#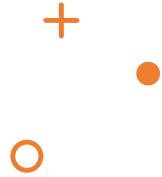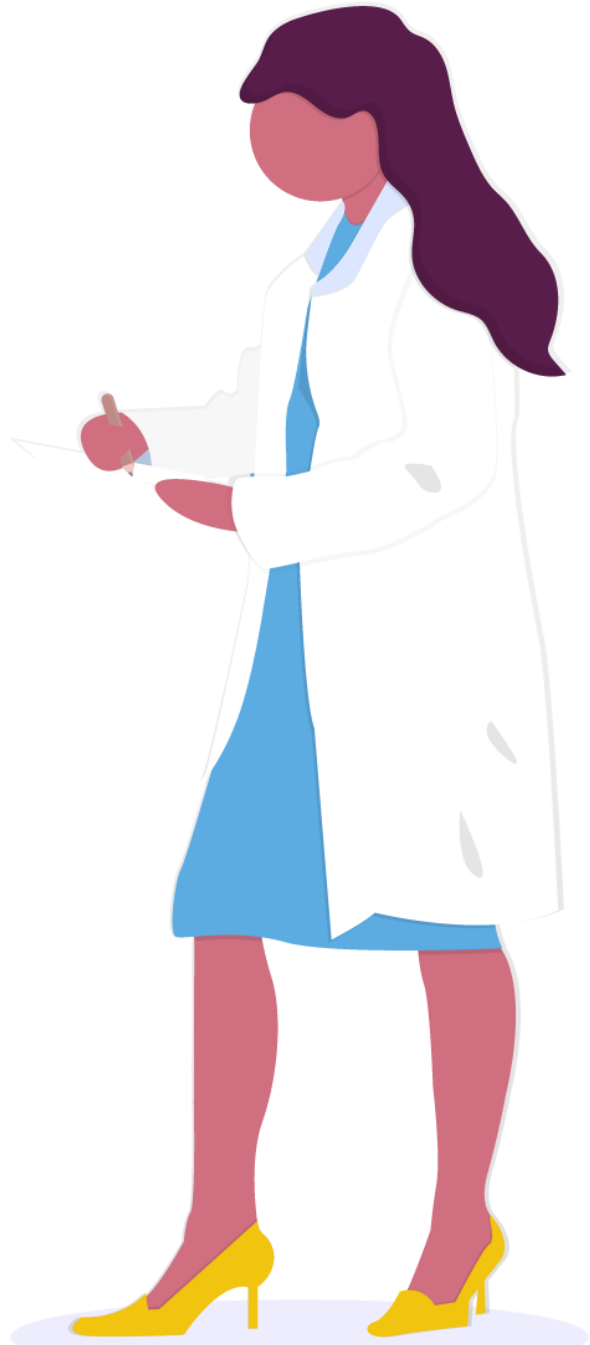 Exploring Education to Support Vaccine Confidence Amongst Healthcare and Long-Term Care Staff Amidst the COVID-19 Pandemic: A Living Scoping Review

ILPN 2022 Conference

C19ImmunityStudy.ca
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CIHR IRSC
Canadian Institutes of Health Research
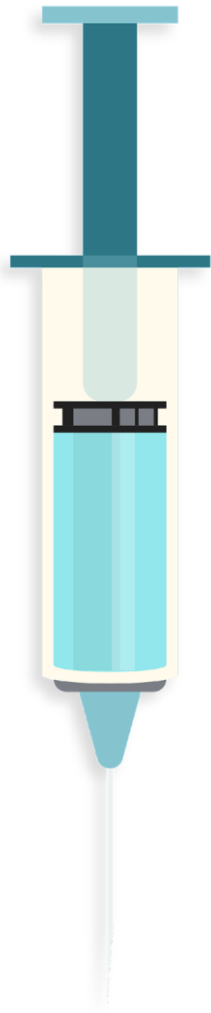Instituts de recherche en santé du Canada

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Anna Reed, MSW, RSW

BACKGROUND

- The **vaccination of healthcare workers** against COVID-19 has been a top priority
- High levels of **vaccine hesitancy** among long-term care workers
- Vaccine hesitancy is a **complex and context-specific issue**

(Government of Canada, 2020; Desveaux et al., 2021; Sinha et al, 2021)

RATIONALE

- Few strategies to increase vaccine confidence have been **formally evaluated**

- Few interventions to address vaccine hesitancy are **evidence-based**

- The majority of interventions rely on **assumption-based approaches**

(Kaufman et al., 2021; Report of the working group on vaccine hesitancy, 2021; Jarrett et al., 2015)

OBJECTIVES

To identify and describe COVID-19-specific educational interventions that have been introduced to improve vaccine confidence, **paying particularly attention to those targeting the healthcare workforce.**

<u>Research Questions:</u>

1. What educational interventions have been developed to encourage COVID-19 vaccine uptake and support vaccine confidence during the COVID-19 pandemic?
2. What are the characteristics of these interventions?
3. What characteristics, if any, could be applied to educational interventions targeted at the health and long-term care workforce?

METHODS

Types of Education

- **Formal education:** guided or systematic, rigid curriculum and is delivered in "formal institutions"

- **Informal education:** unstructured or opportunistic interactions that take place outside of formal training and are "in the control of the learner" (Spaan and colleagues)

(Feng et al., 2017 & Spaan et al., 2016)

METHODS

1 **Inclusion Criteria**

- All study designs including primary research studies, systematic reviews, opinion pieces, short reports etc.

- All populations (beyond health and long-term care) and geographies

- COVID-19 vaccine education

2 **Exclusion Criteria**

- Educational resources or tools with no clearly described delivery interaction

- Education delivered to children and adolescent populations

- non-COVID-19 related vaccine education

Search Strategy, Screening, Extraction

Academic
- Ovid MEDLINE®; In-Process & Other Non-Indexed Citations; Embase Classic+Embase; APA PsycInfo; CINAHL (Ebsco); Web of Science.

Grey Literature
- CADTH's Grey matters; Cochrane COVID-19 Study Register; Covid-END

  L-OVE; LTCcovid.org; UNCOVER; The COVID-19 resources from

  ClinicalTrials.gov; WHO COVID-19 Database

Screening
- Titles and abstracts screened independently by two reviewers
- Full texts of potentially eligible screened by two reviewers

Data Extraction
- Data from each included study was extracted by one reviewer
- Data extraction tool developed by the research team and refined following the extraction of a small number of studies
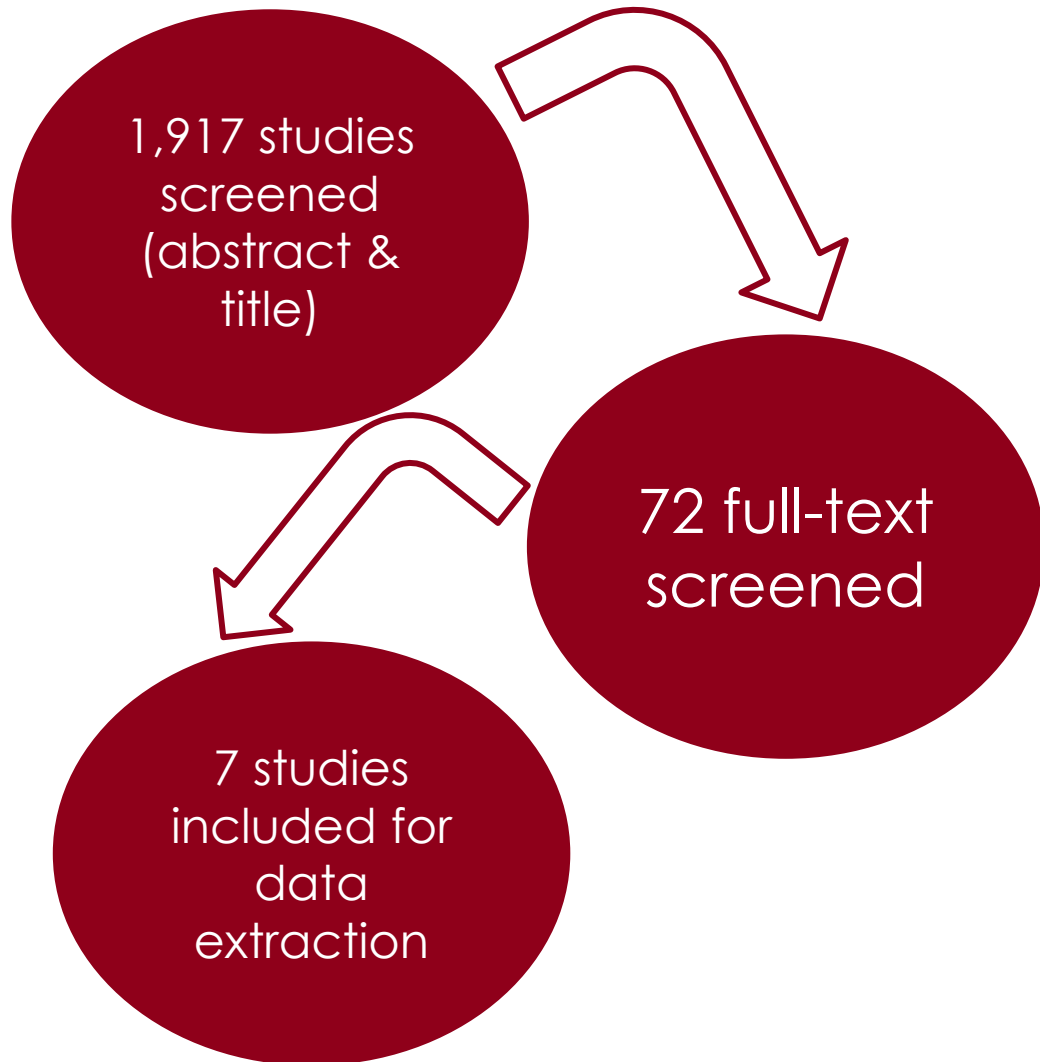
Data Extraction Sheet

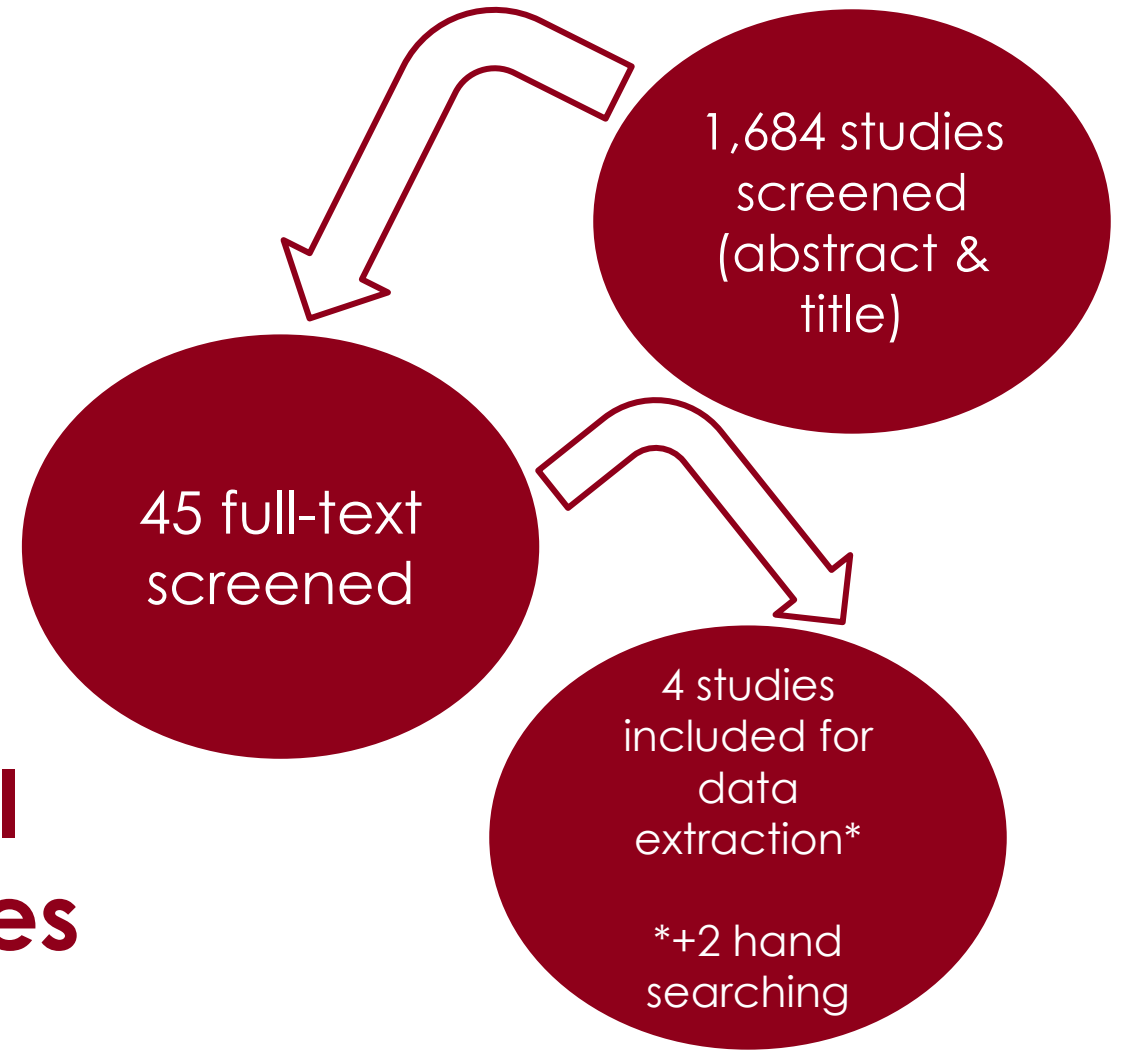| Component	Sections
Article Characteristics	- Authors - Country - Publication type - Publication date
Educational Format	- Objective of education - Type of education - Additional interventions - Virtual or in person - Group or individual - Frequency - Train the trainer
Audience and Facilitators	- Target audience - Facilitators - Diversity considerations - Multiple languages - Consideration of trust - Consideration of personal connections

Component	Sections
Content	- Key information - Myth busting - Ability to ask questions - Personal stories
Evaluation	- Study design - Evaluation metrics - Results

Results

Academic Literature

1,917 studies screened (abstract & title)

72 full-text screened

7 studies included for data extraction

Grey Literature

1,684 studies screened (abstract & title)

45 full-text screened

4 studies included for data extraction*

*+2 hand searching

Total Articles =13

Section 1. Delivery Format

- Presentations were most frequently employed type of educational intervention **(n=11/13)**

- The majority of education was provided exclusively virtually **(n=7/13)**

- **Two studies** provided exclusively in-person education

- **Three studies** employed a train-the-trainer approach

Study	Presentation	Other
Kelkar et al.	✓	
Moberly		*Phone call and engagement events*
Abdel-Qader et al.	✓	
Berry et al.	✓	
Peteet et al.	✓	
Talmy et al.	✓	*Primary care visit and consultation*
Traynor	✓	
Takamatsu et al.	✓	*Consultation*
Gakuba et al.	✓	
Feifer et al.	✓	*One-on-one conversation*
Quinn and Andrasik	✓	*Small group discussions and one-on-one conversations*
NHS England		*Phone call*
NICE	✓	

Section 2. Audience

	Minority Communities	Other Communities	Patient Group	Healthcare Workers
(23)Kelkar et al.			✓	
(26) Moberly		✓		
(34) Abdel-Qader et al.		✓		
(27) Berry et al.				✓
(35) Peteet et al.				
(32) Talmy et al.	✓			
(28) Traynor		✓		
(29) Takamatsu et al.		✓		✓
(24) Gakuba et al.				✓
(33) Feifer et al.				✓
(30) Quinn and Andrasik	✓			✓
(31) NHS England	✓			
(25) NICE	✓			

Section 2. Facilitators

	Healthcare Professional	Faith Leaders	Community Leaders	Academic Leaders
(23) Kelkar et al.	✓		✓	
(26) Moberly	✓	✓	✓	
(34) Abdel-Qader et al.	✓			✓
(27) Berry et al.	✓			✓
(35) Peteet et al.	✓	✓	✓	✓
(32) Talmy et al.	✓			
(28) Traynor	✓			
(29) Takamatsu et al.	✓			
(24) Gakuba et al.	✓			
(33) Feifer et al.	✓			
(30) Quinn and Andrasik	✓			
(31) NHS England	✓			
(25) NICE	✓	✓	✓	

Section 3. Content

Myth Busting

- Strategy identified in 5 studies to correct misconceptions & dispel myths and fears

Q&A

- Allowed for the dissemination of targeted information to address specific concerns or questions

Personal Stories

- Sharing of a facilitators' personal decision-making process in receiving the COVID-19 vaccine and eliminating their own hesitancy

How does this impact the health and LTC workforce?
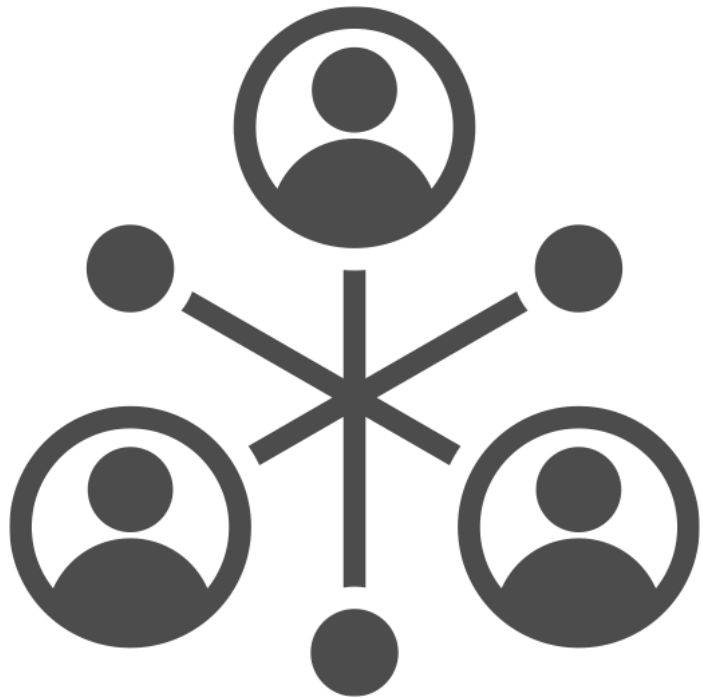
- Foreign-born workers are over-represented in the LTC sector in OECD countries
  - Trusted figures will be important
  - Linguistically and culturally representative
- How do you disseminate mass education that needs to be personally tailored?
  - Train the trainer?
- Implementation of vaccine mandates

Next Steps

1. Round 2 of scoping review
   a. Conducted in February, 2022
   b. Abstract/title screening & full-text screening completed
   c. Currently in data extraction

1. Opportunity for comprehensive evaluations of educational interventions

1. Continued consultation with Nurse Practitioners and Long-Term Care partners
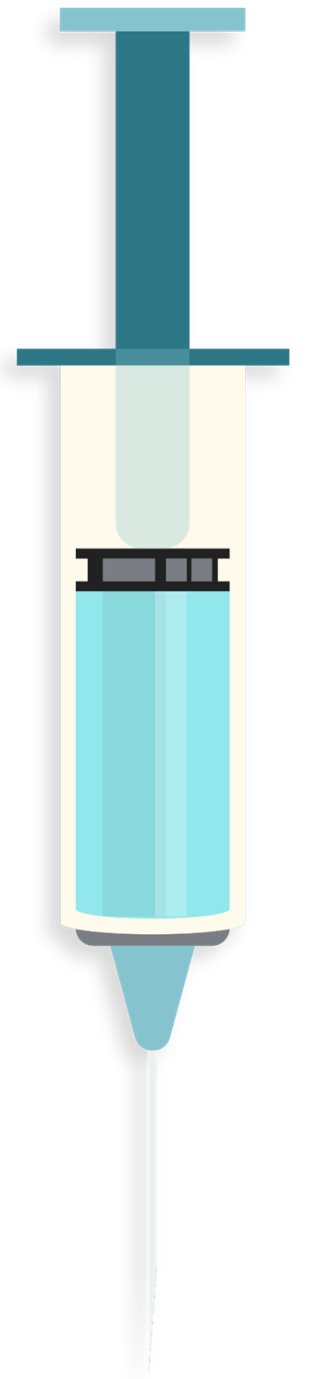
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