

Intrim Policy Brief

Co-design and implement a COVID-19 vaccine uptake intervention within Chinese communities in England.

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KEY INFO

Research question: What are the factors and determinants of Chinese communities' vaccine hesitancy? What are the barriers and facilitators of vaccination uptake? What communicative interventions can be co-designed with the Chinese communities to facilitate vaccine uptake and how to evaluate their impact?

Policy area or themes

- Guidance, Messaging and Behaviour Change
- Healthcare
- Places and Communities
- Equality, Diversity and Inclusion

Methods: 27 Focus groups with 131 Chinese community members

Geographical area: Greater Manchester and Leicester

Research stage: Early findings

Summary of the research

This study addresses the call of the UK Government Scientific Advisory Group for Emergencies (SAGE) by investigating factors and determinants of Chinese communities' COVID-19 vaccine hesitancy, as well as the barriers and facilitators of vaccination uptake. Through focus groups with members of the Chinese communities and community workers, this study explored their understanding, attitude, risk perceptions, trust, and sources of information. The study also co-designed a series of communicative interventions with the Chinese communities to promote the uptake of COVID-19 vaccines.

The study was conducted by a team of cross-disciplinary researchers and BAME community organisations with vast experience and expertise in health/strategic communication, community-based research, communicative intervention design, media production, computer software programming, health & social care service delivery and mixed-methods research.

The study will be of interest to the NHS Clinical Commission Groups (CCGs) and Sage ethnicity subgroup as our findings can inform health policy-making regarding best practices in engaging with wider ethnic minority communities.

Policy recommendations

- CCGs to provide resources to primary/community care to promote COVID-19 and COVID vaccine related information through formal community organisations (Wai Yin Society), informal community hubs (e.g. Chinese supermarkets, hair salons) and appropriate social media platforms
- CCGs to provide resources to translate vaccine information from English to Cantonese/Mandarin, two widely spoken dialects by the Chinese communities in the UK
- Engage with universities and research institutions to coordinate the above health message design and promotion

Key findings

- Vaccine hesitancy: Chinese communities in England share the same concerns with other communities including vaccine safety and side effects, social media influence and misinformation (on fertility and facial paralysis)
- Other reasons specific to the Chinese communities include: preference of natural remedies (medicinal food); unfamiliarity with the UK healthcare system; existing health conditions (e.g. having diabetes makes them think that they are too weak to receive the vaccine); compliance with the Chinese vaccination programme only to avoid international travel restrictions mandated by the Chinese government
- Due to limited contact with the GP/health service and language barrier, some community members utilise Chinese media to understand COVID-19 and vaccines and these messages sometimes conflict with UK government and NHS guidance
- Non-English native speakers prefer trustworthy information in their own languages and dialects.
- Information needs within the communities are diverse and individualised because of the diversity in language/dialect, age, gender, medical conditions, media platforms (social/traditional) and content (bitesize or in-depth) and socio-economic background.
- Many community members want direct, regular communication (Q&A) with Chinese-speaking doctors for COVID-19/vaccine updates (new variant/s, booster jabs)

Further information

University webpage to be provided

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