

Increasing vaccine uptake among ethnic minorities

30 April 2021, by Dr Samantha Vanderslott and Dr Seilesh Kadambar



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We have been struck by how COVID-19 has affected the health and wellbeing of ethnic minority groups disproportionately. Individuals from these communities are more likely to have severe disease requiring intensive care admission and sadly succumb to infection than those from a white ethnic background. This is independent of age, gender or socioeconomic factors. However, vaccine uptake has been low in certain communities and for lots of different reasons. These include specific concerns about vaccine safety, increased exposure to misinformation, reduced access to vaccines and historical distrust with institutions. Asylum seekers have cited negative experiences with authorities, and some don't trust public health messaging related to vaccines. Central government often use one-way messaging, which will sometimes miss these groups. Promoting vaccination through celebrity adverts, videos via social media and community champions may also not reach disaffected communities who feel marginalized during the pandemic. We encourage a two-way dialog in the hope that these groups can trust us with providing evidence-based answers to queries and enable

informed decision making before getting a vaccine.

We found approximately 200 community organizations online that provide community, religious or <u>social support</u> to individuals and groups across the UK. We approached these organizations to invite us to any online meetings being held during the lockdown in order to provide information about the <u>vaccine</u>, <u>answer questions</u> and encourage dialog. Our intention has been not to overwhelm individuals with information and so we do not use slides or overly scientific language. The majority of our meetings are therefore spent listening to concerns or questions, addressing these directly and encouraging two-way conversation.

We have spoken to organizations that support asylum seekers, refugees, interfaith groups and elderly ethnic minority citizens. Concerns have ranged from the risk of deportation by registering for a vaccine, addressing misinformation that has circulated in specific communities and discussing a range of <u>vaccine safety</u> concerns.

This initiative is conducted by Dr. Seilesh Kadambari and Dr. Samantha Vanderslott. We are based at Oxford Vaccine Group and use information and materials from the <u>Vaccine</u> <u>Knowledge Project</u>.

The Vaccine Knowledge Project has also worked with the British Islamic Medical Association to develop FAQs about vaccines and vaccine ingredients translated into over 100 different languages and available on the website. This resource has been shared through these online conversations and their communities. The calls are facilitated by the organizations that we have reached out to. We have benefited from having a medic able to address safety issues and health conditions and a researcher able to address vaccine policies and misinformation.



What works for us?

Most importantly, this work has highlighted the importance of connecting with individuals and groups directly. We ensure that every opportunity is taken to answer questions and that individuals can make an evidence-based decision on whether to receive a vaccine. The meetings, facilitated by community leaders, are held at convenient times for different organizations. For example, in the afternoon for an organization supporting elderly women of South Asian background, in the evening after work for a group supporting asylum seekers and on a weekend before Ramadan for Muslim organizations. It has been deeply humbling and thoroughly enjoyable work. Our aim has been to provide individuals with sufficient confidence to receive a vaccine and therefore ensure protection against a pandemic that has exacerbated disparities in these vulnerable groups.

More information: For information and materials on vaccination, see the Vaccine Knowledge Project: <u>www.ovg.ox.ac.uk/research/vacc ... ne-</u> <u>knowledge-project</u>

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