



COVID-19 vaccine hesitancy in CALD communities

June 2021



Summary

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Approaches to encouraging vaccine take up

- For CALD people who self identified as 'very likely' to be vaccinated, continuing to make it easy to book and attend vaccination appointments will help overcome the intention-action gap and reduce delay.
- For CALD people who are 'somewhat likely' and 'not very likely' to vaccinate, medical professionals are highly trusted (95%) and may help influence their perception of the benefits of the vaccine. Our previous research suggests vaccinated medical professionals from the same cultural background as the patient are particularly influential.
- Allaying fears about vaccine side effects (especially long-term effects) is critical. Quick dissemination of emerging evidence through medical professionals and government sources will be important. Accessible 'in-language' resources (and interpreters where appropriate) will maximise reach.

Supporting CALD communities in getting vaccinated

We suggest focusing on the three most willing CALD sub-groups



This group is already convinced, and most will vaccinate as soon as possible.



Somewhat likely group

This group is supportive and will likely get the vaccine, but is adopting a 'wait and see' approach.



Not very likely group

This group sees little value in getting the vaccine and is concerned about side-effects.



Not at all likely group

This group is likely to have strong and ingrained views on the COVID-19 vaccine and will be **very difficult to shift**.



For those who are 'very likely' to vaccinate, making it easy to book and attend vaccination appointments will help overcome the intention-action gap and reduce delay. Automating bookings, setting defaults, sending reminders, and making the process easy to navigate would aid with vaccination rates.



Medical professionals' advice is highly trusted and there appears to be moderate to high engagement with doctors from the 'somewhat' and 'not very likely' groups. Doctors may be particularly effective at allaying the safety concerns these groups have. Deploying communication materials via GP practices, and with support of these professionals, may help shift these hard-to-reach groups.



CALD communities (like the general public) are concerned about the safety of vaccines. As more Australian, international and personal evidence emerges on vaccine safety, this evidence should be disseminated as quickly as possible. We also expect the 'not very likely' group to be more sensitive to negative news than positive news – greater coverage of vaccine harms may push individuals from 'not very likely' into 'not at all likely'.



As seen with the May/June Melbourne COVID-19 outbreak, people are strongly motivated by 'cues to action'. As news comes out that is likely to shift community's sentiment, we expect there is to be a strong response. Positive news, such as the potential of international travel, will also drive demand in vaccine uptake.

