COLLABORATION FOR CHANGE

Collaboration for change: Promoting vaccine uptake

A co-produced study that combines evidence, literature and lived experience to understand and improve vaccine uptake

What factors affect COVID-19 vaccine uptake in ethnic minority groups and how might uptake be increased?

This summary describes work done by the Collaboration for change: promoting vaccine uptake project (www.collaborationforchange.co.uk), funded by the UK Economic and Social Research Council.

Community organisations are at the heart of this work. The collaboration involves nine UK ethnic minority community organisations, two community-focused small enterprises and two UK universities. Collaboration of this nature is rare, as our discussions were driven by the lived experiences of minority communities. As research partners, our insights have refined findings from international evidence and ensured that our recommendations are relevant to the lived experiences of the communities we represent.

Vaccine uptake in ethnic minority groups: a summary of what we found

Who are these findings for?

The factors and strategies we identified can be used by people looking to develop and deliver policies, strategies, and plans to improve vaccine uptake.

What factors affect vaccine uptake?

1. **A lack of trust** in organisations and individuals who advise on vaccine uptake.
2. **Little culturally and linguistically appropriate information** that covers issues of concern, including an honest discussion of benefits and harms.
3. **Inconvenient location and timings** of vaccine appointments.

How sure are we these factors matter?

We are certain these factors are very important.

What strategies might increase uptake of the COVID-19 vaccine?

1. **Using trusted messengers** to provide information.
2. **Tailoring the message** culturally, linguistically and ensuring relevant issues are covered, so that people get information that directly addresses their concerns.
3. **Providing flexible venues and times** for vaccination.

How sure are we these strategies will work?

We expect these strategies to increase vaccine uptake but are uncertain about the size of that increase.

What are the key take-home messages?

1. **Improving trust, creating culturally and linguistically tailored information** that addresses people's concerns, and **offering vaccination at convenient places and times** are key strategies for successful vaccine delivery. Any approach to increasing vaccine uptake in ethnic minority groups will have to directly consider all three strategies.

2. **Ethnic minority groups are not the same,** and therefore cannot be grouped together. There are differences between and within communities, therefore any meaningful approach to increase vaccination in ethnic minority groups must directly involve organisations that understand and have the trust of the communities concerned.

3. **Strategy evaluation** should be a core component of vaccine delivery programs.

91% of all White people aged between 50–54 years old had been vaccinated, compared to **62% of those of Caribbean heritage**, **73% of those of African heritage** and **88% of those of Indian or British Indian heritage**[1].

Background

Although uptake of the COVID-19 vaccines in the UK is generally high, uptake is lower among some ethnic minority groups[1,2]. For example, by 17th November 2021, 91% of all White people aged between 50–54 years old had been vaccinated, compared to 62% of those of Caribbean heritage, 73% of those of African heritage and 88% of those of Indian or British Indian heritage[1]. These differences are found across all age groups, although the size of the difference varies. There is continuing debate about the factors that affect vaccine uptake, not just for COVID-19, among all ethnic groups, including ethnic minority groups.

What we did

We looked at international research to find two things. Firstly, we wanted to identify factors that affect uptake of vaccines in ethnic minority adults, specifically those used to protect against diseases of the lungs and airways. Secondly, we wanted to find the strategies people had suggested or tested to increase vaccine uptake in ethnic minority adults.

We then summarised our findings in a structured form called an Evidence to Decision Framework[3], one for each factor and strategy. We used these frameworks to lead a series of online discussions between project partners. The frameworks gave a consistent structure for discussion, as well as providing a place to record our decisions.

What we found

We found 31 relevant research studies all of which were from the UK, the US and Australia. From these, we identified six factors that influence vaccine uptake in ethnic minority adults, and three strategies that could be used to improve uptake. These factors and strategies can be found in the table below.

From this, we prepared nine Evidence to Decision Frameworks (six for factors, three for strategies) and we discussed these with ethnic minority community organisation representatives and other members of our collaboration for a total of around 12 hours. All factors and strategies identified by the research studies were considered important and relevant to COVID-19 vaccination among ethnic minority groups in the UK.

No additional factors or strategies were suggested. After the discussions, we decided that some of the six factors fit together, and so could be combined to make three main factors. These three main factors were directly targeted by the three strategies we identified. This means for each factor that affected vaccine uptake, we found a matching strategy that could be used to improve uptake.

Decisions and recommendations

The table below shows the main topics that were discussed for each factor, as well as the accompanying strategies that could be used to target the factors.

Main Factor: Trust

Component	Barrier or enabler when present?	How big are the anticipated benefits/harms of not addressing?	Decision
Is there trust in organisations?	Enabler	Benefit/harms both vary from large to small. Our certainty about the above is high.	Evidence from the UK and the US, plus our own experience, suggests that having trust in the organisations promoting the COVID vaccine is among the most important factors in terms of whether people from ethnic minority groups accept the offer of the vaccine. Conversely, not having trust in those organisations makes uptake less likely. There has been a historical neglect of engagement with ethnic minority communities by organisations that promote vaccine uptake. These organisations need to engage with community groups and members, listen to the concerns raised and make changes (including to vaccine delivery) as suggested by those communities. Full framework at **www.collaborationforchange.co.uk**
Is there trust in individuals?	Enabler	Benefit/harms are both moderate Our certainty of the above is high.	Evidence from the UK, the US and Australia, plus our own experience, suggests that having trust in the individual(s) promoting the COVID vaccine is an important factor in terms of whether people from ethnic minority groups accept the offer of the vaccine. Conversely, not having trust in those individuals makes uptake less likely. To have the trust of ethnic minority groups, individuals talking about vaccines need to be seen as honest and non-judgemental, make it clear why they support the vaccine, speak in a way that people can understand, and be willing to spend time discussing individual concerns. Local GPs and trusted individuals from the non-health sector can play an important role. Full framework at **www.collaborationforchange.co.uk**

Main Factor: Information

Component	Barrier or enabler when present?	How big are the anticipated benefits/harms of not addressing?	Decision
Is appropriate information available?	Enabler	Benefit/harms both vary from large to small. Our certainty about the above is high	Evidence from the UK and the US, plus our own experience, suggests that the availability of appropriate information (i.e., tailored to the specific information needs of its audience and delivered in a way that is culturally and linguistically acceptable) is an important factor in decisions to accept the COVID-19 vaccine. This is about more than translating one world language into another, but ensuring the information is provided in a way that ethnic minority individuals find acceptable, answers their concerns and pays attention to the information coming from countries outside the UK, with which they may have ties. Knowing what is needed requires collaboration with ethnic minority groups. Full framework at **www.collaborationforchange.co.uk**
Is the use of language appropriate?	Enabler	Benefit/harms both vary from large to small. Our certainty about the above is high	Research evidence from the UK and our own experience suggests that appropriate language (by which we mean language that is culturally acceptable and pitched at the right literacy level for its audience) is a factor affecting decisions to accept the COVID-19 vaccine. 'Language', however, does not just mean which world language (e.g., English or Urdu) that a document is written in, but also includes consideration of language usage (culturally appropriate, not overly scientific, lay language) and whether the most appropriate way to present this language is to write it down, speak or sign it, or use a multi-mode delivery format. Language itself is unlikely to be the dominant factor in a decision to accept or not accept the COVID-19 vaccine. However, when it comes to the effective transfer of information, language can be an important factor. The impact of language on decisions may be smaller than is often thought, with other factors, like trust, dominating. Better use of language will, however, support more informed discussions among ethnic minority communities about the COVID-19 vaccine. Full framework at **www.collaborationforchange.co.uk**

Component	Barrier or enabler when present?	How big are the anticipated benefits/ harms of not addressing?	Decision
Is there a discussion of harms vs. benefits of the vaccine?	Could be either	Benefit/harms are both moderate Our certainty of the above is high.	Evidence from the UK, the US and Australia, plus our own experience, suggests that the perceived balance between the potential benefits of the COVID-19 vaccine and the potential harm of the vaccine is an important factor in decisions about accepting the COVID-19 vaccine. The issues that fall on either side of that balance are changing. Earlier in the pandemic, both harms and benefits were mainly health related. Now, they include the ability to participate in society as rules change. The harms that people have concerns about depends on where a person is in their life — younger people have different concerns to older people. Stories of harm, real or not, can travel far and have an impact beyond the actual likelihood of experiencing the harm. Organisations promoting vaccine uptake need to counter misinformation, by using the same platforms as those spreading the misinformation. Full framework at **www.collaborationforchange.co.uk**

Main Factor: Accessibility

Component	Barrier or enabler when present?	How big are the anticipated benefits/ harms of not addressing?	Decision
Are vaccines offered in easily accessible ways and places?	Enabler	Benefit/harms are both large to moderate Our certainty of the above is high.	Evidence from the UK, the US and Australia, plus our own experience, suggests that having good accessibility to vaccination, meaning location, transport options and/or flexibility in the time of the appointment, is an important factor in decisions about accepting the COVID-19 vaccine. For some, poor accessibility is enough to prevent getting the vaccine, even though the person is open to the idea of getting the vaccine. NHS public health authorities need to work with community organisations to select alternative ways of delivering the vaccine and, importantly, cede control of delivery to community organisations where needed, because they may have a level of trust in a given community that the NHS does not. Full framework at **www.collaborationforchange.co.uk**

Strategies

Strategy	Recommendation
Trusted messengers	Based on evidence from the UK and the US, plus our own experience, we recommend the use of a trusted messenger to deliver public health messages on the COVID-19 vaccine. The choice of trusted messenger is non-trivial, and care is needed to ensure that these individuals do indeed have the trust of the community and provide information that is accurate. Full framework including subgroup, implementation and evaluation considerations at **www.collaborationforchange.co.uk**
Tailoring the message	Based on evidence from the UK and the US, plus our own experience, we recommend the use of tailored messaging to deliver public health messages on the COVID-19 vaccine. Tailoring is not just about choice of which languages are used to communicate, but about usage of culturally appropriate, jargon-free, and accessible language that addresses questions and issues that are relevant to the individuals targeted by the message. Tailoring also includes whether to deliver the information in written or oral formats. Messaging needs to take account of information coming from countries outside the UK. This is because family and other ties make non-UK information more influential for ethnic minority communities than for the majority population. Full framework including subgroup, implementation and evaluation considerations at **www.collaborationforchange.co.uk**
Flexible venues and times	Based on evidence from the UK, plus our own experience, we recommend the use of flexible venues and/or appointment times for offering COVID-19 vaccinations to ethnic minority communities. The type of flexibility required will vary by ethnic group. Full framework including subgroup, implementation and evaluation considerations at **www.collaborationforchange.co.uk**

Conclusions

Based on international research and substantial discussion with ethnic minority community organisations, we are certain the three main factors and their components have a very important influence on uptake of the COVID-19 vaccine by ethnic minority adults in the UK. The three strategies directly target these factors, and we expect them to increase vaccine uptake. However, a lack of rigorous testing of these strategies means we are uncertain about the size of increase that these strategies may achieve.

There has been a historical neglect of engagement with ethnic minority communities by organisations such as government, local authorities, the NHS, and public health. For vaccine uptake to increase and be sustained, this has to change. Members of ethnic minority communities must be involved in the design, planning and delivery of the strategies we identify if those strategies are to be successful.

Where can I get more detailed information?

Full structured summaries of our factor and strategy discussions and judgements, including the international research we considered and the raw data we extracted for our two rapid systematic reviews, are available at **www.collaborationforchange.co.uk**

References

1. OpenSAFELY. NHS Covid vaccination coverage 2021. Available from: https://reports.opensafely.org/reports/vaccine-coverage/ (Accessed 21 October 2021).
2. Robertson E, Reeve KS, Niedzwiedz CL, Moore J, Blake M, Green M, et al. Predictors of COVID-19 vaccine hesitancy in the UK household longitudinal study. Brain Behav Immun. 2021;94:41-50.
3. Alonso-Coello P, Schunemann S, Moberg J,Brignardello-Petersen R, Akl E, Davoli M, Treweek S, et al. GRADE Working Group. GRADE Evidence to Decision (EtD) frameworks: A systematic and transparent approach to making well-informed healthcare choices. 1. Introduction. BMJ 2016; 353: i2016.

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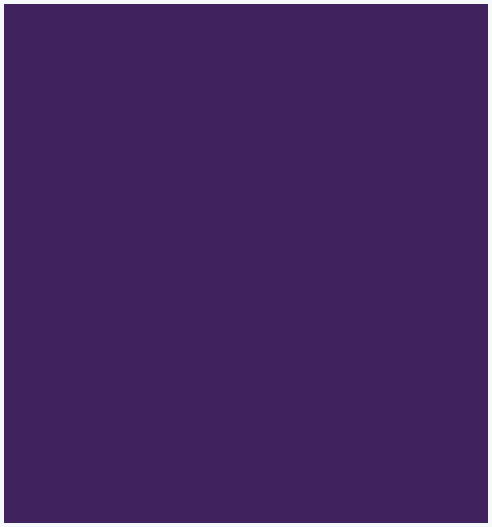

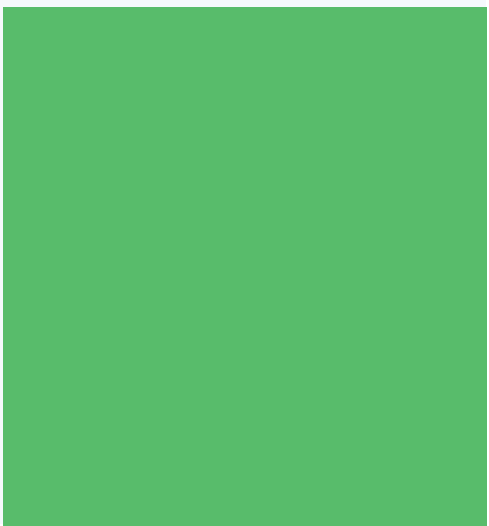

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