Grampian Health & Diversity Network
Main findings, 1st phase of implementation
August 2021

Grampian Health & Diversity Network is a project implemented by Grampian Regional Equality Council (GREC) and funded by NHS Grampian Endowment Fund. During the 1st phase of the project, implemented from March to July 2021, its goal was to empower community members from ethnic minorities to become health champions for their communities by: 1) Increasing awareness on information around COVID-19, the vaccine rollout, and other key health messages and 2) Increasing participation in designing and improving health services.

An innovative way of engaging with communities was planned to achieve this goal and ensure that ethnic minority communities have a strong voice to help improve access and provision of health and social care services in Grampian. Grampian Health & Diversity Network looked to develop a network of health champions from diverse ethnic minority communities. We planned to build-up the network with a special focus on communities that are hard to reach and had been potentially most negatively affected by the COVID-19 pandemic. With this model of community engagement, community connectors (sessional workers) from these specific communities acted as the focal point to motivate people to join the network of health champions, providing key health messages and gathering appropriate feedback. The project focused on working with the Polish, African, Muslim and other diverse ethnic minority communities in Grampian.

As an overview, and through the implementation of this new engagement model, a total of 64 people joined Grampian Health & Diversity Network during this phase of implementation, including representatives from over 17 national/ethnic origins, surpassing initial expectations of the outreach work that could be carried out during a pandemic and under lockdown restrictions.

To gather feedback, a series of discussions were held with community connectors and health champions, which was complemented with the application of a survey and feedback provided by attendees to community vaccination clinics. The main findings coming from these interactions are presented in this report and touch on the barriers that ethnic minorities face to access health and social care services and participate in their co-design, reasons for vaccine hesitancy, and other health issues that communities are concerned about and would be interested in addressing in the future.

Feedback on the COVID-19 vaccine

Between March and July continuous meetings were held with the community connectors from African, Polish, Muslim and diverse communities, who were in turn having conversations with members of their communities and health champions to learn more about reasons for vaccine hesitancy in the local area. The feedback obtained from these meetings and conversations was further complemented by discussion groups and meetings with 12 health champions and community members from ethnic minorities, which were held during June and July. Information obtained from feedback forms provided by attendees to pop-up vaccination clinics is also included.

The main themes and reasons for people not wanting or not receiving the COVID-19 vaccine are presented here, as well as suggestions to increase uptake. Some of the concerns mentioned by community members were highlighted consistently throughout the implementation of the project (March-July 2021), while others were identified at a later stage, once the vaccination programme was advanced. These newer motives or concerns identified in June-July 2021 are marked with an asterisk (*).

Theme 1: Vaccine information

This includes reasons related with lack of enough information about the COVID-19 vaccine or not trusting the available material and its sources. Motives related to misinformation or fake news are also included here.

Table 1

Specific reasons/concerns
Uncertainty around the safety of the vaccine as it was developed too quickly in comparison to others
Waiting for more evidence to be collected and communicated before receiving the vaccine
Uncertainty around the safety of the vaccines developed with novel mRNA technology (Moderna and Pfizer) *
Uncertainty around safety of the vaccine as it contains animal ingredients (specifically Chimpanzee cells)
Uncertainty around safety of the vaccine as it contains GMO ingredients
Risk of developing blood clots with Oxford AstraZeneca
Risk of developing heart-related issues with Moderna, Pfizer and Janssen *
Concerns about unknown long term side effects
Concerns about impact on fertility
Concerns about impact on pregnancy paired with lack of clear guidance when asking GPs and/or midwifes
Concerns about impact on women's period *

Perception that once you had COVID-19 you are protected and do not need the vaccine (across all ages)
Lack of trust in public authorities/NHS and the information provided.
Lack of resources translated to own language (text and videos)
Uncertainty about efficacy and duration of protection provided (i.e. why is a booster jab potentially required?, Does the vaccine expire?)
The vaccine is magnetic
Getting the vaccine will make you test positive when you travel abroad
The COVID-19 vaccine is not free
Concerns related with allergies
COVID-19 vaccine does not work as known vaccinated people fell ill after receiving it or got COVID anyway

Most of the concerns or reasons related to availability of information on the vaccine were mentioned across all communities. However, concerns related to lack of trust in the information shared by the public authorities/NHS, and specific ingredients of the vaccines (e.g., GMO and Chimpanzee cells) were more salient among members of Polish and African communities. Concerns related to lack of translated resources to learn more about the vaccine were noted by members of Polish, Portuguese/Brazilian, Spanish, and African communities.

Theme 2: Vaccine appointments

This includes reasons for people not receiving the COVID-19 vaccine or accessing it later than scheduled due to difficulties with appointments.

Table 2

Specific reasons/concerns
Appointment letter did not arrive
Appointment letter arrived at another address
Miscommunication of appointment (i.e., people living and registered with a GP in Aberdeen received appointment in a vaccination centre in Glasgow)
Misinformation or lack of information coming from local helpline related to where/when to access the vaccine (i.e. people advised to go to health centres not running as vaccination clinics)
Not understanding letter due to language proficiency
Inability to self-register online

Inability to choose the type of vaccine (both prior to attending/while at a vaccination centre)

Feedback gathered during 2 pop-up vaccination clinics supports the main reasons highlighted above, which were generally noted across all communities:

“I was waiting for a long time to get the vaccination, but didn't receive a letter. The idea of pop-up clinic is good, so people who were waiting for long time can get vaccinated. Thank you to all the NHS staff".

“I have been waiting and waiting to get the letter in the post but it never showed up. I was also unable to self-register online. The pop-up centre has met an urgent need".

"I am new to Aberdeen (...), had difficulty getting an appointment via NHS Inform".

Problems with transport or location of the vaccination centres were not generally mentioned by community members and health champions as a reason to not attend their appointments or receive the vaccine. However, attendees to pop-up centres did mention related reasons that encouraged their decision to receive the vaccine there. These included the central location of the pop-up centres (near to the harbour), the possibility of attending during a weekend at a chosen time, easiness in the booking process, suitability for someone not registered with a GP or working offshore, and convenience of receiving the vaccine at the same time with other family members from different age groups. Some of these opinions are included here:

“Very easy access and known area, so no stress to come”.

“It was really close to my house and very convenient to book and attend (…)”.

“The fact that people get really busy during the week and this is coming up over a Saturday makes it really easy to access”.

“My wife convinced me to attend today”.

“Just for both of us to get the vaccine, rather go to a pop-up clinic”.

Theme 3: Vaccine hesitancy

This includes broader reasons for vaccine hesitancy, such as feeling it violates personal rights or thinking the pandemic is a conspiracy and does not exist.

Table 3

Specific reasons/concerns
Low perception of risk among younger people
Views against COVID-19 vaccine as violates personal rights and freedom
Pandemic does not exist, it is a conspiracy

Pandemic is being exaggerated
Disbelief in pandemic reinforced by not directly knowing anyone that has had COVID-19

Broader concerns related to vaccine hesitancy were generally mentioned by members of diverse communities. However, participants in rural communities did highlight that not knowing anyone that has suffered COVID-19 played an important role in their views about the pandemic and the need to receive the vaccine.

Theme 4: Other reasons

This includes a small variety of reasons based in more personal and specific situations mentioned by participants.

Table 4

Specific reasons/concerns
Lack of support network in case immediate side effects of the vaccine are not mild and person needs to be taken care of (i.e., immigrant living alone with no social network in the locality).
Lack of financial support in case immediate side effects of the vaccine are not mild and person needs to request leave from work (i.e., workers with zero hours contracts and/or No Recourse to Public Funds)
Conflict with personal religious beliefs
Family conflicts caused by different opinions on the vaccine (i.e., different views on the impact of the vaccine on fertility/pregnancy are causing problems between partners)

Personal concerns related to financial and general support in case of feeling unwell after receiving the vaccine were mentioned across communities, while conflict with personal religious beliefs and disagreement between family members was raised by participants in African communities.

When asked about what can be done to encourage people to receive the COVID-19 vaccine, the main themes identified were:

1- More information and resources about the COVID-19 vaccine:

- Community members suggested to provide more information on long-term side effects of the vaccine as soon as more reliable data becomes available.
- Continue and increase efforts to offer a variety of translated resources to communities.

- Increase representatives from ethnic minorities promoting vaccine uptake in informative material, especially short videos. Community members raised the issue that the impossibility of taking photographs or videos when receiving the vaccine and the lack of an instant proof of vaccination played against local communities pushing these efforts forward on their own.
- Present easy to read comparisons of the side effects of day-to-day medicines with the COVID-19 vaccine, making easier to understand that every medical treatment presents potential side effects that are generally not harmful.
- Create new resources to explain how the COVID-19 vaccines were developed in record time, addressing this in terms of funding, research and permits required.
- Develop new resources with visual statistical information on rates of infection/hospitalisation of people that have received the vaccine versus those that have not.
- Organise stalls to promote conversations and increase awareness about the COVID-19 vaccine.
- Increase efforts to promote vaccination and reliable information within NHS staff (and ideally carers as well), to guide by example. Community members mentioned that some members of staff do not trust the vaccine, thus impacting the views of those outside the organisation.

2- More information and resources about the potential consequences of catching COVID-19, especially focused on creating awareness around long COVID, which was specifically suggested by members of African communities.

3- More information and resources about incentives and positive consequences of receiving the COVID-19 vaccine:

- Promotion of international travel-related information: the easing of international restrictions to travel and the opportunity to visit families abroad without needing to quarantine when presenting proof of vaccination was mentioned as a key motivation to receive the vaccine. Community members and health champions were continuously requesting information on these topics to be well informed and share with others, especially during the spring/summer months.
- Encourage employees, especially those in vulnerable positions, to get the vaccine as a way to protect both their personal source of income and the normal operation of the company that employs them. This was specifically suggested by members of the Polish community as maintaining and protecting jobs is considered essential. Collaboration with private

companies to promote the vaccination in the workplace was also recommended.

- Some community members considered that the measures taken by other countries like France, such as proof of vaccination to enter bars, restaurants and other places were positive.

4- Continue increasing the number of community members that encourage others to get the vaccine by telling their experiences and sharing appropriate information on a day-to-day basis:

- Muslim community members identified that example-lead behaviour and wider knowledge-sharing utilising key sources of information (BIMA, Muslim Council of Britain and Muslim Council of Scotland) has had a positive impact in the community and in confidence to receive the vaccine. Members of African communities also mentioned that there is a large number of people willing to share the right information, but efforts to produce this need to continue.
- Promoting campaigns and resources that help communities start conversations around trust in health professionals with content they can relate to. Members of African communities suggested creating content that make people wonder why they cannot trust clinicians about the COVID-19 vaccines, but they do handover their babies as soon as they are born and they receive vaccines- no questions asked.

5- Continue increasing flexibility in access and information on appointments:

- As stated previously, attendees to pop-up centres in Aberdeen mentioned a series of reasons that encouraged them to attend a centre and receive the vaccine, all of them related to a flexible approach as to how, when and where to access the vaccine. Location, possibility of attending during a weekend, easiness/flexibility in the booking process, suitability for someone not registered with a GP or working offshore, and convenience of receiving the vaccine at the same time with other family members were mentioned by participants.
- Complementing contact by telephone by sending text messages to confirm and remind people of appointments and centres they could attend, as a phone call in isolation can lead to misunderstanding or individuals not remembering the details.
- Improving the information available related to the current 8 weeks gap between the first and second dose, as it differs to what is being done in most countries. The period between doses and lack of certainty on the date for the second doses may hinder uptake, including for future efforts for booster jabs.

Feedback on other health issues of interest raised by communities

Community members and health champions were also asked about health-related issues that concern them and their communities in order to explore further this new approach to community engagement. The aim was to identify future areas of work or topics of interest for local diverse communities. The procedure followed included on-going conversations and discussion groups. The main issues highlighted across communities are presented here:

1- Mental health: community members across all ethnic minority communities stated that this is something they would like to work on as everyone has been through a tough time during the pandemic, with an added layer of complexities for people from ethnic minority backgrounds and immigrants. One participant alluded to how people that might have arrived in the UK or Grampian recently have struggled with isolation and not having a social network in place, adding that sometimes expressing feelings in your own mother tongue is needed. It was also highlighted that the understanding of what is mental health and how to approach it varies for some communities, requiring better understanding and to be addressed accordingly by health services. For example, mental health is commonly considered taboo among Polish and African communities and this should be considered by health staff to diagnose and support people accordingly. Avenues for collaboration with other community organisations that are interested in addressing this subject were also identified by participants (e.g., local mosque).

2- Active lifestyle and wellbeing: community members acknowledged that there is a widespread problem not only among adults in this area, and that physical activity must be encouraged especially at family and community level. Participants mentioned that it is hard to keep active: people usually eat heavily in the evening and are generally sedentary due to work. Actions in this area must involve sharing opportunities to stay active and also appropriate information about a balanced diet. Other participants highlighted the link between keeping an active lifestyle and addressing mental health issues and how these two areas feed each other in a positive manner.

3- Prevention: participants mentioned that more emphasis must be given to prevention of health problems. Provision of online information so people can self-examine and access tests to prevent the development of serious health issues must be widespread. As an example, it was mentioned that more information about cervical screening should be provided as well as the possibility of having a test in shorter periods of time if feeling unsure about something.

4- Other issues mentioned to a lesser extent: information on prevention of sexually transmitted infections, raising awareness on consequences of alcohol consumption, and new cancer treatments.

Participants also mentioned that work in these areas should involve doctors and professionals that are members of ethnic minorities to support the community, but also to be the voice of ethnic minorities within the NHS, bringing forward discrimination incidents that may affect both staff and patients.

Members of the communities also expanded on their experiences accessing health and social care services in Grampian before and during the pandemic. Members of all communities highlighted the need to increase the flexibility when accessing health services in terms of being able to schedule and attend appointments on the phone, online and in-person. It was acknowledged that the online and phone system preferred in the pandemic, especially during lockdown, was beneficial for some and detrimental for others, such as the elderly or deaf population, and for those less proficient in English. Waiting times to access delayed treatments and appointments due to the pandemic was also a main concern among participants.

In broader terms, community members mentioned that a consistent problem when accessing health services, even before the pandemic, was that clinicians do not usually pay attention to symptoms described by patients unless they are physically evident. In other words, some patients do not feel clinicians believe and acknowledge their health problems.

Grampian Health & Diversity Network Survey

*Percentages are rounded up

Section 1 - Participant demographics

Participants: 87.

Sex		
Female	56	64%
Male	31	36%
Blank/PNTS/Other	0	0%

Age		
<15	0	0%
16-19	3	3%
20-29	20	23%
30-39	23	26%
40-49	18	21%
50-59	12	14%
60-69	7	8%
70+	3	3%
Blank/PNTS	1	1%

Ethnicity		
African	3	3%
Asian	12	14%
European	27	31%
Mixed or multiple ethnic groups	11	13%
Gypsy/Traveller	0	0%
Scottish/British	7	8%
Polish	5	6%
Other*	14	16%
Blank/PNTS	8	9%
* Latin American (3), Arabian (1), Bangladeshi (1), Latvian/Russian (1), Caribbean (1), European/Bulgarian (1), European/Mixed or multiple ethnic groups (1), European/Spanish (1), South American (1), White South American (1), Prefer member of the human race (1), Scots/Irish (1).		

National identity		
British (UK)	22	25%
Scottish	19	22%
Bangladeshi	3	3%
Polish	5	6%
Russian	1	1%
Latvian	6	7%
Brazilian	7	8%
French	2	2%
German	1	1%
Czech	2	2%
Danish	1	1%
Indian	2	2%
Italian	2	2%
Nigerian	1	1%
Spanish	1	1%
Swedish	1	1%
South Africa	1	1%
Malaysian	1	1%
Other*	5	6%
Blank/PNTS	9	10%
Note: *dual national identities are included in wider categories, so percentages add up to more than 100%*		
*Other: Dual (1), EU (1), I don't (1), Latin (1), Latin-American (1)		

Preferred language		
English	75	86%
Scottish/Doric	1	1%
Czech	1	1%
Italian	1	1%
Portuguese	3	3%
Spanish	4	5%
Latvian	1	1%
Blank/PNTS	1	1%

Religion		
None or N/A	18	21%
Christian	13	15%
Muslim	7	8%
Catholic	12	14%
Church of Scotland	3	3%
Other Christian*	4	5%
Atheist or Agnostic	8	9%
Hindu	1	1%
Buddhist	1	1%
Jewish	1	1%
Other*	1	1%
Blank	18	21%
Other Christian: Baptist (1), Protestant (1), Lutheran (1), Methodist (1)		
Other: Pantheism (1)		

Section 2 - COVID-19 and the vaccination programme

Which sources of information do you trust regarding the COVID-19 vaccine? (Select all that apply)		
Local GP	56	64%
Other health professionals	53	61%
Friends and family	10	11%
People on social media	2	2%
The media (TV, press, radio)	18	21%
The government	40	46%
Politicians	3	3%
A leader in my faith community	1	1%
A leader in my community	2	2%
The media (TV, press, radio) in my home country	7	8%
The government in my home country	6	7%
Other*	16	18%
Blank/PNTS	3	3%
*Other: Scientists (4), GREC Community connector (2), Direct information to health professionals (1), Friends with the relevant science background (1), No one (4), I don't fully trust anyone (1), Trustworthy websites (1), Researching various scientific sources/voices (1), Internet (1).		

The most trusted sources of information were local GPs and other health professionals, with over 60% of participants mentioning them. In third place was the government with 46% of mentions, followed by the media (TV, press, radio) with 21% of participants trusting this source. Other sources of information were not mentioned significantly, and 5 participants mentioned they do not trust any source of information regarding COVID-19.

Have you been invited to have a COVID-19 vaccine by the NHS (even if you have not had the vaccination yet) *		
Yes	46	53%
No	39	45%
Not sure	1	1%
Blank/PNTS	1	1%

* The survey was applied between April 2021-June 2021

46 people answered the survey when they had been invited to get their vaccine and 45 of them stated to have attended their first and/or both appointments, with a further person with a scheduled appointment stating to "likely" attend to it. Out of 39 people that answered the survey when they were yet to be invited to receive a vaccination, 27 said they were "very likely" to get it when offered, 9 said they were "likely" to get it, and only 3 stated they were "unlikely" to get it when offered.

What are your main reasons for taking the COVID-19 vaccine? (Select all that apply)		
To stop me catching the coronavirus or getting very ill from it	65	75%
To allow me to go out of my home safely again	42	48%
To allow me to get the help or care I need at home	4	5%
Because I am a key worker working with high risk groups	17	20%
To allow me to return to my workplace	14	16%
To allow my social and family life to get back to normal	52	60%
To reduce the disruption to my children's education	9	10%
Because the vaccine won't work unless most people in the UK take it	40	46%
To protect other people from catching the coronavirus	56	64%
Because I take the vaccines offered or recommended to me	22	25%
Other*	7	8%
Blank/PNTS	5	6%
*Other (7): My wife lives with cancer and I want to protect her (1), To go on holiday (1), Because I am sick of being isolated (1), To help protect those who cannot take the vaccine (1), To be able to travel is the main reason (1), I'm hoping my daughter can have a life, I was shielding and she shielded with me (1), So that I can safely visit my homeland as before (1).		

The most mentioned reasons for taking the COVID-19 vaccine were "to stop me catching the coronavirus or getting very ill from it" and "to protect other people from catching the coronavirus", with 75% and 64% of mentions, respectively. In third place

was “to allow my family life to get back to normal” with 60% of remarks, and further behind with a similar percentage was “to allow me to go out of my home safely again” (48%), and “because the vaccine won’t work unless most people in the UK take it” (46%). Among “Other” reasons highlighted by participants, 3 mentioned travel related motives to get the vaccine.

What are your main reasons for not taking the COVID-19 vaccine? (select all that apply)		
The chances of me catching COVID-19 are low	0	0%
The chances of me becoming seriously unwell from COVID-19 are low	1	1%
The impact of the coronavirus is being greatly exaggerated	1	1%
Vaccines are limited and other people need it more than me	1	1%
Herd immunity will protect me even if I don’t have the vaccine	0	0%
I don’t think I would be offered the vaccine for free and I wouldn’t pay for it	0	0%
I don’t think it would be effective at stopping me catching the coronavirus	0	0%
I am worried about side effects	1	1%
I am worried about unknown future effects of the vaccine	2	2%
I don’t trust vaccines	1	1%
I have a condition which would make it unsafe for me	1	1%
I cannot get to the vaccination centre (safely)	0	0%
I don't know how to get to the vaccination centre	0	0%
Because I don't understand English	0	0%
Because of my religion	0	0%
Other*	2	2%
Blank/PNTS	2	2%
*Other (2): I am planning a family soon and I am not sure what it could do with that possibility (1), The impact of the coronavirus is being greatly exaggerated (1).		

The number of participants saying they were “unlikely” to get the vaccine was low and motives to refuse the vaccine focused on concerns around side effects of the vaccine, either immediate or long-term consequences, with one participant stating fertility related concerns. Other reasons mentioned were related to a low perception of the risk posited by COVID-19 and lack of trust in vaccines in general.

Further comments related to the COVID-19 vaccine:

"I am allergic to many things which I don't know about apart from prawns and have a family history of acute asthma which makes me feel vulnerable towards this new vaccination" (Female, 30-39 years old).

"To be honest, I am taking the vaccine because I believe it's our better chance against the pandemic. But I feel concerned with not-known long-term effects" (Female, 30-39 years old).

"There are expatriates not part of the NHS yet. How will those people be contacted?" (Female, 30-39 years old).

"The helpline is not helpful. I have called it with regards to the vaccine and they have no information other than appointments" (Female, 50-59 years old).

"Deeply disappointed that I had to wait for a COVID vaccination despite being the primary carer for my 86 years old Father and my Wife who has inoperable brain Cancer. Surely I should have been able to protect them by getting vaccinated sooner!" (Male, 40-49 years old).

"I'm sure the pharmaceutical companies are making huge profits. Interested to know how many actually die of COVID and not within 28 days of a positive test" (Female, 50-59 years old).

Section 3 – Access to health services and community engagement activities

In general, would you say your health is? / All participants		
Very bad	1	1%
Bad	5	6%
Fair	16	18%
Good	42	48%
Very good	23	26%

74% of participants mentioned their health is "Good" or "Very good", 18% "Fair", while 7% stated their health is "Bad" or "Very bad".

How easy was it to access health and social care services for you? / All participants		
Very difficult	3	3%
Difficult	12	14%
Neither difficult nor easy	19	22%
Easy	35	40%
Very easy	17	20%
Blanks	1	1%

60% of participants mentioned that accessing health and social care services was "Easy" or "Very easy", with 22% stating it was "Neither difficult nor easy", and 17% stated it has been "Difficult" or "Very difficult".

What would make these services easier to access for you? (36 comments)

The most relevant suggestions identified in this question can be grouped under "flexibility in service provision". This included 4 sub-themes related to flexibility in the hours the services are provided and that could extend to weekends; how appointments can be scheduled (in person, phone or online); actual service provision with face-to-face, phone calls or video appointments; and flexibility in the services offered in rural localities to avoid travelling long distances.

Other suggestions mentioned by participants fell under the requirement to have "easier registration processes" both to GP practices and other health services. This theme included remarks that highlighted the need to improve the communication of the services provided at this stage, so people know what to expect in the future.

Example of comments:

"More opportunities for online initial assessment appointments to reduce the waiting time in some GP practices" (Female, 40-49 years old).

"*In person GP appointments when that becomes possible"* (Male, 20-29 years old).

"Personally, I think health and care services should be available during weekends as well" (Female, 30-39 years old).

"Once you have done an inscription at a GP, it would be perfect to have an appointment with the family doctor, to know you and understand your needs if any" (Female, 20-29 years old).

"To have a GP practice that would like to do face to face not telephone was diagnosed as having a chest infection over the phone!!!!! Have confidence in services and that all doing the same. Fed up with Receptionist triage then waiting for GP telephone call never being able to book appts" (Female, 50-59 years old).

"Getting registered at dental practices without being turned down" (Male, 30-39 years old).

"I moved just before the first lockdown, managed to register with a GP and have heard nothing further from them despite requesting a review" (Male, 40-49 years old).

Overall, would you say you are satisfied or dissatisfied with the health and social care that you receive?		
Very dissatisfied	1	1%
Dissatisfied	7	8%
Neither satisfied nor dissatisfied	22	25%
Satisfied	40	46%
Very satisfied	16	18%
Blanks	1	1%

64% of participants mentioned to be "Satisfied" or "Very satisfied" with the health and social care they have received, 25% "Neither satisfied nor dissatisfied", while 9% stated to be "Dissatisfied" or "Very dissatisfied".

Do you agree with the following statement?: "I am well informed about the health and social care services available for me"		
Strongly disagree	6	7%
Disagree	9	10%
Neither agree nor disagree	24	26%
Agree	39	45%
Strongly agree	9	10%

55% of participants stated to "Agree" or "Strongly agree" to be well informed about health and social care services available for them, 26% "Neither agree nor disagree", while **17% of participants mentioned they do not feel well informed about these services**.

Do you agree with the following statement?: "Your local community gets the support and information it needs to be a safe and healthy place to be"		
Strongly disagree	5	6%
Disagree	13	15%
Neither agree nor disagree	23	26%
Agree	41	47%
Strongly agree	5	6%

53% of participants feel their community gets the support and information it needs to be a safe and healthy place to be, 26% “Neither agree nor disagree”, while **21% of participants disagrees with this statement**.

Do you agree with the following statement?: “I feel I can make a valuable contribution towards decisions in my local area about health and social care services” / All participants		
Strongly disagree	7	8%
Disagree	11	13%
Neither agree nor disagree	32	37%
Agree	32	37%
Strongly agree	5	6%

43% of participants stated to feel they can make a valuable contribution towards decisions in their local area regarding health and social care services, 37% “Neither agree nor disagree”, while **21% disagreed with this**. This answer shows a lower percentage of agreement compared to the two previous statements.

Are you aware of any community groups you can participate in to improve health and social care services in your local area		
Yes	17	20%
No	43	49%
Unsure	27	31%
Blanks/PNTS	0	0%

Related to the previous question, 49% of participants stated they were not aware of any community group to participate in to contribute to improve these services in their local area, while only 20% stated to be aware of some opportunity available. Among the groups mentioned, 11% of participants stated to have heard of LEGs Aberdeen, 17% of NHS Grampian Public Involvement Network, 2 participants have heard of Grampian Health & Diversity Network/Community Connectors. Therefore, a **majority of participants (around 80%) are either not aware or unsure of the opportunities to participate available for them**.

Which of these participation groups have you heard of? (Select all that apply)		
Locality Empowerment Groups (LEGs Aberdeen)	10	11%
NHS Grampian Public Involvement Network	15	17%
Unsure	41	47%
Other*	13	15%
Blanks/PNTS	13	15%
Other: None (11), Community connector (1), Grampian Health & Diversity Network (1),		

What would make it easier for you to participate in these groups? (e.g., more information, translated information, flexible time for meetings, etc.). (44 comments)

31 participants mentioned finding more information would make it easier, alluding to the need of providing it in different formats and through different channels in a regular way. 11 people mentioned flexibility to organise meeting in terms of time and space (physical/virtual). One person stated having translated information would help so they can share with their community, another one mentioned deeper changes to the health system in general, and 2 mentioned "community connectors" would make this access easier.

Example of comments:

"Flexible meeting times and more information about the groups' engagement" (Female, 40-49 years old).

"*Regular communications - emails, newsletters and flexible meeting times"* (Male, 30-39 years old).