South Asian Community Member Experiences and Feedback for Improving COVID-19 Vaccine-Related Communication

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Potential for conflict(s) of interest:

No conflict of interest
Overview of COVID-19 Community Response Study

Purpose: To identify the information needs, values, beliefs, and experiences related to COVID-19 vaccination among the South Asian community in the Lower Mainland of BC.

Goal: To guide future communication efforts for the COVID-19 and other vaccine programs.

Image Credit: Sikh Health Foundation
Qualitative research

41 South Asian community members interviewed between July 24, 2021, and October 29, 2021.

- Ages ranged from 18 to 65+ years
- ~58% were females
  - 13 were born in Canada
  - 27 in Asia
  - 1 in Europe

Most had two doses of a COVID-19 vaccine, none were unvaccinated
Avoid Conflicting Messaging

› Conflicting messaging impacts trust and confidence people have in public health communications
  › Avoid delivering conflicting messages
  › Ensure messaging is consistent across different media platforms and public health groups

› Having multiple different sources of COVID-19 related information makes it difficult to judge the credibility of these sources
  › Have one source of information which is shared on different platforms
Address Common Information Needs

- Information needs included:
  - The effectiveness, safety, purpose, and science behind the vaccine
  - The impact of the vaccine on fertility
  - The impact of the vaccine on pre-existing medical conditions/allergies
  - The impact of mixing vaccines

Image Credit: Sikh Health Foundation
Tell the Direct Experiences of People from the Community

› Include people’s direct emotions, feelings, stories and experiences with COVID-19 vaccination and infection

› Personal stories from the community considered more trustworthy
  › Preferred over scientific data and statistical numbers
Ensure Messaging is Culturally Sensitive

› Ensure communication is sensitive to the community’s beliefs and culture
  › *Consider WHAT* and *HOW* something is communicated

› Communicate in culturally appropriate settings (e.g., *places of worship*) with the involvement and support of community leaders (e.g., *religious leaders*)

› Ensure spokespeople are from the community and/or look like community members

Image Credit: Sikh Health Foundation
Most common structural barrier in accessing COVID-19 related information was *Language*

- Communicate more information than just the bare minimum in other languages

Participants valued in-person, direct communication in addition to digital and print mediums

- One participant suggested: *using international students from India. They are well equipped with language skills necessary to communicate with the South Asian community*
Communicate in Simple Language

› Communicate using language that is simple and easy to understand

› Jargon and scientific language is confusing
  › *Especially for the immigrant population*
Need for Transparency

› Provide rationale behind Public Health restrictions and guidelines
  › Outline how they implicate community members *individually* and *within their specific community group*
Social Media Feedback

- Simple, visually appealing, and easily digestible social media posts
- Directly share in social media groups
- Use dedicated, regulated pages on social media
- YouTube videos in different languages and cultural contexts
### Appropriate Communication Mediums

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<th>Communication Mediums</th>
<th>Communication Spokespeople</th>
<th>Communication Venues</th>
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<tr>
<td>• Popular Punjabi TV channels</td>
<td>• Radio hosts</td>
<td>• Places of worship</td>
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<td>• Text messages</td>
<td>• Cultural celebrities</td>
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<td>• Physical mail</td>
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Preliminary Results Document

› https://bcchr.ca/vec/research

› “COVID-19 Research” -> “COVID-19 Community Response Study” -> “View preliminary results”
Thank you!

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