



We're open, we're ready: changing parent attitudes about visiting the BC Children's Emergency Department

Communication Campaign

December 2020

Background and Rationale

BC Children's Hospital (BC Children's) is the only specialized teaching and research hospital dedicated to children in British Columbia (1). Located in Vancouver, BC Children's serves 93,000 children each year through its inpatient and outpatient programs. The emergency department (ED) cares for acutely ill or injured children and is open at all times (2).

In the winter of 2019, the coronavirus (COVID-19) pandemic led to public health mandated community lockdowns and orders to stay home unless absolutely necessary. Within a couple months of the pandemic onset, BC Children's saw a significant decline in ED patients. Doctors noticed that the patients being seen were sicker than usual, suggesting late presentation to care.

Dr. Ran Goldman, a BC Children's Emergency Department doctor, evaluated the frequency of ED visits at BC Children's and 18 general hospitals across BC pre-pandemic versus post-pandemic (3). His team found that visits declined 57% at BC Children's and 70% at general EDs since the pandemic. Confirming anecdotal reports, a larger proportion of the children seen post-pandemic required hospital admission, but this was not because children were sicker. Increased hospital admissions were primarily driven by a decline in visits with lower severity: only the significantly ill children were coming to hospital and children with mild illness were seeking care elsewhere or staying home. Dr. Goldman's team hypothesized that the decline in ED visits was likely multifactorial. Parents may have had altruistic intentions of not wanting to further burden the health care system. Alternatively, parents may have sought telephone advice from family doctors or the provincial nursing line, 811.

Despite these results, doctors at BC Children's remained concerned that pandemic related fear and anxiety may contribute to fewer ED visits. While the overall data did not suggest late presentation to care, there were notable patient cases that were confirmed to be late presentation due to pandemic related fear. As further evidence on care seeking and attitudes regarding the pandemic emerge, it may be that parent anxiety plays a larger role in ED visit decline than anticipated.

As the only children’s hospital in BC, BC Children’s has the responsibility to communicate to parents that the ED is a safe and appropriate place to seek care for sick children. Thus, we present a communication campaign targeted at potential parent anxiety, aiming to shift parent attitudes regarding the safety of ED during the COVID-19 pandemic.

Campaign Goal

To change Greater Vancouver parent attitudes about BC Children’s ED safety, so that parents will not delay bringing children to the ED for assessment if they are worried about them.

Audience

BC Children’s serves the entire province of BC but historically the majority of ED visits are from families living in the Greater Vancouver area. To further characterize a target audience for this communication campaign, audience pre-testing was conducted.

Audience analysis: target regions in Vancouver

Families from specific regions in Vancouver may be less likely to visit the ED during the pandemic. To investigate this, postal codes of families visiting the ED before the pandemic and during the pandemic were compared. The first 3 digits of all Canadian postal codes refer to a “forward sortation area.” Here, the first 3 digits correspond to a specific region of Vancouver (Figure 1). Postal codes for all visits to the ED in April and July 2019 and April and July 2020 were obtained. We compared 2019 and 2020 data and found that Shaughnessy and East Kitsilano were the regions with the largest decline in ED visits.

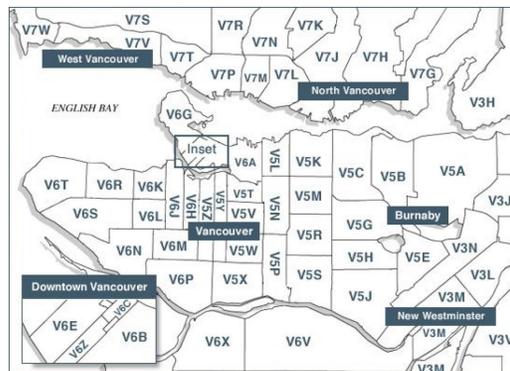


Figure 1: Vancouver postal code forward sortation areas. Obtained from <https://maps-vancouver.com/vancouver-postal-code-map>

To help determine why these areas had the largest decline, we conducted brief in-person interviews of 30 families with young children walking by the Arbutus and West 4th intersection in Kitsilano. Families living in the Kitsilano or Shaughnessy area (and not just visiting the area) were eligible to participate. Families were asked what they would do if their child were sick (where would they seek information); and would they consider bringing their child to the ED (why or why not). Many families we spoke to had family doctors who they could contact if they were concerned, and also said their child rarely became ill enough that they would consider going to the hospital.

Audience analysis: sources of information and demographics

To determine where parents obtain news information from, a convenience sample of 15 families in the ED per day were interviewed on September 1st, 15th, and 30th, 2020. Families were interviewed on the following:

- General demographics: age, level of education, preferred language
- Whether information was sought prior to visiting the ED; if so, where from?
- Sources of news and general information: radio, print, web (including websites and social media); which specific agencies or news outlets; which specific social media platforms

The majority of parents were between the ages 30 and 50; preferred English, Chinese, or Arabic written material; and primarily spoke English, Cantonese, Mandarin, or an Arabic dialect. The majority of parents interviewed had a high-school or greater level of education. Overall, 60% of families viewed the BC Children's ED website prior to visiting, 20% called the provincial 811 nursing line, and 40% viewed the ED wait times website

(<http://www.edwaittimes.ca/WaitTimes.aspx>). Several families reported not seeking information prior to visiting the ED. Most families reported obtaining news information from CBC, including social media posts from CBC. More families reported using Facebook compared to Twitter or Instagram for social media.

Theoretical Framework

Using Peter Sandman's Hazard-Outrage model, the campaign's target audience is in the high outrage-low hazard quadrant and over-estimates the hazard of visiting the ED (4,5). Likely drivers of outrage include the following:

- Unfamiliarity and exotic nature: the virus responsible for COVID-19 is novel and exotic compared to other common viruses, such as influenza. Less is known about how COVID-19 affects children.
- Catastrophic: COVID-19 is an acute hazard with possible devastating health consequences. We do not have a vaccine widely available yet and there are no effective treatments for COVID-19. COVID-19 has a high mortality rate in older individuals.
- Uncertainty regarding protective equipment (PPE): there are frequent media reports about PPE shortages. Families may be uncertain or unaware of BC Children's ED policies and practices for keeping families safe.
- Uncertainty regarding diagnosis: many children are asymptomatic or have mild symptoms. Families could be unknowingly exposed to COVID-19 in the ED.
- General uncertainty and concern with trusting health leaders: public health messaging and media messaging during the pandemic have changed as more is learned about COVID-19, which may lead some families to not trust messages about facts or safety.
- Comparing experiences with adult hospitals to pediatric hospitals: families may envision the BC Children's ED as similar to the crowded chaotic environment of general adult-oriented hospitals. Families may draw information and fear from personal experiences of visiting other hospitals during the pandemic or having loved-ones sick with COVID-19.

Campaign material will aim to decrease audience outrage.

Communication Strategy

Key Message

“A lot of things have changed, but what hasn’t changed is that we’re open and ready to take care of your family.”

Messaging Approach

Tone: all campaign messaging should be warm and friendly, in keeping with general BC Children’s communication material. To help alleviate feelings of potential feelings of uncertainty, messaging will be confident and straight-forward. This campaign will avoid increasing parental fear and anxiety about not going to the ED, and instead aim to decrease concern about going to the ED and work to build parent trust.

While most families in the audience analysis spoke and read English, a significant proportion of families reported Arabic, Mandarin, or Cantonese as their preferred language. To ensure campaign accessibility, all visuals will be clear and attractive, writing kept at a Grade 6 level, and translated versions of all materials will be available in Arabic and Standard Chinese.

Techniques

The campaign will primarily involve narrative strategy with an aim to increase audience comprehension of measures in place to keep family members safe. As the true risk of obtaining COVID-19 from the ED is unknown, the campaign will focus on key factors which are known.

Media and Communication Materials

Campaign home website

- Purpose: website linked to the BC Children’s ED main website showing all communication campaign materials and a newsfeed with links to mainstream media articles and social media posts. Include a frequently asked questions section and field for parents to submit questions about campaign material. Include unifying campaign hashtag: #readyforfamilies
- Distribution: Link to campaign home website will be posted on main BC Children’s ED website, the ED wait-times website and in Facebook and Twitter posts

Campaign short movie

- Purpose: to show parents what a visit to the BC Children’s ED looks like during the pandemic. Show that protective equipment is available and used, and show how staff members interact with patients and families.
- Duration: 2 minutes
- Distribution: Facebook and Twitter posts, campaign home website, BC Children’s ED main website
- See the Appendix for sample movie storyboard and narrative

Infographic about protective equipment and precautions

- Purpose: to show parents what a visit to the BC Children's ED looks like during the pandemic. Describe protective equipment and include photos of the BC Children's ED. Complementary to short movie.
- Distribution: Facebook and Twitter posts, campaign home website

Transit posters

- Purpose: build awareness of campaign and deliver messaging in key areas of Vancouver identified in audience analysis
- Distribution: large posters in transit shelters in Kitsilano and Shaughnessy areas

Social media

- Purpose: post campaign materials to build awareness of campaign and deliver messaging. Attract mainstream media attention to campaign.
- Campaign Facebook and Twitter: @BCChildrensHosp
- Frequency and Strategy:
 - Weekly posts on BC Children's Hospital Facebook and Twitter page. Posts will be cross posted on campaign partners' pages (BC Centre for Disease Control, BC Children's Hospital Foundation, BC Children's Research Institute, Provincial Health Services Authority). First post will include link to short movie. Second post will include part of infographic. Subsequent posts will include stills from the movie, pictures of ED staff with PPE, or links to mainstream media content. Aim to post weekly for total of 2 months.
 - Hashtag for all social media posts: #readyforfamilies

Mainstream media interviews

- Purpose: build awareness of campaign and deliver messaging and campaign visuals. Answer frequently asked questions.
- Strategy: initial media pitch will be specifically to CBC, based on audience analysis. If CBC declines, then will pitch to Global News, the Vancouver Sun, and CTV. Advocate for video interview of Dr. Goldman, BC Children's ED doctor and author of recent study on declining ED visits. Audio soundbite: "we're open, we're ready" will be available to reporters. Dr. Goldman will address the concern and uncertainty that parents feel about going to the hospital. Depending on the length of the interview, Dr. Goldman will also outline key reasons for parents to bring children to the ED right away.

Partnerships and Stakeholders

The campaign will be managed and run by the BC Children’s Communications Team, which oversees all communication campaigns for BC Children’s Hospital and Sunny Hill Health Centre for Children.

Stakeholder	Interests and Needs	Role and Involvements
BC Children’s clinicians and staff (e.g., nurses, doctors, housekeeping staff)	Creation of campaign materials does not impact normal functioning of ED. Want parents to feel safe coming to the ED and to not delay seeking care.	<ul style="list-style-type: none"> Subjects of campaign material
Parents and family members of patients	Concern for child’s health and wellbeing. Health care needs to be accessible and safe. Concern regarding risk of going to hospital during pandemic.	<ul style="list-style-type: none"> Campaign audience Audience analysis Give feedback on campaign through in person interviews in the ED
BC Children’s Executive	Want campaign to reflect other BC Children’s communication materials. Campaign should be professional and high-quality to maintain brand reputation and trust.	<ul style="list-style-type: none"> Administrative and financial support for campaign
External partners (see below)	Want parents to feel safe coming to the ED. Need campaign to be accurate, reflecting ED practice and current public health recommendations. Campaign should be professional and high-quality to justify associating with.	<ul style="list-style-type: none"> Sharing and hosting campaign materials

- BC Centre for Disease Control: responsible for disseminating current public health recommendations and best evidence regarding public health and the pandemic.
 - Twitter: @CDCofBC, Facebook: BC Centre for Disease Control- Immunize BC
- BC Children’s Hospital Foundation: philanthropic organization supporting BC Children’s.
 - Twitter: @BCCHF, Facebook: BC Children’s Hospital Foundation
- BC Children’s Research Institute: organizes and facilitates research done by BC Children’s affiliated researchers and clinicians.
 - Twitter: @BCCHresearch, Facebook: BC Children’s Hospital Research Institute
- Provincial Health Services Authority: administrative body overseeing BC Children’s, sponsor the ED Wait Times website
 - Twitter: @PHSAofBC, Facebook: Provincial Health Services Authority- PHSA

Campaign Monitoring and Goals

The campaign will launch in February 2021 (pending hospital administration approval) and will be evaluated at multiple stages. The main campaign will last 2 months but website content will be available after the main campaign is complete. Social media engagement may last longer depending on uptake.

Process Goals

Goal	Measure and Data	Timing
Presentation to ED leadership and obtain approval for campaign and filming.	Written approval by ED leadership	8 months before launch (July 2020)
Audience analysis: postal code study and 45 ED patient interviews	Hospital administrative data, # of interviews completed	6 months before launch (Sept. 2020)
Movie cast identified and filming complete	Raw film footage	4 months before launch (Nov. 2020)
Movie editing complete, approval by ED and BC Children's Communication Team leadership	Finalized film	1-2 months before launch (Dec. 2020)
Campaign website design completed and links appropriately to partner websites	Review of BC Children's ED website, campaign website, ED Wait Times website	1 week after campaign launch (Feb. 2021)
Campaign materials posted on Twitter and Facebook per described plan (see <i>Social media</i>)	Review of BC Children's Twitter and Facebook pages, partner pages	First month of campaign (Feb. 2021)
Reach 40% and engage 15% of followers on Twitter and Facebook per month	Social media analytics (reach & engagement)	< 1 month after campaign launch (Feb.-March 2021)
Brief paper-based ED interviews of 20 families (did you see any campaign material; if so, what/ where?)	# of interviews completed and % of families who saw campaign material	Midway and end of campaign (April 2021)

Outcome Goals

Goal	Measure and Data	Timing
Brief paper-based ED interviews of 20 families (did you find campaign material reassuring; did campaign material help you decide to come to the ED?)	# of interviews completed, % of families who found campaign re-assuring, general comments re campaign	Midway and end of campaign (April 2021)
Number of families coming to the ED pre- and post-campaign	Hospital administrative data	Midway and end of campaign (April 2021)

Appendix: Short Movie Storyboard and Narrative

Purpose: to show parents what a visit to the BC Children's ED looks like during the pandemic. Display protective equipment and show how staff members interact with patients and families.

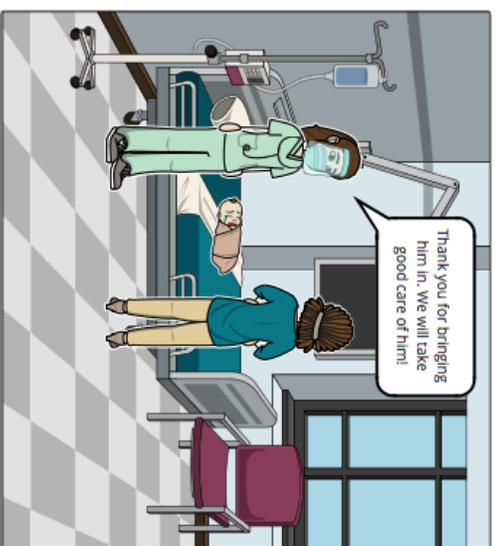
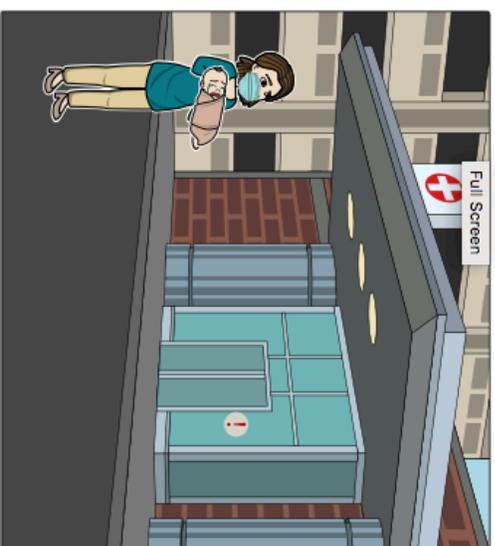
Narrative

A mother is working at home in the living room when she hears her baby who is in a crib start coughing. The mother goes to check on the baby and sees that the baby looks tired but just fed well. She picks the baby up and tries to settle him then puts him down again. She goes back to work and then a couple minutes later, the baby starts coughing again. This time the baby looks like he is struggling to breathe. The mother takes the baby in a car seat to BC Children's ED and is initially hesitant to walk through the ED door. She looks at the signs showing masks are mandatory, puts her mask on, and walks in the door. There are a couple other patients in the waiting room, but they are all wearing masks and seated 6 feet apart. There are plexiglass barriers at the triage desk. The triage nurse is wearing a mask and safety glasses and asks the mother to bring her baby right to the desk. The triage nurse starts asking the mother some questions and quickly the mother and baby are moved into a private ED room. On the way they walk by a cleaning staff who is wiping down the room after another patient. In their private room, they are seen by an ED nurse and doctor who are all wearing protective equipment. The doctor examines the baby and tells the mom that they will have to run some tests but are glad that the mother brought the baby in right away.

BC Children's Photos



Storyboard



Created using StoryBoard That at www.storyboardthat.com

References

1. BC Children's Hospital. Our Unique Role: BC Children's Hospital [Internet]. 2020 [cited 2020 Dec 5]. Available from: <http://www.bcchildrens.ca/about/our-unique-role#What--we--do>
2. BC Children's Hospital. Our Services: Emergency. 2020.
3. Goldman RD, Grafstein E, Barclay N, Irvine MA, Portales-Casamar E. Paediatric patients seen in 18 emergency departments during the COVID-19 pandemic. *Emerg Med J*. 2020;37:773–7.
4. Sandman PM. *Responding to Community Outrage: Strategies for Effective Risk Communication*. 1st ed. 1993.
5. Himsworth C, Byers K, Gardy J. *The Mission, the Message, and the Medium: Science and Risk Communication in a Complex World*. 2nd ed. 2020.