

Grampian Health & Diversity Network
Project report, 2nd phase of implementation
March 2022

Summary

Grampian Health & Diversity Network (GH&DN) is a project implemented by Grampian Regional Equality Council (GREC) and funded by NHS Grampian with the goal of empowering community members from ethnic minorities to become health champions for their communities by: 1) Increasing awareness on information around mental health and wellbeing, how to keep active, screening programmes, Covid-19 and other key health messages and 2) Increasing participation in designing and improving health services.

The 2nd phase of implementation took place between August 2021 to March 2022 and was primarily centred on sharing information on mental health and wellbeing, how to keep active and screening programmes. These areas of interest were raised by health champions and community members during the 1st phase of the project which was implemented from March to July 2021, and was mainly focused on sharing information about the Covid-19 vaccine and understanding motives for vaccine hesitancy.

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 developed a network of health champions from diverse ethnic minority communities. We built 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 93 people joined Grampian Health & Diversity Network during this phase of implementation, including representatives with over 21 national/ethnic origins, surpassing initial expectations of the outreach work that could be carried out during a pandemic and under restrictions that prevented consistent face-to-face engagement.

A review of the project's outcomes, activities, achievements, challenges and learning points is outlined in this report.

A- What GH&DN expected to do (August 2021-March 2022)

Continue to develop a network of health champions from diverse ethnic minorities, focusing on those communities that are harder to reach, have had a lower uptake of the Covid-19 vaccine and participate less in health and social care engagement opportunities to co-design local services. The focus was meant to be on African, Polish, and Muslim communities with a fourth broader community including members of other diverse ethnic minorities to ensure everyone could participate (e.g., East Asian, European, American, among others).

Community connectors (sessional workers) from these communities were meant to act as the focal point to motivate people to join and participate in the network of health champions, promoting key health messages from NHS Grampian, and opportunities to participate in the co-design of health services among their communities. Community connectors would also gather relevant and timely feedback from the communities to adapt key messages and plan the project's activities according to their needs.

This network of health champions would, in turn, promote key NHS Grampian health messages and opportunities to participate in the co-design of health services within their specific communities, further advancing community engagement.

In practical terms, we planned to have 4 sub networks of health champions operating separately to adapt and promote key health messages and opportunities to participate in the co-design of health services within their specific communities, while at the same time all health champions will come together and participate in engagement and training opportunities hosted by NHS Grampian, GREC, and other partner organisations. This twofold model of community engagement, which allows engagement in parallel with a diverse and broad network of health champions and 4 sub networks, will support exploring and identifying ways to build closer relationships with the communities, adapting when necessary to enable long-term collaboration.

GH&DN Outcomes:

- Ethnic minority communities continue to be informed and included around COVID-19, while NHS Grampian and partners are informed about community issues, concerns and suggestions as to what needs to be changed or improved in relation to local services.
- Communities increase participation and are included in identifying key health issues and inequalities that need to be addressed, while NHS Grampian and partners are better informed about communities' experiences, needs and priorities, particularly for the purposes of the new NHS Grampian Strategy and equality outcomes.
- New approaches to community engagement and health improvement are tested, while new opportunities are explored to support ongoing dialogue and relationships between health services and communities. NHS Grampian and partners are better informed about community health issues/experiences and how to improve health outcomes and services.

- Volunteers (health champions) feel empowered and confident to share information and engage on health-related issues, wellbeing and prevention within their community, and both are informed and aware of opportunities to influence services directly as members of the PIN, LEGs and other networks. NHS Grampian's new Strategy is also informed by engagement with communities that tend not to be heard
- NHS Grampian have tested and learned from new ways of working collaboratively with GREC as means of engaging with and hearing views from seldom reached communities. New opportunities for future partnership working have been explored that will support the development of ongoing dialogue and a closer relationship between health services and communities. NHS Grampian has a better understanding of the barriers to engagement and experiences of using local health services, strengthening the implementation of NHS Grampian new Strategy and the elaboration of equality outcomes.

Planned activities:

- On-going community engagement and outreach around COVID-19, vaccination and related issues.
- Identifying key health issues and experiences which are important for particular communities and planning activities and campaigns accordingly through continuous engagement.
- Support engagement with communities around NHS Strategy, including facilitating sessions with local groups and networks.
- Taking forward health-related activities, campaigns and engagement with specific communities.
- Training for health champions on how to (in more general terms) promote health, wellbeing, and prevention within communities.
- Promotion of opportunities to participate in involvement opportunities with healthcare services (PIN, PEG, others).
- Evaluation of the project and community engagement process, delivered via informal focus groups, discussions, reflections and other methods to be identified. We will look at such measures as the extent to which the programme improves health literacy and a sense of empowerment within community members.

B- What GH&DN actually did

4 community connectors (sessional workers) continued to reach out into ethnic minority communities to recruit new health champions. To build up the network the focus continued to be on African, Polish, Muslim and other diverse communities.

Community connectors used different outreach strategies. Face-to-face engagement was not predominant as the project developed during the Covid-19 pandemic and while different levels of restrictions were in place. The main engagement methods to invite new members to join were direct telephone calls, social media (Facebook) and attending specific online events with community members such as churches' services, Language Café sessions, New Scots meetings, etc. In parallel, community connectors continued to develop the connections with the health champions that had previously registered in the network through periodic correspondence and, where preferred by participants, also through telephone calls and direct messages.

Key health messages and topics:

All the members that signed up to the network received adapted key health messages directly from community connectors and opportunities to participate in engagement activities, workshops, and training. The shared opportunities to provide feedback included surveys, public consultations, invitations to various meetings and discussion groups organised by GREC, NHS Grampian, ACHSCP, and other organisations.

Key messages were shared mainly through emails and were complemented by content shared on a dedicated Facebook account that was requested by health champions, and through phone calls or WhatsApp in those cases where a health champion indicated preference for this or for specific messages that were of interest for different members.

Key health messages were subdivided into 5 main categories in line with the topics the project focused on during the 2nd phase of implementation, which included messages on mental health and wellbeing, how to keep an active lifestyle, prevention and screening programmes, Covid-19 and vaccines, and opportunities for learning/training and participation. Some examples of key messages for these categories:

- 1) Examples of subjects on mental health and wellbeing:
 - *"How to support someone you're worried about"* (Samaritans resources).
 - *"Try the new Feeling Good app in Polish"* (Feniks, shared with health champions from the Polish communities).
 - *"Let's end mental health stigma and discrimination"* (See me Campaign).
 - *"Local support for those struggling"* (counselling services like ACIS and The Bounds Centre available locally cost free).
 - *"We all have mental health and it's important to look after it"* (SAMH).
 - *"Muslim mental health organisations supporting you"* (BIMA, shared with health champions from the Muslim community).

- 2) Examples of subjects on how to keep an active lifestyle:
 - *"Health walks for all"* (including information from Paths for all and local walking groups).

- *“Free activities with Active Schools”* (Sports Aberdeen).
 - *“Opportunity to practice mindfulness meditation”* (ACHSCP).
- 3) Examples of subjects on prevention, screening programmes and others related:
- *“Language support available for non-English speaking patients”* (NHS Grampian).
 - *“Preventive cervical screening”* (NHS Grampian).
 - *“Where to get the right care, in the right place”* (NHS Grampian).
 - *“Take a vitamin D supplement”* (Food Standards Scotland).
 - *“Make time for your breast screening and be breast aware”* (NHS Grampian).
 - *“Advice and support to stop smoking”* (NHS Inform).
- 4) Examples of subjects on Covid-19/vaccines (including flu jab):
- *Sharing community experiences with the Covid-19 vaccine* (series of videos with members of ethnic minority communities produced collaboratively by ACHSCP, SHMU and GREC).
 - *“Q&A video about ethnic minorities and Covid-19 vaccine”* (video with Professor Kevin Fenton, London Public Health Director).
 - *“BIMA advice for pregnant women and the Covid-19 vaccine”/ “Advice for pregnant women on the Covid-19 vaccine translated to Polish”* (message shared with health champions from Muslim communities, and video with subtitles in Polish shared with health champions from the Polish community).
 - *“Keep updated on where to get boosted in Grampian”* (NHS Grampian).
- 5) Examples of subjects with opportunities for learning, training and participation (some of these were related to the above categories and others to broader opportunities for engagement):
- *“Invitation to shape NHSG Plan for the Future”* (NHSG-GREC event).
 - *“Free online seminars for your wellbeing”* (Inner Space).
 - *“Breastfeeding peer support training”* (NHS Grampian).
 - *“Invitation to participate in Locality Empowerment Groups Aberdeen”* (ACHSCP).
 - *“Come help shape mental health and wellbeing in Primary Care for Aberdeen City”* (ACHSCP-MHLD PEG).
 - *“Stronger families series invitation”* (invitation for parents in Aberdeen to join free sessions to better understand and support your child's emotions, suicide awareness/prevention for parents and carers, among others).
 - *“Help shape the new Suicide Prevention Strategy”* (Scottish Government and COSLA).

As it can be noted in some of the examples provided, the sources of reliable information used to compose the messages were mainly NHS Grampian, Aberdeen City and Aberdeenshire HSCP, Health & Social Care Moray, Public Health Scotland and the Scottish Government. National organisations focused on mental health and wellbeing were also the source of relevant information, including SAMH, the See Me Campaign in Scotland, and the Mental

Health Foundation, together with information with local organisations providing counselling services such as The Bounds Centre (University of Aberdeen), ACIS, and GREC. Trusted organisations in the communities such as the British Islamic Medical Association (BIMA) and Feniks were also the source of key messages.

The key messages were also adapted in different ways according to what health champions and community connectors suggested. These adaptations can be divided into four types:

- 1) Content: depending on feedback heard from communities the key messages varied slightly in the wording. For example, community connectors and health champions raised concerns regarding the use of the concept “mental health” in the messages as for members of different ethnic minorities the concept is understood differently and can be associated with stigma and discrimination. To address this and try to approach the issue in a more culturally sensitive way, the initial messages tried to avoid usage of “mental health” and instead included words describing symptoms such as struggling, feeling down, stressed, anxious, and worried, among others. The aim of this was to introduce the topic of mental health with concepts that may be more relatable for both health champions and community members they share messages with, acknowledging that the cultural context has a decisive effect on the understanding of mental health and therefore in the access to support.
- 2) Translation of messages: translated or dubbed resources from the previously mentioned sources were shared (e.g., “Make time for breast screening” leaflet available in Polish, Albanian, Arabic, Bulgarian, and Farsi, among others). Wherever possible, the body of the e-mails was also translated, as well as some videos and information shared on the project’s Facebook account. Most of the emails sent to the Polish community were translated, and additionally some informal messages were translated into Spanish and Bengali.
- 3) Sources of information: specific sources of information relevant to different communities were shared when appropriate. In addition to this a series of short videos (11) were produced collaboratively between ACHSCP, SHMU and GREC with health champions and community connectors as speakers, sharing their experience getting the Covid-19 vaccine. These videos were share widely on social media and ACHSCP YouTube.
- 4) Type of content (video, text, infographics): During the 1st phase of implementation health champions stated to prefer receiving the information in video format. Therefore, where possible videos were prioritised instead of text-based information.

On average, community connectors sent around 3 emails with key health messages per week, which amounts to around 100 emails sent to health champions during this 2nd stage of implementation. Most of these emails were personalised by community connectors, which also used a set of guiding questions to engage in parallel conversations or correspondence with health champions. Guiding questions looked to understand better the interests of health

champions in the 5 main categories mentioned above to plan accordingly, including what they thought of the shared messages, activities they wanted to attend or plan, and experiences of healthcare services, to name a few. These emails and other correspondence to organise activities in collaboration with health champions are not accounted for as part of the key health messages mentioned above.

A dedicated Facebook account was created at the request of health champions to share and reinforce the key messages shared through email. This account was created in August 2021 and a dedicated group only for health champions was also created. 65 members of diverse communities have joined the account of which 22 are health champions, and 75 key health messages have been shared in the open account, while more than 50 have been shared in the group only with health champions. The messages in this smaller group were more focused on sharing opportunities to participate, workshops and training and focused mainly on mental health and wellbeing.

Other activities of the project included:

- Yoga taster session at Alhikmah Mosque & Community Centre: health champions suggested organising a yoga taster session for Muslim women in an effort to promote getting active in a space where women could feel more comfortable. A taster session was organised during November 2021 at Alhikmah Mosque & Community Centre. The session was carefully planned and adapted to respect cultural and religious sensitivities and the invitation was shared with all health champions. Even though capacity was limited due to measures to prevent Covid-19, 12 women attended the taster class, which was followed by a conversation with the community connector for the Muslim community with the objective of sharing more information about Grampian Health & Diversity Network, other activities available in the city and learn which other activities women would be interested in attending. Attendees to the session were satisfied with the class and requested its continuity. Following this taster session health champions and Alhikmah Mosque & Community Centre successfully applied to ACHSCP Health Improvement Fund to create a Health Hub for women which allowed for the re-starting of yoga sessions in March 2022. We will continue to support this Health Hub for women as well as other taster sessions and activities raised by health champions and members of the community.
- Plan for the Future focus group: NHSG in collaboration with GH&DN organised a session for health champions and community members from ethnic minority communities to provide feedback to help shape the future NHS Grampian Clinical Strategy. 15 people from 6 different ethnic minority communities attended the session (12 women and 3 men). The feedback coming from this session is currently being analysed to feed into the design of the Clinical Strategy.
- Time to Talk Day session: A first session to touch on mental health related topics was planned in the context of Time to Talk Day from the See me Campaign in Scotland, on

February 3rd of 2022. This event had low attendance of health champions, but community connectors also participated conveying feedback provided by members of the network that were unable to attend the session.

- GH&DN and community presentations: Community connectors attended a series of presentations with members of diverse communities to share information about the project and invite them to join as a health champions. Community connectors attended the yoga taster session with women from the Muslim community (12 attendees), a session with Syrian New Scots, a session of GREC's Language Café (15 attendees), and different events organised by churches. All these events were online, except for the yoga taster session. Feedback was gathered as well.
- Development of "Guiding questions" resource: A list of 22 guiding questions to support the engagement of community connectors with health champions was made available to try to better understand the interests of health champions in the 5 main categories mentioned above and to plan key health messages and activities in the context of the project accordingly. Feedback provided was recorded and anonymised.
- Survey: A short survey was developed in August 2021 and undertaken with new health champions to measure levels of health literacy and confidence among health champions. The same survey was repeated in March 2022 to monitor progress. Both surveys included an open-ended question to learn about specific information and training that health champions would be interested in accessing.
- Creation of a list with additional mental health support with a special focus on ethnic minority communities: In collaboration with the MHL D PEG, and with suggestions coming from community connectors, health champions and community members, a list with organisations providing additional mental health support was created with a view to sharing it widely with communities and healthcare staff in Grampian.
- Session on ethnic minorities in Grampian and barriers to engagement and accessing health services: session organised by GH&DN and MHL D PEG on December 2021 to present the work of GH&DN and present some of the key issues that have affected people from diverse communities in Grampian - from Covid vaccination uptake to barriers to accessing health services, all this with a special focus on mental health and wellbeing.
- Participation in Scottish Parliament Covid-19 Recovery Committee: In December 2021 the main findings coming from the engagement with health champions and community members from ethnic minority communities on motives for vaccine hesitancy were shared with the Scottish Parliament Covid-19 Recovery Committee to assess different ways of increasing uptake of the Covid-19 vaccine.

- Focus group with a group of counsellors to explore the meaning of mental health for ethnic minority communities and the barriers to access mental health support: 3 participants that volunteer at GREC's counselling services attended this session held in March 2022.
- Regular meetings between members of the project's team and members of the network: this included team meetings and various 1-2-1 coordination meetings between the project coordinator and community connectors to cover feedback coming from the network's members and communities. The network's members also had the opportunity to have 1-2-1 conversations with community connectors to provide feedback.
- Meetings between the project coordinator and NHSG, Health and Social Care Partnerships, and other organisations to collaborate where possible and provide feedback where relevant on the topics covered by the project, focusing mainly on mental health and wellbeing, COVID-19 vaccination uptake, screening and preventative programmes, opportunities for engaging the community and sharing diverse communities' concerns and interests. Other organisations included the University of Aberdeen, SAMH, Scottish Recovery Network, ASH Scotland, Aberdeen Woman's Alliance Health Action Group, FRESH Community Wellness, among others. In parallel to these meetings, and as a complement, the project also supported and participated in local networks such as MHLDP, NHS Grampian Staff Equalities Network, and LEGs. We also participated in focus groups to help plan strategies to promote and increase representation of people with protected characteristics in LEGs and supported the planning stages of LOIP projects, specifically the initiative to "Support 100 people to feel confident to promote wellbeing and good health choices".

Health champions suggested organising certain activities that began to be planned during the 2nd phase of the project and are expected to take place during the next phase of implementation (starting in April 2022), including:

- A breast cancer awareness session for health champions planned in collaboration with NHS Grampian and CoppaFeel (May 2022).
- Health talk taster session planned in collaboration with ACHSCP with the African community including a segment on healthy eating and another one to get active (June 2022).
- First Aid training with British Red Cross and access to other mental health related sessions to tackle loneliness and adapt and recover from adversity (May-June 2022).

C- What difference we actually made

During this 2nd phase of implementation, the network grew from 64 members and 17 national/ethnic origins to 93 members from over 21 national/ethnic origins. All members of the network received reliable health messages from trusted sources increasing awareness on

mental health and wellbeing, how to keep an active lifestyle, screening programmes, and the COVID-19 pandemic.

Out of 93 members of the network, 82 agreed to volunteer as health champions and committed to sharing key messages with their own networks, while 11 members expressed interest in receiving key health messages without becoming health champions for their communities. Though the area of residence was not requested when registering as a member of the network, community connectors shared that the majority of health champions are based in Aberdeen and only 2 members are based in Aberdeenshire and/or Moray. Only 3 members of the network left their health champion role during this 2nd phase of implementation due to a change in personal circumstances.

Table 1: Network’s composition

	Number of members	Ethnicities or nationalities stated
Health Champions from African communities	22	Nigeria, Cameroon, Kenya, Ghana, Zimbabwe.
Health Champions from Muslim communities	26	Bangladesh, Pakistan, Syria, Mauritius, Egypt, UK.
Health Champions from Polish community	18	Poland.
Health Champions from other diverse communities	27	Latvia, Italy, India, China, Hong Kong, Spain, Romania, Bulgaria, Latin American.
Total	93	21+

Besides the key health messages received directly by the members of the network, other community members that did not join the network also had the possibility of engaging with community connectors to discuss concerns and provide continuous feedback. More detailed feedback coming from these interactions, and from the activities mentioned in section B of this report can be reviewed in the Annex at the end of this report, which contains evidence related to the barriers that ethnic minorities face to access health and social care services,

experiences as service users, health issues that members are concerned about and activities or training opportunities of interest.

To help monitor progress in levels of health literacy and confidence among health champions, a short pre and post survey was sent to all (August 2021 or when new members registered/March 2022). Both surveys included an open-ended question to learn about specific information and training that health champions would be interested in accessing. Though limited by the numbers of participants in the survey and challenges related to the fact that the survey was sent to new members as they registered, it can be noted that the survey showed an increase in levels of health literacy, while confidence to share reliable health information with others in diverse communities also showed a slight improvement (see Annex for more information).

Health champion comments (coming from the pre-post survey and written replies to Guiding questions):

“Thank you for bringing us together for a good cause”.

“I am constantly checking the emails received. I share the information that I feel my community needs and ask for further details when it's necessary”.

“I have checked the emails and I think any information which we can transfer to our communities is good”.

The different opportunities for engagement and participation mentioned in section B allowed to feed the concerns, queries, and suggestions from the communities to NHS Grampian and health and social care partnerships on a continuous basis directly with staff and through different networks. In parallel we also promoted direct participation from members of the network and ethnic minority communities in different forums achieving direct engagement in sessions such as the Plan for the Future focus group (NHSG) and the Mental health and wellbeing in Primary Care consultation event (MHLD PEG), to name just a couple. In this way, more participation from ethnic minority communities was achieved and their opinions included to better understand experiences, needs and priorities, particularly for the purposes of the new NHS Grampian Plan for the Future (Clinical Strategy) and equality outcomes.

The project's model of engagement provided an enhanced and flexible way of reaching out to ethnic minority communities to include their input for policy development and evaluation of service provision. The model started doing this in the unprecedented and rapidly evolving context of the COVID-19 pandemic and during this 2nd phase of implementation continued to operate and grow mainly through remote engagement. In the one occasion it was permitted to organise an in-person activity suggested by a health champion, which was the taster session at Alhikmah Mosque, the result exceeded the expectations and provided the opportunity to generate new ways of engagement and activities organised by the community, reinforcing the potential of the model for further development under less constrained circumstances and highlighting the suitability of a flexible approach that enables the inclusion of communities' suggestions and preferences at its core. This also shows the potential to

continue developing a hybrid model of engagement that mixes remote or digital with in-person engagement to provide suitable alternatives for more people, which is in line with one of the main findings from the 1st phase of the project and continued to be suggested by health champions during the 2nd phase.

Findings coming from engagement opportunities can be found in the Annex section.

D- Challenges and changes

The implementation phase of the project faced four types of challenges summarised below:

1- Activities and outreach strategies:

The ongoing challenging scenario of the COVID-19 pandemic with the new variant Omicron and a new rise in cases in December 2021, also had an effect in delaying activities planned for this 2nd phase of implementation. An in-person health talk with women from African communities planned with ACHSCP, and an online session on the meaning of mental health for ethnic minorities planned with NHSG were delayed and planned differently due to the constraints that healthcare services were experiencing, and the possibility of staff being redeployed.

In terms of engagement with health champions, it was the intention to attend other face-to-face engagement opportunities to promote the project, as well as an event to bring health champions together, which were not feasible in the end. During the 1st phase of the project the 4 main community connectors were based and had connections mainly in Aberdeen, which worked well to rapidly build up a network in the city. During the 2nd phase it was intended to increase and expand membership to individuals and groups beyond these initial connections, and the intention was to attend more face-to-face engagement opportunities to promote the project, as well as organising an event to bring health champions together, especially to test move into a hybrid engagement strategy to cater to more potential participants. However, it was not possible to plan most of these face-to-face activities potentially impacting not only the number of new members, but also the possibilities to strengthen the engagement and collaborative work with previous members and their feeling of belonging to the network and connection to other health champions.

In terms of engagement, each community connector personalised the way of reaching out to community members and engaging health champions where possible, to adapt to preferences of every community and even individual members. However, engagement with some communities was more challenging than others, especially with Eastern European communities, which was partly influenced by the inability to hold face-to-face events and offering a more concrete starting point to encourage participation.

2- Geographical presence:

Growth of the network in Aberdeenshire and Moray was limited, as most health champions and all community connectors were based in Aberdeen. Capacity in terms of working hours of community connector also posed a challenge for growing the network in more rural areas. Only 2 health champions from Eastern European communities based in Aberdeenshire and Moray were recruited, which in turn represented a barrier to better understand the array of experiences of ethnic minorities living in Aberdeenshire and Moray.

3- Availability and adaptation of information related to mental health:

The project faced two obstacles related with information availability more specifically in the area of mental health. It was difficult to find translated and adapted resources with information about mental health and wellbeing and with which ethnic minority communities could relate to. One of the recommendations included in The Report on Racial Inequality and Mental Health in Scotland published by the Mental Health Commission for Scotland in September 2021, was that the See Me Campaign, the national anti-stigma campaign, should include more participation from minority ethnic communities in the design of future campaigns and programmes.¹ This campaign was re-launched at the end of 2021 and has included more representatives of ethnic minorities as faces of the campaign sharing their experiences. However, finding adapted information to cater to diverse cultural nuances continued to be a challenge that was addressed mainly by trying to adapt the wording and translating resources where possible, as well as sharing events organised by other organisations to cater to other languages (e.g., workshops on mental health in Polish promoted by Feniks).

The second challenge in this area was to find healthcare staff or counsellors with time availability to lead and participate in sessions on mental health with health champions or community members. It was the intention to host an online session with NHSG on the meaning of mental health for ethnic minorities, but plans had to be postponed due to the constraints that healthcare services were experiencing, and the possibility of staff being redeployed, and therefore the event that took place instead of this was the Time to Talk Day session.

4- Format of information:

Some health champions periodically suggested to generate audio-visual content to facilitate sharing information with other members of the communities with themselves as speakers. Even though some videos were co-produced with ACHSCP and SHMU to promote COVID-19 vaccine uptake and a FB social media account was created to facilitate content-sharing, it was not possible to produce more videos with health champions and community connectors as

speakers, mainly due to lack of technical capacity and time which represented a challenge to implementing members' suggestions.

E- Learning for the future

An unexpected positive outcome for the project was the experience organising a yoga taster session at Alhikmah Mosque & Community Centre. Beyond the direct impact of providing this activity, this helped to motivate more women to join as health champions within the Muslim communities and the feedback obtained after it permitted a health champion and the Mosque to go ahead with an application to sustain the activity over a longer period and plan a Women's Health Hub. Currently there are 2 yoga sessions per week, one of them for Afghan women. As part of Grampian Health & Diversity Network, we will continue supporting these activities and others that are of interest to the community and are related to mental health and tackling isolation and loneliness.

The positive experience with the yoga taster session is an example on how to continue engaging the Muslim community as well as how to reinforce and/or initiate engagement with other communities. This practice at the same time reinforces the relationship with health champions and their role within communities. This will be especially relevant to try to engage with Eastern European communities in the future.

A 3rd phase of the project will be funded by the Aberdeen City, Aberdeenshire and Moray Communities Mental Health and Wellbeing Fund during 2022. In this phase, and taking from prior positive and challenging experiences, the project expects to:

- Move into a hybrid model of outreach and engagement to facilitate accessibility for everyone.
- Increase offer of opportunities to build up the knowledge, skills and confidence of health champions by organising more trainings, workshops, and activities. This will also include engagement opportunities with clinicians and experts from NHSG, Partnerships and other key organisations to tap into resources already in place.
- A targeted plan to expand the network in Aberdeenshire and Moray with community connectors based in these areas to increase engagement and participation.
- Co-production of content supported directly by health champions (e.g., videos inviting the community to participate in diverse activities or in GH&DN).

F- Other

Included as an Annex below there is a breakdown of the feedback gathered through different activities and discussions, which shows the main patterns emerging from it in relation to barriers to access services for ethnic minority communities and experiences as service users, health issues that community members and health champions are concerned about, and activities or training opportunities that interest them the most.

Annex

To gather feedback from the communities a series of 1-2-1 discussions were held between community connectors and health champions, which was complemented by opinions provided during focus groups or activities, and the application of a short survey to measure progress through the project.

1- Pre- and post survey for health champions:

To help monitor progress in levels of health literacy and confidence among health champions, a short pre and post survey was sent to all (August 2021 or when new members registered, 16 participants /March 2022, 15 participants). Both surveys included 3 phrases for which participants had to rate their level of agreement with each one, and open-ended questions to learn about specific information and training that health champions would be interested in accessing.

Statement	Strongly agree Pre/post variation	Agree Pre/post variation	Neutral Pre/post variation	Disagree Pre/post variation	Strongly disagree Pre/post variation
I have reliable information/knowledge about health services to share with others in my community	2/7	11/5	2/3	1/0	0/0
I feel confident to share reliable health information/knowledge with others in my community	5/7	7/6	1/1	1/1	0/0
I feel confident to be a health champion for my community	5/7	7/3	2/5	0	0

To contextualise these results, it is relevant to mention that the number of participants was limited and that the post survey was shared with all health champions, regardless that some of them joined during the first trimester of 2022 and had less time to develop as health champions. However, it can be noted that those strongly agreeing with all three statements increased across all statements reaching almost half of participants (47%) in the post survey,

that disagreement levels did not vary much, and those stating to feel neutral for the 3rd statement increased.

For the pre-questionnaire an open question was posited related to the health-related areas health champions would like to have more information about. Mental health was the topic most often mentioned (9), followed by keeping active (7), vaccinations in general (6), and prevention programmes (3). Other areas mentioned were women's health, healthy eating habits, children's health programmes and health advice for elderly people.

Some comments from participants:

- "Mental health definitely tops my list".
- "Vaccines, it could be flu, Covid or any other vaccine. I am also interested in mental health and how to keep active, which I think are very connected".

For the post-questionnaire an open question was also posited about mental health & wellbeing related training/activities health champions would be interested in attending to support their role of health champions. 5 participants mentioned mental health training related to how to cope with, or how to recognise, mental health challenges such as depression, post-traumatic stress, anxiety, and loneliness. 3 participants mentioned activities such as walking, hiking, yoga, pilates, meditation, and mindfulness.

Some comments from participants:

- "I believe a training about how to cope with changing countries would be a good one. The loneliness experienced by expats and how to get involved in a new community".
- "Trauma, especially post-traumatic stress/depression related to current situation in Ukraine".
- "Stress detection and relieve. Mindfulness, healthy diets, yoga, meditation, coaching".

2- Feedback gathered after the yoga sessions at Alhikmah Mosque & Community Centre (through conversations and feedback forms):

The feedback provided here includes insights and suggestions shared in conversations and through feedback forms (14 participants) after 2 yoga sessions, one held in November 2021 and the second in March 2022.

Women raised concerns related to barriers to access healthcare services, highlighting how the easing down of COVID-19 restrictions permits to do most activities as usual, but it is still difficult to get an in-person appointment with a doctor. Another participant also shared her experience requesting a GP appointment through an online form, highlighting the lengthiness

of the process that took over 48 hours and the complexities to fill these forms for those that do not feel confident with their English levels.

Activities or training related to mental health and wellbeing participants were interested in:

- Opportunities to connect with other women and tackle loneliness, like weekly sessions with different topics.
- Opportunities to learn more about children with special needs such as autism, ADHD, and OCD.
- How to better understand children and teenagers' emotional needs, and how to help them cope with stress and calm down.
- Positive affirmation workshops.

Other activities or learning opportunities mentioned:

- Educational sessions on menopause and related health issues, prevention of breast cancer, and pregnancy and breastfeeding.
- Badminton for women, tennis, table tennis.
- Workshop on healthy diet.
- Zumba or dancing lessons.
- Boxing or self-defence lessons.
- Running.
- Forest and hill walks.
- Karate.
- Swimming.
- Low impact activities, like yoga or pilates, for pregnant women.
- Coffee workshops.

Information provided through the feedback form in March 2022 indicated that the yoga class was the first opportunity some of the attendees had in years, even beyond the pandemic, to practice physical activity.

3- Feedback gathered at Time to Talk Day session:

This online session event had low attendance of health champions, but community connectors also participated conveying feedback provided by members of the network that were unable to attend the session held on February 2022 (4 participants).

Attendees raised the areas of interest related to mental health so health champions can feel more confident in their role of health champions within their communities. These included training on:

- Learning how to recognise signs of mental health challenges in others and where to sign-post people.
- Mental health 1st Aid Training.
- How to fight loneliness and create your own network of support.

- Suicide prevention training.
- How to support children and teenagers to cope better with mental health challenges.
- Self-care, wellbeing, and coping strategies for parents.
- Mental health support for parents with children with special needs.

In terms of how to facilitate accessibility to training opportunities, attendees proposed organising sessions in the evenings and preferably online. Access to certification courses that can be completed by health champions in their own time was also suggested.

Other activities and suggestions related to mental health & wellbeing raised as beneficial for ethnic minority communities:

- Meditation sessions.
- A conversational opportunity for African men to cover a diverse range of topics and challenges in a safe environment to show emotions and where vulnerability is accepted. This was posited as a space to leave toxic masculinity aside.
- Podcast project to receive anonymous questions from men and touch on different topics related to health and mental health concerns (with support of specialist or health professional).
- Peer support groups for men and women in a more informal setting to relax, connect with others and tackle loneliness.

Attendees also provided feedback on the information and messages shared by GH&DN:

- Use of more videos with key information was requested, including participation of health champions as speakers in them.
- Information shared through emails needs to be more concise.
- Text messages can also be used to share information with those health champions that prefer it.
- Sharing more resources and videos to tackle toxic masculinity, as this is connected with men's mental health issues and acts as a deterrent to ask for support.

To increase participation among younger people it was proposed to highlight that both volunteering and completed trainings can be included in CVs.

4- General feedback gathered in conversations and exchanges with health champions and community members:

This feedback includes information coming from conversations held with many health champions and community members, and also written feedback from 14 health champions provided in different moments of the 2nd phase of implementation.

- Feedback related to experiences with healthcare services:

Health champions and community members described experiences trying to access mental health support through mainstream healthcare services. The common thread in these cases were the barriers mentioned to reach meaningful support and dissatisfaction. People mentioned delays to book a GP appointment to be referred to mental health support, being refused a referral to the psychologist (even with a history of accessing mental health services), and others attending appointments with a mental health nurse indicated that receiving informational leaflets at these instances instead of a proper conversation with the nurse was not being helpful.

Participants mentioned positive experiences with the screening programmes and highlighted problems were detected at the right time because of this, while others underlined that many people in their communities have preventative check-ups when they visit their home countries (e.g., gynaecology, breast screening, dentist) as they cannot access it here as they would expect.

Participants mentioned that the online form to request an appointment with some GPs is too long and has too many questions with medical language, which puts people off completing them. Contributors also indicated some queries in the online forms might be resolved by matching it with information already in their records. Some of these forms ask for the preferred way of contact for the patients but then the standard way of contacting back is through e-mail which lead to some people missing their appointments as they did not expect an email. Participants mentioned this, as well as e-consult or other online appointment mechanisms as an additional challenge to access support when required, especially for people with a language barrier or those without computer literacy.

- Feedback related to mental health:

Health champions highlighted that many people in their communities are not aware of where to find information or support related with mental health as there is a stigma and negative connotation around this in their communities. Some mentioned knowing people scared to look for help due to their immediate family's beliefs, while others pointed out that even when accessing the right information people will continue to be resistant to speak up openly about this topic as there are strong cultural beliefs attached to it. Concerns about stigma and cultural beliefs that hinder people from looking out for support were mentioned by health champions

from a diverse range of backgrounds and in conversations with all community connectors, with some of them expressing interest in how this issue is understood by other cultures beyond their own, as they know people from other ethnic minorities that have opened up to them about these issues.

Some comments from participants:

“Mental health can cover a lot; it can be expressed positively, such as ‘I am feeling well’ or negatively ‘I am struggling’. Such as stress, unemployment, trauma, cultural differences etc., could be causes of mental health issues”.

“I think is not simply to know where to find information about support but to understand one needs support in the first place. People have different attitudes and preconceptions”.

“Mental health is just as important as physical health. There are many things that can cause negative emotions, so it is extremely important to make time in a busy life to do an activity that is for yourself”.

“I immediately relate mental health with stress and a desperate need to find peace. In general, people aren’t very good at asking for help. We always try to get by with our resources instead of asking for help from a professional”.

In general, when asked about where they can find information or who to ask about mental health support, health champions mentioned the NHS, GPs or healthcare staff as the main points of contact for this, with others referring to workplaces, Aberdeen City Council and GREC as well.

- Feedback related to how to keep an active lifestyle:

Health champions and community members consistently acknowledged how complex it is to make time for regular physical activity between work and family responsibilities, though many suggestions coming from health champions included organising events to get active and improve general wellbeing (see suggestions below) so there is motivation to access activities. Walking was the most often mentioned practice by health champions, with hiking, cycling and gym sessions mentioned to a lesser extent.

The weather was often mentioned as an added reason to not work out outdoors, but one health champion mentioned: "As far as I know, the people around me in my ethnicity tend to live a rather inactive lifestyle, they tend to not exercising but sit down to binge-watching TV drama, play video games, stay home, etc., for their spare time. They adopted this lifestyle for all their life, nothing related to the weather or daylight here”.

- Feedback related to screening programmes:

Though most health champions that engaged in conversations in this area mentioned they are aware of the screening programmes available in Scotland and know where to find more information about this, a group of health champions stated lacking a good overview of all the programmes available and what is on offer in relation to general check-ups.

Health champions also raised concerns regarding the lack of awareness about screening programmes in their communities and the need to learn and offer instances to cover them. Throughout the 2nd phase of the project the need to organise a session to provide more information on the prevention of breast cancer and self-awareness was mentioned consistently by both health champions and community members.

- Feedback related to COVID-19 and vaccination:

Health champions raised concerns about easing down restrictions and the potential impact of this on more vulnerable individuals, potentially making them feel even more vulnerable and increasing social isolation. It was noted the process of “going back to normal” should be especially mindful of vulnerable people and provide them with enough support to build up confidence. However, health champions noted that people in their communities felt “abandoned” in this regard. Other health champions stated that at this point of the pandemic it would be useful to have more information regarding the 4th dose and future boosters to help manage expectations about the future and living with COVID-19.

Other health champions and community members expressed frustration with the vaccination uptake levels within their own communities, highlighting that they feel unsafe. Participants suggested that continuing to share personal experiences through testimonies could be helpful to continue tackling vaccine hesitancy.

- Activities and information suggested by health champions and community members:

- + How to find a healthy work-life balance.
- + More updated information to signpost people in the communities.
- + More information on initiatives to tackle isolation and loneliness after the pandemic.
- + Meditation and yoga sessions.
- + Community walks, marathons or charity runs.
- + Events where people can get together and share experiences.
- + Activities to get active with children during weekends.

- + Dancing classes.
- + Training to learn to cope with life pressures and improve mental health.
- + Learning sessions about screening programmes and prevention.
- + Learning sessions about the menopause, as many women go through it in silence and embarrassed.

5- Link to report from Scottish Parliament:

To access the report, please visit:

<https://archive2021.parliament.scot/parliamentarybusiness/report.aspx?r=13470&mode=pdf>

6- Plan for the Future session (NHS Grampian-GREC):

NHSG and GREC organised a session for health champions and community members from ethnic minority communities to provide feedback to help shape the future NHS Grampian Clinical Strategy. 15 people from 6 different ethnic minority communities attended the session (12 women and 3 men). Feedback coming from attendees included experiences as healthcare service users, barriers to access services and how their experiences could be improved. The main insights coming from this session are presented here:

- Difficult to get same standard and quality of service across GPs or primary care setting as procedures (e.g. to book an appointment, communication, etc) are not the same. Heightened perception of bureaucracy and problems to get help in some settings compared to others. Attendees raised the need to provide more standard service provision across GPs.
- Positive evaluation of more phone calls and online appointments being available in healthcare, but the complexities and numerous obstacles to access a face-to face appointment were highlighted and mentioned as causes of increased mental health problems and depression among those affected by it. Attendees raised having moved to Aberdeen during the pandemic and struggling being far from home, without any support network, and by having to go through a very lengthy process to access any support for their mental health, with other attendees highlighting the need to access mental health specialists that can speak different languages. Other attendees mentioned that a video appointment is not suitable to provide diagnosis for some issues (e.g., being told a skin condition could be cancerous on an online appointment) and that represents an added barrier for those requiring language support and for those without connectivity or computer literacy. Other concerns related to phone calls and video appointments were

related to the suitability of using these means to communicate certain diagnosis such as cancer, for example.

- Attendees feel that healthcare services do not have a preventative approach and that health issues are tackled once they have already developed. There are no periodic check-ups available for people and proper checks are done once there is a problem, which is not preventative.
- Perception that healthcare services are not person-centred and each service deals with different parts of the body instead of the individual. It was mentioned that GPs are limited to check one issue per appointment which has a negative impact on people with complex conditions and even for proper diagnosis. Furthermore, participants mentioned experiencing problems with different services and referrals going back and forth for months before accessing support or proper co-ordination between services.
- Lack of follow up after treatment and discharge. Experiences highlighted that many times the responsibility to follow-up is on the patient when the bulk of the information and test results are not accessible to them. Participants mentioned lack of consistent communication is evident and it has a negative impact on people.
- Participants raised concerns related to patients not being listened to by healthcare staff, especially when trying to access mental health support.
- Online forms to request appointments with GPs mentioned as a barrier for people that do not feel confident in English and for those without computer literacy. The length and complexity of the language used in them was also noted by participants.
- Long waiting times both to request and access appointments, whether face-to-face or video consultations, were also raised by attendees who mentioned many people in their communities feel forced to access private healthcare or travel to their home countries because of this.
- Attendees described lack of empathy and feeling like a burden to health staff. This was related to the perception that there is not enough staff available and there is a real shortage of specialists. Some participants described receptionist staff being unhelpful and frustrated when they hear a foreign accent or a name they cannot understand and suggested to leave pen and paper at reception desks to facilitate this process.
- Attendees raised that access to certain procedures is extremely complex for people living in Moray as they need to travel long distances. Need to co-ordinate some services with other health boards raised.
- Participants noted that the GP needs to feel like a safe and welcoming environment for people, but it is complex due to all of the above.
- Participants suggested that beyond improving services, investing in communicating better with communities is also required, for example to explain how services operate (e.g., screening programmes, how to self-check and more educational opportunities), the role of a receptionist, etc.

ⁱ Mental Welfare Commission for Scotland. Racial inequality and mental health in Scotland, September 2021, page 15 and 48. www.mwscot.org.uk/sites/default/files/2021-09/Racial-Inequality-Scotland_Report_Sep2021.pdf