Cheshire and Merseyside
Health and Care Partnership

Getting under the skin

The impact of COVID- 19 on Black, Asian and Minority Ethnic communities

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Context

There is clear evidence that COVID-19 does not affect all population groups equally. The risk of dying is higher for:

People who are aged 80 or older

Males than female

People living in deprived areas; and

Those in Black, Asian and Minority Ethnic (BAME) groups.

These inequalities replicate existing inequalities in mortality rates in previous years, except for BAME groups.

The COVID-19 pandemic has also disrupted and changed the access and delivery of NHS and social care services

Objectives of research

- To **understand the impact of COVID on different BAME community groups**
  - Social factors: impact on family, friends and communities
  - Access to health and social care services - including NHS 111 and 999 services
  - Individual health behaviours
  - Mental health and wellbeing
  - How might this impact future behaviour
  - The ‘fear factor’
  - Views on COVID vaccination

- To **gain a better understanding of the cultural, behavioural and religious aspect** that influences health and care

- To **understand how some public health messaging and COVID related messages are perceived** and even acted on by different BAME communities

- To **gain insight into preferred communication and engagement methods**
  - What are the best advertising and communication channels to use to target different communities?
  - Who are the community ‘influencers’?

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Key Findings: COVID vaccination

SUMMARY

Views on vaccination

- While many of the metrics towards the vaccine are positive there is still a lot of work required to improve acceptance of the vaccines.
    - While two thirds (68%) state they would take the vaccine, 13% stated that they would not. Even a small minority of NHS workers (12%) would not take the vaccine.
    - Propensity to take the vaccine increases at age 45 years and at 65 years rejection virtually disappears.
    - The vast majority (86%) have some level of concern about the potential side effects.

Key target communities

- Gypsy, Irish, Bangladeshi, and some Black/mixed groups are the strongest rejecters (Over 20% rejection)
- Whereas other white/non British, Pakistani, Caribbean, African and Chinese are hesitant (Over 20% hesitant)

SUMMARY

Messaging

- Among rejecters of the vaccine, *side effects* were the biggest barrier. However, *a lack of trust in the government* and *efficacy* concerns were also high.

- Among hesitants, some more additional functional barriers emerged, such as, *transport problems or fear of catching COVID while getting the test*.

Communication channels

- There is a relationship between the media that you trust most and your propensity to take the vaccine:
    - The hesitants group trusted more non official sources (*YouTube*, *Social Media* and *Newspapers*) and trusted official sources less.
    - Rejecters of the vaccine were less likely to trust official sources than acceptors (and particularly likely to trust *word of mouth*).

- Although there is some variation in media usage across ethnic groups there are more marked differences in terms of which media outlets each ethnic group trust most (e.g. mixed ethnicities are more likely to trust Public Health England and UK TV).

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Methodology and approach

Approach

Phase one: Desk top research

- Developed a model which included using other data sources to refreshed Census data to give an updated view
- Detailed understanding of ethnic profiles across Cheshire and Merseyside
- An interactive tool which can drill down by postcode level to see exactly where our BAME communities live and their characteristics and estimated numbers of people in each of the communities

Phase two: Quantitative research

- Target was to complete a minimum of 500 interviews conducted via online and telephone surveys

Phase three: Qualitative research

- Views and themes which have emerged from phase two will be explored in greater detail via focus groups and in-depth interviews

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Phase 2

Recruitment Methodology

1. Online panel

2. Out reach campaign: community and faith groups

3. Out reach campaign: local organisations

4. PR

5. Social media campaigns

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Phase 2: Survey method

- An online survey was conducted between 7th December 2020 and 24th January 2021.

- To be eligible for interview respondents had to be a member of a BAME community and resident within one of the Nine Places covered by The Partnership. (A control sample of White British was not conducted.)
- The sample was generated through the following methods:
  - *Online panel* (respondents recruited through a commercial online panel)
  - *Landing page* (respondents directed to a survey landing page through Social Media campaigns, PR activity, community out reach and engagement with local businesses/community groups)
- The questionnaire was translation into seven languages, *Simplified Chinese, Traditional Chinese, Farsi, Arabic, Hindi, Urdu and Bengali*. In total, 32 of the 33 translated completes were conducted in Chinese.
- The data were weighted by gender and Place to ensure that the sample was representative on these variables.
- A total of 636 completes was generated, as follows:

Source of complete	Number of completes
Online panel	309
Landing page	327 (33 using translated versions)
TOTAL	**636**

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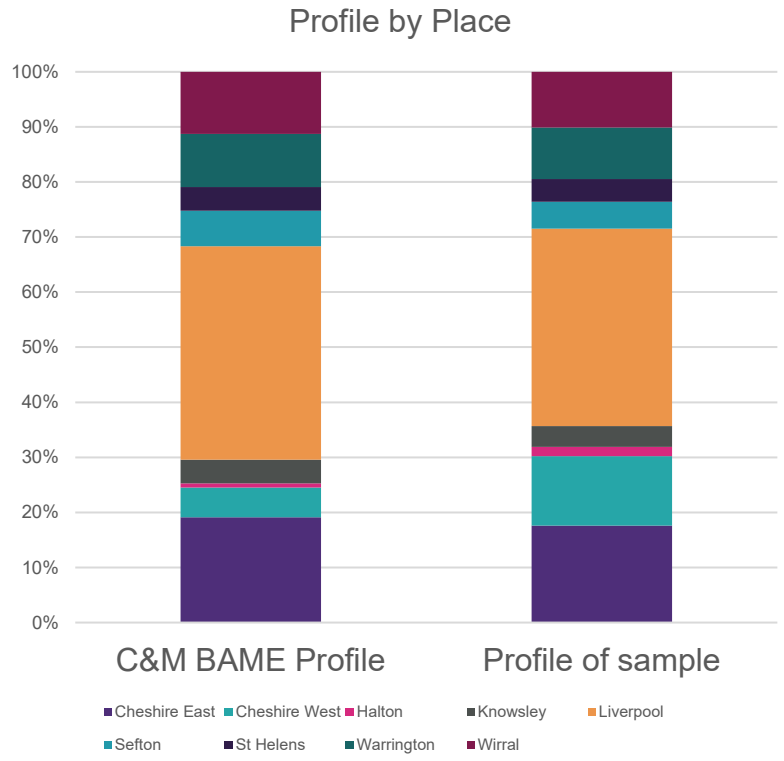
Early cut on vaccination questions

Sample achieved by geographical split

Location	Profile of C&M BAME community	Profile of sample	Final sample size
Cheshire East	19.1%	17.6%	112
Cheshire West	5.4%	12.6%	80
Halton	0.8%	1.7%	11
Knowsley	4.3%	3.8%	24
Liverpool	38.7%	35.8%	228
Sefton	6.5%	4.9%	31
St Helens	4.3%	4.1%	26
Warrington	9.6%	9.4%	60
Wirral	11.3%	10.1%	64
TOTAL			636



Sample Profile

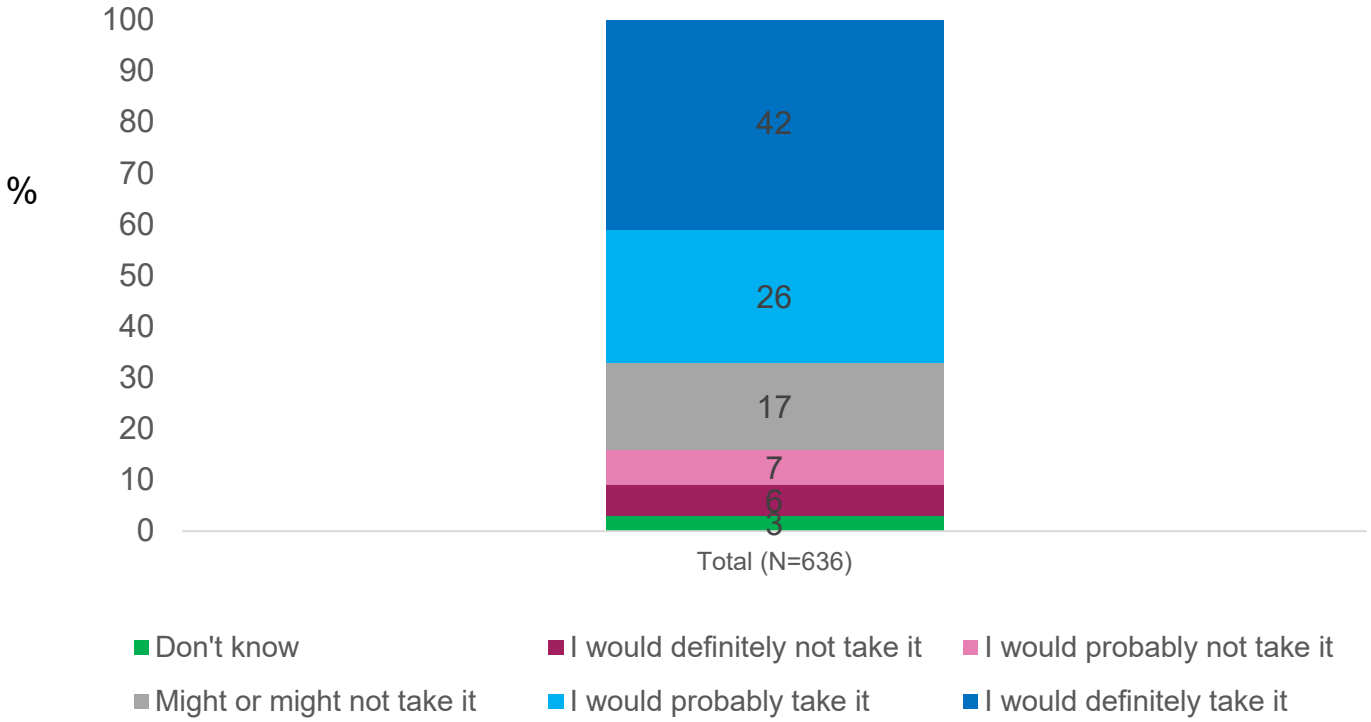
	Area profiles	Final sample size	Profile of sample
African Ethnic Origin	6.1%	79	12.4%
Caribbean Ethnic Origin	0.5%	22	3.5%
Any Other Black Background Ethnic Origin	4.3%	20	3.1%
Chinese Ethnic Origin	3.9%	78	12.3%
Bangladeshi Ethnic Origin	2.2%	26	4.1%
Indian Ethnic Origin	4.8%	104	16.4%
Pakistani Ethnic Origin	2.9%	30	4.7%
Any Other Asian Background Ethnic Origin	7.0%	37	5.8%
White And Asian Ethnic Origin	5.7%	27	4.2%
White And Black African Ethnic Origin	4.0%	16	2.5%
White And Black Caribbean Ethnic Origin	4.1%	65	10.2%
Any Other Mixed Background Ethnic Origin	11.9%	23	3.6%
Gypsy/Irish Traveller Ethnic Origin	2.4%	10	1.6%
Irish Ethnic Origin	1.9%	23	3.6%
Any Other White Background Ethnic Origin	28.0%	44	6.9%
Any Other Ethnic Group Ethnic Origin	10.4%	32	5.0%

Sample size = 636

Insight gathered from every ethnic group

35% of respondents English not first language

Propensity to take vaccine

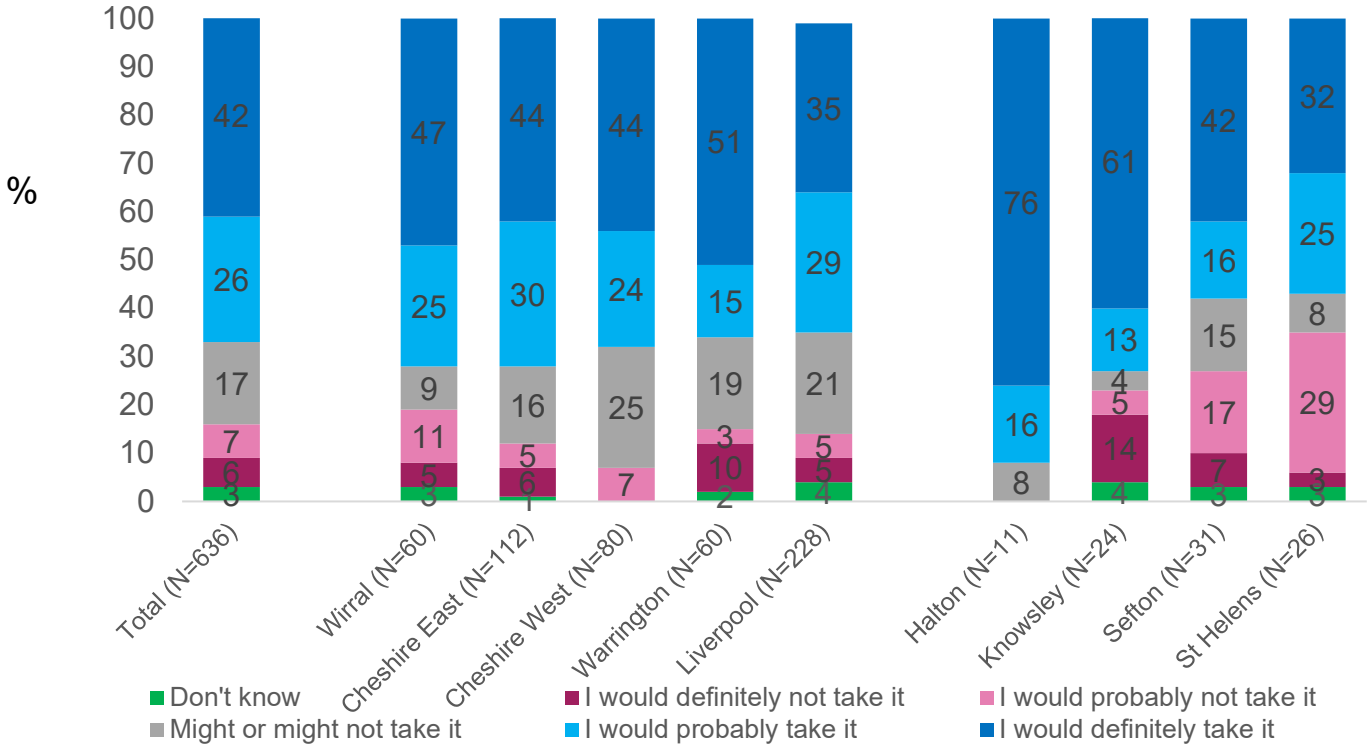


68% overall agree its at least probable they would take the vaccine.

But they are significant numbers of the BAME population who are hesitant 20% and rejecting the vaccination 13%

Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

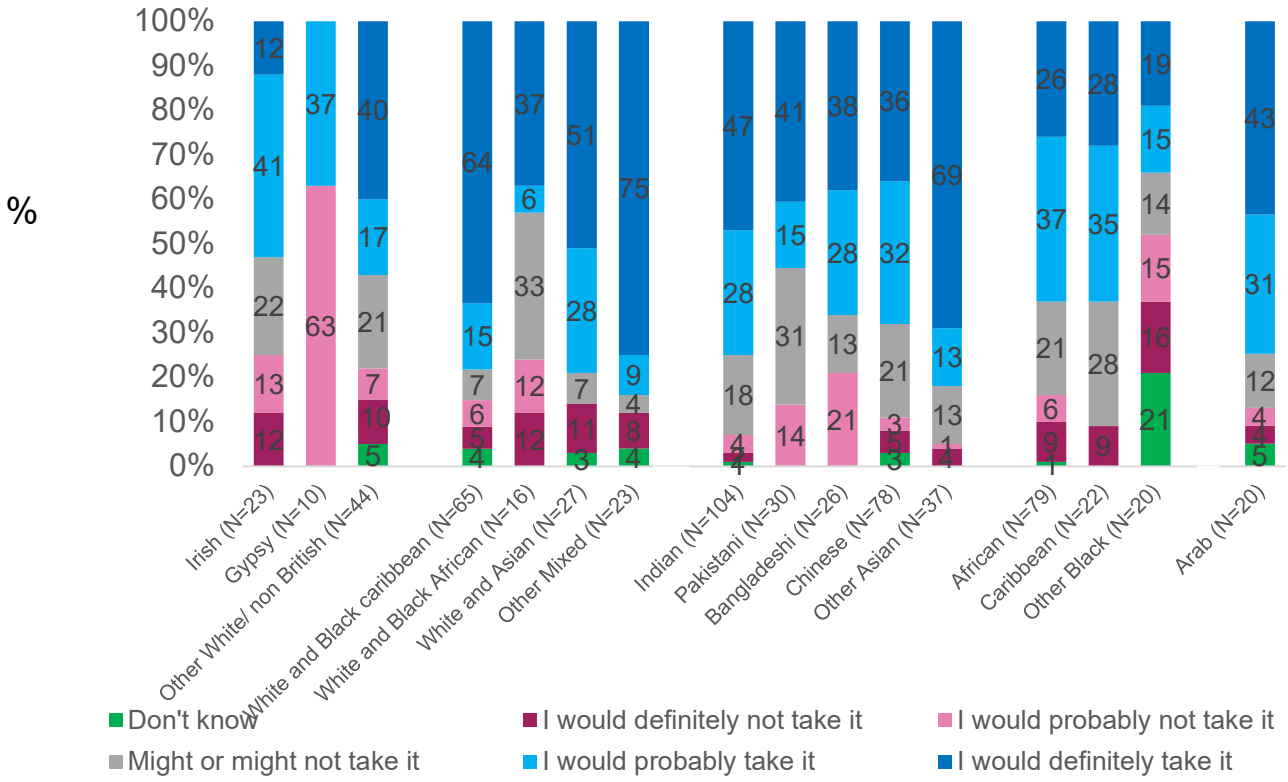
Propensity to take vaccine by geography



Propensity to take the vaccine is higher in the more affluent local authorities (e.g. Wirral at 72%) and lower in the less affluent (e.g. Liverpool 64%).

Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

Propensity to take vaccine by ethnic group



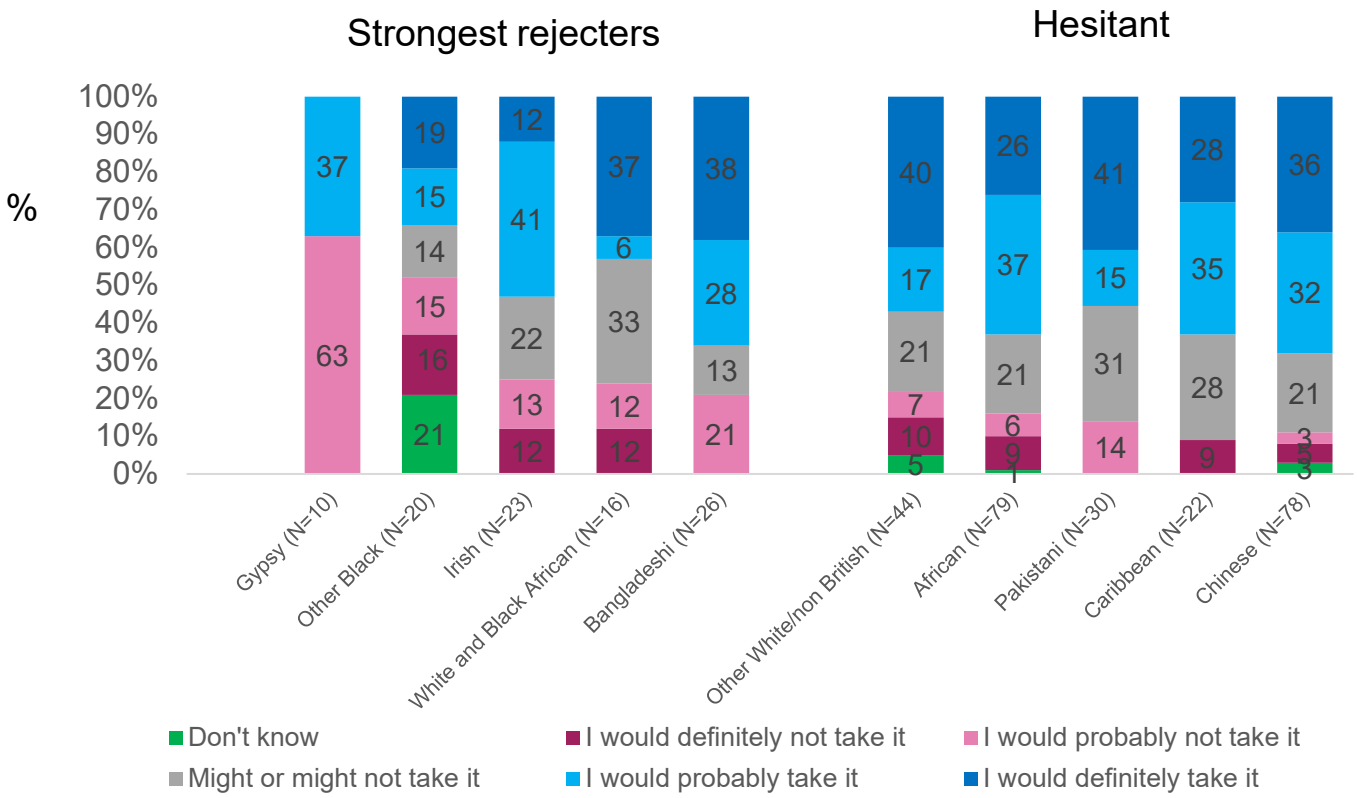
Interpretation by specific ethnic groups must be treated as indicative due to low base sizes.

The highest resistance to the vaccine is among: Gypsy, other Black, White and Black Africans and Irish.

Africans also have a relatively high rejection rate.

Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

Ethnic groups to focus vaccine communications on



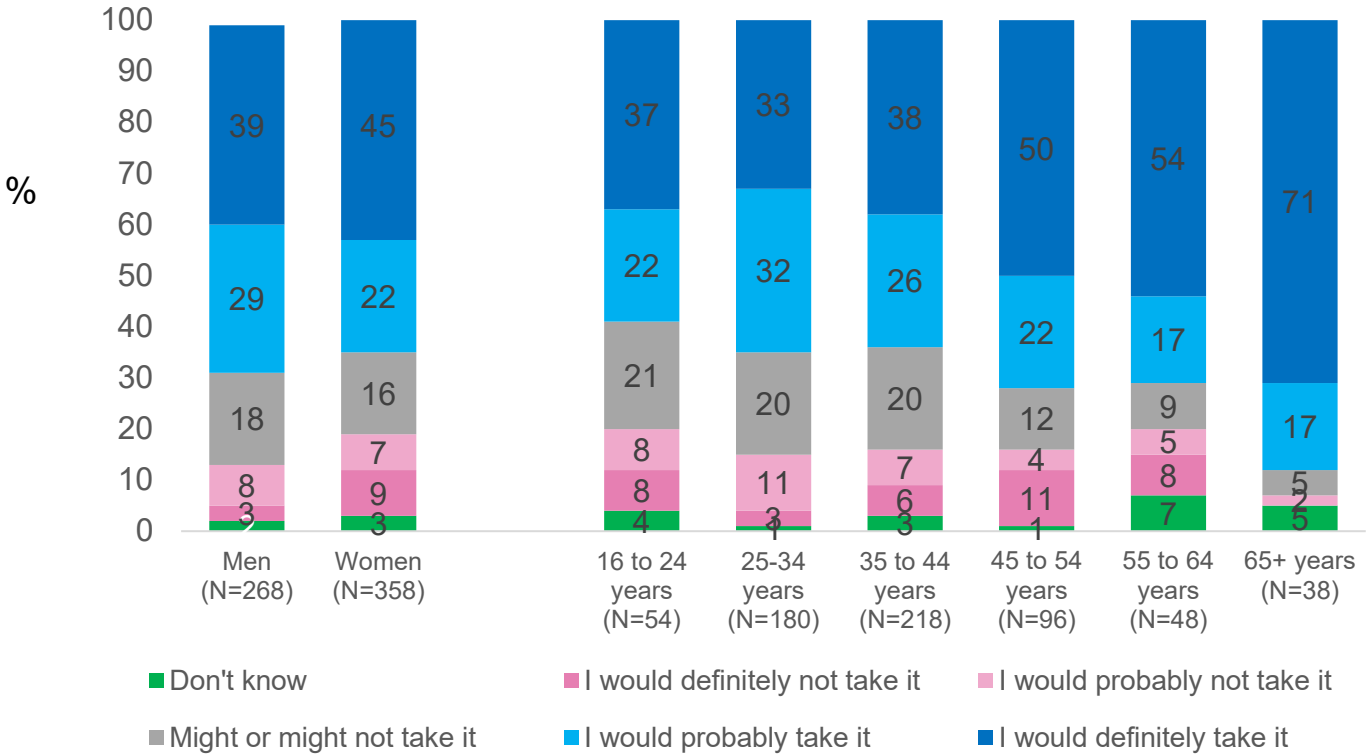
All these groups have the lowest propensity levels (less than 75%) to take the vaccine.

Gypsy, Irish, Bangladeshi, and some Black/mixed groups are the strongest rejecters (Over 20% rejection)

Whereas other white (non British), Pakistani, Caribbean, African and Chinese are more hesitant (Over 20% hesitant)

Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

Propensity to take vaccine by age and sex



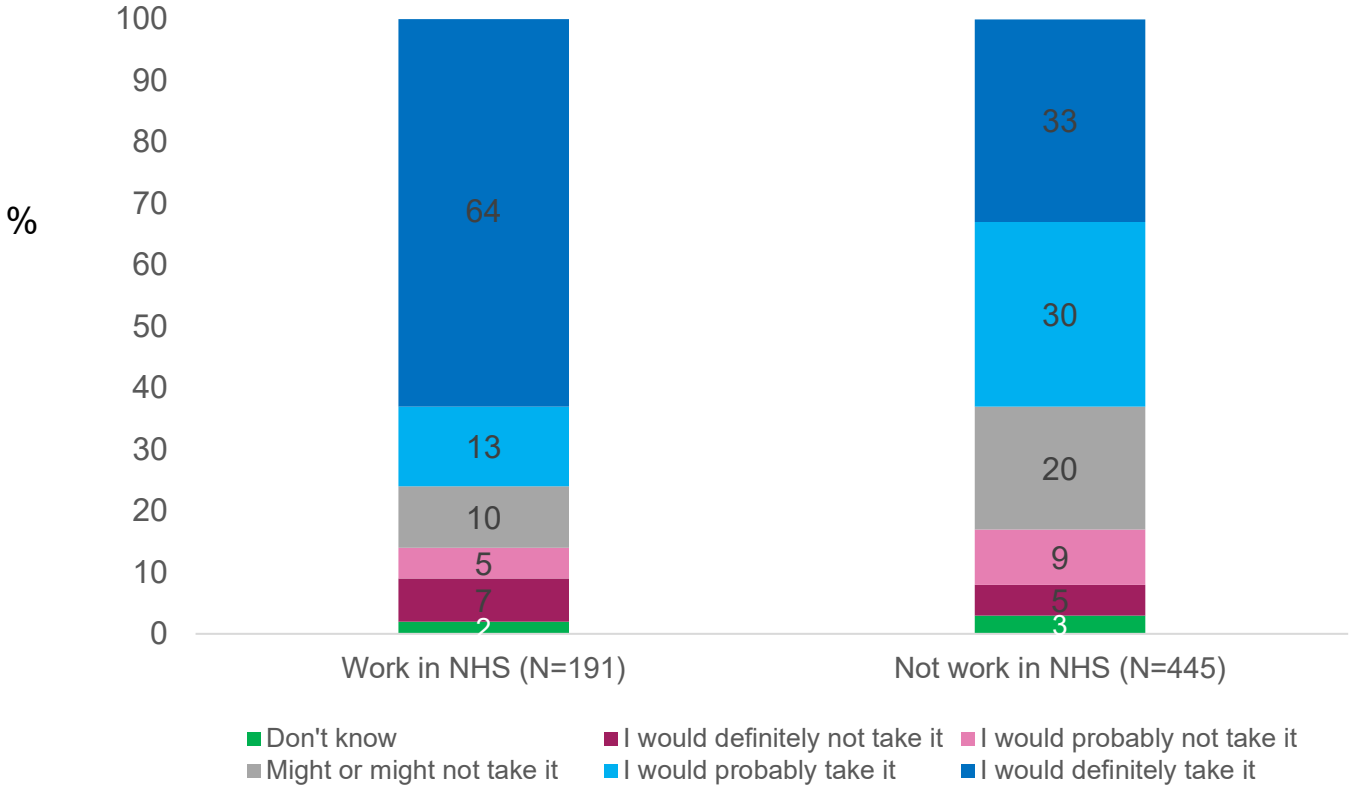
Propensity to take the vaccine increases with age.

There is less variation by age among those who say that they *would not take it*.

Women are slightly more polarised than men, with a slightly stronger propensity to take the vaccine and also reject it.

Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

Propensity to take vaccine by work in NHS



Propensity to take the vaccine is higher amongst NHS workers (77%) – the strength of feeling is particularly strong among this group.

Despite this, there is still some resistance to the vaccine among NHS workers (12% would not take it, compared to 14% of non NHS workers). A further 12% of NHS workers are hesitant about taking the vaccine.

Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

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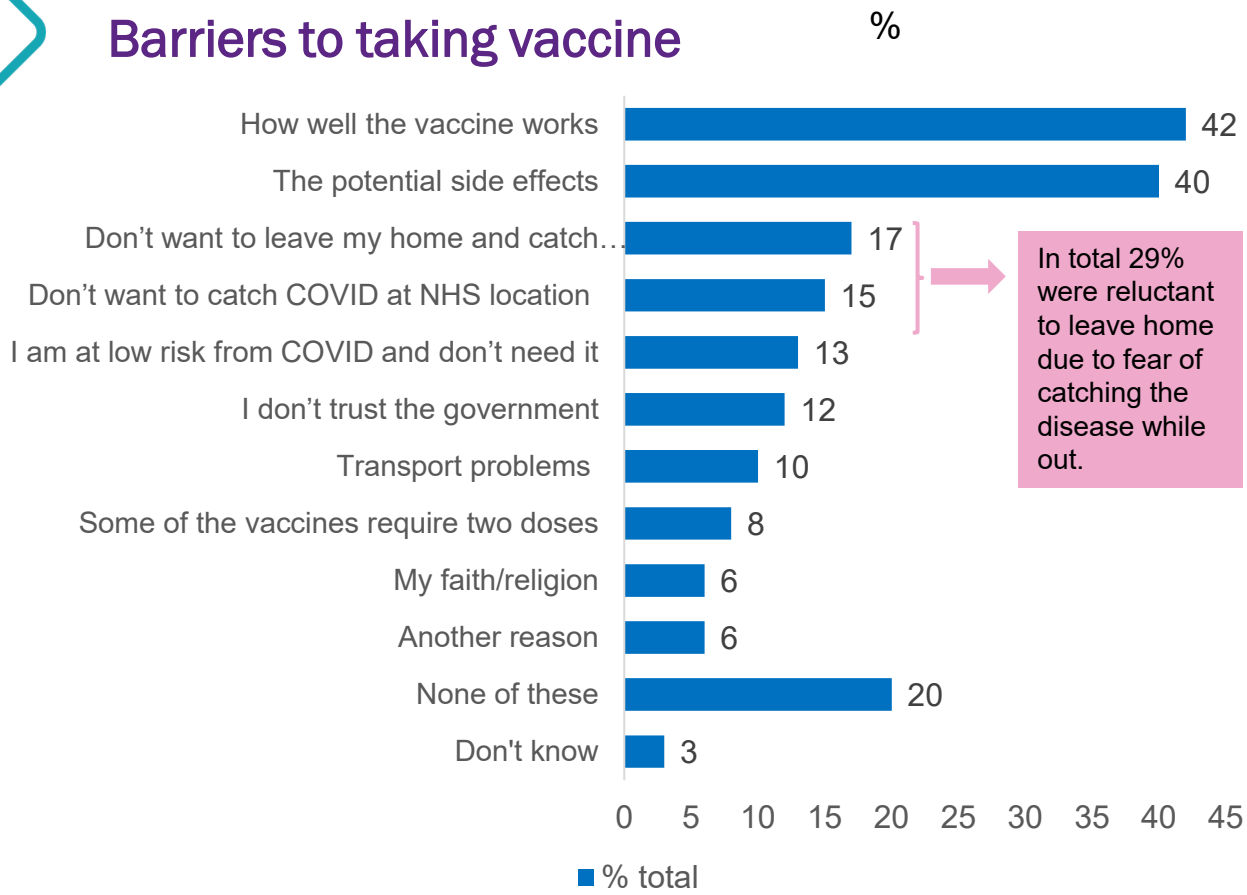
Barriers

Barriers to taking vaccine

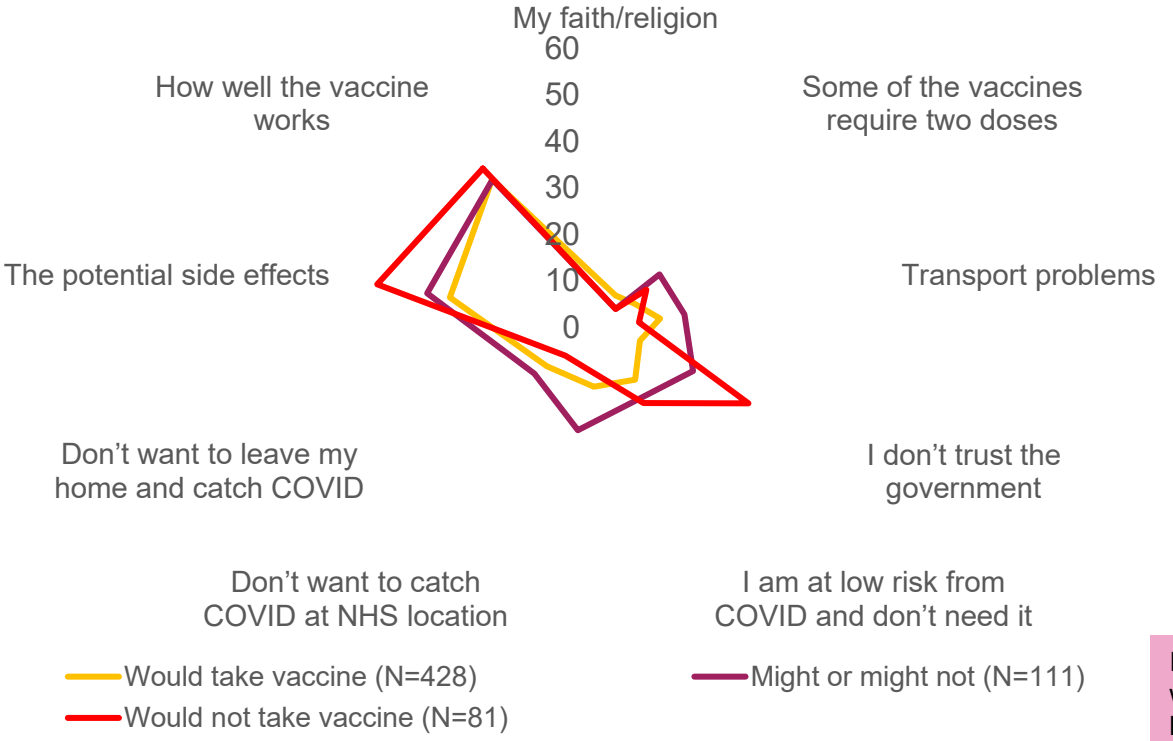


Q. Which, if any, of the following might influence your decision to take the COVID vaccine?
Base: all respondents (N=636).

How well the vaccine works and potential side effects were the biggest concerns about the vaccine.

However, trust in the government (12%) and fear of catching the disease when receiving the vaccine (29%) were also relatively high.

Barriers to taking vaccine



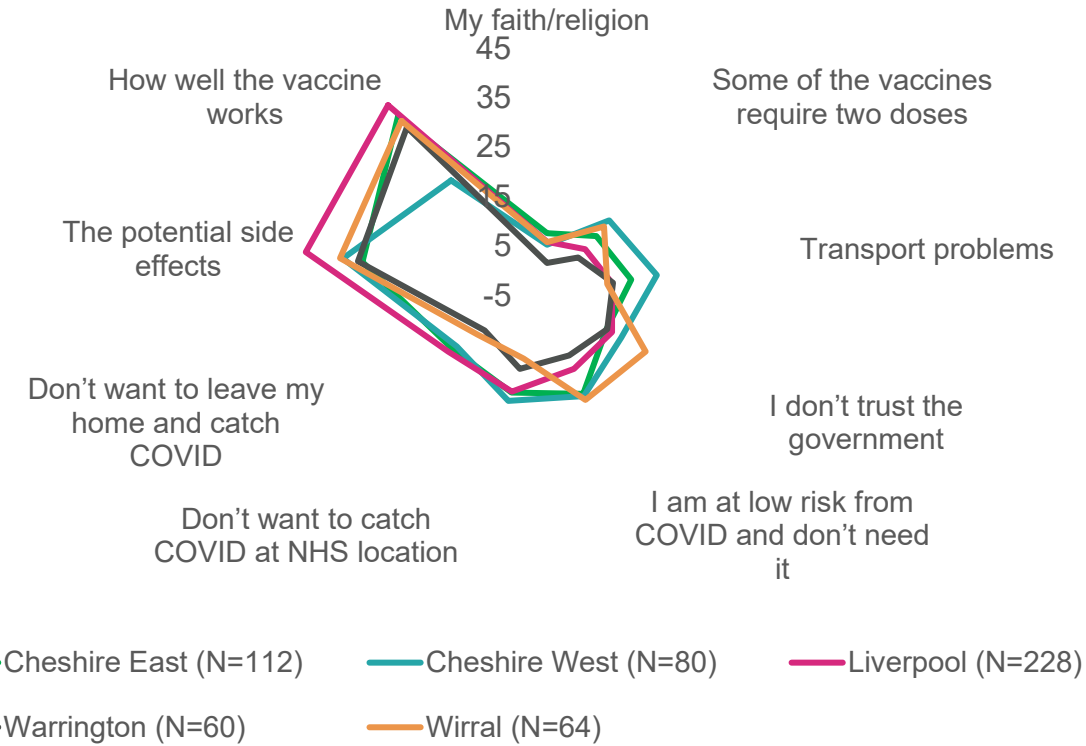
Among rejecters of the vaccine, *side effects* were the biggest barrier. However, *a lack of trust in the government* and *efficacy* concerns were also high.

Among hesitants, some more additional functional barriers emerged, such as, *transport problems or fear of catching COVID while getting the test*.

In total 42% of hesitants were reluctant to leave home in fear of catching the disease

Q. Which, if any, of the following might influence your decision to take the COVID vaccine?
Base: all respondents in sub-group.

Barriers to taking vaccine



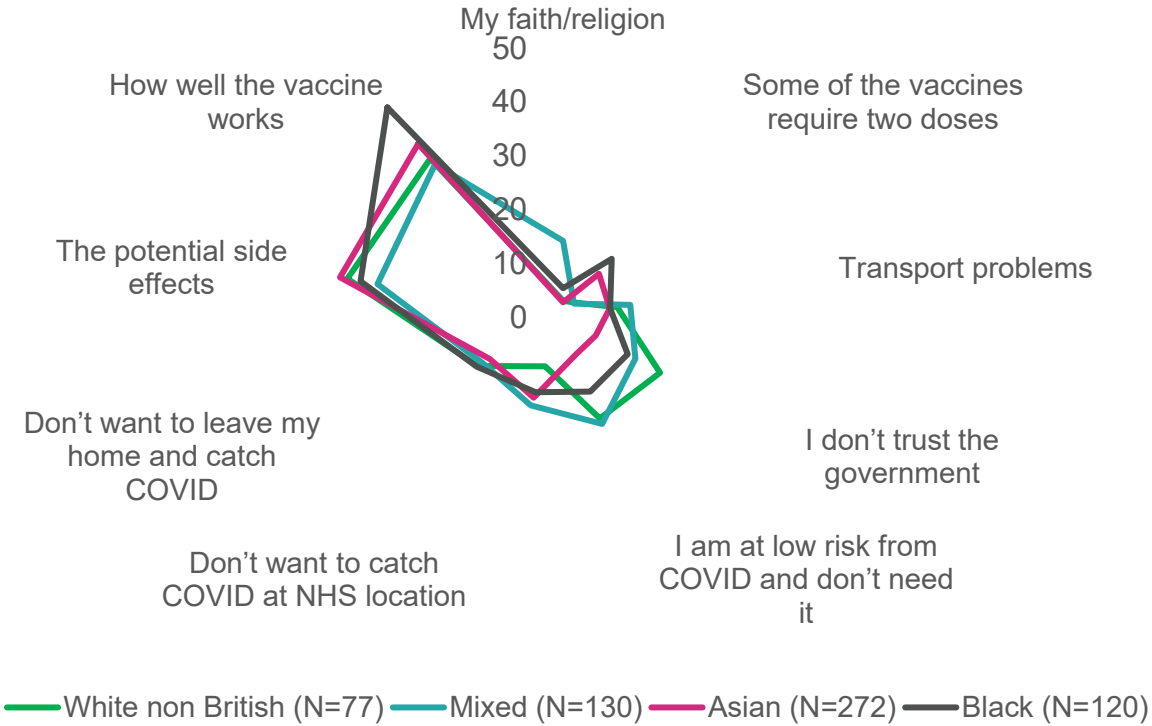
Potential side effects was a bigger barrier in Liverpool than other LAs. (This was a relatively low barrier in Cheshire West).

Liverpool also scored higher on *how well the vaccine works*.

While relatively low, *transport issues* were nevertheless higher in both Cheshire Places.

Q. Which, if any, of the following might influence your decision to take the COVID vaccine?
Base: all respondents in sub-group.

Barriers to taking vaccine



Q. Which, if any, of the following might influence your decision to take the COVID vaccine?
Base: all respondents in sub-group.

Barriers to taking the vaccine were broadly similar across all ethnic segments.

Among Black communities the barrier *'how well the vaccine works'* was greater than other communities.

Those from White communities were more likely to '*not trust the government*'.

Reasons for not taking vaccine (verbatim comments)

Rushed

Based on published information immunity provided by the vaccine is less than natural immunity. Given the speed of producing this vaccine and the still many unknowns about Covid-19 in addition to the published. *(Liverpool, Chinese, aged 35-44 years)*

I feel the vaccine has been rushed (*Cheshire West, Bangladeshi, aged 35-44 years)*

It's been rushed. I don't know what it contains. I'm not convinced of the safety of it or it's efficiency. I don't know of the long term side effects. *(Liverpool, other Mixed Ethnic Group, aged 35-44 years)*

Because I have seen people that got COVID 19 and recovered without having the vaccine, and people dying after having the vaccine. Two the vaccine was done without passing through the stages of trial*. (Warrington, African, aged 55-64 years)*

Q. Why do you say..... would probably/would definitely not take vaccine?

Reasons for not taking vaccine (verbatim comments)

Lack of information

Because it hasn't been tested and there is zero information about potential negative consequences. *(Sefton, African, 45-54 years)*

I am a Pharmacist, therefore from a professional point of view would need to see further evidence of efficacy with limited side effects before I had it personally. Yet, as it has been approved by the MHRA i would professionally recommend the vaccine to patients who are higher risk, with co-morbidities etc. *(Liverpool, Indian, aged 18-24 years)*

Pregnancy

I was offered a Pfizer vaccine. In my country on young woman died after this vaccine, but mostly I am scare to loose a chance to have a baby (or something would happen to him). I am 29 and never had one, planning to get pregnant in nearly future. Overall I am not trust vaccine which was made that fast and not sure how it can affect me by the time. *(Warrington, Other White Non British, 25-34 years)*

As planning to get pregnant. *(Warrington, Black and White African, aged 25-34 years)*

Q. Why do you say..... would probably/would definitely not take vaccine?

Reasons for not taking vaccine (verbatim comments)

Don't need it

Is not a deadly virus, it' just a flu. People die because they are not treated for the diseases they have [cancer, diabetes, … ,appendicitis, heart attack and stroke] You have a fever, stay home? Maybe it's not covid . *(Warrington, Other White non British, 35-44 years)*

Side effects

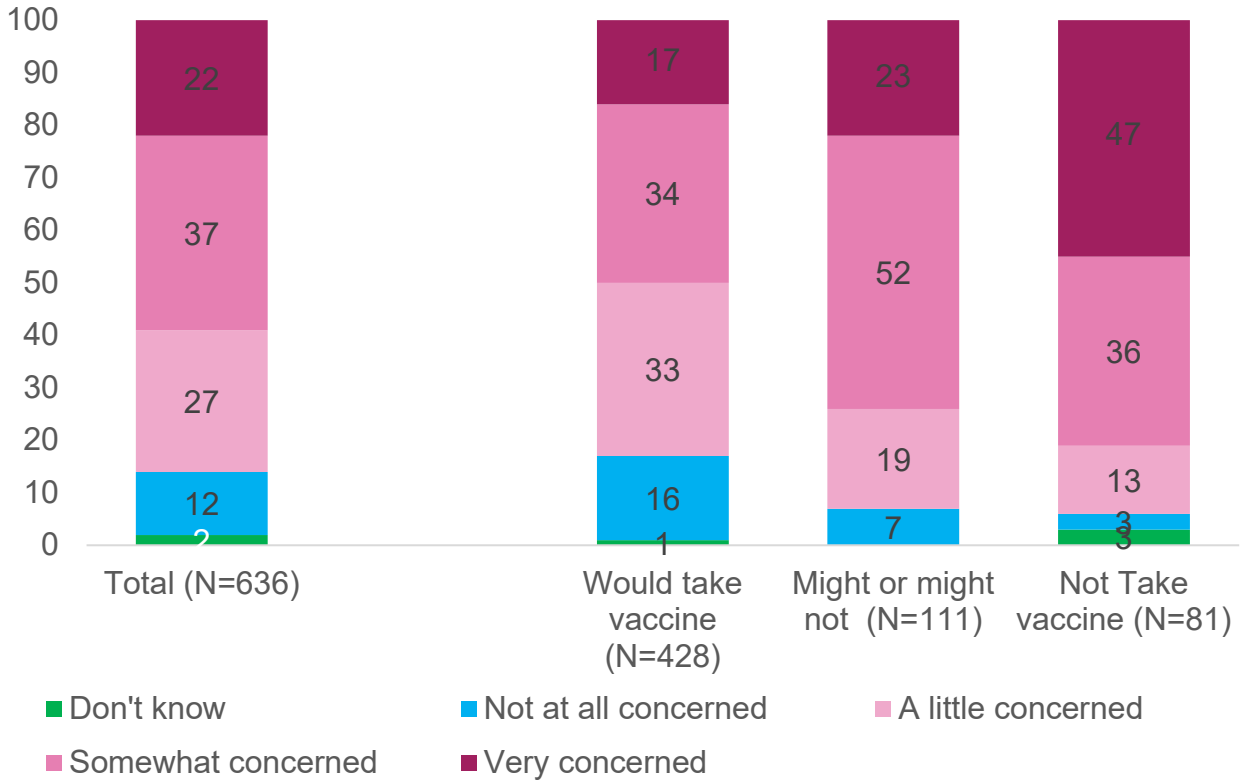
Unaware of long term effects as has not been developed for a long period of time. Developed quickly and therefore unsure if there are any unknown side effects, also feel I am low risk of catching it. *(Wirral, White and Asian, 25-34 years)*

Unsure of the long term outcome, it is still early days and is being rolled out to the older generation who may respond completely differently to the younger generation therefore how can this be trialed correctly if it is only being given to the older group. *(Wirral, Bangladeshi, 25-34 years)*

I am following guidelines. I have several medicine allergies. I'm also under 40 and I've already had it. Also a senior colleague I respect greatly has had vaccine and was violently sick and had numbness and swelling. *(Wirral, African, 35-44 years)*

Q. Why do you say..... would probably/would definitely not take vaccine?

Concern about side effects



Concerns about the side effects were extremely high among vaccine rejecters.

Concerns were relatively high amongst hesitants, but this was mostly an increase in those stating *somewhat concerned* rather than top box score.

Q. Which, if any, of these statements best describes how unconcerned or concerned you are about potential side effects or safety of the vaccine?
Base: all respondents (N=636).

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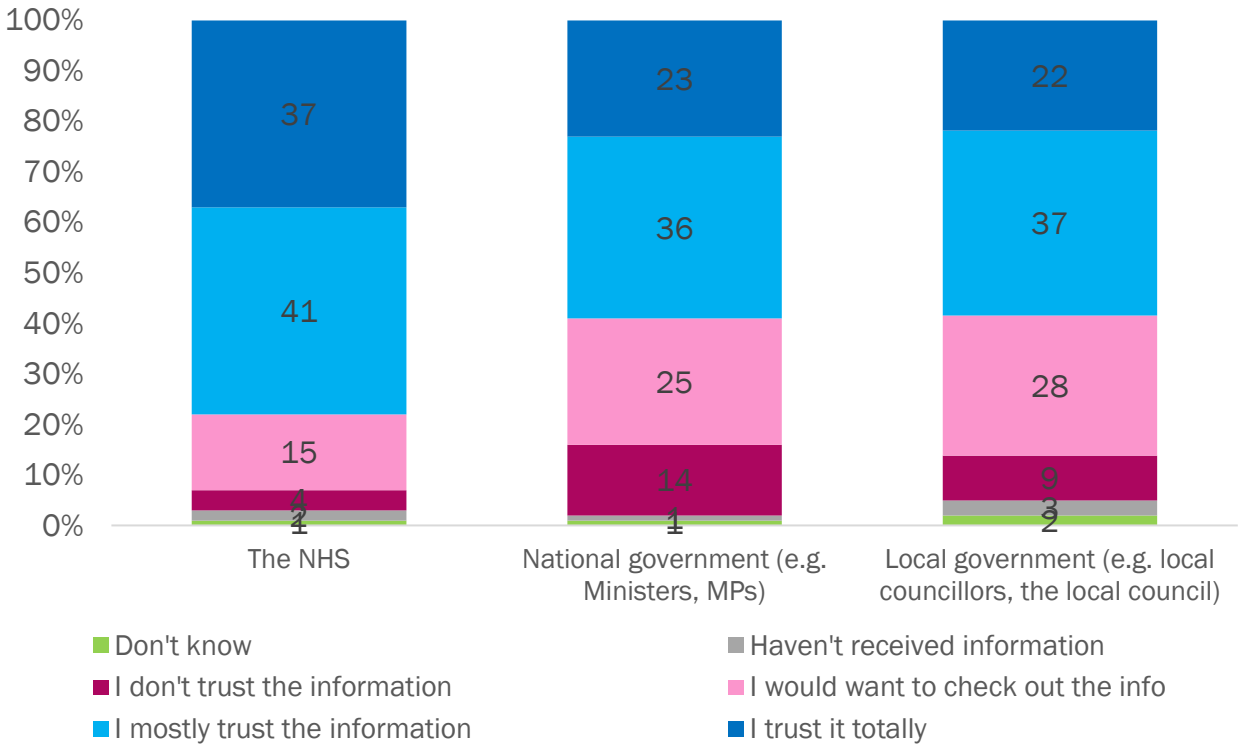
Communication

Trust in the NHS much higher than government

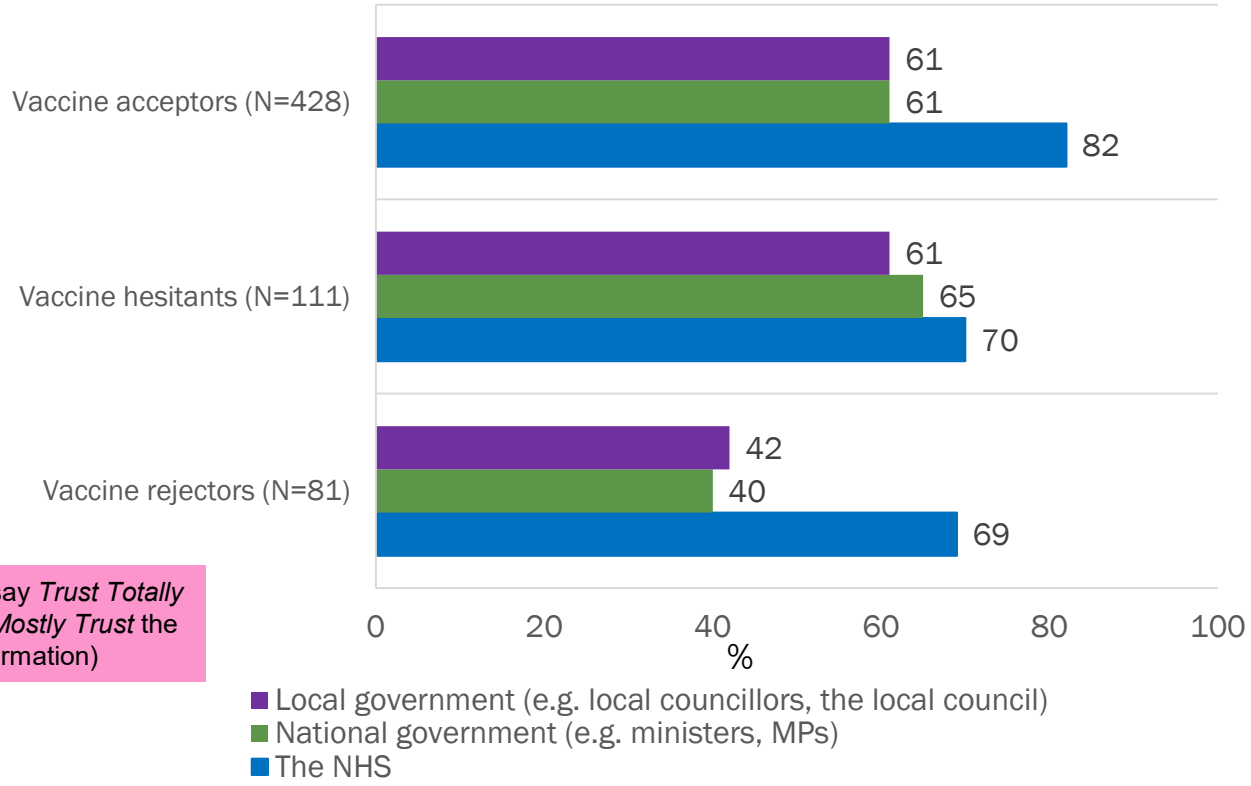


In terms of official sources, trust in information from the *NHS* far exceeded that from either *national* or *local government*.

One in 7 people (14%) did not trust the information received from national government and a further quarter (25%) did not take it at face value and *would want to check it*.

Q. Below are sources of official information about COVID-19.
For each please tell us how much you trust or distrust information from each of these sources? Base: all respondents (N=636).

High trust of NHS among vaccine rejecters



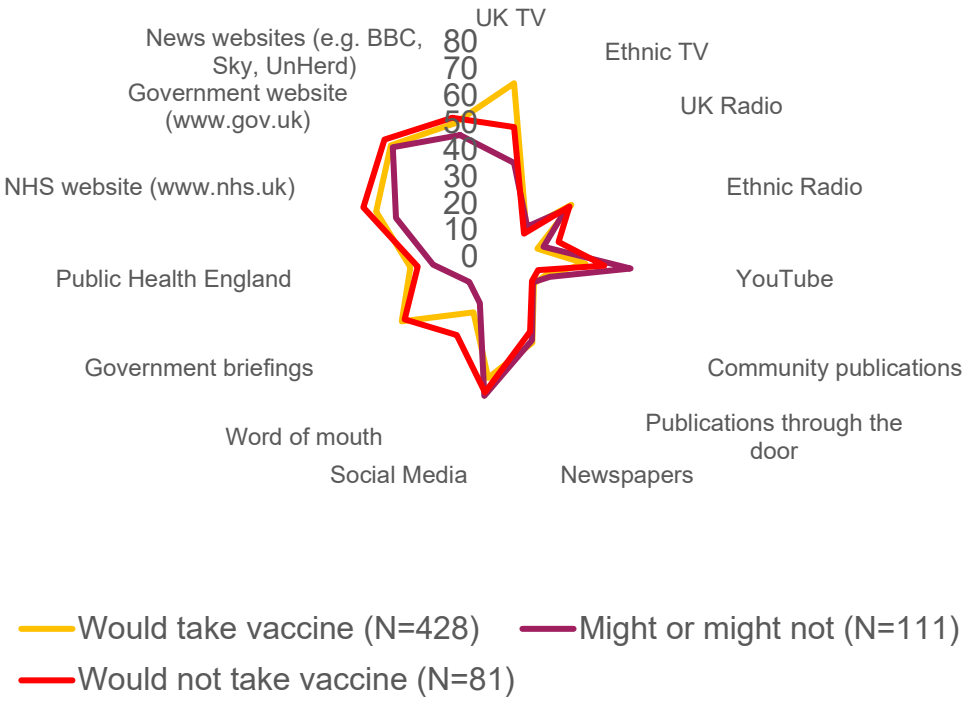
% say *Trust Totally* or *Mostly Trust* the information)

Vaccine rejectors had much lower levels of trust in government sources of information (*local* or *national*), with fewer than half either *totally* or *mostly* trusting the information

However, rejectors still had high trust in the NHS

Q. Below are sources of official information about COVID-19. For each please tell us how much you trust or distrust information from each of these sources?
Base: all respondents (N=636).

Media sources used to find out about COVID-19



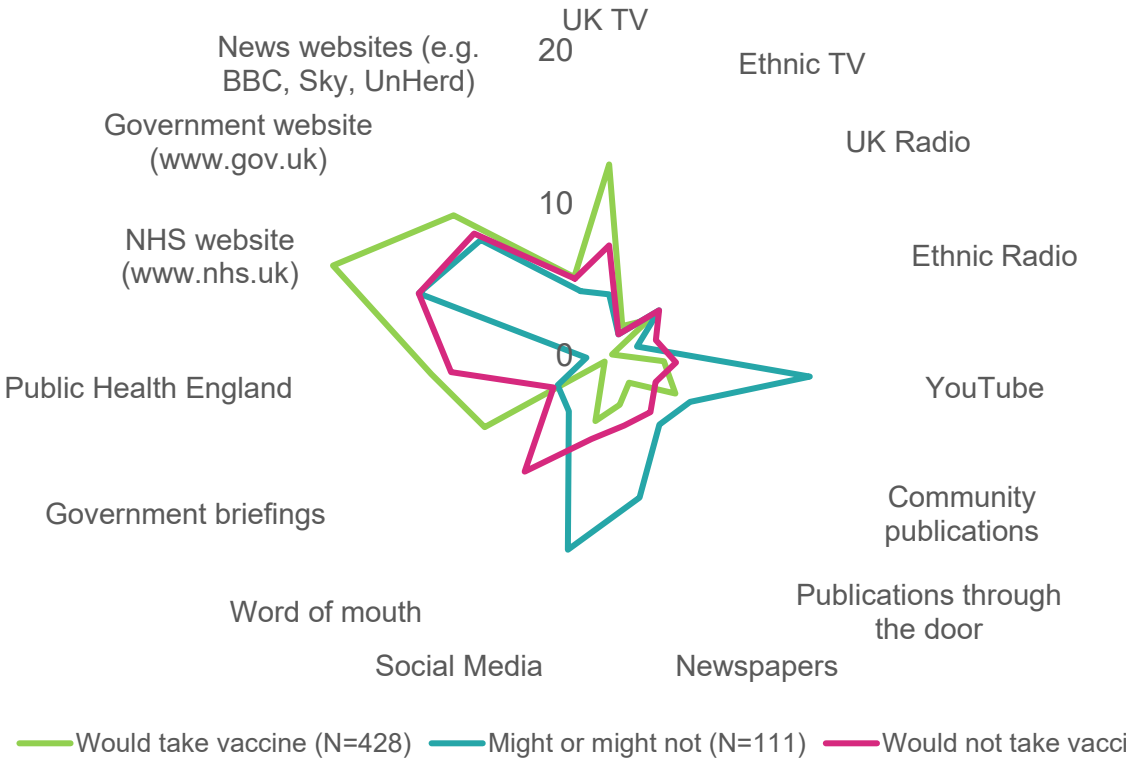
There was very little variation in terms of media used to find out about COVID.

Those that would take the vaccine were more likely to consume *UK TV*. Rejecters were more likely to use *word of mouth*.

Overall, hesitants used fewer media sources (although slightly more likely to use *YouTube*)

Q. Which, if any, of these sources have you used to find out information about issues relating to COVID-19?
Base: all respondents in sub-group.

Media sources Trust Most about COVID-19 - Group



Would take vaccine (N=428) Might or might not (N=111) Would not take vaccine (N=81)

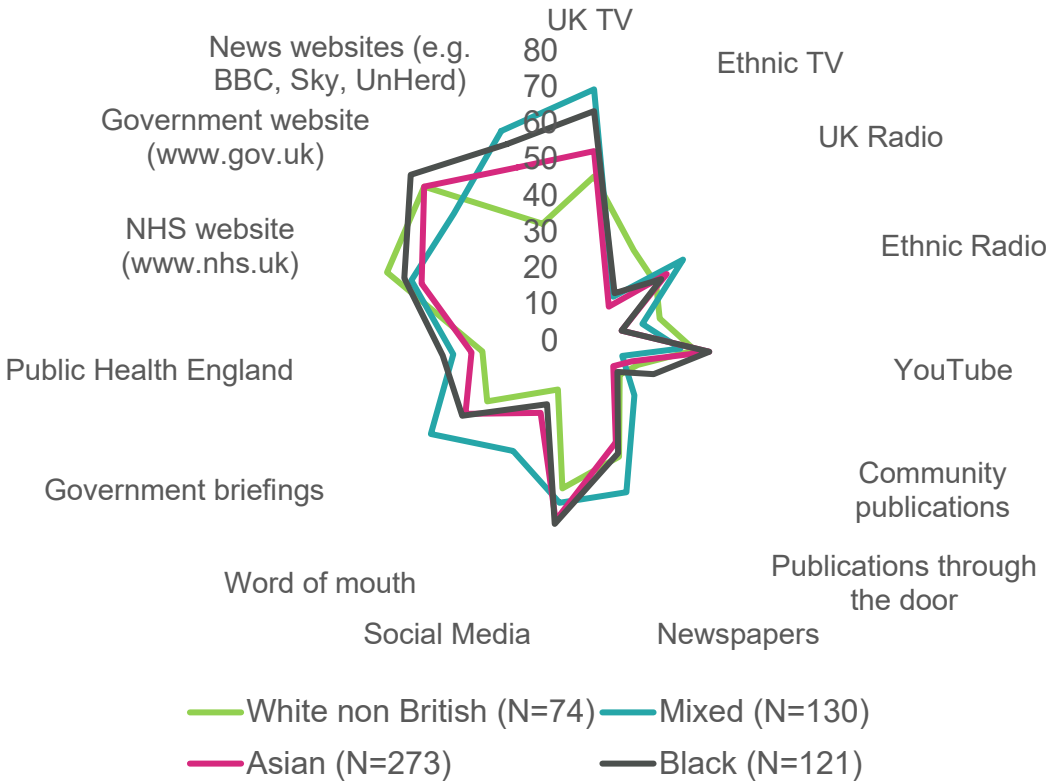
Q. Which, if any, of the following sources of information would you say you trust the most?
Base: all respondents in sub-group.

The hesitant group trusted more non official sources (*YouTube*, *Social Media* and *Newspapers*) and trusted official sources less.

A similar picture emerged among rejecters of the vaccine, who were less likely to trust official sources than acceptors (and particularly likely to trust *word of mouth*).

Despite it being a less common sources of information, those who receive publications through the door have a high level of trust in them (particularly rejecters and hesitants)

Media sources used about COVID-19 - Ethnicity



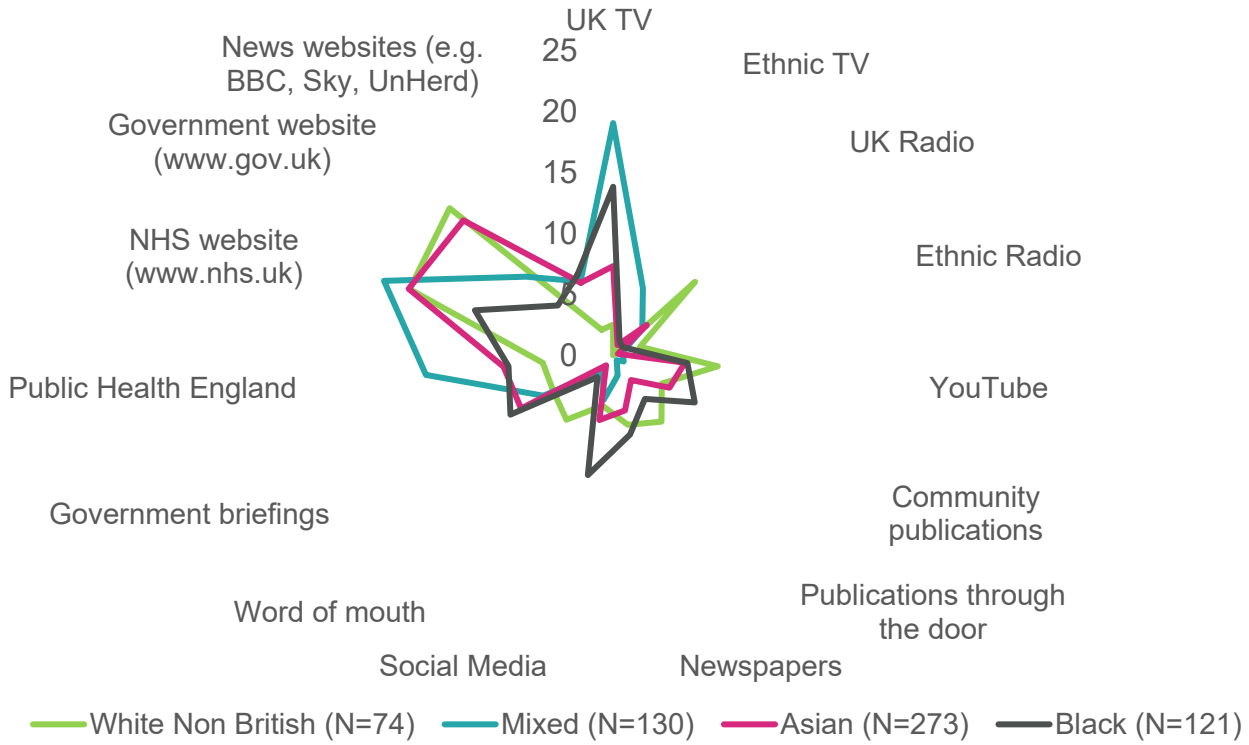
Q. Which, if any, of these sources have you used to find out information about issues relating to COVID-19?
Base: all respondents in sub-group.

There was some variation by ethnic group in terms of media sources used to find out about COVID-19.

On balance, White respondents used fewer media sources and were particularly less likely to use UK TV.

Mixed race respondents the most sources (but less than others for www.gov.uk)

Media sources Trust Most about COVID-19 - Ethnicity



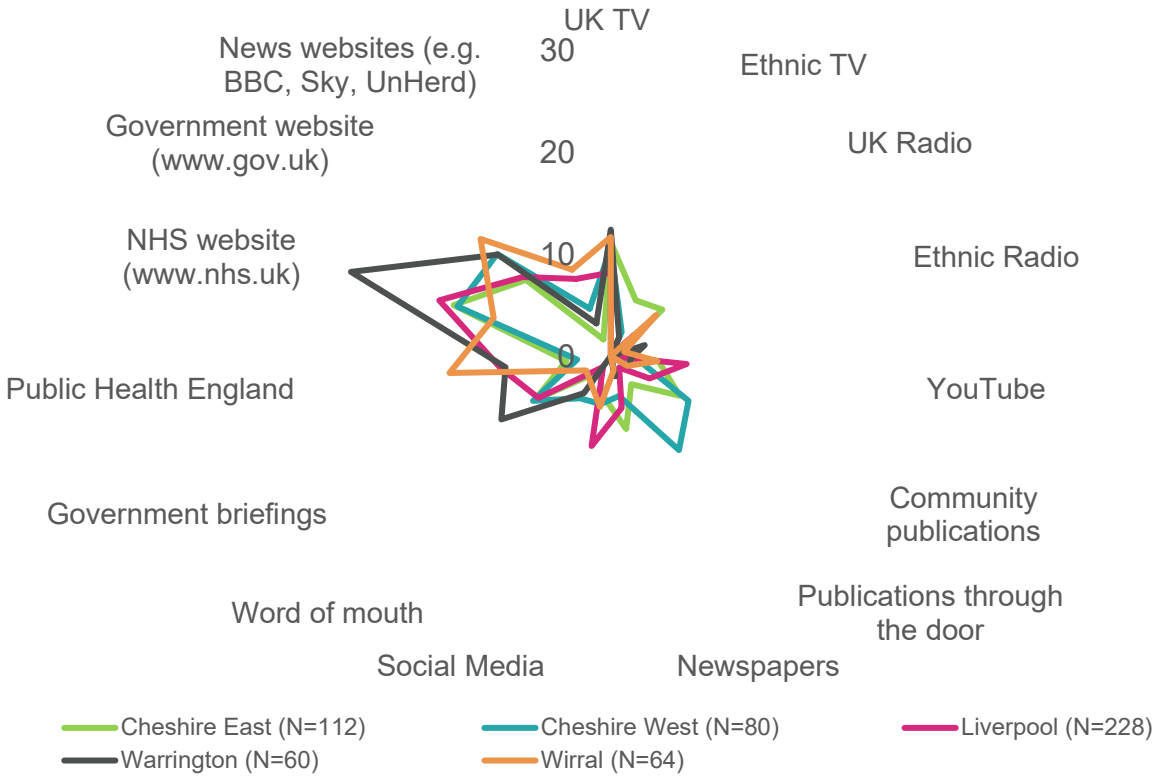
White Non British appear to most trust non official sources: *websites, UK Radio, YouTube* and *word of mouth*.

Mixed Ethnicities trust more official sources: UK TV, www.nhs.uk and Public Health England.

Black ethnicities are more likely to trust *social media.*

Q. Which, if any, of the following sources of information would you say you trust the most?
Base: all respondents in sub-group.

Media sources Trust Most about COVID-19 - Place



Q. Which, if any, of the following sources of information would you say you trust the most?
Base: all respondents in sub-group.

The profile of which media sources to trust most revealed some differences by Place.

Warrington trusted www.nhs.uk the most (also more likely to trust *government briefings*).

In Cheshire West, respondents were more likely to trust *publications through the door* than in other Places.

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Getting under the skin

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