LESSONS LEARNED FROM IMMUNIZATION PARTNERSHIP FUND (IPF) PROJECTS: ADDRESSING MIS- AND DISINFORMATION (MIDI) AT THE COMMUNITY-LEVEL

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INTRODUCTION

High national vaccine confidence and uptake rates are essential to protect the health of Canadians. Through the Immunization Partnership Fund (IPF), the Government of Canada is helping close the gap among populations with lower vaccine uptake by enabling informed vaccination choices. The IPF has a unique ability to create change in marginalized, underserved and at-risk communities through community-led and evidence-based interventions designed to support informed vaccination choices.

The core objectives that IPF projects address include building the capacity of healthcare providers; community-based education, promotion, and outreach; and, building capacity for evidence-based vaccination communication. In order to achieve widespread coverage, the IPF leveraged the expertise, knowledge and reach of both traditional and non-traditional public health partners working in and representing communities across Canada. Since 2020, the IPF has deployed over $50M in funding to over 100 initiatives, with $14M earmarked to fight COVID-19 vaccine-related mis- and dis-information (MIDI) (Government of Canada, 2022). This article will spotlight the achievements of IPF recipients in preventing and dispelling MIDI in their program populations by exploring the following key themes: addressing the 'infodemic' surrounding COVID-19 and vaccines, diversity, vaccine-specific MIDI, and evidence-based communication.

ADDRESSING THE INFODEMIC

The COVID-19 pandemic has contributed to an increase in unreliable information spreading rapidly through social media and eroding vaccine confidence (Gunasekeran et al., 2022). Social media platforms have played a major role in the spread of false information during the pandemic, contributing to a

rise in vaccine hesitancy, and negatively influencing willingness to get vaccinated (ECDC, 2020). Conversely, the same features that make social media vulnerable to MIDI can be leveraged for positive public health messaging.

Online platforms are a low-cost means of delivering interventions to a large audience and may be particularly useful during a pandemic when in-person activities are restricted. In 2021-2022, IPF projects created nearly 8,000 social media products that garnered over 72 million impressions. This included social media posts on popular platforms such as Twitter, Facebook, and Instagram, as well as social networking and messaging apps like WhatsApp and WeChat. For example, Sickle Cell Awareness Group of Ontario (SCAGO) (2022) created a WhatsApp forum to support Black community members affected by sickle cell disease, resulting in more than 3,000 COVID-19 related chats. The project also ran four Ask-A-Doc sessions on WhatsApp where community members could direct their questions and concerns to health professionals. As a result, SCAGO has successfully engaged the SCD and Black community to equip them with knowledge to make informed decisions on COVID-19 vaccines.

IPF projects also recognized the importance of building the capacity of trusted healthcare providers (HCPs) as well-positioned figures to address vaccine MIDI. Culturally safe communication was particularly important for engaging with diverse communities. For example, University Health Network (UHN) (2022) built the capacity of personal support workers (PSWs) to educate their peers and patients about vaccination. Centering on lived experiences of racialized populations, the UHN IPF project integrated scientific knowledge with community experiences to support teaching, learning, and development among PSWs.

DIVERSITY

IPF projects emphasize diversity through the delivery of low barrier, inclusive and trauma-informed vaccine services and programming. Projects funded through the program have demonstrated that "meeting people where they're at" involves providing an accessible program design that addresses health inequities, and creates a safe space to ask questions without judgement. IPF projects make meaningful connections by using community ambassadors and peer-to-peer models to convey information, build trust with community members, and overcome barriers to accessing health services. By connecting individuals to community ambassadors that share a similar social positioning, IPF projects engage and build trusting relationships with diverse audiences, where people feel represented and safe in their healthcare settings. Diversity is also evident in IPF program design and delivery, which has included the use of incentives, mobile clinics, and pop-up events.

Many IPF projects demonstrated how vaccine confidence increases when individuals have access to equity-focused and culturally safe information. By tailoring interventions to specific communities throughout their program model, projects promote the long-term sustainability of their initiatives. Language is an essential tool for overcoming barriers in accessing information to make informed health decisions (Health Canada, 2001). For example, the Scarborough Centre for Healthy Communities (SCHC) (2022) has leveraged the many languages spoken by their team of community ambassadors to connect with community members who are most vulnerable and experiencing health inequities. SCHC has successfully reached isolated communities through the diverse cultural representation of their staff, have reduced language barriers, and have created job opportunities for newcomers to Canada.

VACCINE MIDI

MIDI is a significant driver of vaccine hesitancy in Canada (Rotolo et al., 2022). Vaccine MIDI may also be community-specific and therefore needs to be addressed using tailored education, promotion, and outreach approaches. IPF projects have demonstrated that building health and science literacy in communities is an important prerequisite to establishing population-level vaccine literacy. For example, Science North (2023) partnered with Indigenous communities to deliver the Virus of Misinformation exhibit and workshops in First Nations communities across Northern Ontario. Travelling to remote communities has created equitable access by providing a culturally safe option for accessing COVID-19 related information.

IPF evidence supports that many equity-deserving populations are underserved by mainstream vaccine confidence and uptake efforts in Canada. Projects funded by the IPF indicate that diverse community partnerships enhance the ability of recipients to efficiently distribute project materials to a wide audience. In 2021-2022, IPF recipients identified that more than 500 project partnerships had formed with over 775 unique Canadian organizations. IPF projects ran activities alongside established community programs designed to meet other important community needs, such as food and housing insecurity.

These wrap-around and intersectoral approaches considered the multiple priorities that compete with vaccine decision-making. For example, the Dr. Peter AIDS Foundation (2021) supported a series of small size, unique community projects through a low-barrier micro-contribution funding structure. Examples of initiatives funded through the Dr. Peter Centre include mobile and community-based vaccine clinics, peer led outreach strategies, and innovative communications strategies for addressing vaccine hesitancy.

EVIDENCE-BASED COMMUNICATION

IPF projects used evidence-informed decision-making (EIDM) to develop public communication strategies. EIDM is the process of distilling and disseminating the best available evidence from research, practice, and experience, and using that evidence to inform and improve public health policy and practice (PHAC, 2014). IPF projects were successful in both advancing and developing new vaccine confidence evidence for diverse communities across Canada. For example, ScienceUpFirst (2022), an initiative of the Canadian Association of Science Centres, has developed a first-in class platform for debunking misinformation. Fueled by a large network of scientists, researchers, science communicators, and community partners, ScienceUpFirst creates engaging, evidence-informed content that provides the tools Canadians need to separate sense from nonsense, resulting in better health outcomes. Through partnerships with Indigenous, South Asian, and Black communities, ScienceUpFirst addresses community-specific MIDI by creating linguistically diverse and culturally relevant materials.

IPF projects have been creative in their methods for "pre-bunking" vaccine-related MIDI through equipping communities with the tools to spot and prevent MIDI from spreading. "Pre-bunking" involves providing individuals with evidence-informed information that builds their resistance and reduces their susceptibility to believing MIDI (Dubé et al., 2022). Digital innovation has allowed for the delivery of health promotion materials through accessible, flexible, and engaging ways. For example, Digital Public Square (DPS) (2022) developed a gamified platform that delivers COVID-19 education, where players differentiate COVID-19 vaccine facts from MIDI with interactive swiping. Their platform refutes MIDI by delivering evidence-based information that adapts to an individual's level of confidence in the COVID-19 vaccine. DPS assess dashboards displaying ~5,000 daily links informing the development of more than 30 disinformation narratives into platform questions that correct vaccine misconceptions for users. The tool has successfully circumvented harmful misinformation narratives, as well as equipped pro-vaccine individuals with information they can champion and disseminate.

CONCLUSION: LESSONS LEARNED AND BEST PRACTICES

Initiatives supported by the IPF have been successful in addressing MIDI by going beyond the traditional role of health promotion to address vaccine barriers for diverse communities across Canada. Best practices and lessons learned from the IPF to increase vaccine equity include:

- **TRUSTED & TAILORED APPROACHES:** IPF projects built and leveraged trusting relationships within underserved communities. Tailored approaches met people "where they're at" and diverse program materials were community-driven.

- **SUPPORTING INNOVATION:** IPF projects had the flexibility for innovation and created diverse programming to address community-specific MDI. IPF performance measurement data confirms that community-responsive social media products have been an effective method of sharing evidence-informed COVID-19 information quickly and broadly. IPF projects also counteracted vaccine-related MIDI by equipping communities with the tools to spot and prevent MIDI from spreading through "pre-bunking" and other evidence-based communication methods.

The IPF's pandemic-related call for proposals was oversubscribed, demonstrating heightened interest in non-traditional partners delivering programming in the vaccination space. As supported by IPF evidence, these partners are key to dispelling vaccine-related MIDI in Canada given their trusted relationships with diverse communities.

REFERENCES

"Canadian Best Practices Portal–CBPP." Canadian Best Practices Portal (CBPP) Evidence Informed Decision Making Information and Tools Comments. Public Health Agency of Canada (PHAC), October 7, 2014. https://cbpp-pcpe.phac-aspc.gc.ca/resources/evidence-informed-decision-making-information-and-tools/.

"Collaborate Advocacy & Partnered Education (CAPE)" The Institute for Education Research: University Health Network. 2022. https://www.capelearning.ca/

"Community of Practice Programs: COVID-19 Vaccine Community of Practice" Dr. Peter AIDS Foundation. 2021. https://www.drpeter.org/community-of-practice-programs/

Dubé, Ève, Fabienne Labbé, Benjamin Malo, and Catherine Pelletier. "Public Health Communication during the COVID-19 Pandemic: Perspectives of Communication Specialists, Healthcare Professionals, and Community Members in Quebec, Canada." *Canadian Journal of Public Health 113*, no. S1 (2022): 24–33. https://doi.org/10.17269/s41997-022-00697-7.

Gunasekeran, Dinesh Visva, Alton Chew, Eeshwar K. Chandrasekar, Priyanka Rajendram, Vasundhara Kandarpa, Mallika Rajendram, Audrey Chia, Helen Smith, and Choon Kit Leong. "The Impact and Applications of Social Media Platforms for Public Health Responses Before and During the COVID-19 Pandemic: Systematic Literature Review." *Journal of Medical Internet Research 24*, no. 4 (2022): e33680. doi:10.2196/33680

Health Canada. Language barriers in access to health care/prepared by Sarah Bowen for Health Canada. Ottawa—Ontario (2001). https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-accessibility/language-barriers.html#a3_5_4.

"Immunization Partnership Fund." Government of Canada, November 15, 2022. https://www.canada.ca/en/public-health/services/immunization-vaccine-priorities/immunization-partnership-fund.html.

"*Know it or Not*: Vaccine misinformation spreads faster than a virus." Digital Public Square, 2022. https://spark.knowitornot.com/.

"Northern Initiatives" *Science North*, 2023. https://www.sciencenorth.ca/northern-initiatives.

"Questions and Answers on the Vaccine Study - Sickle Cell Awareness Group of Ontario." Sickle Cell Awareness Group of Ontario, October 4, 2022. https://sicklecellanemia.ca/questions-and-answers-on-the-vaccine-study.

Rotolo, Bobbi, Eve Dubé, Maryline Vivion, Shannon E. MacDonald, and Samantha B. Meyer. "Hesitancy towards COVID-19 vaccines on social media in Canada." *Vaccine* 40, no. 19 (2022): 2790-2796. https://doi.org/10.1016/j.vaccine.2022.03.024.

"Shareable Content—ScienceUpFirst: An initiative of CASC" ScienceUpFirst, Canadian Association of Science Centres (CASC), 2022. https://www.scienceupfirst.com/share/.

"Systematic Scoping Review on Social Media Monitoring Methods and Interventions Relating to Vaccine Hesitancy." European Centre for Disease Prevention and Control (ECDC), March 9, 2020. https://www.ecdc.europa.eu/en/publications-data/systematic-scoping-review-social-media-monitoring-methods-and-interventions.

"Vaccine Community Engagement Project—SCHC" Scarborough Centre for Healthy Communities (SCHC). 2022. https://schcontario.ca/programs/community-partner-initiatives/vaccine-community-engagement-project/.