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School of Nursing



# Rapid Review: What were the public's experiences accessing and interacting with public health information during the COVID-19 pandemic?

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Project Contributors: Michelle Quinlan and Juanna Ricketts, citizen partners with lived experiences.

March 20, 2023

# Executive Summary

## Background

The coronavirus disease 2019 (COVID-19) pandemic resulted in the mobilization and dissemination of large amounts of public health information through various channels and formats. The phenomenon of excess information – which includes inaccurate, outdated, and misinformation – during an infectious disease outbreak has been termed an “infodemic” (Mheidly & Fares, 2020; World Health Organization, 2022). These infodemics lead to confusion, deterioration of public trust, and negative impacts on intended public health responses (World Health Organization, 2022). Previously established risk communication strategies have been applied to manage infodemics and inform the public about the evolving nature of the COVID-19 pandemic (Khan *et al.*, 2022; Tambo *et al.*, 2021). Additionally, studies have investigated the effectiveness of these messages in shaping risk mitigation behaviours (Khan *et al.*, 2022; Tambo *et al.*, 2021). However, there is a need to identify whether commonly used strategies align with individuals’ experiences engaging with public health information during a public health crisis. This can help improve the effectiveness of communication, tackle misinformation, and address public needs to maximize uptake of accurate and credible public health information.

This rapid review was produced to support public health decision makers’ response to the COVID-19 pandemic. This review seeks to identify, appraise, and summarize emerging research evidence to support evidence-informed decision making.

This rapid review includes evidence available up to November 22, 2022 to answer the question: **What were the public’s experiences accessing and interacting with public health information during the COVID-19 pandemic?**

## Key Points

- Individuals reported using various information channels such as social media, online news sources, personal networks, government websites, health professionals, and traditional media (e.g., television, radio, newspapers) to obtain COVID-19 public health information. The confidence in this finding is moderate (GRADE-CERQual) and it is likely that this finding is a reasonable representation of the phenomenon of interest.
- Participants identified a need for improved communication within communities via simple, honest, non-sensationalized, and clear information. Individuals wanted this information to be distributed across various channels and formats, through trusted messengers and sources and tailored to suit various COVID-19 knowledge and literacy levels. The confidence in this finding is moderate (GRADE-CERQual) and it is likely that this finding is a reasonable representation of the phenomenon of interest.
- In addition to an unmanageable volume of information, participants reported challenges related to inconsistent and contradictory health information disseminated throughout the COVID-19 pandemic. This eroded trust and sometimes resulted in individuals avoiding COVID-19 information altogether. Therefore, individuals wanted consistent communication across the national, state/provincial, and municipal levels of governments or official health organizations during public health crises to ensure messages were aligned and complementary to each other. Furthermore, changes to

public health messages must be explained clearly, indicating any new evidence that has been uncovered. The confidence in this finding is moderate (GRADE-CERQual) and it is likely that this finding is a reasonable representation of the phenomenon of interest.

## Overview of Evidence Specific to Equity-Deserving Groups

- Ethnic minority groups and (im)migrant populations used sources such as WhatsApp, Facebook, and news sources from their home countries to stay updated on public health information and were at greater risk for being exposed to inaccurate information.
- Black and African American populations preferred television and social media for their COVID-19 information, but also reported distrust and fear after engaging with the information.
- Language and literacy barriers were more pronounced within studies exploring perspectives of ethnic groups, and (im)migrants.

## Overview of Evidence and Knowledge Gaps

- Individuals' encounters with inconsistent and contradictory information led to information fatigue and people staying informed less often or using shortcuts (e.g., skimming messages, only reading headlines) to extract only what participants felt was the most relevant information (e.g., statistics).
- Trusted sources of information identified included, but were not limited to government, World Health Organization, national organizations (e.g., Centers for Disease Control and Prevention, National Health Service), family physicians, respected community members, religious organizations, friends and family in healthcare, internet, workplace, school, and social media networks.
- Additional barriers to accessing and uptake of information included racial disparities, distrust in news and government, inconsistent messages, sensationalized information, and experiencing negative emotions after consuming COVID-19 information (e.g., frustration, feeling overwhelmed, confusion). This not only led to a general distrust in public health bodies, but also in the dismissal of COVID-19 information and becoming passive users of information.
- Across several studies, participants reported feeling that their communities were disconnected from the government regarding the dissemination of public health information and they wanted an opportunity for dialogue. To overcome this, solutions identified by individuals included: (a) engaging with local communities and community organizations to address specific health information needs and develop culturally sensitive information materials in various languages; and (b) providing a tailored experience to various groups and communities with consideration for accessibility, needs, and interest. Studies indicated that doing so may re-establish public trust, be inclusive, and increase uptake of health information from credible sources.
- Language and literacy barriers were often mentioned by participants across studies. Health and digital literacy of people with lower education, older adults, ethnic and minority groups, and migrant populations were identified as a barrier to uptake of health information. Additionally, participants from various ethnocultural backgrounds wanted multilingual messages while also ensuring messages were culturally-sensitive.
- People acknowledged the presence of misinformation (i.e., false information which is shared without an intention of misleading) on the internet, which often resulted in individuals consulting multiple sources to verify public health information they were

exposed to. Some studies identified a need to track circulating misinformation, implement programs to deliver training on using social media to seek and gather credible health information, and provide education to local communities on identifying misinformation to empower community members.

- Although fear appeals may be effective at increasing uptake and adherence of protective behaviours, participants across studies felt these should be tempered by also sharing positive and supportive public health messages.
- Evidence was lacking in the public health information experiences of the following groups: children, Indigenous peoples, people with developmental disabilities, and young adults. Citizen representative input also implied that social media preferences and subjective interpretations of credibility may also change with different age groups, further highlighting the need for more investigations among the aforementioned priority populations.
- There was also a lack of evidence related to exposure to positive communication interactions surrounding COVID-19 and how that impacts engagement, interaction, and sharing of those messages.

# Methods

## Research Question

What were the public's experiences accessing and interacting with public health information during the COVID-19 pandemic?

## Search

On November 22, 2022, the following databases were searched using key terms: information seek\*, information behaviour\*, information gather\*, information interact\*, information shar\*, information use, and information post\*:

- [MEDLINE](#) database
- [EMBASE](#) database
- [Ovid Emcare](#)
- [PsycINFO](#)
- [Web of Science](#)
- [Global Health Database](#)
- [COVID-19 Living Overview of the Evidence \(L·OVE\)](#)
- [MedRxiv preprint server](#)

A copy of the full search strategy is available at this [link](#).

## Study Selection Criteria

English-language, peer-reviewed sources, and sources published ahead-of-print before peer review were included. When available, findings from syntheses are presented first, as these take into account the available body of evidence and, therefore, can be applied broadly to populations and settings. Commentaries, opinion pieces, and content analyses of public health messages were excluded.

	Inclusion Criteria	Exclusion Criteria
Population	General public; all ages	Healthcare workers/students  Public health professionals, health officials, and leaders  Non-OECD countries
Criteria	Perspectives of interacting with COVID-19 misinformation  Barriers, challenges, motivators, and enablers to accessing public health information  Public needs and opinions on health information and messaging	Health information not directly related to COVID-19 prevention (e.g., oral health, physical activity, dietary habits, influenza prevention, mental health, loneliness)  Explores COVID-19 in general and focus is not on health messaging, health information, or information channels  Content analysis of public health messages  Focused on access to healthcare
Context	COVID-19	

## Data Extraction and Synthesis

Data relevant to the research question, such as study design, setting, location, population characteristics, and key findings were extracted when reported. We synthesized the results narratively due to the variation in methodology and outcomes of the included studies.

## Appraisal of Evidence Quality

We evaluated the quality of included evidence using critical appraisal tools as indicated by the study design below. Quality assessment was completed by one reviewer and verified by a second reviewer. Conflicts were resolved through discussion.

**Study Design**

Mixed methods  
Qualitative  
Synthesis

**Critical Appraisal Tool**

Mixed Methods Appraisal Tool (MMAT) [MMAT Tool](#)  
Joanna Briggs Institute (JBI) [Checklist for Qualitative Research](#)  
Assessing the Methodological Quality of Systematic Reviews  
(AMSTAR) [AMSTAR 1 Tool](#)

Completed quality assessments for each included study are available on request.

The Grading of Recommendations, Assessment, Development and Evaluations - Confidence in Evidence from Reviews of Qualitative Research ([GRADE-CERQual](#)) approach was used to assess the confidence in the findings in qualitative research based on four key domains:

- Methodological limitations
- Relevance
- Coherence
- Adequacy

The overall confidence in the evidence (expressed as either high, moderate, low, or very low) for each prominent theme was determined considering the characteristics of the available evidence. A judgement of 'overall confidence is moderate' means that it is likely that the finding is a reasonable representation of the phenomenon of interest (Lewin *et al.*, 2018).

### Citizen Engagement in the Review Process

Two citizen representatives, recruited through the NCCMT internal pool of citizen partners, agreed to participate in this rapid review. They provided feedback on the initial draft and approved the final report. Their feedback was incorporated into the Executive Summary.

## Findings

### Summary of Qualitative Findings

This document includes two completed syntheses, thirty-five single studies, one in-progress synthesis, and one in-progress single study for a total of 39 articles included in this review. The quality of the evidence included in this review is as follows:

**Question: What were the public’s experiences accessing and interacting with public health information during the COVID-19 pandemic?**

Key Finding	Number of studies contributing to this finding		GRADE-CERQual assessment of confidence in the evidence	Explanation of GRADE-CERQual assessment
	Study design	n		
Used various information channels to receive, interact, and engage with public health information	Synthesis Single study	2 24	Moderate confidence	Minor methodological and coherence concerns
Unclear, inconsistent, confusing, and contradictory health information and calls for clear and straightforward messaging	Synthesis Single study	1 15	Moderate confidence	Minor methodological concerns
Preferences for improved communication across communities that was clear, simple, honest, non-sensationalized, and straightforward.	Single study	18	Moderate confidence	Minor methodological and adequacy of data concerns

\*In the GRADE-CERQual approach, all review findings begin by default as ‘high confidence’ and are then ‘rated down’ by one or more levels (e.g., from high to moderate confidence) if there are concerns regarding any of the CERQual components: (1) methodological limitations, (2) coherence, (3) adequacy of data and (4) relevance. This starting point of ‘high confidence’ reflects a view that each review finding should be seen as a reasonable representation of the phenomenon of interest unless there are factors that would weaken this assumption.

**Table 1: Syntheses**

Reference	Date Released	Description of Included Studies	Summary of Findings	Quality Rating: Synthesis	Quality Rating: Included Studies
<b>Investigations Specific to Equity-Deserving Groups (n=1)</b>					
Goldsmith, L.P., Rowland-Pomp, M., Hanson, K., Deal, A., Crawshaw, A.F., Hayward, S.E., ... & Hargreaves, S. (2022). <a href="#">The use of social media platforms by migrant and ethnic minority populations during the COVID-19 pandemic: A systematic review.</a> <i>BMJ Open</i> , 12(11), e061896.	Nov 17, 2022 (search date not reported)	<p>Studies included (n=21):</p> <ul style="list-style-type: none"> <li>• Cross-sectional (n=10)</li> <li>• Qualitative (n=5)</li> <li>• Case study (n=3)</li> <li>• Cohort (n=1)</li> <li>• RCT (n=1)</li> <li>• Review (n=1)</li> </ul> <p>All studies included in this review were focused on social media use among ethnic minority populations and migrants.</p>	<p>From Dec 31, 2019 - Jun 9, 2021, the extent and nature of social media (Youtube, WhatsApp, Snapchat, Instagram, Facebook, WeChat, TikTok, Twitter) used in migrant and ethnic minority communities for COVID-19 information and the implications for preventative health measures, including vaccination intent and uptake, were assessed.</p> <p>Consistent use of the social media platforms- WeChat, Facebook, WhatsApp, Instagram, Twitter, and YouTube for COVID-19 information was found in some migrant and ethnic minority populations. This may be due to difficulty in accessing COVID-19 information in their native languages or from trusted sources. Some evidence suggested circulating misinformation, and social media use may be associated with lower participation in preventative health measures, including vaccine intent and uptake.</p>	Moderate	Moderate-High
<b>Investigations with no Ethnocultural Focus (n=1)</b>					
Sayfi, S., Alayche, I., Magwood, O., Gassanov, M., Motilall, A., Dewidar, O., ... & Pottie, K. (2022). <a href="#">Identifying health equity factors that influence the public's perception of COVID-19 health information and recommendations: A scoping review.</a> <i>International Journal of</i>	Sep 23, 2022 (search conducted Jul 21, 2021)	<p>Studies included (n=31):</p> <ul style="list-style-type: none"> <li>• Cross-sectional (n=23)</li> <li>• Cohort (n=4)</li> <li>• Longitudinal (n=1)</li> <li>• Case study (n=2)</li> <li>• Experimental, not specified (n=1)</li> </ul>	<p>Health equity factors affecting public trust and uptake of COVID-19 health information were identified and mapped using the PROGRESS-Plus framework. Important factors were identified as:</p> <ul style="list-style-type: none"> <li>• education and health literacy</li> <li>• gender</li> <li>• age</li> <li>• socioeconomic status.</li> </ul> <p>Commonly reported communications channels included social media, television, news and government sources.</p>	Moderate	Not reported

Reference	Date Released	Description of Included Studies	Summary of Findings	Quality Rating: Synthesis	Quality Rating: Included Studies
<i>Environmental Research and Public Health</i> , 19(19), 12073.			Health equity factors may be associated with susceptibility to misinformation; those with low health literacy showed a preference for social media and a greater acceptance for misinformation circulating on social media, however there is a gap in the current body of evidence on the relative influence of these factors.		

**Table 2: Single Studies**

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<b>Investigations with no Ethnocultural Focus (n=19)</b>						
Allen, E.M., Smither, B., Barranco, L., Reynolds, J., Burse, K., Mattson, K., & Mosites, E. (2022). <a href="#">Communicating effectively with people experiencing homelessness to prevent infectious diseases</a> . <i>The Journal of Infectious Diseases</i> , 226(Supplement_3), S340-S345.	Oct 7, 2022	Qualitative	n=15 focus groups with 53 people experiencing homelessness	Cincinnati, Ohio; Denver, Colorado; Sacramento, California; and the Bronx, New York, United States	<p>In Jul 2021, individuals experiencing homelessness were interviewed to explore information seeking and retrieval practices and investigate how traditional health communication methods resonate with this priority population.</p> <p>Individuals identified internet, social media, and the news as their primary sources of health information.</p> <p>Participants also identified a need for face-to-face conversations from trusted health providers, consistent messages from local organizations, and action-based messages.</p>	Moderate
Berg, S.H., Shortt, M.T., Thune, H., Røislien, J., O'Hara, J. K., Lungu, D.A., & Wiig, S. (2022). <a href="#">Differences in comprehending and acting on pandemic health risk information: A qualitative study using mental models</a> . <i>BMC Public Health</i> , 22(1), 1-15.	Jul 29, 2022	Qualitative	n=15 semi-structured interviews with adults	Norway	<p>From Feb 3 – Mar 3, 2021, interviews were conducted to explore how individuals use mental models to make sense of scientific information and apply it to their lives and behaviour in the context of COVID-19.</p> <p>Participants reported their experiences with COVID-19 information, including how they processed, understood and sought information in various ways, highlighting that people have various needs and preferences.</p> <p>Regarding enablers, participants trusted information from the government and public health bodies.</p> <p>Participants did not understand some technical COVID-19 terms or why certain recommendations like physical distancing had to be followed. Instead, they formed their own definitions of what public health concepts (e.g., R<sub>0</sub>) meant.</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
Knottnerus, B., Heijmans, M., & Rademakers, J. (2022). <a href="#">The role of primary care in informing and supporting people with limited health literacy in the Netherlands during the COVID-19 pandemic: A qualitative interview study</a> . <i>BMC Primary Care</i> , 23(1), 1-7.	May 11, 2022	Qualitative	n=28 semi-structured interviews with adults who had limited health literacy and at least one health condition	The Netherlands	<p>From Jun – Oct 2020, interviews were conducted to explore how individuals with limited health literacy acquired information about COVID-19 and challenges they experienced.</p> <p>Participants noted that COVID-19 information was difficult to understand, overwhelming, complicated, and contradictory at times. Additionally, many mentioned that trust had deteriorated in health care professionals which created additional barriers to accepting information and seeking support from them.</p> <p>Regarding needs, participants identified wanting personalized information about their condition as it related to COVID-19, and clear public health information.</p>	Moderate
Parsons Leigh, J., Halperin, D., Mizen, S. J., FitzGerald, E.A., Moss, S.J., Fiest, K. M., ... & Halperin, S. (2022). <a href="#">Exploring the impact of media and information on self-reported intentions to vaccinate against COVID-19: A qualitative interview-based study</a> . <i>Human Vaccines &amp; Immunotherapeutics</i> , 1-9.	Apr 13, 2022	Qualitative	n=60 semi-structured interviews with adults	Alberta British Columbia Manitoba New Brunswick Nova Scotia Prince Edward Island Ontario Québec Saskatchewan	<p>From Feb – May 2021, individuals across Canada were interviewed to explore the influence of media and information on intentions to receive the COVID-19 vaccine.</p> <p>Individuals reported barriers and criticisms regarding vaccine information such as: instilling fear and sensationalizing information, mixed messages, confusing information, and media portrayal of vaccine safety. Older adults in particular experienced challenges accessing online information.</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
Yavetz, G., Aharony, N., & Sofer, Y.Y. (2022). <a href="#">Information needs and seeking behaviors of Israeli citizens during the COVID-19 outbreak.</a> <i>Aslib Journal of Information Management</i> . E-pub ahead of print.	Mar 3, 2022	Qualitative	n=24 semi-structured interviews with adults	Israel	<p>From Jul - Aug 2020, interviews were conducted with Israeli citizens to examine the information needs and information seeking behaviors of individuals during the COVID-19 pandemic and explore perspectives of the dissemination of government agencies' digital information.</p> <p>Participants reported using traditional news media, government websites, social media, and messaging applications as their information sources.</p> <p>Barriers reported included feeling overwhelmed, overloaded, frustrated, and fatigued due to the large amount of information they were exposed to and some criticisms of government website designs.</p> <p>Needs and preferences were identified as seeking a unified source of health information, and wanting official information delivered through communities, local social networks, and medical physicians (vs. government officials).</p>	Low
Banerjee, S., Kapetanaki, A.B., & Dempsey, L. (2022). <a href="#">Older people's online information search during the pandemic.</a> <i>2022 16th International Conference on Ubiquitous Information Management and Communication</i> , 1-6.	Feb 28, 2022	Qualitative	n=15 semi-structured interviews with older adults aged 65 years or older	United Kingdom	<p>From Feb – Apr 2021, a study was conducted to explore how older adults search and process online COVID-19 information.</p> <p>Older adults relied on various channels for health information: television, radio, newspapers, personal networks, word-of-mouth, friends, and family. Several participants also reported not visiting unfamiliar websites due to concerns over trust and credibility.</p> <p>Individuals generally found the internet to be easier to navigate compared to other platforms. Additionally, participants also reporting having a trust in government and international health organizations (e.g., National Health Services, GOV.UK, and the World Health Organization).</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
					Some participants were not confident in using social media platforms, and others indicated information fatigue which led to only seeking facts (vs. nuanced discussion).	
Hadlington, L., Harkin, L.J., Kuss, D., Newman, K., & Ryding, F.C. (2022). <a href="#">Perceptions of fake news, misinformation, and disinformation amid the COVID-19 pandemic: A qualitative exploration.</a> <i>Psychology of Popular Media</i> , 12(1), 40-49.	Jan 13, 2022	Qualitative	n=24 semi-structured interviews with adults	United Kingdom	<p>From Mar – Jun 2020, interviews were conducted to explore how individuals make sense of, and interact with information they suspect to be fake, with a specific focus on perceptions of information sharing on social media during the COVID-19 pandemic.</p> <p>Participants reported using social media to remain socially connected, share information within their personal networks, and using common sense to judge the credibility of information. Individuals distanced themselves from false information online and did not engage with it online by posting or reacting to it.</p> <p>Participants indicated the numerous opinions expressed online facilitated the spread of misinformation and needing to triangulate from multiple sources to verify information.</p>	Moderate
Purvis, R.S., Willis, D.E., Moore, R., Bogulski, C., & McElfish, P.A. (2021). <a href="#">Perceptions of adult Arkansans regarding trusted sources of information about the COVID-19 pandemic.</a> <i>BMC Public Health</i> , 21(1), 1-9.	Dec 20, 2021	Mixed methods	n=1221 adults surveyed; number of qualitative responses not reported	Arkansas, United States	<p>From Jul – Aug 2020, a survey containing both quantitative and open-ended responses were distributed to determine trusted sources of COVID-19 information.</p> <p>Quantitative findings:</p> <ul style="list-style-type: none"> <li>• Most reported high trust in the following: medical centres, government bodies, and primary care providers.</li> <li>• Lower trust was found in traditional news, social media, newspapers, conversations with colleagues, other websites, religious leaders, radio, and celebrities.</li> </ul> <p>Qualitative findings:</p>	Low

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
					<ul style="list-style-type: none"> <li>Lack of trust arose due to constantly changing information and inconsistent information from various sources and channels.</li> <li>Most of the distrust arose from not trusting any COVID-19 information, media, and government.</li> </ul>	
Sangrar, R., Porter, M.M., & Chesser, S. (2021). <a href="#">Exploring the interpretation of COVID-19 messaging on older adults' experiences of vulnerability.</a> <i>Canadian Journal on Aging/La Revue Canadienne du Vieillessement</i> , 40(4), 533-542.	Oct 20, 2021	Qualitative	n=18 semi-structured interviews with older adults	Manitoba, Canada	<p>From Jul – Aug 2020, community-dwelling older adults were asked about their perspectives on COVID-19 messaging to understand how these individuals seek out and interpret information.</p> <p>Participants highlighted the following enablers: interactions with family members, repetitive and age-specific messaging brought attention to their heightened risk for COVID-19 infection and emphasizing underlying health conditions as a risk factor.</p> <p>Participants noted barriers, including needing to constantly re-evaluate the level of risk with changing information, conflicting messages from local and international sources, and navigating the sensationalistic tone of media.</p> <p>Participants acknowledged the effectiveness of fear-based messaging but wanted more hopeful, optimistic messages from media.</p>	High
Houlden, S., Hodson, J., Veletsianos, G., Thompson, C.P., & Reid, D. (2021). <a href="#">Inoculating an infodemic: An ecological approach to understanding engagement with COVID-19 online information.</a> <i>American Behavioral</i>	Oct 18, 2021	Qualitative	n=18 semi-structured interviews with adults	Alberta British Columbia Québec New Brunswick Newfoundland and Labrador	<p>From June 8 – 26, 2020, semi-structured interviews were conducted across Canada to identify, describe, and make sense of the factors that influence the kinds of online COVID-19 information with which people engage.</p> <p>People engaged with information and misinformation out of concern for themselves, family and friends, and the social context.</p> <p>Participants reported relying on government sources as their main information source and verifying the information through other channels.</p>	Low

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<i>Scientist</i> , 65(14), 1990-2013.				Nova Scotia Ontario Saskatchewan	Factors enabling engagement with COVID-19 information included news headlines, emotions, source of evidence, felt personally relevant, and for verification purposes.	
Al Achkar, M., Thompson, M.J., Nguyen, D., & Hoeft, T.J. (2021). <a href="#">Appraising and handling COVID-19 information: A qualitative study.</a> <i>International Journal of Environmental Research and Public Health</i> , 18(19), 10382.	Oct 2, 2021	Qualitative	n=25 semi-structured interviews with adults <ul style="list-style-type: none"> <li>• Most participants in this study were health care workers (n=14)</li> <li>• The remaining were unemployed or had other careers (n=11)</li> </ul>	United States	<p>From Apr 6 – May 1, 2020, a qualitative study was conducted to explore how people most impacted by the COVID-19 pandemic judged and perceived the quality of COVID-19 related information.</p> <p>Participants reported trust in established information sources (e.g., news, CDC, World Health Organization, doctor) over others (e.g., old classmate, word-of-mouth).</p> <p>Most individuals felt confident in their ability to judge information, regulating the information they were exposed to, and taking breaks from consuming COVID-19 information. Participants often judged information and attempted to verify it based on what was presented across various sources.</p> <p>Participants identified barriers such as the circulation of misinformation, large amount of information, skewed information, and contradictory information. This led to a distrust of the information being provided, especially the statistics.</p>	High
Van Scoy, L.J., Miller, E.L., Snyder, B., Wasserman, E., Chinchilli, V.M., Zgierska, A.E., ... & Lennon, R.P. (2021). <a href="#">Knowledge, perceptions, and preferred information</a>	July 12, 2021	Mixed methods	n=5948 survey responses from adults; n=250 subset of qualitative responses	Pennsylvania, United States	<p>From Mar 25 – 31, 2020, a survey was distributed to assess COVID-19 knowledge, concerns, beliefs, risk perceptions, behaviours, and trust in information sources.</p> <p>Overall, both the quantitative and qualitative findings demonstrated the most trusted sources of information were government websites.</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<a href="#">sources related to COVID-19 among central Pennsylvania adults early in the pandemic: A mixed methods cross-sectional survey</a> . <i>The Annals of Family Medicine</i> , 19(4), 293-301.					Several individuals indicated that mixed messaging and information overload were barriers to accessing reliable information during the COVID-19 pandemic.	
Brown, H., & Reid, K. (2021). <a href="#">Navigating infodemics, unlocking social capital and maintaining food security during the COVID-19 first wave in the UK: Older adults' experiences</a> . <i>International Journal of Environmental Research and Public Health</i> , 18(14), 7220.	Jul 6, 2021	Qualitative	n=8 semi-structured interviews, n=17 open-ended surveys, and n=8 online forms with adults aged 70 years or older	United Kingdom	<p>From Mar – Jun 2020, interviews were conducted to explore older adults' experiences of the lockdown and their reactions to public health messaging.</p> <p>Participants reported limiting their news consumption to protect mental health and instead formed strong social networks (e.g., community, local neighbour) and relied on these for COVID-19 information.</p> <p>Negative reactions to receiving too much information generally led to disengagement over time.</p>	High
Saltz, E., Leibowicz, C. R., & Wardle, C. (2021, May). <a href="#">Encounters with visual misinformation and labels across platforms: An interview and diary study to inform ecosystem approaches to misinformation interventions</a> . <i>Preprint</i> .	May 8, 2021	Qualitative	n=38 participants <ul style="list-style-type: none"> <li>• In-depth interviews (n=15)</li> <li>• Diary entries (n=23)</li> </ul>	United States	<p>In Jul 2020, researchers exposed participants to COVID-19 misinformation and were interviewed to understand their visual information environments; specifically, how they reacted to social media visual misinformation interventions.</p> <p>Reactions to information sources and misinformation interventions were generally mixed with some participants finding them to be too political, patronizing, and biased, while others identified the information as positive.</p> <p>Regarding barriers, participants mentioned information was overwhelming, conflicting, negative, and emotionally charged which led to being unsure which sources and platforms to</p>	Low <b>PREPRINT</b>

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
					<p>trust.</p> <p>Participants stated that media format was not as important compared to the narrative and sociocultural framing of the message, and suggested strategies such as: better fact-checking on social media, including links to source information, allow filtering of only verified news media, and reduce negativity and divisive content.</p>	
<p>Lockyer, B., Islam, S., Rahman, A., Dickerson, J., Pickett, K., Sheldon, T., ... &amp; Bradford Institute for Health Research Covid-19 Scientific Advisory Group. (2021). <a href="#">Understanding COVID-19 misinformation and vaccine hesitancy in context: Findings from a qualitative study involving citizens in Bradford, UK</a>. <i>Health Expectations</i>, 24(4), 1158-1167.</p>	May 4, 2021	Qualitative	n=20 in-depth interviews with adults from various ethnicities	Bradford, England, United Kingdom	<p>From Sep – Oct 2020, individuals' COVID-19 beliefs, interactions with (mis)information, and attitudes toward a COVID-19 vaccine were explored.</p> <p>Participants reported being exposed to a range of misinformation, which led to confusion, distress, mistrust towards the government, and feeling overwhelmed.</p> <p>Overall, participants trusted those in community support roles they were in contact with.</p>	Moderate
<p>Lupton, D., &amp; Lewis, S. (2021). <a href="#">Learning about COVID-19: A qualitative interview study of Australians' use of information sources</a>. <i>BMC Public Health</i>, 21(1), 1-10.</p>	Apr 7, 2021	Qualitative	n=40 semi-structured interviews with adults	Australia	<p>From May – Jul 2020, participant's use and appraisal of COVID-19 information was investigated to understand what sources of information they trusted and relied on the most.</p> <p>Participants were active users of information, understood the scale of misinformation present and took steps to determine the accuracy of information, relied on various sources to access, appraise, and engage with health information.</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
					<p>Trusted sources were identified as their family physician, friends and family employed in healthcare, and faith-based networks.</p> <p>Several participants reported being confused and distressed at the sheer amount of information and the constantly evolving nature of the COVID-19 pandemic and news cycles.</p>	
Zhang, Y.S.D., Young Leslie, H., Sharafaddin-Zadeh, Y., Noels, K., & Lou, N.M. (2021). <a href="#">Public health messages about face masks early in the COVID-19 pandemic: Perceptions of and impacts on Canadians</a> . <i>Journal of Community Health</i> , 46(5), 903-912.	Feb 20, 2021	Qualitative	n=9 focus groups with 47 adults	Alberta British Columbia Manitoba Nova Scotia Ontario Saskatchewan	<p>From Apr – May 2020, focus group discussions were conducted to explore opinions on the early messaging Canadians received regarding personal protection and mask use to identify potential improvements to health messaging.</p> <p>Participants used many sources, often a combination, to inform themselves on face masks: health professionals and organizations (n=28), social media (n=25), government officials and websites (n=17), news (n=16), Google (n=7), family and friends (n=4), and scientific journals (n=2).</p> <p>Barriers included inconsistencies in face mask messaging, frustration, and general mistrust.</p> <p>Participants noted they wanted information on the correct use of masks, effectiveness of homemade/cloth masks, and scientific evidence supporting mask use.</p>	Moderate
Glasdam, S., & Stjernswärd, S. (2020). <a href="#">Information about the COVID-19 pandemic—A thematic analysis of different ways of perceiving true and untrue information</a> . <i>Social Sciences &amp;</i>	Nov 23, 2020	Qualitative	n=943 online survey responses from adults; n=651 subset of individuals who provided comments were included in the qualitative analysis	Global	<p>From Apr 7 - 28, 2020, a survey was conducted to explore meanings of people's understanding, handling, and evaluation of COVID-19 information in general and on social media.</p> <p>Overall, participants evaluated and distinguished information as true based on their perspectives, social network, and consulting with family and friends.</p> <p>Participants identified health care professionals as</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<i>Humanities Open</i> , 2(1), 100090.					trusted voices.  Barriers were identified including having to parse out information, being critical of existing information, and expressing skepticism in information which impacted following public health messaging.	
Chen, A.T., Ge, S., Cho, S., Teng, A.K., Chu, F., Demiris, G., & Zaslavsky, O. (2021). <a href="#">Reactions to COVID-19, information and technology use, and social connectedness among older adults with pre-frailty and frailty</a> . <i>Geriatric Nursing</i> , 42(1), 188-195.	Aug 10, 2020	Qualitative	n=60 online posts from 10 older adults with pre-frailty and frailty	Seattle, Washington, United States	From Mar 9 – 24, 2020, older adults were asked to recruited online and asked to comment on the impact of the pandemic on daily life, impacts on social life, reactions to COVID-19, and information and technology use.  Participants sought information from various sources such as government agencies, social media, family members, health care workers, and other online sources.  Technology was seen as an enabler as many participants relied on it (e.g., telephone, internet, email) to access information and stay connected with others.  Some participants experienced negative emotions when watching news, and others dismissed COVID-19 information if it was opinionated.	Moderate
<b>Investigations Specific to Equity-Deserving Groups (n=16)</b>						
Czapka, E.A., Herrero-Arias, R., Haj-Younes, J., Hasha, W., Madar, A.A., Møen, K.A., ... & Diaz, E. (2022). <a href="#">'Who is telling the truth?' Migrants' experiences with COVID-19 related information in Norway: A qualitative study</a> . <i>Scandinavian Journal of Public</i>	Nov 14, 2022	Qualitative	n=55 semi-structured interviews with migrants from various countries: <ul style="list-style-type: none"> <li>Chile (n=10)</li> <li>Poland (n=10)</li> <li>Somalia (n=10)</li> <li>Sri Lanka (n=10)</li> </ul>	Norway	From Apr – May 2020, migrants' experiences with COVID-19 information were explored.  Participants relied on various sources of information such as national organizations, newspapers, social media, friends, television, and news networks from their home country.  Workplace and schools were identified as being good sources of health information.  Notable barriers included language, contradictory information, and belief in conspiracy theories	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<i>Health</i> , 14034948221135237.			<ul style="list-style-type: none"> <li>Syria (n=15)</li> </ul>		<p>which led to a distrust in government.</p> <p>Some participants expressed needs related to wanting translations of COVID-19 information in their own language, and wanting guidance on day-to-day activities (e.g., what medication to consume, what to do with a fever).</p>	
Pourmarzi, D., Fitzpatrick, P., Allen, K., Yuen, A., & Lambert, S. (2022). <a href="#">"They said we're all in it together, but we were kind of separated": Barriers to access, and suggestions for improving access to official information about COVID-19 vaccines for migrants in Australia. Preprint.</a>	Sep 30, 2022	Qualitative	n=17 semi-structured interviews with migrants	Australia	<p>From Dec 2021 – Feb 2022, interviews were conducted with migrants to explore their barriers in accessing official information about COVID-19 vaccines and propose solutions.</p> <p>Barriers were identified including language, written and digital literacy barriers of existing communication materials, didactic messaging, and general distrust in government.</p> <p>Participants identified needs in general, and needs to overcome barriers, including: translated materials, timely communication, diverse modes of dissemination (e.g., television, radio, YouTube, WhatsApp), engaging younger people, engaging trusted community members, communicating uncertainty clearly, and for government to collaborate with migrant communities to build and establish trust.</p>	Low <b>PREPRINT</b>
Matsuoka, S., Kharel, M., Koto-Shimada, K., Hashimoto, M., Kiyohara, H., Iwamoto, A., ... & Fujita, M. (2022). <a href="#">Access to health-related information, health services, and welfare services among South and Southeast Asian immigrants in Japan: A qualitative</a>	Sep 27, 2022	Qualitative	n=34 semi-structured interviews and focus groups with South and Southeast Asian immigrants	Tokyo, Japan	<p>From Sep – Nov 2021, online qualitative data were collected to explore barriers and factors affecting access to health-related information among immigrants.</p> <p>Individuals mainly relied on social media sources for their information.</p> <p>Commonly reported barriers to accessing health-related information and services were language, time, and lack of knowledge of what services were available.</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<a href="#">study</a> . <i>International Journal of Environmental Research and Public Health</i> , 19(19), 12234.						
Sides, E., Jones, L.F., Kamal, A., Thomas, A., Syeda, R., Kaissi, A., ... & McNulty, C. (2022). <a href="#">Attitudes towards coronavirus (COVID-19) vaccine and sources of information across diverse ethnic groups in the UK: A qualitative study</a> . <i>BMJ Open</i> , 12, e060992.	Sep 1, 2022	Qualitative	n=21 focus groups and n=3 interviews with 100 participants from 19 ethnicities	England and Wales, United Kingdom	<p>From Jun – Oct 2020, individuals from various ethnic groups were interviewed about their perceptions of the COVID-19 vaccine (prior to its rollout) and attitudes towards sources of COVID-19 information.</p> <p>Participants referred to family and friends, social media (e.g., WhatsApp), traditional news sources, government-issued statements, and academic literature as their sources of information.</p> <p>Participants felt the media had its own agenda, instilled fear, caused confusion, and negatively impacted mental health. Moreover, many participants expressed concerns about the safety and efficacy of the COVID-19 vaccine, and the spread of misinformation through social media.</p>	High
Healey, S.J.R., Ghafournia, N., Massey, P.D., Andrich, K., Harrison, J., Taylor, K., & Bolsewicz, K. (2022). <a href="#">Factors contributing to the sharing of COVID-19 health information amongst refugee communities in a regional area of Australia: A qualitative study</a> . <i>BMC Public Health</i> , 22(1), 1-11.	Jul 28, 2022	Qualitative	<p>Group and individual interviews (n=30)</p> <ul style="list-style-type: none"> <li>Members from Afghan, Congolese, and Syrian refugee communities (n=15)</li> <li>Influential members (n=9)</li> <li>Service providers (n=6)</li> </ul>	Hunter New England, New South Wales, Australia	<p>In May 2021, refugees were interviewed to explore their experiences of COVID-19 information, how health information was communicated and shared, existing barriers in accessing information, and areas for improvement in government-led health communication.</p> <p>Service providers and respected community members were identified as positive sources of information sharing.</p> <p>Barriers and challenges to accessing, sharing, and processing health information included: language, sociocultural norms (i.e., age, gender), health and digital literacy, past trauma, and lack of trust in authorities and government.</p>	High

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
Baines, A., Seo, H., Ittefaq, M., Shayesteh, F., Kamanga, U., & Liu, Y. (2022). <a href="#">Race/ethnicity, online information and COVID-19 vaccination: Study of minority immigrants' internet use for health-related information.</a> <i>Convergence</i> , 13548565221116075.	Jul 17, 2022	Qualitative	n=49 in-depth interviews with immigrants aged 18-64 years old	Midwest, United States	<p>From Feb – Mar 2021, interviews were conducted to understand how ethnic and racial minority immigrants navigate online health information, how they encounter online COVID-19 vaccine misinformation, and their willingness to get vaccinated.</p> <p>Participants reported often using a mixture of social media and traditional news media to inform themselves about COVID-19. Many individuals indicated they were exposed to misinformation during the COVID-19 pandemic on WhatsApp and Facebook.</p> <p>Barriers identified included the large amount of information and divisive content which led to negative feelings such as being overwhelmed, stressed, and confused.</p>	Moderate
Bahl, R., Chang, S., McKay, D., & Buchanan, G. (2022). <a href="#">Health misinformation across multiple digital ecologies: Qualitative study of data from interviews with international students.</a> <i>Journal of Medical Internet Research</i> , 24(7), e38523.	Jul 6, 2022	Qualitative	n=11 semi-structured interviews with international students from 3 universities	Australia	<p>In Aug 2021, international students' ability to identify COVID-19 misinformation was assessed.</p> <p>Most (91%) participants correctly identified misinformation using factors such as past experience, trusted sources, and personal values to judge the validity of health information.</p> <p>Language and other sources of information were identified as barriers with the potential to limit uptake of the host country's health information.</p>	Moderate
Paudyal, P., Skinner, E., Majeed-Hajaj, S., Hughes, L.J., Magar, N.K., Keeling, D.I., ... & Cassell, J.A. (2022). <a href="#">COVID-19 health information needs of older adults from</a>	Jun 17, 2022	Qualitative	<p>N=24 semi-structured interviews</p> <ul style="list-style-type: none"> <li>Older adults identifying as Indian or Nepalese (n=13)</li> </ul>	Kent, Surrey, and Sussex, England, United Kingdom	<p>From Jul – Dec 2020, semi-structured interviews were conducted to explore the social context of older adults from Indian and Nepalese backgrounds in the UK, their experience and understanding of COVID-19, and their access to healthcare to guide and contextualize the information content and delivery.</p>	High

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<a href="#">ethnic minority groups in the UK: A qualitative study.</a> <i>BMJ Open</i> , 12(6), e059844.			<ul style="list-style-type: none"> <li>Family member of older adults (n=7)</li> <li>Health care professionals (n=4)</li> </ul>		<p>Many participants reported relying on international information sources (e.g., radio, television, YouTube) that were from their home country.</p> <p>Participants cited supportive environments with intergenerational relationships, high level of care from the National Health Service (NHS), friends and family, and doctors as a source of support.</p> <p>Barriers identified included doubting the credibility and reliability of information, understanding the accuracy of information, and language.</p> <p>Individuals wanted language- and culturally-appropriate information and delivery methods (e.g., via local community centres).</p>	
Ahmadinia, H., Eriksson-Backa, K., & Nikou, S. (2022). <a href="#">Health information seeking behaviour during exceptional times: A case study of Persian-speaking minorities in Finland.</a> <i>Library &amp; Information Science Research</i> , 44(2), 101156.	May 19, 2022	Qualitative	n=18 semi-structured interviews with Persian-speaking adults	Finland	<p>From Mar – May 2021, interviews were conducted with Persian-speaking minorities in Finland, to understand the health-related information needed, sought, and used during the COVID-19 pandemic.</p> <p>Participants relied on friends and family, community connections, social media (i.e., Instagram, WhatsApp, Facebook), traditional media sources, and medical professionals as their information sources.</p> <p>Participants felt empowered to improve their own health when health information was available in different languages and when they received information through reliable sources.</p> <p>Language, systemic inequality, stress due to the pandemic, large amount of false information, and limited access to health services were identified as barriers to information.</p>	Low

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
					Individuals expressed wanting more information related to mental health, maternal health, and general wellbeing in the context of COVID-19.	
Anakwe, A., Majee, W., Ponder, M., & BeLue, R. (2022). <a href="#">COVID-19 and crisis communication among African American households</a> . <i>Families, Systems, &amp; Health</i> , 40(3), 408-412.	May 12, 2022	Qualitative	n=11 one-on-one interviews with African American parents with school-aged children aged 5-17 years old	Midwest, United States	<p>African American parents' experiences with COVID-19 information, risk perceptions, and familial communication strategies were explored to understand how crisis communication mitigates adverse health consequences.</p> <p>Parents identified television, news, and word of mouth as their main sources of information; television and news were identified as the least trusted source. Parents' perceived vulnerability to COVID-19 infection and knowledge of the pandemic impacted how they communicated with their children.</p>	Moderate
Wade, J., Poit, S.T., Lee, A., Ryman, S., McCain, D., Doss, C., ... & Morgan, A.A. (2022). <a href="#">Navigating a pandemic: A qualitative study of knowledge, sources of information, and COVID-19-related precautions taken by HBCU students</a> . <i>Journal of Racial and Ethnic Health Disparities</i> , 1-12.	Jan 15, 2022	Qualitative	<p>n=21 semi-structured interviews with university students</p> <ul style="list-style-type: none"> <li>Identified as Black (n=19)</li> <li>Identified as White (n=2)</li> </ul>	Greensboro, North Carolina, United States	<p>Between the summer and fall months of 2020, interviews were conducted with students to explore their knowledge of COVID-19, sources of information used, and precautions taken.</p> <p>Most participants relied on and preferred online sources (62%) and news (43%) as their sources of information. Fewer participants noted government (24%), classes (14%), family interactions (14%), and workplace (10%) as a source of COVID-19 information.</p> <p>Trusted sources were identified as the news, family, and government sources (e.g., CDC).</p> <p>Participants were critical of early information suggesting that COVID-19 was not severe, and the changing COVID-19 information was associated with negative emotions.</p>	Moderate
Healey, S.J.R., Ghafournia, N., Massey, P.D., Andrich, K., Harrison, J., Taylor, K., &	Jan 21, 2022	Qualitative	n=3 focus groups and n=8 semi-structured interviews	Armidale, New South Wales, Australia	From Mar – Aug 2021, Ezidi refugees, service providers and community leaders reported on how culture, refugee experiences, and existing relationships shaped what COVID-19 messages were listened to and shared during the early-mid	High

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<p>Bolsewicz, K. (2022). <a href="#">Ezidi voices: The communication of COVID-19 information amongst a refugee community in rural Australia - A qualitative study</a>. <i>International Journal for Equity in Health</i>, 21(1), 1-10.</p>			<ul style="list-style-type: none"> <li>• Service providers (n=4)</li> <li>• Ezidi refugees (n=10)</li> <li>• Community leaders (n=7)</li> </ul>		<p>phases of the pandemic.</p> <p>Community members, leaders, and service providers alike reported that individuals retrieved information from other community members, their workplace, and service providers. Educational background and device accessibility were key determinants of being able to access and understand messages. Some service providers and community members indicated that women were less likely to actively seek out COVID-19 information due to cultural norms. Participants identified that trusted relationships and interpersonal communication facilitated members to gather COVID-19 information from various sources and share it.</p> <p>Needs of migrant populations were identified as: improved content, delivery and format of messages; collaboration between services and communities; increase the role of trusted service providers in delivering COVID-19 information; and providing support for existing messengers.</p>	
<p>Tang, L., York, F.N., &amp; Zou, W. (2021). <a href="#">Middle-aged and older African Americans' information use during the COVID-19 pandemic: An interview study</a>. <i>Frontiers in Public Health</i>, 9, 1485.</p>	Oct 7, 2021	Qualitative	n=20 semi-structured interviews with African Americans aged 41-72 years old	United States	<p>From Mar – Apr 2020, interviews were conducted to explore how African American individuals acquire and evaluate information related to the COVID-19 pandemic.</p> <p>Most participants used credible sources for COVID-19 information such as news broadcasted on television, and had high trust in these sources, and relied on faith to cope during the pandemic. Participants reported often taking shortcuts to scan information to evaluate it and did not engage in fact-checking. Many reported that their elevated risk perceptions and negative emotions towards COVID-19 prevented them from seeking health information as often.</p>	Moderate
<p>Brønholt, R.L.L., Langer Primdahl, N.,</p>	Aug 25, 2021	Qualitative	n=18 semi-structured	Denmark	<p>From May – June 2020, interviews were conducted with migrants in Denmark to explore</p>	Moderate

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
Jensen, A.M., Verelst, A., Derluyn, I., & Skovdal, M. (2021). <a href="#">“I just want some clear answers”: Challenges and tactics adopted by migrants in Denmark when accessing health risk information about COVID-19.</a> <i>International Journal of Environmental Research and Public Health</i> , 18(17), 8932.			interviews with migrants		<p>the challenges faced accessing information during the COVID-19 pandemic and efforts taken to overcome them.</p> <p>Participants identified Facebook groups that provided translation of local news, asking others to translate COVID-19 information, using their home country's news networks to stay informed, and relying on their workplace to provide information and support as positive sources of information.</p> <p>Challenges included feeling left out of the national response, language barriers, and difficulty in uncovering what was going on during the pandemic.</p>	
Chandler, R., Guillaume, D., Parker, A.G., Mack, A., Hamilton, J., Dorsey, J., & Hernandez, N.D. (2021). <a href="#">The impact of COVID-19 among Black women: Evaluating perspectives and sources of information.</a> <i>Ethnicity &amp; Health</i> , 26(1), 80-93.	Nov 5, 2020	Qualitative	n=15 semi-structured interviews with adult Black women	Atlanta, Georgia, United States	<p>The aim of this study was to explore where and how Black women obtain information that pertains to COVID-19 and impacts daily life. The data collection period was not reported.</p> <p>Individuals reported using various sources of information, but the most frequently reported were social media and news.</p> <p>Distrust, disbelief, confusion, and general socioeconomic and racial disparities were identified as barriers to accessing public health information.</p>	Moderate
Moyce, S., Velazquez, M., Claudio, D., Thompson, S., Metcalf, M., Aghbashian, E., ... & Sisson, N. (2021). <a href="#">Exploring a rural Latino community's perception of the COVID-19 pandemic.</a>	Oct 30, 2020	Qualitative	n=14 semi-structured interviews with Spanish-speaking Latinx adults	United States	<p>During Apr 2020, members of a Latinx community were interviewed to understand their perceptions about the COVID-19 pandemic and how they obtained health information.</p> <p>Many participants relied on social media, the United States governor, and traditional news media at the local, regional, and national levels as their main source of information.</p> <p>Regarding facilitators, participants relied on</p>	High

Reference	Date Released	Study Design	Population	Setting	Summary of findings	Quality Rating:
<i>Ethnicity &amp; Health</i> , 26(1), 126-138.					<p>interpersonal communication with members of their community, faith-based networks, and Spanish media.</p> <p>Some individuals identified difficulty understanding the English language, and the inability to verify information on social media as barriers to information.</p> <p>Needs were identified as wanting more personalized information through local networks (e.g., Facebook groups, medical providers, university, health department), email, and text messages.</p>	

### Table 3: In-Progress Syntheses

Title	Anticipated Date of Completion	Setting	Description of Document
Sayfi, S., Lotfi, T., Gogover, A., Motilall, A., Unachukwu, U., Gassanov, M., ... & Pottie, K. (2022). <a href="#">Assessing the impact of sex/ gender on knowledge, attitude, and practice toward COVID-19 vaccine: Protocol for an equity-oriented systematic review and meta-analysis.</a> PROSPERO, CRD42022381755.	Aug 31, 2023	Canada Slovakia	This review will synthesize studies investigating adults' knowledge, attitudes, and practices toward COVID-19 vaccines with the primary objective of determining whether sex and gender differences exist in the knowledge, attitudes, and practices toward COVID-19 vaccines. The study will support and build on a previously published scoping review by the same authors that is also included in this document.

### Table 4: In-Progress Single Studies

Title	Anticipated Date of Completion	Setting	Description of Document
Attwell, K., Carlson, S., Tchilingirian, J., Harper, T., McKenzie, L., Roberts, L., ... & Blyth, C.C. (2021). <a href="#">Coronavax: Preparing community and government for COVID-19 vaccination.</a> <i>BMJ Open</i> , 11(6), e049356.	Not reported	Australia	This study aims to conduct social media analysis and semi-structured interviews to identify community attitudes towards COVID-19 vaccines, barriers, enablers, attitudes, beliefs, and communication needs of priority and general populations regarding COVID-19 vaccination. Other outcomes of the study include identifying lessons learned from the pandemic, and appropriate messaging for government communication about COVID-19 vaccines.

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