Leicestershire County Council:

Public Health Communications Engagement Report

Contents

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1. Background and Context

Public health (PH) communication plays a vital role in promoting health literacy, managing misinformation and fostering healthy behaviours. Given the importance of this messaging resource is currently being invested by Leicestershire Public Health (LPH) into reviewing how maximum impact can be achieved. As part of this process, a working group was formed to delve deeper into the existing evidence base whilst also conducting additional engagement with residents to ensure their voices are heard.

This report provides an overview of the information collected in the process of answering the research question **"How can we improve the health outcomes of Leicestershire residents with the support of communications".** Included in this report are:

- Summary of desktop research
- Findings collected during previous engagement (both Leicestershire County Council (LCC) and non-LCC led)
- Findings from a literature review of public health communications
- Findings collected during a 6-week engagement with residents

2. Secondary Research

2.1 Desktop Research

Key terms were used in a search engine to uncover any transferrable information from engagements that had been conducted nationally.

2.1.1 South East London People's Panel

This panel has over 1,000 members of the public who were recruited and are broadly representative of the South East London population. The survey used aimed to understand what people know about the health services in South East London, where they would go for help/advice/treatment with different health conditions and their motivations for doing so. It also aimed to find out how people like to get health information and in what format. 233 members responded to the survey. 44.5% of respondents were female vs 55.5% male. The age range spanned 16-75+ years with a majority aged 50-74 years. Here is a summary of findings that have some transferability to this project.

When in need of help and/or advice when unwell or injured, the most common call of action chosen by respondents was self-care and their medicine cupboard (41%) followed by going to their local pharmacy (34%) and Google/the internet (34%) (see figure 1).

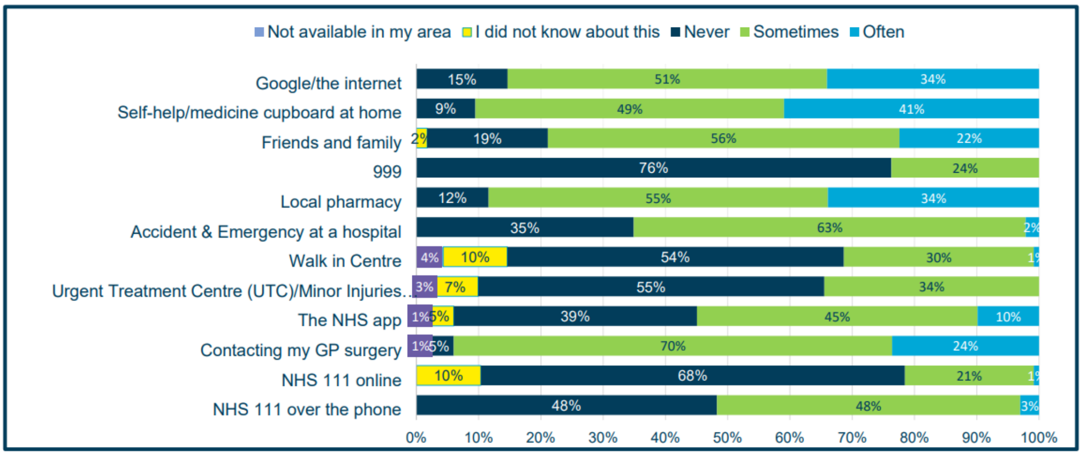


Figure 1 shows where residents of South East London go to get help/advice when they are unwell or injured.

Source: South East London NHS, 2023.

43% of people said they'd prefer to receive information about health and care services on the NHS website, followed by text message (39%). The least preferred option to receive information about heath and care services was via local radio station (see figure 2).

A leaflet through the door was the preferred option for people +75 years old (79%) and less preferred by young people 16 – 24 years old (20%).

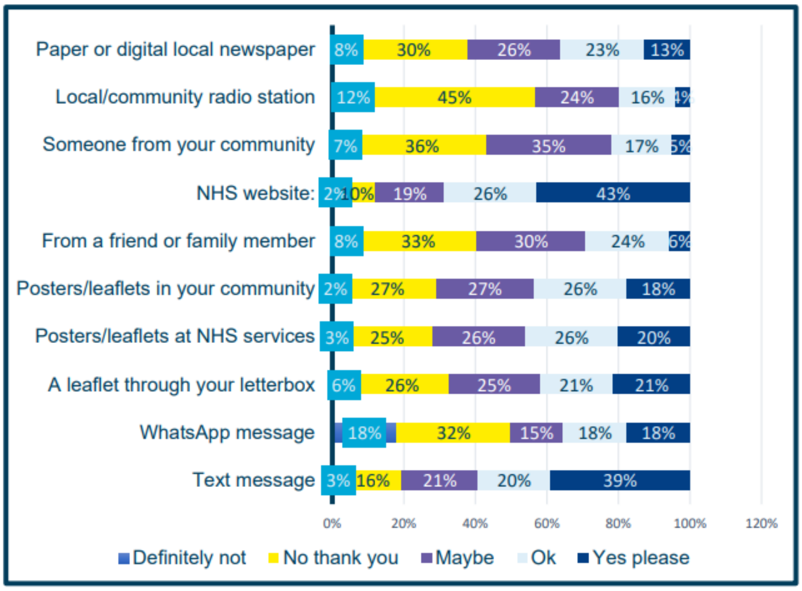


Figure 2 shows how residents of South East London want to receive information about health and care services.

Source: South East London NHS, 2023.

80% of survey respondents said that they would prefer to get more information from local pharmacies, with the local library and supermarket ranking next popular (50% and 43% respectively) (see figure 3)

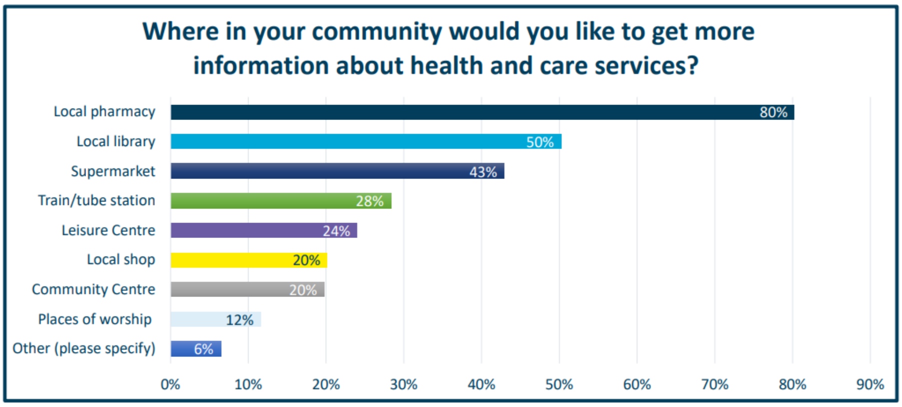


Figure 3 shows where in the community residents of South East London would like to receive their information from.

Source: South East London NHS, 2023.

Finally, 52% of respondents had additional suggestions to what was already mentioned (see figure 4).

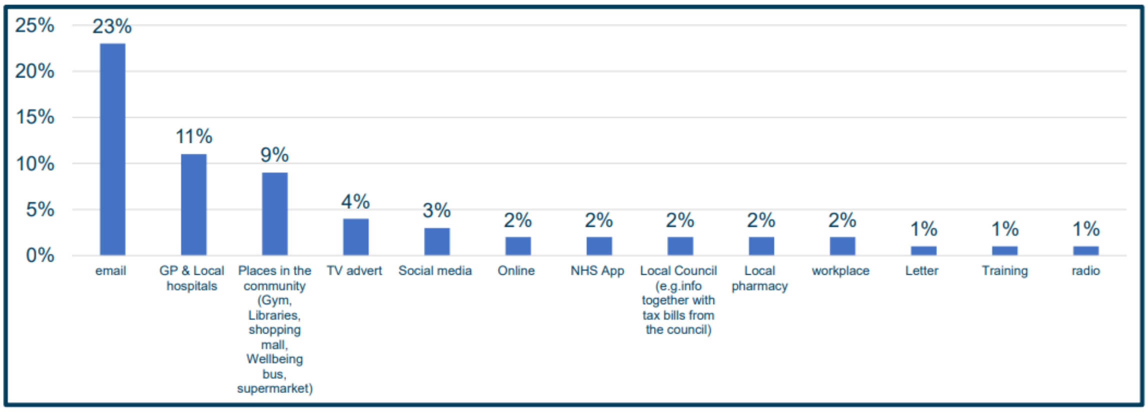


Figure 4 shows additional ideas of where residents of South East London may want to receive health and care help, advice and information from.

Source: South East London NHS, 2023.

2.2 Previous Engagements

2.2.2 Internal (led by Leicestershire County Council)

Gypsy, Roma Travellers and Measles, Mumps and Rubella

An engagement activity was completed to identify causes of vaccine hesitancy and barriers to receiving the measles, mumps and rubella (MMR) vaccination amongst Gypsy, Roma and traveller (GRT) communities. Through a focus group the views of 10 people were captured with ages ranging from 20 to 60 years. Transferrable learning included:

The suggestion of simpler explanations in healthcare messaging - "What's available now can only be understood by doctors".

When asked about typical sources of healthcare information, many used TikTok as a source of information for healthcare as well as other matters such as taxation and political updates. They were aware of the misinformation shared online, however relied upon trusted influencers and familiar faces who they deemed credible to learn about pertinent matters. These influencers were not travellers themselves, but instead competent at removing jargon from official (Government) sources and translating the information into a digestible format. Users of social media then fed this information upwards through generations who may not use social media in the same way or may not have access to digital technology.

Official information (e.g. from United Kingdom Government, National Health Service (NHS)) is often not in a format that is easy to read and/or understand. Videos that can be shared on WhatsApp were deemed to be a useful platform to communicate and educate.

They also suggested working with trusted influencers to share messaging in a digestible format. However, none of the group were able to select a single individual person as an example.

The community's opinions on the links between vaccinations and health complications were so engrained, despite the lack of scientific evidence, and they found anecdotal stories far more relatable.

Cancer Screening

It was identified that there was poor cancer screening uptake in certain populations in Charnwood. Through focus groups and surveys with groups of people from the target audiences it was uncovered that there were varied experiences, perception and awareness related to cancer screening and wider healthcare. Linked specifically to communications the following information was highlighted:

Bangladeshi men's group -
This group consisted of 10 people (9 males and 1 gender unknown) from Asian or Asian British – Bangladeshi heritage aged 45-69 years. It was apparent that there was a desire for information. The consensus was that more information would result in higher screening uptake. Methods of communication were discussed, with text messages and letters being the favoured approach. In terms of sharing of health messages, the general practitioner (GP) was cited as being a trusted messenger to deliver this information. Interestingly, language was cited as both a barrier and not a barrier to receiving of information.

Other barriers were around technology and not having access to relevant smartphones.

Bangladeshi Women's Group -
This group consisted of 19 females from Asian or Asian British – Indian and Bangladeshi heritage aged 15-69 years. Word of mouth was considered an important way of sharing information around screening. Social media was also mentioned.

Barriers to accessing information included language and reading English.

Polish Women's Group -
This group consisted of 4 females from white – any other background aged 35-59 years. These people were part of Project Polska, a local community-led organisation. Language was perceived as a barrier in terms of communication, where letters received would not be read as no translation is provided.

Health professionals were seen as the most trusted advisors, therefore access to them was felt to be very important. The group felt having a health professional come into the community to talk about cancer risks and screening services would be helpful.

The discussion around knowledge and information centred around access to information and lack of knowledge.

In terms of access to information, NHS was found to be the trusted source, with social media/electronic communication preferred as well as letters.

Carers Centre Group -
This group consisted of 2 female and 1 individual of unknown gender from white – English, Welsh, Scottish, Northern Irish or British heritage aged 50-69 years. Participants were members of the local charities support group. Overall, they tended to have a good knowledge of symptoms of cancer and screening and most felt they would use online resources such as 'Google' should they require further information.

Gypsy Roma Traveller Group -
Discussions were had with a limited number of members within the GRT community. Participants discussed the need for more advertising on television to help raise awareness of screening programmes, prevention and signs and symptoms.

Survey for Adult Carers Group –
Online surveys were developed to reach members of the targeted communities that did not have the opportunity to attend focus groups. 7 carers from the Carers centre group responded to this survey. 100% were female, with a median age of 50 years. 83% were carers of adults.

It was found that correspondence from GPs was the main source of information about cancer screening for these carers (86%), as well as from secondary care (86%). The only other significant source (71%) was information from online sources, such as NHS direct and cancer research. No other sources were deemed significantly trustworthy, though the online sources had more variation than GPs and secondary care, and it was noted that specific websites were more trustworthy.

Asthma

An asthma project with the purpose of improving care and outcomes for people experiencing asthma in Charnwood included data gathered through focus group style discussions. In these results participants reported seeing conflicting sources of information on the internet and generally had a desire for more information to be available to support asthma management. A recommendation from the engagement was to have more proactive communication for asthma awareness.

Sexual Health

A public consultation was undertaken between 16 January 2023 and 12 March 2023, on the recommissioning of sexual health services in Leicestershire and Rutland. There was a total of 119 individual consultation responses and 8 partnership meetings were attended to seek feedback on the proposals.

When asked to what extent people are aware of the sexual health services in Leicestershire and Rutland, the majority of responses showed people knew some or little information about the related services (see figure 5).

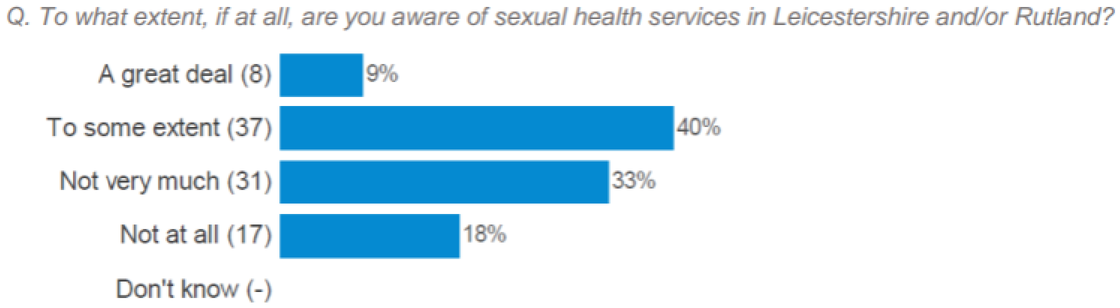


Figure 5 shows the level of awareness respondents had of sexual health services in Leicestershire.

When asked how people would like to be made aware of sexual health services, social media, leaflets and emails were the most popular options. Another preferred option was through key websites such as NHS provider websites and websites belonging to educational establishments. The preferred locations for this information to be provided included existing health and wellbeing services, community venues and educational establishments. Other suggestions also provided were public places such as pubs, nightclubs, supermarkets and cafes (see figure 6).

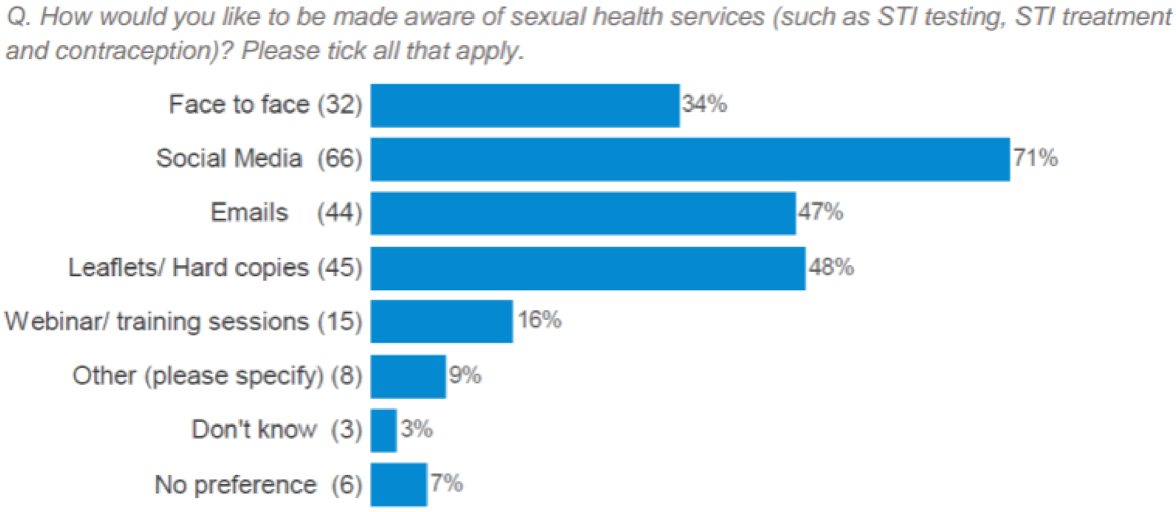


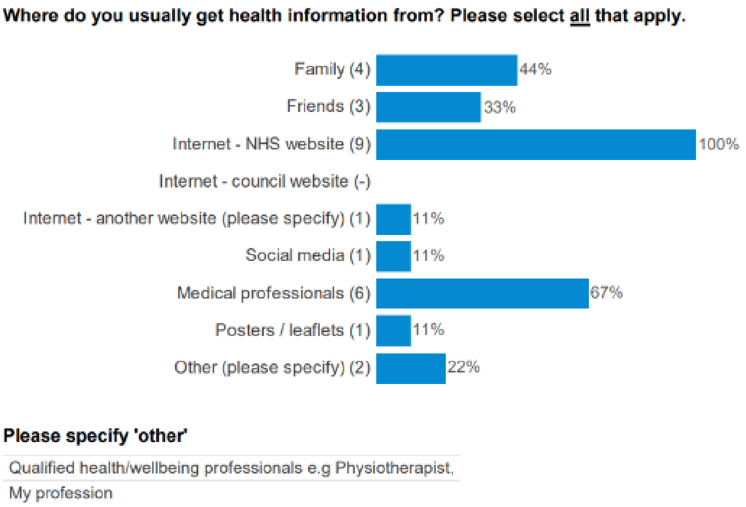
Figure 6 shows how respondents would like to be made aware of sexual health services.

Those that had indicated social media as a preferred awareness route preferred to see the information on Facebook, Instagram and TikTok.

Substance Use

Overall, 9 respondents took part in a substance use questionnaire. Learning that may be transferrable to this project, includes:

When asked where you usually get your health information from, the most common response was the internet – NHS website (100%). This was followed by medical professionals (67%) and family (44%) (see figure 7).



Please specify 'other'

Qualified health/wellbeing professionals e.g Physiotherapist,

My profession

Figure 7 shows where respondents to the substance use survey normally go to get their health information.

When asked "If you felt you needed help for a health concern to what extent, if at all, would information or support from certain source motivate you to seek that help", 78% of respondents said family and medical professionals would motivate them a great deal. 75% of respondents also said that the internet – NHS website and posters would motivate them to some extent.

Quit Ready Quarterly Questionnaire

Quit Ready is a stop smoking service provided by LPH. Each quarter the service conducts a review of existing service users. Within the questionnaire, respondents are asked "How did you hear about the Stop Smoking service?". Between January-March 2024 results showed that 60% of people heard through their GP/pharmacy/other, 15% through family and friends and 13% via the website or social media (see figure 8).

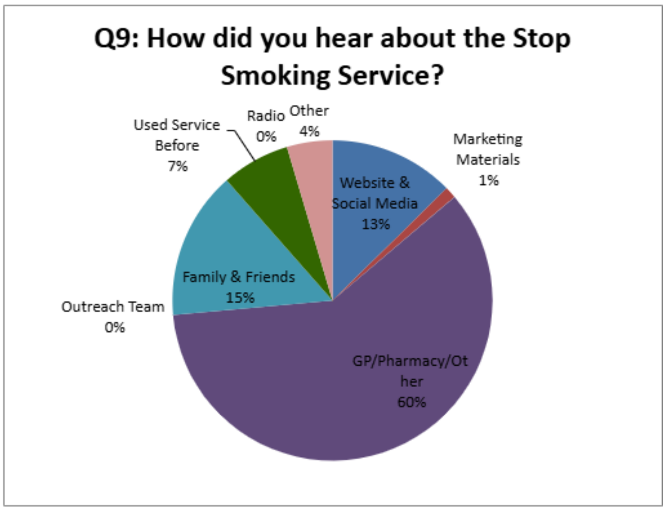


Figure 8 shows how Quit Ready service users first heard about the stop smoking service.

2.2.3 External

Integrated Care Board – Children & Young People

Between Monday 27 November 2023 to Sunday 3 March 2024, Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) undertook an engagement activity with children and young people (CYP), aged 11 to 25 years, to hear about their views on their health and on health care (Leicester, Leicestershire and Rutland NHS, 2024).

Part of the engagement included a survey completed by CYP. In total, 1,884 CYP responded to the survey. Transferrable learning to this project includes:

The CYP were asked "If you were worried about your health, what would you do first?". 60% of CYP, which is a majority, responded with speaking to their parent/carer, followed by 22% searching online. Other sources included going to their GP, a trusted adult (including youth worker), other (which included telling a friend and doing nothing until they felt it was serious), teacher and then accident and emergency (A&E). Only 1 CYP indicated that they would use NHS 111, suggesting this service isn't well known amongst young people (see figure 9).

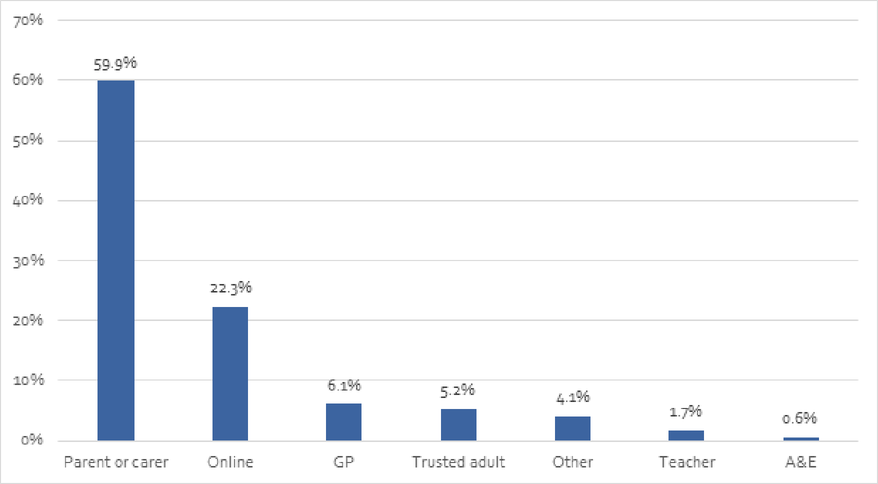


Figure 9 shows where CYP would go first if they were worried about their health.

Source: Leicester, Leicestershire and Rutland NHS, 2024

Active Together: Leicestershire, Leicester and Rutland Physical Activity and Wellbeing Resident's Survey 2024

Active Together completed a Residents' Survey to understand the residents of Leicestershire's attitudes, behaviours and intentions towards physical activity and health and wellbeing (Active Together, 2024). The results from the Residents' survey play a part in shaping the offer across Leicestershire to encourage the least active communities to move more.

The survey ran between 3rd June -14th July 2024 and was targeted at adult residents 18+ living within Leicester, Leicestershire and Rutland. A total of 3832 responses were received. The majority of respondents were female (69%), from a white ethnic background (90%), aged 35-64 years (63%).

When it comes to campaigns, 74.3% of respondents weren't aware of Active Togethers' Let's Get Moving campaign slogan. When asked about which messages resonate with them, residents highlighted positive messages like, "Don't give up! Everything takes time! Focus on yourself!" having a positive impact on behaviour change to be active. Overall, social media (61%) was highlighted as the best communication method for finding out about physical activity opportunities, followed by emails / newsletters (49%), friend / family member / word of mouth (40%), website (36%). Facebook proved the most popular social media platform with 68% selecting it.

Healthwatch Leicester and Leicestershire: Insight Report – Voices from People Who Aren't Being Listened to or Heard August 2024

Healthwatch completed an Insight report following their engagement with ethnic communities including Punjabi, Bangladeshi, Gujarati and Pakistani communities, including both men and women (Healthwatch Leicester and Leicestershire, 2024). They hosted Coffee, Chai and Chat group sessions which took place between 6 December 2023 - 18 April 2024 across several venues in Leicestershire. The purpose of these engagements was to listen and explore how ethnic communities find accessing their local health and social care services and understand what that experience has been like; and what barriers there are that stop them from accessing the services that they need for their health and wellbeing.

An element of transferrable learning for this project included insight about barriers to accessing services. English was not the first language of most of the people consulted in this engagement and it became known that these residents often do not have access to interpreters at appointments and the doctors do not always check that they understand what they are being told. Respondents also spoke of being embarrassed due to being an inconvenience with their language barriers causing them to not ask for support. They also feared complaining because they believed they would not receive help. People were relying on family members to help at appointments which placed a burden on their loved ones. It was further reported that reception staff can be rude due to language issues, avoiding providing the necessary support and making people feel as though they 'do not matter'.

2.2.4 Summary of Transferrable Learning

South East London People's Panel –

- When in need of help and/or advice when unwell or injured, the most common call of action for people was going to local pharmacy (34%), using Google/the internet (34%)
- 43% of people said they'd prefer to receive information about health and care services on the NHS website, followed by text message (39%). A leaflet through the door was the preferred option for people +75 years old (79%) and less preferred by young people 16 – 24 years old (20%)
- 80% of survey respondents said that they would prefer to get more information from local pharmacies, with the local library and supermarket ranking next popular (50% and 43% respectively).

Gypsy, Roma Travellers and Measles, Mumps and Rubella

- Simpler explanations are required in healthcare messaging

- When asked about typical sources of healthcare information, many used TikTok as a source of information for healthcare
- They were aware of the misinformation shared online, however relied upon trusted influencers and familiar faces who they deemed credible to learn about pertinent matters
- Official information (e.g. from UK Government, NHS) are often not in a format that is easy to read and/or understand
- Videos that can be shared on WhatsApp were deemed to be a useful platform to communicate and educate.

Cancer Screening

Across the different groups included in this research there were some common themes. These include:

- Health professionals, including GPs were the most trusted advisors to share health messages
- Language was perceived to be a barrier in accessing messaging
- Other barriers included access to relevant technology
- NHS website was seen to be a trusted source
- Text messages and letters were raised as preferred communication methods
- Online search engines and social media were used if further information was needed
- Word of mouth was also considered an important way of sharing information
- There was a desire for more advertising on television
- Having health professionals come into the community to share information was seen as possibly helpful.

Asthma

- Participants aware that conflicting sources of information exist on the internet
- Generally, there was a desire for more information to be available to support asthma management.

Sexual Health

- Majority of responses showed people knew some or little information about the available sexual health services
- People would like to be made aware of sexual health services via social media, leaflets and emails. Another preferred option was through key websites such as NHS provider websites and websites belonging to educational establishments
- The preferred locations for this information to be provided through included existing health & wellbeing services, community venues and educational establishments. Other suggestions also provided were public places such as pubs, nightclubs, supermarkets and cafés
- Those that had indicated social media as a preferred awareness route preferred to see the information on Facebook, Instagram and TikTok.

Substance Use

- People most commonly get their health information from the internet – NHS website (100%). This was followed by medical professionals (67%) and family (44%)

- 78% of respondents reported that information from family members and medical professionals would motivate them to seek help a great deal. 75% of respondents also said that the internet – NHS website and posters would motivate them to some extent.

Quit Ready

- 60% of people had heard about the stop smoking service through their GP/pharmacy/other
- 15% heard through family & friends and 13% via the Quit Ready website or social media.

Integrated Care Board – Children & Young People

- 60% of CYP responded that if they were worried about their health they would first speak with to their parent/carer. A further 22% said they would search online
- Other sources of initial information included going to their GP, a trusted adult (including youth worker), other (which included telling a friend and doing nothing until they felt it was serious), teacher and then A&E
- Only 1 CYP indicated that they would use NHS 111, suggesting this service isn't well known amongst young people.

Active Together: Leicestershire, Leicester and Rutland Physical Activity and Wellbeing Resident's Survey 2024

- 74.3% of respondents weren't aware of the Active Together Let's Get Moving campaign slogan
- When asked about which messages resonate with them and positively affect their behaviours, residents highlighted positive messages like, "Don't give up!", "Everything takes time!" and "Focus on yourself!"
- Overall, social media (61%) was highlighted as the best communication method for finding out about physical activity opportunities, followed by emails / newsletters (49%), friend / family member / word of mouth (40%), website (36%)
- Facebook proved the most popular social media platform with 68% selecting it.

Healthwatch Leicester and Leicestershire: Insight Report – Voices from People Who Aren't Being Listened to or Heard August 2024

- English was not the first language of most of the people consulted in this engagement and it became known that these residents often do not have access to interpreters at appointments and the doctors do not always check that they understand what they are being told
- Respondents were embarrassed due to being an inconvenience with their language barriers causing them to not ask for support. They also feared complaining because they believed they would not receive help
- People were relying on family members to help at appointments which placed a burden on their loved ones. It was further reported that reception staff can be rude due to language issues, avoiding providing the necessary support and making people feel as though they 'do not matter'.

2.3 Literature Review

2.3.1 Background

This literature summary (see appendix 1 for full summary) was prepared for Leicestershire County Council to consolidate best practices in PH communications, with a primary aim of understanding how diverse public groups seek and engage with health-related information. The focus was on identifying the public's preferred methods for accessing health information, examining potential barriers to obtaining this information and understanding whether a pattern or information journey exists when individuals seek health resources. Additionally, this review aimed to identify specific needs and preferences for effective communication within various communities, as well as to provide guidance for local health authorities on PH communications. Insights gained from the literature could support the design of effective PH communication strategies.

2.3.2 Methods

The literature search was conducted using Google Scholar and PubMed, restricted to studies published from 2014 to 2024, in English and with full-text availability. Although most selected studies are from the United Kingdom, highly relevant research from countries like the United States of America, Canada and Australia was also included. Search terms used included "public health communications," "health communication strategies," and "health information-seeking behaviours." In alignment with National Institute for Health and Care Research guidelines for inclusive research, additional terms were used to ensure diverse community representation, such as "health information seeking behaviours prisoners" and "health communication ethnic minorities." However, no suitable studies were found for certain groups, including religious minorities, the traveller community and those within criminal justice systems.

This extensive list of 57 articles were selected based on relevance, time frame, setting and variety of insights. They present a range of topics within public health, with recurring themes of digital health interventions, public health communications, health disparities and chronic disease management.

PH communication plays a vital role in promoting health literacy, managing misinformation and fostering healthy behaviour. This review examines recent literature addressing digital media, community-specific needs, social media's influence, health literacy and challenges in reaching vulnerable populations. Each theme highlights the importance of strategic, inclusive and culturally sensitive communication methods.

2.3.3 Findings

The Role of Digital Media in Public Health

Digital media is integral to public health communication, providing rapid dissemination of information across various populations. The rise of online information sources, especially during crises like the coronavirus pandemic, has expanded digital media's influence but also highlighted significant challenges. For instance, Swire-Thompson & Lazer (2020) noted that misinformation online is exacerbated by delayed responses from public health authorities, the use of complex jargon and the general public's lack of critical evaluation skills. To counteract misinformation, various campaigns emphasise the need for improved eHealth literacy and collaboration between patients and healthcare providers (HCPs).

Notably, campaigns like Australia's SunSmart have successfully used digital platforms to change behaviour through clear, accessible information, underscoring how an improved digital information ecosystem can foster critical thinking and healthier choices. As Oxman et al., (2022) argued, transparency and credibility are crucial for fostering trust, particularly when conveying complex and evolving information about public health crises. Inconsistent messaging, however, can lead to public scepticism and mistrust, suggesting that digital media must be used with a strong foundation in ethical and accurate communication.

Community-Specific Needs in Public Health Communication

PH messaging effectiveness often hinges on addressing community-specific needs, particularly in diverse populations. Ekezie et al., (2022) highlights communication barriers faced by ethnic minority groups, including mistrust, language difficulties and a lack of culturally sensitive information. Such barriers underscore the importance of community-led interventions; when community leaders disseminate information, it is more relatable, which can improve trust and compliance with health recommendations.

Similarly, Laverty, Dixon and Millett (2015) emphasised that non-white patients and those with limited education rely heavily on personalised advice from HCPs, community organisations and trusted social contacts rather than official sources like NHS websites. Such findings suggest that public health campaigns must be localised and culturally sensitive, employing trusted community figures to bridge the information gap for underserved populations.

Social Media and Public Health

Social media's bidirectional communication offers unique advantages in engaging populations with health information. Kesten et al., (2019) demonstrated the potential of social media for sexual health promotion among men who have sex with men, as it allows for discreet access to information and timely reminders. However, privacy concerns, intrusive advertisements and the lack of filtering on social platforms are significant drawbacks.

Misinformation on social media also brings its own challenges. Lee et al., (2023) points out the increase in both misinformation and disinformation during the coronavirus pandemic, which undermined trust and vaccine uptake. Digital literacy, fact-checking and partnerships with credible health authorities are essential to counteract misinformation and utilise social media effectively. As noted by Ceretti et al., (2022), public health campaigns on social media should prioritise concise, visually engaging and emotionally resonant content to maximize outreach and promote factual information.

Health Literacy and eHealth Literacy

Health literacy, particularly eHealth literacy, is pivotal in determining individuals' ability to understand and utilise digital health information. Sykes et al., (2022) reported that although younger people were more likely to use digital resources, they also faced challenges in information overload and source credibility. Older adults however were less inclined to trust social media and preferred traditional media for health information. This generational divide indicates a need for targeted eHealth literacy programmes that enhance users' ability to discern reliable online sources.

Adolescents also struggle with digital health literacy. Reen, Muirhead and Langdon (2019) found that many adolescents have trouble navigating complex websites and understanding the information due to low literacy levels. They prefer interactive formats, such as videos, animations and quizzes, which suggests that public health information for younger audiences should focus on accessible and engaging content.

Challenges in Reaching Vulnerable Populations

Reaching vulnerable populations remains a considerable challenge in public health communication. Namuleme (2015) discussed how HIV-related stigma impacts information-seeking behaviours, leading individuals to conceal their health needs out of fear of judgment. These barriers underscore the importance of creating stigma-free environments and utilising private and anonymous platforms for sensitive health topics.

For individuals with disabilities, Hughes, Beers and Robinson-Whelen (2022) noted the difficulties in accessing disability-specific information, often due to healthcare providers' lack of knowledge or discriminatory attitudes. This finding highlights a gap in provider education and the need for more inclusive practices to build trust and accessibility for patients with disabilities. Aref-Adib et al., (2016) similarly emphasized that mental health patients benefit from online information only when HCPs actively engage with patients' independent research, suggesting that PH communications must encourage HCPs to support patients' information-seeking behaviours to avoid adverse health outcomes.

Misinformation and Public Health Trust

The spread of misinformation online poses a critical challenge to public health. According to Hu, Wu and Sacco (2023), misinformation is not a new phenomenon but has been amplified by digital media, particularly when official health responses are delayed or use inaccessible language. During the pandemic, the public's mistrust of health authorities was fuelled by inconsistent messaging and the politicisation of health recommendations (Porat et al., 2020). To counter misinformation, public health authorities must adopt transparent, evidence-based communication strategies that respect public autonomy while promoting safe health behaviours.

Spanakis et al., (2023) further highlighted that low digital literacy and information overload can worsen public susceptibility to misinformation, especially among vulnerable groups. Educational programs focused on digital literacy can empower people to critically evaluate online sources, which is vital in an age where misinformation is rampant and easily accessible.

Importance of Culturally Sensitive Communication

Cultural sensitivity is essential for effective public health communication, as demonstrated by Chu et al., (2022), who found that language barriers and lack of culturally relevant information contributed to health disparities among ethnic minorities. Using community leaders to deliver health messages in multiple languages not only improves accessibility but also fosters trust and ensures cultural relevance.

Similarly, Calanan et al., (2023) emphasised the importance of a diverse public health workforce trained to communicate inclusively, particularly in communities affected by historical health inequities. Such efforts, including the use of clear, non-stigmatising language, can make public health information more relatable and trustworthy.

Strategic Communication Approaches

Strategic communication in public health involves tailored messaging, clear framing and emotional engagement. As Ceretti (2022) observed, campaigns that use positive emotions, clear information and visual aids are more likely to engage diverse audiences effectively. Furthermore, Kite et al., (2023) advocated for an updated model in public health communications that accounts for social media's non-linear and interactive nature. This model would prioritise engagement's impact on attitudes and behaviours, rather than merely tracking engagement metrics.

2.3.4 Summary

The review underscores the need for adaptive, culturally sensitive and technologically inclusive PH communication strategies. PH communication requires a multifaceted approach that leverages digital media while addressing specific community needs, combating misinformation and promoting health literacy. Online platforms offer great potential to broaden reach, but barriers like digital literacy and information quality remain significant. Addressing these gaps through patient collaboration, comprehensive evidence-based strategies, targeted eHealth literacy programmes and partnerships with trusted community figures and health authorities can enhance public understanding and engagement with health initiatives. There is growing importance of digital health in public health strategies, especially in the context of patient engagement and chronic disease management. Additionally, these studies underscore the need for inclusive health policies that address socio-economic disparities and advocate for multi-modal communication approaches to enhance health literacy and reduce misinformation.

These insights support the development of guidelines for LPH aiming to improve health communication for diverse populations and explore areas for further research. To be effective, communication strategies should be transparent, culturally sensitive and accessible, using trusted figures within communities, positive emotions and interactive, digital tools for engagement. This review highlights that while digital and social media offer unprecedented opportunities for outreach, the nuances of trust, cultural relevance and literacy must remain central to public health communication to ensure information is both accurate and widely accessible.

2.3.5 Recommendations

- Targeted educational programmes focused on digital health literacy
- Partnerships with other healthcare providers/authorities with a focus on support safe information seeking
- Collaboration with residents when designing communications
- Ensure digital media has a strong foundation in ethical and accurate communication
- Ensure campaigns are localised and culturally sensitive
- Utilise trusted community figures to deliver health messages

- Make use of private and anonymous platforms for sensitive health topics
- Create a transparent, evidence-based communication strategy
- Utilise accessible and engaging content in digital media messaging
- Ensure clear, non-stigmatising language and positive emotions are used in messages

3. Primary Research

A mixed methods approach was used to gather both qualitative and quantitative data and insight from residents. Qualitative data was gathered through:

1. Focus groups
2. Open questions in the survey
3. Self-directed activities

3.1 Methodology

3.1.1 Qualitative

As this research is focused on people's experiences a qualitative approach was deemed most appropriate in the main. A pragmatic approach was taken to data collection and analysis.

3.1.2 Quantitative

To compliment data gathered through the qualitative approach, an online survey was also created and shared as best as possible with target underrepresented groups (explained further in section 4.3.1). The survey was open between 2 September and 13 October 2024.

3.2 Methods

3.2.1 Qualitative

In total 5 focus groups were conducted between 5 September and 8 October 2024. Prior to the focus groups, participants were provided with an information sheet (appendix 2) which shared details of what they could expect, including information around confidentiality.

Each focus group was facilitated by members of the Public Health Team. Groups lasted around 1 hour, and notes were taken throughout by facilitators. A topic guide (appendix 3) was produced with semi-structured questions and prompts. This was reviewed throughout and altered as needed. Time constraints and participant availability led to the number of focus groups conducted rather than saturation being reached.

The survey also consisted of some open-ended questions which allowed us to gain better insight into some of the answers provided via the survey.

In addition, 3 groups completed a hybrid activity themselves as a self-led group activity through which they were able to share some contributions. The questions used in these 3 self-directed activities varied slightly from the questions asked in the survey and those asked in the focus groups (see appendix 4), however the data collected was still applicable.

The qualitative data gathered across these means was pooled and analysed together.

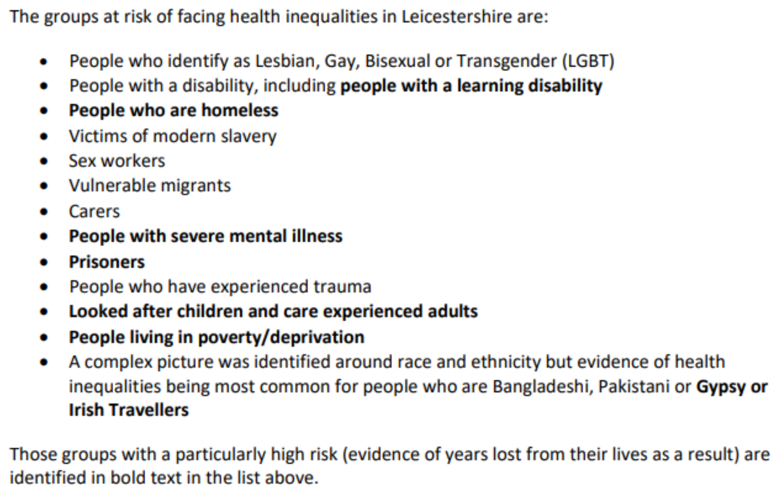
3.2.2. Quantitative

An online survey was developed to reach members of the target communities that were not able to or did not have the opportunity to take part in the focus groups. The survey was developed by a working group (see details in researchers). The survey was created on Snap by the LCC Business Intelligence team. It was distributed to key contacts that had been identified through a stakeholder mapping process completed by LCC staff. These contacts included other health professionals, voluntary, community and social enterprises, and support group leaders. The survey was made available for completion across a 6-week period.

3.3 Participants

3.3.1 Qualitative

Participants for this research were recruited via convenience sampling. Based on the existing evidence (see appendix 1) and those at risk of facing health inequalities (as identified by the LCC health inequalities joint strategic needs assessment (JSNA)), groups deemed to be underrepresented were targeted (Leicester-Shire and Rutland Statistics and Research, 2023). The health inequalities JSNA sets out a list of groups at risk (see image 1).



The groups at risk of facing health inequalities in Leicestershire are:

- People who identify as Lesbian, Gay, Bisexual or Transgender (LGBT)
- People with a disability, including **people with a learning disability**
- **People who are homeless**
- Victims of modern slavery
- Sex workers
- Vulnerable migrants
- Carers
- **People with severe mental illness**
- **Prisoners**
- People who have experienced trauma
- **Looked after children and care experienced adults**
- **People living in poverty/deprivation**
- A complex picture was identified around race and ethnicity but evidence of health inequalities being most common for people who are Bangladeshi, Pakistani or **Gypsy or Irish Travellers**

Those groups with a particularly high risk (evidence of years lost from their lives as a result) are identified in bold text in the list above.

Image 1 is a screenshot taken from the Health Inequalities JSNA showing groups at risk of facing health inequalities in Leicestershire.

Source: Leicester-Shire and Rutland Statistics and Research, 2023

The current evidence base provided insight on the main groups sampled and represented, which included:

- People with disabilities
- Parents seeking for children online
- People from ethnic minorities
- People with long term health condition e.g., lung cancer, diabetes, cancer, rare diseases
- People with severe mental illness
- Young people searching online,
- People who identify as lesbian, gay, bisexual and transgender (LGBT)
- Pregnant women

- Elderly people
- Prisoners
- Patients
- People who are multi-lingual
- Vulnerable groups
- People who are homeless.

Local community groups were utilised to support engagement, and the focus groups were hosted either online or in the community groups usual meeting environment.

The focus groups included:

Group	Type	Method	Background	Participants
Bangladeshi women	Lived experience	In person	Women from Bangladeshi heritage who were members of a support group	13-15 (the figure is not exact as people drifted in and out of this focus group)
The Carers Centre	Lived experience	Online	People from a carers support group	11
LCC internal staff groups	Lived experience	In person	2 staff groups including the LGBT network and the black and minority ethnic (BAME) network	5
Local area coordinators	Professional opinion	Online	Professionals sharing their thoughts on the vulnerable people they support/are in contact with	8
Time out for Carers	Lived experience	In person	Women from a carers support group	13-15 (the figure is not exact as people drifted in and out of this focus group)

In total 54 participants took part in focus groups. Efforts were made to deliver more focus groups with the following groups but due to low levels of engagement or a lack of group availability, these were not possible:

- Adults and children with learning disabilities
- People with a disability

- People who identify as LGBT
- Professionals who advocate on behalf of people with protected characteristics

An additional 91 people took part in the work by providing their opinions via a hybrid self-directed activity:

Group	Location	Participants	Demographics
The All-Languages group	Charnwood	8	Community group attended by men and women aged over 50 years. Most speak Gujarati, Punjabi, Cantonese, Farsi, Urdu. They are from mainly Indian/Asian heritage, but they often have group members from Middle Eastern, African and Eastern European heritage (see appendix 4 for questions asked)
LCC Children and Families Wellbeing Service – Youth Groups	Across Leicestershire	76	Young carers, or children with special educational needs and disabilities SEND needs aged 11-19 years (see appendix 4 for questions asked)
Sangam Ladies Group	TBC	7	TBC (see appendix 4 for questions asked)

3.3.2 Quantitative

Role of Respondents

In total 50 people responded to the survey. A large proportion of respondents (n=50) completed the survey as residents of Leicestershire (60%) (see figure 10). A further 20% indicated 'Other' which comprised solely of children and young people. Around 14% of respondents were from Leicestershire County Council or another public sector organisation.

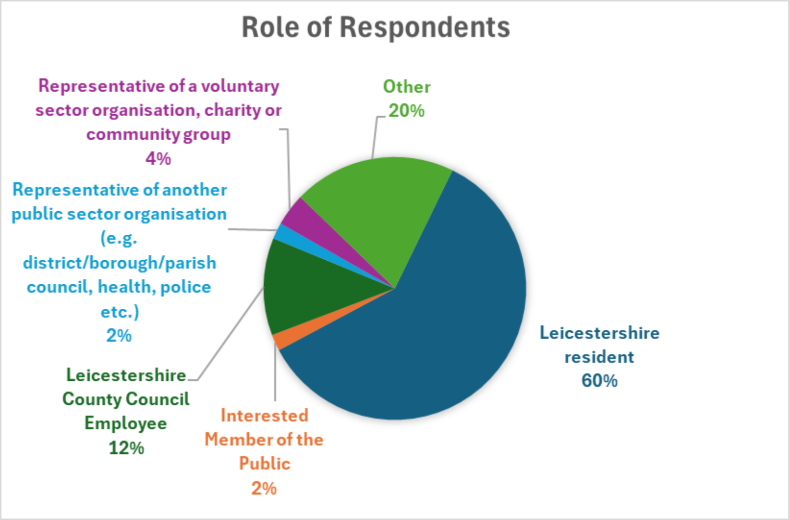


Figure 10 shows the role of survey respondents.

Area of Residence

Over half of the respondents (n=31) to the survey were from either the Blaby District (32%) or the Charnwood District (23%). There were similar response rates from the Harborough District and Hinckley and Bosworth Borough at 10%, followed by the Melton Borough and North West Leicestershire District at 7%. Only 3% of respondents were from the Oadby & Wigston Borough. Respondents from the Leicester City area made up 10% in this survey (see figure 11), however it should be recognised that individuals from the City are covered by a separate public health department, but their results were kept in the analysis.

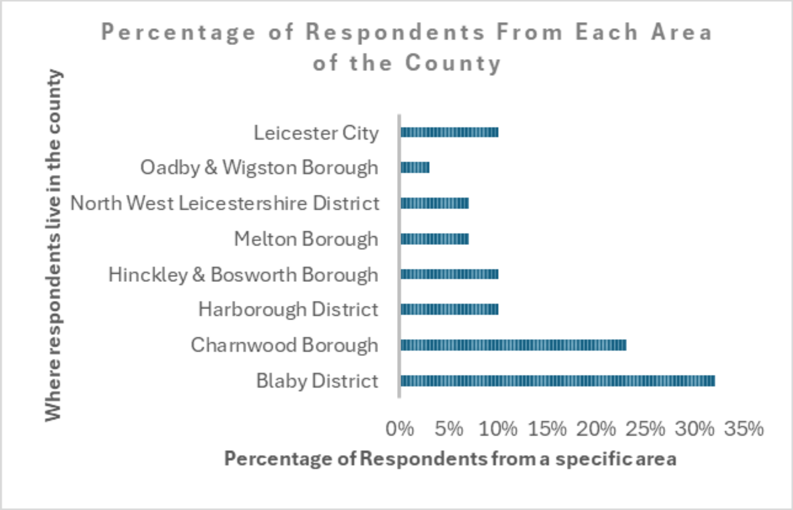


Figure 11 shows the percentage of survey respondents from each area of Leicestershire County.

Gender of Respondents

A large proportion of survey respondents (n=35) were females (71%) with just under a quarter identifying as male (23%) and only a small amount identified with another term (6%) (see figure 12).

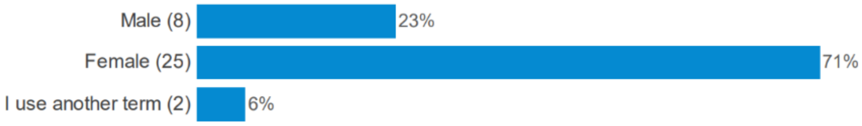


Figure 12 shows the gender breakdown of survey respondents.

Age of Respondents

Around a quarter of respondents (n=34) were from the 35–44-year age range (26%), followed by 55–64-year-olds (17%) and 25–34-year-olds (15%) (see figure 13). There were no survey respondents under 15 years of age or over 85 years of age.

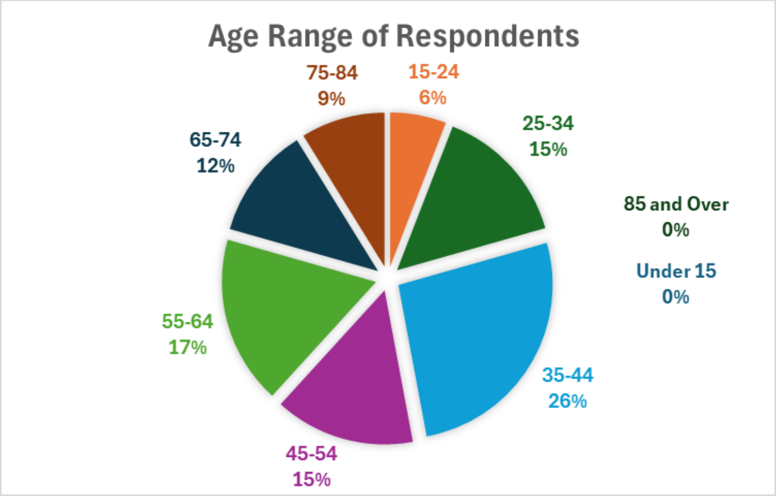


Figure 13 shows the age range of survey respondents.

Caring Responsibilities of Respondents

Of the respondents (n=31), 31% were the parent or carer of a young person aged 17 or under (see figure14).

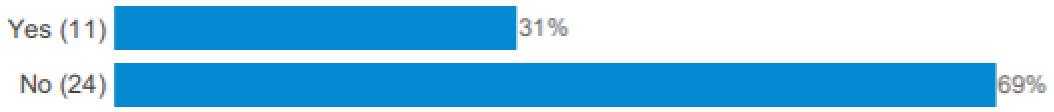


Figure 14 shows the caring responsibilities of 31 survey respondents that shared this information.

Whilst 18% considered themselves a carer of someone aged over the age of 18 (n=34) (see figure 15).

Figure 15 shows the number of survey respondents who answered this question who considered themselves to be a carer of someone aged over 18 years.

Care Experience of Respondents

Data showed that 14% of the survey respondents (n=35) considered themselves to be care experienced (see figure 16).

Figure 16 shows the level of care experience for the number of survey respondents that shared this information.

Disability Status of Respondents

Just over half of respondents (n=35) considered themselves to have a long-standing illness, disability or infirmity (see figure 17).

Figure 17 shows the disability status of the 35 survey respondents who shared this information.

Ethnic Background of Respondents

94% of respondents (n=35) reported that they were of white – English, Welsh, Scottish, Northern Irish or British heritage, whilst 6% (n=2) were from another white background (see figure 18).

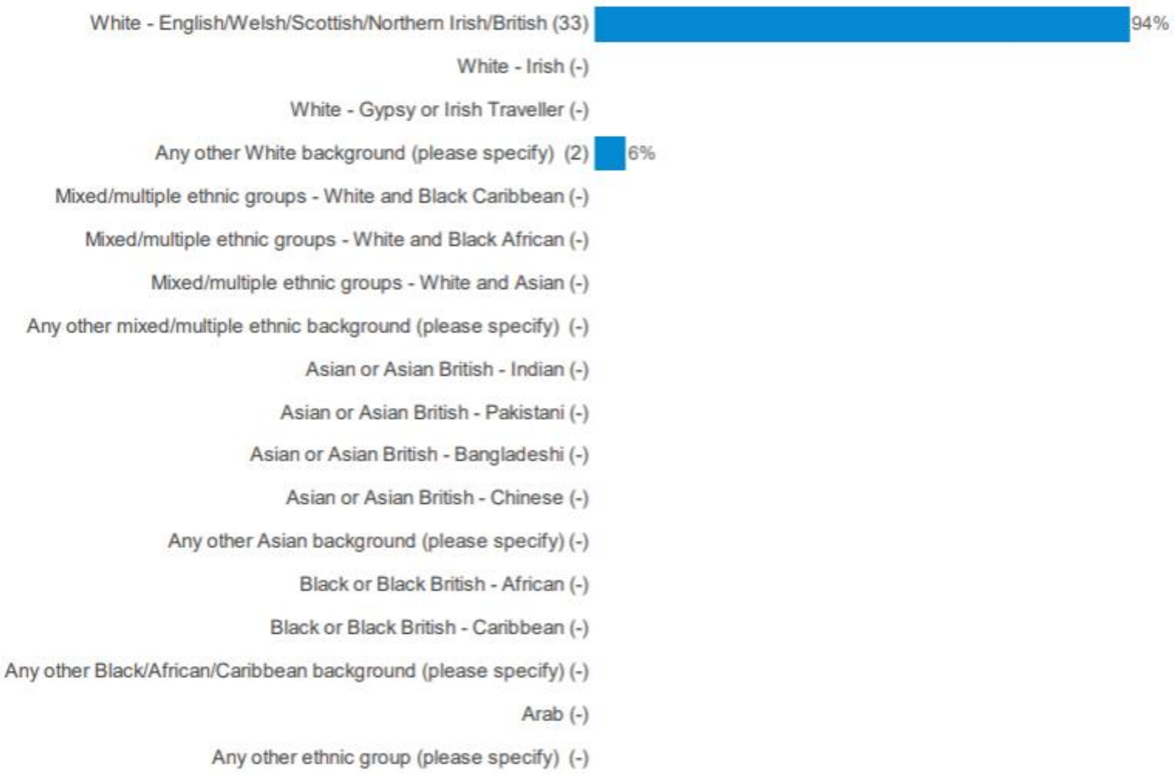


Figure 18 shows the ethnicity of the survey respondents how choose to share this information.

Sexual Orientation of Respondents

A majority of respondents (n=34) identified as being straight (85%), with 12% identifying as LGBT and 3% preferring to use another term (see figure 19).

Figure 19 shows the sexual orientation of the 34 survey respondents who choose to answer this question.

3.4 Researchers

This piece of work was supported by several LCC officers who formed a working group. The group consisted of:

- **Emily Rodbourne, Health improvement officer**
- Gemma Andres, Project officer
- Sacha Johnson, Engagement and consultation manager
- Liz Bizwas, Strategic communications manager
- Nicole Brwon and Michelle Monamy, Research and insight manager
- Aarzoo Bhatia, Foundation year 2 doctor (on rotation)
- **Caroline Harbison, Children and young people officer**
- **Isobel Whitaker, Martha Jones, Hazel Spencer, Lewis Buckby, Laura Halford, Public Health practitioner apprentices**

The field work, including delivery of focus groups and all qualitative and quantitative analysis was completed by the officers shown in bold above. These officers also contributed to the writing of this report. This field team consisted of 6 women and 1 man. It is perceived that overall, the field team collected data through focus groups that was a true representation of how those answering felt.

3.5 Results

3.5.1 Qualitative

Several themes emerged from the qualitative analysis. These have been categorised into high, moderate and low priority based on how strongly they emerged. High priority includes themes that were raised in over 60% of the focus groups, whilst moderate includes those mentioned in 50% or more of the focus groups. Low priority includes those themes mentioned in less than 50% of focus groups.

In this report, only those categorised as high and moderate priority will be discussed (see appendix 5 thematic analysis summary for more detail).

The high-moderate priorities include:

1. Basic to no understanding about Leicestershire Public Health
2. Range of sources used to access health messaging/information
3. Targeted messaging
4. Accessible messaging
5. Evidence sharing in messaging
6. Convenient messaging/information
7. Imbedding behaviour change techniques in messaging
8. Media content in messaging
9. Risks associated with accessing health messaging/information

High Priority

1. **Basic to no understanding about Leicestershire Public Health**

It became clear from the answers shared by participants that overall, quite a low-moderate level understanding of LPH existed. The level ranged from basic to no understanding. When asked

"What, if anything, do you know about the Public Health department at Leicestershire County Council?" a few respondents said "Nothing". Some showed basic knowledge including:

"Dealing with outbreaks - communicating these with the public."

"Knew there was a department but never thought to look into it any further than that"

"During Covid, got to know more about what public health does."

"Public health seemed to have disappeared after Covid."

"I know a little I think, they do things with schools and were involved with covid?".

Although these comments show some awareness, they also show gaps in broader knowledge and understanding.

When asked **"Are you aware of any services or programmes run by the Public Health department at Leicestershire County Council?"** several respondents said "No", whilst some were able to name some of the services/programmes offered. Health protection (linked to COVID-19), Quit Ready, Warm Homes, First Contact Plus and Local Area Coordinators were the services named most frequently. Some people had engaged with the service, for example received calls from the Warm Homes team, or seen the service promoted in a public space, which explained their awareness. One respondent said, after being shown a list of some of the services/programmes with the logo alongside:

"[I'm]...surprised I don't recognise more".

Finally, when asked **"Before taking part in this engagement did you know Public Health was part of Leicestershire County Council?"** a number of people responded "No", whilst some others provided some insight into their answer including:

"Yeah I do, is it a department all councils have?"

"I could've guessed but not sure."

"Know all department names but not what they do."

"See LCC as an overarching body."

"No, only through conversations with me [LAC]..."

It was also apparent that people misunderstand LPH's role within the wider system. There was a lack of clarity around the different health related organisations and their roles:

"...didn't realise there was such as overlap with health services (NHS). Do you experience problems with who is doing what?"

"Some think that they [LACs] are to do with the GP practice."

"People get confused between PHE and LCC PH ."

"Word 'public health' makes residents think it is NHS."

"Thought it was Hinckley & Bosworth Borough Council."

2. Range of sources used to access health messaging/information

A range of sources were highlighted as methods used to access health messaging now, and ways through which they would want to receive messages in the future. In descending order of popularity:

1. **Online**
2. **Healthcare professionals and Public and community spaces/groups/settings**
3. **Family, friends and acquaintances**
4. **Social media**
5. Other professionals
6. Printed sources
7. Media

Those in bold were mentioned the most across the data. Starting with **online**, several people reported using/or wanting to use a search engine, such as Google or Yahoo, to get their health information as well as using websites including the NHS and their GP's. Local authority websites and the LCC website were also mentioned. People also made use of YouTube and the social prescribing platform Joy.

It should be acknowledged that some people referred to ensuring that they only used online sources that they considered reputable.

"Yahoo search engine, making sure sources are reputable."

"When using internet search engines or YouTube, its vital to use reputable sources of information (e.g. medical organisations, Government departments, doctors/professors, researchers, medical journalists)..."

For **medical professionals** the GP was the most cited avenue for accessing/wanting messaging but also included pharmacists and NHS 111. People reported being more likely to engage and act on a message if it came from this source:

"...If they come from my GP, I am more inclined to study them.

For **public and community spaces/groups/settings** several avenues were mentioned. These included health fairs, surgeries (including through the patient participation group), pharmacy, having a speaker come and present to community groups, text, WhatsApp and social media groups, libraries, supermarkets, food pantries, community services/events, health champions, schools / career fairs, advertising in public places, places of worship, youth groups and the gym. It is worth noting that recent global events have impacted people's access to information in community settings. An example of this:

"...have changed since COVID. Can't get into them [GP surgeries]. Info. is no longer there or outdated."

Word of mouth, friends, neighbours, families (including parents, grandparents and family members with professional health knowledge), and local people were all sources noted within **family, friends and acquaintances:**

"Neighbour, granny up the road..."

"Information from families, particularly from abroad."

"...I speak to family with professional health knowledge."

Finally, on **social media**, Facebook, Tik Tok, Instagram, YouTube and Nextdoor were raised as platforms that people go to for information and would like to receive future information through.

"...Social media [it is important for] and promoting what is out there – dependent on demographic."

"I have noticed in the past few weeks, people are using Next door...people getting messages from government departments about prisons etc on the Next door. So putting official messages on local apps might help it land."

For more insight on what was shared within the other categories see appendix 5.

Diving a little deeper into the data gatehred from the self-directed activity completed by the youth groups, their

3. Targeted messaging

Several responses spoke of a desire to receive health messaging that was timely, relevant, targeted and sensitive. This was said to make them more likely to engage and act.

First timely – people spoke about how they actively look for health information/messaging when they need it and as such at this point are more receptive to it:

"It's a difficult one, you only look at stuff when you need it..."

"If we needed advice / if we had a health issue."

Using an upstream, preventative approach to messaging was suggested as a method that could help to improve community health:

"I'd like to see more aimed at people who aren't yet at that critical point of need, as a preventative and to improve mental health in the community as a whole."

Personal relevance come up as a factor that influences engagement. Messages that hold personal relevance or significance were reported as being important:

"I have asthma and I get messages about flu clinic. The message feels trustworthy and you know the message applies to me because they have my record."

"how relevant it is to me. If it's not something I'm experiencing then I probably won't even notice it."

"If it's based on my personal situation."

Next, the value of targeted messaging. Responses showed how targeting specific audiences, such as under-represented groups, was something that residents wanted:

"Sometimes it's not clear which health messages are appropriate for which groups. Example, covid 19 vaccines had messages that were targeted to particular groups of people. Broad messages don't work as much."

"More communications need to be shared with under-represented groups."

"...areas on the boundary feel left out by the county (e.g., Kegworth, Castle Donnington)."

"I would like to see more LGBTQ inclusive and focused campaigns."

"Safe place, somewhere that was young people friendly."

Finally, value was placed on ensuring that messaging was sensitive to its audience and kept in mind stigma:

"Mindfulness of connotations around imagery."

"Social sensitivity"

4. Accessible messaging

Overall, the data gathered showed that several people had experienced barriers to accessing health messaging because of inaccessible content. It should be noted that some respondents reported that they had not personally faced any barriers to accessing messaging, however this code was weaker. For those that had faced barriers, issues included information not being accessible in ways that met the needs of people with learning difficulties. Big blocks of text were also cited as causing content to be inaccessible, as well as flyers and leaflets, with no alternative provided, not being accessible by our blind community:

"Big populations of people with LD and information is not in a format that meets these needs – LACs make up their own ways."

"Information can be unavailable in lots of inaccessible ways – e.g., big blocks of text."

"I cannot read flyers and leaflets because I am registered blind..."

One response highlighted how it was felt that the LCC website was not accessible due to the number of search results that are returned when using the search bar – a tool that should make accessing desired content easier:

"...[LCC website] is hard to navigate - lots of results come up."

A lack of access to smart phones and/or computers was also reported:

"...As an example, some people don't have smart phones or computers. GP's now send text messages (e.g. important health checks, tests and feedback) via texts that include links. If you don't have a smart phone the links don't work."

The need for inclusivity of different languages in health messaging was raised by several people:

"Local authority communications need to be made available in different languages."

"Adaptable languages for people who do not speak English."

The importance of terminology and language also came out, with people wanting messaging that was easy to understand, but not overly simplified:

"Don't use jargon."

"Making the writing less formal."

"Don't dumb down messaging..."

Moderate Priority

5. Evidence sharing in messaging

The value of sharing evidence in a message came through clearly. Responses showed that people were more likely to engage/act on a message if it contained evidence, such as research data. There appeared to be a link between people feeling informed and subsequently empowered to act:

"For me I like to understand why a change is being suggested i.e. not just headlines. Needs to be evidence backed."

"...backed up by research would help me make a decision based on my health and wellbeing."

Additionally, including lived experience voice in messaging, through real life stories, helped with engagement, motivation and decision making:

"Ran project around 'Core 20+5' and had good outcomes using lived experiences to raise awareness (case studies)."

But it should be noted that it was felt that sometimes personal stories can be overly stripped back, negatively affecting people's connection with them:

"Sometimes personal stories get sanitised too much for people and then this becomes less inspiring."

6. Convenient messaging/information

The data uncovered that people want quick and easy access to information/support. This was used to explain why people use platforms such as the internet and social media, as well as devices such as their phones, to access health messaging:

"Quick answers."

"Lack of time to ask people; easier to search via phone."

"Facebook - easily useable, it's on your phone, you can get quick answers to questions."

"People google for quick answers/easy to use."

Responses also showed that people valued familiarity. Having a familiar source that you feel comfortable navigating contributed to the likelihood of use.

Ensuring adequate detail about a service within messaging was also raised. Details like when the service is available, what the service offers and what other services are available were noted as important details to include in a message. This links into the need for people to receive convenient messaging with all of the detail shared at one time.

Websites also need to be up to date so that people can access information easily and quickly. Reference was made to the point that several different brands, campaigns, and websites exist all promoting the same message, and as such more focus should be placed on centralising information. In the context of LCC, this may involve using the LCC website:

"Lots of different branding and different campaigns with different websites which go out of date quickly, should be more focus on LCC website."

7. Imbedding behaviour change techniques in messaging

People shared how using different behaviour change techniques in messaging may help with engagement and take up. This included using natural consequences to provide information about the health consequences of performing a behaviour:

"Highlighting risks to not having a healthy lifestyle / risks to not making lifestyle changes"

Caution using this technique was however shared and as such its use should be carefully considered:

"The 1980s 'don't die of ignorance campaign' mass media campaign example-motivating people towards acting instead of terrifying them."

"Not using scare tactics."

"Don't come across too harsh"

Focus should also be placed on positive health promotion, focussing on the 'good, rather than the 'bad':

"I think we should thoroughly support health messaging instead of ill health messaging. More about promotion of good health."

Other techniques alluded to included shaping knowledge whereby advice should be given on how to perform the behaviour:

"Simple examples of what can be done to improve it/next steps."

"Messages that state that action needs to be taken with a deadline."

Finally, reward and threat were raised, including how incentives can be important to positively influencing behaviour change:

"Incentives are important."

"I think having little freebies to give away always go down well at f2f events…"

8. Media content in messaging

The increased use of media content in messaging was referred to in the focus group findings. Respondents felt that incorporating this content would make messages more appealing and easily understandable. Links can also be drawn between this desired feature and a need for convenient messaging:

"Much more creative content, videos etc., I think would be good for social media."

"Use videos to help share information."

9. Risks associated with accessing health messaging/information

It is well known that a lot of misinformation exists when accessing health messaging/information, particularly online. Focus group findings showed that participants were aware of this fact, but care must still be taken by the local authority when sharing health messaging to ensure the content is accurate and credible:

"Lots of misinformation online - some of these should come with warnings."

"Internet is a dangerous place"

It was also reported that the frequency of messaging and information sharing was too much for some people, they felt there was too much information out there:

"Information overload is a problem......I am detaching myself from a lot of my 'feeds' because they're too frequent."

3.5.2 Quantitative

All closed questions asked within the survey and the self-directed activity undertaken by the LCC children and family wellbeing service youth groups (see section 4.3.1 and 4.3.2 for breakdown of participant demographics) including those where multiple fixed choices were offered, are analysed in this section.

Awareness that Public Health was part of Leicestershire County Council

When asked if they were aware that LPH was part of LCC, 52% of survey respondents (n=50) indicated that they had an awareness that LPH was part of LCC, with around 48% being unsure (see figure 20).

Question: Before completing this survey did you know Public Health was part of Leicestershire County Council?

Figure 20 shows the respondents awareness that LPH was part of LCC.

Of those that answered 'yes', 20 went on to share their gender and 80% were female (n=16), whilst 19 shared their age and 53% (n=10) were aged 31-51 years.

Comparatively, responses from the activity with the youth groups, uncovered that 84% of CYP had not heard of LPH (see figure 21).

Question: Has anyone heard of Public Health?

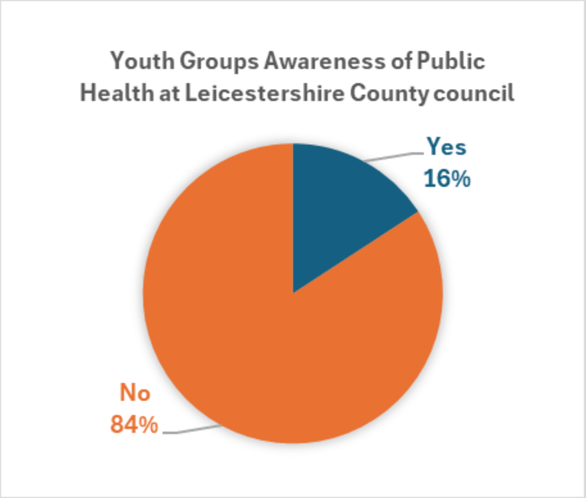


Figure 21 shows the responses from the Youth Group participants to the question "Has anyone heard of Public Health".

Perception of Leicestershire as a trusted service provider

As can be seen from figure 22, almost half of responses to this question in the survey (n=25) showed that respondents tended to agree that LPH is perceived as a trusted service provider (48%), with a further 16% strongly agreeing with this statement. There were respondents that did not either agree or disagree as well as some that didn't know, which made up 32%. Only 1 respondent out of 25 (4%) identified that they tend to disagree that LPH is perceived as a trusted service provider.

Question: To what extent do you agree or disagree that Public Health Leicestershire is a trusted service provider?

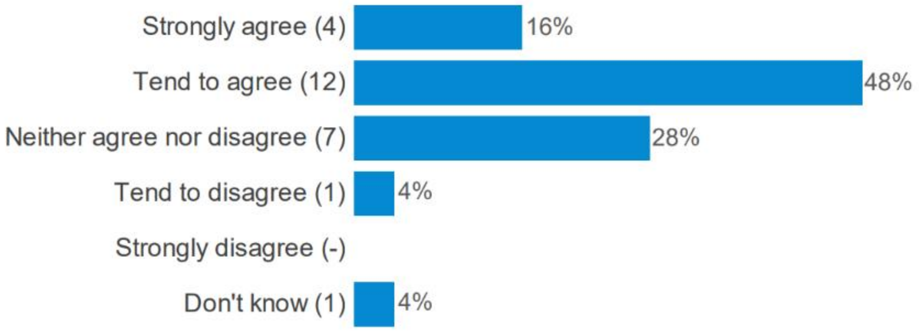


Figure 22 shows how survey respondents who choose to answer this question felt about LPH being a trusted service provider.

Drilling down into slightly more detail, 64% of people (n=25) answered that they strongly or tended to agree that LPH was a trusted service. 12 of these people shared their gender which showed 75% (n=9) were female and 50% were aged between 31-51 years old (n=3 in in each age bracket including 31-41 and 41-50 years old.)

Awareness of services/programmes that are part of the Public Health department at Leicestershire County Council?

Survey participants were asked how aware they were of certain programmes/services provided by LPH. The mental health and suicide prevention programmes (Start a Conversation and Mental Health Friendly Places) was the most well-known with 52% of responses (N = 48) indicating they were very aware or fairly aware of this programme.

The second service respondents had the most awareness of was the stop smoking service (Quit Ready), with had 50% of responses (n=48) saying they were either very aware or fairly aware of this work.

First Contact Plus had the highest percentage of respondents that were not at all aware of the service (35%, 17 out of 48), closely followed by Warm Homes (34%, 16 out of 47) and Healthy Workplaces (33%, 16 out of 48) (see figure 23).

Question: To what extent, if at all, were you aware that these services / programmes are part of the Public Health department at Leicestershire County Council?

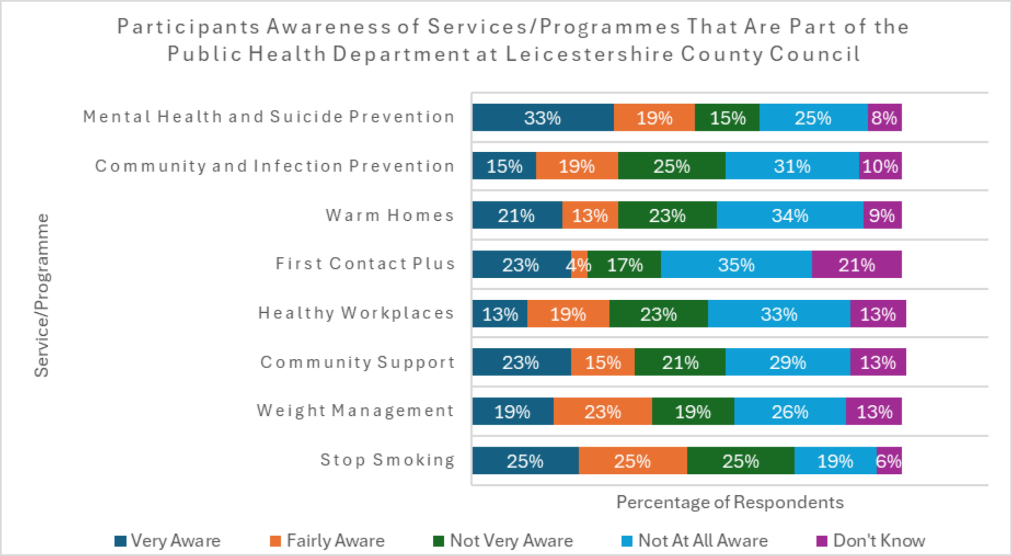


Figure 23 shows survey respondents awareness of LPH services or programmes.

When looking at the responses from the youth groups activity (see figure 24), only small numbers appeared to be aware of the services outlined to them, with mental health and suicide prevention being the most well-known. Like the results from the general survey, First Contact Plus, Warm Homes and Healthy Workplaces were the least well-known services.

Whilst awareness of the Healthy Workplaces programme is not surprising (due to this service working predominantly with businesses) the lack of awareness of First Contact Plus and Warm Homes is. These services are customer facing and are of great importance in current climate, with Warm Homes providing support to those on low incomes to reduce heating costs and First Contact Plus signposting to a large array of services to support residents as well as making referral to these services. This suggests that more work needs to be done communicating the work these services do and improving awareness.

Question: Which ones [services] have group members heard of before?

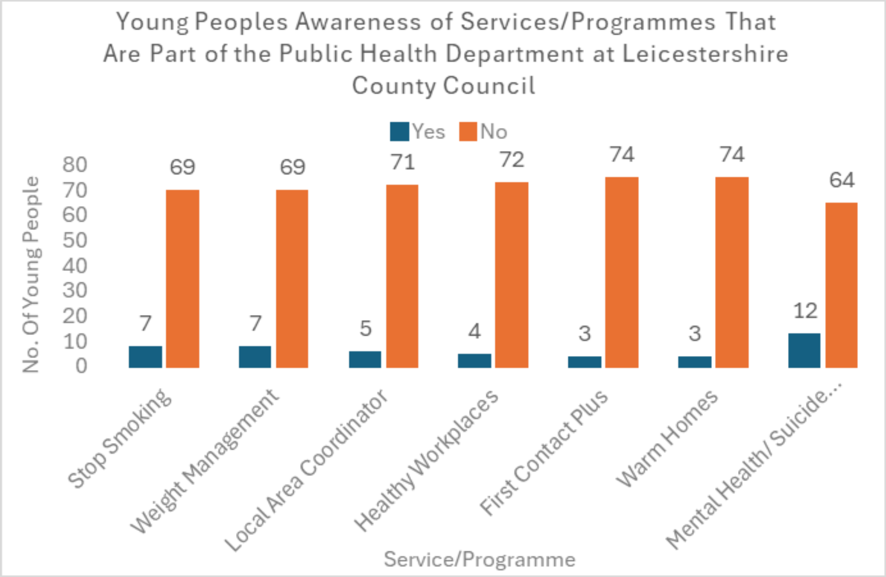


Figure 24 shows the awareness of youth group respondents of LPH programmes or services.

Where is Health and Wellbeing information usually accessed from?

When asked where they usually get their health and wellbeing information from, a majority of survey responses showed information is accessed through the internet (48% all internet sources combined) and medical professionals (22%). Family and friends were the next most used source (14%), followed by posters/leaflets (10%). On the other end of the scale was other sources (4%), local area coordinators (2%), first contact plus (1%), artificial intelligence (1%) (see figure 25).

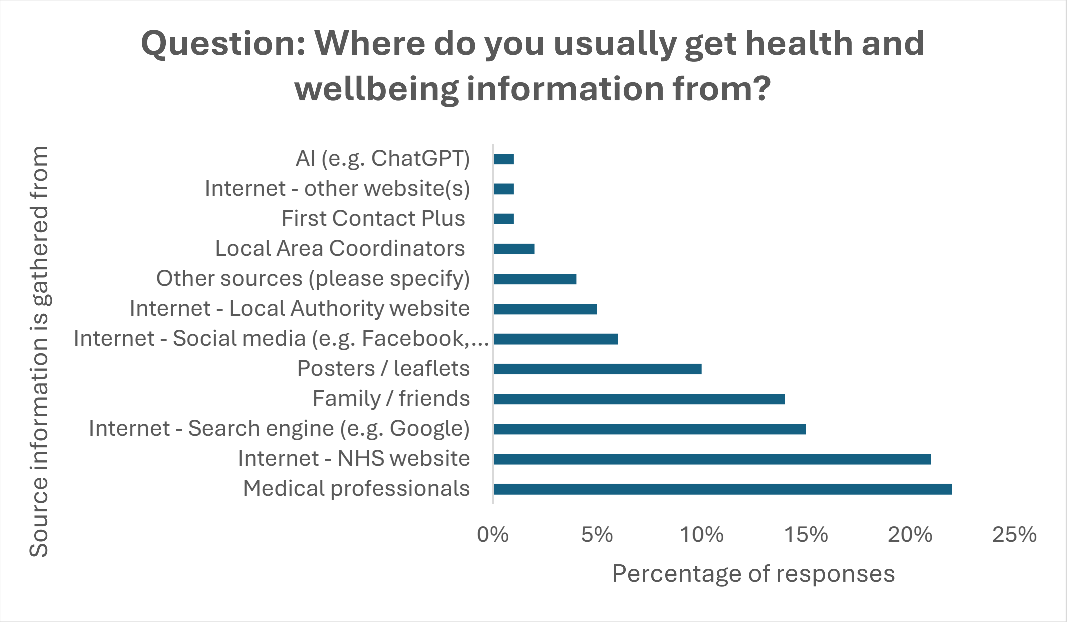


Figure 25 shows where survey respondents usually access their health and wellbeing information. NB: These figures are rounded to the nearest decimal place.

See table 1 for a full breakdown.

Source information is gathered from	**Number**
Medical professionals	37
Local Area Coordinators	4
First Contact Plus	1
Family / friends	24
Internet - NHS website	36
Internet - local Authority website	8
Internet - social media (e.g. Facebook, TikTok, YouTube)	10
Internet - search engine (e.g. Google)	25
Internet - other website(s)	2
AI (e.g. ChatGPT)	1
Posters / leaflets	17
Other sources (please specify)	7
Total:	**172**

Table 1 shows a full breakdown of the responses to where survey respondents get their health and wellbeing information from.

*Diving deeper into gender and age – 37 selected **medical professionals** as a source through which they normally get information. 26 of these went on to share their gender and 73% were female (n=19), whilst 27 shared their age with 30%, the largest proportion, aged between 61-70 years.*

*For those selecting **friends and family** (n=24), 14 shared their gender and 57% were female (n=8), whilst 16 shared their age with 31%, the largest proportion, aged between 51-60 years.*

*The people selecting **internet – NHS website** (n=36) broke down accordingly – 24 shared their gender with 67% female (n=16), and out of 24 people who shared their age, 50% (n=12) feel into either 41-50 (n=6) or 61-70 (n=6) years.*

*For **internet – search engine** (n=25), 17 people shared their gender of which 65% were female (n=11), with 19 people sharing their age and 26% (n=5) falling into the 41–50-year-old category.*

*Finally, for **posters/leaflets** (n=17). 10 people shared their gender of which 60% were female with 10 people also sharing their age and the most popular group being 41-50 years (n=3).*

Preference of social media platforms for accessing health and wellbeing information

Of the 18 respondents who stated they would use social media to access health and wellbeing information, they were then asked their preferences of social media platforms. The highest rated social media platform was YouTube, with 60% of respondents highlighting this as their preference, followed by Facebook at 40% (see figure 26).

Question: Which social media platforms do you prefer to get health and wellbeing information from?

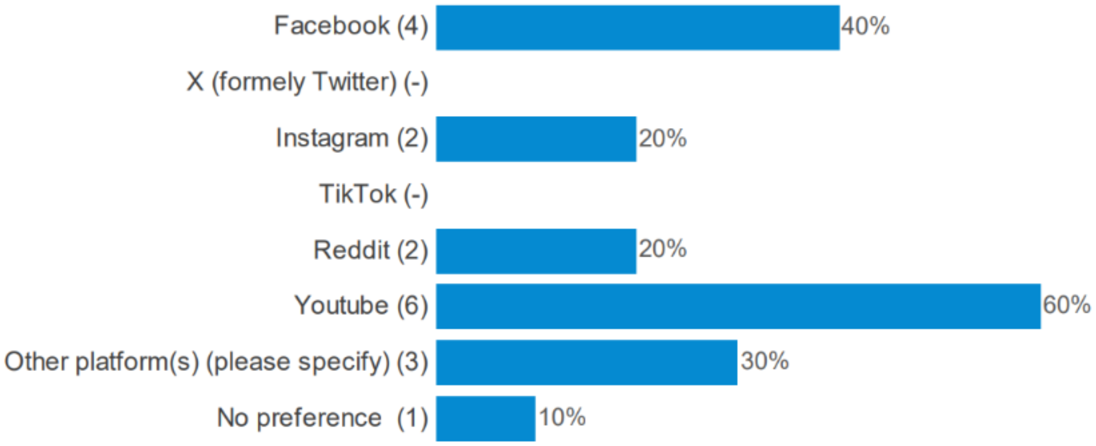


Figure 26 shows which social media platforms were preferred by the survey respondents to this question.

To what extent did respondents feel a certain source would motivate them to seek help if they had a health concern?

When looking at the extent to which respondents felt a certain source would motivate them to seek help if they had a health concern, 94% of responses (n=35) to internet – NHS website fell between a great deal to some extent. Over the same 2 categories, showing the level of influence of the source, medical professionals scored 89% (n=37), friends and family scored 78% (n=23), and internet – search engine scored 61% (n= 23), making these the most influential sources (see figure 27).

Question: If you felt that you needed help for a health concern, to what extent, if at all, would information or support from the following motivate you to seek help?

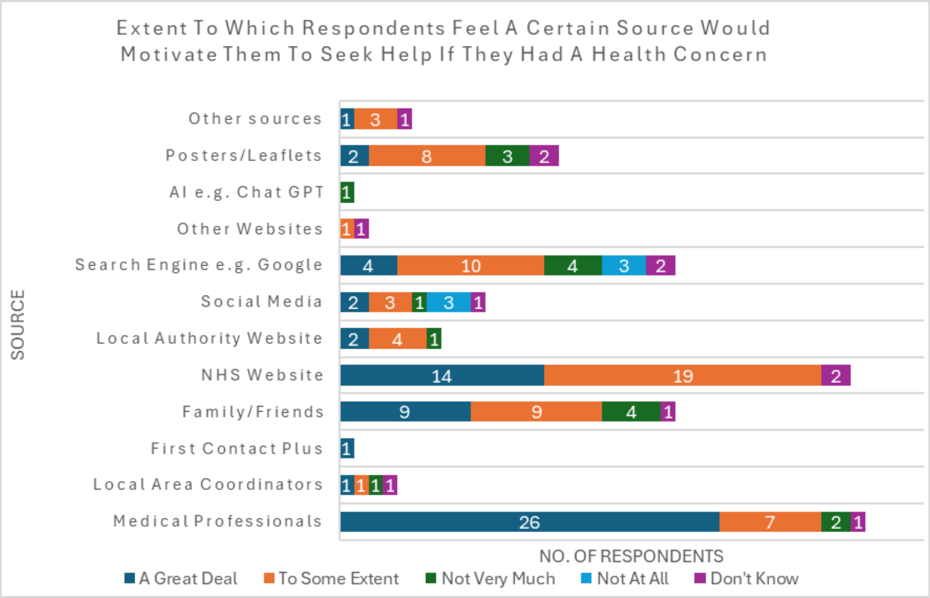


Figure 27 shows how much information from certain sources would motivate survey respondents.

What makes respondents more likely to engage with a wellbeing message

Respondents were asked what makes them more likely to engage with a health and wellbeing message from a list of options (see figure 28). When combining the answers for both a great deal and to some extent, the survey identified that 'receiving the message from a health professional (e.g. my GP))' (90%, n=48) has a great deal of impact on them engaging, followed by them 'believing that the message comes from a trustworthy source' (85%, n=48) and that the message used 'simple non-medical language' (77%, n=52).

Other factors which saw a majority of votes across these 2 categories were 'receiving information from someone in the same situation as you' (74%, n=47), 'receiving a message which relates to your personal experiences' (70%, n=46), 'short videos that explain the issue' (62%, n=46), 'information in your language (or a language other than English)' (62%, n=37), 'having the message shared with you via a friend or family member' (60%, n=47), and 'receiving information from someone who is like you' (54%, n=46).

Question: To what extent, if at all, would the following make you more likely to engage with a health and wellbeing message and act on it?

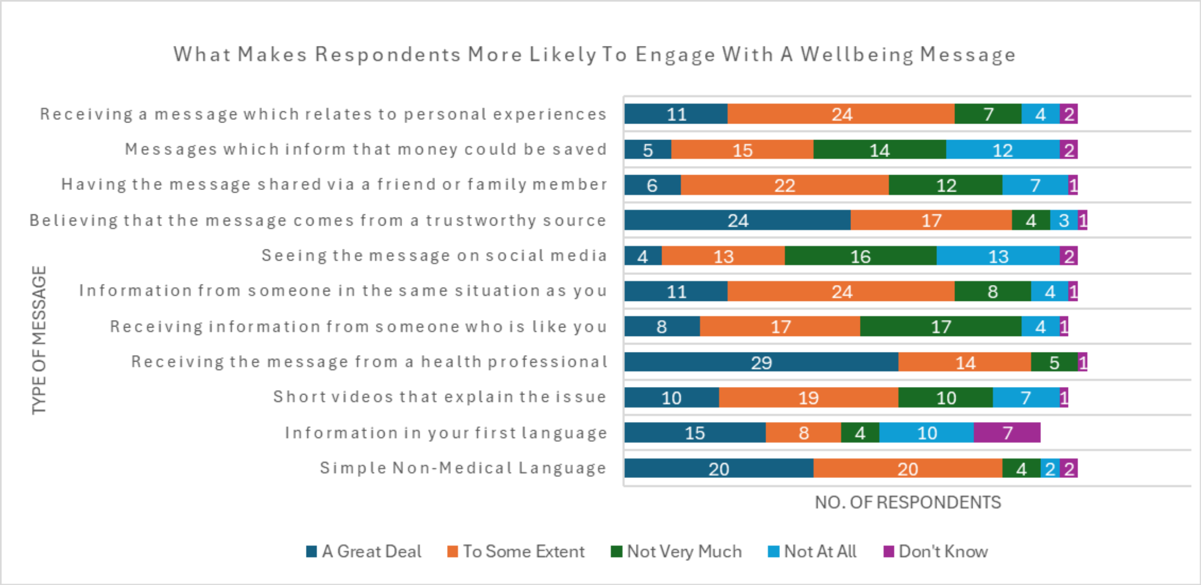


Figure 28 shows what would make survey respondents more likely to engage with and act on a health and wellbeing message.

How would respondents like to receive future health and wellbeing messages from the Public Health department at Leicestershire County Council?

When respondents were asked during the survey how they would prefer to receive health and wellbeing messages going forward, email was outlined by 63% of respondents, followed by social media posts and videos (48%) and then advertising in public places (38%) (see figure 29).

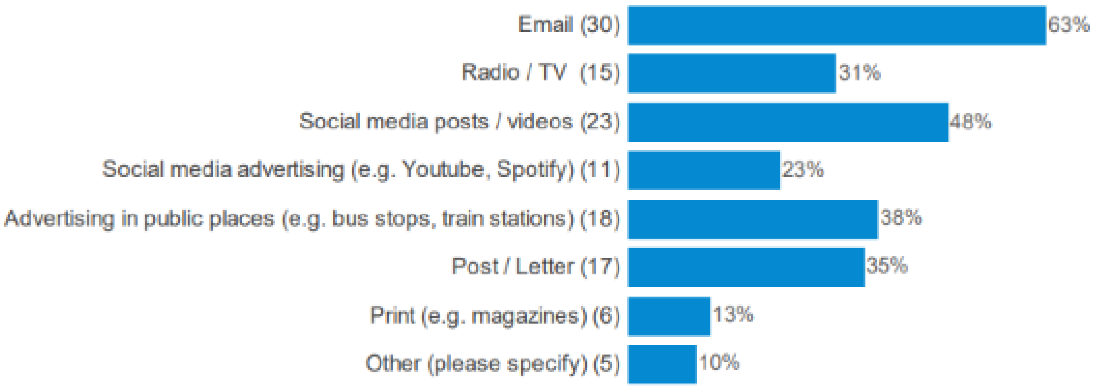


Figure 29 shows the preferred communication methods for survey respondents who choose to answer this question.

3.6 Key Findings

3.6.1 Qualitative

The key findings from qualitative data gathered from the 54 focus group participants, 91 people who take part through self-directed activities, and some open questions analysed from the survey were:

- A low level of knowledge and understanding about LPH existed amongst residents. The level ranged from no understanding to basic knowledge. It was also evident that

misunderstanding existed around the position and role of LPH compared to other health and care organisations
- Health protection (linked to COVID-19), Quit Ready, Warm Homes, First Contact Plus and Local Area Coordinators were the most known LPH services
- The most cited sources for accessing and wanting to receive health messaging/information through included online, via healthcare professionals (most commonly the GP), through public and community spaces/groups/settings, via family, friends or acquaintances and on social media
- Facebook, Tik Tok, Instagram, YouTube and Nextdoor were highlighted as social media platforms used
- People wanted to receive health messaging that was timely, relevant, targeted and sensitive
- A number of people had experienced inaccessible content and as a result there was a desire for accessible health messaging
- Sharing evidence, such as research data or lived experience voice, in messaging was linked to increased levels of engagement
- Quick and easy access to information/support is what people wanted
- People referred to behaviour change techniques within messaging suggesting links between these and increased engagement
- Using media content in messaging was seen as important to support engagement
- There was a clear awareness of the misinformation that exists within health messaging, particularly online, and some people felt overwhelmed by the amount of information that is available.

3.6.2 Quantitative

The key findings from quantitative data extracted from 50 responses to the online survey were:

- Just over half of survey responses indicated that people had an awareness that LPH was part of LCC
- A majority of the CYP had not heard of LPH
- Overall results show that mostly LPH is considered trusted to provide services to residents
- The most well-known LPH programmes/services were mental health and suicide prevention followed by Quit Ready. The least well known were First Contact Plus, Warm Homes and Healthy Workplaces
- The internet was the most used source for getting health information, followed by medical professionals
- The highest rated social media platforms for accessing information were YouTube and Facebook
- The internet – NHS website, medical professionals, friends and family, and internet – search engine were the most influential sources
- Receiving the message from a health professional, believing that the message comes from a trustworthy source, and using simple non-medical language were the 3 most popular ways in which engagement could be improved
- Email and social media posts / videos were outlined as the most popular ways for people to receive future messaging from LPH.

4. Conclusions and Recommendations

Several conclusions, drawn from the data in this report, are set out below.

4.1 How to Receive Information

The most cited sources in the qualitative data for wanting to receive and access health messaging/information from included online (including social media), via healthcare professionals (most commonly the GP), in public and community spaces/groups/settings, and via family, friends and acquaintances. In the quantitative data, it was found that currently, residents use the internet the most for getting health information, followed by medical professionals. Multiple social media platforms were highlighted by residents as sources of health information, including Facebook, TikTok, Instagram, YouTube and Nextdoor. Interestingly, social media was not highlighted by residents to be as influential as other sources such as the NHS website, medical professionals, friends and family, and internet search engines. A multi-factorial approach to delivering health information should be considered by LPH given the wide variety of sources used by the residents. This approach should focus on using the internet and medical professionals to deliver messaging but must also account for those in the community who are more isolated and may not have access to these sources.

4.2 Misinformation Online and How to Tackle This

While the residents stated they used the internet the most to get health information, they were also aware of the misinformation that exists within health messaging, particularly online. Some went on to say that they felt overwhelmed by the amount of information that is available. The data shows there is a need for clear and trustworthy information. To tackle this, LPH could explore partnerships with other credible health organisations/authorities to deliver health messaging. The development and delivery of an eHealth literacy programme aimed at increasing residents' abilities to critically evaluate health information could also be considered.

4.3 Quality of Information

As well as wanting to receive trustworthy information, it was found that residents wanted to receive health messaging that was timely, relevant, targeted and sensitive. The best way to deliver this was thought to be via information and support that is quick and easy to access. To capitalise on this information, LPH should explore the use of email and social media posts/videos as suggested by residents in the data. These methods allow for the busy nature of people's lives while remaining targeted. To ensure the effectiveness of the messaging, community-specific needs should be addressed with sensitive messaging and LPH campaigns should be localised and culturally sensitive.

4.4 Accessibility of Information

To ensure that information is of the highest quality for everyone, it must be accessible. The data found that a number of people in LLR had experienced inaccessible content, such as content in the wrong language, content inaccessible for those with visual impairments and unsuitable for those with learning difficulties. As a result, there was a desire for accessible health messaging across different sources. This must be addressed by LPH, and ways in which accessibility standards can be achieved consistently across the department must be explored.

4.5 How to Increase Engagement

Multiple ways were highlighted by the data in which engagement with LPH services can be improved. The three most popular ways in which engagement could be improved were receiving the message from a health professional, believing that the message comes from a trustworthy source, and using simple non-medical language. The data also highlighted other factors that are important in increasing engagement such as using images and videos in messaging and sharing evidence such as research data or lived experience voice. It is also important to note that behaviour change techniques were referred to in the context of health messaging. When gathering the data together, it is clear that LPH needs to consider how information is presented, ensuring this comes across as trustworthy and evidence-based to the public in order to increase engagement. The use of behaviour techniques should be considered in order to maximise the benefit of the messaging.

4.6 Overall Conclusions

LPH needs to create guidance and strategies that set out how they will use digital media with a focus on ethical and accurate communication. The data proved that those who had heard of LPH before, trusted LPH and this should be capitalised upon through improvements in public health messaging, focussing upon the following areas:

- Use of the internet and medical professionals to deliver messaging.
- Exploring partnerships and other ways in which trustworthy health messaging can be delivered.
- Looking into the use of email and social media platforms to ensure information is quick and easy to access.
- Ensuring all information is accessible to a wide range of demographic groups.
- Exploring pathways in which medical professionals can deliver messaging in simple terms.

LPH needs to create an evidence-based communication strategy that includes a focus on consistent messaging, imbedding behaviour change theory into communications and countering misinformation in order to have truly heard what the residents have said.

5. Summary of Recommendations

- Work on increasing public awareness of LPH which in turn could support resident engagement and continued relationship building
- Increase the visibility of all LPH delivered services and programmes
- Explore development and delivery of an eHealth literacy programme aimed at increasing residents' abilities to critically evaluate health information
- Create partnerships with other credible health organisations/authorities to deliver health messaging
- Create an evidence-based communication strategy that includes a focus on consistent messaging, imbedding behaviour change theory into communications and countering misinformation
- Create guidance/strategy that set out how LPH will use digital media with a focus on ethical and accurate communication

- Review and enhance the use of social media platforms for sharing health messages carefully considering message design
- Explore ways of ensuring LPH messaging and information can be accessed easily and quickly
- Explore ways in which accessibility standards can be achieved consistently across the department.

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Appendix

1. Health communication literature review findings

Health
communication liter

2. Public Health communications engagement focus group participant information sheet

Public Health
Communications Fo

3. Public Health communications engagement focus group topic guide

PH Comms Topic
Guide (1).docx

PH Comms Topic
Guide (2).docx

4. Questions asked during self-directed activities

All Languages Group and Sangam Ladies Group:

- Do you know about Public Health Leicestershire services? For example, First Contact Plus, health improvement, smoking cessation etc.
- Where did you get the information from? (e.g., family/friends; GP; Gurdwara, Mosque, Madir, Churches?)
- Where would be the best place for you to find this information? (e.g., O&W borough council website, other websites, Facebook, libraries, GPs, etc.)
- Anything to add? (any barriers to finding information e.g., language etc.)

Youth Groups:

- Has anyone heard of Public Health? (Yes/No)
- Which Public Health projects have group members heard of before? (Stop smoking, weight management, local area coordinators, healthy workplaces, first contact plus, warm homes, mental health and suicide prevention
- Did they understand what the services were about?
- Where do group members usually gat information about health & wellbeing (medical professionals, LACs, family/friends, youth worker, GP, teacher, internet, NHS website, LA website, social media etc.
- Why do they get their information this way?
- What would make group members engage with Health & wellbeing messages
- What would you tell public heath about how you would like to receive Health & wellbeing messages from them in the future, (where would you most likely read, watch, listen to them)?

5. Thematic analysis summary

PH comms -
thematic analysis su