UNIVERSITY OF LEICESTER

Executive Summary: Covid-19 Information Flow, Health Inequalities and Public Health Impact among Ethnic Minority Communities in Leicester

Dr Winifred Ekezie, Dr Idil Osman,
Akilah Maxwell, Dr Manish Pareek,
Dr Margaret Byron, Dr Sarah Gong,
Dr Katie Moylan, Barbara Czyznikowska

The Centre for Ethnic Health Research
national centre for tackling health inequalities

Leicester Institute for Advanced Studies

EXECUTIVE SUMMARY

Background:

The SARS- CoV-2 virus was first detected in Wuhan, China, by December 2019, with 119 cases in the province and five additional cases from the surrounding provinces. Initial communication on the virus emergence focused on calming global fears while scientists explored the new virus origin and virology.

The World Health Organisation (WHO) enacted communication plans to guide governments on communicating the risk of the virus and safety precautions that countries should take to protect their population. Factors that increase the risk of getting infection and death from COVID-19 include age, pre-existing health conditions, ethnicity, household size, and occupation, and these are factors associated with inequalities. In the United Kingdom (UK), COVID-19 risks and outcomes were higher in all non-white populations; however, related communication was a significant challenge in ethnic minority groups. Therefore, this project explored the communication flows within ethnic minority communities to understand how information on the COVID-19 pandemic circulated within these groups. The research explored how information was shared within communities, the types of media used, and how the communities were supported through media use. The project also explored relationships between community members, local authorities (health officials), and policymakers.

Research aims and objectives:

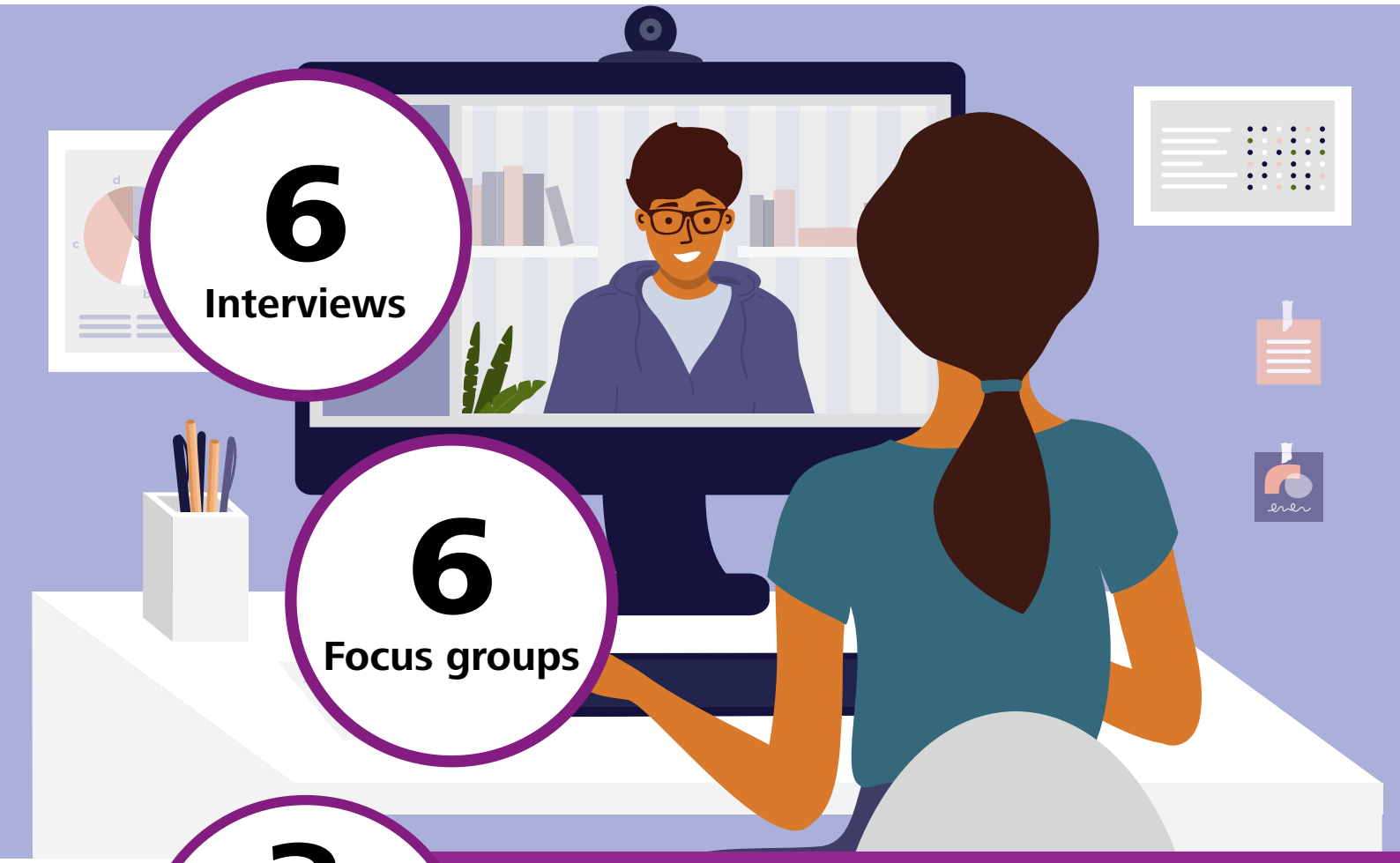
The research aimed to investigate health information sharing within ethnic communities during the COVID-19 pandemic and examine how media supported communities in navigating their experiences and maintaining connection and identity.

The study objectives were:

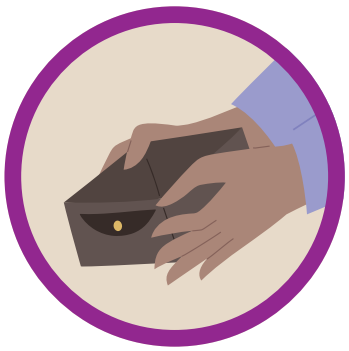
- To map and explore a wide range of pandemic experiences across ethnic minority communities and analyse how these affect their understanding and reception of health information
- To identify narratives evidencing health inequalities and barriers in accessing health information by ethnic minority communities
- To establish how COVID-19 has impacted ethnic minority communities in Leicester and the influence this has had on their health management and communication behaviours
- To gather the views of ethnic minority communities on highlighting cultural appropriateness of health messaging
- To explore ethnic minority communities attitudes towards vaccines whilst informing local community practices and providing policy and community recommendations

Methods:

The research employed focus groups and key informant interviews with community leaders. Six interviews and six focus groups with 6-8 participants were conducted with three ethnic minority groups: African-Caribbean, South Asian and Somali. Some focus groups were split to accommodate gender preferences and availability. All data collection except one focus group and four interviews were conducted on Zoom to adhere to the University of Leicester COVID-19 social distance guidelines and national protocols and were conducted in public locations.



Main Findings:



Economic and social impact of COVID-19

1. The impact of COVID-19 was observed in the jobs and social welfare of the members, as many people reported job loss during the period. The joblessness also increased the need to access other forms of social security services such as food banks, as some community members reported not being able to sustain their standard of living before the pandemic.

2. Many community members explained that the source of their COVID related health information was through the news reports. However, news reports also heightened overall stress and was described as a "theatre" that entrenched fear in listeners. Hence, community members avoided news channels or limited their daily news consumption.

3. While the COVID-19 pandemic brought new social anxieties to the surface, pre-existing fears and social inequalities added further distrusts of the healthcare system in general. The pre-existing fears were grounded in historical mistreatments of the Black and African communities and other ethnic minorities. Combined, the strain on pre-existing social inequalities and historical experiences of the Black communities contributed to the circulation of myths alongside the official communication. For some interviewees, the myths and communication with loved ones during the pandemic overlapped as loved ones shared COVID-19 information during each interaction. The information-sharing supported intimacy and connection during the uncertainties of COVID-19. Thus the dissemination of myths was primarily through intimate connections that were also under strain during the pandemic due to distance and travel restrictions.

4. The isolation and lack of physical contact strained community connection and support system that would have been present during times of need. Additionally, at the start of the pandemic, some community based Non-Governmental Organisations (NGOs) expressed that there was limited access to coherent government guidance from the local authorities. Language barriers further compounded this limited access as most of the initial COVID-19 communication was in English. NGOs (e.g. Sharma Women Centre and Women4Change) also supported community members in accessing and translating COVID-19 information on how to stay safe and protect the larger community and supporting members who experienced mental and emotional stress.

Healthcare experiences and COVID-19 communication

5. Information shared in the community were a mixture of approved government guidelines,cultural practices and remedies to maintain health, subverted information on COVID-19 -itsorigins and natural ways to treat the infection-, and information on the infection rates withinthe community.

6. Government guidances were perceived as unreliable and not honest with the public concerns,resulting in many community members seeking information elsewhere. Also, the strain from limited contacts with GP and health services, social isolation and perceived lack of honesty from the government encouraged reliance on information from their country of heritage.

7. Community members often served as translators for non-English speaking family members and friends in meeting with doctors and other services before the pandemic. The access to and acceptance of information received was further impacted by the cultural practices, as shown among the Asian community, i.e. Punjabi or Sikh. COVID-19 impact on ethnic minority communities health management and communication strategies

8. The NHS, alongside community leaders, engaged with ethnic minorities to discuss positive lifestyle and eating habit changes. Many community members expressed a rise in depression and anxiety, especially amongst young people. The observed rise in mental health concerns encouraged ethnic minorities to rethink how to approach mental health. For example, the Somali communities rely on Imams and close relationships to support their mental health needs. In addition, access to mental health organisations and practitioners was stated to be necessary for healing from COVID traumas. There is also a growing interest in healthy coping mechanisms that could aid community members in managing reactions to stressful events.

Ethnic minority communities attitudes towards vaccines and local community practices

9. At the start of the pandemic, many ethnic minority members had a negative perception of vaccine usage. The rejections of the vaccines were connected to low confidence in the overall government strategy and priorities. Several factors shaped low confidence; however, transparency in reporting honest and factual information was most crucial.

10. Additionally, for the Asian and Somali communities, Imams and other community activists used WhatsApp and Facebook to dispel myths and share information on the vaccination process. These informal communication systems also served as an avenue to discuss vaccination fears such as the ingredients in the vaccine and ethical concerns about Muslims accepting the new drugs.

Recommendations and further support

11. Future research can investigate ethnic community building in highly mediatised societies in which virtual communities challenge national borders and population health. Potential routes of exploration can address identity formation in which multiple countries experiences are condensed into virtual spaces.

12. Local health authorities should continue to work with community leaders to maintain a presence and support ethnic minorities going forward. Local officials are more trusted than national government bodies and should continue to support community health initiatives through funding and representation.

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