

# What we learned about language, health communication and inequalities in the context of Covid-19: results from a systematic scoping review.

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## Outline

- o What are systematic scoping reviews?
- o Context: pandemics and communication inequalities
- o Review: aims, identification, study selection and analysis
- o Results: Studies of general population that revealed inequality
  - o Studies of sub-groups disproportionately affected by the pandemic
- o Discussion, lessons learnt & knowledge gaps
  - o Studies of practical attempts to address inequalities

# Scoping vs systematic reviews

## *Scoping Review*

maps the body of literature on a topic (often a broad topic) and identifies key concepts and research gaps; it may include data from any type of evidence and research methodology.

Pham, M. T., Rajić, A., Greig, J. D., Sargeant, J. M., Papadopoulos, A., & McEwen, S. A. (2014). A scoping review of scoping reviews: advancing the approach and enhancing the consistency. *Research Synthesis Methods*, 5(4), 371–385. <http://doi.org/10.1002/jrsm.1123>

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <http://doi.org/10.1080/1364557032000119616>

## *Systematic Review*

A systematic review uses systematic and explicit methods to identify, select, and critically appraise relevant research and to collect and analyse data from included studies; it traditionally brings together evidence from the quantitative literature to *answer questions on the effectiveness of a specific intervention for a particular condition*

# Health communication during pandemics

## *Communication*

= tool for implementing public health measures, i.e. non-pharmaceutical interventions (e.g., physical distancing or face covering), lockdown/quarantine interventions and mass vaccination

## *Communication inequalities*

= differences, variations, and disparities in communication that had the potential to negatively impact groups defined by protected characteristics, gender, or socioeconomic disadvantage.

## *Lessons learned form previous events*

use trusted messengers, deploy a mix of communication channels and formats, and most importantly, actively work with communities in the co-creation of effective communication strategies (Koval et al., 2021; Lin et al., 2014; Ryan et al., 2021; Savoia et al., 2013; Vaughan & Tinker, 2009)

# Review: aims & rationale

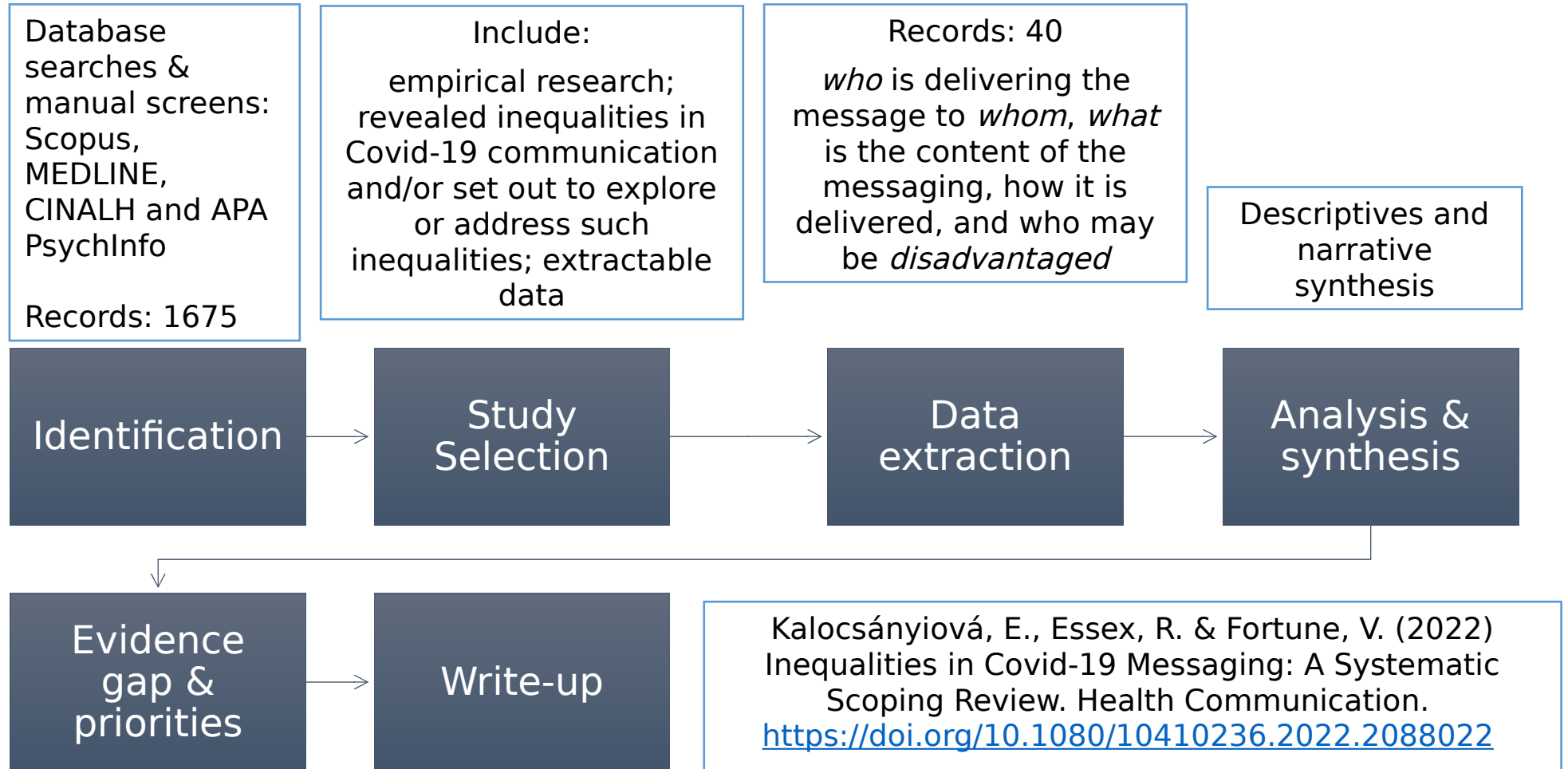
## *Aim 1*

understand what communication inequalities exist in the context of Covid-19 and which populations are (most) affected, and

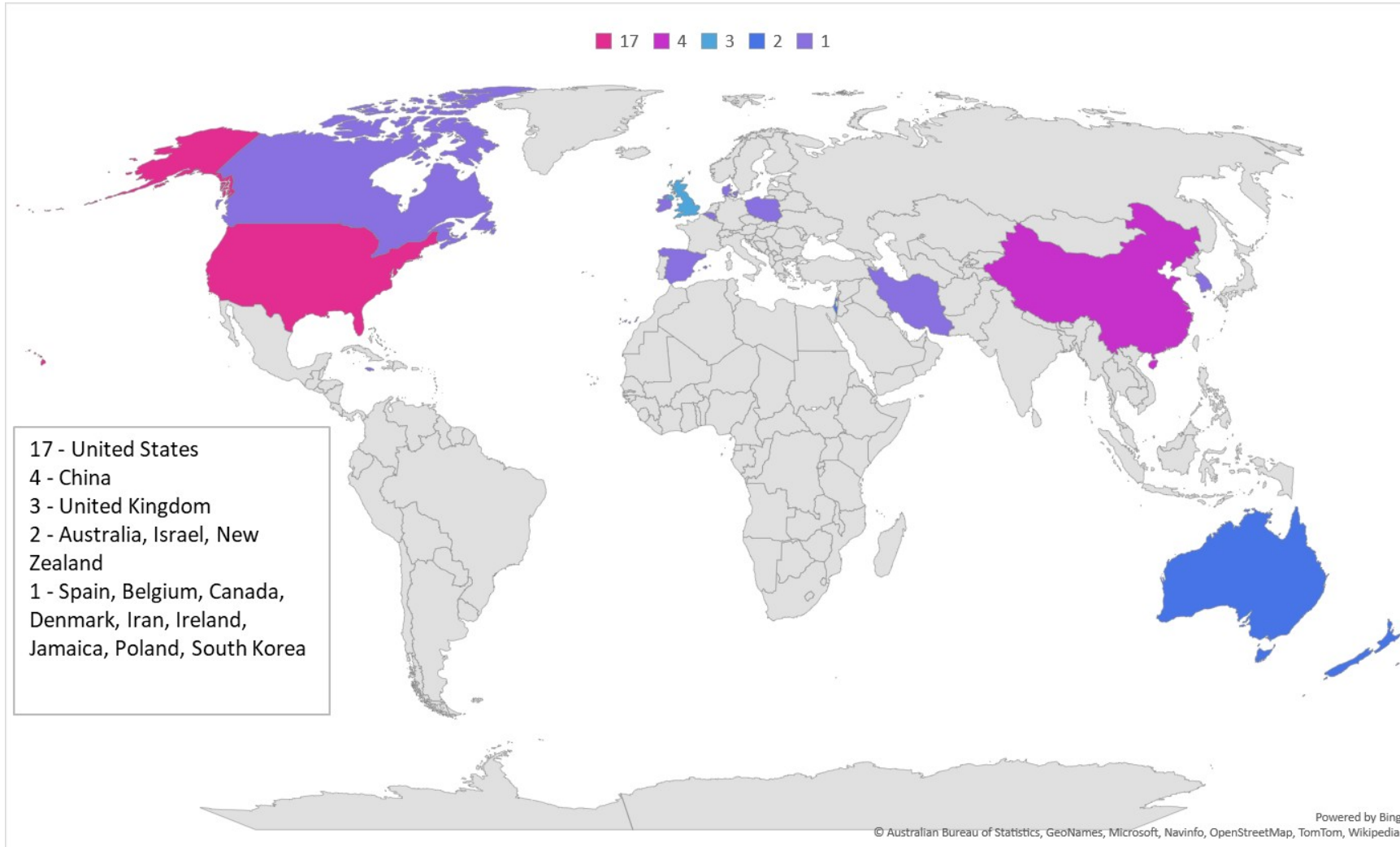
## *Aim 2*

to explore whether practices suggested in the past have been implemented to reach, engage, and communicate effectively with disadvantaged groups in the context of this pandemic

# Review: steps involved



# Review: descriptive results I



# Review: descriptive results II

## *Area of focus*

majority of studies => comprehensive public health guidance related to Covid-19 (i.e., advice for the public about preventive measures, common symptoms, restrictions, testing and vaccination)

## *Messengers and channels*

government and major healthcare bodies, faith leaders, community organisations and physicians;

radio and television broadcasts, digital platforms, emergency text alerts, loudspeakers and door-to-door distribution

## *Methods / study design*

Qualitative (21), Quantitative (14), Mixed method (5); total N = 48,454 participants.



# Results: studies of general population that revealed inequality

Communication inequalities along **race** (Woko et al., 2020), **language and ethnicity** (Blake et al., 2021; Higashi et al., 2021; Kusters et al., 2021; Mayfield et al., 2021; McCaffery et al., 2020), and **gender** (Alvarez et al., 2021; Yu et al., 2021)

Differences were also noted in relation to the research participants' **age** (X. Wang et al., 2020), **educational status** (H. Wang et al., 2021), **geographical location** (Jarynowski & Skawina, 2021; Kalocsányiová et al., 2021), and **chronic health conditions and disabilities** (Blake et al., 2021; Fernández-Díaz et al., 2020).

Interestingly, there were two studies that considered population heterogeneity in their design, but revealed little to no differences related to race, educational status, gender, or healthcare status groupings (Torres et al., 2021; van Scoy et al., 2021)

# Studies of sub-groups disproportionately affected by the pandemic

Explored the challenges of reaching certain sub-groups within the population / the messaging preferences of groups that have been disproportionately affected by the pandemic

Unmet information needs arose from:

- **language barriers** and **insufficient or inadequate translation** into community/migrant languages (Brønholt et al., 2021; Elers et al., 2020; Vanhamel et al., 2021; Wild et al., 2021);
- **lack of information reflecting the lived experience** of individuals and/or considerate of their **specific circumstances or vulnerability** (Bailey et al., 2021; Cheng et al., 2021; Dai & Hu, 2021; Eshareturi et al., 2021; Montgomery et al., 2021); and
- **hard-to-access or ineffective communication channels** (Cheng et al., 2021; Kalagy et al., 2021; Vanhamel et al., 2021).

# Studies of practical attempts to address inequalities

Implementation and evaluation of “interventions”: **case studies** of community engagement through **multisector partnerships** (Brewer et al., 2020; Despres et al., 2020; Feinberg et al., 2021; Fletcher et al., 2020; Humeystewa et al., 2021; Karamidehkordi et al., 2021; Liebman et al., 2020; Ramos et al., 2020; Romem et al., 2021; Villani et al., 2021; Wieland et al., 2021), **virtual ethnography** of a volunteer-driven disability **support network** (Dai & Hu, 2021) a **randomised control trial** to assess the effectiveness of physician-delivered Covid-19 prevention messages in Black and Latinx communities (Alsan et al., 2021)

Recommendations: incorporation of community voices in risk and health messaging, participatory generation of pandemic communications, active tackling of Covid-19 myths and misinformation, regular revision of message contents in response to community concerns

But: impact was evaluated almost exclusively in terms of reach data without giving due consideration to the feasibility/acceptability of the proposed communicative measures and their real-world impact (e.g. on adherence to Covid-19 measures, improved health outcomes)

## Discussion & limitations

- Results corroborated the findings from earlier pandemics by confirming the role of sociodemographic, cultural, religious, and economic factors in facilitating / jeopardising the public's capacity to access and act upon public health messaging
- Lessons from previous health events (importance of community partnerships, trusted messengers and the co-creation of health and risk messages) had been taken on board, BUT the volume of Covid-specific research uncovering communication inequalities along racial, ethnic, economic, geographic, and educational lines highlights serious inadequacies

Limitation: monolingual search terms (potentially relevant non-English publications)

speed of new research emerging

# Knowledge gaps & future research

- Communication with individuals with special needs or disabilities and those who were required to shield throughout the crisis due to their age and/or underlying health conditions
- Communication disadvantage faced by frontline workers (often migrants, ethnic and racial minorities, and low-paid workers)
- Communication with different segments of the public about the gradual phasing out of public health measures
- Tailored approaches to tackle misinformation

# Thank you for listening!

feedback  
ideas  
comments  
thoughts  
suggestions



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## Related publications

Erika Kalocsányiová, Ryan Essex & Vanessa Fortune (2022) Inequalities in Covid-19 Messaging: A Systematic Scoping Review, Health Communication, DOI: [10.1080/10410236.2022.2088022](https://doi.org/10.1080/10410236.2022.2088022)

Erika Kalocsányiová, Ryan Essex & Damian Poulter (2021) Risk and Health Communication during Covid-19: A Linguistic Landscape Analysis, Health Communication, DOI: [10.1080/10410236.2021.1991639](https://doi.org/10.1080/10410236.2021.1991639)