***Tackling COVID-19 Vaccine hesitancy initiative***

**Covid Vaccine hesitancy:** *Debunking the myths*

Using the 4As plus approach

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### NICE guideline (NG44) Community engagement: improving health and wellbeing and reducing health inequalities, section 1.5 - Making it as easy as possible for people to get involved:

**Aims and Objectives**

1. To reduce Covid Vaccine hesitancy amongst BAME population by debunking the myths about Covid vaccines by organising webinars, virtual group talks, podcasts, videos in other languages and dialects
2. To increase Covid Vaccine uptake by engaging with the BAME communities, informing and educating the target groups about Covid vaccines using multi-platform approach including social media, print and press etc
3. To support and work in collaboration with faith and community leaders in the BAME communities in ensuring an improved **BAME** Covid Vaccine uptake

**Reasons for implementing your project:** *What was happening before the project started and why was the change needed? Have you carried out a baseline assessment? What opportunities for improving efficiency, saving costs or increasing productivity did you identify? How did you involve patients/stakeholders? What is the size/catchment area of your organisation and any relevant local population demographics?* **(2500 characters maximum, including spaces)**

There has been some reluctance and hesitance in the Black, Asian and Minority Ethnic communities about the Covid Vaccine uptake due to myths about the vaccines and historical misgivings. Disturbing headlines like ‘New poll finds BAME groups less likely to want Covid vaccine’ started emerging in the late 2020. By the time the MHRA approved the Pfizer vaccine in December 2020, the scepticism of covid vaccine amongst BAME groups has hit the air waves and has become a national concern.

A poll commissioned by the Royal Society of Public Health published in December 2020 found that only 57% of respondents from Black, Asian and minority ethnic (BAME) backgrounds (199 respondents) were likely to accept a COVID-19 vaccine, compared to 79% of White respondents1.

The encouraging information from this particular survey was that the BAME respondents who were not willing to be vaccinated were especially receptive to offers of further health information from their GP. Over one third (35%) said they would likely change their minds and get the jab if given more information by their GP about how effective it is – almost twice as many as the 18% of White people who were initially unwilling.

In another survey**,** 27% of ethnic minorities who participated say they suspect that “reporters, scientists, and government officials are involved in a conspiracy to cover up important information about coronavirus” – almost twice as high as the 14% of people from white ethnic groups who say they suspect the same.

People from BAME groups (25%) are also twice as likely as white people (13%) to report believing “the only reason a coronavirus vaccine is being developed is to make money for pharmaceutical companies”.

These kinds of beliefs may be contributing to uncertainty about getting a coronavirus vaccine among some BAME people2**.**

As an organisation, BWIH, felt there was an urgent need for strategic intervention to reach out to theBlack, Asian and minority ethnic communities.

**How did you implement the project:** *What steps did you use to put NICE guidance into practice? What problems did you face and how did you design your approach to overcome these? (for example - access to resources, gaining buy-in from stakeholders). If your project incurred costs please elaborate on how much and what the source of funding was.* **(2500 characters maximum, including spaces)**

NICE guideline (NG44) Community engagement: improving health and wellbeing and reducing health inequalities – published a few years made the following relevant recommendations in addressing the type of situation:

1.5.1 Work with local communities and community and voluntary organisations to:

* Identify barriers to involvement, particularly for vulnerable groups and recently established [communities](https://www.nice.org.uk/guidance/ng44/chapter/recommendations#communities).
* Decide which types of communication would get people interested and involved. Include ways of communicating that reflect the needs of: vulnerable or isolated groups, recently established communities, those with low literacy or learning difficulties, and people who do not use digital or social media.

1.5.2 Provide the support people need to get involved. This includes:

* Involving community members in the initiative's recruitment process (see section 1.3).
* Offering to phone, write, email, use social media or call round to see people.
* Providing information in plain English and locally spoken languages for non‑English speakers. This could include encouraging members of the community who speak a community language to get involved in translating it.
* Ensuring the timing of events meets people's needs.

We embarked on various covid vaccine outreach programmes to engage, inform and educate various BAME groups; we actively support and collaborate with community groups and leaders of BAME to promote covid vaccine uptake.

Specifically,

* We featured the photos of leading doctors and nurses from black background receiving covid vaccine or hold their vaccination card on the social media to encourage people from BAME communities to participate.
* We engaged (and continue to engage) with the people from BAME communities on the social medi platforms, challenging and dispelling misinformation and amplifying the positive messages of the covid vaccine literally and dramatically.
* We produced podcast and videos in English and Pidgin English encouraging people to accept the vaccine and to shun the myths
* We organised an open webinar on debunking the myths about covid vaccine on the 13th February 2021 with the emphasis on using the 4 As plus approach:
* Acknowledge concern
* Address the problem
* Answer: get answer from reliable source
* Act on information you get

*plus*

* Verify before you amplify
* This virtual seminar on Zoom had as it panellists seniors doctors, nurses and pharmacists from BAME background; faith leaders from BAME community to help address the concerns around the covid vaccines and also to provide insights from the religious perspective and one of our panellists was a covid vaccine trial participant from BAME background gave a first-hand account of her experience.

**Key findings:** *Did your project meet the initial aims and objectives? What were the main results? These can either be short or longer term results (Please illustrate results quantitatively and qualitatively where you are able to). What cost savings and increases in efficiency and productivity did your work make? Did it prevent illness or unnecessary treatment / admissions? What did it mean for staff* **(2500 characters maximum, including spaces)**

**Webinar/ Zoom Community meeting (Virtual) of 13th February 2021**

* This two-hour event was attended by over 150 participants from the BAME community.
* In the Pre-event survey completed by 44 people, 66% of the respondents said they would take the covid vaccine when offered.
* The Post-event poll showed much improvement as almost 90% of those who completed the survey said they would take the vaccine whenever they were offered. This survey was completed by 33 people, 27 of whom were affirmative, two were likely to accept the vaccine in future but their current circumstances debarring them; only one respondent said they were yet to be convinced that the vaccine was the right way forward.

**Videos in other languages**

* These have made remarkable impacts; the Covid vaccine message broadcast in Pidgin English have been viewed more 8,000 times across social media platforms3
* There were numerous positive comments and majority favourably disposed to taking the vaccine whenever it is offered to them.
* This result has been achieved in line with the NICE guideline NG44 1:5:2 ‘Providing information in plain English and locally spoken languages for non‑English speakers’

**Key learning points:** *What is your key learning? If you did it again, how would you do it differently? What pointers would you give to help someone from another organisation facing similar challenges? What might be successful and what should they avoid?* **(2000 characters maximum, including spaces)**

* We observed that myths, misconceptions and outright fallacies were the barriers to engagement in the covid vaccine programme amongst the BAME community.
* Engagement with various BAME groups using local languages by trusted health and faith leaders from their community helped in debunking the myths, dispelling the misconceptions and correcting the false misrepresentations about the vaccines and the approval processes.
* Using different social media platforms allowed the message to be passed to thousands of the people in their preferred languages and in their own environments.
* We intend continue community engagement programme until the end of the pandemic, expanding the scheme and finding ways to engage the hard-to- reach people in the BAME communities.

References:

1. [https://www.rsph.org.uk/about-us/news/new-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html](https://mail.miaa.nhs.uk/owa/redir.aspx?C=r39x7tBAJS1CyXzdMAgKO_ckrY5uvyu3eQJxDqwiwjXzhHMJ6NHYCA..&URL=https%3a%2f%2fwww.rsph.org.uk%2fabout-us%2fnews%2fnew-poll-finds-bame-groups-less-likely-to-want-covid-vaccine.html)
2. [https://www.imperial.ac.uk/news/213554/imperial-expert-addresses-covid-19-vaccine-hesitancy/](https://mail.miaa.nhs.uk/owa/redir.aspx?C=_e9RRP0BQv6_lmxqFDlO5rsefdAPjkBFfjhZ6_bzgE3zhHMJ6NHYCA..&URL=https%3a%2f%2fwww.imperial.ac.uk%2fnews%2f213554%2fimperial-expert-addresses-covid-19-vaccine-hesitancy%2f)
3. Screenshots of the Pidgin English





