

Overcoming COVID-19 Vaccine Hesitancy - "One Size Does Not Fit All"

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Background

- The COVID-19 pandemic continues worldwide and has now expanded largely due to the omicron variant.
- The unvaccinated continue to be at risk for hospitalization and increased mortality.¹
- Certain ethnicities are at higher risk for COVID complications and may have a higher rate of vaccine hesitancy.
- We need to understand why certain groups decide to remain unvaccinated to intervene with more effective vaccine education.

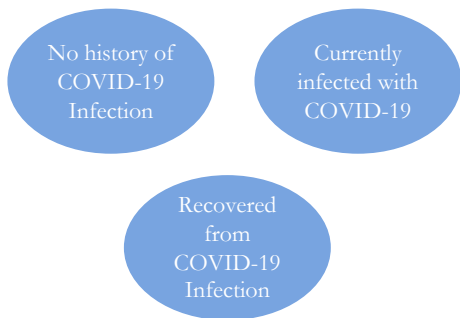
Objectives

- This study aims to determine the factors that lead to vaccine hesitancy in a sample of ethnically diverse patients that are unvaccinated in a safety net hospital system.

Methods

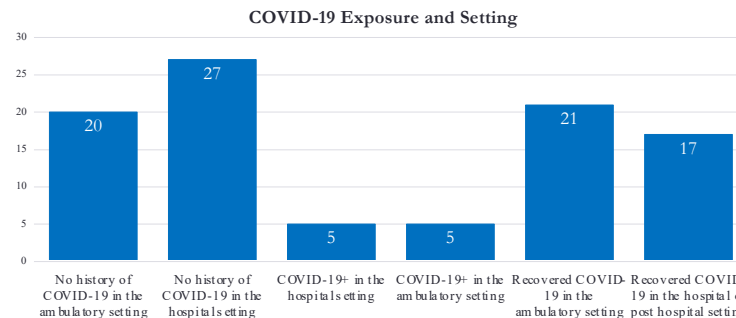
- Data was collected through an administered survey.
- Surveys were collected between August 2021 through November 2021.

Hospitalized and Ambulatory Patient Population:



- Data was analyzed using a priori power analysis and Chi-square test.

Patient Demographics	
Variable	n _{total} =125 (%)
Race	
Black/African American	25 (20.0%)
Hispanic/Latino	42 (33.6%)
Non-Hispanic White	42 (33.6%)
Gender	
Male	65 (52.0%)
Female	50 (40.0%)
Age	
18-29	25 (20%)
30-39	31 (24.8%)
40-49	16 (12.8%)
50-59	17 (13.6%)
60+	26 (20.8%)



Reason For Vaccine Hesitancy	
	n _{total} =125 (%)
Mandating vaccines are against my human rights/personal freedom	26 (20.8%)
I do not believe vaccines are safe	24 (19.2%)
I do not believe the COVID-19 vaccine is very effective	20 (16.0%)
I am healthy and have a low risk of getting COVID-19	14 (11.2%)
I believe you can get COVID-19 from the vaccine	3 (2.4%)
I have an allergic reaction to the vaccine	2 (1.6%)

Results

- Unvaccinated patients were significantly more likely to disagree with the statement: 'vaccines are important for my health': agree (n=3; 14.3%) vs. disagree (n=46; 50.0%), p=.003.
- Black respondents (69%) were more likely than non-Hispanic Whites (13.9%) to state that vaccine safety was the main reason for hesitancy (p = 0.005).
- 55% (n=69) said they would not consider the vaccine even if it was a requirement for their job.
- 56.8% (n=71) said they would consider receiving the vaccine if they were confident it was effective.

Conclusion

- Our study revealed personal beliefs, race, marital status, and socioeconomic standing as factors that influence vaccine hesitancy.
- The leading reason for vaccine hesitancy in our cohort is that mandating vaccines are against one's personal rights and freedom, while the second leading reason is concern about vaccine safety.
- Our study demonstrates that vaccine mandates are not effective in changing the minds of those who are not vaccinated.
- To improve vaccine acceptance, a focus should be on understanding an individual patient's knowledge of safety and effectiveness of vaccines.

Future Goals

- Health care providers at all levels can address misconceptions and fears regarding the vaccine.
- The focus should be on the individual and providing the tools to make the most educated choice.
- Future studies will be on developing interventions that directly target individual concerns related to safety and efficacy.

References

1. California, S. of. (n.d.). *Tracking covid-19 in California*. Coronavirus COVID-19 Response. Retrieved November 28, 2021, from <https://covid19.ca.gov/state-dashboard/#postvax-status>.