COVID-19 vaccine hesitancy communications in Wales

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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

<table>
<thead>
<tr>
<th>Lack of information about benefits and potential risks</th>
<th>Misinformation and mistrust are influencing potential uptake</th>
<th>Perception and personal experiences discrimination</th>
<th>Practical barriers have the potential to impact uptake</th>
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<tbody>
<tr>
<td>• Safety and potential side effects of a vaccine</td>
<td>• Conspiracy theories circulating via social media – timeframe, content</td>
<td>• Media coverage of deep seated inequalities</td>
<td>• Language barriers and access to patient information as well as consent process</td>
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<td>• Impact on underlying conditions</td>
<td>• Mistrust in the Government and voices of ‘authority’ adds to resistance, with changing and conflicting messages creating confusion</td>
<td>• Awareness of higher risk of contracting and dying from the virus among BAME communities but the absence of a clear, concrete rationale for this.</td>
<td>• Convenience and ease of access to vaccine delivery points.</td>
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<td>• Lack of understanding of benefits and fear of harm</td>
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<td>• Vaccine specifics - ingredients</td>
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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
Thank you

Any questions?