



Engaging with Pakistani and Bangladeshi communities in Redbridge: understanding experiences of the COVID-19 pandemic and COVID-19 vaccination

A report from Healthwatch Redbridge

October 2022

About Healthwatch Redbridge

We collect the views and experiences of local people using health and social care services. People can also speak to us to find information about local services.

We want to help people get the best support possible by listening to what they like about services and what might be improved. We share these views with the organisations that have the power to improve the quality of those services.

Healthwatch Redbridge is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve local people in service changes to improve health and care.

Contents

About Healthwatch Redbridge	2
Summary.....	4
Introduction.....	5
Redbridge: the local perspective	5
Methodology	5
Survey Strengths and Limitations	6
Participants.....	6
Survey Findings	7
General vaccination sentiment	7
Key motivators for existing COVID-19 vaccine uptake.....	7
Key inhibitors for future COVID-19	8
Flu vaccine sentiment.....	9
Booking of vaccinations	10
Conclusion.....	10
Recommendations	11
Thanks.....	11
Contact Details.....	11
Appendix 1: Demographics.....	12

Summary

We spoke with local people from the Bangladeshi and Pakistani communities to understand their views on receiving the COVID-19 booster and other preventative vaccinations. We wanted to understand whether the current information and vaccination offer (for those who meet the eligibility criteria) meet the needs of these specific communities.

The insights collated will be used to inform the autumn COVID-19 booster campaign and to understand how these can be integrated with other vaccinations offered to similar groups of people at similar times.

Despite contacting many community groups, we had to revise our plan to hold specific focus groups due to a poor response and a tight deadline for project completion.

Eventually, we decided to change our engagement approach and offer to support people to complete individual surveys. A total of **23** surveys were completed between 5-24 October 2022.

The findings are being shared with NHS England, who commissioned this piece of work across several Local Healthwatch organisations throughout the country.

We found:

- A positive response to vaccination development and roll-out within the recent pandemic, although the approach to repeated boosters was less positive.
- Positive sentiments were also noticeably lower regarding the receipt of flu vaccines.
- There was an encouraging use of verifiable website sources such as the NHS, BBC, or World Health Organisation, to access information.

Our main recommendations are:

- Further provision of accessible information about the scientific basis of the COVID-19 and flu boosters
- Ensure there is continual collaboration with Imams and Islamic social media channels to support the provision of accessible information
- Continual clarification of the Halal nature of vaccinations
- Continue the provision of convenient vaccine appointments

Our report will be used to further inform NHS England's approaches to future COVID-19 and flu vaccination campaigns.

Introduction

The COVID-19 pandemic had a disproportionate effect on Pakistani and Bangladeshi communities. It was a major concern that vaccination uptake rates have remained consistently low in these communities.

Through some local Healthwatch organisations, the COVID-19 vaccination equalities programme for NHS England sought to engage with these communities to identify any barriers that could be addressed to ensure people are provided with an equitable service, which meets their needs and can improve health outcomes.

Redbridge: the local perspective

Over 53% of the population of the London Borough of Redbridge are from minority ethnic communities. These communities have been unduly impacted by the pandemic.

The Public Health Report for 2020¹ highlighted the impact on many minority ethnic communities. In December 2020, with the introduction of the COVID-19 vaccine, Healthwatch Redbridge was made aware some communities and individuals were expressing a reluctance in having the vaccination.

This was particularly reflected within minority ethnic communities. Our report² findings led to an increase in the provision of appropriate targeted communications.

Methodology

We contacted many organisations and faith groups within Pakistani and Bangladeshi communities. We planned to hold a series of focus groups, however, despite contacting many community groups, we had to revise our plans due to a poor response and a tight deadline for project completion³.

Eventually, we decided to change our engagement approach and offer to support people to complete individual surveys.

We were able to conduct one to one interviews with participants from the British Asian Bangladeshi and Pakistani community.

A total of 23 surveys were completed between 5-24 October 2022.

¹ https://www.redbridge.gov.uk/media/9978/annual_public_health_report_20_tp.pdf

² https://www.healthwatchredbridge.co.uk/sites/healthwatchredbridge.co.uk/files/COVID-19-19-19-19-19_vaccine_survey_2020-21_report.pdf

³ Healthwatch Redbridge contacted 16 organisations; 5 did not respond, 4 agreed to hold meetings, and 1 refused to participate

Survey Strengths and Limitations

We were pleased with the information participants shared with us when we asked people to complete the survey. We gained valuable insights into the specific cultural needs of the Pakistani and Bangladeshi community which will be apparent throughout this report.

We did not manage to engage with as many participants as we would have liked to. We contacted 16 different organisations consisting of community groups, faith-based organisations, patient experience groups at hospital trusts and Public Health. We made 38 attempts to contact these organisations through a mix of emails and telephone calls.

We were already working with some organisations who we thought would be suitable for this project. Unfortunately, one of the organisations we were in the process of setting up focus groups with, pulled out of the project during the planning stage. Another organisation we were able to visit, but only two people wanted to speak to us about vaccinations.

When we spoke to someone from a local community group and as soon as we said the word "vaccine", they said they did not want to speak to us and hung up the telephone.

Participants

We conducted surveys with 23 participants from the British Asian Bangladeshi and British Asian Pakistani communities.

The locations were:

- a Mosque, visited on two separate occasions where we were able to speak with men after prayers and complete the survey;
- a Health Centre; and
- an Asian Women's Empowerment Group.

We had a greater proportion of young male participants than other demographic ranges. *(See Appendix 1 for demographic details)*

The survey findings were entered into a survey platform, including free text comments, for ease of analysis.

Survey Findings

General vaccination sentiment

There was a strongly positive sentiment towards both NHS vaccinations in general, and the COVID-19 vaccination in particular.

Over three quarters (**78%**) of comments were positive about NHS vaccination and **91%** about COVID-19 vaccination. However, participants felt less positive about future COVID-19 boosters, with **54%** positive and **46%** unsure or preferring not to have the vaccine. This was also matched with sentiment about future flu vaccination, with **52.3%** of participants feeling positive and **42.7%** feeling unsure or not planning to take the vaccine.

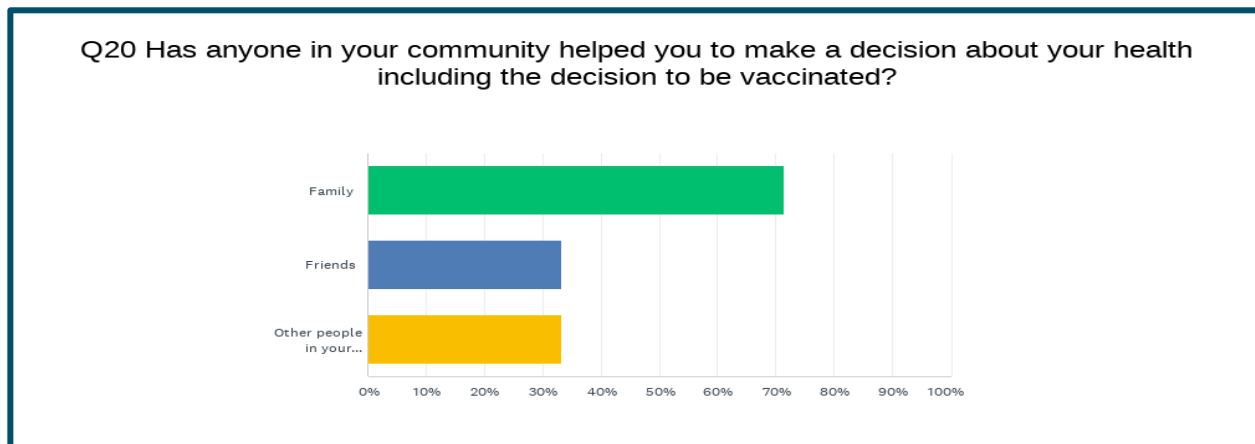
Key **positive** themes in these free text responses to these question clustered around:

- Positive view of vaccination science, safety and effectiveness;
- Well received vaccination centres with few queues and good locations;
- Protection of the vulnerable in the community

Those with **negative views** expressed reservation relating to:

- the number of boosters, especially with possible mutations;
- either the prevalence of COVID-19 despite the vaccination, or conversely the perception that COVID-19 was no longer an issue of importance;
- There were also isolated concerns that the vaccines cause harm.

Key motivators for existing COVID-19 vaccine uptake



2 skipped question. 71.4% family; 33.3% friends; 33.3% others in the community

There was a major theme about the information portals to access scientific evidence for the vaccine. These were given as the NHS website, the BBC, World Health Organisation, and online research:

‘Looking at the research. I had to have enough information to give me the confidence to choose.’

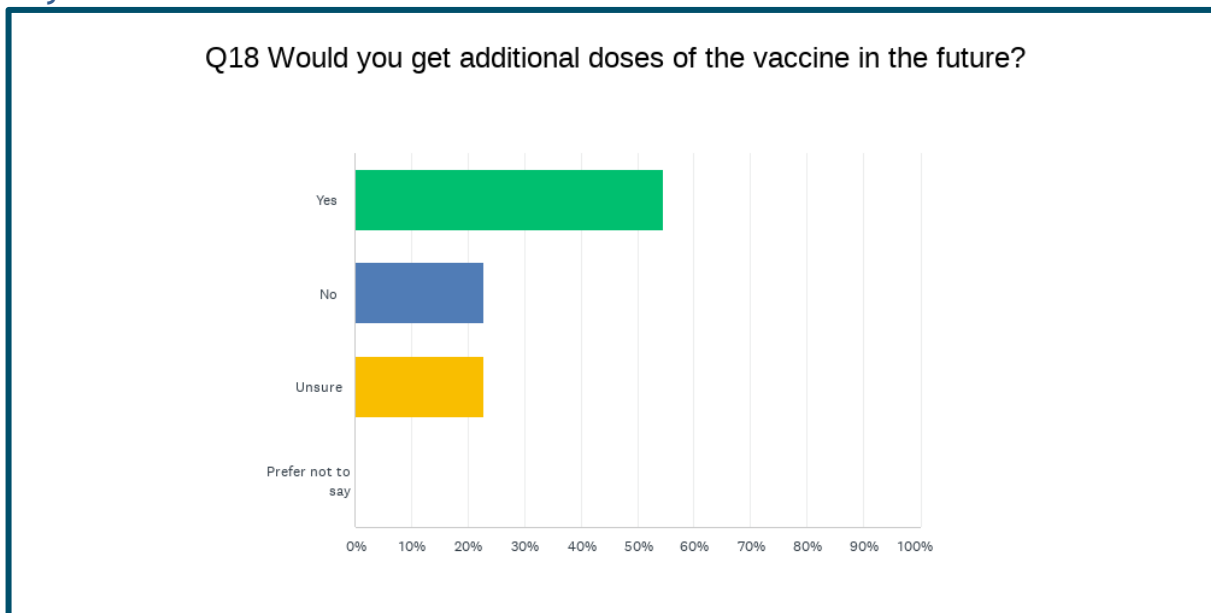
‘Travel and NHS website has persuaded me to take the vaccine’

Another strong theme was the impact of close family units, and community relationships:

‘We work together. My family were all vaccinated.’

There were also themes about the necessity of the vaccine for travel requirements, and many participants travel for family reasons. Another theme was the endorsement of Imams in Mosques who themselves had the vaccine and encouraged their congregations to do so as well.

Key inhibitors for future COVID-19



1 skipped question; 54% yes, 23.7% no, 23.7% unsure

There was a key theme identified by participants being unsure of or articulating a refusal to COVID-19 vaccination was the grounds of a lack of perceived need:

‘COVID-19 is not as serious as before. I don't think we need a vaccine, but vulnerable people with health issues or older people do.’

‘Haven't seen a major effect, still able to contract COVID-19 after the vaccine’

‘I believe there is no need’

‘I feel like its unnecessary due to COVID-19 being basically over. Because we don't really see cases of COVID-19.’

There was also doubt about the latest scientific evidence:

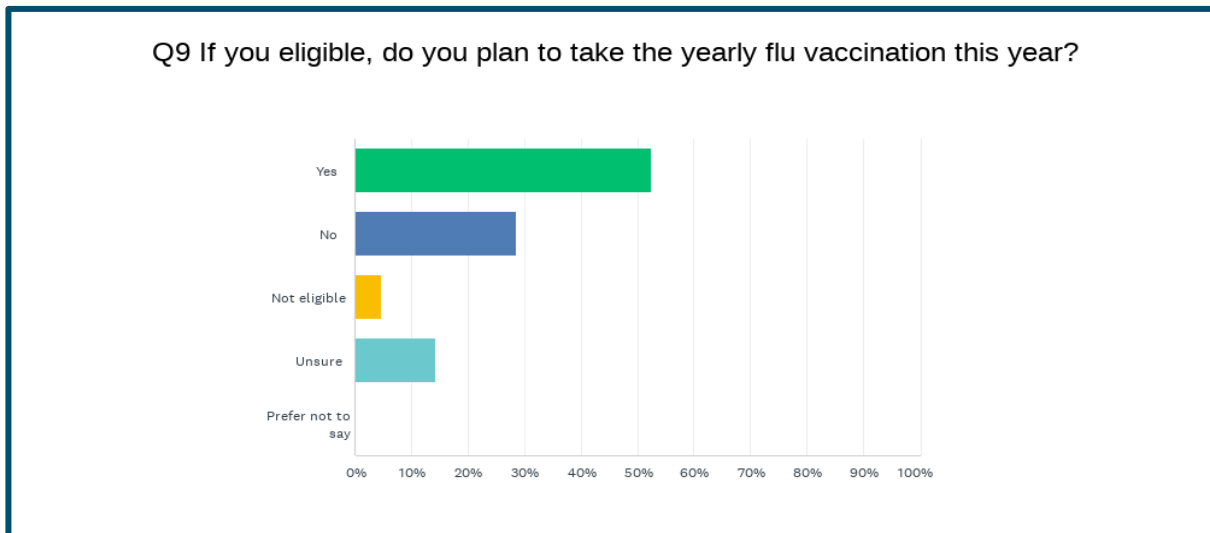
‘Due to recent studies, I am not so confident on the vaccines’

There was concern about whether the vaccine was Halal and therefore acceptable to members of the Muslim community:

‘In my community, the first thing on our mind is what is in the vaccine? Does it have any pork product in it?’

All these findings would indicate the need for the availability of accessible information with relevant features for the Muslim community.

Flu vaccine sentiment

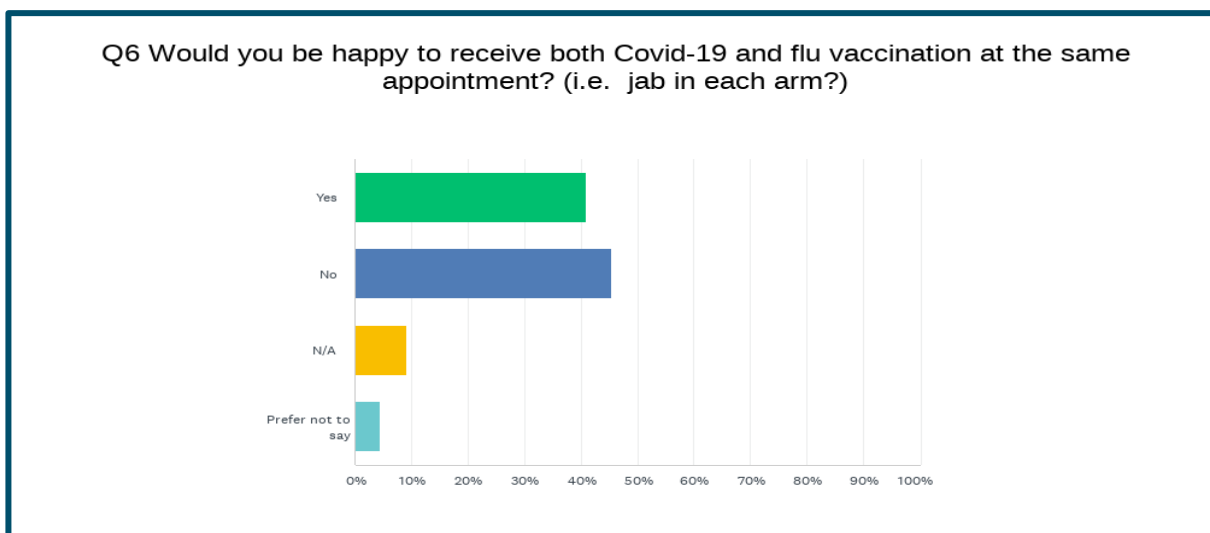


2 skipped question. 52.3% yes; 28.5% no; 14.2% unsure; 4.7% identifying as ineligible

A key inhibitor for the flu vaccine was the perceived after effects:

‘I’m never having this again. I got flu and was ill for 3 months afterwards.’

This was also given as a reason for not having the COVID-19 and flu vaccination at the same time:



1 participant skipped; yes 40.91%; no 45.4%; N/A 9%; prefer not to say 4.5%

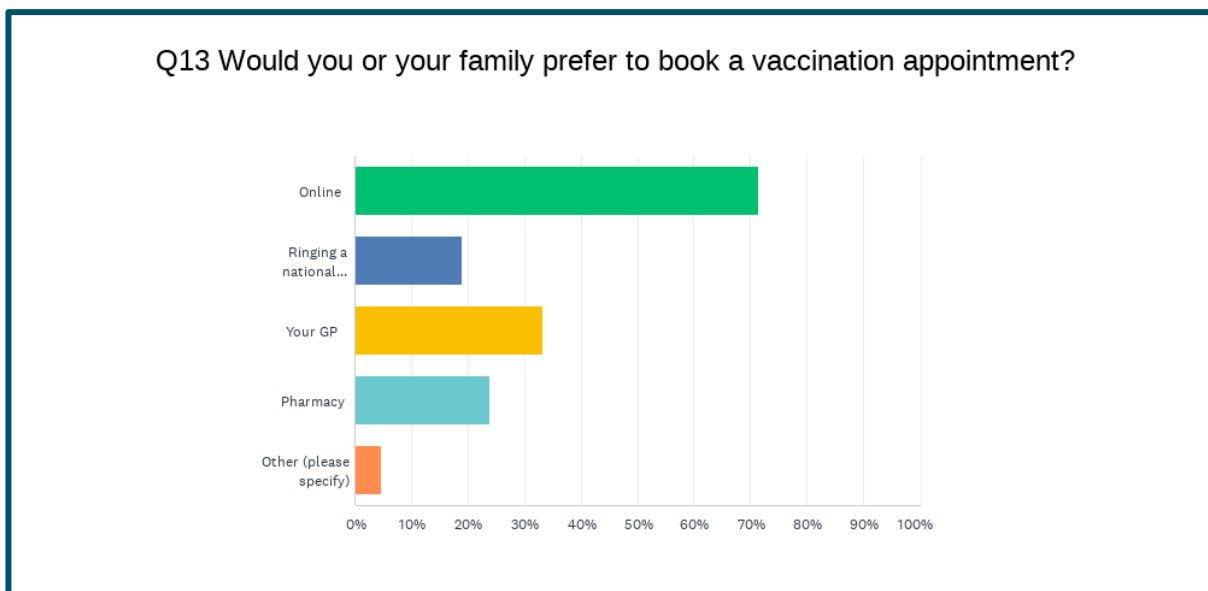
There was concern that the impact of two vaccinations at once may not have been evaluated, and that the impact would be magnified

'I am concerned that this would have a bad impact on my health.'

'I would rather not have to arms aching at the same time.'

Booking of vaccinations

Most participants wanted to book appointments online due to ease. However, there was a significant minority who wanted to access this through their trusted GP, or a national line if they were unfamiliar with online booking:



*12 skipped the question: 71% online; national helpline 19%; GP 33%; Pharmacy 24% *
Multiple choices were possible, hence a number greater than 100%*

Conclusion

Although our report highlights a small response from the Pakistani and Bangladeshi community; it is clear there appears to be some confusion regarding the need for COVID-19 booster vaccinations and the clear link to also receiving flu vaccinations for many 'at risk' groups. Many of those we contacted were of the opinion that the pandemic was over and there was no longer a need for many to require additional boosters. More work is needed to ensure the public are kept informed of the risk to their health.

The use of particular communication and information channels directed at specific ethnic communities is vital. Many people told us they listen to faith leaders, family members, and community leaders. It is essential to ensure this information is provided to meet the particular needs of ethnic communities. Ensuring the information is translated into community languages and provided from reputable, trusted sources. Gaining the support of community and faith leaders is clearly a priority.

It was clear that many felt less positive about having a flu vaccination; clearer messaging about the benefits of the flu plus COVID booster would be helpful. It would also be important to continue to provide ‘myth busting’ information to allay the fears of some who were convinced the vaccination gave them the flu.

For those we spoke within Redbridge, where they have the vaccination did not seem to be a particular issue. Most felt they could easily access a vaccination through their GP practice or local pharmacy. Continuing to offer a variety of vaccination opportunities is important though, particularly as we move into colder months.

Recommendations

- Provide relevant information in community languages about the scientific basis of the COVID-19 and flu boosters.
- Ensure current information is updated and promoted across a range of reputable social media platforms and easily accessible
- Enlist the support and collaboration of faith leaders and community social media channels to support the provision of accessible information
- Ensure current information is available regarding the Halal nature of vaccinations and provided to faith leaders and community organisations
- Continue the provision of convenient vaccine appointments, including a range of accessible locations

Thanks

Healthwatch Redbridge would like to thank the organisations and participants who were involved in this project.

Contact Details

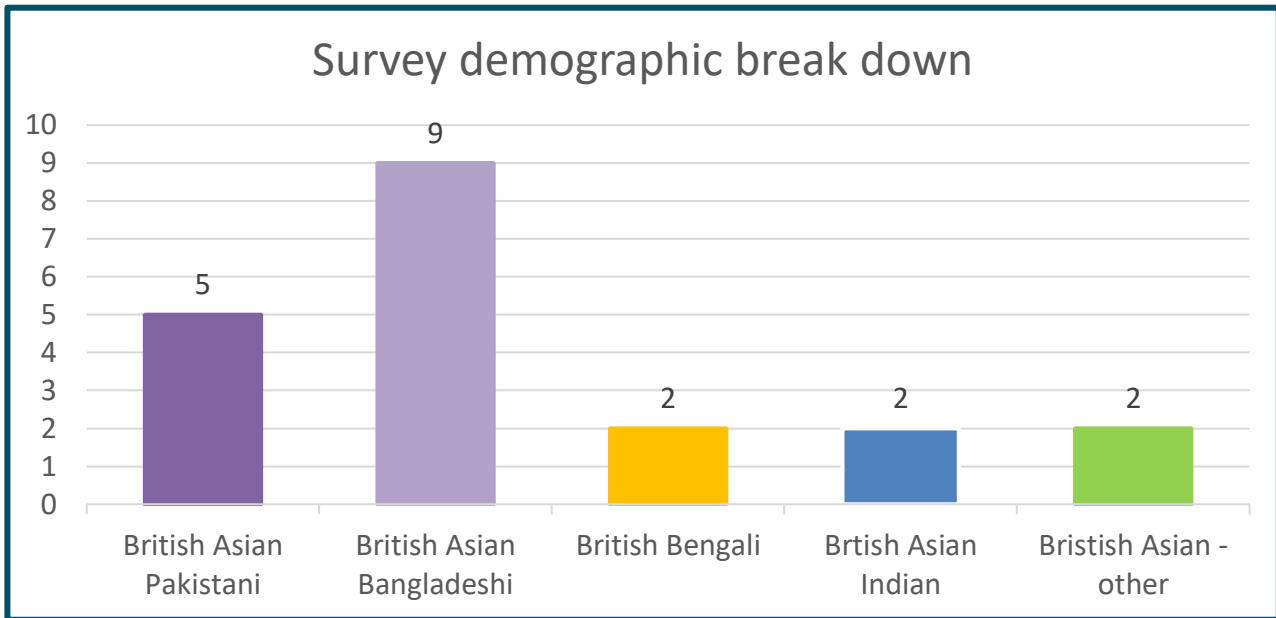
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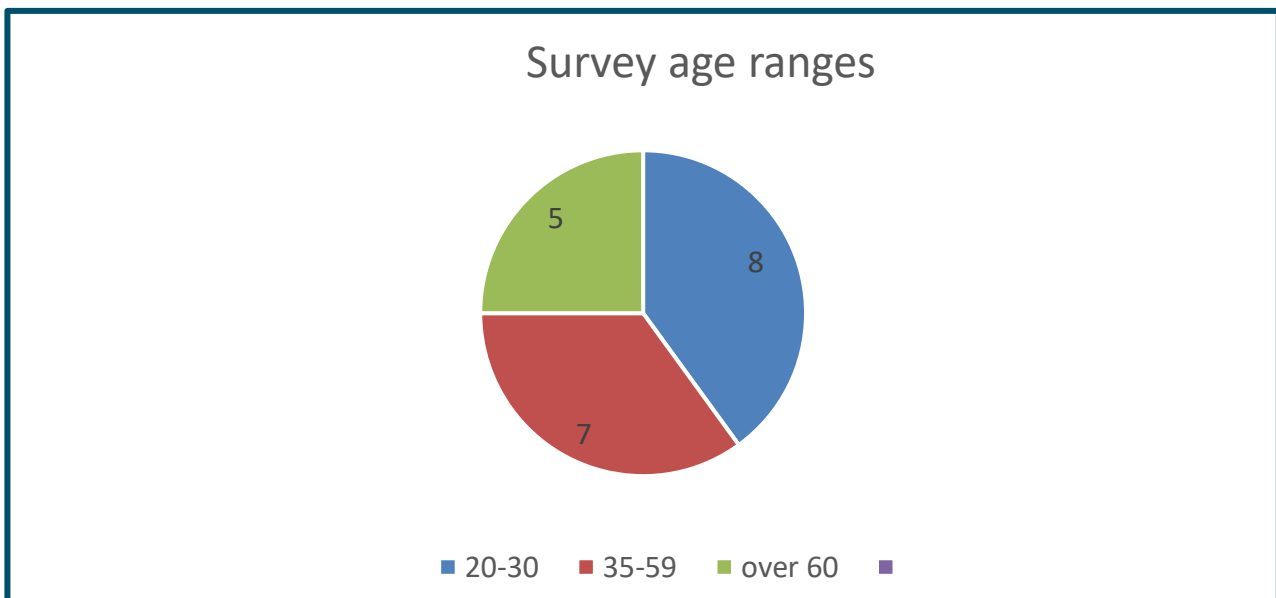
Email: info@healthwatchredbridge.co.uk

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Appendix 1: Demographics



Three participants did not share their ethnicity



Three participants did not share their age

