



Co-producing health information resources with ethnic minorities





Project aim

**To develop and implement culturally appropriate living resources on
COVID-19 to support ethnic minority communities**



Methodology

WORK PACKAGE 1

In-depth interviews held with citizens from ethnic minority groups (n=20) and healthcare professionals, to explore understanding and information needs of these communities.

Rapid review of literature and resources.

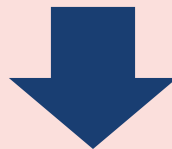
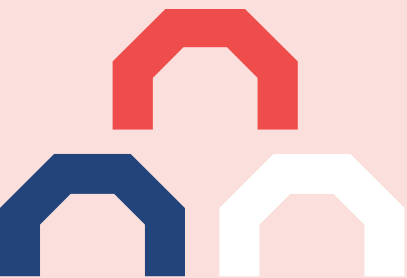
WORK PACKAGE 2

3 co-production workshops held with community members:

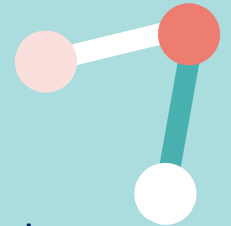
Elderly (65 and over) Indian and Nepalese community members and their families (18 and over)

WORK PACKAGE 3

Implementation and evaluation of the resources including a reflective symposium in November 2020: bringing together members of ethnic minority groups, researchers and local authorities to support dissemination and implementation.



Findings



General

- Understanding of COVID-19 symptoms/preventative measures-varied between communities
- Importance paid to traditional, herbal remedies
- Uncertainty surrounding role of testing

Content

- Key symptoms and effective management/up to date information
- Clear advice on who to contact/ seek guidance from

Communication needs & delivery format ideas

- Easy, simply modes of communication needed - leaflets, videos for healthcare professionals, use of radio
- Distribution of materials with healthcare professionals who speak native languages



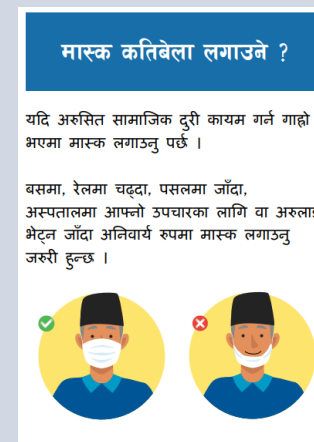
Outputs

Digital and printed **leaflets** that offered simple and relevant public health information about COVID-19 for both the Hindi and Nepali speaking communities.

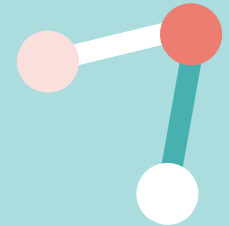
The resources themselves were developed through an iterative process, guided by personal experiences and the needs of older adults from the communities and their families.

The final leaflets offered the following advice and information:

What is COVID-19? What are the main symptoms? How does it spread? Protective and preventative measures, Self-isolation (i.e. when to self-isolate; how to self-isolate), Treatment at home, Contacting health services, Testing, NHS link to additional medical guidance.



Dissemination



- Leaflet and information distributed by:
 - clinical commissioning groups (CCGs) and other NHS organisations
 - local and regional councils
 - local community groups.
- Leaflet and content distributed through social media channels.
- Leaflet content shared by media outlets.
- Leaflet and content promoted by academic organisations or networks.
- Video and audio adaptations of leaflet content.
- Research publications.
- Presentations at events.



Reach

- Hindi and Nepalese communities
 - Kent, Surrey and Sussex
 - United Kingdom (including areas covered by CCGs)
 - Internationally (e.g. Australia, India, Nepal).
- Community leaders and faith groups.
- Healthcare professionals and Public Health colleagues (nationwide).
- International media outlets and audiences (Kathmandu Post, FM radio stations in Nepal, WeNepali).
- BSMS Research Ethics Governance series
- Attendees at seminars, presentations and communities of practice.
- Members of closed groups on social media (Facebook, WhatsApp and Viber).



Outcomes & Impact



The co-produced COVID-19 information leaflets were widely distributed and a new discreet project is currently evaluating their impact within the Hindi and Nepalese communities. The effectiveness of the leaflets in increasing understanding, changing behaviour and influencing health outcomes related to COVID-19 will be explored through interviews with members of the communities and relevant public health workers. The accessibility, cultural appropriateness and shareability of the leaflets and their content will also be addressed to fully understand their impact.



Impact Measurement

- Greater access to information on COVID-19 and preventative measures.
- Fewer barriers or challenges to accessing and understanding COVID-19 information and preventative measures.
- Greater sharing of COVID-19 information through culturally appropriate channels
 - i.e. multigenerational households, community and faith channels.
- Greater understanding of COVID-19 and preventative measures.
- Greater engagement with healthcare professionals and public health teams.
- Positive change in behaviour in relation to COVID-19.
- Added value to public health, health and care professionals (i.e. reduced costs, time saving, reach).
- Greater sharing of COVID-19 information through social media channels.