



A Rapid Literature Review

Black Communities, Vaccines & Public Health Measures

Contents

- 4 About us
- 5 Background
- 6 Search Terms, Criteria and Sources
- 7 Introduction
- 9 Black, Asian and Minority Ethnic groups and health in the UK
- 10 Black, Asian and Minority Ethnic Groups response to Cancer-related Public Health Campaigns – What can we learn?
- 12 Trust and Public Health Measures including Vaccines
- 14 Black, Asian and Minority Ethnic Groups and Vaccines
- 15 Black, Asian and ethnic minority groups and COVID19 Vaccines
- 16 The links between Health, Choice and Race
- 18 Culturally-appropriate strategies
- 19 Public Health Communication (Language-focused strategies)
- 22 Community-Oriented strategies
- 22 Culture oriented strategies
- 23 Public Health in Southwark and Lambeth
- 25 Conclusions

Authors & Acknowledgements

Authors: Dr. Bianca Bailey Wilson, Dr. Elsa Zekeng & Kenny Imafidon

We would like to thank **Impact on Urban Health** for commissioning ClearView Research to conduct this research project.



About Us

ClearView Research Ltd (CVR) is an audience insight and strategy agency. We are specialists in working on research, evaluation and engagement projects with young people, minority ethnic groups, culturally diverse communities, people with protected characteristics and those who often go unheard. We are committed to ensuring that our work is always inclusive and equitable. We strive to ensure that all of our participants enjoy the research process and find it accessible, engaging and empowering. We ensure that their voices are central in the materials (e.g. reports and frameworks) that we produce. **We work best with organisations who give a damn and want to make a genuine impact.**

We are a MRS company partner and we uphold and act in a manner compliant with the strict ethical and rigorous rules contained in the MRS Code of Conduct.

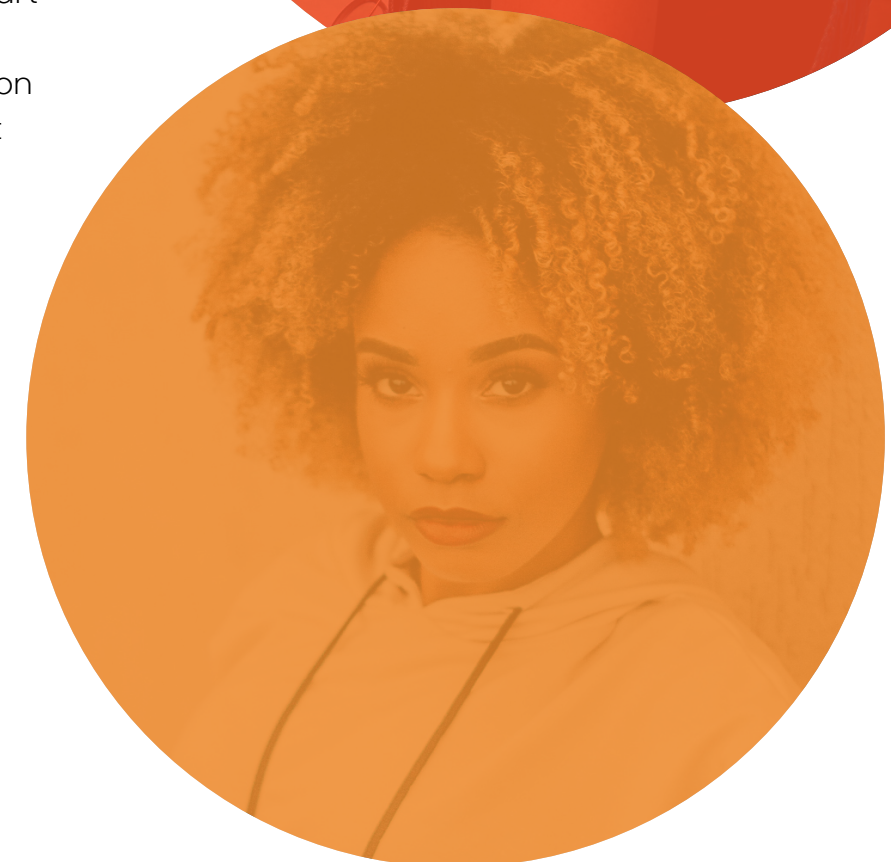
Find out more at:
www.clearviewresearch.co.uk



Background

This report has been developed by ClearView Research on behalf of Impact on Urban Health as part of its COVID19 vaccine knowledge project. As part of this project, ClearView Research will be seeking to understand the attitudes of residents in Southwark and Lambeth from the black and mixed-black community in relation to COVID19 vaccinations and public health measures, and seek to share best practices from our findings with key stakeholders.

This rapid review will support this project by providing contextual information and further understanding on black, Asian and ethnic minority communities and public health measures, campaigns, and efforts. It will be used to support the development of survey questions and other research tools as part of ClearView's project, as well as inform decision makers with relevant information to support their efforts towards the fight against COVID19.



Search Terms, Criteria and Sources

A range of academic literature, public health campaign material, and grey literature were reviewed for this rapid review, as well as commentary pieces, press articles and relevant blogs (such as health bodies, service groups). A range of search engines and tools were used including Google Scholar, Directory of Open Access Journals, CiteSeer, ScienceDirect.

The following terms were used in relation to race and ethnicity to search the literature:

- Black, black British,
- Mixed Race, Mixed Heritage
- African, African-Caribbean, Afro-Caribbean, Afro-Latin/Afro-Latina, Afro-Brazilian
- African-American, Black American, Bi-racial
- BAME, BME, Windrush Generation

Much of the literature search was focused on the UK context, however due to the large number of those from black and mixed-black populations in the US, alongside the major role of the US in healthcare research, pharmaceutical research and science, US literature was also reviewed.

The terms BAME and BME are often used interchangeably to refer to people from black, Asian and minority ethnic communities in the UK. These terms are widely used in academic literature and policy reports, and as such were used as part of the literature search. ClearView

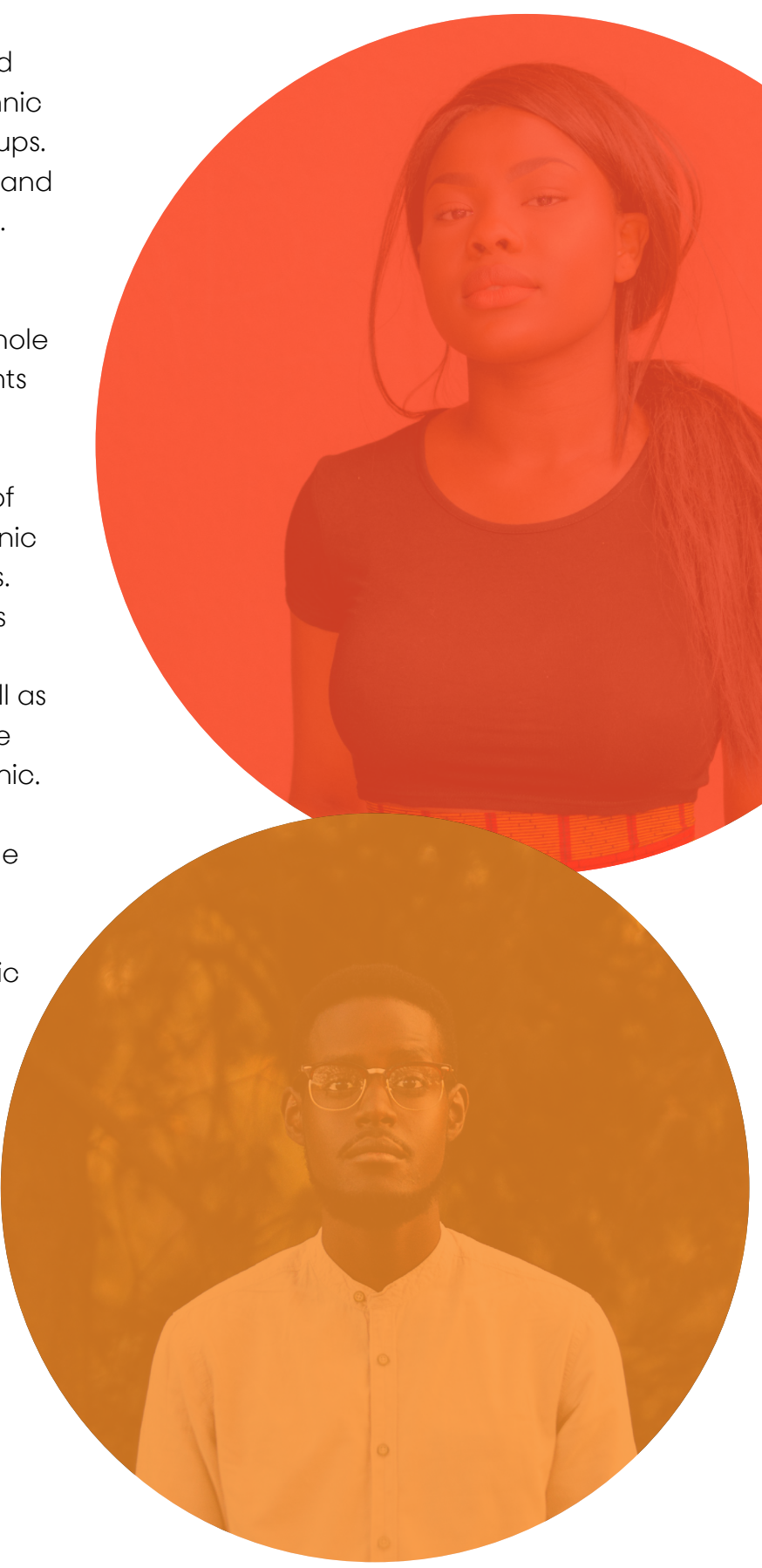
often refrain from using this term wherever possible as it does not illustrate the diversity of people in black, Asian and other minority communities. However, we acknowledge and recognise that this term is of use in the everyday language of policy and academic writing and speech, and as a result it may be referred to in this report.



Introduction

The COVID19 pandemic has highlighted the disproportional rates of morbidity and mortality in black, Asian and minority ethnic groups in comparison to other racial groups. It has also highlighted different reactions and compliance with public health measures.

In order to understand attitudes of black, Asian and minority ethnic groups as a whole and more specifically attitudes of residents from Southwark and Lambeth in relation to COVID19 vaccinations, this review will analyse the responses and compliance of those from black, Asian and minority ethnic communities to public health campaigns. This will be achieved by drawing parallels with responses to other public health campaigns such as breast cancer as well as other vaccination campaigns such as the HPV vaccine and Influenza 2009 pandemic. This review will also examine beliefs and attitudes towards medicines as well as the role that community healthcare workers such as pharmacists play in influencing community perceptions of different public health campaigns.



Black, Asian and Minority Ethnic Groups and Health in the UK

As of 2018, 16% of the population in England identified as being from a minority ethnic group. Ethnicity is a multidimensional and complex social construct that is defined by a range of factors including, shared history, origin, language and cultural traditions. It is important to note that health patterns differ across the whole population, when comparing white and minority ethnic groups but also among minority ethnic groups.

In England, there are well documented health inequalities between minority ethnic groups and white groups. The reasons for this are multifactorial. Some of the causes include the fact that minority ethnic groups are more likely to live in urban, densely populated areas, and have higher chances of exposure to diseases due to occupations. This in turn increases their risk of having health complications. Equally, negative experiences in a healthcare system and service due to cultural insensitivities may also create barriers and negatively influence healthcare seeking behaviours,^{1,2}

A 2019 report by Public Health England found that racism and discrimination partly contribute to increased health care inequalities. It highlighted that black, Asian and minority ethnic groups have poorer access to health care and poor experiences of care and treatment². Although factors such as a lack of information and socioeconomic status contribute and play a role in health inequalities, cultural and structural racism adversely affect health in black, Asian and minority ethnic groups, and understanding its role is vital when seeking to address health inequalities .

In the UK, black, Asian and minority ethnic groups have the worst health outcomes on almost all health measures and the COVID19 pandemic is just another example of this stark reality. Contextualising and understanding minority ethnic groups compliance or non-compliance to public health measures is not a new phenomenon but one steeped in years of system-wide mistrust and also differences in cultural beliefs.³



Black, Asian and Minority Ethnic Groups Response to Cancer-related Public Health Campaigns – What Can we Learn?

Breast cancer is currently the second leading cause of cancer death among women. Overall, the incidence rate for white women is higher than black, Asian and minority ethnic groups, although, the mortality rate for black women is higher than that of white women. However, in women below the age of 40, black women have a higher incidence rate¹. In order to reduce the mortality rates, early detection of breast cancer is advised via regular mammography screening as this is the most effective method.⁵

A study by Naomi Pfeffer in 2004 focused on women aged 50–64 in Britain and highlighted that the uptake of invitations for free mammography was about twice as high in leafy suburbs than in inner-city areas. This research was conducted in Hackney which has the lowest uptake of screening mammography in the country and included women from Black African-Caribbean backgrounds, Cantonese, Somali, Turkish, Punjabi, Gujarati, Sylheti and white backgrounds.

The women in this study shared a variety of reasons for non-compliance. Some reasons were partly attributed to a lack of understanding of the invitation letter by women of black, Asian and minority ethnic groups, highlighting the important role communication plays in public health. Other

women reported weighing up the potential benefits of mammography screening against costs such as local transport, as well as fearing embarrassment by looking stupid due to a lack in social and educational capital⁶. Many of these factors affected white women as well as those from diverse racial and cultural backgrounds. This study showcased the importance of other factors such as socioeconomic status, confidence and capital which can affect many people.

Similar reasons for non-compliance were highlighted in a study by Miller, 2019⁴ which reviewed barriers to regular mammography screening for women from minority ethnic groups. Logistical barriers such as transportation, lack of time, but also knowledge-related barriers were key reasons for non-compliance. Furthermore, there was a prioritisation of other issues such as HIV, domestic violence or work and childcare demands. While the importance of mammography screening and its role in eventually saving lives was acknowledged, there seemed to be higher priority for more immediate and life-threatening issues¹.

A study by Maggie Banning, 2011⁷ focused on assessing the reason why black women are more likely to receive a diagnosis of breast cancer when it was at an advanced stage. The findings of this study emphasised the need for an increase in awareness

targeted to black women on health education and breast health awareness. Two out of 10 women who took part in this survey were relatively uneducated about breast self-examination in comparison to the remaining eight who had participated in various screening routines.⁷

An interesting discovery was found in a study by Ford, 2021⁸ which looked at compliance and non-compliance to cervical cancer screening as a public health measure. It highlighted the differences in cervical cancer screening and follow-up for black and white women in the United States. Although black women reported a higher compliance to cervical cancer screening, they were less likely to be called back or followed up in the event of an abnormal test than white women.⁸ Incidents like these, raise issues of mistrust in the system, and leads to attitudes of indifference when it comes to complying with public health campaigns⁸



Trust and Public Health Measures Including Vaccines

Trust plays a key factor in citizen's compliance to public health measures during times of crisis and uncertainty. As Dr. Chrissy Roberts, Associate Professor at London School of Hygiene and Tropical Medicine stated, willingness of people to follow the rules can evaporate when trust is gone. A study done by Enria et al., 2021, highlighted the public's wavering trust in the Government during the first wave (April 2020) of the COVID19 pandemic. Of the 9000+ respondents via an online survey, 52% thought that the Government was doing a good job of controlling COVID19 and 36% thought the government "always or mostly" told the truth about COVID19. 60% of respondents thought the economy was being prioritised and only around 5% thought that people and their health were the Government's priority. Responses differed across demographic groups with respondents from Scotland having less trust than respondents in London. Many respondents also highlighted concerns about how much scientific evidence was being taken into consideration to inform and guide policy. This study also revealed a limited reach as there was a very low response from black, Asian and minority ethnic communities.⁹

This study reveals interesting insights in the public's perception and trust of the Government as it pertains to the COVID19 public health measures. Furthermore, considering the demographics of the respondents to this survey which had a very low response from black, Asian and

minority ethnic communities, this truly highlights that mistrust in the government is across demographics and communities. This would therefore affect compliance or non compliance to the public health measures. The government would have to gain trust of every group through open dialogues and constructive collaborations to build trust and increase compliance of public health measures.

The decline in public trust towards the uptake of vaccinations is a global issue¹⁰. This has been explored across race, generations and gender. There are several likely explanations, some of them include: the rise of anti-vaccine groups, the use of social media, safety scares and a rising distrust in the "expert culture"¹¹. Trust is therefore the hinge on which hangs the public's decision to comply or not with vaccinations as a public health measure.

In order to explore "trust" as a concept, Siegrist, 2003¹² developed the Trust Confidence and Cooperation Model (TCC). This differentiates "social trust" based on similarity and 'shared values' and confidence based on past experiences. Twyman, 2008¹³ distinguished the two by describing "Trust in motives" and 'Trust in competence'. These two dimensions play a pivotal role in vaccination uptake¹⁰.

Trust in motives is defined as trust in the system that produces them (in this case vaccinations) which in the UK is a complex network and collaboration between:

the Government, the pharmaceutical industry and the healthcare system. "Trust in competence" however focuses on confidence in the science and the technical abilities. This involves staff who have created the vaccine, the reagents used, methodologies and other factors.

A study by Jamison, 2019¹⁴ explored both of these dimensions in the United States across African-American communities, white communities as well as across generations. This study found that participants from African-American communities expressed broader distrust in the government's motives as a result of historical lived experiences such as slavery, and the infamous Tuskegee Syphilis study which ran from 1932 to 1972. Generally, most participants felt that medical abuses had occurred and may still be occurring. However, in white communities there was more distrust in competence than in the government. Distrust for the pharmaceutical industry was apparent across both white and minority ethnic communities based on the concept of the industry valuing profit over human health. When all participants were asked particularly about the Influenza A vaccine, the distrust was in the need for annual vaccination and therefore the competence of the vaccine.

There were further differences across generations, where the older generations had higher levels of distrust within African-American communities pointing to history of slavery, racism, discrimination and ill treatment within the healthcare system. However for white communities, participants from the older generations were more trusting in the Government's motives, often citing their lived experiences in World War II and doing as they were asked to do. Participants from

white communities saw the younger generations as less trusting and defiant by questioning the vaccination while the younger generations from African American communities were more open to understanding (Jamison, 2019)¹.

Another interesting difference was in the language used between white and African American communities. White communities named the agencies and described their level of trust based on their confidence in these agencies while African American communities used broader language and described general distrust in the Government.

Overall, participants from white communities did not question motives but rather questioned competency while participants from African-American communities questioned the Government's motives often calling it a "natural mistrust" or "cultural conditioning". Distrust in pharmaceutical companies was highest and across both white and African communities, as participants were deeply concerned about the "for profit" nature of the industry (Jamison, 2019)¹.



Black, Asian and Minority Ethnic Groups and Vaccines

The Influenza virus causes a significant annual health burden globally. However, the yearly vaccinations aimed at protecting individuals against influenza – related health illnesses still have a disproportionate uptake within different communities. In the United States, African Americans experience a low uptake of vaccination stemming from years of bias and mistrust in the medical system and research and development of orthodox medicine.¹⁵

Between April 2009 and April 2010, there were 60.8 million cases of the Influenza A virus (H1N1) and 12,469 deaths in the United States attributable to the Influenza A H1N1 Pandemic¹⁶. As the Centre for Disease Control and Prevention (CDC) developed a vaccine, there was a generally low uptake of the vaccine in the United States. A study by Burger et al., 2021 examined this by socio-demographic groups and ethnicity. Frequently, analyses focus on black-white disparities without the context of how lived experiences influence vaccination beliefs and behaviours¹⁷. As different communities have different risk perceptions and levels of social and institutional trust, which influence their health behaviours. Consistent with their beliefs around vaccines, white females reported the highest rate of H1N1 vaccination uptake (28.4%) followed by white males (26.3%), black males (21.6%) and black females (17.5%). Analysing this data through the lens of intersectionality shows that there are different risk perceptions between male and females of

the same race group – be it white or Black, Asian and Minority Ethnic groups (Burger, 2021)¹⁸.

Although we understand that the reasons for vaccine uptake are multifactorial, in some communities, a lack of understanding has also contributed to limited vaccine uptake. A study by McFadden, 2021¹⁹ highlighted the role an online course played in increasing an HPV vaccine uptake in East African immigrant families. The course used culturally appropriate strategies and addressed specific parental concerns and subsequently recommended the HPV vaccine. The results showed an increase in confidence towards the HPV vaccine on the following criteria:

- Safety – 54% pre-test to 92% post-test;
- Concerns around fertility – 55% pre-test to 90% post-test;
- Concerns around the child being too young – 68% pre-test to 90% post-test; and
- Using Pork gelatin in vaccine manufacturing (taking religion in context) – 38% pre-test to 90% post-test.¹⁹

This highlights an example where carefully crafted, culturally sensitive and a targeted campaign can increase vaccine uptake.

Black, Asian and Ethnic Minority Groups and COVID19 Vaccines

Following the evidence and discussions above, reasons for non-compliance with public health measures be it vaccines or cancer screening in Black, Asian and Minority Ethnic groups are multifactorial. This has certainly been the case in relation to COVID19. A study by Paul et al. (2021) that looked at 32,361 adults as part of a UCL social study, revealed 16% of respondents displayed high levels of mistrust about vaccines. 14% reported an unwillingness to receive a vaccine for COVID19 whilst 23% were unsure. These uncertainties were around general mistrust in vaccines and concerns about future side effects.²⁰

Another study by Bell, 2020²¹ examined parents' and guardians' views on the acceptability of a future COVID-19 vaccine. This study found that the difference between acceptability and refusal while it could be predicted by ethnicity and household income, the responses for acceptance were mostly for self-protection while the reasons for refusal were around safety and efficacy of the vaccine "considering it was rushed". Black, Asian and minority ethnic participants were three times more likely to reject the vaccine than white participants, however, the main reason centred partly on a lack of enough information on the development of the vaccine. Notwithstanding the fact that there is an already existing underlying mistrust in the Government, pharmaceutical industry and healthcare system and therefore people from these communities will not "blindly" trust the system and development process.⁴

It is important to note that there are issues and challenges nationally and internationally with vaccination uptake, and in the UK and Europe this is the case across the majority white populations as well as minority populations. Arguably, longstanding issues relating to mistrust, lack of understanding, and a lack of engagement have further driven vaccine hesitancy across a number of countries and ethnic groups and should be taken into consideration.²²

Vaccine Access

A recent poll conducted in the United States of America indicated that while 27% of white adults had received the vaccine in comparison with 17% of people of color, over 50% of people of color stated they wanted the vaccine while 43% of white adults do. This poll revealed another layer that needs to be addressed when considering public health measures. Arriving at the conclusion that black, Asian and minority ethnic communities have a lower level of vaccine uptake due to mistrust might be one dimensional and problematic as it misses out other elements that could be potential obstacles.²³

This poll shows there is a want to uptake the vaccine within minority ethnic communities but there is a lower number of sign up from these communities. A possible reason could be due to a lack of information on how to sign up to take the vaccine and individuals within these communities thinking it may be too difficult to navigate the system and therefore it is not worth trying. Additionally,

perhaps white communities have an easier access to the vaccine and therefore more investment in centers that support this in black, Asian and minority ethnic

communities should be considered to minimise vaccine inequity.²³

The Links Between Health, Choice and Race

Individuals are members of communities with distinct cultures, values and views. This relates to their views on health, healthcare and lifestyles as much as any other area of their lives and yet, is often forgotten in relation to public health research. While race and ethnicity are important indicators in relation to health inequalities and inequities, the picture can be more complex than this. In their work on healthy lifestyles and cardiovascular disease, Cockerham, 2017 highlighted that racial differences vary among groups but that there are separate classes and views of healthy-unhealthy lifestyles within ethnicity groups that have yet to be articulated in the literature. This research found that across a range of important healthy lifestyle indicators such as smoking, alcohol consumption, diet and exercise, that:

'Consequently, health lifestyles do not have a simple binary (either good or bad) character and support the hypothesis that there are separate classes of healthy-unhealthy lifestyles within each racial group'.²⁴

Therefore, it is important to recognise the role that views and values play in relation to health, and understand that different views may support efforts to address health inequalities.



Culturally-appropriate Strategies

A study by Jongen, 2017²⁵ highlighted the importance of developing a strategy for health campaigns in minority ethnic communities and describes three strategies frequently used: community-focused strategies, culturally-focused and language-focused strategies. These will now be explored in more detail.



Public Health Communication (Language-focused Strategies)

In order to ensure effective comprehension of public health campaigns, culturally sensitive messaging should be used. This should be guided by a communication strategy which targets capability (knowledge and skills), opportunity (social norms and physical resources) and motivation (analytic decision-making and habit). These messages should be co-produced and pre-tested with the target community ensuring that the language

maintains cultural context as well as the core message. Consider translating health messages into appropriate languages but also if reading skills are limited, other methods can be used such as audio files, and animations to increase knowledge.^{25,27,28}



Vague what is being traced?

Term 'Self Isolate' is not well understood

Alerted by whom? Concerns about receiving a fake call

Example 1: NHS Test and Trace resource highlights lack of information due to use of vague language.

Stay at home if you are told you might have coronavirus



If you are told you have been near someone who has coronavirus you must stay at home.



You must not leave your home for **14 days**.



By doing this you will help stop your friends and family catching coronavirus.



To find out more:

- Visit nhs.uk/coronavirus



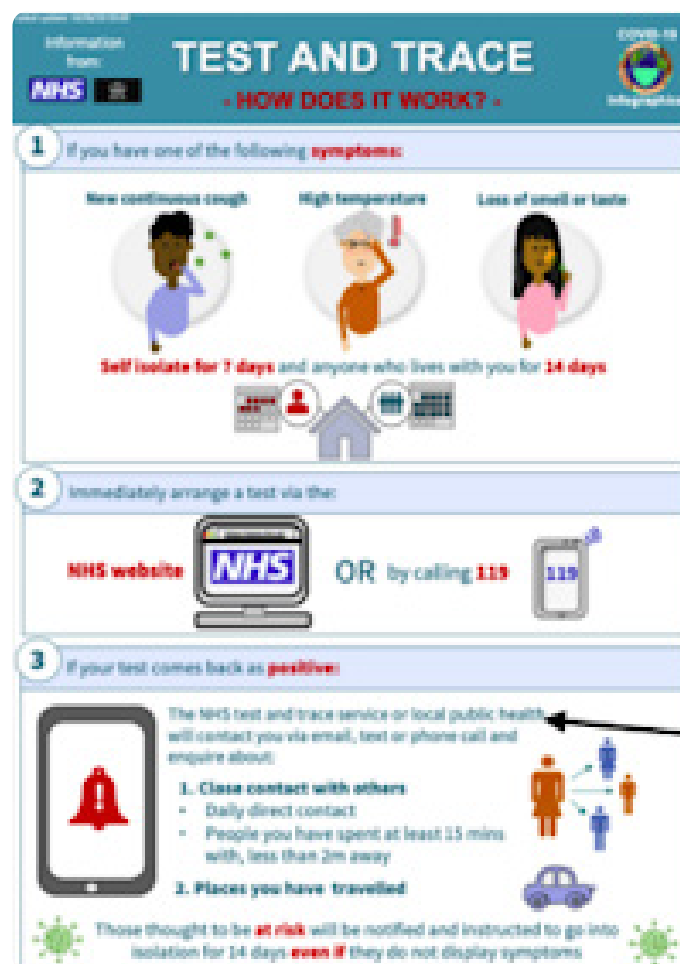
- Or call **119**

STAY ALERT > CONTROL THE VIRUS > SAVE LIVES

Stay at home clearer than 'self isolate'

Clearer explanation of who needs to engage in behaviour and why

Example 2: NHS Test and Trace resource includes more concrete language and clearer explanation of behaviour that is required



Explains what behaviour is required of individual if symptomatic

More information about the process

Example 3: NHS Test and Trace helath message includes clearer overview of process



This is more accessible to South Asian communities but only if they can read in Urdu. Not all south Asian community members can read Urdu or english

Example 4: NHS Test and Trace health message translated into a different language

When considering language focused strategies, it is essential to consider full language adaptation, partial language adaptation, the creation or translation of written and audiovisual resources. Additionally, a study done in African Americans highlighted the use of colloquial language or even naming programs after meaningful language such as "Oh Happy Day" after the popular gospel song.²⁹

Due to the mistrust of government as a result of historical issues and institutional racism, messaging and systems, multiple trusted and credible voices within the communities should be used. These can include faith groups, community health care workers (GPs, Pharmacists) from within these communities, shop owners. Messages should take into consideration local realities including and respecting events such as Eid.³⁰



Community-Oriented Strategies

There are several strategies that can be implemented within communities. Some of them include: community partnerships, community participations, community spaces and community networks and media. The most common community-oriented strategy focuses on the participation of community members to develop and implement interventions at service level³¹. Highest level of engagement within the community came from: community health workforce, general community members and community or church leaders. Depending on the campaign, other members of the community who had been previously affected were involved for example; cancer survivors and family members of survivors, heart attack and stroke survivors, community volunteers, representatives and clinicians from the target population⁸



Culture Oriented Strategies

Some strategies that have achieved success have focused on including cultural aspects. This includes cultural values, beliefs, practices and traditions, recognising the role of extended family, the involvement of family, the use of culturally relevant metaphors and religion/spirituality. A study by Arora, 2013 highlighted the inclusion of spiritual ceremonies before and after clinics. 'Smudge' ceremonies were held to purify the body and further discussion of physical, mental, spiritual and emotional health issues and goals (Sourabh, 2013).³²



Public Health in Southwark and Lambeth

The inner London Borough of Southwark has a population of 309,000 as of 2018, this population is projected to have increased to 332,000 by 2020. Understanding this population, 41% percent of the population are from a minority ethnic group compared to 13.2% for England as a whole. Southwark is one of the 20% most deprived local areas in England with 28% of children living in low income families³³. In 2016, Lambeth's resident population was 327582, 44% of its population are young adults between the age of 20-39 years, 3 in 5 people describe their ethnicity as other than white british. It is the 5th most densely populated local authority in England and Wales. Lambeth is the 44th most deprived local authority in England out of 326 and 9th most deprived in London. It is worth noting that one third of families with children are receiving benefits.³⁴

When considering engagement strategies for public health approaches within these communities, understanding the reality and therefore the varying number of concerns faced within these communities, and subsequently applying holistic approaches should be prioritised.



Conclusions

This rapid review sought to discover more on the black, Asian and ethnic minority community's experiences of public health, in a bid to further understand and frame thinking around the COVID19 vaccine rollout and uptake of these communities. Through a review of the literature landscape across academic literature, grey literature and policy papers, this report has illustrated that the response to public health measures including vaccines by people from black, Asian and ethnic minority communities is often based on a number of factors, including trust of the system and the government, their understanding of the issue, the options available to them and their access to information, and their own views and values on healthy behaviour and healthy lifestyles.³⁵

Accessibility and inclusivity are both vital to the success of public health campaigns as highlighted in the literature. Including local people through community-oriented approaches and working in partnership was key to ensuring messaging resonated with people³⁶ as well as an important way of engaging communities. Similarly, strategies that illustrate an understanding of cultural values, beliefs and views were also shown to be effective³⁷. This highlights the importance of developing local partnerships as well as recognising the role of equity and respect in public health.



References

Amelia M. Jamison et. al., (2019). "You don't trust a government vaccine": Narratives of institutional trust and influenza vaccination among African American and white adults. Soc Sci Med. doi: 10.1016/j.socscimed.2018.12.020. Epub 2018 Dec 12.

Andrew E. Burger et al., (2021). Black-white disparities in 2009 H1N1 vaccination among adults in the United States: A cautionary tale for the COVID-19 pandemic. Volume 39, Issue 6, 5 February 2021, Pages 943-951

Sourabh Arora, Kurji AK, (2013). Tennant MTS. Dismantling sociocultural barriers to eye care with tele-ophthalmology: lessons from an Alberta Cree community. Clin Invest Med 36(2):E57-63.)

Maggi Banning, (2011). Perceptions of breast health awareness inBlack British Women, European Journal of Oncology Nursing, volume 15, issue 2, April 2011, Pages 173 - 177 <https://www.sciencedirect.com/science/article/pii/S1462388910001201>

S. Bell et al., (2020). Parents' and guardians' views on the acceptability of a future COVID-19 vaccine: A multi-methods study in England. Vaccine, Volume 38, Issue 49, 17 November 2020, Pages 7789-7798

Brittany C. Miller et al., (2019). Barriers to mammography screening among racial and ethnic minority women, Social Science & Medicine, Volume 239, October 2019, 112494

Cathy Coleman, (2017). Early detection and screening for breast cancer. 2017 May;33(2):141-155. doi: 10.1016/j.soncn.2017.02.009 <https://pubmed.ncbi.nlm.nih.gov/28365057/>

Cookerham WC, et al., (2017). A Comparison of Black and White Racial Differences in Health Lifestyles and Cardiovascular Disease. Am J Prev Med. 2017;52(1S1):S56-S62. doi:10.1016/j.amepre.2016.09.019

Crystal Sky Jongen et. al., (2017). The implementation and evaluation of health promotion services and programs to improve cultural competency: A systematic Scoping review. Front. Public health, <https://doi.org/10.3389/fpubh.2017.00024>

Dubé E., et al., (2016). Parental vaccine hesitancy in Quebec (Canada) PLoS Curr. 2016;8 (Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4801332/>)

Keith Ferdinand et. al., (2020). The COVID-19 and influenza "Twindemic": Barriers to Influenza vaccination and potential acceptance of SARS-CoV2 vaccination in African Americans. The Journal of the National Medical Association, Volume 112, Issue 6, December 2020, Pages 681-687.

Sabrina Ford et al., (2021). Differences in cervical cancer screening and follow-up for black and white women in the United States. Gynecologic Oncology, Volume 160, Issue 2, February 2021, Pages 369-374

Olena Hankivsky (2012). Women's Health, men's health, and gender and health: implications of intersectionality. Soc Sci Med. 2012 Jun;74(11):1712-20. doi: 10.1016/j.socscimed.2011.11.029. Epub 2012 Jan 25.

Howlader et al. (2017) SEER Cancer statistics review, 1975-2014. National Cancer Institute, Bethesda

Larson H.J., et al., (2014). Tracking the global spread of vaccine sentiments: the global response to Japan's suspension of its HPV vaccine recommendation. Hum. Vaccin. Immunother. 2014;10(9):2543-2550.

Larson et al., (2016). The State of Vaccine Confidence 2016: Global Insights Through a 67-Country Survey EBioMedicine 2016 Oct; 12: 295-301

Lina Jandorf et al., (2013). Implementation of culturally targeted patient navigation system for screening colonoscopy in a direct referral system. Health Educ Res (2013) 28(5):803-15. doi:10.1093/her/cyt003

London Borough of Southwark: a health in all policies approach: <https://www.local.gov.uk/london-borough-southwark-health-all-policies-approach>

SarahAnn M. McFadden et al., (2021). Development and evaluation of an online continuing education course to increase healthcare provider self-efficacy to make strong HPV vaccine recommendations to East African immigrant families. Tumour Virus Research, Volume 11, June 2021, 200214

Elise Paul et al., (2021). Attitudes towards vaccines and intention to vaccinate against COVID-19: Implications for public health communications. The Lancet Regional Health - Europe. Volume 1, February 2021, 100012

Public Health England, (2020). Disparities in the risk and outcomes of covid-19, PHE.

Public Health England, (2020). Beyond the data: understanding the impact of covid-19 on Black, Asian and Minority Ethnic groups.

Public Health Messaging for Communities from different cultural backgrounds: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf

Naomi Pfeffer, (2004). Screening for breast cancer: candidacy and compliance. Jan;58(1):151-60. doi: 10.1016/s0277-9536(03)00156-4

Mohammad S Razai, academic clinical fellow in primary care, (2021). Mitigating ethnic disparities in covid-19 and beyond, BMJ 2021; 372 doi: <https://doi.org/10.1136/bmj.m4921>

Siegrist, M., et al., (2003). 'Test of a trust and confidence model in the applied context of electromagnetic field (EMF) risks', Risk Analysis, vol 23, pp705-716

C. Somers, et al. (2010). Racial/ethnic differences in early detection of breast cancer: a study of 250,985 cases from the California cancer registry. Journal of Women's Health, 19 (2010), pp. 203-207

Stead M, Angus K, Langley T, et al., (2019). Mass media to communicate public health messages in six health topic areas: a systematic review and other reviews of the evidence. NIHR Journals Library, 2019. Public Health Research No 7.8

Sundar S Shrestha et al., (2011). Estimating the burden of 2009 pandemic influenza A (H1N1) in the United States (April 2009 – April 2010) 2011 Jan 1;52 Suppl 1:S75-82. doi: 10.1093/cid/ciq012

Twyman et al., (2008). Trust in motives, trust in competence: Separate factors determining the effectiveness of risk communication. Judgment and Decision Making, 3(1), 111-120

Ward EC, et al., (2015). A culturally adapted depression intervention for African American adults experiencing depression: Oh Happy Day. Am J Orthopsychiatry (2015) 85(1):11-22. doi:10.1037/ort0000027

World Health Organisation, (2017). Vaccination and trust – How concerns arise and role of communication in mitigating crises. https://www.euro.who.int/__data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF

Yaqub O., et al., (2014). Attitudes to vaccination: a critical review. Soc. Sci. Med. 2014;112:1-11

Demography factsheet: Lambeth: "a diverse and changing population" May (2017). <https://www.lambeth.gov.uk/sites/default/files/ssh-demography-factsheet-2017.pdf>

Luisa Enria et al., (2020). Trust and transparency in times of crisis: Results from an online survey during the first wave (April 2020) of the COVID-19 epidemic in the UK. February 2021 <https://doi.org/10.1371/journal.pone.0239247>

Coronavirus CNN/SRS Poll (2021) <http://cdn.cnn.com/cnn/2021/images/03/11/rel2b-coronavirus.pdf>

End Notes

1. "COVID-19: review of disparities in risks and outcomes – GOV.UK." Accessed March 22, 2021. <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>.
2. "Beyond the Data: Understanding the Impact of COVID-19 ... – Gov.uk." Accessed March 22, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf.
3. "Mitigating ethnic disparities in covid-19 and" Accessed March 22, 2021. <https://www.bmj.com/content/372/bmj.m4921>.
4. "Barriers to mammography screening among racial and ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/31513931/>.
5. "Early Detection and Screening for Breast Cancer – ScienceDirect." Accessed March 22, 2021. <https://www.sciencedirect.com/science/article/abs/pii/S0749208117300190>.
6. "Screening for breast cancer: candidacy and compliance – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/14572928/>.
7. "Black women and breast health: a review of the literature – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/20591734/>.
8. "Differences in cervical cancer screening and follow-up for ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/33323276/>.
9. "Trust and Transparency in times of Crisis: Results from an ... – medRxiv." Accessed March 22, 2021. <https://www.medrxiv.org/content/10.1101/2020.09.01.20183822v1>.
10. "The State of Vaccine Confidence 2016: Global Insights ... – NCBI – NIH." Accessed March 22, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5078590/>.
11. "Attitudes to vaccination: a critical review – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/24788111/>.
12. "Test of a trust and confidence model in the applied context ... – PubMed." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/12926564/>.
13. "Trust in motives, trust in competence: Separate factors determining" Accessed March 22, 2021. <https://psycnet.apa.org/record/2008-01400-011>.
14. "You don't trust a government vaccine": Narratives ... – Pub Med – NIH." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/30576982/>.
15. "The COVID-19 and Influenza "Twindemic": Barriers to ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/33276969/>.
16. "Estimating the burden of 2009 pandemic influenza A ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/21342903/>.
17. "Women's health, men's health, and gender and health ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/22361090/>.
18. "Black-white disparities in 2009 H1N1 vaccination ... – NCBI – NIH." Accessed March 22, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7800135/>.
19. "Development and Evaluation of an Online ... – ScienceDirect.com." Accessed March 22, 2021. <https://www.sciencedirect.com/science/article/pii/S2666679021000045>.
20. "Attitudes towards vaccines and intention

- to vaccinate ... – The Lancet." Accessed March 22, 2021. [https://www.thelancet.com/journals/lanep/article/PIIS2666-7762\(20\)30012-0/fulltext](https://www.thelancet.com/journals/lanep/article/PIIS2666-7762(20)30012-0/fulltext).
21. "Parents' and guardians' views on the acceptability of a ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/33109389/>.
22. "Vaccination and trust – WHO/Europe." Accessed March 22, 2021. https://www.euro.who.int/__data/assets/pdf_file/0004/329647/Vaccines-and-trust.PDF.
23. "EMBARGOED FOR RELEASE: Thursday, March 11 at 5:00 pm – CNN." Accessed March 22, 2021. <http://cdn.cnn.com/cnn/2021/images/03/11/rel2b-coronavirus.pdf>.
24. "A Comparison of Black and White Racial ... – Pub Med – NIH." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/27989294/>.
25. "The Implementation and Evaluation of Health Promotion Services" Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/28289677/>.
26. "COVID-19: review of disparities in risks and outcomes – GOV.UK." Accessed March 22, 2021. <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>.
27. "Beyond the Data: Understanding the Impact of COVID-19 ... – Gov.uk." Accessed March 22, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf.
28. "Public health messaging for communities from different ... – Gov.uk." Accessed March 22, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf.
29. "A Culturally Adapted Depression Intervention for ... – NCBI – NIH." Accessed March 22, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314356/>.
30. "Public health messaging for communities from different ... – Gov.uk." Accessed March 22, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf.
31. "The Implementation and Evaluation of Health Promotion Services" Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/28289677/>.
32. "Dismantling sociocultural barriers to eye care with tele ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/23544606/>.
33. "Cancer Statistics Review, 1975–2014 – SEER Statistics." Accessed March 22, 2021. https://seer.cancer.gov/csr/1975_2014/.
34. "Demog factsheet." Accessed March 22, 2021. <https://www.lambeth.gov.uk/sites/default/files/ssh-demography-factsheet-2017.pdf>.
35. "The Implementation and Evaluation of Health Promotion Services" Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/28289677/>.
36. "Dismantling sociocultural barriers to eye care with tele ... – Pub Med." Accessed March 22, 2021. <https://pubmed.ncbi.nlm.nih.gov/23544606/>.
37. "Public health messaging for communities from different ... – Gov.uk." Accessed March 22, 2021. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914924/s0649-public-health-messaging-bame-communities.pdf.

Authors: Dr. Bianca Bailey Wilson, Dr. Elsa Zekeng & Kenny Imafidon

Report Design: ClearView Research Ltd

Commissioned by: Impact on Urban Health

March 2021

Copyright © ClearView Research Ltd (company no. 09587075)

All rights reserved.