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Dear Colleague,

SUPPORTING COMMUNITIES TO TAKE UP THE COVID-19 VACCINE

First of all I want thank you all for your continued work to support our communities during this pandemic. I know your efforts are making a real, practical difference to many people across Scotland.

Many of you will have received the attached letter (in email) just before Christmas, asking for your help to maximise the take up of the Covid-19 vaccine. As I'm sure you know, this is really important because some of the communities you work with may be more likely to be 'vaccine hesitant', as well as needing more tailored information or support to enable them to make and attend an appointment, to understand the information provided, and to give informed consent. This letter provides more specific information which we hope will help you to take specific practical steps to increase confidence and uptake in the communities you serve.

Vaccine hesitancy

Early research on the covid vaccination¹ tells us more about the groups who are more likely to be 'vaccine hesitant'. These include:

- Black, Black British, Pakistani and Bangladeshi groups
- People with lower income and lower educational qualifications
- Women

In short, there is a significant overlap between the groups disproportionately affected by Covid-19 and those most likely to be vaccine hesitant. Without targeted interventions to encourage and support vaccine uptake, this could lead to deepening existing inequalities and undermining of human rights. The research specifically recommended:

- Interventions need to be targeted to different sub-groups and diverse communities, and should offer different kinds of educational, persuasive or enabling approaches.
- Approaches need to be 'co-produced' with those groups.
- Issues of visual cultural representation, identifiable key, local opinion leaders, readability and reading levels, and trust will all be important considerations.

Taking this kind of tailored approach is consistent with our commitment to embedding human rights in all we do.

¹ ANNEX A provides a brief summary of key findings about vaccine hesitancy
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How can you help?

We are asking for your help in developing and delivering targeted messages to communities, to address specific barriers they may have to taking up the vaccination. You will know best what particular issues and concerns they may have, and how to disseminate important information to them.

Examples of the types of initiatives that different groups and organisations have planned include:

- Additional work around translations to help with cultural differences around vaccine hesitancy and healthcare systems (Polish community)
- Multi-agency working within existing outreach clinics for Gypsy/Travellers and people experiencing homelessness
- Improved additional information around informed consent (BSL users/people who English is not their first language)
- Suggestions for community venues to improve flexibility of appointments
- National Carer Organisations have come together to work on a set of 'Frequently Asked Questions' about the vaccine for carers. MECOPP is currently working on a simplified draft for translation into a range of languages to ensure that it is accessible to a diverse range of carers.
- The Ethnic Minority National Resilience Network has set up an online survey to ascertain additional community challenges on vaccine questions, language needs and harder to reach communities. To access the survey click [here](#).

We are also keen to explore how local community leaders, or people who are visible and well known in those communities can help encourage people to take up the vaccine. For example, is there a local Imam, or GP, or community elder who is well known and trusted who could record a short message encouraging people to take up the vaccine?

While social media can be a really effective way of getting the message out, you will of course know that some of the people we most want to reach may not have access to social media so we can't rely on digital media alone.

You know the communities best, but if you do need any help from us we are keen to provide the information and support you need.

Where can I find reliable, up- to-date and accessible information?

[NHSInform](#) is the first place to go for up-to-date, accurate information about the vaccine. You can find leaflets in 17 different languages and in alternative formats as well. (You can find the links to a range of information in the attached letter.)

You may want to adapt this information or offer it in a different format to reach your communities in a more effective way. If you need help with this, please let us know.

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You may also have heard that [Scotland's faith leaders have publicly endorsed the vaccine](#). In addition, [The Muslim Council of Britain](#) has also published statements supporting the vaccines. Sharing this information more widely in communities could be really helpful.

Please keep in touch!

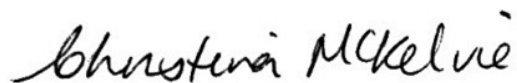
We really want to learn from you so that we can make practical changes that improve people's experiences of getting the vaccine. So please send us any feedback, about what could be improved as well as what has worked well. Please also let us know about specific questions or concerns so that we can respond quickly. Please also tell us about the kinds of things you have done to encourage and support uptake in your communities and we can share this with others.

If you have any questions or if you need help please contact Heather Mole (Heather.Mole@gov.scot). Please also send Heather any feedback and she will make sure it reaches the right people.

Finally, we would like to arrange regular informal (online) meetings for anyone who wants to find out more, or to share their ideas. Please let Heather know if you would like to be invited to this and we'll send details.

Once again I want to thank you from the bottom of my heart for all you are doing to support communities during this pandemic. Your work has never been more important. Please also take time to look after yourselves, and your loved ones.

Yours sincerely,



CHRISTINA MCKELVIE MSP

Summary of information about vaccine hesitancy

Vaccine Hesitancy

In addition to what we already know about vaccine hesitancy², early research has highlighted the following³⁴:

- Black or Black British groups have the highest rates of vaccine hesitancy at 71.8%
- Pakistani/Bangladeshi groups have the second highest rates at 42.3%
- When asked what would most convince participants to take the vaccine, 43.2% of Black/Black British maintained that they would not take it, while a further 44.7% reported that they would if the vaccine was demonstrated to be safe
- 64.6% Pakistani/Bangladeshi participants reported that they may be persuaded to take the vaccine if it was demonstrated to be safe
- 35% of 'BAME'⁵ participants said they would likely change their minds and get the jab if given more information by their GP about how effective it is; almost twice as many as the 18% of White people who were initially unwilling
- Vaccine hesitancy is lowest in those with degrees (13.2%) and highest in those with GCSE level education (24.6%)

Specific Scottish research into vaccine hesitancy also found that⁶ :

- Those in the highest income group are twice as likely to accept the vaccine compared to those in the lowest income group
- Men were 1.26 times more likely to accept the vaccine than women
- Those in a high risk/shielding group were 1.34 times more likely to accept than those who were not

² Even before the Covid-19 pandemic, the World Health Organisation (WHO) identified vaccine hesitancy as one of the ten leading threats to global health

³ [Predictors of COVID-19 vaccine hesitancy in the UK Household Longitudinal Study](#)

⁴ [RSPH | New poll finds BAME groups less likely to want COVID vaccine](#)

⁵ The Scottish Government's preferred term is 'minority ethnic' as this is more inclusive. However it is important that any piece of work is clear about which minority ethnic communities are being referred to, where possible.

⁶ 'Social patterning and stability of COVID-19 vaccination acceptance in Scotland: Will those most at risk accept a vaccine?' Pre-print version BMJ (2020) This research was conducted with a cohort of just under 3500 people in May/June 2020 and again in August.

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