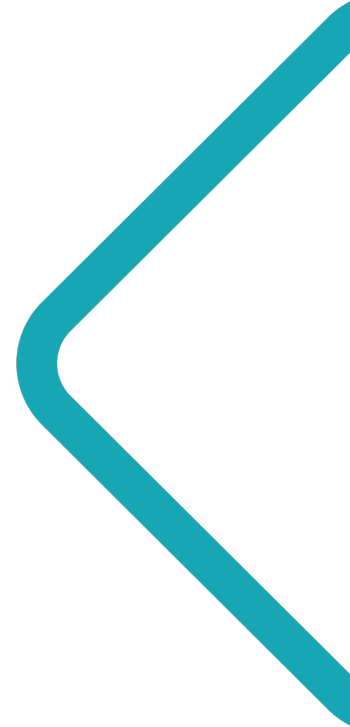# Getting under the skin

The impact of COVID- 19 on ethnic minority communities

Phase 3: April 2021

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Purpose of the research

Ethnic minority communities have been disproportionally impacted by COVID-19, the direct and wider impacts of the pandemic on individuals and communities will influence their capacity to recover.

- To understand the impact of COVID on different ethnic minority groups
    - Social factors: impact on family, friends and communities
    - Access to health and social care services
    - Individual health behaviours
    - Mental health and wellbeing
    - How the pandemic might this impact future behaviour
    - The 'fear factor'
    - Views on COVID vaccination

- To gain insight into preferred communication and engagement methods

- Support the development of priorities, mitigating actions, communications activity and recovery strategies that actively address the impacts on ethnic minority communities.

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 ethnic minority communities live and their characteristics and estimated numbers of people in each of the communities

Phase two: Quantitative research
- Over 600 interviews conducted via online and telephone surveys
- Ethnicity Profiles - Communication and Engagement Methods documents produced

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.

Recap of key findings from Phase 2

1. Although ¼ of the population believed they had COVID only 10% had a COVID-19 test
2. A third need to be persuaded to take vaccine
3. Efficacy and side effects are principal barrier to COVID vaccine take up (functional concerns are barriers for hesitants)
4. Many think COVID immunity exists
5. Around ¼ of NHS workers are non acceptors of vaccine
6. Acceptance of vaccine lower in more deprived areas
7. COVID has had major impact on mental health
8. Access to health services have declined (many are choosing not to access health services)
9. Trust in the NHS much higher than government
10. Different ethnicities trust different media sources
11. The term BAME is not considered appropriate by many ethnic minorities

Phase 3

Research approach

- Fieldwork March and April 2021

- Conducted 10 focus groups, featuring a mix of ages and genders across the region for the following ethnic groups:

- Telephone in-depth interviews were carried out with eight key stakeholders, community figures and representatives of ethnic organisations to:
    o Discuss some of the findings of the focus groups; and
    o Capture their views on what the Partnership could be doing to improve communication and interventions with these communities.

Sample Profile

Focus Groups

Black African
Any other Black/African/Caribbean ethnic group
South Asian
Chinese
Mixed ethnicity
White/black Caribbean
White/black African
White Non-British
Other ethnic group

Profile of focus group attendees

Students
14%

ABC1
40%

C2DE
46%
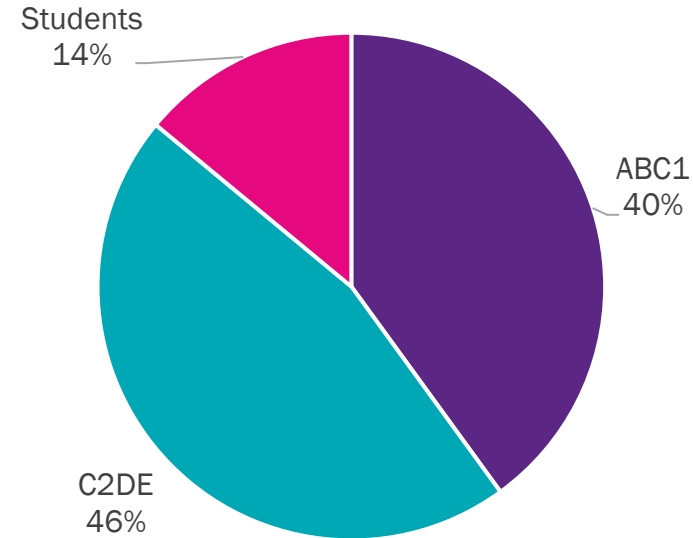
Sample Profile

Depth interviews

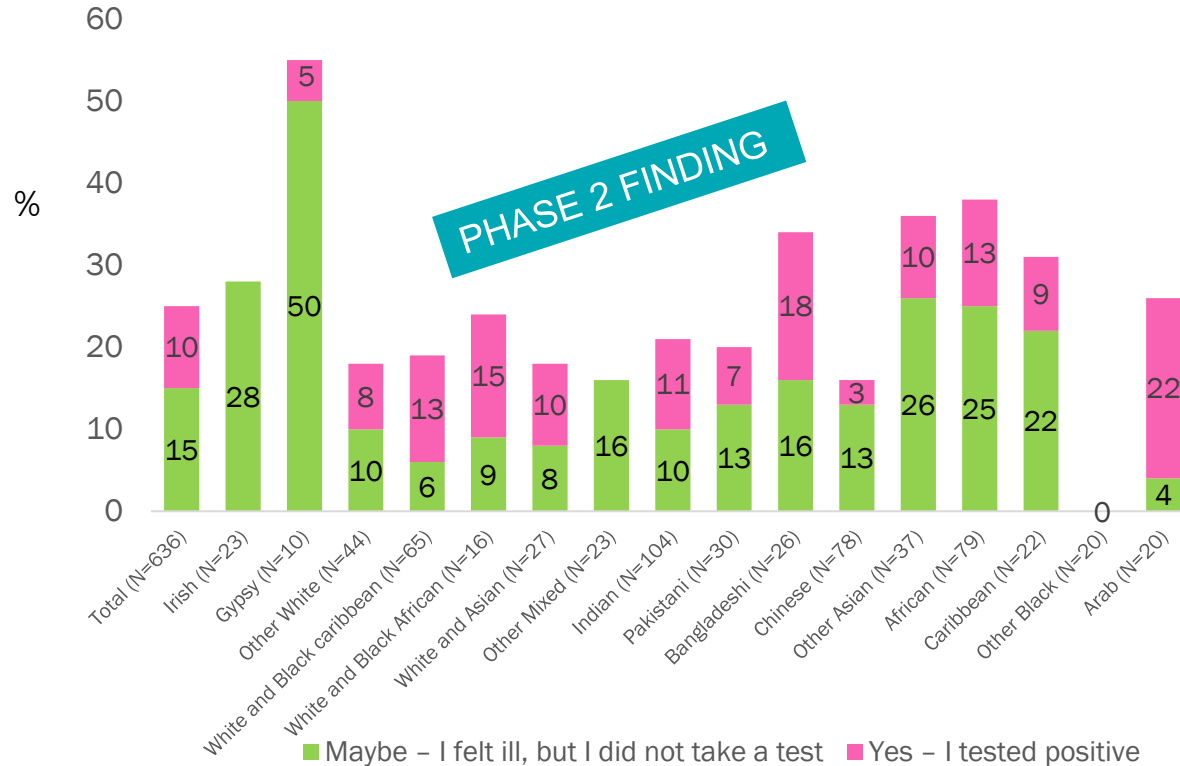| Ethnic Group		Description	Location
BLACK	Depth 1 – Black African	Community Leader & director of Public Sector Transformation in Cheshire and Warrington	Liverpool
ASIAN	Depth 2 – South Asian	Community Influencer	Sefton
	Depth 3 – South Asian	Community Influencer	Cheshire
	Depth 4 - Chinese	Chief Exec Pagoda Arts/Community Influencer	Liverpool
	Depth 5 – South Asian	Imam and final year medical student	Liverpool
WHITE NON-BRITISH	Depth 6 - Polish	CEO – Polish Community UK	Liverpool
	Depth 7 - Asylum Seekers	Lead Volunteer for Trinity Safe Space	Halton
	Depth 8 - Gypsy, Traveller and Roma Community	Policy Coordinator – Friends, Families and Traveller	UK

Seven Key Findings

Number 1

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

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PHASE 2 FINDING

%

Chart values (Maybe – I felt ill, but I did not take a test / Yes – I tested positive):

Group	Maybe (green)	Yes (pink)
Total (N=636)	15	10
Irish (N=23)	28	
Gypsy (N=10)	50	5
Other White (N=44)	10	8
White and Black caribbean (N=65)	6	13
White and Black African (N=16)	9	15
White and Asian (N=27)	8	10
Other Mixed (N=23)	16	
Indian (N=104)	10	11
Pakistani (N=30)	13	7
Bangladeshi (N=26)	16	18
Chinese (N=78)	13	3
Other Asian (N=37)	26	10
African (N=79)	25	13
Caribbean (N=22)	22	9
Other Black (N=20)	0	
Arab (N=20)	4	22

Legend: Maybe – I felt ill, but I did not take a test · Yes – I tested positive

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?

Q. Have you had COVID-19? ?
Base: all respondents in sub-group.

Driving this lack of take up are practical barriers

Loss of earnings: Some people just can't afford to isolate. They're just not paid enough to take the time off work. Or they don't get sick pay.

A fear of being traced: A lot of people are scared about the track and trace system, and they just don't want to be traced. It's just the fear of a nanny state.

Big brother state.

"*0-hour contract on temporary contracts are not entitled to sick-pay, just the Statutory Sick Pay, which is £70 or £80 a week. If you have bills, if you have a family, rent to pay, you can't survive on that, and that's something I think the government could have acted better.*" Eastern European, female

"*There's so many people that I know who don't want to be tracked. They don't want to be in the system at all because, well, I don't know, they've got their own fears of what's going on within government.*" Black/Mixed / Caribbean groups, male

"*There's already CCTV catching every movement and now they know where you are by your phone and yes, that sort of stuff.*" Black Caribbean, male

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And more emotional and cultural barriers

Fear of diagnosis: Ignorance is bliss (similar to cancer screening)

> " *Sometimes it is best not to know. There is so much fear around covid. If it has to happen it will. Why tempt faith?*" *Pakistani , female*

Cultural beliefs: Such as relying on home remedies

> " *I am from a West Indian background. For flu and things like that we'd just boil up some ginger, honey and garlic, things like that.*" *Mixed Caribbean, male*

Lack of trust in authorities

> *The vaccine is a whole other issue, but the test in itself, a lot of people were saying , 'I don't want them to be able to trace what I'm doing.' Especially, because at one point it sounded like it was compulsory for us to have the app on our phones as well. The monitoring side of things made people a bit, 'Why do they want to know all these things?' ". Black African male*

We are seeing a change in people's attitude and experience towards testing

Then:

Denial about Covid: don't believe in this virus, so no point in taking the test

Don't want to face the truth: fear

Practical barriers: difficult to book a test; long waiting times for the result; online booking was an issue for those digitally excluded

"*You thought you were strong and fit and you didn't kind of believe in COVID?*" Black Caribbean, male

"*It was a fear thing. It was fear of getting tested.*" Pakistani, female.

Now:

Change in attitude: being reactive to being proactive

Part of routine: get tested every two weeks; get tested at work, campus 'new normal'

Testing has become easy and accessible

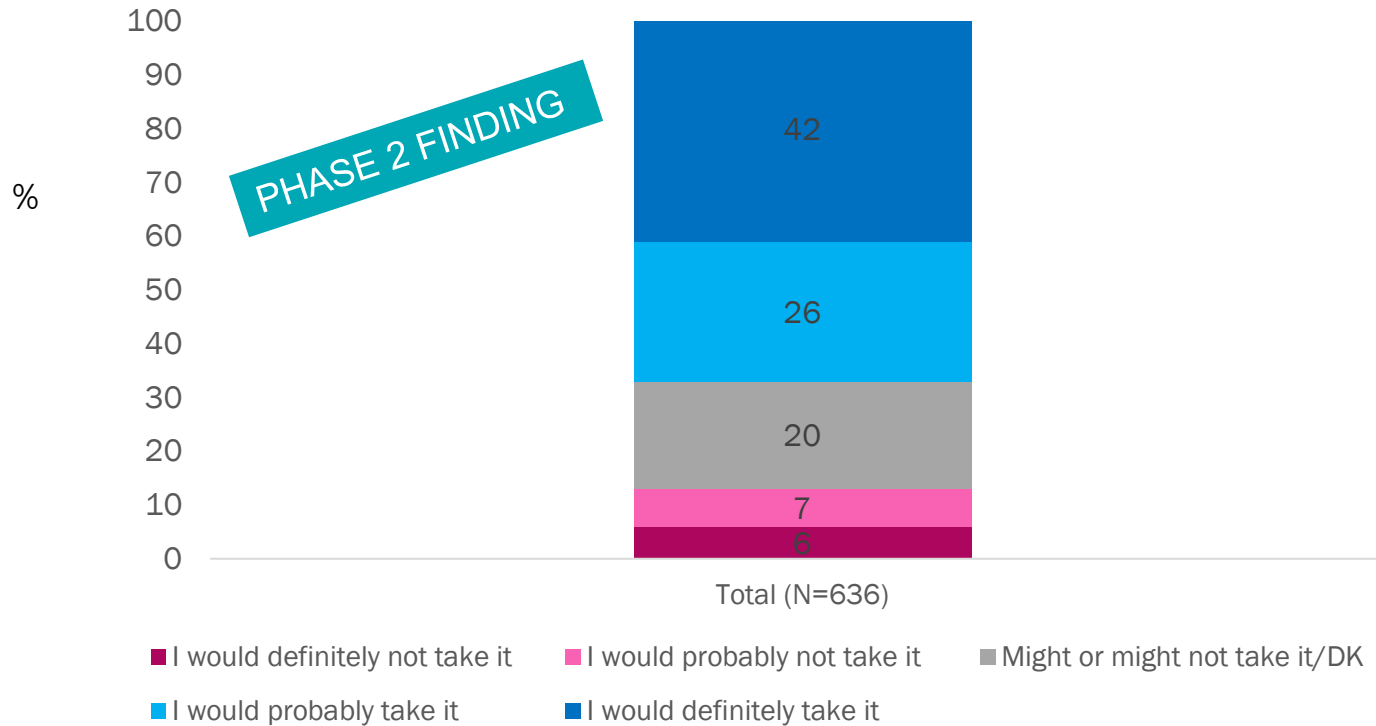"*It was really easy. I looked look online for the nearest test centre. Booked the appointment, went in, in and out in probably 5 minutes, so yes, easy.*" Mixed race, male

"*Really easy to book. There's plenty of places to go in Liverpool with easy access. There were no queues. The results back within a couple of hours.*" Chinese, male.

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Number 2

A third need to be persuaded to take vaccine

PHASE 2 FINDING

%

	Total (N=636)
I would definitely take it	42
I would probably take it	26
Might or might not take it/DK	20
I would probably not take it	7
I would definitely not take it	6

■ I would definitely not take it   ■ I would probably not take it   ■ Might or might not take it/DK
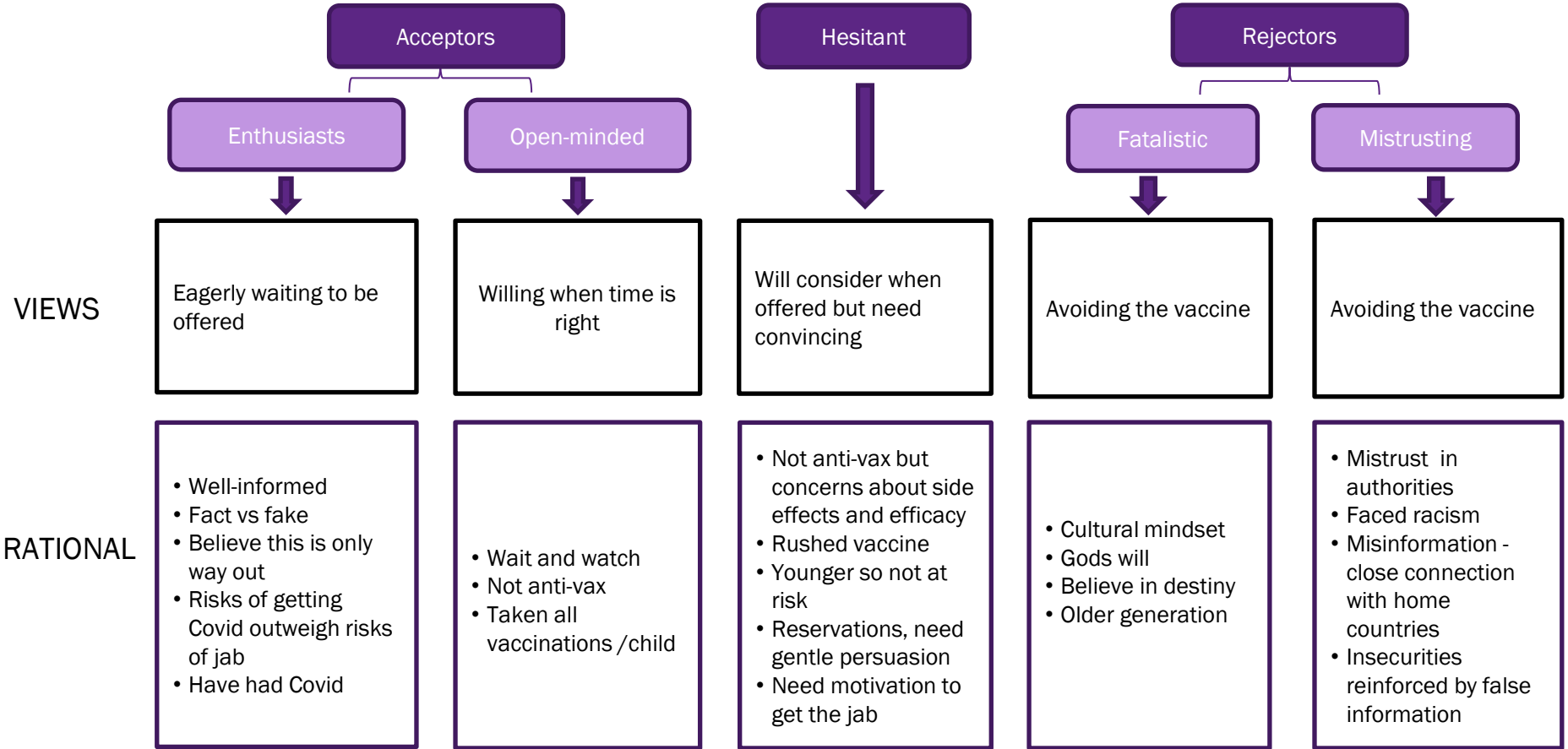■ I would probably take it   ■ I would definitely take it

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

But they were significant numbers of ethnic minorities who were *hesitant* about (20%) or *rejected* the vaccination (13%).
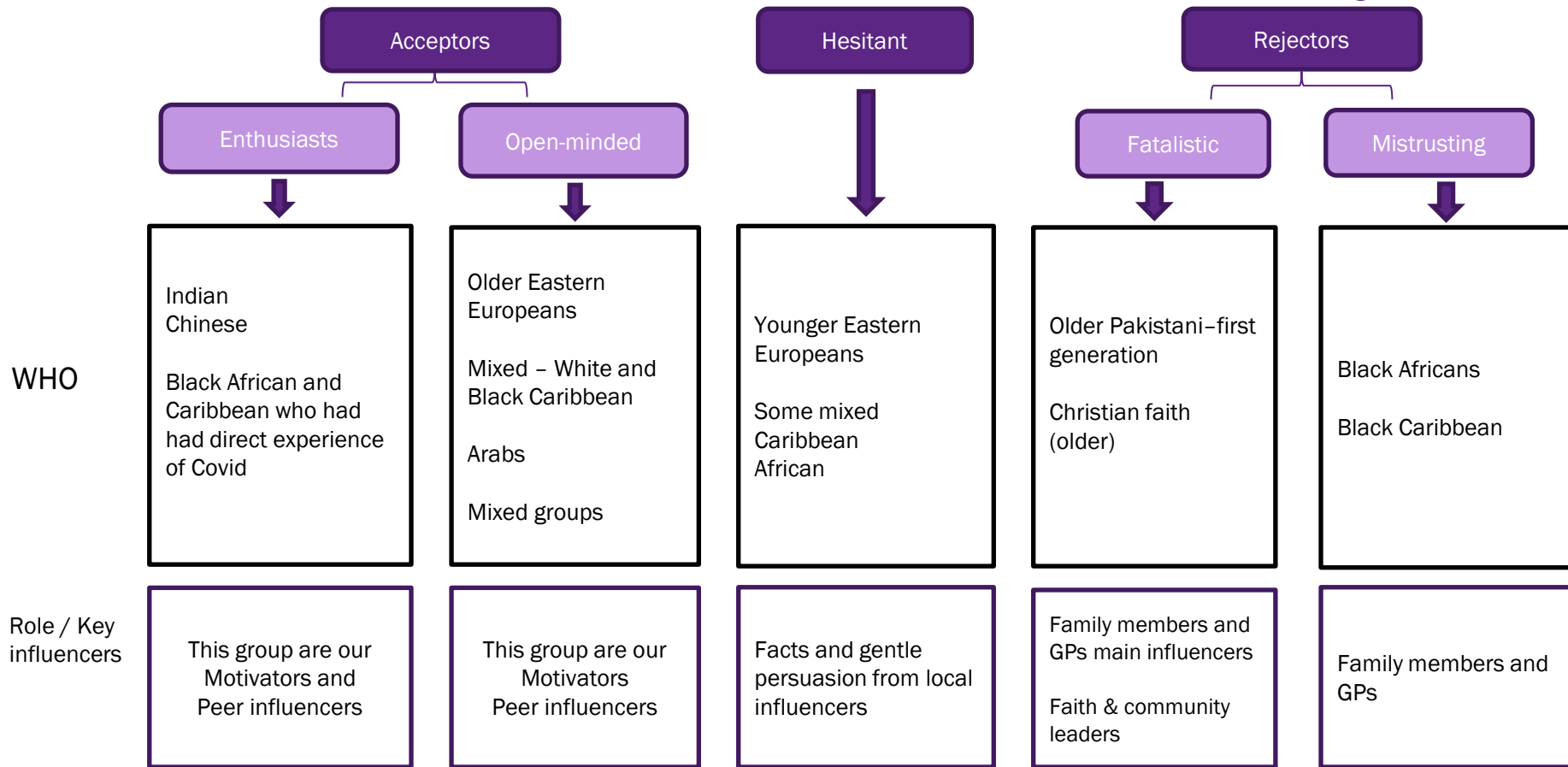
Q. Which, if any, of these statements best describes how likely you would be to take this vaccination if it were offered to you?
Base: all respondents (N=636).

Further segmentation of attitudes to vaccines

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Acceptors		Hesitant	Rejectors	
Enthusiasts	**Open-minded**		**Fatalistic**	**Mistrusting**

VIEWS

Eagerly waiting to be offered	Willing when time is right	Will consider when offered but need convincing	Avoiding the vaccine	Avoiding the vaccine

RATIONAL

• Well-informed • Fact vs fake • Believe this is only way out • Risks of getting Covid outweigh risks of jab • Have had Covid	• Wait and watch • Not anti-vax • Taken all vaccinations /child	• Not anti-vax but concerns about side effects and efficacy • Rushed vaccine • Younger so not at risk • Reservations, need gentle persuasion • Need motivation to get the jab	• Cultural mindset • Gods will • Believe in destiny • Older generation	• Mistrust in authorities • Faced racism • Misinformation - close connection with home countries • Insecurities reinforced by false information

Further segmentation of attitudes to vaccines

Cheshire and Merseyside Health and Care Partnership

Acceptors
- **Enthusiasts**
- **Open-minded**

Hesitant

Rejectors
- **Fatalistic**
- **Mistrusting**

WHO

Enthusiasts	Open-minded	Hesitant	Fatalistic	Mistrusting
Indian Chinese Black African and Caribbean who had had direct experience of Covid	Older Eastern Europeans Mixed – White and Black Caribbean Arabs Mixed groups	Younger Eastern Europeans Some mixed Caribbean African	Older Pakistani–first generation Christian faith (older)	Black Africans Black Caribbean

Role / Key influencers

This group are our Motivators and Peer influencers	This group are our Motivators Peer influencers	Facts and gentle persuasion from local influencers	Family members and GPs main influencers Faith & community leaders	Family members and GPs

Number 3

Efficacy and side effects are principal barrier to vaccine take up

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■ % total

Category	% total
How well the vaccine works	42
The potential side effects	40
Don't want to leave my home and catch COVID	17
Don't want to catch COVID at NHS location	15
I am at low risk from COVID and don't need it	13
I don't trust the government	12
Transport problems	10
Some of the vaccines require two doses	8
My faith/religion	6
Another reason	6
None of these	20
Don't know	3

In total 29% were reluctant to leave home due to fear of catching the disease while out.

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).

We need to acknowledge and address cultural barriers

Subjects of experiments: A long history of abusive practices against minority groups

> "Pfizer did an experimental vaccine for meningitis in Nigeria in 2009, which left hundreds of children disabled. I've seen a lot of footage where people are saying about, 'Go try it out in Africa first. There so many examples of big companies using Black people as guinea pigs in medical experiments."

Many Black people in the UK also look to the experiences of Black people across the African diaspora to inform decisions and to ensure the same issues don't happen again

> "I've heard some of my husband's friends saying they don't want to take the vaccine, that it came out fast, what about other viruses that were there before now? Then again, probably they must have called back to Nigeria and they've heard something like it has to do with the 5G." Black African, female

Understanding the motivations to break down vaccine barriers

Protection of family and loved ones

"*Both my mum and my auntie are quite poorly. My auntie went through leukemia and my mum went through bowel cancer. They're both slightly less immune to different things. I'd rather not be one to pass anything if I can help it.*" Eastern European, male

"*Yes, the same with my fiancé, I wouldn't want to put her at risk or her mum at risk. I wouldn't be so bothered about me, but I'm more bothered about those around me.*" Eastern Europe, female

Getting back to some kind of normality

"*I just believe that it's going to help to end it all, maybe not completely but at least ease it off. That's my motivation on it.*" Chinese, male

Reunion/ travel / meet family

"*I didn't see my family in the Czech Republic for 2 years. I need to move my wedding, a third time, this year. All this stuff is just to make mind, I don't want to move my wedding again. I want to see my family soon. Yes, I personally think it's the only way to come back to, somehow, a new normality.*" Eastern European, female

Protect others

"*Yes, I will do. I'll take it just to protect others more than any concern for myself catching the virus. I just wouldn't want to pass anything on.*" Mixed Black and White, male

Getting the right tone and message is crucial

Separate the conversations of COVID and the vaccine

> "This many people are dying from COVID, so get the vaccine.' I think it doesn't always need to be scaremongering, I think it could be a positive message about, like, this person has got the vaccine, and this is how they've gone to go on, not, this is what would've happened to them." Mixed ethnicity, female

Tone and focus of message needs to include factors that **motivate people** to get the vaccine

> "Whole messaging is not about, 'Go and take the vaccine otherwise this will happen.' But, 'Take the vaccine to protect yourself and to keep your family safe?" Indian, male
>
> "Don't do anything which is insulting. Almost don't start saying, 'Well you can go to the pub.' Try and say, 'If you get a vaccine, you will be able to do this.' Give people a choice as well, I think that's important." Mixed ethnicity, female

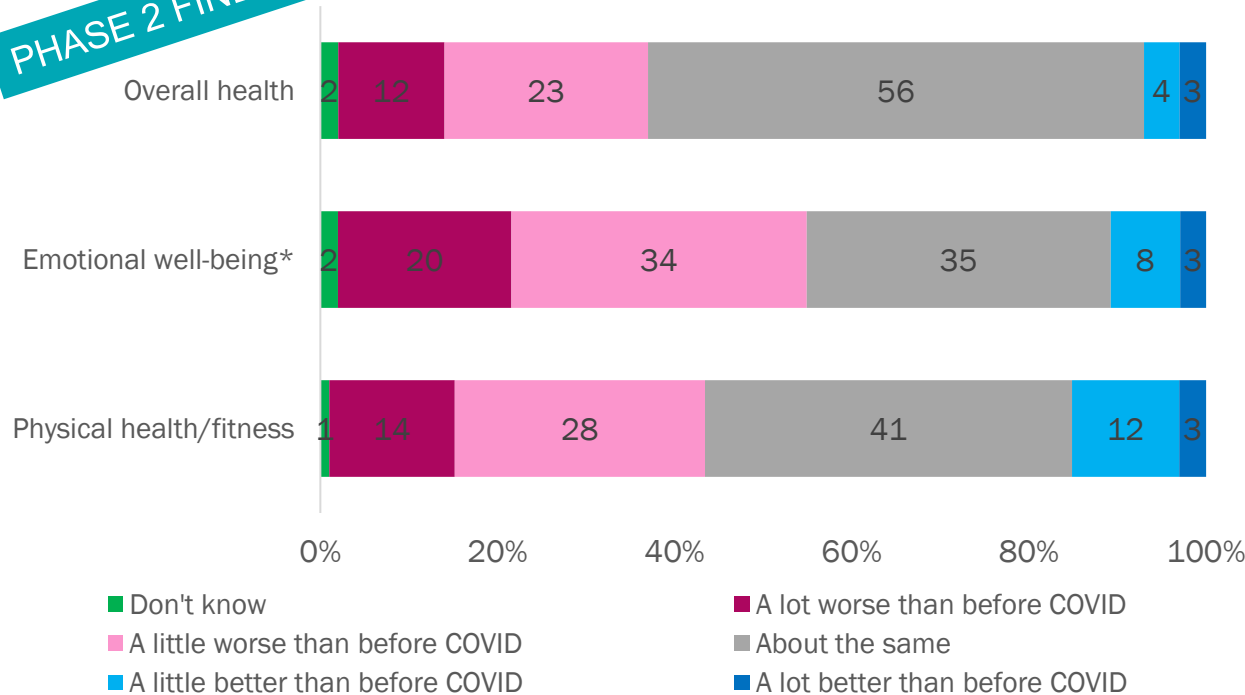Messengers and role models used in communication should **reflect and represent local communities**

> "Just get normal people, don't do anything corny like a rapper or someone, footballers and celebrities and stuff like that, obviously treat people as normal citizens. I'm sure that could help reach some people." Black Caribbean, male

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Number 4

COVID has had major impact on mental health

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Aspect	Don't know	A lot worse than before COVID	A little worse than before COVID	About the same	A little better than before COVID	A lot better than before COVID
Overall health	2	12	23	56	4	3
Emotional well-being*	2	20	34	35	8	3
Physical health/fitness	1	14	28	41	12	3

Legend:
- Don't know
- A lot worse than before COVID
- A little worse than before COVID
- About the same
- A little better than before COVID
- A lot better than before COVID

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*.

There are challenges coping with mental health pressures in certain communities

- Not being able to see family living overseas causing depression and anxiety
- Some people struggling to cope with the pressures at home
- Cultural barriers to seeking help
- Those living on their own disproportionately impacted
- Elderly / living alone very vulnerable – Chinese community leader

"There is a cultural thing about pride and the way we've been brought up . This concept of counselling and getting therapy is also very different concept. We are brought up not to keep things within our family" Arab, female

"Men in our culture don't talk about feelings and bottle it up. It probably manifests itself in different ways. You're getting angry at different things. That's just how it went." Black Caribbean, male

Perception that NHS is there just for physical health

Don't want to burden the NHS

NHS is stretched, busy and underfunded, so can't expect any support from them

Perception NHS is only for physical health therefore many would not consider approaching their GP or NHS for mental health / emotional support

"I wouldn't want to burden them any more. Obviously if I was feeling quite down then I would probably reach out. They do have things out there for people to ring and speak to someone if they need it, but I think they're so busy as it is, it's not something I'd want to do". Mixed, Caribbean, female

"I always just consider the NHS purely for medical, physical issues. I don't really think of the NHS when it comes to mental health or emotional well-being, so I think they need to shout about what services they do provide in those areas". Pakistani, female

There is a need for culturally relevant counselling services for ethnic minority groups

Need for **culturally relevant counselling** services for ethnic minority groups

> *"I'm not going to be talking to a stranger about how I feel, and even if I do, then she talks back to me, then what? If she doesn't understand where I am coming from and my culture then what's the point?"* Black African, female

Counselling needs to be in mother tongue for some communities
(Arabic, South Asian and Chinese)

> *"Arabic counselling please, that would be great, because there is a language barrier, some people cannot speak English and they want to say everything in Arabic, but there is no Arabic counselling"* Arab, female

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Access to health services have declined

PHASE 2 FINDING

■ % haven't done due to COVID

%

Service	%
ANY OF THESE	70
Dentist	32
Optician	18
Consultation with my GP	18
Hospital appointment	16
Appointment about long-term condition (e.g....	11
A visit to GP nurse	11
NHS flu jab	10
Hospital as an in-patient	9
Visit to a chemist	9
A home visit by health professional	7
Get a COVID-19 test	6
A visit to A&E	5
A visit by a social care professional	5
Call 999	3
Something else	4

0 10 20 30 40 50 60 70 80

COVID has had a major impact on access to health care among the ethnic 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).

There were consistent issues raised on accessing GP

People were confused and unsure about contacting the GP because of the mixed messages from NHS

Many people unsure if their GP was open - no notification about practice opening hours from their GP

Main issue raised consistently across all groups was that there was no communication from GPs about their practice opening and how patients can access appointments

Even those using e-consult and online services experienced problems

"First they said don't go to GP, then go to GP"

"I'll be honest, throughout it I believed the GP wasn't accessible. From what I heard or understood on the news was that you call these certain numbers if you're ill, don't go to the hospital unless it's really urgent, and your GP will only deal with telephone appointments. "

"My GP not open as it was before. Since the first lockdown, it's incredibly difficult to book an appointment. I have actually been rejected every single attempt to book an appointment".

"I tried to contact my GP a few times. Going through the online system, I can't do it because whatever you put, they always say, 'Go 111.' All this system, I didn't find helpful at all".

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Issues worse for first generation residents, older people, recent migrants and non-English speakers

- Low health literacy meant people were unable to engage meaningfully with GPs and get the necessary timely medical help
- No access to interpreting services for GP consultations during pandemic
- Low digital health literacy across makes normal transactions with practices a challenge:
- Many lacked the digital access or skills to join a remote appointment (Older Chinese, those living on own severely impacted)
- Many older people and patients from ethnic minority communities prefer using traditional, offline means of transacting, especially those who are isolated, because they value the social contact

> "*If you have some problem, not always can you explain over the phone or over online. My experience was horrible. I didn't visit in the end. I didn't have any visits in the GP.*" *Eastern European, male*

Number 6

Trust in the NHS much higher than government

PHASE 2 FINDING

Chart: Trust in official sources of COVID-19 information

	The NHS	National government (e.g. Ministers, MPs)	Local government (e.g. local councillors, the local council)
I trust it totally	37	23	22
I mostly trust the information	41	36	37
I would want to check out the info	15	25	28
I don't trust the information	4	14	9
Haven't received information	2		3
Don't know	1	1	2

Legend:
- Don't know
- Haven't received information
- I don't trust the information
- I would want to check out the info
- I mostly trust the information
- I trust it totally
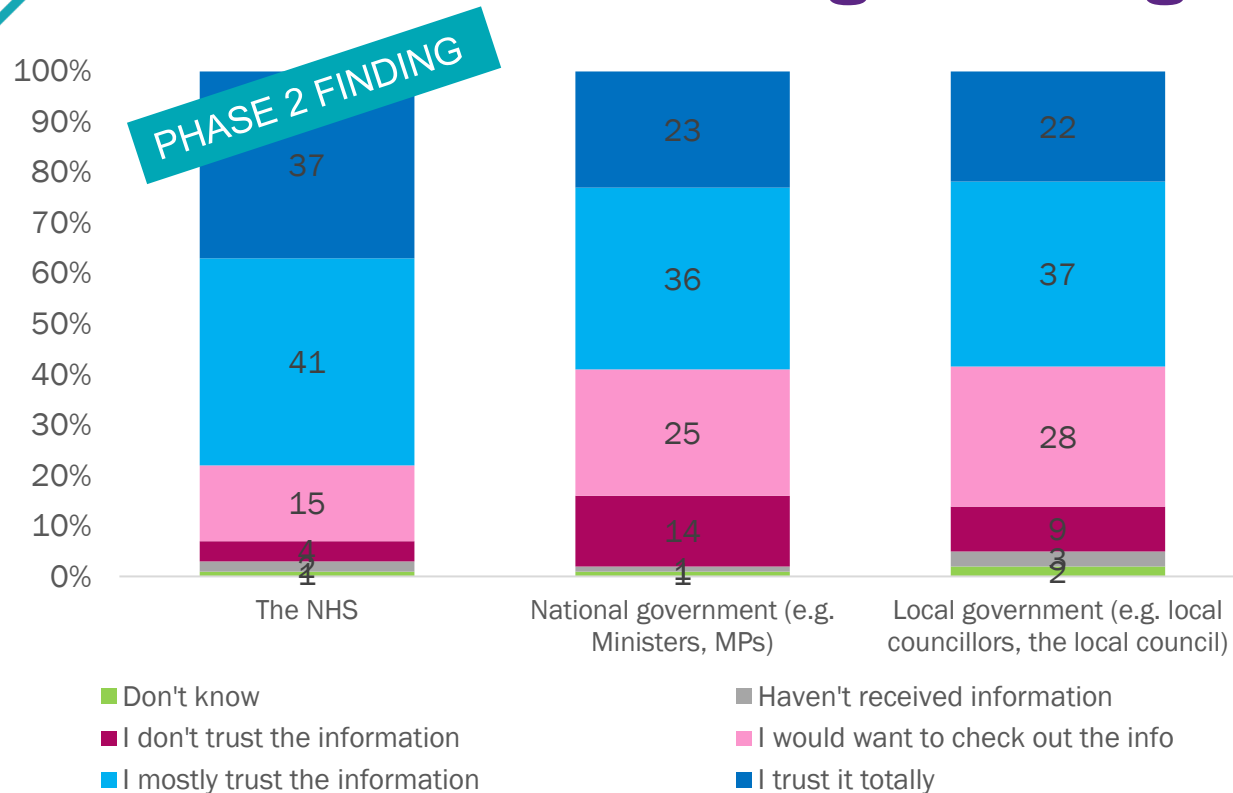
In terms of official sources, trust in information from the *NHS* far exceeded that from either *national* or *local government*.

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).

The lack of trust in government is deep rooted

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Historical mistrust of government

> " I think COVID has just shone a light on disadvantages, how parts of our communities have been pushed to the side, we've never been prioritised before. Now it's a conversation like, 'Come forward, you're first in the queue.' It's not something we're used to, we've always been thrown to the back burner, so it's like jolting sometimes to see. Oh, we're wanted for research? It's never been that way before; we're usually not included". Mixed race, female

Legacy of discrimination

> " There is a huge massive distrust of the system. I personally saw headlines where they said in regard to the vaccine in particular, 'We now have enough vaccines for the elderly, and for the BAME community.' Why do you need vaccines for the BAME community rather than everybody else? Those kinds of headlines did not help." Mixed ethnicity, female

Perceptions of structural racism

> "Because of historical reasons you tend to build up this distrust of information, even from the NHS themselves, because we have black nurses from the BAME community, they themselves are reluctant to have the jabs. They have been pushed in the frontline .We have to have our jabs, but there are a lot of black clinicians, nurses, doctors, they're like, 'Shall we take the COVID vaccine or not?' Black Caribbean, female

Suspicions are being strengthened by some actions taken during COVID

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Why are we being **prioritised?**

> *"I think COVID has just shone a light on disadvantages, how parts of our communities have been pushed to the side, we've never been prioritised before. Now it's a conversation like, 'Come forward, you're first in the queue.' It's not something we're used to, we've always been thrown to the back burner, so it's like jolting sometimes to see. Oh, we're wanted for research? It's never been that way before, we're usually not included". Black African, male*

Treatment of **ethnic minority NHS staff**

> *"We know BAME people are being disproportionately impacted by Covid. If you look at the NHS staff who have lost their lives the majority are from ethnic minority communities. Why is that? Because they have been pushed in the front line. Black Caribbean, female*

There is an opportunity to increase trust through continued and genuine communications and engagement

These concerns have to be genuinely acknowledged and addressed in communications targeting ethnic minority communities

" *It is definitely in the culture to be anti authority. I've still got friends who are like, 'I'll just go about my life, I'll live my life, I'll do whatever I want, I'm not listening to the government.' That sentiment is really strong, but again it's just a trust issue. We never get involved, it's almost like we live separate to the government and now we're front and centre. So, there's a lot of like, are we an experiment.*" Mixed race, male

"*What I think the NHS could do going forward if they are looking at the BAME communities is to keep involved and take the community's concerns and needs onboard. Just keep talking to us really. Don't just let it be, 'COVID, you've got your vaccine. We'll see you in 50 years when the next pandemic or something like that is around.' You've got to keep that interaction.*" Black African, female

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Number 7

Concept of community leader is changing in some communities

Community advocates rather than community leaders

> "Where's our community leader? We haven't got one focal point of a community leader, we've got an active community which has a lot of members who are active in their own different ways." Black Caribbean, male

Local influencers and peer to peer engagement

> "Seeing people, they know and trust locally getting the vaccine might encourage them to do the same. It has to be someone they trust and can relate to." Eastern European community worker

The GP can play a larger role in connecting with ethnic minorities

GPs are trusted by people across all communities

> *"I've had the same GP for quite a while, every time I go and see the doctor it's always the same GP. I'd probably trust my GP to be honest". Mixed ethnicity, male*

Despite issues with accessing primary care services, and lack of trust in government, **the trust in GPs remains high**

> *"GPs know the family and community history, there is an element of trust. Also, the GP that we have is somebody you can sit and have a conversation with". Black Caribbean, female*

Recommendations

Communications

As has been the approach with the Cheshire and Merseyside campaign for ethnic minority communities it is essential that communications are:

- **Authentic and relevant**: real people from different ethnic minorities are represented

- **Positive:** scare mongering is avoided, nonthreatening

- **Clarity and content of message:** simple tone, easy to understand and content includes facts to address the fears raised by ethnic minority communities

- **Separating the conversations of COVID and the vaccine:** The messaging should not be about, 'Go and take the vaccine otherwise '*this'* will happen. But 'Take the vaccine to protect yourself and to keep your family safe.

Mental Health

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Cultural relevant services & interventions

- NHS **emotional well-being** campaign (not mental health as there is a stigma)

- **Culturally relevant counselling** services for ethnic minority groups

Raise awareness of how to access services

- Change perception NHS is only for physical health

- Raise awareness of routes to access e.g. you can speak to your GP about your emotional health

Trust

Vaccine hesitancy, characterised by uncertainty and ambivalence about vaccination, is a legitimate viewpoint.

- Ethnic minority communities who are reluctant to use the COVID-19 vaccines have genuine concerns at the root of their vaccine hesitancy. Some of these stem from individual and group experiences of healthcare and others relate feeling disenfranchised and lack of access to credible information.

- People who are hesitant can still be convinced of the vaccines' safety, efficacy, and necessity. Most importantly, *they are not "anti-vaxxers.*

These concerns have to be genuinely acknowledged and addressed in communications targeting ethnic minority communities.

NHS to work in conjunction with GPs, local community organisations and faith groups on a programme on engagement to build trust in general, not just in relation to the vaccine!

GPs

- GPs have been identified as a key and trusted route through to hesitants and rejecters. Understanding how and what role they could play in converting hard to reach groups should be investigated further.

- There is a need to educate communities about the role of other health and primary care professionals and try and build up their trust to take the pressure of GPs.

- There are clear concerns coming through around accessing GPs over the last year. A review of access to GP to understand if this has been more impacted by hard to reach groups should be conducted and quantified so that relevant actions can take place.

- Community based interventions with GPs to build health literacy of members of local ethnic minority communities to empower them to access health services.

Thank You

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For the full analysis of the research visit:
https://www.cheshireandmerseysidepartnership.co.uk/getting-under-the-skin-webinar-resources/