

Policy and Practice Brief

Co-designing health literacy videos with First Nations communities during a pandemic.

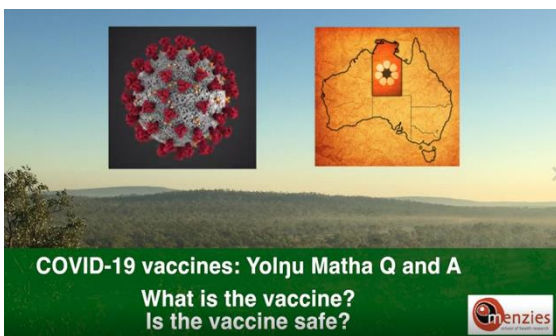
Findings and Recommendations

Background

Creating health literacy resources during a pandemic is crucial to ensure individuals are empowered with accurate and understandable information, which enables informed decisions.

In March 2021, when the Australian government offered COVID-19 vaccines to First Nations adults there was no vaccine information designed with, or for, the priority group in the Northern Territory. The pandemic, coupled with the “infodemic” of misinformation, meant First Nations peoples in the Northern Territory were hearing “the wrong story” about COVID-19 vaccines.

To address this gap, First Nations leaders collaborated with clinicians, communication researchers and practitioners to co-design 22 COVID-19 vaccine videos presented by First Nations leaders who spoke 11 languages: Arrernte (Eastern and Western), Burarra, English, Kunwinjku, Ngan’gikurunggurr, Murrinh-Patha, Warlpiri, Tiwi and Yolngu Matha.



This project serves as a model for effective health communication that prioritises relationship-building, trust, and co-design, leading to more meaningful and equitable health outcomes. By prioritizing relationships, local languages, and community leaders, health communication strategies can counter misinformation and build trust between marginalized communities and health services.

Key Findings

Trustworthy messengers:

- First Nations leaders were video presenters. Leaders bridged the gap between community members and healthcare providers, addressing a history of mistrust due to colonising systems and practices.
- Leaders could be held to account by their communities which meant information was trusted.
- The message did not attempt to enforce vaccination but instead provided information to sovereign individuals to make an informed choice.
- Trust is the cornerstone of effective communication.

Personalization and language:

- Real people presented information in the videos, increasing engagement and accountability.
- Use of First Nations languages increased relevance and comprehension.
 - Messages recorded in First Nations languages were reviewed by independent language speakers who translated the message into English. The back translation was reviewed by clinicians to ensure the information was clinically correct.
- Animations, commonly used for video resources, cannot be held to account which reduces impact and perceived trustworthiness.
- Animations and dubbed footage are less accessible for those who experience hearing impairment (approximately 43% of First Nations people).

Cultural responsiveness:

- Co-design process involved:
 - community leaders and Elders which ensured messages were localised to different communities.
 - clinicians who had fostered relationships of trust with leaders over many years of clinical practice in communities.
- Codesign resulted in empowered leaders who could empower family and friends with the right information to make informed decisions.
- Videos were meaningful because respectful verbal and body language was used. Video presenters displayed the same communication norms as viewers.
- Effective communication prioritises relationships and includes tone of voice and body language.

Flexibility and engagement:

- A briefing document in plain English was supplied to video presenters, who prioritised conversations with Elders, educators, linguists and family members before recording the video. This recognizes decisions regarding healthcare are made as a group. Any thoughts or questions arising from conversations were discussed with clinicians and the communications specialists.
 - The document ensured uniformity of the clinical message across language groups to limit the possibility of contributing to the “infodemic”.
 - The document included an open invitation to contact clinicians if vaccine related concerns were unaddressed and presenters/communities were invited to adapt the message to suit local contexts.
- Video presenters, in consultation with community leaders, chose video format. Some chose to deliver information direct to camera (as per mainstream communication norms) and others chose to present the information in a Q and A format. The Q and A included a leader, an Elder and a clinician was used in the Yolŋu Matha, Kunwinkju and English videos. The Q and A format has been found to be the most effective way to counter conspiracy theories.

Social media:

- Sponsored Facebook posts had the highest impact, reaching a large audience at a low cost.
- Reusing video content strategically can extend its impact. Reposting videos at crucial times led to increased reach and engagement, countering “fake news” and enhanced community support.
- Responding to evolving social media trends, such as TikTok, should be considered.
- Videos shared on government branded social media sites achieved limited traction.

Implications and Recommendations

Community-centric approach:

- Health communication strategies should address the communities' questions and concerns.
 - Resources should grow from communities, not be imposed from authorities as per the top-down approach to health communication that has traditionally been favoured by health professionals.
- Resources must be culturally responsive, linguistically appropriate, and personalized to resonate with the community.

Trust and relationship building:

- Building trust between mainstream health services and marginalised communities is paramount for effective communication. Invest time to build the right relationships with leaders, Elders, educators and others
- Focus on long-term relationship-building over one-time campaigns for lasting impact.

Inclusivity in communication platforms:

- Utilize popular social media platforms among target populations, adapting to evolving trends.
- To foster trust and engagement, avoid platforms associated with colonial ideals/branding
- Employ strategic reposting to respond to critical events and maintain engagement.

Flexibility and continual engagement:

- Be flexible during all stages of the production: community leaders and Elders know how to communicate with their family and friends.
- Communication norms differ among cultures. Messages which do not fit with the communication norms of the target audience have a high chance of failure.

More Information

- Kerrigan, V., Park, D., Ross, C. et al. Countering the “wrong story”: a Participatory Action Research approach to developing COVID-19 vaccine information videos with First Nations leaders in Australia. *Humanities and Social Sciences Communications* <https://doi.org/10.1057/s41599-023-01965-8>
- Kerrigan, V., Park, D., Ross, C., Davies, J., & Ralph, A. P. 2023 (in press) Codesign impactful health literacy videos, *The Lancet* [https://doi.org/10.1016/S0140-6736\(23\)00010-7](https://doi.org/10.1016/S0140-6736(23)00010-7)

Contact: Dr Vicki Kerrigan, Menzies School of Health Research. E: vicki.kerrigan@menzies.edu.au