



**Mae Brechu yn achub bywydau**  
**Vaccination saves lives**

## **COVID-19 vaccine hesitancy communications in Wales**

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**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
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Public Health  
Wales

# 1. The challenge and the approach

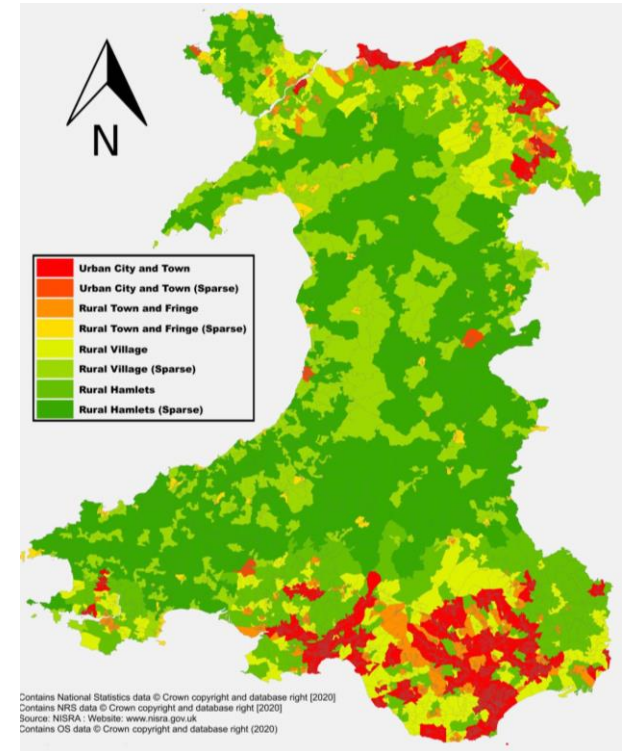
Wales = logistical challenges and benefits

## Communications challenge:

A climate of large volumes of misinformation but also natural trepidation over a new programme = cognitive challenge for the public

## A phased approach of:

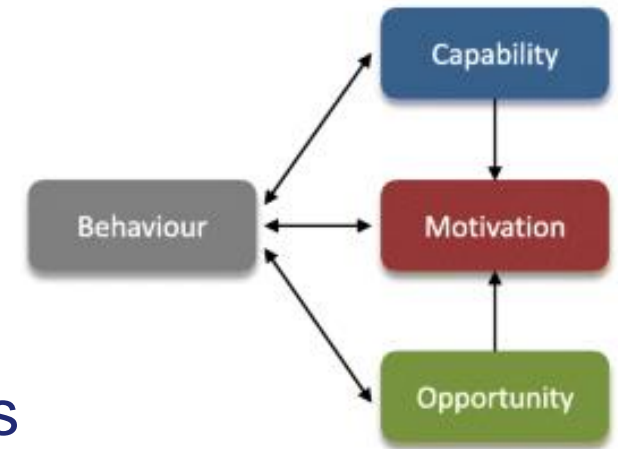
- Understanding and engaging public perceptions
  - Building vaccine confidence
    - Empowering to encourage vaccine take-up



# 2. Planning, research and set up

August / September / October 2020 – understand and engage

- Gathering evidence to **understand perceptions and barriers**:
  - Academic, public opinion surveys, engagement events
- Setting up systems for dissemination – stakeholder groups
- Developing our **behaviourally informed strategy**
- Set out **key principles for communications** including:
  - Being clear about what / how / when / where / why or what needs to be achieved
  - Creating sense of community and of positive action to take
  - Reassuring and empowering through scientific evidence



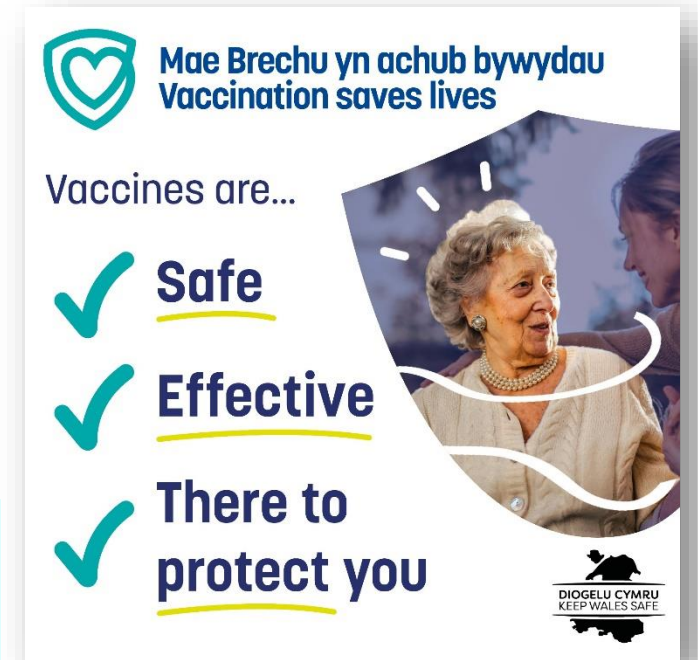
## 2. Planning, research and set up

### Nov / Dec 2020 – building vaccine confidence

- SMART objective setting per target audience
- Social media campaign on vaccine facts addressing misinformation
- Website creation – one source of information
- Printed materials like leaflets and fact sheets for healthcare staff

### January 2021 onwards – empowering to encourage take-up

- Using alternative comms channels
- Knowing when NOT to communicate



# 3. Emerging barriers and target audiences

*All people in Wales should have **fair access** to COVID-19 vaccination with a **fair opportunity** to receive their vaccination so that individuals, families and their communities are protected from the harms of the virus.*

## Important factors:

- ‘Vaccine hesitancy’ is a broad spectrum
- Audiences have altered and become more defined
- Our focus: those who can ‘be convinced’
- Demographic or community focus for tailored messaging vital

## Particular groups of focus:

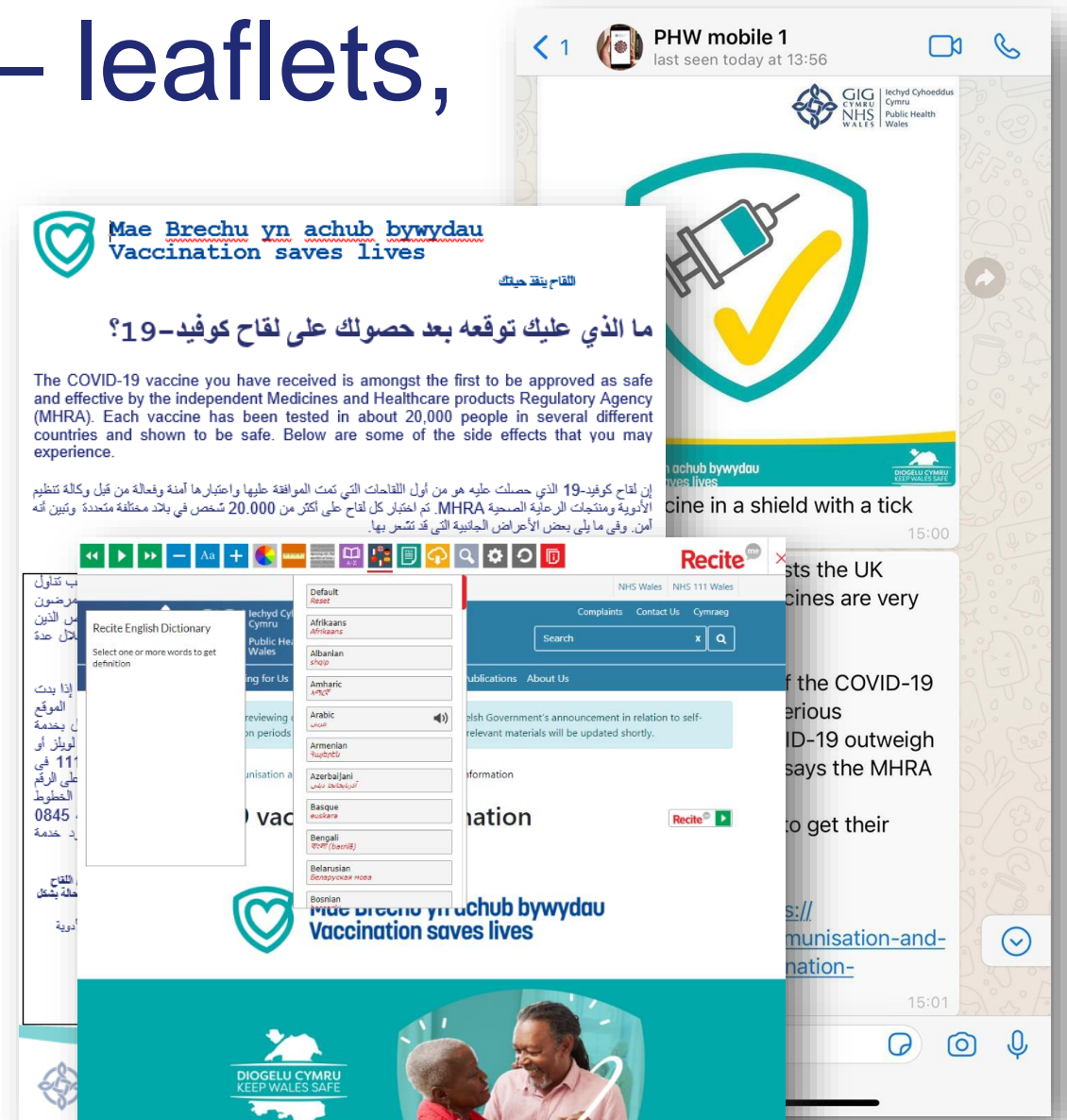
- Ethnic minority groups, disabled people, young people

# 3. Emerging barriers and target audiences

Lack of information about benefits and potential risks	Misinformation and mistrust are influencing potential uptake	Perception and personal experiences discrimination	Practical barriers have the potential to impact uptake
<ul style="list-style-type: none"> <li>• Safety and potential side effects of a vaccine</li> <li>• Impact on underlying conditions</li> <li>• Lack of understanding of benefits and fear of harm</li> <li>• Vaccine specifics - ingredients</li> </ul>	<ul style="list-style-type: none"> <li>• Conspiracy theories circulating via social media – timeframe, content</li> <li>• Mistrust in the Government and voices of ‘authority’ adds to resistance, with changing and conflicting messages creating confusion</li> </ul>	<ul style="list-style-type: none"> <li>• Media coverage of deep seated inequalities</li> <li>• Awareness of higher risk of contracting and dying from the virus among BAME communities but the absence of a clear, concrete rationale for this.</li> </ul>	<ul style="list-style-type: none"> <li>• Language barriers and access to patient information as well as consent process</li> <li>• Convenience and ease of access to vaccine delivery points.</li> </ul>

# 4. Accessible content – leaflets, WhatsApp ReciteMe

- Using preferred communications channels to deliver bespoke communications based on community needs.
- Multilingual and accessible (BSL and Easy Read) formats of leaflets
- ReciteMe website functions
- WhatsApp platform with stakeholder lists to community leaders



# 5. Stakeholder relations and partnership working

- Positioning health service as trusted source of information but also working closely with minority group community leaders and forums as 'trusted voices'

## Examples:

- Minority ethnic forums e.g. Race Council Cymru
- RNIB series
- Mr Gurmit Singh Randhawa MBE; BCHA President, Cardiff Gurdwara case study
- MDC Ramadan collaboration





# 6. Key learnings and a way forward

1. Don't assume – rely on the data
2. Stakeholder relations and establishing trust is invaluable
3. Information has to be accessible to all – often the minority groups that get left behind leading to a cycle of fear due to lack of info
4. Keep going over the behavioural process – the challenges change

Our next focus: young people and planning for boosters in Autumn



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**Thank you**

Any questions?



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