

Community-informed behavioural science strategies to support COVID-19 vaccine uptake in Black communities in priority Toronto neighbourhoods

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Key messages

- The [OPTimise Platform](#) provides community-partnered behavioural science expertise to public health units
- Partnering with community partners with connections to Black communities in neighbourhoods prioritised by Toronto Public Health (TPH) with lower uptake of 1st and 3rd doses of the COVID-19 vaccine, we conducted behavioural science-informed interviews in Nov 2022 to Jan 2023 with 25 people in priority neighbourhoods (Elms-Old Rexdale, Etobicoke West Mall, Englemount Lawrence, Kingsview Village-The Westway)
- As white researchers working with Black communities, we centred the voices of partners from Black communities to ensure the research was driven by community perspectives and needs and to reduce the potential for causing harm
- We developed 9 behavioural science-informed strategies with community partners to address barriers to 1st/3rd dose uptake expressed by Black Torontonians in priority neighborhoods to complement existing strategies

Capability

1 Stop the use of particular terms in key messaging

“I listen [to rumours about the vaccine] because I'm scared.”

2 Flag what we have learned about the vaccines with more time and data

“I understand the numbers. It's just trust. I don't have trust.”

3 Increase awareness and broaden reach of existing resources, including decision support tools

“Having the language shows that they actually care, that they understand the community.”

Opportunity

4 Use social and cultural windows of opportunity to enhance COVID-19 relevance

“I don't pay attention to this stuff, it's not on my mind. If I wanted it, I'd pay attention, but no.”

5 Continue to build trust with Black communities

“I don't trust public health. I only trust God.”

6 Empower trusted sources (family doctors, faith leaders, family, friends)

“I trust my family doctor. . . Trust is a major thing when it comes to this. Trust that the vaccination will help in some ways.”

Motivation

7 Roll with any resistance

“If you don't want it, you don't want it. Nobody should tell you what to do or force you.”

8 Let people know when their risk levels are high and when they are lower

“COVID has kind of gone down for a couple months now, you don't hear about it. If it comes back, I have no choice but to protect myself.”

9 Social feedback on what other people are doing is important: use stories

See Supplemental File for strategy details, and page 2 for background.



Background

While the WHO declared that the COVID-19 pandemic is no longer a global public health emergency in May 2023, COVID-19 remains an ongoing health issue. The WHO recommends that countries ensure preparedness by maintaining efforts to increase COVID-19 vaccination coverage for people in high-risk groups and continuing to address vaccine acceptance and demand issues by working with communities to achieve inclusive risk communications, engagement and interventions adapted to local contexts.



Toronto Public Health has worked extensively to support COVID-19 vaccination. While city-wide primary series vaccination coverage sits at 84% as of March 2023, there remain some Toronto neighbourhoods with <70% of residents that have had their 1st and 2nd doses.

We set up the CIHR-funded [OPTimise Platform](#) to use behavioural science to identify strategies tailored to local lived experiences that Public Health Units can draw on to complement vaccination efforts. We are behavioural scientists working with public health units and partnering with the communities they serve to identify what gets in the way and what supports the uptake of health-protective behaviours.

Making the decision and getting the 1st or 3rd dose of the COVID-19 vaccine can be helped by addressing specific, local barriers and enablers that affect Black Torontonians' capability, opportunity and motivation at particular points in time. The strategies for addressing each differ: For a Black Torontonian already motivated to get the 1st or 3rd dose but who has not yet received it, addressing any capability and opportunity barriers may help. Addressing the same opportunity barriers may be less useful for another Black Torontonian whose motivation to get vaccinated is lower. Here, we provide strategies, vetted by Black Torontonians, to address key capability, opportunity and motivation barriers to getting 1st and 3rd COVID-19 vaccine doses identified by Black Torontonians in priority neighbourhoods.

What we did

<p>Identified where</p>	<p>TPH prioritised members of Black communities in priority neighbourhoods that might benefit from more insight in support of decisions and uptake of the 1st and 3rd doses of the COVID-19 vaccine.</p>	<p>“I got the first two because a friend got COVID, she was against the vaccine before she got sick, then it was so bad that she got it and got her mom to get it [1st dose]. She told me, I was like, damn. Even though I believe in science, it was scary for me. The turning point was when my friend told me about how sick she was, and it scared me. It made it reality. It was no longer just numbers on the tv: I knew someone in the number.” - Interviewee</p>
<p>Built trusting community partnerships</p>	<p>We reached out to organisations serving Black communities in Toronto and the priority neighbourhoods to make connections with 8 community partners: our Community Advisory Group.</p>	
<p>Amplified multilingual local community views</p>	<p>In Nov/Dec 2022 and Jan 2023, we conducted behavioural science-informed interviews with 25 community members (enabled by connections made by our community partners and interviewees) in English about why they chose to get the 1st or 3rd dose or not.</p>	
<p>Leveraged the science of behaviour</p>	<p>We used behavioural science tools to identify strategies best suited to address identified local barriers and enablers to 1st and 3rd dose uptake. These formed the basis for recommendations developed with community partners to complement strategies that TPH is using.</p>	

Platform future directions

The [OPTimise Platform](#) connects public health units to behavioural scientists committed to contributing behavioural science insights, informed by strong community-engaged partnerships, to provide an added resource to public health unit efforts in addressing barriers and enhancing enablers to public health & social measures to support the communities they serve.

Our engagement with communities is being independently evaluated by an external research team to continue to improve community partnerships.

Acknowledgements

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Supplemental File: Recommendation Details



Additional details of our behavioural science recommendations for strategies to increase uptake of 1st and 3rd/booster doses of the COVID-19 vaccine in Black communities in priority neighbourhoods in Toronto.

Capability

1 Stop the use of particular terms in key messaging



- Stop saying "fully vaccinated" (this sends message that 2 doses are enough, undermining future campaigns) → **Instead:** "received a dose/your next dose of the COVID-19 vaccine",
- Stop saying that booster doses are only important for "high-risk groups" without making it easy to assess whether a Torontonian is part of one/more of those groups and how to check if they are not sure (e.g., elderly and immunocompromised) → **Instead:** pair messaging about high-risk groups with clear examples of exactly who is in high-risk groups and why
- Stop messaging that there is lots of availability of vaccines because this can lead people to delay → **Instead:** focus on where and how many have received it
- Stop numbering doses (we don't do that for the flu vaccine and it may not be something people remember) → **Instead:** just refer to "a dose" or "your next dose" of the COVID-19 vaccine

EXAMPLE

2 Flag what we have learned about the vaccines with more time and data



- Clarify:**
- The number of doses and need for boosters is about keeping up with a virus that constantly changes
 - Receiving 2 doses was considered fully vaccinated for the Delta variant, but not Omicron
 - It is less about how many doses you have and more about having a dose recently, so that your body is as ready as it can be to fight COVID-19 if you get it
 - The vaccine does not prevent infection with Omicron like it did for Delta; however, it makes symptoms less severe if you do get infected, reducing the risk of hospitalization (same as the flu vaccine)

EXAMPLE

- Suggested messaging:**
- "Some of the questions you may have had when the vaccines were first made available have better answers now. We have 2 years of information about millions of vaccinated people in Toronto and 2 years of data about those who had 3 doses compared to those who did not."
 - "You might not change your mind, but we're here to say that we have more information now than ever."

3 Increase awareness and broaden reach of existing resources, including decision support tools



- Toronto Public Health has great resources on their website and social media, however, these resources are not reaching the priority communities
- Expand reach & utility of resources by sharing across multimedia platforms and events (online and in-person) beyond TPH-run online spaces and in-person events, presenting information in multiple languages, and working with community members and volunteers to tailor messaging and resources
- Work with decision support tool experts to create and maintain [a decision support tool](#) to help people decide if getting the 1st or next dose is right for them at a given point in time

EXAMPLE

Use accessible metaphors to reframe clinical descriptions:

- It's not about natural immunity vs vaccination, but 'what is the body good at and how do vaccines supercharge what the body can do'. The immune system is already amazing. Vaccines keep it that way.
- Viruses hide from your immune system. Vaccines shine a light on the virus so your body can heal itself. Viruses are quick to avoid that light so they can keep hiding from your body.
- The more the virus is able to hide, the more of it gets in your body before your immune system notices. Vaccines help make sure that even if you get infected, your body is ready to heal itself

Opportunity

4 Use social and cultural windows of opportunity to enhance COVID-19 relevance



- Continue partnering with local organisations and leaders to include COVID-19 awareness and education alongside relevant cultural events or celebrations (e.g., Caribbean Carnival)
- Sponsor culturally tailored health & wellness events at popular locations in the community such as this one →
- Expanding identification of trusted spokespersons and leaders in the community in priority neighborhoods to participate in and advise on campaigns in partnership with public health professionals (see #5-6)
- **Representation matters:** Ensure that leaders involved in these campaigns are representative of members of the community themselves (e.g., race, ethnicity, religion, language, age)

EXAMPLE

- [Black Creek Community Health Centre's 'Clippers and Combs' Wellness Event:](#)
- Partnered with local organisation to host an event offering free haircare, COVID-19 rapid tests, blood sugar checks, and health information, with music, food and gifts

Strategy details continue on page 2 of this Supplemental File.

Supplemental File: Recommendation Details (cont'd)



Additional details of our behavioural science recommendations for strategies to increase uptake of 1st and 3rd/booster doses of the COVID-19 vaccine in Black communities in priority neighbourhoods in Toronto.

Opportunity

EXAMPLE

5 Continue to build trust with Black communities



- Add to existing highly visible spokespeople with known trusted individuals (see #6)
- Double-down on partnerships with local trusted organisations and groups to co-sponsor a vaccination drive embedded within health & wellness events (see #4 and [Black Creek example](#))

- **Build common ground:** "We are public health doctors, but we are also moms, dads, daughters, and sons. We are doing our best to use what we know today to help improve the world tomorrow, because through science we will continue to learn and do better, together."
- **Be authentic:** "What we recommend is based on what we know now, and it's what we are doing and recommending to our own families and friends."
- **Show integrity and objectivity:** "We make decisions based on the best evidence that is available. Earlier in the pandemic we had less information than we do now, and we keep learning. Sometimes we don't have a lot of evidence, and other times we do."
- **Be dependable/consistent:** "We know there are lots of differing views on the pandemic and vaccination, but we'll always be here to provide you with the best available options to keep you protected against COVID-19 while it remains a threat to us."

6 Empower trusted sources (family doctors, faith leaders, family, friends)



- Emphasize the key role of trusted sources outside of traditional public health actors. Prompt trusted sources to reflect on and identify themselves as positive influences on vaccination and health decisions made by their patients, congregation, family, friends, and peers
- Provide a [conversation guide](#) with tips, tricks, and resources for anyone to have conversations about the COVID-19 vaccine
 - **For family doctors:** Provide a quick, clear brief. Emphasize importance of a non-judgmental conversation with no pressure and clear facts (see #7)
 - **For faith leaders:** Emphasize and acknowledge the trust their congregation has in them and their views

EXAMPLE

- Provide tools and training**
- Tailor supports such as [this guide](#) for trusted sources to use to answer questions or concerns about the vaccine (e.g., if you hear X, try saying Y), and highlight resources that can be offered to others (e.g., [decision support tool](#), infographic)

Motivation

7 Let people know when their risk levels are high and when they are lower



- Create a way to clearly update people whenever the COVID-19 situation has changed for particular groups, so they can reconsider how they are protecting themselves
- Commit to maintaining a regularly updated assessment of severity and susceptibility of Torontonians whenever a) a new variant emerges and b) when transmission signals are rising
- Align risk information and updates with clarification of key facts about variants, why booster doses are needed, long COVID, and the impact of repeated COVID-19 infections without vaccination (see #2)
- Use examples of different types of people or personas to provide relatable updates on how susceptible they are to different COVID-19 outcomes and how severe those outcomes could be
- Do not remove trusted sources of risk information like websites or announcements (this prevents people from judging how much of a risk COVID-19 is to them and how susceptible they may be to those risks)

8 Roll with any resistance



- Tone of message matters: Stop using directive language that could be interpreted as forceful (e.g., 'must', 'need'); **instead**, use 'consider' and 'can'
- A different, supportive, approach is needed for people who are at a point where they have decided not to get a COVID-19 vaccine
- Through training, empower trusted sources to draw from the principles of motivational interviewing/communication, where the goals are to avoid defensiveness, encourage people to see different perspectives, and keep the door of communication open (see #4-6)

9 Social feedback on what other people are doing is important: use stories



- Many Torontonians in the priority neighbourhoods have a sense that because no one in their community is talking about the COVID-19 vaccine, no one in their community is getting it. Where possible, circulate case examples and personal stories from community members to demonstrate that more people than they think in their community are getting doses of the COVID-19 vaccine, even now
- Amplify stories from diverse community volunteers (e.g., leaders, residents, health care professionals) who have changed their minds about the vaccine, sharing their "why" (see #7)
- Acknowledge and validate people's fear and the importance of trusted sources alongside the presentation of statistical facts and positive personal stories (see #5-8)
- Launch a campaign like [Toronto Voices](#) with individuals sharing their stories and circulate them using different platforms that may extend beyond those traditionally used by TPH (e.g., social media, newsletters, wellness clinics), formats (e.g., in-person, on-screen, online) and languages (see #4)