

Article details: 2022-0197

Title: What contributes to COVID-19 online disinformation among Black Canadians: a qualitative study

Authors: Janet Kemei PhD, Dominic A. Alaazi PhD, Adedoyin Olanlesi-Aliu PhD, Modupe Tunde-Byass MD, Ato Sekyi-Otu MD, Habiba Mohamud PhD, Bukola Salami PhD

Reviewer 1

General comments (author response in bold)

Abstract--The background begins with the statement that disinformation and misinformation contribute to vaccine hesitancy in Black communities in Canada. This statement is more definitive than warranted by your references in the text.

The statement has been re-written for clarity. (Page 2)

The second statement in the conclusion of the abstract is not part of the study's methodology or results and should be excluded.

The abstract has been revised to address this comment. (Page 2)

Introduction--p.2 line 39 and p. 3 line 3--using media segments as your reference points do not necessarily prove your statements.

The introduction section has been revised to include empirical evidence of COVID-19. E.g., Reference# 4, 10, 11. (Page 2)

p.2, line 53--citing a Government of Canada website that is itself short of references does not provide definitive proof of this statement.

The introduction section has been revised to include empirical evidence of COVID-19.(Page 2)

Methods--This methodology seems to have accounted for a wide variety of backgrounds. However, the disproportionate representation by Alberta and BC, and lack of Quebec and Caribbean participants is a major flaw in this study.

We developed a database of Black Organizations across Canada, from which we recruited community leaders, Black-led organization leaders, and Black service providers. We acknowledge the disproportionate representation of the participants as a limitation to our study. (Page 9)

Results--p.4, line 29--It is difficult to delineate which parts of the results are reflective of multiple interviews, versus a single participant's views. This statement is one example of this difficulty.

We have revised the results section to address this comment. While reporting our results, where less than 5 participant views are presented, we have used 'some,' and where more than 5 participants are presented, we have used 'most.' We have made it clear for single participants' views. (Page 4)

p.5, line 44--this definitive statement has no reference to support it.

Sentence re-written for clarity as follows:

One participant illuminated that because most Black people are religious, they were readily susceptible to this kind of dis/misinformation, and even more so if such rumors were spread by religious leaders (P009). (Page 6)

p.6, line 44--there is no reference to support this statement.

Reference included.

For instance, one participant explained that compared to other ethno-racial groups, more Black Canadians worked in frontline jobs and used public transport, where a lack of opportunities for physical distancing increased their risk of COVID-19 infection (P003). (Page 7)

p.6, line 49--it is unclear how this acknowledgement would alter distrust. The previous reference (10) does this already.

Thank you for the comment. Sentence has been re-written for clarity:

Some participants expressed that governments should address anti-Black racism within institutions and should work on building trust with Black communities (P003, P008). (Page 7)

Interpretation--p.7, line 23--it is unclear what gap is being referred to here in this statement.

Sentence re-written for clarity:

A survey conducted by Innovative Research Group in 2021 showed that Black Canadians reported lower vaccination rates compared to the Canadian average. For example, among those surveyed, White Canadians (65%) and Black Canadians (45%) had received at least one COVID-19 vaccine.²⁵ (Page 8)

p.7, line 33--you reference a paper from Nigeria, and then generalize it to most Black people.

Thank you for the comment. We have re-written the statement to address this issue:

Further, religion plays a big role in the Black communities, rendering the religious institutions as essential resources for healthcare interventions within the Black communities.²⁷⁻²⁹ (Page 8)

p.8, line 4--this statement is describing the situation in Canada, yet references California. Also, you digress from COVID issues to those of mental health services in Alberta.

The statement has been revised for clarity:

Issues relating to biases and lack of culturally appropriate care for the Black people have been reported in other studies in Canada and the United States.^{33,34} (Page 9)

Conclusions--overly broad. Should be more focused.

References--need a major reduction, with less use of media segments, and sources that are not directly relevant to the study.

We have revised the conclusion and references to address this comment.

However, there is paucity of empirical data about online disinformation among Black Canadians. (Page 9-10).