

# Minister calls for at risk groups to get booster jabs

The final [report](#) into Covid-19 disparities sets out how Government research identified the key virus risk factors – such as occupation, household size and wider living circumstances – for specific groups and used that data to provide targeted, evidence-based guidance and advice on how to reduce the risk of infection.

- Final report on understanding and tackling COVID-19 disparities is published.
- Minister for Equalities, Kemi Badenoch MP, calls for everyone to get every jab they need, to protect themselves and others, especially those at greater risk.
- All recommendations from key report accepted by Government and findings will continue to inform the ongoing response to the pandemic and future public health campaigns.

The Government's evidence-based strategy evolved as the virus did – from preventing infection and protecting frontline workers, to guidance on safety at work and in multigenerational homes, to the vaccine deployment and tackling disinformation.

The research was also used to inform the rollout of the world-leading vaccine deployment programme in those communities, with a range of measures used to increase vaccine confidence and tackle misinformation. Following concerted action by Government to encourage ethnic minority people to take the vaccine, 96% of all British adults, across all ethnic groups, were positive about it, and vaccine uptake and confidence has increased across all ethnic groups since the beginning of the year.

All recommendations in today's report, such as addressing specific ethnic minority groups, rather than referring to 'BAME', and applying lessons from the COVID-19 vaccination deployment to future programmes, have been accepted by the Government.

Minister for Equalities, Kemi Badenoch MP, said:

“Our understanding of how Covid-19 affects different ethnic groups has transformed since the pandemic began.

“We know now that factors like the job someone does, where they live, and how many people they live with, impacts how susceptible they are to the virus and it's imperative that those more at risk get their booster vaccine or their first and second dose if they are yet to have them. These insights from the award-winning Race Disparity Unit have informed every action we have taken to tackle disparities, not least through our history-making vaccination campaign.

“This work is not over. We still need everyone to get vaccinated to protect ourselves, our families, and our society. By accepting the recommendations of my reports, the Government has committed to learning and applying important lessons from this pandemic across public health to ensure everyone, of every background lives a longer, healthier and happier life.”

Minister for Vaccines and Public Health Minister for Vaccines and Public Health, Maggie Throup said:

“We know that COVID-19 has had a disproportionate impact on ethnic minorities and this report helps us further understand the reasons why.

“The vaccine is our best defence against this virus and our phenomenal vaccine campaign has saved thousands of lives. You can still get your first vaccine, second dose and if eligible, the booster jab to secure vital protection for yourself and your loved ones.”

Professor Sir Ian Diamond said:

“The Race Disparity Unit won the ONS Research in Excellence award for their innovative work into the disproportionate impact of Covid on ethnic minority groups. This superb work has demonstrated how research can be used to tackle inequalities in our society, and the powerful role that analysis can have in informing decisions.”

Professor Kevin Fenton, London Regional Director for the Office of Health Improvement & Disparities (OHID), said:

“The consequences of the COVID-19 pandemic have been acutely felt in our ethnic minority communities. However, we are now in a very different place, armed with the knowledge and understanding about why and how Black, Asian and Minority Ethnic communities have been disproportionately affected, and what steps need to be taken to address these disparities in risks and outcomes.

“Health disparities are not new but they can be reduced. As we have passed through different waves of the pandemic, we have seen repeatedly that working with communities, rebuilding trust and confidence in services, tackling vaccine hesitancy, and addressing myths and misinformation head on, all help reduce the devastating impact of the virus.

“Today, the vaccine remains the most effective measure to protect ourselves and our loved ones from the risks of COVID-19. Vaccine hesitancy is reducing, confidence and uptake are increasing across all communities. I urge everyone to get fully vaccinated – this includes getting your first, second dose and booster doses. Vaccines are safe, effective and save lives.”

Dr Raghieb Ali, Senior Clinical Research Associate, University of Cambridge; Consultant Acute Medicine, Oxford University Hospitals; Associate Professor NYU, said:

“In the first two waves, the higher death rate seen in ethnic minorities was primarily due to their higher risk of infection compared to Whites – particularly in older age groups. In the third wave, however we are seeing

lower infection rates in ethnic minorities than in White people, but rates of hospital admissions and deaths are still higher with the pattern now matching levels of vaccine uptake in higher risk groups. Although vaccine uptake in all ethnic minorities has increased very significantly over the last year, the proportion unvaccinated is twice as high in South Asian people and four times as high in Black people.

“This is another reminder that the vaccines are the best way to protect yourselves and your elderly relatives – especially if you live in a multi-generational household – and it is never too late to come and take your first dose. The booster doses are also really important to maximise your protection and reduce your risk as the immunity is now waning.”

Further information:

Anyone eligible and currently unvaccinated is encouraged to visit the NHS website to book an appointment or find their nearest walk-in centre.

Other significant initiatives to promote vaccine uptake and tackle misinformation include:

- An extensive communications campaign, which included the government working with over 90 faith and healthcare provider networks, influencers and experts from a range of communities, and the media – including 50 ethnic minority titles, 43 ethnic minority TV channels, and 14 community radio stations. Alongside this the cross-government Counter Disinformation Unit has acted swiftly to tackle dis- and misinformation, and DCMS launched a campaign to tackle the spread of false information about the vaccine.
- Allocating over £7 million of funding to local sustainability and transformation partnerships to support and enable locally led community engagement in all areas with health disparities.
- Working with faith leaders to promote vaccine uptake, including setting up vaccination centres in around 50 places of worship and using many more as pop-up venues.
- Bespoke programmes to increase COVID-19 vaccine confidence in Black African, Black Caribbean, Bangladeshi and other groups, working with religious leaders, other trusted community voices and ethnic minority healthcare workers.
- Initiatives targeting religious events such as Easter, Ramadan and Passover to share safety recommendations.
- Supporting and advocating the use of mobile and community vaccine pop-ups to increase access to underserved communities, culminating in the launch of the national ‘Grab-A-Jab’ programme from July.
- Use of vaccination buses that travelled to specific locations, agreed through partnerships with the community, to support increased confidence and outreach, such as the bus in Crawley used to drive uptake in the Hindu community.
- A number of measures to improve uptake among ethnic minority healthcare professionals including webinars and question and answer sessions with ethnic minority medics and disseminating guidance on issues such as vaccine ingredients, which were an initial concern for Muslim and ultra-

orthodox Jewish staff.

- Producing a video with the Chief Midwifery Office, Professor Jacqueline Dunkley-Bent, and midwives around the country to address worries regarding pregnancy and infertility.
- Creating a national bank of general resources that can be used at a local level (such as translated materials and multimedia) via a Vaccine Equalities Connect and Exchange Hub hosted on the FutureNHS Collaboration Platform. The Hub already has over 2,000 members across the country and information is being shared via initiatives such as lunch and learn sessions on topical areas of interest.

This report makes the following recommendations, which the Prime Minister has accepted in full:

- The government and health agencies must build on the success of the COVID-19 vaccination deployment programme in reaching ethnic minority groups and apply this to future vaccination programmes, including COVID-19 booster vaccinations, winter flu vaccination and childhood immunisation programmes.
- In order to reassure ethnic minority groups and encourage uptake, the government must ensure there is clarity in the communications about the need for COVID-19 boosters and the longer-term plan for COVID-19 vaccination.
- To reassure pregnant women that the COVID-19 vaccine is safe, the government should continue to deliver clear messaging through trusted voices and via social media.
- Government departments, their agencies and the NHS must continue to build trust in health services within ethnic minority groups through optimising and building on the local partnerships and networks established under the vaccination programme.
- The successful elements of the vaccination programme must also be applied to the work to tackle longer-standing health disparities. This must be a priority for the new Office for Health Improvement and Disparities and its partners.
- To build confidence in future vaccination schemes and other health interventions, the National Institute for Health Research and the NHS Race and Health Observatory should seek to increase ethnic minority participation in clinical trials and research through methods such as promoting the INCLUDE Ethnicity Framework.
- The government should continue to monitor the impacts of COVID-19 by ethnicity as the virus evolves. This may include: measuring survival analysis over time monitoring vaccine uptake among 16 to 18 year olds and 12 to 15 year olds and uptake of the booster vaccine The findings and recommendations from this series of reports should be applied to the government's response to future COVID-19 variants.
- DHSC should continue to consider the set of interdependent UISPC recommendations proposed by NHS England to improve the quality of ethnicity data coding, and should outline responsibilities to relevant leads.
- ONS should collaborate with the other relevant health departments and consider how linking health and Census data could be improved and

extended to facilitate more reliable, timely and detailed estimates of ethnic health disparities on a regular basis.

- Relevant health departments and agencies should review and action existing requests for health data, and undertake an independent strategic review of the dissemination of healthcare data and the publication of statistics and analysis.□□
- NHS Digital should include the proportion of records coded as not known, not stated, an 'other' group and 'any other ethnic group' in the NHS Data Quality Maturity Index.
- RDU will discuss ways to improve guidance and signposting for health statistics with the English Health Statistics Steering Group.
- A Programme Board, involving representatives of the user community and other relevant stakeholders (including the devolved administrations), should oversee implementation of these priorities and should publish regular reports of progress.
- The government and health agencies must implement the lessons learnt from the COVID-19 insights work and in particular:
- Address specific ethnic minority groups rather than a homogenous group (through for example use of the term 'BAME') and
- Ensure that public health communications do not stigmatise ethnic minorities when explaining that they may be more vulnerable or at higher risk
- The government should carry out a review of language and terminology around ethnicity to understand how to target messaging without stigmatising any particular group.
- The government should use the COVID-19 experience of reaching ethnic minority groups for future public health campaigns. This should include activities to:
- Develop and provide materials in multiple languages and formats, including BSL, easy read and audible formats, to ensure content addresses any difficulties to reach diverse audiences
- Build on community partnerships and work closely with local networks to improve understanding and gain insight into the audience
- Utilise community partners to co-create content and tailor communications that resonate with key audiences
- Communicate key messages through community partners and specialist media and digital channels, using trusted voices to land messaging where necessary