

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'?

Approach



Phase one: Desk top research

- Developed a model which included using other data sources to refresh 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

Key outputs and deliverables

- Hot spot maps and profiles of local communities
- A final report with recommendations
- Breakdown by geography to enable consideration of how views differ across different communities and Places



Service delivery and
resource allocation



Education and training



Communications and
engagement



COVID vaccination and
testing delivery

Phase 1



Phase 1: Desk

Approach

- Acquire data, clean and organise, map to geographic areas and develop automated processing for inclusion in to an interactive online document
- Demographics, population changes, education, language, occupation and industry

Data source

- Census data
- LA population estimates
- Indices of multiple deprivation (IMD)
- ONS national statistics of social economic class
- School census

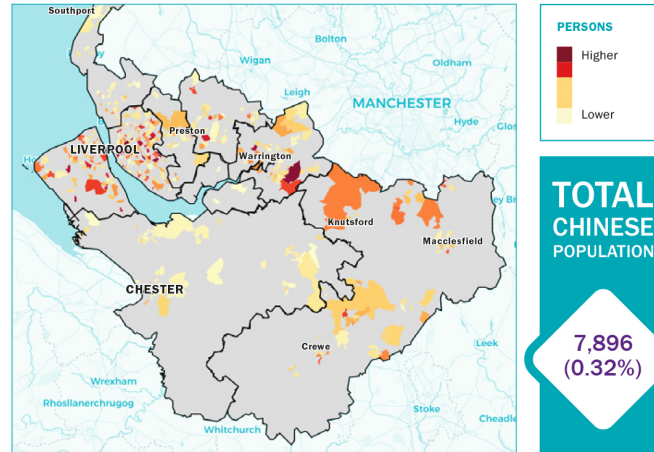
Outputs

- 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
- Detailed understanding of ethnic profiles across Cheshire and Merseyside
- Refreshed Census data to give an updated view

Phase 1 Output Document/Area Profiles

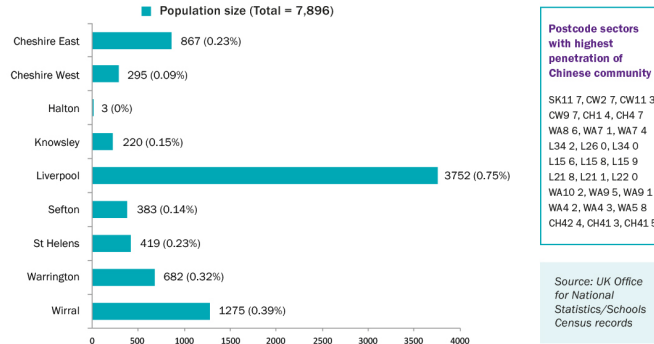
- It was agreed giving access to the raw data / tool to a wide range of people creates issues (e.g. training, data protection, sensitivity of data, control of use etc.)
- The objective therefore is **to create a usable document of practical relevance for all 9 Places across Cheshire and Merseyside**
- The document seeks to provide an understanding of the area profiles and their ethnic communities this **insight will help those in the Partnership create more targeted interventions and communication.**

Chinese community size and incidence



Example output from phase 1
A detailed manual focusing on
each ethnic group and Place.

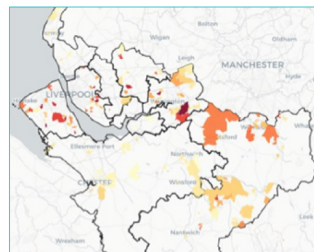
Chinese community by Place



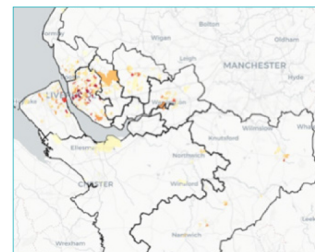
Chinese community clusters

Cluster	Number of people	IMD	Income	Employment	Education, skills and training	Health and disability	Crime	Barriers to housing and services	Living environment
Lower deprivation	2607	8.11	7.92	7.25	8.51	5.74	7.76	7.96	6.3
Higher deprivation	5289	2.28	2.42	2.15	3.17	1.56	3.44	8.13	3.41

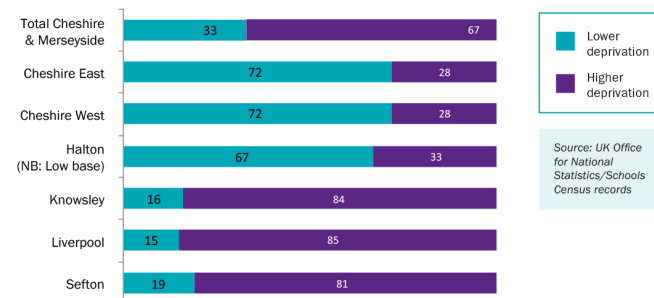
Lower deprivation cluster



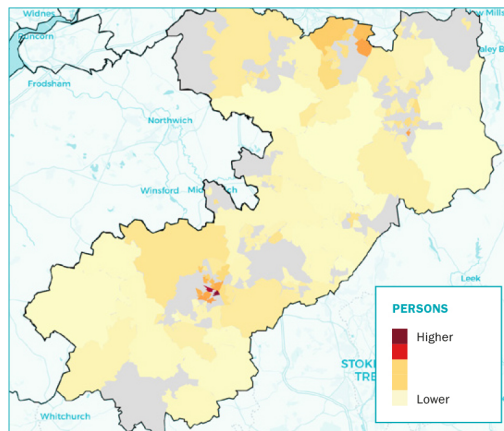
Higher deprivation cluster



Profile of Chinese community clusters by place



BAME population size and incidence

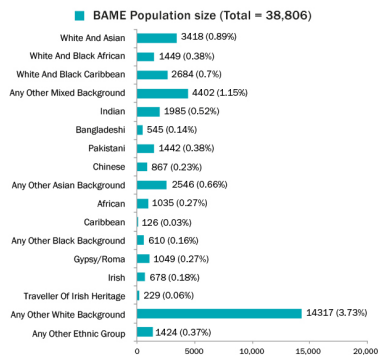


**TOTAL
BAME
POPULATION**

**38,806
(10.12%)**

Postcode sectors with higher BAME population:
SK11 9, SK9 7, SK10 4, SK9 2, CW2 8, SK11 6, CW2 7, CW1 3, CW5 8, CW10 0, ST7 2, SK12 4, ST7 3, CW11 2, CW11 3, CW5 6, CW2 6, CW12 4, WA16 8, SK11 7, CW1 2, SK10 2, SK9 3, CW2 6, SK9 4, CW2 8, SK9 4, WA14 4, CW12 2, SK9 3

Breakdown of ethnic groups



Source: UK Office for National Statistics/Schools Census records

Main Language	Total
African language	112.10
Arabic	149.10
East Asian language: Any other East Asian language	612.50
East Asian language: Chinese	483.60
French	286.20
Other European language (EU): Any other European language	1784.60
Other European language (EU): Polish	3736.20
Other European language (non EU)	325.30
Other language	75.00
Portuguese	169.10
South Asian language: Any other South Asian language	433.30
South Asian language: Bengali (with Sylheti and Chatgaya)	211.20
South Asian language: Gujarati	56.00
South Asian language: Panjabi	73.00
South Asian language: Tamil	138.10
South Asian language: Urdu	171.10
Spanish	269.30
West/Central Asian language	234.30
	9320.00

Phase 2





Phase 2: Recruitment method

1. Online panel

2. Out reach campaign:
community and
faith groups

3. Out reach campaign: local
organisations

4. PR

5. Social media
campaigns

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)
- A pilot survey of 10 respondents was conducted online between 2nd and 3rd December 2020.
- 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

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

Ten Key Findings



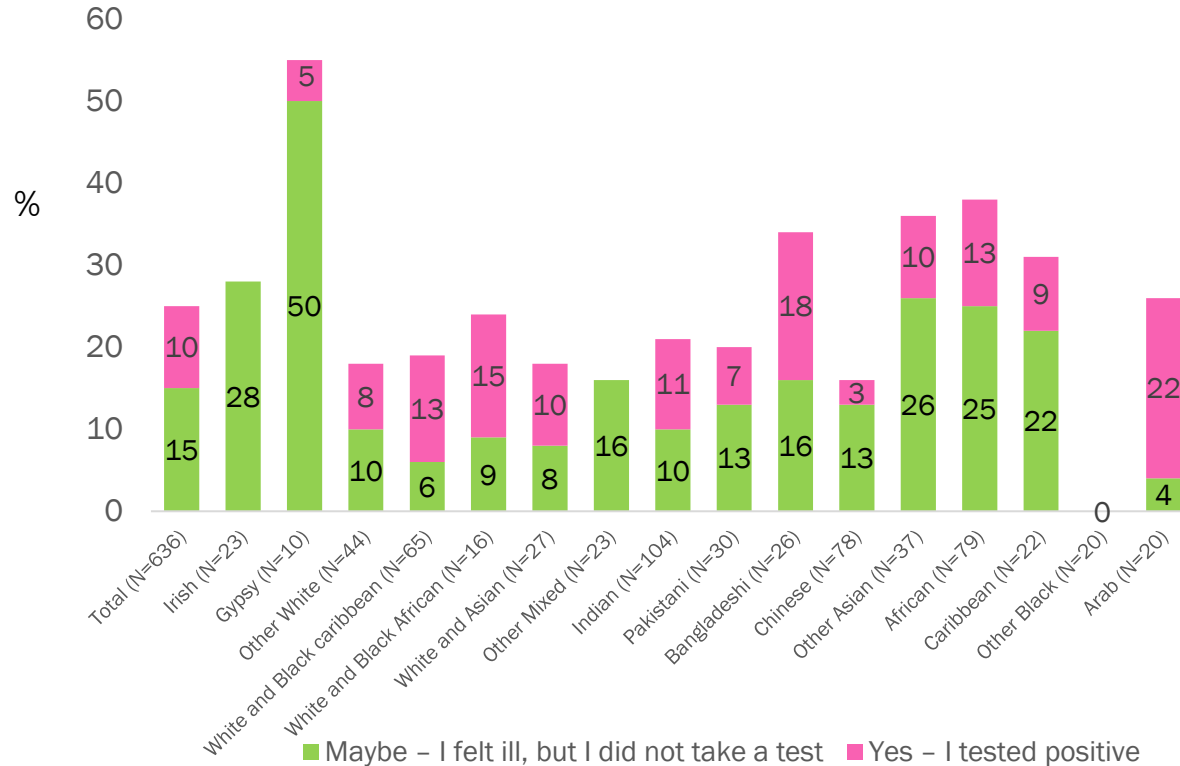


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Number 1

Although ¼ of the population believed they had COVID only 10% had it confirmed with a COVID-19 test?



The data suggest that a lot of people thought that they had COVID without it being confirmed by a test.

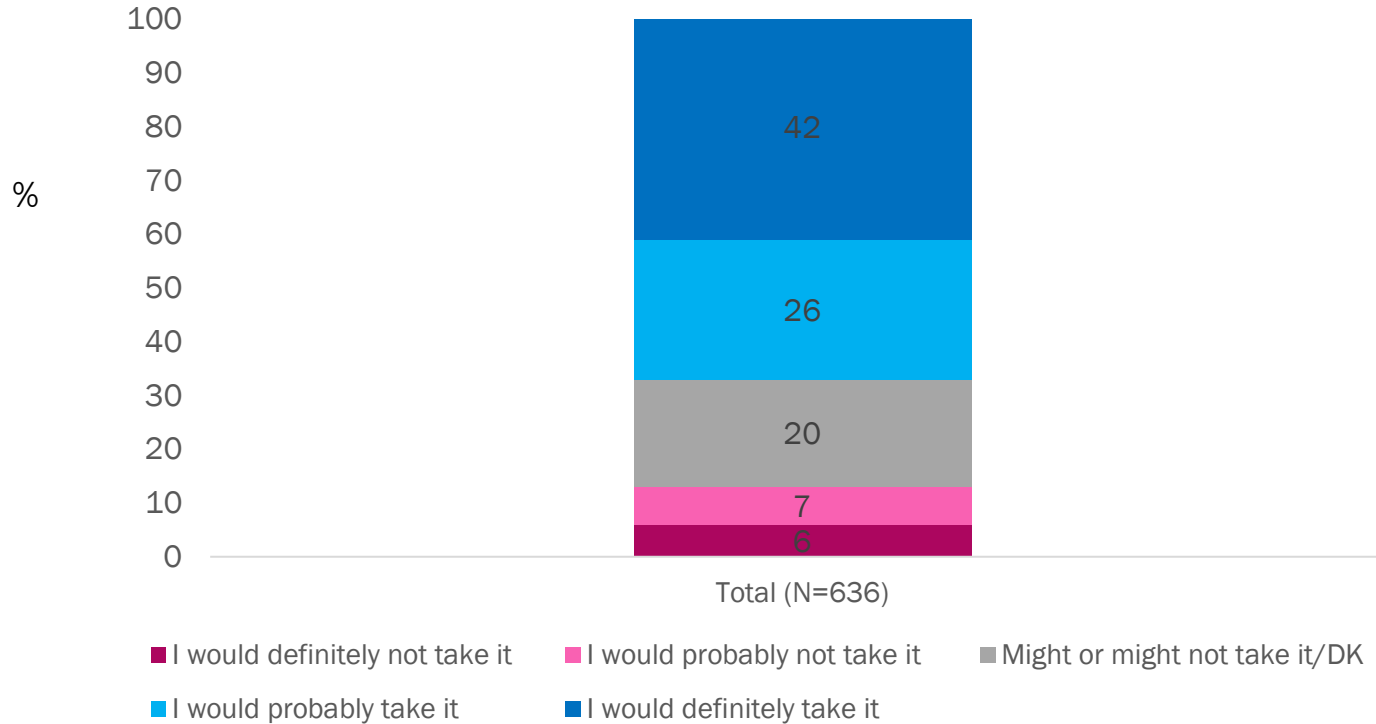
Irish, Gypsy, African, Caribbean, Bangladeshi and other Asian respondents had the high claimed levels of illness from COVID without a test.

Are there barriers to taking a COVID test?

Number 2



A third need to be persuaded to take vaccine



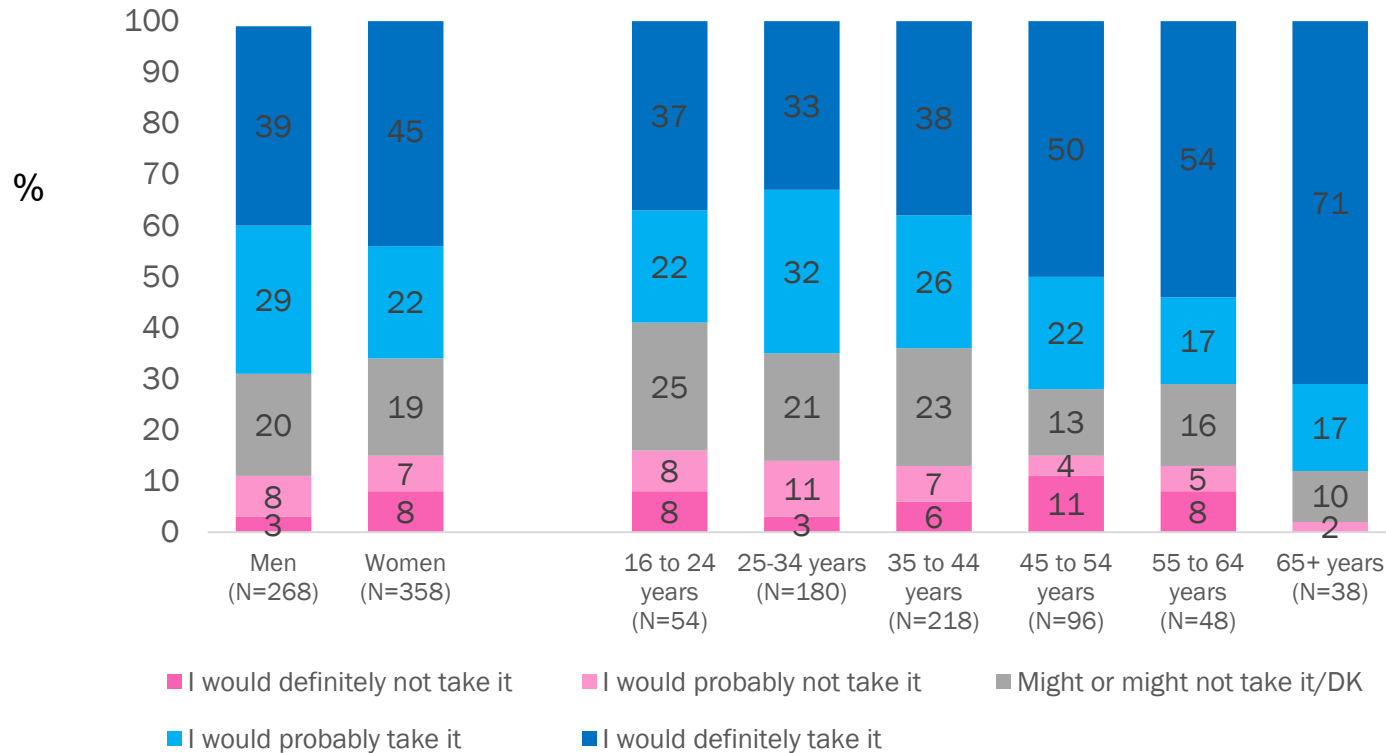
Overall, 68% stated that they would 'definitely' or 'probably' take the vaccine.

But they were significant numbers of the BAME population who were *hesitant* about (20%) or *rejected* 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).

Acceptance of the vaccine increases with age



Propensity to take the vaccine increased with age.

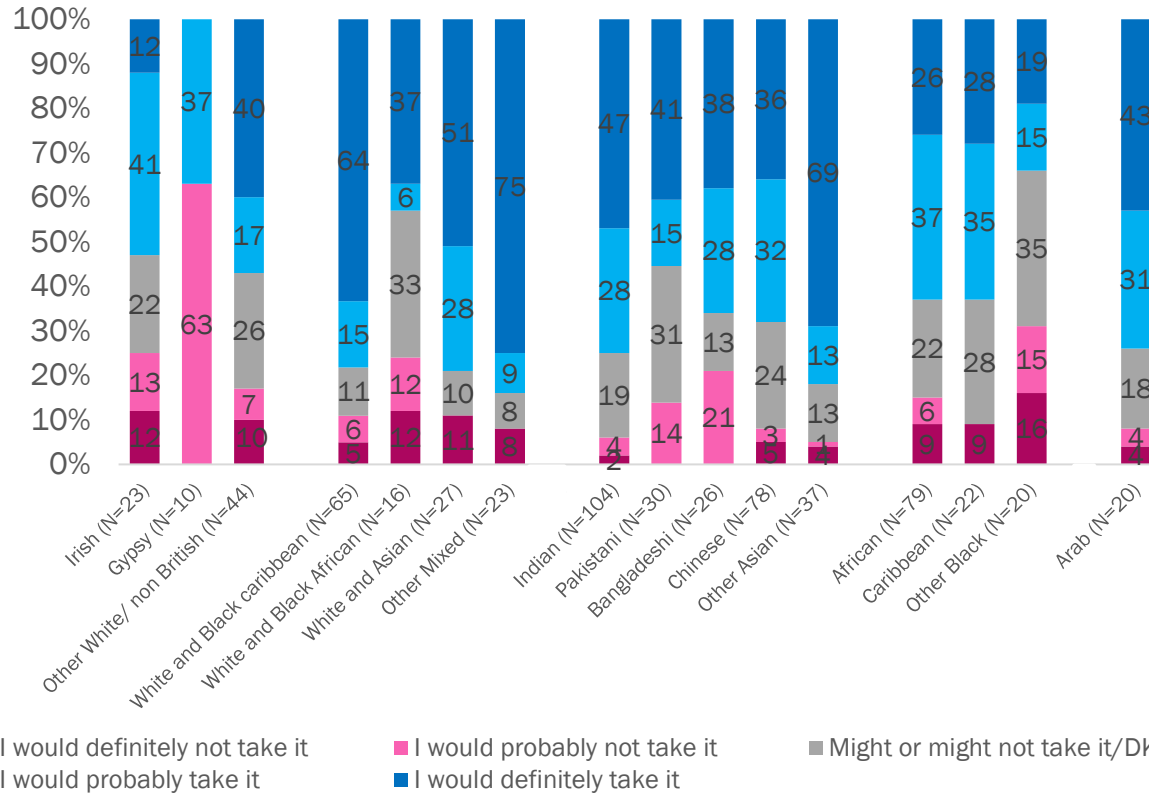
There was less variation by age among those who say that they *would not take it*.

Women were slightly more polarised than men, with a slightly stronger propensity to *definitely* take the vaccine and also a slightly higher propensity to *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).

Acceptance of vaccine varies by ethnic group



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

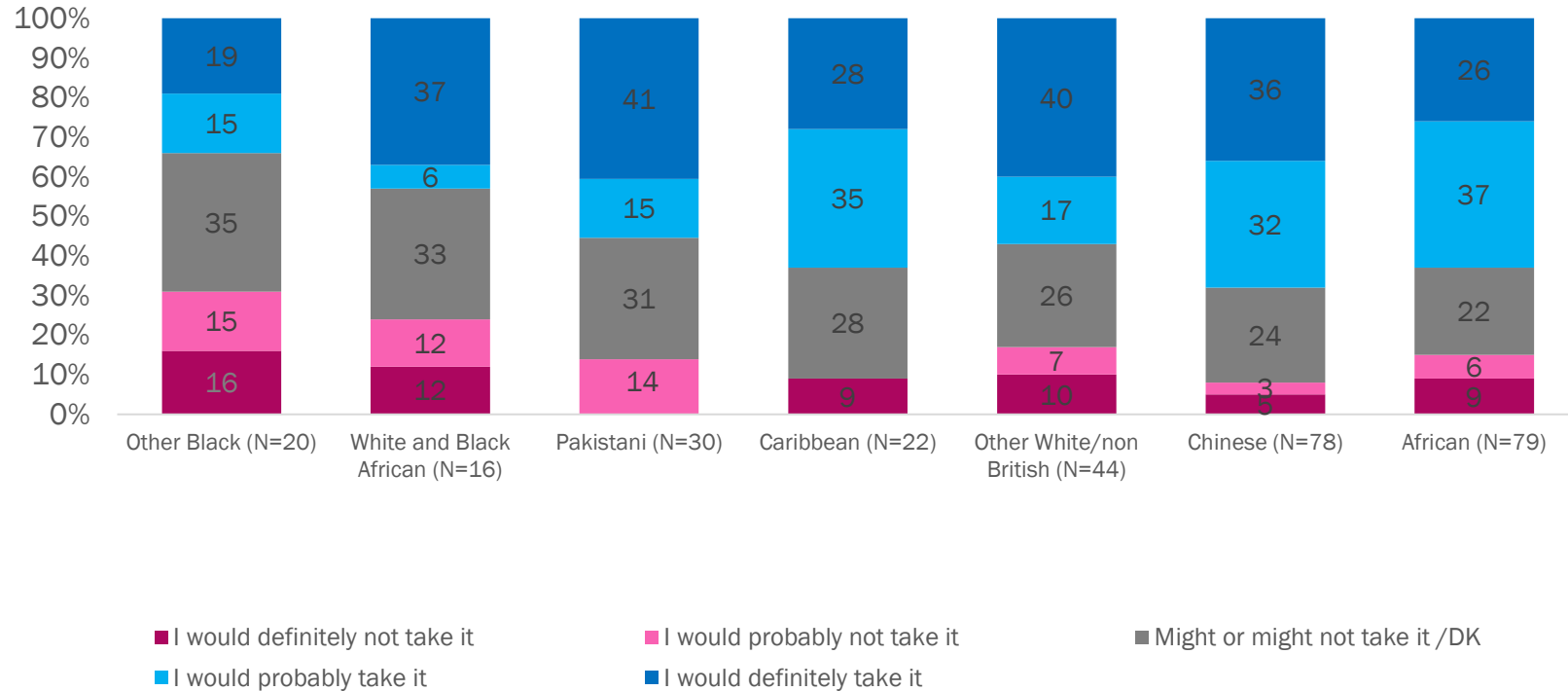
The highest resistance to the vaccine was among: Gypsy, other Black, White and Black Africans and Irish.

Africans also had 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).

Vaccine hesitancy highest amongst eight ethnic groups



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).

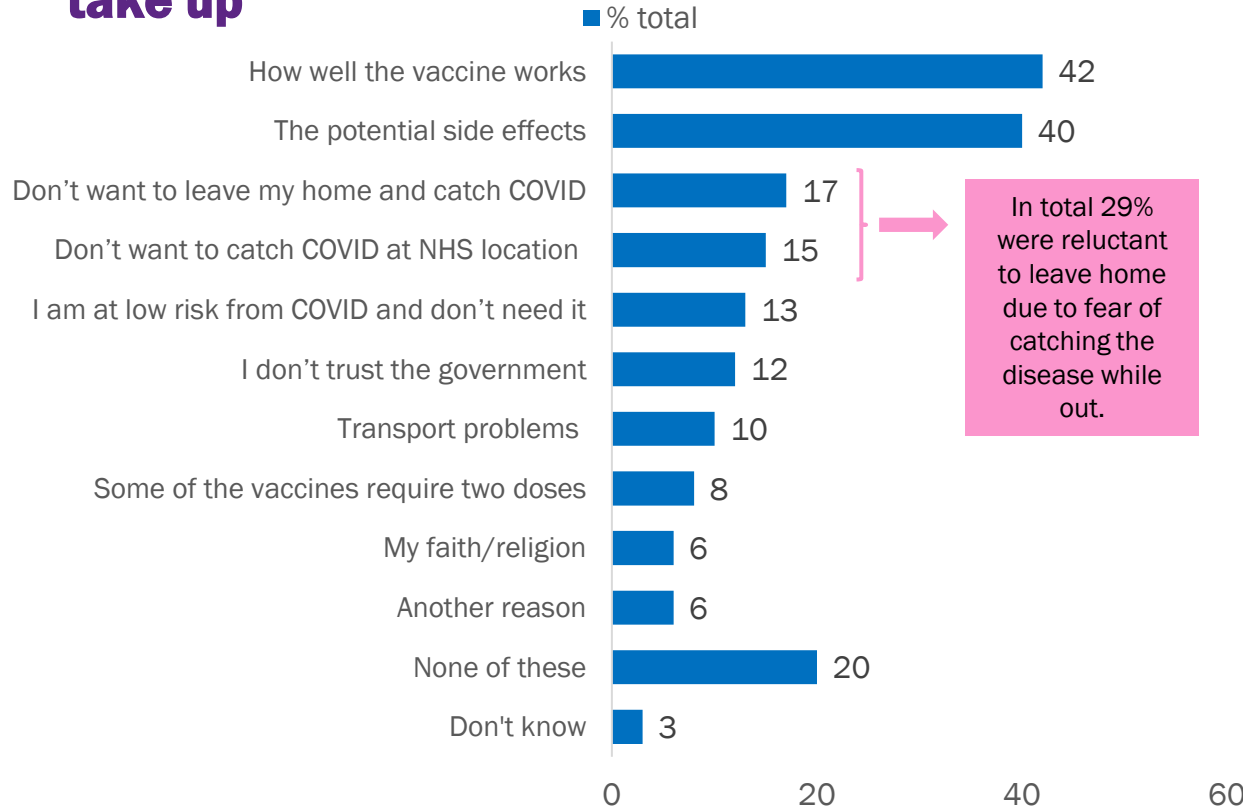


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Number 3

Efficacy and side effects are principal barrier to vaccine take up



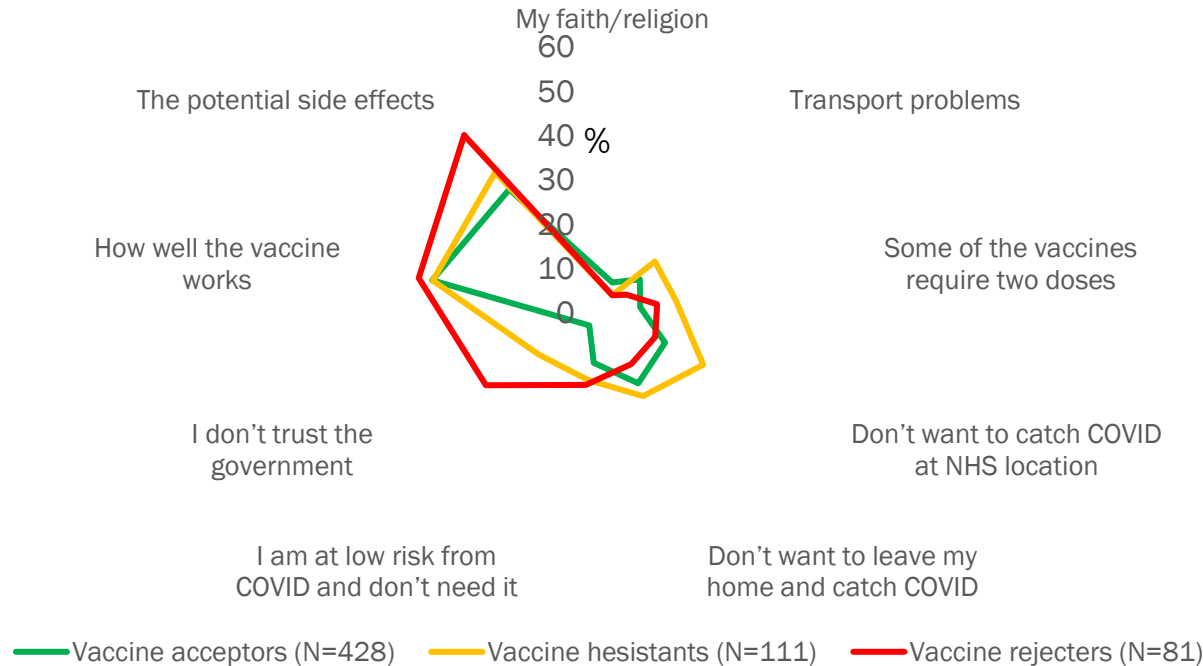
How well the vaccine works and potential side effects were the biggest concerns about the vaccine.

However, there were secondary barriers and *fear of catching the disease when receiving the vaccine* was also relatively high (29% in total).

Q. Which, if any, of the following might influence your decision to take the COVID vaccine?

Base: all respondents (N=636).

Functional concerns are barriers among hesitant



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.

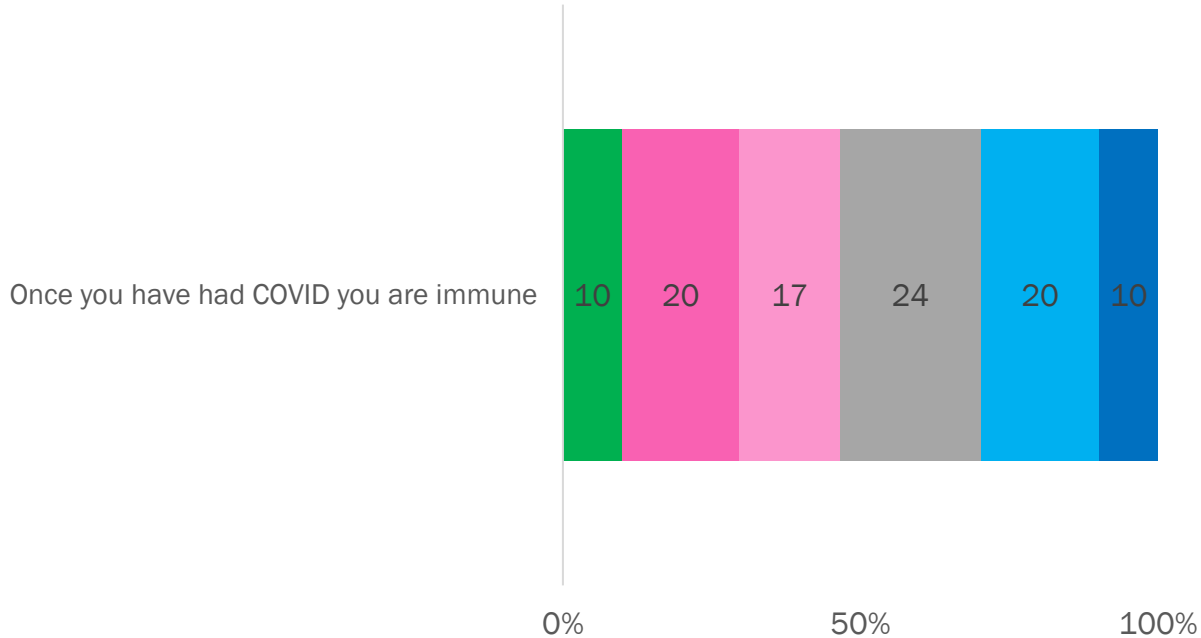
Among *vaccine hesitant*, some more additional functional barriers emerged, such as, *transport problems* or *fear of catching COVID while getting the test*. In total 42% of hesitant were reluctant to leave home in fear of catching the disease.

Number 4



Many think COVID immunity exists

■ Don't know ■ Disagree strongly ■ Disagree slightly
■ Neither agree nor disagree ■ Agree slightly ■ Agree strongly

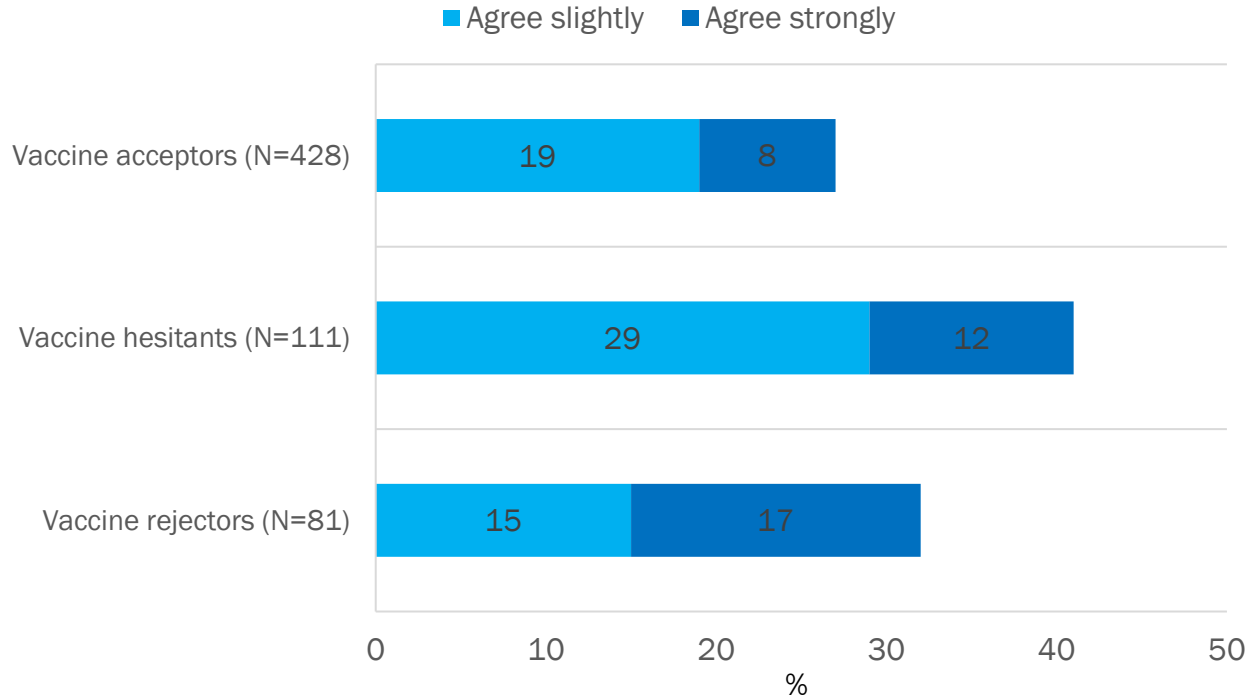


Opinion was polarised on *immunity once had COVID*: a third (30%) thought that you were immune and just over a third (37%) thought that you were not immune.

Q. Below are some things that other people have said about themselves and COVID-19. For each please tell us whether you agree or disagree with the statement?

Base: all respondents (N=636).

Perceived immunity is a possible barrier to hesitants



Vaccine hesitants were more likely than rejectors and acceptors to believe that once you have had COVID you are immune.

It is possible that this attitude is one of the drivers behind their hesitation towards receiving the vaccine.

Q. Below are some things that other people have said about themselves and COVID-19. For each please tell us whether you agree or disagree with the statement?

Base: all respondents (N=636).

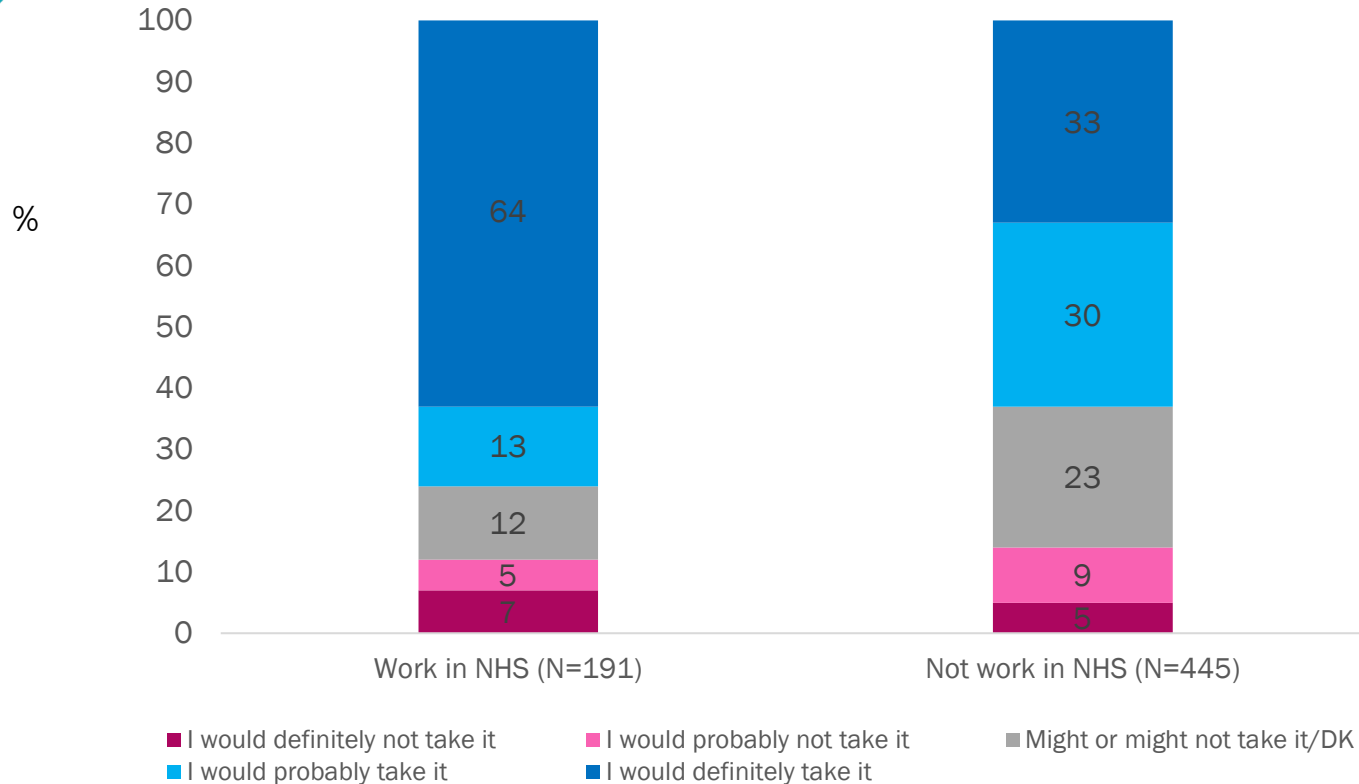


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Number 5

Around 1/4 of NHS workers are non acceptors of vaccine



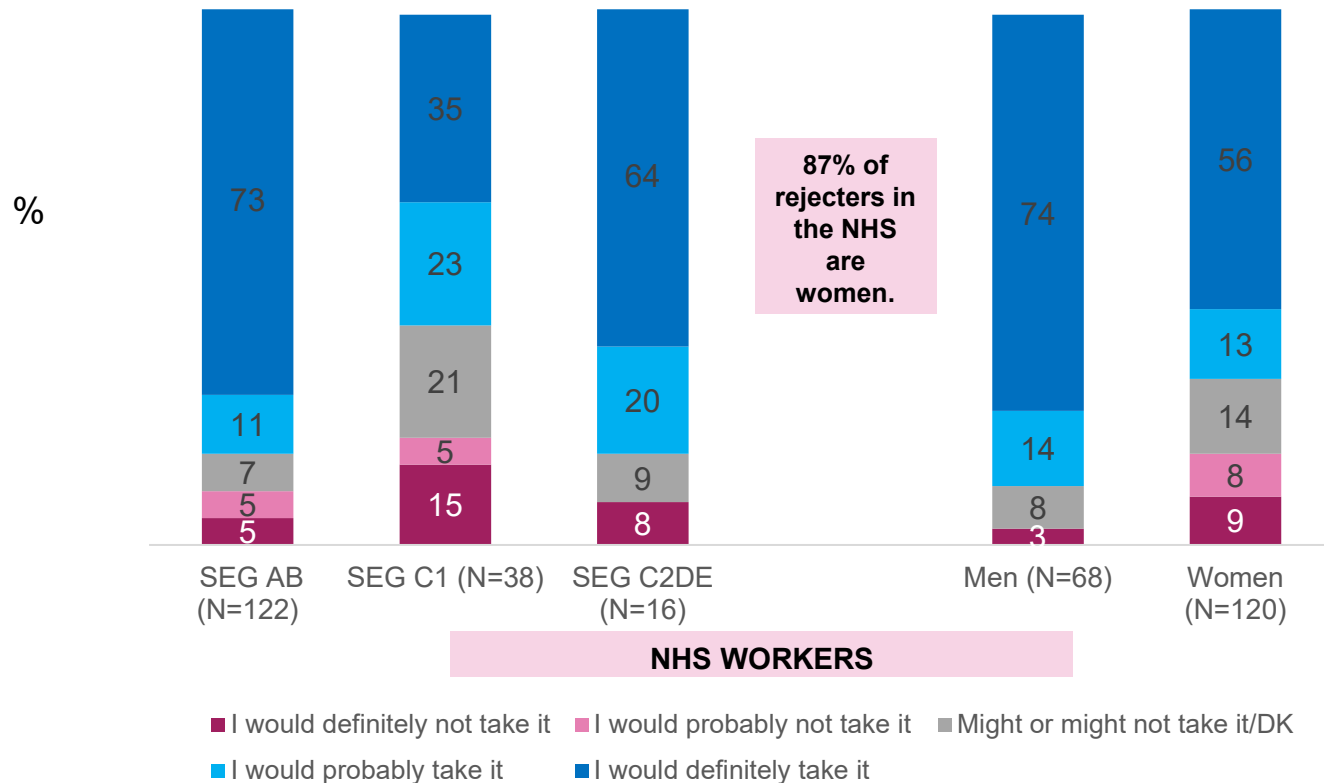
Propensity to take the vaccine was higher amongst NHS workers (77%) – the strength of feeling was particularly strong among this group.

Despite this, there was still some resistance to the vaccine among NHS workers (12% would not take 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 – work in NHS



While base sizes are low, non acceptance of the vaccine was higher among C1 NHS workers (e.g. admin) than other workers.

However, even among Socio-economic groups (SEG) AB, one in ten (10%) would not take the vaccine.

Propensity to take the vaccine was much lower among women than men, with 17% rejecting 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 who work in the NHS (N=191).

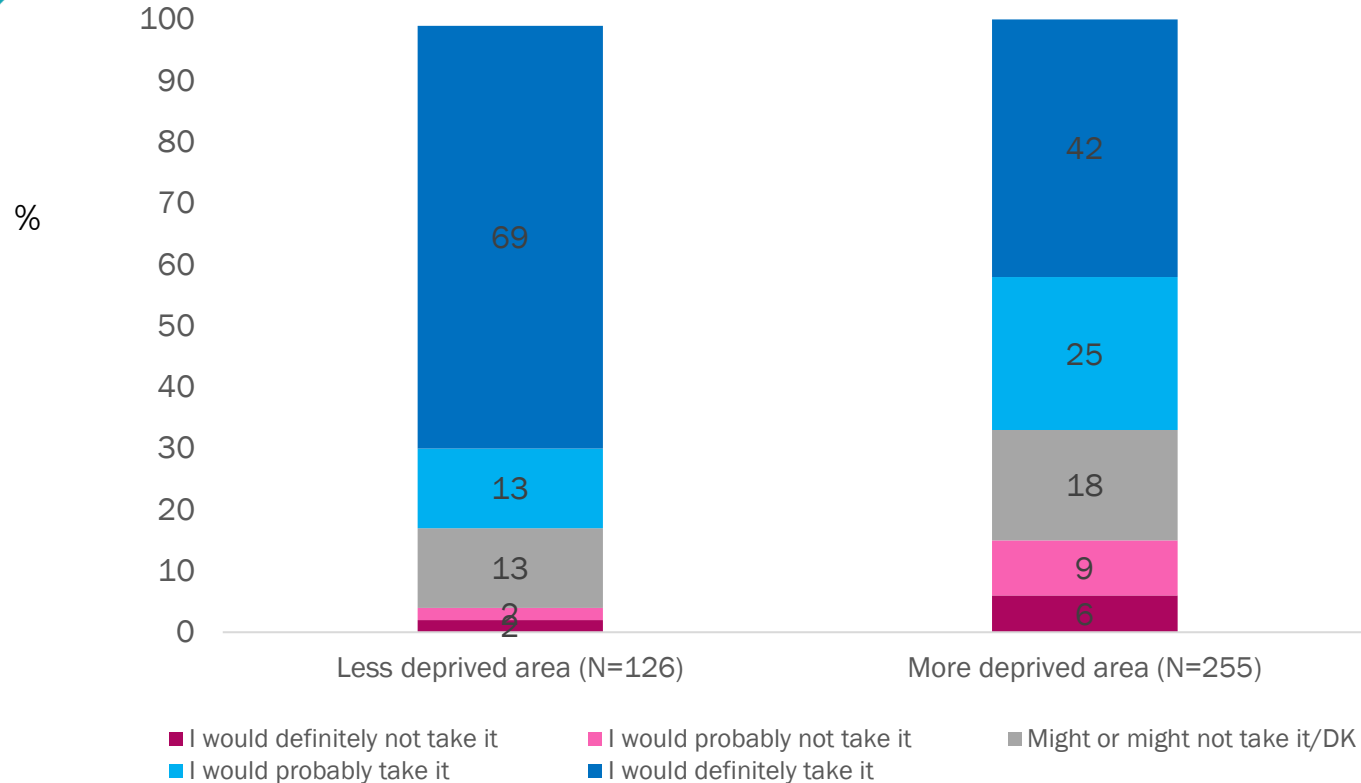


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Number 6



Acceptance of vaccine lower in more deprived areas



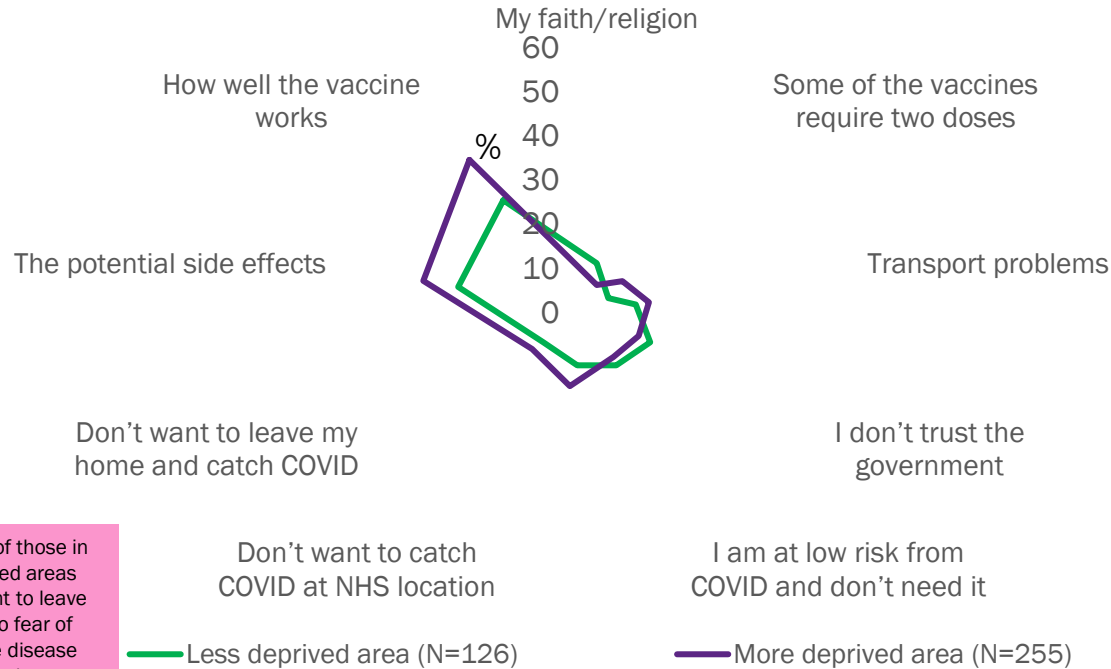
Acceptance of the vaccine was lower in more deprived areas, with 15% rejecting the vaccine and a third being non acceptors in total.

Those living in more deprived areas were less enthusiastic about taking the vaccine, with 42% top box (*definitely* take it) and 25% 2nd box (*probably* take 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).

Efficacy and side effects are bigger barriers in more deprived areas



In more deprived areas, the efficacy of the vaccine and the potential side effects were greater barriers than in less deprived areas.

Overall, those in more deprived areas expressed a greater number of barriers facing them; almost a third (31%) expressed some concern *about leaving home and catching COVID* (versus 25% for less deprived areas).

In total 31% of those in more deprived areas were reluctant to leave home due to fear of catching the disease while out.

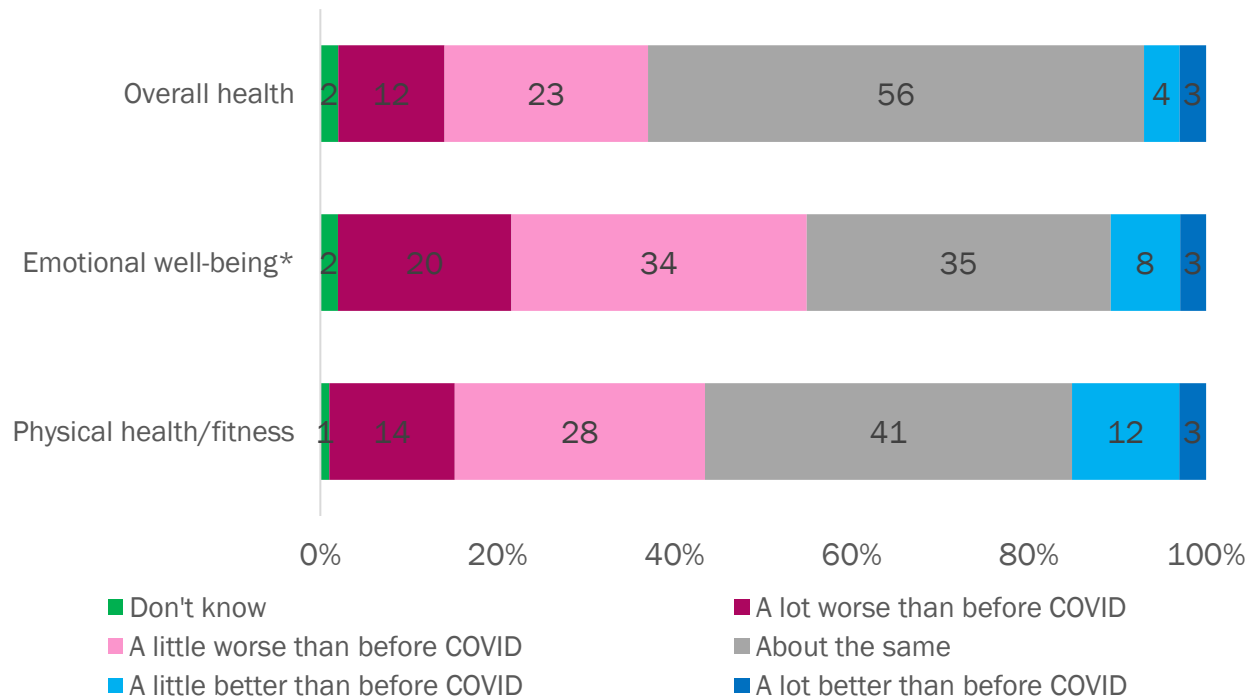
Q. Which, if any, of the following might influence your decision to take the COVID vaccine?

Base: all respondents in sub-group.



Number 7

COVID has had major impact on mental health



All aspects of health have declined markedly for a large proportion of respondents.

Over half (54%) have seen a deterioration in their *emotional well-being*, with a fifth (20%) stating that it *a lot worse than before COVID*.

Four in ten (42%) have experienced a decline in *physical fitness* and a third (35%) a decline in *overall health*.

Q. Which of the following statements best describes how you feel about the following aspects of your health now compared to before COVID?

Base: all respondents (N=636).

*The term *emotional well-being* was used as it was felt it had less stigma than *mental health*.



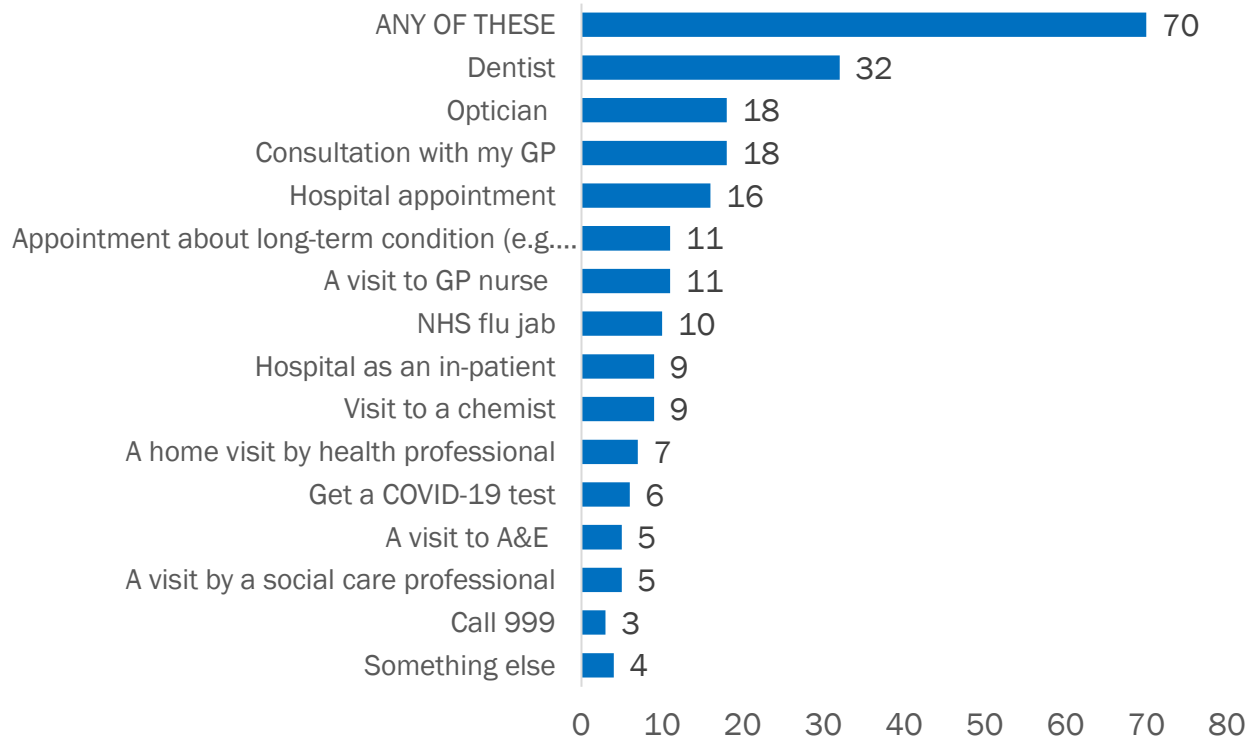
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Number 8

OPEN
FOR
BUSINESS

Access to health services have declined

■ % haven't done due to COVID %



COVID has had a major impact on access to health care among the BAME community.

Two thirds (70%) had needed to access a health service in the last 6 months but had not done so as a result of COVID.

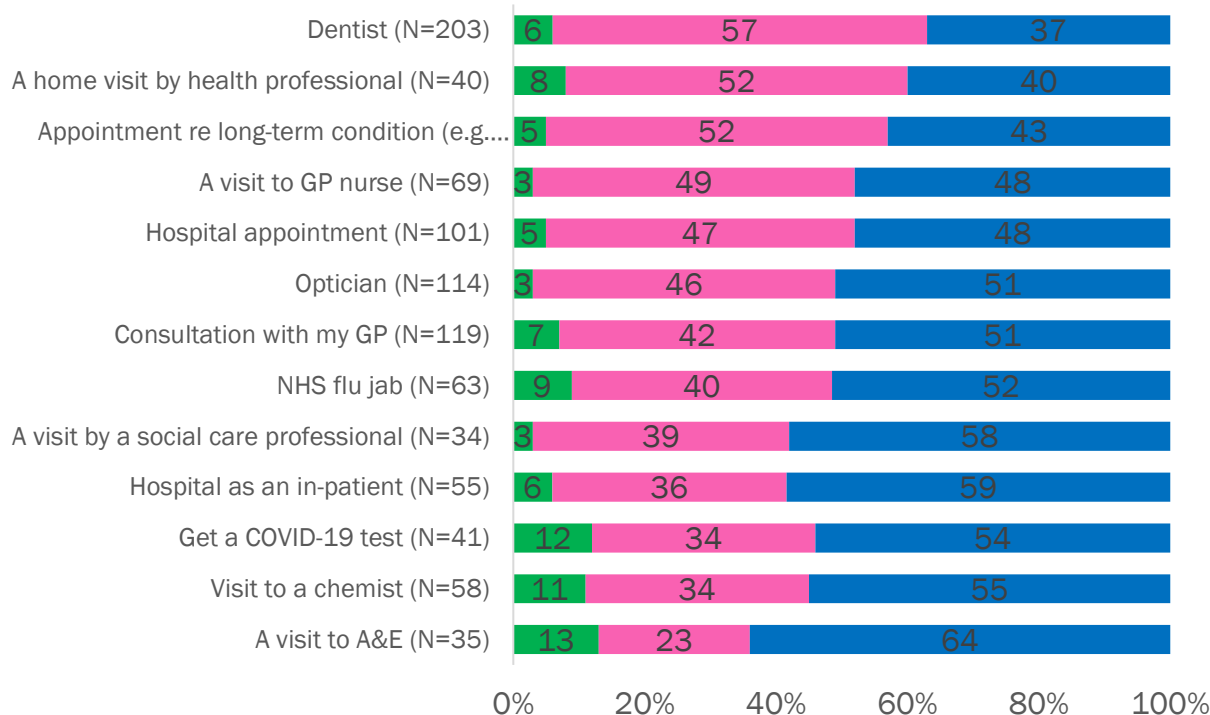
The impact has been particularly strong on *dentists visits* (32%) as well as *opticians* (18%), *GPs* (18%) and *hospital appointments* (16%).

Q. Which, if any, of these have you needed to do in the past 6 months, but for whatever reason didn't do because of COVID-19?

Base: all respondents (N=636).

Many are choosing not to access health services

■ Don't know ■ Not my choice ■ My choice not to do it



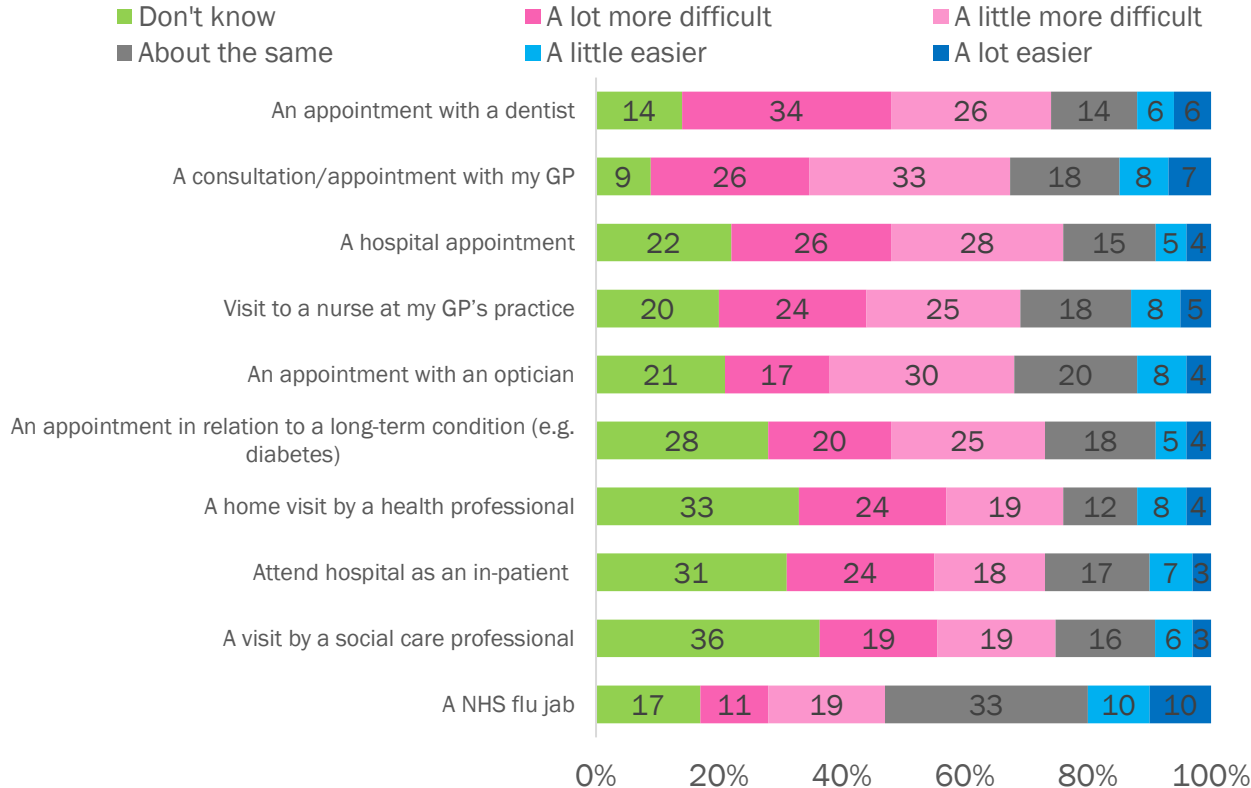
Many of the health actions not done due to COVID were the choice of the individual rather than the NHS.

For example, half (52%) of those who did not *get a flu jab* or *visit their GP* (51%), chose not to do it themselves.

Q. For each of the things that you didn't do, please tell us whether it was your choice NOT to do it?

Base: all respondents (N=636).

Strong perception that NHS is not as 'open' as before COVID



Access to health services was perceived to have become more difficult during COVID.

Across all potential services, many more rated services as being *more difficult* to access because of COVID than *more easy*.

Dentists (60% more difficult) and *GP services* (59%) were perceived to have become *the most difficult to access*.

Q. Compared to before COVID how easy or difficult do you think it is for you to access the following types of healthcare.
It doesn't matter if you have needed this type of healthcare, it is your opinion we are interested in? Base: all respondents (N=636).

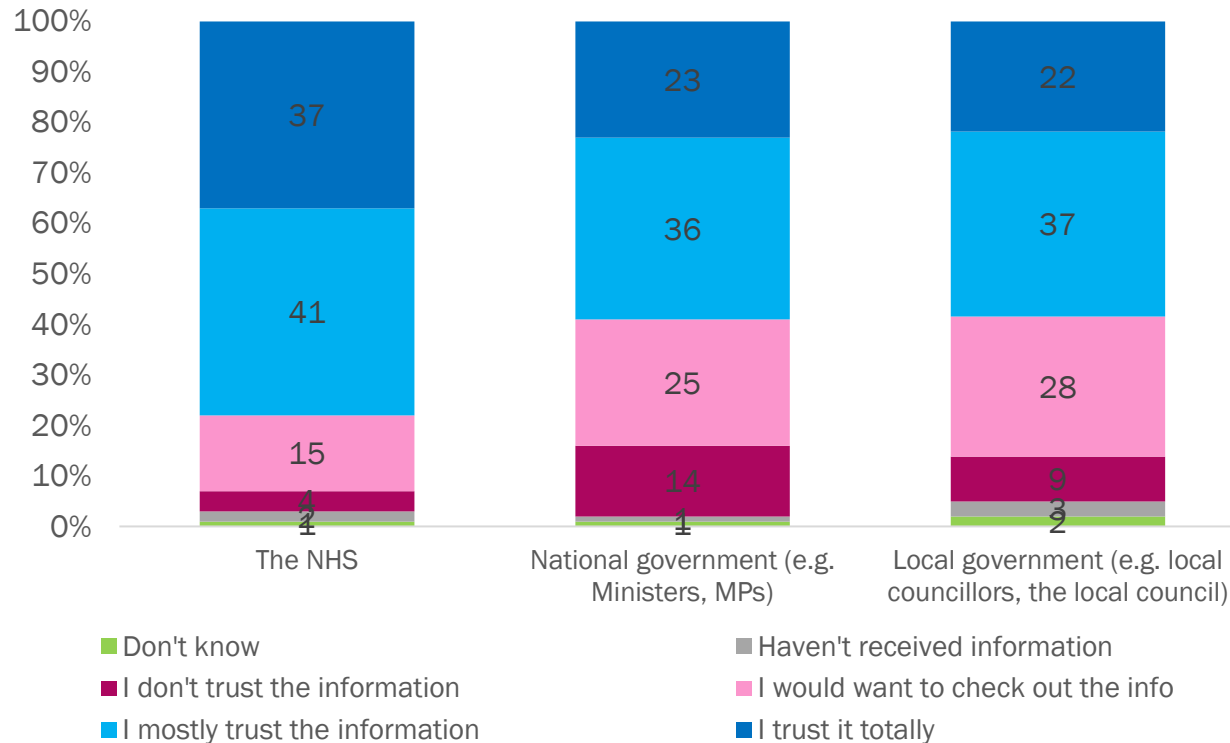


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Number 9

Trust in the NHS much higher than government



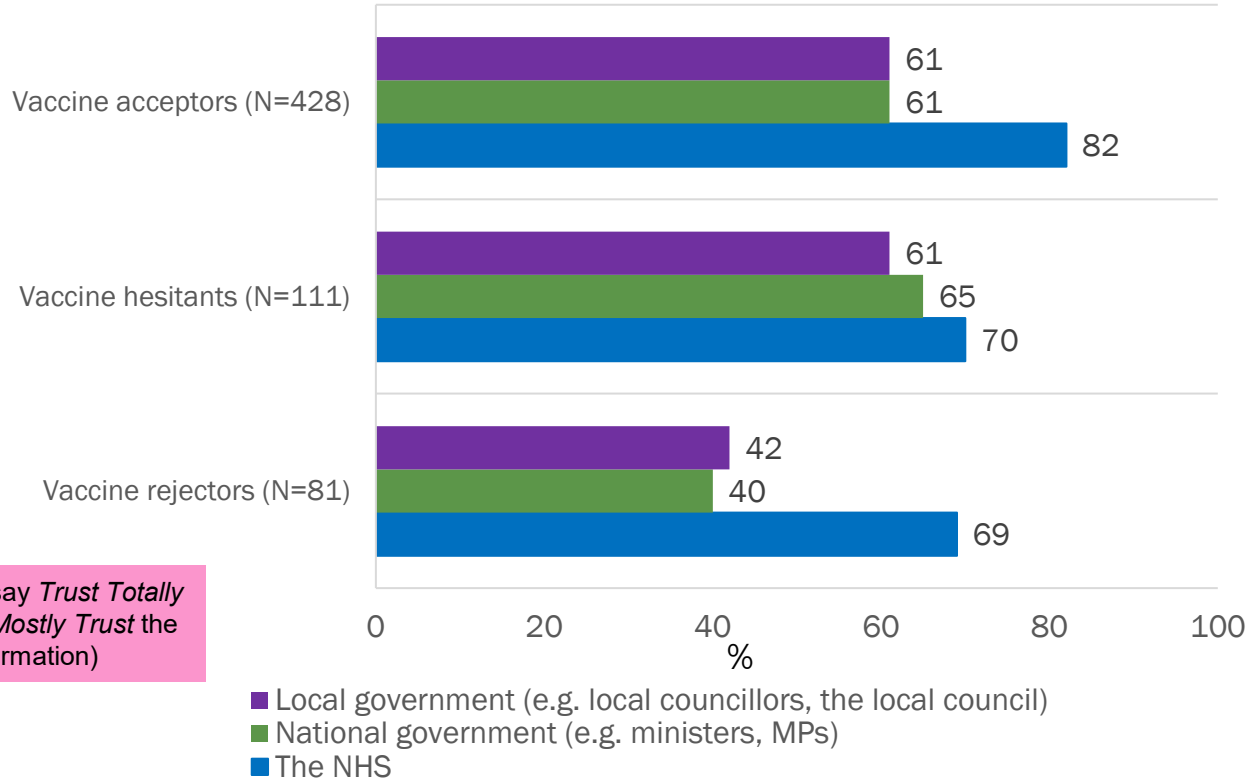
In terms of official sources, trust in information from the *NHS* far exceeded that from either *national* or *local government*.

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 rejecters 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, rejecters 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).



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Number 10



The
Guardian

CheshireLive

NOR
RADIOCITY
ALL THE BIGGEST HITS

sky news

YouTube



BBC
NEWS



95-106
CAPITAL
FM

THE UK'S NO.1 HIT MUSIC STATION

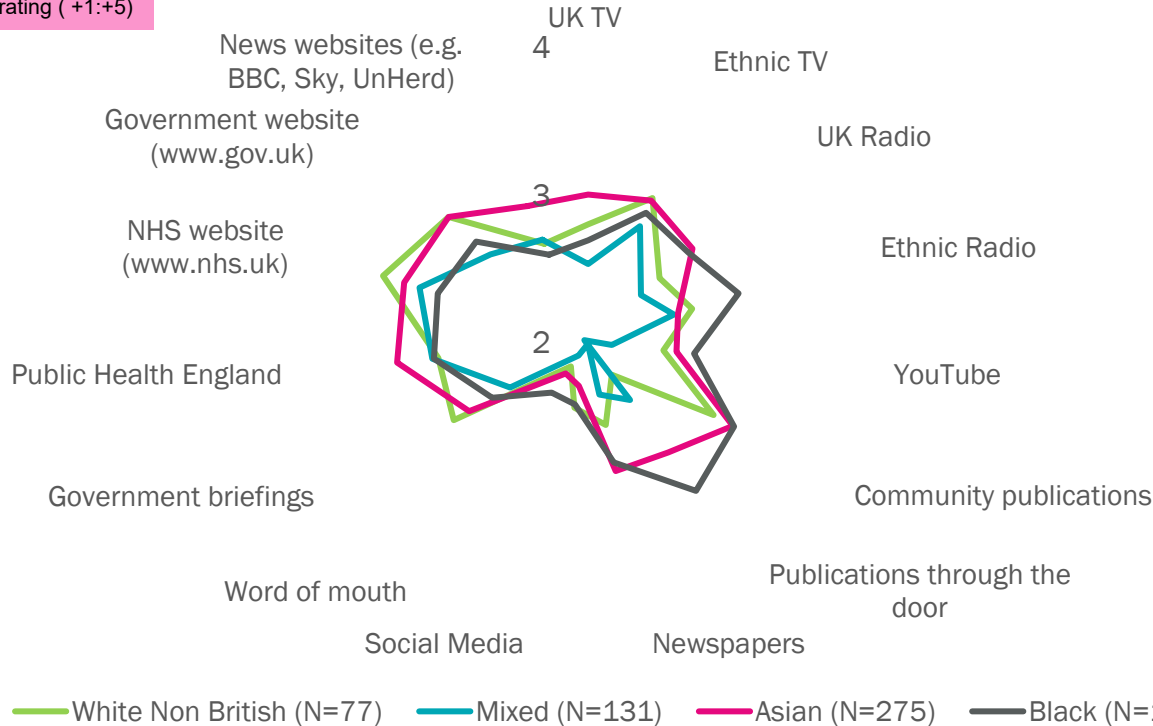
ECHO

THE  TIMES



Different ethnicities trust different media sources

Mean score
rating (+1:-+5)



On balance, mixed ethnic groups had lower trust ratings.

Asian respondents trusted *UK TV* more than other ethnic groups.

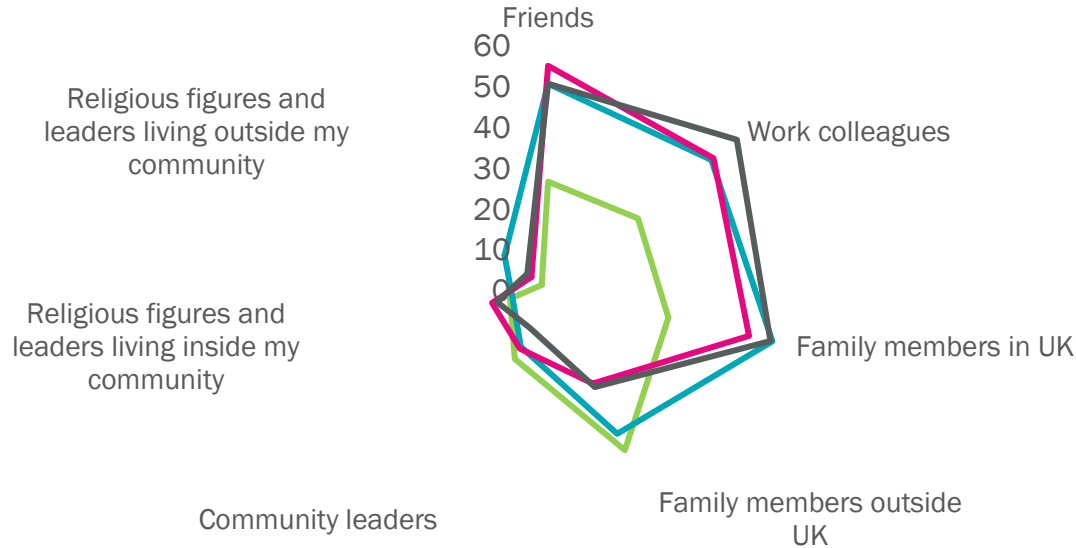
Asian and Black communities were also more likely to trust *newspapers, community publications* and *publications through the door* than other communities.

White Non British have fewer community networks

White Non British had fewer community networks and were much less likely to use *family in the UK*, *friends* and *work colleagues*, but more likely to use *family outside of the UK*.

The profile of use of community sources of information is similar among Black, Asian and Mixed ethnic groups.

However, mixed ethnic communities were also likely to use *family from outside the UK* as a source.



— White Non British (N=74) — Mixed (N=130) — Asian (N=273) — Black (N=121)

Q. Below are some other potential sources of information that you may have about COVID-19.

Which of these do you use to find out information about issues relating to COVID-19? Base: all respondents (N=636).



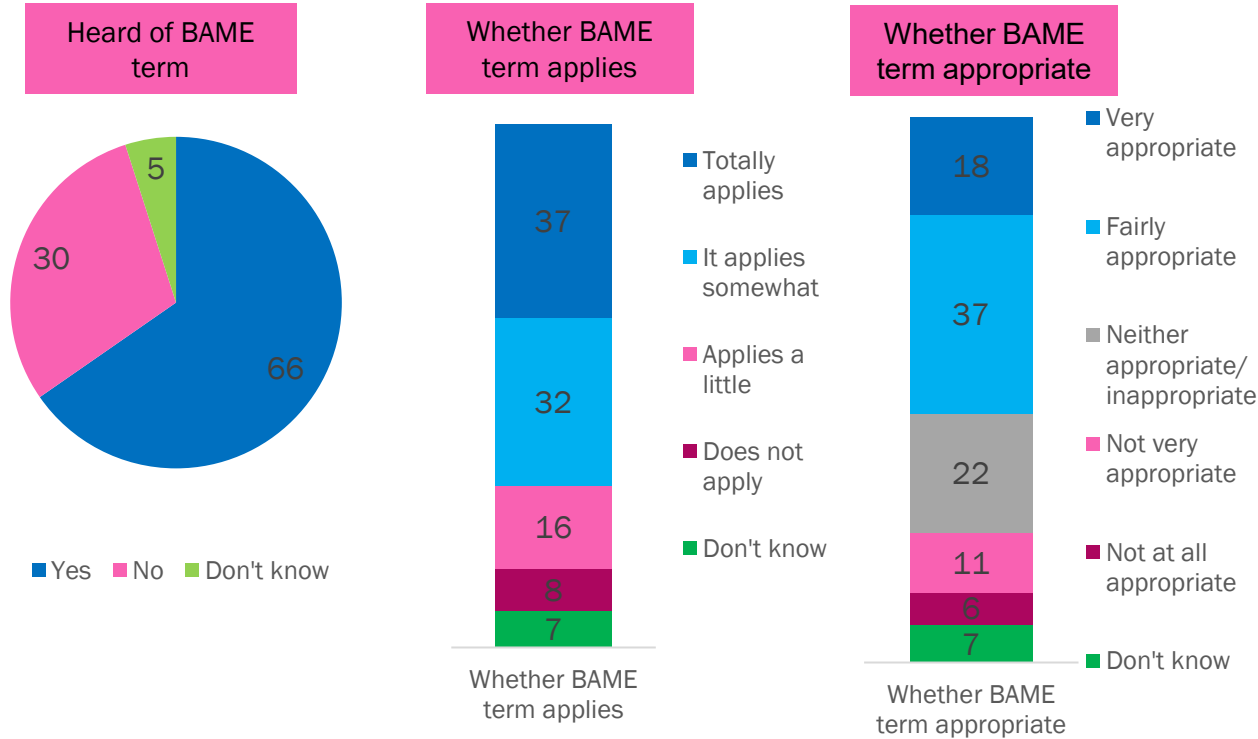
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Opinion about the term **BAME**



1/3rd had not heard of the term BAME



Awareness of the term BAME was not universal, with two thirds of the sample had heard the term BAME.

Most thought that the term applied to them and only 8% thought that the term did not apply to them.

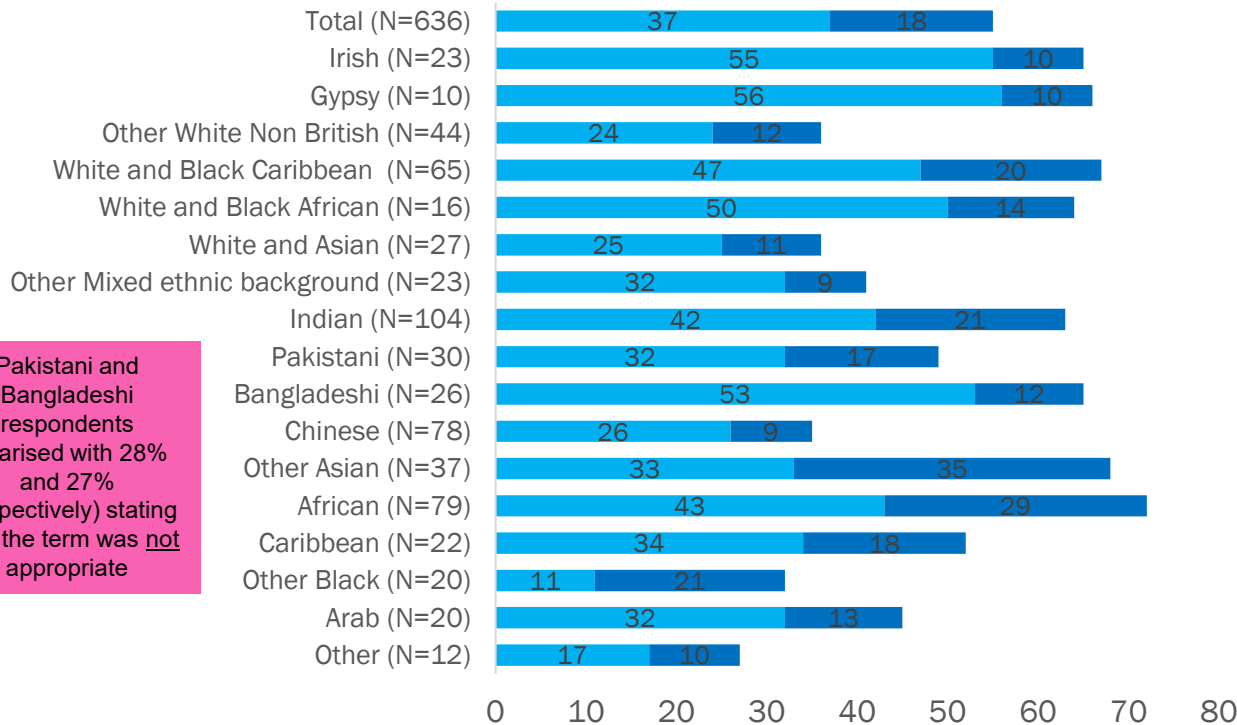
However, only just over a third thought that it applied totally.

Opinion was muted on how *appropriate* the term was, with only just over half (55%) stating that it was an appropriate term.

Q. Before today, had you heard of the term? Which, if any, of these statements best describes your opinion of how much the term BAME applies to you personally? Which of these statements best describes your opinion of the term BAME? Base: all respondents (N=636)

Variation by ethnic group to how appropriate the term is

Fairly appropriate Very appropriate



There was some variation by ethnic group on how appropriate the term BAME is.

African, White and Black Caribbean and other Asian were most likely to think of the term as being appropriate.

Other White Non British, White and Asian, Chinese and other Black were least likely to think that it was an appropriate term.

Q. Which of these statements best describes your opinion of the term BAME?

Base: all respondents (N=636).

Some arising themes

Don't lump us all together

I don't think any term should be used. I believe that a single catch-all term for such a variety of ethnic groups ignores the nuances of those ethnic groups and fails to treat people individuals.

It's used to pigeon hole people. This is dangerous when people don't see themselves as part of that group. The opposite can also be true.

Refer to each ethnic group in their own merit. You cannot simply lump together everyone who isn't White under one category

Reductionist, we all have very different experiences but always get lumped together

Race and culture are intersectional and one broad term does not represent the vast majority of people in the community from a diverse background. It would be better to use a persons own preference on how they identify. It at times feels as though it is identifying anyone 'non-white' as 'other' by using BAME. Whereas, we are not 'other' we are inclusive to the community.

Term 'Ethnic Minorities' preferred to BAME

Ethnic minorities as a phrase is suitable enough. "BAME" just leaves the door open for more "minorities" to be added the list, which just complicates things. "LGBTQ+" makes sense as each letter/symbol represents an identity. BAME in comparison is a clunky acronym ("minority ethnic" doesn't make sense!) and was only developed to that there can be a short and snappy term to refer to a very diverse population.

Just 'ethnic minorities' as this would not limit people to be Asian and black. This would include Europeans for example

From insight to strategy....



Applying the insight to our campaign

ENHANCE TARGETING

- **Prioritise:** 8 ethnic groups most likely to be hesitant
- **Tackling right issues:** directly tackling the strongest concerns from each ethnic group

MAXIMISE TRUST

- **Driving Trust:** NHS brand
- **Authenticity:** Use of community figures to reassure
- **Media Choice:** Door drops/ community publications, PR, radio, press and social media

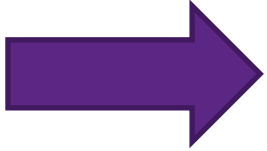
DEEPEN IMPACT

- **Pinpoint geographies** with most deprived BAME communities and add in additional layers to the campaign e.g. Door drop and digital campaign






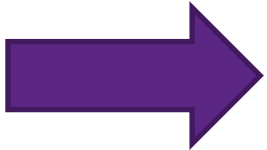
Our Approach



The objective is to create an overarching campaign building on the insight created from the BAME 'Getting under the skin' research to work alongside Place activity to drive ethnic groups to take the vaccination when it is offered.



The campaign approach is about local people supporting local people, it's a campaign from the community to the community.



We are using photography and quotes from real, local people from each of our vaccine hesitant groups.



Media strategy

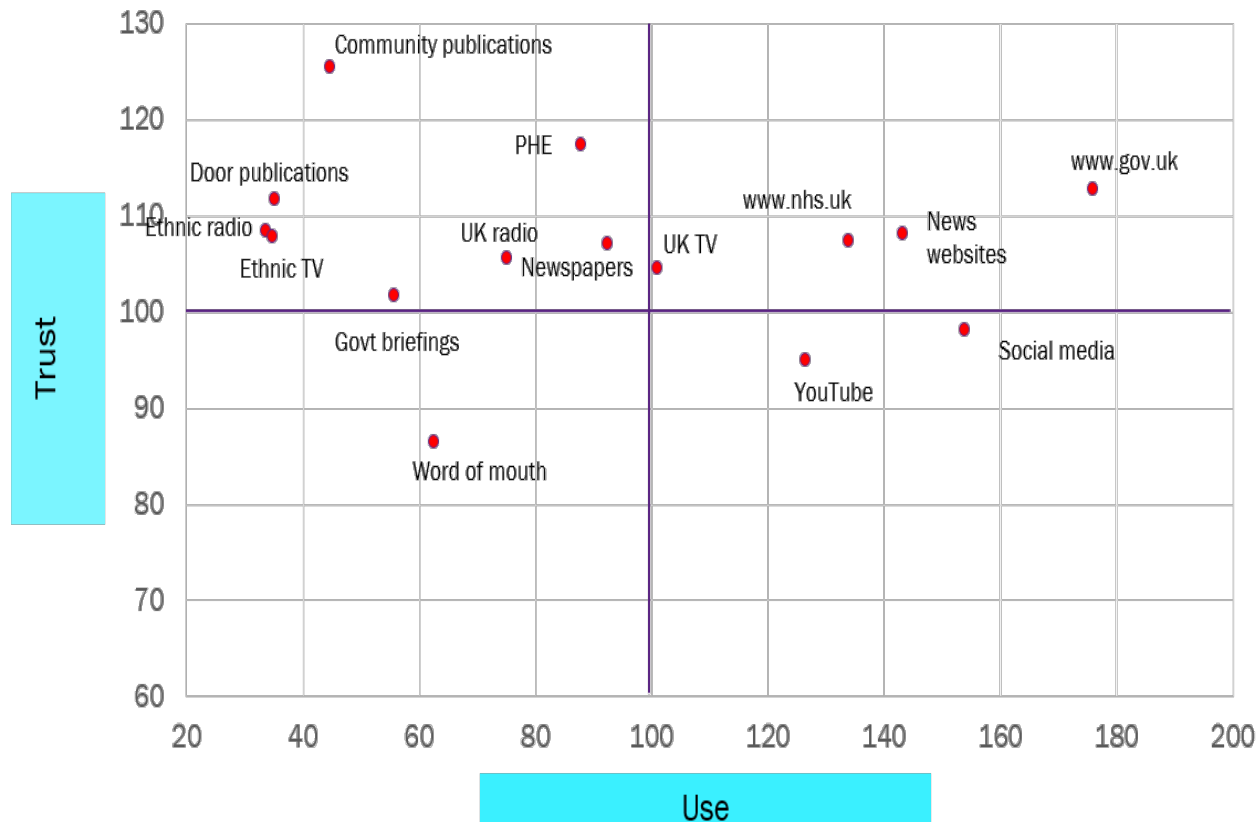
Using insight on trust to lead comms strategy

Newspapers/ news websites
TV/Radio
Community publications
Social media



PR
Community Engagement
Digital campaign
Radio

Usage versus trust of media: vaccine hesitants



Q. Which, if any, of these sources have you used to find out information about issues relating to COVID-19? /

Base: all respondents (N=636).

Campaign collateral

Capturing content:

- 16 individuals from our target BAME communities, across the region, recording in English and mouth tongue
- Stills and video footage
- Addressing the four main barriers to getting vaccinated



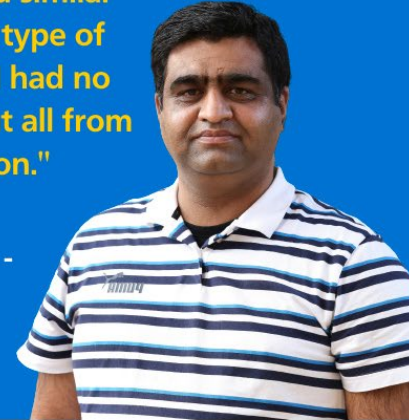
Campaign collateral - design

Concerns tackled
straight on

**Are you worried
about the side
effects of the
Covid-19
vaccination?**

"Any side effects are
very mild and similar
to any other type of
vaccination. I had no
side effects at all from
my vaccination."

Dr Mahmood -
Liverpool



NHS
branded

Authentic
community
spokes people
addressing real
concerns

When it's your turn, get vaccinated.

Direct call to action

Campaign collateral – organic social media

All four
barriers
tackled by a
representative
from each
target ethnic
group

Are you worried
about catching
Covid-19 at the
vaccination
centre?

"As soon as I arrived for
my vaccine, I felt at
ease. Everyone is asked
to wear a mask and
social distance, and the
whole process is
pretty quick."

Sonia - Liverpool



When it's your turn, get vaccinated.

Are you unsure
the vaccine will
work?

"Some people don't
believe the vaccine will
work but we've got to
trust the experts. They
wouldn't approve
something that isn't
safe and effective."

Zi Lan - Liverpool



When it's your turn, get vaccinated.

Think that you
don't need to
get vaccinated?

"Some people might
think that because
they've had Covid-19
already, that they are
immune to it, but that's
not true. You need to
get vaccinated to be
protected."

Amanjit -
Warrington



When it's your turn, get vaccinated.

Are you worried
about the side
effects of the
Covid-19
vaccination?

"I had friends who got
vaccinated with no side
effects, but I was
wondering how I would
react. I feel completely
fine though, so I would
definitely recommend
getting your vaccine."

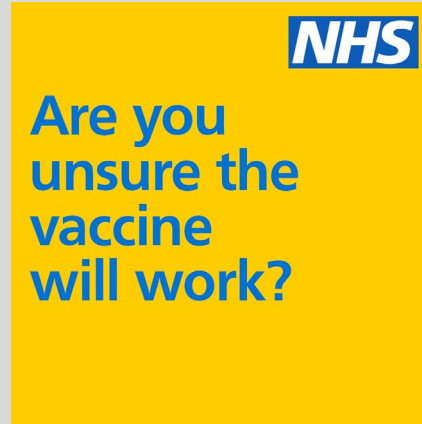
Elena - Wirral



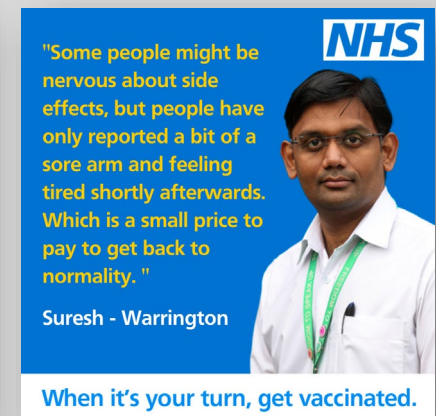
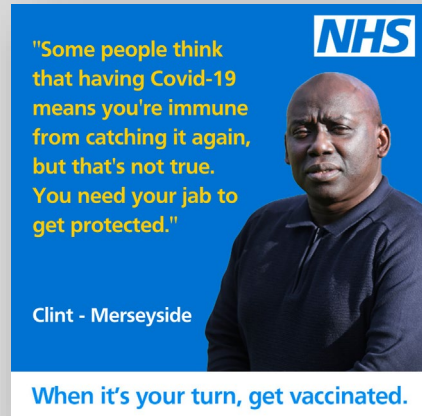
When it's your turn, get vaccinated.

Campaign collateral – paid social Ads

Carousel Ads – viewers clicking through a short carousel of slides



Static Ads – flat standalone images in square format



Targeted Door Drop



The poster is divided into two main sections. The left section has a yellow background and contains the text 'Are you still unsure about the vaccine?' in blue, followed by 'Here's what the people in your community are saying.' in grey, and the hashtag '#LetsGetVaccinated' at the bottom. The right section has a blue background and features the NHS logo at the top. Below the logo are four portraits of community members, each with their name and location underneath: Suresh - Warrington, Sonia - Liverpool, Zi Lan - Liverpool, and Clint - Wirral.

Are you still unsure about the vaccine?

Here's what the people in your community are saying.

#LetsGetVaccinated

NHS

Suresh - Warrington

Sonia - Liverpool

Zi Lan - Liverpool

Clint - Wirral

Door drop targeting the four most hesitant ethnic groups who trust this form of media:
Caribbean, African, Pakistani and Indian

Targeting over 9000 deprived postcode sectors that have a penetration of this target audience above 30% and 47,000 postcodes that have a penetration of above 10%

- Liverpool = 33,630 households
- Knowsley = 522 households
- Wirral = 4417 households
- Warrington = 7927 households
- Cheshire East = 681 households

Advert in community publication – All Together NOW

Are you still unsure about the vaccine?

Find out what the people in your community are saying.



#LetsGetVaccinated

Do you feel nervous about leaving the house for your job?

"Some people might be nervous about being in a busy space, but everyone follows the guidelines and wears a mask."



Zi Lan - Liverpool

Covid vaccination centres are safe

- The vaccine centres are all set up to be safe, maintain social distancing and to get people vaccinated as efficiently and quickly as possible.
- Being vaccinated will protect you from the virus, therefore making you feel safer and less worried about leaving the house.
- Don't forget to maintain social distancing, always wear a mask and keep washing your hands regularly.

Are you worried about the side effects of the vaccination?

"Most vaccines have mild side effects but just like the flu jab, mine disappeared by the next day."



Sonia - Liverpool

Side effects of the vaccine are very mild

- The NHS will not offer any Covid-19 vaccinations to the public until they pass all the necessary regulatory tests and are signed off as safe by the independent experts.
- To date, millions of people have been given a Covid-19 vaccination with only a small number reporting side effects – such as an allergic reaction. No long-term complications have been recorded.
- The vaccines approved for use in the UK have all met strict standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA).

Are you unsure the vaccine will work?

"I know some people don't believe the vaccine will work but we've got to trust the medical experts and scientists. They wouldn't approve something that isn't completely safe and effective."



Dr Raj - Warrington

The vaccine works

- The NHS are only using vaccines that are proven to be safe and offer the highest levels of protection.
- All vaccines have been given approval by the independent Medicines and Healthcare products Regulatory Agency. These people are responsible for ensuring all medicines are effective and safe.
- There has been worldwide scientific support and funding to create the Covid-19 vaccine. This global effort has allowed scientists to work together and complete years of work in just a matter of months.

Do you think because you have had Covid you don't need the vaccine?

"Having the vaccine will help protect you from catching it again and passing it onto others who could become seriously ill."



Clint - Wirral

Even if you have had Covid-19 you still need to get the vaccination

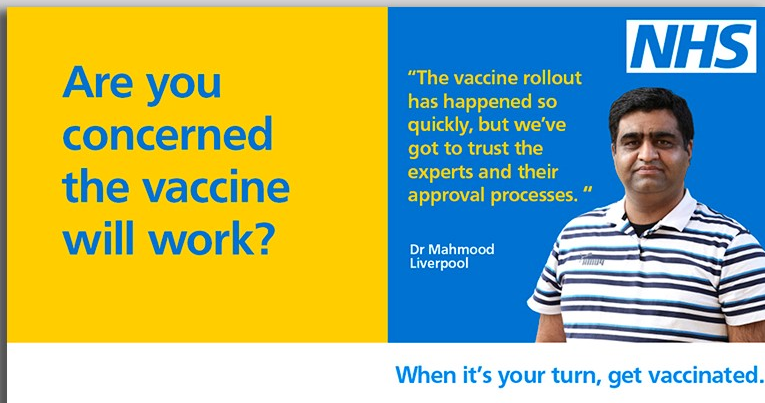
- Getting vaccinated is just as important for those who have already had Covid-19 as it is for those who haven't – including those who had no symptoms.
- It is not yet known how long the antibodies your body made in response to Covid-19 last. Therefore, a vaccine will offer you protection from possible re-infection.
- The level of immunity you have from Covid-19 is determined by the level of antibodies you have in your body. The vaccine is designed to ensure your body has just the right number of antibodies to fight the virus.

Over 60,000 copies of All Together NOW! distributed at key sites such as hospitals, major supermarkets, and high footfall areas across Merseyside and Cheshire, targeting hard to reach and minority audiences.

When it's your turn, get vaccinated.

If you still have some questions, reach out to your local GP or visit: nhs.uk

Campaign Collateral



Social post



Video content

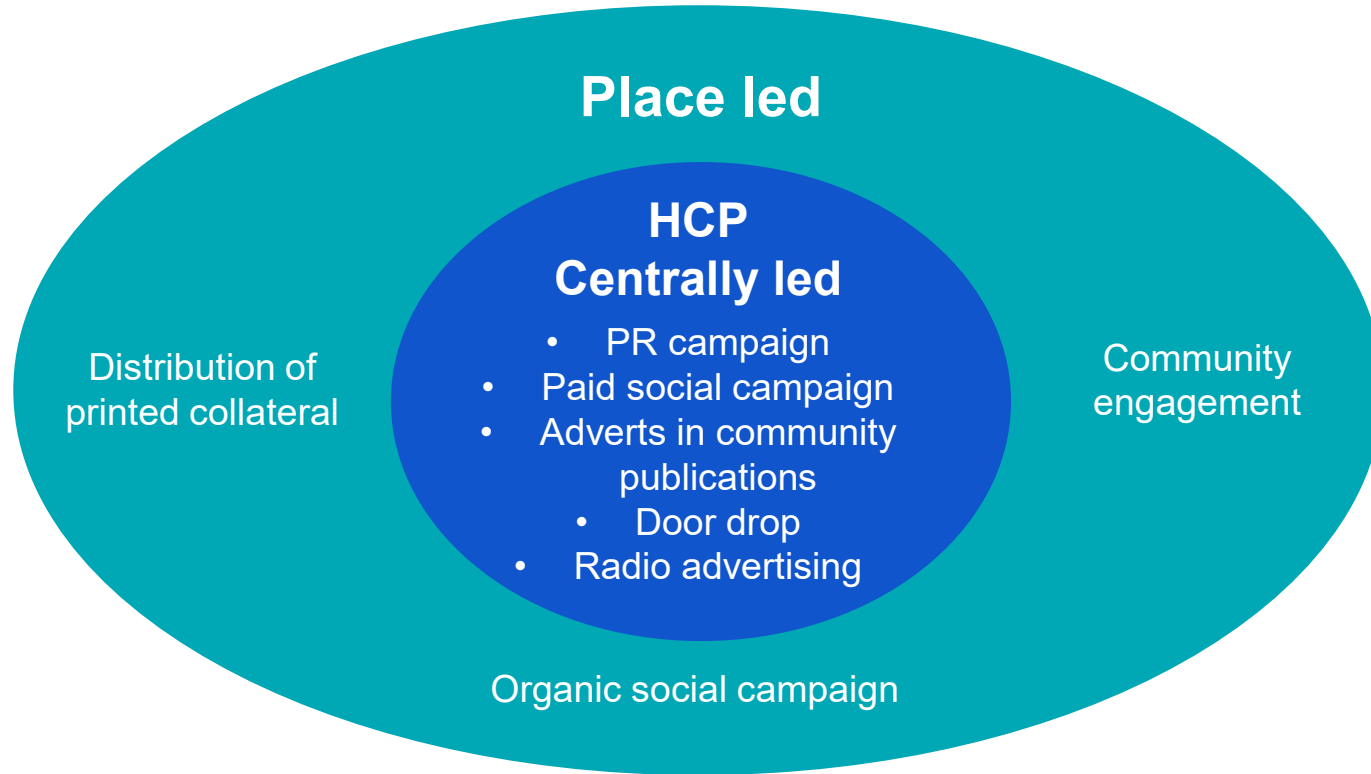


Door drop



Social post

Phase 2: Campaign execution



Next Steps

- **The notes from today will be collated and added to a microsite**
- **Continue to analysis the survey data**
 - Full finding uploaded to the microsite
- **We have produced a booklet providing a detailed ethnicity profiles for Cheshire and Merseyside**
 - The booklet will be added to with key insights from phase 2 and 3 e.g. Communication methods and approaches for these specific groups
- **Phase 3 (Qualitative research) starts this week concludes mid April**
- **Targeted BAME vaccine campaign launches at the beginning of March**



Thank You



Getting under the skin

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

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