and can lay the foundation for new stories about what the future holds. Creating space for and valuing experiential knowledge is an important part of movements addressing gender-based violence.

Telling stories also can be a gateway to forming strong peer support relationships. Peer support workers who share their own experiences with vaccines can help make information more relevant. Providing an opportunity for women to share their own stories can help them clarify their own reasons for wanting or not wanting to get vaccinated and how past experiences may be influencing their present decisions. Sharing stories can provide reassurance, help people reflect on what's important to them, and creates space for discussion and further connection.

Several peer support workers described how their own decisions about vaccination were influenced by hearing other people's stories. They talked about how storytelling is a natural way of connecting with people and makes women feel comfortable and willing to open up. Reassuring and motivated them to get vaccinated themselves.

» 4. Community-based Strategies for Promoting Vaccine Confidence

This section describes “lessons learned” in our peer support program that may be helpful for other community organizations to consider when working to address vaccine hesitancy and promote vaccine confidence.

Trusted messengers in trusted spaces were more important than targeted messaging

In our program, women had many different opinions about what kinds of information and resources they found the most helpful. Some women liked animations and illustration while others liked more technical information or information from experts. This suggests the importance of delivering information in many different mediums and for different levels of technical and scientific knowledge. Regardless of the type of information shared, it was the fact that it was delivered by peer support workers that made a difference. As well, holding pop-up clinics in Atira housing programs and community spaces that were known to women helped not only with decreasing barriers related to access, but helped to create a comfortable and safe environment. Women with an existing positive relationship with a health care provider also viewed their health care provider as a trusted source of information and support.

A woman from an Atira housing program met with a peer support worker. The peer support worker learned that the woman had come to Canada as a refugee and from a country where routine vaccinations were not common and so had never been vaccinated. As she had limited English language skills, the peer support worker found an Atira staff member who spoke the same language. Although the staff member had no specific training in public health, she was able to use a plain language English resource with simple graphics to explain vaccination. For many women, talking about vaccines with someone from a similar cultural or racial background was important in creating a trusting connection.

Vaccine promotion needs to emphasize choice

Women who have experienced violence and abuse have had choice taken away from them. Vaccine promotion that centres choice helps to create safety and avoids re-traumatization. When discussing vaccines with women, there are many ways to emphasize that getting vaccinated is their choice. For example:

- Sharing balanced information about both the risks and benefits of vaccination allows women to make an informed decision
- Sharing information about the different vaccines available and options for getting vaccinated (e.g., pop-up clinic, pharmacy, nurse outreach program, mass vaccination clinic)
- Asking for permission before sharing information about vaccines and vaccine clinics
- Respecting women's decision to not get vaccinated – many women reported feeling like people were always asking and trying to tell them things about getting vaccinated when they were not interested.
- Offering vaccines as part of a “menu” of wellness and healing options.

Vaccine delay was the most common form of vaccine hesitancy in our program. This suggests the importance of providing women with time and space to make their own decisions and that they will become “vaccine ready” in their own way.

Because vaccines can have such an important role in protecting ourselves, our families, and our communities, vaccine promotion can often come across as “top down” or leaves women feeling pressured or coerced to get vaccinated. The principles (right sidebar) guide Atira's work with women who have experienced violence and abuse and have been incorporated into our peer support program whenever possible.

Women supporting women

The primary role of the support worker is to support women, support her right to access fair and relevant information, and assist her in deciding whether or not to make changes in her life.

Women are experts in their lives

Women are the experts in their own situations and the decision whether or not to make changes in their lives is theirs alone.

Women don't need to be rescued

Women who have experienced violence/abuse/trauma have developed skills and the strength to cope. Our role is to acknowledge, validate, and attempt to add to these skills and strengths, not to judge.

Women in control

The goal of intervention in a residential setting is to provide a safe, supportive environment in which women have control of their living situation.

Source

“Our Beliefs”
<https://atira.bc.ca/get-involved/careers/?>
Accessed April 6, 2021

Integrating vaccine promotion into social housing and other community programs provides wraparound care and support

A peer support worker in a residential program helped one woman with getting groceries after her first COVID-19 shot. Before the second shot, the peer support worker was able to make arrangements for groceries ahead of time.

Several months later, when the woman had an appointment for a booster shot, the peer support worker had made more formal connections with a community kitchen program and other community organizations to have food delivered. Many community organizations may be able to formally offer certain types of practical support before and after vaccine appointments. This helps to create a sense of being cared for that increases confidence for many women who might be isolated or struggling with day-to-day tasks.

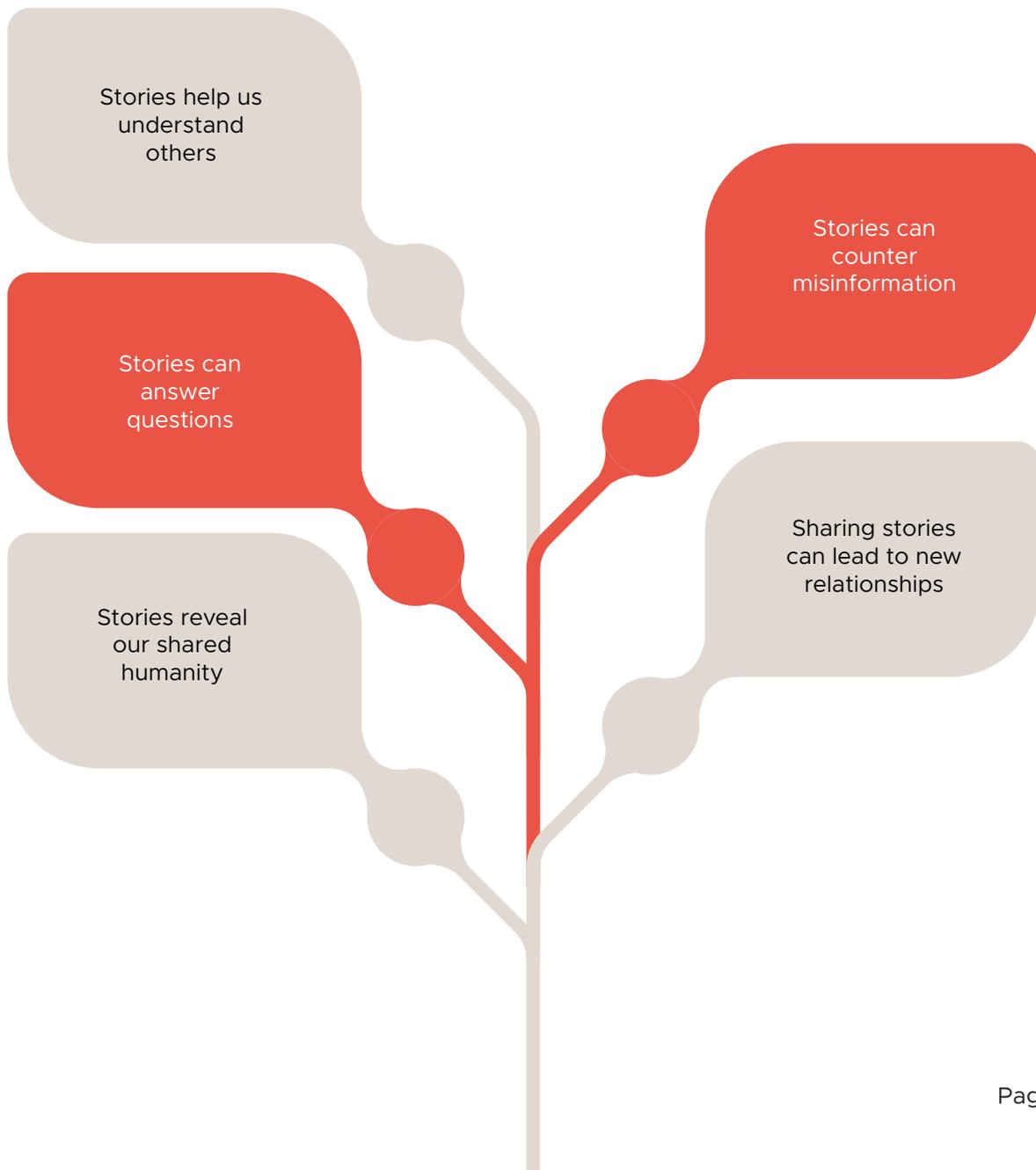
Vaccine promotion integrated into social housing and other community programs was effective for many women in our programs. Having peer support workers share information in a comfortable and safe non-medical setting allowed women to choose when and how to have conversations about getting vaccinated. Peer support workers were able to address concerns such as “Who is going to look after me if I get sick?” or “Who will look after my family when I go to the clinic?” by helping to access supports from within Atira’s programs or in the broader community.

Before getting vaccinated, peer support workers were able to help with making appointments and reminders. They were able to accompany women to appointments and provide emotional support. After getting vaccinated, peer support workers were able to provide support such as daily check-ins, helping with groceries and cleaning and tidying. They were also able to provide reminders for second doses or booster shots at a later date.

Telling stories helps to build connection and trust

Mistrust of the health care system was one of the main reasons for vaccine hesitancy for many of the women in our programs. Peer support workers were seen as sources of trusted information and sharing their own experiences with getting vaccinated helped to reassure many women and motivated them to get vaccinated themselves.

Telling Stories: Building on Facts to Promote Vaccine Confidence



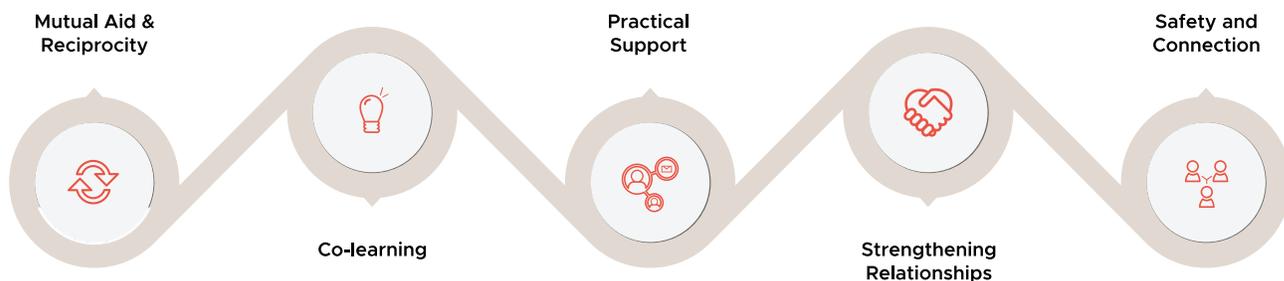
Women needed more information about vaccine safety and more empathy for their concerns

Myths and misinformation about vaccines were a major reason for vaccine hesitancy. Non-judgmental discussion with a trusted source was often enough motivation for women to make the choice to get vaccinated. Many women had concerns about vaccine safety, but did not feel they had the opportunity to talk about these concerns without feeling pressured or patronized. Peer support workers were able to create space for women to feel heard and to acknowledge their concerns as valid. Empathy through dialogue was important for creating trusted relationships.

Concerns about the impact of vaccines on conception, pregnancy and miscarriage, and breastfeeding were common. Gender-specific messaging might be helpful for addressing the concerns of some groups of women.

Peer support programs to promote vaccine confidence can help to build trustworthy and safe relationships for women who have experienced violence and abuse

Peer Support Programs: Building on Shared Lived Experience to Promote Vaccine Confidence



Peer support workers with shared lived experience can play a unique role in promoting vaccine confidence in women who have experienced violence and abuse. In addition to promoting women's overall health and well-being, they can help connect women with trustworthy people and resources in the community and build positive and lasting connections.



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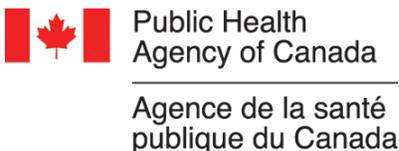
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