

ETHNIC MINORITIES

Introduction

This document presents summary findings for people from ethnic minority backgrounds across Wales, indicating where there are differences and particularities compared to overall results. For quantitative results, differences are significant at the 95% confidence level, meaning that there is only a 5% possibility that the difference has occurred by chance; a commonly accepted confidence level. All differences are statistically significant unless stated otherwise. There is a separate report showing results across groups. The title of the overall report is: 'Evaluation of information resources' (produced by BMG Research on behalf of PHW). 35 people from ethnic minority backgrounds took part in the quantitative survey. Out of the 35 people from ethnic minority backgrounds, 10 say that the language they speak at home is other than English or Welsh, and 25 have English as their main language. Additionally, nine individuals from ethnic minority backgrounds whose main language is English took part in a qualitative focus group and two individuals from ethnic minority backgrounds whose main language is other than English or Welsh took part in qualitative depth interviews. The survey, focus group and in-depth interviews were all conducted and completed in English. Given the relatively low base sizes for this group, findings should be interpreted with caution. Fieldwork took place between December 2022 and February 2023. Further information about sampling and methodology can be found on the main report cited above.

Recommendations and key take outs for this group are marked in **bold**.

Awareness of publicity about immunisation

In line with overall results, the vast majority of respondents from ethnic minority backgrounds (89%) say that they have seen or heard something about immunisations for people in the past 12 months. Those who had seen or heard information about vaccination say that it was mostly related to COVID-19 and flu, although the proportions of people from ethnic minority backgrounds saying that they have seen information about these two vaccines are lower than average (68% of people from ethnic minority backgrounds have seen/heard information about the COVID-19 vaccine, compared to 84% overall; and 42% of people from ethnic minority backgrounds have seen or heard information about the flu vaccine, compared to 62% overall).

The majority of people from ethnic minority backgrounds say that the information about vaccination that they have seen or heard in the past 12 months was in favour of vaccinations (74%, in line with the overall result: 80%). However, people from ethnic minority backgrounds are more likely than average to say that the information that they had seen or heard about vaccination was against vaccination (16%, compared to 4% overall).

Doctors, nurses or other healthcare professionals are the most common source of information about vaccination among people from ethnic minority backgrounds (35%, compared to 32% overall). This is followed by friends/family/colleagues (19%) and social media (19%). These results are in line with the average results. Nonetheless, people from ethnic minority backgrounds are less likely than average to say that they have seen or heard information about vaccinations on TV (13%, compared to 38% overall). In contrast, people from minority ethnic backgrounds are more likely than average to say that they have seen or heard information about vaccination on WhatsApp (10%, compared to 2% overall).

Key take outs:

- **Recommended channels for reaching out to people from ethnic minority backgrounds: healthcare professionals, social media, WhatsApp.**
- **Less effective channels for reaching out to people from ethnic minority backgrounds: television.**

While seven in 10 (70%) people from ethnic minority backgrounds say that they have not seen or heard anything in the past 12 months that would make them worried or concerned about having vaccinations, 23% claim to have seen or heard worrying information (in line with the average result).

Key take out:

- **Just under one in four people from ethnic minority backgrounds have seen or heard misinformation about vaccines, which suggests that some ‘myth-busting’ style information resources about vaccinations may be beneficial for this group.**

Awareness of vaccination programme

Awareness of the vaccination programme in Wales among people from ethnic minority backgrounds is lower than average, with awareness of most vaccines being lower than average among this group.

Vaccines people from ethnic minority backgrounds are less likely than average to be aware of: Rotavirus vaccine (10%, compared to 16% overall), MenACWY adolescent/fresher vaccine (Meningitis, meningococcal disease, septicaemia or blood poisoning) (9%, compared to 22% overall), Pertussis (whooping cough) vaccine (11%, compared to 27% overall), 6-in-1/DTaP/IPV/Hib/HepB (diphtheria, hepatitis B, Haemophilus influenzae, polio, tetanus, whooping cough (pertussis)) (17%, compared to 43% overall), MenB (meningitis B) (17%, compared to 35% overall), Hepatitis B (20%, compared to 38% overall), HPV vaccine (20%, compared to 40% overall), 4-in-1 pre-school booster (diphtheria, polio, tetanus, whooping cough (pertussis)) (26%, compared to 53% overall), Tetanus, diphtheria, and polio Td/IPV (Teenage booster or 3 in 1) (29%, compared to 53% overall), MMR (43%, compared to 63% overall), and flu vaccine (57%, compared to 76% overall).

Key take out:

- **Overall awareness of the national vaccination programme in Wales could improve among people from ethnic minority backgrounds.**

Attitudes towards vaccinations

People from ethnic minority backgrounds are less likely than average to say that most of the diseases the Welsh vaccine programme protects against are serious: Pneumonia (80%, compared to 91% overall), Genital cancer (80%, compared to 91% overall), head and neck cancer (77%, compared to 92% overall), Meningitis (74%, compared to 90% overall), cervical cancer (71%, compared to 86% overall), Tuberculosis (69%, compared to 88% overall), Hepatitis (66%, compared to 81% overall), Septicaemia (Blood poisoning) (66%, compared to 91% overall), Polio (63%, compared to 81% overall), Tetanus (57%, compared to 77% overall), Pertussis/whooping cough (51%, compared to 68% overall), COVID-19 (49%, compared to 68% overall), Shingles/herpes zoster (46%, compared to 68% overall), Diphtheria (46%, compared to 74% overall), and flu (31%, compared to 56% overall).

While for some of these diseases it is the ‘don’t know’ score that is higher than average instead of the ‘not serious’ score, respondents from ethnic minority backgrounds are more likely than average to rate several diseases that the Welsh vaccination programme protects from as not serious. These

include: Flu (57% of people from ethnic minority backgrounds say that this disease is not serious, compared to 40% overall), COVID-19 (46%, compared to 28% overall), Diphtheria (23%, compared to 11% overall), Hepatitis (23%, compared to 11% overall), Septicaemia (Blood poisoning) (20%, compared to 4% overall), and Tuberculosis (20%, compared to 6% overall).

People from ethnic minority backgrounds are more likely than average to say that all immunisations/vaccinations in general are a higher risk to them than the diseases they protect from (9%, compared to 3% overall).

Additionally, people from ethnic minority backgrounds are less likely to agree that vaccinations are properly tested (66%, compared to 79% overall). Agreement with other positively worded statements about vaccination are also lower than average, although these differences are not statistically significant given the small base size for people from ethnic minority backgrounds: I think vaccines work (80%, compared to 86%), I trust vaccines (77%, compared to 83% overall), I think vaccines are safe (77%, compared to 84% overall), I believe that getting vaccinated is the right thing to do for me (77%, compared to 82% overall) and for society (74%, compared to 82% overall), it is normal for people my age to get vaccinated (77%, compared to 81% overall). Agreement with negatively worded statements about vaccines are in line with the average result: 40% agree that they are concerned about the ingredients of vaccinations (compared to 34% overall) and 49% are worried about side effects (compared to 46% overall).

Key take out:

- **Attitudes towards vaccinations are slightly more negative than average among people from ethnic minority backgrounds. This suggests that information resources for this group should focus on highlighting the benefits of vaccination and the severity of diseases while also addressing worries about vaccine safety.**

Access to information and decision-making

People from ethnic minority backgrounds are less likely than average to agree that: they have had enough information to make informed decisions about whether or not getting the vaccines they have been offered so far (77%, compared to 86% overall), that they know where to find information about vaccines (77%, compared to 85% overall) and that they know how vaccines work (71%, compared to 81% overall). These differences are not statistically significant, however, given the low base size for people from ethnic minority backgrounds.

When it comes to the sources of information used to find out about vaccinations, the most common sources of information for people from ethnic minority backgrounds are: doctors, nurses and other healthcare professionals (43%), and the NHS website (37%). These results are in line with the average result. Conversely, the least commonly used sources of information to find out about vaccinations among people from ethnic minority backgrounds are: magazines (0%), poster adverts (3%), radio (3%) and Snapchat (3%). These results are in line with overall results.

In terms of decision-making, people from ethnic minority backgrounds are less likely than average to say that they automatically have all the immunisations when they are due/offered (34%, compared to 57% overall) and more likely to say that they normally have all the vaccines offered to them but that they like to check information before having vaccinations (37%, compared to 24% overall).

Key take outs:

- **People from ethnic minority backgrounds are less likely to be knowledgeable about vaccinations and less likely to know where to find information. Additionally, people from ethnic minority backgrounds are also more likely to say that they like to check information before having vaccinations, as opposed to making automatic decisions. These findings highlight the need for information resources to clearly target this group to enable informed decision-making.**
- **Recommended channels for reaching out to people from ethnic minority backgrounds: healthcare professionals, websites and online channels.**
- **Less effective channels for reaching out to people from ethnic minority backgrounds: posters, radio and Snapchat**

Vaccine uptake, barriers and motivations

When asked whether they had refused or delayed any vaccines offered to them, people from ethnic minority backgrounds are more likely than average to say that they have refused one or more vaccinations (26%, compared to 17% overall) and less likely to say that they have had all the vaccinations offered to them (63%, compared to 73% overall). 6% of people from ethnic minority backgrounds say that they have delayed one or more vaccines (in line with the average result).

In line with average results, protection of oneself is the most prominent motivation among people from ethnic minority backgrounds to get vaccinated.

Conversely, a lack of trust and a perception that vaccines are not needed are the most commonly cited barriers to vaccine uptake for people from ethnic minority backgrounds, in line with overall results.

While participants in the qualitative focus group said they had had all the vaccines offered to them, some said they wished they hadn't, with having the illness after being vaccinated contributing to a lack of trust.

"I wish I hadn't had the vaccines for COVID, I actually got COVID after I had the vaccine but hadn't before. I had felt pressured into it by others". Participant from a minority ethnic background

Key take out:

- **Claimed vaccine uptake is lower than average among people from ethnic minority backgrounds, with a lack of trust and a perception that vaccines are not needed being the main barriers to vaccine uptake. Information resources for people from ethnic minority backgrounds should therefore justify the necessity of vaccines and address concerns about vaccine safety, side effects and ingredients so as to build trust among this group.**

Awareness and views of PHW publicity

Awareness of PHW publicity among people from ethnic minority backgrounds is in line with the average result (46%, compared to 41% overall). Similarly, awareness of the *Mae Brechu yn achub bywydau/Vaccination saves lives* logo among people from ethnic minority backgrounds is in line with the overall result (37%, compared to 39% overall).

GP surgeries (38%), and the NHS website (19%) are the most common places where people from ethnic minority backgrounds have seen PHW publicity. Nonetheless, when asked about effective

ways of conveying vaccination information to people like them, people from ethnic minority backgrounds say that word of mouth (including through mosques, churches and community advocates) would be an effective way of conveying information about vaccines to people like them. Community advocates are seen as particularly effective by people from ethnic minority backgrounds whose main language is other than English or Welsh:

“The problem with thing like this in a Somali community is that it is a tight knit community and everyone knows and will tell you about someone who has had bad experiences. We could do with more advocates within the community, as a lot of information can spread”.

Participant from ethnic minority background

Views of PHW publicity among people from ethnic minority backgrounds are slightly less positive than average (and more neutral but no more negative). 81% are satisfied with the materials overall (cf. 88% overall), 81% agree that the information is clear (cf. 97% overall), 81% are satisfied with the amount of information provided in the materials (cf. 89% overall), 75% positively rate the design/layout (cf. 85% overall), and 81% agree that the materials are relevant (cf. 86% overall).

Further insights in relation to views of PHW publicity were provided in the qualitative focus group. In line with results from other groups, participants from ethnic minority backgrounds positively regard information materials that clearly identify their target audience.

“The cover of the leaflet is good as it is obvious who it is for so you could make a decision on whether to pick it up and look through.” Participant from ethnic minority background [Baby vaccines leaflet]

However, when groups are targeted, it needs to be clear why this is to avoid confusion.

“How are Ramadan and COVID linked? It's like saying Merry Christmas, get a COVID vaccine”. Participant from ethnic minority background [COVID-Ramadan video]

“Is it telling people to get vaxxed before seeing family and friends for Ramadan? Or trying to target Muslims?” Participant from ethnic minority background [COVID-Ramadan video]

As with other groups, there was a preference for visual resources, which avoid jargon.

“It's nice to have pictures, obviously very simple and easy to digest”. Participant from ethnic minority background [Baby vaccines leaflet]

There was also a generalised preference among people from ethnic minority backgrounds for resources to include QR codes to find out more to keep resources short and concise.

“You don't want too much information or small print. Keep it simple, keep it real and give direction to a website”. Participant from ethnic minority background

However, opinions are split as to how much information resources should include about side effects.

“I think there's a danger of giving all the side effects sometimes-they have to say everything of course but it may scare people”. Participant from ethnic minority background

“I don't want to know every single thing that would happen to me, because psychologically it would affect me”. Participant from ethnic minority background

Key take outs:

- **As for other groups, information resources for people from ethnic minority backgrounds should clearly indicate the target audience but the reasoning behind the decision to target certain groups (e.g. Muslims needs to be made clear).**
- **More research with people from ethnic minority backgrounds may be needed to understand how much information about side effects they would like to see in information materials.**
- **Information resources for people from ethnic minority backgrounds should be short and concise (as for other groups).**
- **Recommended channels to reach out to people from ethnic minority backgrounds: healthcare professionals, word of mouth (community groups, churches and mosques).**