**ual: social design institute**

# Countering the Disinformation Machine: Public engagement with Southwark Council's COVID-19 immunisation strategy

## Seed Fund Award 2021

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# Contents

# Summary

This pilot study demonstrates the value of human-centred and collaborative design approaches in public health environments. It develops an understanding of how we can collaborate with local strategic units delivering public health communication and public health services effectively, and counter misinformation leading to a lack of public engagement with the government's vaccination drive in Southwark Council.

The project approach is qualitative, iterative, creative, and participatory, drawing on design research methods, graphic design and visual research methods, service design, co-design and participatory methods. Throughout the project, researchers, research assistants and students at postgraduate and undergraduate level were involved in different phases of research, analysis, participatory design practices, designing, prototyping and testing communication artefacts, service delivery proposals and policy guidelines to engage vaccine-hesitant populations in Southwark.

The project shows how direct public engagement at strategy design level can support sustainable strategies. The project helps to identify barriers and issues in public engagement with the health strategy and proposes how design could be used in this space to help the vaccination effort.

Gaining knowledge of the subject of health literacy, public health and local strategies for vaccination, the project raises questions based on its insights, to be explored further. Some of the insights (e.g. general population health literacy, the idea of safe spaces, etc.) will form the basis of a further bid.

## Keywords

# 1.  Introduction

Increasingly, design is being used in transdisciplinary projects where designers can act as a bridge between user-centred, qualitative understanding of people's drivers and values and scientific and technological developments (Hornbuckle at al. 2020). This is particularly relevant in the context of urgent public health measures, media disinformation, the general public's low health literacy and the need for more public engagement with health drives such as vaccination programmes.

The need to support vaccination programmes and provide trusted and accurate health information to the public was a matter of importance prior to the COVID-19 pandemic. Communication strategies and action plans published by Southwark Council, the UK government, and the World Health Organization (WHO) set key objectives for improving vaccination support, particularly in vaccine-hesitant communities.

A body of literature and resources about immunisation strategies, risk communication and behaviour change offer additional insights into what drives vaccine hesitancy, what contributes to vaccine efficacy and how people and organisations might communicate with vaccine-hesitant groups to support both short- and long-term immunisation objectives. However, the literature does not consider the role of design in the development of effective strategies, interventions, public messaging and services to combat vaccine hesitancy, and catalyse immunisation uptake.

# 2.  Project Context

This study draws on strategies outlined in the Southwark report (Sharma and Robinson, 2019), and global and national communication and immunisation strategies as well as recommendations from the following reports: World Health Organization (WHO) (2020) *COVID-19 Global Risk Communication and Community Engagement (RCCE) Strategy*. IFRC, WHO, UNICEF.

Southwark Council is one of England's most deprived boroughs and one of the most diverse boroughs in London with over half of the borough's population identifying as being from non-White backgrounds. Southwark's Immunisation Strategy (2021) demonstrates that immunisation uptake is lowest in poorer families, those from minority ethnic backgrounds and those who

find it challenging to access services. Working in this borough offers an important opportunity to understand public opinions about and perceptions of COVID-19 and vaccinations, which is likely to lead to the development of sustainable strategies for immunisation uptake.

Southwark's strategy is to reduce inequalities of access, community engagement and communications to address vaccine hesitancy (Robinson and Watters, 2021). The council sets out a three-step, bottom-up engagement process that focuses on understanding, collaborating and evaluating (Robinson and Watters, 2021, p. 8). The council identifies four categories of vaccine-hesitant groups (Robinson and Watters, 2021): unconcerned, underserved, hesitant and active resisters. The drivers of vaccine hesitancy are identified as historical inequality, racism and underrepresentation, religious discrimination and religious practices, vaccine safety and adverse effects, mistrust in science and speed of vaccine development, unconcerned attitudes, misinformation, vaccine choice dilemma (Chou and Budenz, 2020; European Centre for Disease Prevention and Control, 2012; Geddes 2021; Humphreys, 2021; Kasstan, 2020; Kata, 2010; Lazarus et al., 2020; Picard, 2021; Robinson and Watters, 2021; The Royal Society and The British Academy, 2020; Sharma, 2019; Siddique, 2021; Tiffany, 2021; Viswanath, Lee and Pinnamaneni, 2020; Wallace-Wells, 2021).

For vaccine-hesitant groups that mistrust authority, the information exchange between experts and at-risk communities is often problematic. Successful multi-directional communication requires first engaging communities to understand, and then empowering communities through collaborative production (co-production) of culturally competent materials and resources with key community influencers. The paradigm of risk communication has changed from top-down dissemination of public health information from experts to the public to "multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones" (Gamhewage, 2014, p. 1). It requires non-generic, contextually sensitive interventions, dialogue, and transparency, and building, restoring, and maintaining trust. (Abrams and Greenhawt, 2020; Bavel et al., 2020; Chou and Budenz, 2020; European Centre for Disease Prevention and Control, 2012; Geddes, 2021; Hornbuckle at al., 2020; Kasstan, 2020; The Royal Society and The British Academy, 2020; World Health Organization, 2021)

Risk communication and vaccine strategies demonstrate the need for community-based approaches so that communities feel empowered to participate in the shaping of vaccine

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communications (Robinson and Watters, 2021; World Health Organization, 2021), and call for targeted messaging and services that are sensitive and responsive to the contextual factors that contribute to vaccine hesitancy in communities.

Design offers many opportunities to address this need with participatory and collaborative design practices and approaches within the areas of service design and graphic design. (Abrams and Greenhawt, 2020; Bubela, 2009; Hamaguchi, Nematollahi and Minter, 2020; Hornbuckle et al., 2020; Mortberg and Van der Velden, 2014; Simonsen and Robertson, 2013; Thorpe and Gamman, 2015).

# 3.  Project

## 3.1 Approach and Methodology

The project approach is qualitative, iterative, creative and participatory; drawing on design research methods (activities 1, 3, 4), graphic design and visual research methods (activities 2, 6), service design, co-design and participatory methods (activities 5, 7).

## 3.2 Methods Used

Literature Review: Southwark's strategy, global communication and immunisation strategies, and the role of design within the science communication and public health context.

Visual Research: Visual research of existing visual communication materials around the vaccine from the NHS and Southwark Council and from social media channels and direct mail.

Expert Interviews with service users, service delivery: Five research interviews were conducted: one person from Public Health Southwark Council (A); two Vaccine Community Support (VCS) Officers with Community Southwark's Health Ambassadors Network (B, C); one pharmacist operating in Southwark (D); one vaccine-hesitant individual residing in Greater London and working in the borough of Southwark (E).

Qualitative analysis of interviews: Emerging common themes from data collated with themes gathered through the literature review.

Design Sprint: 12 students from MA Service Design and BA Graphic Design participated in the sprint in three mixed teams for two weeks, including two sprint leaders. Students were divided into three teams, each addressing a specific area: communications, service delivery and policy recommendations. The sprint followed an iterative and creative methodology: teams created artefacts to conduct quick and dirty research on the ground, followed by reflection and formulating insights, prototyping possible outcomes, testing these, and formalising design concepts.

Insight Synthesis: Insights led to proposing visual communication, design strategy and service design proposals for effective communication and public engagement.

Figure 1: Visual Research.



Figure 2: Visual Research Process.

Figure 3: Visual Research Process.

Figure 4: Informal design research in Southwark during the Design Sprint, 2021.

**Areas Covered**

**VACCINE PIONEERS (Service Delivery)**
Peckham Library, Old Kent Road

**WE2YOU  (Communication)**
Peckham, Kennington park and Oval Vaccination
centre

**VACCINE LEAGUE (Policy)**
London Bridge, Peckham

Figure 5: Informal research locations during the Design Sprint 2021.

**People Interviewed**

**People Interviewed**

Hesitant Minority
Actively Vaccinated
-----
Healthcare professionals
People waiting to get vaccinated
Frontline Workers
-----
Herd Follower
Emotional Decision makers
The Swinging

**Hesitant**

• **Wait and see**

Hesitant to take the vaccine,
and wait to see public reactions
before acting

• **Idea Changer**

Hesitant to take the second
dose, easily affected by others
opinions or mislead by the
misinformation

**The Herd Follower**
• Does what the majority in his
  close circle do.
• Has very basic knowledge from the
  news and community, doesn't check
  misinformation.

**The Emotional Decision Maker**
• Affected by others opinions,
  panics easily.
• Acts out of fear, afraid of side effects.

**The Swinging**
• Change his opinions frequently, waits for
  effects on other people.
• Understand the importance but not
  ready to 'commit' yet.

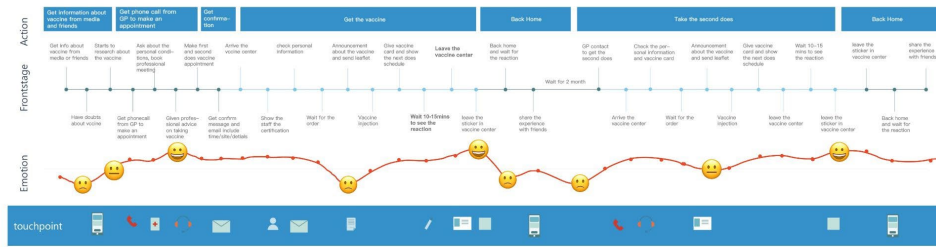Figure 6: Interview Synthesis Process.

Figure 7: Design research from the Communication Design & Strategy team during the Design Sprint 2021.

Figure 8: Design research from the Communication Design & Strategy team during the Design Sprint 2021.
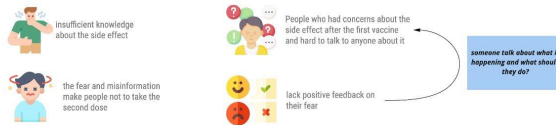
## Journey Map



**Painpoints**

insufficient knowledge about the side effect

the fear and misinformation make people not to take the second dose

People who had concerns about the side effect after the first vaccine and hard to talk to anyone about it

lack positive feedback on their fear

*someone talk about what is happening and what should they do?*

Figure 9: Research synthesis process and insights from the Service Delivery team during the Design Sprint 2021.

## Observations & Quotes

"I am not happy as we don't have a choice, but the greater good is the best motivation"

"People need to understand the bigger picture, as nothing is perfect, also the vaccine isn't perfect"

"I am not going to take the vaccine because it is not vegan"

"The experience received with the GP and at the pharmacy are very different"

"I am not happy as we don't have a choice, but the greater good is the best motivation"
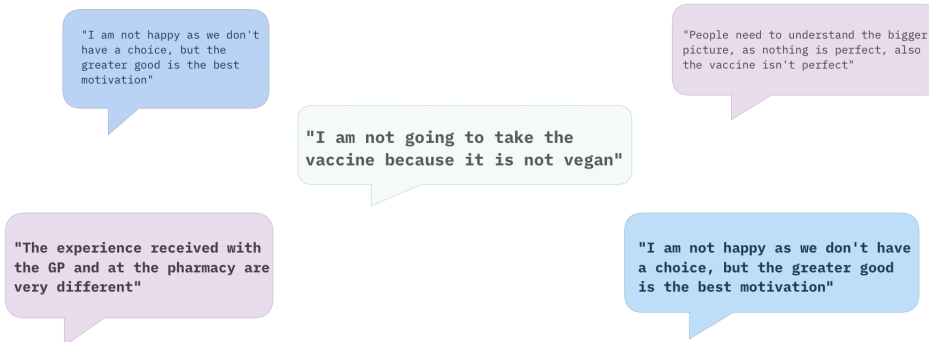
Figure 10: Research quotes from the Communication Design & Strategy team during the Design Sprint 2021.

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# 4. Insights and Implications

## 4.1 Vaccine Hesitancy Drivers

Too much information. If the information supplied is not all relevant to the person's context or language, they seek simpler information from easy-to-access sources.

Contradicting information from diverse sources/contexts creates confusion.

Fear. Trust in scientifically accurate information is not a given, if based on past adverse health experiences. Miscommunication around side-effects alienates.

Lack of safe spaces for open discussions.

Lack of reassurance from professional sources for concerns, pre- and post- vaccination.

Politics: Pro- or anti-vaccine stances are more political than a typical health concern.

## 4.2 Counters to Vaccine Hesitancy

Understanding evidence-based knowledge. Healthcare professionals and those in evidence-based science are more confident about the vaccine, its side-effects and what it means for one's health.

Timely contextual communication. Timely interventions, by trusted people, in the form of knowledge to give context to experiences like side-effects so these interventions are not misconstrued.

Knowing it is safe to talk. It is important to create safe spaces that allow for two-way communication between people and representatives of authority or knowledge. By safe spaces, we mean non-judgemental spaces where it is okay to express hesitancy.

Sense of trust. Cultivating trust is crucial for getting individuals to open up to new beliefs. Respondents prove to be more responsive to individuals or community leaders who they trust.

## 4.3 Communication and Service Strategy Insights

Community data that VCS organisations get from the government (for example, via Census data) is largely based on ethnicity. This makes it difficult to target or identify specific groups within those broad categories.

VCS organisations are limited in resources to provide targeted support and incentivise 'key' influencers and/or volunteers.

Essential to risk communication, PHE and the NHS aim to be transparent with what information is uncertain, and which channels are trusted for positive results.

Negative public narratives and news stereotypes will focus on what certain groups are not doing, rather than what other vaccine-hesitant or BAME groups are doing to support vaccination. This perpetuates vaccine-hesitant tropes and can instil pessimism and mistrust in vaccine-hesitant communities.

Community-based feedback from vaccine-hesitant communities is usually relayed to the VCS organisation and the council by the most engaged volunteers and advocates. The feedback from volunteers is limited by who they can engage, which means that some of the hardest to target vaccine-hesitant groups are potentially missed in the feedback.

## 4.4 Messaging and Services

Well-received methods of communication include visual narratives, like short videos of community members in vaccine-hesitant communities getting their vaccine. Forum sessions or similar opportunities (online or in-person) for vaccine-hesitant people to ask questions are also successful.

A cohesive communication strategy that corresponds to the vaccination process can increase public engagement with the vaccination drive, for example, the success of the post-vaccination information pack (figures 16-19), tested as an

information pack handed out to the public at different points of the vaccination process: before, during and post.

Focusing on pharmacies as information dissemination spaces or small hubs within communities is viable, as many offer the vaccine on site. This could be an effective way of involving the community without forcing the public to educate themselves.

# 5.  Outcomes and Value

## 5.1.  Project Outputs

- A literature review.
- A series of policy, communication and service design proposals.
- A series of insights from qualitative research.
- A series of second-iteration graphic proposals.
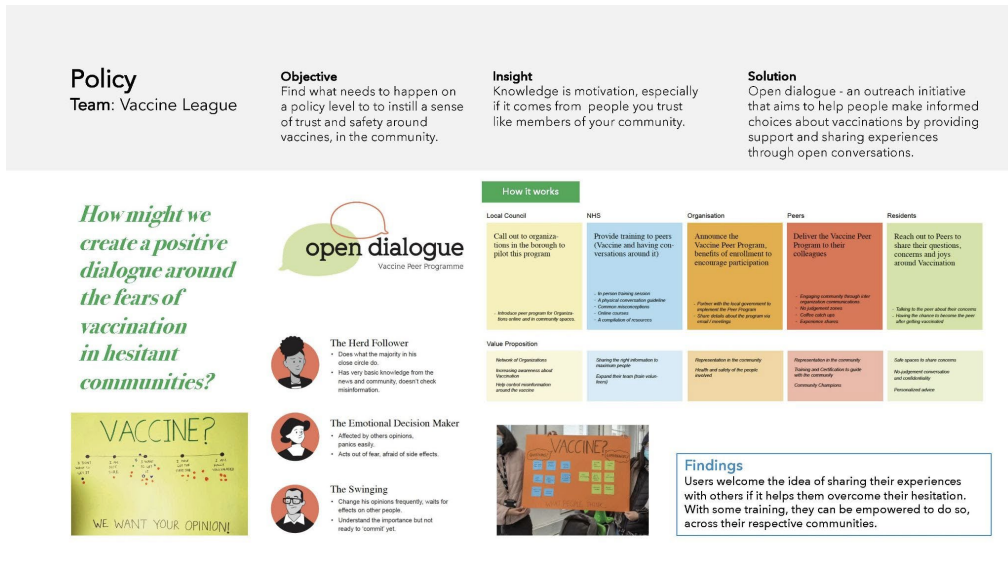  Please see images (pp.21-26)

Figure 11: Research synthesis and insights from the Policy Design team during the Design Sprint 2021.



Figure 12: Research synthesis and insights from the Service Delivery team during the Design Sprint 2021.

Figure 13: Research synthesis and insights from the Communication Design & Strategy team during the Design Sprint 2021.



Figure 14: Design prototypes from the Communication Design & Strategy team during the Design Sprint 2021.

Figure 15: Design prototype from the Communication Design and Strategy team during the Design Sprint 2021.
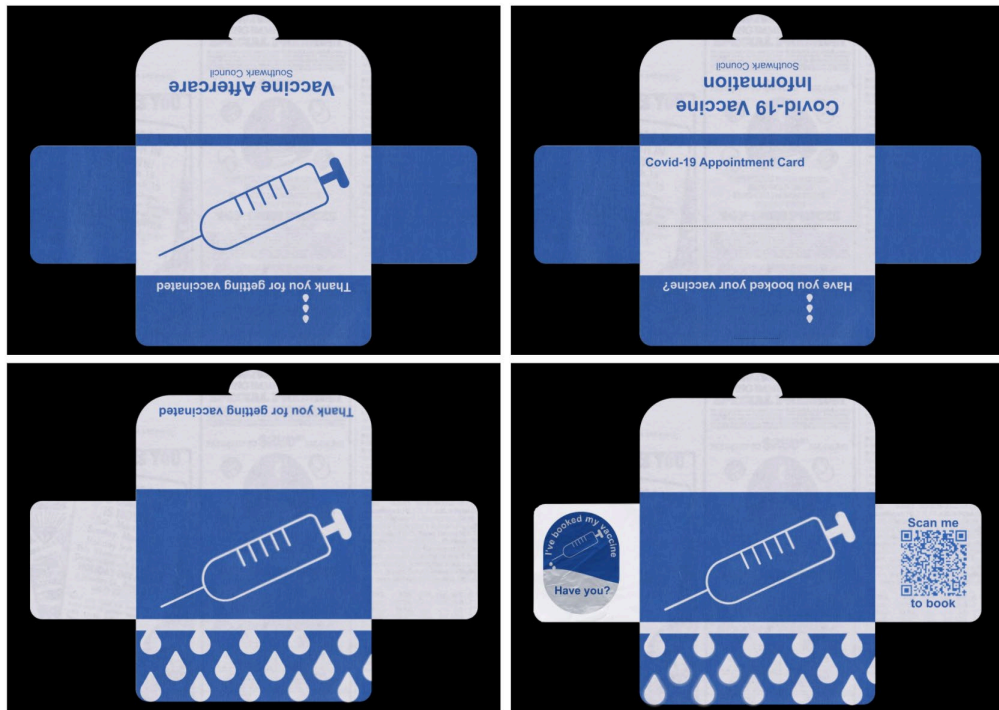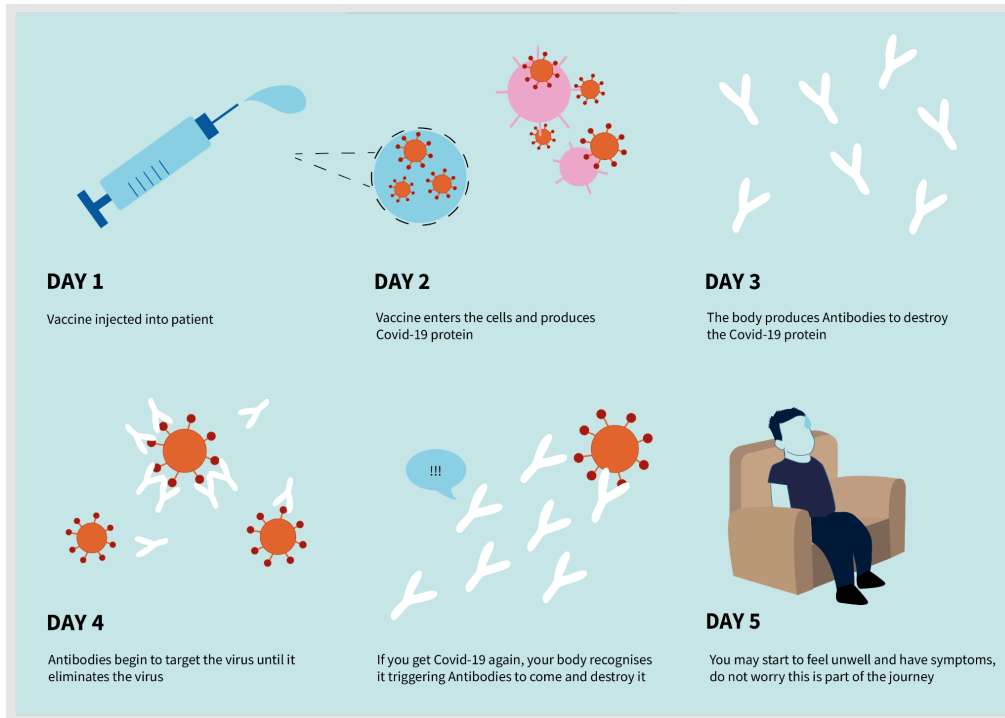


Figure 16: Design prototype of the post-vaccination information pack from the BA Graphic Design students

**DAY 1**

Vaccine injected into patient

**DAY 2**

Vaccine enters the cells and produces Covid-19 protein

**DAY 3**

The body produces Antibodies to destroy the Covid-19 protein

**DAY 4**

Antibodies begin to target the virus until it eliminates the virus

If you get Covid-19 again, your body recognises it triggering Antibodies to come and destroy it

**DAY 5**

You may start to feel unwell and have symptoms, do not worry this is part of the journey

**DAY 6**

Even though uou will now have recovered, you must continue wearing a mask to protect others from Covid-19

**CONTACT US**

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Visit **www.southwark.gov.uk** for more information

**TRACK YOUR ANTIBODIES**

**WHAT'S IN YOUR VACCINE?**

Water

Protection from bacteria growth

Increase efficacy for antibodies

Substances found in the body

Active ingredient

Figure*s* 17 and 18: Design prototype of the post-vaccination information pack from the BA Graphic Design students
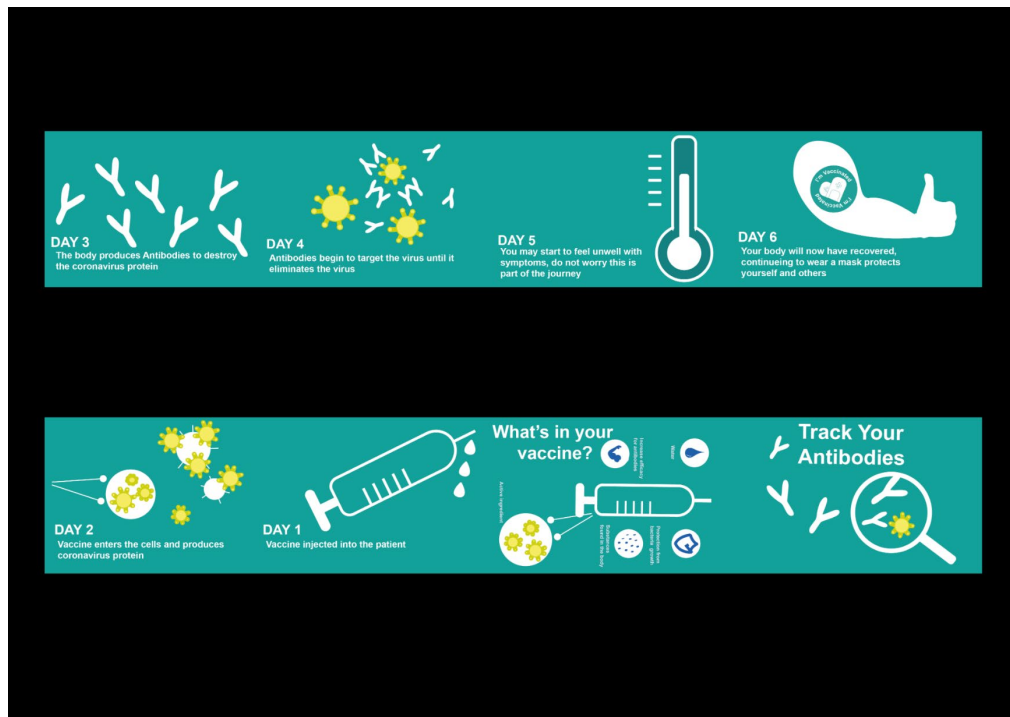
Figure 19: Design prototype of the post-vaccination information pack from the BA Graphic Design students.
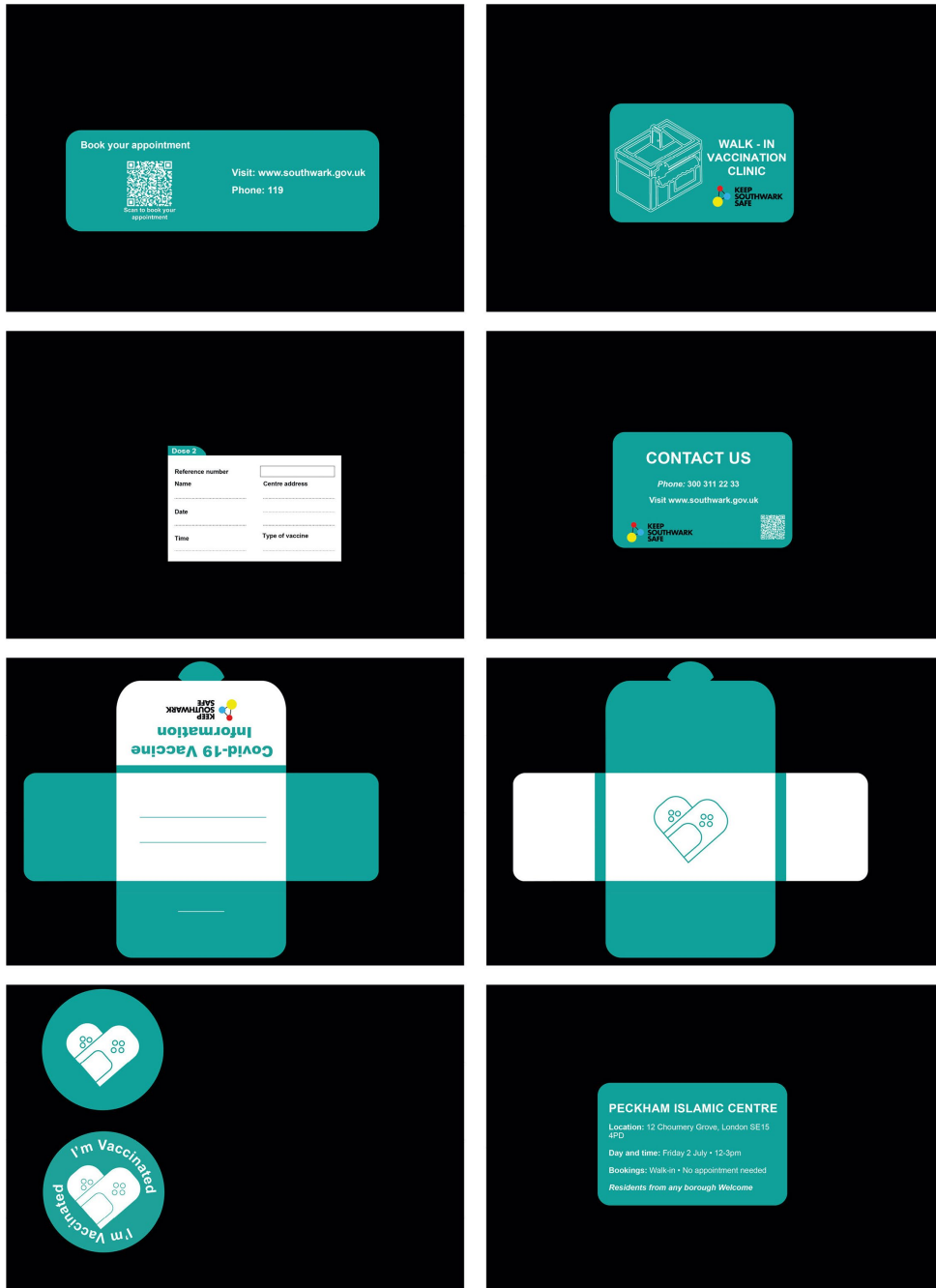
Figure 20: Final design prototype of the post-vaccination information pack from the BA Graphic Design students

## 5.2 Project Outcomes

1. A network of contacts for further projects.
2. An understanding of how design could operate in the vaccine and health literacy space, with proof-of-concept proposals to provide examples and insights to build further projects.

## 5.3 Social Design Learning at UAL

This project builds on and contributes to UAL's track record in design practice and research in the following ways:

- Working at the intersection of practice and research in design
- Working across disciplines can help develop a multi-pronged approach to problem-solving for complex project areas
- The opportunity to collaborate across disciplines can maximise outputs
- Addressing how design can be used in health at multiple scales from communication, engagement, service design and policy level
- Insights and methodologies developed can help public health researchers to use participatory design methods for effective public engagement
- Identifies how buy-in from local communities, local leaders and health workers on the ground is essential for policies to be implemented at a local and granular level.

## 5.4 Key Learning Points for UAL

Social design spans disciplines, and designers need to work flexibly in transdisciplinary ways in order to be able to dialogue with specialists in other areas (for example health and policymaking).

Involving researchers, early career researchers and students at various levels in practice-based research projects can help to build capacity for ambitious projects and helps to train students and staff in practice-based methods.

Involving students in the work can prototype concept work quickly to substantiate conversations about further research, but a lot more staff involvement is necessary to create final implementable design work.

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## 5.5 Further Research and Next Steps

Follow-up work: Some of the MA Service Design students took on aspects of this project as their major project, which will be completed in December 2021.

Next steps: Working with the Social Design Institute to submit a funding bid to scale-up the project.

# Acknowledgements

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# Author Biographies

### Dr Danah Abdulla

Dr Danah Abdulla is a designer, educator and researcher. She is Programme Director of Graphic Design at Camberwell, Chelsea and Wimbledon Colleges of Art (CCW), UAL. Previously, Danah has held positions at Brunel University London and LCC, UAL. She obtained her PhD. in Design from Goldsmiths, University of London, and is a founding member of the [Decolonising Design](#) platform. In 2010, she founded *Kalimat* magazine, an independent, non-profit publication about Arab thought and culture. Her research focuses on decolonising design, possibilities of design education, new narratives and practices in design, design culture(s) with a focus on the Arab region, the politics of design, publishing and social design.

### Dr Silvia Grimaldi

Dr Silvia Grimaldi is Course Leader of the MA Service Design and Postdoctoral Research Fellow on Pharma Factory (H2020) at London College of Communication (LCC), UAL. She is co-founder of the Service Futures Lab and was co-investigator leading the UAL side of 'Co-Design Your Place Erasmus+'. She has a PhD in Design from UAL. Her research focuses on the role of narrative in users' interpretation of product experience, design fiction and service design as tools for public engagement, surprise within product experiences, service design and service design pedagogy.

### Dr Hena Ali

Dr Hena Ali is a Senior Lecturer on MA Service Design, LCC, UAL. She is a UK-based designer, researcher, academic, innovator and journal reviewer. She is a Fellow of the Higher Education Academy and the Royal Society of Arts, London. She holds a practice-led doctorate in Graphic Communication Design for Sustainable Social Innovation from Central Saints Martins (CSM). Ali's research and practice span communication for sustainability, service design innovation and collaborative design. She is also the principal innovation consultant at Info-Bridge Global Ltd. She is an experienced leadership panel expert and keynote speaker for organisations such as Higher Education Academy, UK, British Council UK/Pakistan and Common Purpose UK.

# Jeffrey Doruff

Jeffrey Doruff is a designer, researcher and project coordinator at UAL. Since 2018, he has worked with the Design Against Crime Research Centre at CSM on design projects that involve facilitation of collaborative design practices with diverse groups of participants and stakeholders for the purpose of co-creation, innovation and equitable engagement. He has also been involved in delivering design and academic content to design courses at UAL. He graduated with merit from CSM's MA Industrial Design programme in 2018.