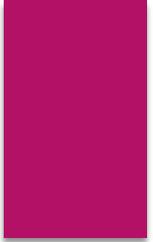




Māori Communication Strategy

ERIN STIRLING, MIHI PRODUCTIONS

FOR THE MĀORI COVID VACCINATION RESPONSE, NRHCC



Nā to rourou,
nā taku rourou
ka ora ai te iwi.

WITH YOUR FOOD BASKET AND MY FOOD BASKET THE PEOPLE WILL THRIVE

Stakeholder engagement and communication

The following table provides key Te Tiriti considerations for the stakeholder engagement and communication pillar under each of the Wai 2575 principles.

| Treaty principle | Tino Rangatiratanga | Equity | Active protection | Options | Partnership |
|---|--|--|--|--|---|
| <i>Proactively, transparently, and clearly communicating with the public, the sector, and political stakeholders throughout the programme life cycle.</i> | <ul style="list-style-type: none"> Māori communication experts are resourced to design, develop, and implement the communications for Māori | <ul style="list-style-type: none"> A detailed Māori stakeholder and communication plan includes messaging and information to Māori multifaceted, range of mediums to cover all generations e.g. social media, newspaper, radio, TV; information is culturally appropriate and suitable for Māori including Te Reo Māori translations; key messages addresses concerns around perception of vaccines (unsafe), where they can access the vaccine | <ul style="list-style-type: none"> Iwi, Māori health providers are adequately resourced to participate in the promotion of the vaccine programme to their communities Addressed any perceived or actual bias or racism or privilege in decision making | <ul style="list-style-type: none"> Sought Māori clinical and iwi champions to promote the uptake of vaccinations Provided a range of Māori media options to convey key messages and information to Māori | <ul style="list-style-type: none"> Partnered with Māori/iwi as treaty partners to develop a detailed Māori stakeholder engagement and communication plan |

The above Table provides key Te Tiriti considerations for the stakeholder engagement and communications pillar under the Wai 2575 principles

Background

Whakaritea te Whakatūranga



In preparing this communication strategy we:

- ▶ Commissioned a review of 'vaccine hesitancy' international literature and assessment of local insights; Te wero: Rongoā āraimate COVID19 (Dr. Lavinia Perumal).
- ▶ Reviewed the expertise of Te Rōpū Whakakaupapa Urutā (released 5th March 2021) where the term 'vaccine hesitancy' was rejected as deficit focused.
- ▶ Synthesized and interpreted the Horizon Research Covid19 Vaccine report - December 2020.
- ▶ Made recommendations specific to this vaccine being mindful of the generalisability of research on all vaccine uptake with Māori.
- ▶ Applied a mana enhancing lens to vaccine uptake.
- ▶ Propose an alternative narrative of **whānau journey to vaccine confidence**

Setting the Scene

The Challenge

“Full, informed and prior consent is a fundamental ethical principle for health practice in Aotearoa and Māori have the right to have our questions and concerns addressed without being labelled as a problem.”

TE RŌPŪ WHAKAKAUPAPA URUTĀ

- ▶ Māori have disproportionate unmet health needs in comparison with other ethnic groups in Aotearoa*.
- ▶ Māori will be inequitably impacted by the COVID-19 pandemic if considered mitigation is not undertaken*.
- ▶ Uptake of the COVID-19 vaccine (Rongoā āraimate) is an essential pillar within the elimination strategy*.
- ▶ Māori have less confidence in the safety, quality and protection of the vaccine compared to the rest of the New Zealand population**.
- ▶ We are at the beginning of our journey to vaccine confidence.
- ▶ Māori have the right to have our questions and concerns about the COVID-19 vaccine addressed (TRWU, 2021).

* Summarised in Te wero: Rongoā āraimate (Dr Lavinia Perumal)

**Horizon Research Covid-19 Vaccine report - December 2020

Primary Objectives

Our success measures

- Ensure all Māori have the opportunity to seek and receive relevant vaccination information to ensure full, informed and prior consent
- There is an expectation in the system of high vaccine uptake for eligible Māori - **vaccine trust**
 - Over 55's and pre-existing medical conditions as priority recipients as supported by known risk based evidence.
- **Vaccine confidence** among all Māori regardless of eligibility.

The role of communications

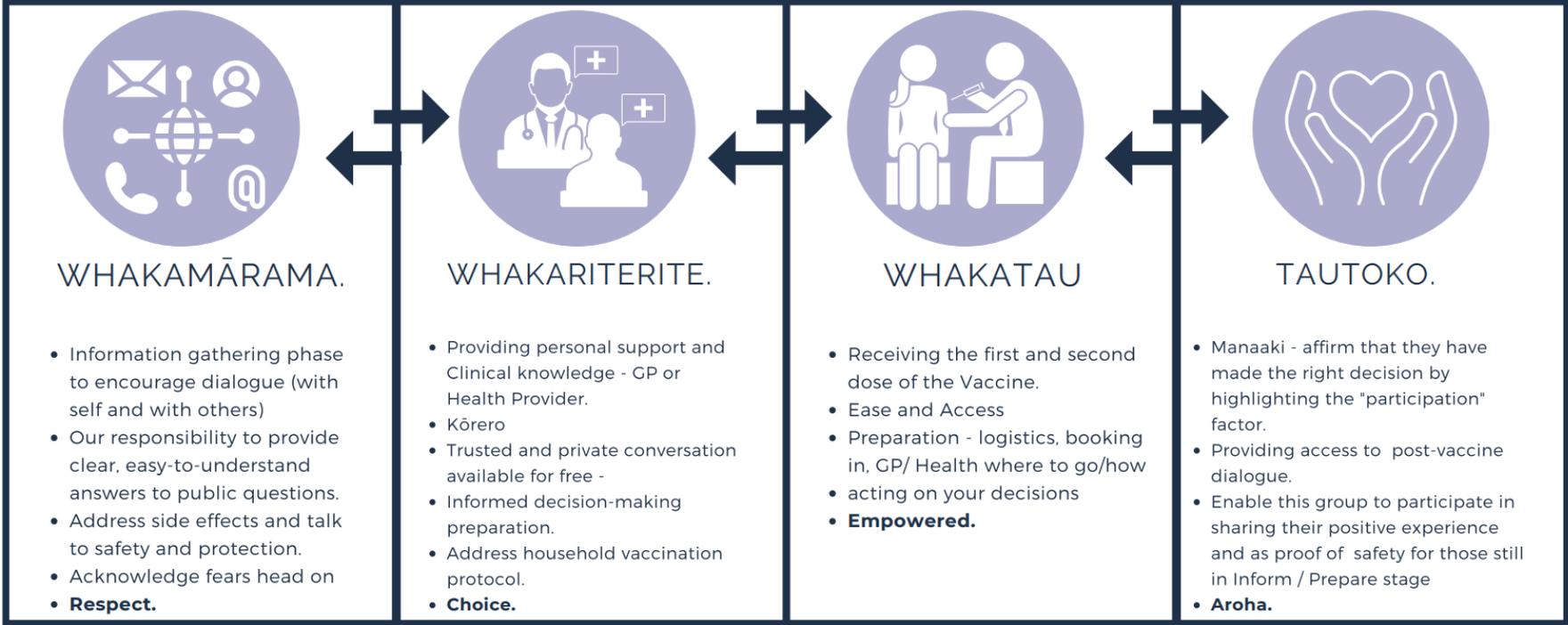
Achieving vaccine trust for Māori.

Deliver a pathway to vaccine confidence.

- ▶ Socialise and normalise the vaccine.
- ▶ Simplify and calm down the noise, confusion, and hype around Covid-19 (that has been the reality of the last year).
- ▶ Encourage dialogue. Approach with **aroha**.
 - **Empower** and respect whānau by acknowledging their very real fears, uncertainties and questions.
 - We can't whakaiti or be dismissive of real fears, deliberation or hesitancy by trying to be too positive, no matter how well-intentioned.
- ▶ Empower the Māori Health workforce and Primary Health Care providers by arming them with a unified vocabulary to answer questions and reduce confusion.
 - Be clinical, professional, inform and feel official in our language and tone.
 - Internal rollout as a first step.
- ▶ Māori vaccine uptake will move at the speed of **trust**.
- ▶ Fast and first feels scary and will reduce uptake. We need to journey at a pace that is **in step with whānau**.
- ▶ The concept of **Tino rangatiratanga** relative to making a decision about the vaccine will be important for Māori.
- ▶ **Support** whānau through their whole vaccination journey with a communications "loop". Pre-vaccine, decision, getting the vaccine, and post-vaccine after-care and follow-up.

GETTING TO VACCINE TRUST

THE PATHWAY TO VACCINE CONFIDENCE



Te Wā Whakamārama

Time to seek clarity. Finding where you stand.



- ▶ Consolidate where our people find and access credible and consistent information.
- ▶ Answer all questions, direct whānau to the Ministry of Health Website, United Website (research confirms).
- ▶ Creating a specific Vaccine website may work for Māori if it has strong MOH branding.
- ▶ Whist most providers and DHB's will want to localise the messaging at this point Māori are looking for "trusted Māori sources and Māori experts in this field" (TRWU, 2010) to provide a voice of authority on this kaupapa - directing them to different websites increases the chance of them googling to find where to go may lead to unhelpful information being accessed.
- ▶ We want whānau to go to their trusted information sources. Research indicates this is utilising mass advertising methods - Press releases, interviews in traditional media. Recurring sections in Herald, Stuff. **Recurring segments** on iwi radio, Māori Television, Māori targeted radio stations. To build credibility and trust we need to return to the "tried and true" channels. Social Media for vaccination information is a "mud pit" for this phase we need to quieten the noise on Social media, step out of the mud and create Safe zones where our people can read credible information. It's hard to say don't believe what you see on Social Media and then still occupy a presence there = perpetuating the distrust of information.
- ▶ **Train all Māori Health Workforce** to be **able to have vaccine conversations within their communities**. Create a compulsory Vaccine Conversations training course so there is a base knowledge for all Health Care workers - not just health workers deployed to the Covid Vaccine.
- ▶ Allocate **qualified resources to answer vaccine questions**.
- ▶ **Respect**

IN MARKET RECOMMENDATIONS

- ▶ Utilise Ministry of Health Logo, Stick within the purple/white vaccine look and feel.
- ▶ TV, Radio, Print - Mass Media Stay off Social Media. Social Media is good for updates on Covid-19 but is not where we want our people looking for answers.
- ▶ Our influential voices for the first part of the Vaccine Pathway are our clinical staff, GP's, the Director-General, the Ministry of Health, WHO, and our Māori Health Providers. This is initial phase is not the time for traditional Māori influencers i.e. iwi leaders, Church leaders, or non-clinical public figures. Māori want to speak to the people with the knowledge to address side effects, talk to safety.

Te Wā Whakariterite

Owning your decision.



- ▶ Time to prepare by having a **tailored and clinical conversation** with a **primary health care provider**.
- ▶ The conversation would focus on the **safety and protection** of the vaccine.
- ▶ What to expect? **Reassure and explain**.
- ▶ **Credibility from the positive outcomes of using the first wave** of Māori who have received the vaccine as proof and to **address head-on the 'wait and see' approach** held by many whānau.
- ▶ Remembering that not all Māori will be ready at this time just because they are now eligible, they may not have progressed completely through Te Wā Whakamārama. **Continue to offer kōrero times** to these people.
- ▶ Continue to **ask what else they need** before they decide to book - assume a good outcome.
- ▶ Channel, cost, and capacity implications for this step still need to be modeled based on funding.
- ▶ **Choice.**

IN MARKET RECOMMENDATIONS

- ▶ Communication tool kit for health care workers.
- ▶ Consider free access to the GP or Health Care Provider (ideally their own GP) covered as part of the cost of the rollout programme.
- ▶ This should be face-to-face delivery.
- ▶ Consider collateral for a "free voucher" to access kōrero with a GP / healthcare provider. Remove the barrier or whakamā about asking if they have to pay.
- ▶ Consider a "Book a Kōrero" slot for personal time (this is not about cueing in a car park or visiting a large vaccine center where people are getting their vaccines).
- ▶ Social media channel should only be used to encourage Māori to get offline and "go and talk to your trusted Health care provider"
- ▶ Provide whānau with an information sheet about how and where to book or access their vaccine. Posters in GP clinics and Māori Health Providers.

Te Wā Whakatau

Time to settle into action. Feeling confident to act.



- ▶ Time to move forward and take action.
- ▶ **Messaging would be around the logistics of getting the vaccine.**
- ▶ Messaging around Do you have an appointment time? What to expect? And role modeling the positive stories of using the first wave of Vaccinated Māori as Advocates.
- ▶ Ensuring that messaging is strong around the need to have both doses of the vaccine at the correct window of time.
- ▶ Remembering that not all Māori will be ready at this time just because they are now eligible they may not have progressed through Te Wā Whakamārama.
- ▶ **Continue to offer appointment times** to this segment of our people - late adopters do not mean vaccine-hesitant.
- ▶ **Empowered.**

IN MARKET RECOMMENDATIONS

- ▶ Social Media introduced into the channel mix reminding them of what to bring, and where to go/how to book now they are in the action stage.
- ▶ Channel and in-market collateral are TBC, contingent on knowing more about the vaccine delivery infrastructure and options.
- ▶ Will there be a centralised booking system for those that want appointments other than with their GP or via a spontaneous appointment at a mass vaccine centre?.

Te Wā Tautoko

Time to continue to support.



- ▶ After Vaccine Support.
- ▶ **Utilising traditional influencers** at this point (Church leaders, Iwi leaders, Kaumātua, Celebrities can be looked at this point to build the "team of 5 million" participation messaging).
- ▶ Reaffirming the decision to have the vaccine and using this group as advocates for whānau still in the earlier stages of the vaccine pathway.
- ▶ Messaging moves into the maintenance phase.
- ▶ **Aroha.**

IN MARKET RECOMMENDATIONS

- ▶ Follow-up assurances on social media Short montage videos of community and familiar faces who have already 'gone first' our early adopters.
- ▶ Take away flyers - what to watch out for after your vaccine.
- ▶ Follow up care call - if they opt-in for that.
- ▶ Updates on numbers already vaccinated - normalise with facts of how many vs 'get ready' messages. Ensure we continue to let people know how many are vaccinated to encourage participation and confidence.

Summarising our strategy

Contribution to the legacy for Māori.

- ▶ **Proactively, transparently and clearly communicate** throughout the vaccine rollout programme with whānau.
- ▶ Dialogue is facilitated between Māori health professionals and their communities. **With Māori for Māori by Māori.** *Tino Rangatiratanga.*
- ▶ Māori Health Workforce are **trained and equipped** to have vaccine conversations with their communities. *Equity.*
- ▶ GP/Primary Health Care workforce are **trained and equipped.** *Equity.*
- ▶ Apply a **Mana enhancing** lens to our communication, building vaccine trust. (Note: the term vaccine hesitancy has a deficit focus and unfairly labels Māori as the problem) *Active protection.*
- ▶ Build vaccine confidence by informing **choices, ensure access equity** in types of delivery models offered. *Options.*
- ▶ The pathway to vaccine confidence has been **developed by Māori** to deepen engagement and communication between mana whenua /MoU partners, specific to, the Covid-19 Vaccination. *Partnership.*

Considerations & Risk Mitigation

- ▶ This communication strategy was developed internally, external input will be sought, specifically Iwi communications expertise and Māori provider input from communities (including feedback throughout).
- ▶ Aim to share this strategy widely with other stakeholders and partner organisations to facilitate collaboration and to ensure successful outcomes.
- ▶ This strategy should not operate in isolation from other initiatives occurring with Māori around the vaccine rollout. (i.e. HPA promotional campaign, and should be able to sit alongside the Māori specific collateral (prepared by Mahi Tahi media).
- ▶ In order to do justice to the role of comms for Māori in this process, a **full-time** comms lead/coordinator is required, with additional resource as determined by the step of the journey and partner needs.

Ngā Mihi.