



Commentary

Specific COVID-19 messaging targeting ethnic minority communities

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Over a year into the COVID-19 pandemic, ethnic minority communities in the UK and elsewhere continue to be affected by a disproportionate burden of COVID-19 associated morbidity and mortality [1]. Increased COVID-19 risk has been attributed to a wide range of factors [2,3]. Whilst developing and implementing culturally appropriate, targeted interventions to mitigate the impact of COVID-19 on ethnic minority communities, are considered important, they have not been forthcoming. The low COVID-19 vaccine uptake among 'BAME' communities remains a priority for the government [4]. The proportion of ethnic minority groups accepting vaccines will remain low, unless the underlying issues are addressed urgently. Recent video messaging by ethnic minority Members of Parliament [5] may not be optimally effective due to several factors including scepticism, complacency and mistrust of messaging by scientists and politicians as compared to other local community leaders. It is recognised that the impact of COVID-19 may not be uniform across ethnic groups and thus no one specific intervention may be effective within the community to modulate behavioural change. There are several dimensions of vaccine hesitancy including safety, preference of natural immunity, commercial profiteering and mistrust of vaccine including socio-demographic subgroups among ethnic minorities subgroups that remain. Concerns regarding vaccine safety, mistruths promoted by anti-vaccers and conspiracy theorists also need to be addressed [6] and trust improved [7].

A culturally appropriate COVID-19 information and messaging platform is urgently required (Fig. 1). The messaging should be clear, in both style and content conveying simple, easy to understand, visual, consistent, and generic to all communities, ethnic groups, cultures, and faiths. Trust between healthcare staff and communities is essential for the success of any COVID-19 intervention. Harnessing

the wide range of experience of multiple faith groups, prominent community leaders, and NHS staff regarding community engagement, for development and dissemination of culturally appropriate COVID-19 materials and interventions, and engaging proactively with communities to re-assure them, and dispel misconceptions and anxieties arising from anti-vaccine propaganda. Messages should avoid being judgemental. Colloquial terms can potentially increase a sense of discrimination and social isolation within ethnic groups, and the commonly used acronym 'BAME' should be avoided. Alternative phrases may include 'ethnic communities', representing cohesion and trust. However, the phrase 'social distancing' is not easily interpreted within cultures [8] and needs to be replaced by 'physical distancing' to highlight alternative forms of socializing, alongside further consideration of messaging integrity after translation. The involvement of religious leaders [9] and faith based communities and engaging those who have recovered from COVID-19 will bring invaluable experiences critical to positive messaging. Local radio, TV, and social media which operate actively during religious events and festivals such as Christmas, Hanukah, Diwali, Eid, Ramadan Holy, Shivaratri, Baisakhi, may prove particularly useful. Communities propagate messages effectively internally, so it would be beneficial if restrictions are announced in a timely fashion prior to festivals or events.

Social media platforms are accessed frequently by all generations within households and should be used to disseminate surveys to seek real time feedback on behavioural change and address social media scaremongering. There may be merits in developing the school curriculum to convey messages to young children and young adults who can then promote them within families. Using community champions as advocates to promote key guidance documents, will require training to understand local community needs and deliver consistent and relevant messages. This will require appropriate funding for capacity building within relevant Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance and other stakeholder groups. Additionally the use of community pharmacies and primary care facilities to target ethnic minority communities should display messaging videos, films and key COVID-19 guidance documents.

Vaccine related concerns need to be approached with empathy and humility. Empathy in relation to conveying vaccine safety, the

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Appropriate messaging content, style and source

- Acknowledge differences amongst ethnic groups – no 'one size fits all' approach
- Emphasise ethnicity, culture and faith in messaging content
- Use of authentic messages delivered by community members/influencers/faith leaders from a relevant ethnic group
- Reinforce positive and non judgemental messages, thank communities for their response so far



Vaccine hesitancy

- Approach vaccine related concerns with empathy and humility
- Utilise faith venues as vaccination centres
- Provide targeted messages in vaccine invitations, and at vaccination appointment (e.g. around continued need for mask wearing, hand washing)

Effective and relevant communication mediums

- Train faith leaders to deliver consistent health messages, including reinforcement that faith alone will not protect against health issues
- Make use of local ethnic media outlets, such as radio and television channels
- Utilise accessible social media platforms and school teaching to promote health messages to young people, to support inter-generational transfer of information
- Fund training of community champions and knowledge advocates amongst VCSE and other partner organisations
- Utilise community pharmacies and GP text messaging systems to promote guidance/information

Use of appropriate terminology

- Reduce use of the potentially stigmatising acronym 'BAME', promote alternatives such as the phrase 'ethnic communities'
- Consider interpretations of phrases such as 'social distancing' and the effect/implications for perceived community cohesion

Fig. 1. Specific COVID-19 messaging targeting ethnic minority communities.

mechanisms of actions and their roles. Humility, in supporting faith group and knowledge champions to support vaccine roll out and improving uptake within the community groups. If COVID-19 is 'god's plan' then so is the vaccine. Places of worship such as churches, mosques, temples are being set up as COVID-19 vaccination centres, we advocate for wider use of this approach, across a diverse range of faith groups. In parallel, we recommend further emphasis that the NHS is here for everyone. A key consideration should be given to dissemination of targeted messaging with vaccine invitations and at the time of the vaccination itself, reminding individuals that even when vaccinated, preventative measures such as physical distancing, face covering and hand washing are important. Additionally, recognizing that there might well be access issues and not only vaccine distrust as well as the opportunity to ask health care workers about possible concerns, are critical. The need for evaluating the recommended targeted interventions remain paramount, as these will influence the success and future iterative modifications of these successive interventions and therefore subsequent vaccine uptake.

The COVID-19 pandemic rhetoric focused on 'BAME' communities has sometimes led to stigmatization and is seen as a 'problem'. Ethnic communities are not the problem, they are the solution. Where positive engagement has been achieved, we need to learn from and highlight local initiatives and approaches for the betterment of the nation. The development of a coordinated messaging toolkit for nationwide community engagement, to build capacity and resilience across the country is critical. Certainly, NHS and Public Health England messaging must be jointly co-designed and co-produced, to ensure all communities feel ownership. Joint engagement and partnership with local communities is key to understanding how to make messages relevant and culturally competent.

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