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COVID-19 Community Response Study: Feedback to Improve COVID-19 Pandemic and Vaccine Related Messaging

PRELIMINARY FINDINGS

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The Vaccine Evaluation Center at the BC Children's Hospital began the COVID-19 Community Response Study to identify the information needs, values, beliefs, and experiences related to COVID-19 vaccination among communities in the Lower Mainland of BC. Through interviews with community members, the study aims to inform future communication for the COVID-19 pandemic and vaccine.

We are pleased to share early results from the study, with key recommendations for public health immunization programs.

■ Participants

We held interviews with 41 participants, who identified as South Asian, between July 24, 2021 and October 29, 2021. Thirteen were born in Canada, 27 in Asia, and one in Europe. Ages ranged from 18 to 65+ years and ~58% were female. Most had received two doses of a COVID-19 vaccine at the time of the interview. We did not speak with any unvaccinated individuals.

■ Key recommendations for public health immunization programs:

1. Avoid conflicting messaging

- a. Conflicting messaging impacts the trust and confidence people have in public health communications. Avoid delivering conflicting messages and ensure communication is consistent across different media platforms and different public health groups (e.g., provincially, regionally, locally).
- b. Keep information source consistent. The many different sources of COVID-19 related information makes it difficult to judge the credibility of these sources. Individuals would like to see one overarching source of information but suggested communicating this information on different platforms.

2. Address common information needs regarding the COVID-19 vaccine

Information needs include:

- a. the effectiveness, safety, purpose, and science behind the vaccine;
- b. the impact of the vaccine on fertility;
- c. the impact of the vaccine on pre-existing medical conditions/allergies; and
- d. the impact of mixing vaccines.

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3. Provide more direct experience of people from the community where the program/messaging is directed

- a. Include people's direct emotions, feelings, and experiences with COVID-19 in public health communications. Individuals consider these experiences as being more trustworthy and would prefer this over scientific data and statistical numbers.

4. Ensure messaging is culturally sensitive

- a. It is important to consider not only what is being communicated but also how. Ensure communication is sensitive to the community's beliefs, culture, and is communicated in culturally appropriate settings with the involvement and support of community leaders.

5. Communicate in other languages

- a. Language barriers were the most common structural barriers in accessing COVID-19 related information. There is a clear need to communicate COVID-19 related information in languages other than English. More than just the bare minimum of information needs to be communicated in languages spoken within the community.
- b. In addition to digital and print communication, participants valued in-person, direct communication in the appropriate language.

6. Communicate in simple language

- a. Jargon and scientific language can be confusing, especially for the immigrant population. Communicate using language that is simple and easy to understand for all.

7. Need for transparency

- a. Individuals would like Public Health to provide rationale behind Public Health restrictions and guidelines and how it implicates community members individually and within their specific community group.

8. Social media feedback

- a. Make sure social media posts are simple, visually appealing, and easily digestible. Share information directly in social media groups and/or have dedicated pages on social media which are regulated to communicate public health guidelines. Make YouTube videos communicating information about COVID-19 and do so in different languages and cultural contexts. Show the COVID-19 information being adapted to these different cultural contexts.

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