



COVID-19 Recovery: Building Future Pandemic Preparedness and Understanding Citizen Engagement in the USA and UK

*Summary and policy synthesis
of a British Academy research
programme on COVID-19
vaccine engagement*

COVID-19 is the most challenging health crisis in decades, facing individuals, communities, families, countries, and other groupings in isolation. The pandemic has unfolded in differing and dynamic contexts, interplaying with longstanding structural inequalities and historical injustices, with long-term impacts expected to take place across a range of societal areas, including health and wellbeing, communities, culture and belonging as well knowledge, employment and skills.¹ These challenges call on policymakers to seize the opportunity for change across these issues and across levels of governance.²

In this wider context dialogues around vaccination and the trustworthiness of stakeholder's communication in the current environment of uncertainty, which play a key role in shaping people's responses to COVID-19 and vaccines, provide key challenges for policymakers. Evidence from SHAPE disciplines³ are critical to addressing these challenges and to individual and societal recovery, with critical lessons to be learned from history and experience with past epidemics and from other global vaccine campaigns such as for polio. SHAPE disciplines offer invaluable insights into understanding vaccine engagement and confidence, and into how policies and practices can work sensitively and effectively with diverse communities to address this health crisis and build future pandemic preparedness.

Building on a pilot study exploring levels of vaccine engagement in the UK (Oldham and Tower Hamlets) and the USA (Boston and Hartford),⁴ the British Academy, the Social Science Research Council and the Science & Innovation Network in the USA (SIN USA) awarded 10 transatlantic studies in October 2021.⁵ The research projects, which were funded by the UK's Department for Business, Energy and Industrial Strategy, examined COVID-19 vaccine engagement across geographical, culture, social, political and economic contexts, developing recommendations to strengthen community confidence and setting out vaccine deployment programmes. They involved a range of SHAPE disciplines and sub-fields, took different theoretical lines and framing assumptions, and deployed a diverse range of methods – from surveys and the use of large quantitative datasets, to ethnography, qualitative interviews and innovative digital and experimental techniques. The result is a rich and exciting set of studies that inevitably display a diverse range of findings and conclusions, reflecting the particular ways they chose to ask and answer their questions.

While recognising this diversity, and with the objective of harnessing the knowledge developed as part of these research projects, this document outlines a set of key insights and draws out lessons for policymakers across five axes: (i) Accessibility of vaccines, (ii) Patterns of vaccine hesitancy, (iii) Addressing historical injustices and structural vulnerabilities, (iv) Building trust and trustworthiness and (v) Engagement across different audiences.

1 British Academy (2021), The COVID decade: Understanding the long-term societal impacts of COVID-19, The British Academy, London
2 See here: <https://www.thebritishacademy.ac.uk/international/affiliations/ssh7/>
3 SHAPE is an acronym for our disciplines, the Social sciences, Humanities and the Arts for People and the Economy.
4 Institute for Community Studies (2021), Understanding vaccine hesitancy through communities of place, Institute for Community Studies, London
5 See here: <https://www.thebritishacademy.ac.uk/news/new-funding-announced-for-transatlantic-research-into-covid-19-vaccine-engagement-in-the-uk-and-usa/>

Accessibility of vaccines supports community confidence and drives vaccination take-up

Across the projects, many demonstrate the important interactions between accessibility of vaccines and people's confidence in them. Accessibility has been supported through a range of measures, including mass vaccination centres, drop-in vaccination centres and the expansion of vaccine providers across healthcare centres have helped to overcome practical barriers and change the choice of architecture for vaccination decisions. Specific policy insights from across the projects include:

- Providing individuals with choice (choice to select their vaccine, choice to determine who will deliver the vaccine and where it will take place) benefits vaccine engagement and take-up.
- Offering flexibility to individuals, control over the vaccination process and positive incentives facilitates engagement and community confidence.

Vaccine hesitancy is embedded in social, political, cultural, geographical, and economic contexts

Vaccination decision making is a complex and ongoing process and vaccination uptake is patterned by a range of factors, including age, community experiences of marginalisation, employment, and deprivation as well as by family and peer influence with differences exposed through the research not only between the UK and the USA, but within different regions, cities and local neighbourhoods in each country. For instance, political ideology (more than race and ethnicity) appear in some studies to predict respondent beliefs about vaccine safety and efficacy in the USA, whereas race and ethnicity were strongly related to these beliefs in the UK while political preference only marginally so. Research conducted in the city of Cleveland, Ohio, in the USA and the London borough of Ealing in the UK suggests that vaccine hesitancy maps onto local geographies of inequalities and access to public services.

Relevant policy insights include:

- Understanding and recognising anxieties, concerns, and uncertainties about vaccination are critical to engaging with communities and ensuring vaccination confidence.
- Encouraging leaders from all affiliations to convey recommendations from health experts can encourage hesitant communities to get vaccinated.
- Building social capital, investing in social infrastructure as well as providing support to mentors, teachers, parents, and community leaders can help build community confidence in vaccines.

Addressing historical injustices and structural vulnerabilities is critical to vaccine engagement and pandemic preparedness

The projects demonstrate that COVID-19 has affected communities differently, and, moreover, disproportionately impacted minority groups. These findings highlight disparities in access to healthcare and historical discriminatory practices and restrictions to vital care services and their legacies, which constrain the capacity to mobilise behaviours that support public health. Specifically, insights from the projects include:

- Recognising that ethnicity and race, migrant status, gender, class as well as nature and conditions of work have determined access to and the quality of healthcare.
- Strengthening social protection and developing a fair provision of services in partnership with diverse communities can increase community outreach and help build pandemic preparedness.

Building trust and trustworthiness effectively can restore community confidence and encourage vaccination take-up

People's trust in scientists and institutions is strongly shaped by considerations of competence, expertise, integrity, and transparency, as well as by historical and social contexts. Several projects found that individuals with low levels of trust in governments and science are also most susceptible to myths, false narratives, and inaccurate information about vaccines. Some research projects show that access to a specific source of information regarding COVID-19 also shaped people's perceptions, with reliance on social media as the primary source of information often negatively associated with vaccination status and levels of trust in the vaccine. Some of the policy insights from the projects include:

- Targeted and community focused approaches to uncertainty reduction and working durably with community members can help redress mistrust.
- Correcting false information can help to counteract inaccurate beliefs about the risks of COVID-19 vaccines, but only when corrections are made by health care professionals (similar efforts made by government or political authorities show no discernible effect on these beliefs).
- Using trustworthy message senders such as GPs and family physicians are effective ways to engage across different communities and build trust in vaccines.

Engaging across audiences is critical to addressing vaccine hesitancy rebuilding trust and trustworthiness as well as pandemic preparedness

A public health crisis requires reaching out to various communities, conveying knowledge, and informing behaviour in a sustainable as well as culturally and socially appropriate manner that is tailored to these communities. Relevant policy insights from the research projects include:

- Describing the regulatory and development processes surrounding COVID-19 vaccines using accessible language and addressing concerns in a transparent manner helps build community confidence.
- Designing messaging-effective campaigns based on “hard to reach services” rather than targeting “hard to reach communities”, as well as “informing” rather than “promoting” vaccines, facilitates engagement across communities.
- Building links between practitioners, researchers, and policymakers including through various public activities is valuable to build trust and address vaccine hesitancy.
- Strengthening the role of scientific and medical expertise in fronting the provision of public information about COVID-19 and other health crises is effective in addressing public health concerns and building community confidence.
- Drawing on other sources, including ethnic group and faith leaders and different media outlets, as well as utilising different sites, include sites of employment, to provide information and services can help strengthen engagement and positively inform decisions to get vaccinated.

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The British Academy
10-11 Carlton House Terrace
London SW1Y 5AH

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