

# How do we make COVID-19 interventions more equitable and inclusive for ethnic minority groups?

**Professor Tushna Vandrevala**

Kingston University and St George's University of London

[t.Vandrevala@sgul.kingston.ac.uk](mailto:t.Vandrevala@sgul.kingston.ac.uk)

Twitter: psych\_tush



- Dr L Alidu, Kingston University
- K Hanson, Kingston University
- Prof J Hendy, Brunel Business School
- Prof Ala RSCH, Kings College Hospital & University of Surrey (Co-PI)

*This independent research is funded by the National Institute for Health Research (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, NIHR COV0143 and UKRI MC\_PC\_20013). 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*

# Introduction

- News that ethnic minority groups (EMGs) were disproportionately affected by the COVID-19 virus came early in the pandemic (e.g. Barr et al., 2020)
- Outcome disparities attributed to the intersection of low socio-economic status, greater risk of exposure, extended household composition, and increased incidence of comorbidities linked to poor COVID-19 outcomes
- Lack of knowledge and awareness of COVID-19, putting them at risk of the spread of misinformation
- Perceptions of risk fundamentally different from western beliefs, resulting in people inadvertently putting themselves at greater risk

# Introduction

- Engagement with health-protective behaviours during the COVID-19 pandemic, (e.g. vaccination up-take & testing) lower in EMGs (Office for National Statistics, 2021; Vandrevalla et al., 2021)
- Why EMGs are less inclined to uptake protective health behaviours
  - How EMGs made sense of COVID-19 information, and the consequences of this on health behaviour.
  - Rise of COVID-19 conspiracy theories
  - Why conspiratorial explanations are more relevant in this group
- Understanding the rise and nature of this type of meaning-making in EMG communities important for practitioners who are striving to communicate and create interventions to promote health protective behaviours

# Sense making and the genesis of conspiracy theories

- Sensemaking and conspiratorial beliefs
- Messaging positions us as outsiders
- Mistrust in Government
- Wider historical and contemporary societal influences/inequalities

# Sensemaking and conspiratorial beliefs

- Covid is not real/ serious
- Covid a way to control a part of the population
- Virus intentionally harms our community
- Hospitals purposely killing Black people
- Vaccines/testing will cause harm to us

*“for me, it was just the myth”*

*“...a lot of the number have been fabricated in regard to the people dying”*

*“So they want to roll out trying out the vaccinations in our community before actually conducting correct trials in the correct way... it’s supposed to be done with a diverse group of people from different communities. But obviously, there’s a little bit more to it. So, I would say in that kind of way. I think we’re disadvantaged that way”*

# Messaging positions us as outsiders

- Lack of representation - take the message more seriously if we saw ourselves represented
- Messaging inconsistency - the message keeps changing and it is confusing
- Average person not scientifically literate and don't understand complexity
- Science not part of our worldview or part of my way of life
- Messages do not reflect our reality- lacks recognition of cultural and economic differences

*“I think the delivery of the messages, you have to involve somebody similar to them, isn't it? Yes, to deliver that kind of message that look, I'm one of you. I'm like you, and this is how to do it, and they are likely to accept it, than purely white person. Let's face facts, but people are likely to identify with somebody who looks like them, than somebody who doesn't”*

*“the people where I'm coming from, from Southeast London, those large communities that live in council estates, they don't see science. In fact, they've not finished school. So, you can't really bring evidence to them that's not part of their worldview or not part of their way of living, actually:*

# Mistrust in Government

- I don't trust the message and messenger
- Politicians don't have our best interests in mind – they have their own agendas
- Government is not interested in solving health inequalities in our communities
- Our younger generation mistrust the police and other institutions

*“I think people are just always sceptical of politicians anyway. They just generally think that they're corrupt. They're liars. They don't support us, and they don't support people in the cause. They just ask for the votes and then we're just scammed, basically. So, already with COVID coming in they were already fighting a lost cause”*

*“At the moment, they seem to be a bit sceptical. Because unfortunately, I've noticed as well, there's an item about the Windrush. Maybe because that was not being handled very well fact is now with the vaccine, a lot of black people are concerned that this is what I think is stumbling them”*

# Wider historical & contemporary societal influences/inequalities

- Awareness of historic racism (Chronic Racism)
  - Expectation that we will be treated differently
  - Negativity we experience is historic, down to racism and long standing
- Contemporary events raise awareness: Black Lives Matter
  - Recent events have started to make me feel unwelcome
  - Racial equality is now a global issue
- Contemporary events raise awareness: Covid
  - Covid has worsened the plight of our people – we have lost our jobs
  - The government has blamed us for covid

*Well, there are so many inequalities on the COVID-19 issue. COVID-19 is like an eye-opener. COVID opened our faces to a lot of things that we, BAME communities have been suffering from, like inequalities in work, inequalities in so many things, in hospitals, as in health-wise. So COVID-19 has really opened our eyes to so many things.*

# Final thoughts....

- Widespread prevalence of group- based conspiracy beliefs – not person or situation specific
- Lack of representation, alongside group-based deprivation, and experiences of othering and racism fuel feeling of mistrust and injustice that lead to alternative sensemaking - such as conspiracy beliefs.
- Move away from considering situational (specific to a situation or illness) and dispositional (specific to the person) drivers for conspiracy theories to consider group-based conspiracy beliefs, which are embedded residual historical and contemporary social environments.

# Equitable and inclusive uptake of C-19 interventions for EMGs

Key issues	Proposed strategies
Sense making and conspiracy theories	<ul style="list-style-type: none"> <li>• Specific campaigns to counter misinformation; culturally appropriate &amp; easily understood.</li> <li>• Clear, accurate, targeted, and visible communications</li> <li>• Lived experiences - acknowledgement of historical and contemporary issues</li> </ul>
Messaging positions us as outsiders	<ul style="list-style-type: none"> <li>• Messenger - local, authentic, ‘insider’ perspective - common knowledge, identity, experience</li> <li>• Acknowledge their reality</li> <li>• Decrease stigmatization &amp; distrust – avoid labelling communities “hesitant” “infectious”</li> <li>• Reduce othering in messages and acknowledge contributions of migrants/EMGs</li> </ul>
Mistrust in Government	<ul style="list-style-type: none"> <li>• Campaigns to increase trust in health services/educate on rights of migrants without immigration checks or data sharing</li> <li>• Local facilities in safe and “trusted places” to seek help</li> <li>• Increase funding for and collaborations with charity/community groups</li> </ul>
Wider historical & contemporary societal influences/inequalities	<ul style="list-style-type: none"> <li>• Interventions explore wider social determinants of health, emphasis away from the individual behaviour change, but rather how the environment can be changed/amended</li> <li>• Reduce structural barriers ensuring that deprived communities are financially/materially supported (for Covid and beyond!)</li> </ul>

# **Tushna Vandrevala**

[t.vandrevala@sgul.kingston.ac.uk](mailto:t.vandrevala@sgul.kingston.ac.uk)

Twitter: psych\_tush