

## HCQ Consumer Conversation: The COVID-19 vaccine roll out in Queensland: What's working and what could be better

Date: 22 June 2021

Attendees: 12 consumers and carers, 8 staff members from Queensland Health and one PHN, 6 staff members and Chair from HCQ,

Last week, Queensland Health gave a record 80,000 doses of the COVID-19 vaccine. This issues paper shares consumers' most recent experiences of the rollout including their reactions to ATAGI's latest revised recommendations for the Astra Zeneca vaccine. It also presents their ideas and suggestions about what needs to improve so that the roll-out feels well-run, safe and person-centred.

### Summary:

#### Communications

- Everything is changing so quickly so that by the time communications are distributed, they are no longer relevant. Address key issues such as motivation, urgency, collective responsibility and potentially trust.
- Develop communications which create emotional connection. Use people in community, such as Indian Australians, to share their story to motivate people. Address complacency, lack of motivation and hesitation
- Recognise where people are getting their information from; not everyone is accessing information from the Internet so need to consider other means of communication.
- Who can people trust to delivery high quality information? A desire to skill up local leaders with information so they can share it with their community.
- Consumers perceive Queensland Health is being constrained by the Commonwealth. Consumers are keen for Queensland Health to take the initiative and develop comms that work for Queenslanders, as it is perceived they did during the pandemic.
- Stop labelling people as 'vulnerable'; as it is just covering up inequity. Consider what the system needs to do to support people struggling to access information/vaccinations.

#### Booking the appointments and having the vaccine

- Consumers are not experiencing the roll-out as person-centred.
- Consumers would like the vaccination program to feel well-run, safe and person-centred.

#### Be prepared for new outbreaks

- There are no supports for people who have to isolate.

### Communications

**Challenge:** Everything is changing so quickly so that by the time communications are distributed, they are no longer relevant.

**Consumer suggestion:** *“Address the underlying issues and don’t get bogged down in the day to day changes. Motivation, urgency, collective responsibility, compassion, and solidarity need to be the foundations of our comms.”*

**Challenge:** Addressing complacency, lack of motivation and hesitation

**Consumer suggestion:**

- *“When we first started talking about Covid there was a real sense of ‘we are all in this together, we’ll get through together, united, Queenslanders, Australians’... but ever since then it has been splintering. Yet with the Delta variant spread by fleeting contact - if that doesn't put the fear of God into people, what will? This is not the time to relax. The message needs to be: let’s be ready and be stronger.”*
- A truly person-centred communications approach will include the bigger picture as detailed above and also tap into what the vaccine means on an individual level for people e.g. wealthier older people are keen to have it so they can go travelling again.
- Find out more about why people are hesitating. For example, some CALD consumers are worried about the rise of new variants from overseas and the ability of the vaccine to hold up against these new strains. *“We need to do a better job of understanding what the impacts are overseas and make that relevant to what’s going on here.”* Another consumer pointed out more practical concerns: finding an appointment for a time when she was able to take sick leave in case of side effects or trying to fit an appointment around child care or other caring arrangements.

**Challenge:** Dull, uninspiring communications which lack any narrative or connection

**Consumer suggestion:**

- Develop communications which create emotional connection. For example:
- *“Dr Nick Coatsworth [who is currently fronting the Commonwealth’s TV ads] is not inspiring. Let’s see everyday people who have had terrible experiences because of this virus, e.g. the Indian Australian population in Queensland. There needs to be a community voice in the communications followed up by crystal clear direction.”*
- *“I went to a moving ceremony at Gold Coast Hospital run by the chaplaincy services for people with an Indian background. I actually had tears in my eyes listening to professional clinicians doing their jobs but constantly getting streams of news from India of losing loved ones, parents, and how the pandemic is essentially ravaging them in India.”*
- This would also help to address the dissonance between the ‘call to arms’ urgent tone of the messaging and the current perception for many that we are only dealing with isolated, sporadic outbreaks which seem to be easily contained.

**Challenge:** Where people are getting their information

**Consumer response:**

- The consumers attending this Conversation are exceptionally health literate and it is no surprise that many get their information via health committees they sit on, NGOs they are connected with or that they subscribe to the CHO updates or receive notifications “all the time” from Queensland Health and Greg Hunt or via Reddit.
- But they also reported that many of their friends and family members get their information through the media which still seems to be the dominant voice of ‘truth’ about the virus and the vaccines and withstanding the pressure of the media headlines is causing anxiety. One health literate consumer told us: *“I received my first AZ vaccination 10 hours before it was changed to*

50+. Now I have been told by family [who get their information from the media] that the second dose will be worse or that there will be no more access to AZ for people under 60 so I won't get the second dose."

- Other consumers are also relying on information from overseas especially about new and emerging variants.
- Another consumer who represents a volunteer health support association pointed out that how people receive information is as important as who is providing it: "Too much is down to the internet. A lot of people can't sit in front of computer or TV so they are not in a position to get the information unless it is a hard copy."
- The importance of going out to community hubs was underlined by the Strategic Communications Branch who reported on the success of their information day at Logan TAFE which was run in tandem with community partners for migrant students and their families and networks. "It's an intensive way to deliver information but people can ask questions in a comfortable way."

**Challenge:** Who can people trust to delivery high quality information?

**Consumer response:**

- "We've got to move past this notion of only politicians and doctors handing out the information and look at other people who are trusted in the community."
- Community champions and leaders are trusted sources of information particularly for First Nations consumers rather than Queensland Health.
- COTA Queensland's peer education program taps into the trust people have in their community clubs e.g. Rotary, where people feel comfortable together. COTA trains up the peer educators to-facilitate a conversation which reveals people's issues which they can address with the correct information. The content is co-designed with the presenters so all acronyms are removed and it is delivered in the relevant language.

**Challenge:** GPs feel disempowered as trusted sources of information

**Consumer response:**

- Many consumers turn to their GPs or are referred to them for information and to talk through particular concerns yet they are often notified of changes after their patients, e.g. one GP was shown tweets from their patient about the changes to the Astra Zeneca guidelines whilst they were giving them the Astra Zeneca vaccine. "That is quite messy and difficult for consumers if they are the source of information for people who they think are the source of information for them."
- Work together and leverage the trust placed in GPs by setting them up for success with coordinated communications systems which ensure that GPs are fully informed and briefed of any revised recommendations ahead of the general public so that they can remain trusted sources of information and advice.
- Don't overpromise and compromise consumers' trust in GPs. Ensure communications can live up to the reality. A representative from a PHN added that many people have expected direct contact from GP or specialist about the vaccine but many are hesitant to proactively contact eligible patients as they don't have sufficient supply or capacity to meet demand.
- For example, the message that consumers are currently hearing about being able to get Pfizer from their GP by the end of July is inaccurate and the majority of consumers will be disappointed if they believe this because there simply isn't the supply to back up this assertion.

**Challenge:** Consumers perceive Queensland Health is being constrained by the Commonwealth

**Consumer response:**

- Consumers asked a number of questions of the Strategic Communications Branch around how far Queensland Health can really direct its own communications around the roll-out and the Branch acknowledged it had to work with the Commonwealth's communication programme.
- Queensland Health earned itself a reputation for being nimble around the pandemic response but consumers have noted a big shift in its ability to manage the communications and implementation of the vaccine rollout proactively.
- There was a real sense of frustration amongst consumers that Queensland Health is being restrained in this way with one asking, "If the Commonwealth won't do it, why can't Queensland Health do it?"

**Challenge:** People who are labelled as 'vulnerable'

**Consumer response:**

There was considerable support for a consumer's recommendation that we stop calling people 'vulnerable' as all it is doing is covering up inequity. Instead, Queensland Health is invited to look at what it is doing at a systems level to put supports in place for anyone who is struggling around access and information.

## Booking appointments and having the vaccine


**Challenge:** The roll-out is not experienced as person-centred

**Consumer response:**

- The roll-out currently feels like a poorly-programmed machine which needs constant updates.
- Consumers welcomed Queensland Health's finding that the volunteers who are working in the hub are making the experience more pleasurable and therefore more person-centred. The volunteers reported that consumers who have just had the vaccine express a lot of gratitude and there is a huge sense of relief.
- Ensure the logistics can meet and manage the expectations of the people once they decide to have the vaccine. Prepare people for the complexities of the booking system and the corresponding lack of availability of either a particular vaccine or appointments.
- A CALD consumer reported that it is very difficult to navigate the online booking system. There is an ongoing need for an access point and private space to ask questions which may be culturally specific or they may feel embarrassed to ask.
- Enable more people to easily access interpreters when they call 13 Health. At present, you can only request an interpreter once you are actually speaking to a responder. A person who could not speak English would need a support person with them in order to understand and navigate the five initial prompts which are only in English.
- The booking system needs to address and integrate the needs of CALD consumers. Currently the Multicultural Connect Line is receiving a high volume of calls from people who are confused about whether they are eligible and how to book in for a vaccination and they are having to refer people on to GPs for support.
- Decrease waiting times and rethink the on-hold music and constant repetitive messaging.

## Be prepared for new outbreaks

**Challenge:** There are no supports for people who have to isolate



**Consumer response:**

- Re-activate the care army and other supportive groups and agencies. Although consumers have been advised that there will be new outbreaks of the virus as new strains circulate around the community, an NGO representative highlighted the plight of individuals and whole communities who are having to isolate in Queensland yet the practical supports and networks for people isolating which were put in place in March 2020 are no longer available.
- Consumers agreed, this drop off ties in with the impression of a lack of motivation and urgency
- Consumers also need to be aware that if there is a big outbreak, the new recommendations for Astra Zeneca may need to change again.