

# **BAME vaccination hesitancy** aimed at providers



Vaccine hesitancy is the delay in acceptance or refusal of vaccination despite availability of vaccination services



# BAME vaccination hesitancy

Studies in England show that ethnicity and household income are predictors of vaccine refusal. The risk with COVID-19 vaccine hesitancy is that pre-existing health inequalities, exposed and worsened by COVID-19, will be further exacerbated by the vaccine roll out if vaccine hesitancy is not challenged. Furthermore, uptake of the COVID-19 vaccine needs to reach 80% in each local area for the benefits of the vaccine to be felt. Therefore, it is important for clusters of vaccine hesitant communities to receive targeted support.

The Government commissioned a study on factors influencing COVID-19 vaccine uptake among minority ethnic groups which shows that Black African and Black Caribbean people are less likely to be vaccinated (50%) compared to White people (70%). Other ethnicities likely to have high vaccine hesitancy are Pakistani and Bangladeshi people. Within the White population, there is higher vaccine hesitancy among those who are of Eastern European heritage.

## Ten questions to help providers think about vaccine hesitancy:

1. Are there any indications of vaccine hesitancy in your organisation? If so, how do you know this?
2. How are you monitoring this by ethnicity? Is there a weekly review of uptake by ethnicity?
3. What communications strategy do you have in place to challenge vaccine hesitancy?
4. Have you consulted with pharmacists and other experts to help support groups who need more scientific information?
5. Do you have high profile BAME staff (executives/BAME leaders) endorsing the vaccination programme?
6. What practical support structures have you implemented to increase uptake of the vaccine? For example:
  - Do you have child-care support for night staff/ bank who may need support?
7. How are you improving the health literacy of healthcare workers about the vaccine and vaccination programme?
8. Do you have vaccine champions and advocacy for staff groups?
9. Do you have any documents to help line managers and others challenge vaccine hesitancy? For example, ways to talk to those who are vaccine hesitant and challenging their fears.
10. Are you in negotiation with your local vaccine centres around flexibility of opening times? Would they need additional staffing to do this?

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