DEPARTMENT OF JOURNALISM, MEDIA AND COMMUNICATION

BRIDGING THE GAP

Analysing the vaccination guide project in Gothenburg during the Covid-19 pandemic: A case of interpersonal risk and crisis communication targeted towards ethnic minority communities

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Abstract

This study analyses the vaccination guide project performed in Gothenburg during the Covid-19 pandemic. The project was launched as a collaboration between the local and regional governing units, city of Gothenburg and region Västra Götaland, in the summer of 2021. The aim of the project was increase Covid-19 vaccination rates in areas of the city where the population experienced vaccine hesitancy and the vaccination rates were particularly low. These low rates have been argued to be a result of e.g. having a low language proficiency as well as experiencing cultural barriers and a low level of trust towards the Swedish society and its institutions. The vaccination guide project to a large extent relied on interpersonal communication efforts, employing and consulting key individuals from the civil society that were to be called vaccination guides. The vaccination guides share the target groups' ethnic and cultural background as well as their native language. In addition, the vaccination guides in general have a significant trust capital among the target group due to their belonging to the same community.

This study is limited to analyse the area of Northeast in Gothenburg and its smaller districts, some of which during autumn of 2021 constituted the least vaccinated areas in Sweden. The analytical purpose of the study is to learn more about interpersonal risk and crisis communication efforts targeted towards ethnic minority communities. Therefore, the overarching research question to guide this study is: *How can the vaccination guides reach hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination?* This broad question is narrowed down to two more specific research questions that are the following:

> *1. How does the vaccination guide project and its implementation align with the model procedure established in previous research?*
>
> *2. How do the vaccination guides perceive the possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication*

The central framework of this study is CERC (Crisis and Emergency Risk Communication), that relates to risk, crisis, and health communication. Anchored in research, a model procedure on how to reach hard-to-vaccinate immigrant individuals through interpersonal risk and crisis communication efforts is presented. The empirical material consists of interviews with three

employees from the city of Gothenburg and region Västra Götaland as well as four vaccination guides. The interviews were analysed through a qualitative thematic analysis, identifying relevant and interesting themes to answer the research questions.

The results of the study show that the vaccination guide project and its implementation to a significant extent has been performed in alignment with the model procedure established in research. The vaccination guides emphasise the importance of their role in terms of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination. They argue that the conditions of success of this communication lies in employing trusted key individuals, such as vaccination guides, thus making linguistic and cultural adaptions. However, the target group's significant level of distrust towards the Swedish society, and the spreading of misinformation, is considered aggravating conditions for the vaccination guides' work and the project itself. Nonetheless, it may be concluded that local interpersonal communication efforts, such as the vaccination guide project, can arguably be seen as a crucial step towards bridging the figurative gap between normative Swedish society and ethnic minority communities.

Keywords: *Covid-19, risk communication, crisis communication, health communication, interpersonal communication, CERC, hard-to-vaccinate, vaccination, minority communities, hard-to-reach, immigrant, vaccination guides, trust, civil society actors, thematic analysis, interviews, City of Gothenburg, Region Västra Götaland.*

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Foreword

As I attended my first lecture at the master's programme in political communication in September of 2020, I was excited. After a two-year hiatus, and one or two soul-searching trips around the world, it was time to continue to my studies. Little did I know that I would be spending most days of the coming two years at my kitchen table. That lectures in the beautiful yellow school building would be replaced by Zoom calls at home and that post-hand in beers would be replaced by, well, more Zoom calls. Although nothing turned out the way any of us had planned, and graduation day merely felt like a distant dream, here we are.

A few acknowledgements are in order:

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Julia Ekman

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1. Introduction

1.1 Point of departure

In 2021, as Sweden approached its second summer in a pandemic, Covid-19 vaccination roll-out was in full progress and vaccines had become available for all Swedish adults. Although sufficient vaccine-supply, it became increasingly evident that there were evident divides in the vaccination rates. It was argued that there was a correlation between socio-economic status, country of birth, and vaccination statistics; vaccination rates were significantly lower among populations of foreign-born individuals living in areas with socio-economic challenges. This was concerning, since these populations had already been particularly affected by the pandemic with remarkably high infection and mortality rates (Folkhälsomyndigheten, 2021a; Folkhälsomyndigheten, 2021b; Kudo & Palm, 2021). In September of 2021, the Swedish Public Health Agency made their first extensive conclusion of the national vaccination rates, presenting statistics down to city district level. It was shown that the area of Northeast in Gothenburg, particularly the district of Angered, had the lowest vaccination rates in the country. The Northeast is considered an area with challenges related to socio-economic factors, along with having a large part of its population being born outside of Sweden (Göteborgs Stad, 2021b; Göteborgs Stad, 2021c; Kudo & Palm, 2021). While practically all residents in other districts a few kilometres away had received two doses of vaccine, some areas of Angered had vaccination rates as low as 36 percent for the first dose and 23 percent for the second. At this point of time, the statistics made Gothenburg the most segregated city in Sweden in terms of vaccination rates (Kudo & Palm, 2021). Similar accounts on vaccination rates related socio-economic aspects and immigrant background soon came from among others neighbouring Scandinavian countries, the U.S., and the U.K (Brekke, 2021; Chou, Burgdorf & Gaysynsky, 2020; Díaz et al., 2021; Kamal, Hodson & Pierce, 2021).

The low vaccination rates among immigrants living in segregated, socio-economically challenged areas have for example been explained in terms of communication and trust barriers; having a sufficient language proficiency and trusting society and its institutions has been proven crucial in terms of assimilating risk and crisis communication (Backholm & Nordberg, 2021:2; Brekke, 2021:2; Esaiasson, Ghersetti, Johansson & Sohlberg, 2020:3; Johansson, 2022; 25f; Kamal et al., 2021:1). The Public Health Agency emphasises the importance of identifying and overcoming potential communication barriers by adapting the information in a way that is comprehensible and

trust building towards institutions (Folkhälsomyndigheten, 2019). Here, a substantial amount of existing research argues that interpersonal communication efforts, adapted to specific target groups, are an important complement to conventional mass risk and crisis communication efforts, in terms of bridging aforementioned barriers. This has been proven particularly in terms of communicating to ethnic minority communities (see e.g. Backholm & Nordberg, 2021; Brekke, 2021; Löthberg, Fryklund, Westerling, Daryani & Stafström, 2012; Shoch-Spana, 2021; Wieland et al., 2021).

1.2 Selected case

In order to tackle the aforementioned challenges in terms of low vaccination rates, the city of Gothenburg and region Västra Götaland collaborated in launching a vaccination guide project. The project's point of departure was to utilise civil society actors called vaccination guides and apply an interpersonal communication approach. The vaccination guides were to reach to the individuals belonging to the target group and provide them with vital information about Covid-19 infectivity and vaccination. This was to be done in a way that was trustworthy as well as linguistically and culturally comprehensible (Holmqvist, 2021; Kron, 2021). Through this proceeding, individuals belonging to the target group could make an informed decision about vaccination (Demokrati och Medborgarservice, 2022:1). This vaccination guide project will serve as the case of analysis in terms of learning more about interpersonal risk and crisis communication efforts aimed at an ethnic minority community. A more detailed explanation of the vaccination guide project will be provided in the background chapter.

1.3 Problematisation

The academic and societal relevance of this study is arguably tightly intertwined. The Covid-19 pandemic has posed unprecedented challenges to our contemporary society, urging academia to develop more innovative and specific operational strategies to cope with a health crisis of this magnitude and longitude – of which communicative efforts may be argued to be a crucial aspect (see e.g. Brekke 2021;1, 17; Díaz et al., 2021:7). The research fields relating to this topic – i.e. risk communication, crisis communication, and health communication – can be considered mature. However, there is arguably a research gap in pandemic communication relating to the multi-public society and the complexity that entails. This is a gap that could for instance be

explained by the novelty and magnitude of the Covid-19 situation – a health crisis arguably unprecedented in contemporary times. More specifically, the majority of the studies on the topic hitherto have been concentrated on the general norm population; merely a limited number of studies have taken into consideration the diversity of receivers for the communication in question, and the variety of communication barriers they may experience. This is remarkable, since this inequity in crisis management is far from a novel phenomenon; research has long argued that minority groups are more affected during crises (see e.g. Esaiasson et al., 2020:3; Lindell & Prater, 2003:176-185; Williams & Olaniran, 2002:293–313). Evidence suggests that there is a lack of research in health authorities' modes of communication to ethnic minority populations during a pandemic as well as relating key topics such as knowledge, trust, and health literacy (Berg et al., 2021:19). This is an issue crucial to address, as Sellnow and Seeger (2013:14) argue:

> Crisis communication processes are also made significantly more complex by the diversity of audiences, cultures, backgrounds, experiences, new technologies, and forms of crises. In addition, effective communication in these cases can literally be a life and death matter. Understanding the role of communication in these events, therefore, is critical.

In particular, the knowledge about anti-infection information and its modes of delivery is in need of updating. This has become evident through e.g. the disproportionate impact on segregated ethnic communities during the Covid-19 pandemic and the accounts of health inequity (Brekke, 2021:1). In addition, it is important to increase knowledge regarding what role misinformation and rumours play in risk and crisis communication management. The Covid-19 pandemic has been considered an infodemic, meaning that citizens must navigate between many, often conflicting, information sources (Berg et al., 2021:17). This is considered a particularly crucial factor to take into account when addressing hard-to-vaccinate immigrant individuals, who may experience language, culture, and trust barriers (Kamal et al., 2020:1ff). Therefore, as Brekke (2021:17) argues, further research and systematic evaluation is needed in order to cumulatively contribute to the knowledge on communication efforts adapted to an ethnically and culturally diverse society.

To conclude, what scholars argue to be lacking, is research aiming to explain the dynamics and modes of risk, crisis, and health communication efforts directed towards a multi-public society, taking into account various social and geographical contexts. Efforts similar to the vaccination guide projects have been implemented in cities worldwide and have been evaluated continuously

throughout the pandemic. The initiatives, based on interpersonal communication and existing community networks, have been deemed pivotal by scholars and practitioners in terms of reaching hard-to-vaccinate immigrant groups (see e.g. Backholm & Nordberg, 2021; Brekke, 2021; Finell et al., 2021; Wieland et al., 2021). The increased vaccination statistics in Angered, in the area of Northeast in Gothenburg, may be considered a proof of that (Sandahl, 2021). Storstein Spilker et al. (2021:74) argue that it would be useful to further examine how collaborations between authorities and health intermediators can be conducted in order to provide effective communication in times of crisis, e.g. in a novel pandemic, to ensure health equity.

As previously argued, the societal relevance of this study is clearly integrated – and to some extent inseparable – from the scholarly relevance. The pandemic has emphasised the significance in governments efficiently reaching all populations in society with important information regarding their health. As Díaz et al. put it: "The Covid-19 pandemic is a clear reminder that we are just as strong as the weakest segments of the populations" (2021:7). Brekke (2021:1) argues that if vital health information is not accessed or understood by all residents, there may be "far-reaching consequences for society as a whole". Furthermore, there is a dire need to analyse and improve the communication efforts targeted at groups considered marginalised in immunisation programs in order to ensure health equity. Given the clear statistics concerning the impact on hard-to-vaccinate groups of immigrant background, it may be argued that governments and practitioners – and the academia – have important lessons to learn to improve and sharpen their knowledge in risk and crisis communication in a multi-public society, and towards minority communities specifically.

During the finalisation of this study, pandemic risk and crisis communication efforts are still under evaluation. To the extent of my knowledge, a study with the objective of analysing interpersonal risk and crisis communication efforts targeted towards ethnic minority communities – e.g. as the vaccination guide project – has not yet been conducted in a Gothenburgian or Swedish setting. Hopefully, the insights provided through this study will further contribute with knowledge of how interpersonal risk and communication efforts can contribute to ensuring health equity in a multi-public society.

1.4 Analytical purpose and research questions

The analytical purpose of the study is to learn more about interpersonal risk and crisis communication efforts targeted towards ethnic minority communities. Therefore, the overarching research question to guide this study will be: *How can the vaccination guides reach hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination?* This rather broad question has been narrowed down to two more specific research questions:

1. *How does the vaccination guide project and its implementation align with the model procedure established in previous research?*

2. *How do the vaccination guides perceive the possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication*

Although the term "individuals" is used in the analytical purpose and in one research question above, the discussion will also concern groups and entire communities; it is arguably so that groups and communities consist of individuals. Therefore, throughout the study, the terms may be used somewhat interchangeably depending on the context.

1.4.1 Delimitation to the area of Northeast

This study has been limited to specifically analyse the area of Northeast in Gothenburg due to a number of reasons. First of all, the decision is motivated by the particularly low initial vaccination rates in the area. As previously mentioned, some parts of the Northeast area had the lowest vaccination rates in Gothenburg – a city deemed the most segregated in terms of vaccination statistics (Folkhälsomyndigheten, 2021a; Folkhälsomyndigheten, 2021b; Kudo & Palm, 12 September 2021). In addition, targeted communication efforts, with the aim of increasing vaccination rates, were to a large extent targeted towards the area of Northeast in particular. Although vaccination guides efforts were implemented in different areas of Gothenburg, there was a focus on the challenges in the Northeast (Ahlström & Ismail, 2022; Demokrati och Medborgarservice, 2022:6, 25). Lastly, it is in the area of Northeast that the vaccination rates have increased the most in Gothenburg. Between June and December of 2021, the initial vaccination rates of approximately 36% had doubled in percentage points towards the end of the year (Demokrati och Medborgarservice, 2022:10; Sandahl, 2021). Although there may be other

influencing factors to this increase, it is regardless an interesting aspect. Thus, the aforementioned prerequisites and characteristics make the area of Northeast constitute a research site that is suitable for analysis with the aim of contributing to the aforementioned alleged research gap.

2. Background

2.1 Introduction

In December of 2019, a new type of virus resembling pneumonia had been detected in the city of Wuhan in China. Despite dreading the worst, few scientists could have predicted what was yet to come (TT, 2020). The situation escalated quickly, as the virus continued to spread to country after country. On March 11th 2020, the World Health Organization (WHO) declared the 2019-nCoV outbreak, most commonly referred to as Covid-19 or simply the Corona virus, a pandemic (World Health Organzation, 2020). The impact that Covid-19 has had on global health and economy can only be described as stupendous. Nonetheless, the pandemic has also once again proven that crisis affects different groups of people in society to a varying extent (Chou et al., 2020; Díaz et al., 2020; Esaiasson et al., 2020).

The purpose of this chapter is to provide valuable background information for this study. First, there will be an account for how the Covid-19 situation developed on a national and local level and how the virus disproportionately affected Sweden's immigrant populations. Thereafter, media habits and misinformation in segregated areas will be discussed. Following that discussion, the area of Northeast, which constitutes the back-cloth for this study, will be described. That discussion is followed by a description of the region Västra Götaland and the city of Gothenburg and their collaboration on the vaccination guide project. Lastly, key terms will be brought up for definition and reflection.

2.2 The Covid-19 crisis in Sweden

2.2.1 An overview

On the 10th of March 2020, the Public Health Agency of Sweden deemed that there was a community transmission in the country (Folkhälsomyndigheten, 2020a). The day after, the situation was declared to constitute a pandemic (Folkhälsomyndigheten, 2020b; WHO, 2020). Societal restrictions and recommendations were implemented the same day, beginning with limiting public gatherings to a maximum of 500 people. Just two weeks later, the limitation was lowered to 50 people, followed by restrictions on how serving at restaurants and bars ought to be managed. Distance learning was applied for education on upper secondary school, college, and

university level. Citizens were advised to work from home, refraining from travelling, and practising social distancing (Esaiasson et al., 2020:11). Recommendations and restrictions would both increase and decrease throughout the pandemic, depending on the severity of the situation in terms of e.g. infections rates. On the morning of the 27th of December 2020, Sweden's first vaccine doses for Covid-19 were administered for those particularly at risk of sustaining serious illness. During spring and summer of 2021, the vaccines became increasingly available for additional groups of citizens (Folkhälsomyndigheten, 27 December 2020). As of today, during the spring of 2022, approximately 85 percent of the country's population, ages 12 and older, have received two vaccine doses or more (Folkhälsomyndigheten, 2022b). On April 1st 2022, all restrictions were lifted and Covid-19 was deprived of its status as a public health hazard (Folkhälsomyndigheten, 2022a).

2.2.2 The disproportionate impact on Sweden's immigrant populations

In the early stages of the pandemic, the Public Health Agency presented statistics showing that individuals born outside of Sweden were most severely affected by the virus (Folkhälsomyndigheten, 2020a). By the end of March, one-third of the Covid-related deaths were of people of Somali origin (Brekke, 2021:11). During the following two months, the highest incidence rates were found among individuals born in Turkey, Ethiopia, Somalia, Chile, and Iraq, in that order. An early study on the initial phase of the pandemic, between 31st of January and the 5th of May 2020, concluded that a migrant born in Somalia had a ninefold risk of dying from Covid-19 compared to a Swedish-born person (Díaz et al, 2020:5). Furthermore, as a general vaccine roll-out was in place in the summer of 2021, the Public Health Agency could conclude that the vaccination rates were substantially lower among foreign-born individuals with "lower level of education and lower income, and among people in certain communities with overcrowded living" (Folkhälsomyndigheten, 2021a). In a study on how people living in so-called vulnerable areas obtain information regarding the Corona virus during spring of 2020, Esaiasson et al. (2020:4) argue that: "The high levels of death in places over the police's list of vulnerable areas is a reminder of unequal living standards in Sweden. As always, it is disagreed upon what constitutes the difference". In addition, they argue that it is important to acknowledge that although most people living in these "vulnerable areas" are of immigrant origin, approximately 80 percent of Sweden's immigrant population live elsewhere. Therefore, Esaiasson et al. (2020:6) argue: "Although it is plausible that what is true for 'people with immigrant background' is also true for people living in vulnerable areas, it is important to know the difference".

The question of why immigrants living in socio-economically challenged areas have been disproportionately affected by the Covid-19 virus can merely be described as a complex issue with multiple plausible, and surely overlapping, explanations. Although not being the subject of analysis of this study, reflecting upon the factors that might cause this disproportionate impact could provide valuable background information for the study. Therefore, will be reflected upon briefly.

Esaiasson et al. (2020:4) argue that the explanations for contributing factors are often of ethnic-cultural character, but may also be discussed as inequity in terms of class and socio-economic factors. First, one common explanation is more congested living conditions compared to homes in more socio-economically advantaged areas, sometimes with several generations living under one roof, with a prominent intra-group care culture. Therefore, maintaining social distancing and limiting spreading of the virus is aggravated (Brekke, 2021:2; Esaiasson et al., 2020:4). Secondly, educational level as well as language barriers play an important role, as an unknown number of citizens in the areas analysed have limited or no knowledge in the Swedish language. This might aggravate one's obtaining of important anti-infection information, e.g. regarding vaccination. Thirdly, studies have shown that minority groups tend to have a lower level of trust towards society's institutions, including the media. Therefore, one might not trust the anti-infection information provided, even if it is understood correctly. Instead, it is common to rely on interpersonal communication and social networks to a larger extent (Esaiasson et al., 2020:4,7). Lastly, Brekke (2021:2) argues that foreign-born residents in socio-economically challenged areas have been exposed to the virus to a greater extent, due to often having employments in the pandemic front-line. In addition, due to front-line employment, e.g. as taxi drivers and health care workers, it is more difficult to work from home. Instead, the employees are often dependent on commuting, not seldom using cramped public transport (Brekke, 2021:2; Esaiasson et al, 2020:4f).

2.2.3 Media habits and misinformation in segregated areas

Another aspect that could contribute to the disproportionate impact of Covid-19 on Sweden's immigrant populations, and further explain the low vaccination rates in for example the area of Northeast, is the communication environment. As previously mentioned, minority groups tend to have a generally lower trust towards society's institutions, including the media. National studies have shown that individuals with an immigrant background living in Sweden tend to consume

Swedish news media to a lesser extent, in comparison to "Swede-Swedes" (Esaiasson et al., 2020:7). In terms of foreign news media, individuals of immigrant backgrounds often have a more mixed media use, and consume news media from their country of origin as a complement to Swedish news media (Esaiasson et al., 2020:7,18ff; Christiansen, 2004:185–207; Horsti, 2008:275–293; Weibull & Wadbring, 1998:49–77). Other studies show that some individuals of immigrant background disregard Swedish news media altogether, due to a perceived weak connection to Swedish society or for example language barriers (Esaiasson et al., 2020:7). Instead, they tend rely on news media from their country of origin, social media or interpersonal communication with their social network (Kamal et al., 2020:1ff; Spence et al., 2007:539–554). In addition, in areas and populations with a low level of trust towards society's institutions, and a higher tendency towards using alternative information sources, there is a prevalent risk of misinformation and spreading of rumours. In a systematic review performed by Kamal et al. (2020) it is argued that this has been particularly prevalent among ethnic minority groups in societies that are already experiencing barriers in terms of mistrusting institutions, language, and low health literacy.

2.3 Northeastern Gothenburg

Gothenburg is divided into so-called city areas, followed by the incrementally smaller divisions into middle areas, primary areas, and basal areas. The Northeast constitutes a city area consisting of a total of 17 primary areas: Gamlestaden, Utby, southern and northern Kortedala, western and eastern Bergsjön, Lövgärdet, Rannebergen, Gårdstensberget, central Angered, Agnesberg, Hammarkullen, Linnarhult, Gunnilse, Bergum, Hjällbo, and Eriksbo. The entire area has a population of close to 106 000 people (Göteborgs Stad, 2021a). Parts of today's residential areas in the Northeast were built during the economic boom in the 1950's and 1960s, as the country became increasingly urbanised and densely populated. The population of the Northeast is young and a majority of the residents are or have parents who were born outside of Sweden. Some of the most common countries of birth among the northeastern population, in addition to Sweden, are Iraq, Somalia, Syria, and Bosnia-Herzegovina (Esaiasson et al., 2020:8). The Northeast primary areas of Bergsjön and Hjällbo are some of the most densely populated areas in Sweden with an average living space of 23-24 square metres per person. The average living space in the rest of the city is 36 square metres (SCB, 2021).

Although the statistics vary somewhat between the subordinate areas, there are general indications

of socio-economic challenges in the Northeast. For instance, there is an overall low level of yearly income, high level of unemployment, and low level of self-sufficiency (Göteborgs Stad, 2021b). The area is also characterised by a relatively low voter turnout, compared to other parts of Gothenburg (Valmyndigheten, 2018). Furthermore, some parts of the primary areas in the Northeast are classified as what the Swedish police calls "vulnerable areas" and "particularly vulnerable areas". These areas are defined by the police as geographically delimited areas, characterised by a low socio-economic status, where criminality has a significant impact on the local community to a varying extent. While Gårdsten is considered to be a vulnerable area, the areas of Bergsjön, Hammarkullen, Hjällbo, and Lövgärdet are considered particularly vulnerable (Polismyndigheten, 2021a; Polismyndigheten, 2021b; SVT, 2019).

There are also significant aspects in terms of media habits in the chosen target area. A study conducted by Esaiasson et al., (2020:13ff) confirms that information channels in the Swedish language have a lower standing in the northeastern parts of Gothenburg, compared to citizens living in other parts of Sweden. The study further shows that citizens in the Northeast with a higher level of language proficiency are more likely to turn to official information sources, while those with a lower level of language proficiency are more likely to turn to social media and foreign news media. Esaiasson et al. (2020:14) argue that how one searches to obtain information as a citizen in the Northeast is also connected to a feeling of identity and belonging. In their study, Esaiasson et al. present statistics showing that the individuals perceiving a stronger connection to Swedish society were also more likely to turn to Swedish news media. And vice versa: if perceiving a disconnection to Sweden, they are more likely to turn to other information sources (ibid.).

2.4 City of Gothenburg and region Västra Götaland

The city of Gothenburg, or the municipality of Gothenburg, is located in the region of Västra Götaland. Although the term "city" as an administrative term was replaced by "municipality" in 1971, the city of Gothenburg consistently used it as a name to describe the municipality of Gothenburg, as this is how it is most commonly referred to in every-day speech. Gothenburg is located in the southwest of Sweden in the province of Västergötland and is home to approximately 590 000 people (Göteborgs Stad, 2021c). The city is divided into four major city areas, namely Central Gothenburg, Hisingen, the Southwest and the Northeast (Göteborgs Stad, 2021a).

The city of Gothenburg is located within region Västra Götaland. In terms of Swedish municipal law, a region refers to the self-governing unit responsible for a specific geographical area. The region is governed by a democratically elected council, which is performed every four years, and is responsible for matters concerning health care, public transport, cultural organisations, education, etc. Region Västra Götaland was formed in 1999 and consists of approximately 50 000 employees across county councils of Skaraborg, Älvsborg, Bohus, and parts of the city of Gothenburg (Västra Götalandsregionen, 2021).

Hereafter, the city of Gothenburg and region Västra Götaland will be denominated by either their full names or "the city (of Gothenburg) and "the region (Västra Götaland)", or by their abbreviations CoG and RVG.

2.4.1 The vaccination guide project

In June of 2021, the city council of Gothenburg commissioned the Board of Democracy and Citizen Service (Demokrati och Medborgarservice) to "perform multi-linguistic and more extensive information efforts regarding vaccination for Covid-19, targeted towards groups that are estimated to have low vaccination rates" (Demokrati och Medborgarservice, 2021:5). In a debriefing report presented by the city of Gothenburg, it is mentioned that individuals of "foreign background" as well as individuals living in "socio-economically weak areas" have been severely affected by the pandemic and have generally lower vaccination rates. The main challenges mentioned are low level of health literacy, a generally low trust for authorities as well as communication barriers. The formal project organisation was established in September of 2021, building on already existing Covid-19 information efforts in the local civil society in Gothenburg, that the region and the city were already implementing independently. The efforts were coordinated to become a collaboration between the region and the city, along with social welfare boards, the corporate housing group AB Framtiden, and civil society actors such as local associations. To a significant extent, the project relied on existing networks of so-called "bridge builders". The term refers to key figures in the civil society that possess useful linguistic and cultural knowledge, and that can function as a link between the public sector groups and individuals in society.

The vaccination guide project departs from a set of premises: 1) Everyone has the right to have access to understandable information in order to make a well-informed choice about Covid-19

vaccination; 2) The initiative is built upon public health efforts addressing the population as a whole, but will be targeted towards groups where the needs are most prominent, and; 3) A strong local anchoring and established collaboration is pivotal in order to achieve successful health efforts (ibid.:7). In addition, a set of aims were established for the vaccination guide project, for example: 1) The vaccination guides should be accessible and apply an outreaching approach in the identified areas; 2) The vaccination guides should meet the target group's linguistic and cultural needs; 3) There should be a collaboration between relevant actors in the local community that the target groups have a high level of trust towards, and; 4) Information should be available in the most prevalent languages in relevant channels (ibid.:10).

The region and the city have had different sets of responsibilities during the project process. Region Västra Götaland has an all-encompassing governing responsibility for the region, including the executive responsibility for implementing strategies as well as for informational efforts concerning the pandemic management. This has for example included constituting testing facilities, vaccine distribution, and planning of vaccination phases. Within this commission, the city of Gothenburg has assisted the region by contributing with contacts as well as providing outreaching approaches through physical as well as digital channels in various languages (ibid.:4f). The vaccination guide project in its commissioned project form was dismantled in the beginning of 2022. A total of 80 people worked as vaccination guides within the commissioned project for a total of 5568 hours. In a debriefing project report published by the city of Gothenburg, they argue that the aims have been either entirely or mostly fulfilled.

2.5 Definitions and clarifications

2.5.1 Vulnerable, hard-to-reach or hard-to-vaccinate

There are numerous appellations used for describing the individuals that the vaccination guide projects is targeted towards. Governments, academia, and the media worldwide often use terms such "vulnerable", "hard-to-reach" and "hard-to-vaccinate". For the sake of clarity, it is important to discuss these commonly and sometimes interchangeably used terms, as well as the rationale for deciding on primarily using the term "hard-to-vaccinate" in this study.

According to WHO, vulnerability is a term used to describe groups of people that are "at a higher risk than the general populations to be affected by a crisis" (WHO, 2020, mentioned in Backholm

& Nordberg, 2021:1). The term is commonly applied taking into account factors such as challenges in socio-economic status, different levels of language sufficiency as well as generally lower trust in authorities (Spence & Lachlan, 2016; Vaughan & Tinker, 2009). Applying a critical discourse analytic approach, Katz, Hardy, Firestone, Lofters and Morton-Ninomiya (2020) explored a range of articles using the term "vulnerable" for describing certain populations or groups of people. It was found that the term was only defined vaguely, or not at all, prompting the reader to "fill in the blanks as to who is vulnerable, why they are vulnerable, and what they are vulnerable to" (ibid.:601). Not seldom, "vulnerable" groups are regarded as inherently weak; even as societies, policies and processes change over time, they are believed to remain as they are. Katz et al. argue that applying such a vague definition, leaving much for interpretation, in fact conceals a crucial, underlying structure in public health care. "Notably", they argue, "populations and groups in power – and therefore generating structural vulnerability – are rarely examined" (ibid.:601). Ozawa et al. (2019:5526) reflect upon similar notions in their paper on groups considered hard-to-reach and hard-to-vaccinate. They, too, explain that entire groups of e.g. immigrants or religious members are often defined as hard-to-reach altogether. This broad description is questioned by the authors, arguing that there is no such thing as being innately hard-to-reach. Being hard-to-reach, they argue, is rather concerning difficulties reaching certain populations due to e.g. war and conflict, natural disasters or other extreme conditions. Hard-to-vaccinate populations, however, may be defined as: "Those who are reachable but difficult to vaccinate due to distrust, religious beliefs, lack of awareness of vaccine benefits and recommendations, poverty or low socioeconomic status, lack of time to access available vaccination services, or gender-based discrimination" (ibid.:5525). As argued for in the introduction of this study, in terms of addressing vaccine hesitancy, a distinction must be made between being hard-to-vaccinate due to having insufficient information or due to lack of trust. Although sometimes overlapping, the two issues ought to be addressed differently in terms of communication efforts (Chou et al., 2020:1).

Although the term "hard-to-vaccinate" will be used in discussions in this paper, other similar denominations, presumably used to describe said individuals, may be provided in explanations by others, e.g. by interviewees or as discussed in the literature.

2.5.2 Immigrant

In this study, there are no considerations or definitions made in terms of who may be identified – or may be identifying themselves – as an immigrant or a person of immigrant background. But since the vaccination project is targeted towards hard-to-vaccinate people who have "foreign background", it is a term that must be reflected upon. Therefore, in an attempt to keep potential preconceptions of the so-called hard-to-vaccinate immigrants, it is of importance to discuss how the term "immigrant" may be understood. First of all, the definition might depart from objective criteria, such as country of birth and citizenship, and more specifically the change of the latter (Kulturdepartementet, 2000:20). For example, being an immigrant or having an immigrant background may be defined as a person who, or whose both parents, did not obtain Swedish citizenship at birth – irrespective of reason or legal status (Díaz et al, 2020:1). It is, however, a rough definition of ethnicity and may not align with someone's own personal perception of their identity. Therefore, there is also a more subjective view on the term, relating to one's own view of their identity (Kulturdepartementet, 2000:20). In addition, it is important to note that there is no homogenous immigrant group; immigrant populations vary in historical, societal, cultural, and religious experiences, influences, attitudes, and beliefs.

3. Literature review

3.1 Introduction

In the suggested problematisation of this study, it was pointed out that the Covid-19 pandemic has put governments and managements globally to the test. The pandemic has presented the entire world with a new normal; new challenges have been met and, therefore, existing strategies must be revised or re-invented. The purpose of this chapter is to present and reflect upon previous research and literature published in areas relevant for this study, along with a few illustrating examples. First of all, research on the topic of reaching minority populations in terms of risk and crisis communication will be presented. Thereafter, the review will continue by presenting research on vaccine hesitancy and groups considered hard-to-vaccinate. Lastly, in order to gain understanding for the use of vaccination guides or similar roles in times of the Covid-19 pandemic, research on the importance of interpersonal communication through community networks is accounted for. Through this proceeding, the aim is to provide an overview of the current state of the research field, what the knowledge gap may consist of and, lastly, how this alleged gap may be filled by the contribution of this study.

3.2 Risk and crisis communication towards ethnic minority groups

A main notion in risk and crisis communication research is to adapt communicative efforts to the specific target groups; their crisis communication situation and prerequisites (Seeger, Sellnow & Ulmer, 2003; Seeger & Sellnow, 2013). In spite of this, Esaiasson et al., (2020:6) argue, a majority of the research field is rarely concerned with how minority groups handle crisis communication. This is remarkable, since this inequity in crisis management far from a novel phenomenon; research has long argued that minority groups are more affected during crises (see e.g. Esaiasson et al., 2020:3; Lindell & Prater, 2003:176-185; Williams & Olaniran, 2002:293–313). Therefore, the purpose of this section is to account for a portion of the research performed on how minority groups are reached in risk and crisis communicative efforts. What constitutes a minority group will inevitably differ between geographical, social, and cultural contexts. In the chosen examples below, the term refers to being in minority in terms of ethnicity and the linguistic and cultural characteristics that differ from the majority society.

To commence this discussion, it is reasonable to discuss the factors that are generally argued to determine a population's disproportionate impact in a crisis. As previously reflected upon in this study, this may be due to a number of often interplaying aspects often concerning a variety of social disparities. According to Braverman, Egerter, Cubbin, and Marchi (2004:2139) social disparities in health may be understood as: "[...] the differences in health, or the likely determinants of health that are systematically associated with different levels of underlying social advantage, [disadvantage] or position in a social hierarchy". First of all, as frequently discussed hitherto, experiencing a language barrier may significantly affect the ability to obtain risk and crisis communication and is particularly affecting minority, immigrant, and low-socioeconomic-status groups. These barriers may entail not understanding the language spoken itself or the level of the language spoken. However, as Brekke (2021:1ff) notes, the communication barriers may on the other hand also be a result of poorly adjusted communication to the target populations in question – it is important to recognise both sides of this barrier. Furthermore, as Kamal et al. (2021:15f) and Ozawa et al. (2019:5530) argue, low-health literacy and low level of education are to a disproportionate great extent prevalent among individuals living with a lower socio-economic status and may also constitute crucial barriers in terms of obtaining risk and crisis communication. Another important component in terms of obtaining risk and crisis communication as an ethnic minority group is the perceived trust for the sender. Following 9/11 and the subsequent Anthrax attack, a number of American studies concerning ethnic minority populations – mainly African Americans – and risk communication were performed. They concluded that said population experienced a significant barrier of distrust towards governing instances, hindering their acceptance of risk communication messages (see e.g. Blanchard et al., 2005; Quinn, Thomas, & McAllister, 2005, 2008). Furthermore, a study performed by Esaiasson et al., (2020) analyses the relationship between crisis communication and societal trust – both how perceived trust affects the view on crisis communication, but also vice versa. They, too, confirm that trust is pivotal in terms of obtaining important information in times of – or before – a crisis.

In order to discuss research on pandemics and ethnic minorities more specifically, it must first be repeated that the Covid-19 pandemic is a crisis that has disproportionately affected ethnic minority populations that are also experiencing socio-economic challenges. Or as Chou et al. (2020:3) define the group and its challenges: "[...] those already experiencing health and social disadvantages by virtue of their race, ethnicity, health status, age, access to health care, occupation, and socioeconomic conditions". According to Crouse Quinn (2008:19), Blumenshine et al. (2008) were "the first to explicitly link existing health disparities to increased vulnerability

in a pandemic". They argue, that although it is difficult to specifically target communication for any group in society in the midst of a pandemic, it is utmost important "to recognise the risks inherent in disparities in exposure, susceptibility, and treatment and create messages that reflect these realities" (Crouse Quinn, 2008:19). Berger, Evans, Phelan and Silverman (2020) further reflect on the consequences of disregarding the ethnic minority groups' prerequisites during a pandemic – more specifically the Covid-19 pandemic. In similarity to e.g. Braverman et al. (2004) and Chou et al. (2020) – and many scholars among them – Berger et al. (2020:1) argue that the ongoing health inequity among minority communities are grounded in "the historical marginalisation of communities and neglect of community health". Thus, they emphasise the essence of constructing communication that is as honest and transparent as possible, as confusing or contradictory health messages could increase distrust towards society's institutions, causing individuals to seek information from unreliable sources – further increasing health inequity (ibid.:1).

To conclude this section, it can be said that although it has long been recognised that ethnic minority groups are more likely to be severely affected during crises and that tailored communication us crucial. In spite of this, research on how to best reach these groups with risk and crisis communication efforts has been relatively scarce, according to scholars (see e.g. Berg et al., 2021:19; Brekke, 2021:17; Esaiasson et al., 2020:6). To further highlight what we do and do not know about pandemic communication towards minority communities, one illustrative examples have been chosen. The article written by Reynolds (2007) was deemed a useful example due to its discussion on minority communities departing from the CERC model, which also constitutes this study's central theoretical framework.

3.2.1 Pandemic communication and minority communities (Reynolds, 2007)

In her paper, Barbara Reynolds (2007) departs from the Crisis and Emergency Risk Communication, commonly known as the CERC model. Reynolds discusses how CERC may be applied and adapted when targeting minority populations in pandemic times. Although the paper was published 13 years before the Covid-19 pandemic, the insights provided are undoubtedly applicable and interesting for the sake of this study. She defines a minority population as: "a special population as any group that cannot be reached effectively during the initial phases of a public safety emergency with general public health messages delivered through mass communication channels" (Reynolds, 2007:97). In similarity with aforementioned literature,

Reynolds argues that characteristics that might define such populations are language barriers, cultural beliefs relevant to the pandemic, pre-existing psychological, social or political contexts that would shape reaction to emergency communications as well as not having access to mass media (ibid.:97). Reynolds argues that not all messages in a crisis require "cultural tailoring" – there is simply insufficient evidence for that assumption (ibid.:95). Nonetheless, if the target group is experiencing a significant level of distrust, such adaptations may be justified. Here, Reynolds mentions ethnic or cultural minority communities who have "suffered long-standing disparities" and "true institutional discrimination" may experience a level of distrust that could negatively affect their response to pandemic control measures (ibid.:95).

Reynolds adds the element of interpersonal communication in terms of performing effective risk and crisis communication in minority groups. She argues for the importance of engaging the community and to build partnerships and trust prior to the emergence of the crisis – a preparation that could aid coming facilitations of appropriate pandemic measures. In particular, she emphasises the importance of public health professionals to build a foundation of trust and cooperation with organisations and associations in the community. This could e.g. entail religious associations, civil rights groups as well as other community based organisations and partners. Adequately preparing the minority communities, in the ways mentioned above, could significantly improve their resilience for e.g. an avian influenza pandemic (ibid.:95f).

3.3 Vaccine hesitancy and hard-to-vaccinate populations

Vaccine hesitancy is defined as "a delay in acceptance or refusal of vaccination when vaccination services are available" (Katz et al., 2021:1). The degree of vaccine hesitancy may vary depending on context and point in time. For example, vaccine hesitant individuals may agree to the vaccines offered in the national program, but will refuse novel vaccines (Dubé et al., 2013:1763-1765). Particularly sensitive aspects that could increase vaccination hesitancy among individuals and communities are for example an on-going political or societal crisis, a mass immunisation campaign or, as mentioned above, the novelty – and therefore presumed increased risk – of a vaccine (Chou et al., 2020:3; WHO, 2017:17). In terms of the Covid-19 pandemic, it may be argued that all of the aforementioned aspects are, or have been, present to some extent, therefore affecting the level of vaccine acceptance. The novel virus has indeed constituted a practically unprecedented global societal crisis with major political friction, resulting in the production of a

new vaccine at record speed marketed in an extensive immunisation campaign worldwide (Chou et al., 2020:3).

As previously mentioned, there are a number of interplaying factors that may increase an individual's vaccine hesitancy. Firstly, lacking sufficient information about vaccines and their potential can be connected to communication barriers, thereby creating challenges in obtaining correct information concerning their health. The question of language barriers was discussed in the previous sections, where a lack of understanding of the language itself, or the level of it, may aggravate the obtaining of information. Another aspect previously mentioned is a low level of health literacy and a low level of education. Kamal et al. (2021:15f) and Ozawa et al. (2019:5530) argue that these are aspect that are to a disproportionate great extent prevalent among individuals living with a lower socio-economic status and is connected to low vaccination uptake. In terms of not obtaining the information about vaccination due to lack of trust, it is often strongly related to not having sufficient information or encountering misinformation or conflicting information. Such circumstances may ignite or increase one's disbelief in the legitimacy and well-intentions of authorities, science, and health care (Ozawa et al., 2019:5525ff; Salmon et al., 2021:420). In the case of hard-to-vaccinate immigrant groups, beliefs of that kind can for example be a consequence of "systematic racism and historical scientific misconduct" (Chou et al., 2020:12) as well as "past negative experiences with formal services" (Kamal et al., 2021:15). Ozawa et al. emphasise the importance of understanding underlying mechanisms in particular social and environmental contexts that impede certain individuals from vaccinating. Recognising such mechanisms, they claim, is crucial in order to identify what challenges the population in question may encounter and what specific strategies may be appropriately implemented (ibid.:5526f).

Furthermore, another component that may contribute to vaccine hesitancy among hard-to-vaccinate groups of immigrant background, is the general under-representation of individuals from ethnic minority backgrounds in society along with a general "lack of inclusion of marginalised communities throughout the pandemic" (ibid.:16). The importance of having healthcare workers of mutual cultural background, properly speaking the language of the target group, has been found pivotal in communication with hard-to-vaccinate immigrant groups. In addition, hard-to-vaccinate groups in religiously engaged ethnic minority communities may encounter trust barriers constituted by religious beliefs and religious leaders. Even though there are few apparent theological objections to vaccines, varying interpretations by religious leaders – who sometimes act as gatekeepers or opinion leaders in such communities – can discourage

members from receiving vaccinations. There may be spreading of rumours and ignition of community suspicions, such as fear of sterilisation or misinformation about certain governmental motives behind vaccination promotion (Kamal et al., 2020:16; Ozawa et al., 2019:5530). Lastly, it is important to note that hard-to-vaccinate populations with a lower socio-economic status may well understand the importance of immunisation, but find it difficult to take time away from work and prioritise vaccination due to financial difficulties or other practical impediments (Ozawa et al., 2019:5530f). To conclude, Bloom, Marcuse and Mnookin (2014:339) that it is pivotal that vaccine messages are adequately tailored for the specific target group, "because messaging that too strongly advocates vaccination may be counterproductive, reinforcing the hesitancy of those already hesitant". In order to illustrate how vaccination communication efforts during Covid-19 may be tailored towards ethnic minority communities, a recent study by Salmon et al. (2021) is presented below.

3.3.1 Vaccine equity across American populations (Salmon et al., 2021)

Salmon et al. published a paper on governance, communication, and vaccination equity in times of Covid-19. Along the lines of the problematisation of this study, Salmon et al. claim that the US population is not "uniformly experiencing the pandemic", due to for instance "systemic social injustices" (ibid.:420;422). As argued previously in this chapter, the writers argue that "many communities at disproportionate risk for Covid-19 might also not accept immunisation". Although the American Covid-19 vaccination program "Operation Warp Speed" has been "successful in its principal purpose and objective" as every American wanting to get vaccinated is ensured to become so (ibid.:419). Salmon et al. argue that there is no such thing as an "one size fits all" solution to a situation this complex. For instance, trust in governments and agencies, cultural beliefs, uptake of misinformation, and level of scientific understanding are a few factors Salmon et al. argue are influencing vaccine acceptance among individuals (ibid.:420). For some Black, Native American and Latinx communities, this may be further complicated by collective historical and cultural experiences affecting their perceived trust. In order to address the issue of vaccine hesitancy and to strengthen trust, especially towards the particularly Covid affected populations, Salmon et al. argue that transparency and trusted messengers are key factors. In addition, communication efforts should be tailored for each target group. They should contain "interpretable, context- and culture-specific, accurate and trusted information" (ibid.:420). This should be done in a manner that "honours and incorporates their values and lived experience" (ibid.:422). Lastly, the importance of this proceeding is stressed as "failure to gain

acceptance of vaccines and achieve equitable access and use will represent a tragic public health failure" (ibid.:422).

3.4 Minority community networks and interpersonal communication

As has now been recurrently discussed in this paper, the vaccination information gap between authorities and hard-to-vaccinate populations may be an effect of e.g. language barriers and distrust towards society and its institutions. In order to tackle these challenges in an adequate manner, several recent studies have emphasised the importance of collaborating with existing community networks in order to reach those considered hard-to-vaccinate immigrants (Brekke, 2021; Chou et al., 2020; Esaiasson et al., 2020; Wieland et al., 2021). One efficient way of implementing the community approach is to use intermediating community allies, often described in terms of communication ambassadors, communication leaders, health communicators or opinion leaders (Backholm & Nordberg, 2021; Brekke, 2021; Löthberg et al., 2012; Shoch-Spana, 2021; Wieland et al., 2021). The importance of using existing networks and intermediators has long been scholarly acknowledged, not least since the publication of Katz and Lazarsfeld's (1955) two-step flow communication model. Research on such health communication mediators, adding an intercultural perspective, rose to prominence in the the beginning of the millennium. One example is the research project Impact of Multicultural Health Advisors (IMHAd), which was a collaboration between a number of Swedish universities and municipalities, aiming to identify important factors in improving the health among immigrants in Sweden. Here, the potential in using so-called health communicators was greatly emphasised, described as "spreading as a so-called 'best practice' example, through the Ministry of Health and Social Affairs, on to Europe [...]" (Löthberg et al., 2012:133, my own translation). The Covid-19 pandemic has arguably contributed to the scholarly interest to continue investigating the function of community networks and intermediators with the aim of ensuring equal health for all of society's populations.

Several recent studies suggest that hard-to-vaccinate individuals are often more prone to accepting health information in the form of interpersonal communication, e.g. from community network members, than official health information from the government e.g. communicated through major media network (see e.g. Brekke 2021; British Red Cross, 2021; Kamal et al., 2021; Nguyen et al, 2021; Wieland et al., 2021). This can for example be explained by the concept of competing voices, as discussed by Sellnow and Veil (2016:489-498). This is when individuals, due to e.g.

language barriers or a sense of distrust, are not able or willing to follow public health information. Instead, they rely on alternative information from mass media from their native country, social media or other influential profiles within their minority community. In some instances, this may further increase the feeling of distrust and feeling left out of the dominant society (Ekblad, Savlin & Georgelis, 2021; Storstein Spilker et al., 2021). Quinn (2020:3291) agrees that the importance of interventions through social networks have successfully been used to reach so-called "vulnerable communities" with trusted information, particularly in terms of norm "(re-)formation and behavioural adoption". She acknowledges the racial disparities in Covid-19, arguing that they are "rooted in systemic and contemporary racism and health and economic inequity" (ibid.:3292). However, engaging trusted community leaders, she argues, can in fact "help overcome these challenges to address inequities and reduce COVID-19 stigma" (ibid.). If there is a distrust towards official authorities (e.g. the medical system, the state, local governments, etc.), trusted profiles in one's own community can add trust and credibility to public health information that has otherwise been doubted. This is particularly applicable in communities with ethnic minorities, she agues, where there often is a generally lower level of medical trust (ibid.).

Thus, the function of the intermediators – regardless of their denomination – is to bridge the gap between authorities and communities. Studies pinpoint a number of key factors for such interventions to be successful and effective. First of all, the communication between the intermediator and target individual(s) should preferably be conducted face-to-face. Secondly, it is important that the intermediator possess adequate linguistic skills so that the communication flows unimpededly (Brekke, 2021:12; Storstein Spilker et al., 2021:74). Lastly, the intermediator must have insight into the target community and understand its cultural and social situation (Brekke, 2021:11; Löthberg et al., 2021:133). Sharing ethnic background and culture, enabling a sense of identification, has been proven important in successful intercultural "intermediatorship" (Brekke, 2021:18). In order to exemplify how community networks and intermediators may function in risk and crisis communication efforts during Covid-19, an article by Brekke (2020) will be presented.

3.4.1 District of Oslo's ambassador information campaign (Brekke, 2021)

In his article, Jan-Paul Brekke analyses the execution of the Covid-19 ambassador information campaign targeted towards Somali immigrant groups in the District of Old Oslo (DOO), Norway – a population greatly overrepresented in terms of infection and mortality. Brekke' study is as relevant as it is interesting due to its many similarities to the Swedish circumstances and

experiences – some of which are pointed out in his paper. Although the Norwegian Institute for Public Health, local governments, NGOs and ethnic community organisations implemented a range of measures to reach DOO's Somali population – such as hanging up posters, translating documents and engaging in social media campaigning – the measures were found insufficient (ibid.:1f). A need was identified for creating a separate, tailored communication strategy for the Somali population. As a result, individuals either volunteered or were employed to engage in the communication ambassador campaign (ibid.:1-7). Brekke argues that the implementation of the campaign revealed challenges as well as crucial learning points on how to succeed in reaching "largely isolated subgroups within an immigrant community with vital information" (ibid.:16).

Brekke identifies a number of criteria in order to succeed with such an information campaign as implemented by DOO. First of all, the ambassadors were knowledgeable with the Somali language as well as the cultural and social context. It was found important that the ambassadors could communicate to the target group horizontally and not vertically; in other words, to talk *with* and not *to* the group. Secondly, the ambassadors were not regular employees of the local government but rather had an independent role, increasing the sense of "horizontal trust". This may be considered important due to the fact that the target population often has a lower level of trust in health institutions, governance, and the media. Thirdly, the communication ambassadors were individuals with a certain societal standing, conveying both a sense of expertise and credibility (ibid.:18f). One issue with the project that Brekke identifies, is the form of employment of the ambassadors; the ambassadors often worked on a voluntary basis or received minimal compensation. Brekke argues that this can challenge the sustainability of the project, as ambassadors expressed that they were less eager to participate long-term (ibid.:18). Brekke concludes that the situation in the District of Old Oslo is far from unique and that further research, analyses of similar experiences for other immigrant groups in other social, cultural, and geographical contexts, is needed (ibid.:19).

3.5 Framing the alleged knowledge-gap

Existing literature argues that factors such as level of language proficiency, cultural indifferences, trust in institutions, and socio-economic status greatly affect how an individual obtains vital risk, crisis, and health information (Esaiasson et al., 2020:3; Lindell & Prater, 2003:176-185; Williams & Olaniran, 2002:293–313). Adequately adapting health improving implementations has been

proven pivotal in order to address issues concerning health inequity. In spite of this, a majority of the research field is rarely concerned with how minority groups handle crisis communication (Esaiasson et al., 2020:6). During the past two years, the pandemic has shed light on the fact that there is much more to learn. Research has time and time again argued that governments across the globe have, to lesser or greater extent, fallen short in terms of meeting the needs of all society's populations. Thus, governments and academia are in dire need of complementing and developing the existing knowledge on tailored risk, crisis, and health communication efforts to a multi-public society. One such group that has been proven to particularly benefit from adequately tailored communication efforts is the minority group of hard-to-vaccinate immigrant individuals. Therefore, scholars are asking for further academic contributions on how so-called "vulnerable", "hard-to-reach" or "hard-to-vaccinate" immigrant groups are best communicated to, in a public health crisis, in different geographical and cultural settings. For example, Storstein Spilker et al. (2021:74) argue that it would be useful to further examine how collaborations between authorities and health intermediators can be conducted in order to provide effective communication in times of crisis, e.g. in a novel pandemic, to ensure health equity. In addition, Brekke (2021:17) says:

> Systematic evaluation and further research are needed to fully understand the effect and outcomes of individual campaigns [...] it is clear that there will be a constant need for updating anti-infection information and its mode of delivery. Further research is needed in regard to systemising the early lessons on how to reach segregated members of ethnic communities.

This study contributes to filling the knowledge-gap in a few ways. First, during the completion of this study, a majority of the existing research did not include immunisation communication, as vaccines had not yet become available for the public (see e.g. Backholm & Nordberg, 2021; Brekke, 2021; Ekblad, Savlin, Albin & Georgelis, 2021; Storstein Spilker et al., 2021; Quinn, 2020). This study has the opportunity to provide insight into an interpersonal risk and crisis communication project launched during the Covid-19 pandemic, targeted at individuals belong to an ethnic minority. In addition, as previously argued for, a study analysing an interpersonal risk and crisis communication project of this kind – i.e. a vaccination guide project – has seemingly not yet been conducted in a Gothenburgian or Swedish setting before.

4. Theoretical framework

4.1 Introduction

The purpose of this chapter is to present the theoretical framework of this study. First of all, the often overlapping research fields of crisis and risk communication will be explained, along with the – in this case – related research fields of health communication. The aim of the description of these three fields is to provide a foundational understanding for the mature research fields where this thesis has its point of departure. As is argued later on in this chapter, risk and crisis communication are at times difficult to separate. This study applies a comprehensive, dynamic view of the crisis cycle, and it is often not possible the exact on-going phase during a crisis (Neville Miller et al., 2021:5). An extended crisis, such as the Covid-19 pandemic, may cycle through the different phases more than once and different populations could be experiencing different phases of the same crisis (ibid.). Therefore, the vaccination guide project – and the study of it – can arguably, in addition to health communication research, also relate to risk and crisis communication research.

Following the accounts of risk, crisis, and health communication, the central theoretical framework of this study will be presented, namely crisis and emergency risk communication – perhaps most commonly referred to as the CERC-model. The chapter will be concluded by discussing what this study has found to be research's collected view of how to best reach hard-to-vaccinate immigrants with interpersonal risk and crisis communication efforts. This will be henceforth be referred to as the model procedure.

4.2 Crisis and risk communication

To commence the presentation of the research fields of crisis and risk communication, a definition of the terms "crisis" and "risk" may be in place. Crisis may generally be explained as one specific or a series of unexpected events that creates significant levels of uncertainty and threat to high priority goals such as life, property, security, and health (Sellnow & Seeger, 2013:8). Heath (2010:3) describes a crisis as "a risk manifested". From this angle, a risk precedes a crisis – and a crisis is the consequence of a risk that has developed, either due to disregard or insufficient management. Thus, the concepts of risk and crisis – and therefore the fields of risk and crisis

communication – are closely related and at times overlapping (Sellnow & Seeger, 2013:8). On this note, it may be of importance to account for the concept of "communication" and what that entails in terms of research. According to Sellnow and Seeger (2013:11f), the essence of communication may be explained as "the construction of meaning, sharing some interpretation or consensual understanding between senders/receivers, audiences, publics, stakeholders or communities". However, it may also be understood as a mechanism occurring within a larger ecology, including networks, history, and the media used, as well as a larger context of social, cultural, political, and economic context (Foth & Hearn, 2007:9). From this perspective, "communication both influences and is influenced by the context and ecology" (Sellnow & Seeger, 2013:12). As an example, Sellnow and Seeger (2013:12) explain that crisis creates a specific context which will subsequently influence communication activities. In turn, the communication activities also influence the context. Communication may also be understood as a rhetorical process where regulating behaviour, through the means of persuasion, is seen as a fundamental function. Nonetheless, communication is crucial in terms of risk as well as crisis management: "Communication is the primary means by which public health officials can influence the public's behaviour in ways that can limit the spread of this infectious disease" (ibid.:12).

Departing from the aforementioned discussion, crisis communication may be understood as "the ongoing process of creating shared meaning among and between groups, communities, individuals, and agencies within the ecological context of a crisis, for the purpose of preparing for and reducing, limiting and responding to threats and harm" (ibid.:13). Crisis communication is generally sender/event oriented, aiming to respond to public needs without delay. In the case of a a novel pandemic outbreak, for instance, the principal aim is to quickly inform the public about adequate safety measures and self-efficacy actions. Although the goal should always be to communicate information as correctly as possible, the high level of uncertainty in the crisis situation may greatly aggravate that effort. Therefore, the crisis communication process is often less controlled and rather unpolished (Reynolds & Seeger, 2005:49). As a crisis strikes, every-day-life is put on hold and there is a high awareness of the seriousness of the situation. At the initial, uncertain stage of a crisis, people are often more prone to making behavioural changes to tackle the situation compared to during regular times (Heath & O'Hair, 2010:131ff). A main point in crisis communication research is that communication and messages must, in order to be effective, be adapted and tailored to the specific target groups and their current communication situation (Gilpin & Murphy, 2010:683; Seeger & Sellnow, 2013:69).

As previously mentioned, risk is considered to precede a crisis. Therefore, risk communication may rather be described as a "sustained communication process established with a diverse audience about the likely outcomes of health and behavioural attitudes" (ECDC, 2021b). Risk communication is, in comparison to crisis communication, to a larger extent centred on sender/ message; there is time to identify strategies and thoughtfully construct a message (Reynolds & Seeger, 2005:47). Risk communication is rather concerned with strengthening motivation and increasing preparedness among the population before the crisis has actually struck. Here, the main aim is to increase the public's understanding about for example health related issues; how to minimise risks and avoid harm through the encouragement of behavioural changes (Glik, 2007:34; Johansson, 2022:30). Risk communication can also take place during a crisis that has been going on for some time and where the public is well-aware of the situation, but when there is a need to prepare for new phases of – or solutions to – the crisis. In order to practise successful risk communication a number of crucial aspects ought to be included in the strategy. First of all, credibility is important in order to effectively communicate messages with a high level of believability. Further, they should include suggested solutions to the problem, e.g. action of self-efficacy that will reduce harm. Secondly, the message should be clear, straightforward, and appeal to both reason as well as emotion (ibid.:45). Lastly, the messages will be "more effective when they are strategically matched to audience needs, values, background, culture, and experience" (Sampson et al., 2001:335-358).

As discussed in this section about risk and crisis communication research, a central point is that the communicative efforts should be adequately tailored to the specific audiences and their communication environment (Gilpin & Murphy, 2010:683; Sampson et al., 2001:335-358; Seeger & Sellnow, 2013:69). This may also be considered to be the greatest challenge for risk and crisis communication, to take into account the complexity of the audiences. The diversity of backgrounds, cultures, and experiences are aspects that can significantly affect the outcome – and therefore the performance – of risk and crisis communication efforts (Seeger & Sellnow, 2013:59ff).

4.3 Health communication

Health communication is a multifaceted research field, consisting of both theory as well as practice; it draws from several different theories and disciplines, studying a wide range of topics (Berg et al., 2021:2-20; ECDC, 2021a; McCullock, Hildenbrand, Schmitz & Perrault, 2021:29).

Health communication has come to grow in prominence with its emergence as a communication subfield and it is constantly evolving (Nussbaum, 1989:35-40; Ratzan, 2012:1f.). According to the European Centre for Disease Presentation and Control (ECDC), health communication consists of a number of areas contributing to a more effective implementation of health communication; risk and crisis communication are mentioned as the two main areas in this aspect. Health communication is also an integrated part of risk communication, and is then often referred to as health risk communication (Berg et al., 2021:2; ECDC, 2021a). In addition to communication research, social cognitive theories, public relations, and marketing are all essential contributions to the field of health communication (ECDC, 2021a). The overall aim of health communication is to "promote, sustain, and adopt beneficial health or social behaviours, policies, and practises to improve individual, community, and public health outcomes". This is often performed by health information campaigns, e.g. concerning drug use, safe sex, drunk driving, and vaccines (Reynolds & Seeger, 2005:47). In public health emergencies, pandemics included, health risk communication more precisely aims to "improve health outcomes by influencing, engaging and reaching out to different at-risk audiences with health related information" (Berg et al., 2021:2). In similarity to successful risk and crisis communication, tailored communication efforts is a key concept within health communication; efforts should be adapted to the diversity of society's population in order to have the possibility of reaching a significant level of effectiveness (Berg et al., 2021:2; McCullock et al., 2021:28). In addition, trust and engagement are crucial factors to ensure effective communication efforts (Berg et al., 2021:2).

4.4 The CERC-model

How to inform, instruct, and motivate citizens to deal with a health crisis has been theorised by a number of scholars through various kinds of models; Fink's Four-Stage Cycle (1986), the protective action decision model (PADM) (Lindell & Perry, 1992;2021) and the IDEA model (see e.g. Sellnow, Lane & Sellnow, 2017) are a few of the most prominent models in the research field. While Fink's model is a more traditional stage model borrowing its cycle names from medical terminology, the two latter are anchored in and cognitive and behavioural theory as well as experiential learning theory, respectively (Johansson, Lane, Sellnow & Sellnow, 2021:2f; Lindell & Perry, 2021:6; Popova, 2012:455). Another distinguished model is the crisis and emergency risk communication (CERC) model which has been chosen as a part of the theoretical framework of this study, before the three aforementioned models. This was done for a few reasons. Firstly, it

embraces a more comprehensive, dynamic view of the crisis cycle, and its recommended efforts are often broader than traditional models in risk and crisis communication, e.g. Fink's Four-Stage Cycle (Sellnow & Seeger, 2013:33-36). Secondly, in terms of the PADM model, although being flexible in its approach, it is considered to be too descriptive and theoretical for this the purpose of study. In addition, the model assumes some level of rationality and linearity, and the receivers – although seen as active in the communication process – are not primarily seen as co-creating in the understanding of risk. Fourthly, in terms of the IDEA model, although having an interesting focus on the construction of experiential learning and message creation, it may be considered too precise in its objective to fit the aim of this study. The CERC model was chosen above the aforementioned models due to its comprehensiveness and dynamic approach, its public health adaptation and its proven practical applicability outside of academia. This has been proven not least in Covid-19 related communication research (see e.g. Wieland et al., 2020).

The CERC model pinpoints the most crucial aspects of the aforementioned theories in this chapter; the model draws on the fields of risk communication and crisis communication, combining them into an applied practice and adapting them to a public health context. Reynolds and Seeger argue that: "This blended form of communication emphasises the developmental features of crisis and the various communication needs and exigencies of audiences at various points in the ongoing development of an event" (ibid.:49). The CERC framework emphasises communicators' role in terms of informing and persuading the audience in an appropriate manner, so that individuals will respond and plan their actions appropriately (CDC, 2014:7). Due to the model's applicability and perceived effectiveness, its incorporation into risk communication and emergency preparedness for public health issues has become crucial for public health agencies (Glik, 2007:33-35; Neville Miller et al., 2021:2; Reynolds & Seeger, 2005:44-51; Sellnow & Seeger, 2013:40).

CERC was first developed by the Centres for Disease Control and Prevention (CDC) following the 9/11 attacks and the sensitive time period thereafter. After 9/11, it had become increasingly apparent that health communication, in times with emerging global threats to public health, needed to be "strategic, broad based, responsive, and highly contingent" (Reynolds & Seeger, 2005:49). Thus, "CERC was part of a comprehensive effort to build capacity for crisis response among public health agencies" (Veil, Reynolds, Sellnow & Seeger, 2008:26-34). CERC has also been deemed an important tool during the H1NI influenza in 2009, where communication was seen as a critical factor in the risk and crisis management process in terms of helping influence the

public's behaviour in an appropriate manner. The CERC framework was applied in the U.S. in national as well as local public health responses, and it was deemed to have aided in facilitating planning and preparation as well as enhancing interagency cooperation and coordination. In addition, it has been argued to have enhanced agencies' capacity to address multiple audiences with appropriate coordinated messages (Sellnow & Seeger, 2013:41-43).

4.4.1 The five stages of crisis

CERC is constructed as a five-stage model consisting of the pre-crisis phase, the initial phase, the maintenance phase, the resolution phase, and the evaluation phase. In the pre-event phase of crisis, there is an emphasis on creating and maintaining relationships with stakeholders, engaging and educating communities in preparedness planning, and identifying successful practices for doing so. Crouse Quinn (2018:19) argues that in the pre-event phase it is important that "health departments and local officials need to engage racial and ethnic minority communities on the issue of preparedness". This should be done in order to build a sense of trust and understand the structures and social networks of the community before the crisis has actually hit, called the initial phase. The initial phase constitutes the time when a crisis has in fact emerged and the focus is on communicating crucial facts, providing explanations, promoting self-effacing actions to reduce harm, and establishing credibility among stakeholders (e.g. the citizens). As the crisis continues, the maintenance phase aims to work more strategically in combating the situation; continuously presenting new information about the situation and addressing misinformation are important steps at this stage. Furthermore, in this phase it is important to segment audiences and identify risk groups in society, tailoring communication efforts towards them (Reynolds & Seeger, 2005:51; Reynolds & Seeger, 2014:9-14). It is important to reach so-called "vulnerable" populations that have a history of experiencing social injustice, health disparities, and limited access to health information, that might be disproportionately affected by the crisis (Wieland et al., 2020:1). In the resolution phase, as the crisis is increasingly diminishing, there is a focus on motivating citizens to remain conscious of the risks in the situation and to persuade them to "support public policy and resource allocation to the problem" (CDC, 2014:13). Furthermore, it is important to summarise hitherto learned lessons, evaluate strategies, and promote community awareness for a new potential crisis. Lastly, in the evaluation phase, an after-report is initiated; the overall communication efforts and their effectiveness are assessed, important take-aways are being shared, and links to pre-crisis activities are implemented.

To summarise, key factors in successful CERC application, throughout the crisis cycle, are to be first, correct, and credible as well as to promote action, express empathy, and remain respectful (Neville Miller et al., 2021:4). Although this study does not to a significant extent take specific crisis stages into consideration, CERC provides a comprehensive understanding of the risk and crisis cycle and suggested implementation of efforts.

4.4.2 Dealing with misinformation and relying on civil society actors

An inevitable aspect of any crisis is having to counter and manage misinformation and rumours. Circulation of false information may be a result of a party or individual aiming to fill in the gaps where information is missing in an insecure situation – or it may be a way of taking advantage of a sensitive situation for one's own agenda (CDC, 2014:35f). According to the CERC framework, community partnerships may be valuable in terms of dealing with the aforementioned challenges. This is due to the fact that such actors often are "familiar, trusted, and influential with the target audience", therefore having the potential of even being more influential than messages in the media (ibid.:224).

Using civil society actors may also be valuable in other aspects of the risk and crisis communication process, e.g. by arranging community forum meetings. By inviting people that have particular insights and experiences from the target area or target group, knowledge and perspectives can be shared and discussed, allowing for identifying appropriate risk and crisis communication efforts. If it is not possible to invite to a physical meeting, a digital alternative could be arranged. Here, a crucial factor is allowing the audience to participate in finding solutions to a problem that exists for example in their community (ibid.: 224:226).

4.4.3 The CERC-model and its limitations

Although thoroughly applied seemingly successfully "on the ground", CERC has been criticised for not having the coherence needed to function as a framework for research (see e.g. Elledge, Brand, Regens & Boatrigh, 2008; Sellnow & Seeger, 2013). When Reynolds and Seeger first presented CERC to an academic audience in 2005, it was not supposed to function as a theory, but rather: "[...] a call to attend to a new type of communication need" (Neville Miller et al., 2021:2). Due to the "overarching nature" of the model, it has been criticised for being too general. In addition, the CERC model shares the common weaknesses of other stage models, namely at times

aiming to pinpoint the exact on-going crisis phase. In reality, extended crises such as the Covid-19 pandemic may cycle through the phases more than once and different populations could be experiencing different phases of the same crisis (ibid.:5). In particular, CERC has been criticised for "the inability to accommodate events with long maintenance stages" (Sellnow & Seeger, 2013:44f) as "the model provides no explicit guidance for shifting communication needs during a global maintenance phase that is months-long in duration", where once again using the on-going pandemic can be used as an example (Neville Miller, 2020:5).

Nonetheless, Veil et al. (2008:32) defend the model, arguing that CERC is not "a theory per se, but a useful, integrated framework of risk and crisis communication perspectives that needs further development". They argue that the CERC model has already stimulated interesting research in the field, highlighting the role of communication within risk and crisis management. Veil et al. urge scholars to use the CERC model – and possibly other complementary theories – to develop the research area and provide a foundation for future scholarly contributions. To conclude, they argue that case studies where CERC is used for guided actions are "needed to bridge the divide between the research and practice" (ibid.:32). For example, Veil et al. suggest that future research could investigate the impact of risk messages communicated during a crisis to those who have lower chance to self-efficacy (ibid.:32). On the basis of the aforementioned discussion, the CERC model is deemed an appropriate central theoretical framework for this thesis as it is to be considered as just that – a guiding framework, not a handbook. In addition, more studies involving CERC need to be conducted to connect the gap between practice and research. Hopefully, this case study – that resembles one that Veil et al. proposed – could be one such contribution to said alleged gap.

4.5 Multi-step flow of communication and network effects

As argued earlier in this study, there is an importance of interpersonal communication based on existing networks in order to successfully reach individuals with information that would otherwise perhaps not be reached by it. This was not least emphasised in the section above, regarding inviting civil society actors in the risk and crisis communication planning. An additional way of theoretically approaching the question of interpersonal communication, communities, networks, and intermediators, in similarity with the vaccination guide project, is through multi-step flow of communication. The approach emerged as an extension of Katz and Lazarsfeld's (1955) prominent two-step flow theory, which has mainly been concerned with exploring the relationship

between mass communication and interpersonal communication. The traditional two-step model suggests that mass media content does not reach the public directly; the media effects on the public are inhibited by e.g. selective exposure and perception. Instead, mass media content reaches the particularly active citizens first, who then interpret and distribute the information further to the less active citizens. These key individuals are referred to as "opinion leaders" (Katz & Lazarsfeld, 1955). During the decades following the theory's introduction, scholars have developed and modified the original two-step flow model. For instance, the introduction of the Internet and social media has significantly altered the mass communication landscape (Bennett & Manheim, 2006:213ff). Further, scholars have criticised the model for oversimplifying the patterns of interpersonal influence; the two-step flow is rather a multi-step one, as information distributed by the opinion leaders to followers, would in turn spread it to other individuals in the network. New variations of the model have aimed to capture the more complex multidirectional flow, which also allows for bottom-up communication. Nonetheless, the claimed importance of opinion leaders remains (Brosius & Weimann, 1996:561-580; Weimann, 1982:764-773).

According to Katz (1957:73), opinion leaders can be described based on three main components: their personality ("who one is"); their competence and knowledge ("what one knows"), and; and their position in a specific social network ("whom one knows"). Additionally, opinion leaders often have common characteristics that enable their efforts; they tend to be communicative, have a strong personality, have many social contacts, and are considered to be experts in one or several areas (Katz & Lazarsfeld, 2006:17). The trustworthiness of an opinion leader is likely to increase if the person is not a professional communicator but communicates informally or acts as representative of institutions or organisations with possible ulterior motives, such as corporate interests (Lazarsfeld, Berelson & Gaudet, 1944:152). It may be argued that the so-called opinion leaders bear many similar characteristics to the vaccination guides in the project which this study aims to analyse, in terms of e.g. competence, knowledge, and network. The function of the vaccination guides resembles those of the opinion leaders, namely to serve as a distributor of information to others in the same network who are less likely to obtain information from more conventional mass media outlets.

To conclude, theory concerning multi-step flow of communication, network effects, and the use of intermediators for distributing information, seems to share several similarities with the objective and implementation of the vaccination guide project. The theory acknowledges the importance that key individuals may have in terms of interpersonal influence when mass communication

efforts have been deemed ineffective. Thus, it may be argued that is a useful theoretical framework to integrate into this study.

4.6 The model procedure

Considering the aforementioned theoretical framework and existing research, the purpose of this section is to present what might be called a the model procedure for reaching hard-to-vaccinate groups. As stated in the previous sections of this chapter, one of the main challenges for risk and crisis communication today is to adequately tailor the communication efforts to a multi-public society, taking into account a diversity of backgrounds, cultures, and experiences (Seeger & Sellnow, 2013:59ff). In addition, a review of the existing literature suggests that there is a knowledge-gap in terms of how to effectively communicate to ethnic minority groups and to overcome barriers such as language, culture as well as distrust. This has been proven to be particularly relevant concerning hard-to-vaccinate immigrant individuals during the Covid-19 pandemic. By juxtaposing the main findings in the literature, the aim is to present how said target group may be reached as efficiently and successfully as possible. Important to note, however, is that this is merely a model procedure based on the theory presented in this very paper; hence, if alternative theoretical frameworks would have been presented, the model procedure would presumably be different. Hereafter, the theoretical key points for a model procedure for reaching hard-to-vaccinate groups are presented.

4.6.1 Foundational key points

First of all, it is a basic requirement that the sender has a comprehensive understanding of the target group and has the ability to tailor the communication efforts thereafter. This is especially important in terms of reaching hard-to-vaccinate immigrant individuals, where it is necessary to take into consideration the variation in level of language proficiency, cultural influences and values, differing levels of trust for institutions as well as potential previous sensitive experiences. The messages communicated should be clear and simple, adequately adapted to the aforementioned aspects of e.g. language, for example by translating the messages to a suitable variation of languages and levels. In addition, the messages should consist of self-efficacy actions of how the target group can protect themselves from infection, e.g. through vaccination. Further, creating and maintaining trust and credibility among the target group is essential. This process

ought to be created at the initial stage, before the crisis has actually hit. If there is a pre-existing trustful relationship between sender and receiver, the risk communication in a crisis setting will have a more effective, successful impact.

4.6.2 Interpersonal communication and community opinion leaders

However, a low level of language proficiency, cultural barriers, and distrust towards society and its institutions, may greatly impact how the target group obtains vital health information. Thus, conventional risk and crisis communication efforts, although following the aforementioned key points, might not have an efficient impact on the target group. Theory and research suggests that interpersonal communication is an effective complement to mass communication efforts in terms of reaching minority groups, e.g. hard-to-vaccinate immigrant individuals. In particular, this could entail using the network approach and identifying key individuals in these networks, i.e. civil society actors or similar individuals. These key individuals should ideally share the same, or at least have similar, ethnic and cultural background, native language, and lived experiences as the target group. Thereby, linguistic and cultural translations and adaptations of health information from authorities to the target group can be made. This is an approach that has been proven particularly effective when there are perceived barriers in terms of language, culture, and trust. It has also been proven that interpersonal efforts are most effective if they are built on existing efforts and systems, where a relationship and foundational trust is already established between the sender and the target group. As an alternative – or a complement – to the vertical one-way communication from government to citizens, community opinion leaders can apply an interpersonal dialogue approach. This allows for a horizontal two-way communication environment where discussions can occur naturally and potential questions can be answered directly. Furthermore, by employing community opinion leaders, there may be an increased level of accessibility both in terms of mental and practical accessibility. First of all, as previously discussed, the interpersonal dialogue performed in a comfortable language may provide a more accessible communication environment. In terms of practical barriers, opinion leaders are a natural part of the communities and can meet the target group where they already are. Furthermore, opinion leaders can create a sense of identification and inclusion. If an individual is experiencing marginalisation into society, due to e.g. belonging to an ethnic minority group, it is often helpful to speak to a intermediator who shares one's native language as well as ethnic and cultural background. Seeing people of the same background can further make the target group feel that their community and ethnicity is represented in society.

Through a combination of the aforementioned criteria that the community opinion leaders may have, they have the possibility of creating a profound level of trust and credibility in a communicatively sensitive situation, where conventional mass risk and crisis communication efforts fall short. This is an important aspect throughout the communication process, not least in terms of dealing with misinformation and circulating rumours, as community opinion leaders are "familiar, trusted, and influential with the target audience". Thus, they have the potential of even being more influential than messages in the media (CDC, 2014:224). To conclude, community opinion leaders/intermediators/communication ambassadors/similar denotation possess a great potential to make fine-tuned adaptations of the health information to the target group in question. Due to their social networks, trust capital, multi-linguistic and multi-cultural competence as well as lived experiences, they have the capacity to mediate crucial health information in a communicatively sensitive situation.

5. Methodology

5.1 Introduction

In this chapter, the methodological choices and considerations of this study will be presented and motivated. To begin, the overriding research design of will be explained, followed by an explanation of the relation between this study and the EU funded research project COVINFORM. Thereafter, a description of the interviewee selection process, the interview process and the adaptations and considerations made as well as the transcription process will be presented. Following those sections, the analytical procedure consisting of a thematic analysis will be explained. The chapter is concluded with a section discussing the study's scientific quality.

5.2 Research design

The analytical aim of this study is to learn more about the interpersonal risk and crisis communication efforts targeted towards ethnic minority communities. In order to fulfil this purpose, the study is guided by the following overarching research question: *How can the vaccination guides reach hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination?* This broad question has been narrowed down to the following two research questions:

1. *How does the vaccination guide project and its implementation align with the model procedure established in previous research?*

2. *How do the vaccination guides perceive the possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication?*

The study is performed as a qualitative single-case study. It is to be considered descriptive, as it seeks to understand *how* a certain phenomenon occurs within a specific context, rather than *why* or *how that may be* (Esaiasson et al., 2017:38). The case study approach is useful when the researcher aims to analyse a "contemporary phenomenon in-depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly

evident" (Yin, 2018:45). In addition, it may be applicable when one aims to engage in "detailed and intensive analysis of a single case" (Bryman, 2016:60), for example entailing investigating a restricted setting such as a community or a single event. Important to note is that not any study can be labelled a case study, even though the characteristics may be similar. What distinguishes a case study from other approaches is the aim to reveal unique features of a certain event or phenomenon (ibid.:61). Bryman (ibid.:61) argues, sometimes the study is carried out in a single location, such as an organisation or a community, "but the location itself is not a part of the object of analysis – it simply acts as a back-cloth to the collection of data". Nonetheless, he argues that the location may play a significant role in other terms of providing context. As in this case, this study aims to learn more about interpersonal risk and crisis communication targeted towards ethnic minority communities, by analysing the vaccination guide project as performed in the Northeast in Gothenburg. Being one of Sweden's least vaccinated areas, it provides an interesting back-cloth to understanding an interpersonal risk and crisis communication project, such as the vaccination project. As is beneficial for the construction of a case study, this study is based on prior theoretical propositions, i.e. the model procedure presented in the theoretical framework chapter, which has guided the research design, collection of empirical material, and analysis of the material (Yin, 2014:46).

The research questions of this study will be answered by the proceeding of a series of interviews. A total of six interviews were conducted with a number of seven participants – three CoG/RVG employees and four vaccination guides – during a time period of two weeks. The interviews were semi-structured and the questions were constructed in a way that was as neutral, inquisitorial, and open as the semi-structured format allows. This was done in order to provide an interview-climate as comfortable for the interviewee as possible (Rapley, 2001:312). The semi-structured approach is considered advantageous for this study for several reasons. First, the interview can be adapted to each interviewee, such as their working role and their background. By providing the liberty to elaborate on interesting answers through follow-up questions, it is possible to get an insight into how the interviewee perceives their particular situation (Bryman, 2016:466f). Simultaneously, the format allows for some sort of structure as the same interview guide is applied to each interviewee within their respective group. By departing the interviews from within equal frameworks, it provides the interviewees with similar prerequisites. Furthermore, asking roughly the same questions to each group of interviewees is useful for identifying common themes or contradicting opinions in the coming analysis (DeWalt & DeWalt, 2002:122).

5.2.2 Connection with the COVINFORM project

This study is to some extent connected to the COVINFORM project. COVINFORM is a EU funded project that aims to investigate communicative efforts towards so-called particularly vulnerable and marginalised groups, where migrants is one of those identified groups. By collecting and comparing data from a total of 27 countries of the European Union, as well as Israel and the United Kingdom, it is examined how vulnerability is defined and addressed in Covid-19 responses from the government, public health, and communication perspectives. Further, the impact that the national, regional, and local responses have had on vulnerable and marginalised groups is examined. The main purpose is that the COVINFORM project will be able to provide solutions, guidelines, and recommendations for communication towards those groups in potential new waves of the pandemic, or other pandemics to come (COVINFORM, 2022). Responsible for the Swedish section of the COVINFORM project is professor Marina Ghersetti along with professor Bengt Johansson at the University of Gothenburg. During the autumn of 2021 and spring of 2022, I have had the opportunity to be a research assistant on the project. In practice, this has entailed performing and transcribing interviews as well as collocating and analysing the results of them. Since the COVINFORM project and my master's thesis topic had a number of similarities, it was possible to combine the two assignments to a certain degree. In particular, as previously mentioned, a part of the COVINFORM project aims to analyse pandemic communication performed on a local level. This is a topic that is in alignment with this thesis' aim to learn more about interpersonal risk and crisis communication, by analysing the vaccination guide project in the Northeast, Gothenburg. Thus, the interviews conducted for my thesis were applicable for analysis for both of the studies – COVINFORM and my master's thesis.

Despite the connection with COVINFORM, it must be emphasised that the interviewee selection and interview process, along with the construction of a suitable interview guide, was performed independently by myself. This part of the interview process will be accounted for in further detail below.

5.3 Interviewee selection process

To commence the discussion on the interviewee selection process, a clarification of the terms "informant" and "respondent" must be made – two common terms when referring to a study's interview participants. As Levy and Hollan (1998, mentioned in Bernard, 2011:192) argue, the distinction lies in the following: "When people describe their culture, they are informants. When

they talk about their own characteristics, their own beliefs (opinions, preferences, values, ideas), and their own experiences and behaviour, they are respondents". Therefore, Bernard (2011:192) argues, when interviewing a respondent, the main interest is to analyse the respondent and their own lives. When interviewing an informant, however, they serve as a witness, providing information on an external event and speaking knowingly about this (ibid.). Key informants could also give access "to other interviewees who may have corroboratory or contrary evidence" (Yin, 2018:162). As Bernard (2011:192) claims, "there is no law against using respondents or informants and vice versa", as their purpose and role can often be overlapping. Acknowledging there may be overlapping features and roles also for the interview participants for this study, and aiming to avoid confusion, they will henceforth solely be referred to as interviewees.

As is often the case in qualitative studies, the initial sampling design was conducted as a theory-based criterion sampling (Marshall & Rossman, 2016:226f). This means that, deriving from the the study's theoretical framework, aim, and research questions, a number of criteria for suitable interviewees can be established. In this case, the CoG/RVG employees recruited must be, or have been, involved with the vaccination guide project as either e.g. strategists, coordinators or communicators of the project. In terms of the vaccination guides, they must have been working with implementing efforts through interpersonal communication during a large part of the pandemic in the area of Northeast. It was deemed logical to initiate the sampling process by searching for key employees at CoG/RVG. Although either being an employee at the city of Gothenburg or region Västra Götaland, the vaccination guide project is a joint effort between the two. Therefore, the interviewees in the employee group will be referred to as CoG/RVG employees. The search for CoG/RVG interviewees started by reading through articles published in mainly local newspapers and on CoG/RVG related websites, where e.g. employees had given interviews regarding the vaccination guide project. These individuals were contacted and either agreed to give an interview themselves or guided the sampling further by providing new contact details and other useful information to other potential interviewees. Shifting to a snowball-sampling approach is a common direction to take at this stage of the process in qualitative studies (ibid.:227). Convenience and availability also guided the continuation of the sampling process, as the interviews had to fit the schedules of interviewee as well as the interviewer. However, it remained crucial that the interviewees fulfilled the criteria of the study. In the end, a total of three employees that had been involved in the project, available and suitable for the study, were identified. The level of involvement between the interviewees varied, but were all deemed valuable to interview.

When recruiting the vaccination guide interviewees, one contact at CoG/RVG – who was not interviewed but merely functioned as a key informant – sent out an email to the currently active vaccination guides. Since the vaccination guide project was phasing out during the sampling process, the number of potential interviewees was a little less than 20 guides in total – compared to the previously total of 80 active guides. A total of three vaccination guides replied via email and agreed to participate in interviews. One of the guides recommended a fourth interviewee, a vaccination guide colleague of hers, who was then also recruited. Therefore, the combination of theory-based criterion sampling moving on to snowball-sampling was applicable also for the recruiting of vaccination guides, where convenience and availability were also influencing factors.

During the initial sampling process for interviewees, as previously discussed, the selection was based on suitability and availability for the study. Thus, this had precedence over creating variation in characteristics such as age or gender. By chance, all CoG/RVG interviewees were female. Given that a majority of the employees at RVG are women, this outcome is perhaps not that surprising (Västragötalandsregionen, 2020). No similar statistics for city of Gothenburg could be found. All vaccination guides recruited for interviews were also female with Arabic as their native language. Neither was rather surprising, as a majority of the vaccination guides in Gothenburg are females with Arabic as their native language (CoG/RVG employee interviewee, March 2022). As the sampling process of the vaccination guides was completed, and the interviews had been conducted, there were attempts to complement the selection and potentially create variation in the empirical material. CoG/RVG employees were contacted with the aim of attempting to recruit male guides as well as younger guides – preferably in combination – for interviews. Unfortunately, all of these attempts were unsuccessful. Although interviewees with other personal qualities and backgrounds may have provided nuance to the empirical material, it was not possible to achieve due to the time restrictions of this study.

5.3.1 Adaptations and considerations

Before the interviews, all interviewees were informed via email about the terms and conditions of the study and the interview process:

1. The interviewee will remain anonymous. In the study they will be referred to by using an anonymised coded name (e.g. “employee”).

2. The interviewee is entitled to decline to answer a question or discontinue the interview at any time.

3. The interview will be recorded and transcribed. All recordings and transcripts will be stored on a USB-stick – a cloud storage service will not be used.

As previously mentioned, this study is to some extent conducted in connection with the research project COVINFORM. The involvement of the project affected the interview process with the vaccination guides in terms of technicalities and ethical procedure, as the interviews were conducted both for this study and the COVINFORM project. Due to this, additional aspects had to be adapted or taken into consideration for these interviews:

4. Personal information regarding the vaccination guides is stored in a University of Gothenburg database which, upon request, can be erased at all times.

5. A consent form is signed prior to the interview. The consent form confirms the interviewee's understanding of the project as well as how personal information and data will be used and stored.

6. Along the guidelines of the COVINFORM project, the vaccination guides were offered compensation in terms of either lottery tickets or delicacies of a total of 99 SEK (which all interviewees declined).

5.3.2 Interviewee gallery

Affiliation	Gender	Interview in person or online
CoG/RVG employee	Female	Online
CoG/RVG employee	Female	In person
CoG/RVG employee	Female	Online
Vaccination guide	Female	Online
Vaccination guide	Female	Online
Vaccination guide	Female	Online
Vaccination guide	Female	Online

5.3.3 Interview guides

Since two different groups of interviewees were interviewed, two different interview guides had to be constructed. The interview guides were based on Bryman's (2016:469-471) suggested approach for semi-structured interviews, e.g. trough departing from using open-ended questions informed by existing research. In this case, the model procedure influenced the questions in the interview guide. In terms of the interview guide constructed for the vaccination guides, it also had to fit COVINFORM's template for analysis. However, due to this study's and COVINFORM's similar approaches, such a combination was accessible and fairly uncomplicated; analyses from the interviews were submitted successfully.

The purpose and guiding research questions of the study were transduced into a number of suitable overarching themes for each interview guide:

1. Introduction and background information about the interviewee and their working situation
2. Organisation, planning and strategic choices
3. Communication: Messages and channels
4. Reception and potential misinformation
5. Evaluation: Challenges, lessons learned, success factors, looking ahead
6. Conclusions

For the vaccination guides, the structure was as follows:

1. Introduction and background information about the interviewee and their working situation
2. Employment and cause for engagement
3. Community: Characteristics, similarities, and differences between different neighbourhoods
4. Daily work: Reception, response, and addressing misinformation

5. Cooperation and organisation

6. Evaluation: Challenges, lessons learned, success factors, looking ahead

5.4 Proceeding of interviews

All interviews but one were conducted via video call alternatives, according to the interviewees' own preference. Bryman (2016:492) argues that one of the main advantages of using video calls is the flexibility; having a digital option is convenient and may actually encourage people to agree to be interviewed that might have declined otherwise. Several of the interviewees had to squeeze the interviews in between other obligations, making a digital alternative a prerequisite to be able to attend the interview. In addition, a digital alternative is less time consuming, allowing for conducting multiple interviews in one day with little time in between. For instance, it was possible to interview three different interviewees in a matter of a few hours. Nonetheless, there are inevitable disadvantages, too. At times, there were issues with the Internet connection, which sporadically affected the sound quality making the transcription process slightly more difficult at times. In addition, the social interaction became slightly less nuanced as it was more difficult to perceive visual cues, which is another limitation that Bryman (2016:492) raises for discussion.

As the interviews began, all interviewees were welcomed to the interview session and were given a short reminder of the study's purpose as well as the terms for the interview. The interviews were audio recorded using two separate recording devices – one computer and one phone – in case of malfunction in one or the other. Prior to the conduction of the interviews, cloud storage services were disabled on both the computer and the phone, so that there would be complete control over where the files would be stored. The sound files were immediately back-up saved on a separate storage unit. Due to the semi-structured interview approach, the interviews proceeded somewhat differently. For instance, while some interviewees felt confident to speak more freely and exhaustively, and interview questions were answered spontaneously with change of direction between the questions, other interviews followed the guide more strictly. Due to the unique flow of each interview, they had to be independently evaluated as the conversation progressed in order to determine when all needed answers the interview guide had been provided.

5.4.1 Transcription: Proceeding and considerations

According to Marshall and Rossman (2016:392), the transcription process is not merely a technical task, but also an interpretative activity; once the data has been transcribed, they are no longer raw data but processed data. Therefore, it can be argued important for the credibility for this study to transparently reflect upon considerations made in the transcription process.

The sound files containing the interviews were transcribed manually. Although there are programs that can assist in the transcription work, such aids have been thoughtfully disregarded for a number of reasons. First of all, Johnson (2011:91-97) argues that relying on technology can result in data inaccuracies, e.g. in skipped words or missed pauses, potentially causing misinterpretations of the sentence. Secondly, he argues that the traditional listen-and-type approach is not only more accurate, but also faster (ibid.). Lastly, according to Marshall and Rossman (2016:392) the activity of carefully listening and making mindful considerations in the transcription process, although sometimes monotonous, allows for creating a closeness with the data which can be useful later in the analytical process. Kvale and Brinkman (2014:221ff) argue that the transcriptions should be performed in an adequate manner departing from the purpose of the study. Since the aim of the transcription process was to capture the essence of the content, rather than performing a language-focused conversation analysis, the transcriptions were performed on a less detailed level. Details such as overlapping speech and tone of voice were not transcribed. However, repetitions, world fillers and hesitations were noted, as well as emphasis on certain words, if deemed interesting for the meaning of the sentence. If there were issues hearing what the interviewee said, due to e.g. mumbling or poor Internet connection, this was noted in the transcription, too.

5.5. A thematic analysis

The immersion in the data is crucial in any analysis, but perhaps more so in a qualitative study where the voluminous data must be read thoroughly, organised, categorised and analysed – often repeated multiple times. Hence, the process of collecting and analysing data is often intertwined when applied in practice (Marshall & Rossman, 2016:405). Unlike a quantitative approach, Bryman (2011:570) claims that qualitative data analysis has not yet reached a similar level of codification of analytic procedures; many scholars would argue that this is not desirable anyhow. What can be presented, however, are guidelines and intentions with the qualitative analysis

(ibid.:570). For the analysis of this qualitative study, a thematic analysis will be applied. By explaining the execution of coding process the aim is to, at least to some extent, circumvent the aforementioned alleged issue of vagueness.

In a thematic analysis, a theme is considered to be a category, identified by the analyst, that relates to the study's research focus and often also the research questions. The category is built upon codes that were identified in transcripts and in field notes during the interview, transcription, and coding process. The themes identified can provide the researcher with a basic theoretical understanding of the data collected, and thereby enabling a theoretical contribution that is related to the research focus (Bryman, 2016:584). Ryan and Bernard (2003:85-109) discuss a number of aspects a researcher can take into consideration when identifying such themes. The perhaps most common way to identify a theme is by acknowledging repetitions, i.e. frequently recurring topics or choices of words. Important to note is that recurrence per se is not sufficient for revealing a theme; it may be so, if it is deemed relevant for the study's research focus, perhaps across multiple research sources, i.e. the interviews (Bryman, 2011:586). Furthermore, similarities and differences are mentioned can also entail crucial information about how the interviewees perceive the discussed topic, and may be important for analysis. Transitions, namely how the interviewee may shift from one topic to another may also be interesting, as well as linguistic connectors to pinpoint causal explanations to certain topics. On the topic of linguistics, metaphors, and analogies may also provide interesting indications of how the interviewees reason about a subject, as can emphasised words. Important to note again, however, is that no conversational analysis on a detailed linguistic level is taking place. Nonetheless, specific words used could reveal potential interesting themes for analysis. To continue, it is also of interest to identify potential theory-related material that can be used as a "springboard" for creating relation to previous research as well as the study's research focus. Lastly, potential missing data might be taken into consideration if deemed interesting; what the interviewees potentially omit in their answers could hold interesting information for discussion (Ryan & Bernard, 2003:85-109).

Lastly, Ekström and Larsson (2019:122) suggest a number of question the analyst can ask their material after an interview, for instance: "What is distinguishing for this phenomenon, i.e. how do we define it? How it is expressed in our data? What examples do we have in our data? What is common for these examples and how do they differ? How can we explain/understand the differences?" (my own translation).

5.5.1 Coding procedure

The coding procedure will start off with initial coding, reading through the material and keeping an open mind and exploring potential valuable codes or themes, as accounted for above. The codes identified will be placed into clusters, revealing themes that might be relevant for analysis. Short summaries are written and the themes are given names, in order to maintain an overview of the coded material. At this stage, the themes are often referred to in literature as concepts. As the concepts are identified, it should become increasingly clear how these can be linked and connected to each other and/or how they vary in terms of features. For instance, there might be a connection or variation between the concepts in terms to e.g. temporal sequence or intensity (Bryman, 2016:584-588). Important to note is that possible insights during any part of the process, might shine light on new possible codes and themes, and the process circles back to the beginning. Thus, the process of coding and analysis can be described as interactive and flowing. Throughout the entire coding process, notes are taken in order to summarise insights (ibid.:587f).

5.6 Discussing the study's scientific quality

The purpose of this section is to reflect upon how scientific quality may be understood, and how this study relates to these understandings. To commence this discussion, the epistemological ambition and view of the researcher's role must be accounted for. The qualitative approach of this study puts the researcher in the role of an interpreter, applying a social-constructivist view of communication. Thus, the point of departure is that the researcher's pre-existing knowledge and experience may affect the research process as well as the interpretation of the empirical findings (Eksell & Thelander, 2014:198f; Ekström & Johansson, 2019:14). Important to note, however, is that pre-understanding of a topic is a recurring aspect in any type of research, not only qualitative studies – all results must, to some extent, be interpreted. Potentially flawing aspects can be circumvented by the researcher by providing as transparent and reflective reasonings as possible throughout the interpretative process (Ekström & Johansson, 2019:15).

To continue the discussion of scientific quality, Bryman (2016:383) explains that there is an on-going scholarly discussion whether the traditional criteria for assessing the quality of quantitative research are also applicable for qualitative research. While some scholars have employed quantitive criteria for qualitative studies in similar ways, others argue that it is necessary to specify alternative ways of assessing qualitative research. Agreeing with the latter, this study's

scientific quality will hereby be reflected upon departing criteria that scholars have deemed more reasonable for qualitative studies. Guba and Lincoln (1994:105-117), for example, suggest the following:

1. *Credibility*, which parallels internal validity

2. *Transferability,* which parallels external validity

3. *Confirmability,* which parallels objectivity

Bryman (2016:384) argues that although "there can be several possible accounts of an aspect of social reality", the criteria of credibility asks us if the study's findings are plausible and convincing. Stenfors, Kajamaa and Bennett (2020:598) argue, that in order to meet this criteria, theory, research question, data collection analysis, and results should be in alignment. Bryman (2016:384) argues that another technique of enhancing the study's credibility is by triangulation, e.g. by using multiple sources of data. As Marshall and Rossman (2016:481) argue, "triangulation is not so much about getting the 'truth' but, rather, about discovering the multiple perspectives for knowing a particular social world". To meet the criteria of credibility – in addition to striving towards alignment in the research departure, design, and execution – an attempt of triangulation has been made by using different sources of data from a total of seven interviewees from two different interviewee groups.

To continue the discussion of scientific quality, transferability explains how the study's findings will be useful to research conducted in similar contexts with similar research aims. Marshall and Rossman (2016:479) argue that a qualitative study's transferability – sometimes referred to as generalisability – may be problematic to account for. Nonetheless, they argue that these challenges can be countered by the researcher by departing from a theoretical framework. By showing how the data collection and analysis will be guided by its concepts and models, the research's theoretical parameters are stated. Marshall and Rossman (2016:479) argue that scholars "who make policy or design research studies within those parameters can determine whether the cases can be described to be generalised for new research policy and transferred to other settings". Therefore, the transferability or generalisation made is therefore to be considered analytical, performed at a higher, conceptual level rather than on the specific case analysed (Eksell & Thelander, 2014:227; Yin, 2018:73). Yin (2018:73) argues that this analytical generalisation may occur regardless if it is "corroborating, modifying, rejecting, or otherwise advancing" the

concepts. This criteria has been aimed to be met through departing this study from a theoretical framework and model procedure. These theoretical concepts guided the research process and analytical procedure as is reconnected to later on in the discussion section.

Lastly, according to Bryman (2016:386), confirmability concerns showing that the researcher has "acted in good faith". Although complete objectivity is deemed impossible with the qualitative approach, confirmability entails that the researcher has not allowed e.g. personal values or theoretical inclinations to sway the research process and the results of it (ibid.). Stenfors, Kajamaa and Bennett (2020:598) argue that one way of achieving this, is by aiming to show the link between data and the findings. This could e.g. be made through explaining the findings through detailed descriptions and the use of quotes (ibid.). Therefore, in order to meet this criteria, for the analysis and presentation of the results, the aim as been to be detailed in the descriptions of the findings as well as continuously presenting quotes that illustrate the interviewees' accounts.

To conclude the discussion of this study's scientific quality, the potential weaknesses of case study as approach must be addressed. For example, Coombs (2006:184) argues that, although a case study can provide insight, "their results are more speculative than evidence". Another argument against the method argues that one single-case study cannot be generalised, therefore not contributing to scientific development. In addition, it is sometimes argued that case studies have a tendency to be biased towards verification, often merely confirming the researcher's preconceived notions (Frandsen & Johansen, 2017:108). As previously mentioned, Yin (2018:45) argues for the strength in the case study approach, claiming that it is useful for analysing a phenomenon in depth, within its real-world context. Additionally, Bryman (2016:60) argues that a single-case study can provide rich, detailed information about the specific phenomenon. Flyvbjerg (2006:219ff), too, rejects the criticism towards case studies, arguing that their value for research must be reconsidered. He claims that a case study in itself can be a result, fostering new potential research questions for other scholars (ibid.:312-314). Therefore, departing from the reasoning of Yin, Bryman and Flyvbjerg, the choice of case study as an approach is nonetheless deemed suitable and useful.

6. Analysis

6.1 Introduction

In this chapter, the analysis of the empirical material will be presented, which will constitute the foundation for the following chapter where the results are collocated and the research questions are addressed. As some themes may be applicable to answering both research questions, in this analysis, these will be presented in an order that is as logically comprehensible as possible. Therefore, the analysis will commence by discussing the organisation of the project, followed by explaining the concept of vaccination guides and their role within the project. Thereafter, the analysis proceeds to looking at the chosen communication strategy, analysing how the efforts were tailored towards the target group and what choices were made regarding communication channels and messages. Following this, the themes of misinformation, distrust, and competing voices will be accounted for, and how the interviewees discuss this aspect in relation to the vaccination guide project. Thereafter, the aspects of prioritisation and perspectives of the project are discussed, and how this may affect the project's outcomes. Lastly, the potential challenges for the vaccination guide role, and how they are perceived by vaccination guides, are accounted for.

6.2 Organising the project

As mentioned in the background section of this study, the project was performed in cooperation between the city of Gothenburg and region Västra Götaland. Moreover, it was explained that, due to RVG's all-encompassing governing and responsibility for the entire region and not only Gothenburg, it is naturally so that they had less insight into the specific local contexts and implementation. This compared to employees at CoG, who might have Gothenburg Northeast as their specific working area. Nonetheless, both sections were most definitely involved in initiating and implementing the vaccination project, but with somewhat different areas of responsibility. For example, as mentioned in the background section, while RVG bears the ultimate responsibility in practically managing and implementing vaccination within the area, the role of the municipality, i.e. CoG, is to assist the region in communication and information efforts regarding vaccination – for example providing information in various languages. Nonetheless, the vaccination project was a collaboration between the two units, and they will be analysed by their joint efforts.

The interviewees in the CoG/RVG group describe the project as being initiated from the two sections somewhat simultaneously, however initially independently. Since the vaccination efforts were built on the preceding general information efforts about Covid-19, the interviewees provided a comprehensive timeline of each individual process. From the region's side, the Department of Social Sustainability, covering issues regarding public health and human rights, works with a commission to engage in questions regarding living conditions, migration, and health. As the pandemic hit, this mission would also include communicating information about the novel Corona virus and current restrictions. In the beginning of 2021, as Covid-19 vaccines had just become available in Sweden, this mission expanded to also entail ensuring equal vaccination among all population groups within the region. During this time, a collaboration was initiated between two regional units the Department of Social Sustainability and the Knowledge Centre for Equal Healthcare. The aim was to review certain groups in society that may be significantly underrepresented in vaccination statistics in the regional area. One interviewee says, that although they had an idea which groups would be particularly affected by the virus, it was not until the statistics of the vaccination rates were increasingly collocated, that those populations and their characteristics became apparent. One of the groups identified were individuals with immigrant background living in segregation. Other groups identified were for example asylum seekers as well as people living in addiction, prostitution and homelessness – factors that may at times be overlapping. A few of the geographical areas identified in the city of Gothenburg were mainly the area of Northeast and its smaller districts, although e.g. areas such as Biskopsgården were also considered important to target. The employees at the regional department in question realised that they would not be able to reach all these groups of people by themselves. Thus, a collaboration with the city of Gothenburg – and civil society actors – was commenced. This entailed for example consulting individuals already working in the existing outreach efforts in the target areas, together starting to identify the problems and adequate strategies to tackle them.

From the city of Gothenburg's perspective, the realisation that particularly targeted communication efforts towards certain areas would be needed was almost immediate as the pandemic was an inevitable fact. From the beginning of the project there was a clear focus on the area of Northeast and to first and foremost reach the elderly, since they were the nationally prioritised risk group and first in line to receive vaccination. One interviewee working specifically in the area says:

> As the pandemic hit in February of 2020, we all wondered what was going on for two months before we started to act. And after that we started right away. [...] We saw an urgent need to reach the population with information. There was an enormous sense of fear. There was also a lot of misinformation, with one's main news source being for instance their neighbour or a foreign news channel. There was also a quite strong disbelief towards the Swedish strategy. (Employee)

From the summer of 2020, and one year onwards, the CoG incorporated information about the pandemic into their ordinary work connected to mainly interpersonal outreach projects. This entailed "activating" so-called health guides in the area, which is a mission and project the department has had since 2013. The health guides are individuals described by one interviewee as "key figures" in the civil society; they are connected to a local association and possess knowledge in a language from outside of Europe. The health guides are given basic education regarding health and are working to provide health information to citizens in the area of Northeast. Other similar collaborations with existing associations and organisations were established, working with key individuals with similar denotations and task, e.g. doulas and so-called culture interpreters. The aim was that these key individuals should visit local meeting points to inform citizens about the Covid-19 virus and vaccination, for example at local squares, libraries, mosques, churches, public transport stops, and outside of grocery stores. How useful the meeting points were was evaluated within the project team – not least between the key individuals themselves – and new places were localised if needed.

In June of 2021, the CoG was commissioned by the city council to start up a defined vaccination guide project. The project would build on the existing initiated efforts by CoG/RVG and integrate them with enhanced structure with the specific mission to perform comprehensive and multi-lingual communication efforts towards areas with low vaccination rates. One CoG/RVG interviewee reflects upon the organisation of the vaccination guide project and says: "Really, what actually changed was the form of organisation and becoming more people working on it." The umbrella term "vaccination guides" was implemented to describe e.g. health guides, culture interpreters, and doulas that were expanding their existing roles with working with informing about vaccination, as well as new vaccination guides were recruited for the project specifically. One CoG/RVG employee explains that the recruitment of the vaccination guides was to a significant extent based on language knowledge, in order to cover the varying language needs across the area of Northeast. The main strategy of the vaccination guides' work, which one

employee refers to as an “outreach approach”, along with further strategic choices, will be accounted for in greater detail in following sections.

6.3 Vaccination guides: Linguistic and cultural interpreters

The individuals constituting the vaccination guides form the foundation of the project and have been found pivotal in the vaccination information efforts. This assertion was further confirmed through the interviews performed with employees at CoG/RVG as well as the vaccination guides themselves. Due to their argued key function so far, their role, opportunities, and challenges will hereby be described more detailed and in-depth.

The interviewees belonging to the employee group acknowledge the importance of vaccination guides in terms of making cultural and linguistic adaptations to the target group, calling them for example “bridge builders” with a substantial “trust capital”. Because the vaccination guides are working within communities they are already a part of, the language needs are mirrored in the languages spoken by the guides, one CoG/RVG interviewee explains. As previously mentioned, since Arabic and Somali are the dominating languages in the Northeast, those are subsequently the two largest language groups among the vaccination guides. Thus, no particular “matching” was made to fit the language needs, as one employee says it happened quite naturally.

Although the employees acknowledge and emphasise the importance of making linguistic and cultural adaptations, it is the vaccination guides themselves that underline there adaptations as the determination of the target group’s experience of the communication efforts and attitude towards vaccination. The vaccination guides describe themselves as “a link” or “a bridge” between two cultures, terms that are reoccurring in the interviews with the guides. One interviewee highlights how different the two cultures – the Swedish and the foreign – are, describing them as being “two societies” or “two cities” with evident “groupings”. Another vaccination guide interviewee describes the area of Northeast by saying: “We all know there are very segregated areas, such as Angered and Bergsjön. They're full of immigrants who speak different languages and have different backgrounds”. The vaccination guides’ strong emphasis on their role’s importance, may be due to their own lived experiences – they have, so to say, been at both ends of the spectrum during their lived time in Sweden. Thus, it seems that the vaccination guides, due to their own immigration background and multi-cultural life experiences, perceive a wider range of nuances to the vaccination guide project. One vaccination guide says:

> We, who come from the Middle East, we understand that even if all of the research in the world proves that this is the correct answer, I know that in my culture that is the wrong answer. So yes, I think that people who come from a migration background, that have a good education and more information, they can affect more. Because I don't think you can solve a Middle Eastern problem in a Swedish way. We have a large gap and that gap is here, right now. I think that those who have to organise, those who have to implement the efforts, they must come from a migration background but have a Swedish education. In order to, well, close the gap between the two cities. (Vaccination guide)

Another vaccination guide explains how her own living situation put her on the path of involving in culture interpreter work, and later vaccination guidance:

> Due to different reasons, I came to Sweden on my own [...] I have found myself in different situations – difficult situations – because of language. And culturally, actually. [...] I have lived here for almost 18 years. But if I get in trouble, or if I'm very ill, I want someone who speaks the same language, so that I'll feel more safe. (Vaccination guide)

The vaccination guides repeatedly, and on their own initiative, discuss trust and how that is tightly integrated with their own person and personal responsibility. Being a key figure in the civil society – and their own neighbourhood – it is not solely about creating trust among the target group for Swedish authorities and for vaccination; it is also about creating trust for the vaccination guides themselves. One vaccination guide says: "People here have known me for 15 years. They have put substantial trust in me and then it's easier to listen to information. They trust us a lot". Therefore, the vaccination guides argue, that they have worked independently to a great extent, applying strategies that they themselves deemed successful for their own particular network. On this note, one interviewee says: "Yes, we fought ourselves to spread and take conversations with other people, actually". Another interviewee reflects upon similar notions, and further argues that the vaccination guides' independent initiatives were just as important as the "official work" organised by CoG/RVG:

> So if there is an organisation that I have a good connection with, I'll just call them and say I want to come and talk. So it's not only the city of Gothenburg who organised the entire work – we organised it ourselves [...] My friends, my contacts, and my contacts' contacts… Yes, we have a large network and we worked with this network. And I think, that what we did through this network, affected more than the official work, for example. The network was the most important. (Vaccination guide)

For example, the vaccination guides explain that they turned to parenting groups and networks for mothers in their own social networks, or the they visited local associations and religious communions they had contact with. One vaccination guide explains that she would reach out to Arabic store managers and ask them to spread the word about the vaccination guides' work and whereabouts, knowing that he had important Arabic speaking contacts himself. Another vaccination guide, that originally worked as a culture interpreter and doula, explains how important the interpersonal contact and network is:

> For example, as a doula, doula means supporting in labour for people who don't know Swedish, afterwards they can't let us go. They call and they contact us. If I help a mother, of course she will come back again. We are already working in the Angered area, and that means that it spreads by word by mouth. [...] Right now we have 400-500 families that know us. (Vaccination guide)

On this note, the vaccination guides argue that they have also applied an accessibility approach complementing the principal outreach approach. This may be considered to be related to the vaccination guides' explanations of their work being closely integrated with their personal lives. For example, the guides explain that individuals they have met are allowed to call or text them if they have further questions, such as where and how to get vaccinated. The notion that there is assistance to get via the telephone often spreads quickly by word-of-mouth. Relating to this, the vaccination guides argue that their specific mission is intertwined with a greater effort of helping immigrants integrate into Swedish society. They explain that establishing contacts and extending networks is important to counteract isolation and segregation – factors they argue could impact one's attitude towards vaccination and health in general. For example, the vaccination guides mention that they have hosted cooking classes and other similar events to engage the community and build networks.

6.4 Developing a communication strategy

Before commencing the communication efforts in a more coordinated, collaborated form, the two units of CoG and RVG had independently identified a number of potential challenges as well as strengths in the vaccination communication outreach approach. These aspects were similarly explained by the employees, regardless of what unit they formally belong to. One strength that the interviewees in this group emphasised, is how they had a clearly defined strategy to the project as

it initiated. They explain that they found a certain level of confidence and security in building on existing systems and utilising approaches they already knew worked well. As previously mentioned, efforts such as health guides, doulas, and culture interpreters had been in place for approximately ten years prior to the vaccination guide project being launched. In addition to the guides, the CoG/RVG employees could consult other civil society actors in the target area. Through these trusted key individuals, CoG/RVG could establish important contacts and get valuable insight into the communities in the Northeast. However, although having quite substantial pre-existing knowledge of the target area, the pandemic and its effects on the area's populations posed an increased level of complexity to an area already dealing with difficulties. One CoG/RVG interviewee describes the area as a place with "major socioeconomic challenges, high level of unemployment, low educational level, and low middle income". The two largest language groups are Arabic and Somali and the level of knowledge in the Swedish language varies considerably. The interviewee continues and says that it is a "constant challenge" for those working towards, and within, this area to everyone in these populations with important information. Another CoG/RVG interviewee says that her team knew approximately what the issues were, but also acknowledged that there are "high thresholds" in between their organisation and the target group "built into the system". Therefore, it was found crucial to complement the existing knowledge about the target area and its populations, capturing as many nuances as possible. The third CoG/RVG interviewee explains how they relied on civil society actors to retrieve such important information:

> We already had a network in place, but now we arranged it with this particular purpose. It became very clear that "we need you now, that you engage in this question". We need to do an analysis. What hard-to-reach groups do we see? But also, how do we reach them and what do we need to cooperate together? What do you need from us for you to capture as many as possible, for us to create the security that we need? Because we know we're not someone they're used to talking to – on the contrary, actually. (Employee)

6.4.1 Tailoring the communication efforts

The Covid-19 pandemic and the vaccination guide project prompted CoG/RVG to deepen and nuance their knowledge about the Northeast, its population, and those who are considered hard-to-vaccinate. As argued in the theoretical framework section, and the model procedure, one key point in risk and crisis communication is to understand the target group and tailor the communication

efforts accordingly. According to one of the CoG/RVG interviewees, the initial official pandemic information that came from the Public Health Agency departed from "a normative population". The CoG/RVG employees early understood the need for increased knowledge and experience for the vaccination project's target group, as well as their knowledge and attitude towards the virus and vaccination. As previously explained, all interviewees from the CoG/RVG group emphasise the importance of consulting the key actors in the civil society – such as the vaccination guides – in this question. One CoG/RVG interviewee describes the vaccination guides as being "like our ears to the ground". The same employee extends her reasoning, emphasising the importance of incorporating the vaccination guides when formulating a strategy – and not only when implementing it.

> The people that perceive themselves a part of the group we are working towards, they must be able to define the problem, too. And that's when we can make efforts that are successfully targeted [...] Being a part of the solution is also the solution, in some way. (Employee)

In order to achieve an understanding of the current situation, recurring meetings were arranged between CoG/RVG and vaccination guides. The purpose was to exchange information and updates on the project as well as provide and receive feedback. The meetings were primarily arranged prior to the launch of the project, but have continued in some form throughout the entire existence of the project. These opportunities were praised by all interviewees, as it enabled them to constantly update their strategy and implementations in an adequate manner.

> The first time period, before we shifted into a new project organisation, we had quite a lot of workshops with culture interpreters and health guides to sort of pinpoint what is needed, what questions are you getting right now, is there any material missing, and so on. [...] So we constantly built upon what needs there were. (Employee)

One such need that was identified was to fill in knowledge gaps among the vaccination guides in terms of medical information – since these were gaps also identified among the target group. Therefore, in addition to the meetings between employees and vaccination guides, lectures with medical professionals were also arranged – events greatly appreciated by the vaccination guides. One guide mentions that these lectures provided – approximately five in total, in her case – allowed her to "keep her knowledge fresh". Another vaccination guide explains that these lectures with medical professionals were important for the sake of maintaining her own credibility and the others present similar arguments; if someone asks for additional medical information, the

vaccination guides emphasise the importance of providing feedback with correct information. One vaccination guide explains: “This is about trust. They have put their trust in us. I have to answer them correctly.”

Another need that was identified was to recruit younger vaccination guides in order to establish better connections with youths, as a CoG/RVG interviewee explains that a majority of the vaccination guides are middle-aged women. The employee explained that they had low ambitions of recruiting younger guides, due to the difficulties in doing so prior to the vaccination guide project. The response, however, was overwhelmingly positive. She says that they received over one hundred applications to the position, when the number of guides needed was between ten and fifteen. The aspect of employing younger guides, and the importance that might have had, were not elaborated on by either of the interviewees.

When asked who was the most important to reach with vaccination communication, one guide answered that, initially, the elderly were the ones important to reach since they belonged to a risk group. Thereafter, all vaccination guides argue that the mothers were the most important recipient to establish contact with. They explain that it is often the mothers in immigrant families in these areas that makes health related decisions for the entire family. If the mother is successfully communicated to, and she agrees to get vaccinated, she may affect other family members too. On the question of who was difficult to communicate with, one interviewee mentions the men. She says: “The man is important, but it’s not that easy speaking to a man”. Although this was not further discussed in the interviews, it is interesting to reflect upon. As previously mentioned, a large part of the vaccination guides are women, and if these women find men a difficult group to communicate with, this may constitute a communication gap. Unfortunately, due to the difficulties recruiting male vaccination guides, interesting insight may be lost to some extent. However, it is reasonable to assume that a variety of characteristics and experiences among the vaccination guides is crucial in order to ensure efficient communication to the multifaceted target population. Additionally, another group that was difficult to reach were the middle-aged individuals – gender not mentioned – that were persistent in their existing beliefs and opinions, reluctant to adjust to new information and changes. As one vaccination guide explains: “We try to erase old information and put in new knowledge – it’s not that easy.”

6.4.2 Messages and communication channels

The main messages communicated through the vaccination guide project concerned how to protect oneself and others from the virus, what actions ought to be taken in case one falls ill, as well as information regarding vaccination; how the vaccine works, where and how one may book a vaccination appointment, what the side effects may be, and countering misinformation regarding the vaccine. Interviewees from both groups argue for the importance of not only making linguistic adaptations in terms of language used, but also adjusting the level of language is used.

Although most of the communication was performed face-to-face, the vaccination guides also relied on printed information such as brochures. CoG/RVG interviewees argue that this was a challenge; if the Public Health Agency did not provide sufficient information in a certain language, new translations had to be made. This entailed making a number of considerations to ensure that the language was not only correct, but on a suitable level that ensured clarity – and credibility:

> We got hints, somewhat diffusely, that some language groups were sitting, doubled over with laughter, about these translations. We had difficulties ensuring the quality ourselves [...] Booster dose, a term that many can understand, Swedes. But what is that in all these languages? What's a booster? Can it even be translated? We had to sit down and really sort out… not easy Swedish, not like that, but a lot more clear so that there wouldn't be really weird translations. [...] Credibility, that might sound like a detail, but it is about credibility and reliability. (Employee)

Although pursuing to remain as consistent as possible in their messages, interviewees from both groups argue that it was difficult to follow in the sometimes quickly changing restrictions and recommendations. One employee explains that it has been difficult to constantly be vigilant for changes in the restrictions and that it has been difficult to provide material that "would work for longer than a week – because then something has changed." Interviewees from both groups acknowledge that sudden changes in information from the authorities were also very challenging for the vaccination guides, saying that it is their own status and trust being harmed due to how integrated the vaccination guide project is in their own personal relationships. One such major change was whether or not – and where – the Swedish citizens were recommended wear a mask for protection. One vaccination guide argues that these changes were problematic when communicating to people of immigrant background, as adjusting to Sweden and the country's norms of behaviour is complicated as it is.

More detailed or advanced medical information was provided by arranging lectures with medical professionals, will be described further below.

Different forms of interpersonal communication

As mentioned numerous times in this study, face-to-face communication has been central to the vaccination guide project. Departing from prior knowledge about communication efforts, based on health guides, culture interpreters and doulas, the dialogue strategy has been found particularly effective by interviewees from both groups. One CoG/RVG employee explains:

> Our strategy has been the physical interaction first and foremost, because that's where we've seen a gap. The other communication channels, I would like to say, are handled pretty well by authorities. [...] So the verbal channel has been the most prominent. (Employee)

The vaccination guides were given information on handling face-to-face communication optimally. For example, they were educated in "motivating conversational methods" that entailed instructions on how one best encouraged and informed the recipient about the virus and vaccination. One vaccination guide explains that they were given "guidelines about not *persuading* people with information, but *giving* people information" (my own emphasis). The guides suggest that the process of persuasion is rather more passive and long-term, for example created through a feeling of trust.

Another important communication arena within the vaccination guide project, that entails the dialogue approach, has been arranging lectures for the public with medical professionals. During these lectures it was possible for the recipients to ask their questions directly to the staff or through the interpretation of the vaccination guides. These initiatives were found important by interviewees from both groups, as some individuals in the target group experienced a need for medical information delivered by a professional – not a vaccination guide. Nonetheless, the presence of the vaccination guides on these lectures was considered pivotal. One vaccination guide explains: "[...] Without us it's difficult to gain trust – not just with language but the whole environment. They think it's difficult to go to a lecture without a culture interpreter or someone from the same country". Therefore, it seems as if the lectures complemented the existing vaccination guide efforts in a fulfilling way.

Using digital alternatives for communication

In addition to face-to-face communication, digital alternatives are also discussed. Although acknowledged by the CoG/RVG as an important part of the vaccination guides' work, it is the guides themselves who firmly emphasise precisely how useful such alternatives have been in their everyday work. For example, it has been an effective way of reaching a large number of people at the same time. One CoG/RVG interviewee explains how one vaccination guide gave their own lecture online on Facebook for 2000 viewers. However, Facebook is not considered the primary tool for digital communication by the vaccination guides – instead, WhatsApp is brought up time and time again as an important tool. The vaccination guides explain that their WhatsApp groups can contain up to 300 participants. Before planning physical visits to local places, tools such as WhatsApp enable the guides to inform and prepare their contacts in advance, which they argue makes the work more efficient. During times when restrictions were the most strict and physical gatherings were unavailable, or if potential lecture participants were ill, digital communication alternatives was a way to proceed with the project. Digital alternatives for communication is also a way of reaching those individuals who are more hesitant, and may need a few encounters before on a distance before meeting the guides in person or making the decision to get vaccinated.

In addition, as previously mentioned in the section about the vaccination guides, establishing relationships and extending networks is important not just for the sake of vaccination, but for generally strengthening the community and counteracting segregation. One vaccination guide explains how digital tools, such as WhatsApp, are pivotal in this context:

> We can get to know each other, and not just for the sake of our work. To get to know one another and sometimes they can help each other out with a lot of little things. [...] We have a page on Facebook, but you know, Swedish language – not everyone knows the Swedish language. We use WhatsApp groups the most. (Vaccination guide)

6.4.3 The aspect of releasing control

One important aspect to raise, in relation to tailoring communication efforts, is the vaccination guides' possibility and will to work relatively free. In spite of the meetings and feedback loops between CoG/RVG employees and vaccination guides, one CoG/RVG highlights the independence among the vaccination guides and them "having the freedom to work in the way they thought was best". This was previously discussed in the section on vaccination guides, and

how they to a significant extent plan and implement their work based on their own connections and preferred structure. A CoG/RVG employee explains:

> And I'd like to say, we can't keep track of everything they've done. Because they're given a mission, and then they just *go for it!* (original emphasis) And they're supposed to report back to us, but we know that everything doesn't reach us. They're so freaking engaged in their work – they just go for it, really". (Employee)

Although none of the CoG/RVG employees raises the aspect of releasing control of the vaccination guides' work as challenging or problematic, it may be interesting to reflect the potential advantages and disadvantages connected to this. One advantage raised by interviewees from both groups is that, although CoG/RVG possess great knowledge about the virus and vaccination, it is the vaccination guides that really know the area of Northeast. As previously mentioned, the vaccination guides explain that this proceeding to a large extent departs from their multi-cultural understanding and lived experiences. As already mentioned, although none of the interviewees raise problematic aspects of this proceeding, it is nonetheless important for analytic purposes to raise the matter. The question is how the balance between maintaining and releasing control ought to be handled to ensure optimal implementation of a communication project of this sort, namely to a large extent based on interpersonal interactions and network principles. This will further be reflected upon in the discussion chapter.

6.5 Competing voices, misinformation and distrust

One of the main challenges with the communication and vaccination efforts that the interviewees raised early on in the interviews, is the prevalence of competing voices and circulation of misinformation. The spreading of misinformation namely causes or intensifies a significant level of distrust towards Swedish society and its institutions. The interviewees explain that the target group tends to turn to social media, friends and family, community members or news outlets in their native countries, instead of Swedish information sources. This is explained by the interviewees being due to e.g. insufficient language skills, insufficient integration into society or due to distrusting the Swedish information sources. A vicious circle is maintained, but it is difficult to detangle what came first – the misinformation or the distrust. Based on the accounts from the interviewees, it is possibly a constant interactive process.

Interviewees from both groups account for the extensive amount of circulating misinformation related to the virus in general, and the vaccine in particular, often referred to by the vaccination guides as "myths". The interviewees also make similar accounts to what misinformation and specific myths were circulating – presumably since the vaccination guides and employees have engaged in feedback loops. Common misbeliefs have been that the vaccine affects one's sexual and reproductive health, e.g. that the vaccine would disturb the menstrual cycle, cause infertility or harm the fetus. Other health related concerns were that the vaccine would cause diseases such as cancer and autism or change your DNA. Other prevalent myths were more conspiratorial, for instance saying that the vaccine contained a chip or could make your body "electric" or "magnetic". On this topic, the interviewees from both groups also accounted for circulating misinformation that strongly suggests that there is a distrust towards Swedish society among many individuals. For instance, a recurring account was the belief that the vaccine was only distributed among immigrant populations – not native Swedes. This was claimed to be done either to test the vaccine before giving it to Swedes or even as a way to harm immigrants. As previously mentioned, interviewees of both groups recurrently used terms such as "gap", "(high) thresholds", "two cities" and "two societies" to explain the figurative distance between the target group and the normative Swedish society. The vaccination guides argue, that if there is distrust towards the Swedish society as a whole, the task of informing the target group with the correct information is significantly aggravated.

> But what can you do, if you don't trust the system? I could get all the correct information, but if I don't believe that I am given the correct information, I will throw it away. If you read on PHA (website), you can read it in Arabic. 1177 (healthcare guide), you can read it in Arabic. But if I don't trust the system, I won't read it. [...] That's the gap I'm talking about. It's not just about giving the correct information – I can give you the correct information! You have to believe I'm giving you the correct information. (Vaccination guide)

The interviewees in the vaccination guide group put forth a number of strategies and aspects that they found important when encountering misinformation and hesitancy regarding vaccination. First of all, all opinions and feelings expressed by the target individuals – regardless if anchored in misinformation or truth – must be met with respect. All vaccination guides emphasise the importance of listening to the person they have in front of them, letting them finish their reasoning. One vaccination guide says: "Actually, I listen first. I have to fully respect everything they think and say. Then I start to discuss, point by point". The vaccination guides then explain

how they aim to meet each question or incorrect claim with knowledge and information. One vaccination guide used the example of the myth that vaccines were only distributed in immigrant dense areas, meeting this claim by showing statistics of other districts in the city with a larger number of Swedish natives, such as Majorna and Torslanda. As previously stated, the vaccination guides describe the efforts of converting one's opinion as often being a result of persistent, long-term work, speaking to the same individuals numerous times before achieving trust and understanding. One interviewee explains how witnessing this change in the recipient feels:

> Of course we're happy with every person we meet that changes their opinion and says: "Yes, I will take the vaccine", and then calls us to ask where they can get vaccinated. Or when they say: "I want to book an appointment – can you help me?". We become so proud and happy. (Vaccination guide)

6.6 Change of priorities and perspectives

A recurring statement through the interviews is the question of prioritisation of communication efforts towards the hard-to-vaccinate individuals. Although all interviewees from both groups deem the vaccination guide project to have been planned and structured in an adequate strategic manner, it is agreed upon among all interviewees that the efforts should have been prioritised or planned differently, to even better accommodate the needs of the group. One vaccination guide reflects on the performance by CoG/RVG and says:

> I think they (CoG/RVG) have done everything and everything's been good. But! I think that they, from the beginning, didn't pay enough attention to the area that you need to put a lot of effort into. After they started to think about the Northeast, they started to develop other areas too. I think that if there is a new pandemic, I really hope not, they will know now that they have to start off strong in this area. (Vaccination guide)

Another vaccination guide reflects upon the efforts towards hard-to-vaccinate immigrant groups on a national level and says: "I have no criticism towards Sweden – they have tried with many efforts". However, she argues that merely translating government information is not enough and emphasises the importance of vaccination guides. She claims that Swedish authorities do not understand the nuances and complexity among immigrant communities – but that a vaccination guide does. The CoG/RVG interviewees agree that there are lessons to be learned in terms of how

populations should be prioritised in terms of tailored communication targeted towards minority communities. One employee reflects upon the question of prioritisation and how it affected the vaccination guide project as she says:

> We knew this is what the vaccination rates would look like. It was no news for anyone that they would be lower in the Northeast. It follows exactly what we see in equality and voter turnout and every parameter you can look at. Still we couldn't fence it. I would have wished that, especially the region, would have been quicker at that. (Employee)

The aforementioned employee raises a practical example of such an insufficient priority, by explaining that a vaccination centre was established in a sport and concert's arena in the city centre. She argues that those who live close to the arena had already gotten vaccinated or could have that easily arranged. Instead, the employee says that a similar initiative should have been launched in the area of Northeast, where it would have made a more significant increase in vaccination statistics. Another employee reflects upon why these shortcomings regarding prioritisation occur and says:

> When we arrange efforts, we seldom depart from what the population actually looks like. Instead, we depart from a certain norm and plan the work based on that, and then we're forced to constantly find deviant solutions. But people that do not fall into the existing frames, must be able to have accessibility too. (Employee)

What the employee interviewees seem to suggest is that, although having quite sufficient knowledge about the target group, sufficient adaptations in communication efforts are still not in place. What this is depending on, is not reflected upon further by the interviewees. However, it is presumably so that rigid systems within different levels of governance may play a part in this. In terms of new and uncertain situations, it is perhaps easiest to do what is already known to work – and complementary adjustments can be made at a later stage. Regardless of the reason for choices made regarding prioritisation, it is a matter that is highlighted as a challenge for the CoG/RVG employees as well as the vaccination guides. Furthermore, in addition to change of priorities, there were also discussions among the interviewees about change of perspectives – two aspects that arguably might be related. One employee raises the question of who is to be considered hard-to-reach – the term that is used by CoG/RVG to describe the target group. She says:

> During the pandemic, I've said that it turns out so wrong when you, in terms of vaccination, speak of "oh, these hard-to-reach groups that won't get vaccinated". And I don't think the problem is that they're hard-to-reach – we are the ones that are hard-to-reach. We, who vaccinate, are rather hard-to-reach. I think it's interesting to turn that perspective around. [...] It's something we've discussed with the vaccination guides many times – it's not something one wants to be called. (Employee)

What the employee seems to suggest is a switch of perspectives – who is considered "hard-to-reach" may depend on whom you ask. The discussion of being "hard-to-reach" is often related to identifying aspects or characteristics among the target group that affects their capability of obtaining risk and crisis communication. Perhaps, additional communication barriers between governing units and the target group should be identified, emphasising aspects from the sender's – namely the city and the region's – perspective that, too, aggravate communication efforts. As another employee explained, there may be "high thresholds" built into the very system of the governing units. It may be argued that these thresholds are hindering communication from to and from both sides.

6.7 Challenges for the vaccination guide role

Hitherto, all of the presented research and accounts from interviewees have emphasised the importance of vaccination guides and similar roles in terms of reaching hard-to-vaccinate immigrant individuals. In spite of this, interviewees from both groups describe a number of problematic aspects that could affect the sustainability and success of the working role and future similar efforts. First of all, the vaccination guides mention their employment status as such a challenge. Although the vaccination guides' position per se is temporary during the pandemic, it is built on other existing roles such as health guides, culture interpreters, and doulas. After the vaccination guide project has come to an end, the vaccination guides that had other similar working roles before will return to those. The vaccination guides also explain that the vaccination guide role will to some extent be integrated in their original role, as they continue to provide vaccination information but in a different role and context. Hence, the discussions on this topic are rather comprehensive and entail their employment status as a whole.

The interviewees interviewed for this study were all paid for their work – none of them worked on

a voluntary basis. However, their employment is commission-based and temporal and they are either paid per hour or with a stipend.

> You cannot live on a few hours here and there and a few temporary missions every year. That's why it needs to become permanent, so that you can develop through different missions and different situations. You get a lot of experience, instead of building it up each year, only to let it go. (Vaccination guide)

Another challenge that the interviewees mention regarding the vaccination guide project, is the long and uncomfortable working hours – something they found difficult to combine with having family and small children at home. This was particularly inconvenient during the autumn and winter time, when the pandemic had its peaks. Therefore, the vaccination guides argue that their original working roles are "not secure" which "becomes an obstacle for anyone who would like to apply for the position". They argue that the position should be made into permanent employment, "a real job" as one vaccination guide says, along with higher pay, more education, labour rights and more responsibility. One vaccination guide, who will soon return to her role as a health guide, says:

> I believe you have to give more responsibility to health guides. It is very important. They have a large network – that's number one. Number two – we can understand culture and what one thinks. And that's very important. (Employee)

The alleged work unsustainability for the vaccination guides is also brought up by one of the CoG/RVG interviewees. She explains that the vaccination guides' engagement for the project has changed depending on the severity of the pandemic situation. For the time being, she describes the engagement as somewhat low, which she presumes is due to the decreased urgency of the Corona virus situation – but also a general tiredness towards the project and a certain uncertainty regarding the employment form. She explains that while she is paid for her full time position as a proper employee, the vaccination guides receive a remunerated mission – "so I understand they're really tired of it."

On this note, interviewees from both groups discuss the significant level of personal responsibility that the vaccination guides take, and the dedication they feel towards their work. This is discussed as being closely related to the fact that their work is based on their personal networks as well as their personal and working roles being intertwined to a great extent. The strong sense of

responsibility and dedication among the vaccination guides is acknowledged by one of the CoG/RVG interviewees. She says:

> Many may do more than what they're actually getting paid for. And they do a lot of voluntary efforts and I think that, damn it, they should get paid for the work they're doing! They also need to get better at restricting themselves – "We have working hours this time and after that I won't answer if anyone calls and asks me things". But they don't do that, they answer anyway, even though it's ten in the evening and they're about to go to bed. So it's a massive dedication. (Employee)

The same CoG/RVG interviewee reflects on why this strong commitment may be and says: "I think that many are passionate about equality and that they want to show another part of their work than what's portrayed in the media, for example". One vaccination guide expresses something similar as she reflects upon the uncomfortable and difficult aspects of her job, saying: "At the same time, if you love your work, you can't think like that."

7. Results

7.1 Introduction

In this chapter, the analysis provided in the previous chapter will be concretised and presented as results, aiming to answer this study's research questions, namely: *1) How does the vaccination guide project and its implementation align with the model procedure established in previous research?*, and; *2) How do the vaccination guides perceive the possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication?*

7.2 Addressing the research questions

7.2.2 The first question: Alignment with model procedure

In terms of the first research question, the empirical material suggests that the vaccination guide with the model procedure, anchored in previous research, to a significant extent. First of all, the vaccination guide project itself is based on interpersonal communication and a network approach, relying on civil society actors that function as opinion leaders, i.e. the vaccination guides. This is one of the baselines that previous research suggests in terms of model procedure. In terms of understanding the target group, which was also a criteria posed in the model procedure, the CoG/RVG employees suggest that they had an initial foundational understanding for the target group and target area, as the vaccination project was built on existing communication efforts that had been going on for several years. Thus, the vaccination guides – that previously had worked as e.g. doulas, health guides and culture interpreters – already had an established relationship with the target group. Nonetheless, CoG/RVG also remained humble to the fact that more information needed to be gathered in order to obtain a more nuanced picture of the situation and what strategies were to be best implemented. To increase their knowledge and fine-tune their communication strategy, CoG/RVG to a large extent relied on the vaccination guides and their networks. Together with the vaccination guides, opportunities and challenges were identified and communication efforts could be tailored accordingly. Using feedback loops, CoG/RVG and the vaccination guides exchanged crucial information and updates, and further adjusted their

communication to better fit the newly discovered needs. The vaccination guides, as members of the community they were working towards and within, were also able to define problems and solutions. To conclude, I would like to argue that CoG/RVG met the criteria of understanding the target group, by including key individuals from community, the to a sufficient extent. Due to this, CoG/RVG could seemingly make adequate tailoring to the efforts implemented, that also allowed the vaccination guides to effectively implement their communication efforts.

Continuing the discussion regarding the vaccination project's alignment with the model procedure, CoG/RVG's aim from the very beginning was to provide communication channels that were both mentally and practically accessible for the target group. Here, the vaccination guides were a driving force in extending the use of digital tools such of Facebook and WhatsApp. The emphasis on the horizontal two-day dialogue approach enables a more natural environment for discussion, with the possibility to ask follow-up questions. Thus, the criteria of accessibility and creating a two-way communication opportunity are arguably fulfilled. Furthermore, CoG/RVG aimed to create messages were clear and simple. Alterations to enhance the level of understanding were made throughout the process, e.g. through adjusting translations from Swedish to other languages. The interviewees in both groups argue that the messages were communicated in a way that fit the language preferences and proficiency of the target group. Although the national authorities recommendations and restrictions regarding the virus changed frequently, CoG/RVG and the vaccination guides aimed to deliver messages that were as consistent as possible, always containing self-efficacy actions regarding immunisation. Therefore, the project implementation aligns with the model procedure in terms of creating clear and simple messages, with an adjusted type and level of language, containing self-efficacy actions.

Another crucial part of the model procedure is to create a feeling of identification and inclusion among the target group. Since the vaccination guides in most cases share very similar ethnic, linguistic and cultural experiences with the target group, these criteria are arguably met. Furthermore, by the application of all the above mentioned model procedure steps in combination, the perhaps most important criteria may be met, namely creating a sense of trust and credibility for the sender. Interviewees from both groups argue for the importance of using civil society actors, such as vaccination guides, for creating identification, inclusion, and trust. In terms of countering circulating misinformation and conspiracy theories, key individuals from the civil society were mentioned in the model procedure as efficient. This was confirmed through the interviews and the analysis of the empirical material. Especially the vaccination guides argued

how crucial it is to employ individuals in their positions to create interpersonal communication efforts – as a complement to conventional risk and crisis communication efforts – that are successful in reaching those considered hard-to-vaccinate and counter misinformation and increase trust.

However, one of the key criteria for successful risk and crisis communication according to model procedure is to be quick in its implementation. Although a generally very well-performed project, interviewees from both groups argue that the area of Northeast – and other areas with similar socio-economic status and other challenges – should have been addressed earlier. As several interviewees claim, although the challenges in the area were well-known, adequate vaccination efforts were practised with a level of tediousness due to insufficient prioritisation of the communication efforts. It is possible that the choices made related to the prioritisation of the project, may have affected the reception of the vaccination guide efforts. For instance, a delay in resourceful communication efforts, with a focus on vaccination, may entail a delay in hindering the spreading of misinformation and rumours. As the empirical material suggests, it is not impossible that this spreading has led to increased distrust towards vaccination – and vice versa.

To conclude, and to answer the first research question of this study, it may be argued that the vaccination guide project and its implementation, although performed with a certain degree of tediousness, to a vast extent aligns with the model procedure anchored in previous research.

7.2.2 The second question: Perception of possibilities and conditions

This section is devoted to answering the second research question, namely how the vaccination guides perceive the possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication.

As discussed in the end of the previous section, the vaccination guides emphasise the importance of their role, and how they can function as a link between the CoG/RVG and the target group of hard-to-vaccinate immigrant individuals. Often speaking from own experiences, as people of immigrant background themselves, the vaccination guides acknowledge the difficulty in integrating into a new society and overcoming language and culture barriers. The vaccination guides argue that their multi-linguistic and multi-cultural knowledge and lived experiences are pivotal in terms of successfully communicating immunisation information in a manner that is

comprehensible, comfortable, and believable for the target group. The guides also point to their significant trust capital and thus capability of increasing trust among individuals who experience hesitancy or distrust towards Swedish society and its institutions and vaccination. Therefore, in terms of their own role – their own identity, experiences, and competence – the vaccination guides perceive their possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination as very good and even crucial for the success of the increasing vaccination rates in the area of Northeast.

As previously stated, the vaccination guides unanimously argue that they have no objections to the implementation and proceeding of the project. All interviewees in this group argue that they were given sufficient information, education and support in terms of how to carry out their work. However, the vaccination guides emphasise a number of aspects they found challenging for their possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication. These will be discussed more thoroughly below.

The vaccination guides argue that, in spite of the aforementioned possibilities of the vaccination guides' role, the significant levels of distrust, misinformation, and competing voices significantly aggravates the conditions for successfully reaching hard-to-vaccinate immigrants with information about Covid-19 vaccination. As previously discussed, the guides have encountered a significant level of hesitancy and distrust among the target group, directed towards the Swedish society, its institutions, and not least the vaccine. In addition, target group's varied media diet, often from foreign, unofficial or unreliable sources, causes confusion or even disbelief towards official Swedish vaccination information. Interviewees from both groups, but the vaccination guides in particular, explain the difficulties in countering the extensive circulation of what the guides call "myths" about e.g. the government and the vaccine. The guides' role is not engage in debate or persuade the target individuals to take the vaccine. Instead, they acknowledge that their role is to inform the recipient and increasing the sense of trust, that will in turn lead to the recipient making their own informed decision about getting vaccinated. As one vaccination guide argued, it does not matter if the correct information is communication to the target individual, if they do not trust the information that is given.

Furthermore, as discussed in the last section of the analysis, the vaccination guides discuss a number of challenges that they perceive are connected with the sustainability of the working role.

I would like to argue, that taking into account how the vaccination guides perceive the conditions of their working environment and role, is important to also understand the conditions of successful communication of Covid-19 vaccination information to hard-to-vaccinate immigrant individuals. Creating sustainability in the working role, is arguably important in terms of creating sustainable communication projects – particularly if it is centred around interpersonal communion strategies. As previously mentioned, the vaccination guide role is built on existing efforts of culture interpreters, health guides, and doulas. All vaccination guide interviewees, but one, will either return to such a role after the project or is working parallel with the two roles. The guides explain that the vaccination guide employment, as well as the other similar roles, are often short-term – either project based or paid on stipend. The vaccination guides mention that the uncomfortable working hours and the wage is not equivalent to the effort and responsibility that the role requires. These arguments are to some extent confirmed by one of the CoG/RVG employees who, too, acknowledges the difficulties that the vaccination guides encounter within their working role. The guides further argue that the form of employment is making it difficult for them to maintain a sustainable working life with a secure income. To conclude, the unsustainability is perceived as an aggravating condition for the vaccination guides in performing their work.

7.3 Additional reflections and conclusions

The purpose of this section is to provide a few additional reflections related to the research questions. What the empirical material and the analysis of it has shown, is that an interpersonal risk and crisis communication effort, such as the vaccination guide project, can align with a model procedure to a great extent but still encounter essential aspects that could impact the conditions for succeeding with its implementation.

First of all, it must be emphasised that the main challenges the vaccination guide project and the guides seem to have met, are relating to much larger political and structural issues that go beyond the project and the Covid-19 pandemic altogether. It may be argued that the initial low vaccination rates, and the misinformation and myths that circulated, is merely an indication of a considerable societal problem that, for the sake of discussion, should be addressed. By looking at the empirical material, it may be argued that the distrust towards Swedish society is significantly prevalent among hard-to-vaccinate immigrant individuals. It is difficult to answer what came first

in the equation of language and culture barriers, distrust towards Swedish society, relying on alternative information sources, and insufficient integration in society. This is of course a series of complex political issues, consisting of an intricate system of contextual dynamics. Although the vaccination guides have the potential to overcoming barriers of distrust to a large extent – and are definitely successful in terms of the vaccination issue – the structural challenges remain.

Another aspect that I found important and interesting to raise, is that the employees at the city of Gothenburg and region Västra Götaland have put a significant level of trust into the vaccination guides and their independent implantation of their work. This trust in the vaccination guides' capability, but also respect for their significance, can arguably be the key to successful implementation of a vaccination guide project. I would like to argue that in order to create trust among the citizens for the governance and system, it is important to do vice versa – to show the governing instances also trust the citizens. Therefore, in order to tackle the above mentioned issue of low trust towards Swedish society, the question of establishing mutual trust could potentially be an important aspect. The level of trust communicated between the two interviewee groups, may positively affect the conditions of success for vaccination guides of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination.

8. Discussion

8.1 Introduction

The purpose of this chapter is to provide a few final reflections of the study. First of all, noteworthy implications will be discussed. These will be presented in the form of five considerations that touch upon the overarching research question of this study, namely *How can the vaccination guides reach hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination?* Although not aiming to provide a conclusive answer to this question, the five considerations may be useful implications for risk and crisis communication practitioners that implement similar interpersonal communication efforts towards ethnic minority communities. After the presentation of the five considerations, the main contribution to the research gap will be argued for. This is followed by a reflection on the research process, mentioning a few of its limitations, along with suggestions for future research. Lastly, there will be a few concluding remarks.

8.2 Implications: Five considerations for practitioners

The aim of this study has been to learn more about interpersonal risk and crisis communication targets towards minority communities, analysing the case of the vaccination guide project in the area of Northeast during the Covid-19 pandemic. In this section, the implications of this study will be presented in the form of five considerations for practitioners to take into account when planning and implementing interpersonal risk and crisis communication efforts, similar to the vaccination guide project. The prospect is that these implications will not conclude the main insights from this study, but that it only provide useful insight of the possible proceedings of such a project. The five considerations also shines light on how the relationship between risk and crisis communication theory and practice may be understood. I would like to argue that the implications presented have the potential of being applicable to interpersonal risk and crisis communication efforts where there is a need for multi-public communication adaptation – not least towards minority communities such as the hard-to-vaccinate immigrant individuals.

1. Expanding the communication models

As the results of this study confirms, models and model procedures can be useful and valuable tools when planning risk and crisis communication efforts. Therefore, some effort should be made to identify a model suitable for the upcoming communication task. However, a model is always merely a scientific abstraction of reality. Significant consideration must be taken to the communication ecology and surrounding contexts of the project in question, as no communication project can exist within a vacuum. Therefore, a model-like structure must be thoroughly complemented with plentiful knowledge regarding the target groups socio-cultural characteristics, level of trust, language proficiency, potential previous sensitive experiences, political context, and so forth. Communication is not only about *speaking* to the target group, but also about *listening* to it. The more you learn about the target group, the more likely it is that the communication efforts will be implemented in a manner that is likely to be more effective in terms of time, costs, and outcome.

2. Seeing past the norm

On the note of learning about the target group and tailoring the efforts, the analysis of the CoG/RVG vaccination guide project has shown that there is a need of updating the blueprint of the population; who it consists of and how they obtain risk and crisis communication. This study, along with a rich flora of existing research, argues that ethnic minority communities are disproportionately affected by crisis; the Covid-19 pandemic and the situation in Gothenburg is a clear example of that. Therefore, I would like to argue that practitioners must to a greater extent abandon their view of the norm population when planning, *prioritising,* and implementing communication efforts. It is pivotal that a governing unit – regardless if on a national, regional or local level – cares to continuously update their knowledge on a target group, particularly if it is a minority population. This is arguably an essential aspect in terms of properly adapting the communication efforts in an efficient manner, thereby ensuring health equity for all populations of society.

3. Employing civil society actors

Research, as well as this study, emphasises the importance of building risk and crisis communication efforts towards minority communities on existing interpersonal communication systems. Here, employing and consulting civil society actors and their networks is crucial. Instead of communicating vertically, from a governing actor down to a community, it is important to work

as horizontally as possible. This is crucial both in terms of learning about the target group, by communicating with civil society actors, but also when implementing the efforts. It is these key individuals that know their area and their community the best. Therefore, civil society actors must be a part of defining the problems as well as identifying adequate solutions for solving them. Instead of working from the outside in, you depart from the needs of the population, tailor accordingly, and work your way around and out. I would like to argue that integration of civil society actors should occur continuously, and extensively, in all efforts towards and within minority communities. It has been said in the model procedure, but cannot be enough emphasised. Thereby, existing systems can be extended and be even better prepared for coming communication efforts in times of crisis. On this note, I suggest elevating the status and seriousness of the vaccination guide role and equivalent denotations and positions. By ensuring sustainable employments for civil society actors, governing units prove to residents in ethnic minority communities that the residents' competence, experience, and input is valuable and desired. It is also likely that the employed civil society actors will function as role models for others in the community. As stated above, in order to gain trust for governing units, the governing units must prove that they trust their residents by including them in societal work. In long-term, I believe that *mutual* trust and collaborations can be built – and figurative gaps can be bridged.

4. Allocating control – to what extent?

I have earlier in this study emphasised the importance of trusting the capability of civil society actors for communication projects of this character; they know the target group and area the best. Although I undoubtedly agree that it is important to increase the sustainability and stability of such roles, it is not without its difficulties. For example, as argued in the model procedure inspired by Brekke (2021), it is a success criteria that the communication ambassador in question is not tightly connected to a governing unit. Rather, it is their independent "in-between role" that is a success criteria for trustful communication. In addition, interviewees in this study has argued for how the vaccination guides' independence has been a successful strategy. However, this may also pose a dilemma: To what extent should governance release control and place it in the hands of others? On one hand, maintaining control over the civil society actors actions may ensure alignment with e.g. strategic and economic objectives, but might restrain the actors from implementing efforts that are most efficient in a practical setting. On the other hand, entirely trusting the civil society actors may ensure powerful implementation of the efforts, but the opportunity to properly evaluate and follow up the efforts is lost. This is a balancing act. I suggest

frequent meetings and feedback loops, carefully adjusting strategies continuously for each unique case. As argued earlier, civil society actors should be a part of the strategic planning. On this note, I would argue for the value in having strategists on a governing level to also be a part of the practical implementations. Eliminating hierarchical steps to some extent might ensure a balance of maintaining both control and efficient implementation.

5. Widen the perspective

On the note of reprioritising target groups, one may also discuss the need for change of perspectives. I would like to suggest a reconsideration of the official and non-official use of the term "hard-to-reach" and "vulnerable" – two common terms applied when referring to target groups marginalised in risk, crisis and health communication efforts. As was argued in the definition section of this study, what denominations are used to describe groups of people could be of importance. By not clearly defining who is considered vulnerable or hard-to-reach and why, potentially inaccurate interpretations of the target group may occur. Furthermore, I suggest that practitioners widen their perspective in terms of identifying communication barriers, analysing their own organisation's potentially high thresholds to a further extent. As one employee interviewee argues, it is the employees on the governing side that may be the ones hard-to-reach, not always the target individuals.

8.3 Contribution to the research gap

As argued in the introduction of this study, scholars argue that there is a dire need for scholarly contributions relating to risk and crisis communication in a multi-public society, performed in different geographical, social and cultural settings. This has been argued especially important in terms of communication towards ethnic minority individuals and communities that in research often are considered "hard-to-reach". Therefore, the aim of this study has been to learn more about interpersonal risk and crisis communication efforts targeted towards minority communities by analysing the vaccination guide project in Gothenburg. As mentioned in the methodology chapter, Marshall and Rossman (2016:479) argue that whether this study can be transferred to other settings and applied for new research is not for me, as the author of this study, to determine. It is rather other scholars who perform studies within similar parameters that can evaluate such an applicability and relevance. Nonetheless, I would like to discuss how I view my study's contribution to the alleged research gap.

As previously argued in the literature review chapter, this study may contribute to filling this gap in a few ways. First of all, it complements similar research conducted in the years 2020 and 2021, as this includes the aspect of vaccination (see e.g. Backholm & Nordberg, 2021; Brekke, 2021; Ekblad, Savlin, Albin & Georgelis, 2021; Storstein Spilker et al; 2021; Quinn, 2020). As has become evident through the analysis of the empirical material, vaccination is a sensitive topic that has been surrounded by extensive misinformation. Thus, increased pressure is put on implementing successful interpersonal risk and communication efforts towards hard-to-vaccinate immigrant groups. In addition, as previously argued for, a study analysing an interpersonal risk and crisis communication project towards an ethnic minority community of this kind – i.e. a vaccination guide project – has seemingly not yet been conducted in a Gothenburgian or Swedish setting before. As this study has been performed in Sweden's most segregated city in terms of vaccination statistics during autumn of 2021, the hope is that it can provide new knowledge from a case that hitherto has not been analysed in this manner.

As Yin (2018:73) mentions, departing from existing research and theoretical frameworks in this manner, forms the foundation for analytical generalisation, regardless if it is "corroborating, modifying, rejecting, or otherwise advancing" the concepts. This study can be considered to corroborate the theoretical concepts, as it has been argued that that the vaccination guide project aligns to the model procedure to a significant extent. There is also an alignment in regards to what the employees, vaccination guides, and the literature consider a model procedure in terms of risk and crisis communication towards ethnic minority communities. This is particularly the case in terms of the perceived barriers between the normative society and segregated, socio-economically challenged areas and how they may be overcome with the help of civil society actors. Furthermore, this study might also have the opportunity of advancing – or enriching – the knowledge related to the model procedure. For instance, as argued in the section with the five considerations for practitioners, this study argues that although a model procedure is followed to a significant extent, there are aspects that are important to review and learn more about.

To conclude, I would like to argue that this study is contribution is mainly of a cumulative kind, providing geographical and cultural detail and nuance to a problem that must be continuously scholarly observed. Specifically, this entails how to perform adapted risk and crisis communication in a multi-public society, for instance as interpersonal communication projects targeted towards ethnic minority communities. My hope is that this study highlights the need for theoretical frameworks to be continuously enriched with empirical, qualitative studies. Ideally,

empirical findings and theory in risk and crisis communication will continue to enrich one another in a brisk pace. My wishes for contributions for future research will be reflected upon below, commencing with a few reflections on the research process.

8.4 Reflections on research process and suggestions for future research

The purpose of this section is to reflect upon the research process as well as to point to a few limitations of the study.

First of all, as already mentioned in the methodology chapter, the vaccination guide interviewees shared many similarities, as they were all middle-aged women with Arabic as their native language. Although attempts were made to recruit interviewees for other groups, e.g. younger male vaccination guides with other native languages, these were not successful. Therefore, although the interviewees could provide depth and detail due to their similar experiences, a degree of variation and perspective could have been lost due to the narrow variation among the interviewees. Therefore, for future similar studies, it would be valuable with contributions containing a larger variety of experiences and competences from a variation of interviewees.

Secondly, due to the limitation of this study in method (interviews), area (the Northeast, Gothenburg) and time (during the phasing-out of the vaccination guide project), this study may be complemented in a variation of ways. For example, combining an interview approach with an observational approach would have been interesting for the study, but difficult due to the study's time constraints and the already decommissioning phase of the project; I never witnessed the actual vaccination guide efforts on site. Comparisons performed on national, regional or even local levels may also be crucial contributions to the tool box of effective risk and crisis communication to a contemporary multi-public society. Even comparative studies performed on a community level in Northeast, may provide nuance and richness to this study. Similar studies performed from another angle would also be interesting as complement to this study, for example analysing the implemented communication efforts from the receivers' perspective. Any contribution made, providing insight into a variety of geographical, cultural, and social settings, will constitute an important step towards ensuring health equity in a multi-public society.

8.6 Concluding remarks

This thesis has been devoted to learning more about interpersonal risk and crisis communication efforts targeted towards ethnic minority communities. By conducting a total of six interviews with seven interviewees – three CoG/RVG employees and four vaccination guides – I was given insight into the project's challenges and success factors. Through the accounts given by the interviewees, a number of themes were identified that could answer the two research questions of this study, namely: *1) How does the vaccination guide project and its implementation align with the model procedure established in previous research?*, and; *2) How do the vaccination guides perceive the possibilities of reaching hard-to-vaccinate immigrant individuals with information about Covid-19 vaccination, and the conditions of success of this communication?* Departing from the findings in the empirical material, five considerations for practitioners were presented. The aim of this study has not been to criticise the practices implemented by the city of Gothenburg or region Västra Götaland or by the vaccination guides. Rather, the goal has been to learn more about interpersonal risk and crisis communication efforts in a multi-public society – and the vaccination guide project served as an interesting case of analysis for this purpose. The analysis and results of this study to a large extent confirms what has already been stated in existing research. This study has hopefully emphasised the importance of recruiting individuals to roles similar to vaccination guides, as it constitutes a useful way of implementing interpersonal risk and crisis communication where there is a need for targeted, adapted communication.

The vaccination guides and similar denotations undoubtedly have the capability of bridging the metaphorical gap.

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Appendices

Appendix 1: Interview guide CoG/RVG employees

Före intervjun

Börja med att tacka intervjupersonen för deltagandet i intervjun och beskriv studiens syfte i korthet. Förklara att detta är en semi-strukturerad intervju; det kommer ställas ett antal öppna frågor för att få insikt i intervjupersonens erfarenheter, tankar och åsikter kring kommunikationsarbetet under Covid-19. Eventuellt ställs följdfrågor på svaren. Intervjupersonen väljer själv vilka frågor den vill svara på och har rätt att avbryta intervjun när som helst. Du kommer få vara anonym. Jag skulle vilja be dig om att få spela in ljudet av den här intervjun så att jag kan transkribera den sen. Ljudfilerna kommer tas bort så fort som de inte längre behövs och det är bara jag som tar del av dem. Är det okej för dig? Som du vet har jag kontaktat dig då jag har frågor kring de särskilt svårnådda grupperna i Göteborg. Men jag kommer börja mer övergripande och så kommer vi till de frågorna sedan.

Introduktion / Bakgrund

- Kan du berätta lite om din yrkesroll?
  - Hur länge har du jobbat med detta?
  - En vanlig arbetsdag / vanliga arbetsuppgifter?
  - (Fanns rollen före pandemin eller har rollen tillkommit pga av pandemin?)

Svårnådda/svårvaccinerade grupper och krishantering under Covid-19

Ett huvudsakligt fokus för den här studien är så kallade svårnådda eller svårvaccinerade grupper och hur man arbetat för att nå dem. Specifikt har jag för min del av studien valt att fokusera på de områden i Göteborg där man haft en låg vaccinationsgrad, med exemplet nordöstra Göteborg.

Vaccinationsguider: Organisation, strategi, samarbete

- När initierades arbetet med vaccinationsguiderna?
  - När identifierades målgrupperna?
  - Fanns det ett samarbete redan före pandemin?
- Hur såg samarbetet ut mellan olika aktörer?
- Vad var det formulerade syftet och strategin? Var detta på plats redan från början?
- Hur värvades vaccinationsguiderna?
  - Frivillig basis / anställning?
  - Genom vilka kanaler?
- Tog ni hänsyn till matchning av vaccinationsguider och målgrupp? T.ex att de skulle ha samma etniska bakgrund?

Vaccinationsguider: Kommunikation och kanaler

- Vilka var de viktigaste budskapen ni ville nå ut med (om smittspridningen, om vaccinationen, mm)? Och hur förändrades de över tid?
- Hade ni skriftligt/visuellt material?
  - Vad för något?
  - Vem har producerat det?

Vaccinationsguider: Mottagande och misinformation

- Hur togs de riktade insatserna emot? Vad har ni fått för respons?
- Vilka utmaningar har man stött på? Hur har dessa hanterats?
  - Vaccinationsmotstånd?
  - Desinformation?
- Vilken typ av desinformation har ni stött på?
- Vad har ni gjort för att motverka information?

Vaccinationsguider: Utmaningar, lärdomar, framgångsfaktorer, framtida arbetet

- Fick arbetet revideras under tidens gång? Vilka ändringar gjordes?
- Har arbetet utvärderats?
  - Vad har varit framgångsrikt? Vad tar ni med er till framtida arbete?
  - Vilka saker skulle ni gjort annorlunda?
  - Vad har ni lärt er?
- Hur tycker du att man lyckats i arbetet generellt mot svårnådda/sårbara grupper i samhället, som de grupper du arbetat med? Vad behöver vi lära oss/bli bättre på?
- Hur ser du på det framtida med vaccinationsguider / vaccinationsguider?
  - Nu i närtid under resten av pandemin?
  - Efter pandemin?
  - Om (när!) en ny pandemi kommer?

Till sist:

- Är det något jag har glömt att fråga som vi borde lyft?
- Får jag lov att kontakta dig igen, om det är något jag behöver komplettera?

Tacka för personens tid och medverkan.

Appendix 2: Interview guide vaccination guides

Före intervjun

Börja med att tacka intervjupersonen för deltagandet i intervjun och beskriv studiens syfte i korthet. Berätta att det kommer ställas ett antal frågor för att få insikt i intervjupersonens erfarenheter, tankar och åsikter vaccinationsguidesarbetet. Eventuellt ställs följdfrågor på svaren. Intervjupersonen väljer själv vilka frågor den vill svara på och har rätt att avbryta intervjun när som helst. Påminn intervjupersonen om att hen kommer vara anonym, får svara på vilka frågor hen vill, och att det går bra att avbryta intervjun när som helst. (Påminn också om samtyckesblanketten om den inte är inlämnad).

Introduktion / Bakgrund

- Kan du berätta lite om dig själv?
- Hur länge har du arbetat som vaccinationsguide? Hur länge kommer det fortsätta?
- Vilka språk har du använt dig av när du varit vaccinationsguide?

Vaccionationsguider: Värvning och anledning

- Hur kommer det sig att du började arbeta med detta? Blev du kontaktad?
- Varför var det här arbetet intressant för dig?
  - Vad för förändring vill du åstadkomma?
- Har du någon annan sysselsättning?

Vaccinationsguider: Ert community

- Har du varit vaccinationsguide i samma område som du bor?
- Hur är området där ni arbetar (och bor)?
  - Umgås man mycket tillsammans? Har man en stark sammanhållning?
  - Tycker du människorna i ditt område är lika eller olika varandra? T.ex vad gäller språk, kultur, religion?
- Tycker du att ditt område liknar andra områden där vaccinationsguider arbetat? Skiljer sig ditt område från resten av Göteborg / Sverige?

Vaccinationsguider: Dagligt arbete, mottagande och bemötande

- Kan du beskriva hur en vanlig arbetsdag som vaccinationsguide ser ut?
  - Hur får ni kontakt med människor?
  - Vilka platser träffas ni på?
  - Hur brukar samtalen låta?
  - Vad har ni hjälpt personerna med?
- Vilka personer har varit viktigast att prata med? Varför?

- Vilken respons har du fått av personerna ni träffat?
  - Vilka är deras vanligaste frågor?
  - Är de oroliga för något? Vad? (Myter, sägner, felaktig information)
  - Har det även varit negativ respons?
- Har de fått sin information från andra ställen?
- Hur har du bemött personernas frågor och oro?
- Har ni haft tryckt / visuellt material?

Vaccinationsguider: Samarbete och organisation

- Fick ni bra information från er arbetsgivare? Var det tydligt vad ni skulle göra?
- Fick ni den hjälp ni behövde om ni stötte på problem?
- Gick det bra att samarbeta med andra vaccinationsguider? Även de från andra organisationer?
- Har ni samarbetat med andra personer? T.ex läkare, sjuksköterskor? Andra anställda på Gbg stad/VGR?

Vaccinationsguider: Utvärdering

- Hur tycker du arbetet har gått? Gick personer till slut och vaccinerade sig?
- Om det kommer en ny pandemin och man ska göra samma sak igen, vad hade du velat att man gjorde annorlunda?
- Finns det något du tycker ni lyckats riktigt bra med?

Till sist:

- Finns det något du vill tillägga eller fråga om?