

Tackling inequalities during COVID-19 in ethnic minority communities

Targeted information, in the right language, and applicable to the cultural practices of those to whom it is aimed, should be a key part of all health and care campaigns and communications.

Early in the pandemic there was growing research evidence that showed how ethnic minorities in the UK were experiencing a disproportionate impact from Coronavirus (COVID-19), in particular, older adults from the Asian populations.

This was significant, considering that ethnic minority groups, and more specifically those from Asian backgrounds, make up 14% and 7.5% of the population of England and Wales.

Independent reviews found that socioeconomic inequalities and structural racism evidenced through poorer quality housing, overcrowding and factors related to employment, such as higher prevalence of work in public-facing keyworker roles, and a greater reliance on public transport, all contributed to this high risk of exposure and unequal COVID-19 death toll.

Other barriers that emerged through conversations with ethnic minority communities included the lack of information in the person's primary language, reliance on own-language information sources from their country of origin, which might not be applicable in the UK setting, and preference for alternative and traditional ayurvedic medicines.

This highlighted how government guidance did not represent cultural nuance or difference, for example, around multi-generational homes or shared living accommodation, and the need to improve the availability of culturally sensitive COVID-19 health information for ethnic minority older adults.

"If you don't have your family with you, it becomes difficult for these elderly people who have got limited communication skills."

- *Healthcare practitioner*

"It would have been a lot easier if it [COVID-19 health information] was available in Nepali. As we are also not perfect [in English], even me. So, in that case, it would have been easier for us as well as for father and mother."

- *Family member*

"We have become old ... and when they [the Government] repeatedly say not to go out, we feel scared."

- *Older adult*

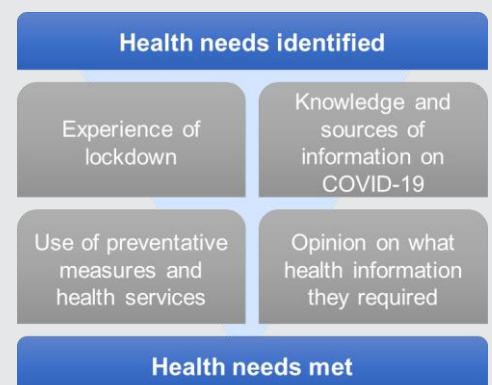
"I don't know. They say so many people have died from Corona? I don't understand. Don't know."

- *Older adult*

Research

Research funded by NIHR Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) led to the co-production of leaflets in Hindi and Nepalese, targeting COVID-19 information specifically for Nepali and Hindi-speaking communities in the UK, giving vital information around COVID-19.

Researchers connected with older adults and family members from Nepalese and Indian communities, and healthcare professionals (working within those communities). They explored the factors shown in the diagram on the right. Participants had the option of being interviewed in their native language and dialect. Some of their quotes are above.





[Nepali leaflet](#)

[Hindi leaflet](#)

"The] leaflet is clear and comprehensive, cannot wait to share among our communities."

- *Community Lead, Nepalese*

"Thank you so much for sharing, these leaflets are fabulous, we have shared them with our ethnic minority staff network."

- *NHS trust, Surrey*

"We've been struggling to find official NHS or government translations in Nepalese, so this is really helpful as we have a significant Nepali population locally."

- *NHS North East Hampshire & Farnham*

It has all the information required, very clear and with good pictures.'

- *Community member, Indian*

The research culminated in the publication of co-produced leaflets in January 2021, covering the basic public health information on COVID-19 at that time. This included: what it is, symptoms, spread, prevention and protection, self-isolation, treatment, contacting health services, and testing.

However, rather than a direct translation, where vital information could get lost, the leaflets allowed for cultural nuance. The recommendations for practice are shown below:

Content and format

- Health information for ethnic minority older adults should be clear and simple in both style and content.
- Information should be available in a variety of written, audio, and visual formats, with varying levels of detail to suit different preferences and reading levels.
- Information should be translated into a wide variety of ethnic languages so that older adults can choose their preferred language.

Cultural relevance

- Cultural practices, such as multi-generational living, should be acknowledged for their benefits as well as addressed regarding their challenges. Targeted health information interventions should recognise the intersection between intergenerational living, family structure and health and well-being of older adults, and promote intergenerational discussion.
- Education on how to assess the reliability of information should be provided, based on an understanding of which organisations are seen as trustworthy or untrustworthy by different groups. There is a need, on an ongoing basis, to identify and fill the information gaps, address misinformation and develop targeted messages.
- Health information should be co-produced with a representative sample of the community, including community and faith leaders, older adults, their family members, and associated healthcare professionals.
- Healthcare professionals should take time to gain the trust of the community in order to successfully deliver health information. In order to facilitate access and convenience, the professionals need to liaise with community and faith leaders to engage with the communities at familiar settings, such as community centres and religious sites.

Further information

This research was led by Professor Priya Paudyal, whilst at Brighton & Sussex Medical School, and published in the BMJ Open. You can [read the full paper here](#).

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