

# Building Vaccine Confidence in Newcomer Populations

## A Community-Led Approach



Report from  
a community  
consultation  
2024-2025



In collaboration with:



## Acknowledgements

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# Introduction

## Background and Rationale

Many newcomer families to Canada face a range of logistic, linguistic, and cultural barriers that prevent timely and complete access to routine immunizations. Some children and youth arrive without all recommended vaccines, and healthcare providers (HCPs) may encounter challenges in providing culturally responsive vaccination services. Addressing these barriers is essential to ensure equitable access to vaccines and to support positive vaccination experiences.

This initiative, a partnership between [Our Kids' Health \(OKH\)](#) and the [Canadian Paediatric Society \(CPS\)](#) takes a culturally safe and antiracist approach to improving vaccination uptake and experiences for newcomer families in Canada. The project is guided by the belief that building vaccine confidence requires deep community engagement, inclusive education, and systemic support for providers.

The overall goal of the project is to enhance the capacity of healthcare service providers to offer effective vaccination services to newcomer families in Canada, with these objectives:

- Help healthcare providers understand the systemic barriers to vaccination faced by newcomer families and how to reduce these barriers.
- Support HCPs in engaging newcomer families and providing culturally safe care.
- Provide evidence-based strategies for improving vaccination experiences (e.g., reducing pain and anxiety) and counseling vaccine-hesitant individuals.
- Offer parent resources tailored for newcomer families and available in multiple languages.
- Deliver clinical tools to help implement learning into daily practice.

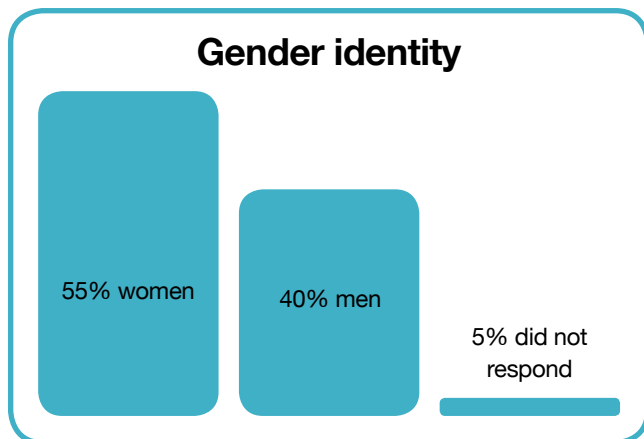
This report synthesizes findings from community consultations and data collection activities led by OKH. It also highlights the critical role of cultural humility and community engagement in improving vaccine confidence and offers actionable recommendations for paediatricians and healthcare providers.

# Cultural Humility in Healthcare

An essential component of this work is the practice of cultural humility—a lifelong process of self-reflection and self-critique that enables healthcare providers to acknowledge and address power imbalances in patient-provider relationships. Cultural humility emphasizes a commitment to listening, learning, and partnering with families from diverse backgrounds. When applied to vaccine communication and care, it helps foster trust, reduce anxiety, and improve outcomes.

## Engagement Methods

The project engaged a diverse group of respondents.



### Cultural-linguistic identity

Filipino/a	16%
Black	16%
Punjabi	13%
Tamil	11%
Chinese	10%
Hispanic/Latinx	9%
Arab	9%
Did not respond	8%
White	6%
Other	2%

33% work in jobs or careers where they routinely serve newcomer families.

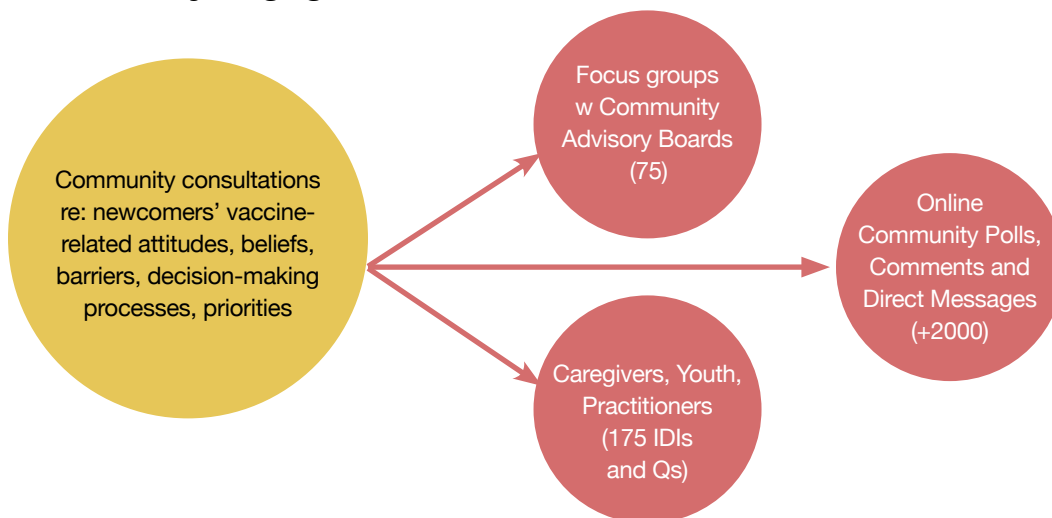
**Newcomer identity**  
75% had lived experience as newcomers to Canada.

Engagement activities included:

- **175 in-depth interviews (IDIs)** and qualitative surveys with caregivers, youth, and practitioners.
- **75 focus group participants** from community advisory boards.
- **2,000+ online engagements**, including polls, direct messages, and comments on OKH's digital platforms.

These consultations were designed to gather diverse newcomer perspectives on vaccination attitudes, beliefs, barriers, and priorities (See Appendix for the community consultation guide). The process also informed the co-development of tailored educational content and tools for both healthcare providers and families.

## Community engagement methods





# Findings

## What we heard

Community members cited a number of barriers, influences, and challenges when it comes to immunization. These have been grouped into the five themes described below.

### 1. Systemic barriers to accessing vaccines

- Language and literacy gaps prevent understanding of vaccine schedules and public health information.
- Navigation issues: Families are unfamiliar with how and where to access vaccines. Many assume that vaccines will be delivered through schools or public clinics.
- Mistrust of systems: Prior experiences in private-pay healthcare systems or countries with weak regulatory oversight contribute to skepticism toward Canadian healthcare advice.

Participants described practical challenges such as:

*“No one told me I had to find my own doctor for vaccines — I thought the school would handle it.”*

Others noted bureaucratic hurdles:

*“We arrived with no records, and translating them was expensive and confusing.”*

### 2. Cultural and religious influences

- Decisions are shaped by family dynamics, religious leaders, and community elders. For example, some families require confirmation that vaccines align with religious dietary practices.
- Cultural norms around decision-making and respect for elders influence uptake.

- Community-based information networks, such as WhatsApp groups, play a powerful role in sharing (and spreading) both accurate and inaccurate vaccine information.

Many families shared how cultural and faith perspectives affect decisions:

*“My grandmother says too many vaccines will make my baby sick.”*  
*“We asked our Imam if the flu shot was halal.”*

### 3. Provider-level challenges

- Lack of cultural humility: Families feel dismissed or pressured when voicing questions or concerns about vaccines.
- Limited multilingual or culturally adapted resources: Families are given long, technical handouts in English that are hard to understand.
- Difficulty building rapport: Healthcare providers report that busy clinics and high mobility among newcomer families limit trust-building opportunities.

Families expressed feeling judged when voicing concerns:

*“When I asked if we could delay, the nurse got upset.”*  
*“It’s hard to explain your fear when the doctor seems rushed.”*

### 4. Information accessibility

- Families want short, visual, and multilingual resources like infographics and videos.
- Trusted intermediaries such as settlement workers and parent ambassadors are preferred over institutional figures.
- Materials distributed at grocery stores, religious centres, and schools are more likely to be seen.

Many families described how they prefer simple, visual resources in their own languages:

*“I don’t read big papers. A simple video in my language on WhatsApp is better.”*

Trust often lies with familiar messengers:

*“I trust my cousin more than the doctor sometimes.”*

### 5. Competing priorities and beliefs

- Vaccination is often a lower priority compared to housing, employment, or legal needs.
- Some families perceive infectious diseases like COVID-19 as relatively low-risk compared to past epidemics they’ve experienced.
- There’s confusion about vaccine efficacy and necessity, especially when vaccinated individuals still contract illnesses.

*“We survived dengue and cholera — flu is nothing.”*

A photograph of two young boys, one in a blue sweater and one in a green t-shirt, looking at a tablet together. The background is a solid green color.

# Recommendations

## Community-led recommendations for paediatricians and other health care professionals in Canada

Based on what we heard through this community consultation, what follows are suggestions for program developers, clinicians, and health promoters who want to ensure equitable access to immunizations for newcomer families and to improve their vaccine experience. Although what works in a specific community will depend on contextual factors—such as the model for immunization delivery (who gives them and where)—using at least some of these strategies is a step toward better reflecting the perspectives and lived experiences of newcomer families in their health care.

### 1. Improve accessibility and navigation of vaccine services

- Provide multilingual, simplified vaccine schedules and clearly explain how and where to access services.
- Collaborate with settlement agencies to deliver orientation sessions for new arrivals.

### 2. Promote and practice cultural humility

- Engage in ongoing self-reflection and antiracism training.
- Approach every family with openness and respect for their lived experiences.
- Use open-ended, non-judgmental questions to guide vaccine discussions.

### 3. Co-develop resources with communities

- Involve newcomer parents and youth in the creation of educational materials.
- Design materials with visuals, translated captions, and simple language.
- Include perspectives from religious leaders or cultural brokers where relevant.

## 4. Use trusted messengers and channels

- Disseminate vaccine messages through peer ambassadors, faith leaders, and ethnic media platforms.
- Promote resources through popular apps like WhatsApp and WeChat.

## 5. Provide positive vaccination experiences

- Use pain-reduction strategies (e.g., topical anesthetics, distraction techniques) especially with children. [CARD™ \(C - Comfort, A - Ask, R - Relax, D - Distract\)](#) is an evidence-based framework that teaches how to prepare for vaccination.
- Take time to explain each step of the process, especially when language or literacy barriers exist.

## 6. Offer care in community settings

- Host vaccination clinics in familiar environments like community centres or places of worship.
- Create opportunities for drop-in or walk-in appointments that are flexible for working families.

## 7. Advocate for equitable policies

- Push for public funding of [interpretation services](#) and multilingual materials.
- Ensure universal vaccine access, regardless of immigration or insurance status.

This project affirms the critical role of [culturally safe](#), antiracist healthcare practices in improving vaccine uptake and experiences for newcomer families. Building trust through cultural humility, using accessible resources, and leveraging community partnerships are key to success.

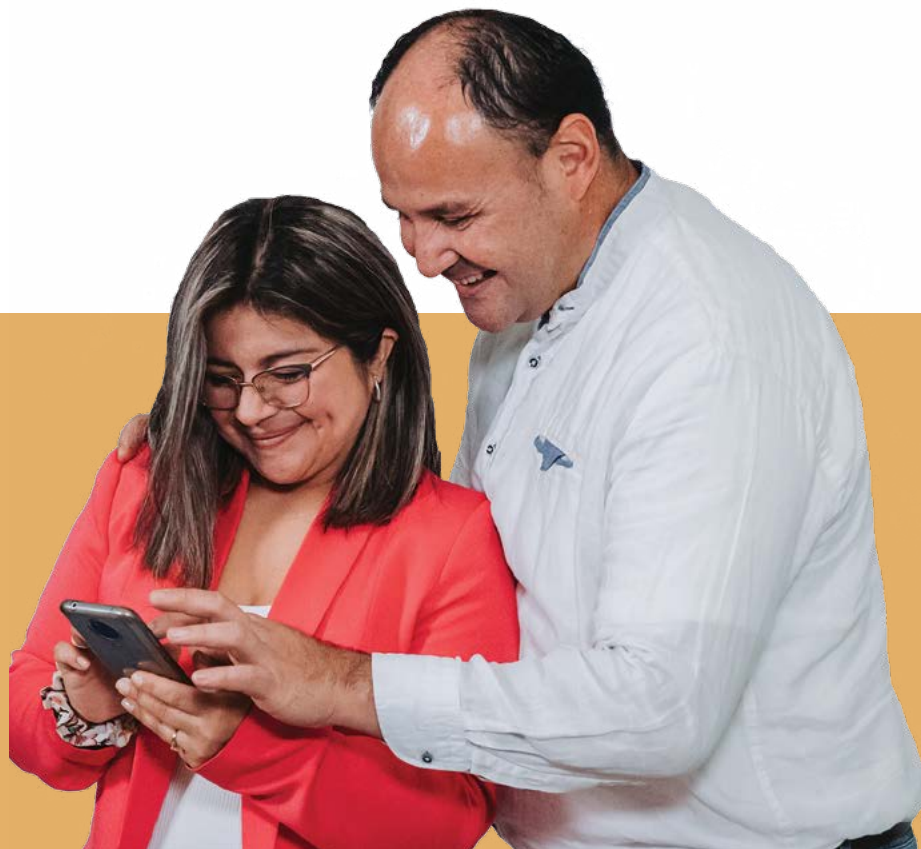
With leadership from the Canadian Paediatric Society and Our Kids' Health, and engagement from families across Canada, this initiative offers a scalable model for enhancing paediatric vaccination services in diverse communities. The tools, resources, and insights generated will support healthcare providers in offering more inclusive, effective, and compassionate care.

## About the partners

**Our Kids' Health** is an open-access, family health resource delivered through social media and co-designed using community-based participatory methods. It consists of 10 culturally specific channels: Punjabi Kids' Health, Tamil Kids' Health, Arabic Kids' Health, Cantonese Kids' Health, Mandarin Kids' Health, Filipino Kids' Health, Black Kids' Health, Hispanic Kids' Health, Ukrainian Kids' Health, and Inuit Kids' Health. The project aims to improve overall wellness in these communities by creating and sharing culturally-relevant, evidence-based child and family health resources on social media, and with healthcare providers to share directly with their patients. All of the content is evidence-based and undergoes review by health professionals from the respective communities.

The **Canadian Paediatric Society** Canadian Paediatric Society (CPS) is a national voluntary association of nearly 4000 paediatricians, paediatric subspecialists, residents, and allies working with and caring for children, youth, and families. By collaborating with like-minded organizations, government, public health, not-for-profits, and other partners, the CPS works to improve health care and public policy affecting children and youth.

# Appendix



## Community Consultation Guide

Partnering with the **Canadian Paediatric Society**, Our Kids' Health (OKH) is undertaking a project aimed at enhancing the capacity of healthcare service providers to offer effective vaccination services to newcomer families in Canada by:

- Helping healthcare providers understand the systemic barriers to vaccination faced by newcomer families, and how to reduce these barriers.
- Helping HCPs engage newcomer families and provide culturally safe care.
- Providing evidence-based strategies for improving vaccination experiences (e.g., reducing pain and anxiety) and for counseling vaccine-hesitant individuals.
- Providing access to parent resources tailored for newcomer families and available in multiple languages.
- Providing clinical tools to help implement learning into practice.

Your full name: \_\_\_\_\_

**Do you work with newcomers in a professional capacity?**

**If yes, what is your role?**

**Do you have lived experience as a newcomer yourself?**

**If yes, which communities' perspectives are represented?**

## **Key Questions**

1. In your opinion, what are some of the key challenges newcomer families face when accessing vaccination services?
2. How do these challenges differ among different families within newcomer communities?
3. What are some common concerns or misconceptions about vaccines among newcomer families?
4. From your perspective, what systemic barriers do healthcare providers encounter when trying to provide vaccination services to newcomer families?
5. From your perspective, what are the attitudes of newcomer families towards vaccinations? Where do they learn or get information about vaccines?
6. What are some ways to reduce the barriers mentioned above for newcomer families to build confidence in vaccines?
7. What do you think healthcare providers can do to make newcomer families feel more comfortable and culturally safe when learning about (or receiving) vaccinations?
8. Are there any existing resources for parents that you think are helpful for promoting vaccine confidence? How can these resources be adapted to address the specific needs or concerns of newcomer communities?
9. What type of vaccination resources (e.g., brochures, videos, websites) do you think would be most effective in reaching newcomer families?
10. How can healthcare providers effectively communicate vaccine information to caregivers from newcomer communities?

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Canadian  
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Caring for Kids  
New to Canada