

ENVIRONMENTAL SCAN

COVID-19 Vaccine Communication Strategies for Community Congregate Living Settings

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Key Points

- Communication strategies and resources on Coronavirus Disease 2019 (COVID-19) vaccines tailored for use within community congregate living settings (e.g., shelters) are limited, which may reflect the stage of vaccine administration in many jurisdictions at the time of this review. The resources included in this review are important to support efforts to increase confidence in and uptake of the COVID-19 vaccine among clients and staff of community congregate living settings.
- Communication strategies tailored for use with clients focused on increasing vaccine confidence and uptake by providing accurate, clear information on the importance of vaccination in the prevention of COVID-19, and reinforcing other prevention behaviours that are still necessary to reduce the transmission of COVID-19. A variety of strategies such as storytelling, sharing lived experience, trusted spokespeople and clear, visual/image based resources such as videos, fact sheets and infographics were recommended approaches.
- Communication strategies tailored for use with staff and service providers focused on building trust and vaccine confidence among staff, and educating staff about the vaccine to prepare them to answer questions from clients, including people experiencing homelessness. Strategies include training and education for staff on the COVID-19 vaccine, and the development and use of supportive materials (e.g., communication checklists) to help plan and assess staff's readiness to communicate with clients.
- The engagement of trusted community members and partners, and people with lived experiences in congregative living settings and/or with homelessness, can support COVID-19 communication strategies that aim to increase vaccine uptake among clients of community congregative living settings (e.g., shelters).

Background and Scope

Community congregate living settings, such as homeless shelters, have been included in the next stage of Coronavirus Disease 2019 (COVID-19) vaccine prioritization in Ontario (Phase 2).¹ To increase vaccination rates in this population, tailored communication strategies are needed to assist with confidence and uptake of COVID-19 vaccines.

This document aims to summarize information from Canadian and international jurisdictions on vaccine-related communication strategies and resources for clients and staff in community congregate living

settings. This information can support the development or implementation of communication plans and strategies tailored to reach staff and clients within community congregate living settings in Ontario. Vaccine administration plans for congregate settings are evolving daily, and this resource reflects information available up to March 19, 2021.

Methods

This environmental scan presents the results of a search of grey literature on COVID-19 vaccine communication strategies and resources for community congregate living settings, published by international and Canadian jurisdictions. The search strategy was conducted between January 18 and March 19, 2021. Records were obtained through online searches using Google Custom Search Engines for Canadian health departments and agencies, United States (U.S.) government websites, and international public health resources from Australia, Europe and the United Kingdom (U.K.). The search strategy included key words related to the key concepts relevant to the scope of the scan, full strategy available upon request. The first 100 results of each search were screened for relevance to COVID-19 vaccine communication resources for staff or clients in community congregate living settings, as well as broader guidance that may be applied to these settings. Resources tailored for long-term care, retirement homes and correctional facilities were excluded.

The documents reviewed for inclusion were summarized using the following categories: type of congregate living setting; intended audience of the communication strategy; overall communication guidance; tools, resources and communication channels recommended; and any challenges identified.

Results

In response to the prioritization of community congregate living settings in COVID-19 vaccine administration plans, several jurisdictions in Canada, the U.S., and U.K. have published relevant communication strategies targeting this population. The reviewed strategies and resources provide guidance for vaccine communication with staff and service providers,²⁻⁹ and communication materials intended to increase COVID-19 vaccine confidence and uptake among clients.^{3-6,10-15} A majority of the included resources provided specific guidance for use in shelters and with people experiencing homelessness,^{2-6,8,10-12,14,15} and a smaller number of resources were tailored for frontline workers and community-based organizations, which can be tailored for use in community congregate living settings.^{7,9,13}

The communication strategies identified in this report provide communication tools and resources to reach client populations in the various settings that they routinely access including health care, community-based organizations, encampments, and shelters. The search did not identify resources that specifically address COVID-19 vaccine communication in group homes or other community congregate living settings. Rather, the included and summarized strategies and resources are intended to support communication with people experiencing homelessness and clients of organizations providing community-based supports (e.g., shelters and community-based organizations).

The relevant strategies and resources identified through the search are summarized in this report using the following key themes: planning vaccine communication, vaccine communication with staff and service providers, vaccine communication with clients, and other considerations.

Planning vaccine communications

Relevant communication planning resources provide several strategies to optimize communication with clients of shelters and other services for people experiencing homelessness. These include having an overarching COVID-19 vaccine communication plan, creating tailored messages and planning for the use of multiple communication channels (e.g., flyers, posters, social media, radio, television) in various settings accessed by clients (e.g. shelters, encampments, public transportation).^{5,6,16,17} To build trust and confidence, many strategies also recommend identifying and partnering with people with lived experience and trusted community members to support the communication planning and dissemination.^{3,5,6,11,12}

Vaccine communication with staff and service providers

Several communication toolkits included guidance for building vaccine confidence among staff and service providers working with people experiencing homelessness, which is integral to increasing COVID-19 vaccine uptake among clients.^{2,7,9,13} Staff-focused guidance aims to support service providers and organizations to educate staff and employees about the COVID-19 vaccines, raise awareness of benefits of vaccination and address common questions and concerns.^{6,7,9,13} Enhancement of vaccine confidence among staff can be achieved through education and training; engagement of all levels of staff within an organization; providing opportunities to ask questions; encouraging senior leaders to be vaccine champions; sharing key messages through various channels (e.g., emails, posters, social media); and celebrating those who have been vaccinated (e.g., wearing pins, lanyards, posting pictures with permission).^{7,8,13,18}

Communication resources for staff also include supportive materials (e.g., communication checklists, meeting templates) that staff and service providers can use to help plan and assess their readiness to communicate with clients and people experiencing homelessness.^{2,19,20} Staff and service providers may also be identified as “vaccine ambassadors” to help communicate vaccine information and build trust and assist people experiencing homelessness to make informed decisions concerning COVID-19 vaccination.^{3,19}

Vaccine communication with clients

Strategies and resources tailored to clients of community congregate living settings and people experiencing homelessness focus on building vaccine confidence and self-efficacy through accurate, transparent messaging that addresses concerns and raises awareness of the importance of getting vaccinated.^{3,5,21} The communication should also reinforce that vaccination is a complementary measure to other COVID-19 prevention behaviours that are still necessary to prevent infection and serious illness.^{3,22-24}

Communication strategies tailored to clients should aim to address feelings of distrust of the health system among clients and people experiencing homelessness. The identification and involvement of trusted and trained community members (e.g., people with experience living in community congregate living settings, service provider staff, community organizers) who can act as vaccine ambassadors to support trust-building and vaccine confidence among clients and people experiencing homelessness, by providing information and answer questions.^{3,5,6,11,12,17,25} Communication strategies should ensure meaningful participation from people with lived experience with homelessness and Black, Indigenous, and People of Colour to help design and implement communications related to vaccine awareness, confidence building, and vaccine rollout.¹²

Communication strategies, such as entertainment-education (“edutainment”) and the sharing of personal experience narratives or storytelling by popular and trusted spokespersons may be more motivating than facts and statistics.⁵ Other approaches include fact sheets displayed in commonly accessed locations, fact sheets translated in multiple languages, visual and image-based fact sheets, short videos, infographics, and other creative strategies to reinforce vaccine-related messages in a more accessible way.^{4,5,10}

Other considerations

Vaccine-related messages tailored to community congregate living settings and people experiencing homelessness should aim to directly address actual and perceived barriers to receiving vaccination, facilitate information access, and foster self-efficacy to take the actions needed to get vaccinated.⁵ For example, clients may not have access to accurate information regarding COVID-19 vaccines due to limited internet access, lack of translated or otherwise accessible materials.⁵

Some communication strategies described barriers to reaching clients to administer a second dose of the COVID-19 vaccine.^{3,5,6} Communication-based strategies to address these concerns may include engaging with clinics where clients and people experiencing homelessness might be more likely to access services; identifying a vaccine champion within health care settings (e.g., emergency department, pharmacy, health clinic) who takes responsibility to encourage other healthcare providers to identify people experiencing homelessness to offer vaccination.^{3,6} In addition to these communication strategies, local health departments and vaccine administrators can work with other service providers to identify the most convenient days and times to reach the highest number of individuals, and host mobile vaccination clinics at shelters, day programs or food service programs at different sites.^{3,6}

Limitations

This report represents an exploratory search of emerging grey literature relevant to COVID-19 vaccine communication strategies and resources for use in community congregate living settings. The findings represent a snapshot of information available at the time the search was conducted. The search did not yield vaccine communication strategies and resources explicitly created for use in community congregate living settings. Rather, strategies and resources for communicating with people experiencing homelessness and clients of organizations providing community-based supports were included and summarized.

Despite inclusion of international jurisdictions in the custom, targeted search engines the search did not yield as many documents from the U.K., Canada, or Australia compared to the U.S. Future work on this topic could include reaching out to field experts in Ontario to inquire about additional documents for referral and other communication initiatives that do not have publicly available documentation.

There were no evaluations identified of the reviewed resources and strategies, so the impact of the tools and approaches on vaccine uptake could not be assessed.

Conclusion

Communication resources to support confidence and uptake of COVID-19 vaccines among clients and staff in community congregate living settings are limited. However, several jurisdictions have developed resources to support COVID-19 vaccine communication within shelters and other service providers for

people experiencing homelessness, which can be adapted for use in other community congregate living settings. Many communication strategies identified in this report are focused on providing communication tools and resources for application with clients broadly, rather than for application within a particular community congregate living setting. These tools and resources intend to reach client populations in the various settings that they routinely access including health care, community-based organizations, encampments, and shelters. Complementary materials for practitioners and partner organizations can help to build vaccine confidence by increasing staff knowledge and skills related to COVID-19 vaccines, which can increase vaccine uptake among both staff and clients.

Community congregate living settings are often discussed as a group, however, much heterogeneity exists between and within these settings. As community congregate living settings continue to be prioritized in COVID-19 vaccine administration, it is important to understand the unique barriers and facilitators faced by staff and clients within these settings, and other contextual factors related to communicating vaccine information among staff and clients.

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