

Healthwatch Wandsworth Assembly September 2019

Report on the discussions about the best way to reach different groups with health inequalities with public health campaigns

Summary

Background:

Health inequalities were a priority for Healthwatch Wandsworth in 2018-19 and we wanted to ensure we continued to monitor developments relating to this topic. Following on from our Assembly discussions in May 2018 which we reported to decision makers at Wandsworth NHS and Wandsworth Council, we wanted to explore the topic further.

What we did:

We had group discussions about what would make public health campaigns and information best reach health inequality groups, focussing on different groups: people with mental health issues, BAME people, LGBTQ+ people, informal or family carers, and people with learning difficulties. We focused on these groups to follow those from our last event.

What we were told:



- Messages need to be flexible for different people and groups.
- Stigma and engagement with campaigns could be addressed by an approach to build trust and by not presenting information as additional problems to be dealt with.
- Language and approach are important and specific suggestions were made from each group. A wide range of formats will reach the most people.
- Campaigns could work closely with different specialist groups, Champions, GPs and other services such as libraries, pharmacies and leisure centres.



Findings:

People from these groups value positive messages presented in ways that are relevant to them.

Next steps:

We will share this report with people working in public health in Wandsworth.

The suggestions and ideas in this report will inform our future work on health inequalities.

Introduction

At our public event on 26 September 2019, we discussed how public health campaigns might work best and make a difference for various community groups.

To introduce the topic, Louise Duffy, Public Health Lead, Richmond and Wandsworth Councils, told us more about how they have been trying to help people at risk of developing diabetes due to health inequalities.

What we discussed

We used the diabetes work described by Louise Duffy as an example of a public health campaign that aimed to reach different communities. We discussed how such a campaign could make a difference and how to get this right.

The conversations took place in small groups. Each group was asked to think about a specific community group:

- people with mental health issues,
- family carers,
- people with learning difficulties,
- black Asian and minority ethnic people (BAME) and
- LGBTQ+ people (lesbian, gay, bi-sexual, transgender, queer).

We explained that we understand that there are lots of groups that could have been considered - and we welcome feedback about other groups - but in the main we focused on the groups we had discussed before to try to explore the topic further. We also acknowledged that the groups are not separate, and that we are interested to hear about experiences within and between communities.

We encouraged people present to share ideas, questions and experiences, whatever level of experience they had because the aim of the day was to explore ideas and continue the conversation with local people.

We discussed the following questions:

Question 1A) How would such a campaign or information reach this inequality group?

Question 1B) How would it get people talking with each other?

Question 2) How might a campaign motivate people in this community and empower them to do something different?

Over 35 people took part in the discussions. Below is a summary of some common themes and suggestions made by attendees.

What people said

Many of the ideas and suggestions were similar across the different groups.

All the groups stressed the need for flexibility in both the messages and the format of information. All groups felt that the messages should be of relevance to the particular group and sensitive to their needs.

Tailored approach

People recognised the need to educate the public and reduce stigma of all kinds. People mentioned concepts such as:

- Building trust.
- Fostering openness.
- Shifting from a medical model.
- Being open-minded.
- Being encouraging.
- Giving ‘positive messages’, but also balancing this with the need for some ‘scare stories’.
- Promoting tolerance and acceptance.
- Not blaming the person.

The discussions highlighted that people in these groups encounter stigma and can feel judged and that public health campaigns should not add to their problems.

“Enough is enough” (LGBTQ+ group)

“Yet another problem for carers” (carers group).

All of the groups agreed that people needed support to be motivated to act on public health messages. Suggestions included:

- Making it easy for people to support each other.
- Reducing stigma
- Using examples from peers (who have been there).
- Individual empowerment.
- Encouraging people to do to the doctor by tackling feelings of fear and fatalism or the unknown.

Language and images

People felt it was important to think about the language and images used both about the public health issue and about the target audience.

- Use of accessible, clear, appropriate language would help to get a health message across.
- Written information should be available in different languages.

- Photos and images should be used with care: they should be culturally relevant, relate to the specific audience that is being targeted but avoid clichés.

Ideas for specific groups

Different discussion groups mentioned specific ideas for their groups, for example:

- The **BME group** stressed the need to look at generational differences in relationships to food, to have different messages that are youth focussed and to promote cross-generational discussions within families.
- The **LGBTQ+ group** suggested that campaigns could also be targeted at families and friends. Some mentioned that work might need to be done with religious groups and faith schools and parent groups.
- The **carers group** suggested linking with carer's assessment, and not blaming the person for their condition and offering support as well as information.
- The **Learning Difficulties (LD) group** suggested targeting the people who support people with LD, and providing information for carers and families in a different format from that given to person with LD. They also suggested using images e.g. of a mobile phone to suggest checking risk factors online. There should be support for people using digital information and care organisations and voluntary sector could be involved in this. Health awareness sessions over a period of time were suggested.

Specific messages around diabetes

Suggestions for specific messages around diabetes included:

- Flexible, dynamic messages around nutrition / sugar awareness.
- Discussing meal options/provisions.
- Highlighting warning signs such as drinking too much water.
- Using 'scare tactics' such as the potential loss of limbs or blindness associated with untreated diabetes.
- Stressing positive messages such as diabetes being manageable.

Reaching people

All of the discussions mentioned groups that people might attend as being a good place to provide public health information. Groups were mentioned as places where information could be given out or to which Champions or other speakers could be invited, but also as places where Champions might be found, or where people could get together to encourage and empower each other. Examples of groups include:

- Religious groups - invite people/ speakers
- Schools (for young people with mental health needs)
- Women's groups.
- Community groups
- Parent groups.
- Social networks.
- LGBTQ+ groups

- Old people's groups
- Carers groups
- Specific support groups for different long-term conditions.
- Expert patient groups.
- Recovery college
- Recovery cafes

Use different formats and channels

All the discussion groups mentioned different channels or media which people might see including:

- Leaflets and flyers.
- Radio and TV ads.
- Adverts on buses and bus-stops.
- Social media.
- Face to face, because human interaction is important (this was especially highlighted by the group focuses on people with learning difficulties).

All the discussion groups thought the Champions outreach model was a good one. They also suggest different face to face methods to reach people and also to encourage and empower people to make changes to their lives. Examples given include:

- An event for service users where information can be given out
- Social events
- Recovery cafes
- Events which bring people together.

The role of the GP

The groups also discussed the role of the GP and GP surgeries in disseminating information. Ideas included:

- Leaflets in GP surgeries.
- Videos in GP waiting rooms.
- Opportunistic conversations e.g. at the GP - with tact and offered of support
- More proactive follow-ups by surgeries, clinics etc. to encourage people with LD to take up annual health check (phone calls, emails, text messages - whatever works).

Working with the wider community

Many of the groups talked about the role of other services.

- Libraries were mentioned as being able to give out information, but also help people with digital access.
- Leisure centres could provide information so that people have other means to access information rather than just GP surgeries.

- Befriending services can provide information informally.
- Pharmacies were also mentioned as a good place to provide information.
- The role of schools was also mentioned.

Groups mentioned the importance of cross-borough co-operation and funding, and “joined up services”. Ideas included:

- Partnering with cultural or community groups.
- Working with national charities such as Diabetes UK and co-ordinating locally.
- Co-ordinating local campaigns with Awareness Weeks etc.
- Linking with supermarkets.

Examples of successful campaigns

Some of the groups discussed successful public health campaigns. These include:

- Campaigning featuring celebrities, such as Prince Harry and Kate (Mental Health), and sport personalities - rugby players for example (LGBTQ+).
- Campaigns in schools.
- Anti-smoking campaigns - with increasing ‘scare-tactics’.
- Alzheimer’s raising awareness through TV adverts.
- Partnerships with supermarkets - such as the Sustain Project and the M&S in Clapham.