
Covid-19 myth-busting sessions

May 2021

Working in partnership with



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Background:

The Covid-19 pandemic has made it increasingly difficult to connect with others. This meant that engagement with seldom heard groups became even more difficult, with it becoming impossible to go into these communities to meet people and listen to their stories.

Digital communication such as Zoom, Microsoft Teams and social media became an essential part of life for many, allowing us to stay in touch with colleagues and loved ones.

As the pandemic progressed, vaccines were created and began to be distributed worldwide to those eligible. Through previous research, it was discovered that BAME communities were hesitant of the vaccine itself, resulting in a low uptake.

Previous studies have been conducted which have highlighted some factors that prevent some BAME communities from accessing the Covid-19 vaccine. These include¹:

- Perception of risk
- Low confidence in the vaccine
- Lack of communication from trusted providers and community leaders.

At the beginning of the Covid-19 pandemic, Healthwatch Rotherham was approached by the Refugee Council who was running a Health Access for Refugees Programme (HARP). HARP was asking for help with a number of problems that refugees and asylum seekers were facing in both primary and secondary care. Focus groups were arranged and we were able to liaise with GP's and local hospitals, which resulted in problems being resolved and allowed Healthwatch Rotherham to build up trust within the community.

With news of the vaccine coupled with the data surrounding BAME communities and the vaccine, it was decided that Healthwatch Rotherham would work with HARP again, as well as the British Red Cross, to put together some myth-busting sessions on the Covid-19 vaccines for asylum seekers and refugees.

There are an estimated 400-450 people seeking asylum receiving support in Rotherham, either in interim hotel accommodation or who have been dispersed into the local community. This group of residents are often under represented and hard to reach. Language barriers and unfamiliar surroundings prevent them from engaging easily with services.

Overcoming these challenges and breaking down these barriers is essential to improving their health and wellbeing and helping them integrate into UK society.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952716/s0979-factors-influencing-vaccine-uptake-minority-ethnic-groups.pdf

Our approach to Equality, Diversity and Inclusion

We discovered that there are six principles to drive good practice in health and social care for asylum seekers and refugees, and we have tried to ensure we followed these principles throughout our sessions. These are

1. Asylum seekers and refugees should be seen as individuals first and foremost; with the same rights as UK nationals to be listened to and to have their needs identified and appropriately responded to, with understanding both of their current situation and of their future aspirations. This will require an approach that is flexible, solution-focused and innovative in order to meet the complexity and diversity of needs.
2. Asylum seekers and refugees are not a homogenous group; they come from a wide range of countries, in different circumstances, and have diverse abilities and skills.
3. To be treated positively, with regard to the possibility of discrimination, and to receive the same treatment as British citizens or residents who already indefinite leave to remain.
4. **Decision-making that is timely and transparent and involves people, or their advocates, as fully as possible, in the process**
5. **Promotion of social inclusion and independence**
6. **A holistic approach**

It is vital that refugees and asylum seekers have access to a interpreter to ensure that they understand the contents of the session and are able to ask questions in their own language.

Promoting the rights of asylum seekers and refugees is highly unlikely to be achieved by one organisation alone. The complexity of individual circumstances and histories demands robust and well developed partnership working.

Myth-busting sessions:

Between the three organisations, it was decided that we would create 2 hour myth busting sessions around the Covid-19 vaccines, with funding granted from Healthwatch England for their models of engagement work. A presentation was created by Healthwatch and the Red Cross which discussed the different types of vaccines, how they work, the potential side effects and any common myths and misconceptions people have heard regarding Covid-19 vaccines.

Seven two-hour sessions were run over the course of three weeks on Zoom. Due to the Covid-19 pandemic, these sessions had to be conducted online and it was decided that Zoom would be the most accessible platform to use. Working with HARP and British Red Cross we identified people who would benefit from the sessions and who would be able to take the messages back into their communities. Healthwatch England funding was used to ensure the participants were given the right tools to be able to access the sessions, such as having internet data. The sessions were delivered in 7 different languages.

These languages were:

- Arabic
- Kurdish
- Albanian
- Spanish
- Farsi
- Tigrinya
- Oromo

We had a total attendance of 60 people across all seven sessions. We were really pleased with the attendance and felt we had reached a wide audience. Many of the attendees will also pass the information they have learnt from the session to friends, family and the wider community.

The sessions were also improved with the presence of healthcare professionals and a trainee GP Dr Emma Linton joined us for the first session, and Dr Lizzy Dunningham for the remaining sessions, both were invaluable and were able to answer any questions participants had from a medical perspective. We were also joined in the first session by Jean McVann who coordinates the access to GPs and health screening sessions for refugees and asylum seekers at The Gate Surgery. In addition to this, volunteer interpreters from each language were also present, ensuring all participants were able to understand the information being presented to them in their own language.

The sessions had a similar overview throughout.

Session overview:

- Discussing the positives and negatives of the Covid-19 vaccines
- GP discussion on the vaccines, looking at how the vaccines work and any potential side effects
- Red Cross presentation on the Covid-19 vaccine, which included what priority groups are currently being offered the vaccine
- Mohammed Alzubaidi - who shared his experience of having the vaccine. This was a fantastic addition to the sessions and really added value by allowing people to understand the full process of having the vaccine.
- Question and answer session with the GP.
- Evaluation forms to be filled out by participants at the end of the session to measure how the sessions went and whether their opinions on Covid-19 vaccines had changed.

The Question and Answer segments were a fantastic opportunity for participants to ask any questions they had on Covid-19 and Covid-19 vaccines, and have it translated into their own languages. This part of the sessions was always the longest, with many detailed questions and answers being given. Some example questions included in the Q&A sessions included

“Can I have the vaccine during Ramadan?”

“Will the Covid-19 vaccine protect me from other diseases?”

“Can the vaccine make me infertile?”

“My relative had a stroke after receiving the vaccine, is it safe?”

“Is the vaccine made from animal products?”

“Has the vaccine been tested?”

Evaluation:

At the end of each session, participants were asked to complete an evaluation form. This was done over Zoom with the support of the interpreters. The evaluation helped us to see how well the sessions had gone and whether participant's opinions on the Covid-19 vaccines had been changed based on the information discussed in the sessions. We managed to gather all 60 responses, an excellent response rate, meaning we are able to evaluate how each participant found the sessions.

How helpful did you find the session on Covid-19 vaccines?

90% of participants found the sessions very helpful

8.3% found it slightly helpful

1.7% found it neither helpful nor unhelpful

None of the participants found the sessions unhelpful, with 98.3% of participants finding the sessions helpful. This is an excellent response and shows the importance of these sessions.

Opinions on the Covid-19 vaccine before the session:

Before attending the Covid-19 sessions:

30% of participants had a positive opinion of the Covid-19 vaccine

30% of participants had a negative opinion of the Covid-19 vaccine

40% of participants had neither a positive or negative opinion of the Covid-19 vaccine.

Only 30% of participants had a positive opinion of the Covid-19 vaccine before attending the session, meaning over half of the attendees had some issues or worries with the vaccine preventing them from having it.

Do you feel all your questions on Covid-19 vaccines had been answered?

93.4% of participants felt that all their questions on Covid-19 vaccines had been answered.

6.66% of participants felt that not all their questions had been answered.

Throughout all the sessions there was opportunity for a Q&A session with the GP. This was always incredibly interesting and often lengthy, with many questions being answered in great detail. Due to time constraints, it may have not been possible for all questions to be answered. HARP and the Red Cross e-mailed any additional questions onto the GP after the sessions to ensure as many questions as possible were answered.

Opinions on the Covid-19 vaccine after the session:

91.7% of participants had a positive opinion of the Covid-19 vaccine after attending the session.

6.7% of participants had neither a positive or negative opinion of the Covid-19 vaccine after attending the session

1.7% of participants still had a negative opinion of the Covid-19 vaccine after the session

This data shows a huge shift in opinion when you compare data from before and after the sessions. Positive opinions on the Covid-19 vaccine rose from 30% to 91.7%, a huge 61.7% increase.

These statistics really highlights the success and importance of running these myth-busting sessions, encouraging others to make informed and educated decisions on the Covid-19 vaccine.

Reasons for not having the Covid-19 vaccine:

Participants were also asked what has prevented them from having the Covid-19 vaccine previously. This was asked to get an idea of the factors and issues that are preventing refugees and asylum seekers from getting the vaccine, and whether these could be changed in order to improve uptake.

There were a number of responses. These included:

Side effects: 37.3%

Social media: 28.8%

Family and Friends: 18.6%

Ingredients used in the vaccine: 13.6%

Religion: 11.9%

Fear: 8.5%

Culture: 8.5%

Pregnancy/Fertility fears: 6.8%

Community Information: 5.1%

Other people simply had not been offered the vaccine yet as they were not in a priority group.

Side effects had the largest percentage from the responses, and this topic was heavily discussed throughout the session to ease people's concerns. As well as side effects, other issues such as blood clots and allergies were also discussed in the presentation and also in the Q&A sessions. Social media was also discussed heavily, ensuring common myths were discussed and rationalised, to ensure information people were accessing was genuine and backed up by scientific data.

Overall, we feel these sessions were a huge success. We had fantastic feedback from participants and we are grateful of the opportunity given to us with the help of HARP and British Red Cross to reach out to seldom heard groups and communities and give them a voice, whilst educating them on the Covid-19 vaccine.

Information on our approach to the sessions and the outcomes have been shared with NICE (National Institute for Care and Health Excellence) as part of their call for evidence on vaccine uptake and we were also invited to attend a Doctors of the World workshop looking at ways to increase vaccine confidence.

Acknowledgements:

We would like to take this opportunity to say a huge thank you to everyone who attended the Covid-19 myth-busting sessions, for engaging with them and giving up time out of your day to attend. We hope you have taken something positive away from them.

We would also like to thank the volunteers for interpreting. Without you these sessions would not have been possible. It is so important to ensure people have access to important information in their own languages. A special mention goes to Mohammed Alzubaidi for attending all seven sessions to discuss his experience with the vaccine and the vaccine centre. It was really beneficial for participants to hear from someone who has already had the vaccine.

We would like to thank both Dr Lizzy Dunningham and Dr Emma Linton for attending the sessions and providing excellent advice and information, particularly in the Question and Answer sessions. We also thank Jean Mcvann, Chief Executive for Gateway Primary Care for her attendance and input.

Finally, we would like to thank Amita Brown from HARP, as well as Irene Fuster Hens from British Red Cross, for working extremely hard putting together these informative sessions and presenting them brilliantly to all 60 participants.