

# NEIGHBOURHOOD MEDIA CONNECTS HEALTH REPORT

Using media tools to listen to the voices of our community.

October 2021 - September 2022



Minority Ethnic Communities in North Manchester  
HARPURHEY, CHARLESTOWN AND HIGHER BLACKLEY

# TABLE OF CONTENTS

Forewords	4
Team behind the NeMCoH Project	6
Executive Summary	8
Background Research	10
Research Methodology	16
Key Findings, Analysis and Interpretation	18
Recommendations	28
Further Research	30
Closing Remarks	32

**“Health is not built in hospitals, it is built in homes, in work places, in streets where people live...”**

**Andy Burnham**

(Mayor of Greater Manchester)

# FOREWORDS

This micro report is a snapshot of the voices that belong to minority ethnic communities based in Harpurhey, Charlestown and Higher Blackley (neighbourhood), in the North of Manchester. I have been in awe of the engagement of these wards in lending their voices and opinions to our mission to create more inclusive healthcare provisions in the neighbourhood. The concise sample size for this media-led design thinking research project is 139 participants across three media-led tools (online questionnaires, podcasts and documentary productions). We have seen overlapping themes, which showcase areas to ponder upon and act upon to ensure the NHS's founding ideals are reflected in this neighbourhood.

In 1948, the British government, led by Prime Minister Clement Atlee, cut the ribbon on perhaps the most ambitious public service project in British history. Universal healthcare free at the point of use for every British citizen has always been the founding ideal. However, with the ever growing multicultural population in the UK, the approach has inevitably required adaptations. This micro report plays its part in informing best practices that can be employed from the voices of minority ethnic communities in the North of Manchester.



**Oladamola Babalola 'Babz'**  
Founder & CEO

As a Creative Media Agency social enterprise based in North Manchester, our formidable team has made this project come to life and achieved the following:

- Providing a voice for those who may not usually engage with mainstream health services.
- Encouraging people to talk about their health and how their community helps or hinders their health and well-being.
- Building confidence and self-esteem in individuals.
- Building trust within the community that we were proactive in ensuring their efforts to speak to us result in positive action.
- Providing communication conduits for residents with physical or mental long-term conditions.
- Understanding what barriers the community faces when trying to get support for issues that affect their health and well-being, particularly concerning minority ethnic individuals.
- Providing community-led evidence of critical issues residents faced in our neighbourhood & providing this to key organisations encouraging a more open & inclusive approach to the services they provide to the community.
- Providing service providers with tangible action points as a result of community dialogue to improve services provided to the community, particularly to minority ethnic individuals who live, work or worship in this neighbourhood.

**I thank the community for their voices that have made this research project successful. We encourage service providers to review our findings and implement our research-based recommendations.**

Kindest regards,

Oladamola Babalola (Babz)  
Founder and CEO - Freshrb C.I.C.

# THE TEAM



**Oladamola Babalola 'Babz'**  
Founder and CEO



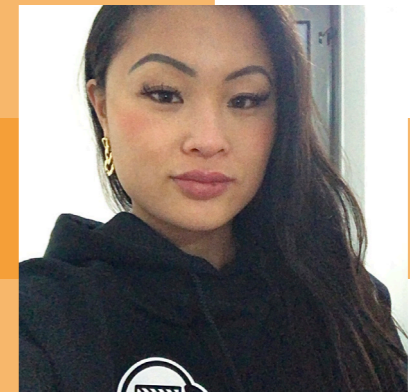
**Kondwani Chirwa**  
Operations Director



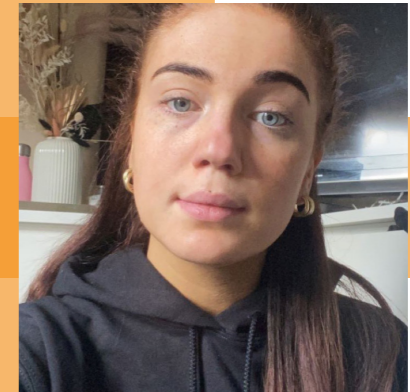
**Sarah Atkinson**  
Social Media & Marketing Manager



**Nathan Hulson**  
Creative Content Executive



**Nhu Le**  
Creative Project Consultant



**Alice Horley**  
MMU Student - Research Development



**Waniya Shehzad**  
MMU Student - Research Analyst



**Anisah Khan**  
MMU Student - Research Analyst



**Karl**  
Videographer





# EXECUTIVE SUMMARY

Covid-19 has highlighted and exacerbated inequalities between Black, Asian and Minority Ethnic (BAME) individuals and their white British counterparts. Specifically, vaccine hesitancy and reluctance in these communities have been comparatively higher than the rest of the population, even though the Covid-19 virus had a higher impact on these communities.

There have been reasonable fears about the underrepresentation of minority ethnic community subjects in vaccine clinical trials and unreasonable conspiracy theories, including vaccines being a secret means of experimenting or sterilising the so-called BAME communities. No matter how rational or irrational the fears of minority ethnic community members were about the Covid-19 vaccines and information,

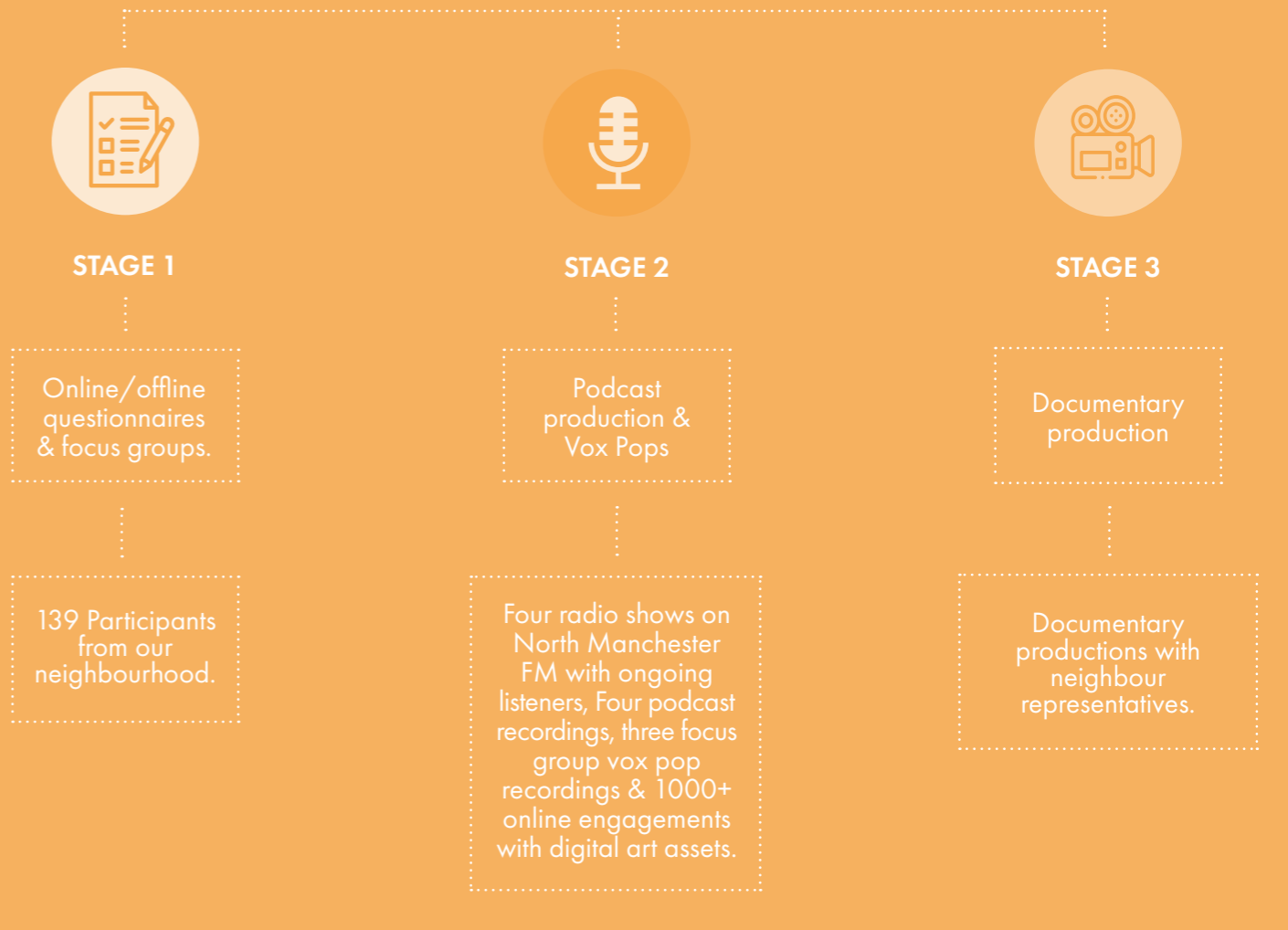
significant numbers of people within these communities were willing to risk their well-being rather than trust the National Health Service (NHS) guidelines. This is a matter of grave concern to anyone interested in seeing the NHS's founding ideal becoming a universal reality.

Despite the relatively low levels of media coverage on the issue, our view is that distrust and dissatisfaction with the NHS within minority ethnic communities is a chronic issue, of which vaccine hesitancy was a mere symptom.

This Media Led Research Project (NeMCoH) was co-produced collaboratively by Freshrb C.I.C. and the Integrated Neighbourhood Team for Higher Blackley, Harpurhey and Charlestown (our neighbourhood).

## RESEARCH MEDIA TOOLS

Our research journey were broken down into three stages of research and a final stage of information dissemination over 12 months and employed the following strategies and media tools.



## KEY FINDINGS

Three key findings from this research project are as follows:

- A. Negative emotions towards 'waiting time and accessibility' before and between appointments
- B. Simple, straightforward, calmer and inclusive' Covid-19 communications.
- C. Negative emotions towards 'receptionist encounters, staff efficiency and hospitality'.

## RECOMMENDATIONS

Three recommendations from this research project are as follows:

- A. Improved 'culturally appropriate' social prescriptive activities & communication during waiting times for patients between appointments.
- B. Uniform, simple, Positive & inclusive revised Covid-19 communication & future vaccine communications.
- C. Improve people-centred care with recognition, celebration & encouragement strategies for receptionists at local GPs.

# BACKGROUND RESEARCH

SNAPSHOT OF THE NEIGHBOURHOOD (HARPURHEY, CHARLESTOWN & HIGHER BLACKLEY)



QR CODE TO REFERENCES

## HARPURHEY

This small township lies on both sides of the road from Manchester to Middleton, extending westward to the Irk. In 1830, it was described as an area with pleasant views. It has long been an inner-city suburb of Manchester in northwest England, three miles northeast of the city centre, with an estimated population of 19,872.

- In Harpurhey, 9 out of 10 households contain people who may need high or very high levels of support. Support is necessary to ensure that the households manage their health & prevent them from becoming high users of acute healthcare services.
- Harpurhey was once named the most deprived neighbourhood in England but has recently seen significant investment in its district centre, with the addition of schools catering to children aged 3–18 years, for example, Manchester Communication Primary Academy & Oasis Academy Harper Mount (3–11 years) & Manchester Communication Academy (11–18 years).
- The neighbourhood contains an interesting mixture of relatively young, single individuals living in low-cost rented accommodation ('Renting a Room'), less well-off families ('Families with Needs' & 'Childcare Squeeze') & deprived older people ('Low-Income Workers' & 'Seasoned Survivors').

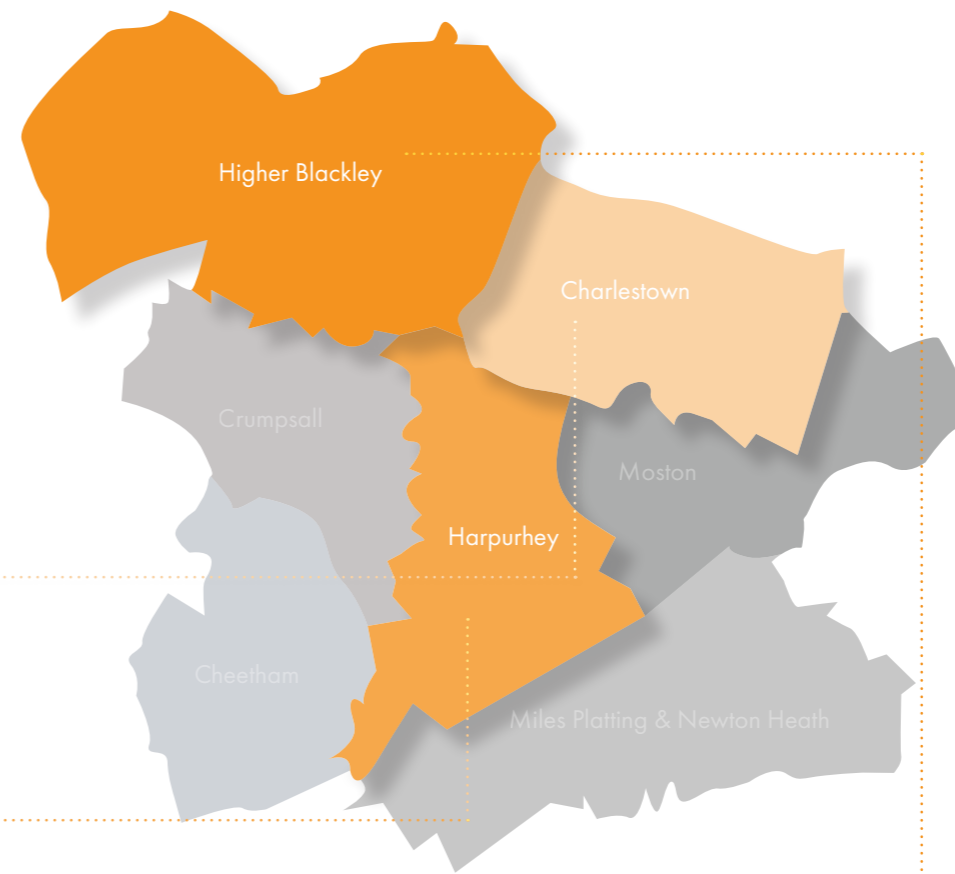
## CHARLESTOWN

Charlestown is a ward in suburban North Manchester, England, with an estimated population of 16,237. The population of Charlestown is both younger and older than the national average. Health providers thus need to focus on Charlestown.

The rate of unemployment in Charlestown is higher than the national average. Finding a job in this area could be relatively difficult and affect the mental well-being of individuals here.

The rate of claiming benefits (including work benefits) is more than 25% higher in Charlestown than the national average, suggesting that many people may be under-employed or on a low salary.

- In Charlestown, we found that 56% of households require high levels of support, and 13% of households require very high levels of support. Help is needed to ensure that the families manage their health and to prevent them from becoming high users of acute healthcare services.



## HIGHER BLACKLEY

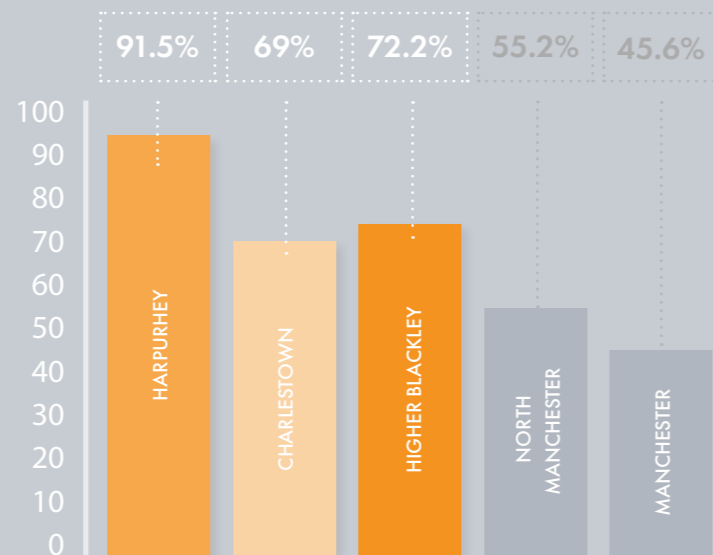
Higher Blackley is 4.5 miles away from Manchester city centre with an estimated population of 14,849. Manchester's most popular green spaces, Heaton Park, Blackley Forest and Boggart Hole Clough, are in this area.

The unemployment rate in Blackley is similar to that of Charlestown, with Blackley having a lower rate of home ownership (via a mortgage or owned outright) than the national average, which suggests that Blackley is an economically deprived area. Since all home ownership is lower than the national average and rented accommodation levels are higher than the national average, this also suggests an area of economic deprivation.

This area has nine primary schools, three secondary schools and three special/alternative schools.

- In this Higher Blackley, 48.8% of households need high levels of support and 23.4% need very high levels.
- Like the other wards, support is needed to ensure that the households manage their health and prevent them from becoming high users of acute healthcare services.

# STATISTICS



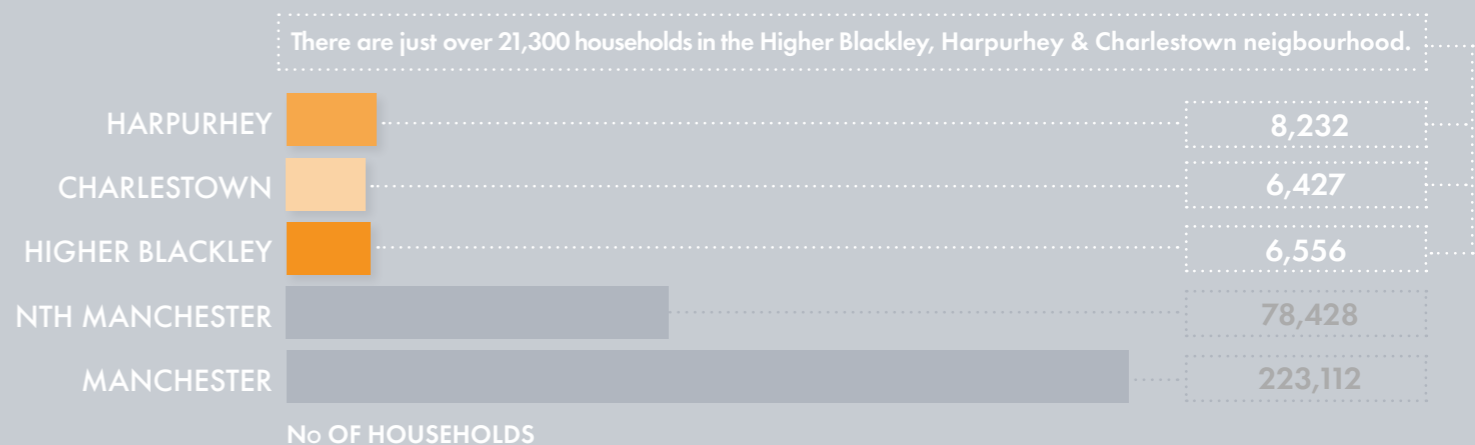
Percentage of households who require high/very high levels of support.

### Primary Care Network (PCN) for Harpurhey, Charlestown & Higher Blackley

A group of nine general practices in the North Manchester region forms the Primary Care Network of Higher Blackley, Harpurhey and Charlestown.

This network aims to provide high-quality care across a range of services to improve health & well-being & address health inequalities within Higher Blackley, Harpurhey and Charlestown.

Name	Ward
Conran Medical Centre	Harpurhey
The Singh Medical Practice	Harpurhey
Ferndrough Surgery	Harpurhey
Willowbank Surgery	Harpurhey
The Avenue Medical Centre	Blackley
Charlestown Medical Practice	Blackley
Dam Head Medical Centre	Blackley
Valentine Medical Practice	Blackley
Beacon Medical Centre	Blackley



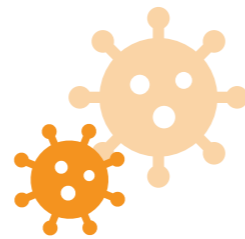


# PREVIOUS RESEARCH FINDINGS ON HEALTHCARE & MINORITY ETHNIC COMMUNITIES

## KEY FINDINGS

### KINGS FUND PUBLICATION

The Covid-19 pandemic has disproportionately impacted ethnic minority communities, which have experienced higher infection & mortality rates than the white population. Geography, deprivation, occupation, living arrangements & health conditions such as cardiovascular disease and diabetes account for a large proportion, but not all, of the excess mortality risk of Covid-19 in ethnic minority groups. Covid-19 has reversed the previous picture for some ethnic minority groups, which now have higher overall mortality than the white population.



### UNIVERSITY OF MANCHESTER

- Inequalities tended to be higher for older women.
- Older people from minority ethnic groups were more likely to report suffering from some common long-term conditions such as diabetes and having two or more conditions.
- Older Bangladeshi women were around three times more likely to report poor experiences as compared with older white British women.



### OLDHAM COUNCIL PUBLICATION

- Many older BAME people feel directly discriminated against because of their ethnic or cultural background.
- Experiences of discrimination tend to relate to public spaces in healthcare settings, such as waiting rooms and hospital wards.
- Experiences of unequal treatment intersect with other issues highlighted in this report and contribute to a particular racialised experience of health and social care as an older adult.
- A participant from the Bolton focus group described how a doctor had changed her husband's medication, which he was taking for depression, without informing her or her husband. When she collected the prescription from the pharmacy, she discovered the medication had changed. Further, she was forced to research this herself since the correct dosage for this new medication was not explained to her or her husband.



'The NHS as an institution is failing people from some ethnic groups. Policy action is needed to transform healthcare and broaden support services to make sure they meet the needs of all individuals in England's multi-ethnic population fairly.'

- Dr Ruth Watkinson

### INSTITUTE OF HEALTH EQUITY

#### Key public health recommendations:

Allocate public health resources proportionately, focusing on the social determinants (the economic & social conditions that influence individual & group differences in health status).

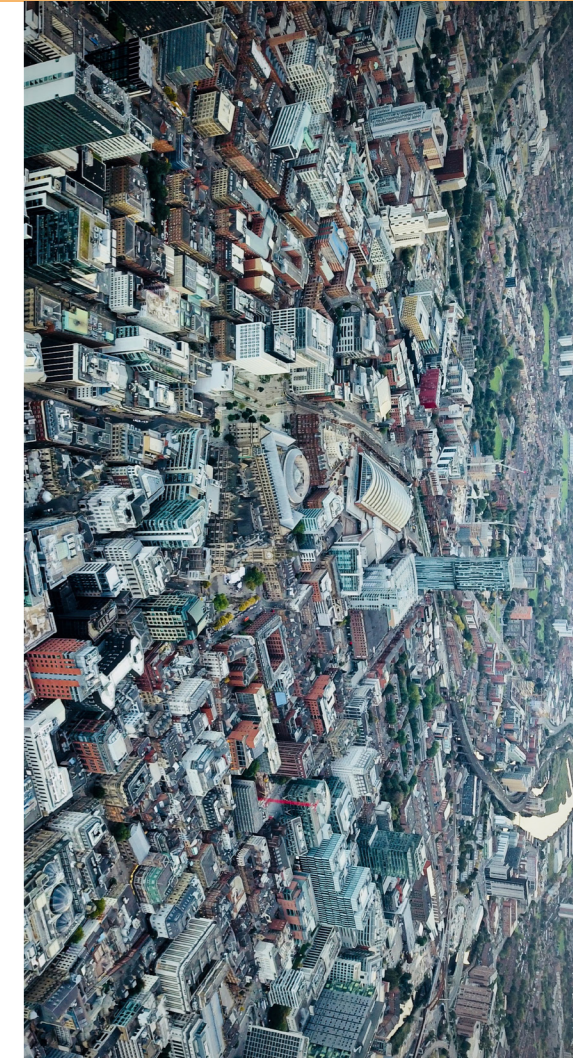
- Advocate for an actual percentage increase in the regional budget for public health.
- Strengthen the public health focus on the social determinants of health.
- Public health to provide a key leadership role post-Covid-19 in plans to Build Back Fairer.
- Continue to support Greater Manchester's integrated health and care system to be a true population health system, working in partnership with the 10 local authorities and the Greater Manchester Combined Authority.
- Develop equity targets for local authorities and the City Region, with clear lines of accountability to reflect priorities for reducing health inequalities and inequalities in the social determinants in the longer term.
- Increase mental health provisions in workplaces.

#### Give prevention interventions time to succeed.

- Invest for the long term, measure success over five and ten years and improve sharing of best practices between local authorities in Greater Manchester.
- Identify & embed learning from the Covid-19 pandemic, including the value of place-based services, person centred & other 'bottom-up' approaches.
- Place prevention and taking action on social determinants at the centre of the integrated care system in Greater Manchester.

#### Prioritise inequalities in mental health.

- Continue & expand existing programmes that focus on preventing mental health problems & strengthen monitoring & evaluation for equity.
- Work with planners to develop mental health high streets & access to good quality green space within a 15-20 minute walking distance for all in Greater Manchester, including specific actions to reduce noise & air pollution, improve community safety & reduce anti-social behaviour.









# RESEARCH METHODOLOGY

This study used a qualitative research design that utilised interviews with participants who live, work, or worship in Higher Blackley, Harpurhey and Charlestown.

## SETTING

Data was collected in this neighbourhood online and offline in different locations. These were face-to-face in-person focus groups, online/offline questionnaires at outreach events, online/offline recorded podcasts and video interviews.

## PARTICIPANTS

A total sample of **139** participants took part in this qualitative research study.

### INCLUSION CRITERIA

Participants who live, work or worship in Higher Blackley, Harpurhey & Charlestown in the North of Manchester were eligible to participate in this study.

Participants who belonged to minority ethnic groups.

### EXCLUSION CRITERIA

Participants who belong to the white community.

Participants who belong to minority groups but do not live, work or worship in the areas of Higher Blackley, Harpurhey & Charlestown in the North of Manchester, UK.

## CONSENT

Consent was obtained before recording in focus groups, podcasting & documentary production, while questionnaires remained anonymous.



## DATA ANALYSIS

A blended approach of interpretative, phenomenological, grounded theory and narrative analysis was used to analyse data gathered from the four sources, i.e. podcasts, focus groups, questionnaires & the summit events.



Interpretative phenomenological analysis (IPA) is a psychological qualitative research approach that focuses on creating themes to offer insights into how a given person, in a given context, makes sense of a given phenomenon, which in this study was answering the questions in the questionnaire.



Grounded theory expands upon an explanation of a phenomenon by identifying the key elements of that phenomenon and then categorising the relationships of those elements to the context and process of the experiment.



Narrative analysis is a form of qualitative research in which the researcher focuses on a topic and analyses the data collected from several sources such as surveys, observations, focus groups & other similar methods. The researcher then writes their findings in the context & reviews & analyses them.



# KEY FINDINGS, ANALYSIS & INTERPRETATION

The analysis of our findings are broken down into sections...



RESEARCH  
SAMPLE

1



LOCAL HEALTH  
CARE  
PERCEPTIONS

2



COVID  
MESSAGING  
PERCEPTIONS

3



MEDIA CONTENT  
THEMES

4

Summary of Questionnaire responses  
(Section 1-3)

**On a scale of 1-10, what would you rate your Local Healthcare Provision?**

21% - 5

**Any comments on why you gave that rating above?**

"Waiting Time and Accessibility"

**Identify TWO key things you would like on offer from your Local GP or healthcare provisions?**

"Reduced waiting time and accessibility" and "Staff efficiency and hospitality"

**What are your views on the Covid messaging from Manchester Council, NHS and Government?**

"Confusing and Mixed Messages"

**How should it look?**

"Simple, easy, clear, calmer, inclusive and straight to the point"

Summary of Themes from media content

"A feeling of under representation" & "unpleasant experiences with receptionist"

"No trust because of constant negative messages to instil fear"

"Novelty wore off"

"long waiting times"

"Poor first contacts with receptionist"

"lack of confidence in the government".





# SAMPLE ANALYSIS

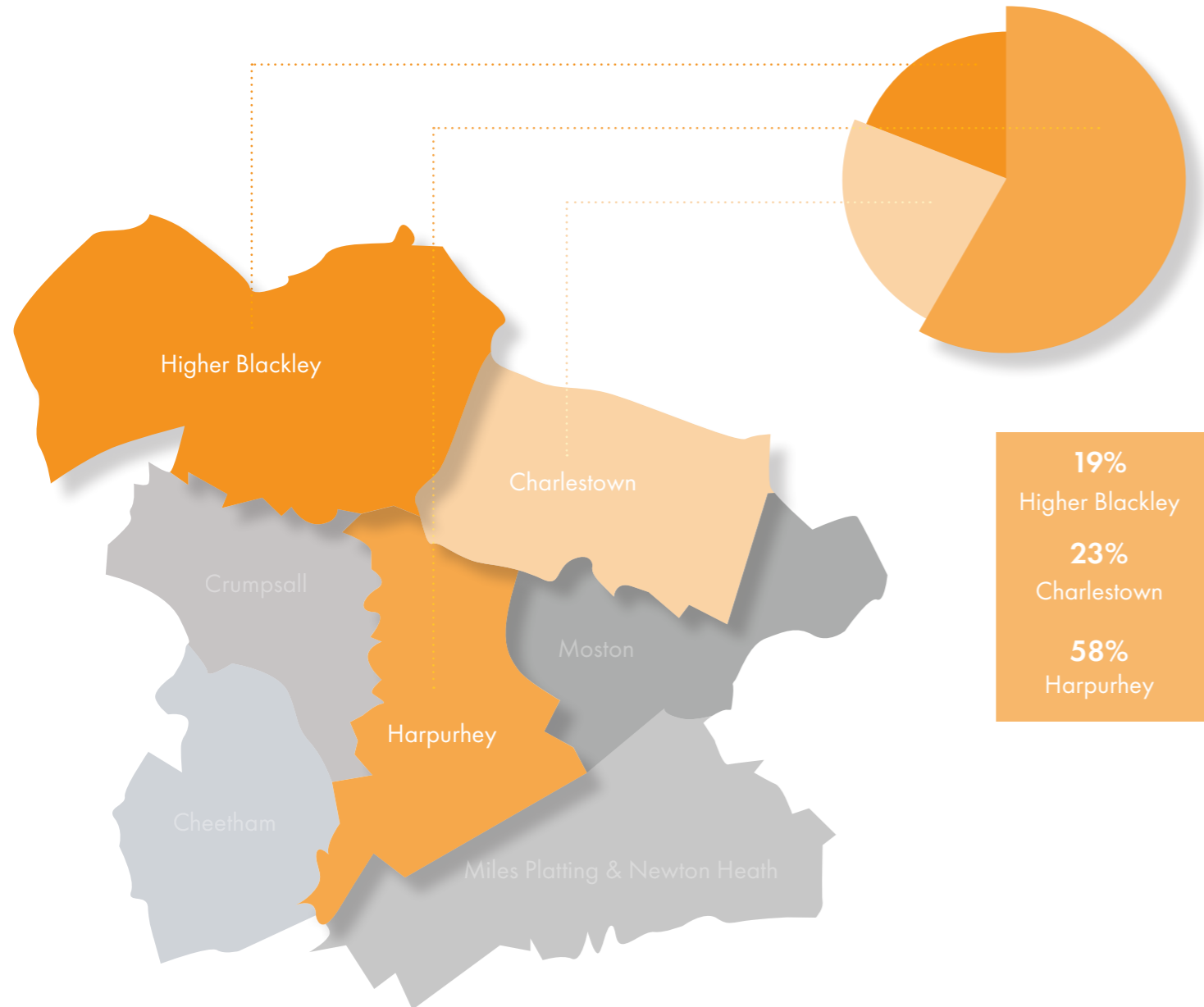


105  
Questionnaire  
participants



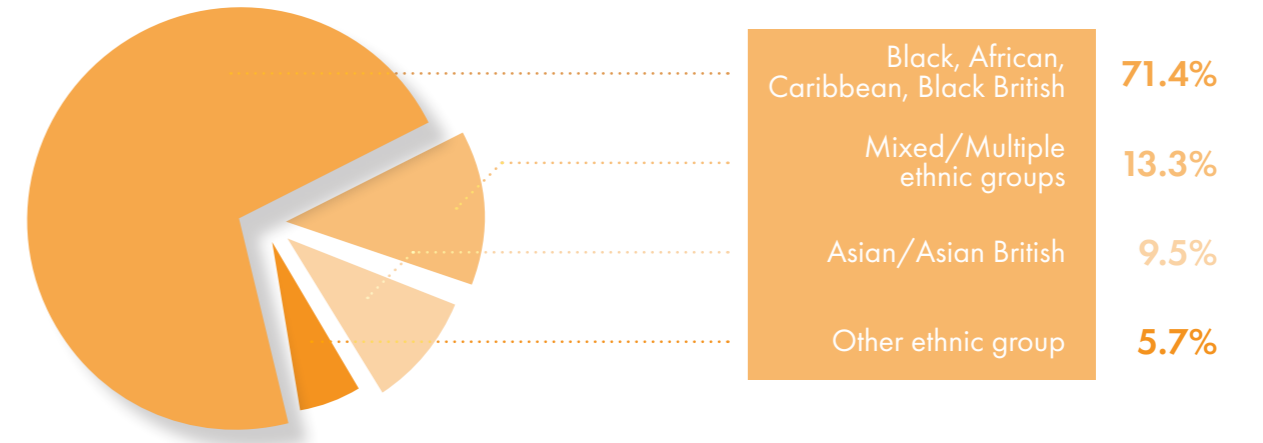
## Extensive Breakdown

### OUR PERCENTAGE SAMPLE SPLIT

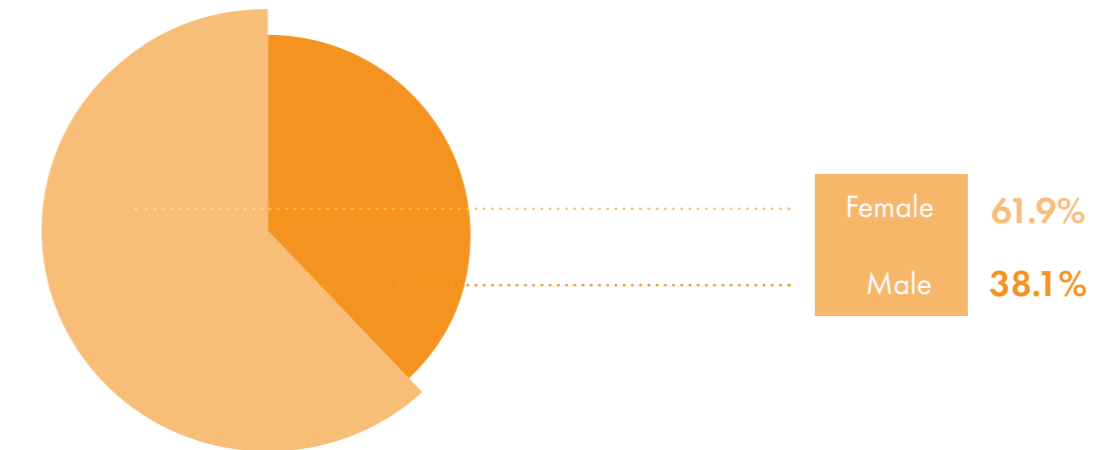


### ACTUAL ESTIMATED POPULATION

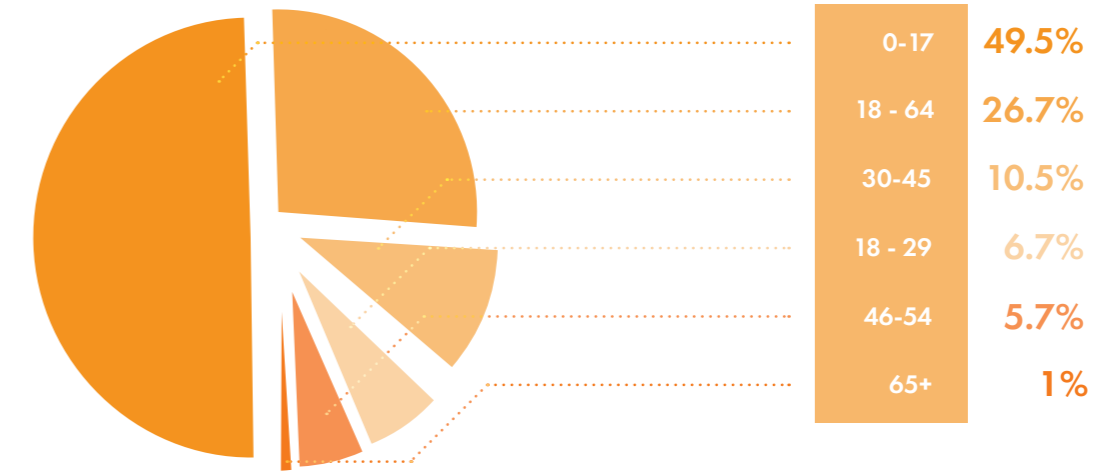
Higher Blackley	16237
Harpurhey	19872
Charlestown	14849



### ETHNICITY



### SEX



### AGE

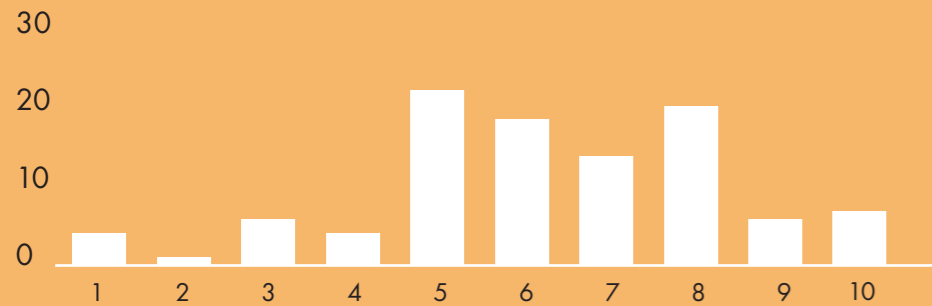


# LOCAL HEALTH CARE PERCEPTION ANALYSIS



BELOW ARE THE RATINGS OF INDIVIDUALS TOWARD THEIR LOCAL HEALTH CARE PROVISIONS PRESENT.

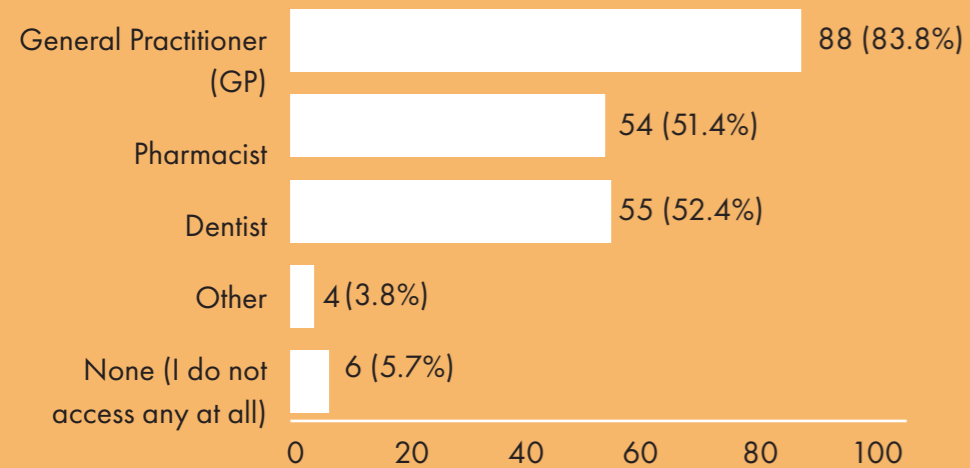
ON A SCALE OF 1-10, WHAT WOULD YOU RATE YOUR LOCAL HEALTHCARE PROVISION?



THE MAIN THEME THAT CAME OUT OF THE COMMENTS FROM THE REASON FOR RATINGS BELOW 6 WAS

**WAITING TIME & ACCESSIBILITY**

WHAT LOCAL HEALTHCARE PROVISION(S) DO YOU ACCESS?



TOP 3 MOST ACCESSED HEALTHCARE PROVISIONS

-  GP
-  PHARMACIST
-  DENTIST

BELOW ARE THE TWO THEMES WHICH CAME FROM BEING ASKED TO...

'Identify TWO key things you would like on offer from your Local GP or healthcare provisions?'



STAFF EFFICIENCY & HOSPITALITY

REDUCED WAITING TIME & ACCESSIBILITY

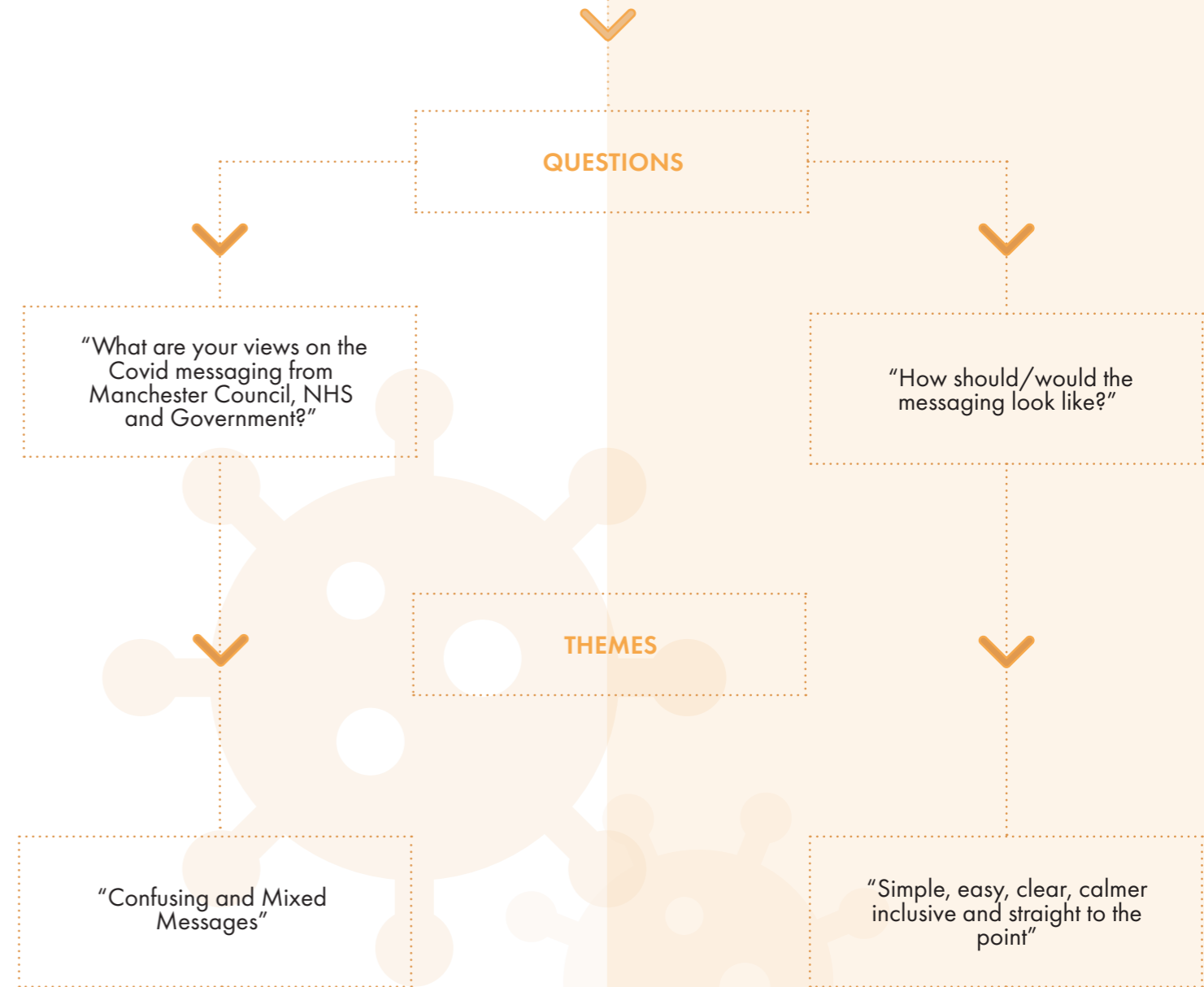






# COVID MESSAGING PERCEPTION ANALYSIS

BELOW ARE THE KEY THEMES WE FOUND WHEN ASKED THE QUESTIONS...



From the above we can see the main theme from the minority groups in the neighbourhood is **'confusion and mixed messages'** towards the messaging around COVID. These findings raise points to ponder upon on the perception of how the community is digesting the messages of COVID from the authorities and specialists.

The comment above are a melting pot of how people would like the messaging to look like and also how it is to be delivered.



# MEDIA CONTENT THEMES ANALYSIS

Below is a collection of the overarching themes that have come from the interviews and conversations amongst many with individuals in the community. Below, the themes are a collation of Vox pops and voice recording that demonstrate a small sample of context for the themes.

“A feeling of under representation” & “unpleasant experiences with receptionist”

“Poor first contacts with receptionist”

“Novelty wore off”

“lack of confidence in the government”

“long waiting times”

“No trust because of constant negative messages to instil fear”



# RECOMMENDATIONS

Upon completion of our research, many recommendations are eminent. Amongst the many recommendations that can be implemented, we believe that below are the three key themes that influence our recommendations.

THESE RECOMMENDATIONS SHOULD CREATE ROOM FOR DISCUSSIONS ON IMPLEMENTING THEM AND CAN LEAD TO FURTHER RESEARCH OPPORTUNITIES.

The identified recommendations for each theme are listed below:

## THEMES

### ONE

Negative emotions towards 'waiting time and accessibility' before and between appointments.



### TWO

The need for 'simple, easy, straightforward, calmer & inclusive' Covid-19 communications.



### THREE

Negative emotions towards 'receptionist encounters, staff efficiency and hospitality'.



## RECOMMENDATIONS

### ONE

Improved 'culturally appropriate' social prescriptive activities and communication during waiting times for patients between appointments.



### TWO

Uniform, simple, positive & inclusive Covid-19 communication & future vaccine communications.



### THREE

Improve people-centred care with recognition, celebration & encouragement strategies for receptionist & staff at local GP's.



# FURTHER RESEARCH

This media-led research project only uncovered the key trends and themes highlighted from the voices of minority ethnic community groups in Harpurhey, Charlestown and Higher Blackley and has created opportunities for further research into implementing these recommendations and digging deeper into the origins of the views of the community.

## KEY AREAS FOR FURTHER RESEARCH ARE AS FOLLOWS:



Further research into all recommendations from this NeMCoH research & actionable steps to implementing them.



Further research into other wards to see if similar themes emerge.



Further regional and possible national research into other Primary Care Networks (PCN) and their regions of care, collating success areas and identifying areas for improvement. Research should focus on understanding what can be implemented to build trust around minority ethnic communities.



Further research into co-design approaches that can empower residents to take more ownership of the progression of their health and support their healthcare provisions locally.





# CLOSING REMARKS



**Kondwani  
Chirwa**

**Operations Director**

A huge thank you goes to the people from the communities who took part in different stages of exploration (focus groups, podcast, documentary, questionnaire) in neighbourhoods. Their shared lived experiences of interacting with healthcare provisions and the impact this has on not only the individual but a wider community as well.

Findings from the NeMCoH project showcases what is needed to make adjustments for improved service access, how involving the local community gives a voice to those less heard, and why health empowerment for the individual plays an important role to future health outcomes.

We believe bridging research with engagement plays a key role in paving a future where there's active citizen participation in health which in turn helps service providers

Kind Regards,

A handwritten signature in black ink, appearing to read 'Kondwani Chirwa'.

Kondwani Chirwa  
Operations Director



QR CODE TO REFERENCES



SCAN TO VIEW  
NEMCOH WEBPAGE

Special thanks to the amazing delivery partners from community groups and organisations for working with us on NeMCoH.

**Honourable mentions are below:**

Manchester Local Care  
Organisation

North Manchester Inclusion  
Partnership

Harpurhey Community Centre

Whitemoss Youth & Community  
Centre

Higher Blackley Community Hub

North Manchester FM

Manchester Metropolitan  
University

Participants' voices from Higher  
Blackley, Charlestown and  
Harpurhey.