

BC COVID-19 Vaccine Communications Collaboration and Networking Workshop

April 7, 2021



BC COVID-19
STRATEGIC RESEARCH
ADVISORY COMMITTEE

 **MICHAEL SMITH FOUNDATION
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SUMMARY REPORT

Workshop Resources and Plenary Recordings:

www.msfr.org/our-work/covid-19-vaccine-communications-workshop

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Steering Committee – BC Strategic Research Advisory Committee (SRAC) Public Communications Working Group

- Bev Holmes (Co-Chair), President & CEO – Michael Smith Foundation for Health Research
- Tania Bubela (Co-Chair), Professor & Dean – Faculty of Health Sciences, Simon Fraser University
- Alice Virani, Director, Ethics Service – Provincial Health Services Authority
- Angela Wilson, Senior Director of Media Relations & Public Affairs – Simon Fraser University
- Anne-Marie Nicol, Environmental Health Knowledge Translation Scientist – BC Centre for Disease Control
- Beverley Pomeroy, Patient Engagement Specialist, BC SUPPORT Unit, Fraser Centre – Fraser Health
- Cindy Trytten, Director, Research & Capacity Building – Island Health
- Emily Rempel, Knowledge Translation Lead – BC Centre for Disease Control
- Gayle Scarrow, Director, Knowledge Translation – Michael Smith Foundation for Health Research
- Harlan Pruden, Indigenous Knowledge Translation Lead – BC Centre for Disease Control
- Katie Fenn, Director, Quality, Safety & Accreditation – BC Centre for Disease Control
- Sally Greenwood, Vice President, Communications & Societal Engagement – Genome BC

Session Chairs

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Note Takers

Genevieve Creighton (MSFHR), Amanda Leddy (Island Health), Andrea Zeelie-Varga (Island Health), Alia Januwalla (Fraser Health), Katrina Salvante (SFU), Christina Panis (SFU), Shannon Mah (SFU), Elina Farmanova (Island Health), Julia White (MSFHR), and Janna van der Zand (Island Health).

Summary Report Drafting

Genevieve Creighton (MSFHR), Gayle Scarrow (MSFHR), Tania Bubela (SFU), and the BC SRAC Public Communications Working Group.

Executive Summary: Workshop Goals, Overview and Synthesis

British Columbia is rolling out the largest immunization program in the province's history – 8.6 million vaccinations for 4.3 million British Columbians. This enormous task relies on an evidence-informed, coordinated province-wide communication effort that is linked to related initiatives nationally and internationally.

The BC COVID-19 Strategic Research Advisory Committee and its Public Communications Working Group, along with co-hosts Genome BC, the Michael Smith Foundation for Health Research, Simon Fraser University's Faculty of Health Sciences, and the BC Centre for Disease Control hosted the BC COVID-19 Vaccine Communications Collaboration and Networking Workshop, for health communications professionals and communications researchers involved in developing and sharing information about the COVID-19 vaccine rollout in British Columbia. Over 110 individuals from government ministries, health authorities, and health professional associations came together virtually with researchers from BC's research universities for a plenary session and working discussion on April 7, 2021.

The goals of the workshop were: (1) Understanding of the strengths and challenges in communicating the COVID-19 vaccine rollout in BC to date; (2) Understanding what evidence would support communications practitioners in the COVID-19 vaccine rollout; (3) Relationship building among and between communications practitioners and communications researchers working on the COVID-19 vaccine rollout in BC; and (4) Identification of new research (real time and/or longer term) that could support communications practitioners in developing equitable, culturally safe, tailored, evidence informed approaches to COVID-19 vaccine communications across BC.

This document describes the outcomes from the workshop's two sessions: (1) a panel presentation of provincial and national experts on vaccine information/disinformation, and BC and national data on vaccine hesitancy and information sources; and (2) break-out discussions to build connections, understand the communications needs of diverse communities, and understand information and evaluation needs of communicators and ways in which those needs could be better supported by the research community.

Workshop participants indicated interest in a building community of practice for those involved in vaccination and other public health messaging initiatives and communications researchers. There were calls for:

1. A community of practice and forum for the sharing of experiences of opportunities and challenges for health communicators;
2. Researchers to capture the stories and experiences of front-line communicators to distill and share best practices and challenges encountered and overcome;
3. The development, informed by research, of a social media strategy, analytics, and content for public health messaging, to counter the infodemic and reach diverse audiences, including young people;

4. Better communications tools to inform front-line vaccinators and health-care workers and
5. The development of platforms, mechanisms and methods for greater engagement with the public and patients, especially for Indigenous and racialized people/communities.

Plenary Session Summary

Welcome and Closing

The workshop started with a territorial welcome and prayer by Elder Lillian Howard of the Mowachaht-Muchalaht First Nation. Elder Howard is of Nuu-chah-nulth, Kwakwaka'wak and Tlingit ancestry. She is the proud mother and grandmother of seven girls. Her work is rooted in social justice and healing. She has acted as co-chair of the Vancouver Urban Indigenous Peoples Advisory Committee (UIPAC) since it was established in November 2011. We recognize that participants were situated on unceded BC First Nations territories across the province and that the co-chairs were situated on the unceded, traditional, and occupied territories of the Skwxwú7mesh Úxwumixw (Squamish), Səlilwətaʔt (Tsleil-Waututh), Xʷməθkʷəy̓əm (Musqueam) and other Coast Salish peoples.

The workshop concluded with thanks and hope for the work ahead from Elder Roberta Price of the Snuneymuxw and Cowichan Nations. Roberta is the mother of four children and grandmother to eight beloved grandchildren. She has worked many years with local school districts and the UBC Learning Exchange to facilitate cultural teaching circles. Roberta is also called on as an Elder to work with patients at Vancouver Coastal Health healthcare centres, as well as BC Women's and Children's Hospital, and St. Paul's Hospital. Roberta has worked with the UBC School of Nursing as an advisor/research partner and Elder for over ten years providing Indigenous leadership and support on research projects about women's intimate partner violence, mental health and equity. She is an adjunct clinical professor in the UBC Department of Family Medicine. She is also currently a co-principal investigator on a CIHR-funded study to improve care for Indigenous people in emergency units. She will be receiving an honorary doctorate from UBC in 2021 in recognition of her work and advocacy.

Meeting Overview (Chair, Tania Bubela, SFU)

Overview of Workshop Survey Results

Dr. Bev Holmes, CEO MSFHR, Co-Chair BC COVID-19 Strategic Research Advisory Committee (SRAC), introduced the workshop and pre-workshop survey on topics of interest to workshop participants. Please see APPENDIX ONE for a list of the pre-workshop resources (with links) that were developed or compiled to address these questions. Participants indicated interests as follows:

- the science behind COVID-19 vaccines and variants (64%)
- current issues in logistics for the vaccine rollout (57%)
- national resources and initiatives for communicators (64%)
- the ethics of vaccine prioritization (36%)

- evidence of vaccination intention in BC (57%)

With respect to communications topics, respondents were interested in:

- combatting the vaccine infodemic (89%)
- case studies in knowledge translation about vaccines and the vaccine rollout (56%)
- lesson in communication with Indigenous people (78%)
- Black and other racialized minorities in BC (78%)
- lessons from previous vaccination campaigns (78%)
- using social media for vaccine communication (67%)
- communicating about vaccination risks, adverse events and monitoring (56%)

Others were interested in the communications structure for the BC vaccination rollout.

Respondents to the survey recognized the complexities of communications in a rapidly evolving information environment and addressing vaccine hesitancy in Indigenous and racialized communities. More information on the provincial communications strategy and the lessons learned so far was also of interest.

Session One: Setting the Stage: Talking about Vaccines with British Columbians (Chair, Bev Holmes, MSFHR; Discussion Moderator, Sally Greenwood, Genome BC)

Introduction – Dr. Bonnie Henry, Provincial Health Officer, BC

Dr. Henry celebrated the research that has brought us multiple safe and efficacious vaccines within a one-year time frame, calling it nothing short of miraculous and an exemplar of what can be accomplished with coordinated and focused effort from the multiple stakeholders. The rapid availability of vaccines has, however, led to communication challenges. Words matter. We need to position our narratives in the context of the global and common struggle. We need to explain how Health Canada and other regulators were able to rapidly approve vaccines without compromising safety and simultaneously consider media content that represents science in ways that are misleading or sensational to maintain and preserve public trust in science, in vaccines, in regulators and in the provincial and federal public health response. Communicating population versus individual risks and benefits is challenging, especially when political narratives become negative and affect people's trust in vaccine safety and public health programs. We need to be able to clearly tell the narrative of the emerging science that supports our decisions, such as extending the vaccine dose interval so we can protect more people more quickly. This is an example of science in action as we learn and where we move from clinical trials to real world data. However, it is important to note that data and research never tell us what to do in and of themselves. We need to contextualize both and make clear the ethical principles that underlie our decisions, for example deciding whom to prioritize in a province. Our decisions are based on our values, and judgements and our beliefs and our commitment to reduce inequities.

Communicators have an important role to play in our collective work. We need to work together to convey a clear message and help British Columbians understand that ongoing learning is part of the decision making process and that we need to adapt as new evidence

emerges. This is a very challenging time with rising cases, misinformation, and lack of understanding of COVID-19 variants and their impact. We need to make careful decisions about vaccine allocation while balancing public health measures and social impacts. This poses a communication challenge over the coming months and solidarity will be an important ethical principle to apply. Dr. Henry implored the participants to think about how to use their work and communication strategies to support the greater public good.

Public Health Communication during the COVID-19 Pandemic – Dr. Peter Loewen, Professor, Department of Political Science and the Munk School of Global Affairs & Public Policy, University of Toronto

Dr. Loewen focused on information about vaccines in Canada, specifically, the environment we are operating in and vaccine brand hesitancy. He asked the question: how can we communicate about vaccines and other non-pharmaceutical interventions and what makes this difficult?

- Given unknown information flows.
 - What people are reading about vaccines and where they are getting this information is not in our control. Challenge with vaccine information is that there is an international market for bad information.
- Given uncertainty.
 - There is uncertainty about the vaccine candidates that we have approved around efficacy, side effects, etc.
- Given changing science.
 - It is challenging to gain people's trust when sciences is changing and your recommendations change accordingly. This is particularly relevant with regard to the AstraZeneca vaccine. There are consequences of talking about the changing science and their willingness to take one vaccine rather than others.

1. The Environment that we are Operating In

Introduction to infodemic pathways and the challenge for vaccine communication

Dr. Loewen works with the Media Ecosystem Observatory (a collaboration of PEARL Lab at University of Toronto and McGill University's Network Dynamics Lab and the Centre for Media, Technology and Democracy). Since March 2020, the group has been collecting extensive data on COVID-19 including:

- Weekly surveys of around 2,000 Canadians, with over 80,000 surveys completed to understand their views about COVID-19 (e.g., what risk they think it presents; where they're learning about it; how informed/misinformed they are about it; their behavioural responses; vaccine and vaccine brand hesitancy, etc.).
- Complete capture of public social media and traditional media on COVID-19.
- A weekly closures policy tracker/dashboard on every opening and closing for all provinces and the Organisation for Economic Co-operation and Development (OECD).

- A two-wave study of global vaccination prioritization preferences in 13 countries.

Open access publication:

[Infodemic Pathways: Evaluating the Role That Traditional and Social Media Play in Cross-National Information Transfer](#) Focuses on how vaccine misinformation gets into Canada:

- Where do Canadians on social media get their information about COVID-19 and vaccines?
- What information are they most likely to share?
- What is the effect of getting information from social media?

The advent of social media has been very welfare enhancing in many ways but there is a dark side to the way that information flows on these platforms and is very challenging when trying to deal with something as important as COVID-19.

Whom do Canadians follow around science?

Most Canadians follow Americans on social media (80% of people followed by Canadians on Twitter are American accounts). Less than 10% of retweets about COVID-19 are Canadian content. Overwhelmingly, retweet content is coming from American accounts. Misinformation about COVID-19 is overwhelmingly coming from non-Canadian accounts.

Does it matter?

What is the effect in Canada of consuming non-Canadian social media news content on COVID-19 perceptions?

- The more people are exposed to US news, the more they are likely to be misinformed about COVID-19 if they are obtaining that news via social media. Those who consume US news via social media are more misinformed about COVID-19.

2. Vaccines and Vaccine Brand Hesitancy

Context in Canada

- Rapid approval of multiple vaccines. We have more approvals of vaccines than any other country.
- Variation of availability of vaccines, related to both recipient characteristics and service locations/supplies. Difficult for those who want choice particularly if there is hesitancy on one brand and that brand is the only one on offer.
- Changing science and directives on safety and efficacy and the discussions on these has consequences on how people perceive vaccines.
- Canadians pay attention to both domestic and international news (e.g., what other countries and organizations are saying about vaccines).

Findings on vaccine brand hesitancy in Canada

Studies on Canadians' brand preferences for various vaccines has been ongoing since the last week of February 2020.

- There is a large and growing brand penalty (effectiveness and safety) for AstraZeneca (AZ) compared to Pfizer and Moderna (and Johnston & Johnston once it was approved).
- Stated intention to take AZ vaccine versus Pfizer or Moderna was 9 – 11 points lower in the last week of February.
- By the middle of March, the penalty on AstraZeneca is twice as large - 18% lower.

Who is most hesitant about AZ?

The presence of the brand penalty to AZ is strongest among:

- Older respondents.
- Those who trust experts.
- Those who support childhood vaccination.
- Those who perceive the threat of COVID-19 as high.
- Those who are exposed to COVID-19 news.
- Those who intend to take a vaccine.

These are precisely the people we want to be talking to: those who trust science and believe in public health experts. This represents a major challenge.

How can we overcome this challenge?

- Studies have shown that the best communication to counter brand penalty is one about death prevention, not effectiveness against infection/efficacy. The take-away is that “this is a vaccine that will save your life and you should take it.”

Three observations about public health communication

- *Information is not nationalized*: the great challenge is in consistent communication about the need to sustain the fight against COVID-19; vaccines are an important part of this.
- *Vaccine brand preferences exist* in a fundamental way and this might not be easily corrected once confidence in a product is lost.
- *The challenge is within the vaccine-willing, not the vaccine-hesitant*. We are too concerned about those who are hesitant about taking the vaccine instead of focusing on the real communication challenges of letting people who really want the vaccine to know how and where they can get it and why they should take the one offered to them. This is the paramount short-term challenge.
 - “The work of public health is communicating to folks that if we all do the hard work of maintaining the public health rules - not just for a month but for the remaining six months until we’re all vaccinated, we will all be okay.” [paraphrased from Paul Keating, Australian Prime Minister]
 - Whatever vaccine is in front of you is the one you should take.

COVID-19 RESPPONSE: COVID-19 Rapid Evidence Study of a Provincial Population based cOhort for geNder and Sex – Dr. Gina Ogilvie, Senior Public Health Scientist, BC Centre for Disease Control, Associate Director Women’s Health Research Institute and Professor, School of Population and Public Health, UBC

Dr. Ogilvie’s talk focused on vaccine intention as it relates to the BC context through the presentation of the results of the COVID-19 RESPPONSE: COVID-19 Rapid Evidence Study of a Provincial Population based cOhort for geNder and SEx.

Per Dr. Ogilvie’s request, as the study findings presented are preliminary and not yet published, they have not been included in the workshop’s summary or recording.

Indigenous KT Resource Working Group – Harlan Pruden, Indigenous Knowledge Translation Lead, BC Centre for Disease Control (BCCDC)

This talk focused on, “How do we take in information and translate that information so it can be used - knowledge to action?”

Background: In late January 2021 there was a COVID-19 outbreak in Tsq’escen’ (Canim Lake Community). Knowledge keepers and matriarchs were dying and it was greatly impacting the community. BCCDC developed an ad hoc Indigenous resource working group that would design culturally relevant and appropriate messaging around prevention of COVID-19. The group focused on the challenges posed by a lack of Internet connectivity, lack of access to computers and low or no literacy. There were also those in the community who had mental and/or learning disabilities which made textual knowledge products inaccessible.

Developed knowledge products and developed a COVID-19 Indigenous Knowledge Translation (KT) Working Group to further this work.

The purpose of this working group is to:

- Identify priority topics for Indigenous peoples and communities with a focus on COVID-19 prevention measures and vaccination messaging.
- Support content development, engagement, and dissemination of new COVID-19 resources.

Sixty percent of the membership of this group are Indigenous, some embedded within communities and others as part of Indigenous organizations. Representation from BC Association of Aboriginal Friendship Centres, First Nations Health Authority, Metis Nation BC, BCCDC and Simon Fraser University.

COVID-19 prevention messaging products include some that are paper-based, use no colour (as many users don’t have access to colour printers), are easy to reproduce, are story-based and

use pictures. Topics are focused on prevention and caring for someone who is sick. These resources are also being used by others with limited English reading ability.

Vaccine promotion products are both poster-based as well as digital for easy posting on social media. They include large images of Indigenous health care providers and researchers with quotes. Designed to increase trust through promoting messages from Indigenous messengers to Indigenous peoples.

Currently developing other resources that focus on different vaccine-related topics with strong community engagement and community-identified priorities.

Panel Question and Answer Session (Moderator: Sally Greenwood, Genome BC)

Question from Dr. Bonnie Henry: *We are having some real successes reaching out to different parts of the population as we roll out the vaccine program. What are some of the success factors that we need to build on to help us get through the next part of this pandemic?*

Dr. Gina Ogilvie: When you look at the attitudes and predictors, effectiveness is a real driver so we want to communicate that right up front. There is a real strength in positive messaging. "This is working and this is a train you want to jump on. You want to be part of the winning train of effectiveness."

Dr. Peter Loewen: Agreed. The miraculous creation of the vaccine in such a short time; this is the result of massive cooperation. Survival through the pandemic has also been the result of massive public cooperation. As more people get vaccinated there is going to be more pressure put on those who are not vaccinated in a way that is going to be difficult for social distancing and other non-pharmaceutical interventions (NPIs). We need to reassert the message that we have come this far with the actions that we have been taking every day and we need to continue on this path until everybody is vaccinated. Recognizing that these are really big actions people are taking and they have been very meaningful along with vaccination.

While there have been some real challenges in vaccine hesitancy amongst some communities which is mirrored in uptake rates, we need to remember that the majority of people want a vaccine. The lack of vaccine availability is a structural issue and this is not something we can put on communicators to solve. We need to deliver vaccine to the people who needs it and communicate effectively with them. It's a deeper set of problems than simply how we communicate. The job of communicators is one important part of the process.

Harlan Pruden: Some of the success factors that we need to build on are the nimbleness, amazingness, and level of cooperation in the KT Indigenous working group and BCCDC's leadership in forming this working group to put out these resources at breakneck speed. Government is not known for its speed but it was known to be a priority. Honored to work for an organization that has made Indigenous people a priority and has become a

site of reconciliation. Community engagement and how we talk to our various community partners to get the information and to 'ask what they are doing' - those resources that we have created are so welcomed by the community. This model that we are piloting on the run - I hope that it has legs and am happy to share the model with others who would like to duplicate it.

Question: *We talk a lot about how Canada has been influenced by other media sources from the US. What can we do to counter or mitigate this misinformation in the short, medium and longer term?*

Dr. Peter Loewen: It's challenging because you can't fact check - we're not on a level playing field. There's a market for misinformation around vaccines. People read it and it generates ad revenue. We can't censor it and it's hard to debunk without giving it credence. All you can do is utilize persuasive messaging with a focus on the effectiveness of vaccines against death. Keep on message.

Dr. Gina Ogilvie: Concur. We've been at this for 10 years with the HPV vaccine. Not at the same speed or volume but it's the exact same game. Get the accurate information out there. For example, if someone says something incorrect on Twitter, you do not copy or re-Tweet, you respond with facts. You just keep posting the correct information without amplifying misinformation so that people start to requote your accurate data. We need to give folks the language to speak to misinformation themselves. We need to assemble the data, so it is ready to go out there and that's where the communications people come in. We need to be able to have those talking points roll off our tongues quickly so we're talking about the strengths of the vaccine.

Harlan Pruden: I want to talk about influencers. Not traditional influencers but Elders. We brought these promotional materials when we went into the communities. The first people we want to vaccinate are our Elders who are the community influencers who then take the resources back into the community and endorse them and vaccination. We need to work with those who are considered influencers who are respected in their communities - and provide them with the proper messages/correct information so they can go back into their networks so that we can enact real change.

Dr. Gina Ogilvie: Different communities have different influencers. In the Black community, teachers are very important influencers and also church leaders. Who is influential in a community? Who are the respected leaders? They have more influence than anyone else.

Question: *If there is one thing we can all start doing today in our messaging, what should we start doing/continue to do?*

Harlan Pruden: The first thing we can all do is acknowledge that when we write or speak, the words we choose have the power to respectfully and accurately represent

people and ideas that help foster and maintain good relations. Words also have the power to perpetuate ignorance and bias. To mitigate this, I'd offer our language guide (www.bccdc.ca/Health-Info-Site/Documents/Language-guide.pdf) that aims to make COVID-19 content more inclusive and prevent stigmatization of individuals and groups who are often inadvertently excluded from health advice because they are not properly identified or defined.

This guide provides recommendations on the terms and phrases to use to describe identities and behaviours and serves as a tool for writing about COVID-19 and its effect on people. How to use this tool is to consider the intended audience(s) when developing content or applying the examples used in this guide. Terms that are appropriate for health care provider content may not be understood by community members or others. Where possible, consult with your intended audience(s) and consider the above guiding principles. Content developers should have an operational understanding of these guiding principles listed on pages 6 & 7 of the guide, and the selected examples offered, with their suggested alternatives, for commonly used words, terms or phrases. The guide does not capture all potentially stigmatizing language, so content developers should work to ensure their language meets or exceeds the spirit of the listed guiding principles.

Session Two: Breakout Sessions

Each of 10 breakout groups discussed the following questions:

1. What have you learned from your experiences with COVID-19 vaccination communications, including use of social media?
2. How could research better inform your communications about the COVID-19 vaccination rollout?
3. How could communications practitioners and researchers work together to evaluate and take lessons from the COVID-19 vaccination communications strategy and its implementation?
4. What have you learned from experiences with COVID-19 vaccination communications including social media?

Information/misinformation

There is an abundance of information circulating about COVID-19. While some of it is based on science, much of it is false or under-nuanced. Much of the misinformation comes from outside of Canada. Incorrect information seems to circulate quicker than correct information. Once out there, it is hard to correct an incorrect message. Need to mitigate this somehow.

Just as there are “armchair epidemiologists” there are many people engaged in COVID-19 communications who don’t understand how communications works.

Much of the COVID-19 messaging on social media is “cherry picked.” People are posting the messages they agree with and not putting it in the context of the broader science. Alternatively, so many people have screen time fatigue and don’t always read things all the way through.

We need to counter misinformation, try to not engage in inflammatory conversations and present more facts and evidence-based truths.

Messaging

As communicators we are challenged to get the right information to the right people at the right time to counter misinformation. It’s important to have a clear “cheat sheet” of contacts / subject matter experts we can solicit if we have questions or need information. It is helpful to connect to knowledge networks. We also need to practice the discipline of knowing when a topic area is not relevant to our work and redirect accordingly.

There is information fatigue around COVID-19 and clinical findings are complicated and often difficult to understand. How do you filter out the “noise” and drill down to key messages in plain language? Utilize graphical approaches and keep language clear and simple to understand.

Quantity of messaging does not equal quality of message. We should be watchful of how much and how often we post information on social media.

Hate seems to be higher. A lot of fear, anxiety and hate in emotional self. People’s perceptions are off and might come out to the world. We need to be aware of that in creating communications messages during a pandemic.

Do people react to numbers? How do we put numbers and facts in useful and effective messaging for diverse communities in this province?

Shift will happen once people see positive benefits. Not yet, as we are still in lockdown. People will be more positive once people can get back to work, life and socializing which might be more effective than the facts.

In developing communication strategies for organizations, we need to be clear on what information people need and who/what organization is the credible provider (e.g., BCCDC is often seen as source of expert information). Getting accurate information out quickly for predominantly rural populations requires a different methodology than for the Lower Mainland. Being able to reach rural audiences has been challenging - relying on partners, having posters available.

There is a lack of multi-generational and multi-ethnic strategy. Using community leaders, as mentioned by Gina Ogilvie, to help deliver information to targeted groups may be more effective than traditional channels.

There needs to be good communications between communicators, researchers and communities so we ensure that messaging is accurate and well-received. We need a central hub of science-based resources so that the messaging is consistent across organizations and platforms.

Community influencers are an essential strategy for all elements of the campaign.

Communication messaging that has fostered mistrust (and how to solve it)

“Why is our vaccination rollout taking so long?”

- It’s important to “lift the veil” around the complexity of vaccine distribution including getting a vaccine from the airport to vaccination centre. Here’s why they are only serving 10-12 people when you walk into a centre. This would counter arguments regarding the slow speed.

“Why are specific programs being rolled out to one group and not another (e.g., restaurants, one group of health workers)?”

- Explain the science of focusing on hot spots.

“Why are older people first and not others like essential workers?”

- Explain the age-based severity.

Convey that quickly changing policy is not because of whims or indecisiveness but because science is changing quickly - we are learning as we go.

Social media

Institutions can be slow to gain access to the social media channels that reach diverse and often large audiences. There are so many layers of approval to adopt a social media channel that the audience has moved on to another. We need to be more nimble.

TikToc is one of the most popular social media channels among under 30s. A participant shared this video that explains the process of what happens once someone receives a vaccine and how the body prepares to prevent COVID-19.

<https://vm.tiktok.com/ZMe5K2Nj9/> (Part 1)

<https://vm.tiktok.com/ZMe5KLyke/> (Part 2)

Messaging to young people

We are not doing a good job reaching out to young people. Consider using visual messages, such as infographics, that are easily and quickly understood and shared. We should be asking young people how they want to be involved in vaccine advocacy - perhaps through a high school focus group.

Other ideas to reach young people:

- Reaching out to schools and school districts.
- Creating a zoom meeting and asking students how they receive/interpret news.
- See what they want to see – ask if anything from the government really draws them in to participate.
- Evaluate effectiveness of government and other organizational messaging – what calls them to action?

Use this data to enhance research and vaccine outreach strategies. Not only will this give us an idea of how to reach this sub-population but we can get interested students to be involved and feel as though they are understood and listened to. They would be less likely to break COVID-19 rules because they feel as though they are part of the solution.

Influencers are key for being a reliable third-party voice. By partnering with influencers and collaborating we can enhance engagement.

Mistrust

As the pandemic continues there is a growing perceived lack of trust of messaging. Indigenous people and other populations who have been systematically marginalized may be suspicious of vaccination campaigns. How can we gain trust/prove ourselves to be trustworthy?

"Vaccine prioritization as a source of distrust/ethical concerns."

- We need to improve how we communicate about who is getting vaccines, when, and why this is. The current lack of clear communication on why there are vaccine schedule interruptions and why some people get their shots sooner is generating distrust and negativity towards the public health system. We have been in crisis communications management for over a year. It will be good to get back to planning and more forward thinking.

Q2: How could research better inform your communications about the COVID- 19 vaccination rollout?

Need to ensure we do not focus on vaccination behaviour in isolation from other risk-taking or safety behaviours.

- For example, how do vaccinations tie into mask-wearing or bubbles?
- How do we communicate these coupled actions?
- How can we provide healthcare workers with credible and easy to understand “bite-sized” information that they can share with patients?
 - Nurses are trusted professionals - leaders with access to patients – how can we convince nurses to get vaccinated?

What communicators would like from researchers

What are reputable sources for knowledge synthesis – particularly research on environmental scans?

Having data to support messaging would be valuable when developing communications in real time. Even just having a link to resources, contacts or websites would be helpful.

Mainly been citing BC Government, BCCDC, WorkSafeBC but direct lines to researchers could be helpful or links to study websites and up-to-date efficacy numbers.

How to reach the underserved?

Communicators want to engage with researchers/community on best communications practices with priority populations.

Different community leaders/influencers working together in co-creation of materials could be impactful (especially in Indigenous/non-Indigenous context).

How can we help in creating vaccine trust with general public/marginalized communities?

What researchers need from communicators

What is the best way to communicate findings so that they can be helpful for practitioners in the field? How can we provide healthcare workers with trust-worthy easy to understand?

- Use lay language, pictograms, bite-sized.
- Short, crafty message (like a cartoon or a meme).
- Memorable, repeatable.
- Consistent!
- Could a single message be possible?
- Campaigns/materials based on research – helpful for comms practitioners to have ready materials (graphics). How do we translate this for sharing? Formatting in key messages is helpful, too.
- Need to be innovative in communication methods and leverage the ways that community networks share information (peer-driven) – real-world example given of building spray-painted with directions to a vaccine clinic.

Q3: How could communications practitioners and researchers work together to evaluate and take lessons from the COVID-19 vaccine communication strategy and its implementation?

We need a forum (such as this workshop) that will promote a collaborative approach:

- Take a step back and ask how can we better work together/break down siloes and harmonize /leverage efforts (e.g., all the health authorities are doing their own thing).

- Need a working group and regular check ins to share work and leverage best practices and minimize duplication of efforts.
- Opportunity to gather/network to have opportunity to chat is valuable, important for moving forward.
- Among regulators – Slack account with everything: anti-racism, COVID-19, public health orders – has made a difference! Asynchronous communication and events like this to share resources are very valuable.

Need a coordinated effort around information and knowledge synthesis:

- How can we be more consistent and more efficient?
- Provincial illicit drug toxicity working group - borrow those lessons. How do we start bringing people together now, so we are ready for future crises?

Communicators need to be involved in organizational decision making and given the opportunity to engage with and test operational plans. The communication missteps (re: pharmacy roll-out) happened because there was no plan before the roll out began. Value of research communications needs to be placed as high as the science research itself.

Research needs/methods

Two needs: formal evaluation and quick feedback:

- Long-term: formal evaluation is time-intensive and can be onerous; will see research on vaccine communications strategies and implementation for decades to come.
- Short-term: using evaluative mindset and tools to learn and make improvements in the moment.

Evaluation of how effective communication strategies have been must include dialogues with community members and stakeholders. Rich and useful feedback comes from story-telling and direct person-to-person approach, that can then be used in evaluation models.

- Story-telling may highlight factors that researchers or communicators would not have considered or taken for granted and explore the complexities and nuances of how the strategies have been received and impacted people.

Public/community engagement

Scientists and communicators sometimes tend to think about our work as being done to or for communities, but we are part of those communities too. We don't work separately from them, we work together with them and there is much to gain in shifting mindset to one of speaking with and lifting up community members rather than talking at them.

We need greater input from patients as discourse has been dominated by experts and scientists. Also need more research in the provider/patient interfaces (seems to touch on topic above). Vulnerable populations feel left out of decision making around vaccines.

We need to think about how we are communicating information to front line vaccinators and what are their own perspectives/how are they receiving this information? Also, what are their experiences? Vaccinators are a key part of the rollout - many people are providing vaccines and could help with communication effort.

This pandemic has elevated science in public discourse. It has afforded an opportunity for greater public engagement as participants and/or as informal influencers and created a major opportunity to improve science literacy.

RECOMMENDATIONS

Workshop participants indicated the interest in a building community of practice for those involved in vaccination and other public health messaging initiatives and communications researchers. There were calls for:

1. A community of practice and forum for the sharing of experiences of opportunities and challenges for health communicators.
2. Researchers to capture the stories and experiences of front-line communicators to distill and share best practices and challenges encountered and overcome.
3. The development, informed by research, of a social media strategy, analytics, and content for public health messaging, to counter the infodemic and reach diverse audiences, including young people.
4. Better communications tools to inform front-line vaccinators and health-care workers.
5. The development of platforms, mechanisms and methods for greater engagement with publics and patients, especially for Indigenous and racialized people/communities.

APPENDIX 1 – Resources Page

BC COVID-19 Vaccine Communications Collaboration and Networking Workshop

These short background videos and slides address topics of interest identified by workshop participants via a pre-workshop survey. *Last updated: April 16, 2021.*

How to create dissemination materials: Co-creating with patients

Dr. Iva Cheung

Post-doctoral Fellow, Department of Psychiatry, UBC

[Co-creating dissemination materials with patients](#)

A myriad of reasons for getting vaccinated: Why should you do it?

First Nations Health Authority

UBC Centre for Excellence in Indigenous Health

First Nations Health Authority Chair in Cancer and Wellness at UBC

[COVID-19 vaccine public service announcement](#)

How to make an infographic to combat vaccine hesitancy: A co-creation model

Dr. Sharon Straus

Geriatrician & Clinical Epidemiologist, St. Michael's Hospital, University of Toronto

[Vaccine hesitancy infographic](#)

Why are people hesitant to get vaccines? How they work and why they're safe and effective

Immunize Canada and Dr. Anna Taddio

Professor, Leslie Dan Faculty of Pharmacy, University of Toronto

[Understanding vaccine hesitancy](#)

Communicating risk in a clinical setting: A patient or service user perspective, AND Communicating with patients and service providers: Trauma and resiliency informed practice

Beverley Claire Pomeroy

Patient Engagement Specialist, Fraser Center, BC SUPPORT Unit

[Applying clinical risk communication techniques to COVID-19 vaccine communications for patients and public](#)

How are vaccines developed? From emerging viruses and the strength of clinical data to COVID-19 immunity

Three 20-minute presentations followed by an expert panel discussion moderated by:
Dr. Deanne Taylor (Director, Research Dept., Interior Health) with the below speakers and guest
Dr. Robert McMaster (Vice Dean, Research, UBC Faculty of Medicine)

Vaccine development

- Introduction to immunity – by Dr. Alyson Kelvin*
- Strength of the data – by Dr. Darby Thompson+
- COVID-19 immunity – by Dr. Manish Sadarangani^

*Assistant Professor, Dept. Microbiology and Immunology, Dalhousie University; Scientist, Canadian Centre for Vaccinology, IWK Health Centre, Halifax

+Biostatistician & President, Emmes Canada

^Director, Vaccine Evaluation Centre, BC Children's Hospital Research Institute

What is the evidence for deferring the second dose of the vaccine?

Dr. David Patrick

Director of Research, BC Centre for Disease Control; Professor, School of Population & Public Health, UBC

<https://youtu.be/5pop2B9ntoU>

What to know about BC's COVID-19 immunization plan

Government of BC

[BC's COVID-19 immunization plan communications](#)

What is a vaccine and how does it work? A humorous primer

Dr. Matthew Menard

Physician, Haida Gwaii, BC

www.youtube.com/watch?v=jdIKQO-t45g

Why social media matters during a pandemic: Using it well and effectively

Dr. Heidi Tworek

Associate Professor, School of Public Policy and Global Affairs and History, UBC

www.youtube.com/watch?v=oXAya7D1O8M

What are young people in BC wondering and thinking about the COVID-19 vaccine?

Perspectives of BC youth

Dr. Hasina Samji

Assistant Professor, Faculty of Health Sciences, Simon Fraser University; Senior Scientist, BC Centre for Disease Control

Youth from The Chart Lab: Gaelen, Judy, Mari, Amilya, Julia, Christopher

[COVID-19 vaccine engagement in youth and young people](#)

What do people in BC ask about the COVID-19 vaccines?

Dr. Anne-Marie Nicol

Associate Professor, Professional Practice, Faculty of Health Sciences, Simon Fraser University;
COVID-19 Knowledge Translation Team, BC Centre for Disease Control

<https://youtu.be/ntw1c8g-8wY>

A wave of COVID-19 variants in BC and elsewhere

Dr. Hope R. Lapointe

Research Coordinator, BC Centre for Excellence in HIV/AIDS

<https://youtu.be/1mPrz0qm2o4>

COVID-19 vaccine logistics

Stephanie Dion

Public Health Manager, BC Centre for Disease Control

https://youtu.be/zcQiAek_IyA

Indigenous COVID-19 wise practices discussion

Elder Roberta Price, Coast Salish Snuneymuxw (SNA-NEIGH-MUH) and Cowichan Nations

Dr. Brittany Bingham: Director, Indigenous Research, Centre for Gender & Sexual Health Equity

<https://youtu.be/qwAXhRsEraM> and [slide deck](#)

A conversation on engaging communities in COVID-19 research and vaccine discussions

Dr. Cindy Jardine: Professor and Canada Research Chair, Health and Community, University of the Fraser Valley

Marinel Kniseley: Research Manager, University of the Fraser Valley

Dr. Kusum Soni: Community Liaison, University of the Fraser Valley

Sherry Wang: Community Liaison, University of the Fraser Valley

<https://youtu.be/H3a9qXBScUM>

What is the digital divide and why is it important to COVID-19 vaccination communication?

Dr. Devon Greyson

Assistant Professor, Health Communications, University of Massachusetts Amherst

<https://youtu.be/fn68naDIZMO>

Other Trusted Resources

Together against misinformation

A social media movement developed by a team of independent scientists, healthcare providers and science communicators to stop the spread of misinformation around COVID-19

www.scienceupfirst.com

The Royal Society of Canada COVID-19 resources

<https://rsc-src.ca/en/covid-19>

Infodemic pathways: Evaluating the role that traditional and social media play in cross-national information transfer

Bridgman A, Merkley E, Zhilin O, Loewen PJ, Owen T, Ruths D. (2021)

[Frontiers in Political Science](#)

“What and who is Two-Spirit?” in health research: Guidance on how to collect and discuss Two-Spirit data in a more culturally affirming way

Canadian Institutes of Health Research

<https://cihr-irsc.gc.ca/e/52214.html>

What factors and language improve vaccine acceptance? Findings from a US national poll

The de Beaumont Foundation

<https://debeaumont.org/changing-the-covid-conversation/vaccineacceptance>

COVID-19 resources for Indigenous people and communities in BC

BC Centre for Disease Control

www.bccdc.ca/health-info/diseases-conditions/covid-19/indigenous-communities-and-local-governments

#VaxChamp and COVID-19 resources for Indigenous people

First Nations Health Authority

<https://fnha.wishpondpages.com/vaxchamp>

www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/mental-health-and-wellness