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COVID-19 vaccine willingness among Canadian population groups [△]

Release date: March 26, 2021

Correction date: August 20, 2021



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Correction Notice

Due to a correction in the weighting calibration process, some estimates for Chinese, Black, Filipino, Latin American, Arab, Southeast Asian, West Asian, Korean, Japanese, Visible minority not indicated elsewhere, not a visible minority, Canadian-Born, Indigenous peoples, First Nations people living off reserve, Inuit, LGBTQ2+, non-LGBTQ2+ and residents of Prince Edward Island were updated for the September 2020 to December 2020 collection periods.

Published by authority of the Minister responsible for Statistics Canada

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COVID-19 vaccine willingness among Canadian population groups

Although the first COVID-19 vaccine was approved for use in Canada in early-December 2020, a number of additional vaccines have since been approved. Health Canada is responsible for approving new vaccines after clinical research results confirm their effectiveness. Receiving the COVID-19 vaccine is voluntary. As such, vaccine hesitancy could pose a threat to the success of a vaccination program (Dubé et al., 2013).

Vaccine hesitancy is a complex issue defined by the World Health Organization as a delay in acceptance, or refusal of vaccines despite availability of vaccination services. Results from the Canadian Community Health Survey (CCHS) for the period of September 1 to December 12, 2020 show that 76.9% of Canadians (excluding residents of the territories) aged 12 and older reported being somewhat or very willing to receive the COVID-19 vaccine.

Multiple reasons exist for why some Canadians are feeling hesitant towards receiving the COVID-19 vaccine. From the Canadian Perspective Survey Series 3, collected in June 2020, the most common reasons were lack of confidence in the safety of the vaccine (54.2%) and concerns about its risks and side effects (51.7%) (Frank and Arim 2020). These sources of concerns may have changed since vaccine testing and approval stages, which demonstrated their safety and effectiveness for authorized groups (Government of Canada, 2021).

Although more than three-quarters of Canadians have indicated a willingness to receive the vaccine, there was some variation by province. Compared to the Canadian average, a higher proportion of residents living in Prince Edward Island (89.2%), Nova Scotia (81.5%) and British Columbia (81.4%) reported willingness. The differences between Canada and all other provinces were not statistically significant.

Every individual has different lived experiences and beliefs, and this may influence vaccine hesitancy in different populations. This article focuses on vaccine willingness among certain populations that may have been disproportionately affected by the COVID-19 pandemic. Understanding differences in vaccine willingness between populations can also help inform decision making, and public health messaging related to vaccines.

Groups designated as visible minorities are at an increased risk of infection and mortality from COVID-19 (Subedi et al. 2020). One of the factors contributing to increased risk is over-representation in employment sectors where there is a greater risk of exposure to COVID-19, such as the over representation of Black and Filipino employees in the health care and social assistance industry (Turcotte and Savage, 2020). The National Advisory Committee on Immunizations (NACI) has placed employees who work in sectors with greater risk of exposure in a higher priority group for receiving the COVID-19 vaccines (NACI, 2020). Among people designated as a visible minority, 74.8% reported being very or somewhat willing to receive the COVID-19 vaccine. Some differences exist for willingness among particular visible minority groups. Compared to non-visible minorities (77.7%), a much lower proportion of the Black population (56.4%) reported being somewhat or very willing to receive a COVID-19 vaccine (Table 1). A lower rate of vaccine willingness was also seen among the Latin American population (65.6%). Conversely, a higher proportion of the South Asian population (82.5%) reported a willingness to receive the vaccine.

Immigrants also have a disproportionately high representation in employment sectors with greater risk of exposure to COVID-19 (Statistics Canada, 2020). From September to December 2020, 74.6% of landed immigrants and non-permanent residents reported a willingness to receive the COVID-19 vaccine, a lower rate compared to the Canadian-born population (77.8%). There were no statistically significant differences between recent (less than 10 years living in Canada) and established immigrants (living in Canada for 10 years or more; data not shown; excluding non-permanent residents).

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Previous crowdsourced data from Statistics Canada have indicated that Indigenous participants have been disproportionately impacted by the pandemic, with greater impacts to their mental health and socio-economic conditions (Arriagada et al., 2020a, 2020b). Compared to the non-Indigenous population, a lower proportion of Métis (67.8%) reported a willingness to receive the COVID-19 vaccine. The differences between non-Indigenous (77.1%) and First Nations people living off reserve (74.4%), or Inuit (73.2%^E) living outside of Inuit Nunangat, were not statistically significant.

Based on multiple socio-economic factors, including over representation in low income categories and higher incidence rates of housing insecurity, LGBTQ2+ Canadians may be more vulnerable to the impacts of COVID-19 (Prokopenko and Kevins, 2020). A higher proportion of LGBTQ2+ Canadians (lesbian, gay, bisexual, transgender, queer or Two-Spirit or persons reporting another non-binary gender or minority sexual identity) aged 15 and older reported a willingness to receive the COVID-19 vaccine. Among LGBTQ2+ Canadians, 83.3% were somewhat or very willing to receive the vaccine, compared to 76.9% of non-LGBTQ2+ Canadians.

Table 1
Percentage of Canadians who were very or somewhat willing to receive the COVID-19 vaccine, by population groups, Canada excluding the territories

	Very or somewhat willing to receive the COVID-19 vaccine		95% confidence intervals
	percentage		
Canada Total (excluding territories)	76.9	75.9	78.0
Visible minority population	74.8*	72.3	77.3
South Asian	82.5*	78.1	86.9
Chinese	79.4	74.2	84.6
Black	56.4*	49.1	63.8
Filipino	75.0	66.7	83.3
Latin American	65.6*	54.5	76.8
Arab	68.0	57.7	78.4
Southeast Asian	78.2	67.5	88.9
West Asian	78.9	65.4	92.3
Korean	85.4	71.6	99.3
Japanese	86.7	76.7	96.7
Visible minority not indicated elsewhere/multiple visible minorities	79.0	67.2	90.9
Not a visible minority (Reference category)	77.7	76.5	78.8
Immigration status			
Canadian-born (Reference category)	77.8	76.6	79.0
Immigrants ¹	74.6*	72.4	76.8
Indigenous identity			
Indigenous peoples ²	71.9*	67.3	76.5
First Nations people living off reserve	74.4	68.1	80.7
Métis	67.8*	60.3	75.3
Inuit	73.2 ^E	45.9	100.0
Non-Indigenous (Reference category)	77.1	76.1	78.2
LGBTQ2+³			
LGBTQ2+	83.3*	79.2	87.3
Non-LGBTQ2+ (Reference category)	76.9	75.8	78.0

^E use with caution. Coefficient of variation (CV) from 15.1% to 35.0%

* significantly different from reference category ($p < 0.05$)

1. The immigrant category includes landed immigrant and non-permanent resident.

2. The Indigenous population includes First Nations people living off reserve, Métis and Inuit outside of Inuit Nunangat.

3. Sexual orientation is only asked to respondents aged 15 and older, therefore the LGBTQ2+ and non-LGBTQ2+ only represents those aged 15 and older.

Source: Canadian Community Health Survey (September to December 2020).



Older adults are at a higher risk of experiencing more severe outcomes from COVID-19, and are positioned in a higher priority group to receive the COVID-19 vaccine. When looking at the previously discussed populations by age group, the proportion of willingness was higher for those aged 65 and older for both Immigrants and the Black population, compared to their counterparts aged 12 to 64 (Table 2). For LGBTQ2+ and Indigenous people, there were no statistically significant differences in vaccine willingness by age group. Looking at vaccine willingness by gender, no statistically significant differences were observed in vaccine willingness by males and females for Indigenous people, LGBTQ2+ Canadians, immigrants, and people designated as a visible minority.

Table 2
Percentage of Canadians who were very or somewhat willing to receive the COVID-19 vaccine, by population and age groups, Canada excluding the territories

	Total (aged 12 and older)	Aged 12 to 64 (reference category) percentage	Aged 65 and older
Canada Total (excluding territories)	76.9	75.5	82.5*
Visible minority population	74.8	74.6	77.4
Black	56.4	54.8	78.1*
Immigrants ¹	74.6	73.2	81.1*
Indigenous peoples ²	71.9	71.4	74.9
LGBTQ2+ ³	83.3	83.3	82.6

* significantly different from those aged 12 to 64 (p-value < 0.05)

1. The immigrant category includes landed immigrant and non-permanent resident.

2. The Indigenous population includes First Nations people living off reserve, Métis and Inuit outside of Inuit Nunangat.

3. Sexual orientation is only asked to respondents aged 15 and older, therefore the LGBTQ2+ and non-LGBTQ2+ only represents those aged 15 and older.

Source: Canadian Community Health Survey (September to December 2020).

Methodology

The Canadian Community Health Survey (CCHS) is an annual survey that was adjusted during the pandemic to produce more frequent estimates on COVID-19 topics. This analysis is based on CCHS data collected from September to mid-December 2020. The sample of more than 20,000 is representative of the Canadian population aged 12 years and older living in the provinces. Sampling and collection for the time period used in this analysis does not have adequate coverage to represent the entire population of the territories.

Respondents were included in the analysis for Indigenous peoples on the basis of their self-reported answer to “Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.” The CCHS does not collect data on reserves. Consequently, the results discussed for First Nations people exclude those living on reserves, as well as Indigenous peoples in the Territories or remote northern regions of the provinces which includes Inuit Nunangat. The sample size for Indigenous peoples was around 800 people.

Currently the COVID-19 vaccines that have been approved in Canada are only available to those aged 16 and older. The Canadian Community Health Survey includes respondents aged 12 and older, and the analysis in this article includes the entire population as the willingness of Canadians aged 12 to 16 will be valuable when the vaccine becomes available for this age group.

All reported differences are statistically significant with a p-value of less than 0.05. Bootstrap weights were used for significance tests.



The term “visible minority” refers to Canadians designated as visible minorities as per the definition in the Employment Equity Act. The act defines minorities as “persons other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour.” Visible minority groups include: South Asian; Chinese; Black; Filipino; Latin American; Arab; Southeast Asian; west Asian; Korean and Japanese.

The term ‘LGBTQ2+’ refers to persons who are lesbian, gay, bisexual, transgender, queer, Two-Spirit, or persons reporting another non-binary gender or minority sexual identity. While members of these communities differ in the types of challenges and discrimination that they face depending on where they fall on the spectrums of sexual orientation and gender, this article groups them together due to small sample size. Respondents were included in the LGBTQ2+ population on the basis of self-reported sexual orientation (lesbian, gay, bisexual, or another minority sexual identity such as asexual, pansexual or queer), sex at birth and gender identity (transgender, including respondents with non-binary identities like genderqueer, gender fluid or agender).

For more information on survey definitions and methods, refer to the Statistics Canada survey information page: [Canadian Community Health Survey](#).

Notes

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