

# Community Voices

Health and wellbeing conversations  
in culturally and ethnically diverse  
communities

June 2022



**The Hangleton  
& Knoll Project**  
Working for a better community

**Sussex**  
Health and Care Partnership

# Introduction and Background

This short report provides a baseline assessment of responses focusing on two distinct, but connected subjects

1. The extent to which the Covid-19 pandemic may have prompted long-term changes in health-related considerations affect eating or exercise.
2. Experiences and perceptions of accessing the NHS in the past 12 -18 months.

This consultation was undertaken exclusively with residents of Brighton & Hove's culturally and ethnically diverse communities. It was qualitative in nature consisting of,

- 1 female only focus group
- 1 mixed gender focus group
- 4 in-depth interviews (3 male, 1 female)

## Findings I: Covid-19 impact and implications on exercise, healthy eating and diet

Not surprisingly, positive, and negative legacy impact and implications of the Covid-19 pandemic appear to have been experienced by all respondents. However, the extent and nature of the pandemic's consequences varied depending on a range of personal circumstances.

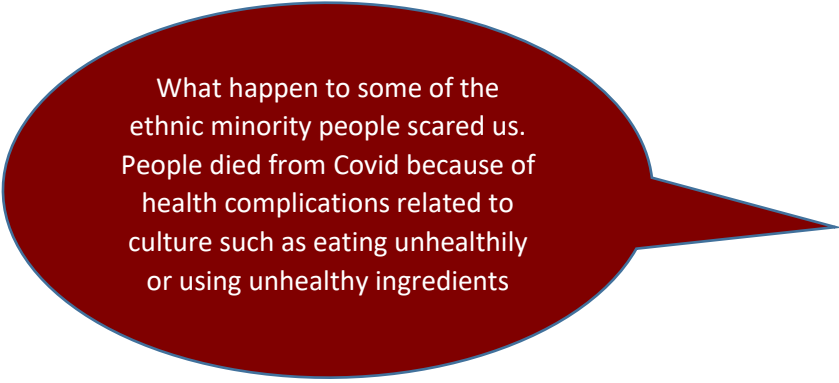
Overall factors that contributed towards respondents' experiences, attitudes and perceptions included,

- Experience of contracting Covid-19 both personally and amongst close family members
- Experiencing Long Covid both personally and amongst close family members
- Covid mortality figures amongst culturally and ethnically diverse communities
- Financial pressures caused and worsened by the pandemic
- Concern for (their) children's mental health and wellbeing
- Poor or worsened mental health both personally and amongst close family members
- Limited access to NHS including GPs, surgeries, and hospitals for those with existing medical conditions
- A sense of being expected to get back to 'normal'

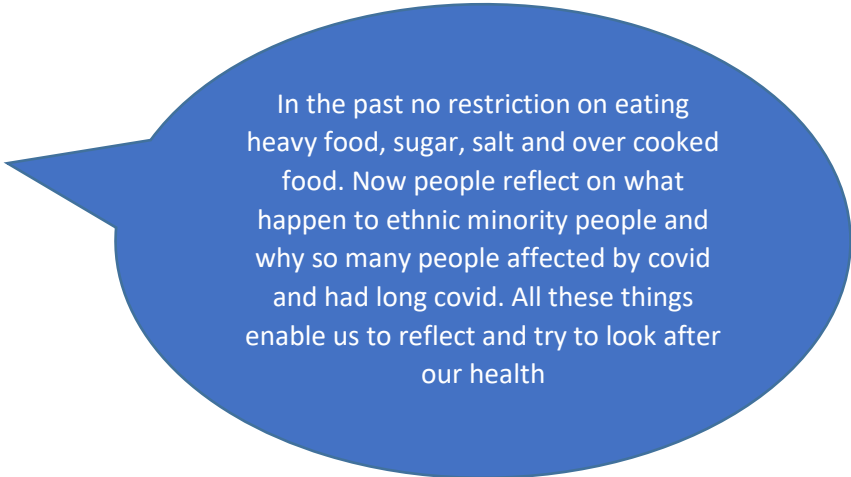
The presence of any of the above factors was likely to prompt or increase anxieties, exacerbate existing mental health, and therefore affect the extent respondents could actively engage with the related issues of exercise and healthy eating.

## Healthy eating and diet

When asked, most respondents were ambivalent on the extent to which their diet or healthy eating habits had changed or improved during or post the Covid-19 pandemic. All acknowledged the on-going and general importance of a healthy diet and eating habits. However, most said although they were aware of benefits of a healthy diet during this time of general poor health, this had not been enough to motivate them to substantially review and implement healthier dietary choices. Some respondents mentioned they had read or heard the high Covid-19 mortality rates amongst culturally and ethnically diverse people could be due to poor eating habits. Even having access to this opinion was not enough to fundamentally impact on what some chose to eat.



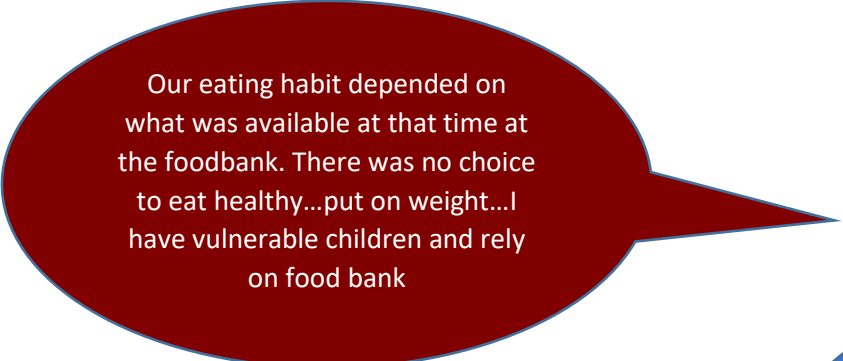
What happened to some of the ethnic minority people scared us. People died from Covid because of health complications related to culture such as eating unhealthily or using unhealthy ingredients



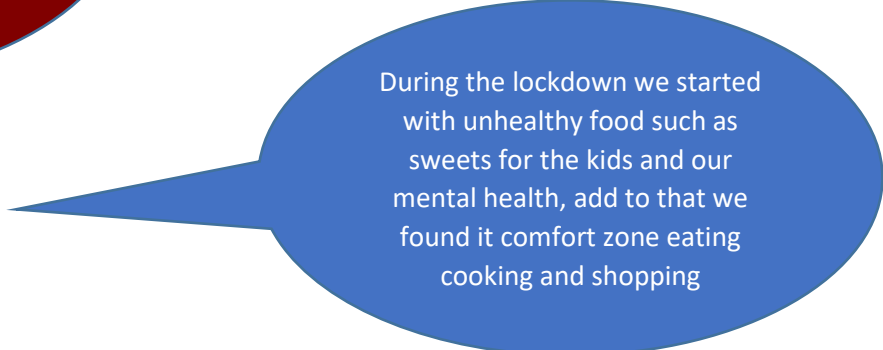
In the past no restriction on eating heavy food, sugar, salt and overcooked food. Now people reflect on what happened to ethnic minority people and why so many people affected by Covid and had long Covid. All these things enable us to reflect and try to look after our health

When questioned on why they had not taken proactive steps to improve their diet if they believed it was advantageous to their health in-light of the pandemic responses included the following,

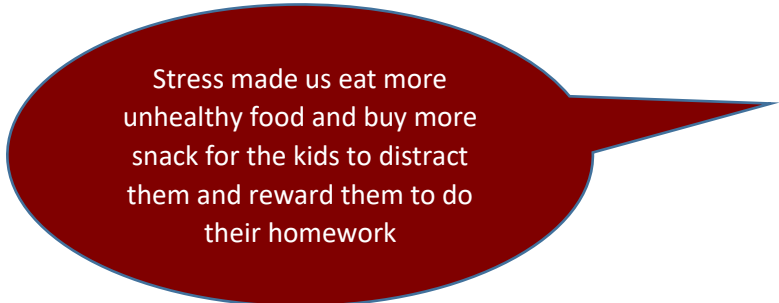
- Healthy foods typically cost more than they were able to afford.
- Healthy options considered not to exist in the Foodbanks they used.
- Familiar cultural foods provided psychological comfort but might be unhealthy re. preparation or dish.
- Long-term cultural-cooking and eating habits very difficult to break.
- Unhealthy foods (sweets, snacks) given to children to support their mental well-being.
- Psychological pressure of covid making it difficult to focus on adopting new approach to cooking meals.
- Not always possible or easy to reach consensus with large families. In some instances the tendency was to agree on the least, difficult, contentious or disruptive changes in diet.
- Having other financial, social, and family pressures and stresses.



Our eating habit depended on what was available at that time at the foodbank. There was no choice to eat healthy...put on weight...I have vulnerable children and rely on food bank



During the lockdown we started with unhealthy food such as sweets for the kids and our mental health, add to that we found it comfort zone eating cooking and shopping



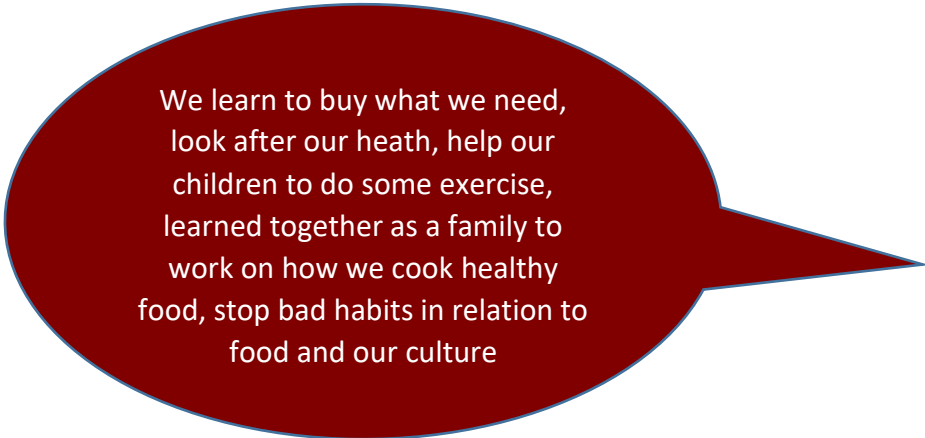
Stress made us eat more unhealthy food and buy more snack for the kids to distract them and reward them to do their homework

Comments and experiences from respondents suggest that some people from culturally and ethnically diverse background might benefit from support in reinforcing the benefits of healthy eating. Any intervention of this type would have to acknowledge existing cultural eating habits and the barriers they may present in adopting and changing current cooking and eating practices. Other factors to be considered in supporting ethnically and culturally diverse dietary and eating choices include

- Reinforcing the link between good diet and good mental health and wellbeing.
- A (culturally homogeneous) group approach might help mitigate against concern of abandoning culturally important practices and norms.
- Working with dietitians who are familiar with different ethnic and cultural communities and cooking practices.
- Providing guidance and information on easy steps to health and eating
- Stressing and reinforcing the importance of a good diet for the healthy development of children and young people.

There were some respondents who said they had sought to make improvements and changes to their diet and eating habits during and post the covid-19 pandemic. Changes respondents had made included,


- Buying more fresh fruit, encouraging family members to eat more fruit
- Avoiding processed, convenience foods and take-away meals
- Drinking less alcohol
- The whole family agreeing to make changes in eating habits and diets. Then supporting each other in their efforts.
- Moving to better living and home environment, less concern with housing and neighbourhood problems.




We learn to buy what we need,  
look after our health, help our  
children to do some exercise,  
learned together as a family to  
work on how we cook healthy  
food, stop bad habits in relation to  
food and our culture

For these respondents factors that prompted good eating habits included

- Believing reports linking good covid-19 recovery to certain foods/nutrients
- Observing a marked increase in eating processed and convenience foods and recognising the need for this to be reversed.
- Being told by health professional the importance of a good healthy diet on mitigating against an existing physical condition.
- Concern for family members (esp. children & young people) health well-being



We learn a lot and we started to think about our health and what to eat. Focusing on fruits and some healthy herbs to drink it to lift our immune system. Help our children to try different healthy food and fruits



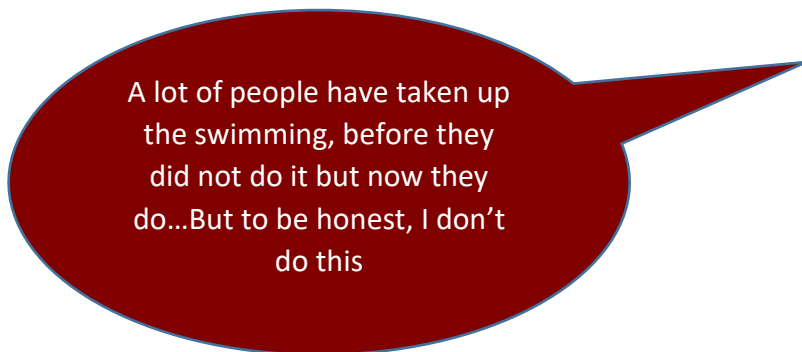
After I have got ill, we gave more attention to healthy routine such as: food, exercise, eating vegetable and fruits

## Exercise

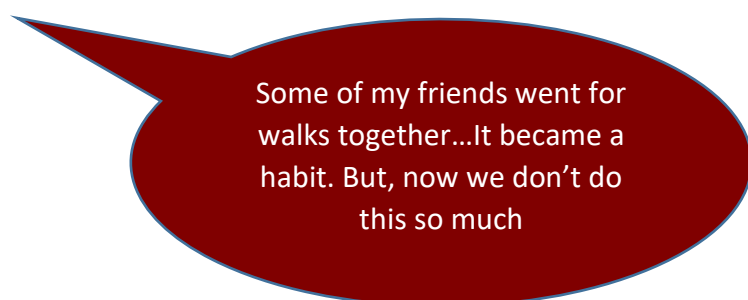
In some cultures, the general notion of regular or routine, every-day exercise is not as popular or prevalent as it is in Western cultures. For some cultures exercise has typically been associated with the pursuit of fitness for a particular sporting activity. Therefore, normally it is not something (comparatively speaking) great importance is attached to.

Some respondents openly acknowledge these differences in attitudes towards exercise. However, they believe providing they do not engage in overtly unhealthy practices the difference in levels of exercise activity between themselves and their Western peers does not represent a substantive risk to their health.

Some respondents said recent interest in exercise was more to do with trying to remain healthy as they approach and enter middle age. This was felt to be more of a motivational factor than the impact of covid-19. However, a few respondents said they had noticeably gained weight during the pandemic and were keen to return to their pre-pandemic weight.

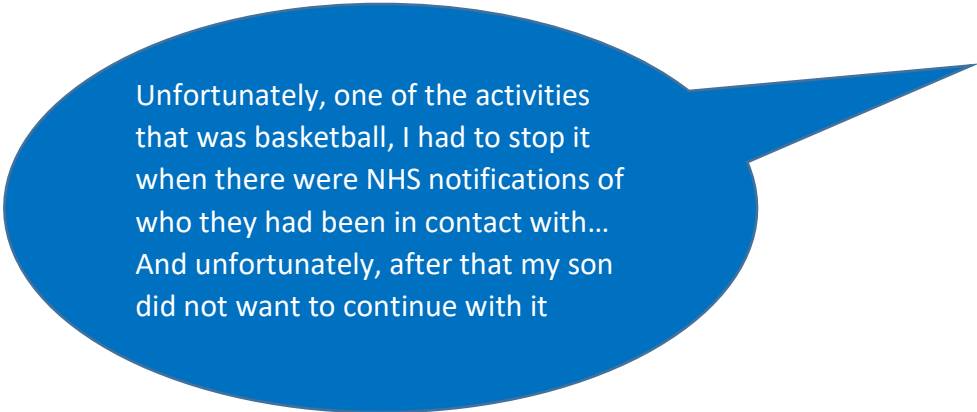


A few respondents spoke of being in a 'walking group' when limited mixing was allowed during lockdown. However, in most cases these walking groups did not continue to exist once most of the lockdown restrictions were lifted.



However, worth noting was that respondents with children would often express some concern if they felt their children were not getting access to sports, physical play, and games. This was particularly so if the child had been interested in sport pre pandemic.

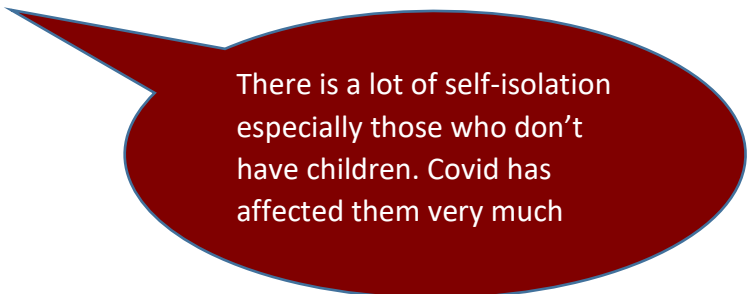
Some respondents said the lockdown restriction of mixing, had meant team sport activity was not possible. The children of all respondents had naturally been forced to stop participating in team sports. Regrettably, some young people had chosen to give up or not continue with their team sport(s) once restrictions on mixing had been lifted and have not picked it up since.



Unfortunately, one of the activities that was basketball, I had to stop it when there were NHS notifications of who they had been in contact with... And unfortunately, after that my son did not want to continue with it

Nevertheless, there was a perception amongst many respondents that overall, their children were no more or less active now than they were before the pandemic. There were few who felt their child was noticeably less active.

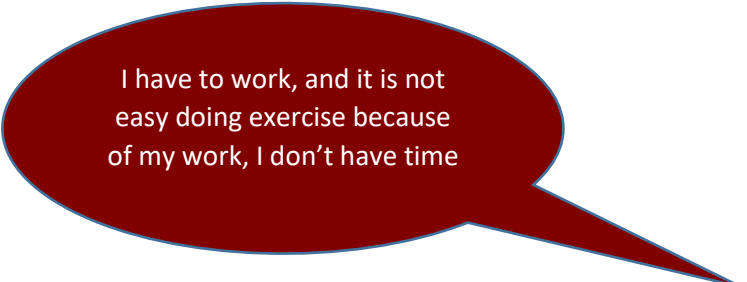
A few people felt those who live alone and are isolated often find it more difficult to be motivated to look after their health. This is compounded when they are not in paid employment and have limited social interaction with others and their peers. People in this category especially those without children are seen as facing additional psychological barriers to engaging in fitness activities. Because many respondents knew of someone in this situation, they regarded it as an important area for further exploration.



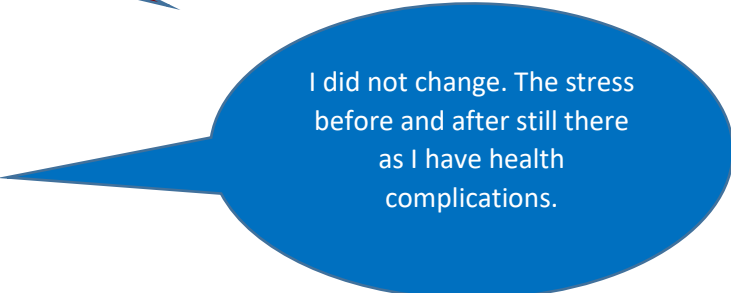
There is a lot of self-isolation especially those who don't have children. Covid has affected them very much



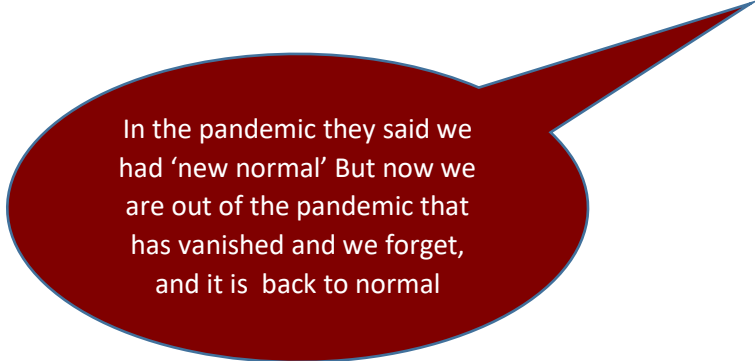
In the case of both healthy eating and exercising, several respondents said during the lockdown they had engaged in either or both. However, the easing of lockdown restrictions and return to the pre-pandemic way of life was not compatible with continuing with the changes they made. One respondent felt with so much social and political messaging or pressure on returning back to normal there was no incentive to retain any of the changes made in light of the pandemic. In addition, for a few respondents many of the health-related changes they made during the pandemic currently seemed difficult to maintain because of the re-introduction of the normal pressures and demands of family friends, work and employment.



I have to work, and it is not easy doing exercise because of my work, I don't have time



I did not change. The stress before and after still there as I have health complications.



In the pandemic they said we had 'new normal' But now we are out of the pandemic that has vanished and we forget, and it is back to normal

## Findings 2: Experiences of Accessing the NHS

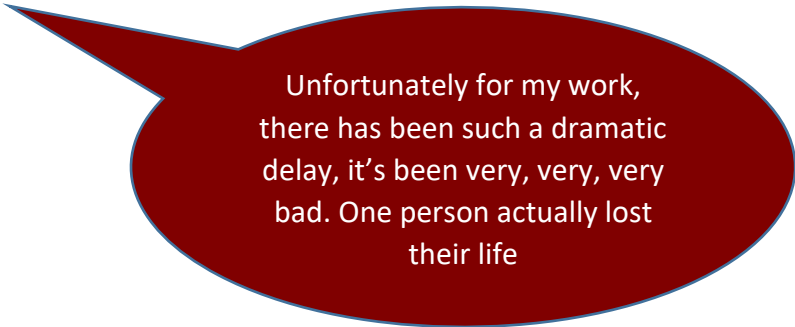
**Positive attitude to NHS.** Attitudes towards the NHS remain broadly, and on balance positive. Not surprisingly many respondents felt the need for an effective NHS was as important now as they have ever known it to be. In some cases, respondent felt there had been an increase in certain conditions and cited mental health in particular.

**Mental health a priority.** When asked which areas they felt the NHS should focus on, the most mentioned was mental health. GP care, and urgent & emergency care were also mentioned by many respondents as priority areas for the NHS.



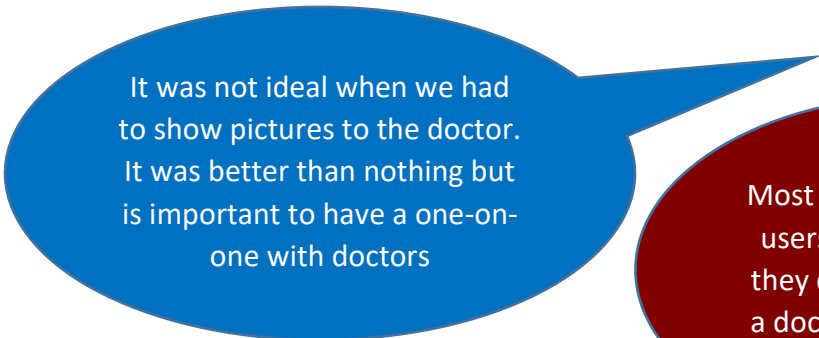
**Negative experiences.** Despite levels of positivity towards the NHS, both personally and amongst close family members, there have been negative, or disappointing experiences over the past two years. This left some respondents with a lingering feeling there is work the NHS needs to do to repair and restore total levels of trust and confidence amongst some communities.

**Increased responsiveness and flexibility needed.** Overall, there was a common perception that the NHS had not been as responsive to the needs of these respondents to the degree they would have liked during the pandemic. Many were able to provide direct examples (personal or from friends or family) of occasions when they felt the NHS did not fully meet their needs or expectations, leaving them feeling upset or dissatisfied.

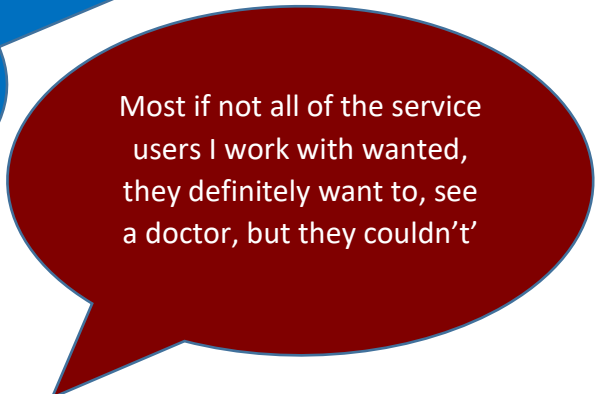


Unfortunately for my work,  
there has been such a dramatic  
delay, it's been very, very, very  
bad. One person actually lost  
their life

Respondents acknowledged the initial necessity to restrict all but essential in-person contact with the NHS - GPs and surgeries in particular. However, many felt the restrictions did not allow or accommodate for acute mental health considerations or ongoing interventions for existing serious physical illnesses. An implication of this perception was that failure to access the NHS support had resulted in poorer medical outcomes and consequences. Respondents felt the NHS could have demonstrated greater flexibility in responding to 'crisis' situations or in instances when patients with existing conditions were concerned with a deterioration with their health.



It was not ideal when we had  
to show pictures to the doctor.  
It was better than nothing but  
is important to have a one-on-  
one with doctors

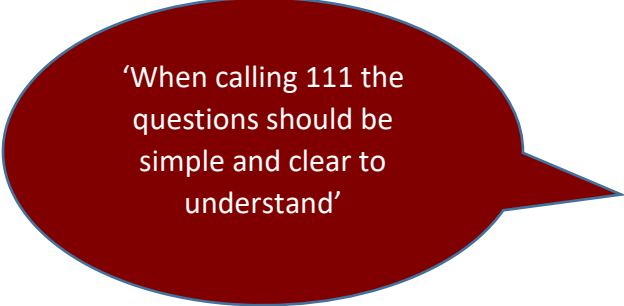


Most if not all of the service  
users I work with wanted,  
they definitely want to, see  
a doctor, but they couldn't

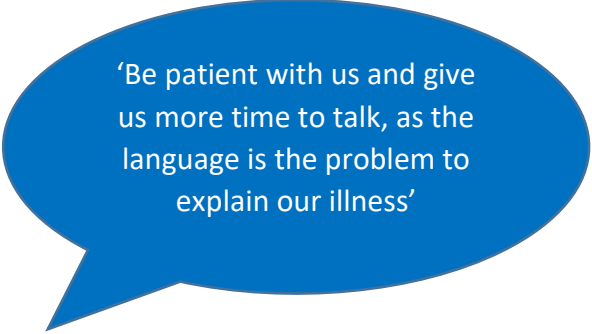
### **Additional challenges for those with English as an additional language.**

Respondents noted that in their experience, those whose first language was not English and who by their own admission struggle with fully understanding written and spoken English experienced greater difficulties in accessing the NHS. Specific problems included

- Complexity or lack of clarity received when calling the 111 number for information or advice
- Perceived need not to take up time when on a call with the GP or surgery; possibly resulting in not fully having their issues and concerns addressed
- Not being fully understood nor being able to make themselves fully understood
- Booking interpreters
- Easily accessible information and advice on measures in place to provide on-going medical services during the pandemic, especially during 'lockdown periods'



'When calling 111 the questions should be simple and clear to understand'



'Be patient with us and give us more time to talk, as the language is the problem to explain our illness'

**Accessible communication and cultural sensitivity.** Most respondents acknowledged that the issues they experienced accessing the NHS during the pandemic were unique to that period. Further, it was recognised that efforts to reset and restore all services back to pre-pandemic levels were currently underway. It was also accepted that this would take time. Nevertheless, a perception exists that problems such as accessible communication, language and cultural sensitivity which were all relevant pre-pandemic, had to some extent been made worse because of the pandemic and would therefore take longer to be addressed and resolved.

**More timely appointments and treatment needed.** A few respondents mentioned the delays to hospital appointments caused by the pandemic. One mentioned this had always been a problem area for the NHS but had been exacerbated by the pandemic. Another respondent said some people they knew when faced with long delays, would go to their country of origin for a second opinion or even treatment. One respondent felt having to go abroad to obtain timely treatment was a poor reflection on the NHS and more needed to be done to avoid people having to take those measures.

## Areas to focus on for change

When asked to identify areas that respondents felt the NHS should focus on to change to improve accessibility of services, the following were mentioned by one group of respondents

**Limited or lack of access to Primary Care services.** people experienced long delays in answering the phone; 30-minute waits on hold and then being cut off; giving 3 hours+ call windows and then sometimes not being called at all;

**Complexity of the appointment booking process.** The choice between unanswered phones or online booking is tricky. Online was often too complicated for those not comfortable with or able to access technology. The multiple-choice '*what's wrong with you?*' questions on the online survey were too specific and did not cover everything.

It was highlighted that the more barriers put in place to accessing services, the less people will persevere to seek treatment, and often end up living with untreated pain.

**Communication.** people requested plain language rather than medical jargon, as well as avoiding making assumptions about what people can understand, and then staff completing. The benefits of Equality & Diversity training to ensure all staff understand how to communicate to people from multicultural backgrounds including those without English as a first language could be considered.

**Listening to women and their experiences of health issues.** participants want to be acknowledged, believed and taken seriously when they speak to clinicians. They recognise that many women go unseen and unheard by medical professionals. They would like acknowledgment that people know their own bodies and how they feel.

**Timeliness.** participants wanted to reduce long waits for GP appointments, ambulances (with reports of 1 hour+ waits for heart attacks), blood tests and specialist services (especially mental health services for adults and young people). They also wanted to improve timely follow-ups informing people of test results limiting the need to call back several times to talk to someone about results.

**Lack of clarity of terminology.** People wanted to know '*what constitutes an emergency?*' and understand messaging about managing pain regarding less medication changing lifestyle and exercise behaviours.

**Improved communication between different elements of the NHS.** Examples included prescription transfer issue between GP and Pharmacy resulting in missed medication.

**More proactive and preventative support.** This could address the prevention of common physical health conditions, with more specialist doctors needed.

**Consultation.** Respondents retain appreciation and affection for the NHS. It is for these reasons many are always willing to participate in consultations of this type. However, a

group of respondents requested they are provided with an account and information about how their comments and contributions to this consultation have or will be used.

**Collaboration** Ideally, respondents would like the opportunity to meet with NHS representatives to discuss how their feedback has been considered, used to improve services and what actions have been taken by the NHS as a result. The group stated they have responded to many consultations and questions like this over the last few years. Speaking with the NHS would provide personal feedback, close the *consultation loop* and enable long term improvements to be made.

## The Trust for Developing Communities

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