Exploring Gaps in COVID-19 Related Information Dissemination and Vaccine Hesitancy in Asian Communities

Antonia Wang

Ryerson University - SWP 51 Practicum Student

ACCT Foundation/ACT2endracism

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Objectives

Understanding how COVID-19 related misinformation/disinformation is spread in Asian communities and how it can be combated

-Where are racialized communities receiving their health news from?

-How can health agencies disseminate accurate health information?

The spread of COVID-19 throughout the world has also brought forward what is now being called an “infodemic”. The World Health Organization (WHO) defines infodemic as an overabundance of both offline and online information. The flood of information, which is often conflicting, creates difficulties in determining what information is true and what to trust. Social media and technology are a method of instant information sharing through online communities or forums has become another method of spreading misinformation/disinformation. COVID-19 is the first pandemic in history to use information communication technology as a means to disseminate information about health safety and public guidelines. Yet the very same methods of communication are now enabling the spread of misinformation placing vulnerable communities at further risk.

The infodemic includes both false information that is shared without intent to harm (misinformation) and false information deliberately shared to misinform or cause risky health behaviour (disinformation). Combating COVID-19 misinformation and disinformation is necessary to protect a variety of at risk/vulnerable populations such as black, Indigenous, and people of colour (BIPOC), and older adults who are already disproportionately affected by COVID-19. This paper will focus on misinformation in Asian Canadian communities by exploring current barriers, examining where they are receiving their information, the impact of mistrust on vaccine confidence, and potential solutions that can remedy this. For the purpose of this paper, the term “misinformation” will be used to describe disinformation as well.

Context

Social media and online avenues have become accepted methods of health dissemination in Canada, with some health organizations and hospitals moving to online platforms like Twitter to share news. Yet these methods of health dissemination exclude a variety of different populations including but not limited to people with disabilities, people with limited or no Internet access, limited or no English language skills, and people who do not use the same social media platforms (Sharma & Kaur, 2017). This is one major barrier in health dissemination in Asian communities as they are excluded from accurate health information and may turn to alternative sources to find information.

People with higher income often have better access to the internet than lower income individuals, yet those without access to the internet are more vulnerable to health related problems (Sharma & Kaur, 2017). Racialized communities are already at higher risk of contracting COVID-19 and with higher death rates meaning that trust in government authorities and timely access to accurate health information is necessary. Inadequate access to culturally sensitive healthcare, language barriers, and uncertainty about COVID-19 vaccine is pushing newcomers to look for vaccine information on social media where they potentially come into contact with misleading or false information (Maltceva, 2021). Older adults are another high risk group affected by COVID-19 and are also more susceptible to misinformation due to a lack of media literacy (Sharma & Kaur, 2017). Considering how racialized and older communities are disproportionately impacted by COVID-19, countering barriers in health information dissemination is critical.

Recently, contact with misinformation has created conflicting opinions in families on whether people should vaccinate. Families have become divided over the safety of the

COVID-19 vaccine and whether they should take it (Renaldi, 2021). This is an increasing issue in families with people who do not speak English or are receiving information from international news or social media. COVID-19 misinformation in Asian communities is often spread through predominately non-English platforms, like WeChat, where these can spread unchallenged (Renaldi, 2021). Non-English speaking Canadians are excluded from access to accurate health information as there are no initiatives to address language barriers in health information. Combatting COVID-19 misinformation and vaccine hesitancy in Asian communities requires understanding where these communities are getting their information from.

The current use of social media as a method of information dissemination also fails to address differing levels of media literacy, and whether individuals (particularly older adults or individuals who do not have English or French as a first language) are accessing trustworthy websites (WHO or personal health blogs) to receive information. Age, income, and education levels are factors that lessen a person's likelihood of Internet use which can limit certain people from accessing health information yet these are also the populations most affected by COVID-19 (Manganello et al., 2016).

Fact checking websites have been established on numerous government websites and by the WHO, yet these have not been as far reaching as the misinformation. It is also difficult to debunk myths due to the novel nature of COVID-19, lack of scientific evidence (as they cannot post information they do not have), and the rapid spread of new misinformation that they constantly need to monitor (Hanson et al., 2020). Misinformation can appear legitimate due to professional sounding language or come from reputable websites with outdated information. Even satirical news posts can be taken out of context and spread around as the truth. Stories can easily be misinterpreted and clipped to remove parts to fit a narrative like vaccine conspiracies or

COVID-19 misinformation. COVID-19 related information is rapidly changing as vaccine approval and rollout continues which means misinformation related to COVID-19 and the vaccine are also changing.

Problem

There is a need to understand how information is shared through communities particularly in Asian communities who speak or read limited to no English. Racialized communities already experience unique adversities when it comes to healthcare and COVID-19 but there is limited research into how language acts as a barrier to access to information and a pathway to misinformation. The intersection between race, language, and health dissemination needs to be examined. Understanding how information reaches and is shared within Asian communities will help explore current barriers that prevent them from using existing channels of information and potential avenues to ensure health information is passed quickly to communities. With a global pandemic currently taking place, health information that is accurate, easy to understand, and culturally appropriate needs to be disseminated quickly to at risk communities.

Language is a major barrier to receiving and understanding health information but it should not be the only focus when it comes to addressing barriers in health dissemination. A study reported that Chinese immigrant women who received their health information in their preferred language had improved health literacy but it did not eliminate difficulties in comprehending the information (Todd & Hoffman-Goetz, 2011). Providing information in the preferred language is a step towards addressing barriers in health dissemination and preventing populations from seeking out information from other sources. Materials should be developed for a target audience rather than generic translations from its original language to another. This is an

important consideration when dispensing COVID-19 related news, as just translating the information into another language does not increase comprehension.

Culturally sensitive health care and education is necessary to address COVID-19 disinformation. Inadequate access to culturally sensitive healthcare, language barriers, and uncertainty about COVID-19 vaccines is pushing newcomers to look for vaccine information on social media where they potentially come into contact with misleading or false information (Maltceva, 2021). Individuals have been left to find health information on their own which is raising fears in whether or not they should take the vaccine. These populations who have been left to go online themselves become at risk of reading or even sharing misinformation. Without media literacy or knowledge of where to go to find accurate health information (even information in a language that they understand) they may not be able to determine which COVID-19 information is accurate. Online non-English language spaces are potentially rife with misinformation and are difficult to provide counter narratives for. Health information needs to come from a trusted source and in a language they understand for information dissemination in communities to be effective.

Language acts as one major barrier to receiving accurate health information and mistrust in healthcare sources could be another. Vaccine hesitancy is often believed to stem from people's troubled relationship with science, whether through poor understanding of it, denial or belief that they know better than experts (Kitchener Today, 2020). Maya Goldenburg, an associate professor at the University of Guelph with expertise in vaccine hesitancy and public resistance to science, questions whether this hesitancy is created from poor public trust in scientific institutes and governance (Kitchener Today, 2020). Goldenburg believes that the public will accept vaccines to the extent that they think that the government in charge of health and safety is working towards

their best interests (Kitchener, 2020). The newness and speed of the vaccine production are possible reasons why the public could be reluctant to accept the vaccine. The initial political nature of vaccine creation, as the USA and China were both vying to create the vaccine first, has caused communities to become concerned over the safety of the vaccine. The Canadian government needs to confront the conspiracy theories, potential financial conflicts of interest in research and public fears with transparency as they are a legitimate concern. Ignoring the misinformation about the COVID-19 vaccine will only allow it to spread and lower public trust when nothing is being said against it. Good public relations between science, government, and public is needed for trust to be restored.

Health dissemination may also be hindered by mistrust in health organizations and historic medical related trauma which has led individuals, particairily racialized communities, to turn to community leaders or community organizations for reliable medical information. Fears are left unaddressed in communities that are already at risk or disproportionately affected by COVID-19 and have inequitable access to resources and information. The Canadian government pushing for individuals to vaccinate without addressing any of the community's concerns only exacerbates their mistrust and fears. Essential workers, many who are racialized (Black or South East Asian) or work in healthcare, can be a valuable resource for health dissemination and addressing misinformation and vaccine hesitancy.

Vaccine hesitancy in nurses/health care workers demonstrates a severe lack of trust from the public to health agencies or the government. Many of the nurses who are hesitant or refuse to take the vaccine because they are worried about the safety of it, which could be contributing to why racialized communities are also hesitating (Hunter, 2021). If healthcare professionals in

local communities are hesitating about taking the vaccine then it sends the message that the vaccine is not safe.

Vaccine hesitancy and its reasonings may have changed as more nurses are vaccinated and no side effects are being shown but the questions will continue to arise as different vaccine brands are brought to Canada, like the fears surrounding Vaxzevria (formerly AstraZeneca) and blood clots. The Vaxzevria vaccine has been linked to blood clots as a potential and very rare side effect and news headlines have made people very reluctant to take it. There have been numerous reassurances by different health agencies that the overall benefits of taking Vaxzevria outweighs the risk of side effects but the fears still linger (European Medicines Agency, 2021). Interviewed government vaccine advisors revealed that they would not take Vaxzeria if they had the option of taking others like Pfizer, Moderna, or Johnson & Johnson (Cohen, 2021). If vaccine advisors feel that way, the sentiment is likely shared by the public.

There is also an added layer of mistrust in health agencies from racialized healthcare workers, who have experienced systemic racism and as a result have low trust in healthcare authorities. Communities and even racialized healthcare workers are “more likely to trust leaders in their community - organizers, religious leaders” (Hunter, 2021). Vaccine hesitancy in healthcare professionals, individuals who are assumed to know what is medically safe for the public, gives the impression that the vaccine is not safe for the public creating further mistrust when the government insists it is safe. Government mistrust needs to be addressed for healthcare workers to become a part of the efforts to address COVID-19 misinformation and vaccine hesitancy in communities. Healthcare professionals can be a valuable resource when it comes to addressing misinformation in Asian communities, particularly healthcare workers who can speak in an individual's first language.

An excellent example of government working with communities to promote the vaccine and show others within their community that the vaccine is safe is the actions taken by a variety of Indigenous communities. Remote Indigeous communities have begun the vaccine rollout, and they are a community that has a long history of racial discrimination particularily in healthcare (Owen, 2021). The Tahltan Nation in northwestern BC and Gitga'at have both shared photos and posts over social media about receiving the vaccine (Fiddler, 2021). These photos from Indigenous communities are a powerful way to share with other Indigenous communities who may be reluctant to take the vaccine that other members of the larger community are taking it. Social media can be used to combat misinformation and vaccine hesitancy by sharing stories from trusted leaders. The appointed leader for Manitoba Keewatinowi Okimakanak, Barry Lavallee, stated that having a partnership with the province and a voice at the table for the vaccine rollout will benefit everyone (Fiddler, 2021). Working with the community leaders or chiefs can be a powerful method of encouraging communities to trust and take the vaccine which is something that is currently lacking in many Asian communities.

In Toronto, 79% of people who contracted COVID-19 in the city between mid-May and the end of November, 2020, identified as racialized (Bascaramurty, 2021). Racialized communities have been identified as a priority group when it comes to vaccination. Yet, as the vaccine has begun to roll out many essential workers and even health advocates are hesitant to receive the shot for a variety of reasons. Health agencies have begun to organize weekly sessions so health care providers can build trust with advocates, who in turn can build trust with the community. Trust in the vaccine could go up as time passes and no major side effects are revealed but working with trusted community members can speed up the process as waiting is not advisable. People often trust who is sending the message over what the message actually is.

If one believes that the sender has their best interest in mind then they are more willing to trust the message or look at it. Dana McIntosh, a recognized community member in Toronto's Jane and Finch area, had encouraged community members to take the COVID-19 nasal swabs if they were frequently going outside. McIntosh had gone through the nasal swab before and was able to speak out against common fears or misconceptions about the nasal swab (ex. That it would hurt, whether one's brain would move or cause a nosebleed). McIntosh's approach to encouraging people was not to use scientific language but to frame the need for COVID-19 testing as a means of protecting their loved ones. Similarly themed messages should be used when trying to promote the trust.

The literature surrounding vaccine rates, misinformation in Asian communities, mistrust in health organizations, and equitable access to resources is changing as vaccine rollout progress and further research is needed. Another avenue that needs to be explored is a community's ability to access the vaccine. Canada has selected pharmacies to participate in the vaccine rollout yet a report from Toronto revealed that areas that are hardest hit by COVID-19 are also the least vaccinated (Hune-Brown, 2021). Those areas do not have pharmacies that offer the vaccine and the booking system for them excludes people with no internet access or limited English. While the report is Toronto based, it does highlight a variety of barriers that are preventing communities that need the vaccine from accessing it like location of vaccine clinics, internet access, language, no available sick days/paid time off, and mobility/access to transportation (Hune-Brown, 2021).

Recommendations/Gaps

There are still large gaps in information dissemination in East and Southeast Asian communities that still need to be explored. Addressing misinformation in online spaces is necessary to promote vaccine trust and protect at risk communities who are already being

disproportionately affected by COVID-19. Communities are fearful and rightfully have questions about COVID-19 and the vaccine that need to be answered before they can feel confident and make an informed decision. People turn to misinformation due to fear, and these fears are understandable when they are not receiving the information they are looking for from the government especially when they are excluded from information due to language barriers. The decision to take the vaccine is ultimately up to individuals but it needs to be an informed one.

Further research needs to be done to understand how to lessen the spread of misinformation and its link to vaccine hesitancy in Asian Canadian communities. These are questions such as:

- How does foreign news (headlines in China, Korea etc) affect health safety behaviour and misinformation in Canada?
- What are healthcare workers seeing in terms of vaccine hesitancy in Asian communities?
- What patterns have Asian communities seen emerging regarding misinformation about COVID-19 and vaccination?
- What are the vaccine concerns in Asian communities?
- What other barriers exist that prevent Asian communities from accessing the vaccine?

Below are some recommendations for addressing misinformation and promoting trust in both government and the COVID-19 vaccine in Asian communities.

- Engaging racialized health care providers in techniques/webinars to promote vaccine safety within communities in first language, as health care workers are often seen as a trustworthy source of health information
- Use of gamified/interactive learning as a means to correct misinformation and adapted for vaccine related information (ex. “It's contagious” program by Digital Public Square)
- Network building with different communities, supporting local and community based approaches, messages from community/faith/religious leaders, and trust building
- Increasing citizen resilience through education, critical thinking in online and offline information
- Moving translated health information onto common social media platforms frequently used by different Asian communities like TikTok, Facebook, WeChat or Twitter where the misinformation is being spread
- Creation of panels and discussions with local healthcare professionals (researchers, scientists) with target audiences with Q&A
- Develop webinars based on communities interest and needs
- Incorporation of culturally and linguistically diverse communities in creating COVID-19 information campaigns
- Implementation of mobile and popup vaccine clinics within communities with healthcare workers who can provide care in first language
- Messages should be reframed to ones of compassion and protecting loved ones over scientific language and from members of the community
- Address and engage public institutions about concerns of temporary foreign workers/migrant workers especially in regards to fears of job loss/reprisal due to vaccine side effects and access to vaccination.
- Community engagement and information dissemination through public influencers known in Asian communities
- Creation, translation, and dissemination of COVID-19 related health information (pamphlets, infographics, videos)

References

Bascaramurty, D. (2021). Racialized Canadians have some of the highest rates of COVID-19 infections in the country. Who can allay their doubts about taking the vaccine? *The Globe and Mail.* Https://www.theglobeandmail.com/canada/article-racialized-canadians-need-the-covid-19-vaccine-more-urgently-than-most/

Cohen, E. (2021). Government vaccine advisors say they don't foresee AstraZeneca vaccine being used in the U.S. *CTV News.* Https://www.ctvnews.ca/health/coronavirus/government-vaccine-advisers-say-they-don-t-foresee-astrazeneca-vaccine-being-used-in-the-u-s-1.5381038

European Medicines Agency. (2021). AstraZeneca's COVID-19 vaccine: EMA finds possible link to very rare cases of unusual blood clots with low blood platelets. Https://www.ema.europa.eu/en/news/astrazenecas-covid-19-vaccine-ema-finds-possible-link-very-rare-cases-unusual-blood-clots-low-blood

Fiddler, W. (2021). Vaccine rollout picks up speed in First Nations across Canada. *Global News.* Https://globalnews.ca/news/7552690/vaccine-rollout-picks-up-speed-in-first-nations-across-canada/

Hanson, S., Orru, K., Torpan, S., Bäck, A., Kazemekaityte, A., Meyer, S. F., Ludvigsen, J., Savadori, L., Galvagni, A., & Pigrée, A. (2020). COVID-19 information disorder: Six types of harmful information during the pandemic in Europe. *Journal of Risk Research*, ahead-of-print(ahead-of-print), 1-14. https://doi.org/10.1080/13669877.2020.1871058

Hunter, J. (2021). Vaccine-hesitant care-home workers present a major challenge for public-health advocates. *The Globe and Mail.* Https://www.theglobeandmail.com/can

ada/british-columbia/article-vaccine-hesitant-care-home-workers-present-a-major-challenge-for/

Hune-Brown, N. (2021). The vaccine rollout is leaving Toronto's hardest-hit postal codes behind. *The Local.* Https://thelocal.to/the-vaccine-rollout-is-leaving-torontos-hardest-hit-postal-codes-behind/

Kitchener Today. (2020). How public health units can gain public trust; U of G professor. Https://www.kitchenertoday.com/coronavirus-covid-19-local-news/how-public-health-units-can-gain-public-trust-u-of-g-professor-2685413

Maltceva, M. (2021). Building trust with refugees and new immigrants can dispel vaccine hesitancy and misinformation, health experts say. *National Post.* Https://nationalpost.com/news/canada/building-trust-with-new-immigrants-and-refugees-can-dispel-vaccine-hesitancy

Manganello, J. A., Gerstner, G., Pergolino, K., Graham, Y., & Strogatz, D. (2016). Understanding digital technology access and use among New York State residents to enhance dissemination of health information. *JMIR Public Health and Surveillance*, 2(1), e9. https://doi.org/10.2196/publichealth.4442

Owen, B. (2021). COVID-19 vaccine arrives in remote First Nations across Canada. *The Globe and Mail.* Https://www.theglobeandmail.com/canada/article-covid-19-vaccine-arrives-in-remote-first-nations-across-canada-2/

Renaldi, E. (2021). Families divided over COVID-19 misinformation from conflicting news sources. *ABC News.* Https://www.abc.net.au/news/2021-04-06/families-divided-over-covid-coronavirus-misinformation/100038156?utm_source=abc_news_web&utm_medium=content_shared&utm_content=mail&utm_campaign=abc_news_web

Sharma, P., & Kaur, P. D. (2017). Effectiveness of web-based social sensing in health information dissemination—A review. *Telematics and Informatics*, 34(1), 194-219. doi:10.1016/j.tele.2016.04.012

Todd, L. & Hoffman-Goetz, L. (2011). Predicting health literacy among english-as-a-second-language older chinese immigrant women to canada: Comprehension of colon cancer prevention information. *Journal of Cancer Education*, 26(2), 326-332. doi:10.1007/s13187-010-0162-2