EClinicalMedicine 35 (2021) 100862

Contents lists available at ScienceDirect

EClinicalMedicine

journal homepage: https://www.journals.elsevier.com/eclinicalmedicine

Commentary

Specific COVID-19 messaging targeting ethnic minority communities

Aftab Ala[a,1,*], Chantal Edge[b,1], Alimuddin Zumla[c,1], Shuja Shafi[d,1]

[a] Department of Medicine and Access, Royal Surrey NHS Foundation Trust, Guildford, United Kingdom; Department of Clinical and Experimental Medicine, University of Surrey, Guildford, United Kingdom; Institute of Liver Studies, King's College Hospital, London, United Kingdom
[b] UCL Collaborative Centre for Inclusion Health, Institute of Epidemiology and Health Care, London, United Kingdom
[c] Division of Infection and Immunity, University College London, and NIHR Biomedical Research Centre, UCL Hospitals NHS Foundation Trust, London, United Kingdom
[d] Mass Gatherings and Global Health Network, London, United Kingdom

ARTICLE INFO

Article History:
Received 15 February 2021
Revised 13 March 2021
Accepted 6 April 2021
Available online xxx

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

E-mail address: aftab.ala1@nhs.net (A. Ala).
[1] all authors contributed equally)

https://doi.org/10.1016/j.eclinm.2021.100862

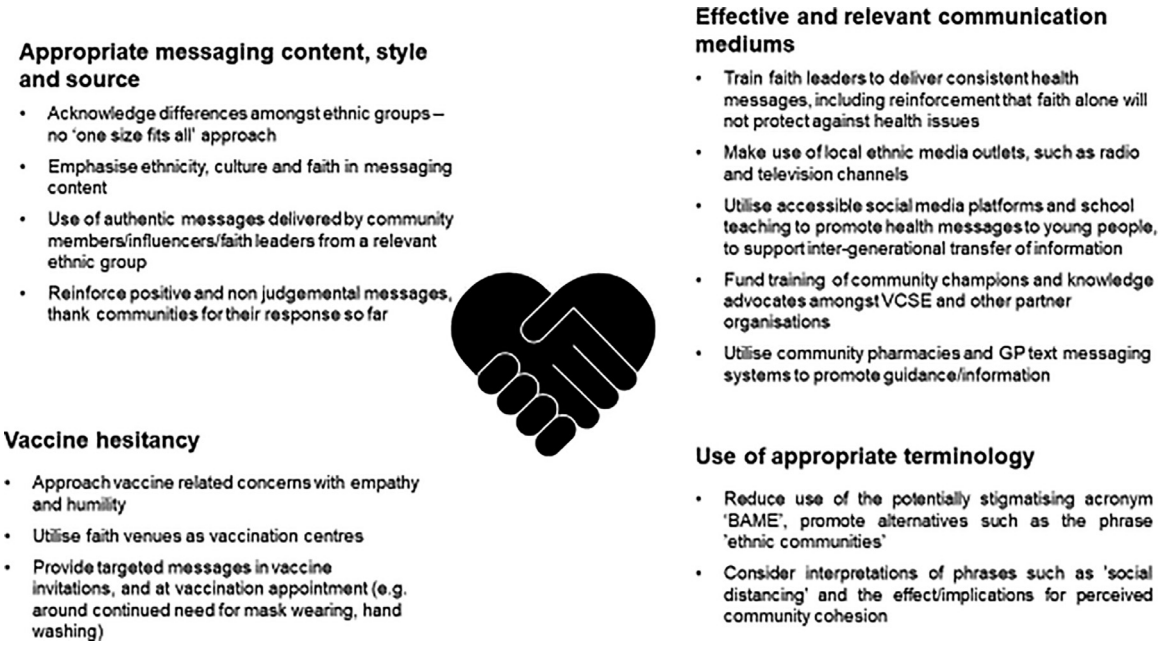

Fig. 1. Specific COVID-**19 messaging targeting ethnic minority communities**.

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 'gods 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.

Author declarations/acknowledgement

All authors have an interest in issues surrounding ethnic minority health. Authors acknowledge receipt of an National Institute for Health Research grant (DHSC/UKRI COVID-19 Rapid Response Initiative, Developing and Delivering targeted SARS-CoV-2(COVID-19) health interventions to Black, Asian and Minority Ethnic (BAME) communities living in the UK, COV0143). The views expressed in this publication are those of the author(s) and not necessarily those of the National Institute for Health Research or the Department of Health and Social Care. Sir Zumla is a co-PI of the Pan-African-European Network for Pandemic Preparedness, Research and capacity development for Emerging and Re-Emerging Infections (PANDORA-ID-NET; https://www.pandora-id.net/) funded by the European and Developing Countries Clinical Trials Partnership (EDCTP). Sir Zumla is also in receipt of an National Institutes of Health Research senior investigator award.

References

[1] Keys C, Nanayakkara G, Onyejekwe C, Sah RK, Wright T. Health inequalities and ethnic vulnerabilities during COVID-19 in the UK: a reflection on the PHE Reports. Fem Leg Stud 2021;14:1–12 Jan.
[2] Pareek M, Bangash MN, Pareek N, Pan D, Sze S, Minhas JS, Hanif W, Khunti K. Ethnicity and COVID-19: an urgent public health research priority, 395. The Lancet; 2020. p. 1421–2.
[3] Sze S, Pan D, Nevill CR, Gray LJ, Martin CA, Nazareth J, Minhas JS, Divall P, Khunti K, Abrams KR, Nellums LB. Ethnicity and clinical outcomes in COVID-19: a systematic review and meta-analysis. EClinicalMedicine; 2020 Nov 12:100630.
[4] Sky news, 7th February 2021: https://news.sky.com/story/covid-19-government-very-concerned-about-low-vaccine-uptake-among-bame-communities-12211460 - accessed 8th February 2021
[5] BBC news: Coronavirus: black MPs unite in video to encourage vaccine take-up https://www.bbc.co.uk/news/uk-politics-55839493 - accessed 8th February 2021
[6] Iacobucci G. Covid-19: NHS must tackle vaccine lies to improve uptake among ethnic minorities, says Stevens. BMJ 2021;372:n242 Jan 27doi: 10.1136/bmj.n242. PMID: 33504495.
[7] Agley J, Xiao Y. Misinformation about COVID-19: evidence for differential latent profiles and a strong association with trust in science. BMC Public Health 2021;21 (1):89 Jan 7PMID: 33413219. doi: 10.1186/s12889-020-10103-x.
[8] Sørensen K, Okan O, Kondilis B, Levin-Zamir D. Rebranding social distancing to physical distancing: calling for a change in the health promotion vocabulary to enhance clear communication during a pandemic. Glob Health Promot; 2021 Jan 24:1757975920986126. doi: 10.1177/1757975920986126.
[9] World health Organization 2020. Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 file:///C:/Users/Prof%20Zumla/Desktop/WHO-2019-nCoV-Religious_Leaders-2020.1-eng.pdf -accessed 8th February 2021