

COVID-19: ACHIEVING VACCINE EQUITY IN EALING, LONDON

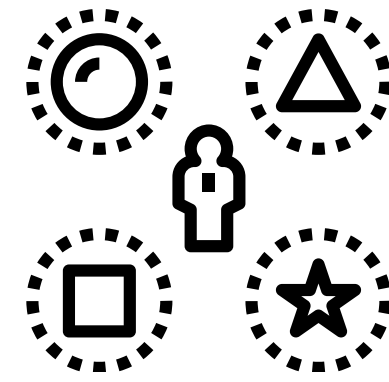
UNDERSTANDING CONTEXT TO ENCOURAGE VACCINE UPTAKE

In Ealing, 76 per cent of adults (18+) in Ealing have received at least one dose of COVID-19 vaccine. Reaching the remaining population – and addressing other long-standing health inequalities – requires an approach that understands the context and communities.

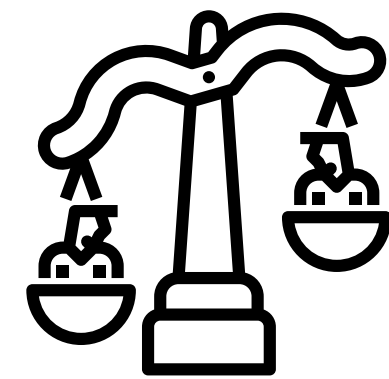
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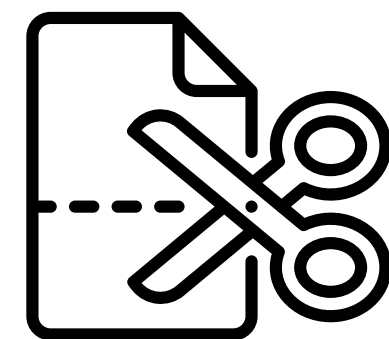
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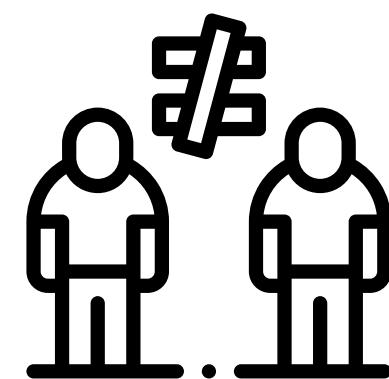
One of London's most diverse boroughs, Ealing's residents come from a huge variety of national, racial, ethnic, linguistic, religious, and cultural backgrounds, and have different histories, experiences, statuses and relationships to authorities and health services. One-size-fits-all approaches to public health are likely to fail.



Vaccine uptake and access has been lowest among Ealing's ethnic minority groups, and those living in deprived areas. This tracks with other health and social inequities, illustrating the need to view and approach COVID-19 vaccine inequity in ways that consider the context and communities.



National political and economic trends including the 'hostile environment', austerity, and increasing economic precarity (e.g. zero-hours contracts, gig economy) can impact people's trust in authorities, and their ability to access vaccination and other critical services.



Local histories and experiences, for example of racism or feelings of exclusion and abandonment, can impact trust in local authorities and health services. Acknowledgement and action on these issues is critical for building trust.

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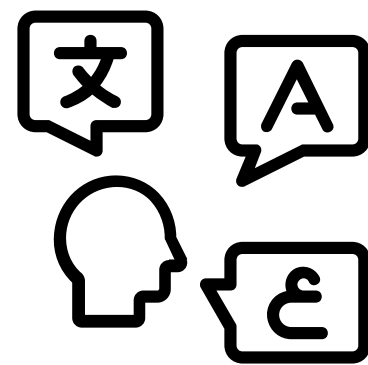
RECOGNISING AND ADDRESSING VULNERABILITY

Ethnic minority groups, migrants, unregistered populations (including undocumented migrants, rough sleepers, and others), people who do not speak English as a first language, digitally excluded people, disabled people and people living with poverty and deprivation, are among Ealing's more vulnerable residents. They may slip through the cracks of COVID-19 vaccination and other public health interventions unless concerted efforts are made.

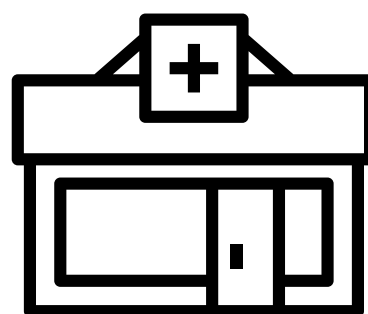
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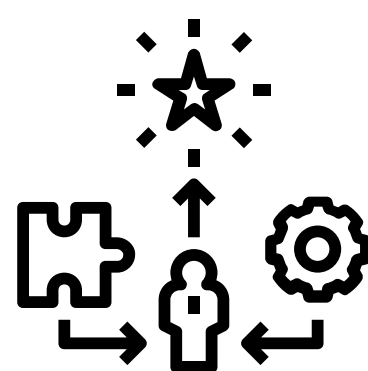
Approaches tailored to the needs of different vulnerable groups – such as culturally sensitive communication in diverse languages and formats, and which reaches them through trusted channels – should be a key starting point for public health interventions.



Establish and support mechanisms for more decentralised action for vaccination and other key health and social services. Pop-up vaccination clinics have proved effective for instance, as they are more accessible by vulnerable residents who may not travel far or feel comfortable out of their local area.



Many residents struggle with access to adequate housing and long-term unemployment. Housing, food and finding income may understandably be prioritised over vaccination. Responders should aim to meet people's multiple needs, finding ways to deliver and promote vaccination alongside other critical services.



Increase emphasis on residents' lived experiences, perceptions, and priorities, by collecting and considering qualitative data. This should be complementary to the quantitative data that has played a key role in guiding the vaccine rollout.

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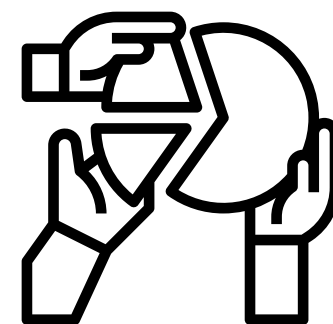
WORKING TOGETHER TO IMPROVE EQUITY

The pandemic has brought diverse stakeholders in the local authority, health services and community together in unprecedented ways. Their collective successes responding to the pandemic have demonstrated the value - and indeed the need - for embedding collaboration in routine work.

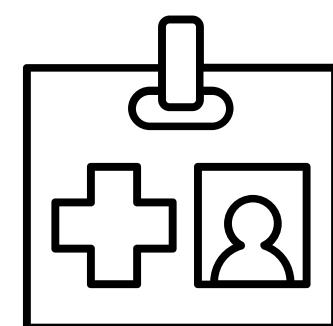
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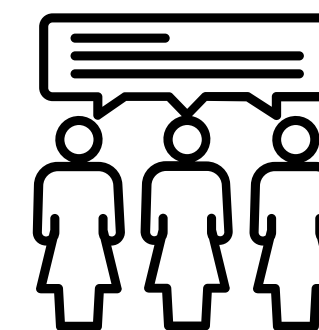
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Sustain, strengthen, and adapt collaborative and joined-up approaches to working between local authorities, NHS, community groups and beyond. This collaboration has been essential to pandemic response and vaccination successes and can also be leveraged to improve health equity more broadly.



Greater engagement of general practitioners and other health professionals (e.g. pharmacies, dental clinics, alternative health providers etc.) can support vaccination and other public health and social priorities, so long as this is balanced with their need to provide other critical services.



Fund and support community organisations to implement actions, facilitate two-way information flows, and meaningfully participate in decision-making. Working with smaller groups or other less obvious community actors (e.g. shopkeepers, hairdressers etc.) – especially as led by residents and groups from a diversity of backgrounds – can also increase capacity.

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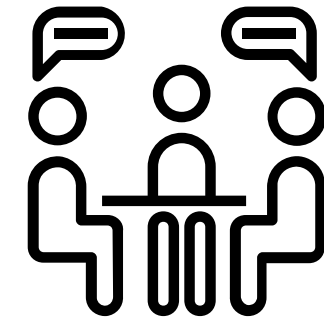
ENGAGING AND SUPPORTING EALING'S COMMUNITIES

Ealing's rich diversity and eager residents and community groups are a huge resource for improving vaccine and health equity, but will require additional time, monetary and political investment to nurture and release this potential.

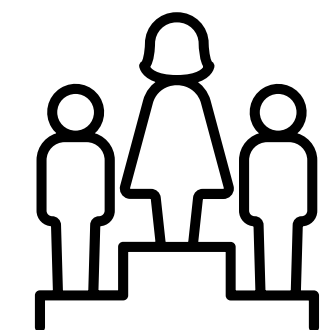
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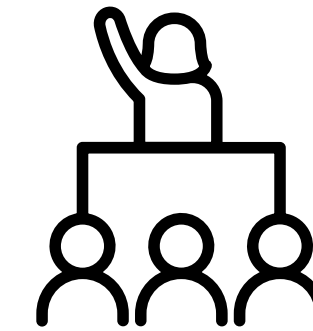
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Emphasise 'going to' residents, and considering alternatives to more conventional engagement such as public forums which may attract already more engaged residents. Smaller, less visible groups in Ealing in particular, may require more proactive attention including mapping who they are, and reaching out to visit and support them.



Having been hollowed out by years of austerity, more can be done through funding, initiatives, recognition and other support to revitalise a healthy and independently robust civil society in Ealing which can support vaccine and health equity.



Political leadership at the local level which recognises and represents residents across Ealing's diversity of social groups can support mobilisation for vaccination and other issues within local areas, and at the borough level.