

Understanding the link between family physician characteristics and COVID-19 vaccination gaps

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New research examining the characteristics of physicians with the largest share of patients unvaccinated against SARS-CoV-2 may help increase vaccination rates going forward. The study, [published](#) in *CMAJ* (*Canadian Medical Association Journal*), found that family physicians in Ontario with the largest percentage of unvaccinated patients generally served patients living in marginalized neighborhoods and had less support in their practices.

Researchers analyzed linked data on 9,060 family physicians with more than 10 million enrolled patients and calculated the percentage of patients unvaccinated against SARS-CoV-2 per physician. They compared family physicians (n = 906) caring for the largest proportion of unvaccinated patients (top 10%) with the rest of the comprehensive-care family physicians in Ontario.

They found the group with the largest proportion of unvaccinated patients were more likely to be male, to have trained outside Canada, to be older (mean age of 56 v. 49 years), and to work in a fee-for-service model than the remaining 90% of physicians.

"The family physicians with the most unvaccinated patients were also more likely to be solo practitioners and less likely to practice in team-based models, meaning they may have fewer support staff in their clinics," says Dr. Jennifer Shuldiner, lead author and scientist, Women's College Hospital, Toronto, Ontario.

"This illustrates the ongoing inverse relationship between the need for care, and its accessibility and utilization. In other words, the practices with the highest need receive the fewest resources."

As many of the physicians with the largest percentage of unvaccinated

patients served people living in marginalized neighborhoods, awareness of cultural differences in perspectives on vaccination should be considered.

"Many marginalized communities have a history of neglect from government (municipal, provincial, federal) and health care, and this may lead to mistrust in public health initiatives," the study authors write.

"Interventions to support these communities should include meaningful community engagement and consideration for age-, language-, and culturally appropriate communication tools to assist primary care in boosting vaccine uptake."

Although the majority of SARS-CoV-2 vaccines were not administered by family physicians, clinicians have an important role to play in educating patients about the benefits of vaccination.

"We know that relationships with trusted [family physicians](#) can positively influence patients' decisions," explains Dr. Noah Ivers, senior author and clinician scientist, Women's College Hospital. "Our study highlights the need to create equitable systems and processes that create opportunities for primary care teams to play a crucial role in influencing both general and SARS-CoV-2-specific vaccine-related decision-making."

Expanding [primary care](#) teams in marginalized neighborhoods and using hotspot strategies to focus public health resources in under-vaccinated communities could help support public health initiatives like vaccination.

More information: Jennifer Shuldiner et al, Characteristics of primary care practices by proportion of patients unvaccinated against SARS-CoV-2: a cross-sectional cohort study, *Canadian Medical Association Journal* (2024). [DOI: 10.1503/cmaj.230816](https://doi.org/10.1503/cmaj.230816)

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