



Consumer and Community
Involvement Program



WAHTN

Western Australian Health Translation Network

COVID-19 VACCINATION MANDATES

COMMUNITY CONVERSATION : INSIGHTS



Prepared By

Dr Joshua Lake - University of Western Australia
Supported by the CCIP program

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VaxPollLab



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O

O

02.

Acknowledgements

03.

Background

04.

The MandEval Team

What is the Consumer & Community Involvement Program?

05.

What is a Community Conversation

06.

About the Community Conversation - Approach

07.

Promotion

08.

Agenda

09.

Community Conversation Questions & Responses

Attendee Insights

19.

Research team reflections

21.

Event Summary & What's next for the project

ACKNOWLEDGEMENTS

Acknowledgement of Country

The WAHTN CCIProgram acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

Acknowledgement of Lived Experience

We acknowledge the importance and expertise of the lived experience voice of health consumers and carers. We recognise their involvement in making a difference in supporting health research and impacting the health and wellbeing of our communities.

Other Acknowledgements

We would like to express our sincerest gratitude to all the consumers and community members who attended the Community Conversation; your time, energy and contributions are all greatly appreciated.

Lastly, we would like to acknowledge members of the WAHTN CCIProgram, VaxPollab MandEval, and the University of Western Australia for their work in planning, promoting and facilitating the event.



BACKGROUND

The University of Western Australia's School of Social Sciences' VaxPolLab was successfully awarded national funding to explore the impact of government COVID-19 vaccine mandates. The VaxPolLab MandEval team actively partnered with the Consumer and Community Involvement Program to facilitate a Community Conversation to bring together people with a range of views on COVID-19 vaccines, to discuss their lived experience of the impact of mandatory vaccination policies.

The information obtained during the event will be used to inform the design of studies on the effectiveness and consequences of COVID-19 vaccine mandates, as part of the MandEval project. By asking community members with lived experience of COVID-19 vaccine mandates, the research team intends to use these insights to better inform the selection of participants for research interviews, and to ensure that they are asking research questions that are meaningful to the community.

The MandEval Project

MandEval is a four-year project funded by the Medical Research Future Fund, bringing researchers from across the globe together to explore the introduction and impact of vaccine mandates on a global scale.

During the COVID-19 pandemic, Australian States and other global jurisdictions mandated COVID-19 vaccines for workforces and for participation in public spaces and social life. The mandates were associated with increases in vaccine uptake, but a range of confounding factors mean that the specific effects of mandates on vaccine uptake is not clear. Further, some jurisdictions mandated additional doses compared to others, and almost all have now rolled mandates back, leaving unanswered questions about the impact of these policy changes on vaccine uptake and intentions.

Governments create effective policies when drawing on strong evidence, but this has been lacking for the introduction and withdrawal of adult vaccine mandates for COVID-19. The widespread use of mandates has set a precedent, but their current and future use should be refined based on evidence. The MandEval project is designed to gather and analyse new data relating to vaccine mandates, and from this make recommendations to governments for future policy responses.

Key objectives of the project include:

- Determining which mandates work and why
- Identifying issues surrounding compliance
- Exploring how policymakers should communicate about mandates
- Understanding the social, financial, and career impacts of mandates
- Advising on the legal and ethical disputes mandates generate.

The MandEval team



**Associate Prof. Katie Attwell, School of Social Sciences,
University of Western Australia**

Other Team Members:

Dr Jessica Kaufman
Senior Research Fellow, Murdoch Children's Research Institute

Dr Mesfin Genie
Lecturer, Newcastle Business School, University of Newcastle

Dr Joshua Lake
Lecturer, School of Social Sciences, University of Western Australia

Anna Pochuev
Research Manager, MandEval, University of Western Australia



VaxPolLab

What is the Consumer and Community Involvement Program?

The Consumer and Community Involvement Program (CCIProgram) supports consumer and community involvement across the Western Australian Health Translation Network (WAHTN) partner organisations.

The Consumer and Community Involvement Program's **Vision** is to improve lives by ensuring the community's voice is heard and understood in health research

The Consumer and Community Involvement Program's **Mission** is enabling consumer and community involvement in health research by supporting and connecting community with researchers, partners and policy makers.

WHAT IS A COMMUNITY CONVERSATION?

A Community Conversation is an event using an abridged version of the Word Café Method [1] and allows for the facilitation of informal, open conversations around a specific topic of importance. This method allows researchers to informally obtain a range of communal ideas from a group of people with lived experience around a particular topic specified prior to the event [2],[3]. Additionally, a Community Conversation provides an opportunity for attendees to reflect upon their own relevant experiences and contribute in meaningful discussions within a safe and comfortable space.



[1] Brown, J., & Isaacs, D. (2005). *The World Cafe : Shaping our futures through conversations that matter*. Barrett-Koehler

[2] Chieh-Ling Yang, Delphine Labbé, Brodie M. Sakakibara, Janneke Vissers & Marie-Louise Bird (2022) World Café- a community conversation: a Canadian perspective on stroke survivors needs for community integration, *Topics in Stroke Rehabilitation*, 29:5, 392-400.

[3] Carter, E. W., Schutz, M. A., Gajjar, S. A., Maves, E. A., Bumble, J. L., & McMillan, E. D. (2021). Using Community Conversations to Inform Transition Education in Rural Communities. *The Journal of Special Education*, 55(3), 131-142.

ABOUT THE COMMUNITY CONVERSATION

Approach

The MandEval team recognises the unique perspective consumers and people with lived experience can contribute regarding the effects of vaccine mandates on the community. In partnership with the CCIProgram, a Community Conversation was planned to gather thoughts and opinions concerning the impact of vaccine mandates for COVID-19 vaccines and preferences surrounding mandates. The purpose of this exercise was to inform research on vaccine uptake, attitudes, and lessons learnt for ongoing or future vaccine mandates.

A total of 18 community members attended the event along with 6 members of the CCIProgram and 5 members of the MandEval team. The conversation took place in the form of 3 individual groups discussing the same questions, with a CCIProgram facilitator and a scribe at each table. Participants had 20 minutes to discuss each of 3 questions.



PROMOTION

The MandEval team worked with the CCIProgram team to contact people across different age groups and socio-economic backgrounds, with lived experience of COVID-19 vaccine mandates. Promotional communications were shared across multiple channels, including via flyers and social media posts (Facebook, Instagram, Twitter and LinkedIn), and circulated around relevant networks, including consumer and related health service provider networks.

Example Promotional Material



COMMUNITY CONVERSATION



SHARE YOUR THOUGHTS ON COVID-19 VACCINE MANDATES

We are looking for people from all walks of life to share their thoughts on COVID-19 vaccine mandates. The MandEval research team want to hear from the community about COVID-19 vaccine mandates, how you think about them, and how they potentially impacted you, your family, your work, and your community.

WHEN: Wednesday 22nd November 2023
TIME: 6pm to 8pm
WHERE: Nedlands, Western Australia*

**Once EOIs have been reviewed, successful attendees will receive further information concerning the Community Conversation via email.*

A \$70 honorarium is offered to attendees and light refreshments will be provided.

Register your interest



<http://bit.ly/46IQvrm>

AGENDA



COVID-19 Vaccine Mandates - Community Conversation
22nd November 2023 – 6pm to 8pm
UWA: E-Zone North

Agenda

5.45pm	Registration & refreshments	All
6.00pm	Welcome <ul style="list-style-type: none"> • Acknowledgement of Country • Welcome • Introductions 	Deb Langridge
6.15pm	Presentation & questions	A/Prof Katie Attwell
6.30pm	Process of the evening	Deb Langridge
6.35pm	Question 1: When we talk about Mandates or rules for vaccinations, what parts/features of these mandates or rules make you think they are good or not? (20 mins) Question 2: What about things going on outside the vaccine mandates or rules – how do they influence whether you think these mandates or rules are good or not? (20 mins) Question 3: Thinking about the people most impacted by vaccine mandates or rules, who do you think was most affected and why? (20 mins)	All
7.35pm	Facilitator feedback	Deb Langridge Katie Attwell
7.45pm	Next steps and questions	All
7.55pm	Evaluation	All
8.00pm	Close	

COMMUNITY CONVERSATION QUESTIONS AND RESPONSES

ATTENDEE INSIGHTS

The following pages contain the responses and thoughts shared by attendees at the Community Conversation.

QUESTION 1

WHEN WE TALK ABOUT MANDATES OR RULES FOR VACCINATIONS, WHAT PARTS OR FEATURES OF THESE RULES MAKE YOU THINK THAT THEY ARE GOOD OR NOT?

PROMPTS:

- Who should follow these rules and where should they apply (like at work or in public places)?
- Should you need to be vaccinated to work or enter certain places, such as gyms or hospitals?
- What do you think should happen if someone decides not to get vaccinated?
- What about rules for other diseases and their vaccines?

Participants described a range of features relating to their experiences of COVID-19 and vaccination mandates that influenced their views on the government response.

In general, people were more inclined to perceive a) the justifications for, and b) the consequences of, mandate features as important to their experience, rather than the specific features of the mandate themselves.

A closer look at the most common themes and concepts that emerged from responses to this question, both positive and negative, yield several common threads:

Positive appraisals

- Many participants had a generally positive view of the mandates they experienced ("overall good", "not a problem").

Travel restrictions

- Travel limitations (both domestic and international) were frequently mentioned positively.
- This was largely in light of the consequences for daily life and COVID-19 spread, in particular in regard to Western Australia ("more freedom", "better outcomes", "confidence to go out").

Different or flexible rules

- Tailoring mandates to protect or prioritise vulnerable or high-risk populations was viewed favourably, in particular in healthcare (e.g. people in intensive care).
- Likewise, more stringent restrictions pertaining to risky settings were generally seen as a good idea (e.g. aged care, childcare, airports).
- Some participants emphasised that exemptions from vaccination (or from consequences of not vaccinating) were a feature of mandates which should not be overlooked.

Negative appraisals

- Specific responses to Question 1 were more often related to negative rather than positive appraisals of mandate features and their effects.
- Many participants expressed a general or in principle opposition to the idea of mandates, whether or not they ultimately agreed they were necessary in the case of COVID-19 ("restrictions on freedom", "shouldn't tell people what to do").

Social consequences

- By far the most common theme of discussion, whilst not a specific feature of mandates, was their social consequences and divisiveness ("social division", "family conflict", "losing friends").

Clarity and consistency

- Participants also commonly reported finding the parameters of vaccination mandates, and the surrounding public and government discussion, confusing ("unclear", "lack of clear information").
- This may in part explain why discussion centred on justification and consequences of mandates rather than their specific features.
- People also reported being confused by vaccine variants, as well as changing government and healthcare advice about them, together with the changing availability of different vaccine variants. It was unclear whether this was specifically linked to mandates, approved vaccines, or simply general confusion and information overload.

Travel restrictions

- Several participants did have negative appraisals of border closures, particularly when they were personally affected.
- Inability to see relatives, in particular sick relatives, was the most common reason provided.
- Isolation requirements (as an element of travel restrictions) were often mentioned to be excessive.

Development of mandates

- Participants commonly expressed concern about the planning and justification for mandates and their implementation ("poor planning", "policy on the fly", "ad hoc procedures", "rushed").
- This tied in with concerns over the politicisation of mandates, and tensions between politics and medical advice or best practice.
- Some people were also concerned about whether vaccine safety and risk to individuals was adequately accounted for in developing mandates.

Enforcement of mandates

- Some participants found the implementation of mandates to be heavy-handed or intimidating (e.g. use of police).
- Placing the onus on workers to enforce mandates was also viewed unfavourably (e.g., care workers, retail and hospitality workers).
- Likewise, there were concerns over onerous requirements being put on social communities and groups (e.g., lifestyle villages, men's sheds, churches), however again, it was unclear whether people perceived this as being linked to vaccination mandates, or were just considering COVID-19 measures in general.

Punishment

- Loss of employment as a consequence for not being vaccinated was frequently mentioned in a negative or emotive light, particularly by individuals affected.
- In general, the type and magnitude of consequences of not vaccinating emerged as a major consideration ("what kind of sanctions?", "how serious?").



QUESTION 2

WHAT ABOUT THINGS GOING ON OUTSIDE THE VACCINE RULES - HOW DO THEY INFLUENCE WHETHER YOU THINK THESE RULES ARE GOOD OR NOT?

PROMPTS:

- How widespread is COVID-19 in our area?
- Are we keeping our borders open or closed?
- How well do the vaccines work?
- What other elements do you think matter?
- Think about other diseases too, not just COVID-19.

Participants discussed both positive and negative factors which worked to influence their opinions on COVID-19 vaccination mandates. As with the previous question, attendees tended to speak more generally in terms of COVID-19 restrictions, and in particular their consequences, rather than specifically about vaccination mandates.

Social and economic outcomes, both during the pandemic and into the future were at the core of both positive and negative considerations. Communication was also a common thread throughout, and to a lesser extent, practical and pragmatic issues concerning vaccine mandates.

Positive influences

Connecting online

- By far the most common positive comments involved online connectivity. Many people spoke positively about the rise of online video calls (e.g. Zoom), the ability to work from home, and COVID-19 as a catalyst for change in this regard.
- Participants also noted the ability to "take things online" in both the social context ("dance festivals", "charity events", "free events"), and the medical context ("phone consults", "telehealth") during COVID-19.
- However, there was no clear evidence that these factors specifically led people to feel more positively about vaccination mandates, rather than just being a positive externality or way of coping during the pandemic.

Community

- Many participants had more favourable attitudes in light of the community spirit they experienced or community-minded perspective they felt in the circumstances ("helping each other", "in it together", "being taken care of").
- As above however, it was unclear how (or if) these attitudes related to mandates.

Negative influences

Social and mental health

- By far the most common negative comments involved mental health issues
- The most frequent of these was isolation ("disconnected from community", "unable to see family"), with particular concern for both old and young people.
- Stress was another common issue, in particular as a consequence of the news ("daily COVID numbers", "media negativity").
- Social and community division were cited in a range of forms ("nastiness in community", "division", "domestic violence and divorce rates").
- Once again, the extent to which participants related any of these issues to vaccination mandates was not clear.

Communication and trust

- Media coverage again emerged as a consideration with regard to this theme ("press conferences", "constantly changing advice", "over-hype").
- Some people felt there was a lack of transparency by the government, and not enough was done to clarify changing policy settings or the reasons for them.
- Some people felt that trust in the government and medical professionals was "needed" in order to support the mandates (whether or not they themselves did).

Vulnerable groups

- Some people felt there was a failure to adequately consider certain vulnerable groups in establishing or implementing mandates (e.g., pregnant women, the elderly, people in regional areas, indigenous communities, the disabled).
- This was also linked to the issue of adequately communicating and clarifying requirements, for people in unique circumstances, or who would find the rules difficult to access or understand (e.g., people with disabilities, the elderly).

Economic effects

- Some people spoke negatively about the economic effects on businesses and workers, in particular those relying on face-to-face custom (e.g. restaurants and venues, entertainment industry, gig economy).

Practical effects

- A range of practical implications were reported, including supply chain issues (both food and PPE), panic buying, regional closures of shops and supermarkets, and technological access or expertise problem.
- Again, it was unclear to what extent people perceived these to be directly related to vaccination mandates, vis-a-vis COVID-19 more generally.



Other considerations

Effectiveness

- Many people noted that reduced transmission of COVID-19 was a key factor affecting public opinion.
- In particular, the prevalence of COVID-19 affected people's views on mandates.
- However, participants were also unsure about the outcomes of mandates ("how much effect did they have?", "did they achieve their purpose?")
- Some people commented that although they were vaccinated for COVID-19, they are now more opposed to mandates (in general) than they were previously.

Compliance

- Some participants reported frustration with people who were not vaccinated also not wearing masks or complying with other measures.

Borders and state differences

- Many people felt that COVID-19 was well handled in WA, and so comparison with other states or countries made them feel better about policy in WA.
- This sentiment of "comparing" was echoed about a range of factors, including vaccine mandates, lockdowns, other restrictions, and COVID-19 statistics.
- Some people did feel it was a negative that rules differed between Australian states ("lack of cohesion", "hard to understand").
- But others noted that it was good that the federal and state governments were trying to work together.

Need to draw lessons

- Some participants expressed concern that information must be gathered and lessons learnt to better inform future vaccine policy decisions, particularly in crisis situations. This was heartening given it is a key aim of the present project.



QUESTION 3

THINKING ABOUT THE PEOPLE MOST IMPACTED BY VACCINE RULES, WHO DO YOU THINK WAS MOST AFFECTED AND WHY?

PROMPTS:

- Who suffered most because of these rules and why?
- Who benefited most because of these rules and why?
- Are there certain groups of people that should be considered differently when it comes to following these rules? and why?
- Any suggestions for how can we best connect with those who have been most impacted to hear their stories for our projects?

Participants identified a wide range of groups particularly affected by COVID-19 vaccination mandates, including both those who were more vulnerable, and those specifically affected by the nature of their employment, business or other factors. Suggestions were also provided as to how to connect with and better understand the perspectives of those in the groups identified.

Vulnerable groups

Medically vulnerable groups

- Both general classes of people likely to be more medically vulnerable ("aged care", "mental health", "chronic health conditions"), and more specific classes ("heart disease", "immunocompromised", "cancer patients", "IVF") were identified.
- Some people noted increased potential for confusion (e.g., receiving advice about vaccine variants, but then being unable get the recommended variant). Again, the extent to which this specifically related to mandates was unclear.
- Concerns were also raised over people who were unable to be vaccinated (e.g., due to medical reasons or other risk factors) becoming ostracised or isolated.

Elderly people

- Elderly people were identified as particularly affected for several reasons ("difficult to understand", "mental health", "loneliness", "unable to travel").
- Certain subgroups were mentioned to be especially at risk, including people in aged care, those with lower health literacy, and people with dementia.

People with disabilities

- Both people with intellectual and physical disabilities were identified.
- Particular mention was given to people with difficulties in communication or comprehension (e.g., the deaf community, people who are non-verbal).
- People also noted that families, carers, and other supporters of those with disabilities were significantly affected.
- Unfortunately, discussion did not explore participants' perceived links between these affected groups and particular issues mandates have posed for them.

Cultural and linguistic groups

- Indigenous people, in particular those living in remote communities ("closed off", "lack of communication") were mentioned.
- People speaking languages other than English were also identified as being particularly affected, especially regarding problems around lack of, or poor, communication of policy and vaccine information.
- International students and workers, especially those who lost jobs or were stuck overseas were another group identified.

Socioeconomic

- Several participants noted that problems and negative outcomes were greater for lower socioeconomic groups and people experiencing financial hardship.
- Homeless people were also identified as a particularly affected group.

Young people and students

- Young people, and specifically school students, were identified as being particularly affected, although it is unclear how much this sentiment was directly regarding vaccination mandates vis-a-vis other COVID-19 restrictions ("kept home", "exams", "lack of contact during development").

Specifically affected groups

Employment

- Emergency services workers and other front-line healthcare workers were key groups identified as affected, including doctors, nurses, and police ("hours worked", "shortage"), but issues discussed did not appear specifically relevant to vaccination mandates.
- Retail workers were also mentioned, in relation to the burden placed on them to enforce mandates and deal with other people's frustrations.
- Musicians were mentioned as being particularly impacted.
- Organisations working with migrants and refugees were identified, in particular the difficulty in providing up-to-date information for people speaking other languages.
- Participants noted that in general there was a difference between the impacts on people who could work at home and those who could not, however did not directly express whether, or how, mandates were implicated in these differential impacts.

Business

- Small businesses were identified as being particularly at risk.
- In particular, those relying on foot traffic (e.g., retail, cafes, hairdressers, gyms, physical therapists).
- The arts and travel sectors were also mentioned.
- Participants noted that several different classes of people were affected by impacts on business (e.g., owners, employees, customers, employees' families).
- Inconsistencies in vaccination requirements for different people within the same or interlinked industries, workplaces, facilities, etc. was also raised as an issue in the course of this discussion.

Vaccine-hesitant, refusing or affected

- Unsurprisingly, people opposed to vaccination or unwilling to be vaccinated were identified as being particularly affected ("lost jobs", "ostracised", "isolated").
- Mention was also given to those who had to get vaccinated to keep their job.
- Some people mentioned their sympathy for people suffering serious side effects of vaccines, and felt that this issue was not talked about.
- Some participants felt that people should have the right to ask questions about vaccines and vaccination policy without being labelled pro- or anti-vaccination.

Rural and remote communities

- Another group which was mentioned as particularly affected was people living in rural and remote communities.

Methods for outreach

The following groups were mentioned as being potential targets for outreach:

- Small business owners & associations (e.g. retail associations),
- Unions and workers associations,
- Local government (e.g. community engagement officers, disability officers),
- Department of Health staff and other healthcare workers,
- People with Disabilities WA,
- People living and working in rural and remote areas,
- FIFO workers,
- Prison system workers & the prison population,
- People who experienced isolation during COVID-19,
- Those 'without voices' (e.g. people with intellectual disabilities, or who rely on alternative modes of communication).



RESEARCH TEAM REFLECTIONS

Key Observations

Technical Observations

Watching the Community Conversation, the research team also made several key observations about the procedure and flow of the discussion that they felt were important to identify, and material to its outcomes:

- A significant majority of the discussion was not about COVID-19 vaccine mandates but rather about COVID in general, as well as other rules, restrictions, lockdowns, vaccines in general, vaccine safety, etc.
- There was a lack of technical understanding of the subject matter, questions and prompts both on the part of participants and facilitators.
- The lack of subject matter expertise and understanding of the research focus by facilitators inhibited their ability to bring the discussions back to topic.
- Ultimately, the research team felt that there was substantially insufficient moderation of the discussion.
- The prompts and questions provided for the purpose of directing participants were not sufficiently employed or returned to in order to help orient discussion.
- Frequently, moments where participants offered substantive insights or potentially important points of discussion were not effectively followed up or capitalised on with further prompting.
- Further, on many occasions participants went completely off-topic and were not redirected to the intended focus of discussion.
- Participants were also frequently probed on irrelevant content, taking the conversation further away from being on topic.



Substantive Observations

Despite these procedural difficulties, the research team also identified several general observations about the substantive content of the discussion that they feel may also help guide future investigation within the project:

- Many people felt they had to either accept or reject the vaccines - there was no space to "just ask questions".
- There was some sentiment expressed surrounding decreased vaccine willingness, trust or compliance as a result of COVID-19 vaccination mandates.
- Participants clearly felt there were significant challenges associated with the implementation of mandates and other pandemic rules as "companies were not understanding WA rules".
- Differences between state rules, state advice, federal rules, and federal advice was an added challenge.
- Community connection consistently emerged as a significant and important value or priority to many attendees.
- People in the community clearly have a lot of strong feelings about COVID-19, its consequences and government responses which they want to talk about.
- People's thoughts about mandates are very interconnected with their thoughts about COVID in general and other associated issues.

Future Research Directions

Technical insights

On the back of the technical issues highlighted, the research team also identified some potential technical directions for future research, including:

- A need for extremely precise guidance for participants when conducting future quantitative research (e.g. from interviewers).
- Potentially prompting respondents using examples of mandates or mandate features (throughout their involvement rather than only at the outset) to maintain their focus on the desired topic(s).
- Potential need to investigate, or ask participants to reflect on, a) what they perceive to constitute vaccination mandates, and b) specifically how mandates or elements of mandates relate to other attitudes, issues and behaviours.

Substantive Insights

The Community Conversation also gave light to several substantive potential future directions and considerations for investigation as identified by the research team, including:

- How mandate messaging was communicated to CALD and Aboriginal people.
- How to potentially construct higher quality or more accessible vaccine information and messaging, both generally and for specific groups.
- Investigating the potential role of mandates in influencing or helping people to persuade other people in their lives to vaccinate.
- Investigating the effect of being able to see what is happening in other jurisdictions with(out) mandates as a frame of reference for people's attitudes.
- Investigating whether people perceived that mandates did or did not keep pace with changes to disease environments or vaccine risks and consequently whether they perceived them to be justified, particularly later in the pandemic.
- Considering interviewing family members (e.g. of people seeking medical exemptions for vaccination), as well as the person themselves.
- Investigating whether specific industries (e.g. IVF clinics) had "private sector mandates", and capturing staff and client experiences.
- Investigating how "empowered" companies were when mandates were being imposed by governments other sectors? That is, does on mandate "breed" more by creating an enabling environment for other forms of private governance?
- Investigating the interaction between willingness to get vaccinated, attitudes towards mandates, and attitudinal change is important. Are those who were pro-vaccine but anti-mandate, now more likely to refuse vaccines or have decreased trust in the government?
- Investigating potential relations between cultural norms and how connected people feel with their communities and their attitudes towards mandates.
- Identifying participants who could provide further reflecting and representation regarding the groups or communities to which they belong in the wider study.



EVENT SUMMARY



Evaluation and feedback from attendees was collected through the CCI Program following the closing of the Community Conversation. The consensus from those who attended was that the Community Conversation was extremely informative, interactive, and engaging. Attendees were enthusiastic around their involvement and commented that they felt their contributions were valued and appreciated.

WHAT'S NEXT ?

The MandEval team will consider the insights that were achieved through the consumer involvement and will use these observations to help guide future investigation within the project.

