

**Black, Asian and
Minority Ethnic views on
the COVID-19 vaccine**

April 2021

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1 Summary

Introduction

Whilst there generally appears to be high approval and uptake of the COVID-19 vaccines so far, this is not the case for all communities, ages, or ethnic groups¹.

In December 2020, a [national report](#) from the UK's Scientific Advisory Group for Emergencies (SAGE) showed that people who identify with Black or Black British ethnic groups were the most likely to be hesitant or reluctant to take a vaccine.

Whilst almost 82% of the general population was willing to take the vaccine, nearly 72% of people from Black or Black British backgrounds said they were *unlikely* to take the vaccine. According to the SAGE report, there was also greater vaccine hesitancy among younger populations compared to older groups.

Following discussions with the NHS and other partners in Camden, we decided to explore vaccine hesitancy views locally and used what we found to support residents to arrive at an informed view about COVID-19 vaccination.

What we did

Over February 2021, Healthwatch Camden worked with three local community organisations to survey 223 people about their views on the COVID-19 vaccine and the local rollout. Nearly all responders (97%) were from Black, Asian, or minority ethnic backgrounds.

The most common ethnicities of survey participants were Bangladeshi, Chinese, Somali, or other African background. For 80% of responders, English was not their first language and the survey was translated and conducted by representatives from local organisations before being translated back into English. *See Appendix 5.1 for participant demographics.*

For the overwhelming majority, this survey was the first time they had been asked about their views on the COVID-19 vaccine. This provided a unique insight into local concerns.

With this insight, Healthwatch Camden held an online 'COVID-19 Vaccine Q&A Session' where local GPs and Public Health professionals and addressed the key questions and concerns identified in the survey.

¹ Source: Office for National Statistics 29 March 2021 [Update](#) (accessed 14/04/21)





Key findings

Five key findings have emerged that will support the NHS's decision making during the COVID-19 vaccination rollout:

1. The more knowledge someone felt they had about the vaccine, the greater the likelihood of them wanting to be vaccinated.
2. The most popular sources of information about the vaccine were television and Social Media.
3. There were subtle differences in the most common concerns that different age groups have about COVID-19 vaccination.
4. Almost one-third of those that were reluctant to get the vaccine indicated that they would reconsider their decision if they had more information.
5. General Practices were the most popular location to get the vaccine, although many would be happy with any venue within a reasonable distance.

In addition, younger people and people from Black or Black British backgrounds were less likely to get the vaccine, which is consistent with existing national evidence on this topic.

Next steps

The NHS in Camden and its partners should:

- Conduct further research into the information needs of younger people and Black, Asian and minority ethnic communities around the COVID-19 vaccine: the information they need, when, where, in what format.
- Co-produce vaccine communication campaigns with younger people and Black, Asian and minority ethnic communities so that targeted concerns are addressed, and appropriate channels are used effectively.
- Further develop their work with those voluntary and community groups that are providing trusted support to communities with lower vaccine uptake, in order to provide more information on COVID-19 vaccination.



2 Findings

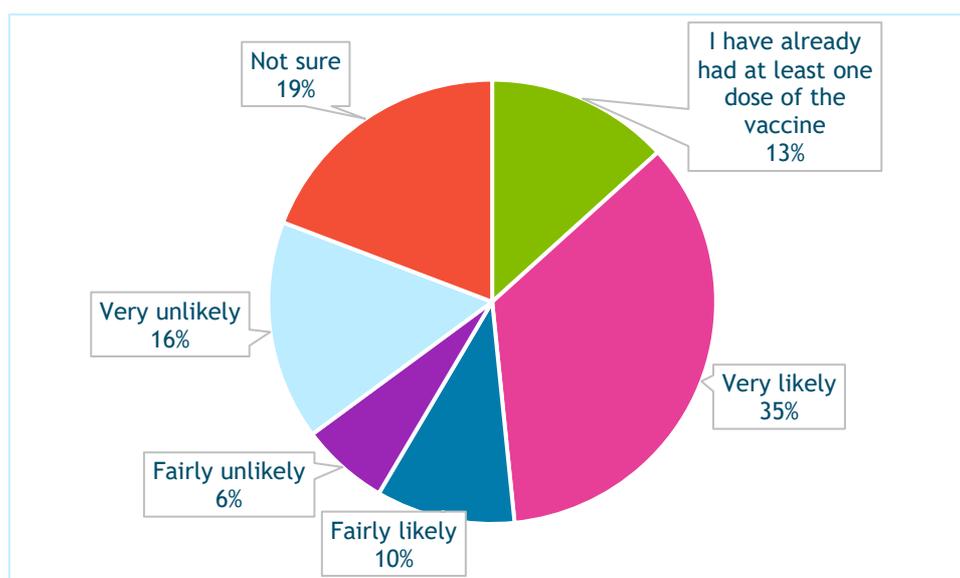
There were mixed views around getting a COVID-19 vaccine

People had varying views on getting a COVID-19 vaccine.

Shown in Figure 1:

- Over half (58%) were ‘very likely’ or ‘fairly likely’ to get the vaccine, or already had at least one dose.
- Over one in five (22%) were ‘fairly unlikely’ or ‘very unlikely’ to be vaccinated.
- Nearly one in five responders (19%) were unsure about getting the vaccine or had not made up their minds.

Figure 1. If you were offered a vaccine for the Coronavirus (COVID-19), how likely or unlikely would you be to take it?



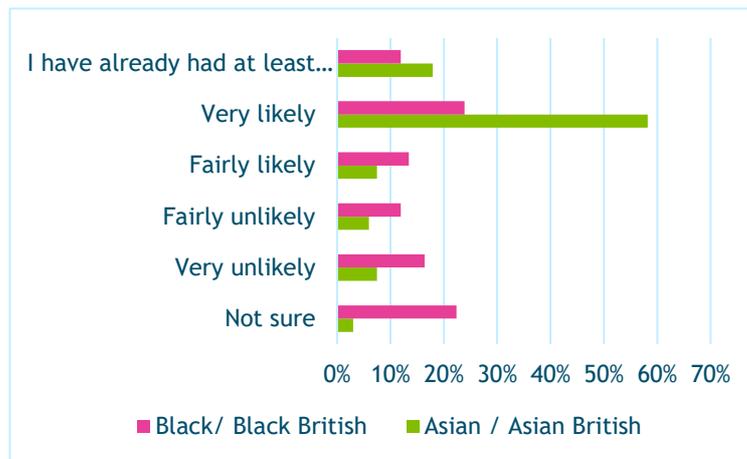
These results showed more vaccine hesitancy among Black, Asian, and minority ethnic groups, compared to the national SAGE study (where 82% of the public were willing to be vaccinated against COVID-19).

Sixty-seven people from this survey identified as Black or Black British (mainly Somali, African, Caribbean, or other Black/Black British background). Similar to the SAGE study, they were more hesitant to get the vaccine with about half saying they were unlikely or unsure about getting the vaccine (Figure 2 below).

Among the 67 people who identified as Asian or Asian British (mainly Bangladeshi, Chinese, and Indian), there was less vaccine hesitancy than the group average, with four in five saying they already had one dose or were likely to get the vaccine.



Figure 2. If you were offered a vaccine for COVID-19, how likely or unlikely would you be to take it? (Black/Black British and Asian/Asian British participants)



Views on the COVID-19 vaccine differed by age

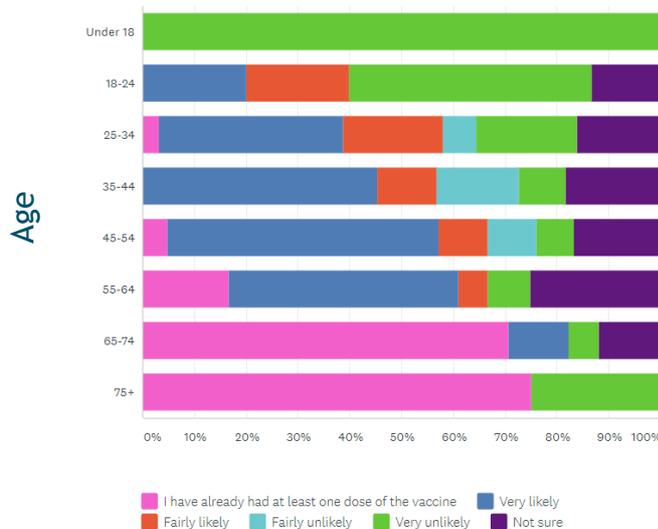
The likelihood of getting the COVID-19 vaccine differed by age: the younger the participant, the less likely they were to plan on being vaccinated. Figure 3 shows:

- All participants who were under 18 years old said they were ‘very unlikely’ to get the vaccine.
- About half of 18-24 year olds were ‘very unlikely’ to get it.

Figure 3. Likeliness of getting the COVID-19 vaccine by age category².

If you were offered a vaccine for the Coronavirus (Covid-19), how likely or unlikely would you be to take it?

Answered: 198 Skipped: 0



² Figure 3 includes data from 198 people who provided their age group. There were not the same number of participants within each age group (see demographics in Appendix 5.1).



Additionally, compared to other age groups, many more people ages 65-75+ had already gotten the vaccine (likely due to fact that these age groups were prioritised in being offered the vaccine).

Reasons why people plan to get vaccinated

There were many reasons why people wanted to get the COVID-19 vaccine, or already had one dose. Most people had more than one reason.

Figure 4. What are the main reasons you already received or are likely to get the COVID-19 vaccine? (Please tick all that apply³)

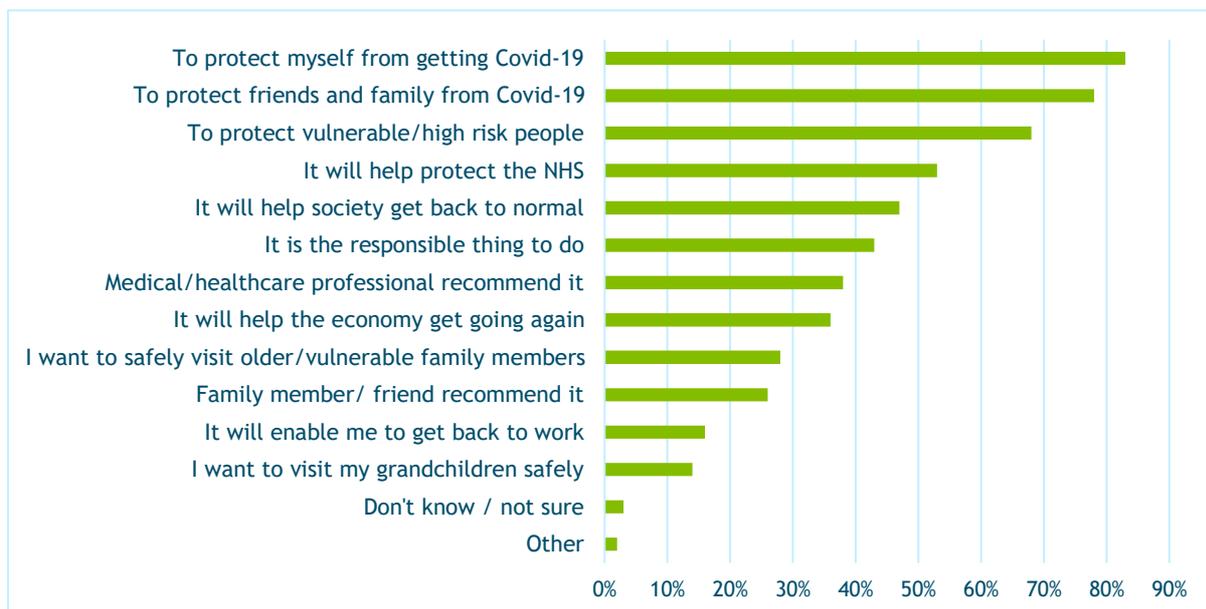


Figure 4 shows the most common reason to get the vaccine was ‘to protect myself from getting COVID-19’ (83%), which could signal a high perceived personal risk of catching the illness.

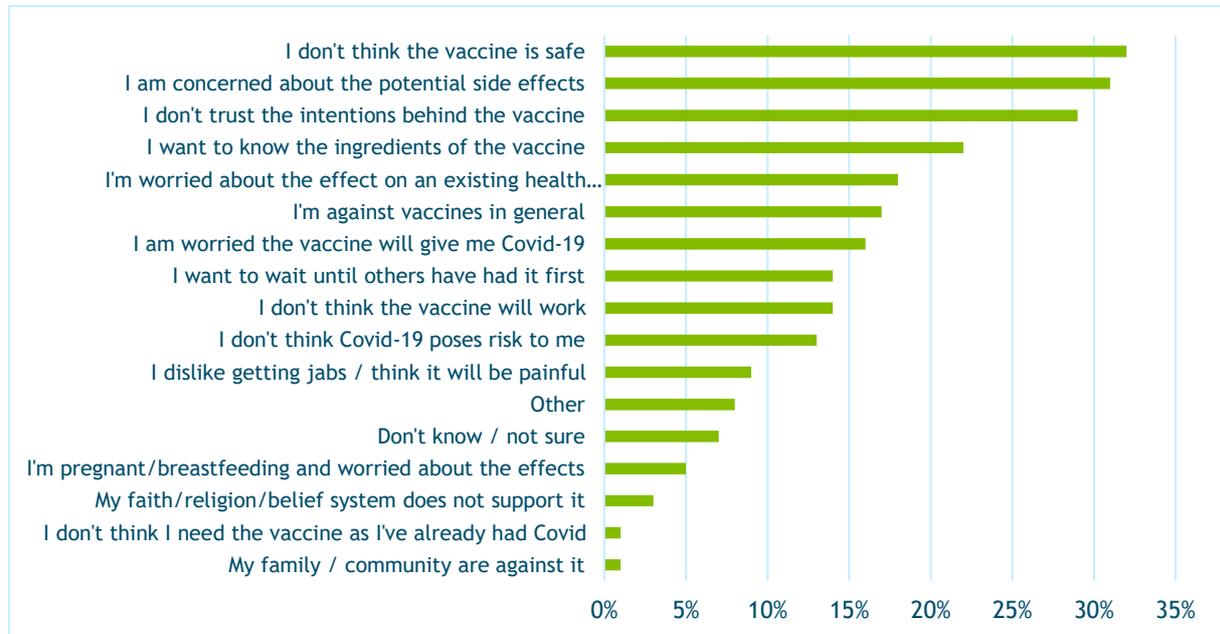
The other most common responses were ‘to protect my friends and family from getting COVID-19’ (77%) and ‘to protect people who are vulnerable / at higher risk of getting COVID-19’ (68%). Additionally, over 50% wanted to help protect the NHS.

³ Figure 4 shows responses from 129 individuals who either already had one dose or were ‘very likely’ or ‘fairly likely’ to get the vaccine.

Reasons behind vaccine hesitancy

Among those who were unlikely to get the vaccine or who were unsure about it, there were many reasons for this hesitancy.

Figure 5. What are the main reasons you are unlikely to get the COVID-19 vaccine, or are unsure about getting the vaccine?⁴



The most common concerns around the vaccine were about safety (32%), potential side effects (31%), mistrust of the intentions behind the vaccine (29%), and concern over the ingredients (22%).

"I'm not sure if it's safe for me."

"I'm not willing to be a guinea pig."

"I don't understand the vaccine at all."

"I don't trust what's going on in the world these days."

Concerns over the vaccine differed by age

There were subtle differences in vaccine concerns when compared by age group.

Younger groups were less concerned about side effects and the impact on existing health conditions yet had higher levels of mistrust behind the intentions of the vaccine and had a higher percentage who were against vaccines in general.

⁴ Figure 5 shows data from 87 people who were 'fairly unlikely', 'very unlikely', or 'unsure' about getting the COVID-19 vaccine. Most people chose more than one concern.



Older age groups were more concerned about potential side effects, impacts on existing health issues, and wanting to know the ingredients.

Among those **Under 34**, the most common concerns were:

1. I don't trust the intentions behind the vaccine
2. I don't think the vaccine is safe
3. I am concerned about the potential side effects
4. I'm against vaccines in general

"I don't want to have it at all."

"I think the vaccine is good and helpful for people. But I am young so I don't think I need it"

"I'm scared of needles and I prefer alternative medicine."

"I'm waiting to see the long-term effects."

Among participants ages **35-54**, the most common concerns were:

1. I am concerned about the potential side effects
2. I don't think the vaccine is safe
3. I don't trust the intentions behind the vaccine
4. I want to know the ingredients of the vaccine

"I'm not sure it's safe."

"It needs longer testing."

"I'm not sure what's in it."

Among participants ages **55 and older**, the most common concerns were:

1. I don't think the vaccine is safe
2. Worried about the effect of the vaccine on existing health conditions
3. I want to know the ingredients of the vaccine
4. I am concerned about potential side effects
5. I am worried the vaccine will give me COVID-19

"I'm too old for the vaccine and it isn't going to be safe for me as I am vulnerable. Also I'm scared of side effects."

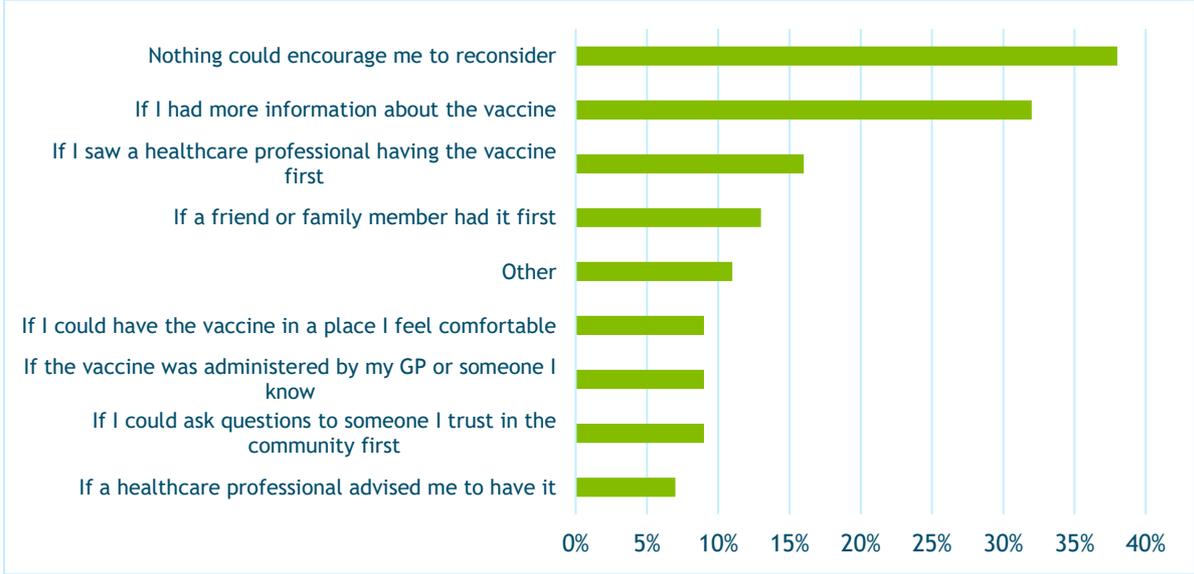
Almost one-third of those against the vaccine would reconsider their decision with more information

Those who were unlikely to get the vaccine were asked 'what would encourage you to reconsider your decision?' Figure 6 shows that whilst many would not reconsider



their decision, many vaccine-related concerns can be addressed with accurate information and support from trusted sources.

Figure 6. What would encourage you to reconsider your decision? (select all that apply⁵).



Nearly one-third of people against the vaccine (32%) said they would reconsider their decision ‘if they had more information about the vaccine.’

Additionally, 16% said they would reconsider their decision if they saw a healthcare professional having the vaccine first and 13% said if they saw a friend or family member get it.

Two of the ‘Other’ answers said they would only reconsider their decision if the vaccine was made mandatory.

“If it was rule (sic).”

However, an additional 38% of people said nothing would encourage them to reconsider their decision which suggests that this topic elicited strong views.

Knowledge about the COVID-19 vaccine

There were varying levels of knowledge around the COVID-19 vaccine among survey participants.

- One in four responders (25%) said they knew ‘a little’ or ‘no information at all’.
- 37% said they knew a ‘moderate amount’.
- 38% said they knew ‘a great deal’ or ‘a lot’.

⁵ Figure 6 shows data from 87 people who were ‘fairly unlikely’, ‘very unlikely’, or ‘unsure’ about getting the COVID-19 vaccine.

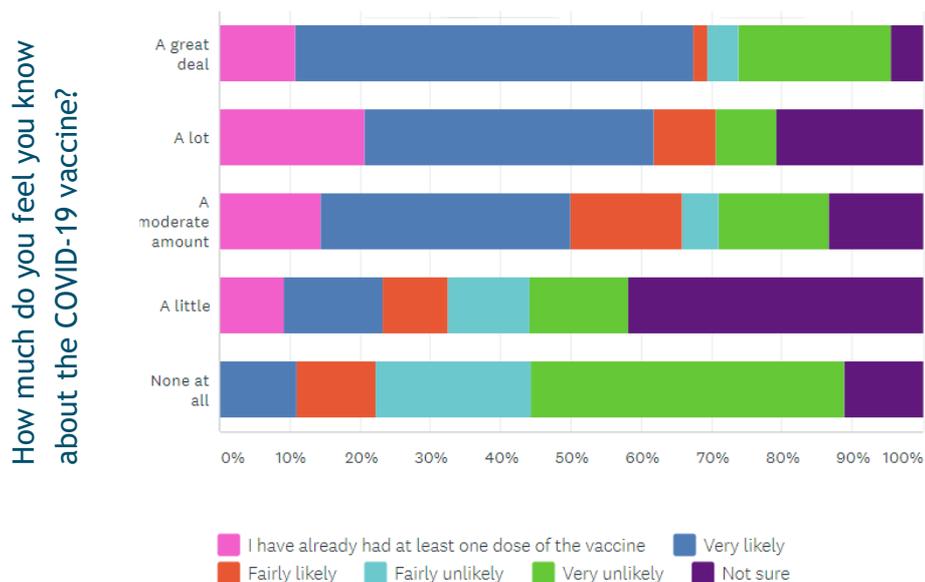


Figure 7 shows that overall, the more information a person knew about the vaccine, the more likely they were to want to get the vaccine.

Figure 7. Likelihood of getting the COVID-19 vaccine by level of knowledge.

If you were offered a vaccine for the Coronavirus (Covid-19), how likely or unlikely would you be to take it?

Answered: 208 Skipped: 0



Among those who knew ‘a great deal’ about the vaccine, nearly three in four had: already gotten one jab, were ‘very likely’ to get the vaccine, or were ‘fairly likely’ to get the vaccine.

Among those who felt they knew no information at all about the vaccine, none had already had one dose and about one in five were likely to get the vaccine. The majority (four out of five) were ‘fairly unlikely’, ‘very unlikely’, or ‘not sure’ about getting the vaccine.

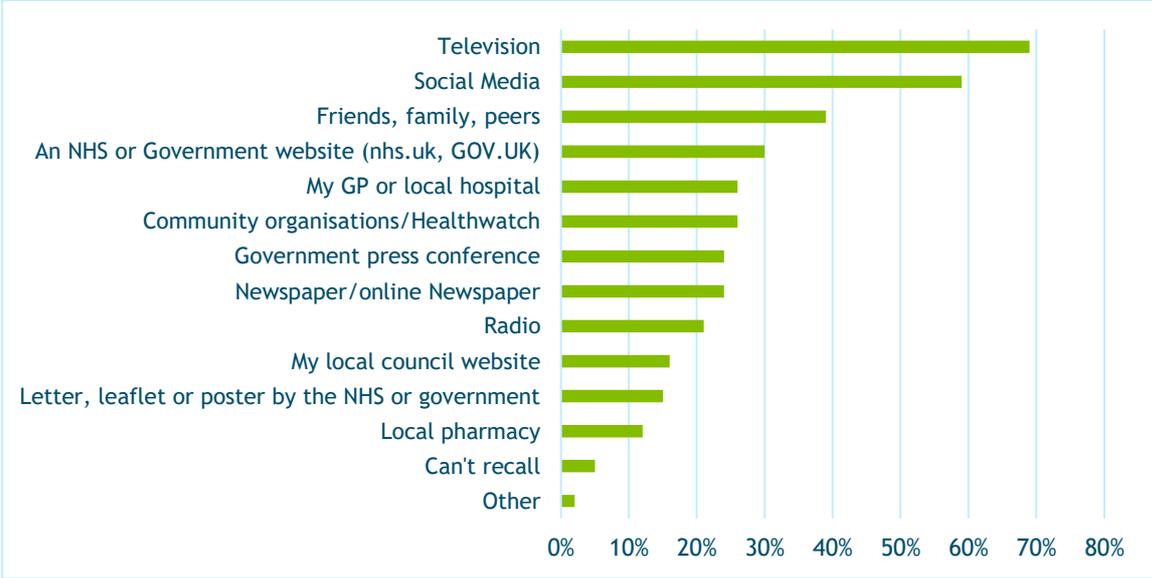
Common sources of COVID-19 vaccine information

Most people relied on multiple sources for COVID-19 vaccine information. The most popular sources of information were television (69%) and Social Media (59%).

Additionally, 39% of people said they got information from friends, family, and peers, and 30% said they got it from an NHS or Government website.



Figure 8. Where have you mainly seen or heard information about the COVID-19 vaccine (tick all that apply)?



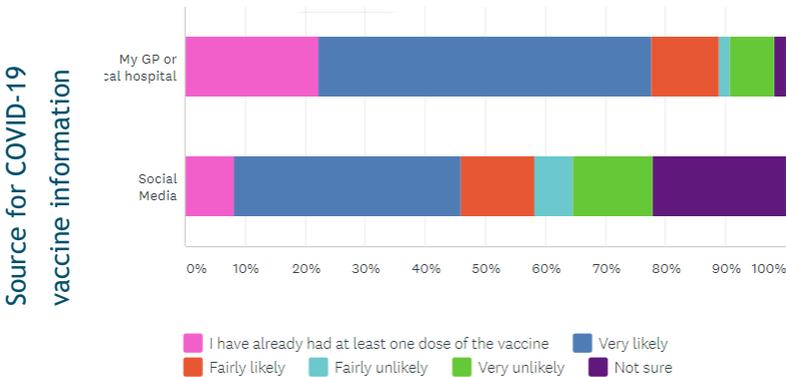
There were slight differences in views on the vaccine based on someone’s vaccine information source. For example, figure 9 shows that among those who relied on their GP or local hospital as at least one source of vaccine information, nearly nine in ten were likely to get the vaccine or had already had one dose.

In contrast, among those who used Social Media as one source of vaccine information, only slightly over half had already had one dose or were likely to get the vaccine. They were also much more likely to be unsure about the vaccine.

Figure 9. The likeliness of getting a vaccine based on information source: GP/local hospital compared to Social Media⁶.

If you were offered a vaccine for the Coronavirus (Covid-19), how likely or unlikely would you be to take it?

Answered: 149 Skipped: 0



⁶ Most people relied on multiple different sources for COVID-19 vaccine information.



There were also slight differences in source of COVID-19 vaccine information by age group.

Figure 10. Source of COVID-19 vaccine information by age group

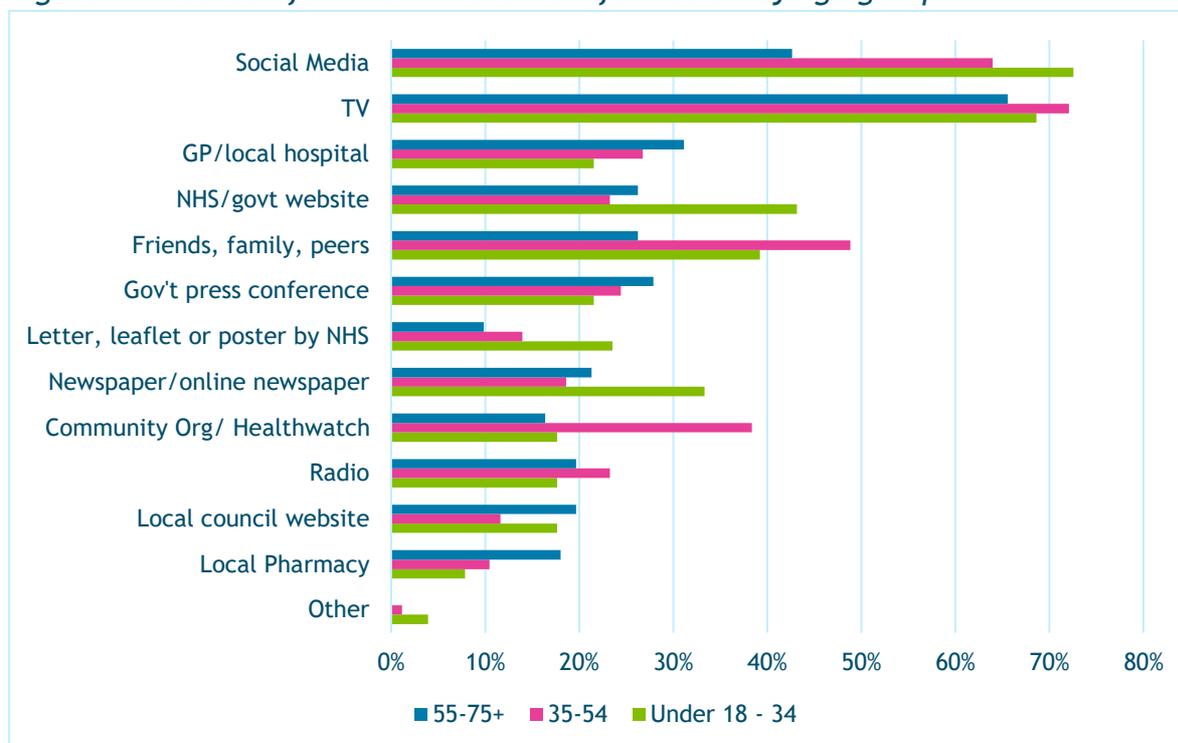


Figure 10 shows that those under 34 relied more heavily on Social Media compared to those 35 years and older. People under 34 years old also more heavily relied on NHS or Government websites for COVID-19 information.

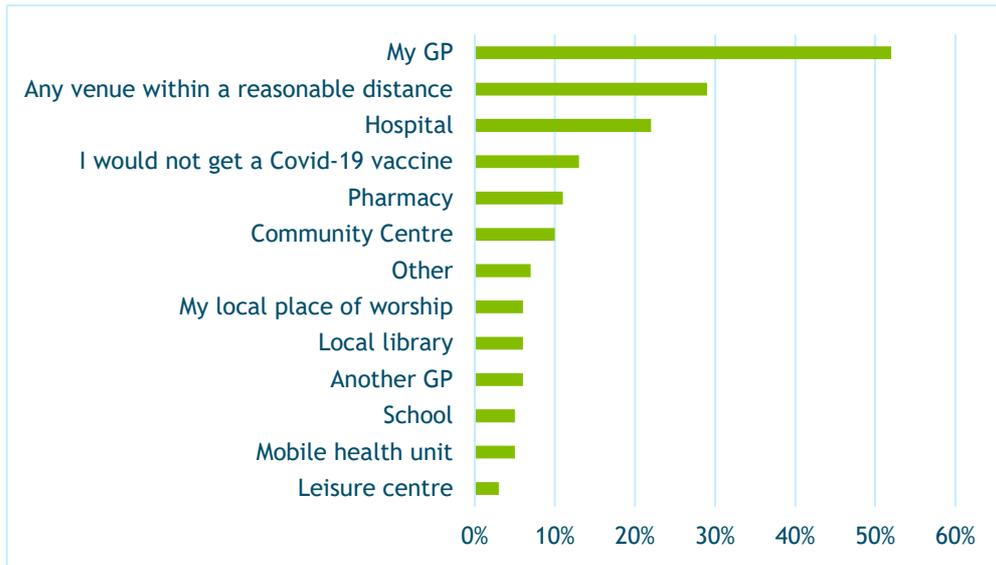
Figure 10 also shows that those 55 years and older relied more heavily on GP or local hospitals for vaccine information, compared to younger groups. Also, those ages 35-54 more heavily relied on family, friends, peers, and local organisations when compared to older and younger age groups.

Access to COVID-19 vaccination sites

When asked where you would prefer to get a COVID-19 vaccine, 52% of people said their GP, 29% said any venue within a reasonable distance, and 22% said the local hospital. The answers to this question did not differ significantly by age.



Figure 11. Where would you prefer to get your COVID-19 vaccine?⁷



The cost of traveling was a barrier for 13% of people and a [Healthwatch England report](#) has shown that travelling to a vaccine appointment was seen to be a more significant barrier for members of Black communities.

An elderly lady, who had not been out of her home since the 1st lockdown, said that she preferred to be vaccinated at home if transport is not available to convey her to the designated centre.

⁷ *This question was answered by 211 people and they were asked to ‘tick all that apply’ so % do not add up to 100%.



Residents' questions about the COVID-19 Vaccine

Nearly 150 survey participants asked questions about the COVID-19 vaccine. These questions were categorised and then addressed by a local panel of experts at the [Healthwatch Camden COVID-19 Vaccine Q&A event](#), held on 16th February on Zoom.

The majority of resident questions were around side effects (35%) and safety (19%) of the vaccine.

Other common questions were around the impact on existing conditions (including allergies, mental health, and disabilities), questions about ingredients (6%), and various others including how it works, concerns over the length of time in between doses, and the different makes of the vaccines.

Resident questions differed slightly by age group:

Among those who were under 18, or 18-34, the most common questions were about side effects (29% of questions), safety (20%), and fertility (14%):

There were fertility concerns among both males and females. This included questions about current pregnancies, future pregnancies, and the impact on breastfeeding.

“I am pregnant and I want to get the vaccine after birth, will it affect me whilst breastfeeding?”

“Is it safe? Will it impact me being able to father children?”

Among those who were 35-54, the most common questions were about side effects (39%) and safety (18%).

“Is it safe and what are the side-effects?”

Among those who were 55-75 or over 75, the most common questions were about side effects (27%), safety (16%), and impact on existing health conditions (16%).

“I am 77 years old lady. I have taken the vaccination can I still get COVID?”

“Side effects? Impact it will have on me because of age?”

Side effects? Impact on existing health condition? Impact on my disability?

The full recording and transcript of the COVID-19 Q+A [can be found on our website](#).



3 Next steps

There is a significant risk that the vaccination rollout could exacerbate inequalities by determining which groups are safe from COVID-19 and which are not. It is essential that the views of Black, Asian and minority ethnic communities - evidenced in this report - are understood by the NHS and its partners.

There appears to be an opportunity to increase COVID-19 vaccine uptake among young people and Black, Asian, and minority ethnic communities - *nearly one-third of survey responders who did not want the vaccine said they would reconsider their decision if they had more information.*

The following next steps should be prioritised by North Central London CCG, Camden Council and Public Health teams:

1. Further develop their work with those voluntary and community groups that are providing trusted support to communities with lower vaccine uptake, in order to provide more information on COVID-19 vaccination.
2. Conduct further research into the information needs of younger people and Black, Asian and minority ethnic communities around the COVID-19 vaccine: the information they need, when, where, in what format.
3. Co-produce vaccine communication campaigns with younger people and Black, Asian and minority ethnic communities so that targeted concerns are addressed, and appropriate channels are used effectively.

In addition, the Healthwatch COVID-19 Vaccine Q+A Session ([transcript and recording found here](#)) should continue to be used and shared as a community resource to address common concerns around COVID-19 vaccination.



4 About Healthwatch Camden

Healthwatch Camden is an independent organisation with a remit to make sure that the views of local service users in Camden are heard, responded to, taken seriously, and help to bring about service improvements.

Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote people's involvement in the planning, running and monitoring of services; to gather views and experience and to make reports and recommendations for improvement based on those views; to offer information and advice on access to services and choices people can make in services; and to enable local people to monitor the quality of local services.

Our remit extends across all publicly funded health and social care in the borough. It includes statutory powers to enter and view any publicly funded health and social care service and to call for a formal response from the relevant bodies to any of the recommendations we make.

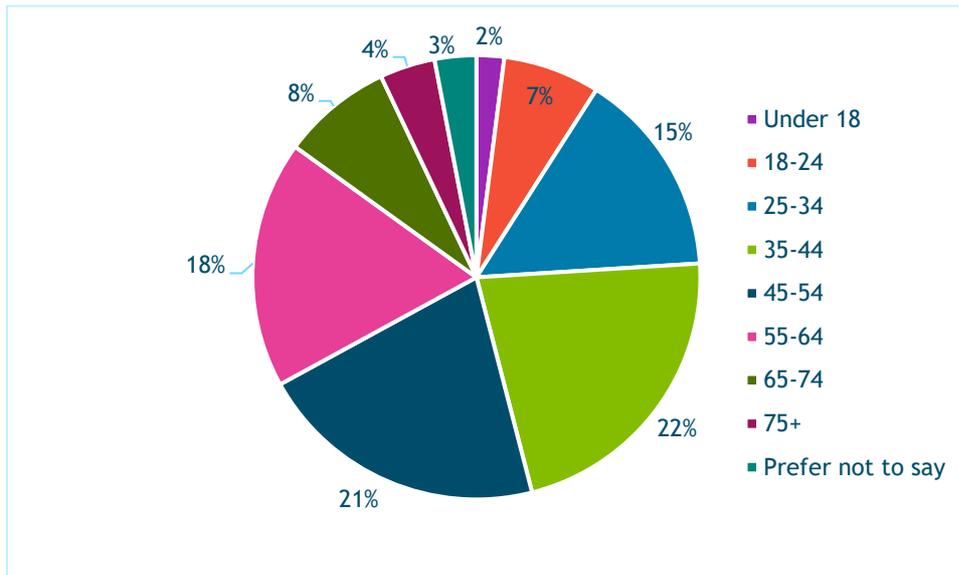
Healthwatch Camden has a seat on the Health and Wellbeing Board and contributes directly to strategies to reduce health inequalities across the borough.



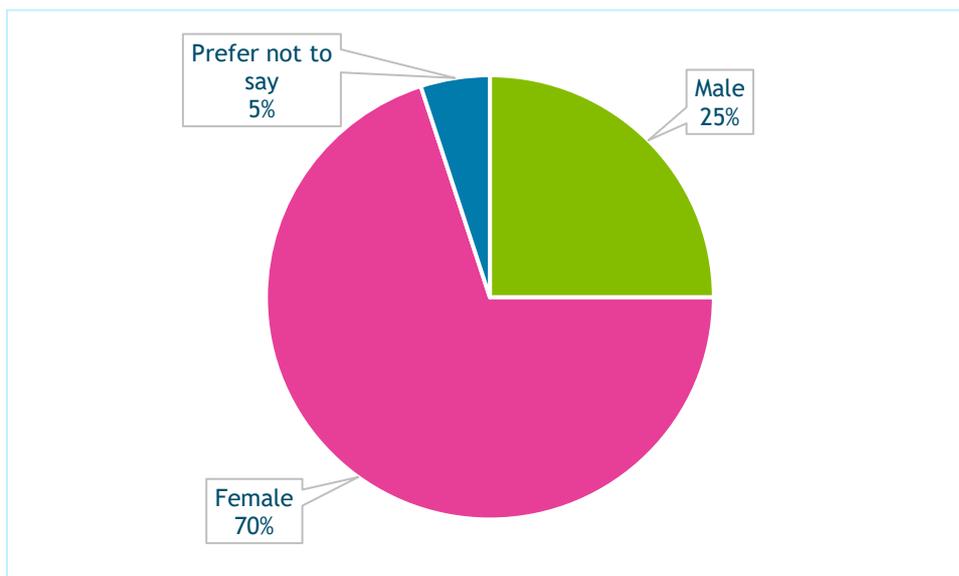
5 Appendix

5.1 Demographics

1. Age of Survey Responders⁸



2. Gender identity of survey participants⁹

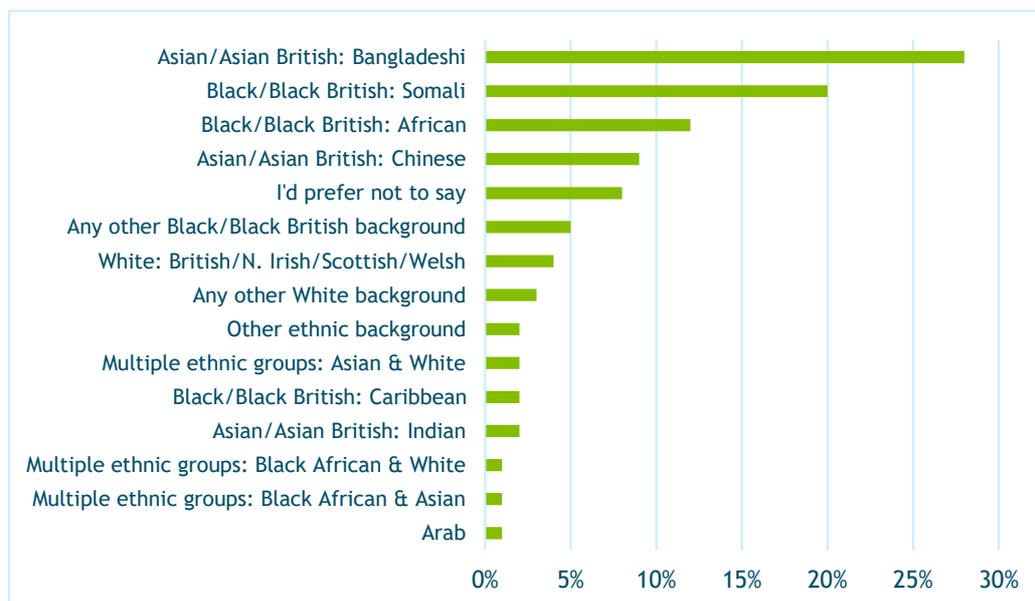


⁸ 204 people answered this question and 19 people skipped this question

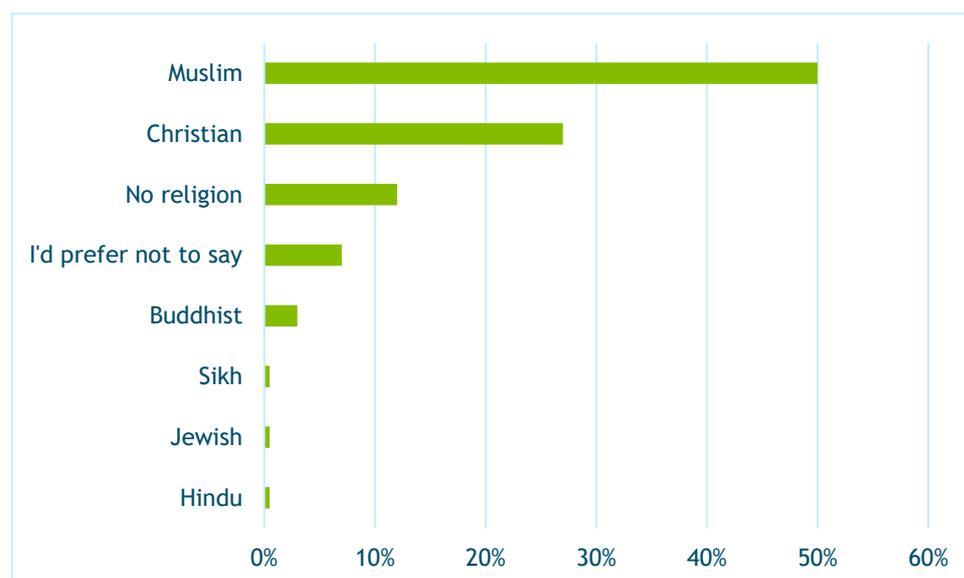
⁹ 205 people answered this question and 18 people skipped this question. 0 people identified as 'transgender', 'non-binary', or 'other'.



3. Ethnic groups of survey participants¹⁰



4. Religion of survey participants¹¹



¹⁰ Included in this chart are only the ethnic groups of survey participants (left out any groups where 0 people identified). 171 people filled out this question and 52 people skipped this question.

¹¹ 205 people answered this question and 18 people skipped this question.





5.2 Methods

This report was developed from a survey created on SurveyMonkey, which ran during the first three weeks of February 2021.

Healthwatch Camden worked with three local voluntary and community organisations to reach local people, mostly of Black, Asian, and Minority Ethnic backgrounds. We are grateful for the support of our partners: [Kings Cross Brunswick Neighbourhood Association](#) (KCBNA), the [African Health Forum](#), and the [Santé Refugee Mental Health Access Project](#).

Representatives from these organisations contacted their service users and then administered the Healthwatch Camden survey over the phone. This led to higher survey uptake because the callers had existing relationships with service users.

The majority of phone interviews were done in languages other than English (most commonly Bengali, Somali, Cantonese, and Swahili) and then responses were translated back into English before being input into SurveyMonkey. This outreach method helped reached many non-English speaking and seldom heard residents.

The surveys used a combination of multiple choice, tick all that apply, and open-ended questions about the COVID-19 vaccine.

The survey was both quantitative and qualitative in nature. Quantitative data were analysed through SurveyMonkey and Excel. Qualitative data were analysed by Healthwatch Camden staff using thematic analysis. All questions in this survey, including demographic questions, were optional, so some questions were left blank. In the report above, the sample size of each question/figure is listed for accuracy. See Appendix 5.1 for the full demographic breakdown of survey participants.

Feedback from participants expressed that it was a positive experience getting to voice their views on the vaccine and ask questions to local experts during the Q&A session. However, according to the African Health Forum, *“some people did not want to speak about [the COVID-19 vaccine] because it reminded them of what their loved ones went through, and the pain of losing them.”*